

NHS Lothian

Internal Audit 2024/25

Review of Outpatient Activity

March 2025

Final Report

Emily Mayne

Head of Internal Audit

T: 0121 232 5309

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

Pippa Jackson

Senior Manager

T: 0121 232 3567

E: pippa.g.jackson@uk.gt.com

Hannah McKellar

Audit Manager

T: 0141 223 0000

E: hannah.l.mckellar@uk.gt.com



Contents



This report is confidential and is intended for use by the management and directors of Lothian NHS Board. 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 Lothian NHS Board 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	07
Detailed findings & action plan	09
Appendices	12
Appendix 1: Staff Interviewed Areas	13
Appendix 2: Documents reviewed	14
Appendix 3: Our Assurance Ratings	15
Report Distribution	
Executive Lead:	
• Michelle Carr – Chief Officer of Acute Services	
For action:	
• Gillian Cunningham – Service Director of Outpatients	
• Hazel Neilson – Head of Access	
For Information:	
• Caroline Hiscox – Chief Executive	
• Craig Marriott – Director of Finance	
• Audit Committee	

Executive summary



Background

Productivity in outpatient services is crucial for ensuring efficient use of resources, enhancing patient satisfaction, and maintaining high standards of care. Effective activity management helps reduce waiting times, optimises staff and equipment utilisation, and supports financial sustainability.

The Board has a suite of information to support outpatient productivity which is overseen by the Scheduled Care Delivery Board (SCDB) and monitored through a set of agreed KPIs that are associated with the percentage of virtual appointments, percentage of appointments triaged within a week, and the missed appointments (DNA) rate.

There is an Outpatient Redesign Programme currently underway that has two key workstreams:

- The functionality of the outpatient model at specialty level; and
- Benefits Realisation, which aims ensure that any benefits of the redesign are realised through the implementation of the functionalities and processes.

This review will look at how NHS Lothian will consider the effectiveness and embeddedness of the redesign in improving outpatient productivity in relation to triage compliance, clinic outcomes and missed appointments for those specialties which have gone through the redesign programme.



Executive summary



Objectives

Our review focussed on the following key risks:

- Inadequate policies and procedures may lead to non-compliance and inefficiencies in managing outpatient activity.
- Inefficient scheduling can impact outpatient productivity and increase patient dissatisfaction.
- Poor resource utilisation can lead to increased costs and reduced care quality.
- Inaccurate reporting of metrics to NHS Lothian Board can obscure accurate oversight of performance issues associated with active triage, clinic outcomes and the number of missed appointments (DNAs).

Limitations in scope



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

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.

Headline messages



Conclusion

Moderate Assurance

We have undertaken a review of processes and controls that support Outpatient activity following the redesign of Acute and Allied Health Professional outpatient services.

We have focused our work on arrangements to support triage compliance, clinic outcomes and missed appointments.

We have concluded that the processes have provided a rating of Moderate Assurance. This was confirmed through testing in specific areas of the organisation and through discussions with management and service managers in selected outpatient areas which had gone through the redesign programme.

The objectives reviewed are set out on the following page with the assurance rating we have assessed for each one and the number of recommendations raised. We have reported by exception against the areas where we consider that Management and the Audit Committee should focus their attention.

Our review of arrangements provided assurance that the redesign programme has made good progress in standardising the scheduling and utilisation arrangements across the outpatient services we spoke to, and that where service specific arrangements were needed, they are reviewed to ensure they align to national guidance. Service Managers recognise that further improvement in activity performance in some services is still required but they feel the redesign has provided the tools and structures to continue improving activity on a positive trajectory.

There is evidence that following the Outpatient Redesign Programme there is improvement in the performance metrics due to the streamlining of the referral process via digital technology, increased efficiency in the timely triaging of referrals, and improved patient choice with appointment reminders to reduce the incidence of missed appointments.

There are clear and established lines for monitoring, reporting and escalation in regard to both the progress and impact of the redesign programme and its impact on outpatient performance and activity. During the redesign there have been processes in place to allow timely deep dives into areas where performance has not improved or has deteriorated and provides context to the metrics with an opportunity to share learning. This oversight will be taken forward by the services as the Redesign programme finishes. The wide variety of dashboards linked to the identified Key Performance Indicators (KPIs) ensure Service Managers and Senior Leaders have ongoing access to accurate and timely performance data which allows them to make informed decisions.

However, we have identified there are two outpatient clinics whose arrangements were not included in the redesign programme. The Service managers have recognised the current processes in these areas require improvement to align with the other Outpatient clinics within the service and provide improved efficiency and effectiveness of arrangements to allow activity to be optimised.

Further development, is also needed to ensure Service managers seek additional and ongoing assurance their own services sustain and embed the current arrangements and that there is further engagements with the clinicians in some areas to ensure the consistent completion of outcome templates at the end of each appointment.



Headline messages



Conclusion

We have raised 4 low level recommendations and 1 improvement point. The grading of these recommendations, based on risk, is summarised in the table below.

Objectives	Assurance rating	Number of recommendations			
		High	Medium	Low	Imp
Inadequate policies and procedures may lead to non-compliance and inefficiencies in managing outpatient activity.	Significant Assurance	-	-	-	-
Inefficient scheduling can impact outpatient productivity and increase patient dissatisfaction.	Moderate Assurance	-	1	2	1
Poor resource utilisation can lead to increased costs and reduced care quality.	Significant Assurance	-	-	1	-
Inaccurate reporting of metrics to NHS Lothian Board can obscure accurate oversight of performance issues associated with active triage, clinic outcomes and the number of missed appointments (DNAs).	Significant Assurance	-	-	-	-

Summary of findings



Examples of where recommended practices are being applied

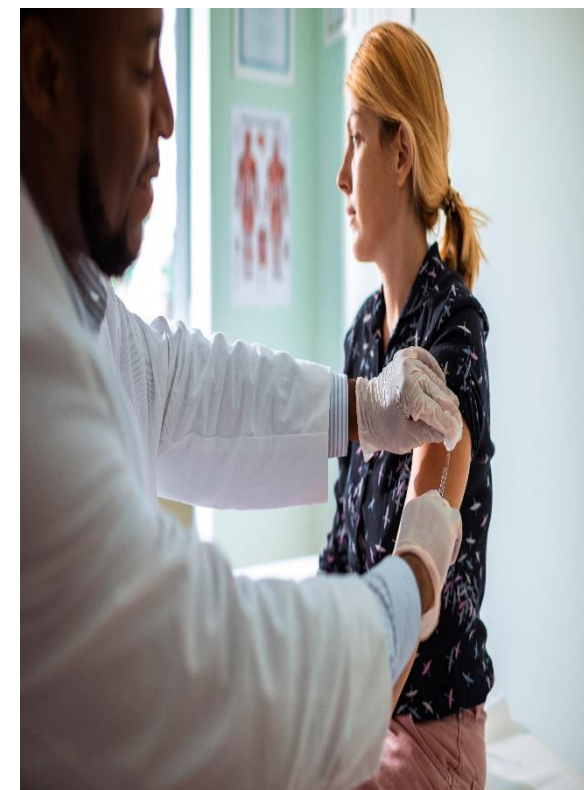
- There are established reporting arrangements in place to monitor the progress of the redesign programme via the Outpatient Delivery Group.
- NHS Lothian has developed a local overarching Access Policy that is aligned to the National Access Policy, and this provides a consistent approach to managing access to services.
- There is evidence to demonstrate that staff with the responsibility for booking patient appointments are required to complete annual mandatory training on Learn Pro to ensure they remain up to date with arrangements.
- The establishment of a digital referral process for GPs in Lothian via Sci gateway allows increased efficiency of referrals and improves the patient experience.
- Appointment prioritisation driven by clinical priority followed by those with the longest wait minimises the risk to patients as much as possible.
- The Triage pathway allows inappropriate referrals to be re directed in a timely manner.
- Following the completion of the Redesign programme, the Service managers and the Outpatient Delivery Group are provided with a comprehensive evaluation report that provides a detailed overview of the initial impact on activity following the completion of the NHS Lothian Outpatient Redesign Programme.
- There is a comprehensive suite of dashboards that provide accurate oversight of outpatient utilisation and activity at a service level. The dashboards allow service specific detail to be scrutinised, ensuring gaps in performance can be identified and investigated in a timely manner.
- There is evidence to demonstrate the completion of additional audits around the Key Performance Indicators, which are presented to the Outpatient Deliver Group. This provides increased assurance of progress or additional context to ongoing gaps in performance that allows additional support to be provided.
- There are established reporting arrangements in place that provide regular updates on Outpatient activity at each level of the organisation. The data is taken from the variety of dashboards and presented to both the Outpatient Delivery Group and the Scheduled Care Delivery Board, ensuring sufficient Executive oversight of performance.
- The Outpatient Delivery Group undertakes a deep dive each month into a selected KPI to gain greater insight into the context of the data and understand and barriers to further improvement.
- The Outpatient Delivery Group provides a forum that allows services to share good practice.
- There is a formalised arrangement in place to monitor and report room utilisation with standardised escalation routes, and compliance with the process is regularly audited. These arrangements allow persistent under utilisation of space to be identified and appropriately escalated.

Summary of findings



Areas requiring improvement

- Outpatient Service Managers lack clarity on which functionality tools are being used in which clinics and are not assured that the use of text reminder services have been sustained. As the redesign programme comes to an end the Service Managers need to take ownership of ensuring current processes become embedded.
- Further work is needed to embedded the use of the Outcome template to allow improved ownership by clinicians.
- Some clinics in the Children & Young People's Outpatient Service have not been part of the redesign programme and require a plan to review and standardise some of their processes to support improved efficiency and effectiveness.
- To strengthen the governance arrangements of the weekly service matrix, meeting action logs should be introduced and maintained.



Detailed findings

Objective 2. Inefficient scheduling can impact outpatient productivity and increase patient dissatisfaction.		Moderate Assurance
Finding and implication	Audit recommendation	Management response, including actions
<p>The Outpatient Redesign program and introduction of the Single System have improved efficient and effective appointment scheduling in the services they support. However, in some specialist services where appointments are still scheduled individually, there is variation in how scheduling is done. This issue is recognised as a risk, and actions are underway to resolve it. We have not raised a recommendation here as actions are already in progress.</p> <p>At the time of reporting, we were told that workstream one of the Outpatient Redesign programmes has been completed, although a small percentage of clinics are still waiting to go live.</p> <p>There is evidence of central oversight of the individual functionality tools implemented in each clinic as part of the redesign and this is reported to Service Managers in the evaluation report. In addition, Service Managers are sighted on the operational Dashboards linked to the Key Performance Indicators. However, once the implementation phase is completed, Service Managers reported they had limited awareness of the ongoing use of some tools, such as the text messaging service in specific clinics and may indicate a lack of ownership in monitoring their own services . Furthermore, there is no local process to monitor that the use of tools implemented as part of the redesign are being sustained once the redesign project is completed. This may result in some improvements not being maintained or clinics not achieving optimum activity. [Recommendation 1]</p> <p>Despite work being undertaken in some areas by the redesign team to engage clinicians in the use of the outcome template, staff in one service reported that any improvements achieved in compliance with the completion of patient outcomes have been assisted by nursing staff continuing to remind, and check clinicians' compliance with the outcome screen, and consideration should be made to make the completion of the Outcome page mandatory. [Recommendation 2]</p>	<p>Recommendation 1</p> <p>On completion of the redesign programme a process should be developed to provide assurance that all the tools implemented have been sustained to optimise efficiency and activity within each clinic.</p>	<p>Actions:</p> <p>Will be an agenda item and managed as part of ongoing Outpatient Delivery Group business</p> <p>Responsible Officer: Gillian Cunningham</p> <p>Executive Lead: Michelle Carr</p> <p>Due Date: 30th September 25.</p>
	<p>Recommendation 2</p> <p>To further embed the effective use of the outcome template the Redesign team should undertake some additional training with clinicians on the benefits to overall activity with the effective use of the outcome template can bring.</p>	<p>Actions:</p> <p>Training resource will be allocated through the Redesign Team. This will be an agenda item and managed as part of ongoing Outpatient Delivery Group business.</p> <p>Responsible Officer: Gillian Cunningham</p> <p>Executive Lead: Michelle Carr</p> <p>Due Date: 30th September 25</p>

Detailed findings

Objective 2. Inefficient scheduling can impact outpatient productivity and increase patient dissatisfaction.		Moderate Assurance
Finding and implication	Audit recommendation	Management response, including actions
<p>There is a lack of clarity in the Children & Young People’s service regarding the redesign of the Paediatric Plastics Clinic and the Tongue Tie Clinic. We were told these clinics were not following the standardised triage pathway or using tools accessed in other Paediatric clinics. This results in a lack of consistency and may result in inefficiencies in the activity of this service. (Recommendation 3)</p> <p>The use of Text messaging in the Children & Young People’s Clinics has not been activated due to potential safeguarding concerns. This is not aligned with the arrangements of other NHS Boards, and it is highlighted by staff as an obstacle to improve the attendance of children in their outpatient services. (Improvement point 1)</p>	<p>Recommendation 3</p> <p>The Service manager for Children & Young People should review the current processes used in the Paediatric Plastics and the Tongue Tie Outpatient Clinic to identify gaps in their arrangements and seeks solutions to standardise with other Outpatient clinics.</p>	<p>Actions:</p> <p>Service Manager to review gaps and follow BAU digital process to request support to address those gaps</p> <p>Responsible Officer: Allister Short</p> <p>Executive Lead: Michelle Carr</p> <p>Due Date: 30th June 25</p>
	<p>Improvement point 1</p> <p>NHS Lothian should liaise with neighbouring Health Boards to consider how a texting reminder service can be safely implemented into Children & Young Peoples Outpatient clinics to improve the ‘Did Not Bring’ performance rate.</p>	<p>Actions:</p> <p>eHealth to scope out with other Boards their processes in providing text reminders for Children & Young People</p> <p>Responsible Officer: Alistair McLeod</p> <p>Executive Lead: Michelle Carr</p> <p>Due Date: 30th June 25</p>

Detailed findings

Objective 3. Poor resource utilisation can lead to increased costs and reduced care quality.		Significant Assurance
Finding and implication	Audit recommendation	Management response, including actions
<p>The Management of Outpatient Space is supported by a current Outpatient Space Policy, and an Outpatient Space Standard Operating Procedure (SOP) that outlines the formal three stage Clinic Performance & Utilisation Standards and process.</p> <p>The SOP provides guidance on the role of the weekly matrix meeting and sets out the reporting of utilisation data, utilisation/performance standards and the process if the standards are not met.</p> <p>However, the weekly matrix meeting discussions are not formally minuted and there is no action log maintained to ensure that identified actions are appropriately followed up. This would provide strengthened governance arrangements. (Recommendation 4)</p>	<p>Recommendation 4</p> <p>To strengthen the governance of the Matrix meetings each service should maintain an action log to ensure all action are followed up and provide a clear audit trail.</p>	<p>Actions:</p> <p>Outpatient Service Managers to lead for RIE/WGH/SJH/LB. Matrix meeting actions to be logged.</p> <p>Rollout to other acute areas will be managed as part of the outpatient strategic framework workplan for 25/26 and will be overseen by Outpatient Delivery Group.</p> <p>Responsible Officer: Gillian Cunningham</p> <p>Executive Lead: Michelle Carr</p> <p>Due Date: 30th September 25</p>

Appendices

Appendix 1:

Staff involved



Staff Involved

- Gillian Cunningham – Service Director of Outpatients
- Hazel Neilson – Head of Access
- Sheena Walter – Service Manager Capacity Development & Commissioning Outpatients & Associated Services Directorate
- Megan Reid – Programme Manager for OPD Redesign
- Julie Blanden – Service Manager OPD
- Shelia Noble – Service Manager OPD
- Wendy Parkinson – Clinical Service Manager Orthopaedic and Trauma Outpatients
- Sarah Archibald – Service Manager C&YP
- Rachael Bell - Assistant Service Manager C&YP
- Shelly Gibson – Assistant Service Manager C&YP
- Vicki Stewart - Service Manager Urology

Appendix 2:

Documents reviewed



Documents Reviewed

- Papers from Access Compliance Group – Oct 2024
- Minutes Access Compliance Group – Sept 2024
- Waiting Times Audit Results August 2024
- Access Compliance and Assurance Group – Terms of Reference
- Outpatient Waiting List Validation: Standard Operating Procedure- April 2023
- Outpatient Delivery Group Agenda & Minutes – July, August & Oct 2024
- Outpatient Redesign Programme Highlight Report to Outpatient Delivery Group Sept 2024
- Inequalities in missed outpatient appointments paper
- Lothian Strategic Development Framework Implementation Plan
- Centre for Sustainable Delivery Overview -Strategic Planning & Performance Committee Sept 2024
- Dermatology Specialty Delivery Group Meeting papers
- NHS Board Updates
- Local Access Policy
- Outpatients Associated Services - List of Services
- Outpatient Delivery Group (ODG) -Terms of Reference July 2023

Documents Reviewed

- Plastics Surgery Evaluation Report
- Ears Nose & Throat Evaluation Report
- Outpatient Space Policy and SOP
- Matrix meeting document
- Outpatient Clinic Room Dashboard

Appendix 3:

Our assurance levels

The table below shows the levels of assurance we provide and guidelines for how these are arrived at. We always exercise professional judgement in determining assignment assurance levels, reflective of the circumstances of each individual assignment.

Rating*	Description
Significant Assurance	<p>The Board can take reasonable assurance that the system(s) of control achieves or will achieve the control objective. 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. 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>
Moderate Assurance	<p>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> <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>
Limited Assurance	<p>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> <p>This may be used when:</p> <ul style="list-style-type: none"> • There are known material weaknesses in key control areas. • 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. <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>
No assurance	<p>The Board cannot take any assurance from the audit findings. There remains a significant amount of residual risk.</p> <p>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 a number of HIGH rated recommendations)</p>

Appendix 3:

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

