



WALES **AUDIT** OFFICE
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Follow-up Review of Progress Implementing Recommendations from the Local Report Pay Modernisation: NHS Consultant Contract

Cwm Taf Health Board

Audit year: 2012-13

Issued: June 2013

Document reference: 272A2013

Status of report

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Contents

Cwm Taf Health Board is prioritising implementing our recommendations and has made steady progress towards embedding thorough job plan reviews for consultants, although not all Directorates are progressing at the same pace.

Summary report	4
<hr/>	
Appendices	
<hr/>	
Progress against our recommendations from the Cwm Taf report <i>Pay Modernisation: NHS Consultant Contract</i>	6
<hr/>	
Consultant job plan report as at end of January 2013	11
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Summary report

Summary

1. The Amendment to the National Consultant Contract in Wales came into effect on 1 December 2003. Because the new Welsh contract is an amendment to an existing contract, it was binding on all consultants in Wales. This is different to the contracts agreed in the rest of the UK, where the new terms and conditions only applied to new consultants appointed after the separate agreement dates. These new arrangements were designed to deliver three specific benefits for the NHS:
 - improving the working environment for consultants;
 - improved consultant recruitment and retention; and
 - facilitating health managers and consultants to work more closely together to provide a better service for patients.
2. The contract should be underpinned by effective job planning. Effective job planning ensures the individual consultant and their employer agree on the content, scheduling and outcome of activities that comprise the working week. The contract states that the working week should 'typically' comprise seven sessions of Direct Clinical Care (DCC) and three sessions for Supporting Professional Activities (SPA).
3. At the end of 2010, the Wales Audit Office undertook a review to see if the intended benefits of the Welsh Consultant Contract had been delivered. This work took place in all health boards and trusts that employed large numbers of consultants. Our findings were summarised across Wales in February 2013¹, with additional recommendations both for Welsh Government and local health boards. The overall conclusion from that report was that the intended benefits were not being achieved because the amended contract had not been underpinned by effective job planning.
4. Cwm Taf Health Board's (the Health Board) local report², published in March 2011, concluded that while there was a job planning process in place it needed to improve and neither the Health Board nor consultants were yet getting all the possible benefits from the consultant contract. We set out six recommendations aimed at improving the Health Board's approach to job planning and delivering the benefits of the consultant contract.

¹ *Consultant Contract in Wales: Progress with Securing the Intended Benefits*, Wales Audit Office, 28 February 2013:
http://www.wao.gov.uk/assets/englishdocuments/645A2012_Consultant_contract_eng.pdf

² *Cwm Taf Health Board, Pay Modernisation: NHS Consultant Contract*, Wales Audit Office, March 2011:
http://www.wao.gov.uk/assets/Local_Reports/Cwm_Taf_HB_-_Pay_Modernisation_2011.pdf

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5. Following the publication of our local report, the Medical Director has provided regular updates to the Health Board's Audit Committee on progress against the recommendations, most recently in January 2013. Progress monitoring against consultants' job plan reviews is part of the metrics issued by the Workforce Information Department every month. In March 2013 these metrics became part of the Health Board's Performance Dashboard which is reviewed by the Board.
 6. As part of our programme of audit work at the Health Board for 2012-13, we examined the progress made towards implementing our recommendations from March 2011. This work involved document reviews, and interviews with the Deputy Medical Director, the Benefits Realisation Manager, and a small sample of Directorate Managers.
 7. Our conclusion is: The Health Board is prioritising implementing our recommendations and has made steady progress towards embedding thorough job plan reviews for consultants, although not all Directorates are progressing at the same pace.
 8. Our assessment of progress against each of our recommendations is set out in [Appendix 1](#). All recommendations are expected to be completed before the end of December 2013.

Appendix 1

Progress against our recommendations from the Cwm Taf report *Pay Modernisation: NHS Consultant Contract*

Recommendation	Progress made	Status and target completion date
<p>R1 The Health Board has a job planning process in place with most consultants having a current job plan that they indicated had been reviewed within at least the previous 18 months. However, the Health Board needs to ensure that all consultants receive an annual job plan review.</p>	<p>After a delay starting while appropriate support was freed up for the Medical Director, the Health Board is now making steady progress in setting up systems and reviewing job plans for all consultants. The Health Board demonstrates enthusiasm for improving their job planning processes to help realise the benefits of the consultant contract. The Medical Director made annual job planning a high priority. He appointed a Benefits Realisation Manager in April 2012, with extensive experience of the contract and job planning to provide assistance to all the directorates. She is supported by the Medical Director, Deputy Medical Director and the Benefits Realisation Steering Group which met three times in 2012. The Benefits Realisation Manager developed systems using the Electronic Staff Record (ESR) and spread sheets which clearly show how much progress each Directorate has made job planning all consultants during the year. A job plan report showing progress of the job planning process (that is, job plan review meeting held, job plan updated and signed off by the consultant) across all Directorates goes to the Clinical Business Meeting where progress is reviewed on a monthly basis and reported formally as part of Board metrics. This is good practice and the table for January 2013 is set out in Exhibit1 in Appendix 2.</p> <p>As at January 2013, 65 per cent of job plan review meetings have been held, 14 per cent are scheduled over the next five weeks while the remaining 21 per cent are in the process of scheduling dates. This is good progress. However, it is taking more time to finalise the process with just 22 per cent of job plans completed, signed off and logged on ESR within the previous 18 months. A further 43 per cent of job plans are either being finalised or are with the consultant for sign off. Recommendation 5 provides information on issues with sign off and some solutions for speeding up the process.</p> <p>While four Directorates have no current job plans in place, more detailed scrutiny of the information underpinning this report shows that within two of these four Directorates (Mental Health and Paediatrics) job plan reviews took place for the majority of consultants within the last 12 months, but</p>	<p>Substantially completed Target: 31 December 2013</p>

Recommendation	Progress made	Status and target completion date
	<p>the plans have not yet been signed off.</p> <p>Some Directorates found reviewing the job plans of all their consultants within one year challenging due to the large numbers of consultants in the Directorate to be reviewed by the Clinical Director (CD) and Directorate Manager (DM). They reported that they have been unable to schedule meetings in one block so they have set up meetings across the year which inevitably results in slower progress. Cancellations due to unforeseen circumstances result in further delays trying to find another mutually convenient date. For this reason, the Medical Director recently told the Board that they would trial a local target of 85 per cent job plan reviews within 12 months with the aim for 100 per cent within an 18 month period. This is a reasonable compromise and should be kept under review to ensure that there is no further slippage. The Medicine Directorate has recently appointed two additional deputy Clinical Directors which together with team job planning should make it possible to review all the job plans of the consultants within this large directorate.</p> <p>On the other hand, some Directorates are making very good progress. For example, Anaesthetics were able to set aside two weeks in January 2013 to meet all consultants to review their job plans, something the Directorate also did in January 2012. This resulted in all their job plans being reviewed at the same time and supported the rescheduling of work across all consultants. A short timescale emphasises equity and fairness, as not all requests for changes will be possible but everyone can see what changes have been done and their impact. A lot of job plans are dependent on other consultants' job plans so it is important that any changes are considered together.</p> <p>Some Directorates requested support from the Benefits Realisation Manager in developing innovative ways to use job planning, for example, to develop three session days, team job planning or annualised hours. The Benefits Realisation Manager will be able to share any good practice or issues arising from new ways of using job planning across the Health Board to help other Directorates.</p> <p>All the DMs interviewed agreed that despite the high cost of time to implement, the benefits of carrying out regular job planning reviews are high for all parties. While the Health Board will make savings where the number of sessions can be reduced, in other cases costs will increase where the review shows a need to increase sessions. The meeting can also be used to support the consultant by covering welfare and practical issues, such as access to IT.</p>	

Recommendation	Progress made	Status and target completion date
<p>R2 The Health Board should provide consultants with clear written guidance to promote a shared understanding of the Health Board's approach to job planning including its approach to developing smart outcomes.</p>	<p>The Benefits Realisation Manager drafted guidance drawing on experience in other Health Boards. It was drafted in June 2012 but had not been finalised and issued at the time of this review. Our review of the draft guidance shows it is comprehensive and will provide a clear understanding of what is expected from job planning for all concerned. Once finalised, the guidance will need to be publicised to all affected staff.</p> <p>CDs and DMs were invited to training in the Health Board's job planning process at the Job Planning Summit held in September 2012. But the DMs interviewed said they had not received any formal training. While some DMs were confident that they had all the support they needed, others would welcome more training and guidance. That said all the DMs interviewed were positive about the individual support that the Benefits Realisation Manager provided for them before, during and after job plan review meetings. The CDs receive updates on job planning at the Medical Leadership Forum. Looking ahead, the Benefits Realisation Manager is developing further support through an action learning/training event for CDs and DMs which is planned for delivery in autumn 2013.</p>	<p>Substantially completed Target: 30 September 2013</p>
<p>R3 Where a specialty does not have access to good quality performance information, the Health Board should strengthen existing arrangements or develop new outcome indicators within these specialties.</p>	<p>The Health Board started to address this recommendation by carrying out a 60 day cycle on data management for job planning in April 2012. Pilots in four areas of the Health Board (Radiology, Medicine, Anaesthetics, and Pathology) will inform improvements in data management and Directorates are developing specific local indicators. Some areas (for example Anaesthetics and Radiology) already have significant quantities of data that are used for discussing performance during the job plan review meeting and which can be used to develop outcome indicators for the year ahead. Other areas are less data rich (for example, Mental Health) and still need to develop performance information to support the development of individual outcome indicators.</p> <p>The Performance and Information Department is continuing to work with the Directorates to produce a suite of indicators for use in job planning. The Executive Board recently supported this work by approving increased human resources in the Information Department, including a dedicated Data Analyst appointment, in order to engage clinicians with regard to their activity data. These are positive steps which should help to progress this agenda.</p>	<p>Partially completed Target: 31 December 2013</p>

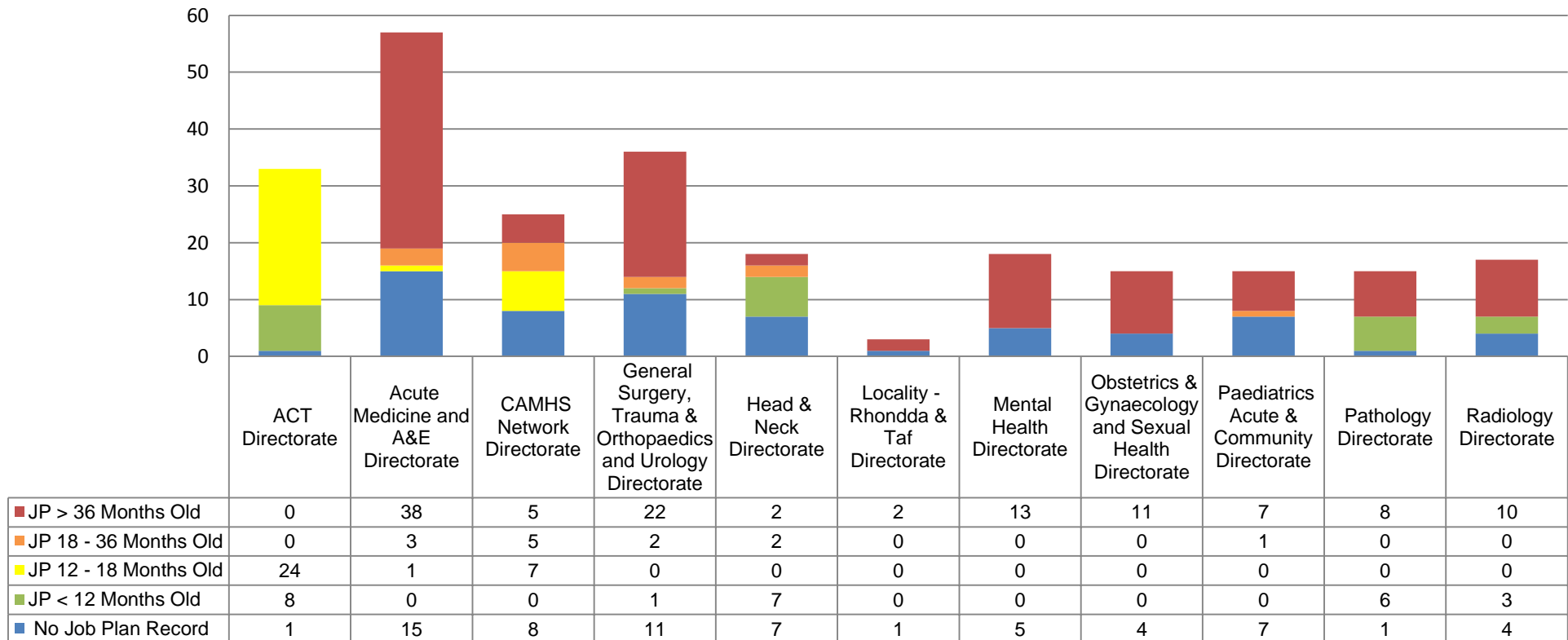
Recommendation	Progress made	Status and target completion date
<p>R4 The Health Board needs to strengthen existing arrangements by ensuring that in all directorates both the Clinical Director and General Manager attend the job plan review meeting.</p>	<p>The Health Board has told all directorates that both the CD and DM need to attend all job plan reviews. The DM for Anaesthetics told us that this arrangement has worked well as the CD can focus on the clinical aspects while the DM can focus on the number of sessions and other corporate considerations. The DMs also reported that it was very useful for both CD and DM to attend as they were able to promote a unified understanding of the Health Board's position.</p> <p>While those interviewed said that it had been very important for both the CD and DM to attend, this requirement is also the biggest obstacle for rapid completion of all job plan reviews on an annual basis due to the large number of consultants and the limited amount of time available, particularly for the CDs who also have a clinical workload. As reported under Recommendation 1, a local target of 85 per cent job plan reviews completed within 12 months with the aim for 100 per cent within an 18 month period could help to address this issue. However, it will need to be kept under review as it could lead to further drift.</p>	<p>Completed</p>
<p>R5 The Health Board needs to introduce arrangements that ensure a job plan is formally agreed by the individual consultant and clinical director, and that agreement of the job plan is documented.</p>	<p>The Health Board recognises the importance of getting completed job plans signed promptly. Until the form has been signed off, the Directorate cannot say that their job plan review is complete which has implications for monitoring, but more importantly, may present difficulties if there was a dispute between the consultant and Health Board. Directorates are now encouraging signing and returning hard copies or scanning copies and emailing them. The system developed to monitor completion of job plan reviews is a good way for Directorates to see how they are progressing including whether or not the job plan has been signed off. A 'chaser' letter has now been drafted for the Job Planning Clinical Lead to send out when necessary to prompt consultants.</p> <p>A small number of Directorates reported difficulties ensuring that all job plans are signed off in a timely manner. The Benefits Realisation Manager and the DMs interviewed said that they did not believe there was an issue with consultants deliberately not signing or returning completed job plans. They thought it was more the case that delays are incurred as in the consultant's mind the process was over once they completed the forms and participated in the meeting. The Health Board needs to be sure that there are no other reasons for the delay in signing off completed job plans.</p>	<p>Substantially completed Target: 30 June 2013</p>

Recommendation	Progress made	Status and target completion date
	<p>A number of solutions are in use. Some directorates prefer to use hard copy which they scan and email to the Benefits Realisation Manger. Others send in hard copies. One solution the Health Board has set up is an e-signature process so that consultants can sign by email and this is welcomed as a positive step forward. Medicine, Palliative Care, Pathology and also the CDs for their own individual JP reviews, are using e-signature. The dedicated job plan mailbox is also reported to be working well. However, the DMs interviewed were not all aware of this facility so the Benefits Realisation Officer is planning to remind all DMs that they can use of e-signatures in their Directorates.</p>	
<p>R6 The Health Board needs to set out a clearer message about what constitutes SPA activity and that all SPAs have clearly defined outcomes included in the job plan review.</p>	<p>The Health Board's draft guidance clearly states the Health Board's expectations of what constitutes SPA and that the consultant needs to provide evidence to justify the amount of time spent on SPA activities. Some Directorates (for example, Anaesthetics) have already introduced strict requirements of what constitutes SPA activity and have identified how much time each activity should take. They have also been specific about how much SPA time should be spent on appraisal and continuing professional development (CPD) and on carrying out activities selected by the Health Board, for example, specific audits and lead roles as well as activities selected by the consultant. SPA 'tariffs' have been discussed at the Medical Leadership Forum. Further discussion will take place in September, at a CD meeting specifically called to discuss SPA activity. Together with the roll out of the guidance, these actions will be an opportunity to embed this approach to all Directorates.</p> <p>The Benefits Realisation Manager collates all SPA activity which is examined by the Job Planning Clinical Lead and the Assistant Directors with findings fed back to CDs and DMs.</p> <p>The CDs and DMs are also making explicit the link between SPA activity and appraisal and revalidation so that consultants can see that the SPA activities they carry out can be used towards their appraisal portfolio which will support their successful revalidation. This is good practice.</p>	<p>Substantially completed Target: 31 October 2013</p>

Appendix 2

Exhibit 1: Data from the Directorates on progress delivering job plan reviews for all consultants

Consultant Job Plan Report as at End of January 2013



Source: Benefits Realisation Manager, Cwm Taf Health Board



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