



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 August 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Consultant Job Planning
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mr Mark Henwood Executive Medical Director
SWYDDOG ADRODD: REPORTING OFFICER:	Helen Thomas Head of Medical Education & Professional Standards

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

Consultant job plans have been in place since 1991. Job planning is a mandatory process, emphasised as part of the amended Consultant Contract (2003) and the later Specialty and Associate Specialist (SAS) Doctor Charter (2016).

Job plans help to ensure that there is a clear consensus between Consultants, SAS Doctors and the Health Board as to what work is being done, where and when it will be undertaken, the number of hours/sessions that the individual is required to work, the work expected of the individual and the resources required. Effective job planning results in alignment of an individual's work, departmental objectives and strategic objectives resulting in a much more cost-effective delivery of healthcare.

Cefndir / Background

Consultant job plans have been in place since 1991. Job planning is a mandatory process, emphasised as part of the amended Consultant Contract (2003) and the later Associate Specialist (SAS) Doctor Charter (2016).

Progress in terms of the job planning process has been variable over the last few years. Time constraints associated with service pressures, staff shortages and changes to working activity has resulted in continued slow progress. Nevertheless, despite ongoing challenges, clinical teams have worked hard to revive the job planning process across their departments. Progress is being made but there continues to be areas for improvement.

Asesiad / Assessment

Internal Audit

The internal audit of job planning commenced in February 2024 and the report was issued at the end of April 2023. The purpose of the audit was to 'establish progress made by management to implement agreed actions arising from the previous internal audit [report HDdUHB-2223-20]'. Focussing on 7 main objectives, a sample of 15 job plans were reviewed as part of the process. Full report can be accessed at Appendix 1.

The summary of the audit review concluded the following:-

- **High priority** - 4 recommendations relating to service and personal outcomes and session payments which required further action to be taken
- **Medium priority** - 2 recommendations relating to job planning compliance required further action to be taken
- **Low priority** – 1 recommendation relating to personal outcomes which required further action be taken

The internal audit concluded **Limited** assurance overall.

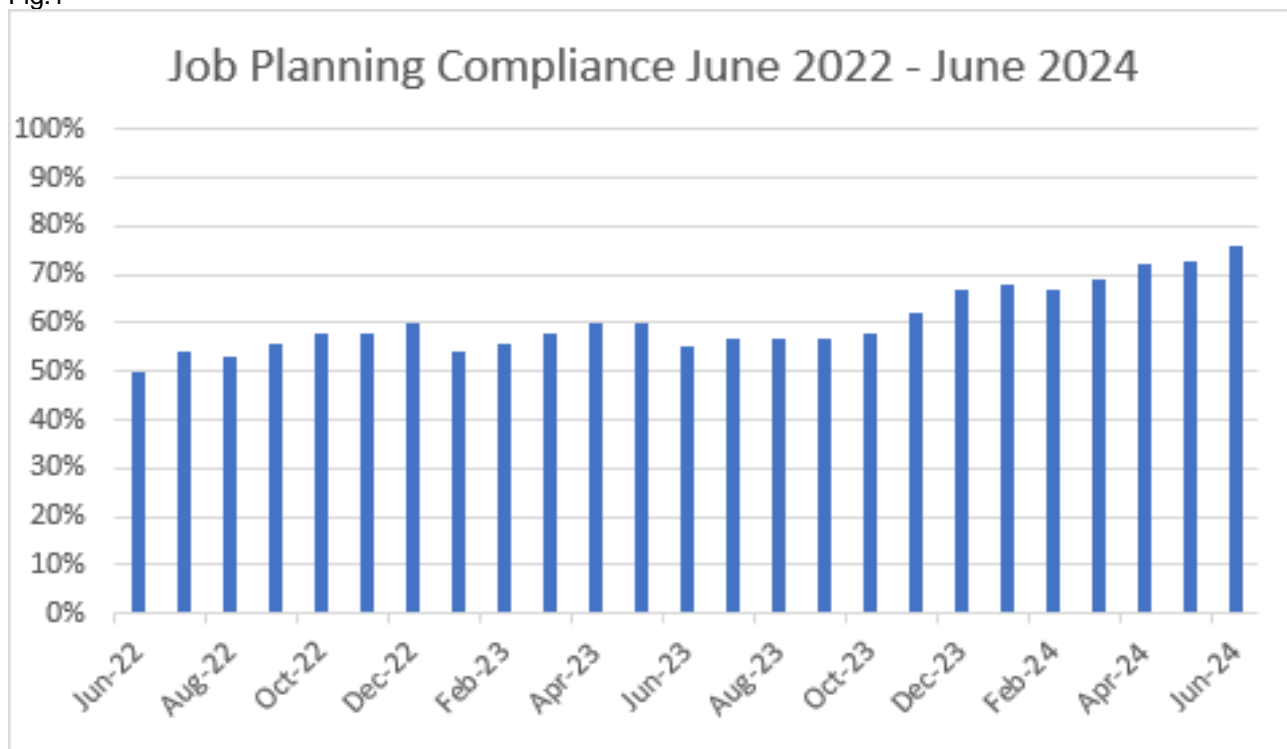
Recommendations & Actions

In response to the audit findings, an action plan has been developed collaboratively between key medical, operational and workforce & OD stakeholders, to ensure that there is a clear consensus of what needs to be done and by whom.

Matter Arising 1: Job Plan Compliance

Job plan compliance has been making slow but steady progress since May 2022 and despite not reaching our 90% target by the end of March 2024, we started the new job planning year over 10% ahead of where we were in April 2023 as per Fig.1 below:-

Fig.1



At the end of June 2024, % compliance was 76% and there are approximately a further 10% of job plans on the system awaiting sign off. Annual leave over the summer period is causing some delays with sign off but we are confident that these job plans will be fully signed off in the very near future which will help us realise another increase.

Despite some progress being made across directorates, % compliance remains low across the anaesthetics, ophthalmology and palliative care specialties and despite a small increase in the job plan reviews that were undertaken in May 2024, job plan compliance in trauma & orthopaedics dropped to 20% in June 2024 and so a significant number of job plan reviews will

need to be completed to bring the compliance up. Directorate progress charts can be found in Appendix 2, for your information.

An action plan detailing current implementation progress across the other areas can be accessed at Appendix 3.

Of the 10 actions included as part of the action plan, 9 are now complete, with further work required by the operational teams to fully implement the outstanding action which relates to service outcomes and linking SPA to service and personal objectives.

Argymhelliad / Recommendation

The Audit and Risk Assurance Committee are asked to:-

- **NOTE** the progress made in the job planning process and the implementation of the internal audit actions.
- **TAKE ASSURANCE** from the steady rise in percentage job plan review compliance.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.3 To provide assurance to the Board on the organisation's ability to create and manage strong, high performance, organisational culture arrangements.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	To be confirmed
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	3. Effective 4. Efficient 5. Equitable 6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable Choose an item. Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply Choose an item. Choose an item. Choose an item.

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply Choose an item. Choose an item. Choose an item.
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	http://www.wales.nhs.uk/sites3/Documents/433/Nat_Consultant_Contract.pdf#:~:text=The%20new%20amended%20consultant%20contract%20for%20Wales%2C%20which,the%20BMA%2C%20NHS%20Wales%20and%20Welsh%20Assembly%20Government. bma-2023_11_06-sas-charter-for-wales.pdf
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Mewn 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:	Not applicable.
Ansawdd / Gofal Claf: Quality / Patient Care:	Not applicable.
Gweithlu: Workforce:	Potential positive impact on staff morale and future engagement opportunities.
Risg: Risk:	Not applicable.
Cyfreithiol: Legal:	Not applicable.
Enw Da: Reputational:	Not applicable.
Gyfrinachedd: Privacy:	Not applicable.
Cydraddoldeb: Equality:	Not applicable.

Follow-up: Consultant Job Planning Final Internal Audit Report

April 2024

Hywel Dda University Health Board



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Review reference:	HDUHB-2324-35
Report status:	Final
Fieldwork commencement:	29 th February 2024
Fieldwork completion:	20 th March 2024
Draft report issued:	21 st March 2024
Debrief meeting:	21 st March 2024
Management response received:	2 nd April 2024
Final report issued:	2 nd April 2024
Auditors:	Rhian Jones (Principal Auditor)
Executive sign-off:	Mark Henwood (Interim Medical Director)
Distribution:	Carly Hill (Assistant Director Medical Directorate) Helen Thomas (Head of Medical Education & Professional Standards)
Committee:	Audit & Risk Assurance Committee



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

Acknowledgement

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

Disclaimer notice - please note

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit & Risk Assurance Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of Hywel Dda University Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with Hywel Dda University Health Board. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Executive Summary

Purpose

This review has sought to establish progress made by management to implement agreed actions arising from the previous internal audit [report HDUHB-2223-20] over the arrangements across the Health Board for management of the systems and controls in place for consultant job planning.

Overview of findings

The original audit identified three matters arising (consisting of seven recommendations) as summarised in the Progress Summary table.



Whilst it is positive to see an increasing trend in job plan compliance (up to 67% as at February 2024) following the work undertaken by the Medical Directorate Team in engaging with Service Directorate Management, we have concluded **Limited** assurance overall.

The quality of job plans remains poor with instances of no documented service or personal outcomes. We also identified a number of instances where SPA have little or no detail within the sample of job plans tested.




In addition, assigned session totals on job plans are not reflected in ESR with a financial risk of potential under/overpayments.

A number of matters arising remain ongoing, including mechanisms to ensure job plans are regularly reviewed, rollout of an audit programme to review consultant sessions and additional pay, and the prompt investigation and resolution of potential under and over payment identified in the this and the previous audit report.

Follow-up Report Classification

		Trend
 <p>Limited</p>	<p>Follow up: All high priority recommendations implemented and progress on the medium and low priority recommendations.</p>	

Progress Summary

Previous Matters Arising	Previous Priority Rating	Direction of Travel	Current Priority Rating
1 Job Planning Compliance	Medium		Medium
2 Personal and Service Outcomes Arrangements	High		High
3 Session Payments	High		High

1. Introduction

- 1.1 This audit sought to establish the progress made by management in implementing agreed actions to address the issues identified in the original review (report HDUHB-2223-20 refers).
- 1.2 The potential risks considered in the original review were:
- Clinical risk of sessions worked not being sufficient to allow for adequate provision of the service.
 - Financial risk as a result of job plan data not being input into ESR in a timely manner.
 - Operational risk of job plans not reflecting actual conditions or not being developed by mutual consent.

2. Findings

- 2.1 The table below provides an overview of progress in implementing the previous internal audit recommendations:

Original Priority Rating	Number of Recommendations	Implemented / Obsolete (Closed - No Further Action Required)	Action Ongoing (Further Action Required)	Not implemented (Further Action Required)
High	4	-	2	2
Medium	2	-	2	-
Low	1	-	-	1
Total	7	-	4	3

- 2.2 Full details of recommendations requiring further action are provided in the **Management Action Plan** in **Appendix A**.

Appendix A: Management Action Plan

Previous Matter Arising 1: Job Plan Compliance			
Original Recommendation			Original Priority
1.1	Consultants with a non-compliant current job plan should be promptly reviewed and approved by all parties involved.	Medium	
1.2	Mechanisms should be in place to ensure job plan review meetings are arranged within the 15 month period of the last review.		
Management Response		Target Date	Responsible Officer
1.1	Managers to provide schedule of job plan review meetings for every doctor within their specialty for the year ahead.	31 st July 2023	Director for Secondary Care (Service Delivery Managers as advised)
1.2	Proposal to allocate clinicians with allocated quarters in which job plan reviews should be carried out each year. Job plan communications and non-compliance process will then mirror that of the appraisal process, which has proved effective. This approach may need to be approved by the LNC before implementation.	31 st July 2023	Head of Medical Education & Professional Standards
Current Findings			Residual Risk
1.1	<p>Reported as at the end of December 2023 to the February PODCC meeting, current job plan compliance stands at 67%, against the target of 90%. A month on month increase in compliance is noted over the last six months.</p> <p>The actions by the Head of Medical Education & Professional Standards and the Medical Directorate Team that have contributed to the increase in job plan compliance include:</p> <ul style="list-style-type: none"> Monthly summary reports are distributed to service managers, highlighting the job plan status in terms of whether they are: fully signed off; expired and need review; not published; requiring a job 	Operational risk of job plans not reflecting actual conditions or not being developed by mutual consent.	

	<p>plan to be developed; and new job plan requiring sign off from management. The summary enables the managers to easily identify and prioritise job planning within their service.</p> <ul style="list-style-type: none"> • Compliance data is being reported to DITS (Directorate Improving Together Sessions) meetings, raising awareness of compliance within each directorate. • Regular informal meeting held with the Medical Director, Assistant Director Medical Directorate, Head of Medical Education & Professional Standards and service managers give focus to job planning and offer support where needed. • Revalidation process now incorporates reference to the job planning cycle. <p>Conclusion: <i>Action Ongoing – Further Action Required</i></p>		
1.2	<p>The proposal to allocate clinicians with allocated quarters in which job plan reviews should be carried out each year has not been implemented to date.</p> <p>Actions and controls have been implemented by the Head of Medical Education & Professional Standards and the Medical Directorate Team as noted above (see 1.1) to demonstrate engagement with clinicians regarding upcoming job plan reviews.</p> <p>Conclusion: <i>Action Ongoing – Further Action Required</i></p>	Operational risk of job plans not reflecting actual conditions or not being developed by mutual consent.	
New Recommendation		Priority	
1.1	Mechanisms should be in place to ensure job plan review meetings are arranged within the 15-month period of the last review with a view of attaining the 90% compliance target.	Medium	
Management Response		Target Date	Responsible Officer
1.1	Proposal to allocate clinicians with allocated quarters in which job plan reviews should be carried out each year. Job plan communications and non-compliance process will then mirror that of the appraisal process, which has proved effective.	31 st July 2024	Head of Medical Education and Professional Standards

Job plan needs to be completed in the quarter prior to appraisal, Professional standards lead to arrange for SDMs to be informed of Dr's appraisal quarter	31 st July 2024	Head of Medical Education & Professional Standards
Letter to be circulated from Medical Director to all SDMs and Consultants to inform them that an update job plan will be required prior to appraisal.	31 st July 2024	Medical Director / Assistant Director – Medical Directorate
Service Delivery Managers and Clinical Leads to set up rolling programme of annual job planning compliance.	31 st July 2024	SDM's / Clinical Leads

Previous Matter Arising 2: Personal and Service Outcomes

Original Recommendation		Original Priority
2.1	Service management should explicitly set out service outcomes in all consultant job plans to allow for personal outcomes to be accurately aligned to the directorate and/or specialty needs.	High
2.2	Personal outcomes should be explicitly set out and agreed by the consultant and service management in all job plans.	Low
Management Response		Target Date
2.1	Service managers and clinicians to be reminded of the need to include service outcomes and training to be delivered to support. Job planning team to work with managers to create baseline lists of service outcomes for each specialty to include in the service outcome section. Job planning team to review the job plans that are in process so that prompts can be sent to managers before sign off in the event that service outcomes have not been included.	31 st August 2023
		Responsible Officer
		Head of Medical Education and Professional Standards

2.2	Job planning team to continue to remind the managers and clinicians of the need to include the personal outcomes and provide support where needed.	31 st May 2023	Head of Medical Education and Professional Standards					
Current Findings			Residual Risk					
2.1	<p>Testing was carried out on a sample of 15 consultant job plans to confirm whether service and personal outcomes have been noted within their job plans. Our sample covered the following services.</p> <table border="1" data-bbox="336 526 1545 678"> <tr> <td>Anaesthetics GGH/PPH</td> <td>Anaesthetics WGH</td> </tr> <tr> <td>Child & Adolescent Mental Health</td> <td>Older Adult Mental Health</td> </tr> <tr> <td>Acute Paediatrics</td> <td>Obstetrics & Gynaecology</td> </tr> </table> <p>Testing highlighted the following:</p> <ul style="list-style-type: none"> 10 job plans did not outline any service objectives. Whilst five job plans did have service objectives, all were for consultants in Mental Health (which were identified as compliant in the previous audit). Supporting Professional Activities (SPA) are not always detailed within the job plan with little or no detail outlined on seven of the 15 job plans reviewed. <p>As compliance rates are beginning to increase focus is now turning to enhancing the quality of job plans. Responsibility lies with the individual service to confirm and outline the Service Outcomes within the Job Plan and Service Delivery Managers are reminded regularly of this requirement. Training on the Allocate system continues to be provided for new staff and refresher training when needed.</p> <p>Conclusion: <i>Not Implemented – Further Action Required.</i></p>	Anaesthetics GGH/PPH	Anaesthetics WGH	Child & Adolescent Mental Health	Older Adult Mental Health	Acute Paediatrics	Obstetrics & Gynaecology	Operational risk of job plans not reflecting actual conditions or not being developed by mutual consent.
Anaesthetics GGH/PPH	Anaesthetics WGH							
Child & Adolescent Mental Health	Older Adult Mental Health							
Acute Paediatrics	Obstetrics & Gynaecology							
2.2	<p>Of the 15 job plans sampled, personal objectives had not been outlined for four job plans.</p> <p>Conclusion: <i>Not Implemented – Further Action Required.</i></p>	Operational risk of job plans not reflecting actual conditions or not being developed by mutual consent.						

New Recommendation		Priority	
2.1	<p>Service Delivery Managers should:</p> <ul style="list-style-type: none"> explicitly set out service outcomes in all consultant job plans to allow for personal outcomes to be accurately aligned to the directorate and/or specialty needs; ensure SPA are outlined and linked to clear objectives within all consultant job plan; and agree in discussion with the consultant their personal objectives. 	High	
Management Response		Target Date	Responsible Officer
2.1	<p>Discussion with LNC regarding the expectation on SPA's in job planning.</p> <p>Monitoring arrangements to be developed using the Directorate Improving Together process for Operational Teams, working with the Performance Team to ensure that there is a regular review of:</p> <ul style="list-style-type: none"> Accurate service outcomes Clearly outlined SPA's that are linked to clear objectives Agreement and discussion of personal objectives during the job planning process <p>Amend the Allocate system SPA activity drop down list to ensure more detailed information is recorded and can be confirmed on acceptance of job planning.</p>	<p>31st August 2024</p> <p>30th September 2024</p> <p>31st July 2024</p>	<p>Medical Director</p> <p>Director of Operations</p> <p>Head of Medical Education & Professional Standards</p>

Previous Matter Arising 3: Session Payments			
Original Recommendation		Original Priority	
3.1	Service management should ensure that all agreed consultant sessions recorded on job plans are accurately reflected in ESR through the prompt submission of a change form to NWSSP Payroll Services.	High	
3.2	The Medical HR Team should also review the accuracy of consultant sessions recorded in ESR to their job plans as part of their additional pay elements review.		
3.3	Quantify the total over/underpayments for the 12 identified in this audit and take action to recover/pay.		
Management Response		Target Date	Responsible Officer
3.1	A review of the process surrounding job planning will be undertaken by a group linked to the medical workforce effectiveness workstream. This group will ensure managers are reminded of their responsibilities which includes accurately recording the detail of job plans in allocate and also producing the paperwork for changes to sessions agreed as part of the process.	30 th June 2023	Medical Director & Director of Workforce & OD
3.2	A regular audit of job plans and ESR records will be developed and administered by the medical workforce team. The first report has already been produced to generate the baseline assessment and once actions have been taken in 3.3 it will then be re-run twice per annum to ensure the process remains robust and medical workforce are paid accurately and on time.	31 st July 2023	Senior Medical Workforce Manager & Head of Medical Education and Professional Standards
	<ul style="list-style-type: none"> Original baseline to be reviewed with discussions to commence with managers and individual consultants to understand difference between ESR and allocate 	31 st July 2023 (commencing)	Senior Medical Workforce Manager & Head of Medical Education and Professional Standards
	<ul style="list-style-type: none"> Roll out schedule for correcting any inconsistencies to be developed & agreed 	30 th June 2023	Senior Medical Workforce Manager & Head of Medical

	<ul style="list-style-type: none"> Changes to be actioned in ESR where necessary Arrangements in place for bi-annual audit. 	<p>30th June 2023 (linked to rollout schedule)</p> <p>31st December 2023</p>	<p>Education and Professional Standards</p> <p>Service Delivery Managers as advised</p> <p>Senior Medical Workforce Manager & Head of Medical Education and Professional Standards</p>
3.3	Finance Business Partners to work with relevant Service Delivery Managers and Medical Workforce to quantify total over/underpayments for the 12 identified in this audit and take action to recover/pay.	31 st July 2023	<p>Senior Medical Workforce Manager & Head of Medical Education and Professional Standards</p> <p>(Finance Business Partners and Service Delivery Managers as advised)</p>
Current Findings			Residual Risk
3.1	<p>Of the 15 job plans tested during this follow up review, seven instances were identified where the sessions noted in Allocate did not agree to that stated on the payslip checked for February 2024, highlighting the possibility of over/underpayments being made.</p> <p>Conclusion: <i>Not Implemented – Further Action Required</i></p>		Financial risk as a result of job plan data not being accurately input into ESR.
3.2	Following the original audit, work commenced to identify variances of session paid by cross checking Allocate and ESR payslips. This method proved inefficient and ceased with work focused on moving 'local' elements noted on payslips to 'national' elements within ESR to allow for the accurate reporting of paid additional sessions for consultants. The moving to 'national' elements also means that any pay awards are applied		Financial risk as a result of job plan data not being accurately input into ESR.

	<p>automatically within ESR and reducing the risk of manual input error. Finalisation of the report is currently underway with a view to being available from 20th April 2024.</p> <p>Conclusion: <i>Action Ongoing – Further Action Required</i></p>	
3.3	<p>Confirmation was received from the Head of Medical Education and Professional Standards that eight of the 12 identified over/underpayments from our previous testing had been resolved and action was needed or being undertaken for the remaining four instances.</p> <p>Conclusion: <i>Action Ongoing – Further Action Required</i></p>	Financial risk as a result of job plan data not being accurately input into ESR.
New Recommendation		Priority
3.1	<p>To ensure the contractual detail of all job plans (recorded on Allocate) and ESR are correctly aligned:</p> <ul style="list-style-type: none"> • service management should review all consultant job plan to ensure session totals accurately reconcile to ESR. Where variances are identified, a change form should be promptly submitted to NWSSP Payroll Services; • the Medical HR Team should continue to develop and rollout a regular audit programme to ensure consultant sessions and additional pay elements (obtained for the new report) are accurate and correct; and • a review of the seven sessional total discrepancies identified during follow up testing should be investigated and rectified as necessary, whilst the remaining four instances of over/under payments identified in our previous audit should be promptly resolved 	High
Management Response	Target Date	Responsible Officer
3.1	31 st October 2024	Senior Medical Workforce Manager / Service Delivery Managers / General Managers
	<p>The first report has already been produced to generate the baseline assessment and once actions have been taken in 3.1 it will then be re-run twice per annum to ensure the process remains robust and medical workforce are paid accurately and on time.</p> <p>Original baseline to be reviewed with discussions to commence with managers and individual consultants to understand difference between ESR and allocate.</p>	

Monitoring arrangements to be developed using the Directorate Improving Together process for Operational Teams, working with the Performance Team to ensure that there is a regular review of the baseline assessment.





Change forms should be submitted to NWSSP and be supported with an up-to-date signed job plan.

Introduction of Allocate E-roster for Medics will support with the monitoring going forward, however, introduction of this will be during 2024/2025.

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

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

	<p>Substantial assurance</p>	<p>Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure. Follow up: All recommendations implemented and operating as expected</p>
	<p>Reasonable assurance</p>	<p>Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved. Follow up: All high priority recommendations implemented and progress on the medium and low priority recommendations.</p>
	<p>Limited assurance</p>	<p>More significant matters require management attention. Moderate impact on residual risk exposure until resolved. Follow up: No high priority recommendations implemented but progress on most of the medium and low priority recommendations.</p>
	<p>No assurance</p>	<p>Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved. Follow up: No action taken to implement recommendations</p>

Prioritisation of Recommendations

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

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

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

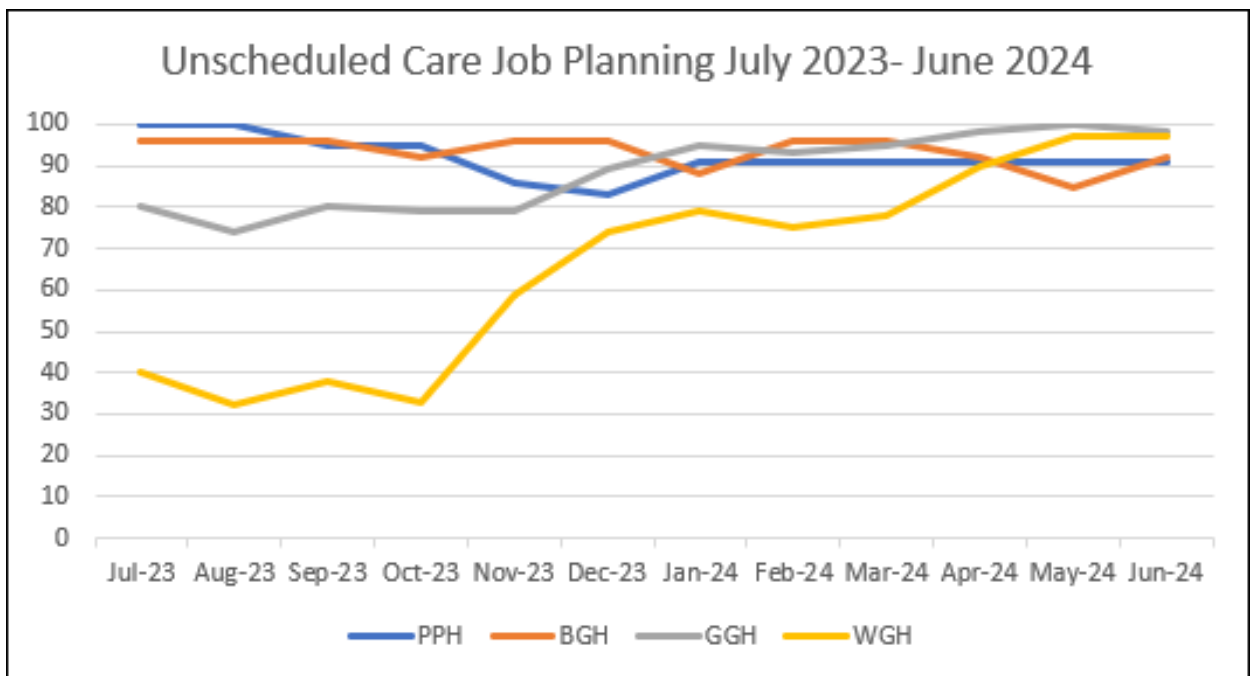
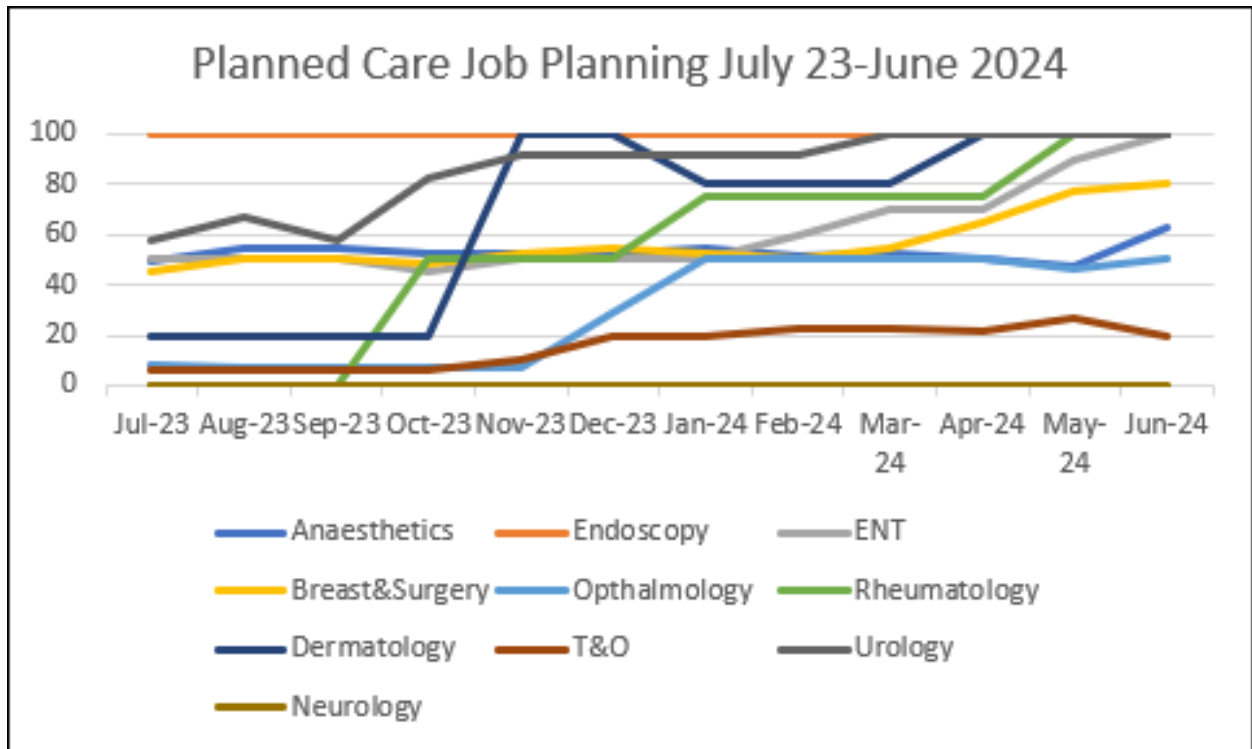


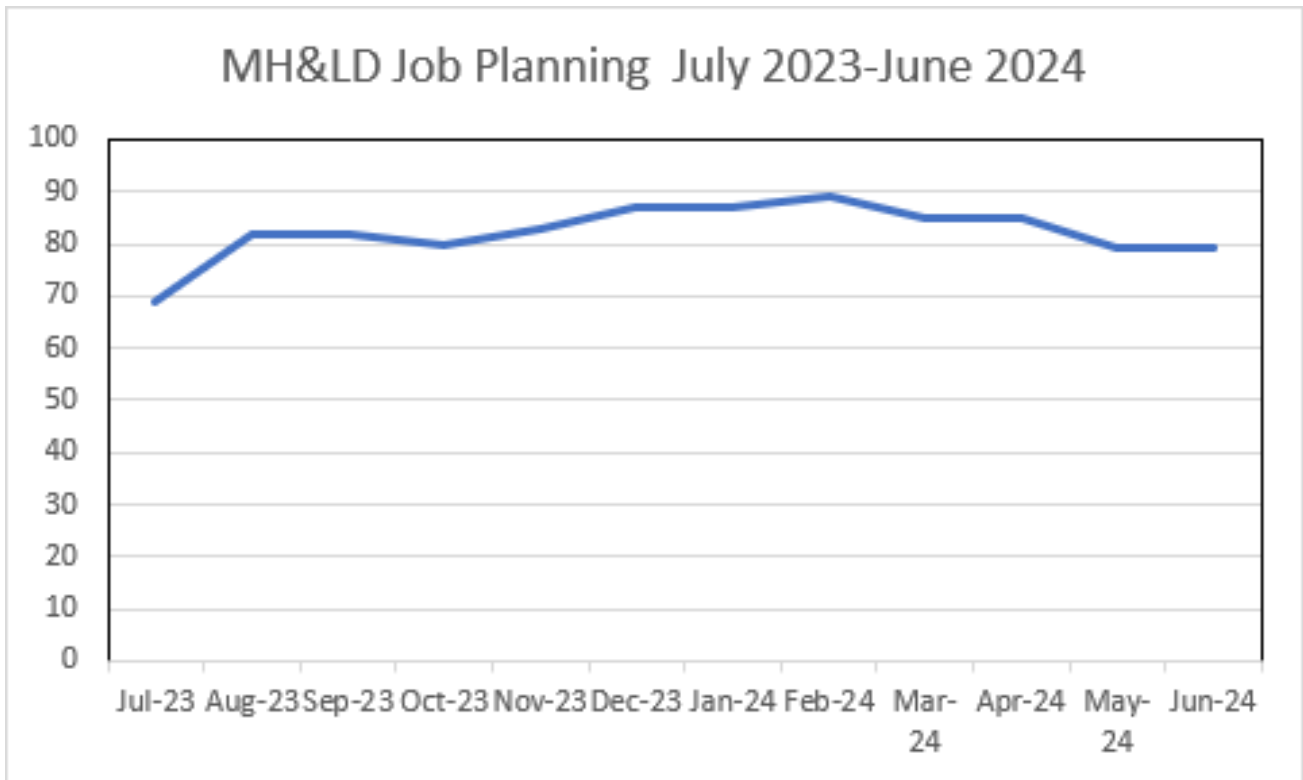
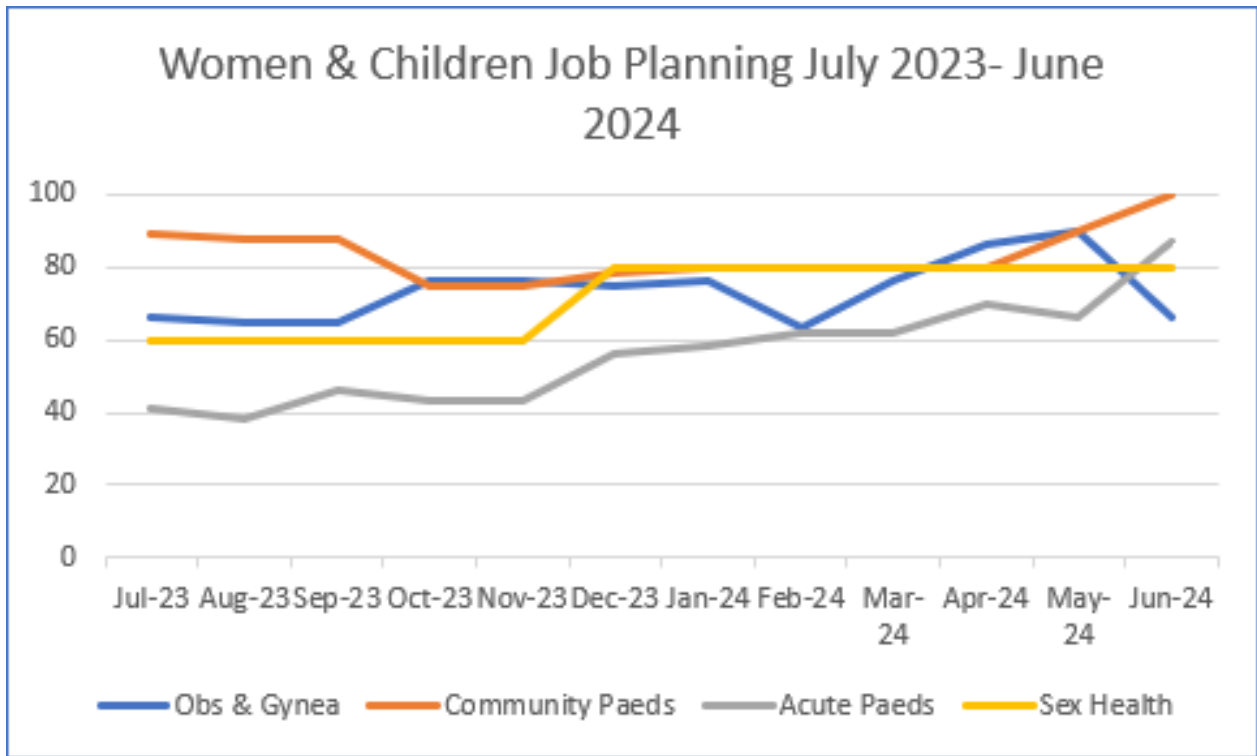
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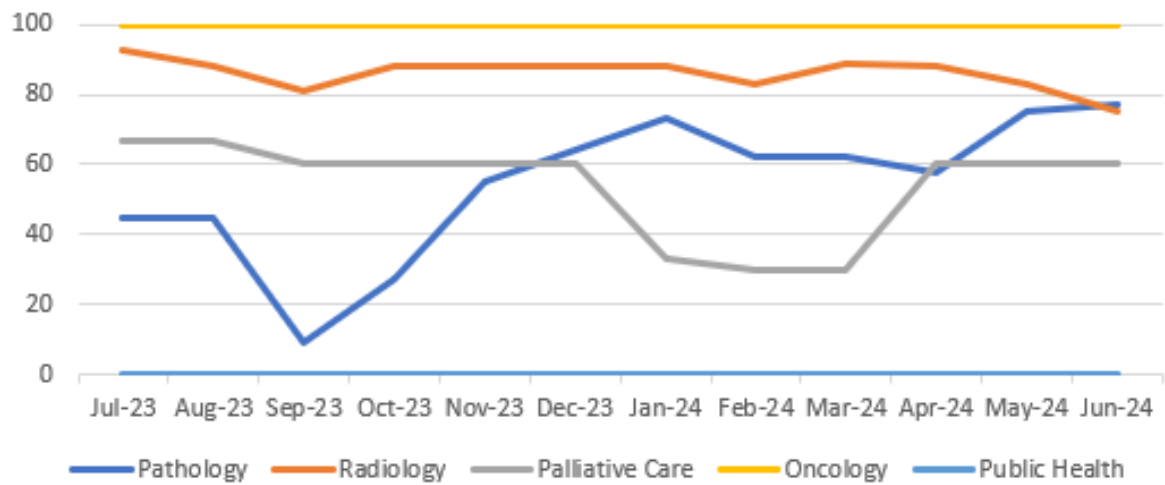
Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

Appendix 2





Pathology, Radiology, Palliative Care, Oncology & Public Health Job Planning July 2023-June 2024





Job Planning Action Plan – Updated July 2024

Medical Directorate Actions

Requirements & recommendations	Actions to be taken	Timeline	Responsible Person	Progress / Current Status
<p>1.1</p> <p>Mechanisms should be in place to ensure job plan review meetings are arranged within the 15-month period of the last review with a view of attaining the 90% compliance target.</p>	<p>Allocate clinicians with allocated quarters in which job plan reviews should be carried out each year.</p>	<p>July 2024</p>	<p>Head of Medical Education and Professional Standards</p>	<p>Complete - All doctors have been allocated job plan quarters which precede appraisal quarters. This information has been recorded on the appraisal database which is held by the Medical Directorate team.</p>
	<p>Job plan needs to be completed in the quarter prior to appraisal, Professional standards lead to arrange for SDMs to be informed of Dr's appraisal quarter.</p>	<p>July 2024</p>	<p>Head of Medical Education and Professional Standards</p>	<p>Complete - SDMs are contacted in the absence of a fully signed off job plan which is required as part of appraisal. Template letter sent via email can be accessed at Appendix 3.1.</p> <p>These letters are sent out at the beginning of the quarter which precedes the job planning quarter and will be sent annually.</p>
	<p>Letter to be circulated from Medical Director to all SDMs and Consultants to inform them that an up to date job plan will be required prior to appraisal.</p>	<p>July 2024</p>	<p>Medical Director / Assistant Director – Medical Directorate</p>	<p>Complete - Letter and updated toolkits were circulated to all SAS doctors, Consultants, Managers and Clinical Leads on the 26/06/2024. Letter can be accessed at Appendix 3.2.</p>

Requirements & recommendations	Actions to be taken	Timeline	Responsible Person	Progress / Current Status
<p>2.1</p> <p>Service Delivery Managers should:</p> <ul style="list-style-type: none"> explicitly set out service outcomes in all consultant job plans to allow for personal outcomes to be accurately aligned to the directorate and/or specialty needs; ensure SPA are outlined and linked to clear objectives within all consultant job plan; and agree in discussion with the consultant their personal objectives. 	<p>Discussion with LNC regarding the expectation on SPA's in job planning</p>	<p>August 2024</p>	<p>Medical Director</p>	<p>Discussed and agreed at the LNC meeting which took place on the 24/06/2024. LNC also approved amendments to the Consultant and SAS doctor Job Planning Toolkits which were reviewed at the beginning of June 2024.</p>
	<p>Amend the Allocate system SPA activity drop down list to ensure more detailed information is recorded and can be confirmed on acceptance of job planning.</p>	<p>July 2024</p>	<p>Head of Medical Education & Professional Standards</p>	<p>This was done in May. The drop down list no longer includes the options for 'Consultant Core SPA' and 'SAS Core SPA' but a new option 'Revalidation & Appraisal:- CPD, QIA, Feedback, SEA, Compliments & Complaints' has been added.</p>

Medical Workforce & Operational Teams Actions

Appendix 3

Requirements & recommendations	Actions to be taken	Timeline	Responsible Person	Progress / Current Status
<p>1.1</p> <p>Mechanisms should be in place to ensure job plan review meetings are arranged within the 15-month period of the last review with a view of attaining the 90% compliance target.</p>	<p>Service Delivery Managers and Clinical Leads to set up rolling programme of annual job planning compliance.</p>	<p>July 2024</p>	<p>SDM's / Clinical Leads</p>	<p>The increase in the number of job plan reviews being completed will allow for better organisation and arrangement of timely job plan meetings going forward. The job planning quarters which have been allocated and the communication to service delivery managers will further support this. Measures taken by managers to ensure the job plans are arranged within the 15-month period will need further review to ensure effectiveness going forward.</p>

Appendix 3

<p>2.1</p> <p>Service Delivery Managers should:</p> <ul style="list-style-type: none"> explicitly set out service outcomes in all consultant job plans to allow for personal outcomes to be accurately aligned to the directorate and/or specialty needs; ensure SPA are outlined and linked to clear objectives within all consultant job plan; and agree in discussion with the consultant their personal objectives. 	<p>Monitoring arrangements to be developed using the Directorate Improving Together process for Operational Teams, working with the Performance Team to ensure that there is a regular review of</p> <ul style="list-style-type: none"> Accurate service outcomes Clearly outlined SPA's that are linked to clear objectives Agreement and discussion of personal objectives during the job planning process 	<p>Sept 24</p>	<p>Director of Operations</p>	<p>Compliance information is being fed into the Escalation process (which has replaced the Directorate Improving Together process) where job plan information will be scrutinised as part of workforce measures.</p> <p>Work is still required to ensure that accurate service outcomes are consistently included as part of the job plan review.</p> <p>Clarity around SPA allocation will be supported by the change in the SPA drop list on Allocate but these SPA outcomes will need to link to the objectives set out in the personal and service outcomes section of the job plan.</p>
<p>3.1</p> <p>To ensure the contractual detail of all job plans (recorded on Allocate) and ESR are correctly aligned:</p> <ul style="list-style-type: none"> service management should review all consultant job plan to ensure session totals accurately reconcile to ESR. Where variances are identified, a change form should be promptly submitted to NWSSP Payroll Services; the Medical HR Team should continue to develop and rollout a regular audit programme to ensure consultant sessions and additional pay elements (obtained for the new report) are accurate and correct; and a review of the seven sessional total discrepancies identified during follow up testing should be investigated and rectified as necessary, whilst the 	<p>Original baseline to be reviewed with discussions to commence with managers and individual consultants to understand difference between ESR and allocate.</p>	<p>Oct 2024</p>	<p>Senior Medical Workforce Manager / Service Delivery Managers / General Managers</p>	<p>Since September 2023, a significant amount of work has been undertaken to review the pay of Consultants, Locum Consultants and SAS doctors. It was identified that within ESR, additional sessions were not consistently coded with some elements being coded to local elements which has meant that for example when there is a pay award the element is not automatically uplifted and therefore leading to underpayments. By April 2024, all work to move additional sessions from local elements to national elements was completed.</p> <p>The BGH stipend payments have also been reviewed and the local elements updated so they are now clear on pay slips so the payments are clearly identifiable to make reporting and reading payslips easier. This was tested in February 2024 and rolled out in March 2024.</p>
	<p>Monitoring arrangements to be developed using the Directorate Improving Together process for Operational Teams, working with the Performance Team to ensure that there is a regular review of the baseline assessment.</p>	<p>Oct 2024</p>	<p>Senior Medical Workforce Manager / Service Delivery Managers / General Managers</p>	

Appendix 3

<p>remaining four instances of over/under payments identified in our previous audit should be promptly resolved</p>	<p>Change forms should not be submitted or processed by NWSSP without a copy of the up to date signed job plan</p>	<p>Oct 2024</p>	<p>Senior Medical Workforce Manager / Service Delivery Managers / General Managers</p>	<p>By undertaking this work, it now means that for the first time that reporting can be undertaken directly from ESR directly so a department can be looked at rather than individual.</p> <p>All issues identified with regard to pay and job plans are identified and raised with the Service Delivery managers for action.</p>
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Appendix 3.1

Ein cyf/Our ref: HW/PK
Gofynnwch am/Please ask for: Debbie Stone
Rhif Ffôn /Telephone: 01267 239635
E-bost/E-mail: Debbie.Stone2@wales.nhs.uk
Dyddiad/Date:

Corporate Offices, Ystwyth Building
Hafan Derwen, St David's Park, Jobswell
Road, Carmarthen, SA31 3BB

Swyddfeydd Corfforaethol, Adeilad
Ystwyth, Hafan Derwen, Parc Dewi Sant
Heol Jobswell, Caerfyrddin, SA31 3BB

Sent via email only to:-

Private & Confidential

Dear Dr XXXX & Service Delivery Manager

Dr XXXX's next appraisal is due in the XXXX – XXXX quarter and my records indicate that the doctor's job plan has expired. Current job plan information is required as part of the scope of work section of the appraisal and so a job plan review will need to be arranged in the XXXX-XXXX quarter, in order that an up to date job plan can be agreed and fully signed off by the appraisal date please.

If you are encountering any issues, or require any support, please respond to this email at your earliest convenience.

Kind regards,

Debbie Stone
Medical Directorate Support & Revalidation Manager



**MR MARK HENWOOD
EXECUTIVE MEDICAL DIRECTOR**

Appendix 3.2

Ein cyf/Our ref: HW/MH
Gofynnwch am/Please ask for: Mark Henwood
Rhif Ffôn /Telephone: 01267 239635
E-bost/E-mail: Mark.Henwood@Wales.nhs.uk
Dyddiad/Date: 26th June 2024

Corporate Offices, Ystwyth Building
Hafan Derwen, St David's Park,
Jobswell Road, Carmarthen, SA31
3BB

Swyddfeydd Corfforaethol, Adeilad
Ystwyth, Hafan Derwen, Parc Dewi
Sant Heol Jobswell, Caerfyrddin,
SA31 3BB

Sent via email only to:- SAS doctors, Consultants, Service Delivery Managers, Clinical Leads & Managers

Dear Colleagues

Re: Job plans for appraisal and revalidation

Revalidation is a process whereby doctors regularly demonstrate that they're keeping their skills and knowledge up to date.

Participation in annual medical appraisal is one of the main underpinning requirements of the process and includes the need for doctors to include details of their scope of work. Job plans help to ensure clarity around what work is being done, where and when it will be undertaken, the number of hours/sessions that the individual is required to work, the work expected of the individual and the resources required and so, in this section doctors should be including current job plan information and where possible, up to date job plans should be uploaded. This will help to ensure that the appraiser and the **responsible officer** have a comprehensive understanding of an individual doctors' clinical and non-clinical responsibilities, allowing opportunities to identify learning needs and areas for improvement, enabling doctors to work productively and align their practice with organisational goals. This information will be used as part of revalidation readiness consideration. Can I ask therefore that prior to your appraisal you ensure your job plan is up to date and has been reviewed and agreed in the last year.

To help ensure that job plan reviews are completed in readiness of a doctor's appraisal, job plan quarters, which precede appraisal quarters have been assigned to all doctors. Managers will be provided with the details of when the annual job plan review should be carried out and will be expected to ensure that the job plan is fully signed off before the end of the assigned quarter.

The Consultant and SAS Doctor job planning toolkits have recently been updated, in agreement with the LNC and are attached to this email. Please ensure that you familiarise yourself with them, they contain valuable information to support the job planning process. I would draw your attention to the table of SPA tariffs, which sets out the specific Health Board agreed time allocation for SPA roles and the inclusion of the newly agreed tariff for the educational supervision of clinical fellows.

If you have any questions or queries around appraisal, revalidation or job planning, please contact Debbie.Stone2@wales.nhs.uk .

Thank you in advance for your continued co-operation.

Yours sincerely,

Mr Mark Henwood

Executive Medical Director, Hywel Dda University Health Board