

**PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	23 February 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	Update on Response to Radiology Internal Audit (Reasonable Assurance)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Amanda Evans, Radiology Services Manager

**Pwrpas yr Adroddiad (dewiswch fel yn addas)
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

The purpose of this report is to update the Audit & Risk Assurance Committee (ARAC) on progress against actions outlined in the management response to the recommendations from the Internal Audit report which was issued on 24th September 2018 in relation to Radiology in Hywel Dda University Health Board (UHB). The Committee is asked to receive this report in the context of previous responses.

Cefndir / Background

On 11th June 2018, fieldwork commenced in respect of the UHB's Internal Audit (IA) service review of Radiology services across the UHB; the outcome of which resulted in a "Reasonable Assurance" rating. ARAC was presented with an update to the management response document at the April 2019 meeting, which detailed the remaining open actions. These related to the processes around the on call provision and the Committee requested that regular updates be brought to each meeting via the Table of Actions, with a full update report scheduled for the February 2021 meeting.

Asesiad / Assessment

The table below outlines the 8 recommendations; those highlighted in grey are completed. As previously reported, there were 3 outstanding recommendations namely 3, 4 and 8. Please note, however, recommendation 4 has been completed and updated accordingly within the central audit tracker. The only recommendations now outstanding are 3 and 8. Both recommendations are connected to the historic arrangements for the radiography out of hours provision

	Theme	Recommendation	Priority Level	Deadline	Completed Date
1	Corporate Governance	An organisation chart which accurately reflects the directorate should be in place.	Low	30 th November 2018	30 Nov 2018

2	Income	The controls and amounts charged for cash collection of baby scan income should be strengthened and standardised, to ensure that all photos given to patients are paid for and that the monies are duly banked in a timely manner	High	December 2018 (protocol)	Completed April 19
3	Payroll (On Call)	A review of on call arrangements across the Health Board sites would be beneficial in order to ensure standardised procedures to enable efficient and economic working practices and staffing arrangements. The benefits and cost savings of introducing a shift system should be considered.	High	April 2019	Process delayed for various reasons - please see note below
4	Payroll (EWTD)	Workforce and Organisational Development advice should be sought on the matter of compulsory breaks to ensure the European Working Time Directive is appropriately adhered to	High	April 2019	April 2019
5	Payroll (Authorisation Process)	All claim forms for on call and emergency work should be signed by the employee and authorised by an appropriate officer, to ensure that the correct checking processes have taken place.	High	October 2018	October 2018
6	Payroll (Claim Form & Rotas)	The weekly rota should accurately reflect who has worked hours and in which department. This provides an audit trail so that it can be verified that employees have been paid correctly and that rest days have been taken appropriately.	Medium	March 2019	March 2019
7	Payroll (Claim Form Errors)	Some clerical errors were noted on the on call claim forms resulting in one under payment (PPH) and one overpayment (WGH). Audit advised the appropriate Superintendent Radiographers and the errors will be corrected in time for the next monthly pay.	High	March 2019	March 2019

8	Payroll (On call Hours)	It should be ensured that staff work on call or overtime hours in addition to their basic hours and not instead of. The full number of basic hours should be worked prior to receiving any payments for additional hours	High	April 2019 Update October 19	In progress or completed with ongoing monitoring
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A time line of actions in respect of recommendations 3 & 8:

- May 2019: Task and Finish (T&F) Group was established with the aim of reviewing the on call systems as per recommendation 3 and 8.
- July 2019: Several options were discussed and following a meeting of the T&F Group, two options were presented to staff for discussion. These options were to move to a shift system or a combination of shift and improved on call.
- August 2019: A series of informal staff engagement meetings took place on all sites across the Health Board. A summary of comments and feedback received from staff were shared with staff and trade union representatives for information/consideration.
- September 2019: A response from staff representatives was received which noted that, whilst the need for change was acknowledged, progress in obtaining agreement across all sites was slow due to operational service demands, staff shortages and the time required to facilitate appropriate staff engagement. It was noted that there was a lack of consensus amongst the local site-specific Radiology service managers on future configuration of the service, which had caused conflict and barriers to change.
- November 2019: With the reduction in on call expenditure being identified as a potential major cost saving exercise, progress was regularly monitored during Executive Holding to Account meetings. It was acknowledged that there was a need to extend the scope of the review to include other areas of the service and to undertake an Organisational Change Process (OCP) for formal consultation.
- February 2020: A Radiology Transformation Project Team was established between the Head of Radiology, Workforce & OD team and the Project Management Office (PMO). A transformation project plan in relation to Radiology staffing levels including on call arrangements was developed.
- March 2020: A further meeting of the project team was due to take place, however it was suspended due to the COVID-19 outbreak. The project plan was discussed with members of the Executive Team who are part of the Holding to Account process in the March 2020, where it was agreed Radiology would present new costings for improved staffing levels to the Executive Team. A model was developed and costed; although due to COVID-19 this has not been presented to date, it was noted that there would be a need to recruit a substantial number of radiographers for a shift system and it is likely that a hybrid model with improved on call arrangements would be implemented in the short term.
- August 2020: Progress had been slow during the initial stages of the pandemic due to operational needs. However, in response to the operational requirements of dealing with the pandemic, staff had developed different ways of working that could be further explored. It was also acknowledged that the flexible arrangements within the on call system had allowed for the service to be maintained during the difficult period. However, further meetings have been held with leads from the PMO in an effort to maintain momentum. In addition, discussions were held during July 2020 with Workforce & OD regarding bespoke leadership training for the radiology site leads.

- October 2020: A meeting was set aside to arrange the format of the training; however, following the meeting, it was established that 2 out of the 4 site leads were planning on stepping down from their posts. This was in addition to the other 2 having been replaced earlier in the year. Therefore, the decision was made in light of operational difficulties associated with the ongoing pandemic, to suspend the training in the short term and to revisit in May 2021 when posts would be filled and a new team of site leads established.

Next steps

- Workforce planning in previous years identified a commissioning number of 20 diagnostic imaging students for Hywel Dda. This year, there have been 14 graduates highlighted for vacancies and additional staffing. Currently agreement is being sought from finance on recruitment of these graduates. These additional staff members (around 10 above and beyond current vacancies) will be instrumental in supporting the next steps towards a sustainable shift pattern. As soon as full approval has been agreed, work will commence on which sites to place them and a new rota system. Changes can then be implemented following graduation in July 2021

Argymhelliad / Recommendation

The Audit & Risk Assurance Committee is asked to:

- Receive this report as a source of assurance that all recommendations from the internal audit have been addressed or are being addressed within timescales that have been revised where applicable;
- Note that, despite extended timeframes, significant progress has been made to addressing the outstanding recommendations. It is fully acknowledged that delays have occurred during this process; however, it is necessary that staff have opportunity to comment and providing an altered service in the pandemic became the priority. In addition, the reviews of the service highlighted other areas that could be addressed at the same time, to provide an overall more robust and resilient staffing model for radiography.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference
Cyfeirnod Cylch Gorchwyl y Pwyllgor

4.1 The purpose of the Audit & Risk Assurance Committee is advise and assure the Board and the Accountable Officer on whether effective arrangements are in place, through the design and operation of the UHB's system of assurance, to support them in their decision taking and in discharging their accountabilities for securing the achievement of the UHB's objectives, in accordance with the standards of good governance determined for the NHS in Wales.

4.2 The Committee independently monitors, reviews and reports to the Board on the processes of governance, and where appropriate, facilitates and supports, through its independence, the attainment of effective processes.

4.3 Where appropriate, the Committee will advise the Board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further.

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable.
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7.1 Workforce 3.2 Communicating Effectively 3.3 Quality Improvement, Research and Innovation
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Internal Audit Report
Rhestr Termiau: Glossary of Terms:	Contained within the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Not applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Potential improvement.
Ansawdd / Gofal Claf: Quality / Patient Care:	Potential improved access with improved staffing resources.
Gweithlu: Workforce:	Potential loss of staff with reduction in financial incentives. Resistance of staff.
Risg: Risk:	There are significant risks associated with this project if it is handled poorly as overnight rotas on all of our hospital sites depend on radiography staff supporting the current service models.
Cyfreithiol: Legal:	Employment law advice will be sought as part of this process.
Enw Da: Reputational:	Not applicable.
Gyfrinachedd: Privacy:	Not applicable.

**Cydraddoldeb:
Equality:**

Standardised services across Health Board.