

NHS Lothian

Internal Audit 2023/24

Waiting Lists Advisory Review

January 2024

FINAL REPORT

Emily Mayne

Head of Internal Audit

T 0121 232 5309

E emily.j.mayne@uk.gt.com

Jamie Fraser

Internal Audit Assistant Manager

T 0141 223 0886

E jamie.a.fraser@uk.gt.com

Matt Lee

Assistant Manager

T 0121 232 8784

E matt.d.lee@uk.gt.com

Contents



This report is confidential and is intended for use by the management and directors of NHS Lothian. It forms part of our continuing dialogue with you. It should not be made available, in whole or in part, to any third party without our prior written consent. We do not accept responsibility for any reliance that third parties may place upon this report. Any third party relying on this report does so entirely at its own risk. We accept no liability to any third party for any loss or damage suffered or costs incurred, arising out of or in connection with the use of this report, however such loss or damage is caused.

It is the responsibility solely of NHS Lothian management and directors to ensure there are adequate arrangements in place in relation to risk management, governance, control and value for money.



Section	Page
Executive summary	03
Headline messages	05
Summary of findings	08
Detailed findings & action plan	09
Appendices	11
Appendix 1: Whole Population Analysis	12
Appendix 2: Sample Analysis	15
Appendix 3: Staff involved and documents reviewed	19
Appendix 4: Our recommendation ratings	20
Report Distribution	
Executive Lead:	
• Jim Crombie, Deputy Chief Executive	
For action:	
• Andrew Jackson, Associate Director, Analytics	
For Information:	
• Calum Campbell – Chief Executive	
• Craig Marriott – Director of Finance	
• Amanda Kirkpatrick, Programme Manager – Waiting Times Governance	
• Audit and Risk Committee	

Executive summary



Background

Following a Freedom of Information request, NHS Lothian acknowledged a notably higher number of orthopaedic patients removed from their waiting lists in 2020 compared with other Boards. NHS Lothian conducted an internal review of a sample of 200 orthopaedic patient removals from waiting lists. This review, which utilised data from the year 2020, was completed in July 2023. The findings confirmed that these removals followed national guidelines. In September 2023 NHS Lothian's Management confirmed that they would like further external scrutiny of their processes to ensure that should further enquiries be made, they have confidence that processes and controls are robust and working effectively.

Our review, completed in December 2023, focused on evaluating the removals made from waiting lists during the 2020 calendar year. We conducted a sample-based assessment of patients who were removed from waiting lists for reasons other than 'being seen'. The primary objective was to provide an independent assessment of NHS Lothian's waiting list protocols, with a specific emphasis on the adherence to policy during the process of patient removal from the list. This evaluation centred on the controls and processes in place during 2020, relating to the management of waiting lists at that time. Based on our review, we understand that these controls and processes have been maintained and continue to be in place.

This review is advisory in nature. This means that we are not providing an assurance rating. Our work has been based on the 2020 calendar year waiting lists to align with the information from the Freedom of Information request.

We implemented a structured sample testing methodology which targeted the top 5 specialities for both inpatients and outpatients based on the percentage of removals from each list for a reason other than 'being seen'. At management's request, we examined 25 records per inpatient specialty and 50 records for outpatients which provided a total sample size of 375 records for the audit. This sample size is significantly higher than we would undertake in accordance with our testing methodology but was agreed with management to ensure that our findings were based upon a sufficiently large number to provide the level of conclusion they required.

Outpatients Specialities:

- Ophthalmology
- General Surgery (excluding Vascular)
- Trauma and Orthopaedic Surgery
- Dermatology
- Gastroenterology

Inpatients Specialities:

- Ophthalmology
- General Surgery (excluding Vascular)
- Trauma and Orthopaedic Surgery
- Urology
- Gynaecology

Executive summary



Objectives

Our review focussed on the following key risks:

- Lack of clear Waiting Times Guidance may lead to NHS Lothian staff misinterpreting or not following National protocols for waiting list removals.
- Inaccurate categorisation and/or insufficient description of waiting list removal reason resulting in non-compliance with NHS Scotland and Local Policy.
- Data Quality for Waiting list figures reported does not align with the system.

As this review is advisory in nature, an assurance rating has not been provided on the findings and conclusions which are identified.



Limitations in scope

Our findings and conclusions will be limited to the risks identified above. The scope of this review does not allow us to provide an independent assessment of all risks and controls linked to the management of waiting lists.

Where sample testing is undertaken, our findings and conclusions will be limited to the sample tested only. Please note that there is a risk that our findings and conclusions based on the sample may differ from the findings and conclusions we would reach if we tested the entire population from which the sample is taken.

This report does not constitute an assurance engagement as set out under ISAE 3000.



Acknowledgement

We would like to take this opportunity to thank your staff for their co-operation during this internal audit review.

Headline messages



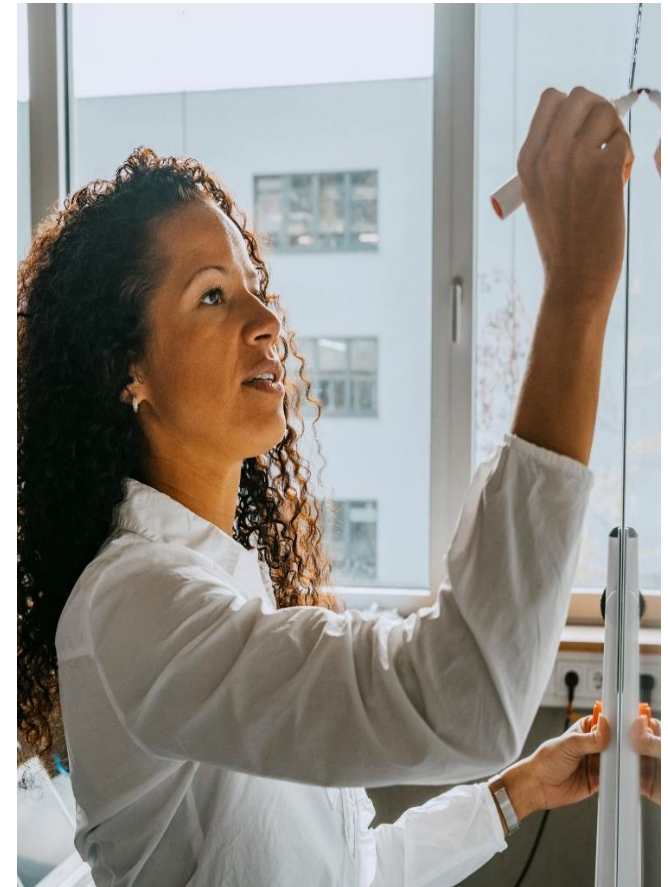
Conclusion

Advisory

In our advisory report, we have not provided an assurance opinion. To assist management in prioritising actions to address the identified control weaknesses, we have RAG-rated the recommendations. The implementation of these recommendations will be followed up through our follow-up protocol and will contribute to our annual audit opinion presented to the Audit and Risk Committee.

Following a Freedom of Information request, NHS Lothian identified a higher rate of patient removals from waiting lists compared with other Boards. Management decided to undertake an internal review of processes to ensure the accuracy of the information reported in 2020, which concluded that it was indeed accurate. Subsequently, NHS Lothian requested an independent review by Internal Audit to provide additional confidence regarding the validity of waiting list removals during the 2020 period, particularly considering the impact of the Covid-19 pandemic.

The primary objective of this review was to assess the risk of inaccurate waiting list management based on a sample of 375 removals for the year 2020 from the five inpatient and outpatient specialties with the highest removal rates. Our aim was to confirm the validity of these removals according to NHS Lothian guidance, utilising the Board's removal reason guidelines. Our findings and conclusion are detailed on the next page.



Headline messages



Conclusion (continued)

We evaluated a sample of 375 of NHS Lothian's waiting list removals and identified no significant concerns regarding the validity of the removals. In the majority of cases, patients had been appropriately removed.

However, we did identify nine instances where the removal could not be validated due to either insufficient information or the evidence indicated it was an incorrect removal. In these cases, we initiated discussions with NHS Lothian to ascertain if any additional supporting evidence was available, allowing us to report on a mutually agreed-upon position for the identified nine cases. Testing identified:

- Four waiting list removals where there was insufficient evidence to validate the removal.
- Five waiting list removals that were assessed to be incorrect removals.

We did observe that the notes recorded in Trak (the system used to manage waiting lists) were often limited. This limitation reduced clarity regarding the reason for removal. Consequently, it necessitated further investigatory work through the review of correspondence and clinical notes to piece together the patient journey and validate the removal. This may indicate that further training for staff responsible for completing removals is required.

Additionally, we observed that the recorded removal reasons in Trak did not consistently align with our assessments based on NHS Lothian's removal reason guide. We acknowledge that reason selection can pose challenges and often necessitates professional judgment. However, the guidance document (Removal Reason Guide) provided by NHS Lothian is comprehensive suggesting that staff may not be fully utilising it. In our examination, we identified 59 instances where we assessed the removal reason should have been different to the one recorded. This assessment was based on our interpretation of the reasons provided in the Removal Reason Guide. Accurate reason selection is imperative not only for maintaining precise records but also for identifying the primary causes behind patient removals from waiting lists and distinguishing between patient and NHS Lothian-initiated removals.

In summary, our review largely validated NHS Lothian's waiting list removals, identifying only a few cases where we could not validate the removal or found the removal to be incorrect. Enhancing the reason selection and note-keeping would further improve the accuracy and clarity of justifications for waiting list removals.



Headline messages



Conclusion

We have raised 2 recommendations. The grading of these recommendations based on risk, is summarised in the table below.

Risks	Assurance rating	Number of recommendations			
		High	Medium	Low	Imp
Lack of clear Waiting Times Guidance may lead to NHS Lothian staff misinterpreting or not following National protocols for waiting list removals.	Advisory	-	-	1	-
Inaccurate categorisation and/or insufficient description of waiting list removal reason resulting in non-compliance with NHS Scotland and Local Policy.	Advisory	-	-	1	-
Data Quality for Waiting list figures reported does not align with the system.	Advisory	-	-	-	-

Summary of findings



Examples of where recommended practices are being applied

- Our testing predominantly confirmed the appropriateness of the removals within our sample, with only nine exceptions identified due to insufficient evidence or incorrect assessments. These exceptions were collaboratively reviewed with NHS Lothian to reach a mutually agreed-upon final position.
- NHS Lothian routinely conducts internal reviews to validate waiting list removals, demonstrating a proactive approach to accuracy.
- The NHS Lothian Local Access Policy in the main incorporates clear guidelines, emphasises the importance of high-quality data for monitoring services, and details procedures for various scenarios, demonstrating a commitment to maintaining high standards in patient care and service provision.



Areas requiring improvement

- The NHS Lothian Local Access Policy identifies a communication challenge due to system limitations, which hampers providing written details to patients about the consequences of refusing multiple appointment offers. While the policy outlines the necessity for patients to be informed about the consequences of not attending or cancelling appointments, it also explicitly mentions system limitations in communicating in writing the consequences of refusing a reasonable offer package. We do not consider that this issue could result in inappropriate removals from the waiting list.
- In reviewing NHS Lothian's waiting list removals, we identified some discrepancies relating to the precision of the removal reason selected on Trak, compared with NHS Lothian's Reason Guide. Our analysis of 366 validated cases (excluding 9 exceptions) found 59 instances where the reason in Trak was not the most precise based on the full scope of supporting evidence. See page 10 for more detail. While these instances are not significant in number, they are important for reporting and having a clear understanding of the causes for patient waiting list removals and for distinguishing between decisions made by the patients themselves and those made by NHS Lothian.

Detailed findings & action plan

1.1

Advisory

Lack of clear Waiting Times Guidance may lead to NHS Lothian staff misinterpreting or not following National protocols for waiting list removals.

Finding and implication	Audit recommendation	Management response, including actions
<p>Our review of NHS Lothian's Local Access Policy has identified an ambiguity that could impede staff's adherence to National protocols for waiting list management:</p> <ul style="list-style-type: none"> • Patient Communication (4.6): The policy mandates that appointment letters include details about the consequences of non-attendance and the patient's responsibility to attend agreed appointments. The policy recognises the requirement of the Patient Rights' Act to provide written correspondence to patients on various aspects, including the implications of not attending or cancelling an appointment. However, the policy acknowledges a limitation stating "that patients should also receive written correspondence on the implications of refusing two or more different dates of appointment (a reasonable offer package). This is currently not possible due to system limitations but will be kept under review." <p>We do not consider that this issue could result in inappropriate removals from the waiting list. However, we consider that there is scope to tighten arrangements and improve patient awareness of the implications of their actions in not attending an appointment. As such we have made this recommendation low risk.</p>	<p>Recommendation 1</p> <p>Revise NHS Lothian's Local Access Policy to explicitly define 'reasonable' appointment offers and enhance patient communication regarding the implications of refusing these offers, ensuring clarity and consistency in waiting list management.</p>	<p>Actions: Following the release of revised Waiting Time Guidance by the Scottish Government Health Department, Health Boards across Scotland need to jointly develop (by April 2024) implementation plans to ensure that guidance is fully in place nationally by November 2025.</p> <p>This implementation plan will incorporate points raised in this audit regarding explicit definition of reasonable offer within the Local Access Policy and of opportunities to enhance patient communications.</p> <p>Responsible Officer: Andrew Jackson, Associate Director, Analytics</p> <p>Executive Lead: Jim Crombie, Deputy Chief Executive</p> <p>Due Date: 30 April 2024</p>

Detailed findings & action plan

2.1

Advisory

Inaccurate categorisation and/or insufficient description of waiting list removal reason resulting in non-compliance with NHS Scotland and Local Policy.

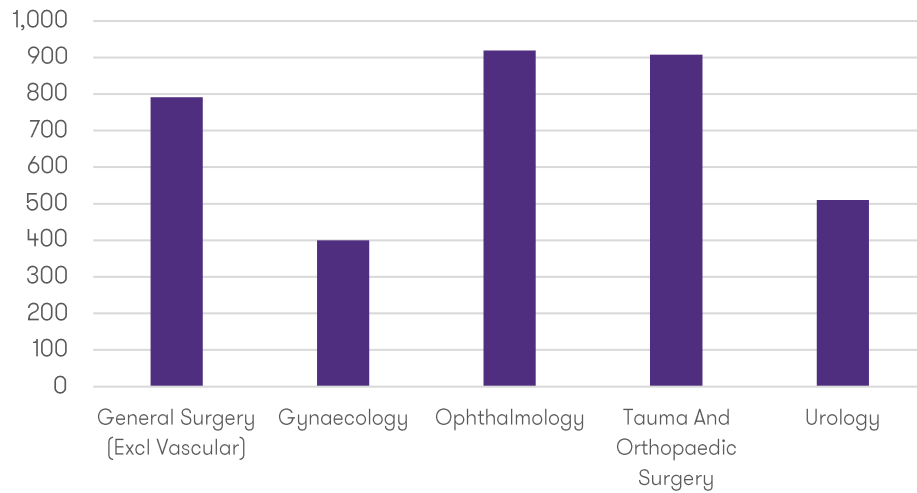
Finding and implication	Audit recommendation	Management response, including actions
<p>When a waiting list removal is recorded, it is essential to select a reason on Trak as outlined in NHS Lothian's guidance. Out of the 366 validated cases (9 exceptions removed), we identified 59 instances where the reason recorded in Trak was assessed not to be the most precise reflection of the situation, based on all supporting evidence.</p> <p>The disparities observed were primarily within the removal categories of "Treatment Was Not Currently Required" and "Inappropriate Referral at Triage."</p> <ul style="list-style-type: none"> "Inappropriate Referral at Triage" is a clinically-based decision, applied when a referral is deemed unsuitable during the triage process or lacks necessary information for scheduling an appointment. This reason reflects clinical assessments and administrative considerations. In contrast, "Treatment Not Currently Required" is more patient-focused, encompassing decisions where patients themselves choose not to be seen or treated. Examples include opting for private healthcare, being unavailable for over 24 weeks, or deciding against treatment for personal or medical reasons. This category captures scenarios where the patient's preferences or circumstances dictate the removal from the waiting list. <p>Choosing the correct reason is vital for accurately reporting and understanding the causes of patient waiting list removals. It helps in distinguishing between decisions that are patient-driven and those that are based on clinical assessments or administrative processes.</p> <p>Further details are provided in the appendices.</p>	<p>Recommendation 2</p> <p>Review the adequacy of staff training for selecting and recording removal reasons in Trak to ensure accurate identification of patient removal causes.</p>	<p>Actions: Our own audits of compliance with waiting times guidance have also identified insufficient comments to support removals and incorrect selection of the most appropriate removal reason. We will undertake the actions noted below to improve the removals process:</p> <ol style="list-style-type: none"> The Waiting List Removals Reason Guide will be reissued to all teams with a covering email detailing the findings of the audit. Specific communication will be sent to the General Surgery team as the area with incorrect removals identified. The audit report will be an agenda item at the next Access Delivery Group meeting in February. Removals will be the focus topic at the next Waiting Times Information Forum in February. We will consider the introduction of mini peer review audits between teams. WTGT training sessions will be specifically focused on removals. <p>Responsible Officer: Andrew Jackson, Associate Director, Analytics</p> <p>Executive Lead: Jim Crombie, Deputy Chief Executive</p> <p>Due Date: 31 March 2024</p>

Appendices

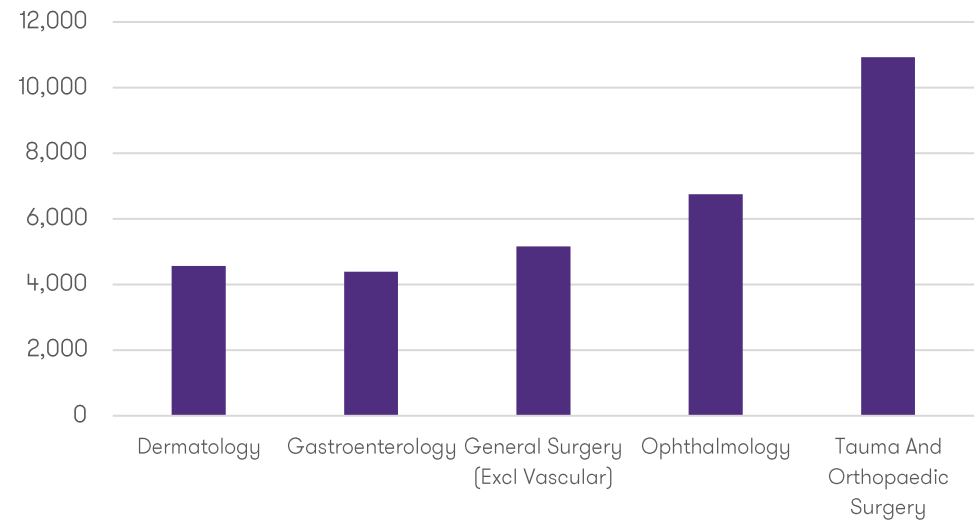
Appendix 1: Whole Population Analysis

In the 2020 period under review, there were a total of 31,781 removals from the waiting list for outpatients across the top 5 specialties. Additionally, there were 3,528 removals from the waiting list for inpatients within the top 5 specialties. The "top five" specialties mentioned here represent those with the highest removal rates.

Inpatient Waiting List Removals for 2020



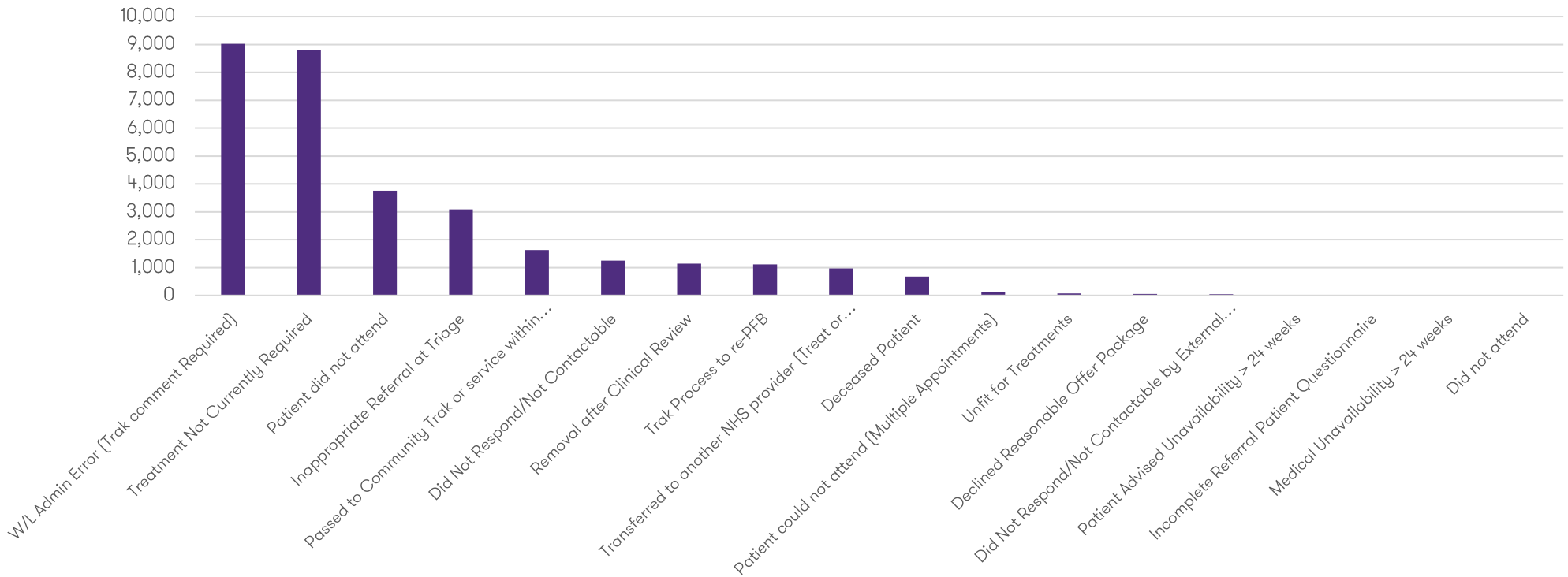
Outpatient Waiting List Removals for 2020



Appendix 1: Whole Population Analysis

Our analysis of Trak data for 2020 outpatient removals in the top five specialties indicates that 'W/L Admin Error (Trak comment Required)' and 'Treatment Not Currently Required' are the leading causes of outpatient removals, accounting for 9,022 and 8,804 instances, respectively. Together, these reasons constitute approximately 56.1% of all outpatient removals. 'W/L Admin Error' generally denotes administrative issues in the waiting list system, while 'Treatment Not Currently Required' reflects changes in patient health status or treatment needs.

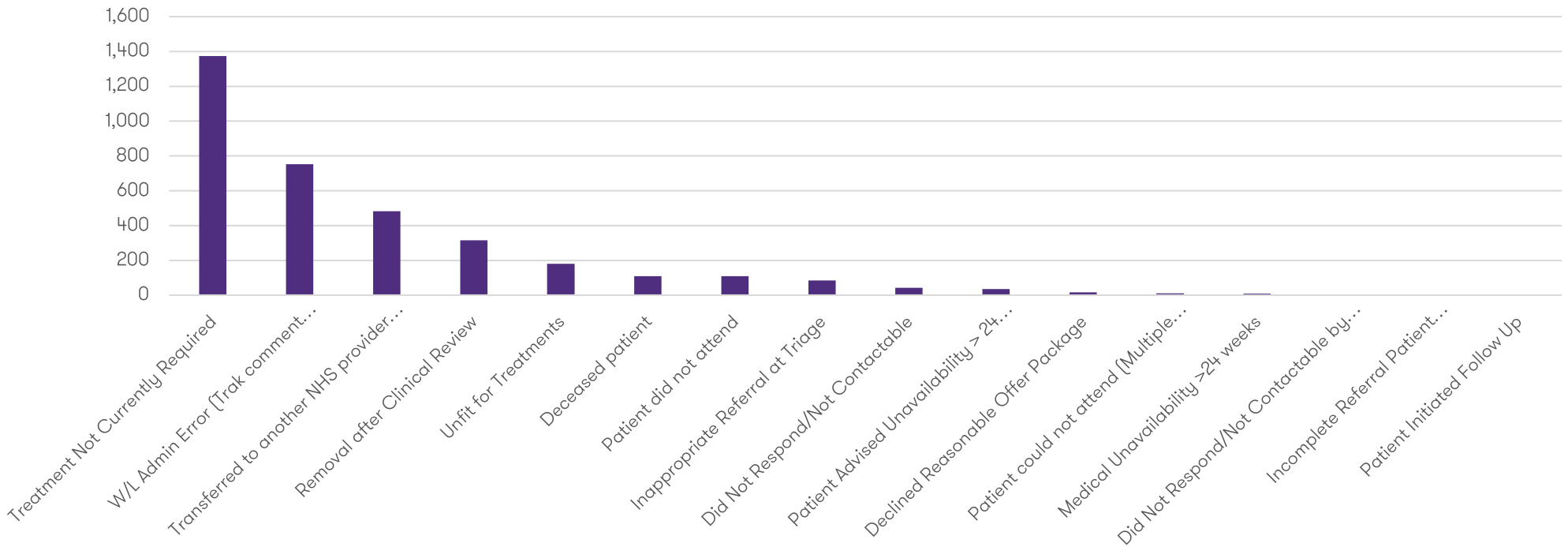
2020 Outpatient Population Reason for Removal



Appendix 1: Whole Population Analysis

Our analysis of Trak data for 2020 inpatient removals in the top five specialties shows two main reasons. 'Treatment Not Currently Required' and 'W/L Admin Error (Trak comment Required)' are the most common, accounting for 1,374 and 752 cases, respectively. Together, they make up about 60.3% of all removals. 'Treatment Not Currently Required' typically reflects a patient's changing medical needs, while 'W/L Admin Error' involves administrative errors in waiting list management, like incorrect patient additions.

Inpatient Population Reason for Removal

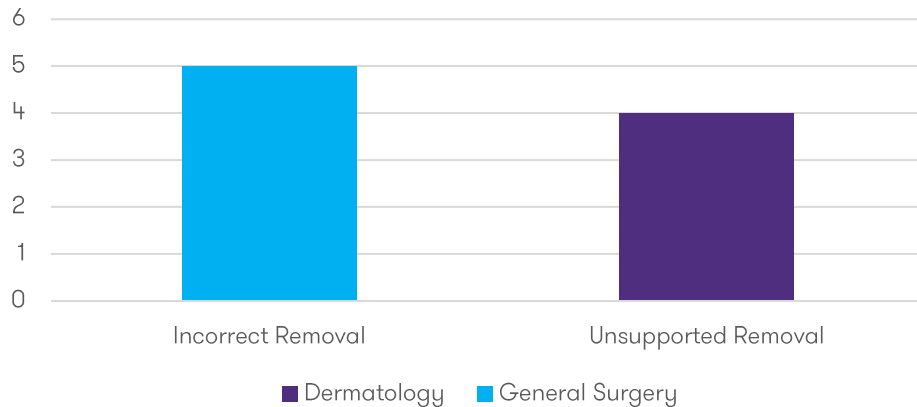


Appendix 2: Sample Analysis

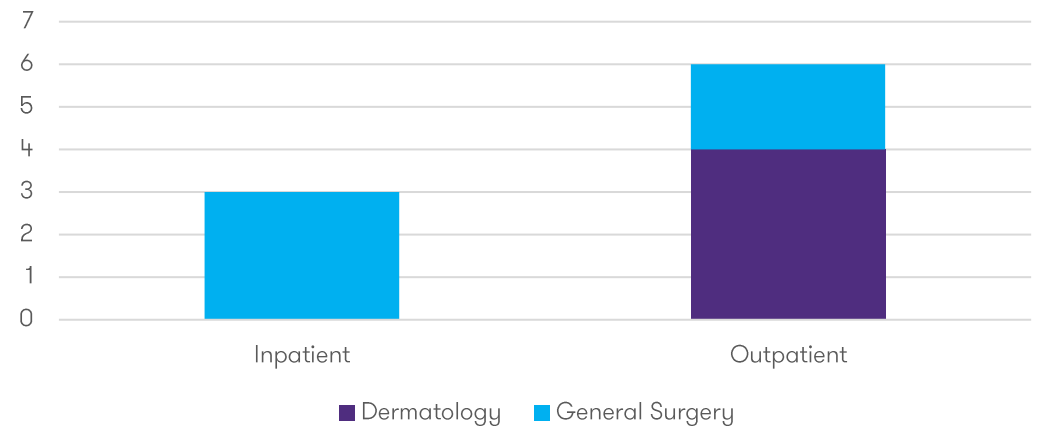
In our testing, we identified nine unvalidated removals which we grouped into two categories. The first category includes four cases where there was a lack of sufficient evidence to validate the removals. For these cases, the documentation or justification provided did not adequately support the decision to remove the patient from the waiting list. The second category comprises five removals that were assessed as incorrect, as these removals did not align with NHS Lothian's established protocols and guidelines.

The below charts provide a breakdown of the nine unvalidated removals. The charts classify the removals by their respective categories and illustrate the specific services and treatment pathways (Inpatient or Outpatient) involved.

Unvalidated Waiting List Removals by Category



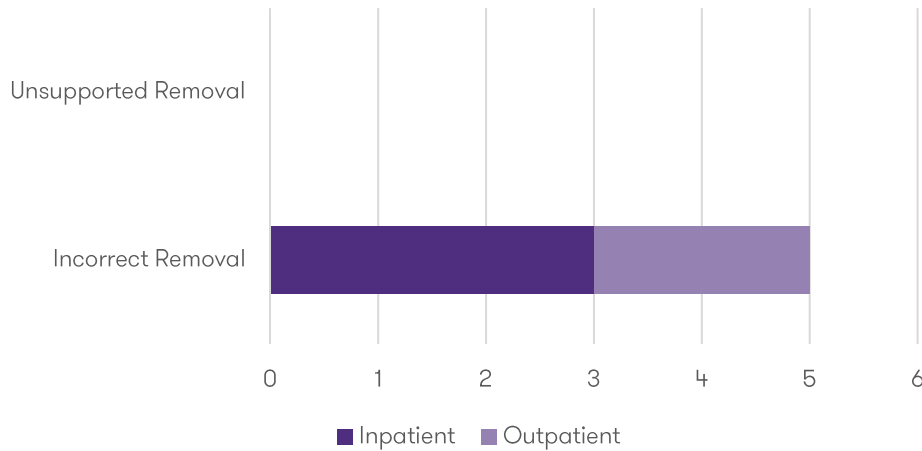
Unvalidated Waiting List Removals by Treatment Pathway



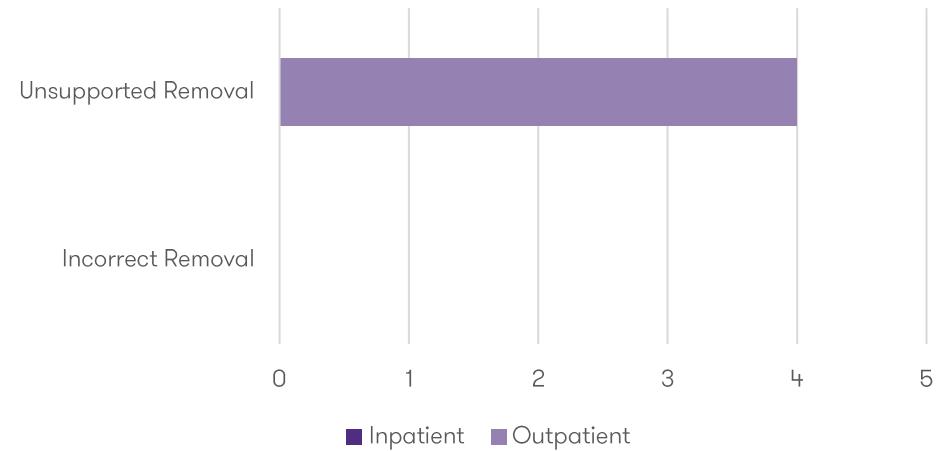
Appendix 2: Sample Analysis

The charts below illustrate the nine unvalidated removals identified in our testing, organised by the specific service areas in which they occurred: General Surgery and Dermatology. For General Surgery, our testing was completed on 25 inpatient and 50 outpatient cases, with all five unvalidated removals being classified as incorrect removals. In Dermatology, our testing was limited to 50 outpatient cases, identifying four unvalidated removals, each categorised as an unsupported removal.

General Surgery Removal Exceptions



Dermatology Removal Exceptions



Appendix 2: Sample Analysis

We identified 59 instances where the reason recorded in Trak did not precisely reflect the situation when considering all available supporting evidence. The table below outlines the variances between NHS Lothian records and our findings. The 'Difference' column highlights discrepancies, indicating either an overstatement or an understatement in the NHS Lothian data compared with the audit results. Negative values represent cases where the NHS Lothian count was higher than that determined by the auditor and indicate an overstatement. Positive values, conversely, indicate an understatement.

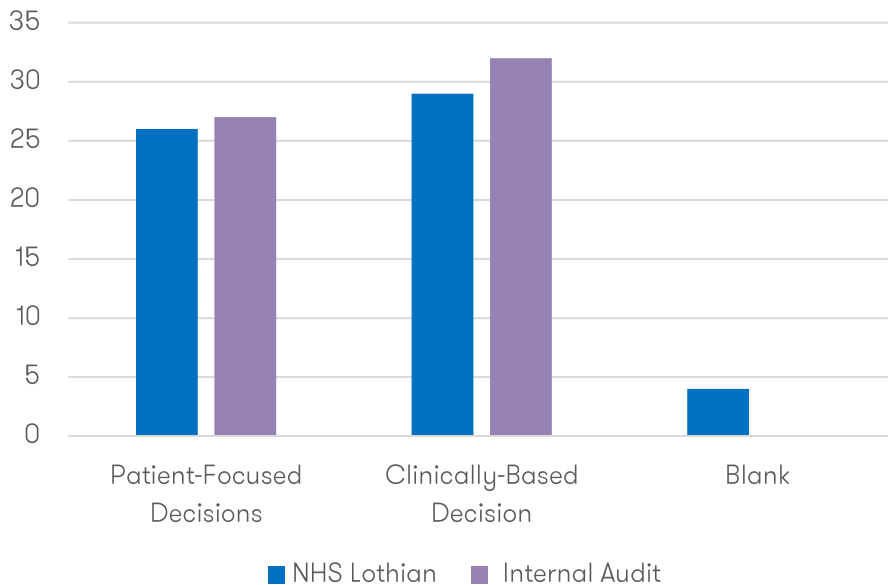
Removal Reason	NHS Lothian	Internal Audit	Difference
Treatment Not Currently Required	5	15	10
Inappropriate Referral at Triage	5	11	6
Patient could not attend (Multiple Appointments)	1	4	3
Removal after Clinical Review	4	7	3
Transferred to another NHS provider (Treat or See & Treat)	0	2	2
Did Not Respond/Not Contactable	6	7	1
Deceased patient	1	0	-1
Incomplete Referral Patient Questionnaire	1	0	-1
Passed to Community Trak or service within Lothian	1	0	-1
Patient did not attend	1	0	-1
Declined Reasonable Offer Package	2	0	-2
Unfit for Treatments	3	1	-2
Blank - No Reason Recorded	4	0	-4
W/L Admin Error (Trak comment Required)	17	12	-5
Trak Process to re-PFB	8	0	-8
Total	59	59	0

Appendix 2: Sample Analysis

Using reason descriptions in the NHS Lothian Removal Reason guide, we classified the 21 listed removal reasons into two primary categories: 'Clinically-Based Decisions', which are determined within the purview of NHS Lothian's clinical discretion, and 'Patient-Focused Decisions', which are predicated on the patient's circumstances or choices. We have made these two distinctions to help to differentiate between organisational and individual factors influencing the waiting list removals.

Although there were 59 removal records where our assessment of the reason for removal differed from NHS Lothian's Trak records, our analysis indicates that these differences roughly balance out across both our categories, which may be coincidental. Nevertheless, it illustrates that accurate recording of removal reason and adherence to NHS Lothian's guidelines is important to ensure the accuracy of patient management metrics.

Removal Categorisation



Removal Category	NHS Lothian	Internal Audit	Difference
Patient-Focused Decisions	26	27	1
Clinically-Based Decision	29	32	3
Blank	4	0	-4
Total	59	59	0

Appendix 3: Staff involved and documents reviewed



Staff involved

- Amanda Kirkpatrick, Programme Manager – Waiting Times Governance
- Siri Schoonderbeek, Waiting Times Governance Training & Support
- Andrew Jackson, Associate Director – Analytical Services



Documents reviewed

- Export of waiting list removals for 2020
- Trak



Appendix 4:

Our recommendation ratings

The table below describes how we grade our audit recommendations based on risks:

Rating	Description	Possible features
High	Findings that are fundamental to the management of risk in the business area, representing a weakness in the design or application of activities or control that requires the immediate attention of management	<ul style="list-style-type: none"> • Key activity or control not designed or operating effectively • Potential for fraud identified • Non-compliance with key procedures/standards • Non-compliance with regulation
Medium	Findings that are important to the management of risk in the business area, representing a moderate weakness in the design or application of activities or control that requires the immediate attention of management	<ul style="list-style-type: none"> • Important activity or control not designed or operating effectively • Impact is contained within the department and compensating controls would detect errors • Possibility for fraud exists • Control failures identified but not in key controls • Non-compliance with procedures/standards (but not resulting in key control failure)
Low	Findings that identify non-compliance with established procedures, or which identify changes that could improve the efficiency and/or effectiveness of the activity or control but which are not vital to the management of risk in the business area.	<ul style="list-style-type: none"> • Minor control design or operational weakness • Minor non-compliance with procedures/standards
Improvement	Items requiring no action but which may be of interest to management or which represent best practice advice	<ul style="list-style-type: none"> • Information for management • Control operating but not necessarily in accordance with best practice

