

Borders NHS Board**NATIONAL WAITING TIMES REPORT AND INTERNAL WAITING TIMES AUDIT REPORT UPDATE****Aim**

The aim of this report is to provide an update on the progress within NHS Borders in implementing the recommendations from the National Waiting Times Report and the Local Internal Waiting Times Audit Report. This report demonstrates that good progress has been made and shows what remaining action is underway, due to be completed by the 30 September 2013.

Background

An audit was undertaken by Price Waterhouse Coopers on behalf of the Scottish Government to review the waiting times processes and systems in NHS Lothian. This report demonstrated that there were systematic failures within NHS Lothian's Health Board processes. A letter was received by the Director General and Chief Executive of NHS Scotland in March 2012 asking NHS Health Boards to 'provide an absolute reassurance that appropriate management control and observance of good practice continues within your Board'. The report made recommendations for all NHS Boards to implement and also recommended that each Health Board undertook an internal audit of their local systems and processes in order to provide assurance to the Local Health Board and the Scottish Government that local systems and processes were robust. NHS Borders commissioned Price Waterhouse Coopers to undertake the local internal audit. This local internal audit provided full assurance to the NHS Borders Health Board that waiting list practice and management within NHS Borders was fully in keeping with the level of practice required by Derek Feeley in his March 2012 letter. This report made 4 recommendations for improvement non of which were rated as a critical risk.

An additional Local Internal Audit is due to be completed by December 2013 in order to assess whether all the recommendations from both the National and Local audits have been implemented effectively. In addition, the National Delivery Team are visiting NHS Borders as part of a programme to visit all Boards.

Summary

In order to oversee delivery against the actions from both the National and Local Audits, we have put in place a local oversight group which meets weekly. The actions status for both audit action plans are attached as appendix 1.

The key focus for ongoing delivery are the monitoring reports for ensuring consistent management and monitors to enable ongoing appropriate application of waiting times rules.

- Re-designed the Waiting Times information that's reported to the Board.

- Started minuting monthly capacity meetings,
- Updated local WL Procedure Manual, particularly around DNA/CNA management, scheduling of urgent patients and accessibility.
- Carried out some additional training sessions with booking staff.
- Taken away waiting list manual card systems and ensured that all information is recorded electronically.

Action Plan

Appendix 1 has a full detailed summary of the actions being undertaken to deliver against the recommendations made in the two reports. Much work has been completed with the expectation that all of the work will be completed by 30 September 2013. This will allow the changes to become embedded and any revisions made before we have our second Internal Audit in December 2013.

Recommendation

The Board are asked to **note** this update report.

Policy/Strategy Implications	Waiting Times Policy changed in response to new guidance
Consultation	None
Consultation with Professional Committees	Waiting Times Committee
Risk Assessment	None
Compliance with Board Policy requirements on Equality and Diversity	Yes
Resource/Staffing Implications	None

Approved by

Name	Designation	Name	Designation
Jane Davidson	Chief Operating Officer		

Author(s)

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Rachel Bacon	General Manager – Acute Services		

Appendix 1

KEY RECOMMENDATIONS AND PROGRESS TO DATE

Progress against the Recommendations in the National Audit

Recommendation	What we have done	What we have left to do	By when
The Scottish Government and NHS Borders should monitor and report the use of waiting list codes and ensure that they are being applied appropriately and consistently, and in line with updated national guidance issued in 2012.	In line with the more specific sections below NHS Borders has put in systems and processes in order to ensure that processes are robust and waiting times rules being appropriately applied in line with the guidance issued in 2012.	There are still some work areas to be completed but it is anticipated that all areas of work will be complete by the end of September 2013.	30 Sept 2013
The Scottish Government and NHS Boards should use information about the use of waiting lists codes, alongside waiting time performance data to identify where staff may be applying codes inconsistently or inappropriately and help plan and manage the capacity needed to meet waiting time targets.	The Productivity and Benchmarking group are systematically working through all specialities in order to ensure that there is sufficient capacity to meet demand.	A suite of 10 reports are being produced in order to provide assurance and clear management tools for consistency of application of codes and appropriate application of waiting times rules.	31 July 2013
Non-executive directors of NHS Boards should ensure they have the full range of information available to scrutinise how their Board is applying waiting list codes and planning and managing capacity to meet waiting times targets.	<p>The local audit report recorded that waiting times-specific supplementary report will be provided to the Board. Effective date January 2013.</p> <p>The Borders Health Board have had training in June 2013 on the application of waiting times and how to apply unavailability codes.</p>	Refine report further as and when requested by the Board.	Complete to date

Recommendation	What we have done	What we have left to do	By when
NHS Boards should ensure that information is recorded within patient records about the reasons for applying waiting list codes		We are updating the local standard operating procedures to ensure that they reflect the requirement to ensure that this information is adequately recorded on TRAK.	31 August 2013
NHS Boards should make sure that electronic systems have an audit trail to enable scrutiny of waiting list systems and that good controls and safeguards are in place to provide assurance that waiting lists are being managed properly.	The current system has an automated audit trail.	The suit of 10 reports and audits will ensure that good controls and safeguards are in place.	31 July 2013
NHS Boards should share good practice on enhanced performance reporting to monitor patients on waiting lists	We network with other Boards. This includes the National Waiting Times Leads Meeting and Waiting Times Managers Meeting where good practice is shared.		
NHS Boards should identify and take into account patients' individual circumstances, such as access to transport, mobility and additional support needs, before offering them treatment at a location outside the board area.		There is a national challenge to addressing this as there isn't a field on TRAK in order to record this information. A national revision of TRAK is being put in place but progress locally for interim management is being considered in order to address this requirement but this is not expected to be in place until 2014. We expect to have a local solution by the end of September.	30 Sept 2013

Recommendation	What we have done	What we have left to do	By when
NHS Boards should monitor offers made to patients for treatment outside the board area as part of the wider monitoring of local capacity	<p>The local audit report recorded that management had updated the local waiting list procedures manual to reflect the national guidance for treatment time guarantees, and staff have been instructed on its application.</p> <p>Departments where patients are being offered the opportunity for treatment outside of the Board area are all going through the Productivity and Benchmarking process in order to provide local capacity to patients.</p>		
NHS Boards should ensure patients with additional support needs, such as a disability or requiring a translator, are identified and provided with the support they require.		There is a national challenge to addressing this as there isn't a field on TRAK in order to record this information. A national revision of TRAK is being put in place but progress locally for interim management is being considered in order to address this requirement but this is not expected to be in place until 2014. We expect to have a local solution by the end of September.	30 Sept 2013
NHS Boards should monitor use of social unavailability codes, including high numbers of changes, retrospective changes, and changes that affect waiting times performance, to ensure staff are applying the codes appropriately.		A series of 10 reports are being produced to provide both assurance and an active management report in order to ensure that waiting times recording is being done consistently and accurately. 7 of the 10 reports have been produced and are being tested. All reports are expected to be complete by the end of July 2013.	31 July 2013

Recommendation	What we have done	What we have left to do	By when
NHS Boards should monitor the use of patient choice codes introduced under the updated guidance to ensure this is kept to a minimum		As above	
NHS Boards should take action to reduce unavailability in specialities where use of these codes is particularly high and may indicate capacity problems	Services where particular pressures have already been identified have been considered by the Productivity and Benchmarking process and additional capacity is in the process of being implemented.	Specific reports and audits are being designed to address this. These are due to be complete by the end of August.	31 August 2013
NHS Boards should ensure adequate systems are in place so there is no delay in the hospital receiving referrals or delays in the patient being added to the waiting list	A significant proportion of referrals into BGH are electronic and so there is no delay in the hospital receiving the referral. This also ensures that patient referrals are vetted quickly by the receiving clinician.	There are still a small number of paper referrals and we are putting in place systems to ensure that these referrals are entered onto the electronic system consistently quickly. There is an electronic report which reviews how quickly patients' referrals are vetted. This report is being reviewed to ensure it is effective.	31 August 2013 30 June 2013
NHS Boards should communicate clearly with patients about their rights and responsibilities under the waiting time guidance and legislation	Patients are sent national waiting times leaflets when they receive their appointment letter		
NHS Boards should ensure effective whistle blowing policies and procedures are in place and publicised.	We have reviewed on Whistleblowing policy (signed off by Area Partnership in May 2012)		

Progress against the Recommendations in the Local Internal Audit

Recommendation	What we have done	What we have left to do	By when
<p>The review of the Board papers highlighted areas for potential improvement in the content and detail of waiting times management and data within the performance scorecard. This could include more detail on, for example, periods of unavailability data, full waiting list size, trend analysis of performance of outpatients and inpatient breaching at month end.</p>	<p>The local audit report recorded that waiting times-specific supplementary report will be provided to the Board. Effective date January 2013.</p>	<p>Refine report further as and when requested by the Board.</p>	<p>Complete to date</p>
<p>The monthly waiting times capacity meetings should be minuted as these are key operational meetings in the management of waiting times. The output/action taken by this group should be used to inform Board reporting on any specific capacity issues.</p>	<p>The report recorded that this has been raised locally and addressed. Providing support to the waiting times capacity meetings (by way of recording, monitoring and upkeep of an action tracker) has been agreed as a key duty for the waiting times team moving forward. The deliberations and actions from this will inform future Board meetings.</p> <p>Recording of the waiting times capacity meetings has been put in place.</p>	<p>Capacity gaps are being identified and fed into the Productivity and Benchmarking process so that long term plans to address capacity gaps can be implemented. Short term capacity plans are put in place during the period between identifying the gap and implementing the longer term solution.</p>	<p>ongoing</p>

Recommendation	What we have done	What we have left to do	By when
<p>NHS Borders should review the number of active user accounts to TRAK and their access levels on a regular basis.</p>	<p>The report recorded that NHS Borders has an agreed security protocol which allows staff access to TRAK functions based on the requirement of their job and access is determined by line managers to ensure service delivery. Access requirements for individual staff are reviewed and/or requested to be removed by line managers when staff move jobs or leave the organisation in line with the User Account Management Procedures. The security groups are reviewed whenever job roles are changed or new functionality is deployed. Not all users have access to all functions. As a further assurance precaution, we will review the system –access population on a 6 monthly basis with effect from December 2012.</p>	<p>Existing standard operating procedures are being updated and this will be complete and an update report is due to go to the August Access Board.</p> <p>The Central Booking team for inpatients is in place. The central booking team for outpatients is due to go live by the end of July 2013.</p>	<p>31 August 2013</p> <p>31 July 2013</p>
<p>NHS Borders has devised a local procedural manual incorporating key areas from the SGHSCD guidance. Some areas have been identified where the local policy could be enhanced to fully reflect key areas contained within the SGHSCD guidance. These should be considered and addressed by management.</p>	<p>The report recorded that the local procedure manual has been recently revised to reflect key areas from the SGHSCD guidance. The following areas will be reviewed/updated further: DNA/CNA management; scheduling or urgent patients and accessibility.</p>		

Recommendation	What we have done	What we have left to do	By when
<p>Booking team staff should ensure that the 'type of offer' fieldwork is correctly updated in TRAK to ensure an accurate audit trail of the nature of offers made to patients. The correct 'type of offer' should be selected from the drop down menu available in TRAK.</p>	<p>The report recorded that the local booking procedural manual includes guidance for staff as to how they should record this data item and all booking team staff have access to this procedure manual. All booking team staff will be reminded of the importance of accurately recording this information and this issue will be incorporated in staff training as we pilot our centralised booking teams.</p> <p>Local process and sample patient audits are now in place and carried out monthly from June 2013.</p>	<p>The local e-learning training programme for new staff and an annual refresher course is being set up and is expected to be in place by 30 September.</p> <p>The national training programme is being discussed and will be put in place once it is produced and distributed.</p>	<p>30 Sept 2013</p> <p>Awaited</p>
<p>NHS Borders should ensure that sufficient comments are entered onto TRAK to fully support the application of unavailability.</p>	<p>The report recognised that management have introduced the practice of noting down the relevant consultants' information to support the application of medical unavailability.</p> <p>The report recognised that new codes have been developed by the SGHSCD due to the introduction of the treatment time guarantee.</p>	<p>We are currently reviewing how the national submissions can be validated by a team within NHS Borders that are not part of an operational service in order to provide additional scrutiny into the processes.</p>	<p>30 Sept 2013</p>

Recommendation	What we have done	What we have left to do	By when
<p>Where unavailability is applied due to patients being offered treatment elsewhere, there is inconsistent practice as to when the unavailability period commences/finishes, ie unavailability is sometimes applied retrospectively to the date the patient came on the waiting list whereas in other instances the unavailability is applied from the date the offer is declined, particularly in the area of orthopaedics.</p>	<p>The report recorded that management had updated the local waiting list procedures manual to reflect the national guidance for treatment time guarantees, and staff have been instructed on its application.</p>		
<p>In Departments such as orthopaedics, TRAK is often used as a secondary system, which is updated after work has been performed. This includes the booking of appointments, which is completed on paper before being added on to TRAK at a later date. Staff should ensure that details are entered promptly onto TRAK to reduce the risk mislaid data or the need for retrospective adjustments.</p>	<p>The report recorded that a significant amount of work has been undertaken to ensure that waiting lists are managed using TRAK rather than paper systems. From September 2012, TRAK has been mandated as the primary system for managing waiting lists in NHS Borders. This will be further developed through the pilot of the inpatient Central Booking Team during October and November 2012, with a view to moving to a fully 'paperless' booking system in future.</p>		