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NHS Consultant Contract: Follow-up of Previous Audit Recommendations – **Hywel Dda University Health Board**

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Contents

The Health Board has more to do to embed its job planning processes across the organisation, to secure the intended benefits of the consultant contract and to implement all the Auditor General's previous national and local recommendations.

Summary report

Background

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

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

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

3 Underpinning the delivery of these benefits is an effective job planning process. Job planning is a mandatory process designed to ensure that individual consultants and their employers are clear on the nature and scheduling of their work activities and what they are seeking to achieve. Job planning can align the objectives of the NHS, the organisation, clinical teams (and in the case of clinical academics, their higher education institution) with individually agreed outcomes. It can help consultants, clinical academics, managers and the wider NHS team to plan and deliver innovative and high-quality care.

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

5 During 2010, the Auditor General reviewed how well NHS employers were using the job planning process to realise the wider benefits of the contract, other than the pay elements which were the responsibility of the Welsh Government. We reviewed all health bodies except Powys Teaching Health Board and the Welsh Ambulance Services NHS Trust, and issued reports during 2011. We issued our report **Pay Modernisation: NHS Consultant Contract, Hywel Dda Health Board** in February 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. No follow-up work was done on the consultant contract at the Health Board.

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

7 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.

8 The Public Accounts Committee (PAC) held evidence sessions based on the Auditor General's findings during 2013. The PAC's own report[2], 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.

9 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 2014[3].

10 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.

11 Between August 2015 and December 2015, 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 Appendix 1.

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

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

Our main findings

12 We concluded that the Health Board has more to do to embed its job planning processes across the organisation, to secure the intended benefits of the consultant contract and to implement all the Auditor General's previous national and local recommendations.

13 In reaching this conclusion we found that:

- The Health Board established good arrangements for annual job plan reviews, although some elements require renewed focus to address previous audit recommendations:
  - While some parts of the Health Board routinely provide annual job plan reviews, executive leadership and corporate oversight has only recently been restored.
  - The Health Board's had a comprehensive framework on job planning since 2011 and has recently provided ad hoc training for managers although consultants require further support.
  - Job plan review meetings are not consistently following the arrangements as set out in the guidance.
  - The Health Board provided detailed guidance in 2011 on setting and measuring outcomes but this is still not embedded across the organisation.
  - Annual appraisal is embedded across the organisation but links between appraisal and job planning need strengthening.
  - Recent changes to integrated performance reporting at board level is providing positive assurance that job planning is taking place on an annual basis.
- The Health Board is making progress securing the intended benefits from the contract, but there is still more to do:
  - Job planning supports improved dialogue between managers and clinicians for service modernisation although the Health Board has more work to do to make the link with capacity and planning.
  - The Health Board requires all SPAs to be evidenced and is doing further work to support research and audit. However, it still has work to do to promote SPA outcome setting and monitoring.
  - The Health Board has further work to do to monitor sessions, understand excessive hours and make better use of team job planning.
  - The Health Board faces particular issues with high levels of consultant vacancies and difficulties with recruitment and is trying to address.

14 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

15 The Health Board still has work to do in each of the 24 recommendations previously set out in the Auditor General's national and local reports. These recommendations are re-stated in Exhibit 1, and further information on the progress that has been made is set out in Appendix 2.

16 To focus on delivering ongoing and outstanding work, the Health Board needs to ensure these recommendations feature on its Audit Committee's tracker. The Health Board should identify senior officer responsibility and a target timescale for implementing each of the recommendations.

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

National and local recommendations still to be achieved at January 2016	
Processes to review job plans annually	
R1	NHS bodies should ensure that all consultants have a job plan that is reviewed annually to ensure that it reflects the business needs of the NHS organisation and the continuous professional development of the consultant (Auditor General for Wales National Report, Rec 1a).
R2	Business processes should be reviewed to ensure that all consultants have an up-to-date job plan that accurately reflects the work that they do, and which is reviewed on an annual basis (Hywel Dda UHB Local Report, 2011, Rec 2a).
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 more robust approaches to job planning, learning from this should be shared across the Health Board (Hywel Dda UHB Local Report, 2011, Rec 5).

National and local recommendations still to be achieved at January 2016
Appropriate involvement R5 NHS bodies should ensure that there is involvement in consultant job planning from general managers to ensure that wider organisational objectives, service improvements and financial issues are considered when agreeing consultants' job plans, and to help managers understand what resources and support consultants need to deliver their job plan commitments (Auditor General for Wales National Report, Rec 1d). R6 The Health Board needs to take action to successfully embed the new medical leadership model and through this ensure that all its consultants understand the value of job planning and how it is to be used to support the delivery of the Health Board, strategic objectives and operational targets (Hywel Dda UHB Local Report, 2011, Rec 1). R7 The Health Board needs to ensure that staff undertaking job plan reviews have the necessary support in terms of: supporting corporate guidance; training; and creation of a Clinical Directors Forum or similar to share learning and experiences (Hywel Dda UHB Local Report, 2011, Rec 4). R8 NHS bodies should ensure that they work jointly with universities in agreeing job plans for consultants that have academic contracts such that the expectations and requirements of both organisations are properly and fairly considered; similar arrangements should be in place for consultants working for two or more NHS organisations (Auditor General for Wales National Report, Rec 1f).
Information and outcome setting R9 NHS bodies develop an information 'framework' to support job planning, on a speciality-by-speciality basis. Clinicians and managers will need to work together to identify the components that need to be included in such a framework for each speciality but it would be expected to include: • Information on activity • Cost • Performance against local and national targets • Quality and safety issues • Workforce measures • Plans and initiatives for service modernisation and reconfiguration (Auditor General for Wales National Report, 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).

National and local recommendations still to be achieved at January 2016	
Information and outcome setting	
R11	The job planning process needs to be strengthened by the quick introduction of the new framework: developing and agreeing the necessary activity and outcomes indicators for different specialties to inform job planning and performance review (Hywel Dda UHB Local Report, 2011, Rec 3b).
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	Appropriate monitoring and reporting arrangements should be developed to provide Board members with the appropriate assurances that this is happening (Hywel Dda UHB Local Report, 2011, Rec 2b).
R15	The job planning process needs to be strengthened by the quick introduction of the new framework: undertaking compliance and quality audits (Hywel Dda UHB Local Report, 2011, Rec 3f).

National and local recommendations still to be achieved at January 2016	
Service improvement	
R16	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).
R17	NHS bodies should demonstrate a 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).
R18	The job planning process needs to be strengthened by the quick introduction of the new framework: ensuring the job planning process takes account of clinical demand and activity (Hywel Dda UHB Local Report, 2011, Rec 3a).
R19	The job planning process needs to be strengthened by the quick introduction of the new framework: standardising documentation which clearly identifies the job content and expected outcomes (Hywel Dda UHB Local Report, 2011, Rec 3e).
R20	The Health Board needs to develop a strategy that will strengthen the working relationship between managers and consultants to facilitate service development and modernisation (Hywel Dda UHB Local Report, 2011, Rec 6).
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).
R22	The job planning process needs to be strengthened by the quick introduction of the new framework: defining what constitutes an SPA, and how the value from SPAs may be measured (Hywel Dda UHB Local Report, 2011, Rec 3c).

National and local recommendations still to be achieved at January 2016	
Wider benefits realisation	
R23	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).
R24	The job planning process needs to be strengthened by the quick introduction of the new framework: promoting job planning on a team basis, where this is seen to add value (Hywel Dda UHB Local Report, 2011, Rec 3d).

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

Detailed report

The Health Board established good arrangements for annual job plan reviews, although some elements require renewed focus to address previous audit recommendations

While some parts of the Health Board routinely provide annual job plan reviews, executive leadership and corporate oversight has only recently been restored

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. The contract states that a consultant's job plan should be reviewed at least annually. This is to allow consultants and their employers to ensure that job plans take account of changing patterns of service delivery, evolving organisational and personal objectives and advances in technology and medical practice. Interim job plan reviews can also be undertaken if consultants or their clinical managers think one is needed.

19 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. Local guidance should set out the outline process for appeals and the timeline for aiding resolution of areas of disagreement where these exist.

20 Our 2010 work identified that many consultants across Wales did not have an annual job plan review. We also reported that arrangements for job planning were not embedded across Hywel Dda Health Board (the Health Board) with different arrangements in place dating from the three predecessor trusts. At the time, 61 per cent of consultants responding to our survey across Wales said their job plan was reviewed annually, although this figure was only 33 per cent in the Health Board. Consultants at the Health Board also reported that seven per cent had never had a job plan review and a further 41 per cent had not had a review within 18 months.

21 In August 2011, the Health Board's Associate Medical Director for Workforce wrote to all consultants saying that they were expected to have clear job plans and regular and meaningful job plan reviews which were linked to service delivery requirements, the appraisal process and revalidation requirements. The expectation was that all consultants would have a job plan by 31 December 2011.

22 We do not know if this target was met although the Health Board took steps to re-establish annual job planning in January 2015 when the clinical leads meeting was told that they were instrumental in ensuring that job planning was undertaken. They were told that at that time there were only a small number of directorates undertaking regular job planning, for example mental health and learning disabilities directorate. Following the issue of our audit briefing note in August 2015, the Health Board recognised that executive leadership and operational management arrangements to ensure effective job planning arrangements were not in place. The Medical Director, Chief Operating Officer and Director of Workforce and Organisational Development each took responsibility for different aspects of job planning. The Workforce Directorate also nominated two members of staff to lead on establishing monitoring arrangements for job planning. The Health Board is currently reviewing the systems that it has in place to ensure that it has a good system to support job planning and is able to use the data contained in job plans for demand and capacity planning.

23 Despite the loss of corporate oversight, local arrangements for annual job plan reviews have continued in some departments, although some issues remain. Our recent survey of consultants found very good coverage with 91 per cent of consultants saying that they had a job plan and of those with a job plan, 83 per cent said it had been reviewed within the previous 12 months. Of the seven consultants without a job plan, most indicated that they had been trying to arrange a meeting but had not been successful while one was waiting for changes to service arrangements before reviewing their job plan.[4]

24 The job plan summary proforma contains a Part A which should set out a timetable of direct clinical care (DCC) sessions, and a Part B which should set out the detail underpinning the DCC plus supporting professional activities (SPA) sessions. Our review of 15 job plans from across the Health Board found that there was no standard form in use. Some departments have developed their own proforma complete with outcomes while others are using the timetable element of the standard proforma only. We also reviewed some diaries that had not been entered onto a job plan. While it is the Health Board's choice how they record job plans, they need to ensure that any form or electronic system contains all the required elements including clear timetables and outcomes.

25 We were told that the Director of Operations in post at the time introduced consistency panels in May 2014 to look at job plans across the specialties within the Health Board. There were approximately five panels held between August 2014 and March 2015 where job plans were reviewed and signed off with available data for the speciality. Where the jobs plans were not agreed then they were referred back to managers with queries.

[4] Our survey of all consultants working in the Health Board received 64 responses which was a 25 per cent response rate. Consequently, we will interpret the results with caution.

26 A key element of the job plan process is sign off. The guidance states that a copy of the job plan summary needs to be completed, and signed by both the Consultant and Clinical Manager, and subsequently counter-signed by the Health Board/Trust Chief Executive (or his/her nominee) following agreement of the Consultant's Job Plan for the coming year. Our review of job plans found three were not signed at all and two were signed only by the consultant. Another six job plans were signed by the consultant plus another manager or clinical lead. Only four were signed by the consultant, a manager and a medical director as stipulated in the contract.

27 The Health Board told us that they have a process in place for appeals. There has only been one appeal in recent years although this was resolved informally. They were aware that if job plan reviews are undertaken more robustly in future that there may be more appeals so they need to review the appeals process to ensure it is still fit for purpose.

The Health Board has had a comprehensive framework on job planning since 2011 and has recently provided ad hoc training for managers although consultants require further support

The framework and supporting guidance produced by the Health Board in 2011 provides comprehensive guidance on completing all aspects of job planning although it needs to be reviewed against the 2014 all-Wales guidance

28 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. At the time, the Health Board had no guidance in place although they were developing a job planning framework which was available in draft form. We reported that given that an implementation plan had yet to be developed and agreed, it was unlikely the Health Board would see any benefits before 2011-12. We recommended that the Health Board should strengthen the job planning process by the quick introduction of the framework.

29 In response to our previous review, the Health Board finalised and issued their comprehensive job planning framework in August 2011. The framework is underpinned by 11 detailed appendices and supporting documents setting out how to develop outcomes for DCC and SPA and benchmarking. In October 2012, following a review of completed job plans, the Associate Medical Director for Workforce issued good practice guidelines focusing on standardising the templates in use and requesting job plans contain sufficient detail. Despite this guidance being in place for a number of years, our recent survey found that 55 per cent of consultants indicated that they had access to sufficient guidance while 36 per cent did not.

30 In April 2014 the all Wales guidance on job planning for health boards and NHS trusts in Wales was produced. The Health Board is aware of this guidance although it has not formally adopted it. The Health Board needs to review their existing guidance against the all Wales guidance when they update their job planning arrangements.

The Health Board has recently provided training for clinical leaders although there is demand for more training from consultants

31 Our previous work found the extent to which training had been provided (for consultants in general and for those tasked with reviewing the job plans of others) varied between and within organisations. Although the Health Board had provided training for those running job plan reviews, some consultants interviewed were concerned with the reviewer's ability to undertake the review, whilst reviewers were concerned with how some recipients had taken the review. This suggested that training needed to be ongoing to build confidence with consultants undertaking and receiving job plan reviews.

32 Our recent audit has found that training was provided to consultants to support the framework issued in December 2011. Since January 2015, the Health Board has provided training to general managers and clinical leads in a group or on a one to one basis to encourage them to complete regular job plan reviews. This training is based on the all Wales guidance and is supported by the British Medical Association. However, our recent survey found that 37 per cent of consultants thought they had had sufficient training on job planning 44 per cent did not indicating that there is unmet demand for training.

Job plan review meetings are not consistently following the arrangements as set out in the guidance

33 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.

34 Our previous work at the Health Board highlighted a variable approach to the involvement of general managers in job planning meetings. Typically, both clinical directors and general managers met with consultants at the job plan meetings and our survey reported that 79 per cent of consultants said that the right managers were involved in the job plan review.

35 Our recent audit found that the Health Board's framework clearly sets out who should be involved in job plan review meetings. It states that job planning should be based on a partnership approach and initial job plans and subsequent changes will be agreed between the consultant, the clinical manager and the appropriate general manager. Further detailed guidance states who should be involved in each stage in the job planning process.

36 Our recent survey of consultants reveals that 38 per cent of respondents had a job plan review meeting with both a clinical and a general manager (Exhibit 2). Of the remainder, 31 per cent had a meeting with one manager only, either a clinical manager or general manager despite the contract and guidance recommending that both a clinical and general manager should be involved. The Health Board told us that managers have reported that it is difficult to prioritise their time and planning of their work to incorporate both the preparation and the review meeting itself. This was because many of the managers have cross-site roles over the geography of Hywel Dda (four acute sites) which means that from a diary perspective it is not always easy to arrange mutually convenient times for these discussions to take place. The Health Board needs to be ensure that they have the appropriate managers undertaking job plan reviews.

Exhibit 2: Attendance at job plan review meetings

Job plan review meeting attended by:	Number	Per cent
Clinical manager and general manager	24	38%
Clinical manager only	6	9%
General manager only	14	22%
Other arrangement	14	22%
No meeting	6	9%
Total	**64**	**100%**

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

Source: Wales Audit Office survey of consultants

37 The guidance states that the job plan should include the work clinical academic consultants do for the health body and the work they do for the university. It also states that university representatives need to be engaged in the job planning process for clinical academics. Such engagement aims to ensure there is clarity about SPA and university commitments and that there is no conflict between university and NHS requirements. As the Health Board has few consultants who have academic contracts, this is something that should be kept under review if more consultants take on academic responsibilities in future.

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

39 The Health Board employs consultants who work for other NHS bodies. Five consultants who replied our survey indicated that they work sessions for other NHS bodies. However, only two indicated that the other organisation was involved in agreeing a single overall job plan. Despite this, all of the respondents indicated that their job plan reflected the requirements for both organisations. The Health Board needs to be sure that where a consultant works in more than one health body that these arrangements are clearly set out in the job plan and agreed by all parties.

40 The contract sets out the principles by which the consultant can engage in private practice. It states that the job planning process should be used to ensure there are no conflicts between the consultant's NHS commitments and their private work. The guidance goes on to state that the job plan should capture any fee paying work carried out. The Health Board's own framework contains detailed instructions on how to record both fee paying work and private practice in the job plan. Of the 15 job plans we reviewed, none recorded any private or fee paying work. The Health Board needs to ensure that if a consultant is undertaking private practice that this does not impinge on their NHS work and that it is recorded appropriately in the job plan.

The Health Board provided detailed guidance in 2011 on setting and measuring outcomes but this is still not embedded across the organisation

41 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.

42 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.

43 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 developed their own approaches to consultant level data.

44 Our previous work concluded that data was not routinely used as part of the job plan review meeting. Generally, consultants did not find Compass data useful and had concerns about its accuracy. While there were examples of where data was used well, with positive dialogue around it, most consultants interviewed said the use of information was poor and disconnected from performance management. At the time, we reviewed 60 job plans at the Health Board and only 15 had a completed outcomes section. We found three good examples in setting expected outcomes which included SMART[5] targets for new to follow-up ratio, waiting times and for team working. Only 27 per cent of consultants who responded to the survey agreed that they had clear personal objectives linked to service improvement.

[5] SMART – specific, measureable, achievable, realistic and timed

45 The Health Board's framework explicitly states that job plan reviews will no longer be a brief conversation between a consultant and their general manager/clinical manager about their weekly timetable. It sets out how to link the job plan to service developments, what information is required and the methodology for monitoring the job plan and its objective. The framework suggests that each group of clinicians should determine which indicators to use. Furthermore, it recommends that indicators should distinguish between measures for inputs, outputs, outcomes, efficiency and quality (including effectiveness). The Health Board's clinical leads meeting in March 2015 reiterated that clinical leads need to ensure that the relevant outcomes are recorded in job plans.

46 As part of our current review, we asked the Health Board to indicate what information it uses to set and monitor consultant outcomes for DCCs. Exhibit 3 shows that information sources are in use across most specialty areas.

Exhibit 3: Information sources used in monitoring and setting outcomes

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

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

47 However, despite the clear expectations that consultants and managers will develop appropriate indicators, Exhibit 4 suggests that only around half of consultants who responded to our recent survey have access to information to support discussions about their existing work. Moreover, 60 per cent of consultants do not think that they have access to information of sufficient quality to review their performance.

Exhibit 4: Consultants' views on the information provided for their job planning meeting

	Yes	No	Not sure
Access to information from local clinical/management information systems to support discussions about your existing work?	17 (29%)	28 (48%)	13 (22%)
Information on the Health Board's objectives?	15 (26%)	29 (50%)	14 (24%)
Performance information of sufficient quality to accurately assess your performance?	13 (22%)	35 (60%)	10 (17%)

Source: Wales Audit Office survey of Health Board consultants

48 Regarding the setting of outputs and outcomes in job plans (Exhibit 5), our recent survey found that the setting of outcomes across the Health Board is still not embedded in all directorates. Sixty-six per cent of consultants have job plans with clearly stated outcomes for DCC commitments, 50 per cent for SPA activity and 41 per cent for other programmed activities. We also found that only 28 per cent stated that their current job plan clearly sets out the relationship between their personal outcomes and those of the organisation.

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

	Yes	No	Not applicable/ not sure
Are outputs and outcomes clearly stated in your current job plan for:			
• Direct clinical care commitments?	38 (66%)	16 (28%)	4 (7%)
• Supporting professional activity?	31 (53%)	17 (30%)	10 (17%)
• Other programmed activities, eg, management role?	24 (41%)	23 (40%)	11 (19%)
In your view, does your current job plan: • Clearly set out the relationship between your personal outcomes and those of the organisation?	16 (28%)	26 (45%)	16 (28%)

Source: Wales Audit Office survey of Health Board consultants

49 Exhibit 6 sets out how many consultants responding to our survey who said that they reviewed outputs and outcomes at their job plan review meetings. It is clear from these results that reviewing outcomes is not embedded across the organisation with just over half (55 per cent) of consultants saying their SPAs are reviewed while less than half (45 per cent) say their DCCs are reviewed. Only around a third (35 per cent) discussed the relationship between their outcomes and those of the organisation. Job plan outcomes were reviewed during appraisal for 45 per cent of consultants which indicates that outcomes are discussed in both in appraisal and at job plan review meetings.

Exhibit 6: Consultants' views on reviewing outcomes

	Yes	No	Not applicable/ not sure
During your most recent job plan meeting did you:			
• Review the outputs and outcomes of your direct clinical care sessions?	26 (45%)	19 (33%)	13 (22%)
• Review the outputs and outcomes of your supporting professional activity sessions?	32 (55%)	17 (29%)	9 (16%)
• Review the outputs and outcomes of your other activities?	24 (41%)	16 (28%)	18 (31%)
• Discuss the relationship between your outcomes and those of the organisation?	20 (35%)	23 (40%)	15 (30%)
Were your current job plan outcomes assessed during your most recent annual appraisal?	26 (45%)	24 (41%)	8 (14%)

Source: Wales Audit Office survey of Health Board consultants

50 The Health Board told us that in future doctors will be provided with individual activity information taken from the Health Board's Information Reporting and Intelligence System (IRIS). This information will be rolled out from April 2016 and will support more meaningful discussions of activity.

51 Our review of job plans confirms that outcome setting is not well established across the Health Board. Seven of 15 job plans reviewed did not contain any outcomes. The other eight job plans contained outcomes of varying quality with most listing open ended expectations of the job. Two job plans, both from the Mental Health and Learning Disabilities Directorate, contained detailed outcomes for both DCC and SPA. The directorate's Clinical Lead told us he reviewed all job plans in 2014 and worked with colleagues to develop team based outcomes and agree what sort of data sources they can use. Outcomes in these job plans are of good quality and they are working with consultants to make the outcomes more SMART as in future.

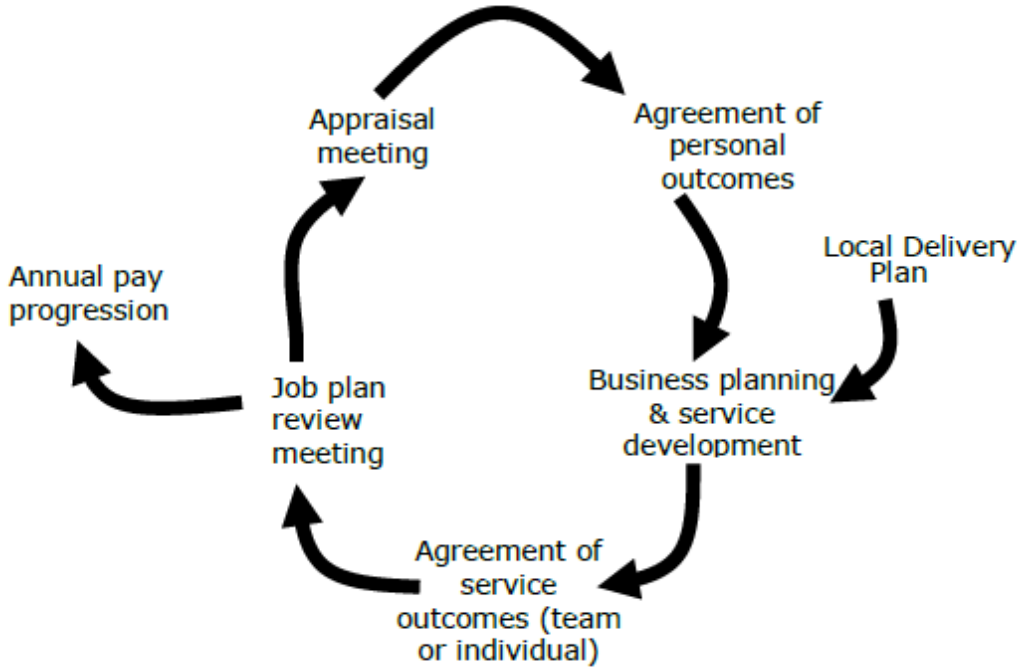
52 Despite having clear guidance and training on job planning, the Health Board needs to carry out further work to support consultants and managers to develop appropriate outcomes for each group of clinicians and review them on an annual basis.

Annual appraisal is embedded across the organisation but links between appraisal and job planning need strengthening

53 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.

54 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.

55 Our previous review found that in the Health Board the job plan review and appraisal would sometimes take place on the same day. Typically, the same senior consultant would undertake both meetings and the same evidence was used at both meetings. The Health Board was moving towards separating the two meetings for 2010-11 and had prioritised appraisal as they were piloting the new appraisal system ahead of revalidation. We concluded that it was important that the links between the two were made and the Health Board said that it planned to do this.

56 The framework states that the challenge is to ensure that prospective plans fit in with organisational objectives tied into local and national objectives, personal objectives agreed in appraisal and the ability to develop a high quality service. As a personal development plan is an outcome of appraisal, and needs to be considered at a job plan review, then it could precede job planning.

57 Since April 2014, the Medical Appraisal and Revalidation System (MARS) is the agreed system for medical appraisal in Wales for all doctors except GPs. Our recent review has found that appraisal is very well established across the Health Board with 96 per cent of substantive consultants having had an appraisal as at 31 March 2015. Our survey also found that 93 per cent of consultants had undertaken an appraisal within the previous 12 months. The Health Board told us they are reviewing the way to make clearer links between job planning and appraisal as both are currently running as entirely separate systems.

Recent changes to integrated performance reporting at board level is providing positive assurance that job planning is taking place on an annual basis

58 The Auditor General's national report in 2013 recommended that all health bodies should ensure they have job planning monitoring processes to check that consultants have an up-to-date job plan, and that job planning is undertaken in accordance with guidance. It recommended that they should update the Health Board, at least annually, on the extent to which consultant job planning is embedded as a routine management practice.

59 The Electronic Staff Record (ESR) which is in place across NHS Wales provides functionality to record job plan sessions. Job planning data can be stored, reviewed, analysed and reported on both local and national level. Our previous review reported that the Health Board collected data on consultant sessions and shared it with the Welsh Government on an annual basis.

60 Our recent review found that the Health Board had stopped using ESR to record the content of job plans. The Health Board is in the process of reviewing the way job planning activity is captured in order to ensure that progress can be reported using a sustainable system. They are aware that Welsh Government has mandated use of ESR so they do not want to invest in a new system that will result in duplicating effort.

61 The Health Board was unable to tell us the rate of annual job plan review completion for March 2015. However, when they looked in October 2015 they found the rate was 54 per cent which was better than they had expected. All reporting to the Board recently changed with an integrated performance dashboard now going to Board bimonthly and to the recently formed Business Planning and Performance Assurance Committee (BPPAC). BPPAC is the operational committee below Board that has one independent member in attendance to provide more detailed assurance to the Board.

62 The dashboard for January 2016 reported to BPPAC in March 2016, shows that the Health Board set a target of 100 per cent for annual review of consultant job plans. There has been rapid improvement in the proportion of consultants with a current plan that had been reviewed within 12 months, rising from 61 per cent in November 2015 to 72 per cent by January 2016. A more recent report shows this has risen to 77 per cent as at March 2016. These positive figures are providing assurance to Board that annual job planning is taking place.

63 Our recent review has found that the Health Board recognises the challenge of annual job planning. The methods of collecting compliance rates of job planning are under review and service leads have been reminded of the need to ensure job plans are signed to ensure compliance. The objective is to enter all job planning dates into ESR to ensure robust reporting and monitoring can take place. This work is well underway and the Health Board expects to see further improvement in the compliance rates.

The Health Board is making progress securing the intended benefits from the contract, but there is still more to do

Job planning is used to support improvements to some clinical services although the Health Board has more work to do to make the link with capacity and planning

64 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.

65 The guidance says that the job planning process has a key role to play in creating a more flexible organisation. Increasing capacity, improving resource utilisation and measuring and enhancing productivity as well as reducing 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.

66 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 extent to which 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.

67 Our previous review concluded that the Health Board was not routinely using job planning to support service modernisation. The report highlighted some examples where job planning was used to make changes in the way that services were organised but that these examples were not shared more widely across the Health Board. We reported that the absence of a clinical service strategy was acting as a barrier to more effective job planning.

68 The Health Board's framework sets a clear direction on how to use job planning to support service improvement. It states that the job planning process has a key role to play in creating a more flexible organisation, increasing capacity, improving resource utilisation and measuring and enhancing productivity as well as reducing excessive working hours. It recognises that the job planning process is an opportunity to look at current working practices and consider alternatives for the delivery of high-quality services.

69 Our recent survey of consultants found that 59 per cent now felt that job planning was an opportunity to discuss modernising services and 55 per cent agreed they could discuss steps that could be taken to improve clinical practice. However, 33 per cent said that they did not discuss modernising services and 35 per cent did not think they could discuss steps to improve clinical practice.

70 The Health Board intends to use job planning to support the development of its clinical strategy as part of its in-year and medium term planning. The Health Board has an ambition to link capacity and demand and needs the data from job plans to inform this. The Health Board is expecting to be able to plan the exact number of sessions required for each activity but they will not have this data in 2016-17 although they may do by 2017-18.

The Health Board requires all SPAs to be evidenced and is doing further work to support research and audit; however, it still has work to do to promote SPA outcome setting and monitoring

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

72 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.

73 The 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 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.

74 Our previous review concluded that the Health Board could not evidence that it was getting value for money from SPA sessions. In particular we found that there was limited scrutiny of SPA activity with only 10 per cent of consultants telling us that their job plan clearly identified outcomes from their SPAs. We also reported that compared to other health boards, staff at the Health Board have proportionately less SPA time; 2.37 SPA out of 10.87 weekly sessions compared to the Wales average of 2.60 SPA out of 11.21 sessions. Some consultants told us that while they were able to achieve their continuing medical education, they struggled to deliver all their SPA sessions because clinical pressures squeezed them out. However, because of the general weaknesses in the job planning process we reported that this claim was difficult to evidence. We said that the Health Board will need to ensure SPA outcomes are clearly identified in its job planning documentation.

75 The Health Board's own guidance on SPAs indicates that typical levels of SPAs for full-time doctors should be three per week with additional guidance setting SPA tariffs for some activities. The Health Board told us that currently all consultants are automatically allocated two SPAs so that a full-time 10 session contract would be eight sessions of DCC and two of SPA with a 7:3 contract available if a consultant held a faculty lead role or Deanery role.

76 In June 2015, the Health Board held a meeting of the medical leads focusing on SPA setting and reviewing. The group was reminded that three SPAs equated to £29,000 per consultant. The meeting agreed that the document of tariffs written and circulated a few years earlier needed refreshing and redistributing. This meeting also discussed how to ensure that all SPA sessions meet appropriate criteria and that any third SPA sessions are aligned with Health Board priorities. The overall action from this meeting was that all consultants with three or more SPAs should be identified and their job plans collated and analysed.

77 As an example of an area where outcome setting is embedded, the Clinical Director for Mental Health and Learning Disabilities told us that as part of their annual job plan review consultants had to provide evidence for completion of all SPA activities allocated in their job plan above the one session allowed for CPD and revalidation. If a consultant has a second SPA then it has to be part of service requirement such as undertaking audits. A third SPA can be for a management role or service improvement. He was particularly concerned that consultants have enough time available to complete audits and that there was a risk that audits were being squeezed out to undertake DCC activity.

78 The LNC Chair was concerned that insufficient SPA time was being allocated and ring fenced to provide adequate medical education and supervision. Another concern raised was that the allocation of management time has not been standardised across the Health Board, although the Director of Workforce confirmed that they were reviewing management time across the organisation.

79 The Health Board told us that they recognise that jobs have got to be interesting to attract and keep consultants and that part of this aim is to become more research active. To do this they need to keep the balance between what the consultant wants to do in their SPA time and what the Health Board wants them to do. Importantly this is not about reducing the amount of SPA time or putting restrictions on where and when they can do SPA activities.

The Health Board has further work to do to monitor sessions, understand excessive hours and make better use of team job planning

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

81 The Auditor General's national report in 2013 reported that in 2010 only a third of consultants in Wales had 10-session contracts and that the average number of weekly sessions in a consultant's contract was 11.21. At that time, the average weekly sessions in the Health Board were 10.87. Exhibit 8 shows that the Health Board did not hold any data for weekly sessions since the data was last collected for the Welsh Government in 2010 as sessions have not been entered into ESR. The Health Board recognises that the lack of data is causing problems for strategic planning and is part of their recent drive to improve annual job planning arrangements.

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

	2010	2012	2013	2014	2015
Direct Clinical Care (DCC)	8.49	Not available	Not available	Not available	Not available
Supporting Professional Activities (SPA)	2.37	Not available	Not available	Not available	Not available
Management	0.01	Not available	Not available	Not available	Not available
Other	0.00	Not available	Not available	Not available	Not available
Total	**10.87**	**Not available**	**Not available**	**Not available**	**Not available**

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

82 The Auditor General's national report in 2013 identified that some consultants across Wales were working excessively long hours. A detailed analysis of job plans found that around one in six consultants were working 46.5 hours or more with the vast majority in this group working in excess of the 48-hour European Working Time Directive (EWTD) limit. At the time, our review found wide variation in the numbers of consultants with more than 12 sessions in job plans at different health bodies. None of the health boards or trusts had undertaken any detailed work to understand why some consultants had excessive workloads, or whether these sessions were needed in the first place. We concluded that without such review, NHS bodies may be failing to identify risks associated with excessive clinical workloads, or missing opportunities to secure better value for money by challenging whether some additional sessions are necessary.

83 Our previous work at the Health Board found that there were 24 consultants with more than 12 sessions in their job plan which was 11 per cent of the consultant workforce. This was lower than the average for Wales of 14 per cent. Our recent review has concluded that because the Health Board has not been collecting data on sessions, they do not know how many of their consultants have contracts with more than 12 sessions or whether this meets the needs of the organisation. It is important that this data is analysed and those job plans containing more than 12 sessions are reviewed in detail.

84 The Health Board told us that they have an ambition to get all consultants to 10-12 sessions but this is compounded by large numbers of vacancies. They told us that it depends on how onerous the working week is for individuals as to whether or not it is a problem to have a contract of more than 12 sessions. They are aware that there could be inefficient use of time and too much variable pay and they need to understand if they can fill a vacancy rather than pay one person to do 16 sessions. The Health Board is planning a major workforce programme for next year which needs to address these issues.

85 One of the intentions of the contract was to improve arrangements for recognising on-call commitments for unpredictable emergency work. The contract provides for intensity banding payments (paid annually) reflecting the 'disturbance factor' for a consultant having to be available for work when on-call. Actual work done for regular on-call commitments is included within DCCs in the job plan.

86 Our recent review found that the Health Board has some areas where on call rotas are stable but others where they have difficulties covering all on call requirements. The Health Board was mindful of the need to adjust on call responsibilities to take into consideration the stage in a consultant's career. For example, they can age adjust on call requirements for older consultants so that they can come off the rota. Or if a consultant want to stop doing on call for health reasons then occupational health will get involved.

87 Our survey of consultants found that 68 per cent thought that their job plan covered all of their on call and out of hours commitments while 26 per cent did not. Our review of job plans found that where a consultant had on call duties, all job plans set out the frequency of on call (eg one in eight) which was then appropriately allocated one or more sessions of DCC.

88 The contract states that job planning can be undertaken on a team basis, where this is likely to be more effective. Team job planning offers a number of potential benefits, such as the ability to ensure that there is an appropriate and equitable allocation of activities to individuals to best achieve the overall goals of the team, whilst also maintaining individuals' professional development requirements. Where job planning takes place on a team basis, each individual team member should still agree a schedule of individual commitments.

89 Despite the potential benefits, our previous review identified that team-based job planning was not frequently employed. Our survey found 17 per cent of consultants whose last job plan review was undertaken as part of a team, which was the same as the average for Wales. In contrast our recent survey found that job plan reviews that were undertaken as part of a team has fallen to 10 per cent. All the job plans that we reviewed as part of this audit were developed individually and not as a team.

90 The Health Board's framework states that where team plans are developed these should be converted into individual job plans with the addition of personal objectives. The Health Board told us that there was a drive to increase the level of team based job planning and while some departments have made good use of team job plans, it has not been adopted across all areas that could benefit from this approach. In future they plan to move towards team based job planning with consultants given the opportunity to agree their own individual commitments.

91 One of the contract's aims was to improve flexible working. The contract allows, with agreement between consultants and employers, for flexible timetabling of commitments over a period. Flexible work patterns can help meet service needs that fluctuate during the year. Examples of flexibility include term time working; alternating clinical and teaching duties across the year; and 'consultant of the week' arrangements.

92 The guidance has a section on arranging flexible timetables. The contract as a whole should be expressed in terms of the annual equivalent of the working week. The job plan will specify agreed variations in the level and distribution of sessions within the overall annual total. A consultant could thus work more or less than the standard number of sessions in particular weeks.

93 Our previous review found that 15 per cent of consultants at the Health Board thought that the contract allowed them to work more flexibly compared to 25 per cent across Wales.

94 Our recent review found that the Health Board is keen to accommodate flexible working where possible. On advertisements for consultant posts they state that the Health Board encourages and facilitates an appropriate work life balance. Further guidance for applicants states that 'We recognise that staff must be able to strike a balance between work and their home life. We are continually developing ways in which to support greater flexibility – job sharing and part-time working is already widespread throughout the organisation and the Health Board has a Career Break policy in place.'

95 The Health Board told us they can deal with flexible work requests and adjustments for health issues are usually accommodated. Some consultants have arrangements to work compressed hours so that they work three sessions on one day although this is not possible for all specialties. Another arrangement has a consultant working three weeks followed by three weeks off.

The Health Board faces particular issues with high levels of consultant vacancies and difficulties with recruitment which it is trying to address

96 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.

97 Our previous review concluded that the Health Board was experiencing difficulties with consultant recruitment in some specialties. The Health Board attributed some recruitment difficulties to being a rural area and being distant from many teaching and research centres, and consequently it faced special difficulties in recruiting new consultants. There were potential solutions to this problem and we found mental health directorate was concentrating on improving trainees' experiences and adapting job plans to attract new consultants.

98 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. However, Welsh Government statistics show that the number of consultants employed by the Health Board goes against the trend across Wales with an overall decrease of 4.7 per cent (Exhibit 9).

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

	2011	2012	2013	2014	2015	Change in number 2011 to 2015	Percentage change 2011 to 2015
Hywel Dda UHB	208.7	213.4	219.3	203.2	199.4	-9.3	-4.7%
All Wales	2,217.5	2,273.9	2,323.8	2,316.1	2344.6	127.1	5.4%

Source: Welsh Government, StatsWales based on NHS electronic staff record annual returns as at 30 September each year[6]

[6] Welsh Government, StatsWales, Medical and dental staff by speciality and year

99 The Health Board told us that the number of consultants directly employed in March 2015 was 259 (232.69 full-time equivalent). Of these, 179 were full time, 21 were part-time and 59 were locums. An additional 76 consultants have honorary contracts[7]. They reported 42.5 vacant consultant positions, both unfilled and currently being covered by a locum. This is an increase since our previous report when the Health Board reported there were 27 consultant vacancies. In April the Health Board advertised for 12 consultants; 10 substantive posts and two locums. The Health Board is working on improving their medical workforce planning via a recruitment and medical workforce work stream as part of it strategic planning arrangements.

100 The Health Board told us that there were specific issues with Deanery posts with shortages of junior doctors in the August 2015 intake. The Health Board is aware that if they don't come as juniors then there is no-one to stay on after as consultants. However, once they recruit someone into the Health Board they tend to hold onto them because they have good quality services and quality of life. Another issue is the supervision of students – consultants need enough capacity to provide good quality training otherwise they will get a problem with student feedback which makes recruitment harder again.

101 In 2010 we reported that the age profile of the consultant workforce was of particular concern with 48 per cent of consultants over 50 years old and many nearing retirement in the next few years. The age profile continues to be a concern at the Health Board. The Health Board also raised concerns that the starting salary of consultants in Wales is lower than in England which affects the decision of newly appointed consultants, even though progression is faster.

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

Appendix 1

Audit approach

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

Method	Detail
Information and Data Collection Form	The form was the main source of corporate-level information and data that we requested from the Health Board.
Document request	We requested and reviewed documents from the Health Board including: • minutes, papers and reports where issues around consultant job planning and appraisal have been subject to internal discussion in the last 12 months; • job planning guidance and training materials; • performance reports on job planning, appraisal and revalidation that have been reported to senior management forums, such as senior management team or board committees; and • information on new projects/models of undertaking job planning and appraisals including any evaluation reports.
Interviews	We interviewed a small number of staff: Deputy Chief Executive/ Director of Operations, Medical Director, Director of Workforce and Organisational Development, Head of Workforce (East), Senior Medical Workforce Manager, an Independent Member, Assistant MD/Clinical Lead Mental Health and Learning Disabilities and the Chair of the BMA Local Negotiating Committee.
Surveys of consultants	We carried out an online survey of all consultants to ask their views on the effectiveness of job planning arrangements. We received 64 responses from consultants, which was a response rate of 25 per cent.
Review of job plans	We carried out a review of a sample of 15 job plans: • three anaesthetics • three surgery • three medicine • six others as selected by the Health Board (Mental Health, Radiology and Rheumatology)

Appendix 2

National and local recommendations

Table 1 sets out the 6 local recommendations set out in the Health Board's report from 2011.

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

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

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

Table 1: 2011 local recommendations

Number	Local recommendations	Status at April 2016
R1	The Health Board needs to take action to successfully embed the new medical leadership model and through this ensure that all its consultants understand the value of job planning and how it is to be used to support the delivery of the Health Board, strategic objectives and operational targets.	N
R2a	Business processes should be reviewed to ensure that all consultants have an up-to-date job plan that accurately reflects the work that they do, and which is reviewed on an annual basis.	A
R2b	Appropriate monitoring and reporting arrangements should be developed to provide Board members with the appropriate assurances that this is happening.	O
R3	The job planning process needs to be strengthened by the quick introduction of the new framework: • ensuring the job planning process takes account of clinical demand and activity; • developing and agreeing the necessary activity and outcomes indicators for different specialties to inform job planning and performance review; • defining what constitutes an SPA, and how the value from SPAs may be measured; • promoting job planning on a team basis, where this is seen to add value; • standardising documentation which clearly identifies the job content and expected outcomes; and • undertaking compliance and quality audits.	O

Number	Local recommendations	Status at April 2016
R4	The Health Board needs to ensure that staff undertaking job plan reviews have the necessary support in terms of: • supporting corporate guidance; • training; and • creation of a Clinical Directors Forum or similar to share learning and experiences.	O
R5	Where directorates have developed more robust approaches to job planning, learning from this should be shared across the Health Board.	N
R6	The Health Board needs to develop a strategy that will strengthen the working relationship between managers and consultants to facilitate service development and modernisation.	N

Table 2: 2013 national recommendations

Number	National recommendations	Status at April 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.	N
R1c	NHS bodies should ensure that job planning is supported by up-to-date local guidance material and regular training for all staff who participate in the process.	O
R1d	NHS bodies should ensure that there is involvement in consultant job planning from general managers to ensure that wider organisational objectives, service improvements and financial issues are considered when agreeing consultants' job plans, and to help managers understand what resources and support consultants need to deliver their job plan commitments.	O

Number	National recommendations	Status at April 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.	N
R1g	NHS bodies should ensure that they have monitoring processes in place to check that all consultants have an up-to-date job plan, and that job planning is being undertaken in accordance with guidance that has been issued; monitoring processes should include an update report to the Board, at least annually, that demonstrates the extent to which consultant job planning is embedded across the organisation as a routine management practice.	O
Using the right information to inform job planning		
R3	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.	O

Number	National recommendations	Status at April 2016
Developing a clearer focus on benefit realisation		
R4	NHS bodies should ensure that they have clear and robust processes in place to discuss and agree objectives and outcomes for consultants as part of the job planning process. It will be important to ensure that clinicians and managers involved in setting these objectives and outcomes receive the appropriate training and support to undertake effective job planning with consultants.	N
R5a	NHS bodies should ensure their job planning process includes a clear and informed discussion on the SPA needs of individual consultants, recognising that these will not be the same at different stages in a consultant's career. The job planning discussion should specify the SPA activities to be included in the job plan, and identify the outputs and outcomes that should be achieved, and the location where these activities will be carried out.	O
R6	NHS bodies should look to adopt a team-based approach to job planning where it can be shown that this would be beneficial. Consultants would need to be persuaded to participate rather than coerced, based on a clear explanation of the benefits associated with a team-based approach, and should still retain the right to agree an individual job plan with their employing organisation.	N
R8	NHS bodies should demonstrate a more explicitly how consultant job planning is being used to support the delivery of service improvement and modernisation, and the achievement of organisational priorities and performance targets.	N

Appendix 3

The Health Board's management response

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R1	NHS bodies should ensure that all consultants have a job plan that is reviewed annually to ensure that it reflects the business needs of the NHS organisation and the continuous professional development of the consultant (Auditor General Wales National Report, Rec 1a).	All consultants have an accurate job plan with a robust annual review mechanism to provide this assurance.	Yes	Yes	Current activities to resolve: • The Medical Staffing Department scan all job plans and record job plan dates on the ESR system, helping to monitor percentage compliance across the Board. Future actions to prevent reoccurrence: • Posts have been created to focus on monitoring and reviewing the job planning process throughout the Health Board. • Job plans to be recorded on a spreadsheet for ease of identifying those Doctors who require an up to date job plan. • Reminders to be sent to Doctors and Managers at regular intervals. • Monthly 'traffic light' scorecards to be produced detailing job plan compliance	01/01/2017	Medical Director

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					across the Health Board. Statistics to be split into site and specialty. • Compliance statistics to be reported to the Business Planning & Performance Assurance Committee on a monthly basis and the Workforce and OD committee on an annual basis. The Workforce and OD committee reports directly to the Board.		
R2	Business processes should be reviewed to ensure that all consultants have an up-to-date job plan that accurately reflects the work that they do, and which is reviewed on an annual basis (Hywel Dda UHB Local Report, 2011, Rec 2a).	All consultants have an accurate job plan with a robust annual review mechanism to provide this assurance.		Yes	Current activities to resolve: • The Medical Staffing Department scan all job plans and record job plan dates on the ESR system, helping to monitor percentage compliance across the Board. Future actions to prevent reoccurrence: • Standard list of SPA activities and allocation to be created and used to help inform job plans. The SPA activities included should reflect organisational priorities and will require review on an	01/04/2017	Medial Director and Director of Operations

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					annual basis to reflect any change in these priorities. • Doctors will be required to take evidence of how SPA allocation has been utilised to each job plan review meeting.		
R3	NHS bodies should ensure that job planning is supported by up-to-date local guidance material and regular training for all staff who participate in the process (Auditor General Wales National Report, Rec 1c).	All participants understand the purpose and practical arrangements for job planning.		Yes	Current activities to resolve: • The Head of Medical Staffing provides job planning training on a one to one basis upon request. Future actions to prevent reoccurrence: • Local guidance material to be updated regularly to reflect current job planning themes. • Large group job planning training sessions to be arranged across each of the Health Board sites at least annually. • Consultant Leadership Programme to incorporate job planning information and training.	01/04/2017	Medical Director and Director of Operations

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					• Regular job planning updates to be included in the Medical Director Newsletters. • Intranet page to be developed dedicated to the job planning process across the Health Board, incorporating the local guidance, job planning template and details of training etc.		
R4	Where directorates have developed more robust approaches to job planning, learning from this should be shared across the Health Board (Hywel Dda UHB Local Report, 2011, Rec 5).	The Health Board has good processes for undertaking job planning.	Yes	Yes	Current activities to resolve: • The Mental Health and Learning Disability Directorate has successfully developed the job planning process across the Health Board. Job planning meetings are undertaken regularly on an annual basis and the Service Delivery Manager, Clinical Lead, and Consultant are in attendance. The job planning documentation used is consistent across each of the directorate sites and the needs of the Health Board, the Service	01/01/2017	Medical Director , Director of Operations and Director for Workforce and OD

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					and the individual Doctors are used to inform the process and negotiation. Future actions to prevent reoccurrence: • A forum will be created involving key members involved with the job planning process to discuss and review the system and process for job planning across the Health Board. This forum will include members from Directorates where the existing process demonstrates aspects of good practice.		
R5	NHS bodies should ensure that there is involvement in consultant job planning from general managers to ensure that wider organisational objectives, service improvements, and	The Health Board makes good use of outcome setting and monitoring to ensure that that outcomes are achieved.		Yes	Future actions to prevent reoccurrence: • The new operational structure that has been created will help to ensure that there are managers in post and are responsible for participating in the job planning process. • The job planning process across the Health Board will explicitly detail the need for the clinical lead, the service delivery manager and the Doctor to be present	01/04/2017	Director of Operations

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	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).				when a job plan is created/ reviewed. Consideration may also be made to include Hospital Directors at job plan meetings. • Job plans that have not been signed by all parties will not be valid and will not be included in compliance statistics.		
R6	The Health Board needs to take action to successfully embed the new medical leadership model and through this ensure that all its consultants understand the value of job planning and	The Health Board uses job plan reviews to support delivery of the strategic objectives and operational targets.		Yes	Current activities to resolve: • The new medical leadership team for operational services within Hywel Dda University Health Board has very recently been confirmed. Future actions to prevent reoccurrence: • The Medical Directorate is currently being reconfigured to provide further support to the Medical Director and the Directorate	01/04/2017	Medical Director and Director of Operations

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	how it is to be used to support the delivery of the Health Board, strategic objectives and operational targets (Hywel Dda UHB Local Report, 2011, Rec 1).				portfolio. The job planning process, as part of the portfolio has been considered in the reconfiguration and will be further promoted across the Health Board to support the delivery of Health Board strategic objectives and operational targets. • A forum will be created involving key members involved with the job planning process to discuss and review the system and process for job planning across the Health Board. • Job planning will be discussed at Medical Leads/Clinical Lead meetings and will be a standing item on the agenda. • Posts have been created within the Medical Directorate to focus on monitoring and reviewing the job planning process throughout the Health Board.		

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					• Consultant Leadership Programme to incorporate job planning information and training.		
R7	The Health Board needs to ensure that staff undertaking job plan reviews have the necessary support in terms of: supporting corporate guidance; training; and creation of a Clinical Directors Forum or similar to share learning and experiences (Hywel Dda UHB Local Report, 2011, Rec 4).	All participants understand the purpose and practical arrangements for job planning.		Yes	Current activities to resolve: • The Head of Medical Staffing provides job planning training on a one to one basis upon request. Future actions to prevent reoccurrence: • A forum will be created involving key members involved with the job planning process to discuss and review the system and process for job planning across the Health Board. • Job planning will be discussed at Medical Leads/Clinical Lead meetings and will be a standing item on the agenda.	01/04/2017	Medical Director and Director of Operations

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R8	NHS bodies should ensure that they work jointly with universities in agreeing job plans for consultants that have academic contracts such that the expectations and requirements of both organisations are properly and fairly considered; similar arrangements should be in place for consultants working for two or more NHS organisations (Auditor General for Wales National Report, Rec 1f).	Consultants' job plans accurately reflect all their commitments and both organisations have a mutual understanding of consultants' workload and responsibilities.		Yes	Future actions to prevent reoccurrence: • We will connect with Universities and other NHS bodies where necessary to agree job plans for those Doctors to ensure that expectations and requirements of both organisations are considered fairly.	01/04/2017	Director for Workforce and OD

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R9	NHS bodies develop an information 'framework' to support job planning, on a specialty-by-specialty basis. Clinicians and managers will need to work together to identify the components that need to be included in such a framework for each speciality, but it would be expected to include: • information on activity; • cost;	Consultants and the Health Board have access to good quality and wide ranging performance information to support outcome setting and review.		Yes	Future actions to prevent reoccurrence: • Updated local job planning guidance to be developed and made available to those who participate in the job planning process. • Training and guidance for those who participate in the process, on how to complete the job planning pro-forma and what needs to be considered at the job planning meetings, in accordance with local guidance and local standards. • Tick box pro-forma to be developed as part of the job planning pro-forma which provides a step by step reminder of those components that should be considered at individual job planning meetings, to ensure consistency.	01/04/2017	Medical Director and Director for Operations

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	• 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)						
R10	NHS bodies should ensure that they have clear and robust processes in place to discuss and agree objectives and outcomes for	Outcome setting and review is an integral part of job plan reviews.	Yes	Yes	Please see R3.	01/04/2017	Medical Director

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	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).						
R11	The job planning process needs to be strengthened by the quick introduction of	Consultants and the Health Board have access to good quality and wide	Yes	Yes	Future actions to prevent reoccurrence: • The development of 2 compulsory Health Board jobs planning pro-forma to be used, one for individual job planning and	01/04/2017	Medical Director

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	the new framework: developing and agreeing the necessary activity and outcomes indicators for different specialties to inform job planning and performance review (Hywel Dda UHB Local Report, 2011, Rec 3b).	ranging performance information to support outcome setting and review.			the other for team based job planning to ensure consistency across the Health Board. • Information to be taken from the Health Board Intelligence Reporting Information System (IRIS) to help determine a measured achievable and consistent baseline of clinical outputs and outcomes for Doctors in different specialties across the Health Board. • Doctors will need to take evidence of outputs and outcomes to annual job planning meetings, e.g. individual performance activity taken from the IRIS system.		
R12	NHS bodies should ensure that while job planning and appraisal are separate processes, there is a clear linkage between	Job plans allocate sufficient time for CPD to support revalidation requirements.		Yes	Current activities to resolve: • The All Wales online Medical Appraisal and Revalidation System (MARS), which is used by all Doctors across Wales to undertake their appraisals includes an area for Doctors to include their job plans	01/03/2017	Medical Director

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	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).				and to provide further detail in relation to DCC and SPA activities. Future actions to prevent reoccurrence: • In future the Health Board will monitor and manage the job planning process in much the same way as it manages the appraisal process (regular reminders, the production of monthly compliance statistics etc). • As with the appraisal process, Doctors will be allocated a quarter in which to undertake a job plan review. It is hoped that by providing a 3 month window in which the job plan can be undertaken it will become a less daunting prospect for all those concerned. • We aim to provide job planning quarters to Doctors that precede their appraisal quarters, where possible. This will help to ensure that job planning outcomes will help Doctors plan PDPs for the year		

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					ahead and where a Doctor would like, for example, to be an appraiser, if it is a Health Board priority, it can be included in the PDP. The Doctor would then have just under a year to undertake the training and then once trained, SPA allocation can be provided in the following job plan.		
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	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	Yes	Current activities to resolve: • The Medical Staffing Department scan all job plans and record job plan dates on the ESR system, helping to monitor percentage compliance across the Board. Future actions to prevent reoccurrence: • Posts have been created to focus on monitoring and reviewing the job planning process throughout the Health Board. • Job plans to be recorded on a spreadsheet for ease of identifying those	01/01/2017	Medical Director

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	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).				Doctors who require an up to date job plan. • Reminders to be sent to Doctors and Managers at regular intervals. • Monthly 'traffic light' scorecards to be produced detailing job plan compliance across the Health Board. Statistics to be split into site and specialty. • Compliance statistics to be reported to the Business Planning & Performance Assurance Committee on a monthly basis and the Workforce and OD committee on an annual basis. The Workforce and OD reports directly to the Board.		
R14	Appropriate monitoring and reporting arrangements should be developed to provide Board members with the appropriate	Appropriate monitoring and reporting arrangements for job planning are in place.	Yes	Yes	Please see R13.	01/01/2017	Medical Director

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	assurances that this is happening (Hywel Dda UHB Local Report, 2011, Rec 2b).						
R15	The job planning process needs to be strengthened by the quick introduction of the new framework: undertaking compliance and quality audits (Hywel Dda UHB Local Report, 2011, Rec 3f).	Appropriate monitoring and reporting arrangements for job planning are in place.		Yes	Current activities to resolve: • Job planning compliance is monitored using the ESR system. Future actions to prevent reoccurrence: • The development of 2 compulsory Health Board jobs planning pro-forma to be used, one for individual job planning and the other for team based job planning to ensure consistency across the Health Board. • Updated local guidance to be developed and made available to those who participate in the job planning process. • Training and guidance for those who participate in the process, on how to complete the job planning pro-forma in	01/04/2017	Medical Director and Director of Operations

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					accordance with local guidance and local standards. • Ongoing quality assurance reviews/audits of job planning pro-forma, to ensure consistency and quality. When applicable, job plans will need to be invalidated where there is a lack of detail and clarity.		
R16	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	The Health Board uses job plan reviews to support service modernisation.	Yes	Yes	Future actions to prevent reoccurrence: • In future, the job plan process will be considered by the planning team and reviews will take place in accordance with any service change.	01/02/2017	Director of Planning

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	services, rather than a retrospective activity that occurs after the new services are in place (Auditor General Wales National Report, Rec 1b).						
R17	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	The Health Board uses job plan reviews to support service modernisation.	Yes	Yes	Future actions to prevent reoccurrence: • Posts have been created within the Medical Directorate to focus on monitoring and reviewing the job planning process throughout the Health Board. • The job planning database will detail all those Doctors who are allocated SPA time and the activities for which the time is allocated. • Annual reports will be produced detailing the numbers of various roles held along with further information as to how these roles have benefited the Health Board.	01/12/2016	Medical Director

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	Wales National Report, Rec 8).				• Job planning information will form part of Health Board reports, including the Integrated Medium Term Plan, Annual Board Report and Annual Quality Statement.		
R18	The job planning process needs to be strengthened by the quick introduction of the new framework: ensuring the job planning process takes account of clinical demand and activity (Hywel Dda UHB Local Report, 2011, Rec 3a).	The Health Board uses job planning to support service modernisation and the achievement of organisational priorities and performance targets.	Yes	Yes	Current activities to resolve: • Clinical demand and activity is always considered and used to inform the job planning process across the Health Board. Future actions to prevent reoccurrence: • Information to be taken from the Health Board Intelligence Reporting Information System (IRIS) to help determine a measured achievable and consistent baseline of clinical outputs and outcomes for Doctors in different specialties across the Health Board.	01/04/2017	Medical Director
R19	The job planning process needs to be	The Health Board has good processes		Yes	Current activities to resolve:	01/03/2017	Medical Director and

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	strengthened by the quick introduction of the new framework: standardising documentation which clearly identifies the job content and expected outcomes (Hywel Dda UHB Local Report, 2011, Rec 3e).	for undertaking job planning.			• There is a standard job planning pro-forma available for use across the Health Board. Future actions to prevent reoccurrence: • The development of 2 compulsory Health Board jobs planning pro-forma to be used, one for individual job planning and the other for team based job planning to ensure consistency across the Health Board. • Training and guidance for those who participate in the process, on how to complete the job planning pro-forma in accordance with local guidance and local standards.		Director of Operations
R20	The Health Board needs to develop a strategy that will strengthen the working relationship between managers and	The Health Board uses job planning to support service modernisation and the achievement of organisational		Yes	Current activities to resolve: • The new medical leadership team for operational services within Hywel Dda University Health Board has very recently been confirmed.	01/04/2017	Medical Director and Director of Operations

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	consultants to facilitate service development and modernisation (Hywel Dda UHB Local Report, 2011, Rec 6).	priorities and performance targets.			Future actions to prevent reoccurrence: • Once the new operational structure has been embedded, it will help to ensure that there are managers in post across directorates that are responsible for participating in the job planning process. • The Medical Directorate is currently being reconfigured to provide further support to the Medical Director and the Directorate portfolio. The job planning process, as part of the portfolio has been considered in the reconfiguration and will be further promoted across the Health Board to help facilitate service development and modernisation.		
R21	NHS bodies should ensure their job planning process includes a clear and informed discussion on the SPA needs of	The Health Board is making good use of its investment in SPA activity.		Yes	Future actions to prevent reoccurrence: • The development of 2 compulsory jobs planning pro-forma to be used, one for individual job planning and the other for team based job planning.	01/04/2017	Medical Director and Director of Operations

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	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).				• Training and guidance for those who participate in the process, on how to complete the job planning pro-forma in accordance with local guidance and local standards. • Standard list of SPA activities and allocation to be created and used to help inform job plans. The SPA activities included should reflect organisational priorities and will require review on an annual basis to reflect any change in these priorities.		
R22	The job planning process needs to be	The Health Board is making good use of		Yes	Future actions to prevent reoccurrence:	01/04/2017	Medical Director and

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	strengthened by the quick introduction of the new framework: defining what constitutes an SPA, and how the value from SPAs may be measured (Hywel Dda UHB Local Report, 2011, Rec 3c).	its investment in SPA activity.			• Standard list of SPA activities and allocation to be created and used to help inform job plans. The SPA activities included should reflect organisational priorities and will require review on an annual basis to reflect any change in these priorities. • Doctors will be required to take evidence of how SPA allocation has been utilised to each job plan review meeting.		Director of Operations
R23	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	Team job planning is used where the same issues affect all consultants in the specialty, or require collective solution.		Yes	Future actions to prevent reoccurrence: • Develop a compulsory pro-forma that would be suitable for team based job planning. • Training and guidance for those who participate in the process, on how to complete the job planning pro-forma in accordance with local guidance and local standards – to include the team based approach.	01/04/2017	Medical Director and Director of Operations

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	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).						
R24	The job planning process needs to be strengthened by the quick introduction of the new framework: promoting job planning on a team basis, where this is seen to add value (Hywel Dda	Team job planning is used where the same issues affect all consultants in the specialty, or require collective solution.		Yes	Please see R23.	01/04/2017	Medical Director and Director of Operations

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	UHB Local Report, 2011, Rec 3d).						

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