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# Consultant Contract: Follow-up Review

## Cardiff and Vale University Health Board

**Issued:** August 2013

**Document reference:** 401A2013

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The person who delivered the work was Philip Jones.

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# Summary report

## Summary

**1.** The Amendment to the National Consultant Contract in Wales came into effect on 1 December 2003. Because the new Welsh contract is an amendment to an existing contract, it was binding on all consultants in Wales. This is different to the contracts agreed in the rest of the UK, where the new terms and conditions only applied to new consultants appointed after the separate agreement dates.

**2.** These new arrangements were designed to deliver three specific benefits for the NHS:

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

**3.** The contract should be underpinned by effective job planning. Effective job planning ensures the individual consultant and their employer agree on the content, scheduling and outcome of activities that comprise the working week. The contract states that the working week should 'typically' comprise seven sessions of Direct Clinical Care (DCC) and three sessions for Supporting Professional Activities (SPA).

**4.** At the end of 2010, the Wales Audit Office undertook a review to see if the intended benefits of the Welsh Consultant Contract had been delivered. This work took place in all health boards and trusts that employed large numbers of consultants. The local report in Cardiff & Vale University Health Board[1] (the UHB) concluded that overall, the UHB had not yet realised the intended benefits of the consultant contract, mainly as a result of ineffective job planning, though the new framework being introduced should result in the necessary improvements, if implemented successfully. Appendix 1 describes in more detail the conclusions from the local report published in 2011.

**5.** In February 2013, the findings from all the local work were summarised in a national report entitled *Consultant Contract in Wales: Progress with Securing the Intended Benefits*[2]. That report similarly concluded that all the intended benefits are not being achieved largely because the amended contract has not been underpinned by effective job planning. Appendix 2 describes in more detail the conclusions from the national report.

[1] The report can be accessed at: http://www.wao.gov.uk/assets/Local_Reports/Cardiff_and_Vale_Uni_HB_-_Pay_Modernisation_2011.pdf

[2] The report can be accessed at: http://www.wao.gov.uk/assets/englishdocuments/645A2012_Consultant_contract_eng.pdf

**6.** In 2012 and early 2013 we undertook follow-up work[3] to determine the progress that has been made by the UHB on the key issues and recommendations highlighted in the 2011 review. Given the similarity with the recommendations made nationally, our follow-up work has also considered the UHB's progress against the recommendations for local NHS bodies as set out in the national report. Some of our audit work was undertaken in partnership with the UHB's internal audit department who have also undertaken a review of the job planning process. The findings of the internal audit review were reported in September 2012.

**7.** We have concluded that the UHB has made some progress in addressing issues raised locally and nationally, but further work is needed to ensure that the UHB is getting the most from the consultant contract. Our assessment of progress against each of our recommendations is set out in the main body of this report and is summarised below:

- the job planning process has been embedded as an annual process with in-year changes as appropriate although it is unclear whether this has been sustained during 2012-13;
- job planning guidance is in place although this could be strengthened in places and gaps in training need to be addressed;
- the quality of information used to underpin job plans is improving although there remains variation in the way in which diarised activities are evidenced and greater clarity is required around the categorisation of some activities;
- general managers play an active role in the job planning process although some have not yet accessed appropriate training;
- we were unable to assess whether documentation is standardised and outcomes are recorded for each consultant;
- although there has been poor uptake of appraisal in the past, arrangements have been put in place to meet revalidation requirements;
- information relating to clinical sessions provided to other health boards needs to be strengthened;
- although monitoring of completion of job plan reviews is in place, job planning is not a fundamental part of the Workforce sub-committee, performance is no longer reported to the Board and there are no inherent arrangements in place to ensure compliance with the local guidance;
- sound approaches to job planning have not been formally shared across the UHB;
- the UHB's data warehouse provides a sound basis for developing an information framework to support the job planning process with opportunities to strengthen this further through the new Clinical Boards;

[3] Our audit work consisted of interviews with a number of key personnel at the UHB, a review of UHB documents as well as interviews, a review of job plans and documents relating to Trauma and Orthopaedics, and Nephrology.

- the UHB has strengthened its focus on SPA although we were unable to assess whether SPA outcomes are included in job plans;
- a team-based approach to job planning is becoming more common and workload is increasingly becoming more balanced; and
- job planning is facilitating the involvement of consultants in developing and modernising services but there is still more to do.

# Recommendations

**8.** Our follow-up work has identified a number of new recommendations. These recommendations should be considered in conjunction with the recommendations made in the UHB's internal audit report on consultants job planning.

**Enhancing the job planning guidance**

R1 Using the findings of the Wales Audit Office follow-up review and the internal audit review, supported by wider discussion with directorates, revisit the job planning guidance to ensure that inconsistencies in interpretation are minimised.

**Training on the job planning process**

R2 Ensure that a programme of ongoing training for all staff involved in the job planning process, initially targeted at new clinical directors and managers, is implemented. Training should include the sharing of local approaches to job planning which have been found to be beneficial and could be replicated across the UHB.

**Sessions provided to other health board**

R3 For consultants employed by the UHB but provide sessions to other health boards, ensure that directorate teams have robust information relating to those sessions to inform the job planning review.

**Monitoring compliance with the job planning guidance**

R4 Strengthen arrangements to monitor compliance with the job planning guidance on a routine basis. This could include developing a rolling programme of audits to review consistency and compliance with the guidance by directorate, or peer reviews of job plans at the point of completion either by the Assistant Medical Director (Workforce) or an appropriate alternative.

**Reporting job planning performance to the Board**

R5 Ensure that compliance with the job planning process, including the completion of job plan reviews and the interlinks with appraisal and revalidation is regularly reported to the new People, Performance and Delivery sub-committee, with an annual update provided to the Board. The annual update to the Board could also encompass wider issues relating to the medical workforce.

**Performance information**

R6 Through the establishment of the new Clinical Boards, strengthen the information framework and the data warehouse to support job planning at a directorate, speciality and consultant level, ensuring that the underpinning information is easily accessible by consultants.

**Consultant engagement in development and service modernisation through job planning**

R7 Promote the role that job planning has in engaging consultants in the development and modernisation of service, and share positive examples where this has worked well through the training programme and reporting mechanisms.

# Detailed report

## Progress against our recommendations from the Cardiff and Vale UHB report *Pay Modernisation: NHS Consultant Contract* and the Wales Audit Office national report *Consultant Contract in Wales: Progress in Securing the Intended Benefits*

| Reference | Recommendation | Progress made |
|---|---|---|
| **The job planning process has been embedded as an annual process with in-year changes as appropriate although it is unclear whether this has been sustained during 2012-13** | | |
| National report Recommendation 1a | • 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. | Our 2011 review recognised guidance that the UHB, through the Assistant Medical Director (Workforce), had been implemented to support a consistent approach to job planning across all of the divisions and directorates at that time. The guidance clearly set out the process required to complete a robust job planning review and was supported by comprehensive training which was undertaken in 2010. That guidance is still in circulation and states that job planning must be completed annually for all consultants.<br>Our follow-up review specifically focused on two directorates; Trauma and Orthopaedics and Nephrology. Consultants within those directorates had all received an annual job plan during the period 2011-12. The internal audit review, which focused on a further six directorates, also confirmed that consultants had received an annual job plan review for the same period.<br>At the April 2012 Workforce and Organisational Development (OD) Committee meeting, the papers from the Medical Workforce Advisory Group (MWAG) reported that 97 per cent of job plans had been completed for the financial year 2011-12. This was a significant improvement on previous years. A report to the Workforce and OD Committee meeting in October 2012 however reported that only five per cent of job plans had been completed for the first two quarters of 2012-13. This meant that a substantive amount of job plan reviews needed to be completed over the last six months of 2012-13 when demand on services was significant. It is unclear how many job plans were completed by the end of March 2013. |

| Reference | Recommendation | Progress made |
|---|---|---|
| National report Recommendation 1b | • 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. | Although job planning should take place on an annual basis, there may be times during the year that job plans need to be revisited to take account of service changes. Our review of the two directorates indicated that ad hoc reviews had taken place within the year as a result of service changes and also because of a change in consultant numbers. These reviews were proactive in their nature and helped to support the development of services through such aspects of role design, and also the rebalancing of workload to support the achievement of annual quality framework (AQF) targets. |
| **Job planning guidance is in place although this could be strengthened in places and gaps in training need to be addressed** | | |
| National report Recommendation 1c | • Job planning is supported by up-to-date local guidance material and regular training for all staff who participate in the process. | All staff that we spoke to as part of the follow-up review were aware of the local guidance. The guidance does not state a rigid process to be followed, but instead allows flexibility for local interpretation within guidance criteria. Our fieldwork indicated that this flexibility however results in inconsistencies between directorates, and managers in particular would welcome greater clarity on aspects of the guidance to prevent the inconsistencies from occurring.<br>Although we reported in 2011 that all clinical directors and managers had received training on the job planning process, some of the senior management we spoke to as part of the follow-up review had not been able to attend training. A change in post holders since 2010 is likely to be the main reason for staff not accessing training. Given that the UHB is currently undergoing some changes to senior staff as part of its implementation of Clinical Boards, it is important the UHB ensures that new post holders are provided access to appropriate training on the job planning process. |

| Reference | Recommendation | Progress made |
|---|---|---|
| **The quality of information used to underpin job plans is improving although there remains variation in the way in which diarised activities are evidenced and greater clarity is required around the categorisation of some activities** | | |
| Local report Recommendation 1, bullet point 1 | • The job planning process takes account of clinical demand and activity. | To support the delivery of the operational plan for 2011-12, the UHB established a Turnaround to Transformation (T2T) Programme. One of the workforce work streams set up to support T2T focused on clinical productivity, and more specifically productivity of the medical workforce. This work stream was established to enhance the scrutiny of the job plan review and involved looking at capacity, different ways of working and increasing how efficiently the UHB provided care through its medical workforce (discussed later in this report).<br>In terms of capacity, the focus of the work stream has been around ensuring that the level of DCC sessions within job plans is sufficient to meet clinical demand. This information has helped inform the job plan review and has shifted the focus of discussions to be much more balanced between an individual consultant's development needs and the service requirements for the UHB. Clinical directors, with the support of the general managers, are able to challenge diarised activities within a consultant's job plan to ensure that they are aligned to the business need. This is evident from the discussions which took place within Trauma and Orthopaedics which resulted in a rebalancing of DCC sessions targeted at elective work to enable the directorate to meet AQF targets.<br>The T2T Programme was stood down in 2012 but the focus on clinical productivity continues through the Innovation and Improvement function within the UHB. |

| Reference | Recommendation | Progress made |
|---|---|---|
| Local report Recommendation 1, bullet point 2 | • Job plans accurately reflect a consultant's workload and DCC and SPA commitments reflect consultant contract guidance. | Our previous review identified that many consultants did not think that the job plan reflected their true levels of activity and differing interpretation of what constituted a DCC or SPA session resulted in inconsistencies across divisions and directorates.<br>In 2011, our review identified that most clinical directorates had relied on a diary approach to underpin job planning. The UHB's job planning guidance indicates that a diary is not mandated but a consultant may wish to keep and discuss a workload diary and equally a directorate may ask a consultant to keep a diary. Within the two directorates that we reviewed as part of this follow-up, there were mixed views in relation to diaries. Some consultants had used excel based diaries for a period ranging between two to six weeks, whilst others had used a 'typical week', supported by the completion of a standardised template referred to as 'Form 4'. Trauma and Orthopaedics also used management information relating to start and finish times for clinical activity, such as theatre lists to support the development of individual job plans.<br>The basis for some job plans are developed through a team approach to provide a foundation of consistency particularly in relation to DCCs, however some concerns were raised over the ability to accurately reflect sessions provided to other health boards, particularly in relation to Nephrology.<br>The job planning guidance refers to the need to consider DCCs and SPAs flexibly to ensure there is no double-counting, for example when teaching of junior staff takes place during an outpatient clinic. The guidance also indicates that job plans should be recorded on a standard template which clearly states how administration related to patients should be recorded.<br>Interviews with the clinical directors and directorate managers indicated that they felt the guidance could be open to different interpretation and there is still some inconsistency in the way in which job plan activity is categorised, with the allocation of patient administration to both DCC and SPA activity being cited as the most common area of inconsistency. They also indicated concerns around the variation in currency being used to record job plans with some recorded in hours and others recorded using sessions. |

| Reference | Recommendation | Progress made |
|---|---|---|
| **General managers play an active role in the job planning process although some have not accessed appropriate training** | | |
| National report Recommendation 1d | • 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. | The UHB's guidance indicates that ideally, job planning should be led by the clinical and the divisional directors. Although the guidance does not specifically state that there should be involvement from general managers, it does state that job planning may be delegated to other senior managers who understand the importance it plays in service and financial delivery and have been trained in the process.<br>For the two specialties that we reviewed as part of this follow-up, job planning reviews had been undertaken with the general managers involved. This was also reflected in the specialties reviewed by Internal Audit, and it was recognised that clinical directors welcome the contribution that managers make. However, as previously reported, not all of the managers had accessed training to support them with this role. |

| Reference | Recommendation | Progress made |
|---|---|---|
| **We were unable to assess whether documentation is standardised and outcomes are recorded for each consultant** | | |
| Local report Recommendation 1, bullet point 5 | • Documentation is standardised which clearly and accurately identifies the job content and expected SMART outcomes. | The UHB's job planning guidance sets out a requirement that all job plans should be recorded on the template attached as an appendix to the guidance. Our fieldwork allowed for a review of individual job plans for the two directorates considered to understand whether this documentation was actually being used. The job plans provided to us by the UHB however related to 2008 and before. We understand that the electronic copies of more recent job plans relating had been lost by the medical staffing department and therefore we were unable to make a judgement as to whether documentation is standardised.<br>The UHB's guidance states that all consultants must have outcome measures agreed for the year ahead reflecting UHB performance targets and utilisation of SPA time, as well as the consultant's PDP. It also states that directorates need to ensure that the outcome measures have been written in a format that is sufficiently detailed and can be measured (i.e. SMART outcome measures). To support this, the documentation template within the guidance also clearly includes a section to outline the agreed job plan outcomes as well as more detailed outcomes relating specifically to SPA activity (discussed further in this report). Given that we received old job plans, we were also unable to ascertain whether current job plans include outcomes. |
| National report Recommendation 4 | • 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. | |

| Reference | Recommendation | Progress made |
|---|---|---|
| **Although there has been poor uptake of appraisal in the past, arrangements have been put in place to meet revalidation requirements** | | |
| National report Recommendation 1e | • 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. | The UHB's guidance states that ideally appraisal should take place before a consultant has a job plan review. For the directorates that we reviewed, appraisal was undertaken jointly with the job plan review with an hour devoted to each in sequence. The main reason for doing this being the logistics required to set up two separate meetings. The clinical directors recognise that the two need to be separate processes and both were supportive of the online appraisal process which had been piloted in a number of directorates within the UHB. The online appraisal process will be rolled out in 2013 to support revalidation.<br>The UHB has recognised that over past years the uptake of medical appraisals has been low at around 50 per cent. A paper submitted to the Workforce and OD Committee in October 2012 reported an uptake of only eight per cent in the first two quarters of 2012-13. Plans have been put in place to ensure that, in line with the GMC requirements, all non-training medical staff are revalidated by 2016 with plans put in place by the UHB to undertake 20 per cent in 2013, and a further 40 per cent for 2014 and 2015. It is important that progress relating to revalidation is routinely reported to the recently formed People, Performance and Delivery Committee (replacing the Workforce and OD Committee from April 2013) and subsequently the Board. |
| **Information relating to clinical sessions provided to other health boards needs to be strengthened** | | |
| National report Recommendation 1f | • 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. | The UHB's guidance clearly sets out the process for engaging with university representatives in relation to clinical academics. It also sets out the process for engaging with other health boards in respect of consultants who are either employed by the UHB and provide sessions elsewhere, or are visiting consultants to the UHB but employed by another health board. Our follow-up review did not identify any specific issues in respect of clinical academics however interviews with staff in the Nephrology directorate raised concerns around the lack of clarity of funded sessions undertaken by UHB consultants in other health boards and the associated activity. |

| Reference | Recommendation | Progress made |
|---|---|---|
| **Although monitoring of completion of job plan reviews is in place, job planning is not a fundamental part of the Workforce sub-committee, performance is no longer reported to the Board and there are no inherent arrangements in place to ensure compliance with the local guidance** | | |
| National report Recommendation 1g | • Monitoring processes should be 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. | Job planning is monitored through the MWAG which, up to 31 March 2013, reported to the Workforce and OD sub-committee of the Board. Following a committee restructure, the MWAG now feeds into the new People, Performance and Delivery sub-committee which met for the first time in June 2013.<br>The MWAG meets six times a year and is supported by the Local Negotiating Committee (LNC) and representatives from the British Medical Association (BMA). Performance relating to the completion of job planning has previously been reported to the Workforce and OD Committee through the summary report for the MWAG although a review of papers would indicate that this has not been reported at every Committee.<br>A review of Board papers would indicate that performance relating to the completion of job planning had been reported through the performance report. However since November 2012, the performance report presented to the Board has been substantially reduced to focus only on the top priorities for the UHB. Consequently compliance with job plan reviews no longer features in the reports presented to the Board.<br>There are no inherent arrangements in place to ensure that job planning is being undertaken in accordance with the guidance. Divisional Directors should oversee the completion of job planning within their directorates however their attention is predominantly focused on the content of the job plan as opposed to the way in which it has been constructed. Directorates are required to submit job plans to the Medical Staffing department at which point some consideration could be given to ensuring that the job plans have been completed in accordance with the guidance, however capacity within the medical staffing department is recognised as being problematic. A review of the job planning process by internal audit was designed to provide assurance as to whether job planning is being undertaken in accordance with the UHB's guidance. The internal audit report provided adequate assurance and was reported to the UHB's Audit Committee in September 2012. |

| Reference | Recommendation | Progress made |
|---|---|---|
| **Sound approaches to job planning have not been formally shared across the UHB** | | |
| Local report Recommendation 2 | • Where directorates have developed sound approaches to job planning, learning from this should be shared across the UHB. | Our 2011 review identified pockets of good practice relating to the job planning process however to date, the positive learning from the approaches adopted by some directorates has not been formally shared across the UHB. Our fieldwork however identified that the directorates that we reviewed had shared approaches with other directorates on an ad hoc basis, for example the approach to job planning in Trauma and Orthopaedics had been shared with the Radiology Directorate. The internal audit review also confirmed that there had been no sharing of good practice formally across the UHB and recommended that an opportunity existed to link the sharing of good practice into ongoing training for all staff involved in the job planning process. |

| Reference | Recommendation | Progress made |
|---|---|---|
| **The UHB's data warehouse provides a sound basis for developing an information framework to support the job planning process with opportunities to strengthen this further through the new Clinical Boards** | | |
| National report Recommendation 3 | • NHS bodies should 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 specialty 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. | As discussed earlier in this report, one of the workforce work streams set up to support the T2T Programme focused on clinical productivity, and more specifically productivity of the medical workforce. This work stream was established to enhance the scrutiny of the job plan review by focusing on areas which would help improve efficiency in service provision. Since the 2011 review, the UHB has advanced its performance dashboard which is available through the data warehouse on the UHB's website. This information was fundamental to the work of the work stream and its focus has continued through the Innovation and Improvement function of the UHB. Performance information is available through the data warehouse at a directorate, specialty and consultant level. The information is available for all consultants to access, although many consultants still report that access can be difficult. Some directorates have used this information to inform and develop balanced scorecards which attempt to encompass the four domains of quality and safety, operational efficiency, use of resource and patient experience. These are subsequently used to support job plan discussions and in particular DCC outcomes, however there is often an imbalance towards acute secondary care performance, such as late starts for operating theatres, new to follow up ratios and surgical site infection rates, which is much easier to capture.<br>As part of our fieldwork we were told that outcome indicators particularly relating to DCC activity had been included in job plans, however we were unable to verify this due to the inability to review current job plans.<br>Historically, the UHB has struggled to fully integrate operational performance with that related to the use of finances and workforce, as well as patient experience. Consequently this has meant that it has been difficult for directorates and specialties to get a holistic view on performance and subsequent areas of efficiency without manually pulling information together from different sources. The establishment of the Clinical Boards in May 2013 presents a real opportunity to strengthen this approach, supported by initiatives that the UHB has already put in place, for example, the advanced work on patient level costing which should help inform discussions within directorates and specialties. |

| Reference | Recommendation | Progress made |
|---|---|---|
| Local report Recommendation 1, bullet point 3 | • Activity and outcome indicators are developed and agreed for the different specialties to inform job planning and performance review. | |
| **The UHB has strengthened its focus on SPA although we were unable to assess whether SPA outcomes are included in job plans** | | |
| National report Recommendation 5a | • 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 vary from consultant to consultant to reflect the needs of individual clinicians and those of the NHS organisation they work in. | Our fieldwork for the follow-up review identified that discussion around SPA activity is embedded in the job planning process. The UHB's guidance indicates that evidence to justify the amount of SPA time in the job plan must be obtained to support the job planning process, with the level of evidence reflecting the number of SPA sessions included in job plans to ensure that the time allocated to SPAs is fair and equitable. However some of the consultants that we spoke to were not aware that evidence needed to be provided to support the job planning process.<br>The level of SPA sessions is reported to be decreasing year on year across the UHB in favour of DCCs. The UHB however needs to be assured the demand on clinical services, and the consequent pressure on DCC sessions is not impacting on the ability to provide an appropriate level of SPA sessions to meet an individual's development need as well as the wider development required for the directorate as a whole, for example participation in clinical audit. The UHB's guidance indicates a typical split of 7.5 DCC sessions to 2.5 SPA sessions; however the job plans for Trauma and Orthopaedics are based on a standard 2 SPA sessions. We were not able to understand the level of SPA sessions for Nephrology however we were informed that SPA sessions undertaken at home (in line with national guidance) were not always recognised within job plans. |

| Reference | Recommendation | Progress made |
|---|---|---|
| Local report Recommendation 1, bullet point 4 | • SPA commitments are clearly defined with clear outcomes that are aligned with service improvement objectives and a consultants development needs. | The UHB's guidance includes a template for recording outcome measures for each SPA activity included in an individual consultant's job plan. This template was referred to in the Wales Audit Office national report '*Consultant Contract in Wales'* as an example of good practice. The UHB's guidance states that these outcome forms are sent to the Assistant Medical Director (Workforce) to scrutinise the consistency of approach and appropriateness, with input provided by other Assistant Medical Directors (AMD) where appropriate, for example the AMD for Research and Development.<br>Although we were unable to verify whether the outcome forms were being completed as part of the job planning process, the internal audit review indicated that SPA outcomes were being defined. |
| **A team-based approach to job planning is becoming more common and workload is increasingly becoming more balanced** | | |
| National report Recommendation 6 | • 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. | Although the UHB's guidance does not specifically refer to a team-based approach, it does make reference to the potential to agree specialty-wide outcome measures where appropriate and for consultants on the same rota with similar commitments to have a consistent number of sessions.<br>Both of the directorates that we reviewed as part of our follow-up have adopted a team-based approach to job planning. This approach was found to provide consistency in the core structure of individual job plans and allowed for an open and transparent discussion to take place with all consultants. Most consultants felt engaged in this process and felt that they had the opportunity to have further discussion around their individual job plans, although some were concerned that a standard job plan was not always appropriate as it did not take account of differences in actual workload.<br>The internal audit review also confirmed that a team-based approach to job planning was being adopted by a number of other directorates and specialties across the UHB. |

| Reference | Recommendation | Progress made |
|---|---|---|
| Local report Recommendation 3 | • Job planning should support equitable sharing of work within consultant teams and the UHB needs to develop strategies and action plans to reduce excessive workload and ensure workloads are balanced. | The team-based approach to job planning adopted by both of the specialties reviewed supported a discussion around the sharing of workload across consultants. Changes in the balance of elective to trauma DCC sessions demonstrated the open discussion within Trauma and Orthopaedics around workload. The number of consultants working over 10 sessions is reported to have decreased across the UHB and all new consultants are appointed on a 10 session contract. Our fieldwork identified that directorates are actively looking at workloads and business cases have been submitted for additional consultants with the aim of reducing high workloads and the overall number of sessions per consultants.<br>The rebalancing of workload across consultants and in some cases the increase of the consultant workforce has resulted in a positive improvement in the on-call commitments, with evidence of changes taking place on the level of on-call commitment since our last review. The UHB's job planning guidance also includes a detailed approach to calculating the out of hours work intensity, which then informs the individual job plans and provides a much more robust approach to supporting intensity payments. |
| Local report Recommendation 1, bullet point 6 | • Through the new framework, on-call commitments are equitable and meet the consultant contract guidance. | |

| Reference | Recommendation | Progress made |
|---|---|---|
| **Job planning is facilitating the involvement of consultants in developing and modernising services but there is still more to do** | | |
| Local report Recommendation 4 | • The UHB needs to ensure its business planning processes are integrated with job planning to ensure the opportunities to more fully involve consultants in modernising and developing services are taken. | One of the key aims behind the introduction of the amended contract was to facilitate better engagement between consultants and managers in the modernisation and improvement of NHS services. Our follow-up review would indicate that consultants are starting to feel much more engaged in the development of services with the job planning process taking an active role in the discussions. The team-based approach to job planning that was evidenced in the two directorates that we reviewed was found to support the wider discussion around service developments and in particular opportunities for role redesign. The job planning process had also supported service changes required to meet performance targets as referred to earlier in the case of Trauma and Orthopaedics.<br>Consultants also identified that they had seen a marked improvement in working relationships with the senior management team since our last review in 2011, particularly in relation to Nephrology. However, the internal audit review indicated that full engagement with consultants in service redesign was not always the case in other directorates. The ability to demonstrate explicitly how job planning is being used to support service improvement and modernisation is a difficult one, given that the need for change is often as a result of a contribution of factors. However the UHB does have examples where the job planning process has been a lever for change and these positive examples should be shared across the UHB. |
| National report Recommendation 8 | • There should be a more explicit demonstration of 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. | |

# Appendix 1

## Findings from 2011 local audit work

During 2011 we reviewed the implementation of the consultant contract at Cardiff and Vale University Health Board and assessed whether the intended benefits of the contract were being delivered. The overall conclusions from that work are summarised below.

**Our overall conclusion is that the UHB is not yet realising the intended benefits of the consultant contract, mainly as a result of ineffective job planning, though the new framework being introduced should result in the necessary improvements, if implemented successfully.**

We have come to this conclusion because:

- In the past, the approach to job planning was not sufficiently robust which has meant many issues have not been addressed:
  - the UHB has not delivered all the job planning recommendations in our 2008 medical staffing review;
  - the approach to job planning has been inconsistent;
  - many job plans are poorly documented so the UHB is unable to be sure that all consultants are correctly remunerated;
  - there has been little change in sessional commitments of consultants in recent years;
  - the UHB cannot evidence that it gets value for money from SPA sessions; and
  - job planning has not been used systematically to drive development and improvement of service delivery.
- The UHB has taken action to strengthen its job planning arrangements:
  - a new job planning framework, which appears robust, is now in place; and
  - the new job planning approach is widely accepted by consultants and clinical directors.
- Barriers still exist which may prevent the UHB from realising the full potential of the consultant contract:
  - mechanisms do not always ensure that clinical directorates work together effectively to develop services;
  - the potential of job planning to develop better team working between consultants and managers is being hindered by an overreliance on using diaries and rushing some review meetings; and
  - many directorates are using information on activity to support job planning although accessing data via the UHB's intranet is problematic.

# Appendix 2

## Findings from the 2013 national report

In 2013, we summarised the findings from all of the local work undertaken in all health boards and trusts that employed large numbers of consultants in 2011. The overall conclusions from that work are summarised below:

**Our overall conclusion is that all the intended benefits are not being achieved largely because the amended contract has not been underpinned by effective job planning.**

We have come to this conclusion because:

- An amended contract was introduced for NHS consultants in Wales in 2003, with a number of intended benefits:
  - different consultant contract arrangements have been implemented across the UK;
  - the amended contract in Wales identified a number of specific benefits for both consultants and the NHS more widely;
  - the amended contract more clearly defines a consultant's working week; and
  - although there have been amendments, the pay structure for consultants remains complex.
- A significant amount of money has been spent implementing the contract:
  - initially, £35 million was spent introducing the new contract;
  - the overall pay bill for consultants and average consultant pay has increased since the introduction of the amended contract; and
  - £1.9 million was spent on developing a Consultant Outcome Indicators project that ultimately did not deliver the desired outcomes.
- Whilst there have been some notable changes, not all intended benefits of the amended consultant contract have been realised:
  - the working week has reduced overall but some consultants are still working long hours;
  - recruitment and retention of consultants has improved and the level of vacancies has substantially reduced;
  - the amended contract has not been a significant factor in driving service modernisation and better working relationships between consultants and NHS managers;
  - whilst the welsh government had an identified approach to assess benefits realisation, it was not sufficiently challenging; and
  - the NHS has not developed any productivity measures that allow the trends in consultant activity to be accurately measured.

- In most health boards and trusts, implementation of the amended contract has not been underpinned by effective job planning arrangements:
  - successful implementation of the amended contract was predicated on a more vigorous approach to job planning;
  - there is scope to increase the frequency of job plan reviews for many consultants;
  - the extent to which job planning is supported by local guidance and training has varied significantly;
  - the approach to job plan review meetings can vary considerably within and between health bodies;
  - the contents of job plans can vary significantly and very few contain identifiable and measurable outcomes; and
  - appraisal and job planning are not always linked.

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