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Auditor General for Wales

NHS Consultant Contract: Follow-up of previous audit recommendations – **Aneurin Bevan 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. Our work at Aneurin Bevan University Health Board (the Health Board), reported in January 2011, identified that neither the Health Board, nor its consultants, were achieving the intended benefits from the consultant contract. We also reported that the Health Board was not using job planning effectively across all specialties to support service planning and modernisation.

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

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 the Health Board, reported in January 2012, identified that the Health Board had made progress in developing local job planning guidance. However, our review also found that job planning monitoring arrangements had not been developed, and the Health Board still needed to do more to ensure that job planning guidance was applied consistently across all specialties.

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 national 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.

[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

11 Between January 2016 and April 2016, we undertook the follow-up work at the Health Board. The review sought to answer the question: 'Has the organisation implemented fully, audit recommendations for strengthening job planning processes to achieve the potential benefits of the amended consultant contract in Wales?' The approach taken to delivering the review is set out in in Appendix 1.

Our main findings

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 of the Auditor General's previous national and local recommendations.

13 In reaching this conclusion, we found that:

- The Health Board has established some good arrangements for annual job plan reviews, but further work is needed to address previous audit recommendations:
  - nearly all consultants have a job plan, but not all job plans are reviewed annually;
  - the Health Board has developed good guidance and training materials on the job planning process;
  - attendance at job plan meetings does not consistently follow the arrangements set out in the national guidance;
  - some specialties have made progress with developing consultant level performance information, but more work is needed to embed the setting and monitoring of appropriate outcomes across the organisation;
  - annual appraisal is embedded across the organisation, but appraisal and job planning could be better aligned; and
  - corporate and board level monitoring is in place to provide assurance that job planning is taking place on an annual basis, but this does not include any wider aspects of job planning.
- The Health Board could do more to secure the benefits from the contract, particularly in using job planning to support service improvement, promote outcome setting, and monitor excessive hours:
  - job planning is used to support service improvement in some clinical services, but more work is needed to ensure it is used to engage consultants in the process of service modernisation;
  - job planning considers the type and number of SPAs required by consultants and the Health Board, but more work is needed to promote SPA outcome setting and monitoring;

- the Health Board needs to ensure it monitors excessive hours, adequately recognises on-call arrangements in job plans, and makes better use of team job planning; and
- the Health Board does not find it difficult to appoint consultants, however it is appointing consultants on hybrid rotas to address junior doctor vacancies.

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 23 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)

National and local recommendations still to be achieved at January 2016	
Guidance and training	
R2	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)
R3	Ensure job planning training is delivered to all managers and clinical directors with a focus on new guidance requirements and outcome documentation. (Aneurin Bevan UHB Local Report 2012, Rec 1)
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. (Aneurin Bevan UHB Local Report 2011, Rec 3)
R5	Where directorates such as Radiology have developed sound approaches to job planning, learning from this should be shared across the Health Board. (Aneurin Bevan UHB Local Report 2011, Rec 5)
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	Evaluate the workload impact on clinical directors, and identify where improvements can be made to deliver efficient and sustainable job planning. (Aneurin Bevan UHB Local Report 2012, 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)
Appraisal
R11 NHS bodies should ensure that while job planning and appraisals 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)

National and local recommendations still to be achieved at January 2016

Monitoring arrangements

R12 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)

R13 Monitor the effectiveness of the new induction programme to ensure it meets the needs of individual consultants, and supports delivery of Health Board objectives. Particular attentions should be given to the timing of induction. (Aneurin Bevan UHB Local Report 2012, Rec 4)

R14 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. Appropriate monitoring and reporting arrangements should be developed to provide Board members with the appropriate assurances that this is happening. (Aneurin Bevan UHB Local Report 2011, Rec 2)

R15 Ensure the job planning steering group provides the necessary assurance and oversight that effective job planning is being delivering, lessons are learnt and improvements are delivered. (Aneurin Bevan UHB Local Report 2012, Rec 5)

R16 The job planning process needs to be strengthened by:

- ensuring the job planning process takes account of clinical demand and activity and flexes consultant sessions accordingly;
- developing and agreeing the necessary activity and outcome indicators for different specialties to inform job planning and performance review;
- having a clearly identified role for directorate managers within the job planning process;
- defining what constitutes an SPA, and how the value from SPAs may be measured;
- promoting job planning across specialties where there are clear inter-relationships;
- promoting job planning on a team basis, where this is seen to add value; and
- reviewing and implementing the recommendations from the 2008 internal audit report on job planning. (Aneurin Bevan UHB Local Report 2011, Rec 4)

R17 The Health Board should closely monitor the progress being achieved by the six-month programme of work being delivered by the Head of Workforce Development to ensure that it is delivering the intended benefits, and addresses the issues highlighted in this report. (Aneurin Bevan UHB Local Report 2011, Rec7)

National and local recommendations still to be achieved at January 2016
Service improvement
R18 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)
R19 The Health Board needs to take action to successfully embed the new model of clinical leadership, 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's strategic objectives, and operational targets. As part of this, the benefits of effective job planning for both the consultant and the Health Board should be clearly identified. (Aneurin Bevan UHB Local Report 2011, Rec 1)
R20 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
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)
Excessive hours
R22 Job planning should support equitable sharing of work within consultant teams, and strategies and action plans should be put in place to reduce excessive workloads. (Aneurin Bevan UHB Local Report 2011, Rec 6)
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)

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 has established some good arrangements for annual job plan reviews, but further work is needed to address previous audit recommendations

Nearly all consultants have a job plan, but not all job plans are reviewed annually

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 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 work identified that many consultants across Wales did not have an annual job plan review. At the time, just under two-thirds (62 per cent) of consultants in Wales that responded to our survey said their job plan was reviewed annually, compared to just over half (56 per cent) of the Health Board's consultants. Consultants at the Health Board also told us that six per cent had never had a job plan review, and a further 28 per cent had not had a review within the preceding year and a half. At the time, whilst there was an organisation-wide process for job planning, the approach and frequency of job plan reviews was variable across divisions and dependent on the clinical director or divisional director to drive the process. The divisions that were more engaged with job planning tended to be the smaller ones, with larger divisions struggling with the process due to the number of consultants involved.

23 Despite the consultant contract stating that consultant job plans should be reviewed at least annually, the Health Board aims review 90 per cent of job plans

within a 15-month period. The 15-month review period has widespread endorsement within the Health Board to allow flexibility for divisions to schedule job plan reviews to coincide with service changes, staff availability and service demands.

24 The Health Board centrally collates the information contained in job plans and the date of job plan reviews. All divisions are required to submit annually (or 15-monthly) reviewed job plans. If a consultant's job plan is amended in-year because of changes to their work, the revised job plan is also required to be submitted. However, an exception is applied to revisions made to job plans of consultants working in paediatrics, this is because changes are made on a frequent basis.

25 As at 31 March 2015, nearly all (99 per cent) of consultants at the Health Board had an agreed job plan. The Health Board's Update on Job Planning Activity Report for December 2015 (the update report) reported that just over a half (52 per cent) of consultants at the Health Board had a job plan that had been agreed within the previous 12 months, with a further 11 per cent agreed within the previous 18 months. As part of our recent review, we asked consultants at the Health Board their views on job planning, we received 177 responses (a response rate of 42 per cent). In this report, results from the consultant survey reflect the views of the 177 consultants that responded to the survey. Ninety-eight per cent of consultants responding to our survey said that they had a job plan, and 78 per cent of consultants said that they had had a job plan review within the previous year. Details of our consultant survey are included in Appendix 1.

26 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 the consultant and by the 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. As part of our recent review, we looked at 20 consultant job plans from across the Health Board, we found that all 20 job plans had been signed and the majority (80 per cent) of consultants responding to our recent consultant survey, indicated they had signed their job plan.

27 The Specialist Medical and Dental Workforce and Job Evaluation Services team (the SMDWJS team) is responsible for developing local guidance and tools to support job planning, and work under the leadership of the Director of Workforce and Organisational Development. The Head of the SMDWJS team is the day-to-day lead for job planning and is supported by one officer, both staff members indicated that job planning is one area within a portfolio of work. At the time of our recent review, the Health Board indicated it was hoping to secure additional resources to help with job planning, although the level and number of resources had not been determined.

The Health Board has developed good guidance and training materials on the job planning process

The Health Board has developed comprehensive job planning guidance, but not all consultants feel they have access to clear 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 an organisation-wide system for job planning that was supported by annual guidance issued by the Medical Director. In March 2011, the Health Board issued job planning guidance, however, our follow-up review in January 2012 found that not all specialties were using the Health Board's guidance, and at least one team had been unaware of its introduction.

29 In February 2014, the Health Board issued new job planning guidance that mirrors the national guidance released two months later (April 2014) on job planning for health boards and NHS trusts in Wales. Health Board staff were involved in the development of the national guidance. The Health Board's job planning guidance is available on the intranet, and in December 2015 signposting to the guidance was improved as part of the redevelopment of the SMDWJS team's intranet pages. While just over a half (53 per cent) of consultants responding to our recent survey said they had been provided with clear guidance on the job planning process, a significant number (35 per cent) said they had not: this suggests that awareness of the Health Board's job planning needs to be increased.

30 The guidance sets out the appeals process, which replicates the all-Wales Consultant Contract appeals procedure. There have been two informal appeals in recent years and both were resolved informally.

The Health Board provides job planning training for consultants and staff who review job plans, but consultants have requested further training

31 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. Our 2010 work found that there was no job planning training at the Health Board and recommended that the Health Board develop and deliver training for consultants, and establish a Clinical Managers Forum or similar to encourage the sharing of knowledge and best practice.

32 Our recent review found that the Health Board has developed comprehensive training materials, and it provides a one-hour session in the consultant induction programme. The Health Board told us that feedback from consultants identified that they needed further training on job planning, and this led to the SMDWJS team developing a half-day training session which is run twice a year. The most recent training session was cancelled due to lack of attendees, however, findings from our recent survey support the need for training, only one-third (33 per cent) of consultants responding to our recent survey indicated that they had been provided with sufficient job plan training.

33 The Health Board recognises that it needs to ensure that all managers involved in job planning have received appropriate training. The SMDWJS team developed and provided training for clinical directors and general managers responsible for reviewing job plans in 2014. All newly appointed clinical managers are identified and targeted for this training, The Health Board also provides tailored training on request for clinical managers and other staff responsible for reviewing job plans and feedback has been positive.

34 Since our 2010 review, the Health Board has developed a forum for clinical managers to share their experiences and learning. Clinical managers meet regularly, and three times a year, job planning is discussed, providing an opportunity for experiences to be shared, and helping to embed job planning into working practice.

Attendance at job plan meetings does not consistently follow the arrangements set out in the national guidance

35 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.

36 Our 2010 work across Wales highlighted a variable approach to the involvement of general managers in job planning meetings. At the time, our local review found that it was not standard practice for clinical managers and general managers to be jointly involved in job plan review meetings, however, four-fifths (82 per cent) of consultants felt that the right managers were involved in the job plan review.

37 During our recent review, the Health Board told us that there has been a growing recognition that general managers can add real value to the job planning process, such as providing a link between a consultant's job plan and service requirements and plans. Despite this acknowledgement, our recent survey of consultants reveals that two-fifths (40 per cent) of respondents had their most recent job plan review meeting with both a clinical and a general manager; of the remainder, just over one-third (36 per cent) of consultants had meetings with a clinical manager only, and two per cent (three consultants) with a general manager only (Exhibit 2).[4]

38 The Health Board told us that it is often difficult for managers to find the time for job planning, particularly in divisions with large numbers of consultants, and when patient demand is high, for example, during winter months. Some divisions have reviewed the workload impact of job planning on clinical managers and have taken action to improve the distribution of job planning amongst clinical managers. The Health Board needs to ensure that appropriate managers, including general managers, participate in job planning reviews across the Health Board.

Exhibit 2: Attendance at job plan review meetings

Job plan review meeting attended by:	Number	Percent
Clinical manager and general manager	71	40%
Clinical manager only	63	36%
General manager only	3	2%
Other arrangement	36	20%
No meeting	4	2%
Total	**177**	**100%**

Note: 'Other arrangement' includes job plan reviews carried out by a clinical manager or general manager, plus 'other' unspecified manager.
Source: Wales Audit Office survey of Aneurin Bevin University Health Board consultants

39 Some consultants who work for the Health Board 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 sessions and university commitments, and that there is no conflict between university and NHS requirements.

[4] For a further 36 consultants, a mix of other clinical and general managers participated in the job plan meeting.

40 Five consultants responding to our most recent survey indicated that they hold an academic contract, in one case the university was involved in the process to agree a single job plan covering the consultant's work for both the Health Board and the university. The Health Board accepts that more needs to be done to ensure that university staff and the Health Board work together to agree a single job plan.

41 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.

42 The Health Board's job planning guidance sets out that the job plan review should involve representation from other NHS employers. Seven consultants who replied to our survey indicated that they work sessions for other NHS bodies, but only one indicated that the other organisation was involved in agreeing a single overall job plan. Despite this, four out of the seven consultants indicated that their job plan did reflect the requirements for both organisations. Whilst the Health Board has few staff working for other NHS organisations, by inviting representatives from other NHS employers to attend job planning as a matter of routine would help the Health Board to ensure that the consultant's other work does not adversely impact on the Health Board.

43 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.

44 The Medical Director wrote to all consultants prior to the most recent round of appraisals to reinforce the need for consultants to inform the Health Board of any private work they perform, due to the impact on consultant availability. Four consultants responding to our survey indicated that they also engage in private practice, but despite the action taken by the Health Board to identify private work, two consultants indicated that their private-practice work was not reflected in their job plan. It is not possible to draw conclusions from such a small number of cases. The Health Board needs to ensure that the requirement for consultants to inform the Health Board of any private work is discussed at job plan reviews.

Some specialties have made progress with developing consultant-level performance information, but more work is needed to embed the setting and monitoring of appropriate outcomes across the organisation

45 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.

46 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.

47 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 appraisals. 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.

48 Our work in 2010 found that information on productivity to support job planning discussions was under-developed and that the Health Board had not developed a minimum set of indicators. At the time, just over half (57 per cent) of consultants that responded to our survey indicated that they had access to information from local clinical/management information systems to support job planning. Despite having access to Health Board information, no consultants responding to our survey used it to prepare for their job plan review meetings, with four-fifths (80 per cent) of staff opting to use their own information. This indicated that consultants may have had little confidence in the Health Board's productivity data available at the time. At the time, our survey of consultants found that 70 per cent said that outcome indicators had not been agreed as part of their job plan.

49 As part of our recent review, we asked the Health Board to indicate what information they use to set and monitor consultant outcomes for DCC sessions. We were informed by the Health Board that information sources are in use across most specialty areas (Exhibit 3).

Exhibit 3: Information sources used in monitoring and setting outcomes

	Yes, across all speciality areas	Yes, across most 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 Aneurin Bevan University Health Board

50 The Health Board acknowledges that it needs to be more proactive in reviewing performance, and that whilst the use of information to underpin job planning is increasing, this is not uniform across all specialties. Some specialties are making more use of performance information, particularly in areas where there is existing nationally produced productivity data available. In some specialties, the Health Board is reviewing sources, such as at Royal College Guidance, to agree further indicators. Whilst there is a desire to harmonise the use of performance information for job planning across all specialties, the Health Board is unclear how far each specialty has progressed.

51 The Health Board uses the Gwent Reporting and Performance Evaluation Reporting tool (GRaPE) which holds secondary care patient data and can provide data on patient outcomes by individual consultant. Whilst consultants have access to GRaPE, it is concerning to note that only just over two-fifths of consultants felt they had access to information from local clinical/management information systems, and only just over a third (35 per cent) of consultants felt that they had performance information of sufficient quality to support discussions about their performance at their job plan review meeting (Exhibit 4).

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?	70 (41%)	79 (46%)	24 (14%)
Information on the Health Board's objectives?	55 (32%)	96 (56%)	22 (13%)
Performance information of sufficient quality to accurately assess your performance?	60 (35%)	90 (52%)	22 (13%)

Source: Wales Audit Office survey of Aneurin Bevan University Health Board consultants

52 Exhibit 5 sets out how many consultants said that they reviewed outputs and outcomes at their most recent job plan review meeting. The results of our consultant survey make it clear that reviewing outcomes in job planning meetings is not embedded across the organisation; just under a half (48 per cent) of consultants told us the outcomes of their DCC sessions were reviewed, and just over a half (57 per cent) told us their SPA outcomes were reviewed. Job plan outcomes were reviewed during appraisal meetings for just over a half (53 per cent) of consultants, this indicates that whilst outcomes are discussed in appraisal meetings and at job plan reviews, this is not widespread practice across the Health Board.

Exhibit 5 – 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?	83 (48%)	68 (40%)	22 (13%)
• Review the outputs and outcomes of your supporting professional activity sessions?	98 (57%)	61 (35%)	14 (8%)
• Review the outputs and outcomes of your other activities?	81 (47%)	65 (38%)	26 (15%)
• Discuss the relationship between your outcomes and those of the organisation?	71 (41%)	84 (49%)	18 (10%)
Were your current job plan outcomes assessed during your most recent annual appraisal?	92 (53%)	70 (41%)	11 (6%)

Source: Wales Audit Office survey of Aneurin Bevan University Health Board consultants

53 Regarding the setting of outcomes in job plans, our most recent survey found that nearly three-fifths (59 per cent) of consultants believed that their job plan clearly stated outcomes for DCC sessions, just over half (56 per cent) for SPA sessions, and other programmed activity sessions in just under half (45 per cent) of job plans (Exhibit 6). Only two-fifths (39 per cent) of consultants felt that their current job plan clearly sets out the relationship between their personal outcomes and those of the organisation.

54 Our review of job plans found that whilst objectives were evident in each job plan, none were detailed, specific and measurable outcomes. The Health Board told us that whilst some specialties are better at setting specific and measureable outcomes, it recognises that it needs to develop appropriate consultant outcomes organisation-wide and that further work is required to review progress against outcomes.

Exhibit 6 – Consultants' views on outcome setting in their current job plans

	Yes	No	Not applicable/ Not sure
Are outputs and outcomes clearly stated in your current job plan for:			
• DCC commitments?	102 (59%)	50 (29%)	21 (12%)
• SPA?	96 (56%)	54 (31%)	23 (13%)
• Other programmed activities e.g. management role?	77 (45%)	61 (36%)	33 (19%)
In your view, does your current job plan: • Clearly set out the relationship between your personal outcomes and those of the organisation?	68 (39%)	82 (47%)	23 (13%)

Source: Wales Audit Office survey of Aneurin Bevan University Health Board consultants

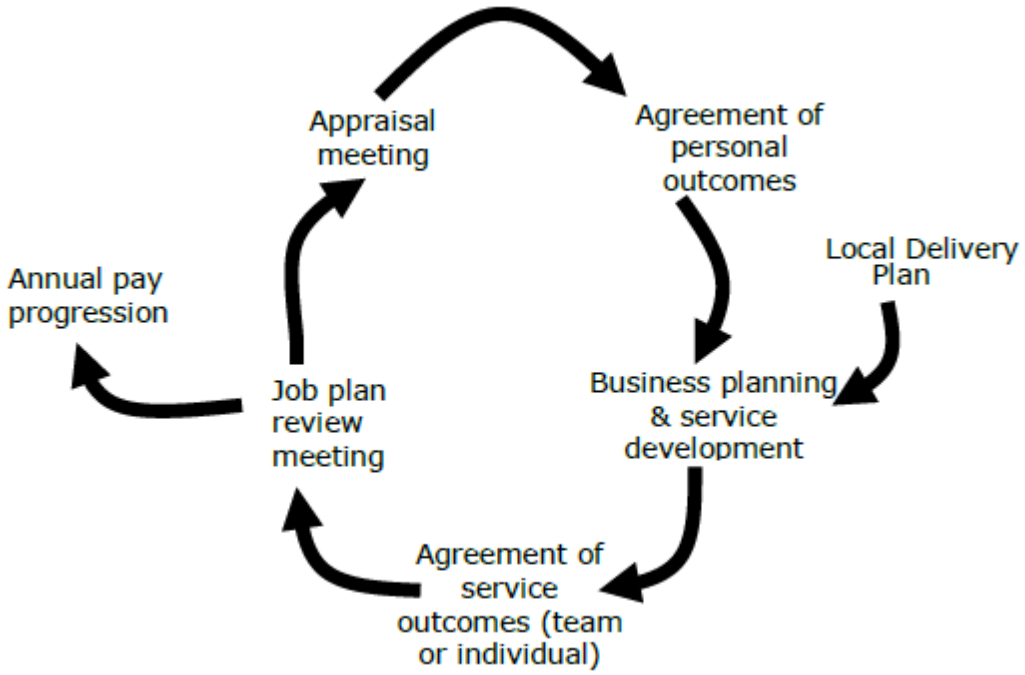
55 The national guidance states that job planning reviews must be scheduled well in advance to allow consultants the opportunity to prepare for the meeting. Our review in 2010, found that the majority (91 per cent) of consultants were satisfied with the amount of time they had to prepare for their review. Our recent survey of consultants found that two-thirds (66 per cent) of consultants felt that they had been given adequate notice to prepare for their meeting. However, given that one-quarter (25 per cent) of consultants told us that they did not have enough notice of their review, clinical managers need to ensure that all consultants are given adequate time to prepare.

Annual appraisal is embedded across the organisation, but appraisal and job planning could be better aligned

56 Revalidation is the process by which licensed doctors are required to demonstrate to the GMC that they are fit to practice. Revalidation has been dependent on the doctor participating in annual appraisals since December 2012.

57 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. The Welsh Government, NHS Wales Employers, BMA Cymru Wales, April 2014.

58 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.

59 Our recent review found that appraisal is well established across the Health Board, with nearly all (94 per cent) of consultants responding to our survey telling us that they had received a formal appraisal within the previous 12 months. However, the Health Board was unable to provide us with the number of consultants that had received an appraisal within the twelve months prior to 31 March 2015. Nearly three-quarters (73 per cent) of consultants told us that their current job plan helps them to deliver their personal development plan from their most recent appraisal. The Health Board recognises that whilst some departments are beginning to improve the links between appraisal and job planning, this was not the case for all specialties.

60 Since April 2014, the Medical Appraisal and Revalidation System (MARS) is the agreed system for medical appraisal in Wales for all doctors, except GPs. Appraisers are not usually line managers. The Health Board reported that in 2014-15, there was a significant increase in the number of consultants requiring revalidation. The implementation of the MARS system in the Health Board has helped support annual appraisal and help consultants to monitor progress through the revalidation process. The Health Board told us that the process for revalidation in the Health Board works well, and supports consultants in the months prior to revalidation to gather the information required.

Corporate and board level monitoring is in place to provide assurance that job planning is taking place on an annual basis, but this does not include any wider aspects of job planning

61 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 the national guidance. The Electronic Staff Record (ESR) is now in place across NHS Wales and provides functionality to record job plan sessions. Job planning data can be stored, reviewed, analysed and reported on both local and national level.

62 In response to our 2011 work, at the time the Health Board told us they had agreed to undertake a baseline assessment of all consultant job plans reviewed in 2010-11 to ensure that the Health Board had an accurate central record of the DCC, SPA and management sessions recorded in consultant job plans. In 2013, the Health Board carried out an exercise to ensure that the data held centrally was accurate in respect of the number and type of sessions recorded in job plans, and the date of the most recent job plan review for each consultant. The exercise was performed when the Health Board first used the ESR to record job planning data.

63 The SMDWJS team enter job plans onto the ESR and the Health Board's Microsoft Excel database (the database), thus duplicating data entry of job plans. The Consultant Contract states that a session length is between three and four hours long. The Health Board maintains the database because the ESR system converts all consultant sessions to a standard length of 3.75 hours. The Health Board told us they use the database to provide accurate information on the number of sessions worked by consultants, as the Trust feels the ESR is unable to provide this. The database is checked regularly to see which consultants are due their annual job plan review, allowing the team to provide an early alert to divisional managers.

64 Consultant salary payments are based on the number of sessions worked. If alterations to the number of sessions worked by a consultant are made as a result of job planning, a form is submitted through the divisional management team to the Medical Director. The form provides confirmation of any changes to the number of sessions worked and a rationale for any increase in the number of sessions.

65 Other than monitoring the frequency of job plan reviews, the Health Board does not have assurance arrangements in place to check whether job planning is being carried out in accordance with guidance and local expectations. Assurance arrangements would provide the Health Board with confidence that job planning was being carried out appropriately and consistently Health-Board-wide, and could also identify where processes or arrangements need to be improved. The Health Board told us that progress has been made in standardising the approach, but without a review process to assess this, the Health Board is unable to determine how much variation remains between divisions.

66 Our review of job plans highlighted inconsistencies in the completeness of the information recorded in job plans. All of the job plans we reviewed used the job plan proforma set out in the national guidance. The job plan summary proforma contains a Part A which should set out a timetable of DCC sessions, and a Part B which should set out the detail of the DCC plus SPA sessions. In four of the job plans we reviewed, Part A contained a timetable for both DCC and SPA sessions, listing the activity as either DCC or SPA rather than detailing the nature of the work. In three out of the four job plans, Part B was not completed to specify the nature of the SPA activities to be undertaken. Only 10 of the job plans clearly set out the total number of SPA sessions worked by the consultant. In these 10 cases, whilst the hours allocated to the SPA sessions were recorded, it was not straightforward to calculate how many SPA sessions this equated to, because the length of a session can vary between three and four hours.

67 The national guidance sets out the job plan should specify travel time between NHS sites that count as working time. In eight of the job plans reviewed, travel time was not specified where consultants had to travel between sites (in each case, this related to one day of the consultants working week).

68 Our 2013 national report recommended the Health Board should, at least annually, review the extent to which consultant job planning is embedded as a routine management practice.

69 The SMDWJS team use the database to produce a compliance report providing the number (and per cent) of job plans reviewed within the previous 12 months and 15 months, and this data is provided for all divisions, as well as a total for the Health Board. No other job planning performance or assurance data is provided in the report, the Health Board may wish to consider using the potential additional resources specified paragraph 26, to help in this area.

70 The Health Board's Job Planning and Revalidation Steering Group (the Group) receives the job planning compliance report at each of its quarterly meetings. The Group prepares a report to be received annually by the Workforce and Organisational Development Committee (the Committee). The minutes of the Group for the previous two years suggest that discussions on job planning have concentrated on the Health Board's compliance rates. Papers produced for the Committee similarly suggest that the focus on job planning is the compliance rates and the mechanisms by which to produce this data. The Committee has recently requested further information about job planning training and attendance rates. It is positive to note that recent Committee requests for information have moved beyond compliance. There is however, a need for the Committee to be more robust in their follow-up and review of actions discussed in relation to job planning. The Job Planning Update Report presented to the Committee in Sept 2013 identified the need for clear measurable outcomes linked to business and service plans to be developed, and that a toolkit would be developed to support clinical managers to identify measurable outcomes. Subsequent minutes for the Group and the Committee make no reference to either the toolkit or the need for clear measurable outcomes, nor did anyone interviewed.

The Health Board could do more to secure the benefits from the contract, particularly in using job planning to support service improvement, promote outcome setting, and monitor excessive hours

Job planning is used to support service improvement in some clinical services, but more work is needed to ensure it is used to engage consultants in the process of service modernisation

71 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.

72 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. 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.

73 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.

74 Our local review in 2010 found that whilst significant service modernisation was happening in the Health Board, job planning was not a central part of the change process. Modernisation was largely shaped within regular divisional meetings and working groups, such as care pathway groups, rather than job planning meetings, and that as a result, job planning reviews were an afterthought. At the time, just over half (51 per cent) of consultants that responded to our survey told us they did not feel that the job plan review provided an opportunity for them to discuss service modernisation or new ways of working. Worryingly, only just over half (52 per cent) of consultants responding to our survey felt that they had a positive relationship with their managers.

75 Our recent review shows that consultants' views in regard to how the Health Board uses job planning to drive service improvement have not improved much since 2010. In our recent survey of consultants, only 38 per cent of consultants responding to our survey told us that they felt that their most recent job planning meeting provided them with the opportunity to discuss modernising services. A similar proportion of consultants (42 per cent) told us that the meeting did not provide the opportunity to discuss ideas to improve clinical practice. The Health Board does not regard job planning as the sole means of service review, and told us that the divisions are responsible for identifying service demand and the development of jobs to meet demand, subject to affordability.

Job planning considers the type and number of SPAs required by consultants and the Health Board, but more work is needed to promote SPA outcome setting and monitoring

76 SPA covers a number of activities which underpin 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. 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/trusts 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.The national guidance states that each division (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.

78 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.

79 In 2010, we reported that the Health Board had not clarified the type of work that may count as an SPA session, and that there were under-developed mechanisms to monitor the value the Health Board achieved from them.

80 The Health Board recognises the importance of SPA activities and that it needs to evidence the benefit from SPAs for both the Health Board and the consultant. In September 2015, the Health Board developed a three-page guidance note on SPAs (the SPA guidance). The SPA guidance lists the types of activities which are classed as SPA activities, and specifies that consultants generally will be allocated two core SPA sessions. The SPA guidance also set out the circumstances where an additional SPA session will be allocated, generally these are defined roles, research or audit responsibilities.

81 We were told by the Health Board that managers monitor outcomes and outputs at job plan meetings. However, just over a third (35 per cent) of consultants responding to our survey indicated that the outputs and outcomes of their SPA sessions were not reviewed in their most recent job plan meeting, and a similar proportion (31 per cent) said that their current job plan does not contain clear outputs and outcomes for SPAs.

82 The SPA guidance sets out that SPA outcomes must be detailed, specific, and measurable. Of the twenty job plans we reviewed, all contained SPA outcomes, but none were detailed, specific, and measurable.

83 The Health Board does not monitor SPA outcomes to ensure that outcomes are detailed, specific, and measurable, nor does it monitor outcomes to ensure they have been achieved. The SPA guidance does not include any requirement for managers to review whether outcomes have been achieved, or specify the type of the records required to demonstrate achievement of objectives.

84 Our recent work found that of the 20 job plans reviewed, the nature of the work that comprised SPA activity was clearly defined in 17 (85 per cent) job plans. In 14 (70 per cent) of the job plans, the location of the SPA activity to be undertaken was not specified.

The Health Board needs to ensure it monitors excessive hours, adequately recognises on-call arrangements in job plans, and makes better use of team job planning

85 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.

86 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 Health Board were 11.25.

87 Our recent review found that the average number of weekly sessions in a consultant's contract has reduced to 10.32 in 2015 (Exhibit 8). The proportion of DCC sessions compared to SPA in 2015 is similar to 2010, at approximately 73 per cent DCC and 27 per cent SPA (including 'other') sessions. The Health Board was unable to provide data for 2012 to 2014, because the data is constantly overwritten with new data. Neither the ESR nor the database are able to produce a snapshot of data as at a specific date or for a specific year, both can only provide the current position.

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

	2010	2012	2013	2014	2015
DCC	8.20	not available	not available	not available	7.56
SPA	2.83	not available	not available	not available	2.45
Management	0.01	not available	not available	not available	0.20
Other	0.22	not available	not available	not available	0.11
Total	**11.25**	**not available**	**not available**	**not available**	**10.32**

Note: The Health Board reported it was unable to provide data for 2012 to 2014 because the data was overwritten in both the ESR and the Health Board's job planning database.
Source: 2010 Welsh Government database of sessions, 2012 to 2015, Aneurin Bevan University Health Board

88 Our 2010 work identified that some consultants across Wales were working excessively long hours. A detailed analysis of job plans found that around one in six consultants were working 46.5 hours or more, with the vast majority in this group working in excess of the 48-hour European Working Time Directive 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.

89 In our 2011 report, we reported that almost 15 per cent of the Health Board's consultants had more than 12 sessions in their job plan, this was similar to the Wales figure, 14 per cent. At the time of the review, a 12 session job plan was considered to be normal for many specialties. We reported that there was no appetite at the Health Board to reduce the number of sessions in the job plans of consultants working in excess of 10 sessions as it would require more staff to be recruited, and thus was too expensive.

90 The Health Board told us that there is a requirement for the Medical Director to agree the allocation of any job plans with more than 12 sessions. As at March 2015, the proportion of consultants at the Health Board working more than 12 sessions had increased to a quarter (27 per cent, or 112 consultants), of which 17 were working more than 13 sessions. There was consensus amongst the staff members interviewed in the belief that consultants working more than 12 sessions are happy to do so. The Local Negotiating Committee reported that there have been no complaints from consultants contracted to work more than 10 sessions.

91 Our review found that the Health Board has plans to ensure that they highlight each consultant with a job plan containing more than 12 sessions, centrally. The Health Board needs to ensure that at job plan sign-off, steps are taken to ensure consultants are not working excessive hours, and there is appropriate consideration given to the wellbeing of staff and ensuring that they strike a healthy work-life balance.

92 Our recent survey of consultants found that nearly two-thirds (59 per cent) identified that their job plan clearly scheduled all their commitments, including management or other roles, while more than one-quarter (27 per cent) did not think so.

93 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.

94 During our 2010 review, consultants told us that they were delivering more on-call sessions than they were paid to work. The reason provided by the consultants was that the shortage of junior doctors was resulting in increasing consultant workloads, and the extra workload meant that responsibilities, such as ward rounds, were taking far longer than the time originally allocated in job plans.

95 Our recent review found that 11 of the 20 job plans reviewed included on-call commitments, however, in three, whilst the frequency of the on call work was specified, the number of sessions and the number of hours the work equated to was not recorded. More than two-thirds (71 per cent) of consultants responding to our recent survey stated their job plan did not cover all of their on-call and out of hours commitments. The Health Board recently told us that they have undertaken a review of out-of-hours arrangements in some divisions, including medicine and mental health.

96 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.

97 Despite the potential benefits, our 2010 work identified that team-based job planning was not frequently employed, only 13 per cent of the consultants at the Health Board that responded to our survey told us that their last job plan review was undertaken as part of a team.

98 Whilst the Health Board sees the benefits of team job plan meetings, it is not proactively encouraging it. The Health Board's training sets out the benefits of team planning, including encouraging a team approach to service delivery, and transparency of job planning with teams. Our recent survey found that few (nine per cent) consultants have their job plan meeting undertaken as part of a team. Where job planning is team based, this tends to be in small teams, and in particular, where consultants have similar working patterns. Job planning on a team basis could help teams to work collaboratively to influence positive service changes and improved clinical practice.

99 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.

100 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 therefore work more or less than the standard number of sessions in particular weeks.

101 Our previous review found that only one-third of consultants (32 per cent) felt that the job plan allowed more flexible working, for example part-time or term-time working.

102 Local job planning guidance sets out that job planning provides an opportunity to introduce, by agreement, local contractual flexibilities for consultants, such as varying the number of sessions worked each day, and reducing the length of the working week. Most advertised full-time consultant jobs include a note to say that applications are welcomed from candidates wishing to work part time, and if such an appointment is made, that the job content will be modified in discussion with the appointee. Our recent survey found that one in six (16 per cent) consultants work less than full time.

The Health Board does not find it difficult to appoint consultants, however, it is appointing consultants on hybrid rotas to address junior doctor vacancies

103 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.

104 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 Health Board increased each year, and between 2011 and 2014, this equates to an increase of 10 per cent full time equivalent consultants (38), compared to an increase of 5.4 per cent in Wales. (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 2011-2015	Percentage change 2011-2015
Aneurin Bevan University Health Board	346.3	357.6	368.3	376.0	384.7	+ 38.4	+ 10%
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[5]

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

105 The Health Board told us that the number of consultants directly employed in March 2015 was 416 (405 full time equivalent). Of these, 336 were full time, 68 were part time and 12 were locums. They reported 20 vacant consultant positions, both unfilled and currently being covered by a locum, only five posts had been vacant for more than three months.

106 The Health Board does not consider, that in general, it finds it difficult to recruit consultants, however, it is aware that there are specialties that find it more difficult to recruit consultants, such as paediatrics. The Health Board told us that the key recruitment difficulty the Health Board faces is recruiting junior doctors. Some specialties have introduced consultant roles where the consultants work a combination of traditional consultant working hours and 12 hour shifts, which is traditionally the working pattern of junior doctors. The consultants are still undertaking consultant duties, but are working the 12-hour shift patterns to help minimise the impact of junior doctor shortages. Some of the specialties making use of these hybrid roles have been proactive in seeking support to apply job planning to these roles, in particular to seek how to convert 12-hour shifts generally worked by junior doctors into consultant sessions.

Appendix 1

Audit approach

We carried out a number of audit activities between January 2016 and April 2016. Details of these are set out below.

Method	Detail
Information and Data Collection Form	The form was the main source of corporate-level information and data that we requested from the Health Board.
Document request	We requested and reviewed documents from the Health Board including: • 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.
Interviews	We interviewed a small number of staff including: • Director of Workforce and Organisational Development • Chair of the BMA Local Negotiating Committee • Head of Specialist Medical and Dental Workforce and job Evaluation Services • Independent Member (who is also the Board Chair) • Medical Director
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 177 responses from consultants, which was a response rate of 42 per cent.
Review of job plans	We carried out a review of a sample of 20 job plans: • Four ACT (Anaesthetics, Critical Care and Theatres) • Four General Surgery, Trauma and Orthopaedics and Urology • Four Medicine • Six Others as selected by the Health Board

Appendix 2

National and local recommendations

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

Table 2 sets out the five local recommendations from the follow-up review at the Health Board reported in January 2012.

Table 3 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; and
- (N) indicates that insufficient or no progress has been made.

Table 1: 2011 local recommendations

Number	Local recommendations	Status at January 2016
R1	The Health Board needs to take action to successfully embed the new model of clinical leadership, 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's strategic objectives, and operational targets. As part of this, the benefits of effective job planning for both the consultant and the Health Board should be clearly identified.	O
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. Appropriate monitoring and reporting arrangements should be developed to provide Board members with the appropriate assurances that this is happening.	O
R3	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

Number	Local recommendations	Status at January 2016
R4	The job planning process needs to be strengthened by: • ensuring the job planning process takes account of clinical demand and activity and flexes consultant sessions accordingly; • developing and agreeing the necessary activity and outcomes indicators for different specialties to inform job planning and performance review; • having a clearly identified role for division managers within the job planning process; • defining what constitutes an SPA, and how the value from SPAs may be measured; • promoting job planning across specialties where there are clear inter-relationships; • promoting job planning on a team basis, where this is seen to add value; and • reviewing and implementing the recommendations from the 2008 internal audit report on job planning.	N
R5	Where divisions such as Radiology have developed sound approaches to job planning, learning from this should be shared across the Health Board.	O
R6	Job planning should support equitable sharing of work within consultant teams and strategies and action plans should be put in place to reduce excessive workloads.	O
R7	The Health Board should closely monitor the progress being achieved by the six-month programme of work being delivered by the Head of Workforce Development to ensure that it is delivering the intended benefits and addresses the issues highlighted in this report.	O

Table 2: 2012 follow-up local recommendations

Number	Local recommendations	Status at January 2016
R1	Ensure job planning training is delivered to all managers and clinical directors with a focus on new guidance requirements and outcome documentation.	O
R2	Undertake the baseline assessment, to identify the areas for improvement and management action.	A
R3	Evaluate the workload impact on clinical directors, and identify where improvements can be made to deliver efficient and sustainable job planning.	O

Number	Local recommendations	Status at January 2016
R4	Monitor the effectiveness of the new induction programme to ensure it meets the needs of individual consultants and supports delivery of Health Board objectives. Particular attentions should be given to the timing of induction.	O
R5	Ensure the job planning steering group provides the necessary assurance and oversight that effective job planning is being delivered, lessons are learnt, and improvements are delivered.	O

Table 3: 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.	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
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 GMC revalidation requirements that will be introduced in 2013.	O

Number	National recommendations	Status at January 2016
Strengthening job planning processes within NHS bodies		
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
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

Number	National recommendations	Status at January 2016
Developing a clearer focus on benefit realisation		
R5	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
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 (✓)	Accepted	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)	Improved consultant job planning processes supporting better utilisation of consultant resources.		✓	The Health Board accepts that this is an ongoing commitment which is monitored by the Job Planning and Revalidation Group and reflected in the agreed Work Programme.	In place and continuing	Medical Director
R2	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)	Better staff engagement in the job planning process to ensure job planning is being carried out as intended.		✓	The Health Board accepts that this is an ongoing commitment which is monitored by the Job Planning and Revalidation Group and reflected in the agreed Work Programme.	In place and continuing	Medical Director

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
R3	Ensure job planning training is delivered to all managers and clinical directors with a focus on new guidance requirements and outcome documentation. (Aneurin Bevan UHB Local Report 2012, Rec 1)	Better staff engagement in the job planning process to ensure job planning is being carried out as intended.		✓	Job planning training is reviewed and amended as necessary. Following agreement on outcome measures these will be included in both regular job planning training sessions (Two per Year) and bespoke sessions provided.	Formal Training provided twice a year. Focused Training e.g. Team Job planning as requested.	WOD
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. (Aneurin Bevan UHB Local Report 2011, Rec 3)	Consistent job planning processes are in place across the Health Board to ensure job planning is being carried out as intended.		✓	The Job Planning and Revalidation Group review guidance and training provided to ensure they remain up to date and meet corporate requirements. The CD forum is established, which facilitates discussion and updates, including job planning issues, for Clinical Directors	In place and continuing Completed	Medical Director

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
R5	Where directorates such as Radiology have developed sound approaches to job planning, learning from this should be shared across the Health Board. (Aneurin Bevan UHB Local Report 2011, Rec 5)	Improved job planning processes are in place across the Health Board.		✓	Initial good practice within Radiology has been shared in relation to team job planning and implemented where appropriate e.g. NICU, MAU, hybrid service provision in Child Health. The Specialist Medical and Dental Workforce team actively support directorates developing team job plans.	In place and continuing	Medical Director
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)	Better understanding of resources needed to deliver job plan commitments to support delivery of organisation objectives.		✓	The Health Board is committed to joint training of both clinical and general managers in the job planning process. The COO will review GM job descriptions to ensure that this is reflected.	January 2017 April 2017	WOD COO

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
R7	Evaluate the workload impact on clinical directors, and identify where improvements can be made to deliver efficient and sustainable job planning. (Aneurin Bevan UHB Local Report 2012, Rec 3)	Better understanding of resources available to deliver job planning.		✓	In place and continuing	April 2017	Medical Director
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)	Better utilisation of consultant resources and clarity of expectations where consultants work across more than one organisation.		✓	In place and continuing. Will be reinforced in training and guidance materials to reflect the good practices being developed with Care of the Elderly and Palliative Care.	In place and continuing	Medical Director

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
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).	Information and data available to support more meaningful job planning.		✓	Work is In place and continuing with; directorate teams to support them in identifying appropriate available data sources to support the Job Plan Review. This is constrained by the BMA position regarding extrapolation of collective data to individual performance productivity and risk profile.	September 2017	Medical Director

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
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)	Improved understanding of objectives and outcomes to be delivered through job plans. Strengthened and consistent job planning processes across the organisation.	✓	✓	There is a developing link between quality information and outcome measures which will require further strengthening to ensure effective, timely communication between different departments.	March 2107.	Medical Director
R11	NHS bodies should ensure that while job planning and appraisals 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)	Improved alignment of processes to support GMC revalidation requirements.		✓	Consultants are appraised annually for GMC revalidation; this is done electronically through MARS. The appraisal document requires entry of the job plan. As part of appraisal, constraints information is captured. Work is ongoing with RSU to enable the RO to generate thematic reports around work	In place and continuing.	Medical Director

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
R12	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)	Better assessment and understanding of the impact of job planning across the organisation. Those charged with governance have assurance that job planning is operating as intended.		✓	In place and continuing via regular reports to Job Planning & Revalidation Group	June 2017	Medical Director

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
R13	Monitor the effectiveness of the new induction programme to ensure it meets the needs of individual consultants, and supports delivery of Health Board objectives. Particular attentions should be given to the timing of induction. (Aneurin Bevan UHB Local Report 2012, Rec 4)	Better understanding of the impact of job plan training. Better understanding of whether induction training is delivering against the objective of ensuring job planning is being carried out as intended in the Health Board and that new consultants understand the purpose and practical arrangements for job planning		✓	In place and continuing.		

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
R14	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. Appropriate monitoring and reporting arrangements should be developed to provide Board members with the appropriate assurances that this is happening. (Aneurin Bevan UHB Local Report 2011, Rec 2)	Better assessment and understanding of the impact of job planning across the organisation Those charged with governance have assurance that job planning is operating as intended.		✓	In place and continuing	In place and continuing	Medical Director
R15	Ensure the job planning steering group provides the necessary assurance and oversight that effective job planning is being delivering, lessons are learnt and improvements are delivered. (Aneurin Bevan UHB Local Report 2012, Rec 5)	Those charged with governance have assurance that job planning is operating as intended.		✓	Agreed and is reflected in the agreed work programme for the Job Planning and Revalidation Group.	In place and continuing	Medical Director

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
R16	The job planning process needs to be strengthened by: • ensuring the job planning process takes account of clinical demand and activity and flexes consultant sessions accordingly; • developing and agreeing the necessary activity and outcome indicators for different specialties to inform job planning and performance review; • having a clearly identified role for directorate managers within the job planning process; • defining what constitutes an SPA, and how the value from SPAs may be measured; • promoting job planning across specialties where there are clear inter-relationships; • promoting job planning on a team basis, where this is seen to add value; and • reviewing and implementing the recommendations from the 2008 internal audit report on job planning. (Aneurin Bevan UHB Local Report 2011, Rec 4)	Better use of existing consultant resources. Improved understanding of objectives and outcomes to be delivered through job plans. Better understanding of outcomes expected from SPA activities. Clearly articulated outcomes for SPA activities in job plans. Improved job planning arrangements within teams to support equitable allocation of activities.		✓	Reflected in the management responses to R10,R21 and R22	As per R10,R21, R22	

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
R17	The Health Board should closely monitor the progress being achieved by the six-month programme of work being delivered by the Head of Workforce Development to ensure that it is delivering the intended benefits, and addresses the issues highlighted in this report. (Aneurin Bevan UHB Local Report 2011, Rec 7)	Better understanding of whether the work programme is delivering intended benefits and issues have been addressed.		✓	Benchmarking with Trusts in England will establish how intended benefits from job planning are captured and reported. Once established this will be reported to the Job Planning and Revalidation Group.	February 2017	Medical Director.
R18	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)	Better use of existing consultant resources. Consistent use of jobs planning processes to provide clarity on expectations regarding the implementation of new service models.		✓	The Health Board complies with any public consultations around service change.	In place and continuing.	

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
R19	The Health Board needs to take action to successfully embed the new model of clinical leadership, 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's strategic objectives, and operational targets. As part of this, the benefits of effective job planning for both the consultant and the Health Board should be clearly identified. (Aneurin Bevan UHB Local Report 2011, Rec 1)	Improved job planning processes are in place across the Health Board. Better staff engagement in the job planning process to ensure job planning is being carried out as intended and support delivery of organisation objectives		✓	The model of clinical leadership is embedding, with increased emphasis on providing clinical leaders with the skills and training to work effectively, and to effectively engage with their consultant peers. All clinical leaders are informed of the importance of job planning.	In place and continuing.	WOD

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
R20	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)	Better understanding of how job planning processes are supporting the delivery of organisational objectives, improved performance and modernised services.		✓	The Health Board is committed to effective job planning which assists in enabling the delivery of service improvement and modernisation. Examples include Paediatrics and Obstetrics, where work patterns have changed to provide blocks of ward continuity; in Gastroenterology, a specialist on call rota has started to provide emergency endoscopy service.	In place and continuing	Medical Director

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
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)	Better understanding of outcomes expected from SPA activities. Clearly articulated outcomes for SPA activities in job plans.	✓	✓	The Health Board has published guidance on the allocation of Spas any allocation of SPA above 2 will be clearly identified within the job plan and have measurable outcomes. "Clear objective measurable outcomes for all SPA activity must be agreed with each individual consultant/SAS Doctor/Dentist at the Job planning review." The agreed All Wales Performa does not identify location of SPA activity only "direct clinical care duties".	In place and continuing	WOD
R22	Job planning should support equitable sharing of work within consultant teams, and strategies and action plans should be put in place to reduce excessive workloads. (Aneurin Bevan UHB Local Report 2011, Rec 6)	Improved job planning arrangements to reduce excessive workloads.	✓	✓	Where appropriate team job planning will be encouraged to ensure an equitable distribution of direct clinical care sessions.	February 2017	Medical Director

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
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)	Improved job planning arrangements within teams to support equitable allocation of activities.		✓	As noted in Management response to R5.	As noted in Management response to R5.	

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