

Consultant Job Planning Final Internal Audit Report

May 2024

Swansea Bay University Health Board



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Auditors:	Osian Lloyd, Head of Internal Audit; Felicity Quance, Deputy Head of Internal Audit; Johanna Butt, Principal Auditor
Executive sign-off:	Raj Krishnan, Acting Executive Medical Director
Distribution:	Hayley Cummings, Administration and Training Lead for eJob Planning; Sharon Vickery, Assistant Director of Workforce & OD; Carolyn Hodder, Medical HR Manager; Liz Stauber, Head of Service (Medical Directorate), Service Group Medical Directors
Committee:	Audit Committee



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Acknowledgement:

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

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Executive Summary

Report Opinion

Trend		
	Limited	More significant matters require management attention.
	Moderate impact on residual risk exposure until resolved.	

N/A

Assurance summary¹

Objectives	Assurance
1 Procedures and guidance	Limited
2 Job plans reflect activity requirements	Limited
3 Job plan outcomes are linked to organisational objectives	Limited
4 Job plans reconcile to systems and payslips	Limited
5 Monitoring, reporting and escalation	Unsatisfactory

Purpose

To review arrangements across the health board for management of the systems and controls in place for consultant job planning.

Overview

We have issued limited assurance on this area. The significant matters which require management attention include:

- Procedures and guidance should be approved and shared and the intranet should be updated with job planning resources;
- Some job plans are not approved in a timely manner and are not subject to periodic review;
- The guidance should be updated to reflect the requirements for what constitutes the personal outcomes to be recorded on Allocate; and these should be Specific, Measurable, Achievable, Relevant, and Time-Bound (SMART);
- A periodic review of Direct Clinical Care (DCC) and Support Professional Activities (SPA) split should be undertaken to ensure the split remains reflective of the job requirements;
- Job plans should be updated and reviewed when a change request is made and forms should be submitted in advance;
- Job plans should be signed off ahead of the job plan start date;
- The guidance should be updated to reflect the current, and accepted, recording mechanism for Quality Improvement (QI) service measures for senior doctors;
- Regular comparison of payroll reports against job plans – specifically relating to number of sessions and intensity bandings; and
- Establishing a forum for monitoring, reporting and escalation of job planning compliance to drive quality improvement.

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

Key Matters Arising		Objective	Control Design or Operation	Recommendation Priority
1	Procedures and intranet guidance	1	Design	High
2	Job Plan compliance	2	Operation	High
3	Personal outcomes	2	Operation	High
4	DCC : SPA split	2	Operation	Medium
5	Change form request	2	Design	Medium
6	Timeliness of job plan approval	2	Operation	High
7	Board and Service outcomes	3	Operation	High
8	Session payments	4	Operation	High
9	Intensity bandings and payment	4	Operation	High
10	Monitoring, reporting and escalation	5	Design	High

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

1. Introduction

- 1.1 A job plan is a professional and contractual obligation for consultants and employers and sets out the duties, responsibilities and outcomes and the support and resources provided by the employer for the coming year. Job plans record the work that a consultant will undertake for the Swansea Bay University Health Board (the health board), split by Direct Clinical Care (DCC) and Supporting Professional Activities (SPA).
- 1.2 Job planning became a key aspect of consultants' roles with the agreement of the 2003 amendment to the National Consultant Contract in Wales. It aligns the objectives of the NHS, the organisation and clinical teams with agreed outcomes to ensure resources are organised effectively and efficiently and deliver high-quality care.
- 1.3 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, clinical academics, managers and the wider NHS team to plan and deliver innovative, safe, responsive, efficient and high-quality care.
- 1.4 The risks associated with the review were:
 - The health board is not fulfilling its contractual obligations in relation to job planning;
 - Operational risk of job plans not reflecting responsibilities, outcomes and expectations;
 - Financial risk as a result of job plans not being entered correctly into ESR in a timely manner;
 - Resources are not utilised effectively and efficiently to ensure delivery of high-quality patient care; and
 - Individuals are not remunerated correctly for the activities that they undertake.
- 1.5 Our review does not provide assurance that the job plan weekly timetable has been worked. We have also not reviewed the appropriateness of access rights to the Allocate system. Our review is from the corporate management perspective and has not included a review at service group level or interviews with Service Managers or consultants; however we note that the job plan management and compliance is the responsibility of the Service Groups with support from the centre where required.

2. Detailed Audit Findings

2.1 The following table summarises the recommendations raised by priority rating:

	Recommendation Priority			Total
	High	Medium	Low	
Control Design	4	2	-	6
Operating Effectiveness	13	1	-	14
Total	17	3	-	20

2.2 Our detailed audit findings are set out below. All matters arising and the related recommendations and management actions are detailed in [Appendix A](#).

Objective 1: There are relevant and up to date procedures in place that are available to staff, and align to the All Wales guidance.

- 2.3 There is a 'Consultant and SAS Job Planning Guidelines' document in place. It is dated May 2017, with a review date of May 2019, and refers to the predecessor organisation, Abertawe Bro Morgannwg University Health Board. The guidelines set out the key principles that Service Groups should adopt when undertaking job planning for consultants and Specialty and Specialist (SAS) doctors. The guidelines detail that they were "written in line with the amended consultant contract and the SAS contract" and "supplement the National Job Planning guidelines". We note that the National Consultant Contract has not been updated since 2003. Additionally, there is guidance setting out the job planning sign-off and lockdown process, where job plans without sign-off after 10 weeks are locked down by the Medical Human Resources Team. However, neither are available on the health board's intranet and there is generally limited guidance on the job planning process, including links to documents on external websites which are no longer valid. See **MA1**.
- 2.4 We acknowledge that a revised guidelines document, which largely aligns to the previous version but also includes changes to the SPA guidance, has been drafted. However, this is not yet approved noting that agreement is also required from the Trade Unions. See **MA1**. Whilst there has been training provided, in the absence of any formal guidance, this could inhibit the effectiveness of such.
- 2.5 The Job Planning Team, responsible for the administration and training, is a small team made up of an Administration & Training Lead for eJob Planning and a recently appointed assistant (who is currently being trained in the job planning process). It is the responsibility of Service Managers to publish job plans on the Allocate system, however, the lack of guidance and resources on the intranet results in queries being directed to the team. See **MA1**.

Conclusion:

- 2.6 The health board is in the process of revising its guidelines and we note there are limited resources available to staff on the intranet. Noting this, we have assessed this objective as **limited** assurance.

Objective 2: Job plans accurately reflect both the individual and organisation activity requirements and are completed in a timely manner.

- 2.7 Job plans (see para 1.1) should be recorded on the Allocate e-Job Planning system for all the health board's Consultants and SAS doctors. However, management has advised that there are some paper-based job plans in place. Our testing has focussed on those recorded on Allocate.
- 2.8 Job plans are expected to be published by the appropriate service manager. Once published, a request is sent to the Consultant / SAS doctor for primary approval followed by secondary authorisation by the appropriate Clinical Director.

Job plan sign-off and completion

- 2.9 An Allocate progress report was obtained which confirmed that for a total of 680 Consultants/SAS doctors in post at the health board, 77 users do not have a published job plan in place. For the job plans relating to the remaining 603 Consultants/SAS doctors:
- 234 (39%) had been approved;
 - 124 (21%) had been locked down without approval (see para 2.3);
 - 150 (25%) were in discussion;
 - 37 (6%) were awaiting primary approval by consultant/SAS doctor; and
 - 58 (9%) were awaiting secondary approval by Clinical Director.
- 2.10 Additionally, the report showed that 139 Consultants/SAS doctors have never logged onto the system. We note 49 of these did not have a published job plan in place and as such would not have reason to log on to Allocate. Whilst there may be valid reasons / circumstances in some cases, this is not currently reported or escalated to any forum (see audit objective 5). See **MA2**.
- 2.11 The Wales Consultant Contracts state that a job plan review should take place annually. 299 of the job plans had start dates that were more than 12 months old. Of these, 144 did not include a last sign-off date and 53 of these did not include a last log-in date.

Individual activity requirements

- 2.12 A sample of 40 approved or locked down job plans from across all Service Groups was selected from the report. The health board was unable to access one job plan and has raised the issue with the software provider to resolve.
- 2.13 The guidance states that *all job plans are expected to include mutually agreed outcomes that are SMART (Specific, Measurable, Achievable, Relevant, and Time-Bound), are monitored for delivery and properly supported*. The Allocate system includes a section to document personal outcomes in respect of job plans. 22 of the 39 job plans in our sample did not detail personal outcomes. Where personal outcomes had been completed, these were not always SMART with some simply referencing brief general activities, such as completion of statutory and mandatory training, and to take annual and study leave in a timely manner. See **MA3**. However, we acknowledge that consultants are subject to performance appraisals

/ revalidation and more detailed personal outcomes should be included in the Personal Development Plans held on the (Medical Appraisal Revalidation System (MARS), which have not been reviewed as part of the audit.

- 2.14 Management confirmed that the requirement of the guidance and the application of the Allocate system do not align. The personal outcomes recorded on Allocate are more those for personal development. Activities at an operational level e.g. number of clinics, number of patients to be seen, theatre lists, start times, frequency of teaching, time allocated to research and the output from this should be part of the SMART objectives at job planning. The guidance needs to be updated to reflect the correct expectations for completion. See **MA3**.

Organisation activity requirements

- 2.15 Full time Consultants work ten sessions per week, each session is three to four hours. These sessions should be split between Direct Clinical Care (DCC) and Supporting Professional Activities (SPA). All job plans reviewed included a timetable of work which appropriately detailed this split along with any additional NHS Responsibilities; external duties; fee paying services; private professional services and Medical School where appropriate.
- 2.16 Management advised that for the first 3-6 months of appointment, new consultants are expected to work to a 7:3 ratio between DCC:SPA. The expectation is, upon mutual agreement, to move to a 8:2 split after this period. An exception report obtained from Allocate showed 121 job plans that include three or more SPA sessions, with 87 of these having three SPA sessions for more than six months. There is currently no mechanism in place to confirm that new starters have had a reduction in SPA to two sessions within six months of starting. The same is true for existing consultants - we tested a sample of five of the job plans included in the exception report, all of which have been in place for a range of five years, however there was no evidence of review to amend the DCC:SPA ratio. See **MA4**.

Changes to Job Plans

- 2.17 The Medical HR Team are required to submit change form requests (CFRs) to NWSSP Payroll in line with the payroll timetable. The Service Groups are to provide the instruction to implement the change, however this was not received in a timely manner for four of the six job plan change requests within our sample. The time period ranged from two days to 23 days, with an average of 10 days after the effective date. Additionally, in all four instances the number of the sessions captured on the CFR did not agree with the job plan, which indicates that the job plan is not updated or reviewed before a CFR is submitted. See **MA5**.

Timeliness

- 2.18 Within the Allocate system reminders have been set to prompt those individuals with responsibility for authorising job plans. The 'sign-off timeline' date stamps the action taken and by whom. The service manager is responsible for the initial sign-off request (see para 2.8). Allocate also records the date of sign off by the Consultant, and the date of agreement by all parties (and therefore actionable on ESR).

- 2.19 It is acknowledged that amendments may be required to the job plan, or an appeals process invoked which can elongate the approval process. However, our sample noted a maximum of 610 days for sign off agreement to be reached post job plan start date which is considered excessive. See **MA6**. If the job plan remains unsigned 10 weeks after job plan discussions (and there are no amendments/appeals) the Medical HR team will lock down the plan on behalf of the Consultant.

Conclusion:

- 2.20 Our testing identified a number of areas where improvement is required, including review and approval of job plans in a timely manner updates to the guidance to provide clarity on the expectation for completion of personal outcomes, the split of DCC and SPA sessions and the submission of change request forms. Noting this, we have assessed this objective as **limited** assurance.

Objective 3: Job plans include outcomes that are linked to the health board's organisational objectives, and the level of achievement is subject to appropriate assessment.

- 2.21 As stated in the guidance document, *every Service Group has set quality improvement (QI) priorities based on the corporate priorities and local needs*. To be consistent with the health board's value of "always improving", every senior doctor should have at least one QI captured within their job plans to support the delivery of Service Group priorities.
- 2.22 The Allocate job plans include a section to capture Board Outcomes and Service Outcomes. For the sample of 39 job plans reviewed, no Board outcomes were detailed and only two of the job plans included narrative on Service Outcomes.
- 2.23 Management advised that whilst the QI requirements is part of the guidance, it does not feature on the Allocate system. Rather it should form part of the personal objectives within the Personal Development Plans on MARS (as per para 2.13, these were not reviewed as part of the audit). As per para 2.14, this is another reflection of where the guidance and application of Allocate do not align.
- 2.24 The Board Outcomes and Service Outcomes sections on Allocate are not mandatory for completion – a possible area where the details of QI priorities could be captured to be compliant with the guidance. See **MA7**.

Conclusion:

- 2.25 Whilst the guidance states that job plans of every senior doctor should have a QI outcome to support the delivery of the respective Service Group QI priorities, management advised that this actually falls within the detail of Personal Development Plans rather than on Allocate. For our sample, we have been unable to confirm if such has been included as review of such plans was outside the scope of our audit. Noting the lack of alignment with the guidance and actual activity, we have assessed this objective as **limited** assurance.

Objective 4: Completed job plans reconcile to system records and session payments are correct.Session Payments

- 2.26 Testing was undertaken to ensure the number of sessions recorded on the job plan accurately reconciled to the consultants' payslip.
- 2.27 Of the 39 job plans tested, 29 instances were identified where the number of sessions agreed to the payslip. However, we noted that some of those job plans (21 job plans) were already out of date (i.e. older than 12 months), or had been locked down (seven job plans) and had therefore not received the appropriate sign off. As such, we cannot provide assurance that the sessions per the job plan are accurate with those currently being worked. See **MA8**.
- 2.28 Of the 10 that didn't reconcile, we identified the following:
- five where the sessions on the job plan were lower than those paid on the payslip;
 - three where the sessions on the job plan were higher than those paid on the payslip; and
 - two where the payslips recorded the hours worked which did not agree to the job plan. See **MA8**.

Intensity bandings and payments:

- 2.29 Consultants who undertake on call / out of hours work are entitled to one of the following intensity supplements: Band 1 (Low intensity); Band 2 (Medium intensity); and Band 3 (High intensity). As advised by management, we note that consultants working in the same field/speciality should receive the same intensity banding.
- 2.30 From review of an Allocate report, by Service Group, we noted that there were inconsistencies in the application of intensity bandings within specialities. Most notably within Morriston (MN) Anaesthetics; MN Burns and Plastics Medical Speciality; MN Emergency Department – Medical; MN Tertiary Cardiology Medical Speciality; Singleton (SN) Obstetrics and Gynaecology Medical Speciality and Spinal Medical Speciality. See **MA9**.
- 2.31 For our sample, we sought to confirm whether the intensity banding as per the job plan agreed to the payment as per the payslip. 16 of the job plans reviewed had intensity bandings included and differences were identified for six:
- Two payslips had no intensity payments yet the job plans had on-call duties recorded;
 - Three intensity payments made were less than that recorded on the job plan; and
 - One intensity payment made was higher than that recorded on the job plan. See **MA9**.

Conclusion:

2.32 Whilst the sessions recorded the job plans accurately reconciled to payslips for the majority of the items in our testing sample, some of those job plans were already out of date or had been locked down and did not receive the appropriate sign off. As such, we cannot provide assurance that the sessions per the job plan are the ones currently being worked. Further, review of intensity bandings payments noted that they are not applied consistently and instances were identified where payments made did not agree to the banding recorded on the job plan. Our testing has identified a number of issues and potential under/over payments. Noting this, we have assessed this objective as **limited** assurance.

Objective 5: The completion rates of job plans are monitored and reported to an appropriate forum, with further escalation if there is low compliance.

2.33 We were informed that there is no forum in place at the health board which monitors, reports and escalates job plan completion rates. See **MA10**.

2.34 However, we acknowledge that Service Managers responsible for publishing the job plans receive monthly updates from the Administration & Training Lead for eJob Planning. These report the status of job plans, including whether they have been agreed or are awaiting sign off, in discussion, out of date or not undertaken, and also capture the total DCC and SPA sessions recorded.

2.35 Similar reviews undertaken at other health boards across Wales have identified job planning performance being reported regularly at operational and Board Committee levels, and dashboard reporting being developed and made accessible on intranet sites.

Conclusion:

2.36 There is for a lack of formal reporting and monitoring of job planning performance within the health board. Therefore, we have assessed this objective as **unsatisfactory** assurance.

Appendix A: Management Action Plan

Matter Arising 1: Procedures and intranet guidance (Design)	Impact
There is a 'Consultant and SAS Job Planning Guidelines' document in place. It is dated May 2017, with a review date of May 2019, and refers to the predecessor organisation, Abertawe Bro Morgannwg University Health Board. The guidelines set out the key principles that Service Groups should adopt when undertaking job planning for consultants and Specialty and Specialist (SAS) doctors, and was written in line with the amended consultant contract and the SAS contract and supplement the National Job Planning guidelines. We note that the National Consultant Contract has not been updated since 2003. Additionally, there is guidance setting out the job planning sign-off and lockdown process, where job plans without sign-off after 10 weeks are locked down by the Medical Human Resources Team. However, neither are available on the health board's intranet and there is generally limited guidance on the job planning process, including links to documents on external websites which are no longer valid. We acknowledge that a revised guidelines document, which largely aligns to the previous version, has been drafted. We note approval of the document is required from the Trade Unions prior to being approved through the health board's governance structure. Industrial action has delayed this process and we understand that meetings have been scheduled with the relevant Trade Union partners in March 2024. Whilst there has been training, in the absence of any formal guidance, this could inhibit the effectiveness of any training being provided. The Job Planning Team, responsible for the administration and training is a small team, made up of a Administration & Training Lead for eJob Planning and a recently appointed assistant (who is currently being trained in the job planning process). It is the responsibility of Service Managers to publish job plans on the Allocate system, however, the lack of guidance and resources on the intranet results in queries being directed to the team.	Potential risk of: Non-compliance with the terms and conditions of service for consultants in Wales.
Recommendations	Priority
1.1 The health boards guidelines should be updated, approved, published and communicated on the intranet.	High

1.2	The intranet pages should be updated with guidance for Service Managers and those involved in the job planning process.		
1.3	The health board should develop and publish an FAQ on the intranet to sign-post individuals with queries on the job planning process.		
Agreed Management Action		Target Date	Responsible Officer
1.1	Revised guidelines to be discussed with LNC/BMA and then shared with Medical Workforce Group, Management Board and Workforce, OD and Digital Committee for sign-off after which they can be published. Discussions are also being undertaken by Welsh Government around the national guidance.	30 August 2024	Head of Service – Medical Director Department
1.2	Once guidance has been agreed, intranet page to be reviewed and updated with links to current external guidance as well as health board resources.	30 September 2024	Medical HR
1.3	Flow chart to be added to the intranet page	30 May 2024	Medical HR

Matter Arising 2: Job Plan Compliance (Operation)	Impact
An Allocate progress report was obtained which confirmed that for a total of 680 Consultants/SAS doctors in post at the health board, 77 users do not have a published job plan in place. For the job plans relating to the remaining 603 Consultants/SAS doctors: • 234 (39%) had been approved; • 124 (21%) had been locked down without approval (see para 2.3); • 150 (25%) were in discussion; • 37 (6%) were awaiting primary approval by consultant/SAS doctor; and • 58 (9%) were awaiting secondary approval by Clinical Director. Additionally, the report showed that 139 Consultants/SAS doctors have never logged onto the system. We note, 49 of these did not have a published job plan in place and as such would not have reason to log on to Allocate. Whilst there may be valid reasons/circumstances in some cases, this is not currently reported or escalated anywhere (see MA10). Discussions with management identified that there are some consultants who still have paper-based job plans. The total number of such is not known centrally thereby increasing the risk of not being able to manage /approve in an appropriate manner.	Potential risk of: • Non-compliance with the terms and conditions of service for consultants in Wales • Job plans may not reflect actual conditions or be developed by mutual consent. • Sessions worked may not be sufficient to allow for adequate provision of the service
Recommendations	Priority
2.1 a) The detail of Consultants who use a paper-based job plan should be collated for completeness and the job plans reviewed for accuracy / approval. b) Consultants with a non-compliant current job plan (both on Allocate and paper-based) should be promptly reviewed and approved by all parties involved. 2.2 Mechanisms should be in place to ensure job plan review meetings are arranged within the appropriate timeframes defined within the relevant guidelines and framework.	High

Agreed Management Action		Target Date	Responsible Officer
2.1	a) Paper based job plans within each Service Group to be identified. b) All job plans to be reviewed for completeness, quality and where paper-based, potential to include on Allocate.	1 September 2024	Service Group Medical Directors
2.2	Automated alerts are in place in Allocate for job plans when they are due a review in three months. Service groups to ensure these alerts are acted upon.	1 September 2024	Service Group Medical Directors

Matter Arising 3: Personal Outcomes (Operation)		Impact
The guidance states that all job plans are expected to include mutually agreed outcomes that are SMART (Specific, Measurable, Achievable, Relevant, and Time-Bound), are monitored for delivery and properly supported. The Allocate system includes a section to document personal outcomes in respect of job plans. 22 of the 39 job plans in our sample did not detail personal outcomes. Where personal outcomes had been completed, these were not always SMART with some simply referencing brief general activities, such as completion of statutory and mandatory training, and to take annual and study leave in a timely manner. . From discussion with management, we understand that the requirement of the guidance and the application of the Allocate system do not align. The detail recorded on those job plans which had personal outcomes recorded are reflective of the detail for Personal Development Plans which are held on MARS (note: this have not been reviewed as part of the audit). Activities at an operational level, including number clinics, number of patients to be seen etc., should form the basis of the SMART objectives at job planning. The guidance does not make this level of distinction.		Potential risk of: Operational risk of job plans not reflecting responsibilities, outcomes and expectations
Recommendations		Priority
3.1	The guidance document should be updated to reflect the distinction between Personal Development Plans and activities at an operational level to be recorded on the job plans in Allocate (the latter which should address the SMART requirements).	High
3.2	The health board should run an Allocate exception report to identify instances where personal outcomes are not included and escalate where necessary.	
Agreed Management Action		Target Date
3.1	Job planning guidance to be reviewed to make the distinction between personal development plans (to be documented on MARS) and operational activities.	30 August 2024
		Responsible Officer
		Head of Service – Medical Director

3.2	Report to be run on a monthly basis to identify non-compliant job plans with and those which are to be highlighted to the service manager to address and provide an exception report to the Medical Workforce Group as part of the escalation process	1 April 2025	Service Group Medical Directors
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Matter Arising 4: DCC : SPA split (Operation)			Impact																		
Management advised that for the first 3-6 months of appointment, new consultants are expected to work to a 7:3 ratio between DCC:SPA. The expectation is, upon mutual agreement, to move to an 8:2 split after this period. An exception report obtained from Allocate showed 121 job plans that include three or more SPA sessions, with 87 of these having three SPA sessions for more than six months. There is currently no mechanism in place to confirm that new starters have had a reduction in SPA to two sessions within six months of starting. The same is true for existing consultants - we tested a sample of five of the job plans included in the exception report, all of which had been in place for a range of five years: <table><tr><th>Audit ref</th><th>Department</th><th>Details as per Allocate – effective job plan date & DCC:SPA</th></tr><tr><td>1</td><td>Anaesthetics</td><td>May 2019, 7:3 split / February 2024, 7:3 split</td></tr><tr><td>2</td><td>Cellular Pathology</td><td>November 2020, 7:3 split</td></tr><tr><td>3</td><td>Swansea Paediatrics</td><td>April 2022, 7:3 split / January 2023, 7:3 split / January 2023, 7:3 split</td></tr><tr><td>4</td><td>Cleft</td><td>May 2019, 7:3 split / October 2023, 7:3 split</td></tr><tr><td>5</td><td>Singleton Obstetrics &G Gynaecology</td><td>January 2022, 7:3 split</td></tr></table> We note there may be instances where the 7:3 split can continue but the reasons / justification for this needs to be evidenced and reviewed periodically.			Audit ref	Department	Details as per Allocate – effective job plan date & DCC:SPA	1	Anaesthetics	May 2019, 7:3 split / February 2024, 7:3 split	2	Cellular Pathology	November 2020, 7:3 split	3	Swansea Paediatrics	April 2022, 7:3 split / January 2023, 7:3 split / January 2023, 7:3 split	4	Cleft	May 2019, 7:3 split / October 2023, 7:3 split	5	Singleton Obstetrics &G Gynaecology	January 2022, 7:3 split	Potential risk of: - Clinical risk of sessions worked not being sufficient to allow for adequate provision of the service. - Resources are not utilised effectively and efficiently to ensure delivery of high-quality patient care.
Audit ref	Department	Details as per Allocate – effective job plan date & DCC:SPA																			
1	Anaesthetics	May 2019, 7:3 split / February 2024, 7:3 split																			
2	Cellular Pathology	November 2020, 7:3 split																			
3	Swansea Paediatrics	April 2022, 7:3 split / January 2023, 7:3 split / January 2023, 7:3 split																			
4	Cleft	May 2019, 7:3 split / October 2023, 7:3 split																			
5	Singleton Obstetrics &G Gynaecology	January 2022, 7:3 split																			
Recommendations			Priority																		
4.1	Directorate / Service Managers should periodically review those consultants with a 7:3 DCC:SPA split and the reasonableness for the continuation of such.		Medium																		

Agreed Management Action		Target Date	Responsible Officer
4.1	Any new appointment from April 2024 will have a job plan review after six months however the 8:2 split cannot be mandated and some plans will have more than two SPA sessions. A similar review will be undertaken of current job plans to ensure the split is reflective of the job requirements.	1 April 2025	Service Group Medical Directors

Matter Arising 5: Change Form Requests (Design)			Impact
The Medical HR Team are required to submit change form requests (CFRs) to NWSSP Payroll in advance, and in line with the payroll timetable. Four out of the six job plan change requests within our sample had been submitted retrospectively, but we note that reliance is placed on the Service Groups to provide the instruction to implement the change in a timely manner. The time period ranged from two days to 23 days, with an average of 10 days after the effective date. Additionally, in all four instances the number of the sessions captured on the CFR did not agree with the job plan, which indicates that the job plan is not updated or reviewed before a CFR is submitted.			Potential risk of: - Operational risk of job plans not reflecting responsibilities, outcomes and expectations. - Under or over payments may occur if job plan data is not accurately input in a timely manner.
Recommendations			Priority
5.1	Job plans should be updated and reviewed before a CFR is approved.	Medium	
5.2	To avoid any over or underpayment, CFRs should be submitted before the effective date of the change.		
Agreed Management Action		Target Date	Responsible Officer
5.1	Service groups to ensure job plans are reviewed and updated before submitting a CFR.	1 September 2024	Service Group Director/Medical Director
5.2	Service groups to submit CFRs to Medical HR with sufficient time for processing; and there will be an expectation for the job plan and payment to reconcile within a period of three months from the change date.	1 September 2024	Service Group Medical Directors

Matter Arising 6: Timeliness of job plan approval (Operation)			Impact
We reviewed the timeliness with which our sample of 39 job plans had been approved post their respective start dates. This includes the date of the sign off request, the date of sign off by the Consultant, and the date of agreement by all parties (and therefore actionable on ESR). It is acknowledged that amendments may be required to the job plan, or an appeals process invoked which can elongate the approval process. If the job plan remains unsigned 10 weeks after job plan discussions have been held, the Medical HR team will lock down the plan on behalf of the Consultant and ESR will be updated accordingly.			Potential risk of: - Resources are not utilised effectively and efficiently to ensure delivery of high-quality patient care. - Job plans may not be developed with mutual consent
Days between job plan start date and sign off request	Days between job plan start date and Consultant sign off	Days between job plan start date and full sign off agreement	
11/39 sign off requests made in advance of the job plan start date.	4/39 Consultant sign off prior to the job plan start date.	1/39 sign off agreement in advance of the job plan start date.	
27/39 sign off requests made after the job plan start date – range from 1 day to 609 days post start date.	24/39 Consultant sign off after the job plan start date – range from 2 days to 610 days post start date	27/39 sign off agreement after the job plan start date – range from 6 days to 610 days post start date.	
1/39 no evidence of sign off request.	11/39 job plans locked down by Medical HR.		
Recommendations			Priority
6.1	Job plans should be signed off within the 10-week period post initial discussions, and as close to the job plan start date as possible.		High
6.2	An Allocate progress report should be run to identify instances where sign off has not been actioned appropriately by Consultants i.e. locked down or significantly post the job plan start date.		

Agreed Management Action		Target Date	Responsible Officer
6.1	Job plans to be signed within 10-weeks of the initial discussion.	1 April 2025	Service Group Medical Directors
6.2	Compliance to be monitored and issues reported by exception through the quarterly report to the Medical Workforce Board	1 April 2025	Service Group Medical Directors

Matter Arising 7: Board and Service Outcomes (Operation)			Impact
As per the guidance, there is a requirement for every senior doctor to have at least one quality improvement (QI) priority captured within their job plans to support the delivery of Service Group priorities. For the sample of 39 job plans reviewed, no Board Outcomes were detailed and only two of the job plans included narrative on Service Outcomes. . The Allocate job plans include a section to capture Board Outcomes and Service Outcomes, which is where the QIs could be recorded. However, management advised that these sections are not mandatory, and that the QI requirements do not feature on the Allocate system. Rather, they should form part of the personal objectives within the Personal Development Plans on MARS (as per MA3, these were not reviewed as part of the audit). This is another reflection of where the guidance and application of Allocate do not align.			Potential risk of: - Operational and strategic risk of job plans not reflecting responsibilities, outcomes and expectations; and - Failure to achieve the required quality improvement.
Recommendations			Priority
7.1	The guidance document should be updated to provide clarity on where the quality improvement priorities should be recorded.	High	
7.2	Reporting should be undertaken to confirm compliance with quality improvement priority requirement.		
Agreed Management Action		Target Date	Responsible Officer
7.1	Guidance to be updated to provide clarity on quality improvement priorities	30 August 2024	Head of Service – Medical Director
7.2	Report to be run on a monthly basis to confirm job plans include at least one quality improvement priority to the service manager to address and provide an exception report to the Medical Workforce Group as part of the escalation process	1 April 2025	Service Group Medical Directors

Matter Arising 8: Session payments (Operation)			Impact
Of the 39 job plans tested, 29 instances were identified where the number of sessions agreed to the payslip. However, we noted that some of those job plans (21 job plans) were already out of date (i.e. older than 12 months), or had been locked down (seven job plans) and had therefore not received the appropriate sign off. As such, we cannot provide assurance that the sessions per the job plan are accurate with those currently being worked. Of the 10 that didn't reconcile, we identified the following: • five where the sessions on the job plan were lower than those paid on the payslip (Morrison Anaesthetics (2), Morrison Critical Care, Singleton Cancer Palliative Care, and Singleton Ophthalmology); • three where the sessions on the job plan were higher than those paid on the payslip (Morrison Emergency Care, Morrison Surgical, and Singleton Ophthalmology); and • two where the payslips recorded the hours worked which did not agree to the job plan (Singleton Oncology and Singleton Cellular Pathology).			Potential risk of: • Financial loss and/or reputational damage as a result of over / underpayment of consultants / SAS doctors.
Recommendations			Priority
8.1	The health board should run an Allocate report for sessions worked and compare against the sessions paid by payroll and investigate any anomalies.		High
8.2	The health board should quantify, report and escalate any under/overpayments identified.		
Agreed Management Action		Target Date	Responsible Officer
8.1	Any anomalies should be explained through the comments section on Allocate, for example, if TOIL agreed. This cannot be added to agreed job plans so a full annual cycle needs to be completed before all job plans are compliant.	1 April 2025	Service Group Medical Directors

8.2	Any under/overpayments to be included as part of the exception report to the Medical Workforce Group	1 April 2025	Service Group Medical Directors
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Matter Arising 9: Intensity bandings and payment (Operation)		Impact
From review of an Allocate report, by Service Group, we noted that there were inconsistencies in the application of intensity bandings within specialities. Most notably within Morriston (MN) Anaesthetics; MN Burns and Plastics Medical Speciality; MN Emergency Department – Medical; MN Tertiary Cardiology Medical Speciality; Singleton (SN) Obstetrics and Gynaecology Medical Speciality and Spinal Medical Speciality. For our sample, we sought to confirm whether the intensity banding as per the job plan agreed to the payment as per the payslip. Differences were identified for six of the 16 job plans that had intensity bandings included: - Two payslips had no intensity payments yet the job plans had on-call duties recorded; - Three intensity payments made were less than that recorded on the job plan; and - One intensity payment made was higher than that recorded on the job plan.		Potential risk of: Financial loss and/or reputational damage as a result of over / underpayment of consultants / SAS doctors.
Recommendations		Priority
9.1	The health board should investigate inconsistencies in the intensity bandings for the same field/speciality.	High
9.2	The health board should run an Allocate exception report to identify intensity bandings per the job plans and compare to the intensity banding paid and investigate any anomalies.	
9.3	The health board should quantify, report and escalate any under/overpayments identified.	

Agreed Management Action		Target Date	Responsible Officer
9.1	Any anomalies or local agreements should be explained through the comments section on Allocate. This cannot be added to agreed job plans so a full annual cycle needs to be completed before all job plans are compliant. There will be resources implications to consider.	1 April 2025	Service Group Medical Directors
9.2	Intensity banding payments to be compared with jobs plans and anomalies investigated and reported to the Medical Workforce Group.	1 April 2025	Service Group Medical Directors
9.3	As per 9.2.	1 April 2025	Service Group Medical Directors

Matter Arising 10: Monitoring, reporting and escalation (Design)		Impact	
We were informed that there is no forum in place at the health board which monitors, reports and escalates job plan completion rates.		Potential risk of: The health board is not fulfilling its contractual obligations in relation to job planning.	
Recommendations		Priority	
10.1	The health board should have an adequately represented forum in place where job planning compliance is reported, monitored and escalated, where necessary. This could include any exception reporting recommended above.	High	
Agreed Management Action		Target Date	Responsible Officer
10.1	Service groups to have a medical workforce forum to take assurance as to job planning compliance and to provide quarterly report would then be provided to Medical Workforce Group. There will be resources implications to consider therefore compliance also to be reported through the slide deck for the service group performance reviews.	1 September 2024	Service Group Medical Directors

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

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

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



NHS Wales Shared Services Partnership
4-5 Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff
CF15 7QZ

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