

Ref Number: UHB 490 Version Number: 1	Date of Next Review: 16/11/2024 Previous Trust/LHB Reference Number: N/A
SAS GRADES JOB PLANNING PROCEDURE	
<p>Introduction and Aim</p> <p>The aim of this procedure is to ensure job planning is undertaken in a fair, reasonable and transparent way, and is aligned with prudent health care principles and the strategic objectives of the organisation.</p> <p>This procedure is to ensure consistency in job planning across the organisation in line with the Specialist (Wales), Associate Specialist (Wales) and Specialty Doctor (Wales) terms and conditions of service, and is also delivered in a way that ensures an engaged and valued workforce. This in no way intends to vary any contractual terms which apply.</p> <p>This procedure seeks to improve job planning quality and compliance through improved processes and an electronic job planning software solution.</p>	
<p>Objectives</p> <ul style="list-style-type: none"> • To standardise the implementation of SAS grade job planning across the health board in alignment with the Specialist (Wales), Associate Specialist (Wales) and Specialty Doctor (Wales) terms and conditions of service, and the Health Board's strategies. • To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently. • We will ensure effective deployment in discussion with our medical workforce to optimise patient care and safety, whilst supporting staff wellbeing. 	
<p>Scope</p> <p>This procedure applies to all medical and dental Specialist, Associate Specialist and Specialty Doctor grades and also Clinical Assistants (hereafter referred to collectively as 'SAS grades') working for Cardiff and Vale University Health Board (CAVUHB) (across all sites) including those with honorary contracts.</p>	
Equality and Health Impact Assessment	An overarching Equality and Health Impact Assessment has been completed as contained in the Adaptable Workforce Policy.
Documents to read alongside this Procedure	<ul style="list-style-type: none"> • Specialist (Wales), Associate Specialist (Wales) and Specialty Doctor (Wales) terms and conditions of service • Annual Leave Policy – Career Grade Medical and Dental Staff • Study Leave Procedure for Medical and Dental Staff
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Disclaimer

If the review date of this document has passed please ensure that the version you are using the most up to date either by contacting the document author or the Governance Directorate

Summary of reviews/amendments			
Version Number	Date of Review Approved	Date Published	Summary of Amendments
1.0	<i>TBA</i>	<i>TBA</i>	<i>New document</i>

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Terms for Reference

CAVUHB	Cardiff and Vale University Health Board
DCC	Direct Clinical Contact
SPA	Supporting Professional Activity
WTE	Whole Time Equivalent
MD	Medical Director
AMD	Assistant Medical Director

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1.0 Procedure Purpose:

It is the purpose of this procedure to deliver the following outcomes:

1. Delivery of job planning aligned to service delivery.
2. Ensure consistent application of relevant principles in a transparent fashion
3. Planning of both clinical and supporting activities that are linked to individual/health board/service objectives
4. Job planning that effectively links capacity to demand, including the development of annualised team job planning where appropriate
5. Effective utilisation of contracted hours
6. Completion of the annual job planning exercise in a department/specialty within the defined annualised job planning cycle
7. Annual service delivery that is quantified during the job planning process and transparently measured on an ongoing basis
8. Support GMC revalidation procedures
9. Fair remuneration for delivered activity
10. Ensure that service development, education, training and research are recognised and supported where appropriate with outputs defined in a transparent, equitable and accountable way.

2.0 To Whom the Framework Will Apply

- Medical and Dental Specialists, Associate Specialists, Specialty Doctors and Clinical Assistants employed by CAVUHB.
- Specialists, Associate Specialists and Specialty Doctors employed by other health boards/trusts who undertake activity on behalf of CAVUHB.
- Specialists, Associate Specialists and Specialty Doctors on joint appointments with other NHS health boards/trusts will be expected to share the number and timing of sessions agreed with their other employer, as part of their CAVUHB discussion.
- Honorary Contract holders in the Specialist, Associate Specialist or Specialty Doctor grade employed by any University or Institution where the holder provides Clinical Services in the UHB (Principle of Joint Job Planning will apply)

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3.0 Approach to Job Planning

Participation in job planning has been a requirement under national terms and conditions of service (Wales) for Specialists, Associate Specialists and Specialty Doctors.

The Terms and Conditions of Service – Specialist (Wales), Associate Specialist (Wales) and Specialty Doctor (Wales) - defines the Job Plan:

“Job Plans are prospective for the coming year and will list all NHS duties of the doctor, the number of sessions for which the doctor is contracted and paid, the doctor’s outcomes and agreed supporting resources. The job plan will also include a schedule of the doctor’s activities”.

4.0 Annualised Job Plans

Job planning is an annual requirement for all SAS grade doctors as outlined in the respective terms and conditions of service. Job plans that worked this year may not work next year. While some SAS grade doctors continue to work the same pattern every week, changing patterns of service delivery increasingly demand variable patterns from week to week or fully annualised job plans. In addition, job plans may be reviewed in-year in response to activity changes or organisational change. Linking the job planning cycle to the Health Board’s business planning timetable will help align SAS grade and organisational objectives. This can be mutually beneficial but also complex. To ensure all SAS grades have an approved job plan by 1 April each year, see guidance in appendix A.

5.0 Context of Job Planning

SAS grade Job planning is an annual process of review and is linked to a number of other activities in the calendar year, as well as being the basis upon which relevant employment conditions are assessed:

5.1 Service Delivery

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- Job planning is more than a timetabling exercise - it should be a systematic activity, based on a partnership approach, which is rooted in the needs of the Service and designed to produce clarity of expectation for employer and employee about the use of time and resources to meet individual and service objectives.
- Clinical Board and Directorate Management Teams need to first understand the demands of the service and their current capacity to meet this demand, thereby allowing them to understand where potential changes to job plans are required.
- Any Job Plan may be reviewed within year in order to take account of changes in activity or staffing etc, in accordance with the respective T&C's.

5.2 *Working Time Regulations*

- The Health Board will ensure that job plans will be working time regulation compliant and provide for an average working week of up to 48 hours and compensatory rest in accordance with UHB Policy when minimum rest periods are not able to be taken.
- It is our expectation that individuals will not be job planned above 12 sessions, unless in exceptional circumstances with prior approval of the AMD for Workforce and Revalidation or Executive Medical Director.

5.3 *Pay Progression*

- The terms & conditions of Service for Associate Specialist (Wales) and Specialty Doctor (Wales) make provision for a salary that rises through a series of pay thresholds.
- Passing through pay progression thresholds is not automatic and specific criteria have to be met, as outlined in the relevant terms and conditions of service.

5.4 *Annual Leave & Study Leave*

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Annual leave provisions are outlined in the Annual Leave Policy – Career Grade Medical and Dental Staff. See paragraph 3.2 which outlines the annual leave entitlements for Specialty Doctors who have less than 2 years’ service in the grade.

Study leave provisions are outlined in the Study Leave Procedure for Medical and Dental Staff (not in training).

For those with full service the following applies:

- All leave amounts to a total of 10 weeks per annum, made up of annual leave (33 days for full time employees), study leave (30 days in 3 years, usually taken at a rate of 10 days per year) and public holidays (8 days).
- Each weekly DCC activity will therefore need to be delivered 42 times per year unless reduced by hot weeks (see section 6.1.2), agreed by the CD, or by additional professional leave where it would be reduced by one for each additional 5 days leave allocated.
- DCC will be considered to be delivered if session is cancelled on the day due to operational issues e.g. lack of ITU bed, and the doctor cannot be redeployed to another activity within their specialty

5.5 *Public Holidays*

SAS grades may be asked to undertake work on public (bank) holidays beyond scheduled on call rota commitments in order to ensure timely review of inpatients and patient safety. They should expect adequate notification of this (at least 8 weeks). In such cases they will be entitled to equivalent time off in lieu.

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6.0 Components of Job Planning

The working week for a full time SAS grade will comprise 10 sessions with a timetabled value of 4 hours each. After discussion with the Health Board Management, these sessions will be programmed in appropriate blocks of time to average a 40 hour week. See Schedule 4 of the relevant terms and conditions of service. It is also recognised that there will be scope for variation up and down in the length of individual sessions from week to week around the average assessment set out in the job plan.

Job Plans will be made up of the following core components as outlined in the respective T&C's.

- Direct clinical care (DCC)
- Supporting professional activities (SPA)
- Temporary extra/additional sessions (any above 10); *extra* linked to spare professional capacity for SAS grades wishing to undertake *additional* regular activities that cannot be contained within a standard 10 sessional contract, including additional NHS responsibilities
- Additional NHS responsibilities
- External duties
- Fee paying and private practice activity, where there is potential for conflict with NHS commitments in line with the relevant terms and conditions of service.

Each component should be assessed individually with average weekly sessions defined and agreed. Where this is not possible the time commitment necessary for each activity should be defined over a longer period to allow translation into sessions. These should then be brought together as a defined weekly/monthly/annual work programme or Job Plan.

- For all SAS grades, the finalised job plan provides the basis of the contractual duties agreed between the individual and the Health Board.
- Full time SAS grades are contracted to undertake 10 sessions, with or without temporary additional sessions, which will be subject to annual review and may or may not be extended at the job planning review meeting.

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- In line with the terms and conditions of service, there is no provision for payment of partial sessions; sessional allocation will therefore be rounded down to the nearest whole session.

6.1 *Direct Clinical Care (DCC)*

6.1.1 Timetabling of DCC

Direct clinical care (DCC) is work that directly relates to the prevention, diagnosis or treatment of illness that forms part of the services provided by the employing organisation as detailed in the terms and conditions of service – Specialist (Wales), Associate Specialist (Wales) and Specialty Doctor (Wales). This includes:

- Emergency duties (including emergency work carried out during or arising from on-call)
- Operating sessions including pre-operative and post-operative care
DCC allocation per list – DCC calculated on basis of actual DCC start and finish times. There must be demonstrable clinical activity for the whole period and it must be indicated where each element is being undertaken e.g. in theatre, on the ward etc. Ward admin time for the theatre lists cannot also be counted as normal ward round time i.e. cannot be double counted. If a list finishes early a doctor will be expected to help with urgent or emergency cases. If there are no urgent cases the time will count within the natural variation of a job pan (as will finishing late).
- Ward rounds
- Outpatient activities. The relative split of patient facing clinical time and associated clinical administration time will be clearly defined in the Job Plans and although it is recognised that this may vary between specialties, the core principle is that a 4 hour session of patient facing activity may attract up to 0.5 hour of associated clinical administration time subject to the seniority and/or extent of independent practice of the post holder. In exceptional circumstances, with prior agreement of the AMD of HR and workforce, this time may be adjusted. Additional admin time will be allocated in the job plan as agreed within departments.
- Public health duties

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- Multidisciplinary meetings about direct patient care
- Administration directly related to patient care (including but not limited to referrals, notes and clinical diagnostic work) for services with direct clinical caseload.

For predictable time worked out-of-hours there will, by mutual agreement, be a reduction in the timetabled value of the session itself to 3 hours or a reduction in the timetabled value of another session by one hour in line with schedule 8 of the relevant terms and conditions of service. This will be applied on a pro rata basis where only part of a session falls out-of-hours. Any unpredictable emergency work arising from on-call activity will be calculated and paid in accordance with schedule 6 of the relevant terms and conditions of service.

Travel to peripheral clinical commitments (included within DCC):

- The time counted for travelling should be the difference between the time taken to travel daily from home to base and the time taken to travel from home to the peripheral commitment if the journey commences at home. The agreed times are as shown in the table in appendix B.

6.1.2 On-call Activity

Predictable & unpredictable emergency work in accordance with the respective T&C's

- DCC includes all emergency work - predictable and unpredictable. This should be programmed into the working week, where possible.
- *Predictable emergency work* is that which takes place at regular and predictable times, often as a consequence of a period of on-call work (e.g. post-take ward rounds, attendance in an emergency clinical setting). This should be programmed into the working week.
- *Unpredictable emergency work* e.g. unscheduled on call activity will be calculated from actual unscheduled work delivered in accordance with schedule 6 of the relevant terms and conditions of service. On-call work remunerated separately e.g. acting down – is excluded from inclusion in diary monitoring and remunerated through a separate process to job planning.
- On-call work that takes place during a period of scheduled programmed activity

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will contribute to unpredictable on call allowance and replace that scheduled sessional activity in job planning calculation.

- Hot weeks (weeks which have a higher number of emergency sessions planned, in comparison to other weeks): The relative split of DCC to SPA for hot weeks will be determined by the completion of actual work delivered, averaged over a 6 month period. This may be extended to account for exceptional individual circumstances.
- Travel to and from work for unscheduled NHS emergencies will count as working time.
- On-call diary exercises need to be completed every 48 months as a minimum, over 8 weeks per year and must include every member of each specialty.
- On-call diaries should include frequency, period of diarising, paperwork, detail, scrutiny/verification, and clearly define what activity is countable.

Payment of an on-call availability supplement

- On-call availability supplement will be paid in accordance with the relevant terms and conditions of service.

Provision of on-call

- All SAS grades non-resident on call must be immediately contactable and able to return to site within a clinically appropriate time frame, usually 30 minutes, unless by agreement with the AMD for HR and workforce.
- The agreed headcount (WTE) will be used to calculate the frequency of the rota and is independent of leave/prospective cover.
- It should be recognised that within some departments there may be sub-speciality rotas that require staff to be on call more frequently than the general speciality rota.
- The UHB will aspire to an on- call rota frequency of a maximum of 1 in 5 in high intensity specialities.
- Specialties need to have arrangements in place to cover the eventuality of a

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colleague feeling unable to perform their duties safely as a consequence of unpredictable emergency work arising from on call duties. If this is a regular occurrence such work may require a change in working pattern, including subdivision of weekends.

- Short-term absence of a SAS grade will be covered by colleagues, in accordance with the respective T&C's. If an eventuality (such as a colleague's protracted sick leave) results in sustained additional workload for a SAS grade colleague, this workload must be compensated in the short term by additional remuneration or time off in lieu, and in the longer term by interim job-planning in accordance with the T&C's.
- The actual work undertaken when on-call should be identified in the job plan as either predictable or unpredictable emergency work.

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6.2 *Supporting Professional Activity (SPA)*

SPA underpins DCC and ensures the delivery of the clinical governance, training and educational agenda at CAVUHB. The allocation of SPA time within SAS job plans will contain three main components.

- 1 “core” SPA required for delivery of all the normal aspects of the professional service, and personal CPD (in conjunction with study leave allocation) and in line with Schedule 4 of the relevant SAS terms and conditions of service. There will not be any subdivision within this and SAS grades will be expected to cooperate with colleagues to ensure appropriate distribution of the workload to deliver the activities within teams (see appendix C). Clinicians who are not working whole time are generally less likely to deliver additional SPA or additional NHS duties, but in order to ensure that these SAS grades participate fully in their professional role the 1 core SPA will not be reduced for those working less than full time. Where an individual works for more than one employer it is expected that SPA costs will be shared proportionately. The core SPA allocation will require evidence of full participation in mandatory training programmes and evidence of CPD, both to be confirmed at appraisal.
- The core 1 SPA session (4 hrs) includes the following activities:
 - i. Appraisal
 - ii. Job planning
 - iii. Clinical governance – including, M+M meetings, delivering clinical audit, contribution to SI investigation, legal/coronal reports, etc.
 - iv. Departmental management meetings
 - v. CPD
 - vi. Mandatory training
 - vii. Other quality improvement activities
 - viii. Teaching

(Please note this list is not exhaustive. It is also accepted that there may be some variation in proportion of the core SPA dedicated to some activities).

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- Additional SPA for an individual to deliver defined activity, linked to specialty/organisational objectives as well as the time allocated to deliver. Time needs to be agreed between the Directorate Management Team and the individual, and accompanied by a detailed role description (appendix E) and included in the Job Plan.
- Additional sessional time may be contracted, usually for those clinicians with defined, agreed additional NHS responsibilities or external duties.

Appendix C is a summary of typical activities that would be classified as core SPA and additional SPA respectively. These lists are neither complete nor prescriptive, but they do represent a high level summary of the types of activity in currently agreed job plans.

- Whilst the model contracts for SAS grades refer to full-time job plans *“in the order of two sessions for SPA, subject to a minimum of one”*, this does not mean that this will be the case for all SAS grade staff. The DCC/SPA split for each individual will be determined through evidence and discussion at the job plan review.
- It will be the responsibility of the individual and the Clinical Directorate Management Team to account for the time spent on SPA in the same way as they will need to account for the time spent on DCC.
- The details of SPA and objectives will be recorded in Job Plans to ensure description of the activity, location where it is to be conducted and the expected outcomes are clearly and comprehensively recorded. All roles above core SPA will need to have a clear role description with objectives and expectations for the delivery of measurable outcomes (see appendix D).
- SPA should be conducted on site at CAVUHB, or at another clearly defined location such as a training venue via agreement with the Clinical Directorate Management Team.
- Overall allocations for SPA will be reviewed by the AMD for workforce and revalidation to ensure consistency across the UHB for comparable activities.
- Items arising under SPA, such as teaching clinics may overlap with items detailed in DCC. Recording of activity in the job planning exercise must ensure this does not result in double counting of these items.
- When reviewing the time spent on these activities SAS grades should consider the evidence required to support the outputs of the declared activity and ensure this is clearly recorded in Job Plans.

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- It is recognised that whilst some supporting professional activities can only relate to personal activities (e.g. CPD) others (e.g. teaching) may be shared with colleagues within specialties.

6.2.1 Teaching & education

- It is expected that all SAS grades will take part in departmental teaching activities unless an opt-out has been agreed with the Directorate Management Team, where the teaching commitment may be amalgamated to individuals(s) within a specialty group.
- Where applicable, teaching may be delivered during DCC activities already accounted for in the job plan such as clinics or ward rounds. If so, it should not be 'double counted'.
- Service Increment for Teaching (SIFT) funding is provided to the UHB each year to support the delivery of undergraduate teaching, and covers both teaching undertaken during clinical sessions (which will already be recorded in the job plan as DCC) and teaching undertaken outside of clinical sessions, such as tutorials (and recorded in the job plan as additional SPA). Activities relating to SIFT funding will need to be clearly recorded as such.
- Specialty teams are advised to consider the overall teaching requirement for their specialty in terms of teaching preparation, tutorials, lectures, and examinations, related to undergraduate, postgraduate or other healthcare teaching, excluding that which is delivered through clinical sessions. Job Plan recognition for individuals may vary depending on their commitment to the specialty's teaching activity but all will reflect SIFT and HEIW allocations.

6.2.2 Specific training/teaching roles

- The time taken to fulfil the following responsibilities/roles should be agreed with the Clinical Directorate Management Team and translated to SPA in the Job Plan. The allocations will be determined by the AMD for education.
 - Foundation programme director
 - Academy unit co-ordinator and tutor
 - Educational supervisor
 - College (specialty) tutor

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Appendix C and F describes the recommended SPA allowances for teaching and Training SPA activity.

6.2.3 Other educational activities

- Expected attendance at CAVUHB mandatory training sessions, departmental education meetings such as grand rounds, journal clubs, mortality and academic meetings should be recorded in the Job Plan. However, as these are components of core SPA they do not attract an additional SPA allocation.
- If attendance at the meeting replaces another DCC activity already counted in the job plan, there must be a concomitant reduction in the time allocated in the job plan for that activity or it will need to be delivered at another mutually agreed time.

6.2.4 Specialty/Local governance & audit activity

- Whilst clinical governance and/or audit activities are considered to be an integral part of all clinical activity and therefore difficult to identify separately in the job plan, it is recognised that there may be times when SAS grades are required to undertake such roles at a time when clinical activity is not undertaken e.g. scheduled clinical governance, audit or mortality meetings. Information on the detail and expected attendance at such meetings for each specialty must be provided in the specialty guidance notes and in individual job plan objectives. If attendance at a meeting replaces another DCC activity already counted in the job plan, there must be a concomitant reduction in the time allocated in the job plan for that activity or it will need to be delivered at another mutually agreed time.
- The time required for these activities should be recorded as part of the core SPA time in the job plan and this activity should be undertaken on site at CAVUHB unless by agreement with the Clinical Directorate Management Team.
- All other clinical governance/audit activity will be assumed to be undertaken as either part of Direct Clinical Care or as part of core SPA and therefore the time is already allocated in the job plan

6.2.5 Governance & audit lead roles

- The time taken to fulfil these responsibilities/roles will be assessed and agreed by the clinical director and translated to additional SPA in the Job Plan.

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6.2.6 Timetabled management meetings

It is recognised that most specialties/services will need to hold management meetings on a weekly, fortnightly or monthly basis. The time required to attend such meetings should be recorded as part of core SPA in the job plan

- If attendance at the meeting replaces another DCC activity already counted in the job plan, there must be a concomitant reduction in the time allocated in the job plan for that activity or it will need to be delivered at another mutually agreed time.
- Information on the detail and expected attendance at such meetings, per specialty, must be provided in the specialty guidance notes and in individual job plan objectives.

6.2.7 NHS Research

- By agreement with the Clinical Directorate Management Team, time may be recognised in the job plan for research active SAS grades.
- For these purposes, 'research active' has been defined on the basis of criteria developed by the AMD for Research & Development and agreed by the Board as follows
 1. Healthcare Research Wales Portfolio Study
 2. Healthcare Research Wales Pathway to Portfolio Study
 3. Commercial Grant where income supports sessional allocation
 4. 'Pump Priming' activity which may lead to one of above (agreed by Clinical Director and reviewed annually against progress)

6.2.8 Additional NHS Responsibilities

- As defined in the relevant terms and conditions of service, these are responsibilities not undertaken by the generality of SAS grades but are undertaken within CAVUHB.
- Are activities agreed between the SAS grade and the employing organisation, which cannot be absorbed within time that would normally be set aside for SPA. These include, for example, being a clinical manager, clinical audit lead, or clinical governance, or other duties agreed by the Health Board and recorded in the Job Plan.

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6.2.9 CAVUHB Managerial (Lead) Roles at a Directorate & Service level

It is recognised that managerial and clinical service lead roles will carry an additional workload. The time required for them will be set at clinical board level as detailed in the role description and acknowledged in the Job Plan. The tariff for clinical lead roles will take into account the time and responsibility associated and the number of doctors in the specialty and intensity of the role e.g. major/complex/demanding role, minor/process manager role, <5, 5-10 and >10 consultants.

- Individuals taking on these roles may, where the service delivery permits it and by agreement with the clinical director, by reducing their existing DCC activity and take on additional SPA sessions in order to accommodate these duties. The needs of the service will determine whether reduction in DCC is feasible and this should be judged by the clinical board director. Reduction in DCCs to cover Clinical Management duties should be mutually agreed at job plan review.

6.2.10 Other CAVUHB Lead Clinician and Management Appointments

- These are appointments made by the CAVUHB with defined duties that lie outside the remit of the directorate management structure. The time required to undertake these roles will be as detailed in the role description and should be acknowledged in the job plan.
- Individuals taking on these roles may, where the service delivery permits and by agreement with the clinical board director, reduce their existing DCC activity or take on temporary additional sessions in order to accommodate these duties. The needs of the service will determine whether reduction in DCC is feasible and this should be judged by the Executive Medical Director.

6.2.11 Time-limited CAVUHB Projects

- There may be occasions when some individuals may be invited to participate as CAVUHB lead clinicians for specific time-limited CAVUHB projects, which again may or may not substitute for existing DCC sessions or attract additional sessions, depending on the impact on the service.
- The time taken to fulfil these responsibilities/roles should be as detailed in the role description, agreed with the Medical Directors office and acknowledged in the Job Plan.

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6.2.12 External Duties (as defined within the relevant terms and conditions of service)

- External duties that are not included in any of the aforementioned definitions and not included within the definition of Fee Paying Services or Private Professional Services, but are undertaken usually in the interests of the wider NHS or other Government department and not the health board. They may be included as part of the Job Plan by prior agreement between the SAS grade, Clinical Director and Clinical Board Director and once again may or may not substitute for existing DCC sessions or attract additional sessions, depending on the impact on the service.
- External Duties may have two components
 - administration time required to be undertaken during the normal working week to support the duty
 - time required away from the work place to fulfil the duty

6.2.13 Guidelines

- The health board would in principle not wish to limit external duties that are of benefit to the NHS at regional or national level and will try to be supportive provided that CAVUHB business/patient care is not compromised. It is expected that any individual seeking to include time in their job plan for an external duty should first ask for the agreement of their Clinical Director, who will balance the request against the needs of the department. The SAS grade should then seek the written agreement of the clinical board director and AMD for workforce and revalidation prior to formal application for external role as per schedule 17 of the relevant terms and conditions of service.
- SAS grades must be able to fully account for these activities in terms of interest to the UHB, Professional Society, College or wider NHS.
- If an individual receives either payment or an honorarium in respect of the external duty then no sessional value should be applied within the individual's job plan. External duties that are fully funded [externally] may, where the service delivery permits and by agreement with the clinical director and clinical board director, either reduce their existing SPA and/or DCC activity or take on temporary additional sessions in order to accommodate these duties. The needs of the service will determine whether reduction in DCC is feasible and

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this should be judged by the clinical director.

- The UHB will commit to consider (pending review of service requirement) supporting up to a total of 10 days for its SAS grades to undertake external duties (per annum). This means that the full impact of external duties upon an individual's time may not be able to be met by the UHB and individuals undertaking external duties need to be aware of this. The UHB will, where possible in terms of service delivery, agree to a variation in DCC within the job plan to enable some time for delivery of the role even if it cannot fully fund it. Decisions on the allocation of these sessions will be at the discretion of the AMD for workforce and revalidation.
- The time taken to deliver administrative support to the specified external roles/duties should be assessed as hours and translated to sessions in the Job Plan. These activities may be flexibly undertaken along with other activities that need not occur at a fixed time (see Timetabled Flexibly Worked Activity). It is not anticipated that any individual requesting sessions to reflect the administrative load associated with an external duty, would be allocated a value greater than (0.5 Session) in their sessional assessment or for an additional professional leave allowance beyond 5 additional days to be allocated to fulfil the duty. Any admin should be incorporated within the 10 days of PL
- In exceptional circumstances arrangements may be made to accommodate senior national roles or significant external duties which occur on a regular basis. In such circumstances, individuals should approach the clinical board director and seek confirmation from the AMD for workforce and revalidation for a sessional allocation/variation to their Job Plan, or for an additional professional leave allowance (up to a maximum of 5 additional days)
- Absences linked to additional professional leave must be applied for with at least 6 weeks' notice, approved and recorded by the clinical director. Any requirement for absences not agreed prospectively will need to be taken from alternative leave allocations (annual and study/professional) unless negotiated separately with the AMD for HR and Workforce.
- SAS grades should be sensitive to any increased workload undertaken by their colleagues and therefore should schedule duties outside the UHB so as to minimise loss of commitments such as clinics, operating lists, ward rounds, on-call commitments etc.

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6.2.14 Work for Charitable Organisations

The time required to support roles/duties for charitable organisations is not recognised as part of the NHS working week and therefore does not attract sessional allocation assessment or additional leave entitlement. Individuals with duties associated with charitable organisations may use their study/professional leave allocation if they wish to be absent from the work place during the normal working week.

6.3 *Private Practice Activity*

- The relevant terms and conditions of service and the 'Green Book' outline the basis for the relationship between NHS and private practice activity.
- All time utilised for private practice work must be documented in the job plan, whether internally or externally.
- The overriding principle for the governing of private practice activity alongside the NHS commitment is that no individual can be paid twice for the same period of time.

Private Practice and Job Planning

- All commitments to private professional services and fee paying services must be identified in the job plan.
- Regular scheduled private practice activity should be clear in job plans and must not interfere with other UHB duties.
- Changes in SAS grade job plans, which require rearranging scheduled private practice commitments, must be done with an appropriate period of notice of 8 weeks.

6.4 *Timetabled Flexibly Worked Activity*

- The delivery of most services is subject to a large number of short-term fluctuations in supply and demand. These may, for instance, be caused by personnel movements, sickness or leave, 'winter pressures', problems with RTT compliance or contractual changes.
- By too rigidly defining all a clinician's activities by nature, time and place in a job plan,

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flexibility to absorb these fluctuations is greatly diminished.

- Timetabled Flexibly Worked Activity (TFWA) allows a job plan to define when (and which sessions) a clinician can be expected to be available (on site), but allows the flexibility to modify their activity within those sessions, to suit the requirements of the service. The type of activity performed during these sessions does not need to be restricted to Direct Clinical Care, but could include SPA work as well.

In order for this system to work, the following is required:

- The service delivered during these sessions needs to be recorded over time, to ensure adequate provision of time for both DCC and SPA, and to ensure that total service delivery matches what was agreed during job planning.
- Adequate notice needs to be provided to the individual about what is expected to be delivered during any specific session
- The degree to which TFWA can successfully be utilised will vary between services. Smaller groups, and services where a significant proportion of work could potentially be done by any clinician, will benefit more.
- The presence of TFWA does not preclude a clinician from having a 'default' working programme for each week. It simply allows that default to be modified from time to time, in order to match activity to service requirements. It also allows temporary increases and decreases in DCC level, provided that the average delivery over time remains in alignment with the job planned total.

7.0 Local Variations on Standard Terms and Conditions

7.1 *Private Practice*

- The relevant terms and conditions of service indicates that there must be no conflict of interest between NHS work and private work. Operating on private patients in time allocated for NHS patients is unacceptable, with the exception of fee paying services as set out in the relevant terms and conditions of service.
- Where a patient pays privately for a procedure that takes place in the employing organisation's facilities, that procedure should take place at a time that does not impact on normal services for NHS patients.

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7.2 *Annualised team job planning*

- SAS grades are encouraged to work to annualised Job Plans where appropriate, and will be supported to develop robust plans. These plans will be subject to agreement with the Clinical Board Management Team

8.0 The Job Planning Documentation & Software

Job Planning documentation is now to be held electronically on an e-Job Plan software package.

- The job plans will include the following elements:
 - Relevant UHB and Service objectives
 - Relevant personal objectives, supporting resources, measures and timescales
 - Routine work as agreed in the job plan, detailing time and location
 - Details of on-call arrangements and on-call availability supplement
- An expectation of provision of agreed DCC activity sessions based on completing them at least usually 42 times per year will be documented and used to determine achievement.
- Other specialty and individual agreements as appropriate including (but not limited to):
 - Leave and other absence cover arrangements
 - Additional professional / external duty leave
 - Private practice / fee paying service rules
 - Arrangements related to team job planning
 - Changes to remuneration or working arrangements with appropriate notice periods
 - A breakdown of sessional allocations summarising the time allocated to each of the core components
 - Three levels of electronic sign off of the current job plan

It is expected that a SAS grade will fully participate in the job planning process. Job plans that cannot be agreed will automatically be entered into the appeal process.

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8.1 *The Job Planning Process*

The finalisation of individual annual job plans will be the responsibility of the clinical director and directorate manager and overseen by the clinical board director. In order to align individual job plans and team working with the requirements of the service, the job planning process should essentially include two stages:

8.2 *Service Plan*

Defining and quantifying the requirements of the service as a whole, including the estimated demand for the various components of that service. At the start of the job planning process the CBD will ask the DMs/CDs to draw up the service plan for the specialty.

This will be completed within 1 month of the CBDs request. The DMs/CDs with assistance from the Directorate Manager will:

- Obtain best available demand data for various components of the service
 - Review current service components and consider changes – type, time, place, capacity
 - Consider resource constraints, e.g. outpatient facilities, theatre slot availability, peripheral activity, shared services with other providers
 - Consider subspecialty constraints (e.g. limited individuals available to perform certain functions)
 - Establish an adequate on-call cover system
 - Establish a default ‘whole service template’ – what happens, when and where, and who does it, during each week.
- In preparing for job planning the DM/CDs will meet with the specialty group to review and agree a proposal for how the job planning process will be applied in their specialty.
 - By commencing the job planning process as a group, discussions can be had about the overall expectations for the specialty for the year ahead. The meeting is an opportunity to review how each of the components of job planning should be addressed (i.e. DCC, SPA, additional NHS responsibilities and external duties), ensuring equity across the department.

The group should review the proposed assessments for DCC activity and agree any

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required amendments to these, e.g. a change in the out-of-hours activity levels, extended working day or week

- For SPA the group should review overall & individual contributions to the Health Board and departmental education & teaching programme, governance programme and agree how this should be reflected in each SAS grade's job plan. Similarly, agreement can be reached about the departmental meetings and activity that should be recognised as part of core SPA in the job plan.

The DM/CDs should be working towards a Specialty Based Job Planning Guide (within 1 month of the initial request of the CD) which will:

- Define the activities that are applicable to the service
- Propose the service standards for time allocated to each of the DCC activities e.g. DCC and related administration time.
- Specify the time allocated to each of the activities (session length), define the expected level of clinical activity delivered (number of patients which corresponds for example to the session template on the hospital Patient Management System) and define whether they are to be timetabled as fixed or flexibly worked activities.
- Define the rules for taking leave, on-call arrangements and associated on-call supplement, and specify the time allocated to scheduled and unplanned emergency work.
- Specify any other agreements – e.g. those that apply to team based annualised job planning

Once the DM/CDs has obtained the detailed information on service requirements (within 1 month), finalisation of the service plan then occurs in a meeting between the DM/CD's.

8.3 *Job Planning Meeting*

Establishing and documenting each individual's capacity and expected availability (in time) to deliver the various components of the service and specifying the final individual job plans by optimal distribution of available service delivery to match the requirements of the service. Prior to the individual job planning meeting, the SAS grade should consider the following:

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- Individual personal development objectives (agreed in appraisal)
- Health Board/service developments to which they could contribute
- Identification of all external commitments (including private practice)
- Any amendments to the previous job plan
- Diary evidence of individual activities
- Any additional resources required to fulfil NHS commitments

The CD will request a meeting with the individual SAS grade to:

- Quantify total sessional commitment (includes additional sessions)
 - Define/quantify SPA and additional/external duties
 - Define/quantify on-call commitment and availability supplement
 - Establish and quantify fixed, timetabled flexibly worked and flexible sessions
 - Calculate expected average DCC/SPA week
 - Define private practice sessions, if applicable
 - Calculate expected measurable service delivery over next year
 - Clarify mechanisms of ongoing service delivery recording
- Taking into account the needs of the service and available workforce, the CD will agree as part of the job planning process which sessions each individual needs to be available for and allocate fixed and timetabled flexibly worked sessions accordingly. Should it not be possible to reach an agreement, the SAS grade may appeal through the job planning appeals process.
 - Where reasonably possible, the delivery of objectively measurable components of service should be recorded over time, and compared to the expectations as proposed in the job plan. This process is important where timetabled flexible working, or annualised working is undertaken.
 - The annual job planning round is also an appropriate time to review strategic workforce decisions, e.g. to optimise the service for changes to demand, workforce shortages or changes e.g. retirements.

8.4 *Role of the Clinical Board Director*

The clinical board directors lead the job planning process by requesting the service plan from the DM/CDs and through subsequent meetings with the CD, DM and individual SAS grades. In preparation for the meetings the Directorate Management Team will have discussed the organisational and specialty priorities with the specialty team and have agreed with the group the principles to be applied to DCC & SPA prior to individual job planning.

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8.5 Objectives

In developing the specialty overview the Directorate Management Team may have amalgamated information that will define the specialty objectives for Job Planning. This will include Health Board, specialty and individual specific information such as job plans. The information needed will come from several sources and levels within the organisation. Suggestions of such information are as follows:

- Health Board level
 - Business plan and Corporate Objectives
 - Local Development Plan (LDP)
- Departmental level
 - Department/Specialty/Service developments (including but not limited to Cost Improvement Programmes)
 - Current activity levels (inpatient and outpatient) and performance against preceding year activity targets
 - Specialty workloads and distribution between consultants and SAS grades
 - Teaching commitments
 - Research and development expectations
- Individual level
 - Activity outputs
 - Performance indicators (such as LoS, new/follow-up ratios)
 - Internal versus external commitments
 - Individual contractual commitments (and flexibilities)
 - Individual development needs (agreed in appraisal)

8.6 Sign off

If the SAS grade agrees the proposed Job Plan the CD will arrange for it to be entered/updated on the electronic system. The electronic job plan should be compared with the paper job plan to ensure they agree and will sign it off. If no agreement can be reached then the Mediation and Appeals process should be invoked according to schedule 5 of the relevant terms and conditions of service.

It is expected that the SAS grade will engage in the job planning process. If there is no response from the SAS grade within 6 weeks of the initial job plan review meeting, the

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SAS grade will be contacted. At this point, if it is not possible to reach an agreement, both parties will submit the job plan to the Mediation and Appeals process in line with the relevant terms and conditions of service.

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APPENDIX A: ANNUAL JOB PLANNING CYCLE

Annual job planning cycle	
Quarter 2 July to September	Clinical Director sends out preparation for and invitation to job plan review, including letter and diary card with preparation guidelines, giving six weeks' notice.
Quarter 3 October to December	Team job planning meeting to discuss and agree objectives, supporting professional activities list and any required rota changes. Individual job planning meetings take place. Job plans entered on electronic job planning system by 31 December. This allows three months for the mediation/appeals process.
Quarter 4 January to March the following year	Mediation and/or appeals completed as soon as possible, in line with the timeframe agreed under the relevant T&C's. Pay progression eligibility taken forward for all who have an approved job plan.
Quarter 1 April to June the following year	Job plan effective 1 April. Mandatory training to begin for the year.

APPENDIX B: AGREED TRAVEL TIME ALLOWANCES

List of Common Journeys from Main Hospital Sites

(Distance and time taken will be the same for the return journey.
Distance and time figures taken from the AA route planner March 2020.)

University Hospital of Wales, Heath Park (CF14 4XW)

UHW □ Llandough Hospital	= 7.6 miles – 23 minutes
UHW □ St David's Hospital	= 3.5 miles – 13 minutes
UHW □ Rookwood Hospital	= 3.1 miles – 13 minutes
UHW □ Cardiff Royal Infirmary	= 4.4 miles – 17 minutes
UHW □ Barry Minors	= 11.6 miles – 30 minutes

University Hospital Llandough (CF64 2XX)

Llandough Hospital □ UHW	= 7.6 miles – 23 minutes
Llandough Hospital □ St David's Hospital	= 4.4 miles – 14 minutes
Llandough Hospital □ Rookwood Hospital	= 5.6 miles – 20 minutes
Llandough Hospital □ Cardiff Royal Infirmary	= 4.7 miles – 18 minutes
Llandough Hospital □ Barry Minors	= 6.9 miles – 19 minutes

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APPENDIX C: **SUPPORTING PROFESSIONAL ACTIVITIES – GUIDANCE DOCUMENT 2019-2020**

All Doctors are expected to undertake the following activities

Activity	Rationale	Outcome measures – Evidence to be provided at each Job Plan review meeting	Time allocation
Appraisal and Revalidation Activities			
Continuing Professional Development (CPD) & Quality Improvement Activities	<p>To ensure that Doctors have local opportunities to keep up to date, maintain skills and develop. This type of CPD activity could include:-</p> <ul style="list-style-type: none"> - Personal study - Departmental Teaching - Departmental Meetings - NHS e-learning modules - Appraisal - Job Planning <p>(This list is not exhaustive)</p> <p>To ensure that Doctors have opportunities to prepare for and participate in mandatory and other Health Board quality improvement activities, including:-</p> <ul style="list-style-type: none"> - Clinical Audit - Mortality & Morbidity reviews - Review of clinical outcomes - Case Reviews and Discussions - Audit and monitor a teaching programme - Evaluate the impact and effectiveness of a piece of Health Policy and/or management practise 	<ul style="list-style-type: none"> - Attendance Certificates/summaries - Certificates of completion - Agendas - Personal Development Plan - Appraisal summary - Evidence of quality improvement initiatives - Annual Clinical Activity information - Evidence of outcome measures achieved which correspond to SPA guidance - Agreed job plan which has been signed and dated with 2 weeks of the job plan meeting. - Audit department certificates - Audit presentation/hand outs - Meeting minutes - Review reports - Case review report - Evaluation reports - Protocol/Policy Documents 	<p>1 SPA</p> <p>(Calculated over a period of 42 weeks this equates to 168hrs – this allocation is in addition to the 30 days Study Leave allowance over a period of 3 years)</p>

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Doctors will be expected to seek agreement to undertake the following activities

(Where applicable to SAS doctors the following tariffs will apply)

Activity	Rationale	Outcome measures – Evidence to be provided at each Job Plan review meeting	Time allocation
Appraisal Roles			
Appraiser Role	A team of Appraisers is essential to facilitate the medical appraisal process across the Heath Board. Regular, annual medical appraisal is a contractual obligation and is a GMC requirement for recommendation for revalidation.	<ul style="list-style-type: none"> - Number of appraisals (min 10 per year) - Feedback from Appraisees - Evidence of attendance of a local or national appraiser event at least once in every 2 years 	0.5 SPA for 10 appraisals (pro-rata for more)

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<p>Appraisal Lead Role</p>	<p>To act as the lead for a team of appraisers, supporting their development, undertaking quality assurance activities and advising on issues they wish to escalate. To support the HB Appraisal Professional Lead and the HB Appraisal / Revalidation Manager to ensure that appraisals are carried out to the required standard.</p> <p>To provide support, guidance and leadership to the AMD (workforce and planning) and CDs as they implement appraisal and revalidation across the HB. The individual will ensure fair and transparent. They will maintain a list of regular appraisers and ensure adequate support and training.</p> <p>The appraisal planning lead will also ensure that the HB meets the target consultant appraisal on a yearly cycle. They will also escalate any complaints or concerns as needed</p>	<ul style="list-style-type: none"> - Evidence of attendance of a local or national appraiser event at least once in every 2 years - Evidence of Appraiser Team meetings chaired (at least 2 a year) - Number of appraisals (min 10 per year) - Feedback from Appraisees - Evidence of collaboration with key stakeholders - Evidence of KPI improvement - Deliver appraisal seminars to CD and directorate managers - Develop systems to ensure all consultants and SAS doctors are compliant with revalidation 	<p>1.0 SPA for the lead role which also incorporates the role of appraiser – minimum of 10 appraisals to be undertaken each year (as above)</p>
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Activity	Rationale	Outcome measures – Evidence to be provided at each Job Plan review meeting	Time allocation
Roles relating to Support and Education			
Article 14 Advisor Lead Role	To help support those Medical Colleagues who are working towards completing Article 14. This will aid with recruitment and retention of Medical Staff.	<ul style="list-style-type: none"> - No of SAS Doctors supporting - Summary if meetings undertaken - Information regarding support provided 	0.25 per applying SAS Doctor
Educational Supervisor	To help support trainees whilst they are on placement in Cardiff & Vale University Health Board. This support should include meeting regularly with the trainee to reflect upon and discuss educational progress, acting as a mentor and ensuring that the trainee receives the appropriate career guidance and planning. This role will incorporate ensuring that a trainee is meeting objectives and putting remedial measures in place where any issues are highlighted and will involve working closely with the Programme Director and AMD for Education.	<ul style="list-style-type: none"> - Evidence of Continuing Professional Development pertaining to the role of Education Supervisor and the relevant curriculum Domains. - Details of the number of trainees - GMC trainee feedback - Completion of regular meetings with trainees - Evidence of formal and informal teaching (presentations, teaching summary) 	0.25 SPA per trainee (up to a maximum of 4 trainees/ 1 SPA)

Activity	Rationale	Outcome measures – Evidence to be provided at each Job Plan review meeting	Time allocation
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Named Clinical Supervisor	<p>To help support trainees whilst they are on placement in Cardiff & Vale University Health Board, to include teaching and training the trainee in the workplace, arranging departmental induction, supervising clinical activity and ensuring that the trainee is working to his/her level of competence. The named Clinical Supervisor should provide regular formal and informal feedback.</p>	<ul style="list-style-type: none"> - Evidence of Continuing Professional Development pertaining to the role of Named Clinical Supervisor and the relevant curriculum Domains. - Details of the number of trainees - GMC trainee feedback - Evidence of formal and informal teaching (presentations, teaching summary) 	<p>0.25 SPA total</p>
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<p>College Tutor</p>	<p>The college tutor will oversee postgraduate medical training within a specialty department to promote the learning environment, support Trainers & Trainees and be responsible for ensuring that the programme(s) are delivered to the desired local and national standards.</p>	<ul style="list-style-type: none"> - Evidence of Continuing Professional Development pertaining to the role of College Tutor - Details of the numbers of Doctors & trainees within the specialty department - GMC trainee feedback - Evidence of formal and informal teaching (presentations, teaching summary) 	<p>1 SPA (this would be in addition to SPA allocation for Educational Supervisor role) unless paid separately by the college</p>
<p>Honorary Clinical Tutor (Consultants & SAS Doctors)</p>	<p>The Honorary Clinical Tutor role involves the teaching and assessment of medical undergraduates while they are on a clinical placement within Cardiff & Vale University Health Board as well as acting as Academic Mentor and internal examiner, as and when required.</p>	<ul style="list-style-type: none"> - Evidence of Continuing Professional Development pertaining to the role of Honorary Clinical Tutor, including activities to keep up to date with Cardiff University School of Medicine and/or Swansea University School of Medicine curriculum, educational issues and developments - Details of the average numbers of medical undergraduates that are placed with Cardiff & Vale each year - GMC trainee and end of placement feedback - Evidence of formal and informal teaching (presentations, teaching summary) and or - educational resources developed 	<p>0.25 SPA</p>

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Activity	Rationale	Outcome measures – Evidence to be provided at each Job Plan review meeting	Time allocation
Other Teaching	There may be opportunities for teaching and training of undergraduates and other clinical professions.	<ul style="list-style-type: none"> - Evidence of Continuing Professional Development pertaining to the role - Details of the number of trainees - Trainee feedback - Evidence of formal and informal teaching (presentations, teaching summary) 	For negotiation but must not double count with core SPA

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Activity	Rationale	Outcome measures – Evidence to be provided at each Job Plan review meeting	Time allocation
Leadership & Clinical Management Roles			
Clinical Director/ Specialty Lead/ Sub- Specialty Lead	<p>Each Specialty/Sub-Specialty Lead will be responsible for a specific specialty/sub-specialty and will work closely with key stakeholders to ensure that high quality, accessible health care services are delivered within the particular specialty area.</p> <p>The specialty lead will be able to evidence a high level of knowledge and expertise in the specific specialty area and will focus, in their specific areas of expertise, on the continuous improvements in quality and outcomes for patients.</p>	<ul style="list-style-type: none"> - Evidence of collaboration with key stakeholders - Evidence of quality improvement - Evidence of CPD relating to the specialty/ subspecialty 	0.5-2 SPA determined locally related to size and intensity of role after discussion with Clinical Board Director
Job Planning Lead (Health Board)	<p>To provide support, guidance and leadership to CBD and CDs as they implement the job planning programme throughout the HB. The individual will ensure fair and transparent interpretation of the job plan guidance across specialties and share good practice across boards.</p> <p>The job planning lead will also ensure that the HB meets the target of job planning all consultants on a yearly cycle. They will also escalate any complaints or concerns as needed</p>	<ul style="list-style-type: none"> - Evidence of collaboration with key stakeholders - Evidence of KPI improvement - Deliver Job planning seminars to CD and directorate managers 	1 SPA

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<p>Case investigator (Health Board)</p>	<p>To provide the role of CI at the request of the MD for cases where a concerns are raised about a doctor's practice or behaviour</p> <p>To provide the role of CI in response to concerns raised through clinical governance within the HB</p> <p>To fulfil the role of a case investigator as outlined in the UPSW framework https://heiw.nhs.wales/files/key-documents/policies/human-resources/upholding-professional-standards-in-wales/.</p>	<ul style="list-style-type: none"> - Evidence of completed CI reports for the HB - Deliver completed case investigations as required by the UPSW process - Provide advice and guidance for colleagues who also fulfil the role 	<p>0.5 SPA for 2 CI</p>
<p>Case manager for UPSW (Health Board)</p>	<p>To fulfil the role of a case manager as outlined in the UPSW framework https://heiw.nhs.wales/files/key-documents/policies/human-resources/upholding-professional-standards-in-wales/.</p> <p>As regards any excluded doctors this includes:</p> <ul style="list-style-type: none"> • Routinely monitoring the grounds for a practitioner's continued exclusion from work, having regard to the requirements of this procedure; • To consider representations from the practitioner about his or her exclusion and any inappropriate application of the procedure; • Preparing a report for the Board giving an account of progress where any exclusion has lasted more than six months. 	<ul style="list-style-type: none"> - Deliver completed case manager episodes as required by the UPSW process - Provide advice and guidance for colleagues 	<p>0.5 SPA for 2 CM episodes</p>

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Staff Wellbeing lead (Directorate)	<p>To provide support, guidance and leadership to CBD and CDs. The individual will ensure guidance and actions are in place across specialties to measure and deliver on staff wellbeing. They will share good practice across clinical boards. They will help deliver the HB's aim to improve employee wellbeing. They will ensure that all HB policies on wellbeing and dignity at work are encouraged and adhered to. They will provide a point of contact for any member of staff that have concerns about departmental wellbeing processes.</p>	<ul style="list-style-type: none"> - Evidence of collaboration with key stakeholders - Evidence of improvement in staff wellbeing - Deliver seminars and groups to develop staff wellbeing - Develop systems to ensure all consultants and SAS doctors are able to raise concerns about wellbeing 	0.5 SPA
Quality and Safety Lead			
Clinical Audit Lead (Directorate)	<p>To provide support, guidance and leadership to teams as they implement departmental clinical governance programmes. The individual will ensure regular high standard audits within their respective departments. They will ensure a regular rolling programme of key audits with feedback and documentation of results.</p> <p>They will also ensure appropriate enrolment and data collection for national audit programmes</p>	<ul style="list-style-type: none"> - Evidence of collaboration with key stakeholders - Evidence of KPI improvement from audit - Evidence of regular meetings and actions from departmental audits - Evidence of involvement on national audits 	1 SPA
Learning from deaths lead (Directorate)	<p>To ensure that there are robust systems in place for routine investigation and learning from deaths. To ensure that any learning points are implemented in a structured and coordinated way. The lead will support colleagues and signpost to appropriate help in the case of patient deaths. They will ensure that concerns are escalated appropriately and that action is taken where needed. They will provide support for doctors within their directorate who are asked to attend coroner's</p>	<ul style="list-style-type: none"> - Evidence of collaboration with key stakeholders - Evidence of regular meetings and actions - Evidence of implementation of change 	SPA will depend on caseload

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<p>SI investigators (Health Board)</p>	<p>To provide the role of SI Investigator at the request of the MD Identify what information needs to be gathered and which witnesses should be interviewed in the course of the investigation Maintain and append to the investigation report, a clear and comprehensive record of all interviews conducted in the course of the investigation and documentation which has been collated. Undertake a thorough and impartial investigation into the relevant circumstances Where the concerns involve a practitioner’s clinical performance, seek advice from an appropriately qualified clinician who has had no prior involvement with the matters under investigation. Prepare and submit to the Q&S lead a written report, detailing the scope of the inquiry undertaken; the information gathered in the course of the investigation, including the witnesses interviewed and documentation considered; the findings reached and a summary of the key evidence relied upon in support of such findings Advise the Q&S lead whether the concerns identified in the Terms of Reference have been established. Provide sufficient information in the report to enable the Q&S lead to make a reasoned determination on what further action should be taken.</p>	<ul style="list-style-type: none"> - Evidence of high standard, completed SI reports for the HB - Provide advice and guidance for colleagues who also fulfil the role 	<p>0.5 SPA for 3 SI</p>
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Data outlier lead (Clinical Board)	<p>To ensure that there are robust systems in place for identification of outlier clinical performance. Where that data exists, to ensure that it is fair and properly recorded. To ensure that any data raising concern is brought to the attention of the appropriate people.</p> <p>To ensure that causes of data abnormalities are identified and that learning points are implemented in a structured and coordinated way.</p>	<ul style="list-style-type: none"> - Evidence of collaboration with key stakeholders - Evidence of regular meetings and actions - Evidence of implementation of change - Documentation and recording of performance of all areas in the health board against national audit 	0.5 SPA
Consent Lead (Health Board)	<p>To ensure that there are robust systems in place that enable doctors and professionals to seek clear and timely advice regarding consent issues.</p> <p>To ensure that the health board's policies and procedures are up to date.</p> <p>To implement processes and safeguards that ensure that consent is a clear, transparent process understood by all parties.</p> <p>To ensure any changes or developments are made clear throughout the HB.</p> <p>To organise regular teaching and dissemination of information events.</p>	<ul style="list-style-type: none"> - Evidence of collaboration with key stakeholders - Evidence of regular meetings and actions - Evidence of implementation of change - Documentation and recording of performance of all areas in the health board 	0.5 SPA
Blood Transfusion Lead (Health Board)	<p>To ensure that there are robust systems in place that enable doctors and professionals to seek clear and timely advice regarding blood transfusion issues.</p> <p>To ensure that the health board's policies and procedures are up to date and accurate.</p> <p>To implement processes and safeguards that ensure that blood product transfusion is a clear, transparent process understood by all parties.</p> <p>To ensure any changes or developments are made clear throughout the HB.</p>	<ul style="list-style-type: none"> - Evidence of collaboration with key stakeholders - Evidence of regular meetings and actions - Evidence of implementation of change - Documentation and recording of performance against KPI across the health board 	1 SPA

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<p>Resus Lead (Health Board)</p>	<p>To ensure that the health board's policies and procedures are up to date and accurate. To implement processes and safeguards that ensure that resuscitation of patients is timely and appropriate. To ensure any changes or developments are made clear throughout the HB. To organise regular teaching and dissemination of information events. To ensure that there are robust systems in place that enable doctors and professionals to seek clear and timely advice regarding resuscitation.</p>	<ul style="list-style-type: none"> - Evidence of collaboration with key stakeholders - Evidence of regular meetings and actions - Evidence of implementation of change - Documentation and recording of performance against KPI across the health board 	<p>1 SPA</p>
<p>Sepsis Lead (Health Board)</p>	<p>To ensure that the health board's policies and procedures are up to date and accurate. To implement processes and safeguards that ensure that identification and treatment of patients with sepsis is timely and appropriate. To ensure any changes or developments are made clear throughout the HB. To organise regular teaching and dissemination of information events. To ensure that there are robust systems in place that enable doctors and professionals to seek clear and timely advice regarding resuscitation.</p>	<ul style="list-style-type: none"> - Evidence of collaboration with key stakeholders - Evidence of regular meetings and actions - Evidence of implementation of change - Documentation and recording of performance against KPI across the health board 	<p>1 SPA</p>

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<p>Deteriorating patients (Health Board)</p>	<p>To ensure that the health board's policies and procedures are up to date and accurate. To implement processes and safeguards that ensure that identification and treatment of deteriorating patients are timely and appropriate. To ensure any changes or developments are made clear throughout the HB. To organise regular teaching and dissemination of information events. To ensure that there are robust systems in place that enable doctors and professionals to seek clear and timely advice regarding deteriorating patients.</p>	<ul style="list-style-type: none"> - Evidence of collaboration with key stakeholders - Evidence of regular meetings and actions - Evidence of implementation of change - Documentation and recording of performance against KPI across the health board 	<p>1 SPA</p>
<p>End of life Lead (Health board)</p>	<p>To ensure that the health board's policies and procedures are up to date and accurate. To implement processes and safeguards that ensure that identification and management of end of life patients are timely and appropriate. To ensure any changes or developments are made clear throughout the HB. To organise regular teaching and dissemination of information events. To ensure that there are robust systems in place that enable doctors and professionals to seek clear and timely advice regarding deteriorating patients.</p>	<ul style="list-style-type: none"> - Evidence of collaboration with key stakeholders - Evidence of regular meetings and actions - Evidence of implementation of change - Documentation and recording of performance against KPI across the health board 	<p>1 SPA</p>

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VTE Lead (Health board)	<p>To ensure that the health board's policies and procedures are up to date and accurate.</p> <p>To implement processes and safeguards that ensure that identification and management of VTE patients are timely and appropriate.</p> <p>To ensure any changes or developments are made clear throughout the HB.</p> <p>To organise regular teaching and dissemination of information events.</p> <p>To ensure that there are robust systems in place that enable doctors and professionals to seek clear and timely advice regarding VTE.</p> <p>To collect data on performance of the HB</p>	<ul style="list-style-type: none"> - Evidence of collaboration with key stakeholders - Evidence of regular meetings and actions - Evidence of implementation of change - Documentation and recording of performance against KPI across the health board 	0.5 SPA
Transition Lead (Health board)	<p>To ensure that the health board's policies and procedures are up to date and accurate.</p> <p>To implement processes and safeguards that ensure that transition of paediatric patients is safe, appropriate and timely.</p> <p>To ensure any changes or developments are made clear throughout the HB.</p> <p>To ensure that there are robust systems in place that enable doctors and professionals to seek clear and timely advice regarding transition.</p>	<ul style="list-style-type: none"> - Evidence of collaboration with key stakeholders - Evidence of regular meetings and actions - Evidence of implementation of change - Documentation and recording of performance against KPI across the health board 	0.5 SPA

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Surgical Safety Lead (Clinical Board)	<p>To ensure that the health board's policies and procedures are up to date and accurate. To implement processes and safeguards that ensure that surgical procedures are as safe as possible. To ensure any changes or developments are made clear throughout the HB. To organise regular teaching and dissemination of information events. To ensure that there are robust systems in place that enable doctors and professionals to seek clear and timely advice regarding surgical safety policy. To collect data on performance of the HB</p>	<ul style="list-style-type: none"> - Evidence of collaboration with key stakeholders - Evidence of regular meetings and actions - Evidence of implementation of change - Documentation and recording of performance against KPI across the health board 	0.5 SPA
Other Q&S Leads (Directorate)	<p>To ensure that the health board's policies and procedures are up to date and accurate. To implement processes and safeguards that are required. To organise regular teaching and dissemination of information events. To ensure that there are robust systems in place that enable doctors and professionals to seek clear and timely advice. To collect data on performance of the HB</p>	<ul style="list-style-type: none"> - Evidence of collaboration with key stakeholders - Evidence of regular meetings and actions - Evidence of implementation of change - Documentation and recording of performance against KPI across the health board 	SPA will depend on workload
Research Roles			
Clinical Researcher	<p>This role will incorporate the conducting of investigations that will aim to uncover better ways to treat, prevent diagnose and understand human illness and disease. Opportunities to participate in research will help to improve the service provided to patients, aid with recruitment and retention and raise the profile of the Health Board.</p>	<ul style="list-style-type: none"> - HCRW Portfolio Study - HCRW Pathway to Portfolio Studies - Commercial Trials - Pump priming as agreed with AMD for R+D 	1 SPA

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Clinical Researcher	This role will incorporate the conducting of investigations that will aim to uncover better ways to treat, prevent diagnose and understand human illness and disease. Opportunities to participate in research will help to improve the service provided to patients, aid with recruitment and retention and raise the profile of the Health Board.	- As above but greater volume – as agreed with AMD for R+D	2 SPA
Activity	Rationale	Outcome measures – Evidence to be provided at each Job Plan review meeting	Time allocation
Principal Investigator	This role will involve being a principle investigator on at least one commercial trial each year. Opportunities to participate in research will help to recruit and retain medical staff and raise the profile of the Health Board.	- To be agreed with AMD for Research and Development	SPA will depend on workload 0.25 to 1 SPA
Chief Investigator	This research based role will involve undertaking an in-house or portfolio study. There will be a need to obtain R&D and ethics approval numbers for this role. Opportunities to participate in research will help to improve the service provided to patients, aid with recruitment and retention and raise the profile of the Health Board.	- To be agreed with AMD for Research and Development	SPA will depend on workload 0.25 to 1 SPA

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Research Degree Student Supervisor	This role will incorporate the supervision of a Research Degree Student during their time with Cardiff & Vale University Health Board. The students involved will be undertaking the PGMDE, MSc or MPhil degree courses. (Please note that a student's main supervisor will be an academic) Opportunities to participate in research will help to recruit and retain medical staff and raise the profile of the Health Board.	<ul style="list-style-type: none"> - No of students - Feedback from students - Evidence of attendance at relevant update and training events - Evidence of research undertaken by students being supervised. 	0.25 SPA per student, to be negotiated if commitment is greater than 1 hour a week
Further roles			
Champions for HB initiatives	Certain initiatives may require specific clinical leadership e.g., e-discharge, immunisation	TBC	These roles may be time limited and any SPA tariff will need to be agreed, allocated and reviewed on a regular basis through a formal HB process.

Please note this list is not exhaustive

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APPENDIX D: SPA OUTCOME FORMS

SPA = Supporting Professional Activities (CPD, Job Planning, Appraisal, Clinical Audit and local Clinical Governance)
Specialist / Associate Specialist / Specialty Doctor name:
Hours in week = 4 = 1 session
Outcome Measure;
Actions to achieve outcome measure
Success Criteria/Measures:
Agreed Review Process and Timetable:
Support Required:
Signed
Date

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Teaching & Training
Specialist / Associate Specialist / Specialty Doctor name:
Hours in week =
Outcome Measure;
Actions to achieve outcome measure
Success Criteria/Measures:
Agreed Review Process and Timetable:
Support Required:
Signed
Date

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Research
Specialist / Associate Specialist / Specialty Doctor name:
Hours in week =
Outcome Measure;
Actions to achieve outcome measure
Success Criteria/Measures:
Agreed Review Process and Timetable:
Support Required:
Signed
Date

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CMA = Clinical Management Activities
Specialist / Associate Specialist / Specialty Doctor name:
Hours in week =
Outcome Measure;
Actions to achieve outcome measure
Success Criteria/Measures:
Agreed Review Process and Timetable:
Support Required:
Signed
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APPENDIX E: ROLES & RESPONSIBILITIES

Role	Responsibilities
Medical & Dental Consultants & SAS Doctors	<ul style="list-style-type: none"> • Ensure they have an up to date agreed Job plan • Ensure clear outcomes are set for DCC and SPA sessions • Demonstrable attempt to achieve their outcomes
Clinical Director	<ul style="list-style-type: none"> • Understand the service needs, including required capacity for demand • Ensure consultants and SAS grades have an up to date agreed job plan • Conduct job planning review meetings with Consultants and SAS grades
Directorate Managers / General Managers	<ul style="list-style-type: none"> • Ensure consultants and SAS grades have an up to date agreed job plan • Maintain ESR with up to date data regarding their consultants and SAS grades job plans • Monitor job planning compliance with policy and procedures
Clinical Board Directors	<ul style="list-style-type: none"> • First point of contact for job planning disputes • Monitor job planning compliance with policy and procedures • Ensure the right level of governance and accountability for non-compliance within the clinical board
Medical Workforce	<ul style="list-style-type: none"> • Support with information required for Job Planning software • Training in job planning processes and job planning software use • Management of the Centralised Job planning record • Assurance and Escalation of job planning processes and concerns
Assistant Medical Director	<ul style="list-style-type: none"> • Ensure appropriate training and resources is available for CD / DM to conduct Job planning • Ensure the right level of governance and accountability for non-compliance • Support appeals and advise as appropriate
Medical Director	<ul style="list-style-type: none"> • Ensure the right level of governance and accountability for non-compliance • Support appeals and advise as appropriate

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APPENDIX F: TEACHING & TRAINING ACTIVITY ASSESSMENT

This assessment tool is designed to inform the job plan review process for NHS consultants and SAS grades. It is expected that consultants and SAS grades would be able to demonstrate the appropriate level of teaching and training activity over three years. Consultants and SAS grades should be able to provide supporting evidence of teaching and training activity including relevant feedback from students and inclusion of CPD and reflective activity in their annual appraisal. This assessment does not include the supervision of Higher Research degree students, which should be incorporated into the Research Activity Assessment. This assessment does not include additional specific teaching or training roles appointed by either the Welsh Deanery or Cardiff University.

	Time allocation	Comments
Postgraduate Training		
Names PG Educational Supervisor Educational Supervision Fulfil requirements of clinical supervisors and do not qualify for additional SPA allocations	0.25 SPAs per week per trainee, maximum 4 trainees per supervisor	Must sign Tripartite Educational Supervisor agreement. Undertake 8 hours per year verifiable CPD mapped to Ac Med Ed Domains. Completion of Annual GMC Trainer Survey
Names Clinical Supervisor	0.25 SPAs per week flat rate	Undertake 5 hours per year verifiable CPD mapped to Ac Med Ed Domains. Completion of Annual GMC Trainer Survey.
College Tutor	1.0 SPA per week	Evidence of active engagement in PG training including speciality induction, liaison with Faculty Leads and Directorates, obtaining trainee feedback and leading local speciality training improvements.
Undergraduate Teaching		
Clinical Teaching	0.25 SPAs per week per group. For example, 0.25 SPA for each of year 3 and year 5 students.	Evidence of engagement in weekly timetabled teaching activity during student placements with positive student feedback plus contribution to examinations and other student assessments
Named Undergraduate Student Supervisor	0.5 SPA per week	ES for 3 named students with evidence of a minimum of three individual meetings per student per 8week placement (x3 placement per year)

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Specialty Teaching Lead	1.0 SPA	Organisation of student placement departmental teaching, student feedback and liaison with Honorary Senior Lecturers.
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APPENDIX G: JOB PLANNING MEDIATION AND APPEALS PROCESS IN LINE WITH THE SAS GRADE TERMS AND CONDITIONS OF SERVICE (WALES)

Mediation

The doctor may refer the matter to the Medical Director, or to a designated other person (subject to local arrangements). The purpose of the referral will be to reach agreement if at all possible. The process will be that:

- the doctor makes the referral in writing within 10 working days of the disagreement arising;
- the doctor will set out the nature of the disagreement and his or her position or view on the matter; This should be provided in writing and normally within 15 working days of the referral being submitted;
- the clinical manager responsible for the Job Plan review, or (as the case may be) for making the recommendation as to whether the criteria for pay increments or thresholds have been met, will set out the employing organisation's position or view on the matter. This should be provided in writing and normally within 15 working days of the referral being received;
- the Medical Director or designated other person will convene a meeting, normally within 20 working days of receipt of the referral, with the doctor and the responsible clinical manager to discuss the disagreement and to hear their views;
- if agreement is not reached at this meeting, then within 10 working days the Medical Director or designated other person will decide the matter and shall notify the doctor and the responsible clinical manager of that decision or recommendation in writing;
- if the doctor is not satisfied with the outcome, he or she may lodge a formal appeal as indicated below.

Formal Appeal

- a formal appeal panel will be convened only where it has not been possible to resolve the disagreement using the mediation process. A formal appeal will be heard by a panel under the procedure set out below.
- an appeal shall be lodged by the doctor in writing to the Chief Executive as soon as possible and in any event within 10 working days of receipt by the doctor of the decision.
- the appeal should set out the points in dispute and the reasons for the appeal. The Chief Executive will, on receipt of a written appeal, convene an appeal panel to meet within 20 working days.
- the membership of the panel will be:

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- a chair, being a Non-executive Director of the appellants employing organisation;
- a second panel member nominated by the appellant doctor, preferably from within the same grade; and
- an Executive Director from the appellant's employing organisation.

No member of the panel should have previously been involved in the dispute.

- the parties to the dispute will submit their written statements of case to the appeal panel and to the other party no less than 5 working days before the appeal hearing. The appeal panel will hear oral submissions on the day of the hearing. Following the provision of the written statements neither party shall introduce new (previously undisclosed) written information to the panel. A representative from the employing organisation will present its case first.
- the doctor may present his or her own case in person, or be assisted by a work colleague or trade union or professional organisation representative, but legal representatives acting in a professional capacity are not permitted.
- where the doctor, the employer or the panel requires it, the appeals panel may hear expert advice on matters specific to a specialty or to the subject of the appeal.
- it is expected that the appeal hearing will last no more than one day.
- the decision of the panel will be binding on both the doctor and the employing organisation. The decision shall be recorded in writing and provided to both parties no later than 15 working days from the date of the appeal hearing.
- the decision of the panel will be implemented in full as soon as is practicable and normally within 20 working days.
- no disputed element of the Job Plan will be implemented unless and until it is confirmed by the outcome of the appeals process and where appropriate a revised Job Plan is issued.
- a decision which increases the salary or pay which the appellant doctor will receive will have effect from the date on which the doctor referred the matter to mediation. A decision which reduces salary or pay will have effect from a date after that which the revised job plan was offered (giving a locally agreed period of notice) following the decision of the panel.