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Pay Modernisation: NHS Consultant Contract

Velindre NHS Trust

We found that while the Trust recognises the importance of job planning for consultants, the current approach is not yet sufficiently robust to ensure that the full benefits of the consultant contract are realised.

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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 agree 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 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 Assembly 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 Assembly Government has monitored implementation of the contract through an annual reporting process which ended in 2009.
5. The Assembly 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 is being undertaken at each health board and NHS trust that employs significant numbers of consultants and each body will receive a local report. An all-Wales report will be published following the completion of local fieldwork.

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6. Velindre NHS Trust (the Trust) was originally established in 1994. At that time, the Trust specialised in the provision of cancer services and had a budget of around £10 million. Since then, Velindre has grown in size and complexity, with the addition of a variety of services. The Trust was reorganised in October 2009 and the National Public Health Service for Wales, Screening Services Wales and Welsh Cancer Intelligence and Surveillance Unit divisions moved to the new Public Health Wales NHS Trust.
 7. The Trust is now responsible for directly managing two service delivery divisions, the Velindre Cancer Centre (the Cancer Centre) and the Welsh Blood Service (WBS). The Cancer Centre is a specialist hospital providing treatment for cancer patients.
Treatment is also delivered at clinics held in hospitals across south-east Wales. The WBS is the provider of all blood and blood product support to south, mid and west Wales. At the time of our audit in November 2010, the Trust employed 35 consultants in the Cancer Centre plus three full-time and two part-time consultants in the WBS.
 8. In June 2008, the Trust's internal auditors reported on their review of the implementation of the consultant contract and job planning in the Trust (including National Public Health Services for Wales). The action plan contained five recommendations, with three 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 has been taken in response to these recommendations, the Trust's progress on job planning will be considered as part of the current audit. 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 although we did not consider this directly as part of the 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 nine consultants based at both the Cancer Centre and the WBS, a response rate of 24 per cent. While the response rate overall is reasonable, due to the small number of consultants responding to our survey we have not used percentages in the report.

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11. Our overall conclusion is that while the Trust recognises the importance of job planning, the current approach is not yet sufficiently robust to ensure that the full benefits of the consultant contract are realised. We have come to this conclusion because:
- the Trust has established job planning processes for consultants although they are not yet sufficiently robust;
 - working relationships between consultants and managers are good although the contract is not fully used to support modernisation; and
 - consultants consider their facilities, such as secretarial support, office space and IT equipment, to be satisfactory.

Recommendations

12. 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.

Recommendations for both the Cancer Centre and Welsh Blood Service	
R1	Provide consultants with clear written guidance to promote a shared understanding of the Trust's approach to job planning including its approach to developing SMART ¹ outcomes.
R2	Strengthen existing arrangements for using performance information in job planning, and where necessary, develop new outcome indicators where there is insufficient information.
R3	Develop an electronic version of the job plan template to ensure complex job plans are accurate and are presented in a clear and transparent way.
R4	Set out a clear message of what constitutes SPA activity, and develop clearly defined outcomes for all SPAs included in the job plan, including information on the location of SPA sessions.
R5	Develop an approach to reduce excessive workloads and ensure workloads are balanced, to support equitable sharing of work within consultant teams.
R6	Investigate how to print consultants' sessions on their payslips in order to provide clarity for all concerned.
Recommendations for the Cancer Centre	
R7	Ensure that all consultants have an up-to-date job plan and that all consultants have a job plan review on an annual basis.
R8	Ensure that consultants have adequate notice of job plan meetings (four to six weeks) so that they have time to prepare fully.
R9	Clarify and document in the job plan what consultants are doing in management time to ensure that the high level of average sessions is appropriate.
R10	Agree whether it is appropriate that there is no management input into the majority of job plan meetings.
Recommendations for the Welsh Blood Service	
R11	Ensure that data on consultants' sessions are submitted on a timely basis to the Assembly Government as part of annual monitoring.

¹ SMART – It is generally accepted that objectives, outcomes and performance targets should be Specific, Measurable, Achievable, Realistic and Timely.

The Trust has established job planning processes for consultants although they are not yet sufficiently robust

While the Welsh Blood Service completes job planning annually, most consultants in the Cancer Centre have not had a job plan review within the last year

13. Prior to January 2010, consultants employed by the Cancer Centre only received job plan reviews on an ad hoc basis rather than an annual review as required under the contract arrangements. Following their appointment in January 2010, the Trust medical director and clinical director for cancer services have made job planning and appraisal a priority. The Trust intends that all consultants will now have an annual job plan review with the clinical director and an appraisal with the medical director.
14. In health bodies where clinical directors and managers have a shared understanding of job planning, they are better placed to plan the service more effectively. However, at the Cancer Centre the director of cancer services only attends the meeting if there are particular issues that require her attendance. Our survey of consultants found that all respondents thought that the right managers were involved in the meeting. While this may be suitable for a relatively small division with close lines of accountability, the senior staff at the Cancer Centre should consider whether it is appropriate that there is no Trust management input into the majority of job plan meetings.
15. Currently, the clinical director contacts consultants around two weeks before the job plan review meeting. Consultants interviewed said that two weeks was adequate notice although one respondent to the survey said that they did not have adequate notice of their meeting. The contract emphasises the importance of preparation for the meeting and in other health boards in Wales, consultants usually have four to six weeks' notice. The Trust should consider giving consultants more notice of job plan meetings so that they have time to prepare fully.
16. In preparation for the meeting, the clinical director asks consultants to complete the standard job plan template, setting out what clinics and other activities they regularly undertake. However, the Trust has not produced any formal written guidance setting out expectations of job planning for consultants. Some consultants said that it was hard to populate the template. While it is good practice to have all consultants using the same standard job plan template, there is still a need to develop an electronic version to ensure complex job plan arrangements are accurate and are presented in a clear and transparent way.

17. The clinical director has set out a timetable to undertake all job plans. Consultants with less straightforward job plans are scheduled to be undertaken first. These include consultants with 12 or more sessions and these consultants have been asked to complete a diary before the meeting setting out how their DCC and SPA time is allocated.
18. During the job plan meeting, the clinical director leads the discussion with the consultant based on activity set out in the job plan template. The Human Resources officer for medical staffing attends all meetings and makes a verbatim note of the meeting, which is kept with the job plan. Our review of the job plans and meeting notes show that consultants' weekly activities were discussed in detail.
19. At the time of our audit in November 2010, only nine out of 35 consultants at the Cancer Centre had undertaken a job plan review. This is less than a third of the consultants employed by the Cancer Centre and they need to improve the pace at which they complete all the job plans for the first time.
20. The arrangements at the Cancer Centre contrast with those in place for the relatively small consultant team at the WBS. At the WBS, both job planning and appraisal are undertaken every year. Each consultant has a fully completed job plan, corresponding with their area of responsibility, containing expected outcomes and actions including what that the Trust will undertake to assist the consultant to achieve their outcomes. While the WBS recognised that the contract provides clarity on expected hours, SPA activities, on call commitments and suitable remuneration, they saw job planning as not so important because the consultants discuss their work regularly and the annual job plan meeting is a formal process once a year.

Activity data is used constructively to inform the job plan review, although some consultants have pointed to difficulties finding appropriate outcome measures

21. Under the new arrangements introduced in January 2010, the clinical director at the Cancer Centre uses the Trust's activity and patient outcome data to inform the job planning discussion. The clinical director is confident that this data is robust and it is freely accessible to consultants, although not all consultants who responded to the survey said that they had access to the Trust data. Consultants interviewed accepted that while this data is quite basic, it is a useful starting point for discussions of activity, for example, consultants with more complex case loads can explain why their patient throughput is slower. Many consultants also bring their own activity data to meetings. Consultants said that they would like other sets of data, but they recognise that in many specialties comparators are difficult to find.
22. At the WBS, the consultants also used both the Trust's and their own data to inform the job plan meeting. Blood transfusion is a highly regulated service and the consultants are each responsible for ensuring that their own areas are managed properly. The discussion is based around consultants meeting their clinical governance responsibilities.

The Trust is using a standard job plan template but in the Cancer Centre it is not fully completed limiting the Trust's ability to effectively understand issues arising from job plans

Consultants' average number of sessions have reduced over the last three years although management sessions are high and increasing

23. Because the Cancer Centre is a relatively small unit where the clinical director and medical director know all the consultants, they have set up a simplified process for job planning. Everyone interviewed expressed high levels of job satisfaction and good working relationships between management and consultants. While some problems are being tackled, such as reducing travelling time between clinics or the need for a consultant to consider new ways of working, the Trust is missing an opportunity to make more of the job planning process. One of the issues is that consultants do not fully complete the job plan template, with limited information provided about activities undertaken. Consequently, the Trust does not have clear oversight of what the consultant is expected to do on a day-to-day basis and exactly how many sessions they need to deliver their DCC, SPA and management activities.
24. The WBS did not submit their data on sessions contained in the consultants' job plans to the Assembly Government as part of the annual monitoring process in July 2010. There was some confusion amongst staff at the Trust as to who should submit the WBS data. It is important that the WBS understand where to submit their figures in future. The Cancer Centre submitted their figures as required in July 2010.
25. Exhibit 1 shows the average number of sessions identified in the Cancer Centre and WBS job plans in 2009-10. Sessions are distributed between DCC, SPA, other and management activities. The average number of whole-time equivalent sessions for all consultants at WBS is 10 sessions while those reported at the Cancer Centre are the highest in Wales at 11.84.

Exhibit 1: Health Board/Trust average sessions² 2009-10

Health Board/ Trust	DCC	SPA	Other	Management	Total	No. of Consultants
Abertawe Bro Morgannwg	8.49	2.41	0.26	0.04	11.19	471
Aneurin Bevan	8.20	2.83	0.01	0.22	11.25	339
Betsi Cadwaladr Central and East	8.48	2.72	0.08	0.16	11.44	284
Betsi Cadwaladr West	8.65	2.28	0.37	0.09	11.38	134
Cardiff and Vale	8.23	2.84	0.15	0.13	11.34	532
Cwm Taf	8.26	2.32	0.15	0.14	10.87	221
Hywel Dda	8.49	2.37	0.01	0.00	10.89	213
Public Health Wales	7.65	2.86	0.03	0.00	10.55	76
Powys	7.87	1.67	1.26	0.36	11.16	8
Velindre Cancer Centre	7.84	2.85	0.00	1.15	11.84	35
Welsh Blood Service	8.11	1.89	0.00	0.00	10.00	5
Wales Average	8.34	2.60	0.14	0.13	11.21	2,318

Source: Velindre NHS Trust and the Welsh Assembly Government

26. 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. For this reason, all health boards and trusts are working with consultants to reduce the number of sessions that they work to 10 a week. In recent years, new consultants at the Trust have been appointed on 10 session contracts, usually with seven DCC and three SPA sessions. While one consultant on 14 sessions has recently left the Cancer Centre, two consultants remain on 16 and 15 sessions although the Cancer Centre reported that this is on a temporary basis until the current interim director appointments are made permanent. A further five Cancer Centre consultants have 13 or 14 session contracts. The Cancer Centre recognises that it needs to consider how to reduce total sessional commitments for consultants who have more than 12 sessions and is carrying out job plan reviews with consultants on more than 12 sessions first. Our review of the job plans shows that one consultant has requested to drop one session while another wants to continue working on 13 sessions, showing that this issue is being addressed.

² Sessions are calculated as whole-time equivalents to enable comparisons.

27. Consultant interviews suggested that more recently appointed consultants with a 10 session contract soon find they are working at the same intensity and workload as their more established colleagues. While the Local Negotiating Committee representative said that affected consultants are not articulating any contract issues, the Trust needs to address any disparities to ensure that the job plans for all consultants reflect the actual work required by the Trust.
28. Most consultants in the Cancer Centre have substantially more management time commitments than elsewhere in Wales (Exhibit 1). Furthermore, Exhibit 2 shows that whilst overall sessions for clinical oncologists, the largest group of consultants, have decreased in the last three years, their management sessions have more than doubled. More detailed analysis of consultants' sessions shows that 25 out of the 35 Cancer Centre consultants have at least one session of management time.

Exhibit 2: Change in average sessions for clinical oncologists 2007-08 to 2009-10 for Velindre NHS Trust

	DCC	SPA	Other	Management	Total	No of Consultants
2009-10						
Velindre	7.98	2.75	0.00	1.23	11.96	22.02
2008-09						
Velindre	8.57	3.05	0.00	0.79	12.40	19.03
2007-08						
Velindre	8.64	3.00	1.23	0.53	13.40	17.53

Source: Velindre NHS Trust and the Welsh Assembly Government

29. Consultants interviewed suggested that management sessions are high because the Cancer Centre still has to carry out a lot of the management functions and meetings that a larger health board has to do, such as infection control, but drawing from a smaller pool of consultant staff. By setting out more clearly in the job plan what is expected from this management time, the Trust will be confident that consultants have the right number of sessions for management activities.

There is a lack of clarity in job planning about what constitutes supporting professional activity and mechanisms are under-developed to check what value is gained from them

30. Supporting Professional Activity covers a number of different types of activities which underpin DCC, including teaching, continuing professional development and research. The average number of SPA sessions allocated to consultants in the Cancer Centre is 2.85, which is above the Welsh average of 2.60 (see Exhibit 1). The number of SPA sessions has decreased slightly for clinical oncologists over the last three years (see Exhibit 2). The full-time consultants at WBS have 2.00 SPA sessions each although there is some flexibility in how this is used.

31. The WBS consultants discuss SPA activity in detail during appraisals and in the job plan meeting as they see it is part of consultants' substantive role. However, at the Cancer Centre what consultants expect to achieve in their SPA time is neither set out in detail in the job plans nor discussed in detail in the job plan meeting. The Cancer Centre job plan meetings' notes show that they discussed teaching, research and clinical audit activities but this is not translated into actual time expected for each activity. Consultants we interviewed said that they discussed SPAs in more detail in their appraisal.
32. However, without more clarity of expected outcomes the Trust cannot fully assess if SPAs are meeting both the professional and Trust service development needs for its consultants. To improve clarity for expected outcomes in SPAs, the Trust could develop a template for each of the consultant's SPA activities. The consultant would need to provide more detail on how they will evidence that they have carried out this activity and that there is some measure of success. For example, if the consultant has allocated time for undertaking research, then they could record the titles of papers they have published.
33. The consultant contract states that while the locations of some SPA activities (such as teaching) are likely to 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. The job plans currently do not specify where SPA activity is taking place so the Trust is unable to monitor how much SPA activity is being carried out away from the Trust.

While the Cancer Centre job plans have set out actions for the year ahead, they are not SMART

34. The job plan should include expected outcomes that set out a mutual understanding of what the consultant and Trust want to achieve over the following 12 months. Outcomes need to be appropriate, agreed and explicitly linked to both the corporate and Cancer Centre objectives.
35. The audit we performed of the Cancer Centre job plans found that all consultants have agreed a list of actions in the discussion notes. While it is good practice for consultants to have agreed actions, they could be more detailed with clear SMART outcomes enabling both the Trust and the individual consultant to understand what is expected, and to assess what has been achieved, during the year.
36. The position is clearer in the WBS where job plans list agreed expected outcomes for the year ahead and these are generally SMART. These outcomes are discussed at the annual appraisal and job plan meetings.

Financial aspects of consultants' contracts are appropriately monitored

37. Since January 2010, the Cancer Centre's finance team told us that contract monitoring has improved with the appointment of the interim Trust medical director and Cancer Centre clinical director. Budgets are set at the start of the year and, as the budget holder, the clinical director is responsible for authorising any changes in consultants' payments. The Cancer Centre finance team works closely with the clinical director to ensure any changes in sessions are fully authorised and within budget.
38. While consultants' payslips used to show the number of sessions that a consultant was contracted to work, we were told that the electronic staff record system does not provide this information. However, our audit has found that other health boards have found a way to print sessions on consultants' payslips. We recommend that the Trust investigate how to print sessions on payslips in order to provide clarity for all concerned.
39. The Cancer Centre finance team recently ran a reconciliation exercise between the payroll and number of sessions consultants were contracted to work. This found at least one short-term discrepancy where a consultant's temporary increase in sessions was not withdrawn after they ceased working the additional sessions. This discrepancy was quickly identified and we understand that the Trust has taken steps to recover these funds. Regular reconciliations are good practice and should be used to highlight any errors at an early stage. The WBS needs to ensure that appropriate systems are in place to authorise changes in sessions and inform payroll of any changes.

Working relationships between consultants and managers are generally good although the contract is not fully used to support service modernisation

40. The consultant contract sets out the need for consultants and managers to work together to identify appropriate ways of better organising and delivering their services. For example, a consultant could be allocated an SPA session to provide time to train in a new therapy that the Trust needs. Another example would be to use flexible contracts to smooth activity over the typical 42-week clinical year.
41. The Cancer Centre is a relatively small unit with good working relationships between consultants and managers. Oncology is a rapidly changing clinical environment with new drugs and therapies frequently developed and introduced. We found that staff are aware of the need to constantly adapt to these changes and that the Trust values research and development highly. However, they are not using job planning to fully support these changes.

42. The Cancer Centre consultants work in multidisciplinary clinical process teams. These are tumour site-specific, for example urology, and service-specific, for example radiotherapy. It is through these groups that work is done on developing services, for example, developing new clinical pathways. This approach may provide an opportunity for developing team job planning and more flexible ways of working.
43. A major driver for change is the problem of recruiting junior doctors, which is a problem across the NHS in Wales that the Assembly Government is taking steps to address. The Trust is modernising services by training other healthcare practitioners to take on what was considered consultant-only work in the past, for example, prescribing. This has been successful and all areas of the Cancer Centre are planning to employ a nurse prescriber in their teams.
44. All new and replacement consultant posts are carefully considered as to whether a consultant needs to be appointed or if other appropriate staff groups could carry out the role. Two consultants left in the last year providing the opportunity to look at how to allocate their work. For one of the posts, the consultant was working 14 sessions; the new post will cover 10 sessions with the remaining four redistributed to appropriate Cancer Centre staff.
45. Generally, the Trust has not had problems recruiting oncology consultants and overall numbers of consultants have increased steadily in recent years. However, it has had a problem recruiting a replacement radiologist due to shortages of radiologists across Wales. These staff shortages have prompted the Trust to look at alternative ways of providing the service, such as purchasing sessions from radiology consultants based at neighbouring health boards. The Trust has also trained radiographers to provide non-complex radiotherapy, which has been working successfully.
46. The WBS has a small team of consultants who lead their own areas of expertise. They are involved in research and service development but do not use job planning for service modernisation.

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

47. The consultant 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. All consultants interviewed during this study reported that they have access to satisfactory facilities and they were particularly content with their IT support, which they rated very highly.
48. Consultants interviewed were very satisfied with their secretarial support although they did express some concerns about the pressure on secretaries. They said that numbers of secretaries had not increased at the same rate as the increase in numbers of consultants appointed and that while they do provide cross cover for each other during absences this can put a lot of pressure on the service.

Appendix 1

Session benchmarking**Specialty analysis 2009-10: Trust averages**

Welsh Blood Service	DCC	SPA	Other	Management	Total
Blood Transfusion	8.11	1.89	0.00	0.00	10.00

Velindre Cancer Centre	DCC	SPA	Other	Management	Total
Clinical Oncology	7.98	2.75	0.00	1.23	11.96
Medical Oncology	6.67	3.33	0.00	0.83	10.83
Palliative Medicine	6.91	3.26	0.00	0.96	11.13
Radiology	9.50	2.50	0.00	1.00	13.00
Average	7.84	2.85	0.00	1.15	11.84

Velindre NHS Trust	DCC	SPA	Other	Management	Total
Average	7.87	2.74	0.00	1.03	11.64

Specialty analysis 2009-10: all Wales averages

Specialty	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

Specialty	DCC	SPA	Other	Management	Total
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
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

Specialty	DCC	SPA	Other	Management	Total
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	Velindre number giving answer	Velindre % giving answer	All Wales % giving answer
1	Total number of responses		9	...	580
4	Percentage of consultants that received adequate notice of the date of their last job plan review meeting	Yes	7	87.5%	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	5	62.5%	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	2	22.2%	26.2%
		Your own information	6	66.7%	67.2%
		None	1	11.1%	5.7%
		Other *	2	22.2%	8.4%
7a	Percentage of consultants that prior to the job planning meeting were able to consider last year's work	Yes	7	87.5%	89.6%

No.	Question	Answer	Velindre number giving answer	Velindre % giving answer	All Wales % giving answer
7b	Percentage of consultants that prior to the job planning meeting were able to consider their current pattern of work and activities	Yes	7	87.5%	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	7	87.5%	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	6	75.0%	85.1%
7e	Percentage of consultants that prior to the job planning meeting were able to consider the impact of internal and external initiatives (eg, NHS reform, changes in health needs of the community and junior doctor training requirements)	Yes	6	75.0%	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	6	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	4	57.1%	81.7%

No.	Question	Answer	Velindre number giving answer	Velindre % giving answer	All Wales % giving answer
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)	4	44.4%	44.1%
9	Percentage of consultants where the NHS is their primary employer	Yes	8	88.9%	93.6%
10	Percentage of consultants that hold an academic contract	Yes	1	14.3%	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	1	100.0%	21.6%
12	Percentage of consultants that have their job plan reviewed annually	Yes	5	55.6%	61.5%
13	Percentage of consultants that whose last job plan review was:	Within the last three months	3	33.3%	14.4%
		Between three months and six months ago	4	44.4%	14.7%
		Between six months and 12 months ago	0	0.0%	26.3%
		Between 12 months and 18 months ago	0	0.0%	17.2%
		More than 18 months ago	1	11.1%	19.1%
		I've never had a job plan review	1	11.1%	8.3%
14	Percentage of consultants whose last job plan review lasted:	Less than one hour	4	50.0%	60.7%
		One to two hours	3	37.5%	35.7%
		More than two hours	1	12.5%	3.6%

No.	Question	Answer	Velindre number giving answer	Velindre % giving answer	All Wales % giving answer
15	Percentage of consultants that said that their last job plan review was...	About right?	6	85.7%	78.6%
16	Percentage of consultants that said that the right managers were involved in the job plan review	Yes	8	100.0%	87.3%
17	Percentage of consultants whose last job plan review was undertaken as part of a team	Yes	1	12.5%	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	1	100.0%	52.8%
19a	Percentage of consultants that felt their job plan review was conducted in a constructive and positive tone	Yes	7	87.5%	85.4%
19b	Percentage of consultants that felt their job plan review was held in an appropriate location	Yes	6	75.0%	93.9%
19c	Percentage of consultants that felt their job plan review helped to prioritise work better and reduce an excessive workload	Yes	4	50.0%	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	7	87.5%	46.3%

No.	Question	Answer	Velindre number giving answer	Velindre % giving answer	All Wales % giving answer
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	6	75.0%	47.1%
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	6	75.0%	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	6	75.0%	53.0%
19h	Percentage of consultants that felt their job plan review helped in delivering their personal development plan from their appraisal	Yes	4	66.7%	54.6%
20	Percentage of consultants that said a set of outcome indicators had been agreed for their job plan	Yes	3	37.5%	34.3%
21	Percentage of consultants that felt they have confidence with the accuracy of the outcome indicator information	Yes	2	100.0%	26.8%
22	Percentage of consultants that felt that the outcome indicators used are appropriate and provide a true reflection of the work	Yes	2	66.7%	23.4%

No.	Question	Answer	Velindre number giving answer	Velindre % giving answer	All Wales % giving answer
23	Percentage of consultants that were involved in any discussion about the type and relevance of the indicators	Yes	4	80.0%	31.8%
24	Percentage that take part in the CHKS Compass Clinical Outcomes Indicator (COI) programme?	Yes	3	42.9%	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:				
	clarifies the commitments expected of them	Yes	7	77.8%	65.0%
	clearly schedules their commitments	Yes	4	44.4%	60.2%
	helps to tackle excessive workloads	Yes	1	11.1%	18.6%
	identifies the resources and support needed to deliver their job plan	Yes	5	55.6%	19.7%
	provides an appropriate balance between the sessions DCC and SPA commitments	Yes	6	66.7%	54.7%
	clearly identifies the outcomes from their SPAs	Yes	2	22.2%	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	Yes	2	22.2%	24.7%
27	Percentage of consultants that in overall terms have found job planning to be:	Either useful or very useful	6	85.7%	37.2%

No.	Question	Answer	Velindre number giving answer	Velindre % giving answer	All Wales % giving answer
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	2	40.0%	53.7%
28b	In relation to the consultant contract and job planning, percentage that agreed: Patient care has improved	Either strongly agree or agree	2	33.3%	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	4	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	2	25.0%	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	3	33.3%	32.4%
28f	In relation to the consultant contract and job planning, percentage that agreed: My working week is more transparent	Either strongly agree or agree	7	77.8%	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	3	33.3%	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	6	66.7%	30.0%

No.	Question	Answer	Velindre number giving answer	Velindre % giving answer	All Wales % giving answer
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	2	22.2%	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	6	66.7%	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	7	77.8%	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	50.0%	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	2	50.0%	32.7%
28n	In relation to the consultant contract and job planning, percentage that agreed: I have been able to reduce my working hours	Either strongly agree or agree	0	0.0%	13.6%
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	8	88.9%	75.9%

No.	Question	Answer	Velindre number giving answer	Velindre % giving answer	All Wales % giving answer
28p	In relation to the consultant contract and job planning, percentage that agreed: My SPA commitments are fairly recognised	Either strongly agree or agree	5	55.6%	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	4	44.4%	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	1	11.1%	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	8	88.9%	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	2	22.2%	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	3	33.3%	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	3	33.3%	32.1%

No.	Question	Answer	Velindre number giving answer	Velindre % giving answer	All Wales % giving answer
28w	In relation to the consultant contract and job planning, percentage that agreed: My salary better reflects my workload	Either strongly agree or agree	6	66.7%	31.7%
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	4	57.1%	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	28.6%	20.4%

Appendix 3

Methodology

We interviewed 13 staff from across the Trust in November 2010 in both the Cancer Centre and WBS:

- at the Cancer Centre we interviewed the Trust's medical director, the clinical director for cancer services, the director of cancer services, and staff from finance and human resources who were involved in job planning;
- at the WBS we interviewed the director of the WBS and the medical director; and
- we also interviewed a sample of consultants from the Cancer Centre and the WBS selected by the Trust and the Local Negotiating Committee.

We reviewed a sample of consultant job plans from the Cancer Centre and the WBS. 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. Nine consultants responded to the survey which is a response rate of 25 per cent. However, due to the small number of consultants responding we have not used percentages in the report.



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