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NHS Consultant Contract: Follow-up of previous audit recommendations – **Cwm Taf University Health Board**

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Contents

While the Health Board continues to take action to strengthen consultant job planning processes as part of its wider approach to medical workforce planning, it has yet to fully implement all the Auditor General's previous national and local recommendations.

Summary report

Background

1 The consultant contract is the national framework that governs the working conditions and salary grades of consultants. The amended NHS Wales Consultants Contract (the contract) came into effect on 1 December 2003, and was the first major change to consultants' terms and conditions since 1948.

2 The contract was designed to deliver three specific benefits for the NHS:

- improve the working environment for consultants;
- improve consultant recruitment and retention; and
- facilitate health managers and consultants to work more closely together to provide a better service for patients.

3 Underpinning the delivery of these benefits is an effective job planning process. Job planning is a mandatory process designed to ensure that individual consultants and their employers have clarity on the content and scheduling of activities that comprise the working week, and the desired outcomes associated with these activities. The job planning process provides an opportunity to align the objectives of the NHS, the organisation, clinical teams (and in the case of clinical academics, their higher education institution) with individually agreed outcomes in order to allow consultants, clinical academics, managers, and the wider NHS team to plan and deliver innovative, safe, responsive, efficient, and high-quality care.

4 The contract is based on a full-time working week of 37.5 hours, which is equivalent to 10 sessions of three to four hours each, with consultants being paid overtime for any contracted work over these hours. A consultant's working week comprises a mixture of 'direct clinical care' (DCC) sessions, such as clinics and ward rounds, and 'supporting professional activities' (SPA) sessions, such as research, clinical audit and teaching. The amended contract identified that the working week would 'typically' comprise seven DCC sessions and three SPA sessions.

5 During 2010, the Auditor General reviewed how well NHS employers were using the job planning process to realise all the benefits of the contract, other than the pay elements which were the responsibility of the Welsh Government. Work was carried out at all health bodies with the exclusion of Powys Teaching Health Board and the Welsh Ambulance Services NHS Trust, and reports were issued during 2011.

6 Since 2012, we have followed up progress to address our previous recommendations at a number of health bodies. For the most part, we found that health bodies were making progress, however some areas of concern persisted. Our follow-up work at Cwm Taf University Health Board (the Health Board), reported in June 2013, identified that the Health Board was prioritising implementation of our recommendations and had made steady progress towards embedding thorough job plan reviews for consultants, although not all directorates were progressing at the same pace.

7 In February 2013, the Auditor General for Wales published a national report entitled, **Consultant Contract in Wales: Progress with Securing the Intended Benefits**. It summarised the findings from the local work and presented a view of how the contract was being implemented across Wales. It contained a number of recommendations in the following areas:

- strengthening job planning processes within NHS bodies;
- using the right information to inform job planning;
- using job plans to clarify expectations and support service delivery; and
- developing a clearer focus on benefit realisation.

8 The Public Accounts Committee (PAC) used the Auditor General's findings as a basis to hold evidence sessions on consultant contract issues during 2013. The PAC's own report[1], published in September 2013, contained additional recommendations for the Welsh Government to strengthen its leadership on the job planning process by producing guidance and training for health organisations. The PAC also recommended that the Welsh Government should work with a range of NHS organisations to develop an information framework on desired consultant outcomes.

9 In response to the Auditor General's findings and the PAC inquiry, a programme of work was set up leading to the Welsh Government, NHS Wales Employers, and BMA Cymru producing updated guidance (the guidance) on job planning for health boards and NHS Trusts in Wales in 20142.

10 Whilst targeted follow-up audit work has been undertaken at a number of NHS bodies since the original findings were published, there has not been a comprehensive pan-Wales assessment of the progress that has been made in implementing previous audit recommendations. The Auditor General therefore included a mandated follow-up review within his 2015 programme of local audit work to assess the extent of progress that is being made.

11 Between November 2015 and January 2016, we undertook the follow-up work at the Health Board. The review sought to answer the question: **'Has the organisation implemented fully audit recommendations for strengthening job planning processes to achieve the potential benefits of the amended consultant contract in Wales?'** The approach taken to delivering the review is set out in in Appendix 1.

[1] **The Consultant Contract in Wales: Progress with securing the intended benefits**, National Assembly for Wales Public Accounts Committee, September 2013

[2] T**he National Health Service in Wales Effective Job Planning for Consultant Medical and Dental Staff**, Welsh Government, NHS Wales Employers, BMA Cymru Wales, April 2014

Our main findings

12 We concluded that while the Health Board continues to take action to strengthen consultant job planning processes as part of its wider approach to medical workforce planning, it has yet to fully implement all the Auditor General's previous national and local recommendations.

13 In reaching this conclusion we found that:

- The Health Board is investing in job planning processes, although additional work is required on expected outcomes and the involvement of other employers:
  - the Health Board has struggled to ensure all consultant job plans are reviewed annually; to address weaknesses in arrangements it has invested in a new e-job planning system;
  - there is a well thought out approach to developing guidance and training to support the implementation of e-job planning;
  - appropriate Health Board staff participate in the majority of job plan reviews, although further work is needed to ensure appropriate input from universities and other employers of visiting consultants;
  - good progress is being made to develop consultant level performance information and further work is underway to support the setting and monitoring of appropriate expected outcomes;
  - processes for appraisal and revalidation are well established and link appropriately with job planning; and
  - the Health Board has suitable mechanisms to monitor and report completion of annual job planning reviews.
- The Health Board is making progress securing the intended benefits from the contract with further opportunities to develop team job planning and flexible contracts:
  - job planning is part of a wider approach to support workforce planning and service improvement, although further work is needed to ensure it is used as a tool to engage consultants with service change;
  - more work is needed to ensure that the expected outcomes from SPA sessions are identified for all consultants;
  - excessive working hours have largely been addressed and there is some evidence of a team approach to job planning, although more work is needed to ensure on call commitments are recognised in job plans; and
  - issues with recruitment and retention are being addressed through a range of actions that are not related to the amended Welsh contract.

14 Detailed findings from the audit work are summarised in the main body of this report and a summary of progress of each of the previous recommendations is included in Appendix 2.

Recommendations

15 While the Health Board has completed two recommendations, there is further work to do in 16 of the 18 recommendations previously set out in the Auditor General's national and local reports. These recommendations are re-stated in Exhibit 1, and further information on the progress that has been made is set out in Appendix 2.

16 To help maintain a focus on delivery of the ongoing and outstanding work, the Health Board needs to ensure that these recommendations now feature on the Audit Committee's tracker. In doing that, the Health Board should also clearly identify a target timescale for implementation of each of the recommendations, together with senior officer responsibility.

Exhibit 1: National and local recommendations still to be achieved at January 2016

National and local recommendations still to be achieved at January 2016
Processes to review job plans annually
R1 NHS bodies should ensure that all consultants have a job plan that is reviewed annually to ensure that it reflects the business needs of the NHS organisation and the continuous professional development of the consultant. (Auditor General Wales National Report, Rec 1a)
R2 The Health Board has a job planning process in place with most consultants having a current job plan that they indicated had been reviewed within at least the previous 18 months. However, the Health Board needs to ensure that all consultants receive an annual job plan review. (Cwm Taf UHB Local Report, 2011, Rec 1)
Guidance and training
R3 NHS bodies should ensure that job planning is supported by up-to-date local guidance material and regular training for all staff who participate in the process. (Auditor General Wales National Report, Rec 1c)
R4 The Health Board should provide consultants with clear written guidance to promote a shared understanding of the Health Board's approach to job planning, including its approach to developing smart outcomes. (Cwm Taf UHB Local Report, 2011, Rec 2)

National and local recommendations still to be achieved at January 2016
Appropriate involvement
R5 NHS bodies should ensure that there is involvement in consultant job planning from general managers to ensure that wider organisational objectives, service improvements, and financial issues are considered when agreeing consultants' job plans, and to help managers understand what resources and support consultants need to deliver their job plan commitments. (Auditor General Wales National Report, Rec 1d)
R6 The Health Board needs to strengthen existing arrangements by ensuring that in all directorates, both the Clinical Director and General Manager attend the job plan review meeting. (Cwm Taf UHB Local Report, 2011, Rec 3)
R7 NHS bodies should ensure that they work jointly with universities in agreeing job plans for consultants that have academic contracts such that the expectations and requirements of both organisations are properly and fairly considered; similar arrangements should be in place for consultants working for two or more NHS organisations. (Auditor General Wales National Report, Rec 1f)
Information and outcome setting
R8 NHS bodies develop an information 'framework' to support job planning, on a specialty-by-specialty basis. Clinicians and managers will need to work together to identify the components that need to be included in such a framework for each speciality, but it would be expected to include: • information on activity; • cost; • performance against local and national targets; • quality and safety issues; • workforce measures; and • plans and initiatives for service modernisation and reconfiguration. (Auditor General Wales National Report, Rec 3)
R9 Where a specialty does not have access to good quality performance information, the Health Board should strengthen existing arrangements or develop new outcome indicators within these specialties. (Cwm Taf UHB Local Report, 2011, Rec 3)
R10 NHS bodies should ensure that they have clear and robust processes in place to discuss and agree objectives and outcomes for consultants as part of the job planning process. It will be important to ensure that clinicians and managers involved in setting these objectives and outcomes receive the appropriate training and support to undertake effective job planning with consultants. (Auditor General Wales National Report, Rec 4)

National and local recommendations still to be achieved at January 2016	
Monitoring arrangements	
R11	NHS bodies should ensure that they have monitoring processes in place to check that all consultants have an up-to-date job plan, and that job planning is being undertaken in accordance with guidance that has been issued; monitoring processes should include an update report to the Board, at least annually, that demonstrates the extent to which consultant job planning is embedded across the organisation as a routine management practice. (Auditor General Wales National Report, Rec 1g)
Service improvement	
R12	NHS bodies should ensure that where changes to NHS services are occurring following public consultation, consultant job plans should be updated and agreed to reflect new service models. This should happen as an integral part of the process to redesign services, rather than a retrospective activity that occurs after the new services are in place. (Auditor General Wales National Report, Rec 1b)
R13	NHS bodies should demonstrate more explicitly how consultant job planning is being used to support the delivery of service improvement and modernisation, and the achievement of organisational priorities and performance targets. (Auditor General Wales National Report, Rec 8)
Supporting professional activities	
R14	NHS bodies should ensure their job planning process includes a clear and informed discussion on the SPA needs of individual consultants, recognising that these will not be the same at different stages in a consultant's career. The job planning discussion should specify the SPA activities to be included in the job plan, and identify the outputs and outcomes that should be achieved, and the location where these activities will be carried out. (Auditor General Wales National Report, Rec 5)
R15	The Health Board needs to set out a clearer message about what constitutes SPA activity, and that all SPAs have clearly defined outcomes included in the job plan review. (Cwm Taf UHB Local Report, 2011, Rec 6)
Wider benefits realisation	
R16	NHS bodies should look to adopt a team-based approach to job planning where it can be shown that this would be beneficial. Consultants would need to be persuaded to participate rather than coerced, based on a clear explanation of the benefits associated with a team-based approach, and should still retain the right to agree an individual job plan with their employing organisation. (Auditor General Wales National Report, Rec 6)

The Health Board's management response setting out how the Health Board intends responding to the issues identified in this report is included in Appendix 3 and has been considered by the relevant Board committee.

Detailed report

The Health Board is investing in job planning processes, although additional work is required on expected outcomes and the involvement of other employers

The Health Board has struggled to ensure all consultant job plans are reviewed annually; to address weaknesses in arrangements it has invested in a new e-job planning system

17 The amended NHS Wales Consultants Contract (the contract) came into effect on 1 December 2003. The contract makes it clear that effective job planning underpins the majority of the amendments to the regulation of the contract. The job planning process allows the employer to agree the composition and scheduling of activities into the sessions that comprise the working week, mutual expectations of what is to be achieved through these, and for discussing and agreeing changes on a regular basis[3].

18 The contract is clear that a consultant's job plan should be reviewed at least annually. This is to allow consultants and their employers to ensure that job plans take account of changing patterns of service delivery, evolving organisational and personal objectives, and advances in technology and medical practice.

19 The national guidance (the guidance), issued in 2014, also states that employers should agree an explicit job planning approach with the Local Negotiating Committee based on this guidance which should make the sign-off process for finalising job plans clear. The guidance clarifies that a job plan should be a prospective agreement that sets out a medical and dental practitioner's duties, responsibilities and outcomes for the coming year. The job planning process provides an opportunity to align the objectives of the NHS, the organisation, clinical teams (and in the case of clinical academics, their higher education institution) with individually agreed outcomes in order to allow consultants, clinical academics, managers and the wider NHS team to plan and deliver innovative, safe, responsive, efficient and high-quality care.

20 A job plan review will cover the job content, outcomes, time, and service commitments and will be an opportunity for the employer and the consultant to address whether agreed outcomes need to be reviewed; the adequacy of resources; and the need for amendment to time and service commitments. This should include the outline process for appeals and timeline for aiding resolution of areas of disagreement where these exist.

[3] **Amendment to the National Consultant Contract in Wales**, NHS Wales and the Welsh Assembly Government. 2004.

21 Our 2010 work identified that many consultants across Wales did not have an annual job plan review. At the time, 71 per cent of consultants working at the Health Board said their job plan was reviewed annually, compared with 61 per cent across Wales. Our subsequent follow-up in 2013 at the Health Board found that 65 per cent of job plan review meetings had been held, and the remaining job plan reviews were being scheduled to be completed within 18 months. However, it was taking more time to finalise the process with just 22 per cent of job plans completed, signed off, and logged on the Electronic Staff Record (ESR) within the previous 18 months.

22 Despite the contract stating that consultant job plans should be reviewed at least annually, the Health Board has historically found reviewing all job plans on an annual basis challenging. In 2013, our follow-up review found that some directorates, in particular Anaesthetics, were able to review all consultant job plans in a short time period. However, other directorates found reviewing the job plans of all their consultants within one year challenging. At the time, the Medical Director informed the Board that they would trial a local target of 85 per cent of job plan reviews within 12 months, with the aim for 100 per cent completion within an 18-month period. The Health Board told us they did achieve 89 per cent completion within 18 months although on closer inspection they realised that not all had been signed. They have now set a target of 100 per cent completion of reviewing all job plans within 12 months.

23 Our recent survey[4] of consultants found that 94 per cent (123 consultants) from the Health Board had a job plan. Of the remaining eight consultants who reported not having a job plan, three had a meeting scheduled in the next few weeks, while the other five had not agreed a job plan for many years.

[4] We received 131 responses from consultants which was a response rate of 49 per cent. Details of our staff survey are included in Appendix 1.

24 For those consultants with a job plan, 75 per cent (94 consultants) said it had been reviewed within the previous 12 months and 95 per cent (89 consultants) had formally agreed their job plan. However, the Health Board's own figures reported that as at 31 March 2015, only 17 per cent of consultants had a current job plan that had been reviewed and signed within the previous 12 months. A more recent report to the Board, November 2015, showed that this had risen to 25 per cent of consultants having a current and signed plan. The discrepancy between the numbers of consultants saying they have a job plan and the Health Board's report is partly due to delays as a result of the introduction of a new e-job planning system being implemented as part of a resource management improvement tool supplied by Allocate Software[5]. Differences could also be due to the strict definition the Health Board is applying to job plans that have been reviewed within 12 months and signed by all parties. The e-job planning system will resolve this issue as it will automate the reminders and is less resource intensive than paper based chasing.

25 As part of our most recent review we looked at 15 consultant job plans from across the Health Board. Twelve were on the existing paper job plan summary proforma and three were job plans generated by the Allocate e-job planning software.

26 The job plan summary proforma contains a Part A which should set out a timetable of direct clinical care (DCC) sessions, and a Part B which should set out the detail underpinning the DCC plus supporting professional activities (SPA) sessions. In many of the paper job plans we reviewed, Part A contained the timetable for both DCC and SPA sessions. The Health Board encouraged this approach so that it is easier to see when and where SPA activities are to be carried out alongside DCC activities.

27 The Health Board also recognises that job plans are more complicated than they were in 2003 when the amended consultant contract was introduced with consultant of the week and other working patterns designed to support service delivery and patient care. Paper job plans require multiple forms to be completed covering multiple shift patterns, making it difficult to calculate how many annual sessions a consultant should have and errors can occur. This is one of the reasons for the Health Board to procure electronic job planning software.

[5] Contract with Allocate Software since June 2015. The roll-out programme commenced in October 2015 with e-job planning on a phased approach, and will be followed by the roll-out of Employee Online (absence management toolkit) and HealthRoster.

28 A key element of the job plan process is sign off. The guidance states that a copy of the job plan summary needs to be completed, and signed by both the Consultant and Clinical Manager, and subsequently counter-signed by the Health Board/Trust Chief Executive (or his/her nominee) following agreement of the Consultant's Job Plan for the coming year. Ensuring the required sign off of job plans has presented the Health Board with some difficulty over the years, and actions to tackle this have had varying degrees of success. The Health Board told us that the lack of sign off was due to consultants believing that their job plan had been agreed following the meeting rather than not accepting the content of their job plans.

29 The guidance sets out the appeals process should the consultant not be able to agree the job plan with the clinical manager. The Health Board has a process in place for appeals which is led by the Assistant Medical Director. The Health Board told us that the majority of disputes are resolved informally and that there had been just six cases in recent years that had been resolved using the informal appeals stage with one case still ongoing.

30 In seeking to address the sign off issue, the Health Board agreed that an email confirming agreement was sufficient. It is positive to note that our review of 15 job plans found that all had been signed either on the paper form or agreed electronically by email.

31 The Health Board is committed to establishing effective job planning arrangements and has committed resources to enable its development. For example, in April 2012, a Benefits Realisation Manager, with experience of the contract and job planning was employed and a Benefits Realisation Steering Group established. In 2015, the Health Board also secured investment from the Welsh Government's Invest to Save[6] fund to purchase and implement the Allocate Software. In December 2015, the Health Board approved a business case for additional funding to support the implementation of the project at a faster pace to ensure that all consultants have had their job plan entered onto the system and agreed by December 2016, rather than the initial proposed date of August 2019.

32 The Health Board started e-job planning in the General Surgery, Trauma and Orthopaedics and Urology Directorate in November 2015 and has a roll-out plan in place to cover all directorates. The Health Board believes that the new e-job planning system will address many of the challenges with the current paper based job planning arrangements and will improve the availability and reliability of management information.

33 As part of our review of job plans, we looked at three that had been completed using the new e-job planning system. These job plans contained all the required information in a clearer format than the paper forms. Total weekly sessions and on-call were calculated automatically based on the detailed time allocated for each activity.

[6] The Invest to Save (I2S) fund is a short-term pool of resources available to help public service organisations transform the way that they work.

34 The Health Board has made some initial estimates of financial, administration, governance, and clinical benefits that more effective job planning, rota and absence management could achieve, including:

- improved utilisation of clinical activities and reduce cancellations, leading to consistent and safer patient care;
- replacing local paper-based systems, which differ across Directorates, with more transparent, standardised, controlled, and auditable e-systems; and
- improved data quality and reporting in real time that can be used by a wide variety of colleagues to support a range of management activities to ultimately improve patient care and services.

35 The Health Board will undertake detailed work following roll out of job plans to all consultants to quantify the impact, benefits and efficiencies associated with the e-job planning and e-rostering projects.

There is a well thought out approach to developing guidance and training to support the implementation of e-job planning

The Health Board recognises the importance of guidance in supporting effective job planning, and whilst some useful initiatives are being rolled out, processes to periodically check compliance with the guidance will need to be introduced

36 Our 2010 work identified that when the contract was first introduced, health bodies developed their own guidance based on the Welsh Government and British Medical Association guidance produced in 2004. We found the extent to which updated local guidance had been introduced varied across Wales. The Health Board had set up a system of job planning with detailed guidance for clinical directors and managers, although the guidance had not been issued to all consultants.

37 Our 2013 follow-up work found that the Health Board had drafted local guidance in June 2012. Despite the guidance being comprehensive and providing a clear understanding of what was expected from job planning for all concerned, it was again not issued to consultants. We were told at the time that there were still processes that needed to be resolved before the guidance could be finalised and issued.

38 The Health Board has since adopted the national guidance issued in 2014, which it has made available to all staff on the intranet. In addition to this guidance, the Health Board has also produced the following:

- a simplified, three-page guidance for the roll out of the electronic job planning, issued by the General Surgery, Trauma and Orthopaedics and Urology Directorate;

- a one page instruction sheet explaining how to log onto and sign off using Allocate which has the full system ‘Doctors Guide’ embedded within it; and
- a draft annual leave policy.

39 The Medical Director recognises that further guidance is needed to ensure that e-job planning is implemented successfully and is developing a job planning toolkit with clinical directors. The toolkit will provide detailed guidance for all involved in job planning on how to use the new e-job plan system, but will also cover the principles and links between job planning, appraisal, and revalidation processes.

40 Whilst many (58 per cent) consultants who responded to our recent survey said they had clear guidance on the job planning process, there was a significant number that did not (34 per cent). The Health Board will need to ensure that as it develops its guidance it will need to address this issue and ensure that all consultants have access.

41 The guidance states that job planning interviews must be scheduled well in advance. Our survey found that 76 per cent of consultants thought that they had been given adequate notice to prepare for their meeting. This is consistent with our survey in 2010 when 80 per cent were satisfied with the amount of time they had to prepare. However, given that 19 per cent of consultants told us that they did not have enough notice, managers need to ensure that all consultants have enough time to prepare appropriately and have access to relevant performance information.

42 The Health Board is developing additional guidance to clarify arrangements for taking annual leave. The contract states that all time taken out of the agreed working week (annual leave, professional or study leave) will have to be agreed in advance, where possible with at least six weeks’ notice. The contract states leave should be taken in weeks, but consultants’ job plans are now more complex and include different activities over a number of weeks, such as consultant of the week. It is positive to note that the Health Board is taking a wider approach to policy development and alignment as part of its e-job planning arrangements. For example, it has developed an annual leave policy to ensure that there is a uniform and equitable approach to the calculation of all annual leave and bank holiday entitlements ie, leave is taken proportionally across DCC and SPA sessions. Including annual leave in guidance for job planning will support the development of more complex and flexible job plans such as those with annualised hours.

Training for all staff involved in job planning is in development alongside implementation of e-job planning

43 In 2010, local audits found the extent to which training had been provided, both for consultants in general, and for those tasked with reviewing the job plans of others, also varied between and within the organisations. At the Health Board, we found that training was only provided to senior staff.

44 The additional resources agreed by the Executive Board to accelerate the implementation of the e-job plan project will also support more training both on an individual and group basis, and also the development of e-learning packages. The Health Board is developing training materials based on those supplied by Allocate and those in use in other health bodies in Wales and England that have already implemented e-job planning. They are also investigating what e-packages are available. At the same time, an all Wales group is developing e-job planning training modules, although this has not yet been issued. However, the Health Board reported that IT limitations will limit their ability to use e-training as most laptops do not have speakers.

45 The Directorate Manager for the initial roll out of e-job planning did the training in August 2015 using training materials supplied by Allocate. The Health Board reported in the integrated performance report in November 2015 that the directorate management teams for Anaesthetics Critical Care and Theatres, and Radiology have also undergone training on e-job planning in readiness for their next round of job plan meetings in the spring of 2016.

46 Before the purchase of the e-job planning system, the approach to training focused on clinical directors as part of their development. They have received training based on a comprehensive set of slides which explain what job plans are, how to carry out the annual review, and how to develop outcomes. The slides emphasise that outcomes need to be appropriate, identified, and agreed; that they need to be careful of factors outside their control; and they suggest that consultants propose their own outcomes. The training also provides clarity on links with appraisal, and the need to discuss with consultants how to balance workload and alternative ways to deliver the service. This training runs alongside performance management training. In previous years, the Benefits Realisation Manager attended a number of job plan reviews across the Health Board to ensure consistency of approach, and also to provide training.

47 The Health Board has not run a programme of training on job planning for consultants and whilst 31 per cent of consultants responding to our survey said that they had received sufficient training on job planning, 57 per cent thought they had not. The Health Board should consider how it will ensure that all participants in job planning have received appropriate training, and that refresher training is available on an ongoing basis.

Appropriate Health Board staff participate in the majority of job plan reviews, although further work is needed to ensure appropriate input from universities and other employers of visiting consultants

48 The guidance states that job plan reviews should be carried out by the clinical manager (that is, any appropriate medical manager or leader such as the Medical Director, Clinical Director or similar) who will be accompanied and assisted by the nominated service manager.

49 Our 2010 work across Wales highlighted a variable approach to the involvement of general managers in job planning meetings. Our specific work at the Health Board found that both clinical managers and general managers were always involved in job plan review meetings. This was also the finding of our follow-up review in 2013. At the time, the Health Board had told all directorates that both the Clinical Director (CD) and Directorate Manager (DM) need to attend all job plan reviews. We were told the arrangement worked well as the CD can focus on the clinical aspects while the DM can focus on the number of sessions and other corporate considerations. However, despite it being important for both the CD and DM to attend, this requirement was also the biggest obstacle for completion of job plan reviews on an annual basis due to the large number of consultants and the limited amount of time available, particularly for the CDs who also have a clinical workload.

50 Our recent survey of consultants reveals that 69 per cent of respondents (74 out of 107 consultants) had a job plan review meeting with both a clinical and a general manager. Of the remainder, 23 per cent (25 consultants) had meetings with a clinical director only, and seven per cent (eight consultants) with a general manager only.[7] As mentioned previously, the Health Board does not have assurance arrangements in place to ensure that job planning is taking place as required. An assurance process would help the Health Board understand why job plan reviews are not being carried out by both the clinical manager and general manager as set out in guidance. Historically, clinical capacity has been a factor, and the additional administrative resources that the new e-job planning roll out will provide should alleviate some capacity constraints. The Health Board will need to assure itself going forward that capacity constraints are considered when programming job plan reviews.

[7] For a further 16 consultants, a mix of other clinical and general managers participated in the review.

51 Some consultants who work for the Health Board have academic contracts and can undertake sessions teaching or researching at local universities. The guidance states that the job plan should include what work clinical academic consultants do for the health body and what work they also do for the university. It also states that university representatives need to be engaged in the job planning process for clinical academics, this is particularly important to ensure that there is clarity about SPA and university commitments and that there is no duplication in terms of university and NHS requirements.

52 The Health Board's local guidance, as mentioned previously, is being further developed, and currently only the three-page guidance from the General Surgery, Trauma and Orthopaedics and Urology Directorate covers university representation. Where sessions are funded by a university, guidance says that the university should be involved in job planning. It is clear from our recent work that this is an area that needs addressing. Four consultants responding to our survey indicated that they had an academic contract. Three said the university had no involvement in the job plan review and one was not sure if the university was involved.

53 Of the 15 job plans we reviewed, two had scheduled time for teaching at a university. We found that while sessions are scheduled, we could not find any evidence of the university being involved in the job planning discussions.
The Heath Board accepts that this aspect of job planning is not in place. The Health Board needs to ensure that the right level of university involvement in job planning is part of its arrangements.

54 The guidance for visiting consultants is clear that where the health body is the lead employer for Medical and Dental staff who undertake sessions in other health bodies, they must invite representatives from the other organisations to participate in the process. This will include sharing copies of the documentation when agreed. Where the health body has visiting medical and dental staff who are employed by other health bodies, they should contact the other organisation to request that they are included in the process. If timescales are not compatible, the two organisations will need to agree what will work best for all parties.

55 The Health Board has consultants who work for other NHS bodies.
Five consultants who replied to our survey indicated that they work sessions for other NHS bodies, but only one indicated that the other organisation was involved in agreeing a single overall job plan. Despite this, four indicated that their job plan did reflect the requirements for both organisations.

56 The three-page guidance from the General Surgery, Trauma and Orthopaedics and Urology Directorate states that the job plan review should involve representation from other employers. The job planning toolkit that is being developed needs to ensure that this message is emphasised to ensure that all their consultants' time is accounted for accurately and agreed regardless of who they are employed by.

57 The contract sets out the principles by which the consultant can engage in private practice. It states that the job planning process should be used to ensure there are no conflicts between the consultant's NHS commitments and their private work. The guidance goes on to state that the job plan interview should capture any fee paying work carried out.

58 Of the 15 job plans we reviewed, two referred to private work, but only one clearly defined the private work and allocated time in the job plan, the other did not. This would indicate that the Health Board's job planning process is not always adequately accounting for independent or fee paying work, although clearly it is difficult to draw firm conclusions from such a small review sample.

59 The Health Board's own three-page job planning guidance from the General Surgery, Trauma and Orthopaedics and Urology Directorate states that the job plan review should confirm fee paying work, confirm details of private work venue, day, session, and that the consultant signs a declaration of interest form in relation to any private work undertaken. The new e-job plan contains a section regarding fee paying work. It also provides space for time dedicated to private work to be identified and included in the schedule, but does not count towards the total number of sessions. The new e-job planning system should therefore help to identify and record time allocated to private work more explicitly.

Good progress is being made to develop consultant level performance information and further work is underway to support the setting and monitoring of appropriate expected outcomes

60 The contract is clear that consultants should agree an appropriate set of outcomes, relevant to the specialty, that are challenging, holistic, transparent, and innovative. Furthermore, outcomes need to be appropriate, identified, and agreed. These could include outcomes that may be numerical, and/or the local application of modernisation initiatives. The job plan review should compare outcomes and activities with appropriate benchmarks, taking account of service delivery priorities, and best clinical practices and performance indicators. It should review whether the consultant met the agreed outcomes in their job plan, or – where this is not achieved for reasons beyond the individual consultant's control – has made every reasonable effort to do so. Agreed expected personal outcomes, although an integral part of the job plan, should not be contractually binding. Consultants should nonetheless make all reasonable efforts to work towards the achievement of these outcomes.

61 The guidance states that setting and achieving outcomes is a key factor towards clinical manager confirmation to the consultant whether the job plan review is satisfactory, or is unsatisfactory, which will inform decisions on pay progression. The guidance provides detailed information on how to set and monitor outcomes as part of the job planning process. The outcomes will set out a mutual understanding of what the consultant will be seeking to achieve over the annual period that they cover and how this will contribute to the objectives of the employing organisation.

62 To support the setting and reviewing of outcomes, the Welsh Government established an all-Wales consultant outcomes indicators project (known as Compass). The aim of Compass was to develop a suite of outcome indicators for individual consultants which could be used as a tool to inform job planning discussions and appraisal as part of the implementation of the contract. However, the Auditor General's 2013 national report identified that Compass did not deliver accurate, consultant level data and the project was discontinued in December 2009. In the absence of a recognised national system, individual health bodies have developed their own approaches to consultant level outcome indicators.

63 In 2010, our review at the Health Board showed wide variation in the setting and reviewing of expected outcomes with three-quarters of the job plans reviewed containing a range of objectives. Many of these referred to service improvements, for example, setting up new services or new ways of delivering existing services. Others referred to taking on new roles or delivering specific targets. A minority of job plans had smart outcomes, and few consultants had outcomes that were explicitly linked to the Health Board's strategy. Some job plans had no outcomes at all.

64 Our follow-up review in 2013 found that the Health Board had reviewed data management for job planning in April 2012. Some areas, for example, Anaesthetics and Radiology, had significant quantities of data available for discussing performance during the job plan review meeting, and which could be used to develop outcome indicators for the year ahead. Other areas were less data rich, for example, Mental Health, which still needed to develop performance information to support the development of individual outcome indicators. At the time, the Performance and Information Department was working with the Directorates to produce a suite of indicators for use in job planning.

65 As part of our recent review, we asked the Health Board to indicate what information they used to set and monitor consultant outcomes for DCCs. Exhibit 2 shows that whilst the Health Board is using a range of information, there is still some variation in its use across specialities. The Health Board also reported that they were using information through the gradual introduction of team job planning with increased community sessions to integrate patient pathways. In addition, retirement succession planning is utilising new skill mix, and the service considers Specialist Nurse service delivery (if appropriate) prior to the consultant appointment retirements. Both of these uses of information are more defined in acute specialties.

Exhibit 2 – Information sources used in monitoring and setting outcomes

	Yes, across all speciality areas	Yes, across most speciality areas
Activity and safe practice	Yes	
Clinical outcomes		Discussed at appraisal and feeds into job planning
Clinical standards		Discussed at appraisal and feeds into job planning
Local service requirements		Yes
Management of resources, including efficient use of NHS resources	Yes	
Quality of care		Yes

Source: Wales Audit Office Information and Data Collection Form completed by the Health Board

66 Our recent survey of consultants found a mixed picture in terms of access to information to support their job plan review (Exhibit 3). A significant proportion of consultants indicated that they did not have access to either local clinical information or information on the Health Board's objectives. It is concerning to note that half the respondents indicated that performance information was not of sufficient quality to accurately assess their performance.

Exhibit 3 – Consultants' views on the information provided for their job planning meeting

	Yes	No	Not sure
Access to information from local clinical/management information systems to support discussions about your existing work?	48 (39%)	58 (47%)	17 (14%)
Information on the Health Board's objectives?	33 (27%)	77 (63%)	13 (10%)
Performance information of sufficient quality to accurately assess your performance?	43 (35%)	62 (50%)	18 (15%)

Source: Wales Audit Office survey of Health Board consultants

67 The provision of information is a high priority for the Health Board and it has invested in data analysts to support integrated performance reporting and the development of clinical efficiency measures. The Health Board has developed an in-house dashboard of information for each consultant, called Clicksense. It is soon to be available for orthopaedic consultants who will be able to view their performance compared to anonymised colleagues across a range of measures such as emergency readmission within 28 days, average cases per theatre session, average length of stay etc. The aim is for the Health Board to be able to view each consultant's planned versus actual sessions of activity, and this information will be available across a team and a directorate in order to assist demand and capacity planning. This will be used as the basis for a conversation over what this data means for each consultant's individual performance.

68 In addition, the Health Board's Finance, Performance and Workforce Committee has worked hard over the last 12 months or so to develop clinical efficiency measures so that it can better understand consultant performance and has received reports on particular specialities, for example, Orthopaedics and Urology.

69 Results from our recent survey of consultants (Exhibit 4) found that the setting of outcomes across the Health Board is still not embedded in all directorates. Sixty per cent of consultants said that their job plan clearly stated outcomes and outputs for their DCC commitments, 53 per cent for their SPA activity, and 44 per cent for other activities.

Exhibit 4 – Consultants' views on outcome setting in their job plans

	Yes	No	Not applicable/ Not sure
Are outputs and outcomes clearly stated in your current job plan for:			
• DCC commitments?	74 (60%)	38 (31%)	11 (9%)
• SPA?	65 (53%)	45 (36%)	13 (11%)
• Other programmed activities eg, management role?	53 (44%)	49 (40%)	20 (16%)
In your view, does your current job plan: • Clearly set out the relationship between your personal outcomes and those of the organisation?	39 (32%)	64 (52%)	19 (16%)

Source: Wales Audit Office survey of Health Board consultants

70 Exhibit 5 sets out how many consultants said that they reviewed outputs and outcomes at their job plan review meetings. We found that 47 per cent said that they reviewed the outcomes for their DCC sessions, 58 per cent for SPA and 49 per cent for their other activities. But only a third of consultants said that they discussed the relationship between their outcomes and those of the organisation. Job plan outcomes were reviewed during appraisal for 47 per cent of consultants which indicates that outcomes are discussed in both in appraisal and at job plan review meetings.

Exhibit 5 – Consultants' views on reviewing outcomes

	Yes	No	Not applicable/ Not sure
During your most recent job plan meeting did you:			
• Review the outputs and outcomes of your DCC sessions?	58 (47%)	52 (42%)	13 (11%)
• Review the outputs and outcomes of your SPA sessions?	72 (58%)	39 (32%)	12 (10%)
• Review the outputs and outcomes of your other activities?	60 (49%)	45 (36%)	18 (15%)
• Discuss the relationship between your outcomes and those of the organisation?	40 (33%)	64 (52%)	18 (15%)
Were your current job plan outcomes assessed during your most recent annual appraisal?	56 (47%)	52 (43%)	12 (10%)

Source: Wales Audit Office survey of Health Board consultants

71 Our recent review of job plans found that detailed, specific, and measurable outcomes were only evidenced in three of the 15 job plans we looked at, and all were in the Pathology department. Of the remaining job plans, nine had outcomes set, but these were simple statements of continued activity and the remaining three had no outcomes.

72 Both our survey of consultants and review of job plans emphasise that the Health Board has much to do to set and review outcomes for consultants across the organisation. As mentioned previously, the Health Board is focusing on getting all timetabled sessions into the e-job plan system from the current round of job plan reviews. It is positive to note that the Health Board recognises that it needs to address the issue of outcomes which they will be able to do in the following round of job planning once all sessions are on the new system.

73 Currently the General Surgery, Trauma and Orthopaedics and Urology Directorate guidance states that specialty outcomes are to be agreed at Specialty level, which needs to be consistent with Board outcomes. The Medical Director is leading a group to develop appropriate outcomes for the next round of job reviews. It is intended that outcomes will be set at three levels:

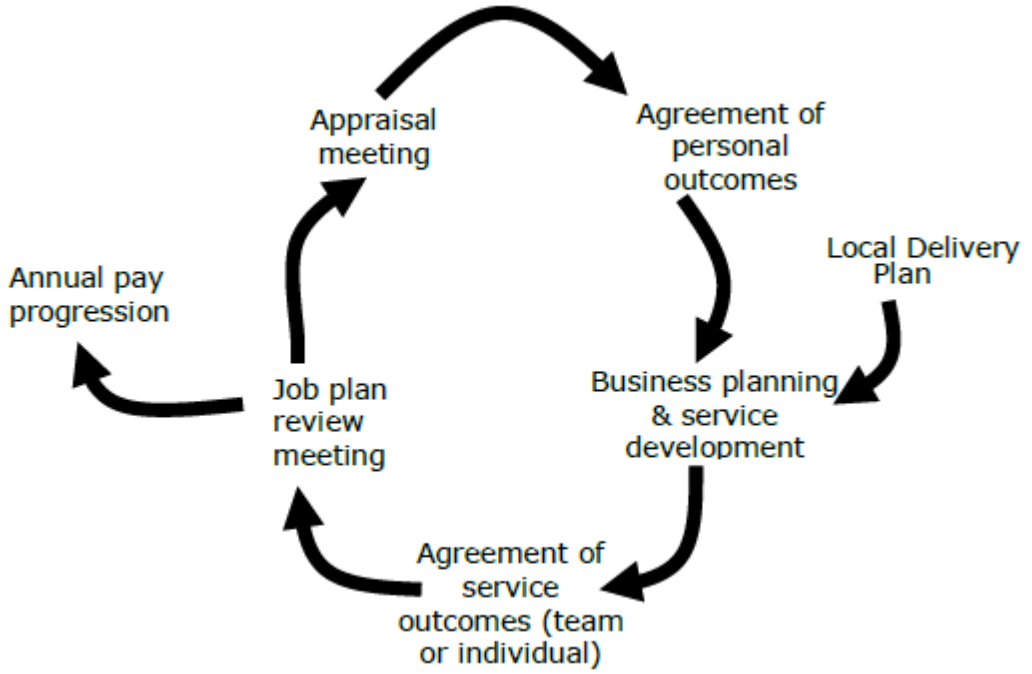
- Consultant – outcomes will focus on personal continuing professional development;
- Directorate and team – outcomes will reflect service levels; and
- Health Board – outcomes will relate to supporting service improvement.

Processes for appraisal and revalidation are well established and link appropriately with job planning

74 Revalidation is the process by which licensed doctors are required to demonstrate to the GMC that they are fit to practice. Revalidation has been dependent on the doctor participating in annual appraisals since December 2012.

75 The guidance says that the job plan review will be supported by the same information that feeds into an appraisal, and by the outcome of the appraisal discussion. Personal development plans will usually be formulated during the appraisal discussion which will inform the job plan review meeting for discussion and agreement, linking to service and corporate outcomes, where appropriate. Exhibit 6 provides an illustration of the way that job planning and appraisal should interlink.

Exhibit 6: The job planning and appraisal cycle



Source: **The National Health Service in Wales Effective Job Planning for Consultant Medical and Dental Staff, 2014,** Welsh Government, NHS Wales Employers, BMA Cymru Wales, April 2014

76 Our 2010 work found that the links between the job plan review meeting and appraisal varied across the health bodies in Wales, and there was no standard approach to appraisals. While some consultants had undertaken appraisals annually, others said that they only had an appraisal when they asked for one, or had never had an appraisal. In some areas, we found that appraisal had a higher priority than job planning. The work also found that the links between the job plan review meeting and appraisal varied, with some areas running the meetings back to back, while others kept them separate.

77 In 2010, the Health Board was conducting job planning and appraisal meetings back to back. At the time only the clinical director undertook the appraisal and the directorate manager joined the meeting for the job plan review.

78 Since April 2014, the Medical Appraisal and Revalidation System (MARS) is the agreed system for medical appraisal in Wales for all doctors, except GPs, in Wales. Clinical directors no longer carry out appraisals. The Health Board has implemented MARS and appointed 40 peer appraisers and three appraisal co-ordinators. In March 2015, the Health Board reported that 79 per cent of consultants had completed a formal appraisal within the previous 12 months, and our recent survey found that 89 per cent of respondents (109 consultants) said they have had an appraisal within the previous 12 months.

The Health Board has suitable mechanisms to monitor and report completion of annual job planning reviews

79 Our national report in 2013 recommended that all health bodies have monitoring processes in place to check that all consultants have an up-to-date job plan, and that job planning is being undertaken in accordance with guidance that has been issued. It recommended that monitoring processes should include an update report to the Board, at least annually, that demonstrates the extent to which consultant job planning is embedded across the organisation as a routine management practice.

80 The Electronic Staff Record (ESR) which is in place across NHS Wales provides functionality to record job plan sessions. Job planning data can be stored, reviewed, analysed, and reported on at both local and national level. Within the Health Board, ESR data has been used to generate directorate progress reports which are available to directorate management teams on the Health Board's intranet site.

81 The Health Board's Finance, Performance and Workforce Committee receives the integrated performance dashboard at each of its monthly meetings. This is also reported to the Board quarterly. The dashboard contains information on the number of job plan reviews completed and also provides explanations about performance and information about progress of implementation of e-job planning.

82 The latest dashboard stated that at the end of December 2015, only 19 per cent of consultants had a current job plan, with 75 per cent of consultants having an expired job plan, and five per cent of consultants with an unsigned plan. However, due to a time lag in reporting, the situation regarding progress made by the General Surgery, Trauma and Orthopaedics and Urology Directorate with e-job planning was not yet reflected in the dashboard. The Medical Director has attended the Committee to explain the difficulties with annual job planning and the solutions that are being implemented. The independent member interviewed as part of our review thought that that the Committee received sufficient assurance on job planning arrangements and the Committee had not seen the need to request a deep dive in this area, although they would if they thought there was an issue.

83 A key aspect of the current paper based job planning arrangements is the role that the Workforce and Organisational Development (OD) team play in ensuring that salary payments to consultants match their job plan. Paper job plans are sent to them and are checked in terms of calculations for DCC and SPA activity, and the associated remuneration is amended via staff change forms as required. The ESR record is then updated manually following these checks.

84 Given the issues of out of date job plans, delays in forwarding plans to the Workforce and OD team, and lack of assurance arrangements, there is a risk that salary payments do not accurately reflect the work being done by some consultants. We were told that this risk is low as without an agreed job plan a salary change is not triggered. The Health Board has additional mechanisms to mitigate risk as it is also rolling out ESR manager self service module. The module will ensure timely processing of salary payments, such that these payments accurately reflect the work being done by some consultants and the Directorate Management team will be able to process salary changes immediately that the job plan is agreed. Furthermore, the e-job planning system will send automated notifications once a job plan has been completed. This will be more reliable and efficient than the current manual arrangement.

The Health Board is making progress securing the intended benefits from the contract with further opportunities to develop team job planning and flexible contracts

Job planning is part of a wider approach to support workforce planning and service improvement, although further work is needed to ensure it is used as a tool to engage consultants with service change

85 A key aim of the contract was to facilitate health managers and consultants to work more closely together with a shared commitment to enhance the quality of service for the benefit of patients. Part 7 of the contract is dedicated to modernisation and innovation, setting out how individual consultants will work with their employer to lead the modernisation agenda to cope with increased demand; adapt to the shortage of doctors due to the reduction in junior doctor hours; and redesign services to address the increased complexity of managing many conditions. The Welsh Government also committed to providing more support for research and development, user involvement, education and training, and supporting new ways of working with voluntary organisations.

86 The guidance says that the job planning process has a key role to play in creating a more flexible organisation, increasing capacity, improving resource utilisation, and measuring and enhancing productivity, as well as reducing any excessive working hours. The job planning process is an essential mechanism within which all consultants are able to agree how they will contribute to service plans, in order to enhance patient care and drive service developments. Where changes to NHS services have occurred following public consultation, consultant job plans should be updated and agreed to reflect new service models.

87 Our national report in 2013 indicated that, broadly speaking, the contract had not been the significant driver for service modernisation as was originally anticipated. Less than half the consultants who completed our survey in 2010 felt that the contract and job planning had provided opportunities to discuss service modernisation and improvements to clinical practice, and even fewer felt it had improved patient care or changed the way they worked for the better. Our local audit work also identified variations in the extent to which clinicians and managers had worked together to provide better services. Whilst there were plenty of examples of this happening across Wales, there were also examples of where consultants had found it difficult to engage with managers in developing new services or ways of working. In overall terms, our audit work found the relationship between consultants and managers to be very variable within and between organisations.

88 Our specific work in the Health Board in 2010 found that service modernisation was taking place, but more use could be made of job planning to facilitate change. In particular we found that relationships between the consultants and managers at directorate level were generally good, although many consultants said that they felt disconnected from the Board with no ability to access the key decision makers. This perception was recognised by the Health Board and various actions were implemented to improve clinical engagement. We also found that few consultants had a clear understanding of the overall demand for their service and how this linked to the capacity defined in their job plans.

89 Our more recent survey of consultants found that 57 per cent now felt that job planning was an opportunity to discuss modernising services, and 55 per cent agreed they could discuss steps that could be taken to improve clinical practice. However, 35 per cent said that they did not discuss modernising services, and 38 per cent did not think they could discuss steps to improve clinical practice. We recognise that job planning is just one arena for discussing changes in clinical practice and modernising services, and it is positive that over half of consultants told us that job planning is being used as a forum for change.

90 Our review of job plans found that the setting of service modernisation outcomes is under-developed with few job plans making explicit reference to the consultant's role in developing service improvements. The Health Board told us that they are undertaking further work on the development of outcomes and will be taking it forward in development sessions with clinical directors and general managers in the near future.

91 The Health Board strongly agreed that the contract has led to a shared commitment to enhance the quality of service for the benefit of patients. The Health Board has an active Medical Leadership Forum that has discussed job planning and the new e-job plan software as part of the implementation of Allocate resource management improvement tool, and is engaged with service development. It should be noted that the Health Board has numerous initiatives to modernise services like the implementation of one-stop clinics and reducing demand for surgery. They are also aware that change can be difficult, and this was reflected in some of the consultant survey comments. These findings show that while the Health Board is committed to including consultant staff in modernising services, they need to ensure all staff are engaged in service change, using the job plan process as one mechanism to do this.

More work is needed to ensure that the expected outcomes from SPA sessions are identified for all consultants

92 SPA covers a number of activities which underpin DCC. SPA activities include training and teaching the next generation of doctors, carrying out research and clinical audits, clinical management roles and clinical governance activities. SPA time should also be used by the consultant to support their own continuing professional development, appraisal and revalidation, and time for job planning. The contract states that for a full-time consultant, there will typically be seven DCC sessions and three SPA sessions. It also states that variations will need to be agreed by the employer and the consultant at the job planning review.

93 Our national report in 2013 identified that there was too much focus on the number of SPAs without looking at the quality and outcome of this investment, with few health boards having arrangements in place to require consultants to evidence their SPA time and to monitor outcomes. While the contract states that a consultant's job plan should typically contain three sessions of SPA time, the number and content of these sessions should change throughout a consultant's career, with the number and nature agreed each year in the annual job plan review. We also reported that in February 2011, the Chief Medical Officer wrote to all medical directors confirming job plans 'should include reasonable SPA time for the consultant to be able to undertake their agreed and evidenced SPA activity, recognising that these will vary from person to person and, potentially, year to year'.

94 The national guidance states that each directorate (or equivalent) should annually review the SPA sessions in consultant job plans. Where there is a discrepancy between evidence of participation in SPA and the time allocated, this should be addressed through the job planning process. The national guidance does not mention setting a 'tariff' for particular activities, which would be an agreed amount of time that a particular activity would be allocated across the organisation. However, some SPA tariffs have been set, for example, the Wales Deanery requires that job plans for delivery of the Educational Supervisor role should typically include the equivalent to a minimum of 0.25 SPA per week per trainee supervised.

95 In 2013, we found that the Health Board's draft guidance clearly stated its expectations of what constitutes SPA and that the consultant needed to provide evidence to justify the amount of time spent on SPA activities. The Medical Director and Clinical Directors were also in discussions over a tariff of how much SPA time certain activities should be allocated.

96 Our recent review found that the Health Board has made some progress on the development of an agreed tariff for SPAs. As a starting point, all consultants are allocated one SPA for their own continuing professional development, appraisal and revalidation that can be taken at any time and in any location. Although the three-page guidance developed for the General Surgery, Trauma and Orthopaedics and Urology Directorate reiterates that SPA time on top of the one session for CPD needs to be evidenced, a comprehensive tariff has not yet been developed.

97 As detailed earlier in this report, our review of 15 job plans found that the three Pathology job plans were the only ones that had detailed outcomes listed for SPAs. Six job plans had no outcomes for SPA which runs counter to the guidance provided.

98 Our survey of consultants found that 59 per cent of consultants stated that their job plan meeting included a review of outcomes for SPA sessions, but a significant proportion (32 per cent) indicated that SPA outcomes were not covered at their job plan meeting.

99 In March 2015, the total number of sessions identified in the job plans for all consultants directly employed by the health board for SPA, management, and other activities was 615.18 sessions. The Health Board recognises the importance and cost of SPA and that it needs to evidence benefit for both the Health Board as well as for the consultant. We were told that as part of job plan review meetings, managers are prepared to challenge consultants who cannot evidence their SPA activity over and above the one session for CPD because it is potentially fraud. The electronic job planning software will provide clarity over the amount of time set out for SPA as either a timetabled session in the week or unspecified time. The system provides space to set out expected outcomes which will be reviewed at the next job plan review. Despite this, more detailed work is needed to ensure that outcome setting and review of SPA is of a good standard so that the Health Board understands the benefit it is getting for its investment in SPA time.

Excessive working hours have largely been addressed and there is some evidence of a team approach to job planning, although more work is needed to ensure on call commitments are recognised in job plans

100 The contract's intention was for all full-time consultants to have a 37.5 working week, in line with other NHS staff. The contract states that a working week for a full-time consultant will comprise 10 sessions with a timetabled value of three to four hours each. Through the job planning process, these sessions will be programmed in appropriate blocks of time to average a 37.5 hour week. Full time consultant jobs are advertised as 10 sessions.

101 Our 2010 work found that only a third of consultants in Wales had 10-session contracts and that the average number of weekly sessions in a consultant's contract was 11.21. At that time, the average weekly sessions in the Health Board were 10.87.

102 Our recent review has indicated a steady decrease in the average number of sessions (Exhibit 7). In March 2015, the average number of sessions was 9.75, although, this will include consultants with less than full-time contracts. The proportion of DCC sessions compared to SPA has remained similar throughout this period at around 74 per cent DCC and 26 per cent SPA (including 'other') sessions.

Exhibit 7: Average weekly sessions between 2010, and 2012 to 2015

	2010	2012	2013	2014	2015
DCC	8.26	7.63	7.62	7.58	7.46
SPA	2.32	2.09	2.11	2.08	2.05
Management	0.14	0.09	0.09	0.08	0.09
Other	0.15	0.16	0.17	0.16	0.15
Total	10.87	9.97	9.99	9.90	9.75

Source: 2010 Welsh Government database of sessions; 2012 to 2015 Cwm Taf Health Board.

103 Our 2010 work identified that some consultants across Wales were working excessively long hours. A detailed analysis of job plans found that around one in six consultants were working 46.5 hours or more with the vast majority in this group working in excess of the 48-hour European Working Time Directive (EWTD) limit. At the time, our review found wide variation in the numbers of consultants with more than 12 sessions in job plans at different health bodies.

104 At that time, seven per cent of the Health Board's consultants had more than 12 sessions in their job plans, which was well below the all Wales average of 14 per cent. Our recent review found only five consultants had a job plan with more than 12 sessions which is equivalent to less than two per cent of all consultants employed at the Health Board. This is a significant reduction in sessions and numbers of consultants working long hours since 2010 and shows the Health Board's commitment to a 37.5 hour working week.

105 Our survey of consultants found that 60 per cent identified that their job plan clearly scheduled all their commitments, including management or other roles, while 33 per cent did not think so. The Health Board told us that its intention is to examine and address the causes which are resulting in consultants saying they are working longer hours than scheduled eg, if clinics are over running every day, they need to understand why, and if there is anything that can be done, such as reducing the number of patients in each clinic.

106 One of the intentions of the contract was improved arrangements for recognising on-call commitments. Unpredictable emergency work is to be handled through on-call arrangements. There are intensity banding payments (paid annually) reflecting the 'disturbance factor' for a consultant having to be available for work when on call. Actual work done for regular on-call commitments is included within DCCs in the job plan.

107 Our 2010 review found the Health Board was documenting on-call adequately within job plans and there were no specific recommendations as a result.

108 Our recent review found that there are different on-call working arrangements in place in specialties working at different hospitals across the Health Board eg, in Prince Charles Hospital, emergency consultants work as consultant of the week, but at Royal Glamorgan Hospital, they cover out-of-hours through 24 hours on call. Our survey of consultants found that 68 per cent of consultants thought that all their on-call and out-of-hours commitments were covered. However, 25 per cent of respondents indicated that their job plan did not cover their on call and out of hours commitments. We were told that the e-job planning system automatically calculates predictable and unpredictable on-call time. Together with e-rostering, the new systems will show where any differences are, so that the Health Board can address any issues that arise.

109 The contract states that job planning can be undertaken on a team basis, where this is likely to be more effective. Where job planning takes place on a team basis, each individual team member should still agree a schedule of individual commitments. The national guidance states that a job plan is an agreement between an individual consultant and his/her employer. Some groups of consultants have however found that there is benefit in developing job plans as a team. This can then inform the job planning process for the individual consultants, where appropriate and beneficial. A team agreement is not contractually binding but helps set out a transparent understanding of how the team intends to map its outcomes across into individually agreed job plans. The guidance sets out a number of approaches to team job planning and it is considered that there are a number of potential advantages to job planning in devising a team job plan.

110 Despite these potential benefits, our 2010 work identified that although a number of specialties within health bodies were using team-based planning, team-based job planning was not frequently employed. Within the Health Board, there was an approach for directorates to discuss job planning initially as a division and team and then go on to individual job plans, however this was not standard practice across the organisation at the time.

111 The Health Board told us that they are now encouraging team job planning where it is appropriate. The Clicksense project will produce consultant and team level performance information which will illustrate the role each consultant plays in delivering their service and will support the setting of outcomes across a team. Our survey of consultants found that 87 per cent (107 consultants) had an individual job plan review meeting and 13 per cent (16 consultants) as part of a team meeting. Of these, 10 consultants reported that they were able to agree their job plan individually, but six said they were not. The Health Board needs to ensure that all parties understand that when team job planning is used all consultants have the opportunity to agree their job plan individually.

112 One of the contract's aims was a commitment to improve flexible working. The contract will allow, by agreement between Consultants and employers, for flexible timetabling of commitments over a period. Flexible timetabling could help meet varying service needs by allowing adjustment to working patterns at different times of year. Examples of flexibility include term time working, alternate clinical and teaching duties across the year, and consultant of the week arrangements.

113 The national guidance has a section on flexible timetabling, recognising it could help meet varying service needs by allowing adjustment to working patterns at different times of year. When arranging flexible timetables, the contract as a whole is expected to be expressed in terms of the annual equivalent of the working week. By agreement between the consultant and the employer, the job plan will specify variations in the level and distribution of sessions within the overall annual total. A consultant could thus work more or less than the standard number of sessions in particular weeks.

114 Our 2013 follow-up review found that the Health Board reported some directorates requested support from the Benefits Realisation Manager in developing innovative ways to use job planning, for example, to develop three session days, team job planning or annualised hours.

115 Our recent review found that the Health Board believed that the contract had delivered on a commitment to improve flexible working. We were told that flexible working has been requested by a small number of consultants, usually citing child care arrangements, and is addressed using the Health Board's Flexible Working Policy which applies to all staff. The Health Board is aware of male and female consultants wanting to work less than full time because they know they will be working longer due to retirement age changes. However, the Health Board does not make much use of annualised contracts.

Issues with recruitment and retention are being addressed through a range of actions that are not related to the amended Welsh contract

116 The amendments to the contract were intended to improve Consultant recruitment and retention. Our national report found that there was a steady year-on-year increase in the number of consultants working in Wales since the contract was implemented, with a 37 per cent increase in the total number of full time equivalent consultants employed in Wales between 2004 and 2011. Welsh Government statistics show that the number of consultants employed by the Health Board has remained fairly constant between 2011 and 2015 (Exhibit 8).

Exhibit 8: Number of consultants employed in the NHS 2011 to 2015

	2011	2012	2013	2014	2015	Change in number 2011 to 2015	Percentage change 2011 to 2015
Cwm Taf UHB	219.8	217	224.1	219.6	226.4	6.6	2.9%
All Wales	2,217.5	2,273.9	2,323.8	2,316.1	2344.6	127.1	5.4%

Source: Welsh Government, StatsWales based on NHS electronic staff record annual returns as at 30 September each year[8]

117 The Health Board told us that the number of consultants directly employed in March 2015 was 267 (248.65 full time equivalent). Of these, 210 were full time, 50 were part time and seven were locums. They reported eight vacant consultant positions, both unfilled and currently being covered by a locum. An additional 21 consultants have honorary contracts[9].

118 The Review Body on Doctors' and Dentists' Remuneration reported that the Welsh Government was unable to provide the latest vacancy rate for consultants. The Welsh Government said that it was working with NHS Wales to agree a simple definition of an active vacancy, as well as a mechanism for reporting this regularly as part of a wider dashboard of indicators from the next financial year. The BMA said that a Freedom of Information request to Welsh health boards and trusts showed a 6.8 per cent vacancy rate, with 10.5 per cent of the consultant headcount being locums. In response, the Welsh Government said that at November 2014, it estimated that locums accounted for 9.34 per cent of the consultant workforce[10].

119 The Health Board understands that the key areas for difficulty in recruitment are in pathology and psychiatry, in line with other NHS employers in Wales, and they employ locums in psychiatry to ensure continuity of service. The Health Board is undertaking detailed work to understand its establishment needs for consultants and its use of locums across the business.

[8] Medical and dental staff by hospital and year, StatsWales

[9] Honorary contracts are used for clinical academic GMC/GDC registered doctors and dentists who are employed by Higher Education Institutions or other organisations in a research and/or teaching capacity, and who also provide services for NHS patients, at consultant level, in NHS facilities.

[10] Review Body on Doctors' and Dentists' Remuneration, Forty-Fourth Report 2016, March 2016

120 While the Health Board does not have a significant problem with recruitment and retention of consultants, they are undertaking a number of initiatives to improve recruitment of doctors and other clinical staff at all grades. These include advertising campaigns; commissioning a bank of photographs including beauty of local setting, facilities, working environment, staff at work; and are improving the recruitment section of the website, including the use of short video clips. The Health Board is working with other health boards on sharing consultant resources and providing innovative opportunities, and is working with an agency on overseas recruitment. It has also recently reintroduced exit interviews to understand why staff have chosen to leave. Retire and Return opportunities have been taken up by a number of consultants, and it is offering flexible working opportunities.

Appendix 1

Audit approach

We carried out a number of audit activities between November 2015 and January 2016. Details of these are set out below:

Method	Detail
Information and Data Collection Form	The Form was the main source of corporate-level information and data that we requested from the Health Board.
Document request	We requested and reviewed documents from the Health Board including: • minutes, papers, and reports where issues around consultant job planning and appraisal have been subject to internal discussion in the last 12 months; • job planning guidance and training materials; • performance reports on job planning, appraisal, and revalidation that have been reported to senior management forums, such as senior management team or board committees; and • information on new projects/models of undertaking job planning and appraisals including any evaluation reports.
Interviews	We interviewed a small number of staff including: Medical Director, Assistant Medical Director, Benefits Realisation Manager, Consultant Contract Project Manager as well as the Independent Member who chairs the Finance, Performance and Workforce Committee, and the Chair of the BMA Local Negotiating Committee.
Surveys of consultants	We carried out an online survey of all consultants to ask their views on the effectiveness of job planning arrangements. We received 131 responses from consultants which was a response rate of 49 per cent.
Review of job plans	We carried out a review of a sample of 15 job plans: • 3 x ACT (Anaesthetics Critical Care and Theatres) • 3 x General Surgery, Trauma and Orthopaedics and Urology • 3 x Medicine • 6 x Others as selected by the Health Board (ENT, Ophthalmology and Orthodontics Pathology)

Appendix 2

National and local recommendations

Table 1 sets out the six local recommendations set out in the Health Board's report from 2011. The follow-up review at the Health Board in 2013 made no new recommendations.

Table 2 sets out the 12 national recommendations from 2013 which relate to health bodies only.

The status of each recommendation is reported at the Health Board as follows:

- (A) indicates that the recommendation has been achieved;
- (O) indicates that work to implement the recommendation is ongoing but is not yet completed; and
- (N) indicates that insufficient or no progress has been made.

Table 1 – 2011 local recommendations

Number	Local recommendations	Status at January 2016
R1	The Health Board has a job planning process in place with most consultants having a current job plan that they indicated had been reviewed within at least the previous 18 months. However, the Health Board needs to ensure that all consultants receive an annual job plan review.	O
R2	The Health Board should provide consultants with clear written guidance to promote a shared understanding of the Health Board's approach to job planning, including its approach to developing smart outcomes.	O
R3	Where a specialty does not have access to good quality performance information, the Health Board should strengthen existing arrangements or develop new outcome indicators within these specialties.	O
R4	The Health Board needs to strengthen existing arrangements by ensuring that in all directorates, both the Clinical Director and General Manager attend the job plan review meeting.	O
R5	The Health Board needs to introduce arrangements that ensure a job plan is formally agreed by the individual consultant and clinical director, and that agreement of the job plan is documented.	A
R6	The Health Board needs to set out a clearer message about what constitutes SPA activity, and that all SPAs have clearly defined outcomes included in the job plan review.	O

Table 2 – 2013 national recommendations

Number	National recommendations	Status at January 2016
Strengthening job planning processes within NHS bodies		
R1a	NHS bodies should ensure that all consultants have a job plan that is reviewed annually to ensure that it reflects the business needs of the NHS organisation and the continuous professional development of the consultant.	O
R1b	NHS bodies should ensure that where changes to NHS services are occurring following public consultation, consultant job plans should be updated and agreed to reflect new service models. This should happen as an integral part of the process to redesign services, rather than a retrospective activity that occurs after the new services are in place.	O
R1c	NHS bodies should ensure that job planning is supported by up-to-date local guidance material and regular training for all staff who participate in the process.	O
R1d	NHS bodies should ensure that there is involvement in consultant job planning from general managers to ensure that wider organisational objectives, service improvements, and financial issues are considered when agreeing consultants' job plans, and to help managers understand what resources and support consultants need to deliver their job plan commitments.	O
R1e	NHS bodies should ensure that while job planning and appraisals are separate processes, there is a clear linkage between appraisal outcome and job planning when meeting the development needs of a consultant. NHS organisations will need to ensure the two separate processes are appropriately aligned and integrated to support the requirements for the new GMC revalidation requirements that will be introduced in 2013.	A
R1f	NHS bodies should ensure that they work jointly with universities in agreeing job plans for consultants that have academic contracts such that the expectations and requirements of both organisations are properly and fairly considered; similar arrangements should be in place for consultants working for two or more NHS organisations.	N
R1g	NHS bodies should ensure that they have monitoring processes in place to check that all consultants have an up-to-date job plan, and that job planning is being undertaken in accordance with guidance that has been issued; monitoring processes should include an update report to the Board, at least annually, that demonstrates the extent to which consultant job planning is embedded across the organisation as a routine management practice.	O

Number	National recommendations	Status at January 2016
Using the right information to inform job planning		
R3	NHS bodies develop an information framework to support job planning, on a specialty-by-specialty basis. Clinicians and managers will need to work together to identify the components that need to be included in such a framework for each speciality, but it would be expected to include: information on activity; cost; performance against local and national targets; quality and safety issues; workforce measures; and plans and initiatives for service modernisation and reconfiguration.	O
Developing a clearer focus on benefit realisation		
R4	NHS bodies should ensure that they have clear and robust processes in place to discuss and agree objectives and outcomes for consultants as part of the job planning process. It will be important to ensure that clinicians and managers involved in setting these objectives and outcomes receive the appropriate training and support to undertake effective job planning with consultants.	O
R5a	NHS bodies should ensure their job planning process includes a clear and informed discussion on the SPA needs of individual consultants, recognising that these will not be the same at different stages in a consultant's career. The job planning discussion should specify the SPA activities to be included in the job plan, and identify the outputs and outcomes that should be achieved, and the location where these activities will be carried out.	O
R6	NHS bodies should look to adopt a team-based approach to job planning where it can be shown that this would be beneficial. Consultants would need to be persuaded to participate rather than coerced, based on a clear explanation of the benefits associated with a team-based approach, and should still retain the right to agree an individual job plan with their employing organisation.	O
R8	NHS bodies should demonstrate more explicitly how consultant job planning is being used to support the delivery of service improvement and modernisation, and the achievement of organisational priorities and performance targets.	N

Appendix 3

The Health Board's management response

	National Recommendation	Intended Outcome/benefit	Priority	Accepted	Management Response	Completion Date	Responsible Officer
R1	NHS bodies should ensure that all consultants have a job plan that is reviewed annually to ensure that it reflects the business needs of the NHS organisation and the continuous professional development of the consultant. (Auditor General Wales National Report, Rec 1a)	All consultants have an accurate job plan with a robust annual review mechanism to provide this assurance		✓	(Links to R2) As part of a restructure within the Medical Directors Office, expressions of interest have been sought to appoint an Asst. Medical Director for Medical Performance and Operational Delivery, and an appointment is awaited.	Nov 2016	Medical Directors' Office

	National Recommendation	Intended Outcome/benefit	Priority	Accepted	Management Response	Completion Date	Responsible Officer
R1	NHS bodies should ensure that all consultants have a job plan that is reviewed annually to ensure that it reflects the business needs of the NHS organisation and the continuous professional development of the consultant. (Auditor General Wales National Report, Rec 1a)	All consultants have an accurate job plan with a robust annual review mechanism to provide this assurance		✓	Following the appointment, a Medical Performance and Operational Delivery group will meet monthly, chaired by the Asst. Medical Director for Medical Performance and Operational Delivery. The group will: • quality assure job plans for consistency mainly in regards to measurable outcomes • discuss barriers/resource requirements that may impact on a consultants ability to deliver their job plan commitments • Review training, guidance, Outcome documentation An e-Job Planning Manager was appointed February 2016 to implement the system, and support the Directorate Management teams with compliance.	Nov 2016 Completed	Asst. Medical Director for Medical Performance and Operational Delivery

	National Recommendation	Intended Outcome/benefit	Priority	Accepted	Management Response	Completion Date	Responsible Officer
R1	NHS bodies should ensure that all consultants have a job plan that is reviewed annually to ensure that it reflects the business needs of the NHS organisation and the continuous professional development of the consultant. (Auditor General Wales National Report, Rec 1a)	All consultants have an accurate job plan with a robust annual review mechanism to provide this assurance		✓	CTUHB has also invested in the Allocate Software® e-job planning toolkit to assist the UHB in meeting this recommendation. The implementation of the e-job plan software will ensure a standardised format across the UHB, which will auto-calculate according to the Wales ACC and thus remove the risk of errors. The e-system tracks the progress of individual job plans, from creation through to sign off, with job plan data visible for interrogation at all stages. The e-system auto generates reminders to individuals and directorate management teams eight weeks prior to next review to also assist with compliance. Job planning through the e-system is already well underway in the organisation, and It is anticipated that the roll-out will be complete by December 2016.	Completed	

	National Recommendation	Intended Outcome/benefit	Priority	Accepted	Management Response	Completion Date	Responsible Officer
R1	NHS bodies should ensure that all consultants have a job plan that is reviewed annually to ensure that it reflects the business needs of the NHS organisation and the continuous professional development of the consultant. (Auditor General Wales National Report, Rec 1a)	All consultants have an accurate job plan with a robust annual review mechanism to provide this assurance		✓	To ensure the job plan reflects the business needs, the UHB has developed a business intelligence platform to aid visibility of quality, performance and financial measurement. The product enables individual clinicians, clinical managers and operational managers to access at a touch of a button visual representation of information including: • Infection rates • Waiting lists • Productivity • Theatre utilisation • Comparable procedure costs Semi-annual training programme to be developed for Directorate Management teams and UHB business partners (planning, finance and HR colleagues) to demonstrate how they can support the job planning process. Job planning is key to ensure the demand and capacity plans that underpin the directorate and workforce plans are met; and also that the co-creation of measurable outcomes support the organisations Integrated Medium-term Plan (IMTP).	Completed December 2016	 Medical Workforce team

	National Recommendation	Intended Outcome/benefit	Priority	Accepted	Management Response	Completion Date	Responsible Officer
R1	NHS bodies should ensure that all consultants have a job plan that is reviewed annually to ensure that it reflects the business needs of the NHS organisation and the continuous professional development of the consultant. (Auditor General Wales National Report, Rec 1a)	All consultants have an accurate job plan with a robust annual review mechanism to provide this assurance		✓	Monthly compliance metrics are issued by the WOD department. Consultant job planning is a key performance indicator and is routinely discussed at Clinical Business Meetings, Medical Leadership Forum and forms part of the monthly integrated report that goes to Executive Board. Monthly compliance reports are also available on the UHB intranet site. Non-compliant directorates will be asked to attend Finance, Performance and Workforce Committee (F,P&W) annually to demonstrate compliance with the JP process, and that job plan outcomes have been met.	Completed Ongoing	Medical Workforce Team /Asst Director of Perfomance and Information

	National Recommendation	Intended Outcome/benefit	Priority	Accepted	Management Response	Completion Date	Responsible Officer
R2	The Health Board has a job planning process in place with most consultants having a current job plan that they indicated had been reviewed within at least the previous 18 months. However, the Health Board needs to ensure that all consultants receive an annual job plan review. (Cwm Taf UHB Local Report, 2011, Rec 1)	All consultants have an accurate job plan with a robust annual review mechanism to provide this assurance		✓	(Links to R1) The e-Job Planning Manager and implementation of e-system will support the Directorate Management teams with compliance. The e-system tracks the progress of individual job plans, from creation through to sign off, with job plan data visible for interrogation at all stages. The e-system auto generates reminders to individuals and directorate management teams 8 weeks prior to next review to also assist with compliance. The e-Job Plan Manager meets with each Directorate to discuss and agree a job plan schedule to ensure all consultants receive an annual job plan review; and to identify in larger directorates where additional support may be required from Directorate Support Managers or Asst. Clinical Directors.	Complete On-going	Medical Workforce Team Medical Workforce Team

	National Recommendation	Intended Outcome/benefit	Priority	Accepted	Management Response	Completion Date	Responsible Officer
R2	The Health Board has a job planning process in place with most consultants having a current job plan that they indicated had been reviewed within at least the previous 18 months. However, the Health Board needs to ensure that all consultants receive an annual job plan review. (Cwm Taf UHB Local Report, 2011, Rec 1)	All consultants have an accurate job plan with a robust annual review mechanism to provide this assurance		✓	Monthly compliance metrics are issued by the Workforce and OD department and are also available on the UHB Sharepoint site. Consultant job planning is a key performance indicator and is routinely discussed at Clinical Business Meetings. Reports on job planning also form part of the monthly integrated report that goes to Executive Board. A detailed report on the rollout of e-job planning is due to be presented to the Finance, Performance and Workforce Committee (F,P&W) in January 2017. The WAO report highlights that in response to the Consultant Questionnaire, five consultants responded that they had not agreed a job plan for many years. The UHB will use the information in ESR BI to identify and highlight any individuals who fall into in this category to Directorate management colleagues, in order to prioritise these individuals. The UHB are liaising with the LNC to secure and agree a process for job plan sign off.	Complete September 2016	Medical Workforce Team Medical Workforce Team/ Directorate Management teams

	National Recommendation	Intended Outcome/benefit	Priority	Accepted	Management Response	Completion Date	Responsible Officer
R3	NHS bodies should ensure that job planning is supported by up-to-date local guidance material and regular training for all staff who participate in the process. (Auditor General Wales National Report, Rec 1c)	All participants understand the purpose and practical arrangements for job planning.		✓	All Wales Effective Job Planning Guidance for Consultant M&D Staff (April 2014) plus 'A UK Guide to Job Planning for Specialty and SAS doctors (Nov 2012) has been adopted by CTUHB as guidance to support the job planning process. To supplement these documents, the LNC will be engaged to develop local guidance to include: • An Introduction to the job plan process • Team Job Planning • Annualised hours • Outcome Setting • SPA Guidance inc Additional Roles and Responsibilities.	Complete September 2016	Medical Workforce Team Medical Workforce Team

	National Recommendation	Intended Outcome/benefit	Priority	Accepted	Management Response	Completion Date	Responsible Officer
R3	NHS bodies should ensure that job planning is supported by up-to-date local guidance material and regular training for all staff who participate in the process. (Auditor General Wales National Report, Rec 1c)	All participants understand the purpose and practical arrangements for job planning.		✓	Job plan training sessions to be developed in conjunction with Learning and Development department for delivery to all Directorate Managers, Clinical Directors, Medical and Dental Practitioners and Business Partners (planning, finance and HR colleagues) to include a section on agreeing and setting measurable outcomes. This training session will also form part of an induction package for all newly appointed Directorate Managers, Clinical Directors and Medical and Dental Practitioners. The Medical Director/Asst Medical Director will provide a quarterly update on job planning at Medical Leadership forum and Executive Board to ensure engagement of key staff.	December 2016 On-going	Medical Workforce Team Medial Director/Asst Medical Director

	National Recommendation	Intended Outcome/benefit	Priority	Accepted	Management Response	Completion Date	Responsible Officer
R4	The Health Board should provide consultants with clear written guidance to promote a shared understanding of the Health Board's approach to job planning, including its approach to developing smart outcomes. (Cwm Taf UHB Local Report, 2011, Rec 2)	The Health Board makes good use of outcome setting and monitoring to ensure that that outcomes are achieved.		✓	(Links to R3) All Wales Effective Job Planning Guidance for Consultant M&D Staff (April 2014) plus 'A UK Guide to Job Planning for Specialty and SAS doctors (Nov 2012) has been adopted by CTUHB as guidance to support the job planning process.	Completed	Medical Workforce Team

	National Recommendation	Intended Outcome/benefit	Priority	Accepted	Management Response	Completion Date	Responsible Officer
R4	The Health Board should provide consultants with clear written guidance to promote a shared understanding of the Health Board's approach to job planning, including its approach to developing smart outcomes. (Cwm Taf UHB Local Report, 2011, Rec 2)	The Health Board makes good use of outcome setting and monitoring to ensure that that outcomes are achieved.		✓	To supplement these documents, the LNC will be engaged to develop local guidance to include: • An Introduction to the job plan process • Team Job Planning • Annualised hours • Outcome Setting • SPA Guidance inc Additional Roles and Responsibilities Medical and Dental Practitioner Website is under development in the UHB to accommodate links to e-systems, guidance documentation (as described above), policies, forms, performance information. Website development will also link in with Revalidation, Medical Personnel and Medical Education departments.	September 2016 December 2016	Medical Workforce Team Medical Workforce Team

	National Recommendation	Intended Outcome/benefit	Priority	Accepted	Management Response	Completion Date	Responsible Officer
R4	The Health Board should provide consultants with clear written guidance to promote a shared understanding of the Health Board's approach to job planning, including its approach to developing smart outcomes. (Cwm Taf UHB Local Report, 2011, Rec 2)	The Health Board makes good use of outcome setting and monitoring to ensure that that outcomes are achieved.		✓	Job plan training sessions to be developed in conjunction with Learning and Development and department for delivery to all Directorate Managers, Clinical Directors, Medical and Dental Practitioners and Business Partners (planning, finance and HR colleagues) to include a section on agreeing and setting measurable outcomes. This training session will also form part of an induction package for all newly appointed Directorate Managers, Clinical Directors and Medical and Dental Practitioners.	December 2016	Medical Workforce Team

	National Recommendation	Intended Outcome/benefit	Priority	Accepted	Management Response	Completion Date	Responsible Officer
R5	NHS bodies should ensure that there is involvement in consultant job planning from general managers to ensure that wider organisational objectives, service improvements, and financial issues are considered when agreeing consultants' job plans, and to help managers understand what resources and support consultants need to deliver their job plan commitments. (Auditor General Wales National Report, Rec 1d)	The Health Board makes good use of outcome setting and monitoring to ensure that that outcomes are achieved.		✓	The UHB will ensure that all job plan reviews are attended by both the Directorate Manager and the Clinical manager. This will be reinforced in local guidance and at Medical Leadership Forum. It may also be considered that the Chief Operating Officer/Director of Primary, Community and Mental Health, Asst. Director of Operations or UHB Business Partners attend job plans where teams are going through significant service change or where there are particular service challenges. Job plan reviews for Clinical Director colleagues will be undertaken by the Asst Medical Director and the Asst. Director of Operations.	September 2016	Medical Director/ Medical Workforce Team

	National Recommendation	Intended Outcome/benefit	Priority	Accepted	Management Response	Completion Date	Responsible Officer
R5	NHS bodies should ensure that there is involvement in consultant job planning from general managers to ensure that wider organisational objectives, service improvements, and financial issues are considered when agreeing consultants' job plans, and to help managers understand what resources and support consultants need to deliver their job plan commitments. (Auditor General Wales National Report, Rec 1d)	The Health Board makes good use of outcome setting and monitoring to ensure that that outcomes are achieved.		✓	The IMTP sets out the organisation objectives and these are pre-loaded into e-Job plan. The organisational objectives will be reviewed annually with the planning department following a refresh of the IMTP. These are then supplemented by departmental objectives, followed by personal objectives which are mutually agreed. DCC/SPA activity can then be specifically linked to these objectives during the job plan review. To assist managers in understanding what resources and support consultants require to deliver their job plan commitments, a 'Resources' tab in e-job planning captures any issues relating to staff, equipment, clinical space etc. This information can be used to inform business cases etc, and reviewed as necessary. This is conveyed to managers within the e-job plan training session.	Ongoing Completed	Medical Director/Asst Medical Director/ Planning teams/Medical Workforce Team Medical Workforce Team

	National Recommendation	Intended Outcome/benefit	Priority	Accepted	Management Response	Completion Date	Responsible Officer
R6	The Health Board needs to strengthen existing arrangements by ensuring that in all directorates, both the Clinical Director and General Manager attend the job plan review meeting. (Cwm Taf UHB Local Report, 2011, Rec 3)	Job plan reviews focus on both clinical and operational priorities.		✓	(Links to R5) The UHB will ensure that all job plans are attended by both the Directorate Manager and the Clinical manager. This will be reinforced in local guidance and at Medical Leadership Forum. It may also be considered that the Chief Operating Officer/ Director of Primary, Community and Mental Health, Asst. Director of Operations or UHB Business Partners attend job plans where teams are going through significant service change or where there are particular service challenges. Job plan reviews for Clinical Director colleagues will be undertaken by the Asst Medical Director and the Asst. Director of Operations.	September 2016	Medical Director/ Medical Workforce Team

	National Recommendation	Intended Outcome/benefit	Priority	Accepted	Management Response	Completion Date	Responsible Officer
R7	NHS bodies should ensure that they work jointly with universities in agreeing job plans for consultants that have academic contracts such that the expectations and requirements of both organisations are properly and fairly considered; similar arrangements should be in place for consultants working for two or more NHS organisations. (Auditor General Wales National Report, Rec 1f)	Consultants' job plans accurately reflect all their commitments and both organisations have a mutual understanding of consultants' workload and responsibilities.		✓	The UHB will maintain a list of individuals that have academic contracts, visiting consultants or consultants who work for two or more NHS organisations. It will be the responsibility of the lead employer to undertake the job plan review and ensure that representation and or information is obtained from the university/NHS organisation to provide a robust outline of the consultants workload and responsibilities. Once agreed and signed off in e-job plan, the data can be exported and shared with the 'other' organisations. This expectation will be included during training and updates at Medical Leadership Forum.	September 2016 Ongoing Ongoing September 2016	Medical Workforce Team Directorate Management teams Directorate Management teams Medical Director

	National Recommendation	Intended Outcome/benefit	Priority	Accepted	Management Response	Completion Date	Responsible Officer
R8	NHS bodies develop an information 'framework' to support job planning, on a specialty-by-specialty basis. Clinicians and managers will need to work together to identify the components that need to be included in such a framework for each speciality, but it would be expected to include: • information on activity; • cost; • performance against local and national targets; • quality and safety issues; • workforce measures; and • plans and initiatives for service modernisation and reconfiguration. (Auditor General Wales National Report, Rec 3)	Consultants and the Health Board have access to good quality and wide ranging performance information to support outcome setting and review.		✓	(Links to R1,3,4,12) The UHB has a business intelligence platform to aid visibility of quality, performance and financial measurement. The product enables individual clinicians, clinical managers and operational managers to access at a touch of a button visual representation of information including: • Infection rates • Waiting lists • Productivity • Theatre utilisation • Comparable procedure costs Work with performance and informatics team to add information on • Concerns • Clinical Incidents • Legal Claims And to raise awareness amongst consultants.	Completed	

	National Recommendation	Intended Outcome/benefit	Priority	Accepted	Management Response	Completion Date	Responsible Officer
R8	NHS bodies develop an information 'framework' to support job planning, on a specialty-by-specialty basis. Clinicians and managers will need to work together to identify the components that need to be included in such a framework for each speciality, but it would be expected to include: • information on activity; • cost; • performance against local and national targets; • quality and safety issues; • workforce measures; and • plans and initiatives for service modernisation and reconfiguration. (Auditor General Wales National Report, Rec 3)	Consultants and the Health Board have access to good quality and wide ranging performance information to support outcome setting and review.			A section on 'what information is required to support the job planning process' will be included in local guidance. CTUHB adopts a proactive and innovative approach to service remodelling through the Health Alliance and Collaborative programmes, and there is evidence where team job plan reviews are used to review the requirements for service change. Recent examples include the re-modelling of A&E and paediatric services across the UHB, and the re-allocation of DCC sessions amongst ENT consultant colleagues and the appointment of a nurse practitioner to replace a retiring consultant, ensuring the RTT Tier one targets were met. This was a joint appointment between Community and Secondary care, and a second appointment is to be made shortly based on the benefits of the first.	September 2016	Medical Workforce Team

	National Recommendation	Intended Outcome/benefit	Priority	Accepted	Management Response	Completion Date	Responsible Officer
R9	Where a specialty does not have access to good quality performance information, the Health Board should strengthen existing arrangements or develop new outcome indicators within these specialties. (Cwm Taf UHB Local Report, 2011, Rec 3)	Consultants and the Health Board have access to good quality and wide ranging performance information to support outcome setting and review.		✓	(Links to R8) Directorate Management teams are fully engaged in the development of the Demand and Capacity plans and this information is held locally within specialties as well as centrally within the organisation. In areas where the performance information within the business intelligence platform is still in development i.e. Mental Health, Pathology, specific outcome indicators will need to be developed in these areas with input from the Clinical Directors and Royal Colleges. Finance, Performance and Workforce Committee (F,P&W) will receive detailed reports on job planning (at least annually) as part of the workforce metrics quarterly deep dives.	Completed	

	National Recommendation	Intended Outcome/benefit	Priority	Accepted	Management Response	Completion Date	Responsible Officer
R10	NHS bodies should ensure that they have clear and robust processes in place to discuss and agree objectives and outcomes for consultants as part of the job planning process. It will be important to ensure that clinicians and managers involved in setting these objectives and outcomes receive the appropriate training and support to undertake effective job planning with consultants. (Auditor General Wales National Report, Rec 4)	Outcome setting and review is an integral part of job plan reviews.		✓	(Links to R1) The IMTP sets out the organisation objectives and these are pre-loaded into e-Job plan. These are then supplemented by departmental objectives, followed by personal objectives which are mutually agreed. DCC/SPA activity can then be specifically linked to these objectives during the job plan review. Semi-annual training programme to be developed for Directorate Management teams and UHB business partners (planning, finance and HR colleagues) to demonstrate how they can support the co-creation of measurable outcomes based on the organisation's requirements. The organisational objectives will be reviewed annually following a refresh of the IMTP.	Completed December 2016 Ongoing	 Medical Workforce Team Medical Director/Asst Medical Director/ Planning teams/Medical Workforce Team

	National Recommendation	Intended Outcome/benefit	Priority	Accepted	Management Response	Completion Date	Responsible Officer
R11	NHS bodies should ensure that they have monitoring processes in place to check that all consultants have an up-to-date job plan, and that job planning is being undertaken in accordance with guidance that has been issued; monitoring processes should include an update report to the Board, at least annually, that demonstrates the extent to which consultant job planning is embedded across the organisation as a routine management practice. (Auditor General Wales National Report, Rec 1g)	The Health Board has the necessary information to demonstrate that it is undertaking job planning consistently across the organisation and in accordance with national and local guidance.		✓	The UHB use information from e-Job plan and ESR BI to monitor compliance. The e-Job plan system issues auto-notifications to ensure Directorates consistently plan consecutive job plan reviews. Compliance reports are submitted monthly to the Executive Board within the Integrated Performance report. A year-end report will be provided to Executive Board on job planning activity covering aspects of compliance, training, guidance, signed of job plans and outcome setting. Non-compliant directorates will be asked to attend F,P&W Committee annually to demonstrate compliance with the JP process, and that job plan outcomes have been met.	Completed Completed March 2017 Ongoing	 Medical Workforce Team Medical Workforce Team /Asst Director of Perfomance and Information

	National Recommendation	Intended Outcome/benefit	Priority	Accepted	Management Response	Completion Date	Responsible Officer
R12	NHS bodies should ensure that where changes to NHS services are occurring following public consultation, consultant job plans should be updated and agreed to reflect new service models. This should happen as an integral part of the process to redesign services, rather than a retrospective activity that occurs after the new services are in place. (Auditor General Wales National Report, Rec 1b)	The Health Board uses job planning to support service modernisation and the achievement of organisational priorities and performance targets.		✓	Clinicians in CTUHB are actively involved in leading the work on service modernisation as part of the Health Alliance and Collaborative programmes. As the work develops, the consultant body within the speciality is involved in developing proposals for the new service eg, our paediatricians for the Paediatrics Future Services Model. Due to the requirement to reflect and agree service changes within a job plan, the JP process is very much a part of the programmes of work. A number of job plans are already reflective of new ways of working following the development of new service models i.e. Consultant of the Week in Surgery, extended hours due to new Acute Medical Model, Hybrid consultants to support the Paediatric future service model.	Ongoing	Medical Directors Office/ Directorate management teams

	National Recommendation	Intended Outcome/benefit	Priority	Accepted	Management Response	Completion Date	Responsible Officer
R13	NHS bodies should demonstrate more explicitly how consultant job planning is being used to support the delivery of service improvement and modernisation, and the achievement of organisational priorities and performance targets. (Auditor General Wales National Report, Rec 8)	The Health Board uses job planning to support service modernisation and the achievement of organisational priorities and performance targets.		✓	(Links to R8, 12, 13) Where service changes are occurring, these are outlined in the IMTP. An example of this is the work around the Health Alliance and Collaborative programmes where CTUHB has adopted a proactive and innovative approach, and there is evidence where team job plan reviews are used to review the requirements for service change. Recent examples include the re-modelling of A&E and paediatric services across the UHB, and the re-allocation of DCC sessions amongst ENT consultant colleagues and the appointment of a nurse practitioner to replace a retiring consultant, ensuring the RTT Tier one targets were met. The UHB can clearly demonstrate the number of consultant sessions allocated to support the SWP work, as many of our former CDs are CTUHB leads for this work. The UHB also manages a database clearly identifying individuals who hold key roles in the organisation to support the delivery of organisational priorities and performance targets.	Ongoing Completed	Medical Directors Office Medical Workforce Team

	National Recommendation	Intended Outcome/benefit	Priority	Accepted	Management Response	Completion Date	Responsible Officer
R14	NHS bodies should ensure their job planning process includes a clear and informed discussion on the SPA needs of individual consultants, recognising that these will not be the same at different stages in a consultant's career. The job planning discussion should specify the SPA activities to be included in the job plan, and identify the outputs and outcomes that should be achieved, and the location where these activities will be carried out. (Auditor General Wales National Report, Rec 5)	The Health Board is making good use of its investment in SPA activity.		✓	There is good evidence within the UHB that discussions on the SPA needs of individual consultants does occur during the job plan meeting. SPA detail has been historically recorded on the job plan proforma though the proforma did not provide a place to record the location of the SPA activity. The new e-job plan system enables the UHB to record all SPA activity, including the location of the planned activity and this can be linked to specific objectives within the system. Outcome forms are available in the organisation and are currently managed outside of the e-job planning system. Talks are underway with Allocate Software to explore whether these forms can be included/uploaded to e-job plan and confirmation is awaited. A Medical Performance and Operational Delivery group will meet monthly, chaired by the Asst. Medical Director for Medical Performance and Operational Delivery to quality assure job plans for consistency mainly in regards to measurable outcomes and value of SPA.	Completed November 2016	Medical Workforce Team Asst. Medical Director for Medical Performance and Operational Delivery

	National Recommendation	Intended Outcome/benefit	Priority	Accepted	Management Response	Completion Date	Responsible Officer
R15	The Health Board needs to set out a clearer message about what constitutes SPA activity, and that all SPAs have clearly defined outcomes included in the job plan review. (Cwm Taf UHB Local Report, 2011, Rec 6)	The Health Board is making good use of its investment in SPA activity.		✓	(Links to R14) SPA guidance will be developed in discussion with LNC colleagues that will suggest locally agreed tariffs to ensure parity of core SPA across the UHB, and will also include expected outcomes for core SPA. Additional roles i.e. Educational Supervisor etc, will also form part of this guidance. There are currently areas of good practice within the UHB and these will be engaged in developing the SPA guidance to share good practice.	September 2016	Medical Workforce Team

	National Recommendation	Intended Outcome/benefit	Priority	Accepted	Management Response	Completion Date	Responsible Officer
R16	NHS bodies should look to adopt a team-based approach to job planning where it can be shown that this would be beneficial. Consultants would need to be persuaded to participate rather than coerced, based on a clear explanation of the benefits associated with a team-based approach, and should still retain the right to agree an individual job plan with their employing organisation. (Auditor General Wales National Report, Rec 6)	Team job planning is used where the same issues affect all consultants in the specialty, or require collective solution.		✓	(Links to R12,13) Team job plan reviews are used to review the requirements for service change where required. Recent examples include Cardiology, A&E, Radiology and Anaesthetics. Locally developed guidance and training will include a section on team job planning.	September 2016	Medical Workforce Team

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