Internal Audit

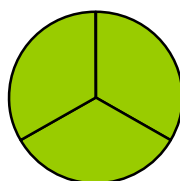**NHS Waiting Times Arrangements – Sampling & Checking**

February 2015

Report Assessment

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Introduction

Internal Audit issued a nationally-directed report on NHS Waiting Times Arrangements in November 2012, with a follow-up to that audit reported in November 2013. In February 2013, Audit Scotland published a report on Management of Patients on NHS Waiting Lists. The Public Audit Committee considered results from boards' internal audits along with the report by Audit Scotland and, in May 2013, issued its Report on the Management of Patients on NHS Waiting Lists.

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 that use of social unavailability codes has been appropriate. Checking should be carried out by staff independent of areas where the patient records are generated.

The Waiting Times Governance Team started monthly sample checking in September 2013, with checks carried out in line with the draft guidance and methodology issued by NHS Scotland to all health boards. Results of the sample checking are reviewed at monthly Access & Governance Committee meetings, chaired by the Director of Scheduled Care. 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.

Scope

We reviewed arrangements in place for the management of sampling and checking processes within waiting times arrangements. The control objectives for the audit, along with our assessment of the controls in place to meet each objective, are set out in the Summary of Findings.

Acknowledgements

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

Executive Summary

Conclusion

The framework of controls for the management of sampling & checking within waiting times arrangements is adequate and operating effectively. However, the audit identified two opportunities to improve controls by improving evidence of checks carried out.

Summary of Findings

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 1.

No.	Control Objective	Control objective assessment	Number of actions by action rating			
			Critical	Significant	Important	Minor
1	Principles within the draft guidance and methodology are being followed for sampling patients' records each month.	Green				
2	NHS Lothian's framework for checking compliance with national guidance and Standard Operating Procedures is operating effectively.	Green			1	1
3	Recommendations from earlier audits relating to the management of waiting lists are being implemented.	Green				

Control Objective Ratings

Action Ratings	Definition
Red	Fundamental absence or failure of controls requiring immediate attention (60 points and above)
Amber	Control objective not achieved - controls in place are inadequate or ineffective (21 – 59 points)
Green	Control objective achieved – no major weaknesses in controls but may be scope for improvement (20 points or less)

Main Findings

We noted a number of areas of good practice during the review.

The Waiting Times Governance Team (WTGT) has been incorporated into the Strategic Planning Directorate, to provide additional independence from the Corporate Improvement Directorate, which is responsible for managing the waiting times process. This is consistent with the recommendations in the Public Audit Committee's May 2013 report.

The NHS Lothian Monthly Audit of Waiting Times Compliance – Standard Operating Procedures, which are used to direct the work of the WTGT, incorporate the sampling and checking requirements included in the Scottish Government's guidance for monthly audit checking. Where parts of the national guidance have been assessed as not relevant to NHS Lothian, this has been reported to the Scottish Government.

The remit of the Access & Governance Committee (AGC) includes responsibility for monitoring compliance with the guidance. The Committee meets monthly and reviews reports detailing the results of monthly checks carried out by the WTGT. Any issues arising are monitored through an action plan until resolved.

Although not required by guidance, the WTGT has recently started similar checking and reporting on waiting times within Cancer Services and will extend this to Mental Health Services in February 2015. In addition, we were informed further statistical analyses of patients' unavailability and non-attendance are expected to be introduced during 2015.

We identified one important area, and one minor area, for improvement during the review:

The WTGT team issues a weekly report to specialities detailing retrospective changes to patient unavailability data. Specialities review the changes to confirm whether they are legitimate, and correct any errors. To provide assurance that this review takes place, the WTGT asks specialities to share the results of their review on a sample basis each week. The WTGT should maintain a full and complete record of the specialities' responses, so it can monitor and report whether specialities are monitoring retrospective changes to unavailability data effectively.

The WTGT conducts monthly testing of patients' records to determine whether patient journeys are recorded correctly. Our testing confirmed that the WTGT testing is performed in line with guidance. However, by improving the documentation of the testing to provide details of the rationale for sample selection, and the results of following up testing exceptions, the WTGT would be able to provide additional assurance to the AGC about the testing of the process for managing waiting times

Further details of this issue are set out in the Management Action Plan.

Management Action Plan

Control objective 1: Principles within the draft guidance and methodology are being followed for sampling patients' records each month
NHS Lothian complies with NHS Scotland's guidance on the governance of waiting list management, apart from some deviations which have been reported to the Scottish Government. The testing performed by the WTGT is accurate, timely and sufficient to detect any deviations from waiting times management guidance. There is accurate and timely reporting of testing performed by the WTGT to the AGC.

Control objective 2: NHS Lothian's framework for checking compliance with national guidance and Standard Operating Procedures is operating effectively	
2.1: Evidence from specialties to support sample checks	**Important**

Observation and risk

The WTGT issues a weekly TrakCare report to specialities, which details patients whose unavailability dates have been changed retrospectively. Retrospective changes can be made to correct errors such as keying mistakes or incorrect application of waiting times guidance. The specialities review the report to confirm the legitimacy of changes, and correct any identified errors.

To provide assurance that specialities are performing this weekly review of retrospective changes, the WTGT asks a sample of specialities to provide the explanations for the date changes that week. All specialities are sampled over a six-week period. However, although we were informed that specialities do provide all relevant information, only a partial record of responses from specialties was recorded for the period sampled by the audit.

There is a risk that any failure by specialities to review retrospective changes to unavailability dates will not be identified and challenged by senior management at an early stage.

Recommendations

The WTGT should maintain a complete record of information provided by specialities during the sample-checking to evidence the operation of this control. The record should include sufficient detail to track common areas of error, which would allow management to identify any potential training needs.

Management Response

Obtaining responses from specialties was previously managed by Analytical Services, and was taken over by the WTGT in November 2014. Since this change all comments from specialties have been received, analysed, and noted.

Management Action

The WTGT will continue to maintain a full and complete record of information provided by specialities as part of the forensic dashboard sampling process. In addition, common areas of error by the specialties will continue to be used to identify potential training needs.

Responsibility: Waiting Times Governance Manager	Target date: Immediate

2.2: Evidence from the WTGT to support sample checks	Minor

Observation and risk

In line with the national guidance, the WTGT tests a sample of patients' records each month, to determine whether the patient journey has been correctly recorded in TrakCare. The sample comprises 30 randomly selected inpatient and day case patients, and 30 patients selected from a targeted area. That area may be selected because it has not been reviewed for some time, because levels of patient unavailability appear higher than usual or the area has come to attention through other monitoring. However, the WTGT does not record the reasons why specific specialties are chosen for the targeted sampling.

We re-performed the WTGT testing for a sample of 30 items and confirmed that our testing conclusions supported the WTGT testing conclusions. However, we noted that the WTGT's record of testing did not include details of the explanations obtained for any exceptions noted, nor the actions taken to resolve errors identified through the testing in the older records examined.

The retention of records that capture this data would provide NHS Lothian with additional assurance that testing performed follows a planned approach to give comprehensive coverage of risk areas.

Recommendations

The WTGT should develop criteria for the selection of targeted specialities as part of the monthly testing of patient records within TrakCare. The criteria should be reviewed and approved by the AGC as part of its monitoring responsibilities with the reasons for specific areas being selected noted.

Similarly, the WTGT's record of testing should include details of the reasons provided for exceptions identified during the monthly testing, as well as the actions taken to correct any errors. This information could be consolidated into themes and reported to the AGC on a regular basis.

Management Response

Recommendation accepted.

Management Action

The rationale used to select specialties will be outlined to the AGC for approval. Sampling records for the monthly testing has been full and complete in recent months, including actions taken by specialties to resolve errors. This practice will continue. Any themes noted from errors made by specialties will be reported to the AGC.

Responsibility: Waiting Times Governance Manager	Target date: 1 February 2015

Control objective 3: Recommendations from earlier audits relating to the management of waiting lists are being implemented.
The Associate Director of Strategic Planning monitors and reports progress towards implementation of recommendations included in the previous internal audit, Audit Scotland and Public Audit Committee reports on management of waiting times.

The most recent report to the Acute Hospitals Committee in September 2014, noted that all previous audit recommendations have now been implemented, apart from one recommendation, relating to providing help to patients with additional support needs. This is being progressed through NHS Lothian's Additional Needs Taskforce, which is presently outlining the timescale for this work |

Appendix 1 - Definition of Ratings

Management Action Ratings

Action Ratings	Definition
Critical	The issue has a material effect upon the wider organisation – 60 points
Significant	The issue is material for the subject under review – 20 points
Important	The issue is relevant for the subject under review – 10 points
Minor	This issue is a housekeeping point for the subject under review – 5 points

Control Objective Ratings

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