

Surgery Clinical Board - Consultant Job Plans Follow-up

Final Internal Audit Report

March 2025

Cardiff and Vale University Health Board

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Executive Summary

Purpose

The overall objective of the audit was to provide the Health Board with assurance regarding the implementation of the agreed management actions from the Surgery Clinical Board Consultant Job Planning (CVU 2223-32) audit that was reported as part of our 2022/23 programme.

Overview of findings

Three recommendations have been fully implemented and closed down, one medium and two low priority. We were able to evidence for the medium priority recommendation that all job plans were now on the Allocate system.

Although limited progress has been made towards implementing two of the four High priority recommendations, none have been fully implemented and two have seen no progress made at all.



Most consultants still don't have a fully signed off job plan dated within the last 12 months, and job plans still don't include personal outcomes linked to service outcomes.

Consequently, all four high priority recommendations have been rolled forward, with one being re-assessed as Medium priority due to the progress made.










In addition, no progress has been made towards the implementation of one Medium priority finding, and one has only been partially implemented so both have been rolled forward.

We are therefore only able to provide Limited Assurance for the follow-up audit.

Follow-up Report Classification

		Trend
 <p>Limited</p>	<p>Follow up: No high priority recommendations implemented but progress on most of the medium and low priority recommendations.</p>	

Progress Summary

	Previous Matters Arising	Previous Priority Rating	Direction of Travel	Current Priority Rating
1	Job plans on the Allocate system	Medium		Closed
2a	Out of Date Job Plans	High		High
2b	Clinical Board (Service) Outcomes	High		Medium
3	Approval of Additional Sessions	Medium		Medium
4	Personal Outcomes	High		High
5	Monitoring Delivery of Agreed Sessions	Medium		Medium
6	Annual Reviews	High		High
7	Data Quality	Low		Closed
8	Team Job Plans	Low		Closed

1. Introduction

- 1.1 The follow-up review of 'Surgery Clinical Board - Consultant Job Plans' was completed in line with the 2024/25 Internal Audit Plan for Cardiff and Vale University Health Board (the 'Health Board'). The opinion provided through this review is a key component, which will inform the Head of Internal Audit's Annual Opinion.
- 1.2 This was a follow-up review of the original report that was issued in October 2023. This identified eight issues and resulted in an overall assurance rating of 'Limited Assurance'.
- 1.3 The potential risks considered in the original review were as follows:
- Consultants do not have job plans, or job plans may not be developed by mutual consent and do not reflect actual working patterns;
 - Sessions worked may not be sufficient to allow for adequate provision of the service.
- 1.4 The Lead Executive Director for this review is the Chief Operating Officer.

2. Findings

- 2.1 The table below provides an overview of progress in implementing the previous internal audit recommendations:

Original Priority Rating	Number of Recommendations	Implemented / Obsolete (Closed - No Further Action Required)	Action Ongoing (Further Action Required)	Not implemented (Further Action Required)
High	4	0	2	2
Medium	3	1	0	2
Low	2	2	0	0
Total	9	3	2	4

- 2.2 Full details of recommendations requiring further action are provided in the **Management Action Plan** in **Appendix A**.

Appendix A: Management Action Plan

Previous Matter Arising 2a: Out of Date Job Plans (Operation)		
Original Recommendation	Original Priority	
<p><u>Orthopaedics and General Surgery</u></p> <p>Directorate management should review the current process for agreeing and signing off Consultant job plans with a view to streamlining the process. Arrangements should be put in place to ensure that all Consultants within Orthopaedics and General Surgery have up to date, signed off job plans as soon as practicably possible. Given the delays in agreeing and signing off job plans, consideration should be given to the feasibility of recording the end date of job plans as 12 months from the date they were agreed and signed off, rather than 'ongoing'.</p>	High	
Management Response	Target Date	Responsible Officer
<p><u>Orthopaedics</u></p> <p>All job plans will be signed off by the 31/10/2023, including the newly added ones. End dates will be set up so that a reminder of job plan renewal and update will be triggered after 12 months of sign-off date. Because of the recent changes in the service, numerous consultants are still in the process of signing off.</p>	31/10/2023	Antonio Riccioli, Orthopaedics General Manager Alun John Sashin Ahuja Khitish Mohanty Consultant Orthopaedic Surgeons
<p><u>General Surgery</u></p> <p>In General Surgery there is a process in place for job plan sign off, however not all job plans have been straightforward and have been complicated by enforced regionalisation.</p> <p>Start dates on the Allocate system were incorrect, this has been rectified by the project manager for Allocate.</p>	31/12/2023	Rachel Thomas, Director of Operations

All job plan meetings had taken place (8 signed off, 6 consultant need to send through but still haven't this has been chased on numerous occasions, 2 HEIW unsigned because sessions don't match payments, 2 MoD added complications, NK locked system error (escalated to Allocate), 2 with external sessions query over payment and whether the sessions should be in Allocate, MMD additional external sessions).

Current findings

Residual Risk

All Consultants should have a fully signed off job plan dated within the last 12 months. A progress report was generated from the Allocate system showing the start date and current sign off status of all Orthopaedics and General Surgery job plans. There were 35 Orthopaedics Directorate job plans on the system and 25 General Surgery Directorate job plans on the system at the time of our follow-up audit.

Consultants do not have valid job plans that reflect the needs of the Health Board or actual working patterns.

Orthopaedics

One Consultant did not have a published job plan so does not have a start date or any activities or planned sessions. Of the remaining 34, only five have a start date within the last 12 months, but none of these have been agreed and fully signed off. 16 had been fully signed off, although all of these were out of date. 13 were awaiting sign-off by either the Consultant or the first or second approver but were already out of date. All Orthopaedics job plans either had an end date of 'ongoing' or were left blank. We were informed in discussions with the Orthopaedics General Manager that although many of the job plans had been agreed verbally, there was a reluctance amongst Consultants to sign off their job plans on the system.

We note that the Orthopaedics General Manager was both first and second sign-off manager on the system for all of the current job plans except one.

General Surgery

Of the 25 current job plans on the system, 22 were dated within the last 12 months with three being out of date. Of the 22 in date job plans, 16 were fully signed off and six were awaiting full sign off. For the three out of date job plans, two were fully signed off and one was locked down. All General Surgery job plans either had an end date of 'ongoing' or were left blank.

Conclusion: Overall, 65% (16/25) of General Surgery Consultants had a fully signed off and in date job plan, but none of the 35 Orthopaedic consultants had a fully signed off and in date job plan. All current job plans have an 'ongoing' or blank end date. The end date is only entered when an old job plan is closed, and a new job plan is created. This recommendation has been partially implemented.

New Recommendation		Priority
1	<p><u>Orthopaedics and General Surgery</u></p> <p>Management should ensure that all Consultants have a new job plan or a job plan that has been reviewed (re-published) and fully signed off within the last 12 months. Where job plans have been agreed verbally by the Consultant but not signed off by them on the system, consideration should be given to developing a proxy sign off process to facilitate full and timely sign off.</p> <p><u>Orthopaedics</u></p> <p>The Manager sign off requirements for Orthopaedics job plans should be amended to ensure that the first and second sign-offs are not the same Manager.</p>	High
Management Response	Target Date	Responsible Officer
1	May 2025	Rachel Thomas / Abrie Theron/ Antonio Riccioli

Previous Matter Arising 2b: Clinical Board (Service) Outcomes (Operation)		
Original Recommendation		Original Priority
<u>Orthopaedics and General Surgery</u> All job plans should include Clinical Board (service outcomes), the achievement of which should be subject to annual assessment.		High
Management Response	Target Date	Responsible Officer
<u>Orthopaedics</u> Outcomes and objectives will be assigned to each job plan, and will be aligned to the clinical board deliverables for the current financial year.	31/10/2023	Antonio Riccioli, Orthopaedics General Manager
<u>General Surgery</u> Clinical Board triumvirate to set objectives.	31/12/2023	Rachel Thomas, Director of Operations
Current findings		Residual Risk
All Orthopaedics job plans now have generic Clinical Board (Service) Outcomes, but these were not linked to personal outcomes where present. There was also no evidence that the achievement of service outcomes has been subject to annual assessment. None of the General Surgery job plans had Clinical Board (Service) Outcomes. Conclusion: This recommendation has only been partially implemented.		Consultants job plans may not be developed by mutual consent and not reflect actual working patterns.

New Recommendation		Priority	
2	<u>Orthopaedics and General Surgery</u> All job plans should include Clinical Board (service outcomes) and they should be subject to an annual assessment.	Medium	
Management Response	Target Date	Responsible Officer	
2	We acknowledge that there is a gap in this area. However since the last review the Clinical Board has appointed a new Clinical Board Director and the Triumvirate is working towards agreeing service outcomes with all specialties. These outcomes will be documented going forward.	September 2025	Rachel Thomas / Abrie Theron

Previous Matter Arising 3: Approval of Additional Sessions (Operation)		
Original Recommendation		Original Priority
<u>Orthopaedics and General Surgery</u> All Consultant job plans with more than 12 sessions per week should be approved in line with the Consultant Job planning Procedure. The approval should be evidenced on the Allocate system using the third sign off field.		Medium
Management Response	Target Date	Responsible Officer
<u>Orthopaedics</u> Consultants who are working on a 12 sessions job plan were authorised in previous years, and as service changes did not impact their sessional allocation, it has not been changed. However, as per the audit team request, we will action 2.1 a and b and make sure a third sign-off function is enabled.	30/11/2023	Antonio Riccioli, Orthopaedics General Manager
<u>General Surgery</u> Discussed with the CBD and the AMD for workforce, this was fed back on many occasions to the MD's office. A number of General Surgeons also have extra sessions in their job plans for external duties/responsibilities with Welsh Government, MoD and the University.	31/12/2023	Rachel Thomas, Director of Operations
Current findings		Residual Risk
The third sign off manager field is not currently being used by either the General Surgery or Orthopaedic Directorates. <u>General Surgery</u> Review of the current job plans identified that 19/25 had more than 12 sessions, although many were just over 12. The highest number of sessions was 13.7.		The payment of additional sessions is not properly approved.

Orthopaedics

Review of the current job plans showed that 11/35 job plans were for more than 12 sessions, with the highest number of sessions being 15.8 sessions, although this was somewhat of an outlier.

Conclusion: This recommendation is not completed.

New Recommendation		Priority
3	<p><u>Orthopaedics and General Surgery</u></p> <p>All Consultant job plans with more than 12 sessions per week should be approved in line with the Consultant Job planning Procedure. If feasible the approval should be evidenced on the Allocate system using the third sign off field.</p>	Medium
Management Response	Target Date	Responsible Officer
3	<p>We acknowledge more work is required in this area. Since the review the Clinical Board has set up a quarterly CD Forum and a standing agenda item is Consultant Job Planning. The intention being to continuously review our process and ensure actions are implemented so that we achieve our aim of implementing standard principles across all specialties.</p>	<p>September 2025</p> <p>Abrie Theron / Rachel Thomas</p>

Previous Matter Arising 4: Personal Outcomes (Operation)		
Original Recommendation		Original Priority
<u>Orthopaedics and General Surgery</u> Directorate management should ensure that all Consultant job plans include personal outcomes and service (Clinical Board) outcomes, and that personal outcomes are linked to service outcomes.		High
Management Response	Target Date	Responsible Officer
<u>Orthopaedics</u> Once clinical board outcomes are assigned to each consultant, the personal outcomes will be specified and attached to them.	30/11/2023	Antonio Riccioli, Orthopaedics General Manager
<u>General Surgery</u> Clinical Board Outcomes to be set by Clinical Board Triumvirate. Team job planning will inform the service outcomes along with expectations for delivery following annualization.	01/04/2024	Rachel Thomas, Director of Operations
Current findings		Residual Risk
<u>Orthopaedics</u> The same generic service and Health Board outcomes were recorded for all job plans, but personal outcomes were only recorded on 6/35 job plans, none of which were linked to service outcomes.		Job plans do not ensure consultants contribute towards the achievement of the Health Board's Service or organisational objectives.
<u>General Surgery</u> All job plans had the same generic Health Board outcomes, but none had any service outcomes and only one job plan had personal outcomes recorded which were not linked to service outcomes.		
Conclusion: This recommendation is not completed.		
New Recommendation		Priority

4	<p><u>Orthopaedics and General Surgery</u></p> <p>Directorate management should ensure that all Consultant job plans include personal outcomes and service (Clinical Board) outcomes, and that personal outcomes are linked to service outcomes.</p>	High
Management Response	Target Date	Responsible Officer
4	<p>We acknowledge more work is required in this area. Since the review the Clinical Board has set up a quarterly CD Forum and a standing agenda item is Consultant Job Planning. The intention being to continuously review our process and ensure actions are implemented so that we achieve our aim of implementing standard principles across all specialties. A Clinical Board time out session is planned for May 2025 with the intention of reviewing our annual planning process and ensuring personal and service outcomes are better linked.</p>	<p style="text-align: center;">September 2025</p> <p style="text-align: center;">Rachel Thomas / Abrie Theron</p>

Previous Matter Arising 5: Monitoring Delivery of Agreed Sessions (Operation)		
Original Recommendation	Original Priority	
<p><u>Orthopaedics</u></p> <p>The Orthopaedic Surgery General Manager should ensure that the monitoring of Consultant activity is undertaken regularly for all Consultants, and a record is maintained to evidence all monitoring undertaken.</p> <p><u>General Surgery</u></p> <p>The General Surgery Directorate Manager should consider whether the Administrator role could be allocated to existing Directorate staff on a temporary basis, until a permanent Administrator is recruited, to ensure that monitoring of delivery of agreed sessions is undertaken.</p>	Medium	
Management Response	Target Date	Responsible Officer
<p><u>Orthopaedics</u></p> <p>I don't necessarily agree with the following: "we were unable to obtain evidence that monitoring is being undertaken for all Consultants on a regular basis". Monitoring is performed every week within the 6-week planning cycle. Consultants, unless on leave, will be booked for all their clinical commitments, and said schedule won't change unless there is sickness or emergency leave. If a consultant's session cannot be delivered as expected, it will be converted in something else that is of good use for the service. It is a "never event" that a consultant does not deliver their DCC despite being scheduled for them. It has happened on rare occasions in the past, and disciplinary procedures were triggered immediately.</p> <p>The recommendation was referring to the fact that an audit trail of the monitoring is not kept retrospectively. We agreed that we will link with General Surgery and will implement their template.</p>	31/10/2023	Antonio Riccioli, Orthopaedics General Manager

<p><u>General Surgery</u></p> <p>Monitoring exercise complete. Includes data from other clinical boards, where activity also takes place.</p>	<p>Complete</p>	<p>Laura Jones, Assistant Service Manager</p>
<p>Current findings</p>		<p>Residual Risk</p>
<p><u>General Surgery</u></p> <p>We were informed in discussions with the interim Directorate Manager that the directorate has a system for monitoring delivery of DCC hours which they aim to undertake on a quarterly basis. However, due to a lack of resources this monitoring has lapsed and is not currently being done. We were provided with a copy of the current monitoring spreadsheet which shows that monitoring was last carried out in August 2023.</p> <p><u>Orthopaedics</u></p> <p>It was confirmed in discussions with the General Manager that monitoring of the delivery DCC sessions is currently being undertaken on a weekly basis. We were also provided with a copy of the tracker spreadsheet which shows that monitoring was up to date. We note that the process is somewhat complex and time consuming and requires the cross referencing of data to systems such as BlueSpier and PMS. Monitoring is being undertaken by a small number of staff at UHW and UHL, but the process is not documented.</p> <p>Conclusion: This recommendation is partially completed.</p>		<p>Consultants do not deliver their agreed sessions which may cause harm to patients and lead to ineffective use of Health Board resources.</p>
<p>New Recommendation(s)</p>		<p>Priority</p>
<p>5a</p>	<p><u>General Surgery</u></p> <p>Management should ensure that monitoring of the delivery of agreed DCC sessions is reinstated as soon as possible and is kept up to date.</p>	<p>Medium</p>
<p>5b</p>	<p><u>Orthopaedics</u></p> <p>The process for monitoring the delivery of DCC sessions should be documented in the form of a procedure note or Standard Operating Procedure (SOP).</p>	<p>Low</p>

	Management Response	Target Date	Responsible Officer
5a	All specialties in Surgery Clinical Board undertake monitoring, however it is very time consuming because the data is not digital and this is a manual exercise. A more digital solution is needed to improve this and to do this more sustainably. That said we recognise the importance of this stage and are working with all Directorate to ensure we have the appropriate personnel able to dedicate time to data collection and reporting. We intend to incorporate monitoring of this in our governance structure, specifically through our Monthly Directorate Finance discussion	September 2025	Rachel Thomas / Abrie Theron
5b	We are working up a SOP to achieve this recommendation liaising with CBDs from other Clinical Boards	September 2025	Abrie Theron / Rachel Thomas

Previous Matter Arising 6: Annual Reviews (Operation)		
Original Recommendation		Original Priority
<p><u>Orthopaedics and General Surgery</u></p> <p>Whilst it is acknowledged that Covid has had an adverse impact on Consultant job planning, it is an important process, and greater efforts should now be made to get Consultant job planning back on track through the undertaking of annual reviews when they become due.</p>		High
Management Response	Target Date	Responsible Officer
<p><u>Orthopaedics</u></p> <p>The current service changes have slowed down this process and we are now catching up with updating all of them on e-Allocate.</p>	31/10/2023	Antonio Riccioli, Orthopaedics General Manager
<p><u>General Surgery</u></p> <p>Consultants were job planned between May 2022 and September 2022, the new round of job planning is currently taking place. Need to have 1 year of monitoring to be able to inform the job plan discussion. Unable to rectify appropriate start date. There was also a transition in practice for the emergency work as SDEC was opened in July last year which is why job plans weren't signed off straight away as this needed to be agreed by the consultant body and the clinical board.</p>	01/10/2023	Laura Jones, Assistant Service Manager
Current findings		Residual Risk
<p>Review of the e-Allocate system for both General Surgery and Orthopaedics directorates did not identify any evidence of job plans being reviewed annually. We note that the e-Allocate system cannot facilitate annual reviews. Instead, existing job plans need to be closed down and a new job plan published. This will then need to be signed off again by the Consultant and two Managers even if there are no changes to the previous job plan. However, where this has taken</p>		<p>Consultants do not have job valid plans, or job plans that reflect actual working patterns</p>

place the old job plans have all been live for more than 12 months. None of the job plans reviewed had therefore been reviewed after 12 months.

Orthopaedics

Only five Orthopaedic directorate job plans were dated within the last 12 months, but none of these had been signed off. The vast majority of Consultants for this directorate only had one job plan which was more than 12 months old, with some being 2 or 3 years old. Where there were multiple job plans for a Consultant, the previous job plans had been 'live' for more than 12 months.

General Surgery

For the General Surgery directorate, 22/25 job plans had start dates within the last 12 months, of which 16 were fully signed off. Most had previous job plans that had been 'live' for more than 12 months and typically had been live for 2 to 3 years.

Conclusion: This recommendation is not completed.

New Recommendation(s)

Priority

6 Orthopaedics and General Surgery
All job plans should be routinely reviewed and re-published every 12 months, even if there are no changes to the job plan.

High

Management Response

Target Date

Responsible Officer

6 We acknowledge that there is a need for the Clinical Board to improve its processes in this regard. Through the CD Forum and also a step change in the job planning process (referenced earlier) for job plans that have not changed we hope this matter will be resolved.

May 2025

Rachel Thomas / Abrie Theron

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	<p>Substantial assurance</p>	<p>Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure. Follow up: All recommendations implemented and operating as expected</p>
	<p>Reasonable assurance</p>	<p>Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved. Follow up: All high priority recommendations implemented and progress on the medium and low priority recommendations.</p>
	<p>Limited assurance</p>	<p>More significant matters require management attention. Moderate impact on residual risk exposure until resolved. Follow up: No high priority recommendations implemented but progress on most of the medium and low priority recommendations.</p>
	<p>No assurance</p>	<p>Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved. Follow up: No action taken to implement recommendations</p>

Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



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