

Consultant Job Planning

Final Internal Audit Report

2024/25

Hywel Dda University Health Board



Reasonable Assurance

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Review Reference
 Fieldwork
 Executive Sign Off
 Audit Committee
 Executive Lead
 Audit Team

HDU-2425-19
 February 2025
 11th March 2025
 April 2025
 Mark Henwood, Interim Medical Director
 James Johns, Head of Internal Audit
 Sophie Corbett, Deputy Head of Internal Audit



Executive Summary

Purpose

The overall objective of this follow-up review was to assess progress in implementing the actions agreed with management to address the issues identified in the previous audit, including additional testing.

Overview

Positive actions have been taken to implement new internal controls and processes to ensure job plans are completed in a timely manner with the Health Board reporting a compliance percentage of 87% (against the target 90%) as at January 2025. The Medical Workforce Department are also undertaking reviews of consultant job plans to ensure contractual details align with ESR as part of their stabilisation project. We can also confirm the inclusion of Board outcomes in all job plans sampled.

However, the matters requiring management attention include:

- Instances of personal or service outcomes not documented in agreed job plans [*High Priority*]
- Instances where sessions recorded on agreed job plans did not align to ESR, whilst the baseline assessment of consultant session payments has not yet been finalised [*Medium Priority*]

We have concluded **reasonable** assurance against progress on the implementation of agreed management actions supported by additional testing. Full details of matters arising are detailed within the Findings & Agreed Action Plan.

Scope & Assurance Summary

| Objectives ¹ | Related Findings | Assurance |
|---|------------------|--------------------|
| 1 Job plans have been prepared with engagement of all parties with annual review completed in a timely manner | - | Substantial |
| 2 Job plans include personal outcomes that are linked to the Health Board’s organisational objectives | 1 | Limited |
| 3 Agreed job plans reconcile to ESR records | 2 | Reasonable |

Management Actions

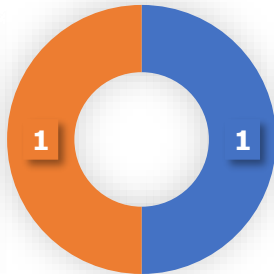


High Priority



Medium Priority

Themes



- Finance Management & Control
- Quality, Safety & Patient Experience

Risk Types

- Quality or Safety Issues
- Financial Loss
- Legal & Regulatory Non-Compliance

¹ The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Findings & Agreed Action Plan

Objective 1: Job plans have been prepared with engagement of all parties with annual review completed in a timely manner **Substantial**

Overview / Summary of Observations

The previous internal audit report (HDU-2324-35) identified the need to implement mechanisms to ensure completed job plans attain the 90% compliance target.

A letter was issued by the Interim Medical Director in June 2024 to consultants, SAS doctors, service delivery managers (SDMs) and clinical leads highlighting the need to undertake appropriate job plan reviews in a timely manner, whilst Medical Directorate Team issue monthly reminders to SDMs on job planning compliance levels with focus on upcoming and outstanding plans.

Discussions with SDMs confirmed that many had implemented a system that informed them of upcoming consultant job plans either through utilising the Allocate system and/or maintain their own register, whilst the Medical Directorate Team provide monthly compliance breakdowns highlighting key specialties that require addressing.

These internal controls and processes have contributed to a significant increase in job planning compliance from 56% in February 2023 (noted in the original Internal Audit report) to 87% as at January 2025. Of the 13% of non-compliant job plans, 9% were in progress/ being reviewed whilst 4% had expired.

Objective 2: Job plans include personal outcomes that are linked to the Health Board’s organisational objectives **Limited**

Overview / Summary of Observations

A finding in the previous report noted the lack of completion of personal and service outcomes, whilst Supporting Professional Activities (SPA) was not always detailed within consultant job plans.

Supporting Professional Activities (SPA) forms a key element of a consultant’s job plan. Clarity of core SPA was discussed at a local negotiating committee (LNC) meeting in June 2024 and is to be reflected in the *Consultant Job Planning Toolkit* document. The revised toolkit document was agreed by the LNC and published in October 2024.

We can confirm that the Allocate system has updated the SPA activity drop down list to allow more detailed information to be recorded and is confirmed on agreement of each job planning. This change to the Allocate system was communicated to clinical staff and SDMs via an email from the Interim Medical Director.

A review of 25 consultant job plans was undertaken and identified that Board outcomes had been outlined for all individuals with all plans approved by the consultant and Service Delivery Managers. However, personal outcomes were not evident in nine job plans whilst 10 did not have completed service outcomes.

In addition, 16 Service Delivery Managers (SDMs) listed in the *Consultant Job Planning Toolkit* document were contacted to confirm whether their allocated specialties had dedicated service outcomes. Of the eight SDMs that replied to the email, only four SDMs confirmed dedicated services outcomes.

| Key Findings | | Risk & Impact | Agreed Management Action |
|--------------|--|--|--|
| 1 | <p>Personal and Service Outcomes</p> <p>A review of 25 consultant job plans identified nine instances where personal outcomes and 10 instances where service outcomes had not been recorded.</p> <p>In addition, out of eight SDMs only four confirmed that they had dedicated services outcomes.</p> | <p>Patients' quality of care is impacted due to the consultant job plans not aligning with the service being provided.</p> | <p>Agreed Action:</p> <p>Service outcomes to be identified by each Clinical Service Group Director with support from the Medical Directorate in line with those already developed in MHL.</p> |
| | | | <p>Expected Evidence of Implementation:</p> <p>Review of job plans will evidence both personal and service outcomes.</p> |
| | | High Priority | <p>Officer: Gareth Cottrell (Deputy Chief Operating Officer)</p> <p>Date: 31st July 2025</p> |
| | Theme: Quality, Safety & Patient Experience | Control Operation | |

Objective 3: Agreed job plans reconcile to ESR records

Reasonable

Overview / Summary of Observations

The previous internal audit report identified instances where the contractual details outlined in agreed job plans did not accurately align to the information held within the ESR system.

The agreed management response included a baseline assessment of consultant payments against agreed job plan sessions and additional duties that was due to be completed by October 2024 as part of the stabilisation work undertaken by Medical Workforce Department. However, this assessment has yet to be finalised.

A review was undertaken on a sample of 25 consultants to ensure their agreed sessions recorded on their job plans (including additional sessions) accurately reconciled to ESR. Testing identified three instances where agreed sessions did not match individual's payslip in January 2025. Two consultants had also been identified in the stabilisation work, whilst one consultant had partially retired and the service have not uploaded a new job plan onto Allocate. This represents improvement against the position reported in the last Internal Audit report where seven out of 15 instances were identified where sessions recorded in job plans did not reconcile to ESR.

| Key Findings | | Risk & Impact | Agreed Management Action |
|--------------|---|---|--|
| 2 | <p>Baseline Assessment of Session Payments</p> <p>A baseline assessment of consultant session payments was due to be completed by October 2024. This assessment has yet to be finalised.</p> | <p>Financial risk as a result of job plan data not being accurately input into ESR.</p> | <p>Agreed Action:</p> <p>Medical workforce to develop and agree a process from 1st April 2025 on ensuring Operational Teams are responsible for ensuring session payment is in line with ESR through the Medical Variable Pay Stabilisation workstream. Completion of assessment to be</p> |

A review of 25 consultants identified three instances where agreed sessions did not match individual's payslip in January 2025.

finalised and actions identified to ensure this is remedied going forward to avoid having to repeat assessments.

Expected Evidence of Implementation:

Agreement of actions to be devolved to operational teams
Completion of assessment

Medium Priority

Officer: Bethan Griffiths (Senior Medical Workforce Manager)





Date: 31st July 2025

Theme: Finance Management & Control

Control Operation

Appendix A

Assurance Opinion

| | | |
|--|-----------------------|--|
|  | Substantial | Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure. |
|  | Reasonable | Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved. |
|  | Limited | More significant matters require management attention. Moderate impact on residual risk exposure until resolved. |
|  | Unsatisfactory | Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved. |
|  | Advisory | Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed. |

Prioritisation of Findings

| Priority | Explanation |
|---------------|--|
| High | Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance. |
| Medium | Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance. |

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

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