



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	19 April 2022
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Radiology Directorate Internal Audit Update – A Review of On Call Arrangements
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Andrew Carruthers, Director of Operations
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Gail Roberts-Davies, Head of Radiology

**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) in respect of progress to mitigate the outstanding recommendations connected to the historic arrangements for the radiography out of hours provision, following the commencement of the new Head of Radiology in November 2021.

ARAC received progress updates in respect of the Internal Audit recommendations in 2019 and 2021. A review of the On Call arrangements across the UHB was initiated to identify the benefits and cost savings a shift system would provide. However, during this initial work, a critical mass of staff shortfalls was identified and it was determined that proceeding to implement a change would have negatively impacted upon both business continuity and finances. As a result of this, in the summer of 2021 a paper was presented to Executive Team to seek approval to postpone replacing the current Out of Hours service provision, until such time as the newly recruited Head of Service was in post and had conducted a full review.

##### Cefndir / Background

On 11<sup>th</sup> 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 received progress updates in respect of the Internal Audit recommendations throughout 2019 and 2021. The only recommendations now outstanding are 3 and 8. Both recommendations (shown overleaf) are connected to the historic arrangements for the radiography out of hours provision.

Theme	Recommendation	Priority Level	Deadline	Completed Date
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
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

### Asesiad / Assessment

The update in respect of the IA provided to ARAC on 24<sup>th</sup> August 2021 detailed the radiology staffing budget and the additional radiology budget resource required to facilitate the removal of the current radiology on-call system and replacement with a more sustainable shift system. It was explained that Hywel Dda has 18 funded Radiologist posts and in order for the Health Board to fall in line with recommended Radiologist staffing establishment, the following investment would be required:

- Welsh National Average (4.5 Radiologists per 100,000) – there is an additional requirement of 4.19wte radiologists at an estimated cost of £0.544m
- United Kingdom National Average (7.5 Radiologists per 100,000 average) - there is an additional requirement of 17.6wte radiologists at a cost of £2.3m.

In respect of Radiography staffing establishment required to move to a shift system, a modelling exercise was undertaken; which concluded that, at that time, an increase of 48.63wte on the current staffing establishment was required, at an additional cost of £0.732m at the midpoint salary and £1.677m at the top point salary. Prior to the onset of the COVID-19 pandemic, work had been commenced in regard to staff engagement and organisational change plans developed; however, this was subsequently paused.

There has been a change in Site Lead management across the 4 sites during the past year. The new Head of Radiology commenced in post in November 2021 and has not yet had the opportunity to conduct a full review. However, the following observations have been made in respect of the Radiology staffing at Hywel Dda:

There is a chronic shortage of Radiographers across the Health Board, which is impacting on the day-to-day running of services, mainly felt at Withybush, Glangwili and Bronglais Hospitals. This is due to a mixture of vacancy and long-term sickness in certain areas such as ultrasound, and to an under-established workforce in other areas such as the general x-ray department at Withybush Hospital. This has led to extremely low staffing numbers and more recently occasions where there has been intermittent loss of ultrasound service at Withybush with only urgent and ward cases being able to be scanned at Glangwili. We have also had to temporarily close the x-ray facilities at South Pembrokeshire and Tenby Hospitals. There is increasing demand for diagnostics, especially since the COVID-19 pandemic, where there has been a reduction in clinical triage. The reduction in face-to-face clinical consultations has resulted in increasing referrals being made to Radiology for first line investigations, which has increased demand for services. Developments in technology which have increased the range of examinations, along with changes to guidelines, have further increased demand for services. There has been no increase in staffing establishment, which has stretched the Radiology workforce to a critical level. The ultrasound service at Withybush is now at a point whereby the Head of Radiology is exploring options of insourcing a company to provide ultrasound services for the Health Board, which will be a costly exercise.

The national shortage of staff across all modalities, for both the Radiography and Radiology professions, means that we have been unable to recruit and attract substantive staff to fill vacancies in certain areas. This has meant that there has been a reliance on long and short term locums to fill vacancies and where areas are understaffed due to under-establishment. It is acknowledged that these measures – which should be used as a short-term solution – have been used over a number of years, and have been extremely expensive for the Health Board. Radiology are dependent on using outsourcing reporting during the normal working day, as well to cover emergency work during evenings and weekends; with costs of outsourcing alone being, on average, £145k per month for the 2021-2022 financial year. The service is also reliant on HB substantive Radiologists completing additional reporting, for which they receive extra ‘in lieu locum’ payments. Locum and outsourcing costs for the 2020-2021 and projected costs for the 2021-2022 financial year are as follows:

Locum Radiographers	2020-21	£443k
	2021-22	£409k
Locum Radiologists	2020-21	£572k
	2021-22	£896k
Everlight	2020-21	£1.182m
	2021-22	£1.740m

For the financial year to 28<sup>th</sup> February 2022, Radiology have utilised £98,076 of Elective Recovery Funding in order to increase capacity via additional activity at weekends. Whilst this has helped to reduce backlogs, it must be noted that it is the same small pool of staff who are working these additional hours and have been incentivised by being paid enhanced rates.

It is recognised that the only option to reduce costs over the long term and to create a sustainable service is to ‘grow our own workforce’. In order to do this, investment in funded Radiologist and Radiographer posts, as mentioned earlier, will be required. For Radiography, this will allow staff to be released from general x-ray departments to train in ultrasound, CT, MRI, film reporting and Advanced Practice, e.g. breast & gynaecological procedures (traditionally carried out by Radiologists). The current fragile model of on-call system will need to be changed to a 24 hr 7 day week shift system. Currently the age profile of staff in areas

such as Radiographer film reading is such that, over the next 3 years, there will be retirements and so – unless investment is provided to allow a programme of training and developing new staff – there will be an even greater reliance on outsourcing solutions. It must also be acknowledged that an ongoing workforce plan is reliant on backfill being provided for staff that are taken from the general department and developed in specialist roles to meet service targets by sustainably increasing capacity for imaging, interventional procedures and reporting.

As already discussed, UK recruitment of Radiographers and Radiologists is extremely challenging. The Head of Radiology has linked with workforce resourcing in order to promote our vacancies nationally. We have had some recent success in recruiting to long term Radiographer vacancies at Glangwili, with both overseas and UK applicants being appointed. These new staff will only fill gaps within the current model of service provision within the general department and will not be sufficient to run a shift system or to allow the release of staff required to train in ultrasound, Computed Tomography (CT), Magnetic Resonance Imaging (MRI) or film reading. The Site Lead Radiographers acknowledge that there needs to be more focus on recruitment from overseas candidates, which there has not been in former years.

We have also had recent success in appointing three NHS locum Radiologists from overseas, who we hope will stay with us and become substantive consultants within the next 2 years. We have advertised for 15 unfunded student streamlining post this year, which are currently at the interview stage, applications are as follows:

- 1 application to Wthybush
- 6 applications to Glangwili
- 1 application to Prince Philip
- 3 applications to Bronglais

This is an improvement on last year's applications, due to vacancies being advertised regionally as opposed to Health Board wide, which resulted in only 4 employments out of the anticipated 15 and was the basis upon which Radiology would implement a shift system.

The outcomes of the 2022 interviews are not yet known, nor whether these students have selected Hywel Dda as their first choice. In comparison, it may be useful to know that Swansea Bay University Health Board have advertised and interviewed for 30 funded students, in addition to their establishment, which will allow introduction of a shift system, as well as continuing development of staff.

In conclusion, at this time Radiology does not have enough staff to introduce a shift system and is reliant on substantive staff working excess hours via an on-call system to provide cover, as well as over reliance on locum staff and outsourcing solutions at a great cost to the Health Board. More investment in substantive staff is required to meet the needs of the service, with a greater focus on growing our own staff which will in turn aid recruitment and retention; this will then in the longer term provide the Health Board with the required costs savings.

The Head of Radiology has recognised that work needs to be done to ascertain the true service capacity and demand, as well as accurately modelling the required establishment. This has been escalated, along with the requirement for project support to undertake this work, due to the current day-to-day demands of managing an extremely fragile service across the 4 sites. Lightfoot will be supporting the assessment of demand and capacity in Radiology, as they have done as part of the Health Board's scheduled care recovery planning.

## Argymhelliad / Recommendation

The Audit & Risk Assurance Committee is asked to:

- Receive this report as a source of assurance that the outstanding recommendations have been considered; whilst noting that, due to the mass staff shortfalls identified, there is a need to postpone replacing the current out of hours service provision;
- Note that a capacity and demand plan for all modalities will be undertaken (supported by informatics) and projected activity forecast, in order to realise the true demand for Radiology and align capacity and the staffing resource, and thus provide a timely service/meet targets;
- Note that the current timeline for completion of the above plan is detailed on the divisional audit tracker to be November 2022; however, work is currently underway and it is intended to deliver outcomes before this time;
- Acknowledge that there is a requirement for further investment in Radiology staffing to ensure a sustainable daytime service before the current on-call service can be replaced by a shift system and prior to any cost savings being realised over the longer term; and that this will be considered as part of a plan to reduce the overall run rate spend in the directorate, once the demand and capacity work is complete.

### **Amcanion: (rhaid cwblhau)**

#### **Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 The purpose of the Audit and Risk Assurance Committee is to 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. 2.2 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. 2.3 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:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	7.1 Workforce 3.2 Communicating Effectively 3.3 Quality Improvement, Research and Innovation 5. Timely Care

Amcanion Strategol y BIP: UHB Strategic Objectives:	5. Safe sustainable, accessible and kind care 3. Striving to deliver and develop excellent services 6. Sustainable use of resources
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
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

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Potential improvement over the longer term
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Potential improved access with improved staffing resources.
<b>Gweithlu: Workforce:</b>	Potential loss of staff with reduction in financial incentives. Resistance of staff.
<b>Risg: Risk:</b>	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  Further service risks associated with continued vacancies and unestablished staff in certain areas
<b>Cyfreithiol: Legal:</b>	Employment law advice will be sought as part of this process.
<b>Enw Da: Reputational:</b>	Not applicable.
<b>Gyfrinachedd: Privacy:</b>	Not applicable.
<b>Cydraddoldeb: Equality:</b>	Standardised services across Health Board.