

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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	22 October 2019
TEITL YR ADRODDIAD: TITLE OF REPORT:	Update on Response to Radiology Internal Audit (Reasonable Assurance)
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Joe Teape, Director of Operations /Deputy Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Joe Teape, Director of Operations/Deputy Chief Executive 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 in December 2018 and April 2019, and minutes of the April 2019 ARAC meeting.

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 an update be brought to the October 2019 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 recently been completed and updated accordingly within the central audit tracker. The only recommendations now outstanding are 3 and 8.

	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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Following the scoping work which was completed and reported at the initial meeting of the Task and Finish Group on 2nd May 2019, the following progress has been made:

- A paper was presented to the Executive Team at their meeting on 15th July 2019. The Executive Team supported the decision to consult with staff on two potential options for providing the out of hours service. These options were to move to a shift system or a combination of shift and improved on call.
- An initial meeting of staff representatives and trade union representatives took place on 18th July 2019 to discuss the paper approved by the Executive Team. At this meeting it was agreed for feedback to be sent with recommendations and that a further meeting would be arranged.
- A further meeting took place on 8th August 2019, where further discussions took place and additional recommendations were raised. It was agreed to hold individual small group meetings at each site to further discuss; this series of meetings took place between 22nd August and 27th August 2019.
- Staff provided various scenarios and potential solutions to recommendations numbered 4 and 8 following the small group meetings in August 2019.
- On 29th August 2019, a summary of comments and feedback from staff were sent to staff and trade union representatives for information and feedback.
- On 18th September 2019, a response was received on behalf of the representatives group.
- Generally, whilst it has been accepted by the staff and trade union representation that there is a need to change, progress is slow in obtaining agreement across all sites. This is due to demand on service, staff shortages and allowing sufficient time for staff to raise any issues with the proposed new service.
- Due to the need to recruit a substantial amount of radiographers for a shift system, it is likely that a hybrid model with improved on call arrangements will be implemented in the short term. This will help to ensure recommendations 4 and 8 are met.

Next steps

Following telephone discussions with the trade union representative on 25th September 2019, the Head of Radiology is to undertake an Organisational Change Process (OCP) for formal consultation. The OCP documentation will be available for the Director of Operations' approval at a meeting scheduled for 21st October 2019, with a verbal update of timescales confirmed at a meeting on 22nd October 2019. The OCP will enable the above recommendations to be concluded.

Argymhelliad / Recommendation

The Audit and 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 recommendations made. It is fully acknowledged that delays have occurred during this

process, however it was necessary to ensure that all staff had an opportunity to comment with sufficient time allowed, and this is a matter which will now be expedited to conclusion.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference Cyfeirnod Cylch Gorchwyl y Pwyllgor	<p>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.</p> <p>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.</p> <p>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.</p>
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):	<p>7.1 Workforce</p> <p>3.2 Communicating Effectively</p> <p>3.3 Quality Improvement, Research and Innovation</p>
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 Statement	<p>Develop a sustainable skilled workforce</p> <p>Improve efficiency and quality of services through collaboration with people, communities and partners</p>

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Internal Audit Report
Rhestr Termiau: Glossary of Terms:	Contained within the report.

Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Not applicable.
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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.