



Hywel Dda University Health Board

Quality Review of Consultant Job Plans

Advisory Review

January 2021

Private and Confidential

NHS Wales Shared Services Partnership

Audit and Assurance Services



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1. Introduction and Background

The advisory review of the quality of Consultant job plans was completed in line with the 2020/21 Internal Audit Plan. The relevant lead Executive Director for the review was the Medical Director.

A job plan is described in simple terms as a prospective, professional agreement that sets out the duties, responsibilities, accountabilities and outcomes and the support and resources provided by the employer for the coming year.

The changes implemented by the Health Board to ensure the quality of Consultant job plans has been affected by the Covid pandemic. Due to this impact, an advisory review within limited specialties was undertaken.

2. Scope and Objectives

This audit evaluated and determined the quality of Consultant job plans in a limited number of service areas within the Health Board, where it was likely the level of impact of the pandemic has still allowed for the job planning process to continue.

Assurance was provided as to the quality of job plans undertaken with any weaknesses being brought to the attention of management and advice issued on how controls could be improved.

The main areas reviewed were:

- Completed job plans are of sufficient quality and been prepared with engagement of all parties;
- Completed job plans are in line with guidance, meet service needs and approved by Clinical Directors;
- Job plans take account of outcomes discussed during the appraisal scheme which involve service outcomes and linked personal development plans, including how far these have been met; and
- Job plans are subject to effective review on an annual basis or more regularly where changes in circumstances require.

Testing was undertaken on a limited sample of Consultant job plans within the following specialties – Mental Health & Learning Disabilities, Obstetrics & Gynaecology, Urology and Ophthalmology.

3. Associated Risks

The potential risk considered in this review was as follows:

 Job plans are not of sufficient quality to meet organisational requirements.

4. Audit Approach

This is a limited scope audit of a supportive nature; therefore, the assignment has not be allocated an assurance rating, but advice and recommendations where appropriate have been provided to facilitate change and improvement.

Testing that was undertaken as part of the review included:

- Review a sample of job plans to establish level of consistency, accuracy and compliance with procedures. Look at overall number of sessions and level of Direct Clinical Care (DCC) to Supporting Professional Activity (SPA);
- Review whether jobs plans can be linked to organisational requirements and also service outcomes; and
- Establish if processes are in place to ensure engagement to undertake job planning and also for the agreement and approval of the plans.

Summary of Audit Findings

In total, a sample of 22 Consultant job plans were reviewed and a summary of the testing is as follows:

Directorate	Department	No. of JP's Reviewed	No of JP's Reviewed within 15 months	No of JP's Appropriately Signed Off	No. JP's with stated Sessions	No. of JP's Stating Personal/Service Outcomes
Mental Health & Learning Disabilities	Child & Adolescent Mental Health	3	3	3	3	3
Mental Health & Learning Disabilities	Community Mental Health - Adult	5	5	5	5	5
Mental Health & Learning Disabilities	Neuro- Development Adult ASD Services	1	1	1	1	1
Scheduled Care	Head & Neck	4	4	4	4	0
Women & Children's Services	Obstetrics & Gynaecology	8	7	8	8	0
Scheduled Care	Urology	1	1	1	1	0
		22	21	22	22	9

Summary of Observations and Comments

From the audit findings detailed above we would advise the following:

- i. We noted from testing that 21 of the 22 job plans had been reviewed within the 15-month cycle, with one job plan having not been reviewed since April 2019.
- The Consultant & SAS Doctors Job Planning Internal Audit report (HDUHB-1920-29) issued in December 2019, highlighted the lack of personal and service outcomes within job plans. A management response was provided that noted clinicians and managers were to be informed of their requirement to ensure personal expected outcomes are recorded in all job plans and are consistent with the service delivery outcomes.

Testing undertaken during this review highlighted that only job plans of Consultants working within the Mental Health & Learning Disabilities Directorate had detail of personal and service outcomes.

The development of personal outcomes included establishing and setting out Direct Clinical Care (DCC) and Supporting Professional Activities (SPA) allocations; whilst the input of Heads of Service were considered when setting out service outcomes. However, no personal or service outcomes had been recorded in the other Directorate job plans tested.

We would recommend that the Health Board determines an approach to develop personal and service outcomes as part of the Job Planning process building on the good practice seen within one directorate. This approach could be implemented with an incremental rollout of the process on a prioritised basis across specialities with an approach tailored to meet specific service requirements.

The approach should be developed in line with the expectation of professional bodies (e.g. General Medical Council, British Medical Association and the Local Negotiation Committee).

In addition, we would recommend that the 'Consultant Job Planning Toolkit' document is update to reflect any changes in approach to outcomes development.

- the Clinical Director had not signed-off job plans in line with the Health Board's 'Consultant Job Planning Toolkit'. Since the issuing of this report it was agreed that job plans could be signed-off by the lead Consultant and/or the Service Delivery Manager rather than the Clinical Director. We would therefore advise that the 'Toolkit' be updated to reflect this change in process.
- **iv.** All Consultant job plans are required to be completed on the Allocate system. We would advise that the 'Consultant Job Planning Toolkit' be reviewed to reflect the use of the Allocate system.

Concluding this review, the key areas for improvement would be to develop an approach to ensure personal and service outcomes are included within Job Plans across the Health Board and the update of the 'Consultant Job Planning Toolkit' document to acknowledge the changes made in the job planning process.



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