



WALES AUDIT OFFICE
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Auditor General for Wales

Cardiff and Vale University Health Board – NHS Consultant Contract – **Follow-up of previous audit recommendations**

Audit year: 2015

Date issued: September 2016

Document reference: 412A2016



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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 1948¹.
- 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.
- 7 Our follow-up work at Cardiff and Vale University Health Board (the Health Board), reported in June 2013, concluded that the Health Board has made some progress in addressing issues raised locally and nationally, but further work was needed to ensure it was getting the most from the consultant contract.

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

- 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 December 2015 and February 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](#).

Our main findings

- 13 The Health Board has made reasonable progress with job planning, but few of our previous national and local recommendations have been implemented fully.

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.](#)

14 In reaching this conclusion we found that:

- Job plan coverage is good, but more focus is needed on quality and outcomes if the Health Board is to realise the potential benefits of job planning:
 - More than 90 per cent of consultants have a job plan, but many have not had the required annual review and few have evidence of being agreed by all parties.
 - Consultants' awareness of job planning guidance is patchy and the approach to training needs to be more systematic.
 - About half of job plan review meetings did not meet the Health Board's guidance because only one manager was present.
 - Information provision has improved, but access and quality remain a problem and despite Health Board intentions, almost half of job plans do not contain outcomes.
 - Not enough staff understand the nature of appraisal and job planning and the relationship between them.
 - The Health Board does not have adequate assurance about the quality and effectiveness of job planning.
- The Health Board is making some progress securing the intended benefits from the contract, but needs to do more to eliminate variable job planning practice:
 - When done well, job planning has allowed some consultants to discuss service development, but more work is needed to ensure that all consultants get that opportunity.
 - The Health Board is committed to obtaining best value from Supporting Professional Activities (SPA), but many job plans still do not contain relevant outcomes.
 - Since 2010, the Health Board has halved the number of job plans with excessive workloads.
 - The Health Board reports 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 recent progress with job planning, but there is much 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

Recommendations	
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: <ul style="list-style-type: none">• the job planning process takes account of clinical demand and activity;• job plans accurately reflect a consultant's workload, and DCC and SPA commitments reflect consultant contract guidance;• activity and outcomes indicators are developed and agreed for the different specialties to inform job planning and performance review;• SPA commitments are clearly defined with clear outcomes that are aligned with service improvement objectives and a consultant's development needs;• documentation is standardised which clearly and accurately identifies the job content and expected SMART (specific, measurable, achievable, relevant and time-bound) outcomes; and• on-call commitments are equitable and meet the consultant contract guidance. (Cardiff and Vale UHB Local Report, 2011, Rec 1)
Guidance and training	
R3	NHS bodies should ensure that job planning is supported by up-to-date local guidance material and regular training for all staff who participate in the process. (Auditor General for Wales National Report, Rec 1c)
R4	Where directorates have developed sound approaches to job planning, learning from this should be shared across the Health Board. (Cardiff and Vale UHB Local Report, 2011, Rec 2)
R5	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 Health Board. (Cardiff and Vale UHB Local Report, 2013, Rec 2)

Recommendations

Appropriate involvement

- R6 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)
- R7 NHS bodies should ensure that they work jointly with universities in agreeing job plans for consultants that have academic contracts such that the expectations and requirements of both organisations are properly and fairly considered; similar arrangements should be in place for consultants working for two or more NHS organisations. (Auditor General for Wales National Report, Rec 1f)

Information and outcome setting

- R8 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)
- R9 For consultants employed by the Health Board but who provide sessions to other health boards, ensure that directorate teams have robust information relating to those sessions to inform the job planning review. (Cardiff and Vale UHB Local Report, 2013, Rec 3)
- R10 NHS bodies should ensure that they have clear and robust processes in place to discuss and agree objectives and outcomes for consultants as part of the job planning process. It will be important to ensure that clinicians and managers involved in setting these objectives and outcomes receive the appropriate training and support to undertake effective job planning with consultants. (Auditor General for Wales National Report, Rec 4)
- R11 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. (Cardiff and Vale UHB Local Report, 2013, Rec 6)

Recommendations

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)

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 Job planning should support equitable sharing of work within consultant teams and the Health Board needs to develop strategies and action plans to reduce excessive workload and ensure workloads are balanced. (Cardiff and Vale UHB Local Report, 2011, Rec 3)
- R15 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. (Cardiff and Vale UHB Local Report, 2013, Rec 4)
- R16 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. (Cardiff and Vale UHB Local Report, 2013, Rec 5)

Recommendations

Service improvement

- R17 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)
- R18 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)
- R19 The Health Board 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. (Cardiff and Vale UHB Local Report, 2011, Rec 4)
- R20 Promote the role that job planning has in engaging consultants in the development and modernisation of services, and share positive examples where this has worked well through the training programme and reporting mechanisms. (Cardiff and Vale UHB Local Report, 2013, Rec 7)

Supporting professional activities

- R21 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)

Wider benefits realisation

- R22 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)

Exhibit source: Wales Audit Office

Detailed report

Job plan coverage is good, but more focus is needed on quality and outcomes if the Health Board is to realise the potential benefits of job planning

More than 90 per cent of consultants have a job plan, but many have not had the required annual review and few have evidence of being agreed by all parties

- 18 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.
- 19 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.
- 20 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.
- 21 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.
- 22 At 31 March 2015 the Health Board reported that 90 per cent of consultants had a job plan. Our recent consultant survey⁴ also found a high proportion of consultants (93 per cent), reporting they had a job plan.
- 23 Our 2010 work identified that many consultants across Wales did not have an annual job plan review. At the Health Board, 61 per cent of consultants said their job plan was reviewed annually, compared with 62 per cent across Wales. In March 2015, the Health Board was not able to say how many job plans had been reviewed in the previous 12 months.

⁴ We received 239 responses from consultants, a response rate of 45.7 per cent. Details of our consultant survey are included in Appendix 1.

- 24 Despite the Health Board's lack of knowledge about annual job plan reviews our recent consultant survey showed that:
- for those consultants with a job plan, 59 per cent had a job plan review meeting within the last 12 months; and
 - a detailed review of a sample of 20 job plans found that seven (35 per cent) had a review date within the last 12 months.
- 25 An important part of the job-plan 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 countersigned by the Health Board's Chief Executive (or his/her nominee).
- 26 Our detailed review of a sample of 20 job plans found that one (five per cent) had evidence of sign-off. The Health Board told us that the lack of sign-off evidence was not because consultants had not agreed their job plans, but a reflection of modern ways of working. The move away from paper copies and the preference for Health Board staff to communicate electronically means that maintaining evidence of job plan sign-off is becoming problematic. In addition, the LNC lead did not report any issues with consultants refusing to agree job plans.

Consultants' awareness of job planning guidance is patchy and the approach to training needs to be more systematic

- 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 2010, the Health Board agreed with the LNC a clear set of principles and objectives for consultant job planning. Supporting guidance described a range of objectives for, and principles governing, the job planning and consultant contract management process.
- 29 In April 2014, the guidance on job planning for health boards and NHS trusts in Wales was produced. The Health Board has adopted this and supplemented it locally with further advice including team-based job planning. This LNC has endorsed this.
- 30 The Health Board's guidance is available on its intranet. However, only 57 per cent of consultants who responded to our recent survey said they had clear guidance on the job planning process.
- 31 In 2010, local audits found that between different organisations there was variation in training provision for consultants and others involved in the process. At the Health Board all clinical directorate managers and consultants received comprehensive training in summer 2010. By 2013, we found that gaps in training were starting to appear. Some of the senior management we spoke to had not

been able to attend training. A change in post holders since 2010 was thought to be the likely reason for staff not accessing training.

- 32 The Health Board provided further training in 2014. This was aimed mostly at clinical and general managers whom the Health Board regards as the key to job planning success. The training was based on a comprehensive slide presentation that explained what job plans are, how to carry out the annual review and the importance of developing robust outcomes. This has been supplemented by the Assistant Medical Director on an individual basis when appropriate, for example, a change of Clinical Director. There is no regular programme of refresher training for managers or consultants.
- 33 In our recent consultant survey only 32 per cent of respondents stated that they had received sufficient training on job planning. The Health Board needs to consider how to ensure that all job planning participants receive initial and refresher training on a regular basis.

About half of job plan review meetings did not meet the Health Board's 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. Our 2013 work at the Health Board found that general managers were playing an active role in the job planning process, although some had not had appropriate training, which may have limited their contribution.
- 36 **Exhibit 2** shows the results from our recent consultant survey. About half of the job plan review meetings had only one manager present. Four per cent took place with a general manager only and 45 per cent with a clinical manager only. Almost one in 10 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	74	31%
Clinical manager only	209	45%
General manager only	10	4%
Other arrangement	13	13%
No meeting	16	7%
Total	239	100%

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

Exhibit source: Wales Audit Office survey of consultants.

- 37 The Health Board does not have adequate arrangements in place to monitor job planning and ensure that it is taking place to the required standard. A robust assurance process would help the Health Board gauge the quality of job planning not just the quantity.
- 38 Capacity issues sometimes mean that job planning is not done robustly or in a timely fashion. The Health Board tells us that the 28 Clinical Directors are key to the success of job planning. In some cases, their span of control is large. In addition, the Health Board has a number of new general managers and several general manager vacancies.
- 39 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 Supporting Professional Activities (SPA) and university commitments and that there is no conflict between university and NHS requirements.
- 40 The Assistant Medical Director has focussed on improving the quality of dialogue between the Health Board and University. The LNC report that dialogue with the university has improved and now is more productive, but there is probably still room for improvement. Health Board job planning guidance states that where its medical staff undertake sessions in other NHS organisations, representatives from the other organisations should be invited to participate in the job planning process.

- 41 Our recent consultant survey told us that:
- for consultants who had a contract with another NHS organisation, 30 per cent stated that the other organisation was involved in the process to agree a single overall job plan; and
 - for consultants who had a contract with a university, 34 per cent stated that the university was involved in the process of agreeing a single overall job plan.

Information provision has improved, but access and quality remains a problem and despite Health Board intentions, almost half of job plans do not contain outcomes

- 42 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.
- 43 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.
- 44 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.
- 45 Our 2010 work in the Health Board found that many directorates were using information on activity to support job planning although there were problems accessing data via the intranet. Most job plans identified SPA sessions but there was little supporting evidence stating what these activities were or the expected outcomes.

- 46 As part of our current review, we asked the Health Board to indicate what information they used to set and monitor consultant outcomes for Direct Clinical Care (DCC) sessions. **Exhibit 3** shows that whilst the Health Board is using a range of information, there is still some variation in the use of clinical information across specialities.

Exhibit 3: information sources used in monitoring and setting outcomes

	Yes, across all specialty areas	Yes, across most specialty areas	Yes, across some specialty areas
Activity and safe practice	X		
Clinical outcomes			X
Clinical standards			X
Local service requirements	X		
Management of resources, including efficient use of NHS resources	X		
Quality of care	X		

Source: Wales Audit Office information and data collection form completed by the Health Board

- 47 The Health Board has assigned a high priority to improving the information available to managers and consultants. It has invested in an integrated system that it calls the clinical activity portal. This is linked to the Health Board's data warehouse and draws on several different sources of information. The Health Board reports that most specialty areas have access to support consultant outcome setting and monitoring.
- 48 **Exhibit 4** shows the results from our recent consultant survey. Around half of respondents consistently indicated that they did not have access to the different types of information necessary to support an effective job planning review. Given the Health Board's investment in the clinical activity portal, it is concerning that survey respondents thought that both the quality of, and access to, performance information was insufficient to assess their performance.

Exhibit 4: consultants' views on the information to support their job planning meeting

	Yes	No	Not sure
Access to information from local clinical/management information systems to support discussions about your existing work?	85 (38%)	113 (51%)	24 (11%)
Information on the Health Board's objectives?	65 (30%)	120 (54%)	37 (17%)
Performance information of sufficient quality to accurately assess your performance?	69 (31%)	124 (56%)	29 (13%)

Source: Wales Audit Office survey of Health Board consultants

- 49 **Exhibit 5** shows that the setting of outcomes is still not embedded in all directorates across the Health Board. Only around a half of survey respondents said that their job plan clearly stated DCC and SPA outcomes.

Exhibit 5: consultants' views on outcome setting in their job plans

	Yes	No	Not sure
Are outputs and outcomes clearly stated in your current job plan for:			
• DCC?	122 (55%)	85 (39%)	14 (6%)
• SPA?	109 (49%)	93 (42%)	20 (9%)
• Other programmed activities eg, management role?	83 (38%)	102 (47%)	32 (15%)
In your view, does your current job plan clearly set out the relationship between your personal outcomes and those of the organisation?	69 (31%)	119 (53%)	35 (16%)

Source: Wales Audit Office survey of Health Board consultants

- 50 The 2014 training for clinical and general managers emphasised the need to be more rigorous and consistent in recording and managing DCC and SPA outcomes. Where SPAs are agreed, the Health Board expected clear evidence of commitment to the activity and with measurable outcomes. Our detailed review of a sample of 20 job plans found that none contained clearly identified outcomes.

- 51 **Exhibit 6** shows the proportion of consultants who said they reviewed outputs and outcomes at their job plan review meetings. We found that 55 per cent reviewed the outcomes for their DCC sessions and 66 per cent for SPA sessions. But only a third of consultants said that they discussed the relationship between their outcomes and those of the organisation. Around half of respondents stated that job plan outcomes were reviewed during appraisals.
- 52 Our detailed review of a sample of 20 job plans found that none contained evidence of discussions about outcomes.

Exhibit 6: consultants' views on reviewing outcomes

	Yes	No	Not sure
During your most recent job plan meeting did you:			
• Review the outputs and outcomes of your DCC?	122 (55%)	76 (34%)	25 (11%)
• Review the outputs and outcomes of your SPA sessions?	147 (66%)	58 (26%)	18 (8%)
• Review the outputs and outcomes of your other activities?	97 (44%)	81 (36%)	45 (20%)
• Discuss the relationship between your outcomes and those of the organisation?	74 (33%)	125 (56%)	24 (11%)
Were your current job plan outcomes assessed during your most recent annual appraisal?	109 (50%)	94 (43%)	16 (7%)

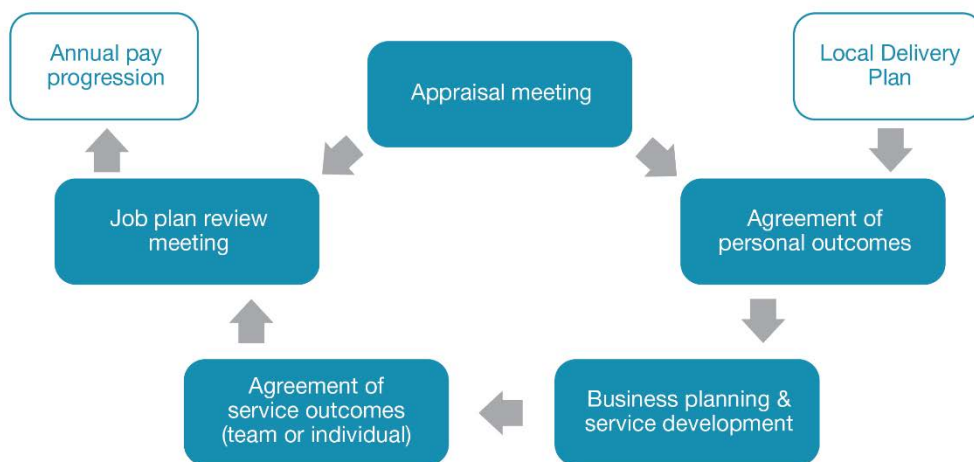
Source: Wales Audit Office survey of Health Board consultants

- 53 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 highlight that the Health Board has much to do to embed the practice of setting and discussing outcomes during job planning. The oversight of job planning is being devolved to clinical boards, but there are risks that this may increase the variability of practice around setting and discussing outcomes. The health board report that they intend to review every clinical board's progress with job planning at the Operational Meeting that all Clinical Board Directors attend.

Not enough staff understand the nature of appraisal and job planning and the relationship between them

- 54 Revalidation is the process by which licensed doctors are required to demonstrate to the General Medical Council (GMC) that they are fit to practise. Revalidation has been dependent on the doctor participating in annual appraisals since December 2012.
- 55 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.

- 56 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 only had an appraisal when they asked for one or had never had an appraisal. In some areas, we found that an 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.

- 57 In 2010, the Health Board's guidance recommended that an appraisal took place in advance of the job planning meeting and the appraisal's outcomes would inform the job planning meeting. At the time we found that most clinical directorates were not making full use of the information coming from appraisal to inform job planning. The approach to both job planning and appraisal varied widely across the Health Board.
- 58 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.
- 59 The Health Board has implemented MARS and expects that all appropriate staff will receive a performance appraisal every 15 months. In January 2015, the Health Board reported that over 95 per cent per cent of medical staff were registered on MARS. Current Health Board guidance recommends that appraisal should take place in advance of the job planning meeting. The appraisal's outcomes would then inform the job planning meeting. However, the Health Board acknowledges that often job planning takes place before the appraisal. This is because some specialties do job planning in waves or cohorts rather than as an ongoing activity throughout the year.
- 60 From our recent consultant survey we found that 96 per cent of respondents had an appraisal within the previous 12 months. An earlier internal audit review of medical staff revalidation attributed appraisal success to identification of critical pathways, extensive training, standardisation of documents, good record keeping and internal promotion of the appraisal and medical revalidation process.
- 61 The comments collected during our recent consultant survey reveal that there appears to be a significant 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 does not have adequate assurance about the quality and effectiveness of job planning

- 62 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.
- 63 Our 2013 work found that the Health Board monitored the completion of job plan reviews. However, job planning was not a fundamental part of the Workforce sub-

committee's remit, performance was no longer reported to the Board and there were no arrangements in place to ensure compliance with the local guidance.

- 64 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 at both local and national level. Our recent local work has found that the Health Board has implemented the ESR Job Planning module to enable central collation and reporting. ESR is the responsibility of the Medical Workforce team, who collate mostly paper records and populate the ESR system. However, the Medical Workforce team report that ESR functionality is basic and lacks sufficient detail to be really useful. Also ESR does not link to other Health Board IT systems.
- 65 Interviewees considered that the level of job planning coverage was now sustainable, and acknowledged that the Health Board's next challenge was ensuring the quality of job planning, which was thought to be variable.
- 66 The Medical Workforce Advisory Group (MWAG) monitors job planning. However, performance monitoring focuses on job plan coverage, a measure of quantity. There are no substantive mechanisms to regularly monitor the quality of job plans or detailed adherence to Health Board guidance. The MWAG reports to the People, Performance and Delivery (PPD) sub-committee, which appears to have last considered job planning in November 2014. The Health Board reports that MWAG reported job planning compliance to the PPD sub-committee on an exception basis. It now plans to add job planning compliance to the routine workforce metrics presented to each PPD sub-committee and onwards to the board.

The Health Board is making some progress securing the intended benefits from the contract, but needs to do more to eliminate variable job planning practice

When done well, job planning has allowed some consultants to discuss service development, but more work is needed to ensure that all consultants get that opportunity

- 67 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.
- 68 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.

- 69 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.
- 70 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 complex planning arrangements and a lack of management support for innovative practices.
- 71 Our 2013 local work found that things were improving. At the time consultants told us they were starting to feel more engaged in service development. Job planning, particularly team-based job planning, was supporting wider discussions around service development and in particular opportunities for role redesign.
- 72 Our recent survey of consultants found that 50 per cent thought that job planning was an opportunity to discuss modernising services and 47 per cent agreed they could discuss potential steps to improve clinical practice.
- 73 However, 42 per cent said that they did not discuss modernising services and 45 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.
- 74 The Health Board has a service modernisation programme 'Leaner and Fitter', but senior managers recognise that change can be difficult and lengthy. The Health Board needs to ensure that all consultant staff are engaged in service change, using the job plan process as one way to do this.

The Health Board is committed to obtaining best value from SPA activities, but many job plans still do not contain relevant outcomes

- 75 SPAs underpin the provision of direct clinical care 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.
- 76 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.

- 77 The national guidance states that each directorate (or equivalent) should annually review the SPA sessions in consultant job plans. Where there is a discrepancy between evidence of participation in SPA and the time allocated, this should be addressed through the job planning process. The national guidance does not mention setting a 'tariff' for particular activities, which would be an agreed amount of time that a particular activity would be allocated across the organisation. However, some SPA tariffs have been set, for example, the Wales Deanery requires that job plans for delivery of the Educational Supervisor role should typically include the equivalent to a minimum of 0.25 SPA per week per trainee supervised.
- 78 In 2010, our local work at the Health Board found inconsistencies between specialties in what activity they classed as SPA. This was contributing to inequitable consultant job plans and workloads. There was little evidence in job plans to describe the SPA activities beyond high-level descriptions, for example, teaching. In addition, there was no information to determine whether SPA activities were aligned to service and corporate improvement objectives. In 2013, we found that the Health Board had strengthened its focus on SPA, although we were unable to assess definitively whether job plans included SPA outcomes.
- 79 In our recent work we found that 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. The Health Board's guidance and training stress its expectations of what constitutes SPA and the need for consultants to justify SPA activities.
- 80 The Health Board has implemented an agreed tariff for SPA. As a starting point, all consultants are allocated one SPA for 'core professional activities', for example, continuing professional development, appraisal and revalidation. If a consultant wants additional SPA this needs their clinical director's approval, but requests must clearly show the benefit to both consultant and health board.
- 81 Our detailed review of a sample of 20 job plans found that four (20 per cent) had evidence of outcomes set for SPA activity. The remaining 16 (80 per cent) contained no SPA outcomes, contrary to Health Board guidance.
- 82 From our recent consultant survey, 66 per cent of respondents stated that their job plan meeting included a review of outcomes for SPA sessions. Around a quarter, (26 per cent) indicated that SPA outcomes were not discussed at their job plan meeting.

Since 2010, the Health Board has halved the number of job plans with excessive workloads

- 83 The contract's intention was for all full-time consultants to have a 37.5-hour 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 In 2010, only a third of consultants in Wales had 10 session contracts and the average number of weekly sessions in a consultant's contract was 11.21. At that time, the average number of weekly sessions in the Health Board was 11.34.
- 85 **Exhibit 8** shows the Health Board's position in 2010 and 2015. This shows that on average the Health Board has been successful in reducing high consultant workloads. The Health Board reports that these reductions has facilitated both savings and reinvestment in additional posts.

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

	2010	2012	2013	2014	2015
DCC	8.23	Not available	Not available	Not available	8.00
SPA	2.84	Not available	Not available	Not available	2.50
Management	0.15	Not available	Not available	Not available	0.25
Other	0.13	Not available	Not available	Not available	0.00
Total	11.34	Not available	Not available	Not available	10.75

Note: Health Board data for 2012, 2013 and 2014 is unavailable because previous practice was to overwrite system data. From 2015 this practice has ceased and data will be archived.

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

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

- 87 At that time, 16 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 42 consultants had a job plan with more than 12 sessions, equivalent to eight per cent of all the Health Board's consultants. This is a significant reduction in the number of consultants with excessive working hours and shows the Health Board's commitment.
- 89 Our recent survey of consultants found that 55 per cent identified that their job plan clearly scheduled all their commitments including management or other roles, while 40 per cent did not think so.
- 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 Despite the potential benefits, our 2010 work at the Health Board identified that team-based job planning was not frequently employed. Our local work in 2013 found that a team-based approach to job planning was becoming more common. Team-based job planning was found to provide consistency in the core structure of individual job plans and allowed for an open and transparent discussion to take place among all consultants.
- 92 In our recent work, the Health Board reports a sustained emphasis on trying to increase the incidence of team-based job planning. The Health Board's local guidance includes reference to team job planning. Around 12 per cent of respondents to our consultant survey stated that their last job planning meeting was done as part of a team. The Health Board and LNC both report favourably where team-based job planning is implemented. Recognised as difficult to do, but seen as the way forward in terms of improving the level of dialogue, trust and transparency.
- 93 The Health Board reports that it has successfully introduced a Retire and Return policy. This offers flexible working opportunities to recently retired consultants using 12-month fixed-term locum contracts on a nine-DCC, one-SPA session basis. At July 2015 there were 14 retired returners.

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

- 94 The amendments to the contract were intended to improve consultant recruitment and retention. The Auditor General's national report 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.
- 95 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.
- 96 **Exhibit 9**, based on Welsh Government statistics, shows that the number of consultants employed by the Health Board has increased by around eight per cent between 2011 and 2014.

Exhibit 9: number of full-time equivalent consultants employed in the NHS from 2011 to 2015

	2011	2012	2013	2014	2015	Change in number 2011 to 2015	Percentage change 2011 to 2015
Cardiff and Vale UHB	435.6	457.5	470.8	468.9	472.4	36.8	7.8%
All Wales	2,217.5	2,273.9	2,323.8	2,316.1	2,344.6	127.1	5.4%

Source: Welsh Government, Stats Wales based on NHS electronic staff record annual returns as at 30 September each year⁵

- 97 The Health Board does not consider consultant level retention a significant problem. In addition, it does not have a substantial local recruitment problem, but does suffer from the same national recruitment pressures as other health boards. The Health Board does not consider that the consultant contract and job planning have any significant effect on recruitment, either positive or negative. This is because it considers that there are more substantial motivations that drive an individual's employment decisions.

⁵ Welsh Government, [Stats Wales, Medical and dental staff by speciality and year](#).

Appendix 1

Audit approach

We carried out a number of audit activities between December 2015 and February 2016. Details of these are set out below.

Exhibit 10: audit activities between December 2015 and February 2016.

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 the clinical activity portal and medical productivity projects.
Interviews	We interviewed a small number of staff including: <ul style="list-style-type: none">• Chair of the People, Planning and Delivery Committee (Independent Member)• Medical Director• Assistant Medical Director (Workforce and Revalidation)• Chair of the LNC• Assistant Director of Workforce• Senior Medical Workforce Manager
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 239 responses from consultants, which was a response rate of 46 per cent.
Review of job plans	We carried out a detailed review of a sample of 20 job plans: <ul style="list-style-type: none">• 4 Anaesthetics• 4 General surgery• 4 Gastroenterology• 4 Pathology• 4 Sexual health

Appendix 2

National and local recommendations

Table 1 sets out the four local recommendations set out in the Health Board's 2011 report. Table 2 contains the seven new recommendations from the 2013 local follow-up.

Table 3 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	<p>Through strengthening its approach to job planning through the introduction of the new framework the Health Board must ensure:</p> <ul style="list-style-type: none">• the job planning process takes account of clinical demand and activity;• job plans accurately reflect a consultant's workload and DCC and SPA commitments reflect consultant contract guidance;• activity and outcomes indicators are developed and agreed for the different specialties to inform job planning and performance review;• SPA commitments are clearly defined with clear outcomes that are aligned with service improvement objectives and a consultant's development needs;• documentation is standardised which clearly and accurately identifies the job content and expected SMART outcomes; and• on-call commitments are equitable and meet the consultant contract guidance.	O
R2	<p>Where directorates have developed sound approaches to job planning, learning from this should be shared across the Health Board.</p>	O
R3	<p>Job planning should support equitable sharing of work within consultant teams and the Health Board needs to develop strategies and action plans to reduce excessive workload and ensure workloads are balanced.</p>	O

Number	Local recommendations	Status at January 2016
R4	The Health Board 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.	O

Table 2: 2013 local follow-up recommendations

Number	Local recommendations	Status at January 2016
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.	A
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.	O
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.	O
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.	O
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.	O

Number	Local recommendations	Status at January 2016
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.	O
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.	O

Table 3: 2013 national recommendations

Number	Local 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	Local 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 (GMC) 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

Number	Local recommendations	Status at January 2016
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
R5a	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 to the outstanding recommendations from the previous audit reviews

Exhibit 11: management response

Ref	Recommendation	Intended outcome/benefit	High priority (✓)	Agreed	Management response	Completion date	Responsible officer
Process 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.	✓	Yes	Process in place to centrally record Job Plan Review and update ESF module	On-going	Medical Director

Ref	Recommendation	Intended outcome/benefit	High priority (✓)	Agreed	Management response	Completion date	Responsible officer
Process to review job plans annually							
R2	<p>The Health Board must ensure:</p> <ul style="list-style-type: none"> the job planning process takes account of clinical demand and activity; job plans accurately reflect a consultant's workload, and DCC and SPA commitments reflect consultant contract guidance; activity and outcomes indicators are developed and agreed for the different specialties to inform job planning and performance review; SPA commitments are clearly defined with clear outcomes that are aligned with service improvement objectives and a consultant's development needs; documentation is standardised which clearly and accurately identifies the job content and expected SMART (specific, measurable, achievable, relevant and time-bound) outcomes; and on-call commitments are equitable and meet the consultant contract guidance. (Cardiff and Vale UHB Local Report, 2011, Rec 1) 	All consultants have a job plan that is accurate, equitable, adheres to guidance and is outcome focussed.	✓	Yes	On-going process of improvement evidenced by work stream of Medical Productivity Project of O4e	On-going	Medical Director

Ref	Recommendation	Intended outcome/benefit	High priority (✓)	Agreed	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.		Yes	All new CD and DM staff have 1:1 Job Plan Training with AMD Workforce	Complete	Medical Director
R4	Where directorates have developed sound approaches to job planning, learning from this should be shared across the Health Board. (Cardiff and Vale UHB Local Report, 2011, Rec 2)	To encourage the dissemination of effective practice.		Yes	'Buddy' system in place to share and disseminate best practice where applicable	On-going	Medical Director
R5	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 Health Board. (Cardiff and Vale UHB Local Report, 2013, Rec 2)	Improve understanding among all job planning participants to ensure that it is done in a consistent and equitable way.	✓	Yes	All new CD and DM staff have 1:1 Job Plan Training with AMD Workforce	Complete	Medical Director

Ref	Recommendation	Intended outcome/benefit	High priority (✓)	Agreed	Management response	Completion date	Responsible officer
Appropriate involvement							
R6	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.	✓	Yes	The Health Board recommends that all Job Planning reviews involve both CD and Directorate Managers.	On-going	Medical Director
R7	NHS bodies should ensure that they work jointly with universities in agreeing job plans for consultants that have academic contracts such that the expectations and requirements of both organisations are properly and fairly considered; similar arrangements should be in place for consultants working for two or more NHS organisations. (Auditor General Wales National Report, Rec 1f)	Consultants' job plans accurately reflect all their commitments and both organisations have a mutual understanding of consultants' workload and responsibilities.		Yes	The Health Board recommends that Clinical Academics use their academic PDR output and Appraisal PDP to inform Job Planning process	Complete	Medical Director

Ref	Recommendation	Intended outcome/benefit	High priority (✓)	Agreed	Management response	Completion date	Responsible officer
Information and outcome setting							
R8	<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. (Auditor General Wales National Report, Rec 3) 	<p>Consultants and the Health Board have access to good quality and wide ranging performance information to support outcome setting and review.</p>		Yes	<p>The Health Board has developed a web based Clinical Activity Portal that links Job Plan data with a real time tracker of clinical activity and performance against completed activity to monitor capacity/ demand/performance. All Directorates trained and enrolled</p>	Complete	Medical Director

Ref	Recommendation	Intended outcome/benefit	High priority (✓)	Agreed	Management response	Completion date	Responsible officer
Information and outcome setting							
R9	For consultants employed by the Health Board but who provide sessions to other health boards, ensure that directorate teams have robust information relating to those sessions to inform the job planning review. (Cardiff and Vale UHB Local Report, 2013, Rec 3)	Consultants' job plans accurately reflect all their commitments and all organisations have a mutual understanding of consultants' workload and responsibilities.		Yes	Monitored via sharing information with partner organisations to ensure robust job planning is cross referenced	On-going	Medical Director
R10	NHS bodies should ensure that they have clear and robust processes in place to discuss and agree objectives and outcomes for consultants as part of the job planning process. It will be important to ensure that clinicians and managers involved in setting these objectives and outcomes receive the appropriate training and support to undertake effective job planning with consultants. (Auditor General Wales National Report, Rec 4)	To be fully effective, job planning should focus on the setting and delivery of objectives and outcomes.	✓	Yes	Improved attempts being made via 'team' job planning to articulate more clearly team objectives and outcomes that are measureable and match workforce resource to deliver where possible and link to improvement goals articulated in the Health Board operational plans	On-going	Medical Director

Ref	Recommendation	Intended outcome/benefit	High priority (✓)	Agreed	Management response	Completion date	Responsible officer
Information and outcome setting							
R11	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. (Cardiff and Vale UHB Local Report, 2013, Rec 6)	Consultants and the Health Board have access to good quality and wide ranging performance information to support outcome setting and review.		Yes	The Health Board has developed a web based Clinical Activity Portal that links Job Plan data with a real time tracker of clinical activity and performance against completed activity to monitor capacity/ demand/ performance. All Directorates trained and enrolled	Complete	Medical Director
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)	Appropriate coordination between the two processes can deliver better outcomes for consultants.		Yes	Health Board guidance indicates that appraisal should be completed before Job Plan Review and the Output, Summary and PDP assist and are aligned to Job Plan objectives.	On-going	Medical Director

Ref	Recommendation	Intended outcome/benefit	High priority (✓)	Agreed	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.	✓	Yes	Recent paper to Health Service Management Board articulates and establishes a local process that facilitates this recommendation and enables ESR completion	On-going	Medical Director
R14	Job planning should support equitable sharing of work within consultant teams and the Health Board needs to develop strategies and action plans to reduce excessive workload and ensure workloads are balanced. (Cardiff and Vale UHB Local Report, 2011, Rec 3)	Excessive consultant workloads are not good for either health board or consultant and may not provide value for money.		Yes	Job Planning is targeted at those Consultants working >12 sessions with principle of reducing sessional involvement if services can be sustained	On-going	Medical Director

Ref	Recommendation	Intended outcome/benefit	High priority (✓)	Agreed	Management response	Completion date	Responsible officer
Monitoring arrangements							
R15	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. (Cardiff and Vale UHB Local Report, 2013, Rec 4)	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.		Yes	10% of completed Job Plans are sampled each quarter and quality assured by the AMD for workforce Job Plan Review date notified to CD/DM by email reminder	April 2017	Medical Director
R16	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. (Cardiff and Vale UHB Local Report, 2013, Rec 5)	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.		Yes	Job Planning/Appraisal data are KPI's of Medical Workforce Advisory Group and reported quarterly to Board PPD Sub-committee	On-going	Medical Director

Ref	Recommendation	Intended outcome/benefit	High priority (✓)	Agreed	Management response	Completion date	Responsible officer
Service improvement							
R17	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.		Yes	The Health Board believes it complies and is normal practice	On-going	Medical Director
R18	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.		Yes	Promotion of team Job Planning and team objectives with measureable outcomes enhances transparency and establishes a culture for monitoring performance and service modernisation	On-going	Medical Director

Ref	Recommendation	Intended outcome/benefit	High priority (✓)	Agreed	Management response	Completion date	Responsible officer
Service improvement							
R19	The Health Board 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. (Cardiff and Vale UHB Local Report, 2011, Rec 4)	The Health Board uses job planning to support service modernisation and the achievement of organisational priorities and performance targets.		Yes	IMTP informed by Workforce Capacity and aligned with Service Objectives	On-going	Medical Director
R20	Promote the role that job planning has in engaging consultants in the development and modernisation of services, and share positive examples where this has worked well through the training programme and reporting mechanisms. (Cardiff and Vale UHB Local Report, 2013, Rec 7)	The Health Board engages consultants in service modernisation and the achievement of organisational priorities and performance targets.		Yes	'Buddy' system in place to share and disseminate best practice where applicable	On-going	Medical Director

Ref	Recommendation	Intended outcome/benefit	High priority (✓)	Agreed	Management response	Completion date	Responsible officer
Supporting professional activities							
R21	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.	✓	Yes	The UHB requires SPA resource be accounted for on SPA outcome forms for all Job Plans including measureable outcomes. Teaching and R&D activity is cross referenced with AMD's for R&D and Education	On-going	Medical Director
Wider benefits realisation							
R22	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.		Yes	Promoted where appropriate with broad acceptance where transparency and fairness can be facilitated.	On-going	Medical Director

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