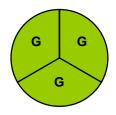
# **Internal Audit**



# **Waiting Times**

August 2016

#### **Report Assessment**



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#### Introduction

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.

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.

Under the responsibility of the Waiting Times Governance Team, 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, Governance and Performance meetings, chaired by the Director of Nursing.

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

As directed nationally, this audit confirmed that NHS Lothian is following guidance for sampling patients' records each month. Also, recommendations from earlier audits relating to the management of waiting lists were followed up.

#### **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 and checking within waiting times arrangements is in general adequate and operating effectively. However whilst not being required nationally, Audiology is not covered by the waiting times checking process although other areas similarly outside the national requirements are being checked by NHS Lothian's Waiting Times Governance Team. Further work is required to confirm that there are no other areas meriting inclusion in the process.

## **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	Number of actions by action rating			ating
		objective assessment	Critical	Significant	Important	Minor
1	National guidance is being followed for the sampling and checking of 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	
3	Recommendations from previous audits relating to the management of waiting lists are being implemented.	Green				

#### **Control Objective Ratings**

Action Ra	tings	Definition
Red		Fundamental absence or failure of controls requiring immediate attention (60 points and above)
Ambe	r	Control objective not achieved - controls in place are inadequate or ineffective (21 – 59 points)
Green	1	Control objective achieved – no major weaknesses in controls but may be



scope for improvement (20 points or less)

#### **Main findings**

NHS Lothian's Monthly Audit of Waiting Times Compliance – Standard Operating Procedures (SOP), are used to direct the work of the Waiting Times Governance Team (WTGT). The SOPs 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. For example NHS Lothian's testing documentation does not state whether a patient has been added to the waiting list because if they are included within the testing sample they must have been added to the waiting list, by definition.

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.

The two recommendations from the previous report, which was issued in February 2015, have been implemented. The recommendations were that the WTGT should maintain a complete record of information provided by specialities during the sample-checking and that the WTGT should develop criteria for the selection of targeted specialities as part of the monthly testing of patient records within TrakCare.

We identified one important issue for improvement during the review:

Audiology waiting times information is not currently subject to audit by the WTGT.
 Although not required by the national guidance, its omission was felt by the WTGT to require remedy given that sampling has been extended to other areas beyond the scope of the national requirements. That consideration has not been given previously to Audiology's inclusion in audit work has not been discussed at either NHS Lothian's Access & Governance Committee or shared with the Scottish Government.

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



# **Management Action Plan**

Control objective 1: National guidance is being followed for the sampling and checking of patients' records each month.

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

NHS Lothian's testing methodology follows national guidance and is being implemented effectively.

Standard Operating Procedures have been developed which provide detailed guidance on all aspects of the audit work. Where parts of the national guidance have been assessed as not relevant to NHS Lothian, this has been reported to the Scottish Government, for example NHS Lothian's testing documentation does not state whether a patient has been added to the waiting list because if they are included within the testing sample they must have been added to the waiting list, by definition.



Control objective 2: NHS Lothian's framework for checking compliance with national guidance and Standard Operating Procedures is operating effectively.

2.1: Not all specialties are covered by the audit work performed by the Waiting Times Governance Team (WTGT)

**Important** 

#### Observation and Risk:

Waiting times compliance is tested by the WTGT each month, covering the treatment time guarantee elements outlined in the national methodology. Additionally sampling is undertaken on other areas not specified in the guidance, such as outpatient episodes and cancer.

At present, waiting times information for Audiology is not being reviewed. The waiting times information for Audiology is not recorded within TrakCare and is stored in Audiology's standalone electronic clinical system (AuditBase).

Although not required by the national guidance, its omission was felt by the WTGT to require remedy given that sampling has been extended to other areas beyond the scope of the national requirements. That consideration has not been given previously to Audiology's inclusion in audit work has not been discussed at either NHS Lothian's Access & Governance Committee or shared with the Scottish Government.

The Access & Governance Committee will be informed of its proposed inclusion in testing at their August 2016 meeting, where they will be provided with a timetable for including Audiology within the audit process. The WTGT expects that preparatory work will be complete by 30 September 2016 and the first audit will be conducted in October 2016, and will inform the Scottish Government as part of the mandatory quarterly update next due in October 2016.

Apart from Audiology, whether there are other areas outside the required areas in the national sampling methodology where waiting times standards apply has not been assessed and thus may merit coverage in the sampling approach.

There is a risk that waiting times information is not being accurately recorded for Audiology.

#### Recommendation:

The WTGT should, with the help of eHealth, identify all data flows for reporting of any waiting time standard to determine whether any data used for assessment of waiting times standards is not covered by existing waiting times audit work.

The WTGT should commence testing of the waiting times information for Audiology, and any other areas not currently covered.

The Access & Governance Committee and the Scottish Government should be informed that the audit testing is being extended to cover Audiology, when the testing will commence, and the potential inclusion of other areas.

**Management Response:** It is agreed that Audiology patients fall under waiting times standards, although not required by national guidance, would benefit from regular assessment. The WTGT had planned to address this by the end of 2016 and this audit recommendation supports the importance of an Audiology audit.



Management Action: The WTGT reported to the Access & Governance Committee at their Aug 2016 meeting that Audiology is not part of the monthly sampling conducted through the Waiting Times Governance Framework. The WTGT has begun discussion with Audiology and intends to conduct the first audit in the month of October for September data. Results will be reported to the Access & Governance Committee at the meeting on 4 November 2016. The extension of the assessments to Audiology will be reported to the Scottish Government as part of the next required quarterly return which will be submitted by 31 October 2016.

The WTGT will also undertake an assessment of all data flows contributing to waiting time performance published by ISD in order to recommend to Access and Governance at its October meeting whether extension of sampling to further areas should be considered.

Manager

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# Control objective 3: 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.

The two recommendations from the previous report, which was issued in February 2015, have now been implemented. The recommendations were that the WTGT should maintain a complete record of information provided by specialities during the sample-checking and that the WTGT should develop criteria for the selection of targeted specialities as part of the monthly testing of patient records within TrakCare.



# **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
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)