

## Internal Audit



### Waiting Times – Compliance with Data on TrakCare

March 2021

#### Internal Audit Assurance assessment:

Objective One	Objective Two	Objective Three	Objective Four	Objective Five
Significant Assurance	Significant Assurance	Significant Assurance	Significant Assurance	Significant Assurance

#### Timetable

Date closing meeting held: No meeting held, client responded directly to draft report

Date draft report issued: 15 March 2020

Date management comments received: 16 March 2021

Date Final report issued: 18 March 2021

Date presented to Audit and Risk Committee: 26 April 2021

This report has been prepared solely for internal use as part of NHS Lothian's internal audit service. No part of this report should be made available, quoted or copied to any external party without Internal Audit's prior consent.

## Contents

1. Introduction.....	1
2. Executive Summary.....	2
3. Management Action Plan.....	4
Appendix 1 – Staff Involved and Documents Reviewed.....	6
Appendix 2 – Sample Populations and Selection.....	7
Appendix 3 - Definition of Ratings .....	8

## 1. Introduction

- 1.1 In May 2013 the Public Audit Committee issued its report on the Management of Patients on NHS Waiting Lists. The report considered results from boards' internal audits along with the report by Audit Scotland.
- 1.2 The report by the Public Audit Committee contained a number of recommendations for both the Scottish Government and individual health boards. In particular, the Committee recommended that health boards check a sample of patient records each month to validate waiting times guidance is applied appropriately. Checking should be carried out by staff independent of areas where the patient records are generated.
- 1.3 Under the responsibility of the Waiting Times Governance Team (WTGT), monthly sample checking started in September 2013, with checks carried out in line with guidance and methodology issued by NHS Scotland to all health boards. Results from the sample checking are reviewed at monthly Access Compliance Assurance Group meetings, chaired by the Deputy Chief Executive.
- 1.4 From the beginning of September 2014, responsibility for waiting times governance transferred to Strategic Planning, to achieve a greater degree of independence from those directly responsible for waiting times delivery. There was a subsequent move of Executive Leadership for analytical services, including the WTGT, to the Chief Quality Officer in 2017 and then to the Deputy Chief Executive in April 2020 to further ensure independence from operational services.

### Scope

- 1.5 As directed nationally, the scope of the audit was to confirm that NHS Lothian is following guidance for sampling patients' records each month and in particular the appropriate use of unavailability codes.

### Acknowledgements

- 1.6 We would like to thank all staff consulted during this review for their assistance and cooperation.

## 2. Executive Summary

### Summary of Findings

2.1 The table below summarises our assessment of the adequacy and effectiveness of the controls in place to meet each of the objectives agreed for this audit. Definitions of the ratings applied to each action are set out in Appendix 3.

No.	Control Objectives	Assurance Level	Number of Findings			
			Critical	High	Medium	Low
1	National Guidance is being followed for the sampling and checking of patients records each month, with the sample selected being representative of risk and coverage of the population.	Significant Assurance	-	-	-	-
2	NHS Lothian's framework for checking compliance with national guidance and Standard Operating Procedures is operating effectively.	Significant Assurance	-	-	-	-
3	Exceptions identified are addressed effectively and considered for the wider population with corrective action where appropriate.	Significant Assurance	-	-	-	-
4	Monthly reporting to the Access Compliance Assurance Group is complete and accurately reflects testing performed.	Significant Assurance	-	-	-	-
5	Recommendations from previous audits relating to the management of waiting lists are being implemented.	Significant Assurance	-	-	-	-

## Conclusion

- 2.2 Controls over the management of sampling and checking of patient data are operating effectively. National requirements are being met by the sampling methodology developed by the WTGT, with results reported regularly to the Access Compliance Assurance Group. All exceptions and observations from the checking are being followed up and corrective action taken where necessary.

## Main findings

- 2.3 The impact of Covid-19 on scheduled care has presented the WTGT with some issues that have had to be addressed. A separate Covid intranet page has been set up for staff to refer to along with all other Standard Operating Procedures. Changes have also been made to Trak in order for the WTGT to correctly record and track Covid related cancellations and unavailability. Current dashboards have been updated within Tableau and additional process monitoring reports have been set up to capture this information, which is reported separately to the Access Compliance Assurance Group.
- 2.4 At the start of each month several reports are run to extract all patients with a completed waiting list entry from the previous month. Additional programs are then run to manipulate the data and randomly select 30 inpatient and 30 outpatient cases. Targeted samples are also selected, following a schedule agreed with the Access Compliance Assurance Group. There were two months where the WTGT couldn't conduct the target audits due to insufficient patient numbers during the height of Covid-19. This was noted and has been declared to the Access Compliance Assurance Group.
- 2.5 Compliance with waiting times standard operating procedures is being monitored each month through the established checking methodology. While the national guidance has provided health boards with a suggested audit methodology, the WTGT has developed its own, using the national guidance as a framework and adjusted according to local procedures. All changes to the sampling template are approved at the Access Compliance Assurance Group
- 2.6 Where observations and potential issues are identified, staff within the WTGT will contact the relevant service area and obtain explanation. Where necessary, further action is recorded in sample checking documentation.
- 2.7 Recommendations from previous audit reports were confirmed as completed during the previous internal audit. No recommendations are currently outstanding.

### 3. Management Action Plan

#### **Control objective 1: National Guidance is being followed for the sampling and checking of patients records each month, with the sample selected being representative of risk and coverage of the population**

We identified no significant weaknesses in relation to the above control objective.

When selecting samples for testing, NHS Scotland guidance advises that:

- Samples are selected at random.
- Samples are stratified across specialities.
- Judgement is used to determine any areas of risk or concern each month and weight the sample appropriately.

At the start of each month several reports are run in to extract all patients with a completed waiting list entry since the previous month. Additional programs are then run to manipulate the data and randomly select 30 inpatient and 30 outpatient cases and other targeted samples, agreed with the Access Compliance Assurance Group.

While national guidance has advised a total monthly sample size of 30, the WTGT will each month review a sample of approximately 200 patient records.

Provided as Appendix 2 is a table showing the samples selected for testing as part of this review. This records the total number of records selected by the WTGT for the chosen months, alongside those reviewed by Internal Audit.

#### **Control objective 2: NHS Lothian's framework for checking compliance with national guidance and Standard Operating Procedures**

We identified no significant weaknesses in relation to the above control objective.

Compliance with waiting times standard operating procedures is being efficiently monitored each month through the established checking methodology.

While the national guidance has provided health boards with a suggested audit methodology, the WTGT has developed its own, using the national guidance as a framework and adjusted according to local procedures.

A sample of patient records were selected from the WTGT checking exercises and the data recorded confirmed as accurate against the patient's TrakCare record.

**Control Objective 3: Exceptions identified are addressed effectively and considered for the wider population with corrective action where appropriate**

We identified no significant issues in relation to this control objective.

Where observations and potential issues are identified, staff within the WTGT will contact the relevant service area and obtain explanation. Where necessary further action is recorded in sample checking documentation.

The WTGT also reviews, from 1 randomly selected week in every 6 weeks, the retrospective changes to Patient waiting list data occurring during the week and identified through the Tableau Dashboards. Where changes to data have been identified the relevant service managers are contacted and reasons obtained. Although it is noted that due to Covid-19 pressures in March and April last year this action was not carried out for two of the seven weeks selected for review. This had been reported to the Access Compliance Assurance Group.

**Control Objective 4: Monthly reporting to the Access Compliance & Assurance Group is complete and accurately reflects testing performed**

We identified no significant issues in relation to this control objective.

The results of all sample checking carried out by the WTGT is being accurately reported to the Access Compliance Assurance Group. This includes observations and any action taken to prevent reoccurrence.

**Control Objective 5: Recommendations from previous audits relating to the management of waiting lists are being implemented**

We identified no significant issues in relation to this control objective.

Recommendations from previous audit reports were confirmed as completed during the previous internal audit. No recommendations are currently outstanding

## **Appendix 1 – Staff Involved and Documents Reviewed**

### **Staff Involved**

- Strategic Programme Manager – Waiting Times Governance
- Waiting Times Governance Training & Support
- Senior Information Analyst

### **Documents Reviewed**

- Access Compliance Assurance Group meeting papers
- Access Compliance Assurance Group Terms of Reference and Remit
- NHS Scotland Waiting Times Audit Methodology
- WTGT 2020-21 Sampling Schedule
- Emails issued to Service Managers re accessing Tableau Dashboards and completion of SOP training
- WTGT sample testing output
- TrakCare screenshots supporting checking observations
- Data extracted from Tableau dashboards



## Appendix 2 – Sample Populations and Selection

Month	Areas Sampled by WTGT (quantity)	Internal Audit Selected Sample (quantity)
March 2020 for February 2020 data	Cancer (15) Inpatient (30) Outpatient (30) Inpatient Drug & Alcohol (5) Outpatient Chronic Pain (30) Outpatient Drug & Alcohol (30) Inpatient Dental (30)	Cancer (1) Inpatient (2) Outpatient (2) Outpatient Chronic Pain (1) Outpatient Drug & Alcohol (1)
July 2020 for June 2020 data	Cancer (15) Inpatient (30) Outpatient (30) Inpatient EPO (30) Outpatient AHP (30) Outpatient CAMHS (30) Outpatient EPO (3) Outpatient AHP – MSK Removals (50)	Cancer (1) Inpatients (2) Outpatients (2) Inpatient EPO (1) Outpatient AHP (2) Outpatient AHP – MSK Removals (1)
October 2020 for September 2020 data	Cancer (15) Inpatient (30) Outpatient (30) Outpatient AHP (30) Outpatient CAMHS (30)	Inpatient (3) Outpatient (2) Outpatient AHP (1) Outpatient CAMHS (2)

## Appendix 3 - Definition of Ratings

### Findings and management actions ratings

Finding Ratings	Definition
<b>Critical</b>	A fundamental failure or absence in the design or operating effectiveness of controls, which requires immediate attention
<b>High</b>	A key control failure has been identified which could be either due to a failure in the design or operating effectiveness. There are no compensating controls in place, and management should aim to implement controls within a calendar month of the review.
<b>Medium</b>	A control failure has been identified which could be either due to a failure in the design or operating effectiveness. Other controls in place partially mitigate the risk to the organisation, however management should look to implement controls to fully cover the risk identified.
<b>Low</b>	Minor non-compliance has been identified with the operating effectiveness of a control, however the design of the control is effective

## Report ratings and overall assurance provided

Report Ratings	Definition	When Internal Audit will award this level
<b>No assurance</b>	The Board cannot take any assurance from the audit findings. There remains a significant amount of residual risk.	The controls are not adequately designed and / or operating effectively and immediate management action is required as there remains a significant amount of residual risk (for instance one Critical finding or a number of High findings)
<b>Limited assurance</b>	The Board can take some assurance from the systems of control in place to achieve the control objective, but there remains a significant amount of residual risk which requires action to be taken.	<p>This may be used when:</p> <ul style="list-style-type: none"> <li>• There are known material weaknesses in key control areas.</li> <li>• It is known that there will have to be changes that are relevant to the control objective (e.g. due to a change in the law) and the impact has not been assessed and planned for.</li> </ul> <p>The controls are deficient in some aspects and require management action (for instance one 'high' finding and a number of other lower rated findings)</p>
<b>Moderate assurance</b>	The Board can take reasonable assurance that controls upon which the organisation relies to achieve the control objective are in the main suitably designed and effectively applied. There remains a moderate amount of residual risk.	<p>In most respects the "purpose" is being achieved. There are some areas where further action is required, and the residual risk is greater than "insignificant".</p> <p>The controls are largely effective and in most respects achieve their purpose with a limited number of findings which require management action (for instance a mix of 'medium' findings and 'low' findings)</p>
<b>Significant assurance</b>	<p>The Board can take reasonable assurance that the system(s) of control achieves or will achieve the control objective.</p> <p>There may be an insignificant amount of residual risk or none at all.</p>	<p>There is little evidence of system failure and the system appears to be robust and sustainable.</p> <p>The controls adequately mitigate the risk, or weaknesses are only minor (for instance a low number of findings which are all rated as 'low' or no findings)</p>