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Adam Cairns
Chief Executive

14 November 2013

Claire Griffiths
Deputy Clerk, Chamber and Committee Service
National Assembly for Wales
Cardiff Bay
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Dear Ms Griffiths

Public Accounts Committee: 5 November 2013

Further to my appearance at last week's Public Accounts Committee and your subsequent correspondence to my office with regard to the follow-up information requested by Committee members, I am pleased to submit the required detail below.

Effectiveness of Welsh Consultant Contract

You will recall that I outlined in my evidence the work which this Health Board has undertaken recently to benchmark the effectiveness of the Welsh Consultant Contract against that in England. This exercise was undertaken as part of our approach to optimising our medical productivity.

By way of background, all consultants split their working time between "Direct Clinical Care" (DCC) and "Supporting Professional Activity" (SPA).

In England, the original consultant contract was based on a formula of each consultant working 10 sessions per week, with each session lasting four hours, meaning a total working time of 40 hours per week.

Those 10 sessions are split into 7.5 sessions devoted to direct clinical care (DCC), and 2.5 sessions devoted to supporting professional activity, i.e. consultants in England devote 30 hours per week to direct clinical care, based on a 7.5 session x 4 hour equation.

In Wales, the Consultant Contract was negotiated differently. The original contract was based on 10 sessions, each of 3.75 hours' duration, hence a 37.5 hour working week.

The DCC/SPA sessional split was on a ratio of 7:3, which meant that the number of hours accorded to clinical care was 26.25 hours per week (3.75 hours x 7 sessions).

In reality this means that consultants in England deliver 14% more direct clinical care than those in Wales (30 hours/26.25hours x 100= 114%). While both countries have ensured the delivery of their respective contracts is being scrutinised closely by employers, it is a fact that the Welsh Contract results in consultants delivering less direct clinical care than is the case in England.

Delayed Transfers of Care

As of the end of October 2013, there were 93 patients delayed across the Health Board. While this is far more than we would like, it does represent a reduction of 18 since September. Of these 93, 61 are non-mental health patients.

We are working closely with our Social Services colleagues across Cardiff and the Vale of Glamorgan, as well as with other health boards, to ensure that patients are able to leave hospital as soon as practicably possible, either to their place of normal residence or to a suitable care setting.

We are also taking a number of steps as part of our approach to winter planning to ensure that our Community Resource Teams are bolstered and are able to provide adequate support for patients leaving hospital who may need community support.

I trust this information is helpful to you. However, should you have any queries, please do not hesitate to contact me.

Yours sincerely



Adam Cairns
Chief Executive