



AGENDA ITEM

2.2.2

AUDIT & RISK COMMITTEE

CONSULTANT JOB PLANNING – INTERNAL AUDIT UPDATE

Date of meeting	04/10/2021
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FOI Status	Open/Public
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If closed please indicate reason	Not Applicable - Public Report
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Prepared by	Paul Harrison Head of Workforce Productivity and eSystems
Presented by	Dr Dom Hurford Executive Medical Director
Approving Executive Sponsor	Executive Medical Director

Report purpose	FOR NOTING
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Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
		Choose an item.

ACRONYMS	
ACT	Anaesthetics, Critical Care & Theatres
ADH	Additional duty hours



AMD	Assistant Medical Director
CA	Commitment awards
CTM	Cwm Taf Morgannwg
DCC	Direct Clinical Care
DMD	Deputy Medical Director
eJP	Electronic Job Planning
ILG	Integrated Locality Group
ILGD	Integrated Locality Group Director
LNC	Local Negotiating Committee
M&C	Merthyr and Cynon
MD	Medical Director
RTE	Rhondda Taff Ely
SAS	Specialty & Associate Specialist
SPA	Supporting Professional Activities
UHB	University Health Board

1. SITUATION/BACKGROUND

- The purpose of this paper is to provide the Audit & Risk Committee with an update on the progress of the previously submitted response to the audit report around job planning.
- There has been significant change in the landscape inside the UHB since the first report. The impact of the Covid-19 pandemic has meant that a considerable amount of the work around improving job planning compliance has ceased or stalled.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING – INTERNAL AUDIT REPORT FINDINGS 1-7

2.1 Job plan completion and sign-off – ONGOING

- There is a contractual requirement that job plans are to be completed and signed off by Consultant and SAS Doctors.
- All job planning was put on hold at the start of the pandemic. Sign off rates have dropped significantly and now sit in the low double figures for the UHB.
- There have been a few areas that have made positive improvements in their sign off rates in recent months, such as medicine RTE ILG, however it is still an exercise that is not being prioritised in most instances due to the lasting impact of the pandemic on services.
- A Standard Operating Procedure (SOP) has been developed and shared for job planning, which clearly sets out the responsibilities and process that allows for effective job planning
- There is no significant change since the last update report for this heading and there is unlikely to be an improvement in job planning rates until after the pandemic.

Delivery schedule:-

Started: November 2019

Complete by: December 2022 (Changed from March 2021)

Confidence: Medium

2.2 Weekly number of sessions, activities and outcomes - ONGOING

- Development of a policy document was required to standardise the approach across the UHB for SPA and DCC split, to ensure fairness and equity for all Medics that take part in the job planning process.
- There has been a document produced regarding the process for deciding SPA and DCC allocation. This was shared with the LNC in February 2021 and a number of amendments were suggested.
- These amendments were made and the document was submitted to the LNC in August 2021 for review, there were additional comments on the paper that the staff representatives would like changed for them to agree with its roll out across the UHB. The British Medical Association (BMA) representatives will formally set out their concerns before the next LNC in December 2021, to allow the guidance to be agreed in partnership at that meeting.

Delivery schedule:-

Started: Dec 2019

Complete by: December 2021 (changed from end March 2020)

Confidence: High

2.3 Clear personal outcomes within the job plan - ONGOING

- Personal outcomes are part of appraisal and validation process rather than job planning currently.
- As part of the job planning training, clear personal outcomes will be factored into the process and now recorded in new job plans. The training that has been rolled out across the UHB covered this.
- The updated guidance on this was shared with the LNC in August 2021 and a number of amendments were suggested by staff representatives. These will be formally recorded and shared by the BMA, then worked into the document where appropriate and will be shared with the LNC at

the next meeting in December 2021 to allow for agreement on this guidance in partnership.

- An SOP has been developed and shared for job planning, which clearly sets out the responsibilities and process that allows for effective job planning.

Previous delivery schedule:-

Started: December 2019

Complete by: December 2021 (changed from March 2021)

Confidence: Medium

2.4 Payments to consultants - COMPLETE

- There is a difference in the sessional calculations being produced by eJP to the internal spreadsheet based systems used by ACT.
- The software and local spreadsheet calculation produce minor, but still different results, despite multiple attempts to get them to match exactly. Which may result in some cases additional pay, due to crossing into a higher sessional amount.
- Due to the recent change in the SAS contract, this point is no longer current as different calculations methods and working times with changed multipliers exist with the new contract.
- An exercise will now take place Health Board wide with the renewal of job plans against the changed contract, to identify if this problem will be recreated in any area.

Previous delivery schedule:-

Started: Nov 2019

Complete by: May 2021 (changed from Feb 2020)

Confidence: Moderate

2.5 Additional Duty Hours (ADH) - ONGOING

- A standardised rate card was produced in collaboration between Medical Workforce, Finance, the AMD for Medical Workforce and the Medical Director.
- Following publication of the aforementioned ADH rate card, it was determined that further work was required on it to review the proposed rates, this was following extensive feedback from Medical colleagues and the LNC.
- A financial control procedure was also produced and approved. Within this is confirmation of a standard rate card development for payment of ADHs.
- A paper was submitted to management board for approval of the approach to gather the information for the rate card, rather than create one without solid data to support it. The Medic bank was then launched in Bridgend ILG without a rate card, but the software solution Patchwork in place to manage the ADH booking and approvals.
- What this provides the Health Board with is the ability to see in real time what rates are being paid for ADHs in every area. This will then allow the development of a rate card based on that data, that will better justify and evidence why rates have been selected.
- The medical bank software solution has now launched successfully in the Bridgend ILG and has received positive feedback from the end users. It will be

launched in the RTE and M&C ILGs over the remainder of the financial year, providing the required data for the rate card development.

Previous delivery schedule:-

Started: Dec 2019

Complete by: March 2022 (Changed from May 2020)

Confidence: High

2.6 Spreadsheet record of job plans - COMPLETE

- Allocate have attended the UHB and sat with medical workforce to assess the changes needed to produce the data sets we require for reporting within our structures.
- Allocate are unable to manipulate their system to output the desired data sets requested by the organisation. So we are unable to auto produce data showing what is requested by each ILG in relation to compliance. However it can output data that provides the required detail when manually manipulated. This means a spreadsheet remains, but fed from data acquired directly from eJP.

Previous delivery schedule:-

Started: December 2019

Complete by: June 2020

Confidence: Medium

2.7 Commitment Awards (CA) - COMPLETE

- It has been agreed that automatic approval of commitment awards (CA) will cease with no check on whether the individual concerned is entitled to it.
- The process is now monitored by Medical Workforce and payments are not processed before approval is granted for the CA.
- An ESR report will be consulted monthly for CAs due for renewal. This will be communicated with the ILG Directors to provide sign off from themselves for the decision. This will provide the audit trail around the CAs being approved or denied.

Previous delivery schedule:-

Started: December 2019

Complete by: January 2021 (changed from March 2020)

Confidence: High

2.8 Input of job planning data to ESR - COMPLETE

- Job planning data was not being inputted into ESR, where job plans are complete. Moving forward, all job planning data is automatically uploaded into ESR for All Wales reporting.

Previous delivery schedule:-

Started: December 2019

Complete by: January 2020

Confidence: High



3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 None.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Correct and current job plans allows for better planning around staff levels and DCC sessions. This has a direct impact on quality, safety and experience.
Related Health and Care standard(s)	Staff and Resources
	If more than one Healthcare Standard applies please list below:
Equality impact assessment completed	Not required
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Well-being Objectives	Provide high quality, evidence based, and accessible care

5. RECOMMENDATION

5.1 The Committee are requested to **NOTE** the report and the update provided.