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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	20 September 2018	Agenda Item	5c.
Report Title	WAO Consultant Contract follow up audit in 2016		
Report Author	Professor Pushpinder S Mangat, Interim Executive MD		
Report Sponsor	Professor Pushpinder S Mangat, Interim Executive MD		
Presented by	Dr Alastair Roeves, Interim Deputy Executive MD		
Freedom of Information	Open		
Purpose of the Report	The purpose of the report is to set out the progress made against the recommendations of the WAO Consultant Contract follow up audit in 2016		
Key Issues	<ul style="list-style-type: none"> • There a suite of interconnected and related actions that are being undertaken to address the recommendations in the report. • The major block to satisfying the action plan is the implementation of e-job planning. The Chair of the Audit committee requested that the Executive Team provide leadership in addressing this issue • The Director of HR and the Director of Finance have collaborated in finding a secure way forward. 		
Specific Action Required (please ✓ one only)	Information	Discussion	Assurance
	✓	✓	✓
Recommendations	Members are asked to: <ul style="list-style-type: none"> • Note the report and the actions taken to deliver the recommendations 		

WAO Consultant Contract Follow-Up Audit in 2016

1. INTRODUCTION

The purpose of the report is to set out the progress made against the recommendations of the WAO Consultant Contract follow up audit in 2016.

2. BACKGROUND

An action plan was developed to address the recommendations of the report and was reviewed and agreed by the Audit Committee in 2016. A follow up report was provided in November 2017.

Since then, progress has been made in a number of areas and some completed, but there is still work to undertake.

3. GOVERNANCE AND RISK ISSUES

All the recommendations were wholly or partly in our plans to address before the Audit took place and as such provide a framework to assess progress. Some recommendations have not been achieved in the timescales originally envisaged due to factors outside of the Health Board's control.

The update on the current position is as follows;

Job Planning R1 R2 R3 R4 R5 R6 R9 R11 R13 R14 R15 R16 R19

Revised Comprehensive Job planning guidance was finally agreed with the BMA in Autumn 2017. Training has since been provided to Senior and Middle Medical Managers and to Senior and Middle Operational managers. This has been rolled out and further training provided on request.

We regard these recommendations as completed.

eJob Planning R1 R3 R4 R5 R6 R9/10 R13 R14 R15 R16 R19

This platform will allow us to ensure timely completion and recording of job plans. Furthermore it will provide us with information to ensure annual job planning occurs. Implementation was delayed by winter pressures but is progressing. A revised deployment timetable was agreed by Unit Directors in April 2018 for completion in July 2018. Unfortunately there were still gaps in implementation by July 2018.

As a result of missing this deadline, the Director of Human Resources has submitted a "spend to save" bid to Welsh Government for resources to implement electronic solutions for a range of rostering for health care professionals (which includes e-job planning for consultants and SAS doctors). Rather than waiting for the outcome of this bid, the Director of Finance has supported the implementation of this process "at risk" to allow recruitment and completion of the e-job planning rollout.

Appraisal Revalidation processes R6 R11 R12 R16

These processes are now reasonably mature, and have been subject to Internal Audit scrutiny and Peer review. The link between PDPs from Appraisal and Health Board requirements will be in the remit of our new Unit Appraisal Leads. (3 have been appointed and the remaining 2 are being recruited).

We regard these recommendations as completed.

Information for Consultants R7 R8 R9/10 R15 R16

This domain will be an ongoing and continuous process. Different specialties will have different information needs to support their job plans. There is often guidance from the parent College that can assist. We have a number of sources for information to support job planning. These are much easier in areas where activities are process driven and easily audited. These include Theatre management systems, outpatient databases, RTT data, Waiting lists, diagnostic activity (e.g. endoscopy), length of stay and discharge summary completion and clinical variance dashboards. **We regard these recommendations as completed.**

SPA R17/18

SPA activity is recorded and managed in the same way as DCC. All individual Consultants are likely to require at least one SPA to support their role. However extra time now requires discussion and agreement in job plans. Outcomes will also be required for specific SPA activities (teaching, audit, research etc). We have created and applied tariffs to some SPA activities. **We regard these recommendations as completed.**

4. FINANCIAL IMPLICATIONS

There are no new financial implications for the committee to consider.

5. RECOMMENDATION

Members are asked to:

- **Note** the update.

Governance and Assurance					
Link to corporate objectives <i>(please ✓)</i>	Promoting and enabling healthier communities	Delivering excellent patient outcomes, experience and access	Demonstrating value and sustainability	Securing a fully engaged skilled workforce	Embedding effective governance and partnerships
		✓	✓	✓	✓
Quality, Safety and Patient Experience					
Ensuring the health board has Job Planning processes for Consultants is a key factor in the quality, safety, value and sustainability of our services					
Financial Implications					
No financial implications for the committee to be aware of.					
Legal Implications (including equality and diversity assessment)					
Staffing Implications					
No immediate staffing implications for the committee to be aware of.					
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)					
The report outlines work undertaken by the Medical HR, Finance and the Medical Directors Department to address the findings of WAO Consultant Contract follow up audit in 2016. This will hopefully help with long term management and engagement with our Secondary care Medical Workforce.					
Report History	This report was first received by the committee in 2016.				
Appendices	None.				