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# NHS Consultant Contract: Follow-up of Previous Audit Recommendations – **Velindre NHS Trust**

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# Summary report

## Background

- 1 The consultant contract is the national framework that governs the working conditions and salary grades of consultants. The amended NHS Wales Consultants' Contract (the contract) came into effect on 1 December 2003, and was the first major change to consultants' terms and conditions since 1948.<sup>1</sup>
- 2 The contract was designed to deliver three specific benefits for the NHS:
  - improve the working environment for consultants;
  - improve consultant recruitment and retention; and
  - facilitate health managers and consultants to work more closely together to provide a better service for patients.
- 3 Underpinning the delivery of these benefits is an effective job planning process. Job planning is a mandatory process designed to ensure that individual consultants and their employers are clear on the nature and scheduling of their work activities and what they are seeking to achieve. Job planning can align the objectives of the NHS, the organisation, clinical teams (and in the case of clinical academics, their higher education institution) with individually agreed outcomes. It can help consultants, clinical academics, managers, and the wider NHS team to plan and deliver innovative and high-quality care.
- 4 The contract is based on a full-time working week of 37.5 hours, equivalent to 10 sessions of three to four hours. Consultants are paid overtime for any contracted work over these hours. A consultant's working week comprises direct clinical care (DCC) sessions, such as clinics and ward rounds, and supporting professional activities (SPA) sessions, such as research, clinical audit and teaching. Under the amended contract, the working week typically comprises seven DCC sessions and three SPA sessions.
- 5 During 2010, the Auditor General reviewed how well NHS employers were using the job planning process to realise the wider benefits of the contract, other than the pay elements which were the responsibility of the Welsh Government. We reviewed all health bodies except Powys Teaching Health Board and the Welsh Ambulance Services NHS Trust, and issued reports during 2011.
- 6 Our review at Velindre NHS Trust (the Trust) covered the two service delivery divisions at the Trust, the Velindre Cancer Centre (the Cancer Centre) and the Welsh Blood Service (WBS). The Cancer Centre provides specialist hospital treatment for cancer patients at Velindre Hospital and in clinics held in hospitals across south-east Wales. The WBS is the provider of blood and blood product support to south, mid, and west Wales.

<sup>1</sup> **Amendment to the National Consultant Contract in Wales, NHS Wales and Welsh Assembly Government, December 2003**

- 7 Our work at the Trust, undertaken in 2010 and reported in March 2011, identified that the Trust recognised the importance of job planning, but the approach was not sufficiently robust to ensure that the benefits of the consultant contract were realised, and that the Trust was not using the contract to support modernisation.
- 8 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 Trust, undertaken in 2011, and reported in March 2012, identified that whilst the Trust had implemented some recommendations from our March 2011 report, further work was required to address them all.
- 9 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.
- 10 The Public Accounts Committee (PAC) held evidence sessions based on the Auditor General's findings during 2013. The PAC's own report<sup>2</sup>, 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.
- 11 In response to the Auditor General's findings and the PAC inquiry, the Welsh Government, NHS Wales Employers, and BMA Cymru produced updated guidance (the guidance) on job planning for health boards and NHS Trusts in Wales in 2014<sup>3</sup>.
- 12 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.

<sup>2</sup> **The Consultant Contract in Wales: Progress with securing the intended benefits**, National Assembly for Wales Public Accounts Committee, September 2013

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

- 13 Between January 2016 and March 2016, we undertook the follow-up work at the Trust. The review sought to answer the question: **Has the organisation fully implemented 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

- 14 We concluded that whilst the Trust has made some progress in implementing the Auditor General's national and local recommendations, it has more to do to secure the intended benefits of the consultant contract.
- 15 In reaching this conclusion we found that:
- The Trust has established good arrangements for job plan reviews; however, more work is needed to address previous audit recommendations:
    - all consultants in the Trust have a job plan, but the Trust needs to ensure that all consultants' job plans are reviewed annually;
    - the Trust has developed good guidance on the job planning process, and now needs to ensure that those who review job plans share a common understanding of the process;
    - attendance at job plan meetings does not consistently follow the arrangements set out in the national guidance;
    - progress with developing consultant level performance information has been made, 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 links between appraisal and job planning need strengthening; and
    - corporate and board level monitoring is in place to provide assurance that job planning is taking place on an annual basis.
  - The Trust is making progress securing the intended benefits from the contract, but needs to do more to promote outcome setting and monitor excessive hours:
    - consultants are engaged in service improvement and modernisation, and the Trust is identifying ways to make more effective use of consultant time;
    - job planning considers the type and number of SPAs required by consultants and the Trust, but more work is needed to promote SPA outcome setting and monitoring;
    - the Trust has reduced the number of consultants working excessive hours; and
    - the Trust does not have any issues relating to consultant recruitment.

16 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

- 17 The Trust still has work to do in 22 of the 23 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](#).
- 18 To focus on delivering ongoing and outstanding work, the Trust needs to ensure these recommendations feature on its Audit Committee’s tracker. The Trust should identify senior officer responsibility and a target timescale for implementing each of the recommendations.

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

National and local recommendations still to be achieved at January 2016	
<b>Processes to review job plans annually</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 (Auditor General for Wales National Report, Rec 1a).
R2	Develop a standard job plan template that ensures the working week is presented in a consistent, clear and transparent way (Velindre NHS Trust 2011 Report, Rec 6).
<b>Guidance and training</b>	
R3	NHS bodies should ensure that job planning is supported by up-to-date local guidance material and regular training for all staff who participate in the process (Auditor General for Wales National Report, Rec 1c).
R4	Clarify and document in the job plan how consultants’ management activities are recognised (Velindre NHS Trust 2011 Report, Rec 8).
R5	Develop a policy and process for on-call arrangements and unscheduled overtime, ensuring it complies with the arrangements set out in the consultant contract (Velindre NHS Trust 2011 Report, Rec 9).
R6	Strengthen job-planning arrangements to support the rebalancing of workloads within consultant teams (Velindre NHS Trust 2011 Report, Rec 10).

## National and local recommendations still to be achieved at January 2016

### Appropriate involvement and notice of meetings

- R7 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).
- R8 Strengthen the job planning review process by including managers in the review meeting with a consultant (Velindre NHS Trust 2011 Report, Rec 3).
- R9 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).
- R10 Develop, for those consultants who are also employed by a university or another Trust/health board, a joint job planning arrangement that ensures commitments and expectations are clearly set out for the Trust and the other body (Velindre NHS Trust 2011 Report, Rec 11).
- R11 Provide consultants with more notice of job plan meetings (four to six weeks) to ensure that both consultants and managers have time to prepare fully for the review (Velindre NHS Trust 2011 Report, Rec 4).



## National and local recommendations still to be achieved at January 2016

### Information and outcome setting

- R12 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).
- R13 Strengthen existing arrangements, and develop appropriate outcome indicators in areas where there is no quality performance information (Velindre NHS Trust 2011 Report, Rec 5).
- R14 Ensure in the final job plan, all DCC and SPA sessions have clearly defined SMART outcomes (Velindre NHS Trust 2011 Report, Rec 7).
- R15 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).
- R16 Ensure consultant job planning is aligned to corporate and divisional objectives (Velindre NHS Trust 2011 Report, Rec 2).

### Appraisal

- R17 NHS bodies should ensure that while job planning and appraisal are separate processes, there is a clear linkage between appraisal outcome and job planning when meeting the development needs of a consultant. NHS organisations will need to ensure the two separate processes are appropriately aligned and integrated to support the requirements for the new General Medical Council (GMC) revalidation requirements that will be introduced in 2013 (Auditor General for Wales National Report, Rec 1e).

### Monitoring arrangements

- R18 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).

## National and local recommendations still to be achieved at January 2016

### Service improvement

- R19 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).
- 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).

### Wider benefits realisation

- R22 NHS bodies should look to adopt a team-based approach to job planning where it can be shown that this would be beneficial. Consultants would need to be persuaded to participate rather than coerced, based on a clear explanation of the benefits associated with a team-based approach, and should still retain the right to agree an individual job plan with their employing organisation (Auditor General for Wales National Report, Rec 6).

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

# Detailed report

## The Trust has established good arrangements for annual job plan reviews; however, more work is needed to address previous audit recommendations

### All consultants in the Trust have a job plan, but the Trust needs to ensure that all consultants' job plans are reviewed annually

- 20 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.
- 21 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.
- 22 The national guidance, issued in 2014, states that employers should agree an explicit job planning approach with the Local Negotiating Committee (LNC) based on this guidance. The approach should make the 'sign-off' process for finalising job plans clear. A job plan should be a prospective agreement that sets out a medical and dental practitioner's duties, responsibilities and outcomes for the coming year.
- 23 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.
- 24 In 2010, our work identified that many consultants across Wales did not have an annual job plan review. At that time, just under two-thirds (62%) of consultants in Wales that responded to our survey said that their job plan was reviewed annually. The review found that prior to 2010, consultants employed by the Cancer Centre received job plan review meetings on an ad hoc basis, rather than on an annual basis as set out by the consultant contract. In November 2010, only nine out of the 35 consultants employed by the Cancer Centre at the time, had received a job plan review in the previous 12 months. All three staff employed by the WBS received annual job plan reviews. The Cancer Centre told us they intended to make job planning a priority. Our subsequent follow-up work in 2011 found that good progress had been made, with all consultants having, by then, attended a review to update their job plan.

- 25 Our recent review found that as at June 2015, just under half (48%) of consultants at the Trust had received a job plan review in the previous 12 months and signed their new job plan. A further 14% of consultants had received a job plan review, but had not yet signed their job plan. The Trust told us that their consultants have busy work schedules, with many working across more than one hospital site, meaning, it is sometimes difficult to schedule job planning meetings. The Cancer Centre reviewed the scheduling of job plan reviews at the end of 2015, and subsequently decided to review job plans systematically, so that all members of a team are reviewed at or around the same time where it is feasible (some consultants work for more than one team). This is a pragmatic approach as it enables the Cancer Centre to consider an individual consultant's job plan in the context of other team members. The revised scheduling has resulted in some consultants' job plan review meetings being put back, so that they will take place more than a year after their previous review.
- 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. In the previous paragraph, we highlighted that figures reported in June 2015 showed that 14% (seven) job plans had not been signed. As part of our recent review, we looked at 10 consultant job plans from across the Trust, eight of the job plans we reviewed were signed. The Trust told us that sometimes there are difficulties getting job plans signed off, but this is due to logistical difficulties, rather than because of any disagreement about the content of the job plan.
- 27 Job planning is led by Medical Director and Clinical Directors within the Cancer Centre and the Medical Director of the WBS. The Workforce team provides support in respect of providing guidance and reviewing the proportion of staff with a job plan undertaken within the previous 12 months. The Finance team information regarding the feasibility of any job planning decisions that have financial implications.

## The Trust has developed good guidance on the job planning process, and now needs to ensure that consultants and those who review job plans share a common understanding of the process

The Trust 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. Our review in 2010, and follow-up work in 2011, found that the Trust had not produced any formal written guidance on job planning.
- 29 In November 2013, the Trust issued job planning guidance that is a comprehensive and succinct version of the national guidance released in April 2014, and shared widely with organisations in Wales during its development. The guidance is available to consultants on the Trust's intranet site with other national sources of information on job planning.
- 30 As part of our recent review, we asked consultants their views on job planning at the Trust, we received a response from just 12 consultants (a response rate of 24%). Whilst unlikely to be representative of the views of all consultants working for the Trust, we have used these responses to illustrate particular points in the report. Details of our consultant survey are included in [Appendix 1](#). Only one consultant out of 12 responding to our survey reported that they had not received clear guidance on the job planning process.
- 31 The guidance sets out the appeals process, which mirrors the all Wales Consultant Contract appeals procedure. There have been no appeals in recent years.

The Trust does not provide training for consultants or those who review job plans; therefore, it needs to consider how to ensure there is a mutual understanding of the process

- 32 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. Both our initial review in 2010 and the follow-up work undertaken in 2011, found that the Trust did not provide training for consultants or staff responsible for reviewing the job plans of others.

- 33 Our recent review found that that Trust still does not provide job planning training for consultants or for staff tasked with reviewing the job plans of others. The Trust told us that they feel that formal training is unnecessary as there are only 51 consultants employed by the Trust. The Trust told us that because of the low number of consultants employed by the Trust, consultants know that if they need help or training, the workforce team and clinical managers are always ready to provide help. However, six consultants responding to our survey indicated that the Trust did not provide them with sufficient training on job planning. Rather than providing formal training, the Trust should consider using team meetings to emphasise the Trust's approach to job planning to ensure there is a common understanding.

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

- 34 The guidance states that job plan reviews should be carried out by the clinical manager (that is, any appropriate medical manager or leader such as the Clinical Director or Medical Director) accompanied and assisted by the nominated service manager.
- 35 Our 2010 work across Wales highlighted a variable approach to the involvement of general managers in job planning meetings. In 2010, we reported that job planning in the Cancer Centre was undertaken by clinical managers; however, the Director of Cancer Services also attended reviews if there were particular issues that required their attendance. At the time of the review, eight out of the nine consultants that responded to our survey that had received a job plan told us that the right managers were involved in job planning review meetings.
- 36 The Cancer Centre is divided into the Oncology team and the Palliative Care team; the Oncology team is further divided into tumour site specific teams (SSTs), such as urology. During our recent review, the Trust told us at the Cancer Centre, the Clinical Director of the Oncology team undertakes job planning for the consultants within the team, and similarly the Clinical Director of the Palliative Care team reviews the job plans of the consultants within the Palliative Care team. The Medical Director for the Cancer Centre is responsible for job planning of senior consultants holding managerial posts. The Medical Director of the WBS reviews the job plans of the other two consultants in the team.

37 Since our previous review, job planning in the Cancer Centre has in the main been undertaken by the Clinical Director alone, however, as we found in our previous review, the Director of Cancer Services also attends reviews if their attendance may be beneficial. Our recent survey of consultants working at the Trust found that six out of 12 job plan reviews undertaken at the Trust were attended by just a clinical manager (**Exhibit 2**). The Cancer Centre told me that since the end of 2015, the Oncology team's Clinical Director has asked SST Leads to attend job planning review meetings of their team members, and the Cancer Centre intends to embed this joint approach in future job plan review meetings. The SST Lead is able to provide an understanding of the work that the SST needs the consultant to do and how the work of other consultants within the team, and any changes to the service will impact on an individual consultant's job plan. The Cancer Centre needs to consider how to ensure that SST Leads have the capacity to attend job planning review meetings and how they will provide training on job planning for the SST Leads.

**Exhibit 2: Attendance at job plan review meetings at Velindre NHST**

<b>Job plan review meeting attended by:</b>	<b>Number</b>
Clinical manager and general manager	2
Clinical manager only	6
General manager only	0
Other arrangement	4
No meeting	0
<b>Total</b>	<b>12</b>

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 consultants

38 Some consultants who work for the Trust have academic contracts and can undertake sessions teaching or researching at local universities. The guidance states that the job plan should include the work clinical academic consultants do for the health body and the work they do for the university. It also states that university representatives need to be engaged in the job planning process for clinical academics. Such engagement aims to ensure there is clarity about SPA and university commitments, and that there is no conflict between university and NHS requirements.

- 39 Three consultants responding to our recent consultant survey indicated that they hold an academic contract; all three consultants told us that the university was not involved in the process to agree a single job plan covering the consultant's work for both the Trust and the University. The Trust told us that a recent job plan review meeting of a consultant with an academic contract did involve a representative from the University. Holding a joint review meeting allowed both employers to understand the totality of the consultant's work. The Trust recognises that university input into job planning needs to become the norm to ensure that the University and the Trust work together to agree a single job plan.
- 40 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.
- 41 The Cancer Centre provides treatment for cancer patients in clinics held in hospitals across south-east Wales, some consultants work across more than one site. During our recent review, the Trust told us that they do not invite representatives from other NHS organisations where consultants are providing care, but recognise that their input would be beneficial to discuss any issues arising from this work.
- 42 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. During our recent review, the Trust told us that very few consultants working for the Trust undertake any private work. The Trust needs to ensure that within job planning meetings, any private work undertaken by a consultant is discussed, to ensure that scheduling of work does not cause any conflicts between private work and work for the Trust.



## Progress with developing consultant level performance information has been made, but more work is needed to embed the setting and monitoring of appropriate outcomes across the organisation

- 43 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.
- 44 The guidance provides detailed information on how to set and monitor outcomes as part of the job planning process. The outcomes will set out a mutual understanding of what the consultant will be seeking to achieve over the annual period that they cover, and how this will contribute to the objectives of the employing organisation. The achievement of outcomes should be a key factor in the clinical manager's judgement that the job plan review is satisfactory, or unsatisfactory. This judgement will inform decisions on pay progression.
- 45 To support the setting and reviewing of outcomes, the Welsh Government established an all-Wales consultant outcomes indicators project (known as Compass). The aim was to develop a suite of outcome indicators for individual consultants which could inform job planning discussions and appraisal. However, the Auditor General's 2013 national report identified that 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.
- 46 Our 2010 review found that the Cancer Centre uses activity and patient outcome data to inform the job planning discussions. The Trust told us that they were confident in the quality of the data, and that the data was easily available to consultants. The consultants interviewed told us they had access to the Trust data, and whilst basic, it was a good starting point for job plan discussions, particularly in regard to workload. The WBS, also provides activity data for consultants, and because blood transfusion is a highly regulated service, data are readily available in regard to clinical governance. Our follow-up work in 2011 found that work to strengthen performance information used in job planning and developing new outcome indicators had not progressed.

47 As part of our recent review, we asked the Trust to tell us what information they use to set and monitor consultant outcomes for DCCs. The Trust told us that a range of information sources are available across all specialty areas ([Exhibit 3](#)).

**Exhibit 3: Information sources used in monitoring and setting outcomes**

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

Source: Wales Audit Office Information and Data Collection Form completed by Velindre NHS Trust

48 The Cancer Centre produces an annual report for each SST which provides the following information at team level:

- areas for the SST challenges/areas for improvement;
- SST achievements, including trials and research undertaken, awards achieved, roles held by team members and contributions made to national guidelines;
- consultant profiles;
- service developments;
- activity data (including, number of referrals, treatment received);
- outcome data (including, survival rates); and
- performance data (including waiting times, complaints, infection rates).

49 The information available in the SST report is comprehensive; however, the Cancer Centre told us that the performance data do not sufficiently take account of the differing complexities of the work. The WBS told us, whilst there is activity data for consultants and clinical governance data, the data is discussed in more detail during appraisals, rather than at job plan reviews. Three out of 12 consultants responding to our recent consultant survey felt that they did not have access to information from Trust clinical/management information systems, the same number of consultants felt that they did not have performance information of sufficient quality to accurately assess their own performance ([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?	8	3	1
Information on the Trust's objectives?	5	4	3
Performance information of sufficient quality to accurately assess your performance?	5	3	4

Source: Wales Audit Office survey of Velindre NHS Trust consultants

50 As part of our recent review, we asked consultants at the Trust whether outputs and outcomes were discussed at their most recent job plan review (**Exhibit 5**). The results show that reviewing outcomes in job planning meetings may not be embedded across the organisation; nine out of 12 consultants told us the outcomes of their DCC sessions were reviewed, and nine out of 12 consultants told us their SPA outcomes were reviewed. Job plan outcomes were reviewed during appraisal meetings for just over seven out of 12 consultants; this indicates that whilst outcomes are discussed in most appraisal meetings and at job plan reviews, it is not the case in all job plan reviews.

**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 DCC sessions?	9	2	1
• Review the outputs and outcomes of your SPA sessions?	9	4	0
• Review the outputs and outcomes of your other activities?	6	6	0
• Discuss the relationship between your outcomes and those of the organisation?	6	2	4
Were your current job plan outcomes assessed during your most recent annual appraisal?	7	4	1

Source: Wales Audit Office survey of Velindre NHS Trust consultants

51 Regarding the setting of outcomes in job plans, our most recent survey found that seven out of 12 consultants at the Trust believed that their job plan clearly stated outcomes for DCC sessions, six out of 12 for SPA sessions, and other programmed activity sessions in seven out of 12 job plans. Exhibit 6 sets out how many consultants working at the Trust said that they reviewed outputs and outcomes at their job plan review meetings. Only five out of 12 consultants felt that their current job plan clearly set out the relationship between their personal outcomes and those of the organisation. The Cancer Centre told us that the rescheduling of job plan reviews to undertake job planning for SSTs at approximately the same time will allow each SST to ensure that the job plans of consultants in the SST will align to the Trust's Integrated Medium-Term Plan.

**Exhibit 6: Consultants' views on outcome setting in their job plans**

	Yes	No	Not applicable/ not sure
Are outputs and outcomes clearly stated in your current job plan for:			
• DCC commitments?	7	4	1
• SPA?	6	4	2
• Other programmed activities eg, management role?	7	4	1
In your view, does your current job plan:	5	5	2
• Clearly set out the relationship between your personal outcomes and those of the organisation?			

Source: Wales Audit Office survey of Velindre NHS Trust consultants

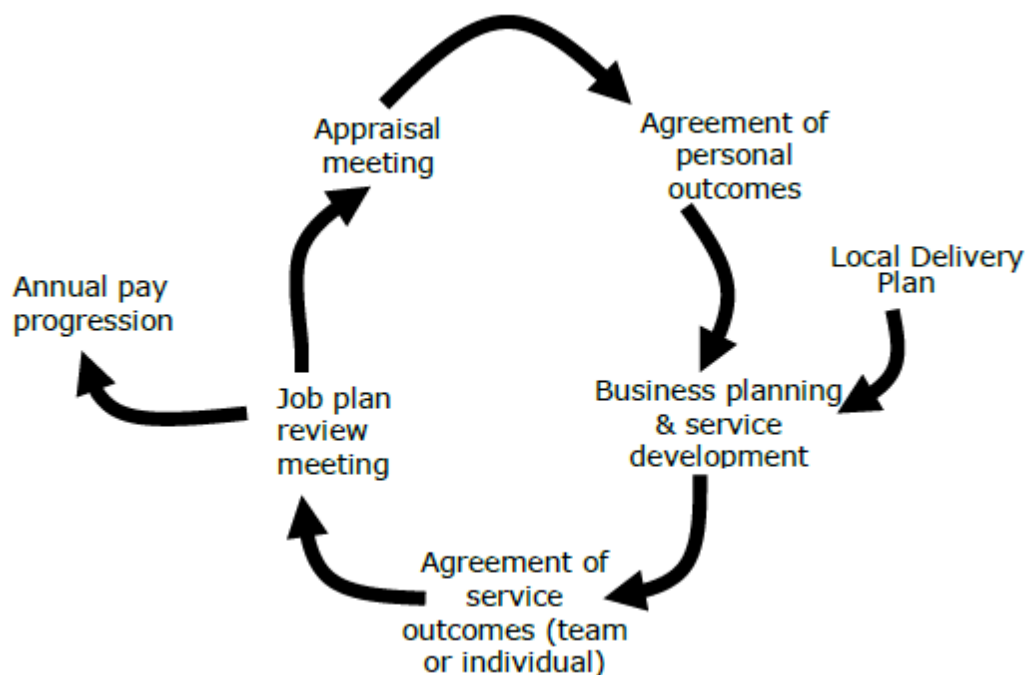
52 Our review of job plans found that three out of the ten Trust job plans reviewed did not contain outcomes. None of the job plans contained detailed, specific and measurable outcomes. The Trust told us it recognises that it needs to develop appropriate consultant outcomes organisation-wide, and that further work is required to review progress against outcomes.

53 The national guidance states that job planning reviews must be scheduled well in advance to allow consultants the opportunity to prepare for the meeting. At the time of our review, we found that health boards generally gave notice between four and six weeks in advance. Our review in 2010, found that clinical managers at the Trust generally gave two weeks' notice for meetings, although the consultants interviewed as part of the review felt that this was adequate notice. Ten out of 12 consultants at the Trust responding to our recent survey, told us that they received adequate notice of their job plan review.

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

- 54 Revalidation is the process by which licensed doctors are required to demonstrate to the GMC that they are fit to practise. Revalidation has been dependent on the doctor participating in annual appraisals since December 2012.
- 55 The guidance says that the job plan review should be supported by the same information that feeds into appraisal, and by the outcome of the appraisal discussion. Personal development plans will usually be formulated during the appraisal discussion. This discussion will inform the job plan review meeting and provide links to service and corporate outcomes. **Exhibit 7** illustrates how job planning and appraisal should interlink.

Exhibit 7: The job planning and appraisal cycle



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

- 56 Our 2010 work found that the strength of links between the job plan review meeting and appraisal varied across Wales, and there was no standard approach to appraisal. While some consultants had appraisals annually, others said that they only had an appraisal when they asked for one, or had never had an appraisal. In some areas, we found that appraisal had a higher priority than job planning. In some areas the job plan review meeting and appraisal meeting were held back to back, while in others they were kept separate.
- 57 Our recent review found that appraisal is established across the Trust. All 12 consultants responding to our survey told us they had received a formal appraisal in the previous 12 months. Nine out of the 12 consultants responding to our survey told us that their current job plan helps them to deliver their personal development plan from their most recent appraisal. However, seven out of 12 consultants responding to our survey, told us their most recent job planning review did not review their personal development plan. The Trust told us that they are trying to make better links between appraisal and job planning, currently, it is incumbent on the consultant to share appraisal feedback at job planning meetings. Appraisals are signed off by the Medical Director, and the Trust told us that any issues arising at appraisal that needs to feed into job planning will be picked up at sign off, and fed back to the relevant clinical manager reviewing the job plan.
- 58 Since April 2014, the Medical Appraisal and Revalidation System (MARS) is the agreed system for medical appraisal in Wales for all doctors, except GPs, in Wales. Appraisers are not usually line managers. The Trust told us that the process for revalidation 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

- 59 The Auditor General's national report in 2013 recommended that all health bodies should ensure they have job planning monitoring processes to check that consultants have an up-to-date job plan, and that job planning is undertaken in accordance with guidance. It recommended that they should update the Trust, at least annually, on the extent to which consultant job planning is embedded as a routine management practice.
- 60 The Electronic Staff Record (ESR), which is in place across NHS Wales, provides functionality to record job plan sessions. Job planning data can be stored, reviewed, analysed, and reported at both local and national level. The Trust uses paper job plans – these are based on an electronic template used Trust-wide. The completed job plan, together with a detailed note of the meeting, is submitted to the workforce team to input on to the ESR; all job plans are input onto the ESR.
- 61 Our 2013 national report recommended the health organisations should, at least annually, review the extent to which consultant job planning is embedded as a routine management practice.

- 62 The job planning data in the ESR are used to calculate the proportion of consultants who have received a job plan review within the last 12 months. The job planning compliance data are produced on a monthly basis. The compliance data are reported on a quarterly basis to both the Trust's Executive Management Board, and to the Trust Board. The Trust told us that the information reported to the Board is too focused on compliance with annual review, rather than wider aspects of the process.
- 63 Other than monitoring the frequency of job plan reviews, the Trust does not have assurance arrangements in place to check whether job planning is being carried out in accordance with guidance and local expectations. The Trust told us that progress had been made in standardising the approach to job planning across the Trust. Assurance arrangements would provide the Trust with confidence that job planning was being carried out appropriately and consistently Trust-wide, and could also identify where processes or arrangements need to be improved.
- 64 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 the Trust, the Part A is used to detail both DCC and SPA activities. In two out of ten job plans we reviewed, whilst activities were included in Part A, it was not always clear whether activities listed were DCC or SPA sessions. In two job plans, whilst the activities the consultant was required to do were clearly set out, the length of the activity, or how many sessions the activity equated to was not provided.
- 65 The guidance sets out that the job plan should specify travel time between NHS sites that count as working time. Our review found that six out of the seven job plans required consultants to travel between locations, however, in three of the job plans, the travel time was not recorded (in each case this related to one day of the consultant's working week).

## The Trust is making progress securing the intended benefits from the contract, but needs to do more to promote outcome setting and monitor excessive hours

### Consultants are engaged in service improvement and modernisation, and the Trust is identifying ways to make more effective use of consultant time

- 66 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. We reported in 2011, that there were good working relationships between consultants and clinical managers at the Trust.
- 67 Our most recent review found a consensus amongst staff interviewed that, because the Trust is relatively small, everyone knows everyone and this creates an open working environment. One consultant responding to our survey said that senior colleagues and the working environment are very supportive, and job planning helps to identify problems with excessive workloads.
- 68 The guidance says that the job planning process has a key role to play in creating a more flexible organisation. Increasing capacity, improving resource utilisation, and measuring and enhancing productivity, as well as reducing excessive working hours. It presents the job planning process as an essential mechanism for enhancing patient care and driving service developments. Where changes to NHS services have occurred following public consultation, the guidance indicates that consultant job plans should be updated and agreed to reflect new service models.
- 69 The Auditor General's national report in 2013 indicated that, broadly speaking, the contract had not been a significant driver for service modernisation. Our previous local audit work identified variations in the 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.



- 70 During our recent review, the Trust told us that their consultants are very engaged and are always looking to identify improvements to services and improve patient outcomes. The Cancer Centre has developed a programme called Together to Transform Cancer Services in South East Wales. The Cancer Centre is developing plans to improve the cancer service, including providing a new Centre to treat complex cancers, and to improve and increase the number of outreach clinics across South Wales. Consultants at the Cancer Centre have been engaged with the process and have attended meetings in their own time to contribute ideas, such as building design, improvements to treatments and care pathways, to improve services. The Cancer Centre told us that given the scale of the changes being made, and that currently they are at the initial planning stages, job planning is not the appropriate process to initiate service change. More generally, consultants are keen to identify improvements to services, and consultants are an integral part of discussions to improve and modernise services. However, job planning review generally occurs after service change, rather than being seen as an integral part of the process of change.
- 71 The Cancer Centre told us that the two Clinical Directors meet regularly with staff from Human Resources and Finance Teams to discuss any financial implications relating to job planning, for instance resulting from changes to the number of sessions in job plans, or costs relating to cover for maternity leave. The Cancer Centre told us they are aware that some consultants have ambitious workloads for their contracted hours. The Cancer Centre makes use of specialist nurses and non-medical practitioners to help support consultants in their work. This allows consultants to concentrate on complex cases, whilst specialist nurses and non-medical practitioners care for more routine cases working under the supervision of consultants. Our review of job plans found that seven of the 10 job plans reviewed contained detailed notes on the consultants' workloads and potential measures to help reduce them. Generally, the notes provided a breakdown of the workload and included suggestions for reducing the workload. The notes included action points for the individual consultants to devise a business case to identify why additional consultant time or additional support, such as a specialist nurse, was required to undertake some of the workload. The Clinical Directors' discussions with HR and finance personnel aim to find the additional resources, or reallocate existing resources to finance the resulting proposals.

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

- 72 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.
- 73 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 board/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.
- 74 The national guidance states that each directorate (or equivalent) should annually review the SPA sessions in consultant job plans. Where there is a discrepancy between evidence of participation in SPA and the time allocated, this should be addressed through the job planning process. The national guidance does not mention setting a 'tariff' for particular activities, which would be an agreed amount of time that a particular activity would be allocated across the organisation. However, some SPA tariffs have been set, for example, the Wales Deanery requires that job plans for delivery of the Educational Supervisor role should typically include the equivalent to a minimum of 0.25 SPA per week per trainee supervised.
- 75 In 2010, we reported that WBS consultants discuss SPA activity and expectations in detail in both appraisal meetings and job plan review meetings. However, in the Cancer Centre, we found that SPA expectations were not set out in detail in the job plans, nor discussed in any detail during job plan review meetings.
- 76 The Trust recognises the importance of SPA activities and that it needs to evidence the benefit from SPAs for both the Trust and the consultant. In the Trust's guidance, there is an SPA Outcome Measure Template (the SPA template), which is a form for completion at job plan reviews. The SPA Template requires the staff member setting the SPA outcomes to record the outcome measure, the actions the consultant needs to take to achieve the outcome measure, success measures, and the timetable for completion. None of the 10 job plans we reviewed included a copy of the SPA template.

77 Nine of the 12 consultants responding to our survey told us that the outputs and outcomes of their SPA sessions were discussed at their last job plan review. Whereas six out of 12 consultants said that their SPA outputs and outcomes were clearly stated in their job plan. The SPA guidance sets out that SPA outcomes must be detailed, specific and measurable. Of the 20 job plans we reviewed, all contained SPA outcomes, but none were detailed, specific, and measurable.

## The Trust has reduced the number of consultants working excessive hours

- 78 The contract's intention was for all full-time consultants to have a 37.5-hour working week, in line with other NHS staff. The contract states that a working week for a full-time consultant will comprise 10 sessions, with a timetabled value of three to four hours each. Through the job planning process, these sessions will be programmed in appropriate blocks of time to average a 37.5-hour week. Full-time consultant jobs are advertised as 10 sessions.
- 79 Our 2010 work found that only a third of consultants in Wales had 10-session contracts, and that the average number of weekly sessions in a consultant's contract was 11.21. At that time, the average weekly sessions in the Trust were 11.84.
- 80 Our recent review found that the average number of weekly sessions recorded in a consultant's job plan has reduced to 10.3 in 2015 ([Exhibit 8](#)). The average proportion of DCC sessions compared to SPAs in 2015 is similar to that in 2010, at approximately 66% DCC and 34% SPA (including 'other' and 'management' sessions). The Trust was unable to provide data for 2012 to 2014, because the data in ESR is constantly overwritten with new data.

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

	2010	2012	2013	2014	2015
DCC	7.84	Not available	Not available	Not available	6.84
SPA	2.85	Not available	Not available	Not available	2.5
Management	0.00	Not available	Not available	Not available	0.4
Other	1.15	Not available	Not available	Not available	0.57
<b>Total</b>	<b>11.84</b>	<b>Not available</b>	<b>Not available</b>	<b>Not available</b>	<b>10.3</b>

Note: The Trust reported it was unable to provide data for 2012 to 2014.

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

- 81 Our 2010 work identified that some consultants across Wales were working excessively long hours. A detailed analysis of job plans found that around one in six consultants were working 46.5 hours or more, with the vast majority in this group working in excess of the 48-hour European Working Time Directive (EWTD) limit. At the time, our review found wide variation in the numbers of consultants with more than 12 sessions in job plans at different health bodies. At the Trust, we found that there were eight consultants with 13 or more sessions a week in their job plan, with two consultants with more than 15 sessions.
- 82 In 2015, the Trust told us that of the 51 consultants working at the Trust, 20 work less than full-time hours, and therefore, the full-time equivalent of the 51 consultants is 33. The high proportion of staff working less than full-time hours means that the average number of sessions in consultant job plans, 10.3, masks the number of full-time consultants with more than 10 sessions in their job plan. In 2015, seven consultants had more than 12 sessions in their job plan, with one consultant with a job plan of between 14 and 14.9 sessions. This means that the Trust has eliminated the job plans with 15 or 16 sessions, and reduced the number of job plans with 13 or 14 sessions.
- 83 The Trust recognises that it needs to ensure that 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. The Trust uses job planning as an opportunity to review the number of hours in job plans. Where consultants have job plans with more than 10 sessions, steps are taken to assess whether the workload is sustainable, and the consultant is content. The Trust told us they have previously, in agreement with consultants, taken sessions from consultants and used them to create new posts. The Trusts said they have to provide assurance to consultants that if they remove sessions from them, the sessions will be backfilled by new consultants, so that the individual will not be doing the same workload for less pay.
- 84 The Trust told us that consultants working more than 12 sessions are happy to do so. While there is no evidence to underpin this reasoning, the LNC reported that there have been no complaints from consultants contracted to work more than 10 sessions.
- 85 One of the intentions of the contract was to improve arrangements for recognising on-call commitments for unpredictable emergency work. The contract provides for intensity banding payments (paid annually) reflecting the 'disturbance factor' for a consultant having to be available for work when on-call. Actual work done for regular on-call commitments is included within DCCs in the job plan.
- 86 As part of our recent review the Trust told us that the on-call work for most consultants was infrequent, with the exception of consultants in the palliative care. However, seven out of 12 consultants responding to our survey suggested that not all of their on-call and out-of-hours work is reflected in their job plan. The Trust needs to ensure that job plans reflect the totality of the work that consultants are required to do, including on-call work.

- 87 Consultants in the Cancer Centre and the WBS generally have more management time commitments than elsewhere in Wales. The reason why management time is high for many staff at the Trust, is because both the Cancer Centre and the WBS have to perform many of the management functions that a larger health organisation has to do, such as infection control, however, this work is spread across a smaller pool of consultant staff. Our survey of consultants found that seven out of 12 consultants responding to our survey identified that their job plan did not clearly schedule all their commitments, including management or other roles.
- 88 The contract states that job planning can be undertaken on a team basis, where this is likely to be more effective. Where job planning takes place on a team basis, each individual team member should still agree a schedule of individual commitments. The national guidance states that a job plan is an agreement between an individual consultant and his/her employer. Some groups of consultants have found that there is benefit in developing job plans as a team, which then inform the job planning process for the individual consultants. A team agreement is not contractually binding, but helps set out how the team intends to translate its shared outcomes into individually agreed job plans. The guidance sets out a number of approaches to team job planning.
- 89 Despite the potential benefits, our 2010 work identified that team-based job planning was not frequently employed. Similarly, in 2015, the Trust told us they still do not use team job planning reviews, because job planning is too complex and confidential to undertake on a team basis. Some teams at the Trust do have team appraisal meetings.
- 90 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.
- 91 The national guidance has a section on arranging flexible timetables. The contract as a whole should be expressed in terms of the annual equivalent of the working week. The job plan will specify agreed variations in the level and distribution of sessions within the overall annual total. A consultant could thus work more or less than the standard number of sessions in particular weeks. Our review found that the Trust provides opportunities for consultants to work flexibly, with nearly two-fifths (39%) of consultants working less than full time.

## The Trust does not have any issues relating to consultant recruitment

- 92 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% increase in the total number of full-time equivalent consultants employed in Wales between 2004 and 2011.
- 93 Since 2011, there has been continued growth in the number of consultants working in the NHS in Wales, although, the rate of increase has slowed significantly. Welsh Government statistics show that the number of consultants employed by the Trust increased by 4.6% between 2011 and 2015 ([Exhibit 9](#)).

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

	2011	2012	2013	2014	2015	Change in number 2011 to 2015	Percentage change 2011 to 2015
Velindre NHST	39.5	41.2	42.8	43.5	41.4	1.9	4.6%
All Wales	2,217.5	2,273.9	2,323.8	2,316.1	2,344.6	+ 127.1	+ 5.4%

Source: Welsh Government, StatsWales based on NHS electronic staff record annual returns as at 30 September each year<sup>4</sup>

- 94 The Trust told us that the number of consultants directly employed in March 2015 was 51 (33 full-time equivalent). Of these, 31 were full time, 20 were part-time and one was a locum. The Trust reported no vacant consultant positions, both unfilled and currently being covered by a locum. An additional four consultants have honorary contracts<sup>5</sup>.
- 95 The Trust told us they have no problems recruiting consultants, and this is particularly the case for the Cancer Centre, particularly in areas of work where it is developing innovative techniques in cancer care, because roles are likely to include research responsibilities.

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

<sup>5</sup> Honorary contracts are used for clinical academic GMC/GDC registered doctors and dentists who are employed by Higher Education Institutions or other organisations in a research and/or teaching capacity, and who also provide services for NHS patients, at consultant level, in NHS facilities.

# Appendix 1

## Audit approach

We carried out a number of audit activities between January 2016 and 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 Trust.
Document request	We requested and reviewed documents from the Trust including: <ul style="list-style-type: none"><li>• minutes, papers and reports where issues around consultant job planning and appraisal have been subject to internal discussion in the last 12 months;</li><li>• job planning guidance; and</li><li>• performance reports on job planning, appraisal and revalidation that have been reported to senior management forums, such as senior management team or board committees.</li></ul>
Interviews	We interviewed a small number of staff including: <ul style="list-style-type: none"><li>• Chair of the BMA LNC</li><li>• Clinical Director (Oncology)</li><li>• Director, Velindre Cancer Centre</li><li>• HR Manager, Velindre Cancer Care</li><li>• Independent Board Member and, Workforce and Organisational Development Committee Chair</li><li>• Medical Director, Velindre Cancer Centre</li><li>• Medical Director, WBS</li></ul>
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 12 responses from 51 consultants, which was a response rate of 24%. (Forty-eight consultants employed by Cancer Services, and three consultants working for the WBS.)
Review of job plans	We carried out a review of a sample of 10 job plans: <ul style="list-style-type: none"><li>• seven oncology</li><li>• three palliative</li></ul>

# Appendix 2

## National and local recommendations

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

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

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

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

Table 1: 2011 local recommendations

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



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

Table 2: 2013 national recommendations

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

Number	National recommendations	Status at January 2016
<b>Strengthening job planning processes within NHS bodies</b>		
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
<b>Using the right information to inform job planning</b>		
R3	NHS bodies develop an information 'framework' to support job planning, on a speciality-by-speciality basis. Clinicians and managers will need to work together to identify the components that need to be included in such a framework for each speciality, but it would be expected to include: <ul style="list-style-type: none"> <li>• information on activity;</li> <li>• cost;</li> <li>• performance against local and national targets;</li> <li>• quality and safety issues;</li> <li>• workforce measures; and</li> <li>• plans and initiatives for service modernisation and reconfiguration.</li> </ul>	O
<b>Developing a clearer focus on benefit realisation</b>		
R4	NHS bodies should ensure that they have clear and robust processes in place to discuss and agree objectives and outcomes for consultants as part of the job planning process. It will be important to ensure that clinicians and managers involved in setting these objectives and outcomes receive the appropriate training and support to undertake effective job planning with consultants.	N
R5a	NHS bodies should ensure their job planning process includes a clear and informed discussion on the SPA needs of individual consultants, recognising that these will not be the same at different stages in a consultant's career. The job planning discussion should specify the SPA activities to be included in the job plan, and identify the outputs and outcomes that should be achieved, and the location where these activities will be carried out.	O
R6	NHS bodies should look to adopt a team-based approach to job planning where it can be shown that this would be beneficial. Consultants would need to be persuaded to participate rather than coerced, based on a clear explanation of the benefits associated with a team-based approach, and should still retain the right to agree an individual job plan with their employing organisation.	N

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

# Appendix 3

## The Trust'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 for Wales National Report, Rec 1a)	Improved consultant job planning processes supporting better utilisation of consultant resources.		✓	The Trust's Medical Staffing Officer will establish a process which will ensure that all Consultants have their job planning meeting scheduled at the start of the calendar year and this is place in their electronic meeting calendar. The job planning process will be linked to the SST Team job planning process and their appraisal, to ensure the plan reflects the requirements set out in the IMTP and their identified CPD needs.	December 2016	Medical Staffing Officer

Ref	Recommendation	Intended outcome/benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
R2	Develop a standard job plan template that ensures the working week is presented in a consistent, clear and transparent way. (Velindre NHS Trust 2011 Report, Rec 6).	Consistent and transparent job planning information recorded across the organisation.		✓	The Medical Staffing Officer will develop a new job planning template, which ensures that the working week is presented in a clear, consistent and transparent way.	December 2016	Medical Staffing Officer
R3	NHS bodies should ensure that job planning is supported by up-to-date local guidance material and regular training for all staff who participate in the process. (Auditor General for Wales National Report, Rec 1c)	Better staff engagement in the job planning process to ensure job planning is being carried out as intended.		✓	The Trust's Job Planning Guidance will be reviewed and updated to ensure that the links with the IMTP and CPD requirements are stipulated. Also See Rec 15	December 2016	Workforce Business Partner
R4	Clarify and document in the job plan how consultants' management activities are recognised. (Velindre NHS Trust 2011 Report, Rec 8)	Consistent and transparent job planning information recorded organisation wide.	✓	✓	The Trust's Jo Planning Guidance will be reviewed and updated to set out how management activity will be recognised within the job planning process.	December 2016	Workforce Business Partner

Ref	Recommendation	Intended outcome/benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
R5	Develop a policy and process for on-call arrangements and unscheduled overtime, ensuring it complies with the arrangements set out in the consultant contract. (Velindre NHS Trust 2011 Report, Rec 9)	On-call and unscheduled overtime allocated consistently and in accordance with the consultant contract.		✓	The Trust will develop a policy for consultants which will address the procedure in respect of their on-call and any unscheduled overtime, which is compliant with the arrangements set out in the Consultant Contract.	March 2017	Medical Staffing Officer
R6	Strengthen job-planning arrangements to support the rebalancing of workloads within consultant teams. (Velindre NHS Trust 2011 Report, Rec 10)	Better use of existing consultant resources. Improved job planning arrangements to reduce excessive workloads.		✓	The Job Planning lead will review during every job planning meeting the total number of sessions the consultant is currently working. The sessions worked will also be reviewed and considered during SST Team Job Planning and aligned with individual's job plans. This requirement will be stipulated in the revised Job Planning guidance.	December 2017	Medical Director, Clinical Director and SST Leads

Ref	Recommendation	Intended outcome/benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
R7	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 Trust proposes to recruit a Business Support Manager to work with and support the Clinical Director with the job planning process. It will be the role of the BSM along with (or in their absence the management representative) together with the CD ensure that the wider Trust objectives, service improvements and financial matters are considered fully during the job planning process and inform the agreed job plans.	February 2017	Clinical Director & Workforce Business Partner

Ref	Recommendation	Intended outcome/benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
R8	Strengthen the job planning review process by including managers in the review meeting with a consultant. (Velindre NHS Trust 2011 Report, Rec 3)	Better understanding of resources needed to deliver job plan commitments to support delivery of organisation objectives.	✓	✓	The Business Support Manager once appointed will support the Clinical Director and will be involved in all job planning meeting, to ensure organisational objectives etc. Inform the agreed job plans.	March 2017	Business Support Manager
R9	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.		✓	The Trust implemented the Clinical Academic Honorary Contract in 2014, which reinforced the need for joint job planning between the Trust and Cardiff University. The requirements for clinical academic consultants and those who work within two or more NHS organisations to participate in joint job planning will be outlined in the reviewed and updated Job Planning Guidance.	December 2017	Medical Staffing Officer / Business Support Manager



Ref	Recommendation	Intended outcome/benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
R10	Develop, for those consultants who are also employed by a university or another Trust/health board, a joint job planning arrangement that ensures commitments and expectations are clearly set out for the Trust and the other body. (Velindre NHS Trust 2011 Report, Rec 11)	Better understanding the totality of consultant's work to understand the impact on Trust work.		✓	The Trust's Medical Staffing Officer will schedule annual joint job planning meetings for those consultants that work within two or more NHS organisations or for the Trust and Cardiff University. This Trust's Job Planning Guidance will be updated to reflect this process and stipulate the requirement to ensure that this process clearly sets out the commitments and expectations in both posts.	December 2017  December 2017	Medical Staffing Officer  Workforce Business Partner

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
R11	Provide consultants with more notice of job plan meetings (four to six weeks) to ensure that both consultants and managers have time to prepare fully for the review. (Velindre NHS Trust 2011 Report, Rec 4)	Better staff engagement in the job planning process by prepared consultants.		✓	The Trust's Medical Staffing Officer will develop a process to ensure that all job planning meetings are arranged and in the diaries at the start of the calendar year, to ensure that consultants have sufficient time to prepare for their appraisal and job planning review meeting.	December 2017	Medical Staffing Officer

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
R12	<p>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:</p> <ul style="list-style-type: none"> <li>• information on activity;</li> <li>• cost;</li> <li>• performance against local and national targets;</li> <li>• quality and safety issues;</li> <li>• workforce measures; and</li> <li>• plans and initiatives for service modernisation and reconfiguration.</li> </ul> <p>(Auditor General for Wales National Report, Rec 3)</p>	Information and data available to support more meaningful job planning.		✓	The Clinical Director, Business Support Manager and the SST leads will develop an "speciality" information framework (for each speciality) to support the job planning process. The framework will include - activity information, cost, performance against local and national targets, quality and safety issues, workforce measures, plans and initiatives for service improvement/modernisation.	July 2017	Clinical Director, Business Support Manager and SST Leads

Ref	Recommendation	Intended outcome/benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
R13	Strengthen existing arrangements, and develop appropriate outcome indicators in areas where there is no quality performance information. (Velindre NHS Trust 2011 Report, Rec 5)	Information and data available to support more meaningful job planning.		✓	The Clinical Director, Business Support Manager (along with other relevant managers) and SST leads will develop appropriate outcome indicators in respect of those areas which lack quality performance information.	July 2017	Clinical Director, Business Support Manager and SST Leads
R14	Ensure in the final job plan, all DCC and SPA sessions have clearly defined SMART outcomes (Velindre NHS Trust 2011 Report, Rec 7)	Improved understanding of objectives and outcomes to be delivered through job plans.		✓	The Medical Staffing Officer will redesign the job planning documentation, to ensure that all agreed DCC and SPA sessions have clear objectives and defined SMART outcomes..	December 2016	Medical Staffing Officer

Ref	Recommendation	Intended outcome/benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
R15	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.	✓	✓	The Workforce Department to provide robust job planning training for the Medical Director (Trust), Medical Director (WBS)' Clinical Director, SST leads, Business Support Manager and Medical Staffing Officer. Training will also be provided to consultants to assist them to effectively engage in the process.	April 2017	Workforce Business Partner
R16	Ensure consultant job planning is aligned to corporate and divisional objectives. (Velindre NHS Trust 2011 Report, Rec 2)	Ensure that job planning supports the delivery of corporate and divisional objectives.		✓	Trust Job Planning Guidance to be reviewed and updated to stipulate that the job planning process must be aligned to the IMTP and TCS objectives.	December 2017	Workforce Business Partner

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
R17	NHS bodies should ensure that while job planning and appraisal are separate processes, there is a clear linkage between appraisal outcome and job planning when meeting the development needs of a consultant. NHS organisations will need to ensure the two separate processes are appropriately aligned and integrated to support the requirements for the new General Medical Council (GMC) revalidation requirements that will be introduced in 2013. (Auditor General for Wales National Report, Rec 1e)	Improved alignment of processes to support GMC revalidation requirements.		✓	The Trust job planning process to be reviewed and updated to ensure this process is aligned with appraisal outcomes and identified CPD requirements.	December 2017	Workforce Business Partner

Ref	Recommendation	Intended outcome/benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
R18	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.		✓	<p>The Medical Staffing Officer will ensure that all completed job plans meeting are recorded on ESR to assist with reporting activity.</p> <p>The Business Support Manager will develop a process to monitor the quality of the process, to check and confirm that they are being undertaken in accordance with the guidance.</p> <p>The Business Support Manager will produce an annual report to the Trust Board on job planning activity.</p>	<p>October 2016</p> <p>April 2017</p> <p>October 2017</p>	<p>Medical Staffing Officer</p> <p>Business Support Manager</p> <p>Business Support Manager</p>

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
R19	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 Trust's Job Planning Guidance will be reviewed and updated to stipulate that job planning reviews may be triggered by planned and approved service changes or the introduction of new service models/ways of working.	December 2017	Workforce Business Partner



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 Business Support Manager will ensure that the annual job planning report to the Workforce and OD Committee outlines how the process is being used to support the delivery of service improvement / modernisation and achievement of the IMTP objectives as well as implementation of TCS.	October 2017	Business Support Manager

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 Trust's Job Planning Guidance will be reviewed and updated to outline the need for the process to have a clear and informed discussion on the consultant's SPA needs and the requirement for the process to record the SPA activities to be included and the outputs and outcomes to be achieved, as well as the location this activity will take place.	December 2017	Workforce Business Partner

Ref	Recommendation	Intended outcome/ benefit	High priority (✓)	Accepted	Management response	Completion date	Responsible officer
R22	NHS bodies should look to adopt a team-based approach to job planning where it can be shown that this would be beneficial. Consultants would need to be persuaded to participate rather than coerced, based on a clear explanation of the benefits associated with a team-based approach, and should still retain the right to agree an individual job plan with their employing organisation. (Auditor General for Wales National Report, Rec 6)	Improved job planning arrangements within teams to support equitable allocation of activities.		✓	The Trust has already developed a SST based approach to job planning. This process will be further developed and strengthened by the Business Support Manager.	April 2017	Business Support Manager

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