NHS Board Meeting
Tuesday 17 December 2013

Lead Director (Acute Services Division)   **Board Paper No 13/59**

MANAGEMENT OF NHS WAITING LISTS

Recommendation

The NHS Board is asked to note the assurance provided to Scottish Government on 13 December 2013 in relation to the Audit Scotland Report 'The Management of Patients on NHS Waiting Lists' which was published in February 2013.

Background

In February 2013, Audit Scotland published a report on 'The Management of Patients on NHS Waiting Lists', and contained a number of actions to be addressed by NHS Boards.

The NHS Board provided an interim assurance statement in April 2013 which was signed off by Mr Ken Winter, Chair of the Audit Committee.

This was followed up by a report from the Scottish Parliament Public Audit Committee in May 2013.

This latest assurance update (attached) is in response to a further request from Scottish Government.

Mr John Connaghan, Acting Director-General, Health & Social Care and Acting Chief Executive, NHS Scotland, wrote to all NHS Boards on 4 October 2013 (attached) seeking an update on all audit action points, by 13 December 2013.

The attached assurance statement has been provided by Mr Mark White, Director, PricewaterhouseCoopers (PwC), who undertook an internal audit review to assess the Board's progress in implementing the recommendations from the nationwide assessments undertaken in 2013.

The review focussed on the PwC recommendations from an internal audit review (November 2012), the Audit Scotland recommendations (February 2013), and the Public Audit Committee (May 2013).

The attached template has been submitted to Scottish Government to meet the deadline set.

Acting Director-General Health & Social Care and
Acting Chief Executive NHS Scotland
John Connaghan

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NHS Board Chief Executives

c.c   NHS Directors of Finance
        NHS Board Executive Leads
        NHS Internal Auditors

4 October 2013

Dear colleague

Management of NHS Waiting Times

Christine McLaughlin, Deputy Director of Health Finance previously wrote to you on the Management of NHS Waiting Times on 11 July, she confirmed that as the Cabinet Secretary for Health requires an update on all audit action points, we need a formal report from you by mid December 2013.

Previously we have circulated a list of all recommendations contained in the Audit Scotland report and the Public Audit Committee and you provided a detailed response against each relevant recommendation as well as progress against your own Internal Audit recommendations. Since you have already supplied that detail, your report in December should only include confirmation that all recommendations have been successfully implemented. Further information is only required for the small number of recommendations which had an extended timescale, including a forecast as to when the recommendation will be implemented (these principally relate to the development of IT systems).

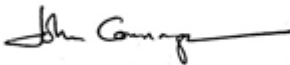We would expect this return to be reviewed and signed off by your Board or a committee of the Board.

It is recognised that there has been a tremendous amount of positive work in this area with Board Waiting Times Executive Leads working closely with Internal Audit to develop a controls framework which identifies compliance with current guidance and protocols. It is expected that the controls assurance matrix and audit methodology becomes an integral part of Board's internal control framework. Implementation and monitoring of the assurance arrangements will become the responsibility of each Board and that reporting will be through existing Board governance arrangements, with audit and/or clinical governance having primary responsibility for the oversight. I am confident that these changes will significantly strengthen and improve the level of assurance provided in this key area.

Please send your completed returns to me, copied to alan.morrison@scotland.gsi.gov.uk by **13 December 2013**. This will allow the Cabinet Secretary to fulfil his commitment he gave to the Scottish Parliament on 20 December 2012 that NHS boards will undertake a follow-up audit on the management of waiting times, to ensure that the improvements have been made and are working effectively.

You should also be aware that Audit Scotland are planning to publish their follow up report in December. Their report will aim to provide a high-level update to the Public Audit Committee focusing on progress made by NHS Boards in audit trails and monitoring in the management of NHS waiting lists. Their report will focus on:

- How have trends in NHS boards' use of waiting list codes and waiting time performance changed during 2013?
- Have NHS boards improved how they manage and monitor NHS waiting lists?
- Have the Scottish Government and Information Services Division (ISD) Scotland improved how they report and monitor waiting list information?

Yours sincerely

JOHN CONNAGHAN

NHS Greater Glasgow and Clyde
Internal Audit

Waiting Times Follow Up

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1. Executive summary

Report classification

Medium Risk

Summary of Findings

Background
This Internal Audit review has been performed in order to review NHS Greater Glasgow and Clyde progress in implementing the recommendations from the nationwide assessment of the waiting times management process throughout all NHS Boards, and assessments specific to NHS Greater Glasgow and Clyde. These recommendations were made in an effort to assist NHS Boards when designing and evaluating the controls and processes they have in place to manage waiting times and mitigate the risk of inaccurate and inappropriate waiting times reporting.

Scope
Our scope focussed on three areas:
- PwC recommendations from our internal audit report entitled *Waiting Times* (November 2012).
- Audit Scotland recommendations from their report entitled *Management of Patients on NHS Waiting Lists* (February 2013).
- Public Audit Committee (PAC) recommendations from their report entitled *Report on the Management of Patients on NHS Waiting Lists* (May 2013).

Approach
The starting point for our follow-up review was based on NHS Greater Glasgow and Clyde's own assessment of progress against the recommendations per the action plan. Where possible, we have validated action taken but have not tested the effectiveness or the impact of actions taken on the waiting times process.

The verification of these recommendations and the operation of the wider waiting times control environment will be tested as part of the Board's obligation to perform monthly audits over the key elements of the waiting times process. In addition, the controls matrix endorsed by the Scottish Government will form a key part of the Board's assessment and monitoring of controls/audit trail around the waiting times process.

Findings

From Internal Audit's assessment of NHS Greater Glasgow and Clyde's progress against the recommendations, we can conclude that direct action has been taken against every recommendation. The Board are of the opinion that this action has addressed the recommendations.

Whilst we have not validated every action taken nor have we tested the effectiveness or the impact of actions taken, the actions taken do appear reasonable to address the original recommendations.

This direct action includes the establishment of a monthly audit process by NHS Greater Glasgow and Clyde in line with the Public Audit Committee's recommendation that *"auditing by health boards must takes place, including sampling of patient records on a monthly basis (by staff that are independent of the areas where the patient records are generated), to validate that the use of social unavailability codes is appropriate"*.

2. Background and scope

Background

The waiting times management process throughout NHS Scotland has been subject to much scrutiny during the past year, with reviews being undertaken by:

- National bodies, including Audit Scotland ; and
- Internally by NHS Boards through internal audits of waiting times management.

Following consideration of all this work, and representation by key NHS staff, the Public Audit Committee (PAC) also issued a report and recommendations. As a result, a series of recommendations have been made to assist NHS Boards when designing and evaluating the controls and processes they have in place to manage waiting times and mitigate the risk of possible inaccurate and/or inappropriate waiting times reporting.

The reports outlined above were published during 2013; therefore, NHS Boards are expected to have implemented or be working towards implementing the recommendations included. This internal audit review has been commissioned by NHS Greater Glasgow and Clyde, in accordance with Scottish Government guidelines, to assess Management's progress in implementing the recommendations.

Approach and Scope

Our approach was to assess NHS Greater Glasgow and Clyde progress regarding the following recommendations in relation to the waiting times management process:

1. PwC recommendations from our internal audit report entitled *Waiting Times (November 2012)*.
   These are the recommendations identified and agreed with management in November 2012 after our detailed review of the waiting times management process during the 2012/13 internal audit plan
2. Audit Scotland recommendations from their report entitled *Management of Patients on NHS Waiting Lists (February 2013)*.
   This also included a review of the self-assessment form provided to NHS Boards to assist in their assessment of progress against Audit Scotland recommendations
3. PAC recommendations from their report entitled *Report on the Management of Patients on NHS Waiting Lists (May 2013)*.
   There were multiple recommendations identified from this report which were intended for national bodies, such as the Scottish Government and ISD Scotland.

NHS Greater Glasgow and Clyde have assessed the implementation status of the recommendations in each report. The status of actions is routinely tracked in a status report, the latest which was dated October 2013. The starting point for our follow-up review was based on NHS Greater Glasgow and Clyde's own assessment of progress against the recommendations per the action plan. Where possible, we have validated action taken but have not tested the effectiveness or the impact of actions taken on the waiting times process.

3. Internal Audit Recommendations

For each relevant recommendation, we have included NHS Greater Glasgow and Clyde' assessment and detailed actions. The final column consists of Internal Audit's assessment, as determined through the follow up work undertaken for this review. Our follow up procedures entailed discussions with Management and review of supporting documents. Where possible, we have validated action taken but have not tested the effectiveness or the impact of actions taken on the waiting times process.

Recommendation	NHS Greater Glasgow and Clyde' s Assessment and Actions	Internal Audit assessment
1 . NHS Greater Glasgow & Clyde should review the number of active user accounts to Isoft and Meditech and their access levels when migrating to the new TRAKcare system when introduced. At the time of fieldwork, 4500 users had access to Isoft and 1268 to Meditech, which is 13% of the number of NHS Greater Glasgow & Clyde employees. **Risk Rating: Medium Risk**	The migration of all sectors to TrakCare is now complete and a review of users was a component part of this. TrakCare functionality is more extensive than either of the previous patient administration systems that were in place at the time of the Internal Audit. As a result of this increased application, user numbers for TrakCare are greater than Isoft/Meditech. A Governance framework is in place to oversee the allocation of TrakCare accounts to staff and their corresponding accessibility to the system, that is a hierarchy of permissions which control access to those functions as necessary for the employees' role. Under these provisions, 2614 staff users have permissions to use patient unavailability fields on the system (6.5% of NHSGGC staff). Additionally, TrakCare also provides full audit capability to monitor all aspects of WL management within the system.	Agree with management's assessment

Recommendation	NHS Greater Glasgow and Clyde' s Assessment and Actions	Internal Audit assessment
2. NHS Greater Glasgow & Clyde have devised a local procedural manual incorporating key areas from the SGHSCD guidance. We have made some suggested minor amendments to the local policy which, if implemented would ensure greater clarity and consistency with the SGHSCD guidance. These should be considered and addressed by management. **Risk Rating: Low Risk**	Standard Operating Procedure (SOP) to underpin the Access Policy were updated following PwC and Central Legal Office input in June 2013. The SOP was disseminated to all staff and was placed on StaffNet in October 2013.	Agree with management's assessment
3. An issue has been raised in the report around the constraints in the character fields in Isoft and Meditech, particularly around the recording of the reasons for the application of unavailability. Going forward, NHSGGC should ensure that sufficient use is made of available coding in TRAKcare and that adequate comments are entered onto TRAKcare to ensure an accurate audit trail. This should include all categories of unavailability, including medical. **Risk Rating: High Risk**	TrakCare deployment across the Acute Division has standardised waiting list management and the application of unavailability codes in line with NHS Scotland National Guidance. Staff are required to complete the mandatory comments field within the Patient Waiting List entry on TrakCare to provide further detail on any changes to a patient's waiting list status. This importance of providing detail on the application of waiting list codes forms an integral part of the waiting list training programme.	Agree with management's assessment

4. Audit Scotland Recommendations

The following table sets out the Audit Scotland recommendations within their report entitled *Management of patients on NHS waiting lists*. For each recommendation, Management has included their assessment and actions. The final column consists of Internal Audit's assessment of NHS Greater Glasgow and Clyde' progress against the recommendation, as determined through the follow up work undertaken for this review. Our follow up procedures entailed discussions with Management, sample testing and review of supporting documents.

Recommendation	NHS Greater Glasgow and Clyde' Assessment and Actions	Internal Audit assessment
Scottish Government and NHS boards should:		
1. Monitor and report the use of waiting list codes and ensure that they are being applied appropriately and consistently, and in line with updated national guidance issued in 2012.	Refer to NHSGGC recommendation 3. Waiting list codes are in place and monitored weekly by Business Intelligence. The use of all codes is monitored as part of the ongoing waiting list governance process. Formal monthly reports to the Board and/or Corporate Management Team include details of the use of medically advised and patient advised unavailability codes.	Agree with management's assessment
2. Use information about the use of waiting list codes, alongside waiting time performance data, to: ▪ identify where staff may be applying codes inconsistently or inappropriately ▪ help plan and manage the capacity needed to meet waiting time targets.	The use of codes and waiting list performance data are reported and reviewed in formal management meetings of the Board's Acute Division including; the Acute Division Waiting Times meeting, the Directors Access meeting and the Senior Management Team. The use of patient advised codes is reviewed regularly. This data is used to inform capacity plans across the Division.	Agree with management's assessment

Recommendation	NHS Greater Glasgow and Clyde' Assessment and Actions	Internal Audit assessment
NHS boards should:		
3. Make sure that electronic systems have an audit trail to enable scrutiny of waiting list systems, and that good controls and safeguards are in place to provide assurance that waiting lists are being managed properly.	Refer to NHSGGC recommendation 3. Since May 2013 NHSGGC has implemented TrakCare across all sites. Full audit capability is available via the system, other than for TTG letters. There is an ongoing national programme to deliver full TTG letter functionality on the TrakCare system by February 2014. An audit tool has been developed in line with national guidance and is utilised across the Board. Monthly returns are submitted to the Acute Division Directors Access Group. This enables scrutiny of waiting list systems, and ensures that good controls and safeguards are in place to provide assurance that waiting lists are being managed properly, and any issues are identified for early action.	Agree with management's assessment
4. Ensure that information is recorded within patient records about the reasons for applying waiting list codes.	Refer to NHSGGC recommendation 3. The Standard Operating Procedure (SOP) for TTG notifies staff that the correct reason for unavailability must be recorded on TrakCare. The SOP notes that staff must ensure that information entered on to the system is adequate to suitably support any period of unavailability. Staff record unavailability reasons on TrakCare using "pull down" menus populated with national codes and descriptors for unavailability. Additionally, at training sessions staff were notified that they must complete the comments field within the Patient Waiting List entry on TrakCare to provide further information on any changes to a patient's waiting list status. This has been reiterated by direct communication. In order to improve data capture, the comments field within TrakCare changed to a mandatory field in October 2013. A universal template for completing the comments field within TrakCare has been issued to all staff managing waiting lists. The SOP for TTG will be updated by February 2014 once TTG functionality is embedded within TrakCare.	Agree with management's assessment

Recommendation	NHS Greater Glasgow and Clyde' Assessment and Actions	Internal Audit assessment
5. Communicate clearly with patients about their rights and responsibilities under waiting time guidance and legislation.	All patients received information on patient rights in written format with their Out Patient appointment details (Out Patient Information Leaflet). Patients then receive further written information should they require to be admitted for treatment (Patient Rights Act Information Leaflet). In accordance to the Boards Operational Policy, all patients subject to Treatment Time Guarantee receive further written communication if there are any changes to their Guarantee Date. This is currently managed through the local NHSGGC TTG System and is reviewed as part of the Acute Division Directors Access group The Board continues to review training requirements to ensure continuous improvement.	Agree with management's assessment
6. Ensure effective whistle blowing policies and procedures are in place and publicised.	The Whistleblowing Policy was updated in line with National Guidance and launched at the August 2013 Board meeting by the Chair as part of the Code of Conduct of Staff. A core brief was issued to staff and all staff policies are available via StaffNet. National Confidential Alert Line details were publicised to all NHSGGC Staff via 'Team Brief', 'Hot Topic' and as part of the 'Facing the Future Together' pages within StaffNet.	Agree with management's assessment
Non-executive directors of NHS boards should:		
7. Ensure they have the full range of information available to scrutinise how their board is applying waiting list codes and planning and managing capacity to meet waiting time targets.	The Monthly Access report is part of the NHSGGC Board/CMT standing agenda items. This identifies performance against all waiting time guarantees, the total inpatient, daycase and outpatient waiting lists and identification of available and unavailable lists. This ensures the Board can scrutinise how waiting lists codes are being applied and the planning and managing of capacity to meet waiting time targets.	Agree with management's assessment

5. Public Audit Committee Recommendations

The following table details an abbreviated list of the Public Audit Committee ("PAC") recommendations from their report entitled*Report on the Management of Patients on NHS Waiting Lists*. We have included only those recommendations which specified actions for NHS Boards; all other recommendations were deemed to be actions for the consideration of national bodies, such as the Scottish Government and ISD Scotland and therefore have not been considered.

For each relevant recommendation, we have included NHS Greater Glasgow and Clyde' assessment and detailed actions. The final column consists of Internal Audit's assessment, as determined through the follow up work undertaken for this review. Our follow up procedures entailed discussions with Management and review of supporting documents.

Recommendation	NHS Greater Glasgow and Clyde' assessment and actions	Internal Audit assessment
Work underway to improve the use of codes		
1. The Committee would expect health boards to complement this new initiative with on-going support for their staff that promotes a culture of openness.	Refer to Audit Scotland recommendation 6. The board continues to review staff training requirements to ensure continuous improvement. Staff have access to an online training module which forms part of staff PDP and eKSF. A dedicated webpage on Access was established in October 2013 which includes the Boards Access Policy, Standard Operating Procedure and Training materials. During meetings and specific training programmes NHSGGC have advised staff at all levels that they should identify any concerns regarding waiting list management.	Agree with management's assessment

Recommendation	NHS Greater Glasgow and Clyde' assessment and actions	Internal Audit assessment
The basis for the rise and fall in the use of codes		
2. The Committee considers that health boards should have sufficient information to demonstrate that codes are being used for appropriate reasons. Due to the lack of data in the audit trail on the use of codes, the Committee is not in a position to draw firm conclusions on the extent to which codes have been applied as a result of capacity pressures in the NHS, or the extent to which reducing waiting time targets may have impacted upon the use of codes (as outlined in the AGS report). This highlights the importance of ensuring accurate data is available in future to validate the positions of health boards and the Scottish Government on the performance of the NHS.	Refer to NHSGGC recommendation 3. The implementation of TrakCare throughout the Board now ensures that a robust audit trail is available within the system. Staff conducting the Waiting List audit have the ability to access the audit functionality within TrakCare and use this to check waiting list entries and corresponding TTG system entries. A monthly report is submitted to the Acute Division Directors Access Group. A central Waiting List and TTG audit resource within the Acute Division follows the audit programme as agreed by the Directors Access Group. This central resource provides independent monitoring of waiting times practice across the Division. Local audit is conducted concurrently by each Directorate, this audit data is collated centrally and recommendations are circulated and actioned.	Agree with management's assessment

Appendix 1. Basis of our classifications

Individual finding ratings

Finding rating	Assessment rationale
Critical	A finding that could have a: • **Critical** impact on operational performance; or • **Critical** monetary or financial statement impact **;**or • **Critical** breach in laws and regulations that could result in material fines or consequences**; or** • **Critical** impact on the reputation or brand of the organisation which could threaten its future viability.
High	A finding that could have a: • **Significant** impact on operational performance; or • **Significant** monetary or financial statement impact; or • **Significant** breach in laws and regulations resulting in significant fines and consequences**; or** • **Significant** impact on the reputation or brand of the organisation.
Medium	A finding that could have a: • **Moderate** impact on operational performance; or • **Moderate** monetary or financial statement impact; or • **Moderate** breach in laws and regulations resulting in fines and consequences ; or • **Moderate** impact on the reputation or brand of the organisation.
Low	A finding that could have a: • **Minor** impact on the organisation's operational performance; or • **Minor** monetary or financial statement impact; or • **Minor** breach in laws and regulations with limited consequences; or • **Minor** impact on the reputation of the organisation.
Advisory	A finding that does not have a risk impact but has been raised to highlight areas of inefficiencies or good practice.

Report classifications

The report classification is determined by allocating points to each of the findings included in the report.

Findings rating	Points
Critical	40 points per finding
High	10 points per finding
Medium	3 points per finding
Low	1 point per finding

Report classification		Points
🟢 Low risk		6 points or less
🟡 Medium risk		7– 15 points
🟠 High risk		16– 39 points
🔴 Critical risk		40 points and over

Appendix 2. Limitations and responsibilities

Limitations inherent to the internal auditor's work

We have undertaken the follow up review of the original Waiting Times Audit, subject to the limitations outlined below.

Internal control

Internal control systems, no matter how well designed and operated, are affected by inherent limitations. These include the possibility of poor judgment in decision-making, human error, control processes being deliberately circumvented by employees and others, management overriding controls and the occurrence of unforeseeable circumstances.

Future periods

Our assessment of controls is for the period specified only. Historic evaluation of effectiveness is not relevant to future periods due to the risk that:

- the design of controls may become inadequate because of changes in operating environment, law, regulation or other; or
- the degree of compliance with policies and procedures may deteriorate.

Responsibilities of management and internal auditors

It is management's responsibility to develop and maintain sound systems of risk management, internal control and governance and for the prevention and detection of irregularities and fraud. Internal audit work should not be seen as a substitute for management's responsibilities for the design and operation of these systems.

We endeavour to plan our work so that we have a reasonable expectation of detecting significant control weaknesses and, if detected, we shall carry out additional work directed towards identification of consequent fraud or other irregularities. However, internal audit procedures alone, even when carried out with due professional care, do not guarantee that fraud will be detected.

Accordingly, our examinations as internal auditors should not be relied upon solely to disclose fraud, defalcations or other irregularities which may exist.