



AGENDA ITEM

5.1.1

AUDIT & RISK COMMITTEE

CONSULTANT JOB PLANNING – INTERNAL AUDIT UPDATE

Date of meeting	28/04/2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Nicholas Price Senior Medical Workforce Manager
Presented by	Dr Dom Hurford 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
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 Health Board since the first report. The impact of the Covid-19 pandemic meant that a considerable amount of the work around improving job planning compliance 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.
- Signed-off job plans currently stand at 25% for consultants and 18% for SAS doctors.
 - All job planning was put on hold at the start of the pandemic and rates dropped significantly but have now started to pick up.
 - Reasons for non-doctor engagement include uncertainty of current roles and changes in CTM structure and which site they will work on. Manager availability is also another of cited reasons for low compliance.
- There is currently a lot of job planning activity taking place and a significant improvement in these figures is expected over the next few months.
- An eJob Planning User guide has been developed and shared for job planning, which clearly sets out the responsibilities and process that allows for effective job planning

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 formally set out their concerns.
- The suggestions were taken on board and a discussion took place between the AMD Workforce for the HB and the Chair of the LNC. A revised document was submitted to the LNC in February 2022 and response is awaited.
- Delivery schedule:-
Started: Dec 2019
Complete by: December 2022 (changed from end March 2020)
Confidence: High



2.3 Clear personal outcomes within the job plan - ONGOING

- 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 job plans have clear outcomes regarding the site where the activity is to be undertaken, the type and duration of activity, and clarity around whether the activity constitutes a DCC or a SPA. However, further work is needed to quantify the specific amount of the clinical activity that is expected from the specified duration of the DCC.

The new SPA document deals with ways of seeking objective evidence of the activity undertaken as an SPA.

Previous delivery schedule:-

Started: December 2019

Complete by: December 2022 (changed from March 2021)

Confidence: Medium

2.4 Payments to SAS doctors - ONGOING

- There is a difference in the sessional calculations being produced by eJP to the internal spreadsheet based systems that have been used to date. Spreadsheets have produced accurate plans based upon agreed formulas however eJP is giving different values. There is ongoing discussion with eJP as to why this is occurring.
- The software and local spreadsheet calculation produce different results, despite multiple attempts to get them to match exactly. eJP produces a figure which is 0.5 session per person higher than that of the Excel spreadsheet, despite the spreadsheet being compliant with the correct formula for calculations.
- A paper detailing this situation and its implications is currently being considered by the Medical, Workforce and Finance Directors.

Previous delivery schedule:-

Started: Nov 2019

Complete by: May 2022 (changed from Feb 2020)

Confidence: Moderate

2.5 Additional Duty Hours (ADH) - ONGOING

- In 2020 a standardised rate card was produced in collaboration between Medical Workforce, Finance, the AMD for Medical Workforce and the then Medical Director.
 - 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 "Patchwork" Medic bank was then launched in Bridgend ILG without a rate card, but with the software solution Patchwork in place to manage the ADH booking and approvals.
- All 3 ILGs have adopted the use of Patchwork and it is used for all ADH payments.
- 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.
- Analysis of the Patchwork data is not as clear as initially hoped. In certain contentious areas we have set the specialty across all 3 sites (along with ILG directors) to agree a specialty agreed rate (that is fair but also affordable by the Health Board). This is based upon Patchwork data.
- Work is currently taking place to agree the principles on which the rate card will be based.
- Also, consultation is taking place with neighbouring LHBs with the aspiration of agreeing a rate card for the M4 corridor.

Previous delivery schedule:-

Started: Dec 2019

Complete by: June 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.

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. Following the audit, all job planning data was being uploaded into ESR for All Wales reporting. (Since then, this has been stopped as all but one Welsh Health Board is using eJP and reporting of job planning compliance from ESR is no longer taking place.)

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:



<p>Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.</p>	<p>No (Include further detail below)</p> <p>If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below.</p> <p>If no, please provide reasons why an EIA was not considered to be required in the box below.</p>
<p>Legal implications / impact</p>	<p>There are no specific legal implications related to the activity outlined in this report.</p>
<p>Resource (Capital/Revenue £/Workforce) implications / Impact</p>	<p>There is no direct impact on resources as a result of the activity outlined in this report.</p>
<p>Link to Strategic Goals</p>	<p>Improving Care</p>

5. RECOMMENDATION

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