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

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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 1948.¹
- 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 are clear on the nature and scheduling of their work activities and what they are seeking to achieve. Job planning can 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. It can help consultants, clinical academics, managers and the wider NHS team to plan and deliver innovative and high-quality care.
- 4 The contract is based on a full-time working week of 37.5 hours, equivalent to 10 sessions of three to four hours. Consultants are paid overtime for any contracted work over these hours. A consultant's working week comprises direct clinical care (DCC) sessions, such as clinics and ward rounds, and supporting professional activities (SPA) sessions, such as research, clinical audit and teaching. Under the amended contract, the working week typically comprises 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 the wider benefits of the contract, other than the pay elements which were the responsibility of the Welsh Government. We reviewed all health bodies except Powys Teaching Health Board and the Welsh Ambulance Services NHS Trust, and issued reports during 2011.
- 6 Since 2012, we have followed up how a number of health bodies have addressed our previous recommendations. For the most part, we found that health bodies were making progress, however, some areas of concern persisted.

¹ **Amendment to the National Consultant Contract in Wales.** NHS Wales and Welsh Assembly Government. December 2003.

- 7 Our follow-up work at Betsi Cadwaladr University Health Board (the Health Board), reported in May 2011, identified that the Health Board had an inconsistent and often underdeveloped approach to job planning. This meant that neither the Health Board nor its consultants were realising all the intended benefits from the consultant contract.
- 8 In February 2013, the Auditor General published a national report entitled, **Consultant Contract in Wales: Progress with Securing the Intended Benefits**. It summarised the findings from the local work and set out 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.
- 9 The Public Accounts Committee (PAC) held evidence sessions based on the Auditor General's findings during 2013. The PAC's own report², published in September 2013, recommended the Welsh Government 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.
- 10 In response to the Auditor General's findings and the PAC inquiry, the Welsh Government, NHS Wales Employers and BMA Cymru produced updated guidance (the guidance) on job planning for health boards and NHS Trusts in Wales in 2014³.
- 11 As previously stated, we have done targeted follow-up audit work in relation to the contract at a number of NHS bodies. But, we have not comprehensively assessed progress in implementing the previous audit recommendations. The Auditor General therefore included a mandated follow-up review within his 2015 programme of local audit work.
- 12 Between January 2016 and May 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](#).

² **The Consultant Contract in Wales: Progress with securing the intended benefits.** National Assembly for Wales Public Accounts Committee. September 2013.

³ **The 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

- 13 The Health Board has made some progress with job planning, but none of the Auditor General's previous national and local recommendations have been implemented fully.
- 14 In reaching this conclusion we found that:
- Job plan coverage has improved, but weaknesses remain in the quality and effectiveness of job planning.
 - The levels of job plan coverage and annual review have improved significantly.
 - The Health Board's approach to job planning training is not thorough enough, and consultants' awareness of job planning guidance is patchy.
 - Nearly half of job plan review meetings did not meet the guidance because only one manager was present.
 - Information to support job planning suffers from access, coverage and quality problems that can make setting and measuring outcomes difficult.
 - The Health Board manages appraisals much better than job planning, and the two processes frequently do not work together as they should.
 - The Health Board has little assurance about the quality and effectiveness of job planning.
 - The Health Board has made some progress towards securing the intended benefits from the contract, but there is still a long way to go.
 - When done well, job planning has allowed some consultants to discuss service development, but the Health Board needs to work harder to ensure job planning is done well universally.
 - The Health Board wants SPA to demonstrate mutual benefit for the consultant and the Health Board, but too many job planning meetings do not discuss SPA outputs or outcomes.
 - Since 2010 the Health Board has successfully reduced the average consultant workload, but there are also more consultants with excessive workloads.
 - The Health Board considers that the consultant contract has had little significant effect on recruitment and retention.
- 15 Detailed findings from the audit work are summarised in the main body of this report and a summary of progress in relation to each of the previous recommendations is included in [Appendix 2](#).

Recommendations

- 16 The Health Board has made some progress with job planning, but there is a significant amount still to do to fully implement all of the recommendations previously set out in our 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](#).
- 17 To focus on delivering ongoing and outstanding work, the Health Board needs to ensure these recommendations feature on its Audit Committee's tracker. The Health Board should identify senior officer responsibility, and a target timescale for implementing each of the recommendations.

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 for Wales National Report, Rec 1a)
R2	The Health Board must ensure that job planning becomes effectively embedded within the new Clinical Programme Group structure as a means of harmonising the job plans inherited from predecessor bodies, and ensure that all consultants receive an annual job plan review. (BCUHB 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 for Wales National Report, Rec 1c)
R4	The Health Board must ensure all job plans contain the necessary details about consultants' activities and responsibilities, and the location where the work will be undertaken. Agreed records of discussions held during the job plan review meetings should also be kept. (Betsi Cadwaladr University Health Board Local Report, 2011, Rec 3)
R5	The Health Board should revisit its document setting out the principles of consultant job planning in light of the comments we have made in this report. A revised set of principles and guidance notes should be issued to all staff involved in job planning to promote a shared understanding of the Health Board's approach to job planning, including its approach to developing measurable outcomes from consultant activities. (Betsi Cadwaladr University Health Board Local Report, 2011, Rec 4)
R6	The issuing of guidance on job planning arrangements should be accompanied by supporting training programmes for the different staff groups involved in job planning. (Betsi Cadwaladr University Health Board Local Report, 2011, Rec 5)

National and local recommendations still to be achieved at January 2016

Appropriate involvement

- R7 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 for Wales National Report, Rec 1d)
- R8 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 for Wales National Report, Rec 1f)

Information and outcome setting

- R9 NHS bodies develop an information 'framework' to support job planning, on a speciality-by-speciality 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 for Wales National Report, Rec 3)
- R10 The Health Board should strengthen its job planning arrangements to ensure all available information is used to inform discussions and, where information is not available, that a range of outcome indicators are developed and introduced. (BCUHB UHB Local Report, 2011, Rec 7)
- R11 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 for Wales National Report, Rec 4)

Appraisal

- R12 NHS bodies should ensure that while job planning and appraisal 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 General Medical Council revalidation requirements that will be introduced in 2013. (Auditor General for Wales National Report, Rec 1e)

National and local recommendations still to be achieved at January 2016

Monitoring arrangements

- R13 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 for Wales National Report, Rec 1g)
- R14 The Health Board will need to establish effective quality assurance and monitoring arrangements to ensure job plan guidelines are being applied consistently and appropriately. (BCUHB UHB Local Report, 2011, Rec 8)

Service improvement

- R15 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 for Wales National Report, Rec 1b)
- R16 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 for Wales National Report, Rec 8)
- R17 The Clinical Programme Groups should use consultant job planning as a vehicle for helping to secure the service modernisations that are identified in their plans to support the Health Board's five-year plan. (BCUHB UHB Local Report, 2011, Rec 2)

Supporting professional activities

- R18 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 for Wales National Report, Rec 5)
- R19 The Health Board needs to ensure that its guidance material on job planning clearly defines what constitutes SPA activity, and the importance of agreeing the outcomes from different SPA activities. (BCUHB Local Report, 2011, Rec 6)

National and local recommendations still to be achieved at January 2016

Wider benefits realisation

- R20 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 for Wales National Report, Rec 6)
- R21 The Health Board must develop and implement a plan to reduce consultants' workloads where these are excessive. (BCUHB Local Report, 2011, Rec 9)

- 18 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

Job plan coverage has improved, but weaknesses remain in the quality and effectiveness of job planning

The levels of job plan coverage and annual review have improved significantly

- 19 The amended NHS Wales Consultants' Contract (the contract), which came into effect on 1 December 2003 makes it clear that effective job planning underpins the majority of the amendments. The process allows the employer and consultant to agree the composition and scheduling of activities in the working week, what they seek to achieve, and to discuss and agree changes on a regular basis.
- 20 The contract states that a consultant's job plan should be reviewed at least annually 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. Interim job plan reviews can also be undertaken if consultants or their clinical managers think one is needed.
- 21 The national guidance (the guidance), issued in 2014, states that employers should agree an explicit job planning approach with the Local Negotiating Committee (LNC) based on this guidance. The approach should make the sign-off process for finalising job plans clear. 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.
- 22 A job plan review will cover the job content, outcomes, time and service commitments and the adequacy of resources. Local guidance should set out the outline process for appeals and the timeline for aiding resolution of areas of disagreement where these exist.
- 23 At 31 March 2015, the Health Board reported that 70 per cent of consultants had a job plan. Our recent consultant survey⁴ found a higher proportion of consultants (96 per cent), reporting that they had a job plan.
- 24 Our 2010 work identified that many consultants across Wales did not have an annual job plan review. At the Health Board, 43 per cent of consultants said their job plan was reviewed annually, compared with 62 per cent across Wales. However, in March 2015, the Health Board reported that 86 per cent of job plans had been reviewed in the previous 12 months. The Health Board has recently introduced an electronic job planning system and, to support its introduction, has focused on job planning.

⁴ We received 178 responses from consultants, a response rate of 38.2 per cent. Details of our consultant survey are included in Appendix 1.

- 25 An important part of the job planning process is sign-off. The guidance states that once agreed, a copy of the job plan summary needs to be completed, signed by the consultant and clinical manager, and counter-signed by the Health Board's Chief Executive (or his/her nominee).
- 26 Our detailed review of a sample of 20 job plans did not find any hardcopy evidence of sign-off. However, the new electronic job planning system contains an electronic sign-off process which we observed on screen.

The Health Board's approach to job planning training is not thorough enough, and consultants' awareness of job planning guidance is patchy

- 27 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.
- 28 In April 2014, the guidance on job planning for health boards and NHS trusts in Wales was produced. The Health Board has agreed with the LNC, local guidance for consultant job planning, intended to supplement national guidance. The local guidance describes a range of principles governing the job planning and consultant contract management process.
- 29 However, just 45 per cent of consultants who responded to our recent survey said they had clear guidance on the job planning process.
- 30 The Health Board report that a job planning briefing document is sent out each year to each Clinical Director and General Manager. This is to remind them what should be captured in the job plan, and to ensure Health Board speciality and individual outcomes are linked using the job planning process. We were not provided with a copy of this guidance, so are unable to comment on its value.
- 31 In 2010, local audits found there was variation in training provision for consultants and others involved in the process between different organisations. At the Health Board, comprehensive training for all those undertaking and undergoing job planning was lacking.
- 32 During our recent work, the Health Board told us that it has provided job planning training in the past aimed at clinical and other managers. The Health Board was unable to confirm when this training took place, and the training materials we reviewed were undated. The training was based around a slide presentation that explained what job plans are, how to carry out the annual review, and the importance of developing robust outcomes. Interviewees generally thought the Health Board's approach to job planning training was not systematic. We did not find any regular programme of refresher training for managers or consultants in place.

33 In our recent consultant survey, 31 per cent of respondents stated that they had received sufficient training on job planning. The Health Board has told us that an update of the job planning process is under discussion, which may include training focused on simulating difficult job planning situations. The Health Board needs to consider how to ensure that all job planning participants receive initial and refresher training on a regular basis.

Nearly half of job plan review meetings did not meet the guidance, because only one manager was present

- 34 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 Clinical Director or Medical Director) accompanied and assisted by the nominated service manager.
- 35 Our 2010 work across Wales highlighted a variable approach to the involvement of general managers in job planning meetings. At the Health Board the new clinical programme group structure meant that many clinicians and managers did not fully understand the new lines of accountability, and were unsure of their authority to undertake job planning.
- 36 **Exhibit 2** is based on our recent consultant survey. This shows that 43 per cent of the job plan review meetings had only one manager present. Of these meetings, 12 per cent took place with a general manager only, and 31 per cent with a clinical manager only. Around one in twenty consultants reported that they did not have a job plan review meeting.

Exhibit 2: Job plan review meeting participation

Job plan review meeting attended by	Number	Percent
Clinical manager and general manager	67	38%
Clinical manager only	56	31%
General manager only	22	12%
Other arrangement	25	14%
No meeting	8	4%
Total	178	100%

Note: 'Other arrangement' includes job plan reviews carried out by a clinical manager or general manager plus 'other' unspecified manager.

Source: Wales Audit Office survey of consultants

- 37 The health board told us that in the past, insufficient management capacity and/or capability sometimes meant that job planning was not always done properly or in a timely fashion.
- 38 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 the work clinical academic consultants do for the health body and the work they do for the university. It also states that university representatives need to be engaged in the job planning process for clinical academics. Such engagement aims to ensure there is clarity about SPA and university commitments, and that there is no conflict between university and NHS requirements.
- 39 The Health Board reports that it has a relatively small number of consultants undertaking academic work. The Office of the Medical Director takes responsibility for liaising with the university and tries to maintain a constructive dialogue with the university. In our consultant survey 10 respondents reported holding an academic contract and the majority of these reported that the university was not involved in agreeing their job plan.

Information to support job planning suffers from access, coverage and quality problems that can make setting and measuring outcomes difficult

- 40 The contract is clear that consultants should agree an appropriate set of outcomes, relevant to the speciality, that are challenging, holistic, transparent and innovative. Outcomes could be stated in quantitative terms or, for example, described in terms of the local application of modernisation initiatives. The job plan review should compare outcomes and activities with appropriate benchmarks, taking account of service delivery priorities, best clinical practices, and performance indicators. It should review whether the consultant met the agreed outcomes in their job plan, or has made every reasonable effort to do so. Agreed outcomes at individual consultant level, although an integral part of the job plan, should not be contractually binding.
- 41 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. The achievement of outcomes should be a key factor in the clinical manager's judgement that the job plan review is satisfactory, or unsatisfactory. This judgement will inform decisions on pay progression.

- 42 To support the setting and reviewing of outcomes, the Welsh Government established an all-Wales consultant outcomes indicators project (known as Compass). The aim was to develop a suite of outcome indicators for individual consultants which could inform job planning discussions and appraisal. However, 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 outcome indicators.
- 43 Our 2010 work in the Health Board found that generally, job planning was not underpinned by robust information, and the extent of data used at job plan meetings differed across the Health Board.
- 44 As part of our current review, we asked the Health Board to indicate what information they used to set and monitor consultant outcomes for DCC. **Exhibit 3** shows that whilst the Health Board is using a range of information, there is still variation in the use of clinical information across specialities.

Exhibit 3 – Information sources used in monitoring and setting outcomes

	Yes, across all speciality areas	Yes, across most speciality areas	Yes, across some speciality areas
Activity and safe practice			Yes
Clinical outcomes			Yes
Clinical standards			Yes
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

- 45 The CHKS company provide the Health Board with some activity and outcome data, but we were told that this sometimes suffers from data quality issues and too much aggregation that undermined confidence in its validity and usefulness.

- 46 The Health Board told us that individual consultants can access CHKS data prior to their annual appraisal and can request it at any other time if they wish. However, a high proportion of our consultant survey respondents indicated that they did not have access to the different types of information necessary to support an effective job planning review (**Exhibit 4**). In particular, only:
- around 37 per cent of consultants stated that they were provided with access to information from local clinical/management information systems before their job planning meeting; and
 - around 25 per cent of consultants stated that before their job planning meeting, they were provided with performance information of sufficient quality to accurately assess their performance.

Exhibit 4 – 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?	63 (37%)	84 (49%)	23 (14%)
Information on the Health Board’s objectives?	39 (23%)	103 (61%)	27 (16%)
Performance information of sufficient quality to accurately assess your performance?	42 (25%)	108 (64%)	20 (12%)

Source: Wales Audit Office survey of Health Board consultants

- 47 **Exhibit 5** shows that the setting of outcomes is still not embedded in all areas of the Health Board, and many job plans do not link personal and corporate objectives. The consultant survey showed that:
- less than half of survey respondents said that their job plan clearly stated outcomes for either DCC or SPA; and
 - only a quarter of survey respondents thought their job plan clearly set out the relationship between their personal outcomes and those of the Health Board.

Exhibit 5 – 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?	82 (48%)	73 (43%)	15 (9%)
• SPA?	74 (44%)	83 (49%)	13 (8%)
• Other programmed activities eg, management role?	53 (32%)	92 (55%)	21 (13%)
In your view, does your current job plan:	42 (25%)	102 (60%)	25 (15%)
• Clearly set out the relationship between your personal outcomes and those of the organisation?			

Source: Wales Audit Office survey of Health Board consultants

- 48 The Health Board’s training for clinical and general managers emphasised the need for job planning to be based around recording and managing DCC and SPA outcomes. Where SPAs are agreed, the Health Board expected clear evidence of commitment to the activity with measurable outcomes.
- 49 **Exhibit 6** shows the proportion of consultants who said they reviewed outputs and outcomes at their job plan review meetings. We found that 39 per cent reviewed the outcomes for their DCC sessions, and 48 per cent for SPA sessions. A third of consultants said that they discussed the relationship between their outcomes and those of the organisation. Half of respondents stated that job plan outcomes were reviewed during appraisal.

Exhibit 6 – 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?	65 (39%)	83 (49%)	20 (12%)
• Review the outputs and outcomes of your SPA sessions?	81 (48%)	72 (42%)	17 (10%)
• Review the outputs and outcomes of your other activities?	62 (37%)	79 (47%)	27 (16%)
• Discuss the relationship between your outcomes and those of the organisation?	52 (31%)	101 (60%)	17 (10%)
Were your current job plan outcomes assessed during your most recent annual appraisal?	85 (50%)	72 (42%)	13 (8%)

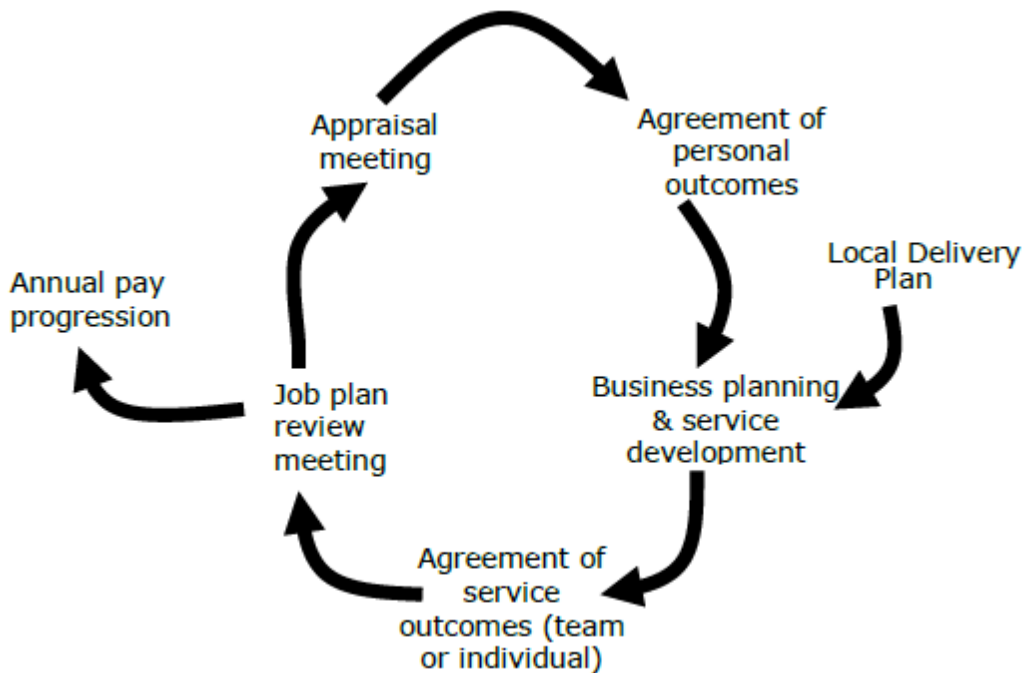
Source: Wales Audit Office survey of Health Board consultants

- 50 In our detailed review of a sample of 20 job plans, we did not find any that contained evidence of outcomes or discussions about outcomes.
- 51 The Health Board recognises the importance of outcome based discussions, and has emphasised this to clinical and general managers. However, the results of our consultant survey and job plan review show that the Health Board has much to do to make routine the practice of discussing, setting and recording outcomes during job planning.

The Health Board manages appraisal much better than job planning, and the two processes frequently do not work together as they should

- 52 Revalidation is the process by which licensed doctors are required to demonstrate to the General Medical Council that they are fit to practise. Revalidation has been dependent on the doctor participating in annual appraisals since December 2012.
- 53 The guidance says that the job plan review should be supported by the same information that feeds into appraisal, and by the outcome of the appraisal discussion. Personal development plans will usually be formulated during the appraisal discussion. This discussion will inform the job plan review meeting and provide links to service and corporate outcomes. **Exhibit 7** illustrates how job planning and appraisal should interlink.

Exhibit 7: 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.

- 54 Our 2010 work found that the strength of links between the job plan review meeting and appraisal varied across Wales, and there was no standard approach to appraisal. While some consultants had appraisals annually, others said that they 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. In some areas, the job plan review meeting and appraisal meeting were held back to back, while in others they were kept separate.
- 55 In 2010 at the Health Board, we found that appropriate linkages between consultant appraisals and job planning were not being made. Typically, appraisals had a higher priority than job planning with many consultants reporting that they had received annual appraisals regularly since 2004. The approach to both job planning and appraisal varied widely across the Health Board.
- 56 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. Appraisers are not usually line managers.

- 57 The Health Board has implemented MARS, and its guidance expects that all appropriate staff will receive an appraisal. At March 2015, the Health Board reported that 86 per cent of consultants had received an annual appraisal within the last 12 months. Our recent consultant survey found that this had increased to 95 per cent of respondents reporting an appraisal within the previous 12 months.
- 58 Compared to the job planning process, the Health Board's appraisal process appears robust. It is actively managed with a clear timetable and supported by board level reporting of process performance.
- 59 The Health Board encourages consultants to present information at appraisals that could potentially inform job planning. The LNC encourage all consultants to have appraisal before job planning, but acknowledge that this doesn't always happens. The Health Board recognises that the job planning and appraisal processes should work together even though they are distinct and separate, but acknowledged that the job planning process needed more work.
- 60 The comments collected during our recent consultant survey reveal that there appears to be a lack of understanding of the job planning process, its objectives, and how appraisal and job planning work together, despite being separate processes. For example some consultants comment on the apparent duplication between appraisal and job planning. While others comment that the two processes are separated absolutely from each other and any interaction is not appropriate.

The Health Board has little assurance about the quality and effectiveness of job planning

- 61 The Auditor General's national report in 2013 recommended that all health bodies should have job planning monitoring processes. These should show that all consultants have an up-to-date job plan, and that job planning follows guidance. It recommended that health boards receive, at least annually, a report indicating how much consultant job planning is routine management practice.
- 62 Following our work in 2010, we recommended that the Health Board should establish effective quality assurance and monitoring arrangements to ensure job plan guidelines are applied consistently and appropriately.
- 63 In our recent work, we found that job planning reports were sent to the Workforce and Organisational Development Committee. A review of the August 2015 report shows that it just presents information on coverage, that is how many consultants had completed a job planning exercise. There is no indication of the quality of job planning or whether Health Board job planning guidance is adhered to, for example the use of outcomes.
- 64 Since then, the Workforce and Organisational Development committee has been stood down. The new Finance and Performance Committee, effective from March 2016 includes workforce issues in its remit, but a review of papers to date show no mention of job planning. Job planning performance reports are still produced, but there is uncertainty over where they go and for what purpose.

- 65 The Health Board is unable to say whether job planning is taking place to the required standard. Therefore, current arrangements provide very little assurance on this important issue.
- 66 The introduction of the new electronic job planning system is reported generally as a positive move. It should provide the Health Board with:
- a standard process with better clarity and discipline;
 - information to monitor and manage the process; and
 - a sound basis for developing a robust assurance process to gauge the quality of job planning, not just the quantity, which is currently lacking.
- 67 The software development company, and other health bodies using this system, emphasise that software implementation alone is not enough to deliver efficiencies. These can only be realised when supported by management interventions, to effect change. The Health Board needs to acknowledge this experience and ensure that to make a success of job planning, it will need to deploy determined and sustained leadership and a planned approach to change management.
- 68 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 both local and national level.
- 69 Our recent local work has found that the Health Board uses the ESR software system. The Health Board's intention is to use ESR for job planning reporting, but this has been delayed because of inconsistency in the data held on ESR. To address this, there is a data cleansing exercise underway looking at the data held in ESR and the electronic job planning system.

The Health Board has made some progress towards securing the intended benefits from the contract, but there is still a long way to go

When done well, job planning has allowed some consultants to discuss service development, but the Health Board needs to work harder to ensure job planning is done well universally

- 70 A key aim of the contract is to facilitate closer working between health managers and consultants to enhance the quality of service and benefit patients.

- 71 The guidance says 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 excessive working hours. It presents the job planning process as an essential mechanism for enhancing patient care and driving service developments. Where changes to NHS services have occurred following public consultation, the guidance indicates that consultant job plans should be updated and agreed to reflect new service models.
- 72 The Auditor General's national report in 2013 indicated that, broadly speaking, the contract had not been a significant driver for service modernisation. Our previous local audit work identified variations in the way that clinicians and managers had worked together to provide better services. There were plenty of examples of this happening across Wales. But, there were also examples of consultants finding it difficult to engage with managers in developing new services or ways of working.
- 73 Our 2010 work at the Health Board found that job planning was not being used systematically to improve services or consultants' working conditions. Consultants consistently reported that modernising services was difficult because of organisational change, a lack of accountability, and complex arrangements.
- 74 Our recent survey of consultants found that 43 per cent thought that job planning was an opportunity to discuss modernising services, and 42 per cent agreed they could discuss potential steps to improve clinical practice. The Health Board reported that job planning, when done well, could facilitate meaningful dialogue between consultants and managers and the electronic job planning system helps with this.
- 75 However, the Health Board has some way to go to make this a universal practice. In our survey of consultants, 50 per cent of respondents said that they did not discuss modernising services, and 53 per cent did not think they could discuss steps to improve clinical practice. Our detailed review of a sample of 20 job plans found that there was little or no reference to the consultant's role in developing service improvements.

The Health Board wants SPA to demonstrate mutual benefit for the consultant and Health Board, but too many job planning meetings do not discuss SPA outputs or outcomes

- 76 SPA underpins the provision of DCC. Typical SPA activities include training and teaching the next generation of doctors, carrying out research and clinical audits, clinical management roles, and clinical governance activities. Consultants should also use SPA time 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 should be agreed by the employer and the consultant at the job planning review.

- 77 The Auditor General's national report in 2013 identified that there was too much focus on the number of SPAs rather than the quality and outcome of this investment. Few health boards required consultants to evidence their SPA time or monitor outcomes. 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'. The number and content of SPA sessions should change throughout a consultant's career, and be agreed each year in the annual job plan review.
- 78 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 the delivery of the Educational Supervisor role should typically include the equivalent to a minimum of 0.25 SPA per week, per trainee supervised.
- 79 In 2010, our local work at the Health Board found wide disparities in the allocation of SPAs, which was contributing to inequitable consultant job plans and workloads. There was little evidence that the Health Board was getting value for money from SPA sessions. At that time, 22 per cent of consultants stated that their job plan clearly identified the expected outcomes from their SPA.
- 80 In our recent work, we found that the Health Board has implemented an agreed tariff for SPA. As a starting point, all consultants are allocated two SPA sessions to cover activities such as continuing professional development, appraisal, and revalidation.
- 81 The Health Board recognises the importance and cost of SPA time and the need for it to be of value for the Health Board as well as for the consultant. If a consultant wants more than two SPA sessions, the Health Board expects consultants to provide clear evidence of its benefit to both parties.
- 82 From our recent consultant survey, 48 per cent of respondents stated that their job plan meeting included a review of SPA outputs and outcomes. However, 42 per cent indicated that SPA outputs and outcomes were not discussed at their job plan meeting. Our detailed review of a sample of 20 job plans found that none had any evidence of outputs or outcomes set for SPA activity, including those consultants with a third SPA.

Since 2010, the Health Board has successfully reduced the average consultant workload, but there are also more consultants with excessive workloads

- 83 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.
- 84 Our 2010 work found that about a third of consultants in Wales had 10-session contracts, and that the average number of weekly sessions in a consultant's contract in Wales was 11.21. At that time, the average number of weekly sessions in the Health Board was 11.38.
- 85 **Exhibit 8** shows that since 2010, the Health Board has successfully reduced the average number of sessions, with the 2015 average being 10.80 sessions. This overall reduction in total sessions represents:
- a 13 per cent reduction in average DCC sessions; and
 - a 7 per cent increase in average SPA sessions.

Exhibit 8: Average weekly sessions between 2010 and 2012 to 2015

	2010	2012	2013	2014	2015
DCC	8.65	7.70	8.00	8.30	7.56
SPA	2.28	2.50	2.50	2.50	2.45
Management	0.37	0.02	0.05	0.07	0.20
Other	0.09	0.08	0.02	0.03	0.11
Total	11.38	10.30	10.50	10.90	10.80

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

- 86 Our 2010 work across Wales identified that some consultants 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 between health bodies in the numbers of consultants working excessive hours⁵, that is more than 12 sessions in their job plans.

⁵ Excessive hours are defined as a job plan containing equal to or greater than 12.5 sessions

- 87 In 2010, 20 per cent of the Health Board's consultants had more than 12 sessions in their job plans, which was above the all Wales average of 14 per cent.
- 88 Our recent work found that at March 2015, 116 consultants had a job plan with more than 12 sessions, equivalent to 25 per cent of the Health Board's consultants. This is an increase in the number of consultants with excessive working hours since 2010.
- 89 The Health Board recognises that sometimes it's more economical for consultants to do 12 sessions rather than recruit additional consultants. However, it doesn't want consultant contracts in excess of this. To date it acknowledges variable success in reducing excessive hours. The new electronic job planning system is beginning to help the Health Board to identify excessive hours, something that it has not found easy to do before.
- 90 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 found that there is benefit in developing job plans as a team which then inform the job planning process for the individual consultants. A team agreement is not contractually binding, but helps set out how the team intends to translate its shared outcomes into individually agreed job plans. The guidance sets out a number of approaches to team job planning.
- 91 Our 2010 work identified some localised examples of consultants who were job planning as a team. In our recent work, the Health Board and LNC both reported that they were supportive of team based job planning and report favourably where it is implemented. It is recognised as difficult to do, but seen as the way forward in terms of improving the level of dialogue, trust and transparency. Around 22 per cent of respondents to our consultant survey stated that their last job planning meeting was done as part of a team.
- 92 One of the contract's aims was to improve flexible working. The contract allows, with agreement between consultants and employers, for flexible timetabling of commitments over a period. Flexible work patterns can help meet service needs that fluctuate during the year. Examples of flexibility include term time working; alternating clinical and teaching duties across the year; and 'consultant of the week' arrangements.
- 93 The national guidance has a section on arranging flexible timetables, which offers flexible working opportunities to recently retired consultants. The contract as a whole should be expressed in terms of the annual equivalent of the working week. The job plan will specify agreed 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.

94 At March 2015 the Health Board reported that 8.8 per cent of consultants were working part-time. It has begun analysing the level of flexible and part-time working to try and understand why this is lower than expected.

The Health Board considers that the consultant contract has had little significant effect on recruitment and retention

- 95 The amendments to the contract were intended to improve consultant recruitment and retention. The Auditor General's national report in 2013 highlighted a steady year-on-year increase in the number of consultants working in Wales since the contract was implemented. There was a 37 per cent increase in the total number of full-time equivalent consultants employed in Wales between 2004 and 2011.
- 96 Since 2011, there has been continued growth in the number of consultants working in the NHS in Wales, although, the rate of increase has slowed significantly.
- 97 **Exhibit 9** shows that between 2011 and 2015, the number of consultants employed by the Health Board increased by just over 3 per cent, which is less than the All-Wales average.

Exhibit 9: Number of full time equivalent consultants employed in the NHS 2011 to 2015

	2011	2012	2013	2014	2015	Change in number 2011 to 2015	Percentage change 2011 to 2015
Betsi Cadwaladr UHB	436.9	445.5	447	446.6	452.5	15.6	+3.4%
All Wales	2,217.5	2,273.9	2,323.8	2,316.1	2,344.6	+ 127.1	+ 5.4%

Source: Welsh Government, StatsWales based on NHS electronic staff record annual returns as at 30 September each year⁶

- 98 The Health Board does not consider consultant level retention a significant local problem, but does suffer from the same national recruitment pressures as other health boards. It recognises the need to control the extent of locum use and is working on this. At March 2015, locums represented around 5.6 per cent of the total consultant staff.

⁶ [Medical and dental staff by speciality and year. Welsh Government. StatsWales.](#)

- 99 The Health Board has a retire and return policy that it reports to be successful. But does not consider that the consultant contract and job planning has any significant effect on recruitment, either positive or negative. This is because it considers that there are more substantial motivations that drive an individual consultant's employment decision.

Appendix 1

Audit approach

We carried out a number of audit activities between January 2015 and April 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: <ul style="list-style-type: none">• 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: <ul style="list-style-type: none">• Chair of the Audit Committee• Medical Director• Executive Director of Workforce and OD• Assistant Medical Director (Medical)• Three Assistant Medical Directors (Secondary Care)• Chair of the LNC• General Manager Surgery• Office of the Medical Director – Job planning Lead
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 178 responses from consultants, which was a response rate of 38.2 per cent.
Review of job plans	We carried out a review of a sample of 20 job plans: <ul style="list-style-type: none">• four Anaesthetics• five Surgical specialties• five Medical specialties• six others (as selected by the Health Board)

Appendix 2

National and local recommendations

Table 1 sets out the nine local recommendations set out in the Health Board's 2011 report.

Table 2 sets out the 12 national recommendations from 2013 that were applicable to health bodies.

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 must ensure that job planning becomes effectively embedded within the new Clinical Programme Group structure as a means of harmonising the job plans inherited from predecessor bodies, and ensure that all consultants receive an annual job plan review.	O
R2	The Clinical Programme Groups should use consultant job planning as a vehicle for helping to secure the service modernisations that are identified in their plans to support the Health Board's five-year plan.	O
R3	The Health Board must ensure all job plans contain the necessary details about consultants' activities and responsibilities, and the location where the work will be undertaken. Agreed records of discussions held during the job plan review meetings should also be kept.	O
R4	The Health Board should revisit its document setting out the principles of consultant job planning in light of the comments we have made in this report. A revised set of principles and guidance notes should be issued to all staff involved in job planning to promote a shared understanding of the Health Board's approach to job planning, including its approach to developing measurable outcomes from consultant activities.	O
R5	The issuing of guidance on job planning arrangements should be accompanied by supporting training programmes for the different staff groups involved in job planning.	O

Number	Local recommendations	Status at January 2016
R6	The Health Board needs to ensure that its guidance material on job planning clearly defines what constitutes SPA activity, and the importance of agreeing the outcomes from different SPA activities.	O
R7	The Health Board should strengthen its job planning arrangements to ensure all available information is used to inform discussions and, where information is not available, that a range of outcome indicators are developed and introduced.	O
R8	The Health Board will need to establish effective quality assurance and monitoring arrangements to ensure job plan guidelines are being applied consistently and appropriately.	N
R9	The Health Board must develop and implement a plan to reduce consultants' workloads where these are excessive.	N

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

Number	National recommendations	Status at January 2016
Strengthening job planning processes within NHS bodies		
R1e	NHS bodies should ensure that while job planning and appraisal 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 General Medical Council revalidation requirements that will be introduced in 2013.	O
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.	O
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
Using the right information to inform job planning		
R3	<p>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:</p> <ul style="list-style-type: none"> • 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
Using job plans to clarify expectations and support service delivery		
R4	NHS bodies 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.	N

Number	National recommendations	Status at January 2016
Using job plans to clarify expectations and support service delivery		
R5	NHS bodies 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
Developing a clearer focus on benefit realisation		
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

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
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)	All consultants have an accurate job plan with a robust annual review mechanism to provide this assurance.	✓				
R2	The Health Board must ensure that job planning becomes effectively embedded within the new CPG structure as a means of harmonising the job plans inherited from predecessor bodies, and ensure that all consultants receive an annual job plan review. (BCUHB Local Report, 2011, Rec 1)	Embedding job planning in directorates' 'business as usual' will make it sustainable	✓				

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
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)	Job planning is consistently applied across all consultants.					
R4	The Health Board must ensure all job plans contain the necessary details about consultants' activities and responsibilities, and the location where the work will be undertaken. Agreed records of discussions held during the job plan review meetings should also be kept. (Betsi Cadwaladr University Health Board Local Report, 2011, Rec 3)	Job planning should accurately reflect all of a consultant's activity and maintain a record of what has been discussed and agreed.					

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
Guidance and training							
R5	The Health Board should revisit its document setting out the principles of consultant job planning in light of the comments we have made in this report. A revised set of principles and guidance notes should be issued to all staff involved in job planning to promote a shared understanding of the Health Board's approach to job planning, including its approach to developing measurable outcomes from consultant activities. (Betsi Cadwaladr University Health Board Local Report, 2011, Rec 4)	Job planning is consistently and equitably applied across all consultants.					
R6	The issuing of guidance on job planning arrangements should be accompanied by supporting training programmes for the different staff groups involved in job planning. (Betsi Cadwaladr University Health Board Local Report, 2011, Rec 5)	Improve understanding among all job planning participants to ensure that it is done in a consistent and equitable way.	✓				

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
Appropriate involvement							
R7	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.	✓				
R8	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.					

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
Information and outcome setting							
R9	<p>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:</p> <ul style="list-style-type: none"> • 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. <p>(Auditor General Wales National Report, Rec 3)</p>	<p>Consultants and the Health Board have access to good quality and wide ranging performance information to support outcome setting and review.</p>					

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
Information and outcome setting							
R10	The Health Board should strengthen its job planning arrangements to ensure all available information is used to inform discussions and where information is not available that a range of outcome indicators are developed and introduced. (BCUHB UHB Local Report, 2011, Rec 7)	Consultants and the Health Board have access to good quality and wide ranging performance information to support outcome setting and review.					
R11	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)	To be fully effective, job planning should focus on the setting and delivery of objectives and outcomes.	✓				

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
Appraisal							
R12	NHS bodies should ensure that while job planning and appraisal 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 General Medical Council (GMC) revalidation requirements that will be introduced in 2013. (Auditor General for Wales National Report, Rec 1e)	Appropriately coordination between the two processes can deliver better outcomes for consultants.					

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
Monitoring arrangements							
R13	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.	✓				
R14	The Health Board will need to establish effective quality assurance and monitoring arrangements to ensure job plan guidelines are being applied consistently and appropriately. (BCUHB UHB Local Report, 2011, Rec 8)	To provide assurance about the quality of job planning.					

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
Service improvement							
R15	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.					
R16	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.					
R17	The CPGs should use consultant job planning as a vehicle for helping to secure the service modernisations that are identified in their plans to support the Health Board's five-year plan. (BCUHB UHB Local Report, 2011, Rec 2)	The Health Board uses job planning to support service modernisation and the achievement of organisational priorities and performance targets.					

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
Supporting professional activities							
R18	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 achieving value for money from its investment in SPA activity.	✓				
R19	The Health Board needs to ensure that its guidance material on job planning clearly defines what constitutes SPA activity and the importance of agreeing the outcomes from different SPA activities (BCUHB Local Report, 2011, Rec 6)	To ensure that SPA are defined consistently and equitably across all consultants and they provide value for money.					

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
Wider benefits realisation							
R20	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 can provide effective dialogue and resolution of issues that require a collective solution.					
R21	The Health Board must develop and implement a plan to reduce consultants' workloads where these are excessive. (BCUHB Local Report, 2011, Rec 9)	Excessive consultant workloads are not good for either health board or consultant and may not provide value for money.	✓				

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