

## Bundle Audit & Risk Assurance Committee 25 February 2020

2.2

Table of Actions

*Presenter: Chair*

Table of Actions Audit & Risk Assurance Committee 19 December 2019

Appendix 1 - HDdUHB Mgmt Response Primary Care ARAC February 2020

Appendix 2 - Consultant & SAS Doctor Job Planning Final IA Report (Updated) ARAC February 2020

Appendix 3 - Job Planning Update ARAC February 2020

**Audit & Risk Assurance Committee**  
**TABLE OF ACTIONS**  
**Arising from Meeting held on 19<sup>th</sup> December 2019**

<b>Minute No.</b>	<b>Meeting Date</b>	<b>Subject</b>	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Progress/Date Achieved</b>
<b>AC(18)247</b>	<b>11/12/2018</b>	<b>Procurement and Disposal of IT Assets Follow-Up (Reasonable Assurance)</b>	To take forward concerns around the lack of an adequate asset register and to consider the issue of consolidation of independent asset registers with the main system.	HT	Feb June October 2019 February 2020	<p><i>Internal Audit brief agreed. Advisory project undertaken. Project reviewed the current system in place and how it operates, a review of good practice in operation at a number of other NHS Wales bodies and a proposal to take this forward.</i></p> <p><i>Internal Audit report presented to 25<sup>th</sup> June 2019 meeting. Finance have reviewed the recommendation and are developing a project plan to address this issue. SBAR provided to 22<sup>nd</sup> October 2019 meeting.</i></p> <p>1. The central asset register managed by the finance function is reconciled to</p>

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
						<p>operational asset registers used across the organisation. This reconciliation is performed for assets which are defined as capital (ie usually over £5k in value or part of a broader system).</p> <p>2. Operational asset registers are often standalone because there are differing needs to manage assets held by Estates (for example) and EBME.</p> <p>3. Further assurance can be provided by the work undertaken by the Director of Planning in terms of the GDPR requirements arising from information asset owners across the organisation; and the processes within the IM&amp;T and EBME for the safe removal of data from IM&amp;T assets and medical</p>

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
						devices before disposal.
AC(19)46	23/04/2019	Wales Audit Office Update Report	To share, when available, the proposed scope for the Clinical Equipment review.	AB	June <del>October</del> December 2019 February 2020	<p><i>The Clinical Equipment review is scheduled for quarter 3 of 2019-20. The draft scope will be shared at that time.</i></p> <p><i>Verbal update provided at 19<sup>th</sup> December 2019 ARAC meeting.</i></p> <p><i>See AC(19)234, below.</i></p>
AC(19)57	23/04/2019	Welsh Risk Pool Claims (Substantial Assurance)	To share with Mr Huw Thomas any examples of good practice relating to WRP Claims from other Health Boards.	SC/JJ	June August <del>October</del> 2019 February 2020	<p><i>IA is currently looking to obtain the required information in order to provide an update for the June 2019 meeting.</i></p> <p><i>The information required has been determined as wider than that in the Internal Audit report across the Health Boards, so a request will need to be made to NWSSP for the wider information on good practice.</i></p>

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
						<p><i>The Director of Audit &amp; Assurance has highlighted that NWSSP is currently looking at the wider assurances they provide, linked to sharing good/ consistent practice where possible, and this information is being considered as part of that review. This is likely to be completed in the later quarter of the financial year.</i></p> <p><i>Update to be provided at 25<sup>th</sup> February 2020 ARAC meeting.</i></p> <p>Completed. Following discussions around this issue between the Director of Audit &amp; Assurance and the Executive Director of Finance, it was established that no additional further</p>

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
						information was required.
AC(19)122	29/05/2019	<b>Preparedness &amp; Compliance with the Nurse Staffing Act (Substantial Assurance)</b>	To clarify, with regard to Objective 4, figures and percentages in relation to the need for temporary staff, in order to gauge potential risk;	JJ	June <del>October</del> 2019 February 2020	<p><i>The assurance was given based on the adequacy of the systems in place to manage the ongoing risks around this, with each of the five wards requiring the regular use of temporary staff. If further detail was required, additional work would be needed and further information requested from the wards visited. This could be done when the further testing is undertaken.</i></p> <p><i>Further testing not planned until Q3/4.</i></p> <p><i>There is no further update at this point, as the additional work will not commence until Q3/4. Therefore, feedback to ARAC will not be available</i></p>

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
						<p><i>until the February 2020 meeting at the earliest.</i></p> <p>Forward planned for 25<sup>th</sup> February 2020 meeting.</p>
<b>AC(19)138</b>	<b>25/06/2019</b>	<b>Operating Theatres Update (response to WAO &amp; IA reviews)</b>	To provide a further update, via the Table of Actions, on discussions with HR and the BGH scrub team.	AC	August October December 2019	<p><i>Implementation of the new system has been deferred pending HR issues in September 2019. Alongside this, recruitment efforts are continuing, to facilitate implementation of the system as soon as possible thereafter.</i></p> <p><i>Current aim is to implement by the end of October 2019.</i></p> <p><i>The HR process of September 2019 has yet to be concluded. Recruitment processes continue with some success in numbers, however the staff will need significant skill investment and</i></p>

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
						<p><i>development in order to be suitable independent scrub practitioners. Scrub skilled agency staff have been brought in to support shifts. Roster profile with 24/7 staffing and removal of the compensatory rest day has been designed and staff are working with e-roster team. Permanent change to staffing roster is subject to outcome of current HR process. All teams committed to supporting appropriate resolution.</i></p> <p>See AC(19)234, below.</p>
<b>AC(19)148</b>	<b>25/06/2019</b>	<b>Budgetary Planning (Reasonable Assurance)</b>	To provide an update on the number of outstanding authorised accountability letters via the Table of Actions.	HT	August <del>October</del> December 2019	<p><i>A number have been signed in July and August; one area outstanding which has now been escalated via the CEO/HTA process for conclusion.</i></p>



Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
						<p><i>Verbal update provided at 22<sup>nd</sup> October and 19<sup>th</sup> December 2019 ARAC meetings.</i></p> <p>The final accountability letter has now been authorised.</p>
<b>AC(19)168</b>	<b>27/08/2019</b>	<b>WAO Structured Assessment 2017 and 2018 - Progress to Date</b>	To take forward the action regarding timetabling.	AC	October 2019 April 2020	<p><i>This will not be straightforward to achieve; however, preliminary discussions have been held with the new Deputy Medical Director.</i></p> <p>As part of Structured Assessment 2019, WAO reviewed progress against recommendations they had made in previous years. Updated management responses for those recommendations WAO has assessed as 'not yet complete' are to be considered</p>

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
						under Item 4.3 on the 25 <sup>th</sup> February 2020 agenda.
AC(19)173	27/08/2019	NHS Consultant Contract Follow-up Review update	To provide a further update in April 2020.	PK	April 2020	Forward planned for 21 <sup>st</sup> April 2020 meeting.
AC(19)206	22/10/2019	RCP Medical Records Keeping Standards (Reasonable Assurance) Update	<ul style="list-style-type: none"> <li>To analyse further the WGH results from the snapshot audit;</li> <li>To provide further updates on clinical coding and medical records in six months. Mrs Miles and Dr Kloer to determine whether a single or combined report would be most appropriate.</li> </ul>	PK	December 2019 April 2020	A further audit of the Witherbush results has been agreed and this is currently in progress. The outcome of which will be shared through ECPSC and at the 21 <sup>st</sup> April 2020 ARAC meeting.
					April 2020	Forward planned for 21 <sup>st</sup> April 2020 meeting.
AC(19)222	22/10/2019	Radiology Directorate (Reasonable Assurance) Update	To provide to the next meeting, via the Table of Actions, a clear plan (agreed by the Executive Team) of timescales for implementation of Recommendations 3 and 8.	AC	December 2019	<i>There are no clear timeframes due to vacancies; however, the Head of Radiology is working with a group from Workforce and OD and the PMO to take this work forward. A</i>

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
						<p><i>further meeting is planned for December 2019.</i></p> <p>In light of the current fragility of the service due to the number of vacancies, particularly in senior positions, this has not progressed following the original plan. Following a review of the current establishments and workflows and systems within the radiology department, additional support has been obtained from the project management office with the aim of developing a project implementation plan around radiology staffing in general.</p> <p>A first meeting was held with members of the workforce and HR teams on 2<sup>nd</sup> December 2019 and</p>

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
						<p>the following areas identified:</p> <ul style="list-style-type: none"> <li>• Historical Management Practices</li> <li>• Employee Attitude to Change</li> <li>• Best Practice – Rota Management</li> <li>• Rest Breaks</li> <li>• Band 5/6 Progression Role</li> <li>• Role Modernisation</li> <li>• Skills Mix/Rota</li> <li>• Recruitment Challenges/ Campaigns</li> <li>• Reasonable Adjustments – Part Time Staff, Health adjustments and Protected Characteristics</li> <li>• Job Descriptions/Job Adverts/Contracts – On-call Commitment</li> <li>• Leadership Development</li> </ul>

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
						A second meeting is due to be held on 5 <sup>th</sup> February 2020, where workforce leads will be identified. The aim is to provide a credible plan in time for the Holding to Account meeting with the Chief Executive on 28 <sup>th</sup> February 2020.
AC(19)223	22/10/2019	WAO Review of Estates 2016 Update	To provide a further update to the April 2020 meeting.	RE	April 2020	Forward planned for 21 <sup>st</sup> April 2020 meeting.
AC(19)234	19/12/2019	Table of Actions: AC(18)247 – Procurement and Disposal of IT Assets Follow-Up (Reasonable Assurance)	To review this action, the update and the associated minute.	JW/HT	February 2020	See AC(18)247, above.
		Table of Actions: AC(19)46 – Wales Audit Office Update Report	To discuss standing down the Wales Audit Office (WAO) Clinical Equipment review with Mrs Joanne Wilson.	AB/JW	February 2020	Discussion held 17 <sup>th</sup> January 2020, during which it was agreed that RTT sustainability will replace the clinical equipment review.
		AC(19)138 – Operating Theatres Update (response to WAO & IA reviews)	To escalate this matter to Board, to determine/ establish what further actions are required.	JW	January 2020	This matter was escalated to the Board at its meeting on 30 <sup>th</sup> January 2020 and was discussed

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
						<p>during both the public and private sections of the meeting. The Board agreed there was no further action which could be undertaken by ARAC. The Board requested that a detailed report be prepared for the March 26<sup>th</sup> 2020 In-Committee Board meeting, which outlines how this matter is going to be resolved, provides an update on any outstanding audit recommendations and provides a look-back as to why this has taken so long to resolve and implement both WAO and Internal Audit recommendations.</p>
		<p><b>AC(19)200 – Financial Assurance Report</b></p>	<p>To clarify whether installation of the new switchboard system will resolve issues regarding lone workers and the European Working Time Directive (EWTD).</p>	<p>JW/AT</p>	<p>February 2020</p>	<p>The new switchboard infrastructure <b>will</b> resolve the lone working and EWTD issues previously noted. The replacement and</p>

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
						<p>implementation of the new infrastructure has been accelerated and all sites will be live on the new infrastructure by March 2020, rather than 2021/22. The requirement to change working practices, i.e. rota changes, will be covered by the Organisational Change Process. It is anticipated that the OCP will be released in June 2020, with the agreed 12 week consultation, and a final proposal available in Sept / Oct 2020.</p>
		<p><b>AC(19)207 – WAO Follow-up Information Backup, Disaster Recovery and Business Continuity, and Data Quality Update</b></p>	<p>To establish whether any other Health Boards have conducted a 'whole system' test, via the Assistant Directors of Informatics Group.</p>	<p>AT</p>	<p>February 2020</p>	<p>Following the ARAC meeting, a further request was made to the organisations and the following responses were received:</p> <ul style="list-style-type: none"> <li>• Cwm Taf HB – No full test possible, specific services have been failed</li> </ul>

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
						<p>over but some systems not DR capable.</p> <ul style="list-style-type: none"> <li>• ABHB – Major failure in 2018 and storage infrastructure could not cope so changes needed. Individual systems have been failed over but never a site wide test. They are planning to do a site wide test sometime in 2020, however this will be subject to resources being available.</li> <li>• CVHB – No tests have been undertaken or planned due to resources and capacity within the current infrastructure</li> <li>• SBHB – No tests are planned, however individual systems</li> </ul>



Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
						<p>have been failed over.</p> <ul style="list-style-type: none"> <li>• BCUHB – No test has been done but they are planning one for Spring of 2020 across their three main Data Centres.</li> <li>• Powys – no response</li> <li>• Velindre – unable to provide a full site fail over, however periodic testing of specific systems.</li> </ul> <p>In light of the above responses, HDdUHB will not progress a full test at this time and requests that ARAC and the Board accept this position, and that the WAO recommendation is amended accordingly.</p>
		<p><b>AC(19)222 – Radiology Directorate (Reasonable</b></p>	<p>To provide a further update to the next meeting via the Table of actions.</p>	<p>AC</p>	<p>February 2020</p>	<p>See AC(18)222, above.</p>

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
		<b>Assurance) Update</b>				
<b>AC(19)238</b>	<b>19/12/2019</b>	<b>Financial Assurance Report</b>	To explore an alternative mechanism for approving maintenance contracts for equipment which are limited to one provider, to remove the need for multiple STAs.	HT	February 2020	This has already been instigated with the NWSSP Maintenance team. Going forward, HDdUHB will adopt the mechanism followed by Cwm Taf UHB, where the user still generates an STA but this is sent directly to the Maintenance Team, who log it and get it countersigned by the Head of Sourcing and recorded within the Maintenance Team. However, it is not entered on the HDD register and does not go to the Procurement Manager or the Director of Finance for signing. This will be applied to all new requests going forward.
<b>AC(19)239</b>	<b>19/12/2019</b>	<b>Post Payment Verification (PPV) Update</b>	<ul style="list-style-type: none"> <li>To clarify whether the HDdUHB recovery figure being higher than the</li> </ul>	ST/SL	February 2020	PPV operates in a three yearly cycle and this can mean

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
			rest of Wales in the Health Board and All Wales comparison tables is of concern;			that a run of practices with errors creates a higher curve in error rates. It is something which the PPV team can monitor until the next update is due (June 2020) and assess whether there are improvements.
			<ul style="list-style-type: none"> <li>To seek further information regarding how the UHB might improve performance around Pharmacy claim errors;</li> </ul>	ST/SL	February 2020	<p>This is a relatively new service, established in late 2015. All practices have had one visit in that time based on the cycle as outlined above, and now are seeing their second visits. The PPV team would wish to see improvements from their first visits and would anticipate that will be the case, as education and support was provided during those first visits.</p> <p>An overarching point for both questions is that a quarterly meeting is being</p>

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
						<p>established, which will include PPV, Counter Fraud, Finance and Primary Care. This meeting will:</p> <ul style="list-style-type: none"> <li>• provide assurance that trends and practice performance are being monitored;</li> <li>• ensure any early warning signs are identified;</li> <li>• agree who the most appropriate person is to help and support the practices in a way that is beneficial to all.</li> </ul> <p>The PPV team is also discussing with Primary Care offering training sessions which will help greatly to provide education and support to the practices.</p>
			<ul style="list-style-type: none"> <li>• To present proposals to the next meeting</li> </ul>	HT	February 2020	Having discussed this issue with

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
			regarding how the UHB should place PPV strategically;			NWSSP, there is currently no appetite to expand the role of PPV within NWSSP. The PPV team now reports to the Director of Primary Care within the Health Board to ensure that issues are raised within the appropriate forum and that they form part of her assurance framework.
			<ul style="list-style-type: none"> <li>To highlight to Board the need for an enhanced grip on funding issues as a result of the proposed 'shift to the left'.</li> </ul>	JW	January 2020	Completed. Included in update report for Public Board meeting on 30 <sup>th</sup> January 2020.
<b>AC(19)240</b>	<b>19/12/2019</b>	<b>Wales Audit Office Update Report</b>	To share weblinks to further information regarding the Good Practice Exchange (GPX) events.	AB	February 2020	Links to the GPX events referred to in the December update report have been shared with ARAC members.
<b>AC(19)241</b>	<b>19/12/2019</b>	<b>WAO Review of Primary Care Services in Wales and Local Update</b>	<ul style="list-style-type: none"> <li>To take forward the suggestion that there be an increased focus on Primary Care at Board level by discussing current and future reporting arrangements;</li> </ul>	JP	February 2020	Meeting between Ms Paterson and Mrs Wilson to discuss reporting arrangements held on 24 <sup>th</sup> January 2020.

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
			<ul style="list-style-type: none"> <li>To specify review dates for those management responses where the timescale for completion is unknown and update the management response.</li> </ul>	JP	February 2020	Please see updated management response, attached as Appendix 1.
AC(19)249	19/12/2019	Departmental IT System – Lillie (Sexual Health) (Reasonable Assurance)	<ul style="list-style-type: none"> <li>To follow up, via the Audit Tracker, whether the meeting planned for 11<sup>th</sup> December 2019 took place;</li> </ul>	CB/AT	February 2020	The meeting scheduled for 11 <sup>th</sup> December 2019 did not take place, and was rescheduled for 13 <sup>th</sup> February 2020. Actions from this meeting will be updated/ recorded in the Audit Tracker.
			<ul style="list-style-type: none"> <li>To establish whether service agreements are in place between departments and the ICT department for all IT systems;</li> </ul>	JJ	February 2020	IT department has advised that there are no any plans for these to be developed for other departments at this time because they do not have any dedicated Service Management resources within the department.
			<ul style="list-style-type: none"> <li>To amend the deadline for Recommendation 9 to read '31<sup>st</sup> January 2020'.</li> </ul>	JJ	February 2020	Actioned and updated on the Team Central system for recommendation tracking.

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
AC(19)250	19/12/2019	Consultant & SAS Doctors Job Planning (Limited Assurance)	<ul style="list-style-type: none"> <li>To share the draft action plan with the Committee;</li> </ul>	PK	February 2020	Please see IA Report, including updated Action Plan, attached as Appendix 2.
			<ul style="list-style-type: none"> <li>To provide a further progress update to the next meeting.</li> </ul>	PK	February 2020	Please see Job Planning Progress Update, attached as Appendix 3.
AC(19)251	19/12/2019	Financial Safeguarding: Design Team Led CRL Projects (Reasonable Assurance)	To seek further clarification regarding the prioritisation process for the Health & Safety Audit Programme.	RE	February 2020	<p>The departments/ areas have been identified following a review of Datix Incident reports, both in terms of numbers and also the severity recorded. There has also been a review of the Datix Risk Management system (directorate risk register) of H&amp;S themed entries.</p> <p>The COSHH audits have been identified based upon the volume of hazardous chemicals used within the department as well as their hazardous nature. E.g. Pathology using large volume of</p>

Minute No.	Meeting Date	Subject	Action	Lead	Timescale	Progress/Date Achieved
						carcinogenic substances in the form of Formaldehyde, Estates cleaning products/oils etc.
<b>AC(19)254</b>	<b>19/12/2019</b>	<b>Audit Tracker</b>	For WAO and Internal Audit to discuss priorities in terms of planned work.	JW/ AB/JJ	February 2020	Meeting to be scheduled for February 2020. WAO to work with IA & UHB to review outstanding recommendations, to establish whether these can be combined.
<b>AC(19)256</b>	<b>19/12/2019</b>	<b>Counter Fraud Update</b>	To discuss with the Director of Workforce & OD whether Counter Fraud Awareness E-Learning should be made mandatory.	HT	February 2020	This action has been raised with the Mandatory Training Group. Learning & Development have advised that a form needs to be completed and this will then need to go to the Mandatory Training Group Panel for final sign off, they anticipate that this will be completed March/April 2020.





## Management response

**Report title:** Primary care services – Hywel Dda University Health Board

**Completion date:**

**Document reference:** 946A2018-19

Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R1	Develop the necessary consultation and communications plans to ensure meaningful public and stakeholder engagement in any further development / refinement of its primary care plans.	To encourage public support for the primary care plans.	Yes	Yes	Public engagement plans already in place for General Medical Services (GMS) contract changes and will be used and adapted to enable further development/refinement of public and stakeholder engagement	Completed	Assistant Director Primary Care
R2	Develop a clear financial cost analysis to support its primary care plans to ensure its plans are affordable and to set out how it will fund any planned changes.	To understand funding requirements to support primary care plans.	Yes	Yes	Primary care reports are produced on a monthly basis that monitor the achievement of primary care budgets and report on any over or underspends.  Longer term plans for primary and community care will be developed through the Integrated Medium Term Plan (IMTP) and Transforming	Completed	Assistant Director Primary Care

Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					Communities Services (TCS) process.		
R3a	Calculate a baseline position for its current investment and resource use in primary and community care.	To establish a baseline from which to measure the resource shift towards primary care.	Yes	Yes	<p>The Health Board needs to set the baseline for expenditure in primary and community care based on the information used to produce its audited annual accounts. A plan for implementation of the baseline needs to be compiled and implemented to reflect services at 31<sup>st</sup> March 2019.</p> <p>Changes will then be measured relative to this baseline annually.</p> <p>This issue has been referred to the All Wales Technical Finance Group for further discussion and consideration.</p>	<p><del>April 2019 and ongoing</del></p> <p>31/05/19</p>	Senior Business Partner
R3b	Review and report, at least annually, its investment in primary and community care, to assess progress since the baseline position and to monitor the extent to which it is succeeding in shifting resources towards primary and community care.	To understand progress made in moving resources from secondary to primary care.	Yes	Yes	<p>The shift of resources into primary and community care can be monitored on an annual basis using the information that forms the basis of the Health Board's audited accounts.</p> <p>The shift of resources needs to be measured in accordance with the national paper dealing with the transfer of services and resources</p>	<p><del>April 2019 and ongoing</del></p> <p>31/05/20</p> <p>To be completed by March 2020</p>	Senior Business Partner

Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					<p>to primary care.</p> <p>The Primary Care Annual Report as part of the IMTP cycle will identify any areas where a shift of resources can be facilitated. This action will be subject to the annual accounts being audited.</p> <p>Action to be completed when the 2019/20 annual accounts have been audited</p> <p>Discussion with the Director of Finance to be scheduled by the end March 2020</p>		
R4a	Ensure the contents of its Board and committee performance reports adequately cover primary care.	To increase the Board's understanding of primary care performance	Yes	Yes	Regular reports are already being considered by the Board and its associated committees (e.g. Integrated Performance Assurance Report).	Completed and in place.	Assistant Director Primary Care
R4b	Increase the frequency with which Board and committees receive performance reports regarding primary care	To increase the Board's understanding of primary care performance	Yes	Yes	Regular reports are already being considered by the Board and its associated committees (e.g. Integrated Performance Assurance Report).	Completed and in place.	Assistant Director Primary Care

Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R4c	Ensure that reports to Board and committees provide sufficient commentary on progress in delivering Health Board plans for primary care, and the extent to which those plans are resulting in improved experiences and outcomes for patients	To raise Board awareness of the impact of primary care transformation on patients.	Yes	Yes	Regular reports are already being considered by the Board and its associated committees.	Completed and in place.	Assistant Director Primary Care
R5a	Develop and implement an action plan to obtain regular, comprehensive, standardised information on the number and skills of staff, from all professions working in all primary care settings.	To have a clear understanding of the whole primary care workforce, which will be the basis for current and future workforce planning.	Yes	Yes	Annual census data collated for WG and used to inform discussions on future workforce. Included within the IMTP.  Process in place for annual review of data which is requested locally and nationally.	Completed.	Assistant Director Primary Care Head of Workforce
R5b	Revisit its primary care workforce plans to ensure they take account of the issues arising from the Transforming Clinical Services programme.	To ensure that the workforce plans are aligned.	Yes	Yes	Work is ongoing to understand the current staffing within primary care across the contractor professions to ensure that the Primary Care Model for Wales is implemented.  Waiting on the full roll out of the national tool.  Wales National Workforce and Reporting System (WNWRS) tool launched. Data to be validated. Formal roll out not yet complete nationally.	<del>October 2019</del> Timescale currently unknown as waiting on the full roll out of the National Tool. Data has been produced and is currently in the validation	Assistant Director Primary Care Head of Workforce

Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					. Data to be validated. Formal roll out not yet complete nationally.	phase.	
R6a	Review the membership of clusters and attendance at cluster meetings to assess whether there is a need to increase representation from local authorities, third sector, lay representatives and other stakeholder groups.	To ensure clusters have the right representation.	Yes	Yes	A review of cluster membership etc to be undertaken in line with the Primary Care Hub report on Cluster Governance	Completed	Assistant Director of Primary Care
R6b	Encourage all cluster leads attend the Confident Primary Care Leaders course.	To strengthen cluster leadership.	No	No	The Confident Leaders programme is due to change focus to Aspiring Practice Managers therefore this will not be possible. The Health Board will however look to support the development of its cluster leads locally. Reviewed annually through review of cluster lead objectives	<del>October 2019</del> Complete-	Director of Primary Care
R7a	Work with the clusters to agree a specific framework for evaluating new ways of working, to provide evidence of beneficial outcomes and inform decisions on whether to expand these models.	To establish a robust evidence base of benefits to help inform decision making	Yes	Yes	This will be undertaken in line with the Primary Care Hub report on Cluster Governance.  Evaluation workshop arranged with Swansea University for Locality Leads and Locality Development Managers.	<del>April 2019</del> <del>June 2019</del> Completed	Assistant Director of Primary Care

Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R7b	Subject to positive evaluation, begin to fund new models from mainstream funding rather than the Primary Care Development Fund.	To help ensure a long term future for new models of care	Yes	Yes	To be considered in line with the Primary Care Model for Wales, the IMTP and the shift of funding within the system to support service change and remodelling.  Board commitment to scale up 3 Cluster projects in 2020/2021 and thereafter to support a rolling programme of development  Progress to be identified by the end of the current financial 31.03.2020	<del>October 2019</del> plus ongoing review.- 31.03.2020	Assistant Director of Primary Care
R7c	Work with the public to promote successful new ways of working, particularly new alternative first points of contact in primary care that have the potential to reduce demand for GP appointments.	To educate the public about alternative first points of contact available.	Yes	Yes	Public engagement plan regarding access to all primary care services to be developed and implemented.  Part of the Transforming Communities workstream so ongoing.  Draft plan in place. Links to Transforming Communities so finalised plan likely to be in place by March 2020	<del>October 2019</del> March 2020-	Assistant Director of Primary Care

## **Hywel Dda University Health Board**

### **Consultant & SAS Doctors Job Planning**

### **Final Internal Audit Report**

**December 2019**

**Private and Confidential**

**NHS Wales Shared Services Partnership**

**Audit and Assurance Services**



<b>Contents</b>	<b>Page</b>
1. Introduction and Background	4
2. Scope and Objectives	4
3. Associated Risks	5
<u>Opinion and key findings</u>	
4. Overall Assurance Opinion	6
5. Assurance Summary	7
6. Summary of Audit Findings	9
7. Summary of Recommendations	14
Appendix A	Management Action Plan
Appendix B	Assurance Opinion and Action Plan Risk Rating
<b>Review reference:</b>	HDUHB-1920-29
<b>Report status:</b>	Final Internal Audit Report
<b>Fieldwork commencement:</b>	25 <sup>th</sup> July 2019
<b>Fieldwork completion:</b>	12 <sup>th</sup> November 2019
<b>Draft report issued:</b>	14 <sup>th</sup> November 2019
<b>Management response received:</b>	29 <sup>th</sup> November 2019
<b>Final report issued:</b>	11 <sup>th</sup> December 2019
<b>Auditors:</b>	Rhian Williams (Principal Auditor) Sian Bevan (Principal Auditor) Robert Kern (Internal Auditor)
<b>Executive sign off:</b>	10 <sup>th</sup> December 2019
<b>Distribution:</b>	Philip Kloer (Medical Director & Director of Clinical Strategy) John Evans (Assistant Medical Director) Helen Williams (Revalidation and Appraisal Manager)
<b>Committee:</b>	Audit & Risk Committee



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.



### **ACKNOWLEDGEMENT**

NHS Wales Audit & 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 & Assurance Services reports are prepared, in accordance with the Service Strategy and Terms of Reference, approved by the Audit & Risk Committee.

Audit reports are prepared by the staff of the NHS Wales Shared Services Partnership – Audit & Risk Assurance Services, and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the 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.

## **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.

<b>RATING</b>	<b>INDICATOR</b>	<b>DEFINITION</b>
<b>Limited Assurance</b>		The Board can take <b>limited assurance</b> 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 <b>moderate impact on residual risk</b> 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:

		<b>Assurance Summary*</b>			
<b>Audit Objective</b>					
<b>1</b>	All consultants and SAS doctors have up to date, accurate and agreed job plans in place		✓		
<b>2</b>	Job plans reflect the Health Board's activity requirements and available finances		✓		
<b>3</b>	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		✓		
<b>4</b>	Job plans are subject to effective review on an annual basis or more regularly where changes in circumstances require		✓		
<b>5</b>	An effective team based approach to job planning is utilised to support individual job plans where appropriate and beneficial				✓
<b>6</b>	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 31<sup>st</sup> 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)<sup>1</sup>. 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.

---

<sup>1</sup> 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%
<b>Total</b>	<b>14%</b>	<b>35%</b>	<b>52%</b>	<b>86%</b>	<b>27%</b>	<b>37%</b>	<b>36%</b>	<b>73%</b>

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.

<b>Priority</b>	<b>H</b>	<b>M</b>	<b>L</b>	<b>Total</b>
<b>Number of recommendations</b>	<b>5</b>	<b>2</b>	<b>1</b>	<b>8</b>

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

<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"> <li>• 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.</li> <li>• Job plans will not be accepted/recorded unless fully signed off and dated</li> <li>• Escalation process to be used to manage instances where job plan reviews are not undertaken within required timescales</li> <li>• Payroll change forms for sessional increase will not be authorised in the absence of an up to date and signed job plan</li> </ul>	<p>Assistant Medical Director &amp; Revalidation and Appraisal Manager &amp; Service Delivery Managers</p> <p>Completed – process in place</p> <p>Completed – process in place</p> <p>Completed – process in place</p>
--	--

<p><b>Finding 2 – Use of Standard Job Plan (O)</b></p>	<p><b>Risk</b></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><b>Recommendation 2</b></p>	<p><b>Priority level</b></p>
<p><b>Management should ensure all consultant and SAS doctor job plans</b></p>	<p><b>HIGH</b></p>

<p><b>comply with the standard Health Board template.</b></p>	
<p><b>Management Response</b></p>	<p><b>Responsible Officer/ Deadline</b></p>
<p>We accept that management should ensure all consultant and SAS doctor job plans comply with the standard Health Board template.</p> <ul style="list-style-type: none"> <li>• Medical Director to send formal notification of compulsory use of e-job planning system via letter and email to all those involved with the job planning process</li> <li>• New job plans not created using the online system will not be accepted/recorded</li> </ul>	<p>Assistant Medical Director &amp; Revalidation and Appraisal Manager &amp; Service Delivery Managers</p> <p>Completed</p> <p>Completed – process in place</p>
<p><b>Finding 3 – DCC/SPA Sessions (O)</b></p>	<p><b>Risk</b></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"> <li>• Eight instances where the DCC/SPA sessions noted on the consultant job plans did not reconcile to the sessions recorded in ESR workforce function;</li> <li>• Two instances where the DCC/SPA sessions recorded on the SAS doctor job plans did not reconciled to ESR workforce function.</li> </ul>	<p>Sessions worked may not be sufficient to allow for adequate provision of the service.</p>

<b>Recommendation 3</b>	<b>Priority level</b>
<p><b>Management should ensure that consultant and SAS doctor DCC and SPA sessions are accurately recorded on the job plans and within the ESR system.</b></p>	<p><b>HIGH</b></p>
<b>Management Response</b>	<b>Responsible Officer/ Deadline</b>
<ul style="list-style-type: none"> <li>• New job plans not created using the online system will not be accepted/recorded</li> <li>• New System to be implemented for all job plan reviews. The nature of the online system and the way it needs to be used means that DCC &amp; SPA can be clearly identified on job plans and thus make the transfer of information from the job plans job plans to other systems such as ESR more accurate.</li> </ul>	<p>Assistant Medical Director &amp; Revalidation and Appraisal Manager &amp; Service Delivery Managers</p> <p>Completed – process in place</p> <p>31/03/2021</p>

<b>Finding 4 – Expected Outcomes (O)</b>	<b>Risk</b>
<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</p>	<p>Sessions worked may not be sufficient to allow for adequate</p>



expected outcomes were evident on the five SAS doctor job plans.	provision of the service.
<b>Recommendation 4</b>	<b>Priority level</b>
<b>Service Managers and Clinical Leads should ensure that consultant and SAS doctor expected outcomes are set out in all job plans.</b>	<b>HIGH</b>
<b>Management Response</b>	<b>Responsible Officer/ Deadline</b>
<ul style="list-style-type: none"> <li>• Medical Director to communicate the need to include expected outcomes, which are consistent with the needs of the service, in all job plans</li> <li>• Medical Director to recirculate Direct Clinical Care (DCC) Sessions Document (contained within the Job Planning Toolkit) to help inform and guide the expected outcomes which are set</li> </ul>	<p>Assistant Medical Director &amp; Revalidation and Appraisal Manager &amp; Service Delivery Managers</p> <p>31/03/2020</p> <p>31/03/2020</p>

<b>Finding 5 – Job Planning Compliance Plan (D)</b>	<b>Risk</b>
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.	Sessions worked may not be sufficient to allow for adequate provision of the service.

<b>Recommendation 5</b>		<b>Priority level</b>
<b>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.</b>		<b>HIGH</b>
<b>Management Response</b>		<b>Responsible Officer/ Deadline</b>
Supporting plan has been created as follows:-		Assistant Medical Director & Revalidation and Appraisal Manager & Service Delivery Managers  Complete
<b>Action</b>	<b>Responsible officer</b>	<b>Timescale</b>
Communicate introduction of compulsory use of e-job planning software system to stakeholders	Medical Director	Complete
Circulate software user guides to Clinicians and Managers	Medical Directorate Support & Revalidation Manager	Complete
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.	Medical Directorate Support & Revalidation Manager	Complete
Training and demonstration workshops arranged to take place across all Health Board sites	Medical Directorate Support & Revalidation Manager Senior Medical workforce Manager Service Delivery Managers	Rolling programme of Training and demonstration workshops arranged to take place across all Health Board sites

Escalation process has been created to be used to manage instances where job plan reviews are not undertaken within required timescales.	Medical Directorate Support & Revalidation Manager	Complete- escalation process in place and ongoing
Job Planning statistical reports provided for Board IPAR and BPPAC (monthly) and Executive Team Reviews (fortnightly)	Medical Directorate Support & Revalidation Manager	Completed – reports provided as requested
Monthly Detailed updates and reminders provided to General Managers and Service Delivery Managers	Medical Directorate Support & Revalidation Manager	Completed- process in place
Weekly updates provided to Medical Director, Director of Operations, Deputy MD Acute Hospital Services	Medical Directorate Support & Revalidation Manager	Completed- process in place
Software System Roll Out Launch	Medical Directorate Support & Revalidation Manager	Completed
SAS Doctor Job Planning Toolkit incorporating local guidance to be agreed by Local Negotiating Committee.	Medical Directorate Support & Revalidation Manager	BMA have requested amendments. Workforce team are in the process of confirming the amendments prior to document approval - 31/03/2020
When agreed, circulate SAS Doctor Job Planning Toolkit (to all those involved in the process)	Medical Directorate Support & Revalidation Manager	31/03/2020
Renewal of online job planning software licenses	Medical Director	Completed

<b>Finding 6 – SAS Doctors Job Planning Guidance (O)</b>	<b>Risk</b>
The Job Planning Guidance Tool kit for SAS doctors has yet to be agreed by	Sessions worked may not be

<p>the LNC and published by the Health Board.</p>	<p>sufficient to allow for adequate provision of the service.</p>
<p><b>Recommendation 6</b></p>	<p><b>Priority level</b></p>
<p><b>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.</b></p>	<p><b>MEDIUM</b></p>
<p><b>Management Response</b></p>	<p><b>Responsible Officer/ Deadline</b></p>
<ul style="list-style-type: none"> <li>• Include SAS Doctor toolkit on the agenda for LNC Meeting on the 22/01/2020</li> <li>• Consider any amendments requested by LNC members and amend document accordingly</li> <li>• Medical Director to circulate approved document to all those involved with the job planning process</li> <li>• Toolkit to be uploaded on to the Health Board intranet</li> </ul>	<p>Assistant Medical Director &amp; Revalidation and Appraisal Manager</p> <p>Completed</p> <p>31/03/2020</p> <p>31/03/2020</p> <p>31/03/2020</p>

<p><b>Finding 7 – Allocate System (O)</b></p>	<p><b>Risk</b></p>
---	--------------------


<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>
<p><b>Recommendation 7</b></p>	<p><b>Priority level</b></p>
<p><b>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.</b></p>	<p><b>MEDIUM</b></p>
<p><b>Management Response</b></p>	<p><b>Responsible Officer/ Deadline</b></p>
<ul style="list-style-type: none"> <li>• Workshop dates to be re-circulated</li> <li>• Medical Director to send formal notification of compulsory use of e-job planning system via letter and email to all those involved with the job planning process</li> <li>• Register of workshop attendance to be maintained</li> <li>• Deputy Medical Director of Acute Hospital Services to be notified of any managers who have not attended a session and are not engaging with the transition from paper to electronic job planning format</li> </ul>	<p>Assistant Medical Director &amp; Revalidation and Appraisal Manager</p> <p>Completed Completed</p> <p>Completed – process in place</p> <p>31/03/2020</p>


--	--


<b>Finding 8 – Job Planning Tool Kits Version Control (D)</b>	<b>Risk</b>
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.
<b>Recommendation 8</b>	<b>Priority level</b>
<b>Management should consider the inclusion of a version control system within the toolkits documents.</b>	<b>LOW</b>
<b>Management Response</b>	<b>Responsible Officer/ Deadline</b>
<ul style="list-style-type: none"> <li>Version control system to be included in the toolkit documents.</li> </ul>	Assistant Medical Director & Revalidation and Appraisal Manager  Completed


**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
<b>High</b>	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*
<b>Medium</b>	Minor weakness in control design OR limited non-compliance with established controls. PLUS Some risk to achievement of a system objective.	Within One Month*
<b>Low</b>	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.



Office details: St Brides  
St David's Park  
Carmarthen  
Carmarthenshire  
SA31 3HB

Contact details: 01267 239780



**ARAC Update – February 2020**

Directorate	Percentage of up to date job plans 19.12.2019	Percentage of up to date job plans 06.02.2020	↑↓	Directorate Manager Responsible
Women & Children's	60%	69%	9% ↑	Lisa Humphrey
Mental Health & Learning disabilities	69%	78%	9% ↑	Dr Warren Lloyd
BGH – General Medicine & Emergency Medicine	39%	95%	56% ↑	Hazel Davies
GGH – General Medicine & Emergency Medicine	27%	50%	23% ↑	Sarah Perry
PPH – General Medicine	80%	80%	0%	Brett Denning
WGH – General Medicine & Emergency Medicine	75%	92%	17% ↑	Janice Cole-williams
Planned Care	58%	60%	2% ↑	Stephanie Hire
Radiology	91%	91%	0%	Sarah Perry
Pathology	91%	92%	1% ↑	Sarah Perry
<b>Total Compliance</b>	60%	69%	9% ↑	

- E-Job Planning system is now compulsory
- At the last meeting there was some confusion over the cost of the e-job planning system, to clarify:-
  - The Allocate e-job planning software – costs are in the region of £120,670 for a three year contract
  - The Allocate nursing rostering system – costs are in the region of £598,500 for a three year contract
- HTA meetings are in the process of being arranged with those managers who have yet to reach 90% compliance