

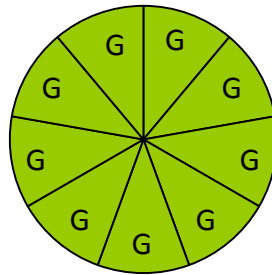
Internal Audit



Prosthetics

May 2017

Report Assessment



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Introduction

Prosthetics forms part of the Southeast Mobility and Rehabilitation Technology (SMART) Services which provides services to patients across Lothian, Fife, Borders, Forth Valley and West of Scotland. SMART services are managed by Edinburgh Health and Social Care Partnership.

The Prosthetics Service provides upper and lower limb prosthetic care to approximately 1500 patients from across the regions. There is an average of 100 new patients and 3,000 outpatient appointments per year. The department consists of six prosthetists, including the Head of Prosthetics Services, and a number of associated technical staff who work with Prosthetics and other departments in the SMART centre.

Prosthetics has two main funding streams: normal service and specialist prosthetics. The normal service is a consortium between NHS Lothian, Borders, and Fife, and is for referrals from hospitals' multi-disciplinary teams, and has a supplies budget of approximately £400k. Specialist prosthetics is a service to fit technologically-complex prostheses for armed forces veterans and prosthetic limb users resident in Scotland who are assessed as eligible using the nationally-agreed criteria. The total budget for this service is approximately £2.5m. SMART Prosthetics services provide this service in conjunction with colleagues in WESTMARC Prosthetics Service in Glasgow.

Patients are assessed by their prosthetist and a plaster cast or digital image (OMEGA Tracer) of their residual limb will be made. The prosthetist will use this to design and manufacture a prosthetic limb, taking many factors into account including the patient's general health, fitness level, clinical needs, lifestyle and personal requirements.

The SMART centre must hold prosthetics stock to ensure that it is available when required by patients. However, there is a balance between ensuring appropriate prosthetics equipment is available when needed, and holding too much such that it becomes obsolete. This would also increase the cost of storage and the risk of stock being lost or stolen.

Scope

This audit covered an end-to-end review of procurement, storage and use of prosthetics within NHS Lothian to determine the extent to which controls ensure value for money.

Acknowledgements

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

Executive Summary

Conclusion

Effective work is performed to determine if patients are eligible for treatment, with SMART Centre staff always determining what treatment, if any, would be appropriate for each patient. Also, stock is for the most part ordered specifically for individual patients which helps to maintain low stock levels, with stock then being issued to clinical staff in a controlled manner. Finally, there is a good process in place to recover costs from other health boards. However, we identified four minor control issues.

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	Management perform reviews to confirm that patients always meet the eligibility criteria.	Green				
2	Management produce reports which demonstrate the value of the service provided to patients.	Green				
3	Policies and procedures are in place for prosthetics stock management and are regularly reviewed and approved.	Green				1
4	There is adequate security in place in stores, with controlled access arrangements to prevent misappropriation.	Green				2
5	Stock is not held unnecessarily.	Green				
6	Prosthetics stocks are re-ordered at the appropriate order levels from approved suppliers and the orders are approved before being submitted.	Green				1
7	There is a regular prosthetics stock count, with any discrepancies or issues investigated and resolved	Green				

No.	Control Objective	Control objective assessment	Number of actions by action rating			
			Critical	Significant	Important	Minor
	appropriately.					
8	Prosthetics stock is dispensed appropriately and controlled.	Green				
9	Robust processes are in place to recover costs or invoice for prosthetics services performed on behalf of other health boards on a timely basis.	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

Effective work is performed to determine if patients are eligible for treatment, with SMART Centre staff always determining what treatment, if any, would be appropriate for each patient. Follow-up appointments are also made for patients to ensure that treatments continue to be effective.

Stock is, for the most part, ordered specifically for individual patients which helps to maintain low stock levels, and stock is issued to clinical staff in an effectively controlled manner. In addition, there are effective stock counting processes in place.

Finally, there is a good process in place to recover costs from other health boards. NHS Lothian, NHS Fife, and NHS Borders are not charged for the treatment of their residents by the SMART Centre, as there is a consortium agreement in place. Other health boards are charged for the treatment of their residents based on the cost of materials and a flat fee per appointment.

We identified no significant issues for improvement during the review. However, we noted four minor issues which are set out in the Management Action Plan.

Management Action Plan

Control objective 1: Management perform reviews to confirm that patients always meet the eligibility criteria.

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

Patients are referred to the SMART Centre either by staff in other parts of the organisation, or by other NHS Scotland boards. At the initial appointment the patient is reviewed by SMART Centre staff to determine what treatment, if any, would be appropriate. Follow-up appointments are also made for patients to ensure that treatments continue to be effective.

Control objective 2: Management produce reports which demonstrate the value of the service provided to patients.

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

SMART Centre management do not provide reports, either to committee or to senior managers, demonstrating the value of the work being performed. However, clinical notes are held which detail the follow-up assessments patients receive. These assessments are designed to determine if treatments have been effective and if any change to the treatment regimen is required.

Control objective 3: Policies and procedures are in place for prosthetics stock management and are regularly reviewed and approved.	
3.1: The stock procedures do not have stated review dates	Minor
<p>Observation and Risk:</p> <p>Stock procedures provide guidance to staff working in stores, and to staff who use stores, on best practice methods for maintaining stock levels which allow items to be available when required while not holding excessive stock. In addition, they should provide guidance on the effective recording and security of stock.</p> <p>SMART Centre stores have stock procedures in place which have been created by the current stores person. The procedures appear to be comprehensive and effective. However, the procedures do not have a stated review date.</p> <p>If stock procedures are not reviewed at set intervals there is an increased risk that they do not reflect best practice.</p>	
<p>Recommendation:</p> <p>The stock procedures should have a stated review date.</p>	
<p>Management Response: There are plans to add the stock procedures to the SMART Quality system and to state a review date for these.</p> <p>Management Action: Add stock procedures to SMART Quality system with an annual review date of October.</p>	
<p>Responsibility: Claire Grant, Head of Technical Services</p>	<p>Target date: End of August 2017</p>

Control objective 4: There is adequate security in place in stores, with controlled access arrangements to prevent misappropriation.	
4.1: Keypad security codes are not being changed with sufficient regularity	Minor
<p>Observation and Risk:</p> <p>Keypads help to ensure that only authorised staff can access certain buildings or parts of buildings. Codes should be provided to all relevant staff, and these codes should be changed periodically so that any staff who have left the department can no longer gain access.</p> <p>The SMART Centre opening hours are 8am to 6pm, from Monday to Friday. The building is alarmed outwith office hours, with the alarm activated and deactivated by Astley Ainslie Hospital portering staff. When the porters turn off the alarm in the morning they also unlock the outer doors, allowing patients to sit in the reception area. These patients cannot access the rest of the building as there is a keypad for the inner doors. In addition, the “fit delivery store” holds and fits items for patients; it has keypad entry as it is a public area and so requires greater security.</p> <p>However, the keypad codes for these two doors have not been changed in the last few years.</p> <p>If keypad codes are not changed periodically then there is a risk that former members or staff could access the building.</p>	
<p>Recommendation:</p> <p>SMART Centre management should decide how often keypad codes are changed. The new keypad codes should then be communicated to those staff who require them.</p>	
<p>Management Response: There are plans to write and implement a procedure for changing the codes on all of the key pads in SMART on an annual basis.</p> <p>Management Action: Write, implement and add procedure to SMART Quality system .</p>	
<p>Responsibility: Gail Wishart, SMART Centre Manager</p>	<p>Target date: End of June 2017</p>

<p>4.2: Some staff who have left the SMART Centre still have access to the electronic system ReTIS</p>	<p>Minor</p>
<p>Observation and Risk:</p> <p>The effective maintenance of patient records is a vital responsibility for the organisation, and involves not only maintaining complete, accurate, and timely records but also restricting access to only those staff who require to view them.</p> <p>The SMART Centre uses the electronic system ReTIS to maintain both patient and stock records, with access restricted by both password controls and individual staff-specific access rights. However, a review of the ReTIS user list showed that 25 (29%) of the 87 current users no longer require access to the system.</p> <p>If staff members continue to have access to the system where they no longer require it, there is an increased risk that patient records are accessed inappropriately.</p>	
<p>Recommendation:</p> <p>SMART Centre management should review ReTIS users periodically to determine if access rights should be removed or adjusted for each individual staff member listed.</p>	
<p>Management Response: SMART Managers should currently arrange for users to be removed from ReTIS when they leave SMART services or access is no longer required (e.g. Bank staff). The ReTIS system/s are in the process of development, which includes implementing controls to make individual user accounts inactive if these have not been accessed in 90 days. The SMART Management Team plan to implement temporary measures to periodically determine the requirements of access of users until the systems are updated and the new control measures are in place.</p> <p>Management Action: Request reports on active users to the system/s from ReTIS every 3 months and these are to be considered by the Head of Service/s with requests made (using ReTIS current procedure) for users to be removed as required. Procedure to be written, implemented and added to the SMART Quality system.</p>	
<p>Responsibility: Morag Marks, Head of Prosthetics and Orthotics Services</p> <p>Gail Wishart, SMART Centre Manager (represents SMART for all ReTIS databases used in SMART)</p>	<p>Target date: End of June 2017</p>

Control objective 5: Stock is not held unnecessarily.

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

The majority of stock is ordered for specific patients which means that relatively low stock levels can be maintained. The stock that is held for general use is not usually of a very high value: at the time of the audit, the most expensive items held as stock were liners (which cost about £400 each) and there were approximately 20 of them.

Control objective 6: Prosthetics stocks are re-ordered at the appropriate order levels from approved suppliers and the orders are approved before being submitted.

6.1: Not all purchase orders have been appropriately authorised

Minor

Observation and Risk:

Within NHS Lothian all orders are made to suppliers through the use of a purchase order, which will include the names of the requester and the authoriser. Authorisation levels are stated for each relevant staff member in the Authorised Signatories Database.

However, for a sample of 10 orders exceeding £2,000, one of the orders (for £2,739) had been requested and authorised by the same person.

If purchase orders are not effectively authorised there is an increased risk that items are ordered inappropriately.

Recommendation:

SMART Centre management should remind staff that all purchase orders should be appropriately authorised.

Management Response: The SMART Management Team will remind staff that all purchase orders should be appropriately authorised and that the levels include VAT. A review of authorisation levels will take place once all management posts in SMART are filled and will be aligned to the responsibility/sign off levels within the SMART Services.

Management Action:

Staff reminder will be sent (Gail Wishart).

Authorisation levels reviewed (Hannah Cairns).

Responsibility:

Staff reminder – Gail Wishart, SMART Centre Manager

Authorisation levels – Hannah Cairns, Head of SMART (commences post early June 2017)

Target date:

End of June 2017

End of September 2017

Control objective 7: There is a regular prosthetics stock count, with any discrepancies or issues investigated and resolved appropriately.

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

SMART Centre stores perform an annual stock count at financial year end in order to provide accurate information for the annual accounts process. In addition, there are rolling stock counts performed during the year in order to ensure that the stock management system is working effectively and that it contains accurate information about stock levels.

Control objective 8: Prosthetics stock is dispensed appropriately and controlled.

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

When a patient is assessed by SMART Centre clinical staff a list of materials required for the treatment is stated on a job sheet. Once these items are issued to the clinical staff member they are marked off on the electronic system ReTIS against the job number.

For items issued from stores which are not patient-specific, the staff member taking the item will mark it on a proforma along with their name and the date.

Control objective 9: Robust processes are in place to recover costs or invoice for prosthetics services performed on behalf of other health boards on a timely basis.

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

NHS Lothian, NHS Fife, and NHS Borders are not charged for the treatment of their residents by the SMART Centre, as there is a consortium agreement in place. Other health boards are charged for the treatment of their residents based on the cost of materials and a flat fee per appointment.

Each month SMART Centre staff provide the Finance Department with a list of patients and the related charge for their treatment. Finance will then invoice the respective health boards.

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

Action Ratings	Definition
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