

Hywel Dda University Health Board

Consultant & SAS Doctors Job Planning

Final Internal Audit Report

December 2019

NHS Wales Shared Services Partnership

Audit and Assurance Services



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Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors.

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1. Introduction and Background

The review of Consultant and SAS Doctors Job Planning was completed in line with the 2019/20 Internal Audit Plan. The relevant lead Executive Director for the review was the Medical Director.

A job plan can be 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.

Job planning became a central part of consultants' working lives with the agreement of the 2003 Amendment to the National Consultant Contract in Wales. This made explicit the link between job planning and a successful relationship between the consultant and their employer(s).

Similarly, job planning became a central part of SAS doctors' working lives with the agreement of the 2008 associate specialist and specialty doctors' contracts and terms and conditions of service. This made explicit the link between job planning and a successful relationship between the SAS doctors and their employer(s).

Job planning is a mandatory process that provides an opportunity to align the objectives of the NHS, the organisation and clinical teams with individually agreed outcomes in order to allow, consultants, SAS doctors, clinical academics, managers and the wider NHS team to plan and deliver innovative, safe, responsive, efficient and high-quality care.

2. Scope and Objectives

The overall objective of the review was to evaluate and determine the adequacy of the systems and controls in place for the management of consultant and SAS doctors' job planning in order to provide assurance to the Board's Audit Committee that risks material to the achievement of system's objectives are managed appropriately.

The purpose of the review was to establish if consultant/SAS doctors job planning was managed and monitored appropriately in order to ensure that sufficient activity was undertaken to meet the needs of the Health Board.

The main areas that the review sought to provide assurance on are:

- All consultants and SAS doctors have up to date, accurate and agreed job plans in place;

- Job plans reflect the Health Board's activity requirements and available finances;
- 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;
- Job plans are subject to effective review on an annual basis or more regularly where changes in circumstances require;
- An effective team based approach to job planning is utilised to support individual job plans where appropriate and beneficial; and
- The job planning process complies with relevant guidance with all parties engaged and the level of compliance is effectively monitored and reported.

3. Associated Risks

The potential risks considered in the review were as follows:


- Sessions worked may not be sufficient to allow for adequate provision of the service; and
- Job plans may not reflect actual conditions or be developed by mutual consent.

OPINION AND KEY FINDINGS

4. Overall Assurance Opinion

We are required to provide an opinion as to the adequacy and effectiveness of the system of internal control under review. The opinion is based on the work performed as set out in the scope and objectives within this report. An overall assurance rating is provided describing the effectiveness of the system of internal control in place to manage the identified risks associated with the objectives covered in this review.

The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with Consultant & SAS Doctors Job Planning is **Limited** assurance.

RATING	INDICATOR	DEFINITION
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.





The overall level of assurance that can be assigned to a review is dependent on the severity of the findings as applied against the specific review objectives and should therefore be considered in that context.

A limited rating has been deemed appropriate for this review with five high priorities identified:

- Job plans could not be located or were incomplete for two consultants and 10 SAS doctors. Where job plans were evident, 13 consultant and 14 SAS doctors had not been reviewed within the last 12 months; whilst only one consultant and SAS doctor job plan had been signed and dated by individuals involved in the job planning process;
- Only seven consultant and five SAS job plans complied with the standard Health Board template;
- Instances where the DCC/SPA sessions were either not recorded on job plans or did not reconcile to the sessions recorded in ESR;
- Expected outcomes had only been recorded in six consultant job plans, whilst no expected outcomes were evident in the five SAS doctor job plans; and
- A detailed supporting plan outlining how the organisation hopes to achieve 100% compliance by March 2020 was not evident.

5. Assurance Summary

The summary of assurance given against the individual objectives is described in the table below:

Audit Objective		Assurance Summary*			
					
1	All consultants and SAS doctors have up to date, accurate and agreed job plans in place		✓		
2	Job plans reflect the Health Board's activity requirements and available finances		✓		
3	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		✓		
4	Job plans are subject to effective review on an annual basis or more regularly where changes in circumstances require		✓		
5	An effective team based approach to job planning is utilised to support individual job plans where appropriate and beneficial				✓
6	The job planning process complies with relevant guidance with all parties engaged and the level of compliance is effectively monitored and reported			✓	

* The above ratings are not necessarily given equal weighting when generating the audit opinion.

Design of Systems/Controls

The findings from the review have highlighted **two** issues that are classified as weakness in the system control/design for consultant and SAS doctors job planning. These are identified in the Management Action Plan as (D).

Operation of System/Controls

The findings from the review have highlighted **six** issues that are classified as weakness in the operation of the designed system/control for consultant and SAS doctors job planning. These are identified in the Management Action Plan as (O).

6. Summary of Audit Findings

The key findings are reported in the Management Action Plan at Appendix A.

OBJECTIVE 1: All consultants and SAS doctors have an up-to-date, accurate and agreed job plans in place

Guidance on job planning for consultants and SAS doctors was readily available to employees on the Health Board's intranet site. The 'Consultant Job Planning Tool Kit' was published by the Health Board following approval by the Local Negotiating Committee (LNC). We also noted that a similar guidance document has been produced by Health Board for SAS doctors; however, at the time of audit, it had yet to be formally agreed by the LNC and published. Review of both documents also highlighted a lack of a version control system.

A sample of 30 consultant and 15 SAS doctor job plans were selected from records maintained by the Appraisal and Revalidation Manager. Concluding a review of the sampled individuals, the following was identified:

- One consultant had a partially completed job plan, whilst another consultant had a job plan from a previous Health Board.
- Seven were 'provisional' job plans where the actual DCC/SPA split had not been discussed, documented or agreed.
- 10 SAS doctors did not have job plans in place.
- Only one job plan had been signed and dated by the consultant, Senior Directorate Manager/General Manager and Clinical Lead.
- Only one of the SAS doctor job plan had been signed and dated by the doctor, Senior Directorate Manager/General Manager and Clinical Lead.
- Of the 28 consultant valid job plans tested, 13 were not up-to-date (reviewed within the last 12 months as of 31st October 2019), whilst 14 SAS doctors did not have an up-to-date job plan in place.

See Findings 1, 6 & 8 at Appendix A.

OBJECTIVE 2: Job plans reflect the Health Board's activity requirements and available finances

The 'Job Planning Tool Kit' documents for consultants and SAS doctors contains a copy of the job plan templates that complies with Welsh Government (WG) requirements. Following a review of the sampled job plans, we noted that only seven consultant and five SAS job plans complied with the standard Health Board template.

The Revalidation & Appraisal Manager along with the Senior Medical Workforce Manager have been responsible for rolling out training sessions for the use of the e-job planning programme 'Allocate'. We can confirm that the LNC have also agreed the adoption of the Allocate system to capture job plans.

The lack of use by directorates and services could be a result of poorly attended training sessions by Health Board managers involved in job planning. This opinion was mirrored in the results of the recent Job Planning Quality Assurance Survey sent out to consultants and SAS doctors whereby several comments were returned regarding the lack of commitment and engagement on job planning by Health Board managers.

A job planning paper was submitted to the Audit & Risk Assurance Committee (ARAC) in October 2019 by the Medical Director that highlighted a number of areas where progress has been made to provide additional support to Service Delivery Managers in regard of e-job planning. Concluding our testing, we noted that some of the service areas identified in the job planning paper were utilising Allocate to record job plans including Paediatrics, Obstetrics & Gynaecology and Mental Health & Learning Disabilities.

Testing was also undertaken to ensure that the contracted direct clinical care (DCC) and supporting professional activities (SPA) sessions listed on consultant and SAS doctor job plans reconciled to the job plan element within Electronic Staff Resource (ESR)¹. Of the 28 consultant and five SAS doctors where valid job plans were on file, we noted the following:

- Eight instances where the DCC/SPA sessions noted on the consultant job plans did not reconcile to the sessions recorded in ESR job planning function report;
- Two instances where the DCC/SPA sessions recorded on the SAS doctor job plans did not reconcile to ESR job planning function report.

See Findings 2, 3 & 7 at Appendix A.

OBJECTIVE 3: 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

Internal Audit met with managers within Mental Health & Learning Development (MHLDD), Scheduled Care and Paediatrics & Neonatal specialties to review the processes of developing and monitoring consultant and SAS doctor job plans.

¹ The information within the Job Plan element is not connected to the Payroll element of ESR.

A review of the sampled job plans identified 22 instances where expected outcomes had not been recorded in the 28 consultant job plans, whilst no expected outcomes were evident on the five SAS doctor job plans.

See Finding 4 at Appendix A.

OBJECTIVE 4: Job plans are subject to effective review on an annual basis or more regularly, where changes in circumstances require

A review of the 28 consultants and five SAS doctors where valid job plans were in place, identified that only 15 consultants and one SAS doctors had an up-to-date job plan on file, with a number of instances where the last reviews were undertaken as far back as 2013 – see Table A for breakdown of sampled job plans.

YEAR REVIEWED	CONSULTANTS	SAS DOCTORS
2019	9	1
2018	14	2
2017	2	-
2016	1	1
2015	-	-
2014	-	-
2013	2	1

Table A

The percentage of up-to-date consultant and SAS doctor job plans within our sample was in line with the latest job planning compliance position reported in the Integrated Performance Assurance Report (IPAR) submitted to the Business Performance & Planning Assurance Committee in October 2019.

Role	% in September 2019				% in September 2018			
	No job plan	With a job plan (needs review)	Up to date Job plan in place	Current + Needs review	No job plan	With a job plan (needs review)	Up to date Job plan in place	Current + Needs review
Cons.	0%	43%	57%	100%	5%	47%	48%	95%
SAS Drs.	36%	22%	42%	64%	64%	21%	15%	36%
Total	14%	35%	52%	86%	27%	37%	36%	73%

Integrated Performance Assurance Report – June 2019

A paper submitted to the Audit & Risk Assurance Committee (ARAC) by the Medical Director in October 2019 outlined the intention of ensuring all consultants and SAS doctors have a valid job plan in place by March 2020.

However, we were unable to locate a supporting plan outlining how the organisation will achieve 100% compliance within the next six months.

See Finding 5 in Appendix A.

OBJECTIVE 5: An effective team based approach to job planning is utilised to support individual job plans where appropriate and beneficial

Discussions with managers within MHL, Scheduled Care and Paediatrics & Neonatal specialties confirmed that no team job plans were currently in use. However, a manager highlighted that engaging with consultants and SAS doctors can be challenging at times.

To mitigate these challenges and to address the Medical Director's target of achieving 100% job plan compliance by March 2020 for consultants and SAS doctors, directorate and service managers should consider the introduction of a team based approach to job planning if deemed appropriate.

No matters arising.

OBJECTIVE 6: The job planning process complies with relevant guidance with all parties engaged and the level of compliance is effectively monitored and reported

We can confirm that the following arrangements have been established to ensure job planning compliance is effectively monitored and reported:

- The Revalidation and Appraisal Manager maintains a job planning tracker spreadsheet that identifies individuals and the date of their last review. The tracker is shared on a quarterly basis with Managers across the Health Board via email.
- The Business Performance & Planning Assurance Committee regularly receives the performance position of consultant and SAS doctor job planning compliance including narrative on actions to be taken to address identified key issues within the IPAR.
- The Health Board also regularly receives the IPAR that details consultant and SAS doctor job planning compliance levels. The latest IPAR to the September 2019 meeting identified job planning as a key area of concern.

The latest IPAR report submitted to the Business Performance & Planning Assurance Committee in October 2019 reflected improvements in the number of consultants and SAS doctors with a job plan in place. However, as at September 2019 only 57% of consultants and 42% of SAS doctors have an up-to-date job plan in place. The IPAR also noted the key challenges and actions undertaken to

address job planning compliance, whilst reiterating the target of achieving 100% compliance by March 2020.

As noted in Objective 4, a paper was submitted to ARAC by the Medical Director in October 2019 outlining the intention of ensuring all consultants and SAS doctors have a valid job plan in place by March 2020. However, a plan outlining how the organisation hopes to achieve 100% compliance by March 2020 had not been submitted to support the Medical Director's paper.

See Finding 5 at Appendix A.

7. Summary of Recommendations

The audit findings and recommendations are detailed in Appendix A together with the management action plan and implementation timetable.

A summary of these recommendations by priority is outlined below.

Priority	H	M	L	Total
Number of recommendations	5	2	1	8

Finding 1 – Completed Job Plans (O)	Risk
<p>Concluding a review of the sampled job plans, the following was identified:</p> <ul style="list-style-type: none"> • One consultant had a partially completed job plan, whilst another consultant had a job plan from a previous Health Board. • Seven were 'provisional' job plans where the actual DCC/SPA split had not been discussed, documented or agreed. • 10 SAS doctors did not have job plans in place. • Only one job plan had been signed and dated by the consultant, Senior Directorate Manager/General Manager and Clinical Lead. • Only one of the SAS doctor job plan had been signed and dated by the doctor, Senior Directorate Manager/General Manager and Clinical Lead. • Of the 28 consultant valid job plans tested, 13 were not up-to-date (reviewed within the last 12 months as of 31st October 2019), whilst 14 SAS doctors did not have an up-to-date job plan in place. 	<p>Sessions worked may not be sufficient to allow for adequate provision of the service.</p>
Recommendation 1	Priority level
<p>Management should ensure that job plans are completed, signed and dated by consultants and SAS doctors, directorate/service managers and clinical leads on an annual basis.</p>	<p>HIGH</p>
Management Response	Responsible Officer/ Deadline

<p>We accept that management should ensure that job plans are completed, signed and dated by consultants and SAS doctors, directorate/service managers and clinical leads on an annual basis.</p> <p>In response to the findings listed:</p> <ul style="list-style-type: none"> The job plan from a previous Health board is in place because the doctor works across both Hywel Dda and Swansea Bay (formerly ABMU) – the job plan covers his work across both Health Boards. <p>Current measures being undertaken to ensure that job plan reviews are completed signed and dated by Consultants & SAS Doctors:-</p> <ul style="list-style-type: none"> Job plans are no longer being recorded as being complete or valid until they have been fully signed off and this will ensure that all job plans subject to an annual review are signed off going forward. Escalation process has been created to manage instances where job plan reviews are not undertaken within required timescales. The Workforce Control Panel do not authorise an increase in sessional payment without an up to date and signed job plan. 	<p>Assistant Medical Director & Revalidation and Appraisal Manager & Service Delivery Managers</p> <p>31st March 2020</p>
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<p>Finding 2 – Use of Standard Job Plan (O)</p>	<p>Risk</p>
<p>Following a review of the sampled job plans, we noted that only seven consultant and five SAS job plans complied with the standard Health Board template.</p>	<p>Sessions worked may not be sufficient to allow for adequate provision of the service.</p>
<p>Recommendation 2</p>	<p>Priority level</p>

<p>Management should ensure all consultant and SAS doctor job plans comply with the standard Health Board template.</p>	<p>HIGH</p>
<p>Management Response</p>	<p>Responsible Officer/ Deadline</p>
<p>We accept that management should ensure all consultant and SAS doctor job plans comply with the standard Health Board template.</p> <p>The new e-job planning system is being rolled out fully across the Health Board and will be the only acceptable format for job planning from 1st January 2020.</p>	<p>Assistant Medical Director & Revalidation and Appraisal Manager & Service Delivery Managers</p> <p>31st March 2020</p>
<p>Finding 3 – DCC/SPA Sessions (O)</p>	<p>Risk</p>
<p>Of the 28 consultant and five SAS doctors where job plans were on file, we noted the following:</p> <ul style="list-style-type: none"> • Eight instances where the DCC/SPA sessions noted on the consultant job plans did not reconcile to the sessions recorded in ESR workforce function; • Two instances where the DCC/SPA sessions recorded on the SAS doctor job plans did not reconciled to ESR workforce function. 	<p>Sessions worked may not be sufficient to allow for adequate provision of the service.</p>
<p>Recommendation 3</p>	<p>Priority level</p>

<p>Management should ensure that consultant and SAS doctor DCC and SPA sessions are accurately recorded on the job plans and within the ESR system.</p>	<p>HIGH</p>
<p>Management Response</p>	<p>Responsible Officer/ Deadline</p>
<p>The new e-job planning system will help to ensure that DCC & SPA sessions are clearly recognised on the job plan. This will make the job plans easier to read and thus will help to identify specific information, in addition to improving the transfer of information from the job plans to other systems such as ESR.</p>	<p>Assistant Medical Director & Revalidation and Appraisal Manager & Service Delivery Managers</p> <p>31st March 2020</p>

<p>Finding 4 – Expected Outcomes (O)</p>	<p>Risk</p>
<p>A review of the sampled job plans identified 22 instances where expected outcomes had not been recorded in the 28 consultant job plans, whilst no expected outcomes were evident on the five SAS doctor job plans.</p>	<p>Sessions worked may not be sufficient to allow for adequate provision of the service.</p>
<p>Recommendation 4</p>	<p>Priority level</p>
<p>Service Managers and Clinical Leads should ensure that consultant and SAS doctor expected outcomes are set out in all job plans.</p>	<p>HIGH</p>
<p>Management Response</p>	<p>Responsible Officer/ Deadline</p>
<p>Clinicians and Managers 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. This would include for example, information from the</p>	<p>Assistant Medical Director & Revalidation and Appraisal</p>

<p>Personal Development Plan which is constructed during annual medical appraisal meetings and clinical activity information.</p>	<p>Manager & Service Delivery Managers</p> <p>31st March 2020</p>
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<p>Finding 5 – Job Planning Compliance Plan (D)</p>	<p>Risk</p>
<p>A paper submitted to the Audit & Risk Assurance Committee by the Medical Director in October 2019 outlined the intention of ensuring all consultants and SAS doctors have a valid job plan in place by March 2020. However, we were unable to locate a supporting plan outlining how the organisation hopes to achieve 100% compliance by March 2020.</p>	<p>Sessions worked may not be sufficient to allow for adequate provision of the service.</p>
<p>Recommendation 5</p>	<p>Priority level</p>
<p>Management should produce a detailed plan to establish whether compliant and meaningful job plans are achievable for all consultants and SAS doctors by March 2020.</p>	<p>HIGH</p>
<p>Management Response</p>	<p>Responsible Officer/ Deadline</p>
<p>Each Service Delivery Manager will be contacted by the 6th December 2019 with an action plan template to complete, to establish how each service area intends on meeting the target of getting 100% of job plans complete by the end of March 2020. Responses to be returned by the 20th December 2019 will be collated to create one main action plan.</p>	<p>Assistant Medical Director & Revalidation and Appraisal Manager & Service Delivery Managers</p> <p>31st March 2020</p>

Finding 6 – SAS Doctors Job Planning Guidance (O)	Risk
<p>The Job Planning Guidance Tool kit for SAS doctors has yet to be agreed by the LNC and published by the Health Board.</p>	<p>Sessions worked may not be sufficient to allow for adequate provision of the service.</p>
Recommendation 6	Priority level
<p>Management should ensure that the Job Planning Tool Kit for SAS doctors is submitted to the LNC for approval, published and made available to employees as soon as possible.</p>	<p>MEDIUM</p>
Management Response	Responsible Officer/ Deadline
<p>The SAS doctor toolkit will be added to the agenda for the next LNC meeting on the 22nd January 2020.</p>	<p>Assistant Medical Director & Revalidation and Appraisal Manager</p> <p>14th November 2019</p>

Finding 7 – Allocate System (O)	Risk
<p>Discussions with management and testing of both consultant and SAS doctor job plans highlighted that very few departments are using the Allocate system to record job plans. Adoption of e-job planning across the Health Board has now been agreed by the LNC; however, management engagement appears poor. Allocate training sessions put on for management have been poorly attended, as witnessed by Internal Audit.</p>	<p>Sessions worked may not be sufficient to allow for adequate provision of the service.</p>


Recommendation 7	Priority level
Service Managers and Clinical Leads should ensure they attend the Allocate training sessions to enable them to use the e-job planning system that has been rollout across all directorates and services.	MEDIUM
Management Response	Responsible Officer/ Deadline
Workshop dates to be re-circulated. Date of compulsory introduction of the system as the only format for job planning to be circulated.	Assistant Medical Director & Revalidation and Appraisal Manager 31 st March 2020


Finding 8 – Job Planning Tool Kits Version Control (D)	Risk
Review of the consultant and SAS doctor 'Job Planning Tool Kit' highlighted that there is no date of issue noted on the publication and there is no date/timeline set to review the toolkit. Having such dates would act as a prompt to review the tool kit on a timely basis to ensure all details are up to date and valid.	Sessions worked may not be sufficient to allow for adequate provision of the service.
Recommendation 8	Priority level
Management should consider the inclusion of a version control system within the toolkits documents.	LOW
Management Response	Responsible Officer/ Deadline


Version control system to be included in the toolkit documents.	Assistant Medical Director & Revalidation and Appraisal Manager 31 st March 2020
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Appendix B - Assurance Opinion and Action Plan Risk Rating

2019/20 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.

 **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.

 **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.

 **No Assurance** - The Board has **no assurance** arrangements in place to secure governance, risk management and internal control, within those areas under review, which 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.

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.



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