



AGENDA ITEM

6.5

AUDIT COMMITTEE

CONSULTANT JOB PLANNING – INTERNAL AUDIT UPDATE

Date of meeting	08/02/2021
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Paul Harrison Head of Workforce Productivity and eSystems
Presented by	Dr Nick Lyons Executive Medical Director
Approving Executive Sponsor	Executive Medical Director
Report purpose	FOR NOTING

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
MD	Medical Director
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 last report. The unforeseen impact of the Covid-19 pandemic has meant that a considerable amount of the work around improving job planning compliance has ceased.

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 is no change since the last update report for this heading and there is unlikely to be a significant improvement in job planning rates until after the pandemic.

Delivery schedule:-

Started: November 2019

Complete by: December 2021 (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 is now awaiting sight by the LNC for comment, which has not met for a number of months due to pandemic. Further meetings have not been scheduled at this stage.

Delivery schedule:-

Started: Dec 2019

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

Confidence: Medium

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 SPA/DCC guidance on this is awaiting comment from the LNC. As previously mentioned, the LNC has not met recently due to the pandemic and dates for the next meetings have not been arranged as of yet.

Previous delivery schedule:-



Started: December 2019

Complete by: December 2021 (changed from March 2021)

Confidence: Medium

2.4 Payments to consultants - ONGOING

Allocate have had an initial meeting with Workforce and Anaesthetics, Critical Care & Theatres (ACT) to investigate why there is a difference in the sessional calculations being produced by eJP to the internal systems used by ACT.

They are returning with their findings at the end of January and will give a way forwards to solve the problem.

Previous delivery schedule:-

Started: Nov 2019

Complete by: March 2021 (changed from Feb 2020)

Confidence: Moderate

2.5 Additional Duty Hours (ADH) - ONGOING

A revised standardised rate card has been produced in collaboration between medical workforce, finance, the AMD for Medical Workforce and the Medical Director. This is now under review to ensure it fits in with comments received about the last version from the ILGs.

A financial control procedure has been produced and approved. Within this is confirmation of a standard rate card development for payment of ADHs.

Following publication of the ADH rate card, it was determined that further work was required on it, to review the proposed rates, following extensive feedback from Medical colleagues and the LNC.

A revised rate card has been developed and is being costed by finance. This will subsequently require further sign from Management Board, before discussions are held with the LNC and Medics.

Previous delivery schedule:-

Started: Dec 2019

Complete by: September 2021 (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.