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# NHS Consultant Contract: Follow-up of previous recommendations – **Swansea Bay University Health Board**

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# Summary report

## Introduction

- 1 In 2011 the Auditor General completed a programme of local audit work that examined whether the intended benefits of the amended consultant contract were being realised. This work had a particular focus on the robustness of job planning processes and resulted in local recommendations for each health body. Following further all-Wales research during 2012, the Auditor General published a national report in February 2013 entitled [Consultant Contract in Wales: Progress with Securing the Intended Benefits](#). This report contained a number of recommendations for all health bodies in Wales.
- 2 The Auditor General returned to this topic in 2015 and mandated a comprehensive pan-Wales follow-up of the progress made in implementing the previous audit recommendations. He published local reports which outlined the position at each health body. The Abertawe Bro Morgannwg University Health Board follow-up report was published in December 2016. We concluded that job planning remained highly inconsistent across the Health Board and some of the initial benefits to emerge from the contract had eroded over time, although recent organisational changes and plans to introduce electronic job planning had the potential to help to strengthen arrangements. We identified that the Health Board still had work to do on 19 of the 20 recommendations previously set out in the Auditor General's national and local reports. We did not make any new recommendations in 2016.
- 3 The Audit Committee has continued to focus on this topic since our 2016 report. It has sought assurance from management on the actions being taken to address the recommendations on a number of occasions, with some concern about overall progress. Given this, and the interval since our previous reviews, we have undertaken this follow-up of previous audit recommendations in relation to the NHS Consultant Contract as part of our 2018-19 local audit plan.
- 4 The Health Board provided us with relevant corporate-level information and data, including job plan completion rates. It also provided supporting documentation which included current job planning guidance. We interviewed key staff, including the following:
  - Medical Director;
  - Workforce Director;
  - Assistant Director of Workforce, Delivery Units and Medical staffing; and
  - a sample of unit directors.
- 5 We summarise our findings in the following section. [\*\*Appendix 1\*\*](#) details our assessment of progress.

## Our findings

- 6 The Health Board has implemented some of the recommendations set out in previous reports and is now well placed to implement those that remain.
- 7 **Exhibit 1** summarises progress against each of the previous recommendations.

### Exhibit 1: status of previous outstanding local and national recommendations

Total number of recommendations	Implemented	Incomplete
19	5	14

- 8 The Health Board made progress against all of the outstanding recommendations set out in our previous local and national reports, although in all but five cases work is incomplete:
  - The Medical Director has established an interim database to help determine the number of consultant job plans which have been completed, or are in the process of being completed.
  - At the time of our fieldwork, 86% of consultants and SAS doctors had a job plan or had a planned date to agree a job plan.
  - Job planning guidance was updated in March 2017 and is currently under review again.
  - Training has been provided for all consultants and general managers who wished to attend, as a one-off initiative. Training is otherwise provided by request, although that needs to be publicised more effectively.
  - The Health Board's position on SPA (Supporting Professional Activity) sessions was clarified through the revised job planning guidance and appears to have gained widespread acceptance.
  - The Health Board has clarified its expectations about the linkage between appraisal and job planning as part of its updated guidance.
  - It is unclear whether there is an effective job planning process for those consultants with an academic contract with the university.
  - The revised job planning guidance sets out the steps leading towards team job planning.
  - There is no clear evidence to allow the Health Board to assure itself how individual specialties are developing information frameworks which use relevant data to assist in the job planning process.
  - Electronic job planning is being implemented although there have been a number of significant delays.

## Recommendations

- 9 As a result of our work we have set out a streamlined list of recommendations based on and superseding those previous recommendations where work is still incomplete. These recommendations are set out in [Exhibit 2](#).

### Exhibit 2: 2019 streamlined recommendations where work is incomplete

Recommendation	Intended outcome / benefit
R1 Complete the implementation of the electronic job planning system to help ensure annual agreement of job plans and the consistency of job plan content.	Provision of a corporate platform to help monitor the job planning process and to provide reporting and assurance to the Board with regard to completeness and quality of job plans.
R2 As part of ongoing quality assurance and monitoring of job plans, ensure that: a. general managers are involved in job planning conversations; and b. job plans reflect organisational objectives, service improvement and modernisation, and the achievement of organisational priorities and performance targets.	To provide the Health Board with assurance that job planning and individual job plans are being used to help focus the work of its consultants on the business of the organisation.
R3 In providing on-going job planning training: a. ensure that arrangements for job planning training (principles) are routinely publicised; and b. establish how future electronic job planning training needs will be met after the roll-out training programme is complete.	Staff are informed about provisions for job planning training and are reminded of its importance; and future training needs for electronic job planning can be fulfilled and the Health Board assured that electronic job planning can be used effectively.
R4 Engage with universities in relation to job planning and appraisal for consultants with academic contracts.	The interests of all parties will be represented during the job planning process.
R5 As part of job plan quality assurance, ensure that individual specialities are developing and using information frameworks which provide relevant data to assist their job planning process.	To provide the Health Board with assurance that relevant sources of information are used to help guide job planning in a way that is relevant to the particular specialty.

# Appendix 1

## Progress since our 2016 follow-up of previous local and national audit recommendations

**Exhibit 3** sets out our assessment of progress on previous outstanding local and national recommendations. These are grouped under three themes: strengthening job planning processes; using the right information to inform job planning; and developing a clearer focus on outcomes and benefit realisation. We have set out a new and streamlined list of recommendations in the main body of this report, where work is incomplete.

### Exhibit 3: Assessment of progress

Local and national recommendations reported as incomplete in 2016	2019 progress update	Summary of progress
<b>Strengthening job planning processes</b>		
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.	The Health Board recognises that the job planning process and the content of consultant job plans require significant focus and attention to ensure that it derives best value from its medical workforce in terms of performance and cost.	<b>Incomplete</b>
R13: NHS bodies should ensure that they have monitoring processes in place to check that all consultants have an up-to-date job plan, and that job planning is being undertaken in accordance with guidance that has been issued; monitoring processes should include an update report to the Board, at least annually, that demonstrates the extent to which consultant job planning is embedded across the organisation as a routine management practice.	The Health Board's intention to introduce electronic job planning has been delayed a number of times over several years. The Workforce and Organisational Development Committee was informed of the most recent delays and mitigating actions at its meeting in October 2019.  Job plans across 30 specialties are in the process of being checked for consistency as part of the implementation of the electronic job planning system. A log of all issues and findings has been created to summarise themes, decisions required to standardise practices and financial and non-financial benefit implications.	

Local and national recommendations reported as incomplete in 2016	2019 progress update	Summary of progress
	<p>The rollout of electronic job planning is an invest-to-save project in that it will contribute to decision making in relation to implementation of the clinical service plan, by providing clear data on existing jobs in acute medicine.</p> <p>We understand that the Health Board is reviewing the financial resources it makes available for Human Resources as a whole, including the medical staffing team. It intends to strengthen these services as part of its invest-to-save approach. This has the potential to enable Human Resources staff to provide corporate support for the job planning process eg routine training provision, monitoring and reporting of key job planning indicators.</p> <p>The management information generated by the electronic job planning system will be used to support monitoring and reporting to the Board through the unit medical directors.</p> <p>In the meantime, the Medical Director requested copies of job plans from specialties and has compiled an interim Excel-based central record of completion rates by specialty to establish job plan completion rates. At the time of our fieldwork, 86% of consultants and SAS doctors had a completed job plan or a planned meeting to agree a job plan. The Health Board recognises that some clinical leads are responsible for completing a significant number of job plan reviews. This places a particular burden on their time and can impact the timeliness of the annual cycle of reviews in those specialities. We understand that this issue will be addressed going forward.</p>	
<p>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.</p>	<p>Revised job planning guidance was agreed with the BMA in Autumn 2017, and is currently being updated again alongside work to deliver electronic job planning.</p>	<b>Incomplete</b>
<p>R3: 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.</p>	<p>Following the revision of the guidance in 2017, job planning training was provided for medical managers and general managers. Further training sessions are being provided on request although it was not clear that this was publicised sufficiently.</p> <p>The revised job planning guidance refers to the need for medical managers and general managers to ensure that organisational objectives, service improvement, modernisation and resource requirements are part of job planning conversations. Staff we spoke to were confident that general managers are widely involved in</p>	

Local and national recommendations reported as incomplete in 2016	2019 progress update	Summary of progress
<p>R4: All consultants who are managing the job planning process should have access to appropriate training that supports the delivery of effective job plans.</p>	<p>the process, although it was not clear how the Health Board is assured of this. The introduction of electronic job planning should provide an opportunity to monitor and report the extent to which general managers are involved in job planning.</p> <p>There is specific training for electronic job planning, and the roll out is being led by demand from directorates. The intention is to cover all specialities by April 2020. This will be a one-off programme, led by a member of staff who has a fixed term appointment to assist in the roll out of job planning. The Health Board has not yet identified resources to ensure that training for electronic job planning can continue as a matter of routine after the initial programme is complete.</p>	
<p>R5: 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.</p> <p>R6: The Health Board should approach the university to establish better engagement in job planning and appraisal for consultants.</p>	<p>The Health Board previously indicated that a process would be developed to engage all parties in this type of job planning situation, so that a clear timeframe could be set for the process. The intention was to get job plans agreed with this group of consultants by March 2019. However, senior staff told us that engagement with universities on job planning remains challenging, and it is not clear how far this has been pursued.</p>	<b>Incomplete</b>
<p>R11: NHS bodies should ensure that while job planning and appraisal are separate processes, there is a clear linkage between appraisal outcome and job planning when meeting the development needs of a consultant. NHS organisations will need to ensure the two separate processes are appropriately aligned and integrated to support the requirements for the new General Medical</p>	<p>The Health Board indicated that annual appraisal is actively managed, and those consultants who do not engage in the process risk being referred to the GMC for non-engagement with the revalidation process.</p> <p>The revised job planning guidance emphasises the importance of taking the developmental needs from appraisal to the job plan. The timing of job planning would ideally be linked to the Health Board planning cycle whereas appraisal is</p>	<b>Complete</b>

Local and national recommendations reported as incomplete in 2016	2019 progress update	Summary of progress
Council (GMC) revalidation requirements that will be introduced in 2013.	determined by the GMC. Nonetheless, the Health Board asserts that linkage between the two is possible even if they take place at different times in the year.	
R12: The Health Board should encourage all directorates to undertake an annual appraisal for all consultants, and they should take place before the annual job planning review.	However, we found varying perceptions amongst unit medical directors about the appropriateness and practicality of linking the two.	
R14: 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.	The Health Board has indicated that this will be addressed with the completion of the roll-out of electronic job planning system, and the establishment of the resources to ensure that it can be implemented as intended. In particular, job plan reviews will also need to be timed to account for the service changes required to implement the clinical services plan.	<b>Incomplete</b>
<b>Using the right information to inform job planning</b>		
R7: 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.	Updates to the Audit Committee have indicated that work relating to these recommendations would be an ongoing and continuous process. They refer to various sources of information which specialties might draw upon such as guidance from the relevant professional College. It points out that this is also easier in areas where activities are process driven and easily audited. For example, theatre management systems, outpatient databases, RTT data, waiting lists, diagnostic activity (eg endoscopy), length of stay, discharge summary completion and clinical variance dashboards.	<b>Incomplete</b>
R8: Where a speciality does not have access to good quality performance information, for example the theatre management system, the Health Board should strengthen existing arrangements or develop new outcome indicators within these specialties.	However, it is unclear how the Health Board assures itself of the progress being made by specialties in this respect.	

Local and national recommendations reported as incomplete in 2016	2019 progress update	Summary of progress
<b>Developing a clearer focus on outcomes and benefit realisation</b>		
<p>R9: 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.</p>	<p>The Health Board's revised job planning guidance (March 2017) emphasises the need to address organisational priorities as part of the job planning process, and it reinforced this message through subsequent job planning training sessions.</p> <p>Unit directors consider the role of units in delivering corporate objectives. They work with executive directors, through the Medical Workforce Board, to translate what those objectives mean for the content of job plans.</p> <p>However, senior staff told us that the changing situation around medical staffing is working against this approach. Challenges in relation to taxation and pensions have resulted in some staff leaving the NHS earlier than they had previously planned and others who are less likely to take on responsibilities which incur additional remuneration. The consequence is that there is less scope to use the job planning process in the ways indicated in these recommendations.</p>	<b>Incomplete</b>
<p>R10: The Health Board should encourage all clinical directors and consultants to develop meaningful outcome measures for all job plans.</p>		
<p>R16: The Health Board's strategic objectives should be embedded more effectively in the job planning process.</p>		
<p>R17: 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.</p>	<p>The Health Board's revised job planning guidance clearly sets out that unless consultants can justify having three SPA sessions in their contract, they will have two or less. Outcomes are required for specific SPA activities (teaching, audit, research etc) and tariffs have been applied to some SPA activities.</p> <p>When electronic job planning is fully implemented, and central resources are made available to support the job planning process, the Health Board will be able to readily routinely assure itself that these principles are being followed everywhere.</p>	<b>Complete</b>

Local and national recommendations reported as incomplete in 2016	2019 progress update	Summary of progress
<p>R18: The Medical Director needs to set out a clearer message about what constitutes SPA activity and that all SPAs have clearly defined outcomes included in the job plan review.</p>		
<p>R19: 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.</p>	<p>The revised job planning guidance (March 2017) explains the steps towards effective team job planning. It also indicates where this approach might be appropriate:</p> <ul style="list-style-type: none"> <li>• where consultants in a specialty act as a team, sharing overall responsibility for the consultant input to a service eg ICU/A&amp;E/AMU;</li> <li>• where an individual consultant works in several teams eg a surgeon may undertake elective activity in one hospital but cover a number of hospitals as part of a shared on-call rota;</li> <li>• where facilities (eg operating theatres sessions) are used by a team rather than an individual. In the absence of one individual, another team member can still make use of the facility; and</li> <li>• where delivery of a 'block contract' of work eg pathology/radiology, is required.</li> </ul> <p>Senior staff told us that the Health Board is moving towards devolved responsibility to units and this includes how job planning is achieved. They recognised that there may be further potential to use a team approach. The guidance on team job-planning is closely aligned to the guidance on annualised hours. Team job planning currently tends to take place in specialities where hours are annualised.</p>	<p><b>Complete</b></p>

Local and national recommendations reported as incomplete in 2016	2019 progress update	Summary of progress
<p>R15: 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.</p>	<p>The Health Board indicated that this requirement was met through the introduction of revised job planning guidance in March 2017. However, it has not yet been able to demonstrate systematic use of job planning for the purposes indicated in the recommendation.</p> <p>Senior staff said that the Health Board is some way from being able to implement this approach effectively. If anything, they said it has become more difficult to do so. As mentioned earlier, challenges in relation to taxation and pensions staff leaving the NHS earlier than they had previously planned and those who remain are less likely to take on responsibilities which incur additional remuneration. They expressed the view that there is less scope to use the job planning process in the ways indicated in these recommendations.</p>	<p><b>Incomplete</b></p>

## Appendix 2

### Management response

Ref	Recommendation	Intended outcome/ benefit	Management response	Completion date	Responsible officer
R1	Complete the implementation of the electronic job planning system to help ensure annual agreement of job plans and the consistency of job plan content.	Provision of a corporate platform to help monitor the job planning process and to provide reporting and assurance to the Board with regard to completeness and quality of job plans.	E Job planning is due for completion by the end of March 2020. This means that all job plans should be on the system and all users utilising the system. Consistency checking will continue for a number of months after this date however.	31.3.2020	Richard Evans, Executive Medical Director/Hazel Robinson Director of Workforce and OD
R2	As part of ongoing quality assurance and monitoring of job plans, ensure that: <ol style="list-style-type: none"> <li>a. general managers are involved in job planning conversations; and</li> <li>b. job plans reflect organisational objectives, service improvement and modernisation, and the achievement of organisational priorities and performance targets.</li> </ol>	To provide the Health Board with assurance that job planning and individual job plans are being used to help focus the work of its consultants on the business of the organisation.	The E job planning process will provide evidence of who has carried out the job plan. We are, however, confident that General Managers are involved in job planning and the system will provide the evidence.	31.3.2020	Richard Evans, Executive Medical Director

Ref	Recommendation	Intended outcome/ benefit	Management response	Completion date	Responsible officer
R3	<p>In providing on-going job planning training:</p> <p>a. ensure that arrangements for job planning training (principles) are routinely publicised; and</p> <p>b. establish how future electronic job planning training needs will be met after the roll-out training programme is complete.</p>	<p>Staff are informed about provisions for job planning training and are reminded of its importance; and future training needs for electronic job planning can be fulfilled and the Health Board assured that electronic job planning can be used effectively.</p>	<p>E job plan training is provided routinely as part of the roll out of the e job planning system. The longer term plan, however, will be dependent on making the fixed term E Job Planning Manager permanent. General training around the consultant contract after an initial 70 hours of a training programme is now available at request and it is agreed to publicise this more widely.</p>	31.3.2020	Hazel Robinson Director of Workforce and OD
R4	<p>Engage with universities in relation to job planning and appraisal for consultants with academic contracts.</p>	<p>The interests of all parties will be represented during the job planning process.</p>	<p>As a Health Board we accept our responsibility in attempting to engage with the University around job planning. However, this recommendation has been challenging since the inception of the contract. Therefore the management action will be for the Executive Medical Director to speak to the University to attempt to stimulate further engagement.</p>	31.5.2020	Richard Evans, Executive Medical Director

Ref	Recommendation	Intended outcome/ benefit	Management response	Completion date	Responsible officer
R5	As part of job plan quality assurance, ensure that individual specialities are developing and using information frameworks which provide relevant data to assist their job planning process.	To provide the Health Board with assurance that relevant sources of information are used to help guide job planning in a way that is relevant to the particular specialty.	It is believed that the E job planning system can provide assurance around this recommendation. The system alone does not meet this recommendation, however this could be achieved by mandating the uploading of a document stating what information is being used to inform the job planning process.	31.5.2020	Richard Evans, Executive Medical Director / Matt John, Chief Digital Officer and Chris White Chief Operating Officer



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