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# Pay Modernisation: NHS Consultant Contract

## Public Health Wales NHS Trust

We found that although the Public Health Wales NHS Trust undertakes annual job planning, the current arrangements do not clearly or consistently identify consultants' commitments and are not linked to corporate objectives.

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## Status of this report

## Summary

1. The NHS consultant contract is the national framework that governs the working conditions and salary grades of consultants. The Amendment to the National Consultant Contract in Wales came into effect on 1 December 2003, and was the first major change to consultants' terms and conditions since 1948.
   The contract brought in a number of benefits for consultants: a new salary scale; improved arrangements for on-call remuneration; new arrangements for clinical commitment and clinical excellence awards; and a commitment to improve flexible working. The intention of all these benefits was to aid recruitment and retention of consultants.
2. Effective job planning underpins the implementation of the amended contract and is mandatory for all consultants. The job planning process is designed to ensure the individual consultant and their employer agrees the content and scheduling of activities that comprise the working week. The contract is based upon a full-time working week of 37.5 hours, equivalent to 10 sessions of three to four hours each, bringing them in line with other NHS staff. The working week should typically comprise seven sessions of Direct Clinical Care (DCC), such as clinics, public health duties and ward rounds, and three sessions for Supporting Professional Activities (SPAs), such as research, clinical audit and teaching.
   Job plan reviews are expected to be carried out annually as part of the contract.
3. The amended contract was introduced explicitly to facilitate the following benefits:
   - to improve the consultant working environment;
   - to improve consultant recruitment and retention; and
   - to facilitate health managers and consultants to work together to provide a better service for patients in Wales.
4. In 2004, the Welsh Government commissioned the Audit Commission in Wales to review the implementation of the consultant contract, with a focus on the job planning process. Since then, the Welsh Government has monitored implementation of the contract through an annual reporting process which ended in 2009.

5. The Welsh Government invested significant sums of money to implement the contract in Wales through set up costs, additional session payments to consultants and funding a Consultant Outcome Indicators project (COMPASS), which has now been discontinued. However, no independent external audit work has been done to examine whether the intended benefits from the amended contract are being achieved and, in particular, whether job planning is now fully embedded as an organisational tool in NHS bodies to help define and review consultants' contribution to service delivery. This audit has been undertaken at each Health Board and NHS Trust that employs significant numbers of consultants. An all-Wales report will be published following the completion of local fieldwork and reporting.

6. Public Health Wales NHS Trust (the Trust) was established on 1 October 2009. The Trust incorporated the functions and services provided by the National Public Health Service for Wales (NPHS), the Wales Centre for Health (WCfH), the Welsh Cancer Intelligence and Surveillance Unit (WCISU), Screening Services Wales (SSW), and the Congenital Abnormality Register and Information Service (CARIS). The Public Health Service directorate incorporates the screening division, health protection and safeguarding children's services while the Public Health Development directorate incorporates health improvement, health and social care quality and health intelligence. The health boards employ directors of Public Health, who are responsible for driving and directing local public health programmes.

7. At the time of our audit, the Trust had been established for one year and was still in the process of setting up its executive structure. While the Trust has appointed an Executive Director for Public Health Services, the post of Director for Public Health Development was vacant. In November 2010, the Trust employed 76 consultants.

8. The Trust has a close relationship with Velindre NHS Trust as the WCISU, SSW and NPHS came from the demerger of Velindre NHS Trust. Due to its size, the Trust's corporate services support is still provided by Velindre NHS Trust under the terms of a service level agreement. In June 2008, Velindre NHS Trust's internal auditors reported on their review of the implementation of the consultant contract and job planning in the Trust. The action plan contained five recommendations, of which three were concerned with job planning:
   - job planning should be undertaken annually and job plans signed off by the consultant and medical director;
   - consultants working in excess of 10 sessions should provide adequate documentation to support the reasons for extra sessions; and
   - no Trust-wide guidance was in place for job planning and that the Trust should develop guidance.

9. While some action was taken in response to the recommendations in the 2008 Internal Audit report, the Trust's progress on job planning will be considered as part of this audit.

10. Appendix 3 provides further details of our audit methodology. This included an online survey for all consultants at the Trust. We received responses from 19 consultants from all areas of public health activity, a response rate of 25 per cent. While the response rate is reasonable, due to the small number of consultants responding we have not used percentages in the report.

11. This audit seeks to answer the question: 'Are the intended benefits of the new consultant contract being delivered?' In particular, we focused on the extent to which job planning was embedded in the Trust as an annual process and how effective it was in facilitating service improvement. We also considered the working environment of consultants, which was part of the contract's wider aim for the NHS to provide ongoing improvements to the quality of consultants' working lives. The intention of these benefits was to aid recruitment and retention of consultants.

12. Our review has concluded that while the Trust undertakes annual job planning, the current arrangements do not clearly or consistently identify consultants' commitments and are not linked to corporate objectives. We have come to this conclusion because:

- while most consultants have undertaken annual job planning the lack of clear Trust guidance has lead to weak processes; and
- the Trust's current job planning processes have not delivered all the intended benefits of the consultant contract.

## Recommendations

13. This review has identified a number of recommendations which should help the Trust improve its current approach to job planning and deliver the intended benefits of the consultant contract.

| | |
|---|---|
| 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. |
| R2 | Ensure consultant job planning is aligned to corporate and divisional objectives. |
| R3 | Strengthen the job planning review process by including managers in the review meeting with a consultant. |
| R4 | Provide consultants with more notice of job plan meetings (four to six weeks) to ensure they and managers have time to prepare fully for the review. |
| R5 | Strengthen existing arrangements and develop appropriate outcome indicators in areas where there is no quality performance information. |
| R6 | Develop a standard job plan template that ensures the working week is presented in a consistent, clear and transparent way. |
| R7 | Ensure in the final job plan, all DCC and SPA sessions have clearly defined SMART outcomes. |

| | |
|---|---|
| R8 | Clarify and document in the job plan how consultants' management activities are recognised. |
| 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. |
| R10 | Strengthen job-planning arrangements to support the rebalancing of workloads within consultant teams. |
| R11 | Develop, for those consultants who are also employed by a university or another health board, a joint job planning arrangement that ensures commitments and expectations are clearly set out for the Trust and the other body. |

# While most consultants have undertaken annual job planning, existing processes are not robust

## Job planning and appraisals take place annually for all consultant staff other than for some senior consultants

14. Prior to the creation of Public Health Wales NHS Trust in October 2009, the different public health divisions had set up and followed their own procedures for annual job planning and appraisal. The divisions follow similar processes with the director carrying out the job plan review alone and the appraisal meeting taking place on the same day. This is due to the logistical difficulties of having staff located across Wales. The directors not only have a large number of consultants to see during the year but they also undertake job planning and appraisals for other non-medical staff. There is some scope to split this workload to other managers to reduce the workload on directors.

15. While it is good practice to have annual appraisals and job planning in place, some divisions were not clear how to link the two together. There is no guidance on job planning, because most directors have been carrying out job planning for a number of years. However, this has led to inconsistencies in approach and outcome. Most NHS organisations have developed clear guidance to avoid this and the same now needs to be done by the Trust. It is also good practice in the guidance to clearly link the job planning arrangement with those for appraisal.

16. In the past, the HR officer for medical staffing in the screening division would send out a letter to the consultant to set up the job plan meeting. The consultant was then expected to bring a diary and activity evidence to the meeting. Consultants are given two weeks' notice and all survey respondents said that this was an adequate time to prepare. However, the contract emphasises the importance of preparation for the meeting and other health boards give consultants four to six weeks notice to ensure this happens. The Trust should consider giving more notice of job plan meetings so that consultants and managers have enough time to fully prepare for the meeting discussions.

17. Where clinical directors and managers have a shared understanding of job planning, they are better placed to plan the service more effectively. Our survey found that all respondents thought that the right managers from the Trust were involved in the meeting. While it may be pragmatic for clinical director to carry out the meetings by themselves there are distinct benefits in having manager involvement particularly when business delivery aspects are being discussed. This also promotes better working arrangements between consultants and managers, which is one of the intended benefits of the contract.

18. For the Trust's tier two and three consultants, job planning was put on hold due to the pressure of ongoing work and delays in recruiting to senior posts. These consultants should have a job-planning meeting as soon as possible to ensure that their workloads are appropriate following the creation of the Trust in late 2009.

## There is no clarity over what is direct clinical care and what are supporting professional activities resulting in confusion in job plans

19. Exhibit 1 shows the average number of sessions identified in job plans and how they are distributed between DCC, SPA, 'other' and management activities.
The average number of whole time equivalent (WTE) sessions for all consultants at the Trust is 10.55 although this does vary between specialties. Compared to the rest of Wales the Trust has agreed slightly more SPA sessions that other health boards.

**Exhibit 1: Health Board/Trust average sessions 2009-10[1]**

| Specialty | DCC | SPA | Other | Management | Total |
|---|---|---|---|---|---|
| General Surgery[2] | 10.00 | 0.00 | 0.00 | 0.00 | 10.00 |
| Medical Microbiology | 7.82 | 2.94 | 0.00 | 0.00 | 10.76 |
| Paediatrics | 8.00 | 2.00 | 0.00 | 0.00 | 10.00 |
| Public Health Medicine | 7.54 | 2.88 | 0.06 | 0.00 | 10.48 |
| Radiology | 7.50 | 2.50 | 0.00 | 0.00 | 10.00 |
| **Public Health Wales Average** | **7.65** | **2.86** | **0.03** | **0.00** | **10.55** |
| **Wales Average** | **8.34** | **2.60** | **0.14** | **0.13** | **11.21** |

*Source: Public Health Wales NHS Trust and Welsh Government*

20. The contract states that 'public health duties' are part of DCC. However, the contract does not provide any further guidance or definition as to what can be classified as public health duties. For many consultants employed by the Trust, their activities are not to provide clinical care directly to patients. To address this some of the divisions refer to DCC as 'direct public health'. The Trust needs to introduce clearer guidance on assessing the DCC element to ensure consistency.

[1] Due to the changes in the structure of public health medicine in recent years, it is not possible to compare average sessions over the last three years to look for trends.

[2] General Surgery refers to one surgeon who provided half of one session of advice a week, resulting in a standardised WTE post of 10 sessions of DCC only.

21. While some clinicians, for example surgeons and radiologists, can clearly schedule their DCC sessions in clinics, theatre sessions and ward rounds, many of the public health consultants said their day to day work is reactive and therefore difficult to set out an average weekly schedule of activities.

22. The contract states that SPA covers a number of different types of activities which underpin DCC, including teaching, continuing professional development and research. However, many public health consultants said that they found it difficult to distinguish between activities that might be DCC and those that are SPA. One example provided was that during an outbreak the consultant needed to carry out a lot of research to understand the problem and decide what tests to provide. This could be classified as research and therefore SPA, but it is more properly the direct work of the consultant.

23. In our interviews, one consultant identified that their SPA is interwoven into all their daily activities. Another consultant found it difficult to identify the time when they carried out SPA activities, although they estimated this accounted for, on average, two SPAs a week.

24. What consultants expect to achieve from their SPA time is neither set out in detail in the job plans nor discussed in detail in the job plan meeting. However, without more clarity of expected outcomes the Trust cannot assess if SPAs are meeting both the professional and organisation service development needs for consultants.

25. The contract states that while the locations of some SPA activities (such as teaching) can be predetermined, other activities (such as preparing presentations), might be undertaken in any one of a number of settings. Consultants can normally carry out up to one SPA session per week at home or away from their normal place of work. Currently, the Trust's job plans do not specify where SPA activity is taking place.

26. The standard job plan produced when the contract was introduced does not provide more than a single line for 'public health duties'. In the absence of a standard approach, each division in the Trust has produced its own job plan template. For example, health improvement have carried out some work to identify and separate out the different elements of the job plan, such as research, administration or planning, producing an adapted job plan template for their consultants. Another example is in health intelligence where they have developed another template with proportions of time allocated to each role.

27. The job plans we reviewed were of variable quality and were lacking detail about activities or expected outcomes. To overcome this, the Trust needs to develop a job plan template based on its own guidance that clearly identifies DCC and SPA commitments in a transparent way that meets the needs of all the different work streams within the organisation.

## Management time is not recognised consistently or identified separately on job plans

28. The contract states that the job plan will include any consultant management responsibilities, recognising that specific responsibilities and duties will vary between consultants.

29. Within the Trust, no consultant has been allocated 'management' sessions in job plans. While it is acceptable to include management activities in DCC, by clearly identifying management sessions it is possible to understand this commitment and the impact on service delivery. The different approaches adopted within the Trust included:

    - in microbiology, a DCC session is allocated for consultants with management responsibilities;
    - in radiology, those with management responsibilities get a financial responsibility allowance;
    - in health improvement, management has been classified as SPA; and
    - in health promotion, consultants manage lots of people but they don't separate out management time from public health time as it is seen as part of their everyday job.

30. It is important that the Trust sets out a clear approach to recognising management responsibilities that is consistent across all divisions, whether it is through allocating DCC sessions or management sessions, or by providing responsibility allowances.

## Generally, the job planning process does not draw on robust information and most job plans do not contain SMART outcomes

31. The contract states that both the appraisal and the job plan review should be informed by information on the quality and quantity of the consultant's work over the previous year. Both processes will involve discussion of service outcomes, and linked personal development plans, including how far these have been met.

32. Over half of those responding to the survey said that they had access to information from local clinical or public health management information systems to support discussions about their existing work. Around a quarter said that they used the Trust's information while the majority (90 per cent) used their own information. However, one survey respondent did say they had used no data to prepare for the meeting. This does question how meaningful and robust the discussions were.

33. One example of the effective use of information was in radiology where performance information is fed back to consultants on a regular basis, not just annually. Another approach found was in health intelligence where in the absence of information consultants are asked to bring appointment calendars and evidence of published reports to support review discussions.

34. Consultants in some divisions are asked to bring diaries that they have completed for the previous two months. Under normal circumstances, diaries

should not need to be completed each year. However, diaries can be a useful tool for those consultants who are new in post, have a significant change in their job plan, or where there are concerns with over- or under-delivery.

35. While meaningful information may be difficult to generate in some areas of public health, it is important that the Trust has a clear understanding of the information that it needs to support job planning and appraisal.

36. Identifying SMART[3] expected outcomes is an important part of the annual job plan review as they set out a mutual understanding of what the consultant and employer will be seeking to achieve over the next 12 months. In radiology, all consultants have some outcome measures, for example reading a specified number of mammograms. Other consultants have objectives although these would be set and measured outside of the job planning process. Some consultants said that it was difficult to define outcomes and that many public health improvement outcomes are not measurable for many years. This lack of outcomes in existing job plans shows the need to develop SMART expected outcomes linked to corporate objectives as part of the development of job planning guidance.

## Engaging partners in the job planning process has been challenging

37. Where more than one trust or health board employs a consultant, it is important that managers from both organisations understand what is in the consultant's job plan. This may involve managers from both organisations to the participating in the job planning meeting and, at the very least, Trust managers should see the job plan from the other organisation to understand its impact on service delivery and availability.

38. Trust managers also reported that when the new contract was implemented, Trusts were given additional funding to pay for consultant contracts where job plans included more than 10 sessions. This extra funding was given to the Trusts (now LHBs) which held the consultants' contracts even when the consultants had DCC sessional commitments to other Trusts. In Public Health Wales, about 35 consultants had shared job plans and in most cases the additional funding to support the new consultant contract (particularly for SPA activity) was given to other Trusts across Wales. This meant that Public Health Wales received very little additional funding and, although the status quo was maintained for existing contracts, when the post holder changes and the funding for the job plan is renegotiated, Public Health Wales is asked to contribute more for SPA sessions. The Trust feels this is still an outstanding issue following the implementation of the new consultant contract, which remains a continuing cost pressure.

[3] SMART – It is generally accepted that objectives, outcomes and performance targets should be Specific, Measurable, Achievable, Relevant and Timely.

39. There are quite a few consultants with more than one employer and the Trust leads on the job plan reviews for those who are directly employed by the Trust. In the screening division, where the consultant is directly employed by another organisation, the Trust manager is informed after the job plan meeting if there are any changes that might affect Trust activities.

40. The Trust has examples of where problems have been created when the consultant's main employer undertook a job plan review without considering the Trust's commitments, in this case, asking the consultant to take on additional sessions in the health board which clashed with Trust commitments. This puts pressure on the consultant to meet the demands of both employers and on
one occasion, a consultant carried out the additional work in their own time. This issue has now been resolved but it highlights the importance of employing organisations working closely together when job planning and making changes to a consultant's responsibilities.

41. The Trust is trying to improve the arrangement by carrying out joint job planning with the employing health boards. At the time of the audit, this had only been achieved for one consultant.

42. Similar problems have been encountered for consultants with academic contracts. Our interviews found some good practice in the screening division with university input into the appraisal meeting. However, in microbiology there were problems engaging the university in job planning. Our survey found that three respondents held joint academic contracts but that none of them had had any university input into their job plan meeting.

## The Trust is taking action to strengthen its job planning arrangements which is a positive initial step

43. The director for public health services has initiated a unified approach to job planning. A letter has been sent asking consultants when their last appraisal and job planning meeting was carried out and the HR officer for medical staffing in screening is collecting all existing job plans and compiling the information on a single database. Once this is done job plan sessions will be validated and cross-referenced to payroll.

44. The main priority for the director for public health services is to ensure that appraisal is taking place annually for all medical consultants, being the responsible officer for medical revalidation[4] in the division. The intention is to develop a robust appraisal system that complies with best practice. It is important to take this opportunity to develop robust appraisal and job planning arrangements which meet both the consultants' and Trust's needs. The Trust

[4] Since 16 November 2009, only doctors who are registered with a licence to practise can work as a doctor in the NHS. Licences will require periodic renewal by revalidation. While the exact process for revalidation has yet to be finalised it is likely to require evidence of annual appraisals.

is making good progress with the establishment of a database of consultants and dates for carrying out appraisals with consultants. In addition, the Trust has arranged training for 16 Trust appraisers in May 2011 to include training on the role of the Responsible Officer and the job planning process.

## The Trust's current job planning processes have not delivered all the intended benefits of the consultant contract

### Full time consultants are predominantly on 10-session contracts although it is not clear if this is an accurate reflection of their commitments

45. One aim of the consultant contract was to improve the working conditions of consultants by reducing the working week to 10 sessions over 37.5 hours and to promote flexible working. Further analysis of the Welsh Government database of sessions shows that only one consultant has a job plan with more than 12 sessions while 17 per cent of consultants have more than 10 sessions.

46. The Trust appoints all new consultants working full time on 10 sessions. One manager reported that public health consultants have enough freedom to manage their own workload and that in normal circumstances they should be able to do this within the 10 sessions available. However, some consultants interviewed were concerned that they regularly worked more than 10 sessions but their contract did not reflect this. Our survey found that half of respondents thought that their job plan did not reflect their working hours and commitments.

47. The Trust is taking action in some areas to tackle the issue of over delivery. In the screening division, they look at pressure on sessions and will move sessions to others consultants if necessary. Within the Trust the approach is inconsistent with some consultants working over their sessions and are paid extra while others are doing the same but receiving no additional payment.

48. Team job plans can be a mechanism for directorates to manage work across the consultant team more equitably. However, our survey found that none of the respondents had a team based job plan. The Trust could explore the development of team job plans to share out workloads, where this is appropriate.

49. During a public health outbreak, when workloads can significantly increase, consultants in health protection can claim time off in lieu and some additional payments although some never claim for all additional hours worked. This is because most consultants see working additional hours in outbreaks as part of the job although some were concerned that they were consistently working more than their contracted hours. In health intelligence, the director found that the contract helps to identify consultants who regularly over deliver but that the Trust does not have a policy on how to deal with this problem. The Trust needs to be sure that overtime is recognised consistently.

50. The challenge for managers in public health is to retain enough resources to deal with a crisis without having surplus all the time. On the other hand, there needs to be enough spare capacity to ensure that consultants can gear up to meet the demands of an outbreak without working excessive hours for a long period of time. Most consultants expect to work some extra hours but it is important that their job plans reflect the reality of the working experience as far as it possible to plan.

51. The contract states that a job plan will cover on-call and out-of-hours commitments. Regular predictable commitments arising from on-call responsibilities will be scheduled into sessions. Rota commitments will also be specified. While some areas of the Trust did not report any issues with on-call, it was raised as an issue by some consultants interviewed. Most Trust on-call commitments are generally of low intensity, for example to provide telephone advice, although it is disruptive. One interviewee said that they did not consider on-call was part of the job planning process, which in reality it is.

52. The Trust has a number of different ways of rewarding on-call responsibility. The Trust recognises that it has an issue with this and is currently working towards resolving it through the Harmonised On-Call Implementation Group and discussions with the Local Negotiating Committee.

53. In other health boards, on-call is discussed at job planning and consultants are asked to fill out a pro-forma detailing their out-of-hours work intensity before the meeting. The directorate management scores the form and it is discussed in the job plan review. The intention is that the consultant and employer come to a common understanding and agreement of the consultant's out-of-hours commitments. Similar arrangements could be introduced by the Trust.

## Service modernisation is taking place but more use could be made of job planning to facilitate change

54. An explicit outcome of the consultant contract in Wales was to facilitate health managers and consultants to work together to provide a better service for patients. One of the benefits of an annual job planning review meeting is that consultant staff and managers have an opportunity to meet at least once a year to discuss the consultant's work plan. However, only around half of respondents to our survey identified that the job planning review had provided an opportunity to discuss modernising services and introducing innovation and new ways of working.

55. Some parts of the Trust are aware of how to use the contract to facilitate service modernisation. For example, pathology jobs are changing by moving away from the laboratory focus and towards a more patient focused approach and the pathology laboratories are consolidating functions. The director is aware that he can make use of the job planning process to support the changing working practices of consultants.

56. Most consultants who talked about service modernisation said that it was occurring but mostly outside of the job planning process. Examples of modernisation ongoing within the Trust are:
    - A multi-million pound investment in modernisation of the breast screening programme leading the process of modernisation across Wales.
    - Many consultants in the Trust take lead roles in local and all Wales service developments, helping other health bodies to improve their services. A consultant in public health said that he played an active part in restructuring and developing new services in his locality.
    - In the screening division, staff grade and associate specialist (SAS) doctors are replacing consultants, where this is appropriate.
57. An obvious time to reconsider service delivery is when a consultant leaves or retires. Integrating job planning with business development is essential if these opportunities are to be taken.
58. In the Trust, all new posts have to go through a business case process and are assessed by the business case panel, which meets monthly. A business case is also required when job plans change, for example if a consultant is to increase or decrease their sessions, which is good practice.
59. One intended purpose of the contract was to aid recruitment and retention of consultants to Wales. In the screening and public health improvement divisions they said that they did not have problems with recruitment or retention and the Trust has recently recruited seven new consultants to substantive posts. However, it is not easy to fill all microbiology consultant posts so they develop their registrars.

## Most consultants consider their facilities, such as secretarial support, office space and IT equipment, to be satisfactory

60. The contract states that the NHS should be seeking to make ongoing improvements to the quality of consultants' working lives, which included ensuring suitable consultant office space and support are available. During our review, we sought to find out whether consultants had appropriate office support to allow them to undertake their commitments without being disturbed.
61. The health improvement director confirmed consultants are asked about their office needs during the job plan meeting and this is good practice. Consultants have indicated that they have access to satisfactory facilities and the only issues are when secretaries are on extended periods of leave or there are vacancies.
62. One issue raised by consultants was that video conferencing facilities are limited and that the Trust could make better use of VC to reduce the amount of travel needed to meetings.

# Session benchmarking

## Specialty analysis 2009-2010: all Wales averages

| | DCC | SPA | Other | Management | Total |
|---|---|---|---|---|---|
| Accident and Emergency | 8.07 | 2.58 | 0.18 | 0.12 | **10.95** |
| Anaesthetics | 8.27 | 2.64 | 0.04 | 0.08 | **11.03** |
| Audiological Medicine | 7.62 | 2.69 | 0.00 | 0.00 | **10.31** |
| Cardiology | 8.79 | 2.58 | 0.06 | 0.15 | **11.58** |
| Cardiothoracic Surgery | 9.76 | 2.70 | 0.00 | 0.00 | **12.46** |
| Cellular Pathology | 8.86 | 2.86 | 0.00 | 0.00 | **11.71** |
| Chemical Pathology | 7.91 | 2.89 | 0.02 | 0.27 | **11.08** |
| Child and Adolescent Psychiatry | 7.94 | 2.47 | 0.24 | 0.14 | **10.80** |
| Clinical Biochemist | 9.00 | 3.00 | 0.00 | 0.00 | **12.00** |
| Clinical Genetics | 7.75 | 3.33 | 0.31 | 0.10 | **11.48** |
| Clinical Immunology and Allergy | 9.00 | 3.00 | 0.00 | 0.00 | **12.00** |
| Clinical Neuro-physiology | 7.00 | 3.00 | 0.00 | 0.00 | **10.00** |
| Clinical Oncology | 8.16 | 2.61 | 0.13 | 0.90 | **11.81** |
| Clinical Pharmacology and therapeutics | 9.33 | 3.33 | 0.69 | 0.38 | **13.74** |
| Community Medicine | 7.08 | 2.69 | 0.00 | 0.38 | **10.15** |
| Dental Medicine Specialties | 7.82 | 2.97 | 0.00 | 0.18 | **10.96** |
| Dermatology | 7.62 | 2.66 | 0.09 | 0.13 | **10.49** |
| Endocrinology | 7.50 | 2.62 | 0.39 | 0.12 | **10.63** |
| ENT | 8.78 | 2.55 | 0.17 | 0.05 | **11.55** |
| Forensic Psychiatry | 7.95 | 2.75 | 0.24 | 0.55 | **11.49** |
| Gastroenterology | 8.10 | 2.57 | 0.16 | 0.05 | **10.87** |
| General Medicine | 8.35 | 2.61 | 0.05 | 0.11 | **11.12** |
| General Surgery | 9.38 | 2.29 | 0.19 | 0.14 | **12.00** |
| Genito Urinary Medicine | 7.70 | 2.69 | 0.27 | 0.00 | **10.66** |
| Geriatric Medicine | 8.48 | 2.72 | 0.19 | 0.09 | **11.47** |
| GP Other | 7.00 | 3.00 | 0.00 | 0.00 | **10.00** |
| Gynaecology | 8.47 | 2.56 | 0.13 | 0.10 | **11.27** |
| Haematology (Clinical) | 8.61 | 2.45 | 0.31 | 0.11 | **11.48** |
| Haematology (non-clinical) | 8.50 | 2.50 | 0.00 | 0.50 | **11.50** |

| | DCC | SPA | Other | Management | Total |
|---|---|---|---|---|---|
| Histopathology | 9.03 | 2.60 | 0.32 | 0.04 | **11.98** |
| Infectious Diseases | 10.17 | 3.63 | 1.00 | 1.33 | **16.13** |
| Learning Disabilities | 7.87 | 3.41 | 0.07 | 0.06 | **11.41** |
| Medical Microbiology | 7.93 | 2.82 | 0.07 | 0.01 | **10.84** |
| Medical Oncology | 7.92 | 2.60 | 0.17 | 0.15 | **10.84** |
| Mental Illness | 7.58 | 2.66 | 0.21 | 0.22 | **10.66** |
| Nephrology | 8.72 | 2.94 | 0.32 | 0.05 | **12.03** |
| Neurology | 8.06 | 2.75 | 0.19 | 0.00 | **11.01** |
| Neurosurgery | 9.35 | 2.28 | 0.20 | 0.00 | **11.83** |
| Occupational Medicine | 7.71 | 2.59 | 0.07 | 0.00 | **10.37** |
| Old Age Psychiatry | 7.19 | 2.90 | 0.39 | 0.05 | **10.53** |
| Ophthalmology | 8.13 | 2.56 | 0.08 | 0.13 | **10.90** |
| Oral Surgery | 8.86 | 2.84 | 0.02 | 0.05 | **11.76** |
| Orthodontics | 8.19 | 2.74 | 0.02 | 0.19 | **11.14** |
| Paediatric Dentistry | 7.82 | 2.18 | 0.00 | 0.00 | **10.00** |
| Paediatric Neurology | 9.29 | 2.38 | 1.13 | 0.00 | **12.80** |
| Paediatric Surgery | 10.54 | 2.00 | 0.12 | 0.00 | **12.66** |
| Paediatrics | 7.90 | 2.68 | 0.19 | 0.23 | **11.01** |
| Palliative Medicine | 7.14 | 2.76 | 0.41 | 0.48 | **10.79** |
| Plastic Surgery | 8.75 | 2.04 | 0.56 | 0.00 | **11.34** |
| Psychotherapy | 8.08 | 2.31 | 0.00 | 0.00 | **10.38** |
| Public Health Medicine | 7.54 | 2.88 | 0.06 | 0.00 | **10.48** |
| Radiology | 8.47 | 2.54 | 0.13 | 0.15 | **11.29** |
| Rehabilitation | 8.00 | 2.40 | 0.40 | 0.43 | **11.23** |
| Restorative Dentistry | 7.81 | 2.72 | 0.01 | 0.00 | **10.54** |
| Rheumatology | 7.58 | 2.82 | 0.07 | 0.16 | **10.63** |
| Thoracic Medicine | 7.48 | 2.98 | 0.33 | 0.07 | **10.86** |
| Trauma and Orthopaedic | 9.03 | 2.27 | 0.06 | 0.05 | **11.41** |
| Urology | 9.57 | 2.28 | 0.06 | 0.08 | **11.99** |
| **All Specialties average** | **8.34** | **2.60** | **0.14** | **0.13** | **11.21** |

Appendix 2

# Consultant survey: Trust results

| No. | Question | Answer | PHW number giving Answer | PHW % giving Answer | All Wales % giving Answer |
|---|---|---|---|---|---|
| 1 | Total number of responses | | 19 | | 580 |
| 4 | Percentage of consultants received adequate notice of the date of their last job plan review meeting | Yes | 18 | 100.0% | 87.8% |
| 5 | Percentage of consultants that had access to information from local clinical/management information systems to support discussions about their existing work | Yes | 8 | 57.1% | 53.4% |
| 6 | Percentage of consultants that use each of the following categories of information to help prepare for their job plan review meetings: | Health Board or Trust information | 0 | 0.0% | 26.2% |
| | | Your own information | 17 | 89.5% | 67.2% |
| | | None | 1 | 5.3% | 5.7% |
| | | Other * | 2 | 10.5% | 8.4% |
| 7a | Percentage of consultants that prior to the job planning meeting were able to consider last year's work | Yes | 17 | 100.0% | 89.6% |
| 7b | Percentage of consultants that prior to the job planning meeting were able to consider their current pattern of work and activities | Yes | 18 | 100.0% | 95.9% |
| 7c | Percentage of consultants that prior to the job planning meeting were able to consider pressures and constraints that were causing them difficulties | Yes | 17 | 94.4% | 88.2% |
| 7d | Percentage of consultants that prior to the job planning meeting were able to consider any clinical governance and clinical audit issues that have arisen | Yes | 13 | 100.0% | 85.1% |

| No. | Question | Answer | PHW number giving Answer | PHW % giving Answer | All Wales % giving Answer |
|---|---|---|---|---|---|
| 7e | Percentage of consultants that prior to the job planning meeting were able to consider the impact of internal and external initiatives (e.g. NHS reform, changes in health needs of the community and junior doctor training requirements) | Yes | 13 | 76.5% | 68.7% |
| 7f | Percentage of consultants that prior to the job planning meeting were able to consider any ideas they had for improving the service | Yes | 12 | 75.0% | 80.1% |
| 7g | Percentage of consultants that prior to the job planning meeting were able to consider their own personal development plan from their appraisal | Yes | 16 | 100.0% | 81.7% |
| 8 | Percentage of consultants that had a chance to see and comment on the information that was used by the managers involved in their review | Yes (either all or some of the information) | 5 | 27.8% | 44.1% |
| 9 | Percentage of consultants where the NHS is their primary employer | Yes | 17 | 89.5% | 93.6% |
| 10 | Percentage of consultants that hold an academic contract | Yes | 3 | 15.8% | 11.3% |
| 11 | Percentage of consultants holding an academic contract, where the University was involved in the process to agree a single overall job plan | Yes | 0 | 0.0% | 21.6% |
| 12 | Percentage of consultants that have their job plan reviewed annually | Yes | 16 | 88.9% | 61.5% |
| 13 | Percentage of consultants that whose last job plan review was: | Within the last 3 months | 0 | 0.0% | 14.4% |
| | | Between 3 months and 6 months ago | 3 | 15.8% | 14.7% |
| | | Between 6 months and 12 months ago | 10 | 52.6% | 26.3% |
| | | Between 12 months and 18 months ago | 1 | 5.3% | 17.2% |
| | | More than 18 months ago | 4 | 21.1% | 19.1% |
| | | I've never had a job plan review | 1 | 5.3% | 8.3% |

| No. | Question | Answer | PHW number giving Answer | PHW % giving Answer | All Wales % giving Answer |
|---|---|---|---|---|---|
| 14 | Percentage of consultants whose last job plan review lasted: | Less than one hour | 8 | 44.4% | 60.7% |
| | | One to two hours | 10 | 55.6% | 35.7% |
| | | More than two hours | 0 | 0.0% | 3.6% |
| 15 | Percentage of consultants that said that their last job plan review was | About right? | 13 | 72.2% | 78.6% |
| 16 | Percentage of consultants that said that the right managers involved in the job plan review | Yes | 17 | 94.4% | 87.3% |
| 17 | Percentage of consultants whose last job plan review was undertaken as part of a team | Yes | 0 | 0.0% | 17.4% |
| 18 | Percentage of consultants whose last job plan review was undertaken as part of a team that were given the opportunity to agree individual commitments at a subsequent meeting | Yes | 0 | 0.0% | 52.8% |
| 19a | Percentage of consultants that felt their job plan review was conducted in a constructive and positive tone | Yes | 17 | 94.4% | 85.4% |
| 19b | Percentage of consultants that felt their job plan review was conducted was held in an appropriate location | Yes | 16 | 94.1% | 93.9% |
| 19c | Percentage of consultants that felt their job plan review was conducted helped to prioritise work better and reduce an excessive workload | Yes | 5 | 31.3% | 36.1% |
| 19d | Percentage of consultants that felt their job plan review provided a stimulus to discuss steps that could be taken to improve clinical practice | Yes | 8 | 53.3% | 46.3% |
| 19e | Percentage of consultants that felt their job plan review provided an opportunity to discuss modernising services and introducing innovation and new ways of working | Yes | 8 | 53.3% | 47.1% |

| No. | Question | Answer | PHW number giving Answer | PHW % giving Answer | All Wales % giving Answer |
|---|---|---|---|---|---|
| 19f | Percentage of consultants that felt their job plan review allowed discussion of the constraints and pressures they face and agree the actions to address them | Yes | 15 | 83.3% | 61.9% |
| 19g | Percentage of consultants that felt their job plan review identified issues relevant to other staff groups, clinical teams or service providers | Yes | 10 | 71.4% | 53.0% |
| 19h | Percentage of consultants that felt their job plan review helped in delivering their personal development plan from their appraisal | Yes | 12 | 75.0% | 54.6% |
| 20 | Percentage of consultants that said a set of outcome indicators been agreed for their job plan | Yes | 8 | 53.3% | 34.3% |
| 21 | Percentage of consultants that felt they have confidence with the accuracy of the outcome indicator information | Yes | 6 | 60.0% | 26.8% |
| 22 | Percentage of consultants that felt that the outcomes indicators used are appropriate and provide a true reflection of the work | Yes | 5 | 50.0% | 23.4% |
| 23 | Percentage of consultants that were involved in any discussion about the type and relevance of the indicators | Yes | 5 | 55.6% | 31.8% |
| 24 | Percentage that take part in the CHKS Compass Clinical Outcomes Indicator (COI) programme? | Yes | 0 | 0.0% | 77.0% |
| 25 | Percentage that have confidence in the accuracy of the CHKS Compass COI reports? | Yes | 0 | 0.0% | 8.5% |
| 26 | Percentage of consultants that felt their job plan: | | **answered yes** | **answered yes** | **answered yes** |
| | | Clarifies the commitments expected of them | 11 | 57.9% | 65.0% |
| | | Clearly schedules their commitments | 7 | 36.8% | 60.2% |
| | | Helps to tackle excessive workloads | 5 | 26.3% | 18.6% |

| No. | Question | Answer | PHW number giving Answer | PHW % giving Answer | All Wales % giving Answer |
|---|---|---|---|---|---|
| | | Identifies the resources and support needed to deliver their job plan | 8 | 42.1% | 19.7% |
| | | Provides an appropriate balance between the sessions DCC and SPA commitments | 13 | 68.4% | 54.7% |
| | | Clearly identifies the outcomes from their SPAs | 6 | 31.6% | 27.1% |
| | | Allows them to work more flexibly, for example, by varying the clinical commitment, allowing for part time, term time working, and 'chunking' time | 8 | 42.1% | 24.7% |
| 27 | Percentage of consultants that in overall terms have found job planning to be: | Either useful or very useful | 9 | 56.3% | 37.2% |
| 28a | In relation to the consultant contract and job planning, percentage that agreed: The time I spend on clinical care has increased | Either strongly agree or agree | 6 | 66.7% | 53.7% |
| 28b | In relation to the consultant contract and job planning, percentage that agreed: Patient care has improved | Either strongly agree or agree | 6 | 42.9% | 28.1% |
| 28c | In relation to the consultant contract and job planning, percentage that agreed: I now have clear personal objectives linked to service improvements | Either strongly agree or agree | 8 | 44.4% | 26.2% |
| 28d | In relation to the consultant contract and job planning, percentage that agreed: The Health Board/Trust is better able to plan clinical activity | Either strongly agree or agree | 5 | 35.7% | 23.8% |
| 28e | In relation to the consultant contract and job planning, percentage that agreed: My work is better planned | Either strongly agree or agree | 5 | 29.4% | 32.4% |

| No. | Question | Answer | PHW number giving Answer | PHW % giving Answer | All Wales % giving Answer |
|---|---|---|---|---|---|
| 28f | In relation to the consultant contract and job planning, percentage that agreed: My working week is more transparent | Either strongly agree or agree | 6 | 35.3% | 55.0% |
| 28g | In relation to the consultant contract and job planning, percentage that agreed: I am able to work more flexibly | Either strongly agree or agree | 5 | 26.3% | 27.1% |
| 28h | In relation to the consultant contract and job planning, percentage that agreed: Team working has improved in my speciality | Either strongly agree or agree | 5 | 31.3% | 30.0% |
| 28i | In relation to the consultant contract and job planning, percentage that agreed: The Health Board/Trust is able to measure my performance and contribution to service delivery | Either strongly agree or agree | 5 | 31.3% | 25.0% |
| 28j | In relation to the consultant contract and job planning, percentage that agreed: My job plan now reflects the specific demands of my specialty | Either strongly agree or agree | 8 | 44.4% | 41.5% |
| 28k | In relation to the consultant contract and job planning, percentage that agreed: My job plan accurately reflects my working hours and commitments | Either strongly agree or agree | 6 | 37.5% | 40.4% |
| 28l | In relation to the consultant contract and job planning, percentage that agreed: The support and resources identified in my job plan to help deliver my objectives have been provided | Either strongly agree or agree | 4 | 23.5% | 15.0% |
| 28m | In relation to the consultant contract and job planning, percentage that agreed: My emergency workload is more fairly recognised | Either strongly agree or agree | 4 | 28.6% | 32.7% |
| 28n | In relation to the consultant contract and job planning, percentage that agreed: I have been able reduce my working hours | Either strongly agree or agree | 3 | 20.0% | 13.6% |

| No. | Question | Answer | PHW number giving Answer | PHW % giving Answer | All Wales % giving Answer |
|---|---|---|---|---|---|
| 28o | In relation to the consultant contract and job planning, percentage that agreed: I am able to take most or all of my annual leave | Either strongly agree or agree | 12 | 66.7% | 75.9% |
| 28p | In relation to the consultant contract and job planning, percentage that agreed: My SPA commitments are fairly recognised | Either strongly agree or agree | 9 | 50.0% | 26.9% |
| 28q | In relation to the consultant contract and job planning, percentage that agreed: My SPA outcomes are clearly identified | Either strongly agree or agree | 5 | 27.8% | 26.9% |
| 28r | In relation to the consultant contract and job planning, percentage that agreed: The relationship between clinicians and managers has improved | Either strongly agree or agree | 0 | 0.0% | 18.3% |
| 28s | In relation to the consultant contract and job planning, percentage that agreed: I have a positive relationship with management | Either strongly agree or agree | 14 | 77.8% | 55.3% |
| 28t | In relation to the consultant contract and job planning, percentage that agreed: The working environment has improved for the better | Either strongly agree or agree | 1 | 6.3% | 17.2% |
| 28u | In relation to the consultant contract and job planning, percentage that agreed: Medical workforce planning has improve | Either strongly agree or agree | 1 | 5.6% | 13.3% |
| 28v | In relation to the consultant contract and job planning, percentage that agreed: Some of work I do now can be done by other staff groups or more junior doctors | Either strongly agree or agree | 7 | 38.9% | 32.1% |
| 28w | In relation to the consultant contract and job planning, percentage that agreed: My salary better reflects my workload | Either strongly agree or agree | 4 | 23.5% | 31.7% |

| No. | Question | Answer | PHW number giving Answer | PHW % giving Answer | All Wales % giving Answer |
|---|---|---|---|---|---|
| 28x | In relation to the consultant contract and job planning, percentage that agreed: The balance between my NHS commitments and other commitments is clear | Either strongly agree or agree | 3 | 23.1% | 44.0% |
| 28y | In relation to the consultant contract and job planning, percentage that agreed: The Contract has changed the way I work for the better | Either strongly agree or agree | 2 | 11.8% | 20.4% |

Appendix 3

## Methodology

We interviewed nine staff from across the different divisions of the Trust in November 2010. Those interviewed were the director of public health services, clinical directors, general managers, and staff from HR who were involved in job planning. We also interviewed consultants selected by the Trust and the Local Negotiating Committee.

We reviewed a sample of job plans from the Trust. We also reviewed relevant documentation provided by the Trust.

During October and November 2010, we asked consultants in the Trust to complete an electronic survey. We designed this primarily to establish their views of the consultant contract. Nineteen consultants responded to the survey which is a response rate of 25 per cent. However, due to the small actual number of consultants responding we have not used percentages in the report.

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