



WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU

Archwilydd Cyffredinol Cymru
Auditor General for Wales

NHS Consultant Contract: Follow-up of previous audit recommendations – **Public Health Wales NHS Trust**

Audit year: 2015

Date issued: November

Document reference: 381A2016



This document has been prepared as part of work performed in accordance with statutory functions.

In the event of receiving a request for information to which this document may be relevant, attention is drawn to the Code of Practice issued under section 45 of the Freedom of Information Act 2000.

The section 45 code sets out the practice in the handling of requests that is expected of public authorities, including consultation with relevant third parties. In relation to this document, the Auditor General for Wales and the Wales Audit Office are relevant third parties. Any enquiries regarding

disclosure or re-use of this document should be sent to the Wales Audit Office at info.officer@audit.wales.

The team who delivered the work comprised Philip Jones and Urvisha Perez.

Contents

Some progress has been made in addressing our recommendations, but job planning remains ineffective and the Trust still has a limited understanding of consultant commitments.

Summary report

Background	4
Our main findings	5
Recommendations	6

Detailed report

Overall corporate management of job planning is weak but the Trust is taking some positive steps to strengthen processes and understanding	11
The Trust has only partially realised the intended benefits of the contract	25

Appendices

Audit approach	32
National and local recommendations	33
The Trust's Management Response	37

Summary report

Background

- 1 The consultant contract is the national framework that governs the working conditions and salary grades of consultants. The amended NHS Wales Consultants' Contract (the contract) came into effect on 1 December 2003, and was the first major change to consultants' terms and conditions since 1948.¹
- 2 The contract was designed to deliver three specific benefits for the NHS:
 - improve the working environment for consultants;
 - improve consultant recruitment and retention; and
 - facilitate health managers and consultants to work more closely together to provide a better service for patients.
- 3 Underpinning the delivery of these benefits is an effective job planning process. Job planning is a mandatory process designed to ensure that individual consultants and their employers are clear on the nature and scheduling of their work activities and what they are seeking to achieve. Job planning can align the objectives of the NHS, the organisation, clinical teams (and in the case of clinical academics, their higher education institution) with individually agreed outcomes. It can help consultants, clinical academics, managers and the wider NHS team to plan and deliver innovative and high-quality care.
- 4 The contract is based on a full-time working week of 37.5 hours, equivalent to 10 sessions of three to four hours. Consultants are paid overtime for any contracted work over these hours. A consultant's working week comprises direct clinical care (DCC) sessions, such as clinics and ward rounds, and supporting professional activities (SPA) sessions, such as research, clinical audit and teaching. Under the amended contract, the working week typically comprises seven DCC sessions and three SPA sessions.
- 5 During 2010, the Auditor General reviewed how well NHS employers were using the job planning process to realise the wider benefits of the contract, other than the pay elements which were the responsibility of the Welsh Government. We reviewed all health bodies except Powys Teaching Health Board and the Welsh Ambulance Services NHS Trust, and issued reports during 2011.
- 6 Since 2012, we have followed up how a number of health bodies have addressed our previous recommendations. For the most part, we found that health bodies were making progress, however, some areas of concern persisted. Our follow-up work at Public Health Wales NHS Trust (The Trust), reported in September 2012, identified that the Trust had made good progress in implementing the recommendations but still needed to strengthen its arrangements for identifying and monitoring all consultant commitments.

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 report², published in September 2013, recommended the Welsh Government strengthen its leadership on the job planning process by producing guidance and training for health organisations. The PAC also recommended that the Welsh Government should work with a range of NHS organisations to develop an information framework on desired consultant outcomes.
- 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 2014³.
- 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 January and February 2016, we undertook the follow-up work at the Trust. 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](#).

Our main findings

- 12 We concluded that some progress has been made in addressing our recommendations, but job planning remains ineffective and the Trust still has a limited understanding of consultant commitments.

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.

13 In reaching this conclusion we found that:

- Overall corporate management of job planning is weak but the Trust is taking some positive steps to strengthen processes and understanding:
 - the Trust does not record job plans centrally and the quality of the sample they supplied is variable;
 - local guidance and training is comprehensive but it is too early to say if job planning has improved as a result;
 - contrary to national guidance, general managers are not involved in most job plan reviews, and work for other bodies is rarely reflected;
 - outcome setting is weak and access to information to support job planning is inconsistent;
 - job planning and appraisal processes are linked in theory but not in practice; aligning the processes is a corporate priority but it is unclear how it will be achieved; and
 - corporate monitoring is currently weak; new monitoring arrangements have been introduced but need strengthening.
- The Trust has only partially realised the intended benefits of the contract:
 - job plans are supporting better discussions between managers and consultants but are not being used to facilitate service modernisation;
 - whilst job plans clearly define SPA activities we saw little evidence of outcomes and outputs for these activities;
 - there is no assurance that excessive hours have been addressed as the Trust does not hold data on consultant sessions; and
 - the contract has not supported consultant recruitment, and job plans are not currently used to help manage short-term workload pressures within teams.

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 Trust still has work to do in each of the 20 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](#). In addition, we are also making one new recommendation
- 16 To focus on the work that needs to be done, the Trust should ensure these recommendations feature on its Audit Committee's tracker. The Trust 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	
New recommendation	
R1	The Trust should ensure that it has accurate workforce information on all directly employed consultants and those with honorary contracts.
Processes to review job plans annually	
R2	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)
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. (Audit General for Wales National Report, Rec 1c)
R4	Develop, for those consultants who are also employed by a university or another health board, a joint job planning arrangement that ensures commitments and expectations are clearly set out for the Trust and the other body. (PHW NHS Trust Local Report, 2011, Rec 11)
Corporate alignment	
R5	Ensure consultant job planning is aligned to corporate and divisional objectives. (PHW NHS Trust Local Report, 2011, Rec 2)
Appropriate involvement	
R6	NHS bodies should ensure that there is involvement in consultant job planning from general managers to ensure that wider organisational objectives, service improvements and financial issues are considered when agreeing consultants' job plans, and to help managers understand what resources and support consultants need to deliver their job plan commitments. (Auditor General for Wales National Report, Rec 1d)
R7	Strengthen the job planning review process by including managers in the review meeting with a consultant. (PHW NHS Trust Local Report, 2011, Rec 3)
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)

National and local recommendations still to be achieved at January 2016

Information and outcome setting

- R9 NHS bodies develop an information 'framework' to support job planning, on a speciality-by-speciality basis. Clinicians and managers will need to work together to identify the components that need to be included in such a framework for each speciality but it would be expected to include:
- information on activity;
 - cost;
 - performance against local and national targets;
 - quality and safety issues;
 - workforce measures; and
 - plans and initiatives for service modernisation and reconfiguration. (Auditor General for Wales National Report, Rec 3)
- R10 NHS bodies should ensure that they have clear and robust processes in place to discuss and agree objectives and outcomes for consultants as part of the job planning process. It will be important to ensure that clinicians and managers involved in setting these objectives and outcomes receive the appropriate training and support to undertake effective job planning with consultants. (Auditor General for Wales National Report, Rec 4)
- R11 Strengthen existing arrangements and develop appropriate outcome indicators in areas where there is no quality performance information. (PHW NHS Trust Local Report, 2011, Rec 5)
- R12 Ensure in the final job plan, all DCC and SPA sessions have clearly defined SMART outcomes. (PHW NHS Trust Local Report, 2011, Rec 7)

Appraisal

- R13 NHS bodies should ensure that while job planning and appraisal are separate processes, there is a clear linkage between appraisal outcome and job planning when meeting the development needs of a consultant. NHS organisations will need to ensure the two separate processes are appropriately aligned and integrated to support the requirements for the new General Medical Council revalidation requirements that will be introduced in 2013. (Auditor General for Wales National Report, Rec 1e)

National and local recommendations still to be achieved at January 2016

Monitoring arrangements

- R14 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)
- R15 Develop a standard job plan template that ensures the working week is presented in a consistent, clear and transparent way. (PHW NHS Trust Local Report, 2011, Rec 6)
- R16 Clarify and document in the job plan how consultants' management activities are recognised. (PHW NHS Trust Local Report, 2011, Rec 8)

Service improvement

- R17 NHS bodies should ensure that where changes to NHS services are occurring following public consultation, consultant job plans should be updated and agreed to reflect new service models. This should happen as an integral part of the process to redesign services, rather than a retrospective activity that occurs after the new services are in place. (Auditor General for Wales National Report, Rec 1b)
- R18 NHS bodies should demonstrate more explicitly how consultant job planning is being used to support the delivery of service improvement and modernisation, and the achievement of organisational priorities and performance targets. (Auditor General for Wales National Report, Rec 8)

Supporting professional activities

- R19 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)

National and local recommendations still to be achieved at January 2016

Wider benefits realisation

- R20 NHS bodies should look to adopt a team-based approach to job planning where it can be shown that this would be beneficial. Consultants would need to be persuaded to participate rather than coerced, based on a clear explanation of the benefits associated with a team-based approach, and should still retain the right to agree an individual job plan with their employing organisation. (Auditor General for Wales National Report, Rec 6)
- R21 Strengthen job-planning arrangements to support the rebalancing of workloads within consultant teams. (PHW NHS Trust Local Report, 2011, Rec 10)

- 17 The Trust's management response setting out how the Trust intends responding to the issues identified in this report is included in [Appendix 3](#) and has been considered by the relevant Trust committee.

Detailed report

Overall corporate management of job planning is weak but the Trust is taking some positive steps to strengthen processes and understanding

The Trust does not record job plans centrally and the quality of the sample they supplied is variable

- 18 The amended NHS Wales Consultants' Contract (the contract), which came into effect on 1 December 2003, makes it clear that effective job planning underpins the majority of the amendments. The process allows the employer and consultant to agree the composition and scheduling of activities in the working week, what they seek to achieve, and to discuss and agree changes on a regular basis.
- 19 The contract states that a consultant's job plan should be reviewed at least annually to ensure that job plans take account of changing patterns of service delivery, evolving organisational and personal objectives and advances in technology and medical practice. Interim job plan reviews can also be undertaken if consultants or their clinical managers think one is needed.
- 20 The national guidance (the guidance), issued in 2014, states that employers should agree an explicit job planning approach with the Local Negotiating Committee based on this guidance. The approach should make the 'sign-off' process for finalising job plans clear. A job plan should be a prospective agreement that sets out a medical and dental practitioner's duties, responsibilities and outcomes for the coming year.
- 21 A job plan review will cover the job content, outcomes, time and service commitments and the adequacy of resources. Local guidance should set out the outline process for appeals and the timeline for aiding resolution of areas of disagreement where these exist.
- 22 Our 2010 review concluded that job planning and appraisals took place annually for all consultant staff at the Trust other than for some senior consultants. At that time, our survey found that 89 per cent (16 out of 19) of consultants said that their job plan was reviewed annually, compared to 61 per cent across Wales. However, the quality of job plans reviewed at the time was variable and lacked detail about activities or expected outcomes. To ensure transparency we recommended that the Trust develop a job plan template which clearly identifies DCC and SPA and meets the needs of different parts of the organisation.
- 23 Our recent consultant survey found that 74 per cent (28 out of 38) of respondents had a job plan. And out of the 28 with job plans 25 said it had been reviewed in the past 12 months. The main reasons given by the consultants for not having a job plan were that a meeting had not been arranged, and many were in the process of reviewing job plans which had not been completed. It is important to note that job planning is a joint process and therefore responsibility for ensuring a review takes place lies with both consultant and manager.

- 24 In February 2015, the Trust conducted a survey amongst its consultants to gauge their experience of job planning. The response rate was 72 per cent, but it is unclear how many consultants the survey was sent to. The survey asked whether consultants had ever had a job plan and when it was last agreed. It also covered some of the elements of job planning such as the number of meetings held to agree job plans and whether consultants kept a record of their activities. Delivery of the survey shows that the Trust is being pro-active in understanding and addressing weaknesses in the job planning process. Positively, the survey was run jointly with the British Medical Association (BMA) and the survey report states that both parties agreed that job planning had not been undertaken properly. The Trust introduced a new approach in January 2016, whereby job plans are called in annually after appraisals to check that local guidance is being followed. Nonetheless, we are concerned that the Trust does not have a record management system for job plans. While the Trust reported that 52 per cent of their consultants have a job plan, this figure was calculated from their survey returns and not from a corporate record of job plans. This is a risk for the Trust as job plans are part of a consultant's contract.
- 25 As part of our most recent review we looked at 12 job plans, all of which were paper based. We found inconsistencies in terms of format, content and sign-off. Half the job plans used the job plan summary proforma included in the 2014 national guidance, and the remaining six were in a variety of formats. Most had clearly defined DCC and SPA sessions. But there were variations when detailing the number and hours of sessions. Only two of the 12 job plans reviewed showed sessions and hours. In two cases there was a slight miscalculation of session totals, which raises questions about the Trust's quality review process.
- 26 Survey respondents commented that the national job plan template was designed for hospital consultants. Despite our recommendation in 2012, stating that the Trust should develop a job plan template, the Trust has not done so. On a more positive note the Trust has identified what a good job plan should look like and these criteria are being reinforced through training.

- 27 A key element of the job plan process is sign off. The national 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 her/his nominee) following agreement of the Consultant's Job Plan for the coming year. The Trust's local job planning guidance states, 'both you and your Clinical Director should agree and sign the job plan. It then becomes part of the mutual contract between both parties.' However, there is no mention of sign off by the Chief Executive, or nominee. Ensuring the required sign off of job plans has presented the Trust with some difficulty and they told us that the counter-signing requirement caused delays. Since April 2015, the Trust has allowed job plans to be signed off by clinical managers and counter-signed by the Medical Director. Despite this only four of the 12 job plans reviewed had been signed off and there was no other evidence to show they had been agreed. Of the consultants responding to our survey, 75 per cent (21 out of 28) said their current job plan had been formally agreed.
- 28 Dispute resolution is set out in a protocol which has been agreed by the Trust, the British Medical Association (BMA) and the Joint Medical and Dental Negotiating Committee (JMDNC). The protocol recognises that the majority of queries will be about classifying sessions and advises that the nominated JMDNC representatives are contacted to mediate. There had been no appeals in the year up to 31 March 2015.

Local guidance and training are comprehensive but it is too early to say if job planning has improved as a result

The Trust has developed guidance which clearly sets out the job planning process and provides clarity on public health activities

- 29 Our 2010 work identified that when the contract was first introduced, some 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 that time, the Trust had not developed local guidance and we recommended that it should do so. In 2012 we found that the Trust was continuing to use the nationally agreed guidance which applied to all doctors. A number of public health consultants were confused about which activities should be classed as DCC and SPA. This is because the contract states that public health duties should be classified as Direct Clinical Care, but it does not explain what constitutes public health duties. Our original recommendation about the development of local guidance remained as ongoing.

- 30 In April 2014 Welsh Government produced their national guidance on job planning for health boards and NHS trusts in Wales. The Director of Workforce and Organisation Development felt the 2014 national guidance was helpful and the Trust has used it to inform the training material and the local guide. In October 2014 the Trust introduced a six page local job planning guide for medical and dental consultants which has been agreed by the Local Negotiating Committee. The guide supplements the national guidance and aims to help Public Health Wales consultants through the job planning process.
- 31 The guide sets out the five stages of the job planning cycle and makes clear which activities are classified as DCC and SPA. It states, 'you should have three sessions every week for SPAs and the remainder of your time is shared between DCCs and Additional Responsibilities (AR)'. The guide explains the difference between the session classifications as follows:
- DCCs are activities where the primary beneficiary is a patient or a population
 - AR's are activities where the primary beneficiary is the NHS or Public Health Wales
 - SPA's are primarily for your own professional development.
- 32 Appended to the guide is a list which outlines whether each activity is DCC, AR or SPA. The list goes some way to addressing any confusion about classifying sessions. Consultant's responding to our recent survey said they thought there was clear guidance on the job planning processes (22 out of 28 respondents).
- 33 We were told about plans for further local guidance on job planning. However, our view is that a Trust job planning template and the existing local guidance would be enough to ensure a clear and consistent process. In addition, and as mentioned above, the Trust introduced a new approach in January 2016, whereby job plans are called in annually after appraisals to check that procedure is being followed.

The training programme is a positive step in setting out corporate expectations but it is too early to say whether it has improved job planning

- 34 In 2010, local audits 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.
- 35 Our recent review found the Trust has worked closely with the BMA to develop a comprehensive training programme. The programme which was introduced in 2015 provides an overview of effective job planning and is delivered jointly by the Medical Director, Director of Workforce and Organisational Development and, BMA. The intention is to run the training for two years after which it will become part of the Trust's induction programme. We were told that the training is not compulsory but consultants and managers are expected to attend. The first round of training sessions were held in various locations across Wales and attended by 60 staff.

- 36 As part of our review we observed one of the training sessions held in Cardiff. The session covered the importance of job planning including the fact that non-participation is a breach of contract. The session included the practicalities of job planning, for example: what a job plan is, what should be included, who should be involved in the process and how to prepare. The Trust was aware of particular issues in its approach to job planning and sought through the training to specifically address this, for example part of the session was dedicated to outcomes setting (see Para 51). The training also stressed the links between the appraisals, job planning and strategic planning processes (job planning cycle) and reference was made to job planning being a vehicle for service improvement.
- 37 Over half (16 out of 28) of those responding to our survey thought there was sufficient job planning training. However it is too early to say whether the training has resulted in better job planning, but it is a positive step and clearly sets out corporate expectations. To measure the impact of the training, the Trust is planning to repeat its job planning survey for the next five years. The Trust needs to ensure all consultants have received the training, and consider running refresher sessions.

Contrary to national guidance, general managers are not involved in most job plan reviews, and work for other bodies is rarely reflected

- 38 The national 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.
- 39 Our 2010 work across Wales highlighted a variable approach to the involvement of general managers in job planning meetings. Following our 2010 review we recommended the Trust include managers in review meetings. In 2012 the Trust took the decision to allow clinical managers to judge whether an additional manager was necessary.
- 40 In our recent survey of consultants, we asked who had been involved in their job planning meeting. [Exhibit 2](#) below shows that only eight per cent of consultants had been interviewed by both a clinical manager and a general manager. Worryingly, just over a quarter said that they had not had a job planning meeting (see Para 23).

Exhibit 2: Public Health Wales – Attendance at job plan review meetings

Job plan review meeting attended by:	Number	Percent
Clinical manager and general manager	3	8%
Clinical manager only	4	11%
General manager only	4	11%
Other manager only	17	45%
No meeting	10	26%
Total	38	100%

Source: Wales Audit Office survey of consultants

- 41 The Trust told us that consultants within some units, for example, medical microbiology, prefer to have their job plan review meeting with clinical leads rather than with general managers. To address this preference, the Trust is identifying and resourcing regional clinical leads who would be responsible for around 12 to 15 job plan reviews each.
- 42 As previously stated, a number of job plans we reviewed were not signed off so it was difficult to identify which managers had been part of the meeting. Of the four job plans where this information was available the document had been agreed by the consultant and their manager, service lead or director and one was signed off by the Executive Director of the consultants' honorary board.
- 43 The Trust reported that clinical managers support corporate processes. However, 16 out of 28 consultants responding to our survey said their job plans did not identify the resources and support needed to deliver their job plan and only two of the 12 job plans we reviewed detailed resources. The presence of a general manager at job planning meetings would help ensure resource needs are considered and allow the Trust to undertake more informed business planning.
- 44 The national guidance states that job planning interviews must be scheduled well in advance. Our survey found that 20 consultants out of 28 thought that they had been given adequate notice to prepare for their meeting. However, given that seven (25 per cent) consultants told us that they did not have enough notice, managers need to ensure that all consultants have enough time to prepare appropriately and have access to relevant performance information.
- 45 Some consultants who work for the Trust have academic contracts and can undertake sessions teaching or researching at local universities. The national 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.

- 46 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 national guidance goes on to state that the job plan should capture any fee paying work carried out.
- 47 Survey respondents working sessions for a university or health board described a mixed picture about whether the other body was involved in agreeing their overall job plan. However, most of those working for another health board felt their job plans reflected work in both organisations.
- 48 It was explained that when working with other bodies, job plans are usually agreed jointly but the Trust does not keep a copy of the job plan. This can become an issue when resources are diverted by a health board and contracted sessions for the Trust are not delivered. For appraisals where more than one organisation is involved, there is a clear process whereby the consultant nominates where they want their appraisal to take place. The notes for the job planning training suggest that the Trust aims to have a similar process for job planning.
- 49 At the time of our review the Trust was drawing up a Service Level Agreement with the intention of setting out expectations between the Trust and health boards regarding job planning arrangements.
- 50 Only two of the consultants responding to our survey undertook fee paying work, one of whom said that their fee paying work was reflected in their job plan. None of the job plans we reviewed detailed fee paying work.

Outcome setting is weak and access to information to support job planning is inconsistent

- 51 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.
- 52 The national 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.

- 53 To support the setting and reviewing of outcomes, the Welsh Government established an all-Wales consultant outcomes indicators project (known as Compass). The aim was to develop a suite of outcome indicators for individual consultants which could inform job planning discussions and appraisal. However, Compass did not deliver accurate, consultant level data and the project was discontinued in December 2009. In the absence of a recognised national system, individual health bodies have developed their own approaches to consultant outcome indicators.
- 54 Our 2010 review found that just over half of consultants responding to our survey (8 out of 15) said that a set of outcome indicators had been agreed for their job plan. We recommended that the Trust strengthen its existing arrangements and develop appropriate outcome indicators in areas where there is no quality performance information.
- 55 As part of our current review, we asked the Trust to indicate what information they used to set and monitor consultant outcomes for DCCs. **Exhibit 3** shows that use of information to set outcomes is not widespread and the Trust is unclear whether some types of information are used at all. It was suggested that the Trust would be working with the BMA to develop consultant level indicators, however, the timescales for development are unclear.

Exhibit 3 – Information sources used in monitoring and setting outcomes

	Yes, across all speciality areas	Yes, across some speciality areas	Don't know
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 Public Health Wales NHS Trust

- 56 Our recent survey of consultants found mixed views about access to, and the quality of, information to support job planning. **Exhibit 4** shows that whilst a majority felt information on the Trust's objectives was available, there was less confidence about accessing information from clinical information systems. It is concerning to note that 43 per cent (12 out of 28 respondents) indicated that performance information was not of sufficient quality to accurately assess their performance.

Exhibit 4 – Consultants’ views on information provided for their job planning meeting

	Yes	No	Not sure
In your view, before your most recent job planning meeting did your main employer provide you with:			
Access to information from local clinical/management information systems to support discussions about your work?	11 (39%)	9 (32%)	8 (29%)
Information on Health Board objectives?	19 (68%)	5 (18%)	4 (14%)
Performance information of sufficient quality to accurately assess your performance?	12 (43%)	12 (43%)	4 (14%)

Source: Wales Audit Office survey of Public Health Wales NHS Trust consultants

- 57 Our review of job plans and the Trust has identified outcome setting as a weakness. However, the majority of survey respondents indicated their job plans clearly define their outcomes and outputs especially for DCCs (Exhibit 5). While this suggests some confusion about the nature of outcomes, the Trust is addressing this weakness through its job planning training.

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?	21 (75%)	6 (21%)	1 (4%)
• Supporting professional activity?	18 (64%)	7 (25%)	3 (11%)
• Other programmed activities eg, management role?	18 (64%)	8 (29%)	2 (7%)
In your view, does your current job plan:			
• Clearly set out the relationship between your personal outcomes and those of the organisation?	17 (63%)	8 (30%)	2 (7%)

Source: Wales Audit Office survey of Public Health Wales NHS Trust consultants

58 **Exhibit 6** sets out how many consultants said that they reviewed outputs and outcomes at their job plan review meetings. Positively, the majority of reviews include a discussion about organisational outcomes, and job plan outcomes are discussed at annual appraisals. Whilst most consultants are clear their review included a discussion about SPA outcomes there was less certainly about DCCs.

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?	15 (54%)	5 (18%)	8 (29%)
• Review the outputs and outcomes of your supporting professional activity sessions?	21 (75%)	5 (18%)	2 (7%)
• Review the outputs and outcomes of your other activities?	18 (67%)	6 (22%)	3 (11%)
• Discuss the relationship between your outcomes and those of the organisation?	22 (79%)	4 (14%)	2 (7%)
• Were your current job plan outcomes assessed during your most recent annual appraisal?	19 (68%)	6 (21%)	3 (11%)

Source: Wales Audit Office survey of Public Health Wales NHS Trust consultants

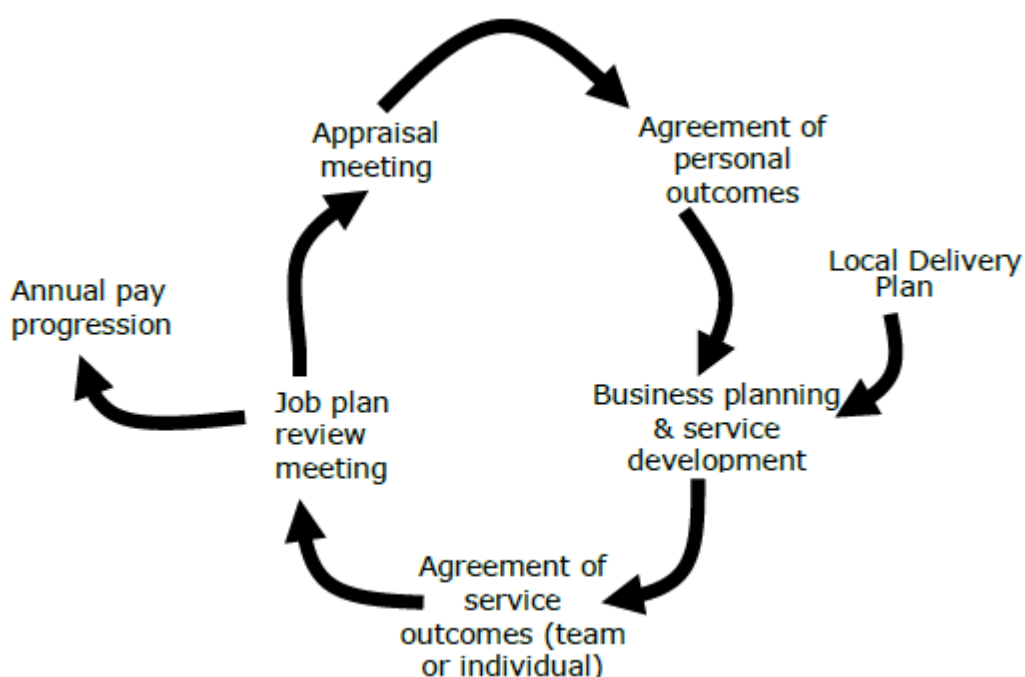
59 Our review of job plans found that whilst DCC and SPA activities were clearly listed, specific measurable outcomes were not. Where they were included, they were not well defined. Instead of outcomes, we found a mix of action lists and descriptions of consultant responsibilities. The Trust recognises that outcomes are not being set consistently and, as mentioned above, this is being addressed through training.

Job planning and appraisal processes are linked in theory but not in practice; aligning the processes is a corporate priority but it is unclear how it will be achieved

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

61 The national 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

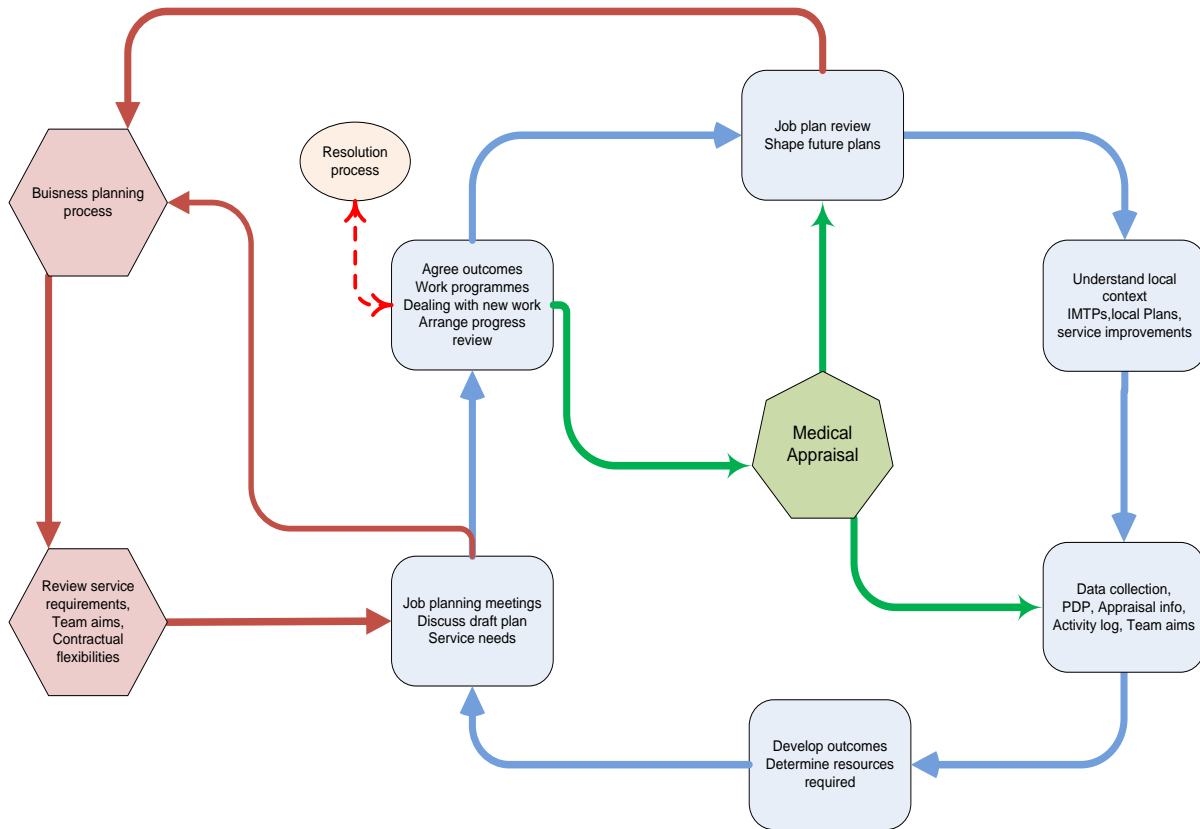


Source: The National Health Service in Wales Effective Job Planning for Consultant Medical and Dental Staff, 2014. Welsh Government, NHS Wales Employers, BMA Cymru Wales, April 2014.

62 Our 2010 work found that the strength of links between the job plan review meeting and appraisal varied across Wales and there was no standard approach to appraisal. While some consultants had appraisals annually, others said that they only had an appraisal when they asked for one, or had never had an appraisal. In some areas, we found that appraisal had a higher priority than job planning. In some areas the job plan review meeting and appraisal meeting were held back to back while in others they were kept separate.

- 63 Our 2010 local review found that whilst most consultants had an annual appraisal and job plan review, some divisions were unclear how to link the two processes. It was suggested that links were clarified when developing the recommended local job planning guidance.
- 64 Since April 2014, the Medical Appraisal and Revalidation System is the agreed system for medical appraisal in Wales for all doctors, except GPs, in Wales. Appraisers are not usually line managers.
- 65 Figures provided by the Trust and our recent survey indicate that close to 100 per cent (Trust data 94 per cent, our survey 93 per cent) of consultants have completed their annual appraisals. This is clearly a positive area of performance; however, the appraisal and job planning processes are not currently effectively linked.
- 66 **Exhibit 8** shows the job planning cycle as set out in the Trust's training slides. The diagram clearly shows the stages involved in developing a job plan and how these interact with the medical appraisal. It also explains how job planning feeds into the corporate business planning process.
- 67 We were told that one of the Trust's key priorities is to fully embed the job planning cycle. However, there is no plan to show how the cycle will be fully embedded, the Trust should develop an action plan with clear milestones and responsibilities.

Exhibit 8: the Trust's job planning cycle



Source: Public Health Wales

68 Appraisals have a very high completion rate and this in part is because of robust monitoring and quality assurance processes, and corporate focus around revalidation. The same level of scrutiny is starting to be applied to job planning but it is too early to see any impact.

Corporate monitoring is currently weak; new monitoring arrangements have been introduced but need strengthening

69 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 Trust, at least annually, on the extent to which consultant job planning is embedded as a routine management practice.

- 70 It is worth noting that prior to October 2012 the Trust did not have a Medical Director, and the Associate Medical Director's post was only filled in 2016, despite several recruitment attempts. The appointee will take up the post in August 2016. The Trust recognises that progress on job planning has been slow, but without senior medical support the Medical Director's main focus has been on medical revalidation, which was introduced the year he joined the Trust. Since the end of 2014 the Trust has started to focus on job planning, and has accelerated efforts over the last year, but this has not allowed time to review impact. The arrival of the Associate Medical Director should allow the Trust to prioritise job planning with a view to embedding the job planning cycle.
- 71 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.
- 72 Our recent review showed little evidence of job plan monitoring. The Trust was asked to provide the average and total number of sessions for directly employed consultants but we were told the information was not available. Also, as stated previously, the reported completion rates were based on a staff survey. This presents a risk because without this information how can the Trust be assured that consultants are being paid for the correct number of sessions and that revalidation is based on a successful job plan review.
- 73 There was no evidence that job plans are currently being recorded on ESR, however, the Trust is looking at the system as a place to hold job plans. It recommends that consultants use an Excel 'electronic work activity diary' to record time against activities, although, in line with national guidance, such diaries are not mandated.
- 74 A review of Board papers showed that very little on job planning is reported. Updates tended to focus on training and not performance as is the case with appraisals. Job planning is a regular item at JMDNC meetings but the focus is on training and guidance.
- 75 The Trust has a robust monitoring and quality assurance process for appraisals. This being a six monthly sample call in and review, the review takes place with lead appraisers over a half-day session, and the Board receives an annual appraisal report. In addition there is a dedicated resource to monitor appraisals.
- 76 A similar quality assurance process is being introduced for job planning. At the time of our review the Medical Director was reviewing a sample of job plans to identify any weaknesses and planned to repeat the exercise every six months. From this year, the Medical Director will also be submitting an annual job planning report to the Board.
- 77 However, to strengthen corporate focus on job planning the Trust must capture completion rates, session data and develop regular performance indicators to report to the Board. Developing a job planning template and evaluation criteria will provide a consistent approach to quality checking and identifying weaknesses will be easier.

- 78 One of the Trust's strategic objectives (7B) is by the end of year 1 (15/16) 'job planning is consistently and regularly conducted to reinforce effective linkages between priorities and individual contributions'. Without clear monitoring and record keeping arrangements it is unclear how the Trust will know this has been achieved.
- 79 The Trust needs to develop a quality assurance and monitoring framework to ensure job planning data is robust and transparent.

The Trust has only partially realised the intended benefits of the contract

Job plans are supporting better discussions between managers and consultants but are not being used to facilitate service modernisation

- 80 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.
- 81 The national 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.
- 82 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 national guidance indicates that consultant job plans should be updated and agreed to reflect new service models.
- 83 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.
- 84 Our review of the Trust in 2010 found that service modernisation was taking place but more use could be made of job plans to facilitate change. Half of those who responded to our survey thought the job plan review gave an opportunity to discuss modernising services and introducing innovation. At the time, pathology jobs were developing away from a laboratory focus towards a more patient focused approach with the potential for job planning to support changes to working practice.
- 85 Responses to our recent survey showed that 21 out of 28 of consultants discuss modernising services during their job plan review. And 20 out of 28 respondents discuss steps that could be taken to improve clinical practice. However, the job plans we reviewed showed no evidence of discussions which informed the job plan, this included discussion about service modernisation.

- 86 May 2015's Workforce and Organisational Development report details service modernisation in the microbiology unit. But there is no suggestion that job planning is being used to influence this change. The Trust recognises that job planning is a vehicle for service improvement. This is emphasised through training where consultants were encouraged to bring ideas for service improvement to their review meetings.
- 87 Whilst it is positive that discussions about service improvement are taking place, the discussions are not being used to facilitate change. This is because the Trust does not have a mechanism to collate and use information from job plans.

Whilst job plans clearly define SPA activities we saw little evidence of outcomes and outputs for these activities

- 88 Supporting professional activities cover a number of activities which underpin DCC. The SPA activities include training and teaching the next generation of doctors, carrying out research and clinical audits, clinical management roles and clinical governance activities. The 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.
- 89 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.
- 90 The national guidance states that each directorate (or equivalent) should annually review the SPA sessions in consultant job plans. Where there is a discrepancy between evidence of participation in SPA and the time allocated, this should be addressed through the job planning process. The national guidance does not mention setting a 'tariff' for particular activities, which would be an agreed amount of time that a particular activity would be allocated across the organisation. However, some SPA tariffs have been set, for example, the Wales Deanery requires that job plans for delivery of the Educational Supervisor role should typically include the equivalent to a minimum of 0.25 SPA per week per trainee supervised.

- 91 Our 2010 review concluded there was no clarity over what constituted DCCs and SPAs, which resulted in confused job plans. As mentioned above, this issue has largely been addressed through local guidance. The guide clearly states that a working week is made up of seven DCC and three SPA sessions, it also clarifies session classification. Through our recent survey 21 out of 28 consultants indicated that there was an appropriate balance between DCC and SPA commitments.
- 92 The job plans we recently reviewed highlighted that whilst the majority of SPAs were clearly defined (9 out of 12), there were no outcomes set for SPA activities. However, three quarters of consultants responding to our recent survey indicated that outputs and outcomes of SPA sessions were reviewed at their job planning meeting. This further suggests there may be a lack of clarity amongst consultants about what constitutes an outcome.
- 93 The SPA sessions represent a significant investment for the Trust, although worryingly the Trust was not able to provide information on the total and average number of sessions identified in job plans for directly employed consultants. This is because the Trust has no mechanism to centrally record job plans and data held within them.
- 94 Since January 2016, the Trust has started to call in job plans for review following annual appraisals and this is to identify weaknesses and make sure job plans are completed correctly. The Medical Director was clear that he wanted to see outcomes with review points and this is emphasised in the training material which states that outcome measures 'must be achievable, time-framed and agreed'. This is a positive step which demonstrates the Trust's commitment to improving job planning.

There is no assurance that excessive hours have been addressed as the Trust does not hold data on consultant sessions

- 95 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.
- 96 Our 2010 work found that only a third of consultants in Wales had 10-session contracts and that the average number of weekly sessions in a consultant's contract was 11.21. At that time, the average weekly sessions in the Trust were 10.55. The Trust has not held any data for weekly sessions since the data was collected for the Welsh Government in 2010 ([Exhibit 9](#)). As such, it has not been in a position to monitor the average weekly sessions worked by its consultants.

Exhibit 9: Average weekly sessions between 2010 and 2012 to 2015

	2010	2012	2013	2014	2015
DCC	7.65	Not available	Not available	Not available	Not available
SPA	2.86	Not available	Not available	Not available	Not available
Management	0.03	Not available	Not available	Not available	Not available
Other	0.00	Not available	Not available	Not available	Not available
Total	10.55	Not available	Not available	Not available	Not available

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

- 97 Our 2010 work identified that some consultants across Wales were working excessively long hours. A detailed analysis of job plans found that around one in six consultants as 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.
- 98 Our local review in 2010 found that full-time consultants at the Trust were predominantly on 10-session contracts, but it was not clear whether this was an accurate reflection of their commitments. At the time, half of survey respondents stated their job plan did not reflect their working hours and commitments and some consultants interviewed were concerned that they regularly worked over their contracted 10 sessions. The Welsh Government database of sessions showed that one consultant had a job plan with more than 12 sessions while 17 per cent of consultants had more than 10 sessions.
- 99 The Trust does not have a standard length of session agreed and informally uses 3.75 hours as stated in the contract. The Trust reported that as of 31 March 2015, they had eight consultants working between 12 and 12.4 sessions, but none working between 10 and 12 sessions. However, some of the job plans we reviewed showed weekly hours equating to 11 sessions. This suggests that the information on numbers of consultant sessions held centrally by the Trust is not accurate.
- 100 Our survey found that 15 out of 28 consultants identified that their job plan clearly scheduled all their commitments including management or other roles, while 12 out of 28 consultants did not think so. The general feeling amongst those interviewed was that consultants seem to be working more and the contract has not helped to reduce excessive working. The Trust has no assurance that excessive working hours have been reduced because there is no central record management for job planning.

- 101 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.
- 102 Following our 2010 review we recommended that the Trust develop a policy and process for on-call arrangements and unscheduled overtime. This was because we found that the Trust had a number of ways of rewarding on-call responsibility that needed to be standardised and aligned with the contract.
- 103 Our recent work found that just over half of those responding to our survey felt their job plans covered all of their on-call commitments. Five of the job plans we reviewed detailed on-call responsibilities and these were clearly programmed into the working week. The Trust indicated that very few issues are reported about on-call arrangements. Issues were mainly about management of on-call arrangements for example rota scheduling, which are resolved by the department. Training has been used to highlight consultants' contractual obligations to on-call duties and the local job planning guide clarifies what the contract says about payment for on-call duties.
- 104 The contract states that job planning can be undertaken on a team basis, where this is likely to be more effective. Where job planning takes place on a team basis, each individual team member should still agree a schedule of individual commitments. The national guidance states that a job plan is an agreement between an individual consultant and his/her employer. Some groups of consultants have found that there is benefit in developing job plans as a team which then inform the job planning process for the individual consultants. A team agreement is not contractually binding but helps set out how the team intends to translate its shared outcomes into individually agreed job plans. The national guidance sets out a number of approaches to team job planning.
- 105 Despite the potential benefits, our 2010 work identified that team-based job planning was not frequently employed. Through our local follow-up work we found that none of the consultants responding to our survey had a team-based job plan.
- 106 Our recent review found that team job planning is still underused. All the job plans we reviewed were individual as was the case for 25 out of 28 survey respondents. However, the Trust is promoting team job planning through training and recommends teams meet to discuss how best to deliver strategic and team priorities before individual meetings.
- 107 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.

- 108 The national 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.
- 109 Half of the job plans reviewed detailed part-time working patterns (less than 10 sessions or 37.5 hours per week) and one job plan was planned over a four-week cycle.

The contract has not supported consultant recruitment and job plans are not currently used to help manage short-term workload pressures within teams

- 110 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.
- 111 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. Welsh Government statistics show that the number of consultants employed by the Trust has remained reasonably stable between 2011 and 2015. The increase in consultant numbers is much less than the Wales average and reflects the nature of the Trust’s work. (Exhibit 10)

Exhibit 10: 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
PHW	64.8	66.5	70.1	69.5	65	0.2	0.3%
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 year⁴

⁴ [Welsh Government, StatsWales, Medical and dental staff by speciality and year](#)

- 112 Initially, the Trust told us that the number of consultants directly employed in March 2015 was 101 (84 whole-time equivalent). Of these, 59 were said to be full time, 41 were part time and 17 were locums. Three vacant consultant positions were reported, both unfilled and currently being covered by a locum. An additional 46 consultants were reported as having honorary contracts⁵. These figures did not relate to what the Trust had reported that year to the Welsh Government workforce census. When we subsequently asked the Trust to verify this information, it reported that the number of consultants directly employed as 80 (67 whole-time equivalents). Of these, 51 were full-time, 29 were part-time, five were locums, and 46 held an honorary contract. We are not confident that the information held corporately by the Trust with regard to the number of consultants employed is accurate, particularly given the size of the disparity between the two sets of information provided to us.
- 113 The Trust reports low levels of consultant vacancies. High levels of sickness in certain units was reported to the Board, but there is no mention of job planning as a tool for managing short-term workload pressures. At the training session, team job planning was suggested as a mechanism to address short-term workload pressures. Once learning from the training has embedded, team job planning should become more widely used.
- 114 With regard to honorary contracts, the Trust is the process of reviewing its research connections with universities in Wales, with a view to ensuring value for money.

⁵ 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 January 2016 and February 2016. Details of these are set out below.

Method	Detail
Information and Data Collection Form	The form was the main source of corporate-level information and data that we requested from the Trust.
Document request	We requested and reviewed documents from the Trust including: <ul style="list-style-type: none">• minutes, papers and reports where issues around consultant job planning and appraisal have been subject to internal discussion in the last 12 months;• job planning guidance and training materials;• performance reports on job planning, appraisal and revalidation that have been reported to senior management forums, such as senior management team or board committees; and• Trust's internal job planning survey report.
Interviews	We interviewed a small number of staff including: <ul style="list-style-type: none">• Medical Director• Acting Vice-Chair of PHW Board• Director of Workforce and Organisational Development• Local Negotiating Committee representative
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 38 responses from consultants, which was a response rate of 46 per cent.
Review of job plans	We carried out a review of a sample of 12 job plans.

Appendix 2

National and local recommendations

Table 1 sets out the 11 local recommendations set out in the Trust's report from 2011. The follow-up review at the Trust in 2012 made no new recommendations.

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

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

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

Table 1 – 2011 local recommendations

Number	Local recommendations	Status at January 2016
R1	Introduce as a matter of urgency guidance for job planning that enables the process to be delivered consistently and sets out clearly what constitutes DCC activity and what is SPA activity.	A
R2	Ensure consultant job planning is aligned to corporate and divisional objectives.	O
R3	Strengthen the job planning review process by including managers in the review meeting with a consultant.	N
R4	Provide consultants with more notice of job plan meetings (four to six weeks) to ensure they, and managers have time to prepare fully for the review.	A
R5	Strengthen existing arrangements and develop appropriate outcome indicators in areas where there is no quality performance information.	N
R6	Develop a standard job plan template that ensures the working week is presented in a consistent, clear and transparent way.	N
R7	Ensure in the final job plan, all DCC and SPA sessions have clearly defined SMART outcomes.	O
R8	Clarify and document in the job plan how consultants' management activities are recognised.	O
R9	Develop a policy and process for on-call arrangements and unscheduled overtime ensuring it complies with the arrangements set out in the consultant contract.	A
R10	Strengthen job-planning arrangements to support the rebalancing of workloads within consultant teams.	O

Number	Local recommendations	Status at January 2016
R11	Develop, for those consultants who are also employed by a university or another health board, a joint job planning arrangement that ensures commitments and expectations are clearly set out for the Trust and the other body.	O

Table 2 – 2013 national recommendations

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

Number	National recommendations	Status at January 2016
Strengthening job planning processes within NHS bodies		
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: <ul style="list-style-type: none"> • information on activity; • cost; • performance against local and national targets; • quality and safety issues; • workforce measures; and • plans and initiatives for service modernisation and reconfiguration. 	N
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.	O

Number	National recommendations	Status at January 2016
Developing a clearer focus on benefit realisation		
R8	NHS bodies should demonstrate more explicitly how consultant job planning is being used to support the delivery of service improvement and modernisation, and the achievement of organisational priorities and performance targets.	N

Appendix 3

The Trust's Management Response

The Trust's response to the report and its recommendations can be viewed on the [Public Health Wales website](#).

Wales Audit Office
24 Cathedral Road
Cardiff CF11 9LJ

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone : 029 2032 0660

E-mail: info@audit.wales

Website: www.audit.wales

Swyddfa Archwilio Cymru
24 Heol y Gadeirlan
Caerdydd CF11 9LJ

Ffôn: 029 2032 0500

Ffacs: 029 2032 0600

Ffôn testun: 029 2032 0660

E-bost: post@archwilio.cymru

Gwefan: www.archwilio.cymru