

Follow-up: Consultant Job Planning Final Internal Audit Report

April 2024

Hywel Dda University Health Board



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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.

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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	<p>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</p>		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	<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>	31 st October 2024	Senior Medical Workforce Manager / Service Delivery Managers / General Managers

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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