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Consultant Contract Follow Up **Aneurin Bevan Health Board**

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Summary report

Background

1. In Wales, the new amended consultant contract came into effect on 1 December 2003 and these new arrangements were to be underpinned by effective job planning. Effective Job planning was designed to ensure the individual consultant and their employer agreed on the content, scheduling and outcome of activities that comprised the working week.
2. In 2010, the Wales Audit Office undertook a review to see if the intended benefits of the Welsh Consultant Contract had been delivered. This work was undertaken in all health boards and trusts that employed large numbers of consultants. We undertook fieldwork at the Aneurin Bevan Health Board (the Health Board) during October 2010 and the results from this work was reported in January 2011.
3. The January report concluded that with the exception of a small number of specialties, neither the Health Board nor its consultants were getting all the intended benefits from the consultant contract. In reaching this conclusion we had found that:
 - with the exception of a few specialties, the Health Board was not using job planning as an effective tool to support service planning and modernisation; and
 - more work was needed to ensure that the contract facilitates a positive and fairer working environment for all consultants.
4. This work included a series of recommendations (Appendix 1) that resulted in a seven point action plan (Appendix 2) agreed by the Health Board, with executive responsibility for its delivery resting with Medical Director and operational delivery with the Head of Workforce Development.
5. This follow up review examined relevant documents and included interviews with the team responsible for delivering the action plan and two key clinical directors and their directorate managers responsible for delivering job planning.
6. In this follow up review we sought to answer the question: Has the agreed action plan been successfully delivered?

Main conclusions

7. We have concluded that whilst good progress has been made in delivering some aspects of the Health Board's action plan, important monitoring arrangements have not been developed and more needs to be done to ensure job guidance is effectively implemented. In coming to this conclusion we found:
 - comprehensive job planning guidance has been issued but more needs to be done to support its consistent delivery across the Health Board;
 - no baseline review has been undertaken of completed job plans;
 - a new consultant induction programme has been developed; and
 - the Health Board has strengthened its approach to clinical leadership and skills development which is supported by access to national and local training programmes.
8. Our findings are summarised in the following exhibits.

Comprehensive job planning guidance has been issued but more needs to be done to support its consistent delivery across the Health Board

Action	Responsibility	By when	Original Recommendation
Launch the Health Board's revised job planning guidance throughout the organisation.	Head of WFD	21.2.11	Recommendation 1 Recommendation 2 Recommendation 3
Develop a training package equipped to support effective job planning, to be rolled out to Divisional Directors, Assistant Divisional Directors, Clinical Directors, General Managers and Directorate Managers.	Head of WFD	18.3.11	Recommendation 4 Recommendation 5
Commence rollout of job planning training across the Health Board.	Medical Director Head of WFD	1.4.11	

Findings summary

- The Health Board issued its new job planning protocol and guidance to managers in March 2011. This new guidance is to be followed by clinical directors and managers involved in job planning for 2011-12 and future years. The guidance document clearly sets out the approach to be followed including agreeing and monitoring SPA time.
- For the latest job planning round, the Anaesthetic and T&O specialties had not used this guidance instead they had developed their own approach and documentation. The main reasons why the guidance and template forms were not used:
 - the guidance was issued in March which coincided with the middle of the job planning round and it was too late to be used;
 - the template forms did not fully reflect an anaesthetists job plan and a less complicated form was used by the directorate, which more adequately met their needs; and
 - the T&O management team were not aware of the new guidance or its recent introduction.
- The approach adopted by the two directorates is much stronger than in previous years with a greater focus on outcomes and supporting evidence.
- To ensure its consistent application, the guidance was to be supported by targeted job planning training for clinical directors and directorate managers. We were informed that this training programme had been developed and the roll-out completed in September. However, both directorate management teams were unaware of the training and consequently had not received it.

Additional information

9. A welcome development has been the introduction of a job planning outcome measure template. This template clearly identifies the outcome measure, success criteria, actions to achieve it and the necessary support required and this development should provide the information to assess the outcome of the SPA investment. The document contains five working examples of SPA outcomes, which include the time allowed. One clinical director pointed out in this format the examples may be mistakenly seen as the target to aim for and felt no specific time should be shown in the example.
10. This suggests more needs to be done to ensure managers and clinicians responsible for job planning are fully aware of the Health Board approach and are appropriately trained to deliver job planning.
11. Both Clinical Directors felt job planning was important and essential in effectively managing activity, performance and the budget. The approach adopted by T&O was to apply the 7:3 DCC/SPA split based on a mixture of fixed and flexible content. For the three SPAs this included one flexible session per week to be delivered at an unspecified location (usually home) to meet CPD and revalidation requirements. The two hard SPAs were to be delivered at specified locations with clear outcomes:
 - One session covering training and teaching, ensuring the consultant was available at a specified time to trainees. This was a deliberate strategy to maintain the level of training commitment, ensuring the Health Board is favourably seen as a training destination of choice and minimising recruitment problems. Both Clinical Directors confirmed this strategy was successful.
 - The second SPA was to provide time for functional roles within the team including sub-specialty leads and governance leads.
12. Anaesthetics adopted a slightly different approach starting with two SPA session, one fixed and one flexible addressing CPD and revalidation and training and teaching. A third fixed session was given if this was demonstrable and evidenced.
13. The three SPAs are not a given and both management teams provided examples of where the third SPA had been changed to DCCs following the job planning meeting. In addition, both Clinical Directors provided examples of where they had challenged the evidence provide, resulting in a job plan change and, in the case of the Nevill Hall T&O team, a review of how trauma services were provided.
14. The flexible DCC content for T&O reflected an internal evaluation of what was reasonable time to undertake ward rounds and patient admin. Anaesthetics adopted a similar approach to the pre and post operative assessment content of the job plan. This is not an uncommon practice and works well if it is based on team consensus and is sufficiently flexible to recognise different case mixes.

15. The guidance clearly sets out that consultants with job plans exceeding EWTD hours must be discussed and agreed with the Medical Director. Both directors provided evidence that excessive working hours were reviewed and challenged and one consultant with heavy commitments had their job plan reviewed by the Medical Director. As previously highlighted, the Nevill Hall review is also assessing excessive workloads.

No baseline review has been undertaken of completed job plans

Action	Responsibility	By when	Original Recommendation
Undertake a baseline assessment of all consultant medical staff job plans following completion of job plan reviews undertaken in 2010-11, to ensure an accurate register of DCC/SPA/management time is held centrally.	Head of WFD	28.2.11	Recommendation 1 Recommendation 2 Recommendation 3 Recommendation 6

Findings summary

- An essential part of understanding the effectiveness of current arrangements, the impact on service delivery and managing the business is the corporate collating of job planning outcomes within and between specialties. Currently, no plans have been developed to undertake any baseline assessment despite a March 2011 deadline. The main reason for this delay has been recognition of an over-ambitious target and job planning is still ongoing and will not be completed by most specialties until November.
- Despite this delay, a framework has not been developed on what will be collected, including how it will be done and the timing. Moreover, both clinical directors were unaware of any proposed assessment and how it would be used.

Additional information

16. An emerging issue which the baseline assessment should evaluate is the time and volume of job planning meetings a clinical director is faced with. Sixty-three reviews were undertaken in Anaesthetics, which took around nine months to complete. This is not sustainable in the long term and if it is replicated in other directorates, is a significant burden on a single individual. Alternative approaches taken elsewhere are to use lead clinicians, supported by a clinical director. This approach does however rely on clear guidance and effective training programmes.

A new consultant induction programme has been developed

Action	Responsibility	By when	Original Recommendation
Re-establish 'new consultant' induction programme (two days).	Head of WFD	1.5.11	

Findings summary

- An induction day has been developed for new consultants; this programme will be delivered within three months of the consultant joining the Health Board.

Additional information

17. This new induction programme provides an opportunity to meet the Chief Executive and other key individuals as well as providing an introduction to the Health Board's approach to job planning. This possibility of a consultant waiting three months for induction does question how effective the programme will be. Whilst it is not unusual to have a specific day for consultants, induction should be more structured and undertaken on an individual's arrival into an organisation. For example, setting aside the first week free from any clinical commitments and providing a structured set of meetings with the medical director, clinical director and divisional directors and managers to take the new consultant through corporate and personal objectives, how the Health Board works, priorities and key policies. This also provides the opportunity for structured meetings with lead consultants and other leads, covering topics such as training, clinical supervision, infection control, medicine management. Consultants do not work in isolation and depending on the specialty, a more structured approach does provide the opportunity to meet other key individuals such as GPs and Directors of Social Services, allowing the consultant to become familiar with how the Health Board and the local community works before fully engaging with managing their team and clinical practice.
18. The effectiveness of the new induction programme will need to be monitored to see if it adequately meets corporate and individual consultant needs.

The Health Board has strengthened its approach to clinical leadership and skills development which is supported by access to national and local training programmes

Action	Responsibility	By when	Original Recommendation
Rollout clinical leadership and management development programme to strengthen competencies and skills required to effectively undertake medical leadership roles across ABHB.	Head of Education and Learning	1.5.11	Recommendation 1 Recommendation 7
Establish a 'steering group' for ADD/CDs to examine and monitor progress regards consultant job planning activity and outcomes, chaired by the Medical Director.	Medical Director Head of WFD	21.3.11	

Findings summary

- The Health Board has identified establishing effective clinical leadership as a corporate priority.
- Clinical Directors can access and are encouraged to participate in nationally-sponsored leadership programmes. In addition to these programmes, clinical directors can access Health Board programmes including project management and financial management.

Additional information

19. Interview feedback on local programmes is positive with clinical directors finding them helpful in developing the skills necessary for their role. Some clinical directors would welcome a more structured induction prior to taking on the commitment. This could include skills training, mentoring and shadowing, avoiding being thrown in at the deep end and learning on the job.
20. In addition, the Wales Audit Office is currently undertaking a more detailed review of clinical engagement and the findings of this work will be reported to the Health Board in early 2012.

The consultant contract action plan has not addressed providing the Board with the assurance that benefits are being delivered

- 21.** In our original report, Recommendation 2 identified the need to ensure appropriate monitoring and reporting arrangements were developed to provide Board members with the appropriate assurances that effective job planning was happening. The most recent Medical Workforce Performance and Modernisation report to the Board (27 July) includes a progress report on consultant contract issues. The main assurance given is that a corporate consultant contract database had been established to monitor and track job plan reviews and outcomes. The clinical directorate management teams were unaware of this development and the need to centrally provide information about job planning outcomes. This suggests more needs to be done to ensure management teams are aware of this requirement.
- 22.** Job planning is not just a management activity and has to be led by clinicians, to provide improved engagement and leadership. Meeting this requirement, the Health Board has recently established its job planning steering group. This group currently does not have terms of reference and both clinical directors were not aware this steering group had been formed. The effectiveness of these arrangements will need to be monitored once the function of the group is clear.
- 23.** Recommendation 7 sets out the need for the Health Board to closely monitor progress being made in the programme of work being delivered by the Head of Workforce Development. Because the steering group has only just been formed, instead of early in on the process, an opportunity has been missed to have:
 - oversight of the impact of improved job planning;
 - monitored the work programme; and
 - assessed what has gone well and identify the areas where more work is needed.

Recommendations

24. This report has identified that more needs to be done to deliver consistent and effective job planning. To support the Health Board in delivering effective job planning we have identified the following recommendations.

Delivering consistent and effective job planning

- R1 Ensure job planning training is delivered to all managers and clinical directors with a focus on new guidance requirements and outcome documentation.
- R2 Undertake the baseline assessment, to identify the areas for improvement and management action.
- R3 Evaluate the workload impact on clinical directors and identify where improvements can be made to deliver efficient and sustainable job planning.

Delivering an effective consultant induction programme

- R4 Monitor the effectiveness of the new induction programme to ensure it meets the needs of individual consultants and supports delivery of Health Board objectives. Particular attentions should be given to the timing of induction.

Strengthening assurance

- R5 Ensure the job planning steering group provides the necessary assurance and oversight that effective job planning is being delivering, lessons are learnt and improvements are delivered.
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Appendix 1

Wales Audit Office Recommendations, January 2011

Recommendation

- R1 The Health Board needs to take action to successfully embed the new model of clinical leadership and through this ensure that all its consultants understand the value of job planning and how it is to be used to support the delivery of the Health Board, strategic objectives and operational targets. As part of this the benefits of effective job planning for both the consultant and the Health Board should be clearly identified.
- R2 Business processes should be reviewed to ensure that all consultants have an up to date job plan that accurately reflects the work that they do, and which is reviewed on an annual basis. Appropriate monitoring and reporting arrangements should be developed to provide Board members with the appropriate assurances that this is happening.
- R3 The Health Board needs to ensure that staff undertaking job plan reviews have the necessary support in terms of:
- supporting corporate guidance;
 - training; and
 - creation of a Clinical Directors Forum or similar to share learning and experiences.
- R4 The job planning process needs to be strengthened by:
- ensuring the job planning process takes account of clinical demand and activity and flexes consultant sessions accordingly;
 - developing and agreeing the necessary activity and outcomes indicators for different specialties to inform job planning and performance review;
 - having a clearly identified role for directorate managers within the job planning process;
 - defining what constitutes an SPA, and how the value from SPAs may be measured;
 - promoting job planning across specialties where there are clear inter-relationships;
 - promoting job planning on a team basis, where this is seen to add value; and
 - reviewing and implementing the recommendations from the 2008 internal audit report on job planning.
- R5 Where directorates such as Radiology have developed sound approaches to job planning, learning from this should be shared across the Health Board.
- R6 Job planning should support equitable sharing of work within consultant teams and strategies and action plans should be put in place to reduce excessive workloads.
- R7 The Health Board should closely monitor the progress being achieved by the six month programme of work being delivered by the Head of Workforce Development to ensure that it is delivering the intended benefits, and addresses the issues highlighted in this report.

Source: Wales Audit Office

Appendix 2

Aneurin Bevan Health Board Action Plan

Ref	Action	By who	When
JP.01	Launch the Health Board's revised job planning guidance throughout the organisation.	Head of WFD	21.2.11
JP.02	Undertake a baseline assessment of all consultant medical staff job plans following completion of job plan reviews undertaken in 2010-11, to ensure an accurate register of DCC/SPA/management time is held centrally.	Head of WFD	28.2.11
JP.03	Develop a training package equipped to support effective job planning, to be rolled out to Divisional Directors. Assistant Divisional Directors, Clinical Directors, General Managers and Directorate Managers.	Head of WFD	18.3.11
JP.04	Establish a 'steering group' for ADD/CDs to examine and monitor progress regards consultant job planning activity and outcomes, chaired by the Medical Director.	Medical Director Head of WFD	21.3.11
JP.05	Commence rollout of job planning training across the Health Board.	Medical Director Head of WFD	1.4.11
JP.06	Re-establish 'new consultant' induction programme (two days).	Head of WFD	1.5.11
JP.07	Rollout clinical leadership and management development programme to strengthen competencies and skills required to effectively undertake medical leadership roles across the Health Board.	Head of Education and Learning	1.5.11

Source: Aneurin Bevan Health Board



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