



AGENDA ITEM

5.3.1

AUDIT & RISK COMMITTEE

CONSULTANT JOB PLANNING – PROGRESS REPORT

Date of meeting	19/04/2023
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FOI Status	Open/Public
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If closed please indicate reason	Not Applicable - Public Report
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Prepared by	Dr Nerys Conway, Assistant Medical Director for Medical Workforce
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Presented by	Dr Dom Hurford, Executive Medical Director
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Approving Executive Sponsor	Executive Medical Director
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Report purpose	FOR NOTING
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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
PTHB	Powys Teaching Health Board
SAS	Specialty & Associate Specialist
SPA	Supporting Professional Activities
UHB	University Health Board

1. SITUATION/BACKGROUND

1.1 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 44% for consultants and SAS doctors. (This is an increase from 33% at the last audit and risk committee).
- 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. The Care Groups are in the process of appointing Clinical Directors who will be instrumental in ensuring that job planning is completed.
- There is a new SPA document guide for Consultants and one in its final stages for SAS Doctors.
- Two job planning workshops took place in January for Consultants and SAS Doctors. This was led by the AMD for Medical Workforce in collaboration with Christopher Saunders from the BMA. The aim was to engage the



workforce around the process of job planning including the benefits to them as individuals and their specialties.

- An automatic job plan sign off reminder is now sent to colleagues who have completed but not signed off their job plans.
- A job plan checklist and proforma is being prepared by the AMD for Medical Workforce to ensure equity and parity with the job planning process.

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. This document has been distributed to Consultants within CTM and a draft SAS version is in its final stages with our LNC.

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)

- There is work currently taking place looking at a regional rate card in collaboration with all other Welsh NHS Organisations. This work is being led by NWSSP.
- Whilst this work is ongoing we are discussing with finance colleagues about a possible in house rate card for non-Consultant CTM staff. This is in its infancy of discussion. A consultant rate card requires further work and analysis.
- Of note there has been a recent rate card released by the BMA in Wales and England for junior Doctors, SAS and Consultants. These rates are not sustainable or affordable by CTM. As a result engagement events have been held by the AMD for Medical Workforce to all junior doctor messes and with the wider Medical Workforce.

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 yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box 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.