Borders NHS Board

INTERNAL AUDIT REPORT – WAITING TIMES

Aim

To provide assurance that Waiting Times within NHS Borders are being managed appropriately and in accordance with national guidelines.

Background

Following the audit that was carried out in NHS Lothian, and the subsequent report, it was requested that all Boards in Scotland undertake some quality assurance into the way in which Waiting Times are managed.

The Cabinet Secretary requested that NHS Boards should undertake a 'rigorous, specific and detailed internal audit of local waiting times management and processes, including reporting mechanisms'.

In NHS Borders this review was undertaken by PwC.

Key Findings

The key findings of the PWC report are:

1. The overall outcome of the review was 'satisfactory', with assurance given that Waiting Times within NHS Borders are being managed appropriately and within national guidance.
2. Consistent information around Waiting Times is reported at all levels within the organisation, from Operational Management to the Board.
3. There is a local policy available to all staff which sets out how Waiting Lists should be managed.
4. Evidence showed that New Ways guidance is being applied appropriately within NHS Borders.
5. In some departments within BGH, information is recorded retrospectively on Trak rather than being recorded in 'real time'.

The findings of the report are in line with the prior analysis reported at the June 2012 meeting of the NHS Board.

Summary

The final report gives NHS Borders a 'satisfactory' rating, with some recommendations for improvement.

The findings of the report are in line with expectations and have been fully scrutinised by the Audit Committee and in the majority of cases action had already been taken in advance of the Audit.

Recommendation

The Board is asked to **note** the report.

Policy/Strategy Implications	Local Waiting List procedures will require to be updated to reflect the recommendations within the report.
Consultation	N/a
Consultation with Professional Committees	N/a
Risk Assessment	Good overall report, although some risks are highlighted.
Compliance with Board Policy requirements on Equality and Diversity	N/a
Resource/Staffing Implications	N/a

Approved by

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www.pwc.co.uk

Report to NHS Borders

November 2012

Internal Audit Report – Waiting Times

Final Report

pwc

Contents

1. Background and Scope

New Ways

The Scottish Government published their '18 week Referral to Treatment Standard' in 2008. Within this standard, NHS Boards were set the goal of treating patients within 18 weeks following referral from a GP. New Ways guidance, issued by the Scottish Government in 2008, set out how NHS Boards should manage patients' waits and measure and report waiting times consistently. It was intended to make the system clearer, fairer and more transparent.

Under New Ways guidance, following receipt of a referral, the NHS Board is required to offer an appointment to the patient. Under New Ways Guidance the patient has the right to receive two 'reasonable' offers. A 'reasonable' offer should be defined in a Board's local access policy and is defined in terms of location and timeframe (which can vary according to speciality and NHS Board). The 'reasonable offer' rules apply regardless of method of offer whether it is written, verbal or a combination of methods.

- If a patient is willing, a short notice appointment can be offered. If a patient accepts a short notice appointment it is considered a reasonable offer. Declining a short offer notice does not affect the patient's waiting times clock or right to receive a reasonable offer.

- If a patient accepts a reasonable offer and attends for treatment, their patient journey is complete.

- If a patient declines both reasonable offers their waiting times clock is 'reset' to zero. At this stage a patient can be referred back to their GP is medically appropriate, otherwise two other reasonable offers will then be offered.

- If a patient accepts a reasonable offer and then the appointment is cancelled by:

  - the patient (classified as Could Not Attend (CNA)) - their waiting times clock is 'reset' from the date of the cancellation and the patient should then be offered another two reasonable offers. If a patient asks to reschedule a reasonable offer of appointment or admission for third time, unless it is considered inappropriate, the patient should be removed from the waiting list and returned to the their GP.
  - the NHS Board - the patient's waiting times clock continues and there is no detriment to the patient.

If the patients does not turn up for treatment (classified as Did Not Attend (DNA)) unless there is a valid clinical reason for offering another appointment or admission date, the patient should be removed from the waiting list and referred back to the original referrer.

New Ways and NHS Borders

Unavailability, for patients without a date for treatment, is a period of time when the patient is unavailable for treatment. Unavailability can be for medical or social reasons. Any periods of unavailability will be subtracted from the reported waiting time (and therefore any periods unavailability extend the patient's journey)

Origins of the Review – NHS Lothian

PwC undertook a forensic review on waiting times Management at NHS Lothian in January and February 2012. As a result of this review and subsequent report, the Cabinet Secretary made a statement to Parliament on the 21st March 2012, in which she provided an assurance that New Ways Guidance was being applied appropriately across every other NHS Board in Scotland. This assurance was followed by an obligation that every NHS Board

in Scotland would undertake a "rigorous, specific and detailed internal audit of local waiting times management and processes, including reporting mechanisms."

This *Review of Waiting Times within NHS Borders*, as instructed by the Scottish Government Health and Social Care Directorate (SGHSCD), has been carried out in accordance with the Terms of Reference issued by the SGHSCD on 3 May 2012 and included as Appendix I. The period covered by our review was 1 January 2012 to 30 June 2012; therefore, the review was undertaken retrospectively.

Going Forward – Patients Rights Act

The Patients Right Act (Scotland) Act 2011 will introduce a number of changes to the management of waiting times, including treatment time guarantee, effective from 1 October 2012. It should therefore be highlighted that the recommendations we have made in this report should be considered in the context of the new guidance.

The NHS Borders Internal Audit Function is normally provided by the in-house audit team of NHS Lothian. Due to the equivalent review being undertaken at NHS Lothian placing resource constraints on the team, PwC were appointed to undertake the Internal Audit review at NHS Borders.

Scope

Our review considered a number of areas relating to waiting times arrangements and focused on the following 3 key areas noted in the SGHSCD Terms of Reference:

1. Individual patient records are accurate and that systems are in place to ensure that the patient management system cannot be inappropriately changed;

2. Reporting on waiting times is accurate and consistent at every level in the organisation up to and including the Board; and

3. The local guidance is consistent with national guidance and that its implementation is both valid and reliable (i.e. not open to different interpretation in use).

The review involved interviews with staff, consideration of relevant waiting times reports and testing of patient records within the Trakcare ("TRAK") system.

As part of our review, we utilised data analysis produced by a specialist team from PwC. The data specialists were appointed under a separate contract and undertook analysis across all territorial NHS Boards in Scotland (and the National Waiting Times Centre). This analysis involved interrogating the waiting times systems, extracting the relevant data over the time period and analysing it into graphs, charts and trends, based around a number of key questions as outlined in **Appendix V**.

This enabled the Internal Auditor of every Board to adopt a risk based audit approach by focusing their work and sample testing onto particular specialties, at particular times and on particular issues.

We understand that the data output has been shared with the Chief Executive of NHS Borders.

2. Executive Summary

Background

This Internal Audit review, commissioned by NHS Borders following instruction from the (then) Cabinet Secretary, has followed the Terms of Reference set out at Appendix 1. This work has not constituted a formal forensic investigation into waiting times within NHS Borders, but rather has considered a number of specific areas relating to waiting times reporting and processing.

Data Interrogation

A separate PwC data team were engaged to collect data relating to waiting times from NHS Board electronic waiting times systems and to perform a number of 'core' analytical queries to support NHS Boards' Internal Audits in the completion of their audits. A list of 'core' analytical queries was developed by NHS Board Internal Auditors, with input from PwC, to provide NHS Board Internal Auditors with data that was to assist them in the performance of their respective audits. The 'core' analytical queries are contained in **Appendix V**.

For each question, output data was produced (some 'core queries' were amended based on the information that could be extracted from TRAK). Graphs and tables were produced showing activity by month and speciality. This was analysed by the Internal Audit team to identify trends and any possible issues which then enabled a focussed and risk based audit. From this analysis the following specialties were selected for testing:

- Orthopaedic Surgery;
- Ophthalmology;
- Chronic Pain Service;
- Urology;
- Cardiology;
- Colonoscopy;
- Ears, Nose and Throat (ENT); and
- Gynaecology.

Approach

The review involved interviewing a range of managers and staff, consideration of relevant waiting times reports and the interrogation, analysis and testing of selected data in the TRAK system. We would like to formally thank all staff and management who agreed to be interviewed as part of this review.

The findings of our work have enabled us to make a number of observations on key areas around the waiting times process within NHS Borders. As such, we have highlighted a number of issues and identified areas for improvement which should be considered and actioned by the NHS Borders Board.

It should be highlighted that management have informed us that many of these recommendations will be implemented through their introduction of the Patient Rights (Scotland) Act 2011.

Overall Statement

On the basis of the work performed we found that overall, the waiting times processes and procedures within NHS Borders were operating in a controlled manner. In addition, our sample testing did not identify any evidence of inappropriate amendments or contraventions of NHS Borders Waiting Times Policy.

Similar to all territorial NHS Boards in Scotland, the waiting times supporting systems within NHS Borders have not been designed to provide a clear and evidenced audit trail across all aspects of the patient journey. This relates in the main, to the process of making "offers to patients" within the administration process, rather than any clinical issues.

This part of the process is complex with the majority of interaction (including "offers") with the patient being made by telephone. This requires NHS staff to interact with the patient and ensure flexibility around making the "reasonable offer(s)" as prescribed in the New Ways Guidance.

However, often little or no detail is recorded in the waiting times system and there is therefore little or no evidence to support the:

- contact being made with the patient;
- content of the conversation and the "offer(s)" made; or
- "offer(s)" being made in the spirit of New Ways Guidance.

As such, there is no way of formally verifying the validity of any subsequent application of "unavailability" without contacting or asking patients.

Our review highlighted certain areas where further improvements could be made, including as noted above, the level of detail recorded on the waiting times system. Our findings, together with recommendations for improvement, are summarised below and set out in further detail within each relevant section of the report.

A suggested action plan has also been completed and is attached at Appendix I. Each finding has been allocated a risk rating so that those charged with governance within NHS Borders and management can focus attention on the higher priority areas.

	Critical Risk	High Risk	Medium Risk	Low Risk	Total
Number of Recommendations	0	1	2	1	4

Reporting

- As part of our overall comparison of internal waiting times reports, evidence indicates that consistent data and information was presented from operational management level through the various governance routes and to the Board.

- We did identify areas for improvement in the content and detail of waiting times management and data within the Performance Scorecard that is reported to the Board. The provision of more detailed reports, including trends and movements, would provide Board members with a more robust and comprehensive "picture" of the waiting times position, and potentially enhance their ability to make more informed decisions regarding the taken and proposed action by management. 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.

- In addition, 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.

TRAK Controls and System Management

- Controls are in place, which restrict access to TRAK. This includes the requirement for an access request form to be completed and authorised by a line-manager. This form also specifies the level of access required, to ensure access is only granted to the necessary parts of TRAK.

- However, NHS Borders should review the number of active user accounts to TRAK and their access levels. At the time of our fieldwork, 1835 users had access to TRAK, which is over half the number of NHS Borders employees. Whilst TRAK is used for more than managing waiting times, management should regularly review the number of staff who have access and access rights to ensure these are appropriate.

NHS Borders Waiting List Procedures and Comparison with SGHSCD Guidance

- NHS Borders has in place a Waiting List Procedure Manual which sets out how the New Ways policies will be applied within NHS Borders to manage patients who are waiting for treatment. The policy applies to all non urgent waiting lists patients, both in patients and out patients.

- The local waiting times guidance is available on the NHS Borders staff intranet for all staff members to access. From our review NHS Borders local procedural manual largely complies with SGHSCD guidance. Some areas have been identified where the local policy could be enhanced to fully reflect key areas contained within the SGHSCD guidance.

- Although not formally reviewed as part of our work, we understand that NHS Borders has updated their policy to reflect the requirements of the Treatment Time Guarantee effective from the 1st October 2012.

Application of Local Waiting Times Procedures

- We have limited our assurance over the waiting times process due to the absence of a clear and evidenced audit trail around specific areas of the process. This issue is not exclusive to NHS Borders and relates, in the main, to the process of making "offers" to patients. NHS Borders should seek to improve the audit trail around the offer process, including recording on the system the time of the call, the offers made and the response from the patient.

- In addition, NHS Borders should ensure that sufficient use is made of available coding in TRAK and that adequate comments are entered onto TRAK to fully support the application of a period of unavailability. For example, we understand that management have recently introduced the practice of noting down the relevant Consultants' information to support the application of medical unavailability.

- On the same theme, NHS Borders should improve its coding to ensure that sufficient comments are entered onto TRAK to provide more detail as to why a patient has been removed from a waiting list.

- Where unavailability is applied due to patients being offered treatment elsewhere, there is inconsistent practice as to when the unavailability period commences/ finishes, i.e. unavailability is sometimes applied retrospectively to the date the patient came on to the waiting list, whereas in other instances the unavailability is applied from the date the offer is declined, particularly in the area of Orthopaedics.

- In departments such as Orthopaedics, TRAK is updated after elements of the process have been performed. This includes the booking of appointments, which are completed on paper before being added onto TRAK at a later date. This creates the risk that information is lost or is not transferred accurately to TRAK. Staff should ensure that details are entered promptly onto TRAK to reduce the risk of mislaid data or the need for retrospective adjustments.

3. Reporting and Governance

Background

This Section of the report considers the waiting times reporting process within NHS Borders.

The target to treat patients within 18 weeks is a key performance target for all Health Boards. As such, relevant information should be presented at board level to allow board members to discharge their governance responsibilities effectively. Waiting Times information should be presented in sufficient detail to provide board members with an accurate representation of the Board's current waiting times position, the issues and the associated actions.

Reporting Framework

Waiting time performance is considered by a number of committees and teams within the governance structure within NHS Borders. The governance structure has been summarised at Appendix II.

Board Reporting – Reports to the Board

Performance is reported to the NHS Borders' Board as part of the Performance Scorecard, produced by the Performance and Planning Team. Performance is reported against all Key Performance Indicators and HEAT targets, including waiting times targets, using a Red, Amber, Green system as follows:

Table 1 - NHS Borders' Board Reporting Format

Current Performance Key			
RED	Under Performing	Current performance is significantly out with the trajectory set.	Exceeds the target by 16% or greater
AMBER	Slightly Below Trajectory	Current performance is moderately out with the trajectory set.	Exceeds the target by up to 15%
GREEN	Meeting Trajectory	Current performance matches or exceeds the trajectory set	Meets or is in excess

The Direction of Travel is also shown:

Better performance than previous month	↑
No change in performance from previous month	↔
Worse performance than previous month	↓
Data not available or no comparable data	-

An accompanying cover paper is produced, however, lacks detailed narrative, although a verbal update is provided by the Chief Operating Officer. From our review of board minutes, it was evident that the Chief Operating Officer was verbally providing additional detail in regards to potential capacity issues for the Board's consideration. Our review of a sample of reports also appeared to demonstrate consistent reporting from operational level straight to the Board, in that breaches were reported to the Board regularly.

Our review of 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. This would provide Board members with a more robust and comprehensive "picture" of the waiting times position.

Board Reporting – Debate and Challenge by the Board

In terms of scrutiny at Board meetings, we were provided with evidence of the 'challenge' provided by Board members around Waiting Times reported performance. For example, minutes from the Board and Strategy and Performance Committee demonstrated discussions around Physiotherapy Services and the work management have undertaken in areas such as demand and capacity.

Operational Arrangement and Reporting

As part of our review we considered the arrangements in place within the Waiting Times Team and NHS Borders to consider the operational aspects of waiting times management (i.e. monitoring of current/potential breaches and action plans to address issues) as well as the monitoring of unavailability lists.

Management explained to us that monthly waiting times meetings are held with the Waiting Times Team and the Chief Operating Officer. At these meetings, discussions take place around any waiting times issues, the action plans to possibly avoid these and the approval for funding these plans.

When asked for the minutes and reports used in these meetings for the months of February 2012, May 2012 and June 2012, management advised that it was not officially minuted. However, we were provided with a report detailing the action plan discussed at this meeting.

We understand that meetings to discuss service specific issues have been ongoing since October 2011 where short, daily meetings were held. We were provided with an action tracker as evidence of this. The frequency of these meetings has changed from March 2012, with these meetings also being used to monitor implementation of the action plans agreed at the monthly meetings.

The Access Management Group has a wide remit. The Group is chaired by the Chief Operating Officer and attendees include the General Manager from each Clinical Board, Head of Planned Care (Clinical), Service and Operational Managers, Head of IM&T Planning & Performance Manager, Waiting Times Coordinator and a Management Accountant. The group has a wide remit, including review of management information produced by the Waiting Times team. In terms of monitoring unavailability lists, per discussion with staff, it was explained that the Access Management Group has always received information to review the unavailability list, and during the period under review (1 January 2012 – 30 June 2012) the format of this information has been revised to give a greater level of granularity.

Scottish Government and Information Services Directorate (ISD) reporting

Data is extracted from the 18 weeks reporting database to populate the national submission, which is sent to ISD. This is broken down to specialty level, with extracts taken on a weekly basis. The information is validated by the waiting times co-ordinator and team on a monthly basis. Some adjustments have to be made to the data to accounts for data faults (where records have been locked and can't be updated in TRAK). The submission is signed off on a quarterly basis by NHS Borders before ISD publish the data.

Monthly management returns are also submitted to the Scottish Government showing availability by speciality.

Key Messages – Reporting and Governance

Our review of 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 **(Action Point 1).**

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 **(Action Point 1).**

4. TRAK Controls and system management

TRAK

This section of the report sets out our assessment of the control environment around the Trakcare (TRAK) waiting times management system. For the purposes of managing waiting times, this system records the patient journey from the point of referral to treatment and is used throughout the Board.

Like all such systems, a robust and well-embedded framework of control is crucial. For a system recording waiting times information, this includes restricted access, an appropriate audit trail of amendments and appropriate detail of any patient contact.

Process Controls

The system operates through a requirement for data input in order to process the patient journey. From discussions with staff within the Board and review of TRAK, we gained an understanding of how TRAK operates within NHS Borders. This included how patients are added to the waiting list, amendments made and a patient's journey being marked as complete. A high level overview of the process is contained within Appendix III.

For the purposes of this review, the following key system controls have been identified:

- User Access; and
- 'Change Log' within TRAK showing all edits made.

User Access

Controls are in place which restrict access to TRAK. This includes the requirement for an access request form to be completed and authorised by a line-manager. This form also specifies the level of access required to ensure access is only granted to the necessary parts of TRAK. TRAK itself is accessed through a link from the staff intranet, to which staff require a username and password to gain access.

Outpatient bookings are undertaken by the Booking Office who directly enter details on TRAK. A few specialties also have their own booking teams who perform the same function. Inpatient bookings are undertaken by medical secretaries.

The waiting times team also have access to TRAK, in order to enable them to contact patients in relation to offers of appointment at other NHS Boards. The Health Information systems team access the system to produce relevant monthly performance information as required.

We performed a review of the User Access List of the TRAK system to perform a reasonableness check over individuals with access to the system. This analysis revealed that there are 1,835 active users in the TRAK system within NHS Borders. The Board had approximately 3000 staff members at the date of this review.

TRAK is used for more than just waiting times management. For example it is also a clinical triage tool and used for emergency department clinical record as well as tracking patients location within the hospital. As a result most nursing and medical staff require some form of role based access. It is important that management monitor the number of users and access levels to ensure these are appropriate to ensure information cannot be manipulated.

Change Log

The Change Log within TRAK records all amendments made to the system. The appropriateness of changes was considered as part of our testing detailed in Section 5 of this report.

It was noted during our system testing that when staff enter appointment and offer details, TRAK defaults to a 'written offer' which must then be manually updated if the offer was verbal, or a patient focused booking. This meant that in several instances, the offer was made and accepted in the same day (indicating a phone/verbal offer), despite being recorded as a 'written' offer. This was identified on 17 occasions from a sample of 75 patients.

From discussions with the booking team, it was confirmed that this relates to human error, given the system automatically defaults to a written offer, and had therefore incorrectly not been updated. A drop down menu is available in TRAK from which the type of offer should be selected.

Key Messages – TRAK controls and systems management

NHS Borders should review the number of active user accounts to TRAK and their access levels. At the time of fieldwork, 1835 users had access to TRAK, which is over half the number of NHS Borders employees. Whilst TRAK is used for more than managing waiting times, management should regularly review the number of staff who have access and access rights to ensure these are appropriate **(Action Point 2).**

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. **(Action Point 4)**.

5. NHS Borders Waiting List Procedures and Comparison with SGHSCD Guidance

This section of the report sets out the background to the New Ways guidance, and the way in which the guidance has been adopted within NHS Borders. We considered the Board's local guidance for completeness and consistency with the SGHSCD guidance on waiting times management. In particular, an assessment of accessibility, availability and applicability of that guidance in the waiting times process.

New Ways Guidance

Due to the complexity of the Waiting Times process New Ways guidance is drafted in a way which allows NHS Boards to interpret and apply elements of the guidance differently. This allows clinicians to review individual cases to make sure that patients are not being put at risk, for example because they are taken off the waiting list or referred back to the end of the list. NHS Boards have a degree of flexibility in applying New Ways Guidance, as NHS Boards provide different services and have to decide on what constitutes a fair and reasonable offer of treatment.

Patients Right (Scotland) Act 2011 and Treatment Time Guarantee

The Patient Rights (Scotland) Act 2011 was passed by the Parliament in February 2011 and gained Royal Assent in March 2011. The Act aims to improve patients' experiences of using health services and to support people to become more involved in their health and health care.

The first section of the Act gives all patients the right that the health care they receive should:

- Consider their needs;
- Consider what would be the most beneficial to the patient, taking into account their circumstances and preferences; and
- Encourage patients to take part in decisions about their health and wellbeing, and provide them with information and support to do so.

From the 1 October 2012, the Act 2011 establishes a 12 week maximum waiting times for the treatment of all eligible patients who are due to receive planned treatment delivered on an inpatient or day case basis.

NHS Borders – Waiting List Procedures

NHS Borders have in place a Waiting List Procedure Manual which sets out how the New Ways policies will be applied within NHS Borders to manage patients who are waiting for treatment. The policy applies to all non urgent waiting lists patients, both in patient and out patients.

Accessibility

We confirmed that the local waiting times guidance is available on the NHS Borders staff intranet for all staff members to access. It is therefore available to download or view on screen as required by staff.

Applicability

For the purposes of this review of local guidance, the following items were considered to be key areas of interpretation from SGHSCD guidance:

- Definition of a 'Reasonable Offer'
- Declining an offer
- Patient Focussed Booking (PFB)
- Could not attend (CNA)
- Did not attend (DNA)
- Cancelled by hospital
- Unavailability (Medical and Social)
- Patient Information
- Treatment Location

We considered these areas and in particular how they had been incorporated into NHS Borders local procedures. From this review, the following points were noted:

- The core definitions of what constitutes a 'Reasonable Offer' appear to be in line with SGHSCD guidance, with some omissions. There are no details in NHS Borders' guidance concerning the need to tailor the offer for particular patients if made by letter, e.g. larger text size. There is also no mention of what exceptions exist to the overall rules on a reasonable offer, i.e. urgent appointments or infrequent services where only one offer needs to be made.

- Patient focused booking – at present there are no details within the local policy around patient focused booking as NHS Borders do not operate patient focused bookings. We understand plans are being developed to create a centralised booking team; and NHS Borders will include patient centred bookings within their policy.

- Patient Did Not Attend (DNA) – the local policy makes provision for writing to the GP to confirm the DNA, rather than the actual patient, to confirm the DNA is factually correct. The local policy also makes provision for the patient to respond within 7 days of being removed from the list, and be offered a third appointment. This goes further than the national guidance, and means a patient record would have to be recreated after deletion, should the patient respond within 7 days.

Key Messages – Local Guidance

NHS Borders have 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 **(Action Point 3).**

6. Compliance and application of local waiting times procedures

This section of the report sets out the level of compliance with and the application of local access guidance for a sample of patient records selected for testing.

Approach

As part of our review, we utilised data analysis produced by a specialist team from PwC. The data specialists were appointed under a separate contract and undertook analysis across all territorial NHS Boards in Scotland (and the National Waiting Times Centre). This analysis involved interrogating the waiting times systems extracting the relevant data over the time period and analysing it into graphs, charts and trends, based around a number of key questions as outlined in **Appendix V**.

This enabled the Internal Auditor of every Board to adopt a risk based audit approach, by focusing their work and sample testing onto particular specialties, at particular times and on particular issues.

Our testing followed a risk-based approach and was driven by the output from the specialist data team. Data was provided for all specialties for the period 1 January 2012 – 30 June 2012. Testing focused on the following specialties: Orthopaedic Surgery; Ophthalmology; Chronic Pain Service; Urology Cardiology, Colonoscopy, ENT and Gynaecology.

Our approach attempted to validate the patient journey, including assessing whether amendments had been applied appropriately and in accordance with the local waiting times policy in place.

Results of testing

On the basis of the work performed we found that overall, the waiting times processes and procedures within NHS Borders were operating in a controlled manner. In addition, our sample testing did not identify any evidence of inappropriate amendments or contraventions of NHS Borders Waiting Times Policy.

Application of unavailability by creation/amendment date and retrospective updates

We selected a sample of 45 patients and examined the application of unavailability by creation/amendment date and retrospective updates.

The following points were noted from our testing:

- No instances were noted where the unavailability period commenced 1-3 days before the 'breach date'.
- There were 18 instances of a retrospective change to unavailability status. Of the 18 instances, on 5 occasions this retrospective application of unavailability extended the patient journey and therefore original guarantee date. Following further investigation of these items and review of available case notes the following was noted:
  - in 3 instances no explanation for the social unavailability that had been applied could be found, however, the following was obtained/noted:
    - For one of these items management provided a verbal explanation to support the application of the unavailability.
    - For one of these items management provided evidence of a case note with the comment 'After June' to support the application of unavailability. However, the comment was not detailed enough to fully support the application of social unavailability.

    - The last instance related to a patient waiting for treatment under the Chronic Pain Service. Per discussion with management, the Chronic Pain Service is the only area within NHS Borders which operates Patient Focused Bookings, which are not supported by the Board's TRAK system. A separate list is maintained which is used to record the date letters were sent to patients. Per discussion with management, in this instance the patient did not respond and social unavailability was applied.

  - In one instance an explanation for the full extent of the medical unavailability that had been applied could not be located. Management provided a screen shot showing the number of pre assessments that the patient attended to indicate that the patient was medically unfit for treatment and, therefore, medically unavailable.
  -
  - In one instance, an appointment cancelled by the patient was mistakenly classified as 'cancelled by hospital'. To correct this error, unavailability was used to stop the patient clock, rather than the appointment be corrected to 'cancelled by patient', which would have reset the patient clock.

- In one instance the reason for unavailability being applied was 'Business Commitments' with no actual comments entered for unavailability. The period of unavailability lasted from 23/4/12 to 1/6/12. In this instance, the application of the unavailability extended the patient journey, and therefore original guarantee date. No further information from the patient case notes could be obtained in relation to this period of unavailability.

- In one instance a patient was recorded as admitted as an emergency admission appointment, despite having had an appointment date agreed. This occurred because the appointment details were taken manually, and not entered onto TRAK. It was noted that the ward was aware of the appointment, therefore this solely relates to a system issue whereby TRAK was not used to record appointment details appropriately.

- Where unavailability is applied due to patients being offered treatment elsewhere, there is inconsistent practice as to when the unavailability period commences/ finishes, i.e. 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.

Amendments made to offers

We selected a sample of 30 amendments made to offers, and validated the reason for this amendment.
The following points were noted from our testing;-

- In one instance, an edit to patient appointments attended was made 6 months after the initial appointment. From discussions with Waiting Times staff, this was because a review appointment was set up, which incorrectly put the patient back on the waiting list. The back-dated entry therefore corrected this error.

Amendments to periods of Unavailability

We selected a sample of 30 patients focusing on the highest number of input/amendments made to periods of unavailability per hour and validated the reason for the amendment being made.

The following points were noted from our testing;-

- In 24 instances there was a retrospective change to unavailability status. Of these cases, on 11 occasions this retrospective application of unavailability extended the patient journey and therefore original guarantee date. Supporting evidence was available to confirm the reason for the retrospective amendment in 10 of these cases. However in 1 instance, the patient was unavailable for medical reasons, with retrospective application by 39 days. From review of case notes for this patient, no evidence could be found to verify their first period of medical unavailability.

Key Findings – Compliance and Application of Local Waiting Times Procedures

NHS Borders should ensure that sufficient comments are entered onto TRAK to fully support the application of a period of unavailability. We understand that management have recently introduced the practice of noting down the relevant Consultants information to support the application of medical unavailability. We understand that new codes have been developed by the SGHSCD due to the introduction of the Treatment Time Guarantee **(Action Point 4).**

Where unavailability is applied due to patients being offered treatment elsewhere, there is inconsistent practice as to when the unavailability period commences/ finishes, i.e. 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 **(Action Point 4**).

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 of risk or mislaid data or the need for retrospective adjustments **(Action Point 4).**

Appendix I – Scope (SGHSCD Terms of Reference)

Objectives of the Internal Audit

There are three main objectives of this audit, which are to ensure that:

a. Individual patient records are accurate and that systems are in place to ensure that the patient management system cannot be inappropriately changed;

b. Reporting on waiting times is accurate and consistent at every level in the organisation up to and including the Board; and

c. The local guidance is consistent with national guidance and that its implementation is both valid and reliable (i.e. not open to different interpretation in use).

These objectives shall be achieved through the following audit activities:

1. Undertake a comprehensive review of waiting times reporting to Executive Management, relevant Committees of Governance, the Board and the Scottish Government. This will include tracing the content of these reports back to the waiting times system, and through intermediate systems if relevant.

2. Trace a sample of waiting times data from input, through amendment/updating within systems, to output within the various reports presented to Management, relevant Committees and the Scottish Government, through to publication to ensure consistency through every level of reporting.

3. Investigate and report any variations, unusual matters or obvious omissions identified in relation to paragraphs 1 and 2 above.

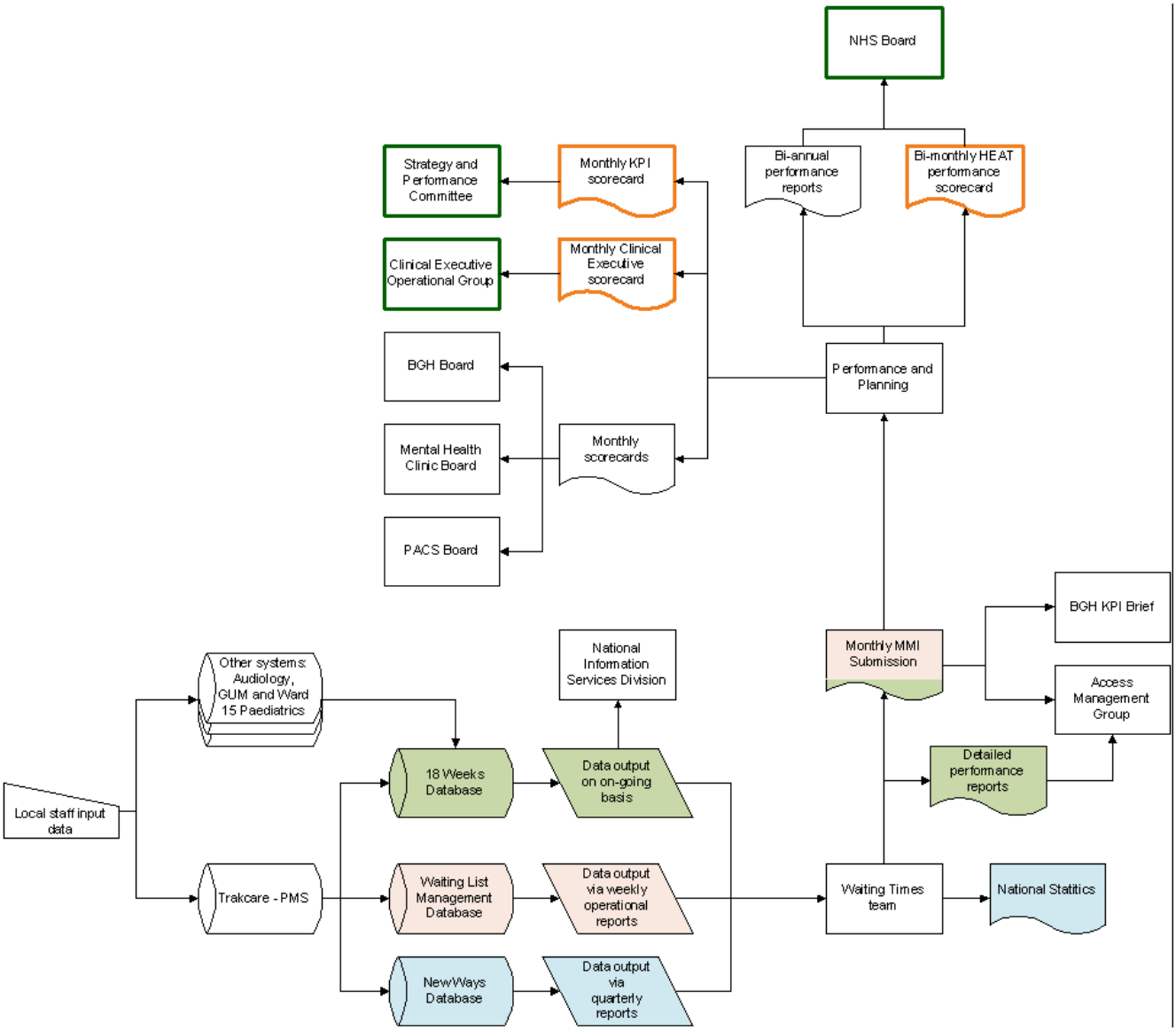
4. Review the Board's local guidance for completeness and consistency with the SGHSCD guidance on waiting times management. In particular, this will include an assessment of accessibility, availability and applicability of that guidance in the waiting times process.

5. Review the systems and process controls that exist and the operation of those controls for data input, processing data through the waiting times system and final reporting, through sample checking. The existing systems, processes and controls should be fully documented to allow a transparent review of documented and actual performance.

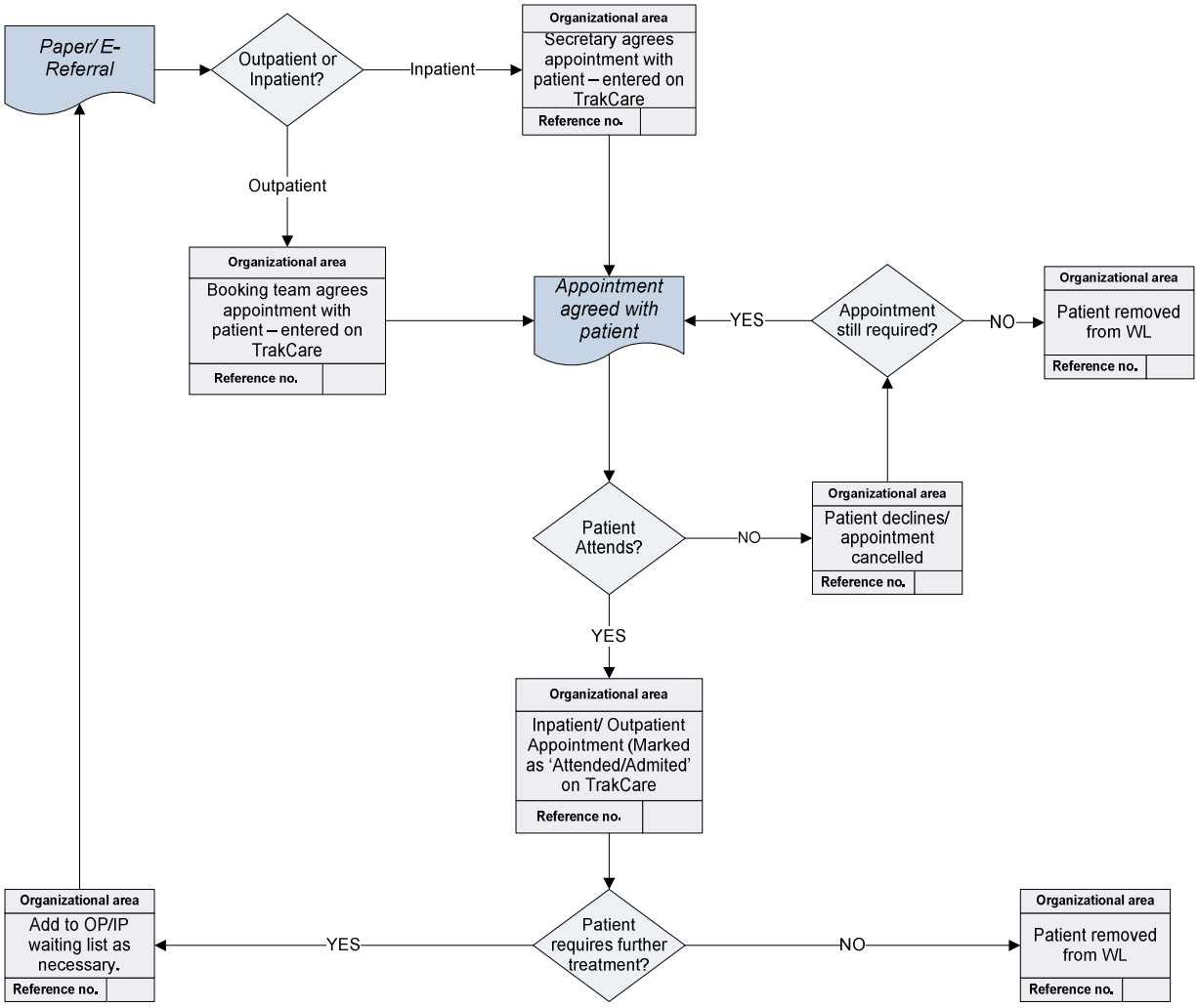
6. Assess completeness of recording for 'New Ways' data fields, including reasons for amendments to patient records. Analyse core data to identify key issues including, but not restricted to, trends and adjustments to periods of unavailability and other adjustments of the patient's 'waiting time clock'., making use of all relevant data available including local data and nationally available data from ISD.

7. Interview a sample of staff involved in the waiting times management process at all levels of the organisation, including clinicians, managers and data entry staff, to provide a further dimension to the assessment of data, controls and processes.

Appendix II – Reporting Framework



Appendix III – Overview of the Process



Appendix IV – Action Plan

Similar to all territorial NHS Boards in Scotland, the waiting times supporting systems within NHS Borders have not been designed to provide a clear and evidenced audit trail across all aspects of the patient journey. This relates in the main, to the process of making "offers to patients" within the administration process, rather than any clinical issues.

This part of the process is complex with the majority of interaction (including "offers") with the patient being made by telephone. This requires NHS staff to interact with the patient and ensure flexibility around making the "reasonable offer(s)" as prescribed in the New Ways Guidance.

However, often little or no detail is recorded in the waiting times system and there is therefore little or no evidence to support the:

- contact being made with the patient;
- content of the conversation and the "offer(s)" made; or
- "offer(s)" being made in the spirit of New Ways Guidance.

As such, there is no way of formally verifying the validity of any subsequent application of "unavailability" without contacting or asking patients.

This is deemed a recommendation for the broader NHS in Scotland, rather than being specifically aimed at NHS Borders.

Recommendation	Management Comment
1. Reporting **Risk Rating: Medium Risk** Our review of 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.	A Waiting Times-specific supplementary report will be provided to the Board. Effective date January 2013.
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.	Noted. 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 reporting.

Recommendation	Management Comment
2. TRAK Controls and System Management **Risk Rating: Medium Risk** NHS Borders should review the number of active user accounts to TRAK and their access levels. At the time of fieldwork, 1835 users had access to TRAK, which is over half the number of NHS Borders employees. Whilst TRAK is used for more than managing waiting times, management should regularly review the number of staff with access and access rights to ensure these are appropriate.	Noted. 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 with only 676 of the 1835 having access to waiting list information across 13 job roles. As a further assurance precaution, we will review the system-access population on a 6monthly basis with effect from December 2012.
3. NHS Borders Waiting List Procedures **Risk Rating: Low Risk** 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.	Accepted. 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. • Accessibility
4. Application of Local Waiting Times Procedures **Risk Rating**: **High Risk** 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.	Accepted. 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.
NHS Borders should ensure that sufficient comments are entered onto TRAK to fully support the application of unavailability. We understand that management have recently introduced the practice of noting down the relevant Consultants' information to support the application of medical unavailability. We understand that new codes have been developed by the SGHSCD due to the introduction of the treatment time guarantee.	Accepted. The information will be detailed for each patient in line with the national TTG requirements.
Where unavailability is applied due to patients being offered treatment elsewhere, there is inconsistent practice as to when the unavailability period commences/ finishes, i.e. 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.	Accepted. In the recently updated Waiting List Management Guidance, updated to reflect TTG, there is now clear guidance nationally as to how this should be recorded. The local Waiting List procedures manual has been updated to reflect this and staff have been instructed on its application.

Recommendation	Management Comment
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 of risk or mislaid data or the need for retrospective adjustments.	Accepted. 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.

Individual finding ratings

Finding rating	Assessment rationale
Critical	A finding that could have a: • ***Critical*** impact on operational performance; or • ***Critical*** monetary or financial statement impact; or • ***Critical*** breach in laws and regulations that could result in material fines or consequences***;*** *or* • ***Critical*** impact on the reputation or brand of the organisation which could threaten its future viability.
High	A finding that could have a: • ***Significant*** impact on operational performance; or • ***Significant*** monetary or financial statement impact ; or • ***Significant*** breach in laws and regulations resulting in significant fines and consequences ***;*** *or* • ***Significant*** impact on the reputation or brand of the organisation.
Medium	A finding that could have a: • ***Moderate*** impact on operational performance; or • ***Moderate*** monetary or financial statement impact; or • ***Moderate*** breach in laws and regulations resulting in fines and consequences; or • ***Moderate*** impact on the reputation or brand of the organisation.
Low	A finding that could have a: • ***Minor*** impact on the organisation's operational performance; or • ***Minor*** monetary or financial statement impact; or • ***Minor*** breach in laws and regulations with limited consequences; or • ***Minor*** impact on the reputation of the organisation.
Advisory	A finding that does not have a risk impact but has been raised to highlight areas of inefficiencies or good practice.

Appendix V – Core Analytical Queries

The list of 'core' queries agreed was:

1. Pattern of periods of unavailability being created (i.e. the first time each period of unavailability is created)

2. Pattern of periods of unavailability being created retrospectively; where retrospective periods are defined as being those where the date the period of unavailability starts is before the date it has been created

3. Pattern of amendments to periods of unavailability; where amendments are defined as being those changes made to existing periods of unavailability which either extend or reduce the period of unavailability

4. Pattern of offers cancelled by the hospital where a period of unavailability has been created within 5 days after the data that the booking was cancelled

5. Pattern of patients suspended within 5 days after refusing an offer where the offer has been refused due to the treatment being outside the NHS Board (as noted by an unavailability reason code)

6. Deletion of periods of unavailability

7. Patients removed from the waiting list

8. What is the highest number of offers made per hour?

9. What is the highest number of periods of unavailability input per hour?

10. What is the highest number of amendments made to periods of unavailability made per hour?

11. Profile of current waiting list (depending on period of data extracted

12. For 5 cases (each) removed from the waiting list of Western Isles, Shetland, Dumfries & Galloway, Fife and Borders with the reason code that indicates that they have been transferred to care within another board – trace them to the health records of the other board through searching the data extracted.

13. Profile of the number of instances where the referral date has been moved by more than 5 days

14. Offer and appointment dates that are the same (or within 3 days of each other)

15. Offers declined per day