

## Bundle Audit & Risk Assurance Committee 27 August 2019

- 4.7 NHS Consultant Contract Follow-up Review update  
*Presenter: WAO/Dr Philip Kloer*  
SBAR Consultant Contract ARAC August 2019  
Monitoring Proforma July 2019  
Consultant Contract Improvement Plan Update July 2019

**PWYLLGOR ARCHWILIO A SICRWYDD RISG  
AUDIT AND RISK ASSURANCE COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	27 August 2019
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	NHS Consultant Contract Follow-up Review Update
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Dr Philip Kloer, Medical Director & Director of Clinical Strategy
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Helen Williams, Revalidation and Appraisal Manager

**Pwrpas yr Adroddiad (dewiswch fel yn addas)  
Purpose of the Report (select as appropriate)**

Er Gwybodaeth/For Information

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

This paper presents an update following the UHB Management Response to the WAO NHS Consultant Contract follow-up review (2015). This report is provided for information purposes.

**Cefndir / Background**

Job planning is a mandatory process, which was emphasised as part of the amended Consultant Contract (2003) and more recently as part of the SAS Doctor Charter (2016). Job plans help to ensure that there is a clear consensus between Consultants, SAS Doctors and the Health Board as to what work is being done, where and when it will be undertaken, the number of hours/sessions that the individual is required to work, what work is expected of the individual and the resources required. Effective job planning results in alignment of an individual's work with departmental objectives and strategic objectives, resulting in a much more cost effective delivery of healthcare.

In 2010, the Auditor General for Wales reviewed the job planning processes of all health bodies across Wales (with the exception of Powys Teaching Health Board and the Welsh Ambulance Services NHS Trust). The review looked at how well Health Boards were using the job planning process to realise the wider benefits of the contract. The report Pay Modernisation: NHS Consultant Contract, Hywel Dda Health Board was issued in February 2011. The report detailed six main recommendations identified by the review.

The 2010 review led to the publication of the Consultant Contract in Wales: Progress with Securing the Intended Benefits report, which was issued in February 2013. This report summarised the information gathered on a local level. The report states that the main conclusion from the review was that the intended benefits of the consultant contract amendments were not being realised due to ineffective job planning. The report outlined further recommendations for consideration and accordingly, the Welsh Government, NHS Wales Employers and BMA Cymru, worked collaboratively to produce updated job planning guidance for Health Boards in 2014.

The NHS Consultant Contract: Follow-up of Previous Audit Recommendations Hywel Dda University Health Board review was undertaken between August and December 2015 and the report was issued in June 2016. The Auditor General called for this follow up review, to

establish whether or not the Health Board had fully implemented the audit recommendations for strengthening the job planning process, to achieve the potential benefits of the amended consultant contract in Wales. The six main recommendations that were set out in the Health Board's 2011 report were reviewed, along with the 12 national recommendations outlined in the 2013 report.

Of the six local recommendations set out in the Health Board's report from 2011, one recommendation (17%) had been fully achieved, two recommendations (33%) were ongoing but yet to be completed and the report also found that for three further recommendations (50%), insufficient or no progress had been made.

Of those 12 national recommendations from 2013, seven recommendations (58%) had yet to be completed fully but were ongoing, however, insufficient or no progress had been made in relation to the remaining 5 recommendations (42%).

Following receipt of the 2016 audit report, the Health Board were required to provide a management response, detailing the actions planned going forward, relating to recommendations 1 – 24. This action plan is monitored regularly and updates are reported to the local Audit & Risk Assurance Committee.

### Asesiad / Assessment

Steady progress has been made with regards to the job planning process since the recommendations made as part of the WAO NHS Consultant Contract follow-up review in 2015.

There has been a continual rise in the numbers of job plan reviews undertaken and at the end of March 2019, 100% of Consultants were working to a job plan, with 83% of these job plans having been reviewed within the last 12 months (and therefore up to date). A significant effort was made to increase the numbers of up to date Consultant job plans by the end of the year 2018-2019 to 100%; however, extenuating circumstances accounted for 8% of the total job plan reviews which were outstanding, with reasons including a delay in workforce panel sign off, sickness, sabbatical, disputes and an ongoing workforce process. Issues such as changes in service delivery management and high staff numbers in certain specialties accounted for the remaining 9% of those job plans which required review. At the end of July 2019, 100% of Consultants were working to job plans; however, there has been a slip in the numbers of up to date job plans, which will need to be addressed going forward.

An improvement has been seen with regards to the SAS doctor job planning process, where the Health Board now holds baseline job plan/activity information relating to 69% of SAS doctors. Further emphasis will be placed on SAS doctor job planning over coming months, with a view to all SAS doctors having an up to date job plan by the end of March 2020.

There has been a rise in the quality of job plans and there is evidence that the Consultant Job Planning Toolkit, which was approved by the LNC in April 2018, is being used to promote consistency. The SPA tariff guidance has been reported by service delivery managers as being particularly helpful with negotiating time allocated for various roles and responsibilities. The draft SAS Doctor toolkit is currently awaiting review and approval by the LNC.

The online e-job planning system Allocate, which was procured as a result of a successful invest to save bid is slowly being adopted by Service Delivery Managers as the main format for job planning, and information from the system has been accessed by the finance team to try and track activity spending. There will be a further drive to roll out the system fully by the end of

March 2020. The system has been in place since February 2018 and needs to be utilised fully for any associated benefits to be realised. Combined workshops to focus on the technical aspects of the system, as well as contractual elements associated with the process, will be running from September 2019. It is hoped that those professionals involved with the process will use these workshops to develop further skills and a greater understanding of the process, which will help to foster confidence and make further job planning improvements.

It is recognised that, whilst improvements are steadily being made, the pace of improvement is generally slow, with a sudden rush to meet end of year targets. There is currently an internal audit being undertaken to establish whether Consultant/SAS job planning is being managed and monitored appropriately, in order to ensure that sufficient activity is undertaken to meet the needs of the Health Board. This will help to identify further areas for development and to focus actions for further improvement.

### Argymhelliad / Recommendation

The Audit and Risk Assurance Committee is asked to:

- Note the progress made with regards to Consultant & SAS Doctor Job Planning;
- Note the developments with regards to the online e-job planning software, Allocate;
- Note the internal audit being undertaken to review whether or not the job planning process is sufficiently meeting the needs of the Health Board.

### **Amcanion: (rhaid cwblhau)**

### **Objectives: (must be completed)**

Committee ToR Reference  
Cyfeirnod Cylch Gorchwyl y Pwyllgor

4.1 The purpose of the Audit & Risk Assurance Committee is to advise and assure the Board and the Accountable Officer on whether effective arrangements are in place, through the design and operation of the UHB's system of assurance, to support them in their decision taking and in discharging their accountabilities for securing the achievement of the UHB's objectives, in accordance with the standards of good governance determined for the NHS in Wales.

4.2 The Committee independently monitors, reviews and reports to the Board on the processes of governance, and where appropriate, facilitates and supports, through its independence, the attainment of effective processes.

4.3 Where appropriate, the Committee will advise the Board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further.

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:  
Datix Risk Register Reference and Score:

Not applicable

Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	2.1 Managing Risk and Promoting Health and Safety 3.1 Safe and Clinically Effective Care
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Living and working well 4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners. 5. Deliver, as a minimum requirement, outcome and delivery framework work targets and specifically eliminate the need for unnecessary travel & waiting times, as well as return the organisation to a sound financial footing over the lifetime of this plan
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Improve efficiency and quality of services through collaboration with people, communities and partners Develop a sustainable skilled workforce

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	<ul style="list-style-type: none"> <li>- Pay and Modernisation: <i>NHS Consultant Contract, Hywel Dda Health Board</i> Welsh Audit Office: 2011</li> <li>- <i>Consultant Contract in Wales: Progress with Securing Benefits</i> Welsh Audit Office: 2013</li> <li>- <i>NHS Consultant Contract: Follow-up of Previous Audit Recommendations Hywel Dda University Health Board</i> Welsh Audit Office: 2016</li> <li>- <i>UHB Management Response to the WAO Consultant Contract follow-up review (2015)</i></li> </ul>
Rhestr Termau: Glossary of Terms:	<p>UHB – University Health Board  WAO – Wales Audit Office  NHS – National Health Service  DCC – Direct Clinical Care  SAS - Specialty and Associate Specialist  SPA – Supporting Professional Activities  LNC – Local Negotiating Committee  WAG – Welsh Assembly Government</p>
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	<p>LNC  E-Job Planning Implementation Group  Senior Clinical leads  Executive Directors</p>

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	The Invest to Save proposal was approved by Executive Team in August 2017 and implementation of the e-job planning system is expected to deliver savings as described in the original submission.

<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Robust job plans are expected to deliver improvements in quality and patient care.
<b>Gweithlu: Workforce:</b>	As the Toolkit has been discussed extensively with the LNC it is not expected that the consultant workforce will be impacted adversely, although individual consultants may raise issues at their job plan meetings.
<b>Risg: Risk:</b>	A risk register will be compiled as part of the project management of the implementation of the project.
<b>Cyfreithiol: Legal:</b>	Legal challenges are not anticipated.
<b>Enw Da: Reputational:</b>	Not expected.
<b>Gyfrinachedd: Privacy:</b>	Information governance protocols will be adhered to and the software complies with all relevant protocols.
<b>Cydraddoldeb: Equality:</b>	Undertaking job planning utilising the guidelines and an electronic system will ensure a greater degree of consistency.

### ACTION/IMPROVEMENT PLAN MONITORING

<b>Name of Report:</b>	NHS Consultant Contract: Follow-up of previous audit recommendations				
<b>Reviewing Body:</b>	Wales Audit Office				
<b>Reporting Officer:</b>	Helen Williams			<b>Executive Director:</b>	Dr Philip Kloer
<b>Date of Report:</b>	July 2019				
<b>Monitoring Sub-Committee/Group:</b>	ARAC	<b>Date last sent to Committee</b>	October 2018	<b>Frequency of reporting:*</b>	
<b>Original Planned Completion Date:</b>	01/01/2017				

#### RECOMMENDATIONS

Rec No.	Original date for completion	Completed Y/N?	If no, revised date for completion	Reason for not completing within original/revised timescale	Impacts of non/late delivery (eg impacts to patients, staff, service, HB, objectives)	What action is being taken to ensure that this will now be delivered within revised timescale
R1	01/01/2017	N	31/12/2019	<ul style="list-style-type: none"> <li>- Staffing issues</li> <li>- Time constraints attributable to work and service pressures</li> <li>- Extenuating circumstances including sickness, long term leave, disputes, ongoing process</li> <li>- Delay in the timescale for approval for local job planning guidelines</li> <li>- Lack of engagement in the online e-job planning system</li> <li>- High numbers of staff within certain</li> </ul>	Insufficient numbers of Doctors working to up to date, accurate job plans.	<ul style="list-style-type: none"> <li>- Job plan reviews have been arranged into allocated job planning quarters to help make the process more manageable</li> <li>- Regular update reports on the numbers of job plans are discussed at Executive Performance Meetings and BPPAC</li> <li>- Job Planning Support &amp; Guidance being provided by the Workforce Team and the Medical Directorate</li> <li>- Further workshops have been arranged across Health Board sites to support</li> </ul>

**\*Criteria for frequency of monitoring;**

In respect of new reports and action plans, these should be monitored at the sub-committee meetings **quarterly** for as long as progress for each action remains on schedule.

Where progress on any action falls behind schedule, the action plan should be monitored at **every** meeting.

Where existing action plans are already behind schedule, the action plans are monitored at **every** meeting.

				specialties		those who are involved with the job planning process. - Internal audit is being undertaken to highlight areas for improvement - Job Planning Quality Review Survey has been sent to Clinicians to highlight further areas for improvement and to help inform support provided
R2	01/04/2017	N	31/12/2019	As above.	As Above.	As Above.
R3	01/04/2017	Y				
R4	01/01/2017	Y				
R5	01/04/2017	Y				
R6	01/04/2017	Y				
R7	01/04/2017	Y				
R8	01/04/2017	Y				
R9	01/04/2017	Y				
R10	01/04/2017	Y				
R11	01/04/2017	Y				
R12	01/03/2017	Y				
R13	01/01/2017	Y				
R14	01/01/2017	Y				
R15	01/04/2017	Y				
R16	01/02/2017	Y				
R17	01/12/2016	Y				
R18	01/04/2017	Y				

**\*Criteria for frequency of monitoring;**

In respect of new reports and action plans, these should be monitored at the sub-committee meetings **quarterly** for as long as progress for each action remains on schedule.

Where progress on any action falls behind schedule, the action plan should be monitored at **every** meeting.

Where existing action plans are already behind schedule, the action plans are monitored at **every** meeting.



R19	01/03/2017	Y				
R20	01/04/2017	Y				
R21	01/04/2017	Y				
R22	01/04/2017	Y				
R23	01/04/2017	Y				
R24	01/04/2017	Y				

***Do you need to escalate any issues related to the delivery of the recommendations to the Executive Team? (eg, requirement for funding/capital, work which requires assistance from another department/service in the HB, etc)***

***If so, please provide all relevant information below***

***Please confirm if the above issue(s) has been added to your service risk register?***

Signed.......... Print Name: Dr Philip Kloer

Position: Medical Director Date: 30.07.2019

***\*Criteria for frequency of monitoring;***

In respect of new reports and action plans, these should be monitored at the sub-committee meetings **quarterly** for as long as progress for each action remains on schedule.

Where progress on any action falls behind schedule, the action plan should be monitored at **every** meeting.

Where existing action plans are already behind schedule, the action plans are monitored at **every** meeting.



**Report title:** NHS Consultant Contract: Follow-up of previous audit recommendations

**Completion date:** July 2016

**Document reference:** 380A2016

**(RAG Rating**  action complete  partially complete/progress being made  incomplete/no current progress)

Ref	Recommendation	Intended outcome/benefit	Management response	Completion date	Responsible officer	Progress as of July 2019
R1	NHS bodies should ensure that all consultants have a job plan that is reviewed annually to ensure that it reflects the business needs of the NHS organisation and the continuous professional development of the consultant. (Auditor General Wales National Report, Rec 1a)	All consultants have an accurate job plan with a robust annual review mechanism to provide this assurance.	<p>Current activities to resolve</p> <ul style="list-style-type: none"> <li>- The Medical Staffing Department scan all job plans and record job plan dates on the ESR system, helping to monitor percentage compliance across the Board.</li> </ul> <p>Future actions to prevent reoccurrence</p> <ul style="list-style-type: none"> <li>- Posts have been created to focus on monitoring and reviewing the job planning process throughout the Health Board.</li> <li>- Job plans to be recorded on a spreadsheet for ease of identifying those Doctors who require an up to date job plan.</li> <li>- Reminders to be sent to Doctors and Managers at regular intervals.</li> </ul>	<p><del>31/03/2019</del> 31/12/2019</p>	Medical Director	<ul style="list-style-type: none"> <li>- Job plan dates continue to be added on to the ESR system</li> <li>- Job plan reviews have been arranged into allocated job planning quarters to help make the process more manageable</li> <li>- Regular update reports on the numbers of job plans are discussed at Executive Performance Meetings and BPPAC</li> <li>- Job Planning Support &amp; Guidance being provided by the Workforce Team and the Medical Directorate</li> <li>- Further workshops have been arranged across Health Board sites to support those who are</li> </ul>

Ref	Recommendation	Intended outcome/benefit	Management response	Completion date	Responsible officer	Progress as of July 2019
			<ul style="list-style-type: none"> <li>- Monthly 'traffic light' scorecards to be produced detailing job plan compliance across the Health Board. Statistics to be split into site and specialty.</li> <li>- Compliance statistics to be reported to the Business Planning &amp; Performance Assurance Committee on a monthly basis and the Workforce and OD committee on an annual basis. The Workforce and OD committee reports directly to the Board.</li> </ul>			<ul style="list-style-type: none"> <li>- involved with the job planning process.</li> <li>- Internal audit is being undertaken to highlight areas for improvement</li> <li>- Job Planning Quality Review Survey has been sent to Clinicians to highlight further areas for improvement and to help inform support provided</li> </ul>
R2	Business processes should be reviewed to ensure that all consultants have an up-to-date job plan that accurately reflects the work that they do, and which is reviewed on an annual basis (Hywel Dda UHB Local Report, 2011, Rec 2a).	All consultants have an accurate job plan with a robust annual review mechanism to provide this assurance.	<p>Current activities to resolve</p> <ul style="list-style-type: none"> <li>- The Medical Staffing Department scan all job plans and record job plan dates on the ESR system, helping to monitor percentage compliance across the Board.</li> </ul> <p>Future actions to prevent reoccurrence</p> <ul style="list-style-type: none"> <li>- Standard list of SPA activities and allocation to be created and used to help inform job plans. The SPA activities included should reflect organisational priorities and will require review on an annual basis to reflect any change in these priorities.</li> <li>- Doctors will be required to take</li> </ul>	<p><del>31/03/2019</del> 31/12/2019</p>	Medical Director and Director of Operations	<ul style="list-style-type: none"> <li>- As Above.</li> </ul>

Ref	Recommendation	Intended outcome/benefit	Management response	Completion date	Responsible officer	Progress as of July 2019
			evidence of how SPA allocation has been utilised to each job plan review meeting.			
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 Wales National Report, Rec 1c)	All participants understand the purpose and practical arrangements for job planning.	<p>Current activities to resolve</p> <ul style="list-style-type: none"> <li>- The Head of Medical Staffing provides job planning training on a one to one basis upon request.</li> </ul> <p>Future actions to prevent reoccurrence</p> <ul style="list-style-type: none"> <li>- Local guidance material to be updated regularly to reflect current job planning themes.</li> <li>- Large group job planning training sessions to be arranged across each of the Health Board sites at least annually.</li> <li>- Consultant Leadership Programme to incorporate job planning information and training.</li> <li>- Regular job planning updates to be included in the Medical Director Newsletters.</li> <li>- Intranet page to be developed dedicated to the job planning process across the Health Board, incorporating the local guidance, job planning template</li> </ul>	01/04/2017	Medical Director and Director of Operations	<ul style="list-style-type: none"> <li>- Basic job planning training is still being supported by the Head of Medical Staffing.</li> <li>- Local guidance material is complete and has been approved by the local LNC.</li> <li>- Large group training sessions to take place over coming months and will be tailored to the Health Board guidance.</li> <li>- Intranet page development is now underway.</li> </ul>

Ref	Recommendation	Intended outcome/benefit	Management response	Completion date	Responsible officer	Progress as of July 2019
			and details of training etc.			
R4	Where directorates have developed more robust approaches to job planning, learning from this should be shared across the Health Board (Hywel Dda UHB Local Report, 2011, Rec 5).	The Health Board has good processes for undertaking job planning.	<p>Current activities to resolve</p> <ul style="list-style-type: none"> <li>- The Mental Health and Learning Disability Directorate has successfully developed the job planning process across the Health Board. Job planning meetings are undertaken regularly on an annual basis and the Service Delivery Manager, Clinical Lead, and Consultant are in attendance. The job planning documentation used is consistent across each of the directorate sites and the needs of the Health Board, the Service and the individual Doctors are used to inform the process and negotiation.</li> </ul> <p>Future actions to prevent reoccurrence</p> <ul style="list-style-type: none"> <li>- A forum will be created involving key members involved with the job planning process to discuss and review the system and process for job planning across the Health Board. This forum will include members from Directorates where the existing process demonstrates aspects of good practice.</li> </ul>	01/01/2017	Medical Director , Director of Operations and Director for Workforce and OD	<ul style="list-style-type: none"> <li>- Meetings have gone ahead with the Mental Health and Learning Disabilities Directorate along with Job planning managers from other Health Boards to develop a process that is based on good practice principles demonstrated within Hywel Dda and our Welsh Health Board partners.</li> <li>- Discussions with Cwm Taf University Health Board, Betsi Cadwaladr University Health Board and Abertawe Bro Morgannwg University Health Board have led to Hywel Dda procuring an online e-job plan system. This software is used by all three of our partner Health Boards and has also more recently been procured by Cardiff and Vale University Health Board. Those Health Boards that have embedded the systems within their job planning processes have identified financial and efficiency savings which would be an appealing prospect for Hywel Dda.</li> </ul>

Ref	Recommendation	Intended outcome/benefit	Management response	Completion date	Responsible officer	Progress as of July 2019
						<ul style="list-style-type: none"> <li>- A Job Planning Project Group was set up in July 2017. The group is made up of key individuals involved with the job planning process across the Health Board. The benefits of an online job planning system were discussed fully resulting in a successful invest to save bid being submitted to the WAG.</li> <li>- The online e-job planning system will be fully rolled out across Hywel Dda from 1<sup>st</sup> September 2018.</li> </ul>
R5	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	The Health Board makes good use of outcome setting and monitoring to ensure that outcomes are achieved.	<p>Future actions to prevent reoccurrence</p> <ul style="list-style-type: none"> <li>- The new operational structure that has been created will help to ensure that there are managers in post and are responsible for participating in the job planning process.</li> <li>- The job planning process across the Health Board will explicitly detail the need for the clinical lead, the service delivery manager and the Doctor to be present when a job plan is created/ reviewed. Consideration may also be made to include Hospital</li> </ul>	01/04/2017	Director of Operations	<ul style="list-style-type: none"> <li>- Posts within the new Operational Structure have now been filled.</li> <li>- Managers responsible for the job planning process across specialties and sites have now been identified.</li> </ul>

Ref	Recommendation	Intended outcome/benefit	Management response	Completion date	Responsible officer	Progress as of July 2019
	resources and support consultants need to deliver their job plan commitments. (Auditor General Wales National Report, Rec 1d)		<p>Directors at job plan meetings.</p> <ul style="list-style-type: none"> <li>- Job plans that have not been signed by all parties will not be valid and will not be included in compliance statistics.</li> </ul>			
R6	The Health Board needs to take action to successfully embed the new medical leadership model and through this ensure that all its consultants understand the value of job planning and how it is to be used to support the delivery of the Health Board, strategic objectives and operational targets (Hywel Dda UHB Local Report, 2011, Rec 1).	The Health Board uses job plan reviews to support delivery of the strategic objectives and operational targets.	<p>Current activities to resolve</p> <ul style="list-style-type: none"> <li>- The new medical leadership team for operational services within Hywel Dda University Health Board has very recently been confirmed.</li> </ul> <p>Future actions to prevent reoccurrence</p> <ul style="list-style-type: none"> <li>- The Medical Directorate is currently being reconfigured to provide further support to the Medical Director and the Directorate portfolio. The job planning process, as part of the portfolio has been considered in the reconfiguration and will be further promoted across the Health Board to support the delivery of Health Board strategic objectives and operational targets.</li> <li>- A forum will be created involving key members involved with the</li> </ul>	01/04/2017	Medical Director and Director of Operations	<ul style="list-style-type: none"> <li>- Staff members have been appointed into the posts created to monitor and review the job planning process. The new AMD for Workforce and Primary Care supports the Medical Director with the professional responsibility for job planning and started in post on the 01/05/2017.</li> <li>- Job Planning Project Group was set up in July 2017 and is made up of key stakeholders involved with the job planning process. The project group will review current and potential future approaches to the job planning process across the Health Board.</li> <li>- The job planning process will be incorporated into the Consultant Leadership programme once local</li> </ul>

Ref	Recommendation	Intended outcome/benefit	Management response	Completion date	Responsible officer	Progress as of July 2019
			<p>job planning process to discuss and review the system and process for job planning across the Health Board.</p> <ul style="list-style-type: none"> <li>- Job planning will be discussed at Medical Leads/Clinical Lead meetings and will be a standing item on the agenda.</li> <li>- Posts have been created within the Medical Directorate to focus on monitoring and reviewing the job planning process throughout the Health Board.</li> <li>- Consultant Leadership Programme to incorporate job planning information and training.</li> </ul>			guidelines have been agreed.
R7	The Health Board needs to ensure that staff undertaking job plan reviews have the necessary support in terms of: supporting corporate guidance; training; and creation of a Clinical Directors Forum or similar to share learning and experiences (Hywel	All participants understand the purpose and practical arrangements for job planning.	<p>Current activities to resolve</p> <ul style="list-style-type: none"> <li>- The Head of Medical Staffing provides job planning training on a one to one basis upon request.</li> </ul> <p>Future actions to prevent reoccurrence</p> <ul style="list-style-type: none"> <li>- A forum will be created involving key members involved with the job planning process to discuss and review the system and process for job planning across the Health Board.</li> <li>- Job planning will be discussed</li> </ul>	01/04/2017	Medical Director and Director of Operations	<ul style="list-style-type: none"> <li>- Job Planning Project Group, made up of key job planning stakeholders, was set up in July 2017.</li> <li>- Local guidelines have been created and approved by the LNC.</li> <li>- Training session will be taking place over coming months.</li> <li>- Job Planning Support Officer post has now been filled.</li> </ul>



Ref	Recommendation	Intended outcome/benefit	Management response	Completion date	Responsible officer	Progress as of July 2019
	Dda UHB Local Report, 2011, Rec 4).		at Medical Leads/Clinical Lead meetings and will be a standing item on the agenda.			
R8	NHS bodies should ensure that they work jointly with universities in agreeing job plans for consultants that have academic contracts such that the expectations and requirements of both organisations are properly and fairly considered; similar arrangements should be in place for consultants working for two or more NHS organisations (Auditor General for Wales National Report, Rec 1f).	Consultants' job plans accurately reflect all their commitments and both organisations have a mutual understanding of consultants' workload and responsibilities.	<p>Future actions to prevent reoccurrence</p> <ul style="list-style-type: none"> <li>- We will connect with Universities and other NHS bodies where necessary to agree job plans for those Doctors to ensure that expectations and requirements of both organisations are considered fairly.</li> </ul>	01/04/2017	Director for Workforce and OD	<ul style="list-style-type: none"> <li>- The Consultant job plans reflect academic commitments in addition to clinical/NHS commitments and this is the same for those commitments that Consultants may have in relation to other NHS work. Further work is underway to strengthen these links to establish joint job plan review meetings and discussions are being held with other NHS bodies, e.g. Public Health to consolidate this joint process.</li> <li>-</li> </ul>
R9	NHS bodies develop an information 'framework' to support job planning, on a speciality-by-	Consultants and the Health Board have access to good quality and wide ranging	<p>Future actions to prevent reoccurrence</p> <ul style="list-style-type: none"> <li>- Updated local job planning guidance to be developed and made available to those who participate in the job planning process.</li> </ul>	01/04/2017	Medical Director and Director for Operations	<ul style="list-style-type: none"> <li>- Local guidance material has been created and has been approved by the LNC.</li> <li>- Large group training sessions will be taking place over coming months tailored to</li> </ul>

Ref	Recommendation	Intended outcome/benefit	Management response	Completion date	Responsible officer	Progress as of July 2019
	<p>specialty 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 reconfiguratio</li> </ul>	<p>performance information to support outcome setting and review.</p>	<ul style="list-style-type: none"> <li>- Training and guidance for those who participate in the process, on how to complete the job planning proforma and what needs to be considered at the job planning meetings, in accordance with local guidance and local standards.</li> <li>- Tick box proforma to be developed as part of the job planning proforma which provides a step by step reminder of those components that should be considered at individual job planning meetings, to ensure consistency.</li> </ul>			<p>Health Board process.</p> <ul style="list-style-type: none"> <li>- Roles and responsibilities and components to consider for effective job planning forms part of local guidance</li> <li>- Doctors are provided with clinical activity information retrieved from the IRIS system by the Medical Directorate for appraisal purposes. This information to be used to inform job plan reviews also</li> </ul>

Ref	Recommendation	Intended outcome/benefit	Management response	Completion date	Responsible officer	Progress as of July 2019
	n. (Auditor General Wales National Report, Rec 3)					
R10	NHS bodies should ensure that they have clear and robust processes in place to discuss and agree objectives and outcomes for consultants as part of the job planning process. It will be important to ensure that clinicians and managers involved in setting these objectives and outcomes receive the appropriate training and support to undertake effective job planning with consultants. (Auditor General Wales National Report, Rec	Outcome setting and review is an integral part of job plan reviews.	Please see R3.	01/04/2017	Medical Director	Please see R3.

Ref	Recommendation	Intended outcome/benefit	Management response	Completion date	Responsible officer	Progress as of July 2019
	4)					
R11	The job planning process needs to be strengthened by the quick introduction of the new framework: developing and agreeing the necessary activity and outcomes indicators for different specialties to inform job planning and performance review (Hywel Dda UHB Local Report, 2011, Rec 3b).	Consultants and the Health Board have access to good quality and wide ranging performance information to support outcome setting and review.	<p>Future actions to prevent reoccurrence</p> <ul style="list-style-type: none"> <li>- The development of 2 compulsory Health Board job planning proformas to be used, one for individual job planning and the other for team based job planning to ensure consistency across the Health Board.</li> <li>- Information to be taken from the Health Board Intelligence Reporting Information System (IRIS) to help determine a measured achievable and consistent baseline of clinical outputs and outcomes for Doctors in different specialties across the Health Board.</li> <li>- Doctors will need to take evidence of outputs and outcomes to annual job planning meetings, e.g. individual performance activity taken from the IRIS system.</li> </ul>	01/04/2017	Medical Director	<ul style="list-style-type: none"> <li>- The Health Board has been successful in procuring the online e-job planning software and from the 1<sup>st</sup> September 2018, this will be fully rolled across Hywel Dda, thus ensuring standardisation and consistency.</li> <li>- Doctors and SDMs to be advised (as part of local guidance) to retrieve clinical activity information from IRIS to be evidenced at job plan meetings.</li> <li>- Doctors are provided with clinical activity information retrieved from the IRIS system by the Medical Directorate for appraisal purposes. This information to be used to inform job plan reviews also.</li> <li>- Clear outcome measures for roles and activities detailed in job plans is incorporated into local guidance.</li> </ul>
R12	NHS bodies should ensure that while job planning and appraisal are separate processes,	Job plans allocate sufficient time for CPD to support	<p>Current activities to resolve</p> <ul style="list-style-type: none"> <li>- The All Wales online Medical Appraisal and Revalidation System (MARS), which is used by all Doctors across Wales to</li> </ul>	01/03/2017	Medical Director	<ul style="list-style-type: none"> <li>- Reminders are sent to Doctors and/or managers on a monthly basis.</li> <li>- Compliance statistics are being reported on a monthly</li> </ul>

Ref	Recommendation	Intended outcome/benefit	Management response	Completion date	Responsible officer	Progress as of July 2019
	<p>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).</p>	<p>revalidation requirements.</p>	<p>undertake their appraisals includes an area for Doctors to include their job plans and to provide further detail in relation to DCC and SPA activities.</p> <p>Future actions to prevent reoccurrence</p> <ul style="list-style-type: none"> <li>- In future the Health Board will monitor and manage the job planning process in much the same way as it manages the appraisal process (regular reminders, the production of monthly compliance statistics etc).</li> <li>- As with the appraisal process, Doctors will be allocated a quarter in which to undertake a job plan review. It is hoped that by providing a 3 month window in which the job plan can be undertaken it will become a less daunting prospect for all those concerned.</li> <li>- We aim to provide job planning quarters to Doctors that precede their appraisal quarters, where possible. This will help to ensure that job planning outcomes will help Doctors plan PDPs for the year ahead and where a Doctor would like, for example, to be an</li> </ul>			<p>basis to BPPAC and are also being reported to Workforce and OD and the LNC.</p> <ul style="list-style-type: none"> <li>- The current statistics are reported based on the job planning year being 15 months rather than 12 months (in line with the appraisal timescales). Once further up to date information is obtained individuals will be allocated a job planning 'quarter'.</li> <li>- Detailed SPA guidance has been created and has been approved by the LNC. This guidance includes the CPD/Appraisal/Audit requirements to support revalidation.</li> </ul>

Ref	Recommendation	Intended outcome/benefit	Management response	Completion date	Responsible officer	Progress as of July 2019
			<p>appraiser, if it is a Health Board priority, it can be included in the PDP. The Doctor would then have just under a year to undertake the training and then once trained, SPA allocation can be provided in the following job plan.</p>			
R13	<p>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</p>	<p>The Health Board has the necessary information to demonstrate that it is undertaking job planning consistently across the organisation and in accordance with national and local guidance.</p>	<p>Current activities to resolve</p> <ul style="list-style-type: none"> <li>- The Medical Staffing Department scan all job plans and record job plan dates on the ESR system, helping to monitor percentage compliance across the Board.</li> </ul> <p>Future actions to prevent reoccurrence</p> <ul style="list-style-type: none"> <li>- Posts have been created to focus on monitoring and reviewing the job planning process throughout the Health Board.</li> <li>- Job plans to be recorded on a spreadsheet for ease of identifying those Doctors who require an up to date job plan.</li> <li>- Reminders to be sent to Doctors and Managers at regular intervals.</li> <li>- Monthly 'traffic light' scorecards to be produced detailing job plan compliance across the Health Board. Statistics to be</li> </ul>	01/01/2017	Medical Director	<ul style="list-style-type: none"> <li>- Staff members have been appointed into the posts created to monitor and review the job planning process.</li> <li>- Job plans are also being recorded on spreadsheet for ease of identifying those who are up to date, along with those who aren't.</li> <li>- Reminders are being sent to Doctors and/or managers on a monthly basis.</li> <li>- Monthly traffic light scorecards have been produced since January 2017.</li> <li>- Compliance statistics are being reported on a monthly basis to BPPAC and are also being reported to Workforce and OD and the LNC.</li> </ul>

Ref	Recommendation	Intended outcome/benefit	Management response	Completion date	Responsible officer	Progress as of July 2019
	practice. (Auditor General Wales National Report, Rec 1g)		<p>split into site and specialty.</p> <ul style="list-style-type: none"> <li>- Compliance statistics to be reported to the Business Planning &amp; Performance Assurance Committee on a monthly basis and the Workforce and OD committee on an annual basis. The Workforce and OD reports directly to the Board.</li> </ul>			
R14	Appropriate monitoring and reporting arrangements should be developed to provide Board members with the appropriate assurances that this is happening (Hywel Dda UHB Local Report, 2011, Rec 2b).	Appropriate monitoring and reporting arrangements for job planning are in place.	Please see R13.	01/01/2017	Medical Director	Please see R13.
R15	The job planning process needs to be strengthened by the quick introduction of the new framework: undertaking compliance and quality audits (Hywel	Appropriate monitoring and reporting arrangements for job planning are in place.	<p>Current activities to resolve</p> <ul style="list-style-type: none"> <li>- Job planning compliance is monitored using the ESR system.</li> </ul> <p>Future actions to prevent reoccurrence</p> <ul style="list-style-type: none"> <li>- The development of 2</li> </ul>	01/04/2017	Medical Director and Director of Operations	<ul style="list-style-type: none"> <li>- The Health Board has been successful in procuring the online e-job planning software and from the 1<sup>st</sup> September 2018, this will be fully rolled across Hywel Dda, thus ensuring standardisation and consistency.</li> </ul>

Ref	Recommendation	Intended outcome/benefit	Management response	Completion date	Responsible officer	Progress as of July 2019
	Dda UHB Local Report, 2011, Rec 3f).		<p>compulsory Health Board job planning proformas to be used, one for individual job planning and the other for team based job planning to ensure consistency across the Health Board.</p> <ul style="list-style-type: none"> <li>- Updated local guidance to be developed and made available to those who participate in the job planning process.</li> <li>- Training and guidance for those who participate in the process, on how to complete the job planning proforma in accordance with local guidance and local standards.</li> <li>- Ongoing quality assurance reviews/audits of job planning proformas, to ensure consistency and quality. When applicable, job plans will need to be invalidated where there is a lack of detail and clarity.</li> </ul>			<ul style="list-style-type: none"> <li>- Local guidance material has been created and has been approved by the LNC.</li> <li>- Large group training sessions will undertaken over coming months and will be tailored to the needs of the Health Board.</li> <li>- The Health Board has initiated quality audits of job plans on a specialty by specialty basis and information is fed back to relevant service delivery managers to aid in raising the standards of future job plans.</li> <li>- The procurement of the online e-job planning software will mean that the level of detail required for individual job plans will increase resulting in better quality job plans.</li> </ul>
R16	NHS bodies should ensure that where changes to NHS services are occurring following public consultation, consultant job plans	The Health Board uses job plan reviews to support service modernisation.	<p>Future actions to prevent reoccurrence</p> <ul style="list-style-type: none"> <li>- In future, the job plan process will be considered by the planning team and reviews will take place in accordance with any service change.</li> </ul>	01/02/2017	Director of Planning	<ul style="list-style-type: none"> <li>- Job plans reviews are now being completed on a regular basis and where there is service change or change to the working timetable of Consultants, this is being</li> </ul>



Ref	Recommendation	Intended outcome/benefit	Management response	Completion date	Responsible officer	Progress as of July 2019
	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 Wales National Report, Rec 1b)					reflected in job plans.
R17	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 Wales National Report, Rec 8)	The Health Board uses job plan reviews to support service modernisation.	<p>Future actions to prevent reoccurrence</p> <ul style="list-style-type: none"> <li>- Posts have been created within the Medical Directorate to focus on monitoring and reviewing the job planning process throughout the Health Board.</li> <li>- The job planning database will detail all those Doctors who are allocated SPA time and the activities for which the time is allocated.</li> <li>- Annual reports will be produced detailing the numbers of various roles held along with further information as to how these roles have benefited the Health</li> </ul>	01/12/2016	Medical Director	<ul style="list-style-type: none"> <li>- Staff members have been appointed into the posts created to monitor and review the job planning process.</li> <li>- Job plans are being recorded on ESR and on a separate spreadsheet detailing the number of sessions along with DCC/SPA ratio.</li> <li>- Compliance statistics are being reported on a monthly basis to BPPAC and are also being reported to Workforce and OD and the LNC.</li> </ul>

Ref	Recommendation	Intended outcome/benefit	Management response	Completion date	Responsible officer	Progress as of July 2019
			<p>Board.</p> <ul style="list-style-type: none"> <li>- Job planning information will form part of Health Board reports, including the Integrated Medium Term Plan, Annual Board Report, Annual Quality Statement and the</li> </ul>			
R18	The job planning process needs to be strengthened by the quick introduction of the new framework: ensuring the job planning process takes account of clinical demand and activity (Hywel Dda UHB Local Report, 2011, Rec 3a).	The Health Board uses job planning to support service modernisation and the achievement of organisational priorities and performance targets.	<p>Current activities to resolve</p> <ul style="list-style-type: none"> <li>- Clinical demand and activity is always considered and used to inform the job planning process across the Health Board.</li> </ul> <p>Future actions to prevent reoccurrence</p> <ul style="list-style-type: none"> <li>- Information to be taken from the Health Board Intelligence Reporting Information System (IRIS) to help determine a measured achievable and consistent baseline of clinical outputs and outcomes for Doctors in different specialties across the Health Board.</li> </ul>	01/04/2017	Medical Director	<ul style="list-style-type: none"> <li>- Doctors and SDMs to be advised (as part of local guidance) to retrieve clinical activity information from IRIS to be evidenced at job plan meetings.</li> <li>- Doctors are provided with clinical activity information retrieved from the IRIS system by the Medical Directorate for appraisal purposes. This information to be used to inform job plan reviews also.</li> </ul>
R19	The job planning process needs to be strengthened by the quick introduction of the new framework: standardising documentation	The Health Board has good processes for undertaking job planning.	<p>Current activities to resolve</p> <ul style="list-style-type: none"> <li>- There is a standard job planning proforma available for use across the Health Board</li> </ul> <p>Future actions to prevent reoccurrence</p> <ul style="list-style-type: none"> <li>- The development of 2</li> </ul>	01/03/2017	Medical Director and Director of Operations	<ul style="list-style-type: none"> <li>- The All Wales job planning proforma is currently being used across specialties and sites, however, the Health Board has been successful in procuring the online e-job planning software and from</li> </ul>

Ref	Recommendation	Intended outcome/benefit	Management response	Completion date	Responsible officer	Progress as of July 2019
	which clearly identifies the job content and expected outcomes (Hywel Dda UHB Local Report, 2011, Rec 3e).		<p>compulsory Health Board job planning proformas to be used, one for individual job planning and the other for team based job planning to ensure consistency across the Health Board.</p> <ul style="list-style-type: none"> <li>- Training and guidance for those who participate in the process, on how to complete the job planning proforma in accordance with local guidance and local standards.</li> </ul>			<p>the 1<sup>st</sup> September 2018, this will be fully rolled across Hywel Dda, thus ensuring standardisation and consistency.</p> <ul style="list-style-type: none"> <li>- Large group training sessions will be arranged once the local guidelines have been agreed and thus will be tailored to the needs of the Health Board.</li> </ul>
R20	The Health Board needs to develop a strategy that will strengthen the working relationship between managers and consultants to facilitate service development and modernisation(Hywel Dda UHB Local Report, 2011, Rec 6).	The Health Board uses job planning to support service modernisation and the achievement of organisational priorities and performance targets.	<p>Current activities to resolve</p> <ul style="list-style-type: none"> <li>- The new medical leadership team for operational services within Hywel Dda University Health Board has very recently been confirmed.</li> </ul> <p>Future actions to prevent reoccurrence</p> <ul style="list-style-type: none"> <li>- Once the new operational structure has been embedded, it will help to ensure that there are managers in post across directorates that are responsible for participating in the job planning process.</li> <li>- The Medical Directorate is currently being reconfigured to provide further support to the</li> </ul>	01/04/2017	Medical Director and Director of Operations	<ul style="list-style-type: none"> <li>- Staff members have been appointed into the posts created to monitor and review the job planning process. The new AMD for Workforce and Primary Care will be supporting the Medical Director with the professional responsibility for job planning started in post on the 01/05/2017.</li> <li>- Clinical Leads, Clinical Directors and Hospital Directors are in post and will support the job planning process across sites/directorates/ specialties.</li> </ul>

Ref	Recommendation	Intended outcome/benefit	Management response	Completion date	Responsible officer	Progress as of July 2019
			Medical Director and the Directorate portfolio. The job planning process, as part of the portfolio has been considered in the reconfiguration and will be further promoted across the Health Board to help facilitate service development and modernisation.			
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	The Health Board is making good use of its investment in SPA activity.	<p>Future actions to prevent reoccurrence</p> <ul style="list-style-type: none"> <li>- The development of 2 compulsory job planning proformas to be used, one for individual job planning and the other for team based job planning.</li> <li>- Training and guidance for those who participate in the process, on how to complete the job planning proforma in accordance with local guidance and local standards.</li> <li>- Standard list of SPA activities and allocation to be created and used to help inform job plans. The SPA activities included should reflect organisational priorities and will require review on an annual basis to reflect any change in these priorities.</li> </ul>	01/04/2017	Medical Director and Director of Operations	<ul style="list-style-type: none"> <li>- The Health Board has been successful in procuring the online e-job planning system which will mean that there is a consistent format for job plans and sufficient detail to be able to clearly identify the time allocated to specific SPA activities.</li> <li>- Large group training sessions will be taking place over coming months and will be tailored to the needs of the Health Board.</li> <li>- Detailed SPA guidance with recommended time allocation for various roles has been created and has been approved by the LNC. The guidance also incorporates the required outputs and outcomes.</li> </ul>

Ref	Recommendation	Intended outcome/benefit	Management response	Completion date	Responsible officer	Progress as of July 2019
	where these activities will be carried out. (Auditor General Wales National Report, Rec 5)					
R22	The job planning process needs to be strengthened by the quick introduction of the new framework: defining what constitutes an SPA, and how the value from SPAs may be measured (Hywel Dda UHB Local Report, 2011, Rec 3c).	The Health Board is making good use of its investment in SPA activity.	<p>Future actions to prevent reoccurrence</p> <ul style="list-style-type: none"> <li>- Standard list of SPA activities and allocation to be created and used to help inform job plans. The SPA activities included should reflect organisational priorities and will require review on an annual basis to reflect any change in these priorities.</li> <li>- Doctors will be required to take evidence of how SPA allocation has been utilised to each job plan review meeting.</li> </ul>	01/04/2017	Medical Director and Director of Operations	<ul style="list-style-type: none"> <li>- Detailed SPA guidance has been created and has been approved by the LNC.</li> <li>- The guidance incorporates a role/activity rationale, outcome measures and tariffs. Doctors will need to use the outcome measure guidance to evidence activity at each job plan review.</li> </ul>
R23	NHS bodies should look to adopt a team-based approach to job planning where it can be shown that this would be beneficial. Consultants would need to be persuaded to participate rather	Team job planning is used where the same issues affect all consultants in the specialty, or require collective solution.	<p>Future actions to prevent reoccurrence</p> <ul style="list-style-type: none"> <li>- Develop a compulsory proforma that would be suitable for team based job planning.</li> <li>- Training and guidance for those who participate in the process, on how to complete the job planning proforma in accordance with local guidance and local standards – to include the team based approach.</li> </ul>	01/04/2017	Medical Director and Director of Operations	<ul style="list-style-type: none"> <li>- The Health Board has been successful in procuring the online e-job planning system which will mean that there is a consistent format for job plans and sufficient detail to be able to clearly identify the time allocated to specific SPA activities.</li> <li>- Large group training sessions will be taking place over coming months and will be</li> </ul>

Ref	Recommendation	Intended outcome/benefit	Management response	Completion date	Responsible officer	Progress as of July 2019
	<p>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 Wales National Report, Rec 6)</p>					<p>tailored to the needs of the Health Board.</p>
R24	<p>The job planning process needs to be strengthened by the quick introduction of the new framework: promoting job planning on a team basis, where this is seen to add value (Hywel Dda UHB Local Report, 2011, Rec 3d).</p>	<p>Team job planning is used where the same issues affect all consultants in the specialty, or require collective solution.</p>	<p>Please see R23.</p>	<p>01/04/2017</p>	<p>Medical Director and Director of Operations</p>	<p>Please see R23.</p>