

Internal Audit



Consultants' Job Planning

February 2018

Internal Audit Assurance assessment:

Objective One	Objective Two	Objective Three	Objective Four
Moderate Assurance	Moderate Assurance	Significant Assurance	Moderate Assurance
Objective Five	Objective Six	Objective Seven	Objective Eight
Moderate Assurance	Significant Assurance	No Assurance	Moderate Assurance

Timetable

Date closing meeting held: 15 January 2018

Date draft report issued: 12 February 2018

Date management comments received: 20 February 2018

Date Final report issued: 5 April 2018

Date presented to Audit and Risk Committee: 23 April 2018

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Introduction

Participation in job planning has been an agreed requirement under national terms and conditions of service for consultants since 2004. Nationally agreed guidance has been developed to support the job planning process, documented in the NHS Lothian and the University of Edinburgh *Job Planning Framework Document for Consultants, Associate Specialists, Specialty Doctors and Clinical Academics*. Job plans follow the financial year and run from 1 April to 31 March prospectively.

The national guidance for consultants and SAS doctors both define job planning as:

“A prospective agreement that sets out a Consultant / SAS Doctor’s duties, responsibilities and objectives for the coming year. It should cover all aspects of a Consultant / SAS doctor’s professional practice including clinical work, teaching, research, education and managerial responsibilities. It should provide a clear schedule of commitments. It should include personal objectives, including details of their link to wider service objectives, as well as details of the support required by the Consultant / SAS doctor to fulfil the job plan.”

The *Framework Document* further states that job planning should be a systematic activity designed to produce clarity of expectation for employer and employee about the use of time and resources to meet individual, departmental and service objectives.

Job planning in NHS Lothian for career grade NHS employed medical staff is made up of 6 core components: emergency work, direct clinical care, supporting professional activities (to include teaching and R&D), additional NHS responsibilities, external duties and private practice activity. Each component is assessed individually, with average weekly programmed activities (PAs) being defined and agreed. Each PA equates to four hours of time.

Consultants within NHS Lothian are contracted to a standard 40 hour working week through the 2004 consultant contract. While the terms and conditions provide for a split between Direct Clinical Care (DCC) and Supporting Professional Activities (SPA), each job plan will be agreed with the individual and their clinical manager. Within a department some consultants will take on more DCC work while others have a greater emphasis on SPA activity.

Consultants are able to undertake Extra Programmed Activities (EPAs). These are activities are contracted for separately and are usually capped at 2 EPAs, as this would take any programmed activities over 12 and beyond the 48 hour working week limit.

Prior to commencing job planning, each department should review the clinical workload as defined in the business plan, and decide upon the PA value associated with each clinical activity.

Some consultants are appointed to carry out External Duties, which are those responsibilities undertaken externally to the Board, i.e. roles / responsibilities undertaken on behalf of organisations other than NHS Lothian. It is expected that consultants from NHS Lothian will undertake roles outside the Board and such appointments and responsibilities will be supported and facilitated, so long as they do not impact on clinical duties or any such impact is agreed in advance with the appropriate clinical director and service manager. In some

cases, these External Duties (including private practice activity) will be required to be recorded within the individual's job plan.

All consultants are required to create a job plan each year, which is stored in the electronic job planning system Zircadian.

Scope

The audit assessed the key controls in relation to the annual consultants' job planning process, including the completion, sign-off, monitoring and reporting of job plans. The review also considered how effectively Zircadian is being used, as part of the job planning process.

Acknowledgements

We would like to thank all staff consulted during this review, for their assistance and cooperation.

Executive Summary

Summary of Findings

The table below summarises our assessment of the risks and the adequacy and effectiveness of the controls in place to meet each of the risk areas agreed for this audit. Definitions of the ratings applied to each action are set out in Appendix 1.

No.	Control Objectives	Assurance Level	Number of findings			
			Critical	High	Medium	Low
1	Responsibility for the day-to-day management, agreement and review of job plans is clearly documented, communicated, and adhered to.	Moderate Assurance	-	-	1	-
2	Clinical specialties have developed a comprehensive Speciality Specific Guide, which includes the PA values to be applied to all activity.	Moderate Assurance	-	-	1	-
3	Annual job plan review meetings are held with all consultants.	Significant Assurance	-	-	-	-
4	Job plans record the use of time and resources to meet individual, departmental, and service objectives.	Moderate Assurance	-	-	1	-
5	Mediation and appeals are resolved promptly	Moderate Assurance	-	-	1	-

	during the job planning process.					
6	All annual job plans have undergone a robust review process, including completion within timescales, checking of content and sign-off.	Significant Assurance	-	-	-	-
7	Agreed job plans are in place and entered into Zircadian before the start of the financial year.	No Assurance	1	1	1	-
8	Job plans contain all necessary elements, e.g. objectives, the amounts of direct clinical care, on-call and emergency work, supporting professional activities, and external duties.	Moderate Assurance	-	-	1	-
TOTAL			1	1	6	-

Conclusion

The area under review comprised 8 control objectives, of which 1 received No Assurance, 5 received Moderate Assurance, and 2 received Significant Assurance.

Although the job planning process is guided by comprehensive procedures and by an electronic job planning system, there are some control weaknesses. Notably, only 17.5% of job plans had been fully agreed by the deadline of 1 April 2017. In addition, NHS Lothian has still to decide whether to delay pay point progression for consultants who have not effectively

engaged with the job planning process. Finally, there is insufficiently detailed reporting on job planning progress to committee.

Main Findings

The job planning process is guided by two key documents: *Job Planning Framework Document for Consultants, Associate Specialists, Specialty Doctors and Clinical Academics* (produced by NHS Lothian, and the University of Edinburgh), and the *Consultant Grade Terms and Conditions of Service* produced by the Scottish Government. In addition, NHS Lothian adopted the electronic system Zircadian in 2014, which is used for consultants and Staff & Associate Specialist doctors to enter and agree job plans, and has effective reporting functionality.

The Scottish Government's Consultant Grade Terms and Conditions of Service guidance states that Boards have the option of delaying pay point progression for consultants who have not effectively engaged with the job planning process. NHS Lothian decided in October 2017 to select that option for the 2018-19 job plans onwards.

However, we identified 2 key findings (High risk) for improvement during the review:

- It is a requirement that all job plans are finalised prior to the start of the financial year. However, only 231 (17.5%) of the 1,318 doctors had their 2017-18 job plans fully signed-off by 4 April 2017. In addition, by 30 November 2017 only 598 (45.1%) of the 1,325 doctors had been fully signed-off. The reasons for the delays in completing all of the job plans are not fully known
- Although there has been some reporting on job plan progress to the Medical Directors Group and the Acute SMT, there is no regular reporting on progress which includes detailed information on job plan progress by specialty, for the organisation as a whole, and explanations from specialties for any lack of progress. to senior group such as the Staff Governance Committee.

Further details of these points and 6 Medium findings are set out in the Management Action Plan.

Management Action Plan

<p>Control objective 1: Responsibility for the day-to-day management, agreement and review of job plans is clearly documented, communicated, and adhered to.</p> <p>Finding: There is no formal process which makes the Zircadian administrator aware of changes to authorisers on the system</p>	<p>Medium</p>
<p><u>Observation and risk</u></p> <p>Each job plan within the electronic system Zircadian must be agreed by the doctor, the clinical director, the clinical service manager, and the associate medical director. All of these authorisers across the organisation receive login details and passwords from the Head of Medical Workforce Planning & iMatter Operational Lead, who administers Zircadian. When authorisers leave or join the organisation the Head of Medical Workforce Planning & iMatter Operational Lead should be notified so that changes can be made on Zircadian.</p> <p>However, there is no formal process to notify the Head of Medical Workforce Planning & iMatter Operational Lead of changes to authorisers.</p> <p>If changes to authorisers are not notified on a formal basis to the Zircadian administrator then there is an increased risk that job plans are not agreed in a timely manner.</p>	
<p><u>Recommendation</u></p> <p>The Head of Medical Workforce Planning & iMatter Operational Lead should liaise with colleagues within Human Resources to create a formal system for providing him with the names of Zircadian authorisers who have left or joined the organisation.</p>	
<p><u>Management Response</u></p> <p>Recommendation accepted.</p> <p><u>The Management Action</u></p> <p>A process will be developed to ensure the data on Zircadian is up to date. The precise process will be determined by a short life working group which will be created to discuss and agree action on each of the recommendations contained within this report.</p>	
<p><u>Responsibility:</u></p> <p>Head of Medical Workforce Planning</p>	<p><u>Target date:</u></p> <p>30 April 2018</p>

Control objective 2: Clinical specialties have developed a comprehensive Speciality Specific Guide, which includes the PA values to be applied to all activity.

Medium

Finding: Not all specialties have created Specialty Specific Guides

Observation and risk

NHS Lothian's *Job Planning Framework Document for Consultants, Associate Specialists, Specialty Doctors and Clinical Academics* states, at section 6.1, that "prior to commencing job planning, each specialty is required to complete a template, detailing the PA values to be applied to all activity." The creation of these documents will allow specialties to determine the programmed activity (PA) value associated with each clinical activity, and so aid the agreement of job plans.

However, a review of 4 areas across the organisation (Edinburgh HSCP, Laboratories, RIE Medicine, and SJH Surgery) showed that only one area (SJH Surgery) had specialties that had produced a specialty specific guide.

If specialty specific guides are not created for all specialties then there is an increased risk that the durations allocated to clinical activities are not consistent within specialties.

Recommendation

The Medical Director (Acute) and the Head of Medical Workforce Planning should request all specialties to provide them with their individual specialty specific guides, which have been created in line with the guidance stated at section 6.1 of NHS Lothian's *Job Planning Framework Document for Consultants, Associate Specialists, Specialty Doctors and Clinical Academics*.

The Medical Director should inform clinical directors that specialty specific guides should be created for all specialties.

Management Response

Recommendations accepted.

The Management Action

Specialties will be requested for this information and the Medical Director (Acute) will assess compliance with the Framework. The precise process will be determined by a short life working group which will be created to discuss and agree action on each of the recommendations contained within this report.

Responsibility:

Target date:

Medical Director (Acute), and Head of Medical
Workforce Planning

30 June 2018

<p>Control objective 4: Job plans record the use of time and resources to meet individual, departmental, and service objectives.</p> <p>Finding: Some consultants have in excess of 12 PAs stated in their finalised job plans</p>	<p>Medium</p>
<p><u>Observation and risk</u></p> <p>The Medical Director and the Head of Human Resources & Organisational Development have stated that consultants' contracted hours should not exceed 48 hours (12 PAs) per week other than in exceptional circumstances, e.g. when doctors agree to additional hours to cover the long-term absence of a colleague. Consultants must sign a waiver when they are contracted by NHS Lothian to regularly work in excess of 48 hours per week, to comply with the European Working Time Regulations (EWTR).</p> <p>However, an analysis of finalised job plans for all consultants in the organisation showed that 18% of consultants had in excess of 12 contracted PAs. The Head of Medical Workforce Planning & iMatter Operational Lead stated that this was due to the ineffective checking of draft job plans and not due to the consultants in question being contracted to work in excess of 48 hours per week on an ongoing basis.</p> <p>If job plans are not effectively checked by clinical directors prior to their finalisation, then there is an increased risk that job plans incorrectly state that individual consultants are regularly contracted to work in excess of 48 hours per week. This current position make it more difficult for HR to identify those consultants who are genuinely contracted to work in excess of 48 hours per week, and then ask them to sign an EWTR waiver.</p>	
<p><u>Recommendation</u></p> <p>Clinical directors should determine if any of the consultants in their area have job plans which state that they will be contracted to work in excess of 48 hours per week. For those which state hours in excess of 48 hours, the clinical directors should determine if the consultant is contracted to work in excess of 48 hours or if the current job plan does not reflect the actual hours that they are contracted for. If any of these consultants are contracted to work in excess of 48 hours then a EWTD waiver should be signed.</p>	
<p><u>Management Response</u></p> <p>Given that the overall findings suggest there is work to be done in relation to the quality and checking of job plans, we do not accept that moving to instructing waivers at this stage is a reasonable action.</p> <p><u>The Management Action</u></p> <p>A short life working group chaired by Medical Director (Acute) will be set up to review both the content of job plans and ensure that progress is made in relation to a more robust sign-off process which constructively challenges job plans which includes activity additional to</p>	

contract.	
<u>Responsibility:</u> Medical Director (Acute)	<u>Target date:</u> 30 September 2018

<p>Control objective 5: Mediation and appeals are resolved promptly during the job planning process.</p> <p>Finding: Disputed job plans are not effectively noted on Zircadian</p>	<p>Medium</p>
<p><u>Observation and risk</u></p> <p>Zircadian has a tick-box which can be used to indicate that there is an unresolved dispute relating to an individual job plan. Authorisers who have responsibility for these job plans are then able to deal with these disputes as appropriate.</p> <p>However, a review of Zircadian (which contains all job plans) identified that there were no job plans which have utilised the dispute tick box as at the time of the audit. Further investigation with the Zircadian administrator indicated that there are disputes in progress although we are not able to quantify the numbers of these as they are dealt with locally. If the tick-box is not used routinely by doctors and authorisers to note unresolved disputes there is an increased risk that job plans are not fully agreed in a timely manner.</p>	
<p><u>Recommendation</u></p> <p>The Head of Medical Workforce Planning & iMatter Operational Lead should remind all doctors and clinical directors to use the tick-box within Zircadian whenever there is an unresolved dispute over an individual job plan.</p>	
<p><u>Management Response</u></p> <p>Agreed.</p> <p><u>The Management Action</u></p> <p>A reminder will be issued to Clinical Directors, and this requirement will be included in the job planning process guidance document.</p>	
<p><u>Responsibility:</u></p> <p>Head of Medical Workforce Planning</p>	<p><u>Target date:</u></p> <p>31 March 2018</p>

Control objective 7: Agreed job plans are in place and entered into Zircadian before the start of the financial year.

Critical

Finding: Not all job plans had been signed-off by the start of April 2017

Observation and risk

All job plans should be fully signed-off before the start of the financial year. Job plans set out each doctor's work plan for the year and aid effective service planning. The process stages are discussion with the doctor, agreement of the job plan with the clinical director, then sign-off by the clinical service manager and the Associate Medical Director.

As at 4 April 2017, the 1,318 job plans were at the following stages:

- In discussion – 40.2%
- Awaiting sign-off by the consultant – 13.4%
- Awaiting sign-off by the clinical director – 4.4%
- Awaiting sign-off by the clinical service manager – 14.8%
- Awaiting sign-off by the Associate Medical Director – 9.7%
- Fully signed-off – 17.5%.

Therefore, 28.2% of job plans had not been finalised as they were awaiting sign-off by management staff. In addition, only 231 (17.5%) of the 1,318 doctors had their 2017-18 job plans fully signed-off by 4 April 2017. Further, by 30 November 2017 only 598 (45.1%) of the 1,325 doctors had been fully signed-off. The reasons for the delay in completing all of the job plans are not fully known.

If doctors' job plans are not fully agreed prior to the start of each financial year then effective service planning will be adversely affected.

Recommendation

The Medical Director (Acute) should undertake an exercise to determine the reasons for delays in completing job plans and then create an action plan to resolve them.

Finally, the organisation should review to determine if the creation of individual job plans requires a three-level approval sign-off process, or the process could be simplified.

Management Response

Need to understand the barriers to sign off, as the Medical Director has informed Clinical Directors for the last 3 years.

The Management Action

A short life working group mentioned in control objective 4 will agree a performance tracking system to ensure sign off is achieved as per the Framework and where this is not achieved

what the escalation mechanism will be.

Responsibility:

Medical Director (Acute)

Target date:

30 June 2018

<p>Control objective 7: Agreed job plans are in place and entered into Zircadian before the start of the financial year.</p> <p>Finding: No checking is performed to determine if clinical directors are reviewing job plan progress on a regular basis</p>	<p>Medium</p>
<p><u>Observation and risk</u></p> <p>The Zircadian electronic job planning system allows for managers to view overall progress for doctors within their areas. By doing this regularly, managers can determine if they are on target to have all job plans fully authorised before the start of the financial year, and deal with any issues.</p> <p>However, there is currently no checking by the Zircadian administrator to determine if all clinical directors are viewing progress for their areas on a regular basis. This check can be performed by viewing the last log in date for each clinical director.</p> <p>If the degree of engagement of clinical directors in the job planning process is not monitored then there is an increased risk that not all job plans will have been fully agreed prior to the start of the financial year.</p>	
<p><u>Recommendation</u></p> <p>The Head of Medical Workforce Planning & iMatter Operational Lead should regularly check that all clinical directors are viewing job planning progress within their areas.</p>	
<p><u>Management Response</u></p> <p>Accepted.</p> <p><u>The Management Action</u></p> <p>Checking will be performed to determine if all clinical directors are regularly reviewing planning progress in their areas. The precise process will be determined by a short life working group which will be created to discuss and agree action on each of the recommendations contained within this report.</p>	
<p><u>Responsibility:</u></p> <p>Medical Director (Acute)</p>	<p><u>Target date:</u></p> <p>30 September 2018</p>

<p>Control objective 7: Agreed job plans are in place and entered into Zircadian before the start of the financial year.</p> <p>Finding: There is no regular reporting of job planning progress to committee</p>	<p>High</p>
<p><u>Observation and risk</u></p> <p>Regular reporting to committee is important in ensuring that there is effective oversight of key organisational activities, enabling progress to be monitored and action taken to deal with any issues.</p> <p>The Associate Medical Director provided a detailed update on job planning progress to the Medical Directors Group on 5 September 2017 and the Acute Services SMT on 17 October 2017. However, this reporting does not include detailed information on job plan progress by specialty, for the organisation as a whole, and explanations from specialties for any lack of progress.</p> <p>It is important that regular, detailed reports on progress made in finalising consultants' job plans are provided to an organisation-wide group so that issues can be dealt with in a timely manner, and all job plans agreed prior to 1 April.</p> <p>If there is no regular reporting to committee there is an increased risk that job plans are not all fully agreed prior to the start of the financial year.</p>	
<p><u>Recommendation</u></p> <p>The Head of Medical Workforce Planning & iMatter Operational Lead should provide regular reports to a senior organisation-wide committee on progress made in the job planning process. The reports should include job plan progress by specialty, for the organisation as a whole, and explanations from specialties for any lack of progress.</p>	
<p><u>Management Response</u></p> <p>Accepted.</p> <p><u>The Management Action</u></p> <p>This will be remitted to the short life working group(control objective 4) to develop a standard report and reporting cycle for Senior Management Teams and the Staff Governance Committee.</p>	
<p><u>Responsibility:</u></p> <p>Medical Director (Acute)</p>	<p><u>Target date:</u></p> <p>30September 2018</p>

<p>Control objective 8: Job plans contain all necessary elements, e.g. objectives, the amounts of direct clinical care, on-call and emergency work, supporting professional activities, and external duties.</p> <p>Finding: Not all job plans contain a complete statement on objectives</p>	<p>Medium</p>
<p><u>Observation and risk</u></p> <p>The <i>Consultant Grade Terms and Conditions of Service</i> guidance issue by the Scottish Government in 2004 states, at section 3.2.16, that job plans should include objectives. These objectives will comprise organisational objectives (such as patient safety and access targets) and objectives specific to individual consultants. The guidance states that performance against objectives will be one of the elements that inform decisions on progression through seniority points.</p> <p>However, sample testing showed that 4 (44%) of the 9 job plans reviewed did not contain personal objectives, though they did contain organisational objectives.</p> <p>If both organisational and personal objectives are not stated in each job plan then there is a reduced likelihood that annual performance appraisals will be fully informed and effective.</p>	
<p><u>Recommendation</u></p> <p>The Medical Director should inform all clinical directors that job plans should include both organisational and personal objectives.</p>	
<p><u>Management Response</u></p> <p>Noted this is in the framework and CD's have been advised.</p> <p><u>The Management Action</u></p> <p>The Medical Director (Acute) will issue a reminder to all clinical directors. The requirement for job plans to include complete objectives is already contained in the job planning process guidance document.</p>	
<p><u>Responsibility:</u></p> <p>Medical Director (Acute)</p>	<p><u>Target date:</u></p> <p>31March 2018</p>

Appendix 1 - Definition of Ratings

Findings and management actions ratings

Finding Ratings	Definition
Critical	A fundamental failure or absence in the design or operating effectiveness of controls, which requires immediate attention
High	A key control failure has been identified which could be either due to a failure in the design or operating effectiveness. There are no compensating controls in place, and management should aim to implement controls within a calendar month of the review.
Medium	A control failure has been identified which could be either due to a failure in the design or operating effectiveness. Other controls in place partially mitigate the risk to the organisation, however management should look to implement controls to fully cover the risk identified.
Low	Minor non-compliance has been identified with the operating effectiveness of a control, however the design of the control is effective

Report ratings and overall assurance provided

Report Ratings	Definition	When Internal Audit will award this level
No assurance	The Board cannot take any assurance from the audit findings. There remains a significant amount of residual risk.	The controls are not adequately designed and / or operating effectively and immediate management action is required as there remains a significant amount of residual risk (for instance one Critical finding or a number of High findings)
Limited assurance	The Board can take some assurance from the systems of control in place to achieve the control objective, but there remains a significant amount of residual risk which requires action to be taken.	<p>This may be used when:</p> <ul style="list-style-type: none"> • There are known material weaknesses in key control areas. • It is known that there will have to be changes that are relevant to the control objective (e.g. due to a change in the law) and the impact has not been assessed and planned for. <p>The controls are deficient in some aspects and require management action (for instance one 'high' finding and a number of other lower rated findings)</p>

<p>Moderate assurance</p>	<p>The Board can take reasonable assurance that controls upon which the organisation relies to achieve the control objective are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.</p>	<p>In most respects the “purpose” is being achieved. There are some areas where further action is required, and the residual risk is greater than “insignificant”.</p> <p>The controls are largely effective and in most respects achieve their purpose with a limited number of findings which require management action (for instance a mix of ‘medium’ findings and ‘low’ findings)</p>
<p>Significant assurance</p>	<p>The Board can take reasonable assurance that the system(s) of control achieves or will achieve the control objective.</p> <p>There may be an insignificant amount of residual risk or none at all.</p>	<p>There is little evidence of system failure and the system appears to be robust and sustainable.</p> <p>The controls adequately mitigate the risk, or weaknesses are only minor (for instance a low number of findings which are all rated as ‘low’ or no findings)</p>