

Appraisal Process – Public Health Consultants

Final Internal Audit Report

April 2024

Public Health Wales NHS Trust

Contents

| | |
|--|----|
| Executive Summary | 3 |
| 1. Introduction..... | 5 |
| 2. Detailed Audit Findings..... | 6 |
| Appendix A: Management Action Plan..... | 10 |
| Appendix B: Assurance opinion and action plan risk rating..... | 17 |

| | |
|-------------------------------|--|
| Review reference: | PHW-2324-06 |
| Report status: | Final |
| Fieldwork commencement: | 25 January 2024 |
| Fieldwork completion: | 18 March 2024 |
| Debrief meeting: | 20 March 2024 |
| Draft report issued: | 2 April 2024 |
| Management response received: | 24 April 2024 |
| Final report issued: | 26 April 2024 |
| Auditors: | Paul Dalton – Head of Internal Audit Andrea Calise – Audit Manager Stuart Bodman – Principal Auditor |
| Executive sign-off: | Dr Fu-Meng Khaw - National Director of Health Protection and Screening Services and Executive Medical Director |
| Distribution: | Ruth Tofton - Business/Workforce Development Manager Emma Thomas - Programme Officer Dr Eleri Davies – Deputy Medical Director |
| Committee: | Audit & Corporate Governance Committee |



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

Acknowledgement

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Disclaimer notice - please note

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit and Corporate Governance Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of Public Health Wales NHS Trust no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with Public Health Wales NHS Trust. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Executive Summary

Purpose

To review the appraisal processes for public health consultants within Public Health Wales NHS Trust (the 'Trust').

Overview

We have issued reasonable assurance on this area. However, there are several key matters that requires management attention. These are:

- Formal approval of the All-Wales Medical Appraisal Policy and PHW Professional Appraisal Guide.
- Absence of an appraiser training programme that is supported by recruitment and succession planning to ensure continuity and growth of staff who undertake public health consultant appraisals.
- Absence of Consultant job planning documentation that informs and supports the annual public health consultant appraisals process.
- Absence of management information reporting of appraisals activity.

Other recommendations / advisory points are within the detail of the report.

Report Opinion



Some matters require management attention in control design or compliance.

Low to moderate impact on residual risk exposure until resolved.

Assurance summary¹

| Objectives | Assurance |
|--|-------------|
| 1 Policies and procedures | Reasonable |
| 2 A process is in place for identifying and ensuring that all public health consultants undertake professional appraisal and revalidation. | Substantial |
| 3 Arrangements are in place to support the delivery of professional and management appraisals. | Limited |
| 4 Professional and management appraisals are performed in line with the agreed policies and procedures. | Reasonable |
| 5 Appropriate processes are in place for management information to be gathered including to monitor the levels of completion of management appraisals and professional appraisals. | Reasonable |

¹The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

| Key Matters Arising | | Objective | Control Design or Operation | Recommendation Priority |
|---------------------|---|-----------|-----------------------------|-------------------------|
| 4 | Absence of Consultant job planning documentation to support the appraisals process | 4 | Operation | High |
| 1 | Approval and dissemination of All Wales Medical Appraisal Policy and PHW Professional Appraisal Guide | 1 | Operation | Medium |
| 2 | Appraiser Programme Training | 3 | Design | Medium |
| 3 | Recruitment/succession planning for Appraisers | 3 | Operation | Medium |
| 6 | Management information reporting of appraisals activity | 5 | Design | Medium |

1. Introduction

- 1.1 Our review of the appraisal process for public health consultants was completed in line with the 2023/24 Internal Audit plan for Public Health Wales NHS Trust (the 'Trust' or the 'organisation').
- 1.2 The Trust employs a number of consultants through medical, dental and agenda for change contracts.
- 1.3 Consultants employed through agenda for change contracts are referred to as 'multi-professional consultants'. They are regulated by the UK Public Health Register (UKPHR), which is an independent, dedicated regulator for multi-professional public health consultants in the UK, who are not covered by another regulatory body. The UKPHR revalidation scheme, began in April 2019, with a requirement for UKPHR specialist registrants to undertake an annual professional appraisal process that feeds into a five-year revalidation. This is similar to arrangements operated by the General Medical Council (GMC) for staff on medical contracts. As such, all public health consultants are required to take part in annual professional appraisal, with revalidation every five years.
- 1.4 Professional appraisals cover the full scope of an individual's professional practice when a licence to practise is required for GMC registrants, or for UKPHR registrations, if the person is a UKPHR specialist registrant.
- 1.5 Health Education and Improvement Wales (HEIW) have developed an All Wales Medical Appraisal Revalidation System (MARS). The system is designed to facilitate the appraisal and revalidation process for medical staff by helping them organise and collate information. Part of HEIW's remit is to undertake revalidation quality reviews on an annual basis.
- 1.6 In recent years, the Trust has worked closely with HEIW to develop MARS as a platform to also capture the appraisal details of the multi-professional consultants. As this is not a mandatory requirement, the HEIW annual quality reviews do not incorporate the multi-professional staff.
- 1.7 In addition to the requirement to undertake relevant professional appraisals, the Trust requires multi-professional staff to participate in the 'My Contribution' appraisal process and encourages them to have annual job plan reviews. Medical staff are required to have annual job plan reviews in addition to their professional appraisal.
- 1.8 The aim of our review was to provide assurance over the appraisal arrangements in place for consultants employed by Public Health Wales. Our sample testing focused on a selection of medical and 'multi-professional consultants.
- 1.9 The relevant lead for the review is the National Director of Health Protection and Screening Services and Executive Medical Director.
- 1.10 The potential risks considered in the review were:

- Quality and safety are compromised if performance is not effectively assessed, and performance issues are not addressed.
- Low staff engagement and morale if the appraisal process is not completed.
- Non-compliance with the appraisal process is not identified or addressed.
- Reputational damage if quality issues arise.

2. Detailed Audit Findings

Objective 1: Policies and procedures are in place which align to the All-Wales and other relevant guidance, and encompass the professional and management appraisal processes, as well as job planning for public health consultants (medical and multi-professional).

- 2.1 The Trust has an All Wales medical appraisal policy that outlines the appraisal principles, requirements, and processes in respect of both GMC and UKPHR registered public health consultants, and a Trust Professional Appraisal/Revalidation guide which provides formal guidance on professional appraisal for both appraisers and appraisees.
- 2.2 The content of the Trust's Professional Appraisal/Revalidation Guidance Appraisal guide aligns with, and supplements on an operational basis the requirements of the All Wales medical appraisal policy. The appraisal processes within the guidance aligns with the use of the HEIW MARS database as the core source of appraisals timetabling/planning, and repository of appraisal documentation. At the time of our fieldwork, both documents were draft and had not been formally approved by the Trust or circulated for use. (**Matter Arising 1 - Medium Priority**)
- 2.3 We note that job planning for public health consultants is referenced within the All Wales medical appraisal policy to inform the appraisal process, as the job planning process is separate and undertaken using BMA Cymru/Welsh Government/NHS Employers guidance. Although we note that the guidance currently being worked to is not the latest iteration that is dated 2014. (**Matter Arising 1 - Medium Priority**)

Conclusion:

- 2.4 The Trust has developed an appropriate applicable policy and guidance for the appraisal of public health consultants, but these require formal approval and dissemination, and the use of the 2014 BMA Cymru/Welsh Government/NHS Employers job planning guidance to support these documents. We have provided **Reasonable Assurance** for this objective.

Objective 2: A process is in place for identifying and ensuring that all public health consultants, including temporary and agency staff, undertake professional appraisal and revalidation.

- 2.5 The Trust has processes in place that identify substantive and temporary public health consultants working for the organisation. These processes use staffing information sourced through the Allocate RL-Datix e-Job planning project, and also through ESR and payroll establishments.
- 2.6 There are two databases in place that record all public health consultants working for the organisation: the first includes their department/speciality; and the second their appraisal and revalidation status and monthly tracking of their respective appraisal monitoring and review dates.
- 2.7 Each month these databases are reviewed and updated by management using ESR starter/leaver information and current e-Job planning data, which also includes locum consultants.
- 2.8 In addition, each month the content of these databases is cross-checked against the HEIW MARS database with regards to the accuracy of appraisal and revalidation status of GMC registrants. We note that arrangements are also in place to check and verify the accuracy of appraisal and revalidation status for multi-professional consultants.
- 2.9 We note that Agency public health consultants are not subject to the Trust's appraisal processes as they have their own Responsible Officer function available to them.

Conclusion:

- 2.10 The Trust has processes in place that identifies and records all Public Health Consultants in its employment and maintains databases that provide an accurate means of recording and tracking revalidation and appraisal histories. We have provided **Substantial Assurance** for this objective.

Objective 3: Arrangements are in place to support the delivery of professional and management appraisals, such as the provision of training and guidance for appraisers and suitable systems to capture information.

- 2.11 The Office of the Medical Director's database of all PHW GMC and UKPHR registered Consultants facilitates and records the delivery of their annual appraisals and five yearly revalidation processes.
- 2.12 At the time of our fieldwork there was no programme or support structure in place within the organisation to provide training for appraisers to complement and expand upon the introductory Appraiser Skills Training (AST) module training provided by HEIW. (**Matter Arising 2 – Medium Priority**)
- 2.13 The Trust have no arrangements in place to promote the role of the appraiser and recruit additional suitable staff into this role, nor are there any succession plans to replace those leaving that role. (**Matter Arising 3 – Medium Priority**)

Conclusion:

2.14 Whilst a record of current appraisers is maintained by the Trust, effective delivery of appraisals could be furthered by additional training and support, and this should be supported by active promotion of the appraisers role and also through succession planning. We have provided **Limited Assurance** for this objective.

Objective 4: Professional and management appraisals are performed in line with the agreed policies and procedures, and applicable documentation/evidence is adequately retained.

2.15 Our testing of the Trust's consultants' appraisals information recorded on the Office of the Medical Director's PHW Consultant appraisal and revalidation database identified that all sampled (15 of 15) Medical and Dental GMC Registrant Consultants undertook an appraisal in 2023/24 which was supported by a valid PDP (Personal Development Plan), current CPD activity, and discussion of progress/implementation of their 2022/23 PDP and CPD objectives.

2.16 Testing also identified that their 2023/24 appraisals were undertaken within their prescribed AQ (Allocated Quarter) stated within the MARS database.

2.17 Testing undertaken relating to a sample of 10 Agenda for Change (AfC) Multi-Professional UKPHR Registrant Consultants identified that 1 Consultant did not undertake an appraisal in 2023/24 supported by a valid PDP (Personal Development Plan), current CPD activity, and discussion of progress/implementation of their 2022/23 PDP and CPD objectives.

2.18 9 of 10 (90%) sampled AfC Consultants held their 2023/24 appraisal within their prescribed AQ (Allocated Quarter) stated within the MARS database.

2.19 8 of 15 (53%) of sampled Medical and Dental GMC Registrant Consultants, and 9 of 10 (90%) sampled UKPHR Registrant sampled Consultants Job Planning documentation could not be located in respect of their role as part of the 2023/24 appraisals process. **(Matter Arising 4 - High Priority).**

2.20 We also note that decision making relating to both GMC and UKPHR revalidations that were undertaken within 2023/24 were informed by appraisal regularity, relevant content within appraisal documentation and supported by evidence of review and recommendation for revalidation by the Trust Responsible Officer accordingly.

Conclusion:

2.21 The majority of professional and management appraisals are being performed in accordance with the All-Wales Medical Appraisal Policy and PHW Professional Appraisal/Revalidation Guide and are being retained accordingly on the MARS database. Some further work is required to ensure full submission of annual job plans by consultants to inform each annual appraisal. We have provided **Reasonable Assurance** for this objective.

Objective 5: Appropriate processes are in place for management information to be gathered including to monitor the levels of completion of job planning, management appraisals and professional appraisals. Compliance reports are regularly produced and appropriately distributed and actioned.

2.22 The Terms of Reference for the monthly revalidation Quality Assurance (QA) group, which was established to provide oversight, governance and reporting of matters relating to public health consultant appraisals, and which became operational in January 2024 is in draft format and appears to require further work to be complete.

(Matter Arising 5 – Low Priority)

2.23 Currently, no management information is produced or reported in respect of public health consultant appraisal completion. **(Matter Arising 6 – Medium Priority)**

Conclusion:

2.24 Governance measures relating to public health consultant appraisals are in place and are operational, however we note that the Trust is developing formal processes for monitoring compliance and reporting of the appraisal activity. We have provided **Reasonable Assurance** for this objective.

Appendix A: Management Action Plan

| Matter Arising 1: Approval and dissemination of All Wales Medical Appraisal Policy and PHW Professional Appraisal Guide (Operation) | | Impact | |
|---|--|---|---|
| <p>At the time of our fieldwork, the Trust’s All Wales Medical Appraisal Policy and PHW Professional Appraisal Guide were in draft. We understand that both of are scheduled to be reviewed, approved, and then shared by April 2024.</p> <p>Our review of consultant job planning documentation identified that the BMA/Welsh Government/NHS Employers job guidance documentation currently in use within the Trust is the 2003 iteration, and not the updated 2014 version.</p> | | <p>Quality and safety are compromised if performance is not effectively assessed, and performance issues are not addressed.</p> | |
| Recommendations | | Priority | |
| 1.1 | <p>The Trust should ensure that the draft All Wales Medical Appraisal Policy and draft Professional Appraisal Guide are appropriately approved and shared as soon as practically possible.</p> <p>The Trust should also ensure that consultant job planning is undertaken using the 2014 BMA Cymru/Welsh Government/NHS Employers job planning guidance document.</p> | Medium | |
| Agreed Management Action | | Target Date | Responsible Officer |
| 1.1 | <p>The All Wales Medical Appraisal Policy is currently being progressed through the PHW governance procedure (consultation, Leadership Team and PODCOM). The Leadership Team will be reviewing the document in April 2024. The Professional Appraisal Guide has been drafted and is awaiting final comment from Dep Medical Director and Appraisal Lead with a deadline of end of April 2024. The agreed document will be published on the Office of the Medical Director sharepoint page for future reference for colleagues.</p> | 31 May 2024 | Business/Workforce Development Manager, OMD |

| Matter Arising 2: Appraiser Programme Training (Design) | | Impact | |
|--|---|---|---|
| <p>There is no formal training programme within the organisation for staff who deliver consultant appraisals.</p> <p>To date, appraiser training has been provided by the HEIW Revalidation Support Unit through an interactive Appraiser Skills Training (AST) module available via the HEIW website. The AST module provides introductory training for new medical appraisers across Wales and is designed to complement local training provided by Welsh Health Bodies.</p> <p>However, we were advised during our review that preliminary work is underway to formulate an appraisers training programme, the initial content of which is informed via a survey that was issued to appraisers in February 2024. It is anticipated that the training programme should be implemented by early Summer of 2024.</p> <p>We also note that there are plans to establish a network for appraisers to meet, share ideas and experiences relating to appraisals and which will also act as a meeting group to facilitate training.</p> | | <p>Low staff engagement and morale if the appraisal process is not completed.</p> | |
| Recommendations | | Priority | |
| 2.1 | <p>The Office of the Medical Director should ensure that progress toward implementation of a formal appraisers training programme and a supporting appraiser’s network is maintained, and implemented as soon as is practicable.</p> | <p>Medium</p> | |
| Agreed Management Action | | Target Date | Responsible Officer |
| 2.1 | <p>The Appraisal Lead will review existing training material and a final review meeting is planned in early May 2024 to approve the detail and devise a rollout plan.</p> <p>The Appraiser Network is in development and the plan will be to hold the first meeting by the end of 2024.</p> | <p>31 May 2024</p> <p>31 December 2024</p> | <p>Appraisal Lead/Business & Workforce Manager, OMD</p> |

| Matter Arising 3: Recruitment and succession planning for Appraisers (Design) | | Impact | |
|--|---|---|--|
| <p>No process is currently in place to recruit additional appraisers, nor is there any succession planning to replace appraisers that are close to retirement age and/or those who may no longer wish to undertake the role as an appraiser.</p> <p>There are currently eleven appraisers employed by PHW, and five Public Health Consultants who work for other organisations but undertake this role within the organisation.</p> <p>We note that at the time of our audit there is a ratio of 1 Appraiser:10 PHW Consultants.</p> | | <p>Low staff engagement and morale if the appraisal process is not completed.</p> | |
| Recommendations | | Priority | |
| <p>3.1</p> | <p>Consideration should be given to increasing the number of appraisers to improve availability and efficiency of appraisal delivery and ensuring coverage in the event of appraiser absence or unavailability due to work based demand pressures. This could be facilitated through 'The Glancet' Consultant newsletter and the PHW Consultants Engagement Group.</p> <p>Additionally, succession planning processes should be introduced to ensure that a satisfactory level of appraisers is maintained when current appraisers leave Trust employment or choose to step down from the role.</p> | <p>Medium</p> | |
| Agreed Management Action | | Target Date | Responsible Officer |
| <p>3.1</p> | <p>The Appraisal Lead and OMD Team will review recent appraiser survey data including the current list of appraisers and the ratio of appraisees to appraisers, considering the future need for succession planning in this area. Collaboration with the Consultant Engagement Group will take place, to attract new appraisers and local recruitment activity will be planned later in 2024.</p> | <p>30 September 2024</p> | <p>Appraisal Lead/Business & Workforce Development Manager</p> |

| Matter Arising 4: Absence of Consultant job planning documentation to support the appraisals process (Operation) | | Impact | |
|---|--|--|---|
| <p>Job planning documentation that supports GMC and UKPHR registered Consultant appraisals are not consistently provided to the Office of the Medical Director for retention along with appraisal documentation.</p> <p>Our sample testing identified that only 7 of 15 GMC registrant Consultants held job planning documentation. We also note that 9 of 10 instances where job planning documentation relating to those UKPHR registered Consultants was not retained.</p> | | <p>Non-compliance with the appraisal process is not identified or addressed.</p> | |
| Recommendations | | Priority | |
| 4.1 | <p>All annual Consultant job planning documentation should be provided to the Office of the Medical Director as part of the appraisals process, and to the Office of the Medical Director ensuring a complete and accurate record of the annual appraisal process.</p> <p>The presence and discussion of job plans as part of a Consultants annual appraisal process is a requirement of the 2011 BMA/NHS Employers Guide to Consultant Job Planning and the draft PHW All-Wales Medical Appraisal Policy.</p> | <p>High</p> | |
| Agreed Management Action | | Target Date | Responsible Officer |
| 4.1 | <p>An e-Job Planning system has been piloted and is now being rolled out to all consultants and SAS doctors with a further two training sessions being provided for colleagues. One to one support, provided by the OMD Team, is available to all consultants to enable them to develop and upload their contractual job plan to the system. Furthermore, guidance and instructional documentation is being developed and will be available to colleagues.</p> <p>From June 2024, the OMD will begin the process of conducting monthly reviews of the e-job planning system to ensure job plans are available for all consultants and SAS doctors. Where job plans are not available, support will</p> | 1 June 2024 | Business & Workforce Development Manager/OMD Team |

| | | | |
|--|---|--|--|
| | <p>be provided to assist colleagues with the system or, provide support to upload job plans which are in other formats. Where there is a complete absence of a job plan, this will be highlighted to the Deputy Medical Director in the first instance for discussion with the job holder.</p> <p>A communication will be issued from the Exec Medical Director reminding consultants and SAS doctors of their contractual requirements in relation to job plans.</p> <p>The OMD Sharepoint page will contain a section specifically for job plans and the e-Job planning system providing advice and guidance.</p> | | |
|--|---|--|--|

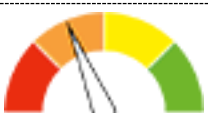
| Matter Arising 5: Revalidation Quality Assurance (QA) Group Terms of Reference (Control) | | Impact | |
|--|---|--|---|
| The terms of reference of the Revalidation Quality Assurance (QA) group, whose role is to oversee the organisation, monitoring and implementation of Consultant appraisals and revalidations is in draft format. The group has been in operation since January 2024. | | Reputational damage if quality issues arise. | |
| Recommendations | | Priority | |
| 5.1 | The QA Group ToR should be finalised and then approved by the QA Group as soon as practicable, so as to formalise its mandate in delivering its purpose and objectives. | Low | |
| Agreed Management Action | | Target Date | Responsible Officer |
| 5.1 | The TORs for the Revalidation QA Group will be finalised and signed off at the next meeting of the group. | 31 May 2024 | Executive Medical Director/Business & Workforce Development Manager |

| Matter Arising 6: Management information reporting of appraisals activity (Control) | | Impact | |
|---|--|--|--|
| <p>Currently, no management information is produced or reported within the organisation at any level in respect of PHW Consultant appraisals activity and performance, e.g. appraisals undertaken in accordance with prescribed AQs, non-compliance with timetabled appraisal AQs and 'deferment' of appraisals.</p> <p>However, at the time of our review plans were being formulated to produce a monthly informatics activity report which sources its data from the HEIW MARS database and will be submitted to each QA Group meeting, and potentially reported to the People & OD Committee.</p> | | Reputational damage if quality issues arise. | |
| Recommendations | | Priority | |
| 6.1 | The proposed monthly informatics activity report should be progressed and implemented to ensure regular reporting of appraisals performance to the QA Group and People & OD Committee. | Medium | |
| Agreed Management Action | | Target Date | Responsible Officer |
| 6.1 | An infographic document will be drafted and shared with OMD DLT (April 2024). This will be updated and produced on monthly basis and shared at the Workforce OMD DLT meeting with quarterly figures being available to the Board/PODCOM as required. | 30 June 2024 | Business & Workforce Development Manager |

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

| | | |
|--|---------------------------------|--|
|  | Substantial assurance | Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure. |
|  | Reasonable assurance | Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved. |
|  | Limited assurance | More significant matters require management attention. Moderate impact on residual risk exposure until resolved. |
|  | Unsatisfactory assurance | Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved. |
|  | Assurance not applicable | Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed. |

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

| Priority level | Explanation | Management action |
|----------------|--|----------------------|
| High | Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement. | Immediate* |
| Medium | Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective. | Within one month* |
| Low | Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration. | Within three months* |

* Unless a more appropriate timescale is identified/agreed at the assignment.



GIG
CYMRU
NHS
WALES

Partneriaeth
Cydwasaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services
Partnership
Audit and Assurance Services

NHS Wales Shared Services Partnership
4-5 Charnwood Court
Heol Billingsley
Parc Nantgarw
Cardiff
CF15 7QZ

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)