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Facilities Directorate Review (Workforce Arrangements) - Follow Up

Internal Audit Report 2020/21

Cwm Taf Morgannwg University Health Board

July 2021

NHS Wales Shared Services Partnership Audit and Assurance Services

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1. Introduction

A follow-up review of our 2018/19 limited assurance report relating to the Facilities Directorate's workforce arrangements was completed in line with the 2020/21 Internal Audit plan for Cwm Taf Morgannwg University Health Board (the 'Health Board').

The original Facilities Directorate review was undertaken in the summer of 2018. We issued two reports: one report related to management arrangements, which included opinions on risk and governance, strategic planning, and workforce; and one report related to compliance that had one opinion. Whilst three of the four audit opinions issued were 'Reasonable Assurance', one area, relating to workforce, was reported as 'Limited Assurance'.

Our workforce testing focussed on the portering service that was in operation across the Royal Glamorgan and Prince Charles Hospitals. We made ten recommendations: six high priority; and four medium priority. Due to the changes that were required to be made to the portering service and its roster process we acknowledged that some management actions could take a period of time to implement.

The Audit and Risk Committee has been kept up to date on management's progress against the agreed actions. The complexity of the changes to the service and roster process has meant that the implementation of the agreed management actions has taken longer than originally anticipated.

Since our original review there has been a restructuring of the Health Board's operating model with services, including Facilities now aligned to the three Integrated Locality Groups (ILGs). Our follow up testing has focussed on the portering service within Prince Charles Hospital (Merthyr and Cynon ILG) and Royal Glamorgan Hospital (Rhondda Taf Ely ILG), as these are the sites that we visited while doing our original fieldwork. However, the findings from this review could also be shared with Bridgend ILG for learning.

While this review provides an independent review of the progress made to date against agreed actions, due to the restructuring, any outstanding actions have been directed to the relevant ILG.

The relevant lead for the review is the Interim Chief Operating Officer.

2. Scope and objectives

The overall objective of this review was to provide the Health Board with assurance regarding the implementation of the agreed management responses from the Facilities Workforce Arrangements Directorate review that was undertaken as part of our 2018/19 work programme.

The scope of this follow up review **did not** aim to provide assurance against the full review scope and objective of the original audit. The 'follow-up review opinion' provides an assurance level against the implementation of the agreed action plan only.

The areas that this review sought to provide assurance on were:

- Appropriate progress has been made with the implementation of the agreed management responses within the agreed timescales.
- Adequate evidence is available to support the level of progress that has been made.
- The actions implemented have effectively addressed the issues highlighted during the original audit.


3. Associated risks

The potential risks considered in this review were as follows:

- The Directorate is not appropriately governed which could result in a service that is not being delivered safely and effectively.
- Services are not effectively planned.
- Reduced service provision / additional costs due to inappropriate or unauthorised absence.
- Staff performance is not effectively assessed and addressed.

4. Opinion

This review considers the high and medium priority recommendations made. The 'follow-up review opinion' provides an assurance level against the implementation of the agreed action plan only. We have been able to conclude that the Health Board has made progress towards implementing the agreed management actions from the original review. The overall assurance opinion has remained as 'Reasonable Assurance'.

Reasonable assurance		Follow up – All high-level recommendations implemented and progress on the medium and low-level recommendations
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In a small number of cases, while the action taken by management to date has meant that the recommendation has been fully implemented, where appropriate, we have made revised recommendations. We based our current assurance rating, and revised recommendation priority ratings, on the progress made in implementing the agreed actions and any residual actions.

From April 2020 the Health Board introduced a new operating model and as such, responsibility for implementing the agreed actions was devolved to the relevant ILGs. Whilst the ILGs have the autonomy to make decisions and take actions that impact their area of responsibility, in the main the two ILGs covered in this follow up review have continued with the implementation of the recommendations we originally made.

We recognise the impact that the Covid-19 pandemic has had, not only on being able to implement agreed actions, but also on the ILGs' ability to carry out 'business as usual' during the last year.

Overall, we found the systems and process in place within the two ILGs are more robust than when we first visited those sites in 2018 but improvements are still needed in some areas.

5. Summary of audit findings

Progress against the ten agreed high and medium priority recommendations to be implemented is as follows:

Original Priority rating	Recommendations to be implemented	Fully implemented	Partially implemented	Not implemented
High	6	2	3	1
Medium	4	1	2	1
Total	10	3	5	2

The action plan within Appendix A provides a summarised version of the findings, priority ratings and full management responses from the original review, along with details of the current position, as verified by our follow-up work. Revised recommendations and priority ratings are included where necessary.

As can be seen in the table above, there has been a general trend towards implementing the recommendations. Within the five partially implemented recommendations, we have moved three from their original priority level to a lower priority to reflect the progress made by the ILGs. Two of the partially implemented recommendations have remained the same level of priority as have the two recommendations that have not been implemented.

In two cases, even though we have categorised as fully implemented, new related recommendations have been made. As such there remains seven open or partially implemented recommendations and two new ones.

The revised priority ratings for the remaining recommendations are outlined in the table below.

Priority	H	M	L	Total
Number of recommendations	1	5	3	9

<p>1. Summarised version of original finding – Annual Leave Process (Control Design)</p>	<p>Original Risk</p>
<p>Our review of the procedure documents at PCH and RGH identified different documentation in place. The procedure documents in place did not incorporate all relevant information.</p>	<p>Reduced service provision / additional costs due to inappropriate or unauthorised absence.</p>
<p>Original Recommendation</p>	<p>Original Priority level</p>
<p>For the management of annual leave across porter services for all sites, clear and consistent guidance on all aspects of annual leave, particularly short notice annual leave requests, and the authorisation of leave, a common policy or set of principles should be developed.</p>	<p style="text-align: center;">High</p>
<p>Original Management Response</p>	<p>Original Responsible Officer/ Deadline</p>
<p>At the time of the audit Facilities were fully engaged in a Porter services redesign programme of work and along with business partners they have been developing department principles for managing annual leave, a new rota has also been developed and is being taken forward for all porter services. Currently with this porter redesign work there are a number of 'status quo' situations that have been invoked by Trade unions and staff resulting in disagreement and refusal from porter services staff and supervisors/dispatchers at to accept the new rota and service change. This is currently being taken forward in accordance with the Grievance policy. The new rota and the service redesign will ensure a more efficient process and</p>	<p>Facilities Managers – Richard Knowles, Brian Jones, Lisa Rogers. 30/11/18</p>

that the Porter Services Supervisor will follow the operating guidelines laid down, which will be clear with last minute requests and an agreement that leave should be requested in advance with a minimum period of 2 weeks, so rotas moving forward can be done in a full week prior, staff will already be fully aware of the shift pattern.

For the management of annual leave across porter services for all sites a clear and consistent guidance on all aspects of annual leave, particularly short notice annual leave requests, and the authorisation of leave, a common policy or set of principles will be developed.

Current Position

RGH / RTE

The annual leave policy that was in place at the time of our original audit is still in place. There remain some gaps in the policy on areas such as booking leave at short notice and the process for managing emergency leave. The policy still has the old Cwm Taf name on it and does not specify that it now relates to the RTE ILG.

PCH / M&C

The RGH annual leave policy has been adopted in principle by PCH, though there are some minor differences around how much notification needs to be given when requesting leave. Use of the policy only commenced during the course of our follow-up review, as its roll out had been put on hold until the revised roster templates had been implemented. As noted above, the policy provides no details about the process for administering short notice or emergency leave and does not specify that it now relates to the M&C ILG.

We acknowledge that there has been a change in structure and responsibilities since our original audit. We can see that progress was made in implementing our original recommendation, though there remain some outstanding points that if included, would strengthen the annual leave policies further. As such we consider this action as **partially implemented**.

Updated Recommendation	Updated Priority Level
<p><u>Both sites</u></p> <ol style="list-style-type: none"> 1. The annual leave policy at both ILGs should be reviewed to ensure they capture all relevant aspects of administering annual leave, such as the process for managing emergency leave requests. 2. The policies should reflect the correct organisation name and the name of the ILG that they relate to. 	<p>Medium</p>
Updated Management Response	Updated Responsible Officer / Deadline
<p><u>RGH / RTE and PCH / M&C</u></p> <p>The annual leave Policy and operating principles at both ILGs will be reviewed and updated to reflect the new ILG structure.</p>	<p>Lisa Rogers, Facilities Regional Manager RGH</p> <p>Melanie Smith, Facilities Regional Manager PCH</p> <p>01/09/21</p>

2. Summarised version of original finding – Annual Leave (Operating Effectiveness)	Original Risk
<p>Our testing identified incorrect and incomplete paperwork in relation to annual leave requests, resulting in some staff taking too much leave in the year.</p> <p>A number of staff purchased and carried forward annual leave, but these requests had not been authorised in line with the scheme of delegation.</p>	<p>Reduced service provision / additional costs due to inappropriate or unauthorised absence.</p>
Original Recommendation	Original Priority level
<ol style="list-style-type: none"> 1. Segregation of duties should be in place when authorising leave and no annual leave request forms should be authorised unless they are fully completed and submitted before the annual leave date. 2. For those staff still using paper based annual leave records, consideration should be given to using ESR to manage annual leave. 3. A reconciliation between ESR and the system used by the department (paper records or databases) should be carried out periodically to confirm that records remain accurate and the correct amount of bank holidays have been accounted for. This should prevent staff from taking too much leave at the end of the financial year. 4. The directorate should ensure that they are following the Health Board's scheme of delegation when authorising carried forward leave and the purchase of leave. All forms should be authorised by the Directorate Manager or above. 	<p>Medium</p>

Original Management Response	Original Responsible Officer/ Deadline
<p>All recommendations are accepted and will be actioned.</p> <ol style="list-style-type: none"> 1. Immediate action will be taken to ensure regular monthly and daily audits take place to ensure compliance and accuracy. This will be undertaken by Porter Supervisor/dispatcher. Management approved principles to be put in place and clarified through training and meetings with all staff for awareness, understanding and compliance. 2. Staff are all trained to understand and use ESR System. This supports their awareness of annual leave entitlement, pay status etc. 3. Facilities admin support team to ensure a regular monthly check against manual entry and ESR entry records are undertaken. To support audit a monthly checklist form has been developed to ensure accuracy and performance to assist monthly review. 	<p>Facilities Managers – Richard Knowles, Brian Jones, Lisa Rogers.</p> <p>30/11/18</p>
Current Position	
<p><u>RGH / RTE</u></p> <ol style="list-style-type: none"> 1. Our testing of a sample of annual leave requests confirmed that the correct paperwork had been completed, appropriately authorised and input on ESR, although for 2/5 of the sample two weeks' notice was not given as required by the annual leave policy. 2. The process for requesting and approving annual leave is still paper-based, with supervisors or administration staff inputting approved leave into ESR. We understand that the lack of on-site IT resources has prevented staff booking leave directly on ESR. 	

3. We saw evidence of reconciliations between ESR and manual leave records being carried out at the start of the leave year. We also saw evidence of annual leave balances being checked a number of times from October onwards in the year to ensure balances were correct and to notify managers of any staff with high remaining balances. Separate audit checks have also been introduced by management, to help identify any errors and non-compliance with the annual leave policy.
4. We looked at five cases of purchased annual leave. In all cases a staff change form was used to record the purchase. Whilst the form does not have an official section for authorisation, all had been signed by the Facilities Manager. The scheme of delegation in place at that time, required Directorate Managers to approve annual leave purchases.

PCH / M&C

1. Our testing of a sample of annual leave requests identified a number of issues including missing leave request forms, meaning our testing was limited, forms were not fully completed, and one instance where leave had not been recorded on ESR.
2. There has been no change in approach for requesting or approval of annual leave. It remains a paper-based system, with supervisors or administration staff inputting approved leave into ESR. Our discussions with management established that the lack of on-site IT resources has prevented the ability for leave to be booked directly on ESR.
3. Reconciliations between annual leave allocations on ESR and manual records do not take place at the start of the leave year. Similarly, there was no evidence of management checking annual leave balances during the year to ensure balances remain accurate and leave is being taken evenly over the year.
4. One case of purchased annual leave was identified and recorded on a staff change form, but as the form does not have an official place for authorisation, it had not been signed. Eight cases of carried forward leave were also identified. Whilst all paperwork could be traced, we identified that the forms had been signed by a Supervisor and not the Directorate Manager.

The Health Board's Annual Leave policy contains forms to be completed for purchasing and carrying forward annual leave. The purchase form requires approval from a line manager, but the current version of the scheme of delegation requires additional annual leave to be approved by the Operations / Group Director for ILG (or equivalent).

Some progress has been made against the various elements of our recommendation and as such we consider this action **partially implemented**.

Updated Recommendation

Updated Priority Level

Both sites

1. At both ILGs, consideration should be given to providing training to the porter service staff on the use of the ESR mobile application in order for annual leave requests to be made and approved directly in ESR.
2. Where annual leave is purchased or carried forward, correct forms should be completed in line with the Health Board Annual Leave policy and authorisation in line with the scheme of delegation should be obtained.

PCH / M&C

1. Whilst paper records continue to be used:
 - All records in relation to annual leave requests should be fully completed, authorised and retained, with approved leave recorded on ESR.
 - A reconciliation between the ESR system and the paper record should be carried out at the start of each leave year to ensure the correct allocations. Periodic checks should take place throughout the year to confirm accuracy of records and ensure staff are taking leave evenly throughout the year.

Medium

<p>2. Consideration should be given to adopting the audit checks in place in RGH to assist in identifying non-compliance with the annual leave policy.</p> <p><u>Corporate</u></p> <p>The Health Board’s Annual Leave Policy should be reviewed to ensure the authorisation information on the forms contained within it, align to the current version of the scheme of delegation.</p>	
<p>Updated Management Response</p>	<p>Updated Responsible Officer / Deadline</p>
<p><u>RGH / RTE and PCH M&C</u></p> <p>1. We will work with Porter Services staff to support access to ESR Accounts. The Health Board are aware of the issues for Facility staff accessing ESR for learning and development and this is being supported with training and learning, development. The paper system for requesting annual leave and approving and recording will be better supported now that staff are in place at Supervisory level to continue and manage – also will be supported by weekly regular audits for compliance monitoring.</p> <p>2. The purchase of, or the carryover of leave will be supported using the Health Board Policy and relevant changes will be made to the scheme of delegation to reflect the management structures.</p> <p>3. Regular Audit checks in place in RGH to assist in identifying non-compliance with the annual leave policy.</p> <p><u>Corporate</u></p> <p>We will discuss and arrange with Workforce and OD for the Health Board’s Annual Leave Policy to be reviewed to ensure the authorisation information on</p>	<p>Lisa Rogers, Facilities Regional Manager RGH</p> <p>Melanie Smith, Facilities Regional Manager PCH</p> <p>01/09/21</p>

the forms contained within it, align to the current version of the scheme of delegation.

3. Summarised version of original finding – Flexi / TOIL (Control Design)	Original Risk
<p>Our testing identified there was no consistent policy or processes in place for the management of flexi leave or TOIL.</p>	<p>Reduced service provision / additional costs due to inappropriate or unauthorised absence.</p>
Original Recommendation	Original Priority level
<p>While we acknowledge that there is limited use of TOIL within the Porter Service, the Health Board should ensure that consistent and up to date policies are in place across the service area.</p>	<p style="text-align: center;">Medium</p>
Original Management Response	Original Responsible Officer/ Deadline
<p>Principles for TOIL that are in place for RGH Site will be adopted and managed across all HB Sites. Principles will be management approved and will be reiterated to all porter services staff for information and compliance.</p>	<p>Facilities Managers – Richard Knowles, Brian Jones, Lisa Rogers. 30/11/18</p>
Current Position	
<p>Whilst the use of TOIL at either site is extremely infrequent, the 'Time in Lieu' procedure and form previously used by RGH, is now available at both sites. However, the procedure dates from 2015, and as needs to be updated to reflect the new structure.</p>	

<p>Whilst our original recommendation has been implemented, we have made a subsequent recommendation in this area.</p>	
<p>Updated Recommendation</p>	<p>Updated Priority Level</p>
<p>The TOIL procedure and forms should be reviewed to ensure they meet the ILGs’ needs, align to any wider Health Board policy or procedure and are updated to reflect the correct organisation name and the name of the ILG that they relate to.</p>	<p>Low</p>
<p>Updated Management Response</p>	<p>Updated Responsible Officer / Deadline</p>
<p><u>RGH / RTE and PCH M&C</u> The TOIL procedure will be amended to reflect correct ILG structure.</p>	<p>Lisa Rogers, Facilities Regional Manager RGH Melanie Smith, Facilities Regional Manager PCH 01/09/21</p>

4. Summarised version of original finding – Absence Management (Operating Effectiveness)	Original Risk
<p>Our testing at both sites identified a number of issues including the absence periods recorded on key documents and ESR not reconciling, missing paperwork such as Return to Work (RTW) forms, missing information such as the reason for absence and absence triggers not acted upon.</p> <p>Through our testing, we also identified errors and inconsistencies with the signing in book at both sites.</p>	<p>Reduced service provision / additional costs due to inappropriate or unauthorised absence.</p>
Original Recommendation	Original Priority level
<ol style="list-style-type: none"> 1. In line with the All Wales Sickness Absence Policy a record should be maintained when staff inform their line manager of sickness absence. 2. Comprehensive and timely records of sickness, including the reason for absence should be maintained to allow the proper management of sickness within the directorate and accurate reporting. It should be ensured that self-certification and return to work forms are completed in a timely manner. All information contained on self-certification forms, RTW forms and ESR should correspond. 3. Absence management triggers should be monitored and where periods of absence result in a trigger being breached, the appropriate action should be taken. Audit work undertaken in other areas of the Health Board has seen the use of sickness and absence summary sheets as a good practice tool for monitoring absence and identifying when triggers have been hit. 	<p>High</p>

<p>4. Management should reiterate to staff the importance of signing in correctly. Staff must not sign out before the shift ends and only they should sign themselves in / out.</p>	
<p>Original Management Response</p>	<p>Original Responsible Officer/ Deadline</p>
<p>Principles will be developed clearly indicating pathway for managing sickness absence. Principles approved by management and WF & OD business partners for all Porter Services across UHB Sites.</p> <p>Porter Supervisor/dispatcher will support monthly audit to ensure compliance and accuracy, inclusive of proforma/check list to support and evidence audit.</p> <p>Advisories for failing to meet All Wales S&A Policy Guidelines will be actioned within Porter Services Management Team and ensure compliance through continual close monthly audit as detailed previously.</p> <p>All Porter services supervisors/dispatchers will receive/refresh sickness absence training.</p> <p>Sickness absence performance KPI's are being monitored monthly by the Facilities Operations Board and CBM monthly meetings. A deep dive report has also been provided for scrutiny at CBM by WF & OD business partners.</p> <p>All staff must sign in on arrival and sign out on leaving, end of shift. This will be audited daily by the Porter Supervisors, dispatchers. Porter services staff will be formally reminded through meetings of their obligation for compliance and disciplinary action will follow for any incidences of non-compliance.</p>	<p>Facilities Managers – Richard Knowles, Brian Jones, Lisa Rogers.</p> <p>30/11/18</p>

Current Position

RGH / RTE

- 1&2 For the sample tested, point of contact forms were in place for all. In the majority of cases self-certification forms had been completed, as had RTW forms, all of which were completed in a timely manner following the absence. There were some minor differences between the consistency of the absence dates recorded on the paperwork and what was input on ESR.
- 3 Sickness and absence summary sheets are in place to allow monitoring of prompts (previously called triggers). However, our testing identified that absence review meetings were not routinely taking place when prompts were hit.
4. See finding 9 in relation to signing in and out book.

PCH / M&C

- 1&2 For the sample tested, point of contact forms were in place where necessary. All RTW forms were in place and had been completed in a timely manner and in all but one a case self-assessments form had been completed. All information reconciled to the information held on ESR.
- 3 During the course of our follow up review, sickness and absence summary sheets were introduced to allow monitoring of prompts. Our testing identified that absence review meetings were not routinely taking place when prompts were hit.
4. See finding 9 in relation to signing in and out book.

We were unable to confirm if the Porter services supervisors and dispatchers have received any formal training on managing attendance, and we note that PCH the supervisors now have greater responsibility for the day to day management of attendance. Furthermore, we were unable to identify any localised principles indicating pathways for managing sickness absence.

However, we were able to confirm that workforce KPI data in relation to absence is prepared by the Workforce Business Partner and issued to each ILG for monitoring purposes.

Overall, there has been progress towards implementing the agreed actions at both sites. However, the management of absence prompts does require further attention, as such we consider this action as **partially implemented**

Updated Recommendation

Updated Priority Level

Whilst both sites are now using sickness absence summary sheets that will aid the identification of staff who hit a prompt, the process for subsequent management of staff should be reviewed to ensure compliance with the All Wales Managing Attendance Policy. Where prompts are hit, records of the informal or formal meetings should be held on file. Where management discretion is applied to not undertake an informal or formal meeting, a record should be maintained on file explaining the reason for the decision.

Medium

Updated Management Response

Updated Responsible Officer / Deadline

RGH / RTE and PCH M&C

1. The process for the management of staff will be reviewed to ensure compliance with the All Wales Managing Attendance Policy.
2. Where prompts are hit, records of the informal or formal meetings will be held on file. Where management discretion is applied to not undertake an informal or formal meeting, a record will be maintained on file explaining the reason for the decision.
3. Supervisory training will further support sickness absence application. To

Lisa Rogers, Facilities Regional Manager RGH
 Melanie Smith, Facilities Regional Manager PCH
 01/09/21

further support compliance Team Leaders will support monthly audits for sickness.	
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5. Summarised version of original finding – PDRs (Operating Effectiveness)	Original Risk
<p>Our original findings identified that the PDR compliance rate within porter services was 43% at RGH and 60% at PCH, so below the Welsh Government target.</p>	<p>Staff performance is not effectively assessed and addressed.</p>
Original Recommendation	Original Priority level
<p>In line with Health Board targets, all staff should be subject to a PDR on an annual basis. An action plan should be developed to target those areas where compliance is low and to assist in overcoming any problems that may be preventing the completion of PDRs.</p> <p>Correct PDR documentation should be fully completed and forms signed by both the manager and employee. The ESR record should be updated with date the PDR took place.</p> <p>Copies of previous PDRs should be retained and used by management throughout the year to ensure staff are working towards agreed objectives and used in the following years PDR to reflect on achievements during the year.</p>	<p>Medium</p>
Original Management Response	Original Responsible Officer/ Deadline
<p>Since the audit both acute HB Sites have achieved an improvement in completion of PDR's and action to improve the position will be continued. RGH porters has improved compliance from 43% to 80%. PCH from 60% to 61%. Progress has been made across all Facilities services with overall compliance</p>	<p>Facilities Managers – Richard Knowles, Brian Jones, Lisa Rogers. 30/11/18</p>

reported at CBM 25/9/18 of 85% out of a total number of 940 staff.
 PDR training template to be used across all HB Sites to support Porter Supervisors, dispatchers, charge hands when completing. Key Skills Framework Outline will support this to ensure full awareness, understanding.
 Compliance will be tracked, monitored and performance managed monthly at the Facilities Operations Board and in the Facilities directorate report for CBM.

Current Position

We analysed PDR compliance rates as at March 2021 for both sites. We acknowledge the impact the pandemic will have had on the ability for PDRs to be completed. As such, we obtained data from January 2020 to establish compliance rates prior to the onset of the pandemic.

	RGH / RTE	PCH / M&C
March 2021	5% (3/55)	50% (26/50)
January 2020	93% (52/56)	55% (28/51)

We were unable to determine from either site, what specific actions plans are in place to address the current levels of compliance.

Whilst we acknowledge the impact that pandemic will have had on compliance rates, it would appear that even before the pandemic, the rates at PCH remained low. As such, we consider this action **not implemente**

Updated Recommendation

Updated Priority Level

An action plan should be developed by both sites that outlines the steps they are going to take to ensure all staff have received a PDR.

Medium

Updated Management Response	Updated Responsible Officer / Deadline
<p><u>RGH / RTE and PCH / M&C</u></p> <p>An action plan and process will be developed that outlines the steps required and action to be taken to ensure all staff have received a PDR. Where required the management and supervisory team will be supported with PDR training.</p>	<p>Lisa Rogers, Facilities Regional Manager RGH</p> <p>Melanie Smith, Facilities Regional Manager PCH</p> <p>01/09/21</p>

6. Summarised version of original finding – Mandatory Training (Operating Effectiveness)	Original Risk
<p>Our original testing against the 11 mandatory training modules identified that the compliance rate for the porter services was below the Welsh Government target rate. Individual rates for some staff were poor.</p>	<p>Staff performance is not effectively assessed and addressed.</p>
Original Recommendation	Original Priority level
<p>The directorate should ensure that all staff are provided with the opportunity to undertake their mandatory training and ESR should be updated accordingly to reflect the training undertaken.</p> <p>Those areas and individuals with low compliance rates should be targeted to encourage completion.</p>	<p>Medium</p>
Original Management Response	Original Responsible Officer/ Deadline
<p>Since the audit RGH has achieved an improvement in completion of training modules from 27% - 67%. Action to improve the position will be continued. At both RGH and PCH.</p> <p>Training remains on-going across all HB Sites, with significant improvement realised across the past 12-month period.</p> <p>Progress has been made across all Facilities services with overall compliance reported at CBM 25/9/18 of 73% out of a total number of 940 staff who each require 11 modules of core skills training.</p>	<p>Facilities Managers – Richard Knowles, Brian Jones, Lisa Rogers.</p> <p>30/11/18</p>

We will continue to support, through Porter Supervisor/dispatcher continual monthly review, operationally, we are challenged with releasing porter services staff however, are facing these challenges with support from the Facilities Business Support Manager and supervisory staff from other services who are trained in delivering core skills training. Once we get through the service redesign changes the plan is that Porter Services Supervisors will each be trained to deliver the core skills module within their service.

Compliance will be tracked, monitored and performance managed monthly at the Facilities Operations Board and in the Facilities directorate report for CBM.

Current Position

We analysed training compliance rates at January 2020 and March 2021 for both sites. This shows that there has been a slight decline in compliance over the period, however we acknowledge that the pandemic will have had an impact on the ability for training to be completed, especially as staff have limited access to IT equipment, so rely on a face to face training provision.

	RGH / RTE	PCH / M&C
March 2021	76%	63%
January 2020	84%	76%

Our analysis of the March 2021 data has highlighted some specific areas that need attention:

- Fire Safety training compliance at RGH is 38% and at PCH is 23%.
- Information Governance compliance at RGH is 36% and at PCH it is 48%.

We were unable to determine from RGH / RTE, what specific actions plans are being developed or are in place in order to address the current low level of compliance.

Through our discussions with facilities managers in PCH we established that plans are in place for the 'make up shift' to be dedicated to delivering mandatory training to ensure compliance rates are achieved.

Despite the constraints caused by the pandemic, compliance rates have remained relatively high, though attention is now needed in relation to specific training modules. We consider this action as **partially implemented**.

Updated Recommendation	Updated Priority Level
<p><u>RGH / RTE</u></p> <p>An action plan should be developed that outlines the steps that need to be taken to ensure all staff complete their mandatory training, with particular reference to those modules where overall compliance rates are low.</p> <p><u>PCH / M&C</u></p> <p>The action plan being put in place to address outstanding training should focus in the first instance on those modules where the overall compliance rate is low.</p>	<p>Medium</p>
Updated Management Response	Updated Responsible Officer / Deadline
<p><u>RGH / RTE and PCH / M&C</u></p> <ol style="list-style-type: none"> An action plan and process will be developed that outlines the steps required and action to be taken to ensure all staff undertake mandatory training learning sessions. A rolling programme of mandatory training will be put in place to 	<p>Lisa Rogers, Facilities Regional Manager RGH</p> <p>Melanie Smith, Facilities Regional Manager PCH</p>

address the decline in compliance due to the availability of training which had been reduced due to the pandemic operational impact. Particular focus will be given to those modules where overall compliance rates are low.

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7. Summarised version of original finding – Guidance for Porter Service (Control Design)	Original Risk
No consistent or up to date guidance or policies existed for the management of the porter service rosters.	The Porters service is delivered in an inefficient way resulting in savings targets not being achieved
Original Recommendation	Original Priority level
A set of policies and procedures should be developed for use across all sites that allows for the consistent and efficient running of porter services.	High
Original Management Response	Original Responsible Officer/ Deadline
As per the porter redesign and current staff/supervisor/dispatchers Organisational Change process mentioned at previous Finding 6. Facilities supported by WF & OD business partners is currently in a period of status quo and grievance with staff and trade unions on a number of rota compliance and terms and condition issues. Grievance policy negotiations are ongoing with staff and staff side trade union colleagues. The new rota and the principles for rota management are key to ensuring compliance and to be agreed with staff and trade union colleagues and directed across the Porter Services teams at all sites. These Principles will support Porter Services re-design, reflecting appropriate manning levels, rota, service requirements and Supervisor/Dispatcher Organisational Change process.	Facilities Managers – Richard Knowles, Brian Jones, Lisa Rogers. 31/1/19

Current Position

The Facilities Directorate Manager has developed a set of common principles for use across all sites. These covered the management of rotas, the allocation of overtime, annual leave and sickness absence.

The introduction of the new operating model in April 2020 including the move to an ILG structure has allowed greater autonomy to be applied at the ILG level. We understand that the Facilities Manager in the M&C ILG has refined some sections of the common principles to ensure they fully align to the new roster templates that were introduced in March 2021.

We consider this action **Implemented**

8. Summarised version of original finding – Rostering Documentation (Operating Effectiveness)	Original Risk		
<p>The times that porter service staff were signing in and out for the shifts did not correlate to shift times on the rotas. Furthermore, some staff were signing in and out of their shifts at the same time or not signing in at all.</p> <p>We also identified at RGH numerous swapping of shifts in a week, not always with the appropriate authorisation.</p>	<p>The Porters service is delivered in an inefficient way resulting in savings targets not being achieved.</p>		
Original Recommendation	Original Priority level		
<p>It should be ensured that all staff sign in and out for their shift in line with what they have actually worked and should not sign out until the end of their shift.</p> <p>Staff should only sign themselves in and should not sign in or out on behalf of others.</p> <p>Staff should ensure that they are aware of their shift start times and where they arrive early for work, they should be informed that cannot assume they can start work early and be paid for the additional time, unless there is deemed to be a specific service need.</p>	High		
Original Management Response	Original	Responsible	Officer/ Deadline
<p>With support from WF & OD Facilities is working to migrate porter services staff onto e-rostering which will support compliance and with controls in place that are auditable.</p>	<p>Facilities Managers – Richard Knowles, Brian Jones, Lisa Rogers.</p> <p>30/11/18</p>		

The swapping of shifts will be stopped with immediate effect. This will be highlighted in the management principles of rota and overtime management.

All staff must sign in on arrival and sign out on leaving, end of shift. This will be audited daily by the Porter Supervisors, dispatchers. Porter services staff will be formally reminded through meetings of their obligation for compliance and disciplinary action will follow for any incidences of non-compliance.

Current Position

The introduction of E-rostering as a means of resolving a number of the issues encountered with the porter service roster was not progressed as the shift set up within the system did not meet the needs of the service. However, advice was provided by the E-rostering team on how to set up more effective rosters (see finding 9).

We did not see any evidence of shift swapping at PCH. While it still happens at RGH, the number of swaps is much lower than at the time of our previous review and appears to be for valid reasons that are recorded.

Signing in and out books exist on both sites and spot checks are now taking place. At PCH / M&C we saw evidence of spot checks being carried out by the Facilities Manager and emails sent to all staff informing them of the need to record information correctly.

We note that the lay out and use of the signing in and out book at RGH did not facilitate easy monitoring and spot checks. At PCH a signing in / out sheet is used that also separates core hours and overtime.

Whilst our original recommendation has been **implemented**, we have made a subsequent recommendation in this area.

Updated Recommendation	Updated Priority Level
<p><u>RGH / RTE</u></p> <p>Consideration should be given to introducing the signing in / out sheets that are used in PCH as these are deemed more fit for purpose than the current signing in / out book and will assist in more accurate completion of pay returns.</p>	Low
Updated Management Response	Updated Responsible Officer / Deadline
<p><u>RGH / RTE</u></p> <p>The signing in sheets have been received from PCH Site and will be introduced to RGH Site to support better protocol for signing in and out.</p>	<p>Lisa Rogers, Facilities Regional Manager RGH</p> <p>01/09/21</p>

<p>9. Summarised version of original finding – Rostering effectiveness (Operating Effectiveness)</p>	<p>Original Risk</p>
<p>Our review raised concerns around the historic roster templates that were in place and the impact that rigidly adhering to them had on the need for overtime having to be utilised to ensure all rostered shifts were worked. This was made worse by the late preparation of the rosters and late annual leave approvals, which meant that staff were not always being able to work the allocated overtime thus causing the swapping of shifts.</p> <p>The porting job management system used did not provide meaningful information to allow management to analyse service demands.</p>	<p>The Porters service is delivered in an inefficient way resulting in savings targets not being achieved.</p>
<p>Original Recommendation</p>	<p>Original Priority level</p>
<p>The review of the historical roster templates that are being used should be progressed with revised rosters realigned to meet the current demands of the services at both hospital sites.</p> <p>It should be ensured that suitable systems are in place to accurately capture the work undertaken by the porters, to better inform future roster amendments and to allow monitoring of staff productivity.</p> <p>Rosters should be prepared further in advance in order for staff to know their core shifts and overtime shifts, if any, thus reducing the need for staff to swap shifts if they are unavailable for the overtime they have been allocated.</p> <p>Where there is a need to make use of overtime, efficient use should be made of all available staff.</p>	<p style="text-align: center;">High</p>

Original Management Response	Original Responsible Officer/ Deadline
<p>As per the porter redesign and current staff/supervisor/dispatchers organisational change process mentioned at Facilities Finding 6 response. Facilities supported by WF & OD business partners are currently in a period of status quo with staff and trade unions on a number of rota compliance and terms and condition issues. Grievance policy negotiations are ongoing with staff and staff side trade union colleagues.</p> <p>The portertrac system is used to monitor daily porter task activity. However the system is nearly 20 years old is challenging to navigate, is not an end user self-serve system, has to be manually interrogated to extract meaningful reports for effective reporting and does not provide accurate data as it is heavily reliant on accurate input from the porter services duty dispatcher.</p> <p>Facilities is currently developing a Facilities Management (FM) service investment in technology plan which would improve on 24/7 service delivery and address staff transactional management, replacing paper based systems of recording and auditing with software systems. This provides electronic log on duty and tracking of each member of the porter services duty teams shift, carrying out service tasks that can be tasked by end user departments using self-serve direct to each member of the porter team through to log off duty. This system will provide an auditable trace and provides service delivery performance information. We need to invest in FM management software solutions which will bring benefits to the Facilities services environment.</p> <p>The Porter Services re-design currently being taken forward will support the correct management of an efficient rota system across porter services at all sites which includes migration to e-rostering.</p> <p>The re-design scheme will also successfully support integration of the porter</p>	<p>Facilities Managers – Richard Knowles, Brian Jones, Lisa Rogers.</p> <p>31/01/19</p>

security requirement to the working rota. At RGH for example no additional staff have been recruited onto the porter establishment to enable the redesign scheme. The 11 porter security staff now in the pool have simply replaced vacancies over time in the porter pool using a new job description and following completion of the required SIA training.

The problem has been that the existing old rotas across both acute HB Sites are supporting the new service redesign model which is designed and FY 2018/19 was budgeted for the new rota. The delays in implementing the redesign and new rota have resulting in additional cost and the continued use of the old rota that has already been identified as not cost effective and non-compliant.

There have been instances early on in the scheme implementation whereby pool porter security staff have been side lined from tasks because of resistance to change from some members of the pool porter team. The management have intervened in such cases and there is more acceptance as the scheme progresses and pool porter security staff are now being tasked appropriate to their role. This will continue to be monitored.

Rosters will be prepared further in advance in order for staff to know their core shifts and overtime shifts.

Where there is a need to make use of overtime, efficient use will be made of all available staff.

It is acknowledged that there is an immediate requirement for moving forward through negotiations with staff and staff side and support from WF & OD to implement the new rota to reduce cost and realise the final element of the savings associated with this Facilities CRES and service redesign scheme. Despite the push back and challenges with this scheme, the Facilities management team with support from WF & OD business partners are committed and doing everything they can within OCP process to progress the scheme to completion.

Current Position	
<p>Revised roster templates are now in place at both sites. Whilst the templates are relatively new in PCH (March 2021) and there some issues to resolve in RGH around the Porter / Security Supervisor roles, in the main they have allowed the service to be delivered in a more effective way, enabling rosters to be produced further in advance.</p> <p>The previous porter management system (Portertrac) remains in place at the current time. There has been some work looking into procuring an updated system, but we have been informed that a move to a new system is still a number of years away.</p> <p>Partially Implemented</p>	
Updated Recommendation	Updated Priority Level
<p><u>Both sites</u></p> <p>Work should continue in relation to the procurement of a more up to date portering management system that would allow the service to be delivered in a more efficient and effective manner.</p>	<p>Low</p>
Updated Management Response	Updated Responsible Officer / Deadline
<p><u>RGH / RTE and PCH / M&C</u></p> <p>1. Work will continue to progress forward in view of managing rota alignment that will support service demands and pressures. This will be always flexible and open to change in view of changing service needs within the Hospitals.</p>	<p>Lisa Rogers, Facilities Regional Manager RGH</p>

2. A bid for funding for a new Porter Services IT management system solution (Symbiotic) has been submitted in the Facilities IMTP 2021-2022.

Melanie Smith, Facilities Regional
Manager PCH

01/09/21

<p>10. Summarised version of original finding - Porter Rostering Review (Operating Effectiveness)</p>	<p>Original Risk</p>
<p>Where overtime was used, no prior approval was sought. We identified errors between the information contained on the roster and pay return which led to both over and underpayments.</p>	<p>The Porters service is delivered in an inefficient way resulting in savings targets not being achieved.</p>
<p>Original Recommendation 10</p>	<p>Original Priority level</p>
<p>Where overtime is allocated on rosters, the Facilities Managers should approve these in advance of the rosters being published. Accuracy checks should be undertaken on pay returns prior to being submitted to payroll for processing.</p>	<p style="text-align: center;">High</p>
<p>Original Management Response 10</p>	<p>Original Responsible Officer/ Deadline</p>
<p>The Facilities managers monitor and check the rotas weekly however it is accepted that whilst they are checking they are not signing to confirm the checks. Action will be taken and instructions will be issued with regards to the management and control of the rota and overtime and allocation. This will also include accuracy checks on pay returns. E-rostering when implemented will also support Porter re-design to ensure compliance and improved rota management control.</p>	<p>Facilities Managers – Richard Knowles, Brian Jones, Lisa Rogers. 30/11/18</p>

Current Position

The updated guidance identifies who can authorise overtime, but our testing of a sample of rosters from both sites did not identify evidence of this authorisation.

We tested the pay returns relating to a sample of 15 porters from each site to confirm their accuracy to the worked rosters, and at both sites we found discrepancies that resulted in staff being paid incorrectly. Furthermore, at PCH, as a result of our testing, management identified that the 'make up shifts' periodically worked by the porters were being recorded on the pay return as overtime, when in fact they are part of their contractual hours. We understand that management has taken action to rectify these errors.

We did not see evidence of accuracy checks being carried out on the pay returns prior to being submitted to payroll for processing.

Whilst the number of errors identified during our testing appears to have reduced, errors in pay are still happening. As such we consider this recommendation as **not implemented**.

Updated Recommendation

Updated Priority Level

At both sites

Where overtime is allocated on rosters, the Facilities Managers should approve these in advance of the rosters being published.

Accuracy checks should be undertaken on pay returns prior to being submitted to payroll for processing.

High

Updated Management Response	Updated Responsible Officer / Deadline
<p><u>RGH / RTE and PCH / M&C</u></p> <ol style="list-style-type: none"> 1. Where overtime is allocated on rosters, the Facilities Managers will ensure that any overtime is approved in advance of the rosters being published. 2. Accuracy checks will be undertaken on pay returns prior to being submitted to payroll for processing. 3. Supervisors and staff will also be briefed on this requirement. 	<p>Lisa Rogers, Facilities Regional Manager RGH</p> <p>Melanie Smith, Facilities Regional Manager PCH</p> <p>01/09/21</p>

Audit Assurance Ratings



Substantial assurance - The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.

Follow up - All recommendations implemented and operating as expected.



Reasonable assurance - The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to **moderate impact on residual risk** exposure until resolved.

Follow up - All high level recommendations implemented and progress on the medium and low level recommendations.



Limited assurance - The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.

Follow up - No high level recommendations implemented but progress on a majority of the medium and low recommendations.



No Assurance - The Board has **no assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Action is required to address the whole control framework in this area with **high impact on residual risk** exposure until resolved.

Follow up - No action taken to implement recommendations.

Prioritisation of Recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows.

Priority Level	Explanation	Management action
High	Poor key control design OR widespread non-compliance with key controls. PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in control design OR limited non-compliance with established controls. PLUS Some risk to achievement of a system objective.	Within One Month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. These are generally issues of good practice for management consideration.	Within Three Months*

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