

# NHS Lothian

Internal Audit 2023/24

## Consultant Job Planning Review

October 2023

### Final Report

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It is the responsibility solely of NHS Lothian management and directors to ensure there are adequate arrangements in place in relation to risk management, governance, control and value for money.



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## Report Distribution

### Executive Lead:

- Tracey Gillies - Medical Director

### For action:

- Tracey Gillies - Medical Director
- Steven Haddow – Head of Medical Workforce Planning
- Caroline Whitworth, Medical Director (Acute)

### For Information:

- Calum Campbell – Chief Executive
- Craig Marriott – Director of Finance
- Audit and Risk Committee

# Executive summary

## Background



Consultant job planning is a crucial process that involves creating a structured plan for the work and responsibilities of consultants within the NHS. It encompasses defining the scope of their role, allocating resources and time for various activities, and setting goals for their professional development. In NHS Lothian, this process is important as the Board places an emphasis on the quality and performance of its Consultant, Associate Specialist and Specialty Doctor (SAS) medical and dental staff. These professionals serve as the foundation of the Board's services and play a vital role in its overall success.

Consultants and Associate SAS doctors in NHS Lothian have the opportunity to engage not only in clinical work but also in collaborative activities such as teaching, training, research, service development, innovation, and clinical governance. By actively participating in these activities, they contribute to NHS Lothian's reputation as a teaching Board and actively enhance the quality of patient care.

The job planning process in NHS Lothian is designed to achieve several essential outcomes. It aims to establish clear agreements on attendance and activity expectations, align objectives with the strategic goals of the Board, and ensure fairness throughout the process. This collaborative process involves individual doctors working closely with their clinical managers to gain clarity on the optimal utilisation of time and resources, ultimately enabling them to meet their individual, departmental, and speciality objectives. Through effective job planning, NHS Lothian ensures the delivery of high-quality services, compliance with employment conditions, and contributes to the continuous improvement of healthcare services in the region.

# Executive summary



## Objectives

Our review focussed on the following key risks:

- Ambiguous job plans lacking clarity on expertise, responsibilities, and commitments may cause confusion, inefficiencies, and compromised patient care.
- Lack of defined objectives and indicators impedes accurate assessment of clinical outcomes, quality improvement, teaching, research, and leadership.
- Non-compliance with Working Time Regulations in job plans may lead to legal repercussions and compromised doctor well-being.
- Insufficient documentation and allocation of Supporting Professional Activities (SPA) time may lead to non-compliance, inefficiencies in job plans and impact service delivery.
- Inadequate compliance with review processes may lead to variations in scrutiny, causing workload imbalances, dissatisfaction, compliance issues, and retention challenges.



## Limitations in scope

Please note that our conclusion is limited by scope. It is limited to the risks outlined above. Other risks exist in this process which our review and therefore our conclusion has not considered. Where sample testing has been undertaken, our findings and conclusions are limited to the items selected for testing.

This report does not constitute an assurance engagement as set out under ISAE 3000.

## Acknowledgement

We would like to take this opportunity to thank your staff for their co-operation during this internal audit.



# Headline messages



## Moderate Assurance

We have reviewed the processes and controls around Consultant Job Planning and have concluded that the processes have provided **Moderate Assurance**. This was confirmed through testing in specific areas of the organisation and through discussions with management.

We have provided 'Moderate Assurance' based on our findings, indicating that the controls upon which the organisation relies are suitably designed and mostly effectively applied. However, a moderate amount of residual risk remains, with some areas requiring immediate attention.

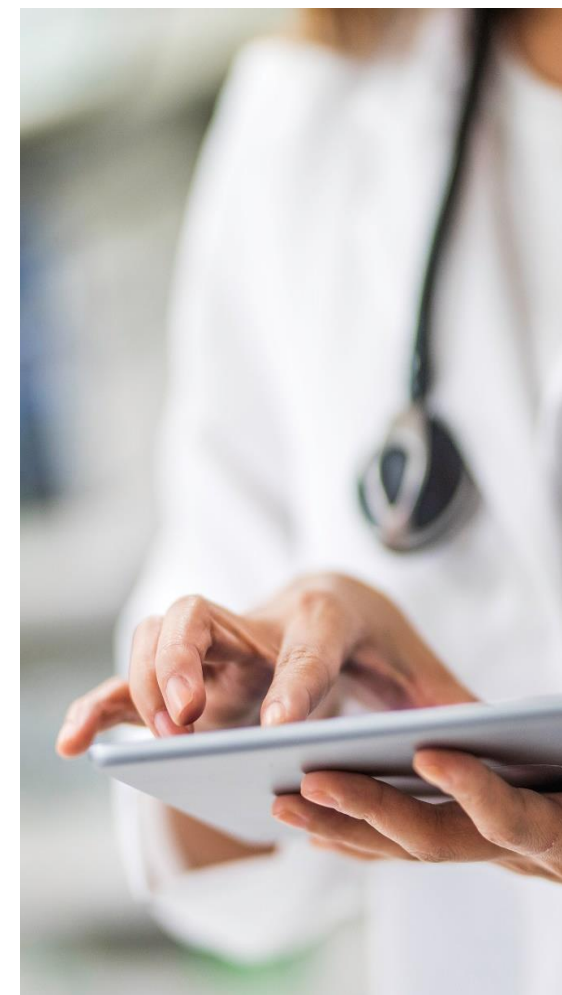
The objectives reviewed are set out overleaf with the assurance rating we have assessed for each one and the number of recommendations raised. We have reported by exception against the areas where we consider that Management and the Audit and Risk Committee should focus their attention. The one high-risk recommendation raised has been assessed within the broader review, and it does not warrant a limited assurance conclusion.

The highest area of identified risk is with the notable delays in Job Plan sign-offs, especially at the 2nd and 3rd stages. At the time of review, 20% of our sample of 24 job plans had completed the sign-off process, showing a clear gap from the recommended practices detailed in the NHS Improvement 'Consultant Job Planning: A Best Practice Guide', which states "All consultants should have an agreed job plan entered onto the electronic job planning system by 1 April each year".

Additionally, we identified inconsistencies in the completion and standardisation of Specialty Job Planning Guides within NHS Lothian. Dermatology and ENT were identified to lack a clear, localised guide, resulting in non-compliance with the NHS Lothian and the University of Edinburgh Job Planning Framework.

A significant area of non-compliance is the documentation of Specialty and Personal Objectives. Out of the 24 job plans reviewed, less than half had outlined clear objectives, and none had linked personal objectives to speciality objectives. This absence poses a contractual lapse, as highlighted by the Scottish Government, Health Workforce Directorate's Consultant Job Planning Guidance.

Lastly, challenges in conducting job planning meetings were identified, with a lack of uniformity in the meeting modes. Some departments used email interactions, while others stressed the efficiency of face-to-face meetings (either in person or using online technology).



# Headline messages



## Conclusion

We have raised nine recommendations. The grading of these recommendations, based on risk, is summarised in the table below.

Objectives	Assurance rating	Number of recommendations			
		High	Medium	Low	Imp
Ambiguous job plans lacking clarity on expertise, responsibilities, and commitments may cause confusion, inefficiencies, and compromised patient care.	Limited Assurance	1	1	-	-
Lack of defined objectives and indicators impedes accurate assessment of clinical outcomes, quality improvement, teaching, research, and leadership.	Moderate Assurance	-	2	-	-
Non-compliance with Working Time Regulations in job plans may lead to legal repercussions and compromised doctor well-being.	Significant Assurance	-	-	1	-
Insufficient documentation and allocation of Supporting Professional Activities (SPA) time may lead to non-compliance, inefficiencies in job plans and impact service delivery.	Significant Assurance	-	-	1	-
Inadequate compliance with review processes may lead to variations in scrutiny, causing workload imbalances, dissatisfaction, compliance issues, and retention challenges.	Moderate Assurance	-	1	2	-



# Summary of findings



## Examples of where recommended practices are being applied

- Board objectives detailing NHS Lothian's organisational aims are consistently documented across all job plans.
- Time allocations for clinics and supportive activities are distinctly and comprehensively laid out.
- Time allocations for on-call duties are documented, ensuring clarity and alignment with job expectations.
- Consultants' clinical responsibilities are clearly defined, ensuring transparency and clarity in roles.
- Supporting Professional Activities (SPAs) and Additional NHS Responsibilities are well-articulated in the job plans, aligning with the Lothian guidance.
- Clear distinction is maintained between Direct Clinical Care, Supporting Professional Activities, Private Professional Services, and Additional NHS Responsibilities ensuring no overlap or confusion.
- Job plans detail when consultants engage in private practices, eliminating ambiguities regarding their availability.
- Private Practice Activities are distinctly recorded when relevant, providing clarity on consultants' additional commitments.
- Additional NHS Responsibilities, when applicable, are consistently recorded.
- NHS Lothian remains compliant with the Working Time Regulations (WTR), underlining their adherence to employment law.
- Job plans detail the consultant's roles and responsibilities, categorising them into direct clinical care and supportive professional activities, ensuring transparency in duties.

# Summary of findings



## Areas requiring improvement

- Delays in Job Plan sign-off, notably at the 2nd and 3rd stages. We noted 5 of 24 job plans were fully signed off during our review.
- Inconsistent completion and standardisation of Specialty Job Planning Guides within NHS Lothian. Notably, the Dermatology department lacks a localised NHS Lothian guide, and no guide was evident for ENT.
- Non-compliance in documenting Specialty and Personal Objectives, contrary to NHS Lothian and the Scottish Government, Health Workforce Directorate's Consultant Job Planning Guidance requirements. Out of 24 plans, 8 had specialty objectives, and 11 had personal objectives, none linked.
- Misalignment of on-call responsibilities in job plans with payroll compensation. Out of 24 Consultant Job plans, 6 instances lacked documented on-call responsibilities. Two were confirmed to have no on-call in their last pay, one could not be located and three consultants received on-call payments between £233.51 and £247.42 in their pay for August 2023.
- Inconsistent adherence to NHS Lothian and University of Edinburgh Job Planning Framework regarding Core Supporting Professional Activities (SPA) time allocations. From 24 specialty job plans, 3 exceeded the advised 1 SPA allocation, and 3 lacked any core SPA.
- The NHS Lothian Job Planning Framework does not mention training, and our interviews suggested a potential skills gap for managers involved in job plan sign off. Furthermore, minimal engagement is noted with the University when creating job plans for Clinical Academics, deviating from the framework's guidelines.
- Inconsistent practices in job planning meetings, with some challenges in convening meetings among certain Clinical Directors and Service Managers. Some departments rely on email communication.



# Detailed findings & action plan

1.2

Limited Assurance

Ambiguous job plans lacking clarity on expertise, responsibilities, and commitments may cause confusion, inefficiencies, and compromised patient care.

Finding and implication	Audit recommendation	Management response, including actions
<p><u>Delays in Job Plan Sign-off Process.</u></p> <p>The audit revealed a control weakness in the job plan sign-off process at NHS Lothian.</p> <p>The NHS Lothian and the University of Edinburgh Job Planning Framework Document delineates the stages and the specific individuals responsible for the sign-off process. This process requires electronic sign-off by the individual and their Clinical Director, followed by ratification from the Clinical Service Manager (CSM), and then a final sign-off by the Associate Medical Director (AMD).</p> <p>In November 2022, the Medical Director released a Job Planning letter for the year 2023/24. This letter stressed that by 31st March 2023, all consultants should have their job plans approved at level 2. Although the Job Planning Framework indicates the letter would detail a process for dealing with unsigned job plans, it doesn't provide such information.</p>	<p><b>Recommendation 1</b></p> <p>Implement a rigorous monitoring system to track job plan sign-off progress, establish clear performance metrics, and provide regular Board updates to expedite the process and ensure compliance.</p>	<p><b>Actions:</b> NHS Lothian to ask RLDatix to set up a routine weekly report, detailing job plan sign off.</p> <p><b>Responsible Officer:</b> Steven Haddow, Head of Medical Workforce Planning</p> <p><b>Executive Lead:</b> Tracey Gillies, Medical Director</p> <p><b>Due Date:</b> 30/11/2023</p>
<p>From a review of 24 job plans, the sign-off status of plans was:</p> <ul style="list-style-type: none"> <li>• Awaiting Clinic User Agreement: 4 job plans</li> <li>• In Discussion: 4 job plans</li> <li>• Awaiting 2nd Sign Off: 4 job plans</li> <li>• Awaiting 3rd Sign Off: 7 job plans</li> <li>• Successfully Signed Off: 5 job plans</li> </ul> <p>The review was undertaken during August/September and highlights considerable delays in the sign-off process, particularly in the 2nd and 3rd stages.</p>	<p><b>Recommendation 2</b></p> <p>Enhance the Job Planning Framework Document to include a clear procedure for escalating unsigned consultant job plans.</p>	<p><b>Actions:</b> Local Guide to be updated to include escalation process to General Management for job plans not signed off.</p> <p><b>Responsible Officer:</b> Steven Haddow, Head of Medical Workforce Planning</p> <p><b>Executive Lead:</b> Tracey Gillies, Medical Director</p> <p><b>Due Date:</b> 30/12/2023</p>

# Detailed findings & action plan

2.1

Moderate Assurance

Lack of defined objectives and indicators impedes accurate assessment of clinical outcomes, quality improvement, teaching, research, and leadership.

Finding and implication	Audit recommendation	Management response, including actions
<p><u>Incomplete Specialty Job Planning Guides.</u></p> <p>We identified weakness in the completion and standardisation of Specialty Job Planning Guides within NHS Lothian. According to the NHS Lothian and University of Edinburgh Job Planning Framework Document, specialty planning guides should provide explicit information regarding the allocation of time for specialty-specific activities, such as surgery or outpatient care. The Lothian Framework's appendix includes a comprehensive glossary of terms, including vital definitions like "Direct Clinical Care" and "Supporting Professional Activities," which are critical for framing specialty objectives.</p> <p>We identified that the Dermatology department relies on the British Association of Dermatologists' document titled "A Guide to Job Planning for Dermatologists" and does not have a locally tailored NHS Lothian specialty guide.</p> <p>ENT did not provide a specialty guide, and knowledge of one was not noted during our interviews.</p> <p>A Specialty Plan was provided for MoE, that largely aligns with the Lothian Job Planning Framework, including the requirement that "This Guide will detail the standards and tariffs that each Specialty (consultants and managers) has agreed will apply to the Direct Clinical Care element within job plans".</p>	<p><b>Recommendation 3</b></p> <p>For the fiscal year 2024/25, NHS Lothian should take steps to ensure that all specialties have completed a Specialty Job Planning Guide. This process should involve establishing clear time allocations for specific activities and incorporating all essential elements as documented in the Lothian Job Planning Framework's appendix.</p>	<p><b>Actions:</b> Specialty Specific guides to be provided by each Specialty.</p> <p><b>Responsible Officer:</b> Tracey Gillies, Medical Director</p> <p><b>Executive Lead:</b> Tracey Gillies, Medical Director</p> <p><b>Due Date:</b> 31/03/2024</p>

# Detailed findings & action plan

2.2

Moderate Assurance

Lack of defined objectives and indicators impedes accurate assessment of clinical outcomes, quality improvement, teaching, research, and leadership.

Finding and implication	Audit recommendation	Management response, including actions
<p><u>Non-compliance in documenting Specialty and Personal Objectives.</u></p> <p>The NHS Lothian and the University of Edinburgh Job Planning Framework document requires job plans to include both specialty and individual objectives. This approach is further endorsed by the Scottish Government's Health Workforce Directorate's Consultant Job Planning Guidance.</p> <p>According to the Lothian Job Planning Framework, specialty objectives should relate to the collective goals and responsibilities of specific departments within NHS Lothian. Individual objectives should cover areas such as improving patient care quality, professional development, research, teaching, and fulfilling other roles within the organisation. Individual objectives should be linked to specialty objectives and document how they will support their delivery.</p> <p>Out of the 24 job plans reviewed, we found that 8 had specialty objectives, all were from our ENT sample. The MoE and Dermatology job plans did not contain specialty objectives.</p> <p>We identified that 11 out of 24 job plans included personal objectives, but none of them were connected to specialty objectives. Additionally, they were not formulated as specific, measurable, achievable, relevant, and time-bound (SMART) objectives.</p> <p>According to the Lothian Framework, "Prior to departmental job planning preparation commencing, the Board will agree on organisational speciality objectives to be incorporated into job plans."</p> <p>Our audit revealed that this process was not being followed, indicating a compliance gap in the job planning process.</p>	<p><b>Recommendation 4</b></p> <p>Ensure completion, inclusion and alignment of speciality and personal objectives in all job plans, making them SMART for improved clarity and accountability.</p>	<p><b>Actions:</b> Objective setting to be included in the 2024/25 job plan timetable letter.</p> <p><b>Responsible Officer:</b> Caroline Whitworth, Medical Director (Acute)</p> <p><b>Executive Lead:</b> Tracey Gillies, Medical Director</p> <p><b>Due Date:</b> 30/11/2023</p>

# Detailed findings & action plan

3.1

## Significant Assurance

Non-compliance with Working Time Regulations in job plans may lead to legal repercussions and compromised doctor well-being.

Finding and implication	Audit recommendation	Management response, including actions
<p><u>Misalignment of On-call in Consultant Job Plans and Payroll.</u></p> <p>During our review of a sample of 24 Consultant Job plans, we identified a control weakness related to the recording of on-call duties. Specifically, in 6 instances, there was no indication of on-call responsibilities documented within the plans.</p> <p>Payroll was contacted to verify if any on-call payments had been made in the last pay run for the 6 consultants. One individual could not be identified by name alone by payroll, so it is unknown if they have received any on-call payments. Two were confirmed not to have had any on-call supplement paid. The three remaining individuals did receive on-call payments, with values varying between £233.51 and £247.42 for the August 2023 pay run.</p> <p>These payments were identified as the 3% (low) availability supplement for being on-call. Consultants' on-call availability supplements are determined by the frequency of the rota commitment, ranging from 1% to 8% of full-time basic salary.</p> <p>It is important to ensure that on-call duties in Consultant Job plans are accurately aligned with pay roll to facilitate precise compensation and compliance with NHS Lothian guidelines.</p>	<p><b>Recommendation 5</b></p> <p>Implement rigorous verification processes to ensure on-call payments align with on-call duties recorded in job plans, mitigating the risk of payroll paying for unperformed on-call responsibilities.</p>	<p><b>Actions:</b> Implementation of Delivering Best Value SOP for Senior Medical Staff to ensure alignment between eJob Plan and Payroll.</p> <p><b>Responsible Officer:</b> Clinical Management Teams (Steven Haddow, Head of Medical Workforce Planning as follow-up contact)</p> <p><b>Executive Lead:</b> Tracey Gillies, Medical Director</p> <p><b>Due Date:</b> 31/03/2024</p>

# Detailed findings & action plan

4.1

## Significant Assurance

Insufficient documentation and allocation of Supporting Professional Activities (SPA) time may lead to non-compliance, inefficiencies in job plans and impact service delivery.

Finding and implication	Audit recommendation	Management response, including actions
<p><u>Non-Compliance with Core Supporting Professional Activities (SPA) Provision.</u></p> <p>We reviewed 24 job plans covering Dermatology, Ears Nose and Throat (ENT), and Medicine of the Elderly (MoE) specialties and identified instances of non-compliance with the NHS Lothian and the University of Edinburgh Job Planning Framework in relation to Core Supporting Professional Activities (SPA) time. Core SPA time, as per the Lothian Job Planning Framework, pertains to "Supporting Professional Activities" vital for healthcare professionals.</p> <p>Out of the 24 job plans tested, it was identified that, 2 plans exceeded the recommended 4 hours (1 PA) allocation for core SPA time. The two over allowance totals were minimal at 6 hours and 4 hours and 45 minutes.</p> <p>More importantly, 2 other job plans were found to have no core PAs recorded, and 9 had under the 4-hour allowance, raising concerns about the fairness of the allocation of Core SPA time in job plans.</p> <p>In terms of considering part-time staff and Core SPA, the guidance framework states "It is recognised that part time doctors are required to participate in the same SPA activities as their full-time colleagues, to fulfil the requirements for appraisal, revalidation and job planning. SPA allocation cannot simply be done on a pro rata basis".</p>	<p><b>Recommendation 6</b></p> <p>All job plans should adhere to the Lothian Job Planning framework, ensuring fair and consistent Core SPA time to ensure professional development opportunities for all.</p>	<p><b>Actions:</b> AMDs to ensure that job plans adhere to the agreed Job Plan Guidance.</p> <p><b>Responsible Officer:</b> Tracey Gillies, Medical Director</p> <p><b>Executive Lead:</b> Tracey Gillies, Medical Director</p> <p><b>Due Date:</b> 31/03/2024</p>

# Detailed findings & action plan

5.1

Moderate Assurance

Inadequate compliance with review processes may lead to variations in scrutiny, causing workload imbalances, dissatisfaction, compliance issues, and retention challenges.

Finding and implication	Audit recommendation	Management response, including actions
<p><u>Lack of Formal Training and Limited Engagement with University in Job Planning Process.</u></p> <p>We interviewed the clinical directors and service managers for the three specialities we examined for the audit. These interviews identified a perceived lack of formal training being provided to Clinical Directors (CDs) regarding the job planning process, which could result in inconsistent understanding and application of the process.</p> <p>Training is not mentioned in the NHS Lothian and the University of Edinburgh Job Planning Framework, indicating a potential skills gap in the job planning process. The interviewees did specify that the Head of Medical Workforce Planning and iMatter Operational Lead is highly knowledgeable and a valuable resource for help and advice. However, this informal approach may not be sufficient to ensure consistent and effective job planning.</p> <p>Additionally, we were informed that for Clinical Academics (2 in Dermatology sample), there is minimal or no engagement with the University when developing job plans, as required in the framework. The information for job plans is primarily provided by individual doctors without broader collaboration. The NHS Lothian and the University of Edinburgh Job Planning Framework states that "For Clinical Academic staff, the job planning process will be undertaken in conjunction with the University of Edinburgh, via the Head of Edinburgh Medical School or a nominated representative."</p>	<p><b>Recommendation 7</b></p> <p>Provide formal training to Clinical Directors on the job planning process to ensure consistent understanding and application.</p> <p><b>Recommendation 8</b></p> <p>Increase engagement with the University for Clinical Academics to ensure broader collaboration in job planning process. (Also see recommendation 9)</p>	<p><b>Actions:</b> Organise a series of structured, accredited, mandatory training events for all CDs, CSMs, AMDs and GMs to ensure they understand their roles and responsibilities in managing the job planning process and the adhere to our local guidance.</p> <p><b>Responsible Officer:</b> Steven Haddow, Head of Medical Workforce Planning</p> <p><b>Executive Lead:</b> Tracey Gillies, Medical Director</p> <p><b>Due Date:</b> 31/12/2023</p> <p><b>Actions:</b> Medical Director to contact Head of Medical School to ensure agreed improvements are implemented for Clinical Academics.</p> <p><b>Responsible Officer:</b> Tracey Gillies, Medical Director</p> <p><b>Executive Lead:</b> Tracey Gillies, Medical Director</p> <p><b>Due Date:</b> 31/12/2023</p>

# Detailed findings & action plan

5.2

Moderate Assurance

Inadequate compliance with review processes may lead to variations in scrutiny, causing workload imbalances, dissatisfaction, compliance issues, and retention challenges.

Finding and implication	Audit recommendation	Management response, including actions
<p><u>Process weakness in job planning meetings.</u></p> <p>Our interviews with the sample Clinical Directors and Service Managers identified challenges in holding job planning meetings, particularly in convening face to face meetings (either in person or using online technology). This has potentially contributed to the delays in the agreement of job plans.</p> <p>During the MoE and ENT interviews it was conveyed that job plan meetings occasionally take place via email communication and may not always be conducted in a face-to-face manner especially if there are no changes from the previous year. In contrast, the Dermatology Clinical Director provided insight that job plan meetings in their department are conducted in a face-to-face setting, and that they are more efficient with the Service Manager present.</p> <p>The Lothian Job Planning Framework offers guidance concerning the Job Plan Review Meeting and the role of the Clinical Director and Service Manager.</p> <p>According to the Lothian Framework, the Clinical Director and Service Manager should utilise the electronic Job Planning system to review proposed job plans before the review meeting. The Framework does not explicitly mention that the Service Manager is required to attend the meeting. Additionally, the Lothian Framework specifies that if a Clinician is employed by the University and holds an Honorary contract with the Board, then the Head of School or a nominated Deputy should be included in the job planning meeting.</p>	<p><b>Recommendation 9</b></p> <p>Strengthen current procedures for job planning meetings to ensure consistent face-to-face interactions, involving both Clinical Directors, Service Managers, and where appropriate relevant academic heads, to expedite job plan agreement.</p>	<p><b>Actions:</b> Incorporate face to face meetings as a requirement in local guidance document and reinforce this through local training plan.</p> <p><b>Responsible Officer:</b> Steven Haddow, Head of Medical Workforce Planning</p> <p><b>Executive Lead:</b> Tracey Gillies, Medical Director</p> <p><b>Due Date:</b> 30/12/2023</p>



# Appendices

# Appendix 1: Job plan sample testing of ENT

Fully Compliant

Partially Compliant

Non -Compliant

We tested 8 Job Plans in the ENT services to assess the quality and completion of Job Plans

Division & ID	Full time/ Part time	Total PAs	Direct Clinical Care PAs	Total SPAs	Additional responsibilities PAs	SPA activities detailed?	Does job plan add up? (with rounding)	Are Service & Personal objectives set?	Personal objectives aligned to strategic Objectives	Is private practice detailed	1 <sup>st</sup> sign off by CD?	2 <sup>nd</sup> sign off by Clinical Service Manager?	Final Sign off by AMD?	Finalised Job plan 2023/24
ENT	F/T	9.97	7.11	2.86	N/A	Yes	Yes	No Personal	No	N/A	Yes	Yes	Yes	Yes
ENT Paed	P/T	8.00	6.68	1.32	N/A	Yes	Yes	No Personal	No	N/A	No	No	No	No
ENT Paed	F/T	11.14	9.09	2.04	N/A	Yes	Yes	Yes	No	N/A	No	No	No	No
ENT	F/T	10.71	9.47	1.24	N/A	Yes	Yes	No Personal	No	Yes	Yes	Yes	Yes	Yes
ENT	P/T	6.75	6.29	0.46	N/A	Yes	Yes	No Personal	No	N/A	No	No	No	No
ENT	F/T	12.21	8.63	3.58	N/A	Yes	Yes	No Personal	No	N/A	Yes	Yes	Yes	Yes
ENT	F/T	9.99	8.86	1.13	N/A	Yes	Yes	No Personal	No	Yes	Yes	Yes	Yes	Yes
ENT	F/T	10.76	8.93	1.69	N/A	Yes	Yes	No Personal	No	N/A	Yes	Yes	Yes	Yes

# Appendix 1: Job plan sample testing of Dermatology

Fully Compliant

Partially Compliant

Non -Compliant

We tested 8 Job Plans in the Dermatology services to assess the quality and completion of Job Plans

Division & ID	Full time/ Part time	Total PAs	Direct Clinical Care PAs	Total SPAs	Additional responsibilities PAs	SPA activities detailed?	Does job plan add up? (with rounding)	Are Service & Personal objectives set?	Personal objectives aligned to strategic Objectives	Is private practice detailed	1 <sup>st</sup> sign off by CD?	2 <sup>nd</sup> sign off by Clinical Service Manager?	Final Sign off by AMD?	Finalised Job plan 2023/24
Dermatology	F/T Locum	6.00	4.75	1.25	1.00			No Service Objectives						
Dermatology	F/T	9.98	8.09	1.88	N/A			No Service Objectives		N/A				
Dermatology	P/T	8.59	5.65	1.85	1.00			No Service Objectives						
Dermatology	F/T	11.11	9.11	2.00	N/A									
Dermatology	F/T	10.09	7.88	2.20	N/A					N/A				
Dermatology Clinical Academic	F/T	12.61	3.92	1.62	0.5					N/A				
Dermatology	P/T	7.17	5.38	1.78	N/A					N/A				
Dermatology Clinical Academic	F/T	2.66	1.80	0.50	1.11 ATC			No Service Objectives		N/A				

# Appendix 1: Job plan sample testing of MoE

Fully Compliant

Partially Compliant

Non -Compliant

We tested 8 Job Plans in the MoE services to assess the quality and completion of Job Plans

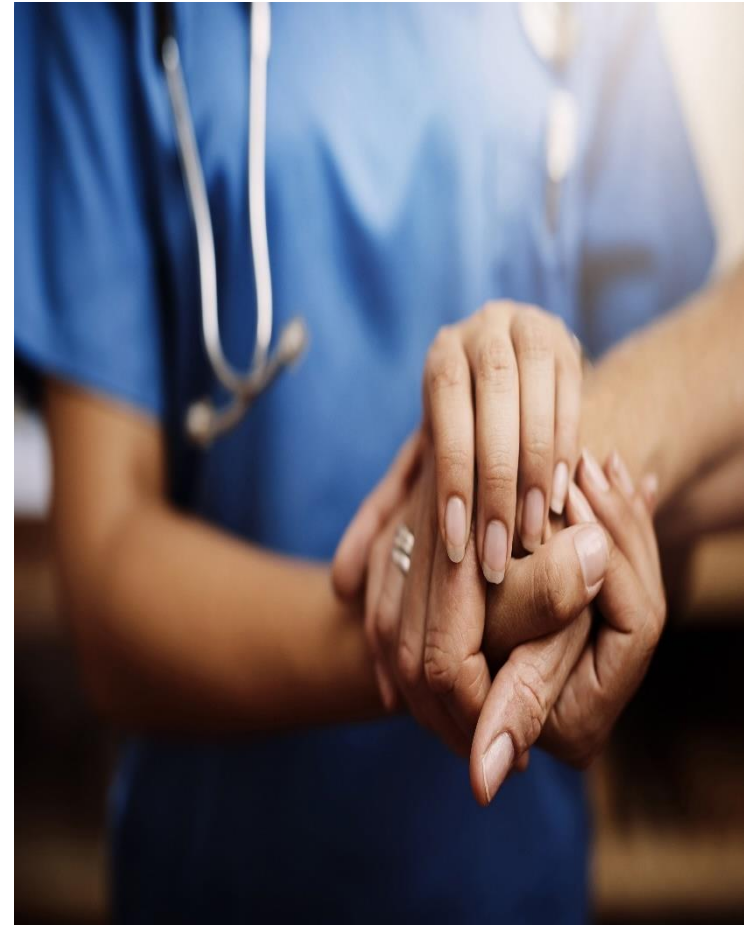
Division & ID	Full time/ Part time	Total PAs	Direct Clinical Care PAs	Total SPAs	Additional responsibilities PAs	SPA activities detailed?	Does job plan add up? (with rounding)	Are Service & Personal objectives set?	Personal objectives aligned to strategic Objectives	Is private practice detailed	1 <sup>st</sup> sign off by CD?	2 <sup>nd</sup> sign off by Clinical Service Manager?	Final Sign off by AMD?	Finalised Job plan 2023/24
MOE.	F/T	11.10	7.10	4.00	N/A			No Service Objectives		N/A				
MOE.	P/T	9.51	7.51	2.00	N/A					N/A				
MOE.	P/T	9.72	8.35	1.37	N/A			No Service Objectives		N/A				
MOE.	F/T	10.11	4.11	2.00	4.00			No Service Objectives		N/A				
MOE.	F/T LOCUM	9.97	8.97	1.00	N/A			No Service Objectives		N/A				
MOE.	F/T	10.05	8.61	1.43	N/A			No Service Objectives		N/A				
MOE.	F/T	10.00	8.00	2.00	N/A			No Service Objectives		N/A				
MOE.	P/T	9.00	6.06	2.93	N/A					N/A				

# Appendix 2: Staff involved



## Staff involved

- Tracey Gillies - Medical Director
- Steven Haddow - Head of Workforce and Medical Projects
- Dr Elizabeth Keane - Clinical Director, MOE, Western General
- Dr Alex Bennet - Clinical Director, ENT
- Chandra Bertram - Clinical Director, Dermatology
- Dr Claire MacKintosh - Associate Medical Director, MOE
- Dr Patrick Addison - Associate Medical Director, ENT
- David Walker - Clinical Service Manager, MOE
- Sheila Noble - Clinical Service Manager, Dermatology

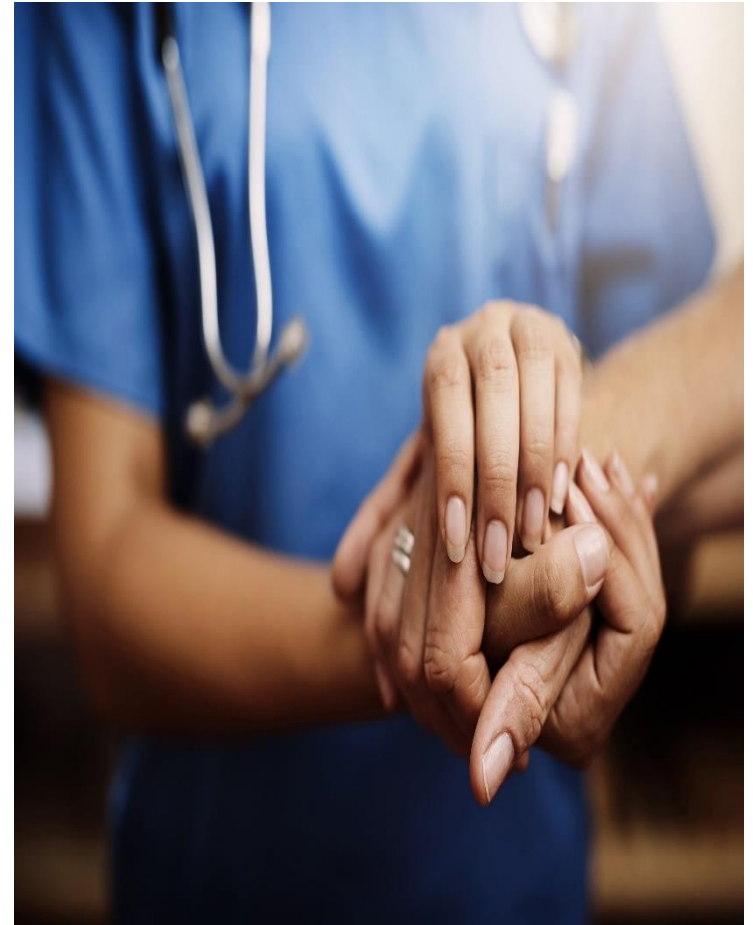


# Appendix 3: Documents reviewed



## Documents reviewed

- The Scottish Government – Job Planning Guidance 2016
- NHS Lothian and the University of Edinburgh – Job Planning Framework Document 2023/24
- Consultant Job Planning Internal Audit Assurance Report 2018
- Random sample of Consultant Job Plans – Dermatology
- Random sample of Consultant Job Plans – ENT
- Random sample of Consultant Job Plans – MOE
- Workforce reports May- June 2023 – Royal Infirmary site



# Appendix 4:

## Our assurance levels

The table below shows the levels of assurance we provide and guidelines for how these are arrived at. We always exercise professional judgement in determining assignment assurance levels, reflective of the circumstances of each individual assignment.

Rating*	Description
<b>Significant Assurance</b>	<p>The Board can take reasonable assurance that the system(s) of control achieves or will achieve the control objective. 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. 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>
<b>Moderate Assurance</b>	<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>
<b>Limited Assurance</b>	<p>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> <p>This may be used when:</p> <ul style="list-style-type: none"> <li>• There are known material weaknesses in key control areas.</li> <li>• 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.</li> </ul> <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>
<b>No assurance</b>	<p>The Board cannot take any assurance from the audit findings. There remains a significant amount of residual risk.</p> <p>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 a number of HIGH rated recommendations)</p>



# Appendix 4:

## Our recommendation ratings

The table below describes how we grade our audit recommendations based on risks:

Rating	Description	Possible features
<b>High</b>	Findings that are fundamental to the management of risk in the business area, representing a weakness in the design or application of activities or control that requires the immediate attention of management	<ul style="list-style-type: none"> <li>• Key activity or control not designed or operating effectively</li> <li>• Potential for fraud identified</li> <li>• Non-compliance with key procedures/standards</li> <li>• Non-compliance with regulation</li> </ul>
<b>Medium</b>	Findings that are important to the management of risk in the business area, representing a moderate weakness in the design or application of activities or control that requires the immediate attention of management	<ul style="list-style-type: none"> <li>• Important activity or control not designed or operating effectively</li> <li>• Impact is contained within the department and compensating controls would detect errors</li> <li>• Possibility for fraud exists</li> <li>• Control failures identified but not in key controls</li> <li>• Non-compliance with procedures/standards (but not resulting in key control failure)</li> </ul>
<b>Low</b>	Findings that identify non-compliance with established procedures, or which identify changes that could improve the efficiency and/or effectiveness of the activity or control but which are not vital to the management of risk in the business area.	<ul style="list-style-type: none"> <li>• Minor control design or operational weakness</li> <li>• Minor non-compliance with procedures/standards</li> </ul>
<b>Improvement</b>	Items requiring no action but which may be of interest to management or which represent best practice advice	<ul style="list-style-type: none"> <li>• Information for management</li> <li>• Control operating but not necessarily in accordance with best practice</li> </ul>

