



AGENDA ITEM

4.5

AUDIT & RISK COMMITTEE

CONSULTANT JOB PLANNING

Date of meeting	12 December 2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Dr Nerys Conway Assistant Medical Director for Medical Workforce
Presented by	Dr Nerys Conway, Assistant Medical Director, Medical Workforce
Approving Executive Sponsor	Executive Medical Director
Report purpose	FOR NOTING

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	Date	Outcome
		Choose an item.

ACRONYMS	
ABUHB	Aneurin Bevan University Health Board
ADH	Additional duty hours



AMD	Assistant Medical Director
BMA	British Medical Association
CAVUHB	Cardiff and the Vale University Health Board
CTM	Cwm Taf Morgannwg
DCC	Direct Clinical Care
ILG	Integrated Locality Group
LNC	Local Negotiating Committee
NWSSP	NHS Wales Shared Services Partnership
PTHB	Powys Teaching Health Board
SAS	Specialty & Associate Specialist
SPA	Supporting Professional Activities
UHB	University Health Board

1. SITUATION/BACKGROUND

The purpose of this paper is to provide the Audit & Risk Committee with an update on the progress around job planning.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING – INTERNAL AUDIT REPORT FINDINGS 1-7

2.1 Job plan completion and sign-off

- Job planning is a contractual requirement that need to be completed and signed off by Consultant and SAS Doctors.
- Signed-off job plans currently stand at 33% for consultants and SAS doctors.
- During the pandemic, job planning dropped significantly and this figure has increased steadily since the height of the pandemic in 2020-21.
- There have been two management reconfigurations within CTM (ILG and the Care Groups) which has left some confusion amongst the Consultant and SAS workforce regarding who should be responsible for their job planning process. Some Directorates have opted to delay job planning at present until the Care Group structure is embedded. Now the Care Groups have been established the Care Group Medical Directors have a



- responsibility to allocate and ensure that the job planning process is being completed appropriately within their Care Group.
- An eJob Planning User guide clearly sets out the responsibilities and process that allows for effective job planning. There is also an SPA document in its final stages of completion to support Consultants through their job planning process.
 - One of the work streams for the Medical Workforce Productivity Programme is focused on job planning. This work stream is led by the AMD for Medical Workforce.
 - Two job planning workshops have been planned for the New Year, one for CTM Consultants (26th January 2023) and another for CTM SAS Doctors (16th January 2023). These will be led by the AMD for Medical Workforce in collaboration with Christopher Saunders from the BMA. The aim of these will be to engage the workforce around the process of job planning including the benefits to them as individuals and their specialties. It will also be an opportunity to ask the Medical Workforce team specific issues related to job planning
- 2.2 Weekly number of sessions, activities and outcomes
- Development of a SPA policy document was required to standardise the approach across the UHB for SPA and DCC split, to ensure fairness and equity.
 - The final submission has taken place and it is expected to be approved for distribution to the Medical Consultant workforce following the LNC meeting in December 2022.
- 2.3 Clear personal outcomes within the job plan
- As part of the job planning training, clear personal outcomes will be factored into the process and are now recorded in new job plans. The training that has been rolled out across the UHB has covered this area. The job plans have clear outcomes regarding the site where the activity is to be undertaken, the type and duration of activity, and clarity around whether the activity constitutes a DCC or a SPA.
 - However, further work is needed to quantify the specific amount of the clinical activity that is expected from the specified duration of the DCC.
 - The new SPA document deals with ways of seeking objective evidence of the activity undertaken as an SPA.
- 2.4 Additional Duty Hours (ADH)
- The "Patchwork" Medic bank was launched in October 2021 initially in the former Bridgend ILG without a rate card, but with the software solution Patchwork in place to manage the ADH booking and approvals.
 - All areas across CTM have now adopted the use of Patchwork and it is used for all ADH payments.
 - What this provides the Health Board with is the ability to see in real time what rates are being paid for ADHs in every area.
 - There is work currently taking place looking at a regional rate card in collaboration with CTM, ABUHB, CAVUHB, HDUHB, and PTHB. This work is



being led by NWSSP. Of note there has been a recent rate card released by the BMA in Wales and England.

- One of the work streams for the Medical Workforce Productivity Programmes is also focusing on ADH rates.
- Analysis of the Patchwork data is not as clear as initially hoped. In certain contentious areas we have set the specialty across all 3 sites (along with former ILG directors) to agree a specialty agreed rate (that is fair but also affordable by the Health Board). This is based upon Patchwork data.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 None.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Correct and current job plans allows for better planning around staff levels and DCC sessions. This has a direct impact on quality, safety and experience.
Related Health and Care standard(s)	Staff and Resources
	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below)
	If no, please provide reasons why an EIA was not considered to be required in the box below. Not required
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

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