

**NHS Board Meeting**  
**Tuesday 19 February 2013**



**Chief Operating Officer (Acute Services Division)**

**Board Paper No. 13/05**

## **INTERNAL AUDIT REPORT ON WAITING TIMES**

### **Recommendation:**

**The NHS Board is asked to note the Internal Audit Report on Waiting Times, including management actions.**

This Report was submitted to the December 2012 Audit Committee and progress in meeting the actions identified within the Report will be reviewed by the Audit Committee in March 2013.

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**Chief Operating Officer**  
**Acute Services Division**

# *Report to NHS Greater Glasgow & Clyde*

## Internal Audit Report – Waiting Times

November 2012

**FINAL REPORT**

# Contents

**This report has been prepared solely for NHSGGC in accordance with the terms and conditions set out in our engagement letter. We do not accept or assume any liability or duty of care for any other purpose or to any other party. This report should not be disclosed to any third party, quoted or referred to without our prior written consent. .... 3**

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**Internal audit work has been performed in accordance with NHS Internal Audit Standards. As a result, our work and deliverables are not designed or intended to comply with the International Auditing and Assurance Standards Board (IAASB), International Framework for Assurance Engagements (IFAE) and International Standard on Assurance Engagements (ISAE) 3000.**

# 1. Background and Scope

## ***New Ways***

The Scottish Government published their '18 week Referral to Treatment Standard' in 2008. Within this standard, NHS Boards were set the goal of treating patients within 18 weeks following referral from a GP. New Ways guidance, issued by the Scottish Government in 2008, set out how NHS Boards should manage patients' waits and measure and report waiting times consistently. It was intended to make the system clearer, fairer and more transparent.

Under New Ways guidance, following receipt of a referral, the NHS Board is required to offer an appointment to the patient. Under New Ways Guidance the patient has the right to receive two 'reasonable' offers. A 'reasonable' offer should be defined in a Board's local access policy and is defined in terms of location and timeframe (which can vary according to speciality and NHS Board). The 'reasonable offer' rules apply regardless of method of offer whether it is written, verbal or a combination of methods. If a patient is willing, a short notice appointment can be offered. If a patient accepts a short notice appointment it is considered a reasonable offer. Declining a short offer notice does not affect the patient's waiting times clock or right to receive a reasonable offer.

- If a patient accepts a reasonable offer and attends for treatment, their patient journey is complete.
- If a patient declines both reasonable offers their waiting times clock is 'reset' to zero. At this stage a patient can be referred back to their GP if medically appropriate, otherwise two reasonable offers will then be offered.
- If a patient accepts a reasonable offer and then the appointment is cancelled by:
  - the patient (classified as Could Not Attend (CNA)) their waiting times clock is 'reset' from the date of the cancellation and the patient should then be offered another two reasonable offers. If a patient asks to reschedule a reasonable offer of appointment or admission for third time, unless it is considered inappropriate, the patient should be removed from the waiting list and returned to their GP.
  - the NHS Board the patient's waiting times clock continues and there is no detriment to the patient.

If the patient does not turn up for treatment (classified as Did Not Attend (DNA)) unless there is a valid clinical reason for offering another appointment or admission date, the patient should be removed from the waiting list and referred back to the original referrer.

## ***New Ways and NHSGGC***

Unavailability, for patients without a date for treatment, is a period of time when the patient is unavailable for treatment. Unavailability can be for medical or social reasons. Any periods of unavailability will be subtracted from the reported waiting time.

As the waiting times process is so complex, coupled with the principal of ensuring patient choice, there are a number of areas within the New Ways Guidance which each Board is free to interpret and apply in their own way. NHS Greater Glasgow & Clyde (NHSGGC) has chosen to put a significant emphasis on patient choice. Hence, rather than "reset" the patient's clock, it is NHSGGC's policy to place patients as "unavailable". This is within the spirit of New Ways and benefits the patient, however, does result in NHSGGC having higher levels of unavailability compared to other territorial NHS Boards in Scotland.

## ***Origins of the Review – NHS Lothian***

PwC undertook a forensic review on Waiting Times Management at NHS Lothian in January and February 2012. As a result of this review and subsequent report, the Cabinet Secretary made a statement to Parliament on the 21st March 2012, in which she provided an assurance that New Ways Guidance was being applied appropriately across every other NHS Board in Scotland. This assurance was followed by an obligation that every NHS Board in Scotland would undertake a "rigorous, specific and detailed internal audit of local waiting times management and processes, including reporting mechanisms."

The NHSGGC Internal Audit Function is provided by PwC and therefore PwC undertook the Internal Audit review at NHSGGC.

This review of Waiting Times Arrangements within NHSGGC, as instructed by the Scottish Government Health and Social Care Directorate (SGHSCD), has been carried out in accordance with the Terms of Reference issued by the SGHSCD on 3 May 2012 and included as **Appendix I**. The period covered by our review was 1 January 2012 to 30 June 2012; therefore, the review was undertaken retrospectively.

## ***Going Forward – Patients Rights Act***

The Patients Right Act (Scotland) Act 2011 will introduce a number of changes to the management of waiting times, including treatment time guarantee, effective from 1 October 2012. It should therefore be highlighted that the recommendations we have made in this report should be considered in the context of the new guidance.

## ***Scope***

Our review considered a number of areas relating to waiting times arrangements and focused on the following 3 key areas noted in the SGHSCD Terms of Reference:

1. Individual patient records are accurate and that systems are in place to ensure that the patient management system cannot be inappropriately changed;
2. Reporting on waiting times is accurate and consistent at every level in the organisation up to and including the Board; and
3. The local guidance is consistent with national guidance and that its implementation is both valid and reliable (i.e. not open to different interpretation in use).

## ***Data Interrogation***

As part of the Internal Audit reviews of waiting times across the NHS in Scotland, a specialist data team from PwC were appointed under a separate contract to undertake analysis across all territorial NHS Boards in Scotland (and the National Waiting Times Centre). This analysis involved interrogating the Waiting Times systems extracting the relevant data over the time period and analysing it into graphs, charts and trends, based around a number of key questions as outlined in **Appendix V**.

This data was then shared with each Internal Auditor for their Board, and enabled the Internal Auditor of every Board to adopt a risk based audit approach, by focusing their work and sample testing onto particular specialties, at particular times and on particular issues.

## ***NHSGGC – Limitations of this Review***

Within several Boards, the data interrogation of the waiting times system was limited due to the antiquated and limited architecture of particular systems. Within NHSGGC, this data interrogation of the waiting times system could not take place at all due to the following; -

- iSoft (used for North Glasgow) was restricted due to the antiquated and limited architecture, and hindered further by the sheer size of the database preventing the PwC data team downloading it and interrogating it remotely; and
- Meditech (used for Southern Glasgow and Yorkhill Children's Hospital), is managed through a PFI contract and hence controlled by an external third party. Whilst NHSGGC facilitated discussion and negotiation between PwC and the third party, it was not cost effective, or indeed feasible, to have this data provided within the timescales for this review given the absence of real clarity or confidence on data extraction process and the significant disruption to NHSGG&C TRAKcare Roll out Programme of November 2012.

The interrogation of both of these systems by the PwC data team was further complicated by the fact both systems are due for imminent replacement by the new TRAKcare system as it is rolled out across the Board in the coming months. As such, support from the supplier of both systems was being wound down.

It should be highlighted that the limitations of these systems, and the related issues in extracting data, do not affect NHSGGC's management and monitoring of their waiting times processes. Whilst the capabilities of TRAKcare are significantly greater, both iSoft and Meditech are capable of collating and producing sufficient information to manage the process.

Indeed, it was the internal management reports produced by each of the systems that formed the basis of our risk based audit approach. Despite the lack of a suite of information from the data interrogation exercise, the review involved interviews with staff, consideration of relevant waiting times reports and testing of patient records within the iSoft and Meditech patient administration systems. There was no limitation to the interrogation of the information and testing we subsequently performed.

So despite not being able to take an overall systems download as at the majority of other Boards to inform our audit approach, we were still able to adopt a risk based audit approach, focusing our work and sample testing onto particular specialties, at particular times and on particular issues.

## 2. Executive Summary

### **Background**

This internal audit review, commissioned by NHS Greater Glasgow & Clyde following instruction from the (then) Cabinet Secretary, has followed the Terms of Reference set out at Appendix 1. This work has not constituted a formal forensic investigation into waiting times within NHS Greater Glasgow & Clyde, but rather has considered a number of specific areas relating to waiting times reporting and processing.

### **Data Interrogation**

As outlined above, the specialist data team from PwC were unable to interrogate the waiting times system as planned to provide the suite of information on which to base the audit. However, as an alternative, the internal management reports produced by each of the systems were used as the basis of our risk based audit approach and there was no limitation to the interrogation of the information and testing we subsequently performed.

Through review of “OPWL and IPDC Weekly Comparison Reports” we were able to analyse and identify the specialities to focus our sample testing. From this analysis the following specialties were selected for testing:

- Orthopaedic Surgery;
- General Surgery; and
- ENT.

For each of the above specialities, for a sample of dates between 1 January 2012 and 30 June 2012, the weekly download sent to service managers was obtained. These were analysed by the Internal Audit team to identify patients approaching their breach date and those listed with periods of unavailability.

### **Conclusions**

The findings of our work have enabled us to make a number of observations on key areas around the waiting times process within NHSGGC. As such, we have highlighted a number of issues and identified areas for improvement which should be considered and actioned by the NHSGGC Board.

It should be highlighted that management have informed us that many of these recommendations will be implemented through their introduction of the Patient Rights (Scotland) Act 2011.

### **Overall Statement**

**On the basis of the work performed we found that overall, the waiting times processes and procedures within NHSGGC were operating in a controlled manner with no material deficiencies identified. In addition, our sample testing did not identify any evidence of inappropriate amendments or contraventions of NHS GGC Waiting Times Policy.**

It should be highlighted that our approach to the review was affected by the limitations of both the iSoft and Meditech systems, and the fact data interrogation of the systems could not be completed. We were able to rely on internal management reports to adopt a risk based audit approach, focusing our work and sample testing onto particular specialties, at particular times and on particular issues.

The limitations of these systems do not affect NHSGGC’s management and monitoring of their waiting times processes and both systems are due for imminent replacement.

Similar to all territorial NHS Boards in Scotland, the waiting times supporting systems within NHSGGC have not been designed to provide a clear and evidenced audit trail across all aspects of the patient journey. This relates in the main, to the process of making “offers to patients” within the administration process, rather than any clinical issues.

This part of the process is complex with the majority of interaction (including “offers”) with the patient being made by telephone. This requires NHS staff to interact with the patient and ensure flexibility around making the “reasonable offer(s)” as prescribed in the New Ways Guidance.

However, often little or no detail is recorded in the waiting times system due to systems limitations in the character fields and there is therefore little or no evidence to support the:

- contact being made with the patient;
- content of the conversation and the “offer(s)” made; or
- “offer(s)” being made in the spirit of New Ways Guidance.

As such, there is no way of formally verifying the validity of any subsequent application of “unavailability” without contacting or asking patients.

Our review highlighted certain areas where further improvements could be made, including as noted above, the level of detail recorded on the waiting times system. Our findings, together with recommendations for improvement, are summarised below and set out in further detail within each relevant section of the report.

A suggested action plan has also been completed and is attached at **Appendix IV**. Each finding has been allocated a risk rating so that those charged with governance within NHSGGC and management can focus attention on the higher priority areas.

	Critical Risk	High Risk	Medium Risk	Low Risk	Total
Number of Recommendations	0	1	1	1	0

## ***Reporting***

- As part of our overall comparison of internal waiting times reports, evidence indicates that consistent data and information was presented from operational management level through the various governance routes and to the Board and the Quality and Performance (Q&P) Committee on alternative months.
- The reports, including trends and movements, provide Board members with a robust and comprehensive “picture” of the waiting times position, enhancing their ability to make more informed decisions regarding the taken and proposed action by management. This includes detail on, for example, periods of unavailability data, full waiting list size, trend analysis of performance of outpatients and inpatient breaching at month end.
- The various meetings where waiting times reports are discussed are minuted. The outputs/actions taken by the various groups are used to inform the Board and the Q&P Committee, reporting on any specific capacity issues.

## ***isoft and Meditech Controls and System Management***

- Controls are in place, which restrict access to both isoft and Meditech. This includes the requirement for an access request form to be completed and authorised by a line-manager. This form also specifies the level of access required, to ensure access is only granted to the necessary parts of isoft and Meditech.
- However, NHSGGC should review the number of active user accounts to isoft and Meditech and their access levels. At the time of our fieldwork, 4500 users had access to isoft and 1268 to Meditech, which is

around 13% of NHSGGC employees of 44,000. Management should review the number of active users when migrating to the TRAKcare system when implemented to ensure access rights are appropriate.

### ***NHS Greater Glasgow & Clyde Waiting List Procedures and Comparison with SGHSCD Guidance***

- NHSGGC has in place a Waiting List Procedure Manual which sets out how the New Ways policies will be applied within NHSGGC to manage patients who are waiting for treatment. The policy applies to all non urgent waiting lists patients, both in patients and out patients.
- The local waiting times guidance is available on the NHSGGC staff intranet for all staff members to access. From our review NHSGGC local procedural manual largely complies with 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.

- Although not formally reviewed as part of our work, we understand that NHSGGC has updated their policy to reflect the requirements of the Treatment Time Guarantee effective from the 1<sup>st</sup> October 2012.

### ***Application of Local Waiting Times Procedures***

- Similar to all territorial NHS Boards in Scotland, the waiting times supporting systems within NHSGGC have not been designed to provide a clear and evidenced audit trail across all aspects of the patient journey. This relates in the main, to the process of making “offers to patients” within the administration process, rather than any clinical issues.

This part of the process is complex with the majority of interaction (including “offers”) with the patient being made by telephone. Often little or no detail is recorded in the waiting times system and there is therefore little or no evidence to support the:

- contact being made with the patient;
- content of the conversation and the “offer(s)” made; or
- “offer(s)” being made in the spirit of New Ways Guidance.

As such, there is no way of formally verifying the validity of any subsequent application of “unavailability” without contacting or asking patients.

NHSGGC should seek to improve the audit trail around the offer process, including recording on the system the time of the call, the offers made and the response/requests from the patient.

- It is recognised that there are constraints within 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.

# 3. Reporting and Governance

## **Background**

This Section of the report considers the waiting times reporting process within NHSGGC.

The target to treat patients within 18 weeks is a key performance target for all Health Boards. As such, relevant information should be presented at board level to allow board members to discharge their governance responsibilities effectively. Waiting Times information should be presented in sufficient detail to provide board members with an accurate representation of the Board's current waiting times position, the issues and the associated actions.

## **Reporting Framework**

Waiting time performance is considered by a number of committees and teams within the governance structure within NHSGGC. The governance structure has been summarised at **Appendix II**.

### **Board Reporting – Reports to the Board**

Performance is reported to the NHSGGC Board through the “Waiting Times and Access Targets” Report presented by the Chief Operating Officer. The Report includes the following key issues:

- General Waiting Times/18 Weeks Referral to Treatment (RTT); -
  - Combined admitted/non admitted performance
  - Linked pathways
  - Clinical outcome form completeness
  - Stage of treatment targets
  - Unavailability
- Accident and Emergency Waiting Times
- Cancer Waiting Times
- Chest Pains
- Stroke
- Delayed Discharges

From our review of board minutes, it was evident that the Chief Operating Officer was verbally providing additional detail in regards to potential capacity issues for the Board's consideration. Our review of a sample of reports also appeared to demonstrate consistent reporting from operational level straight to the Board and the Q&P Committee.

### **Board Reporting – Debate and Challenge by the Board**

In terms of scrutiny at Board meetings, we were provided with evidence of the ‘challenge’ provided at by Board members around Waiting Times reported performance. For example, minutes from the Board demonstrated discussions around services and the work management have undertaken in areas such as demand and capacity, for example a request was made to establish if referral rates could be included within future reports.

### **Operational Arrangement and Reporting**

As part of our review we considered the arrangements in place within the Waiting Times Team and NHSGGC to consider the operational aspects of waiting times management (i.e. monitoring of current/potential breaches and action plans to address issues) as well as the monitoring of unavailability lists.

Management explained to us that various meetings discuss and address waiting times performance and targets and these include:

<b>Meeting</b>	<b>Schedule</b>
Directors Access Meetings	Monthly
Operational Management Waiting Times Meeting	Monthly
Operational Performance Review	Twice yearly meetings
Corporate Management Team Meeting	Monthly

At these meetings, discussions take place around any waiting times issues and the actions in place to combat these issues. The reports discussed include the following items:

- 18 week RTT
- Combined admitted/non admitted performance
- Linked Pathways
- Clinical Outcome Form Completeness
- Actions to deliver 18 week RTT
- Stages of Treatment
- Unavailability
- Diagnostics Waiting Times
- Trakcare Program Roll out
- A&E 4 Hour wait

We reviewed the minutes and reports used in these meetings for the period under review, 1 January 2012 to 30 June 2012. From the minutes it is apparent that challenge was provided by the various groups and teams with action points clearly assigned and documented, being followed up at subsequent meetings.

***Scottish Government and Information Services Directorate (ISD) reporting***

Data is extracted from the 18 weeks reporting database to populate the national submission, which is sent to ISD. This is broken down to specialty level. Extracts are taken on a weekly basis. The submission is signed off on a quarterly basis by the NHSGCC Chief Executive before ISD publish the data.

Monthly management returns are also submitted to the Scottish Government showing availability, unavailability and patients waiting by speciality.

***Key Messages – Reporting and Governance***

Our review of Board papers found that the content and detail of waiting times management and data reported was sufficient to allow the Board to understand the waiting times issues and provide challenge to this data.

This included detail on periods of unavailability data, full waiting list size, analysis of performance of outpatients and inpatient breaching at month end.

# ***4. isoft and Meditech Controls and system management***

## ***Isoft and Meditech***

This section of the report sets out our assessment of the control environment around the isoft and Meditech waiting times management systems. For the purposes of managing waiting times, these systems record the patient journey from the point of referral to treatment and it is used within the Board. isoft is used for patients in North Glasgow with Meditech being used for those in South Glasgow and Yorkhill Children's Hospital.

Like all such systems, a robust and well-embedded framework of control is crucial. For a system recording waiting times information, this includes restricted access, an appropriate audit trail of amendments and appropriate detail of any patient contact.

## ***Process Controls***

The systems operate through a requirement for data input in order to process the patient journey. From discussions with staff within the Board and review of isoft and Meditech, we gained an understanding of how the systems operate within NHSGGC. This included how patients are added to the waiting list, amendments made and a patient's journey being marked as complete. A high level overview of the referrals process is contained within **Appendix III**.

For the purposes of this review, the following key system controls have been identified:

- User Access; and
- 'Change Logs' within isoft and Meditech showing all edits made

## ***User Access***

Controls are in place, which restrict access to isoft and Meditech. This includes the requirement for an access request form to be completed, and authorised by a line-manager. This form also specifies the level of access required, to ensure access is only granted to the necessary parts of isoft and Meditech. isoft and Meditech are accessed through links on the users desktop interface, with staff requiring a valid username and password to gain access.

Outpatient bookings are undertaken by the Booking Office who directly enter details on the isoft and Meditech systems. Inpatient bookings are undertaken by medical secretaries.

The service managers also have access to isoft and Meditech, in order to enable them to contact patients in relation to offers of appointments where patient cancellations have led to clinic slots becoming available. The Information systems team access the system to produce relevant monthly performance information as required.

We performed a review of the User Access List of the isoft and Meditech systems to perform a reasonableness check over individuals with access to the systems. This analysis revealed that there are 4500 active users in the isoft system and 1268 in Meditech within NHSGGC. The Board had approximately 44,000 staff members at the date of this review.

Isoft is used for more than just waiting times management. For example it is also used by clinical staff to place orders. As a result most nursing and medical staff require some form of role based access. It is important that management monitor the number of users and access levels to ensure these are appropriate to ensure information cannot be manipulated.

### ***Change Log***

The Change Log within isoft records all amendments made to the system. The appropriateness of changes was considered as part of our testing detailed in Section 5 of this report.

### ***Key Messages – Isoft controls and systems management***

NHS Greater Glasgow & Clyde should review the number of active user accounts to Isoft. At the time of fieldwork, 4500 users had access to isoft and 1268 to Meditech, 13% of the number of NHS Greater Glasgow & Clyde employees. Whilst isoft is used for more than managing waiting times, management should review the number of staff who have access and access rights when migrating to the new TRAKcare system. **(Action Point 1)**.

Similar to all territorial NHS Boards in Scotland, the waiting times supporting systems within NHSGGC have not been designed to provide a clear and evidenced audit trail across all aspects of the patient journey. This relates in the main, to the process of making “offers to patients” within the administration process, rather than any clinical issues. This part of the process is complex with the majority of interaction (including “offers”) with the patient being made by telephone. Often little or no detail is recorded in the waiting times system and there is therefore little or no evidence to support the - contact being made with the patient; content of the conversation and the “offer(s)” made; or “offer(s)” being made in the spirit of New Ways Guidance.

As such, there is no way of formally verifying the validity of any subsequent application of “unavailability” without contacting or asking patients.

NHSGGC should seek to improve the audit trail around the offer process, including recording on the system the time of the call, the offers made and the response/requests from the patient.

# ***5. NHSGGC Waiting List Procedures and Comparison with SGHSCD Guidance***

This section of the report sets out the background to the New Ways guidance, and the way in which the guidance has been adopted within NHSGGC. We considered the Board's local guidance for completeness and consistency with the SGHSCD guidance on waiting times management. In particular, an assessment of accessibility, availability and applicability of that guidance in the waiting times process.

## ***New Ways Guidance***

Due to the complexity of the waiting times process New Ways guidance is drafted in a way which allows NHS Boards to interpret and apply elements of the guidance differently. This allows clinicians to review individual cases to make sure that patients are not being put at risk, for example because they are taken off the waiting list or referred back to the end of the list. NHS Boards have a degree of flexibility in applying New Ways Guidance, as NHS Boards provide different services and have to decide on what constitutes a fair and reasonable offer of treatment.

## ***Patients Right (Scotland) Act 2011 and Treatment Time Guarantee***

The Patient Rights (Scotland) Act 2011 was passed by the Parliament in February 2011 and gained Royal Assent in March 2011. The Act aims to improve patients' experiences of using health services and to support people to become more involved in their health and health care.

The first section of the Act gives all patients the right that the health care they receive should:

- Consider their needs;
- Consider what would be the most beneficial to the patient, taking into account their circumstances and preferences; and
- Encourage patients to take part in decisions about their health and wellbeing, and provide them with information and support to do so.

From the 1 October 2012, the Act 2011 establishes a 12 week maximum waiting times for the treatment of all eligible patients who are due to receive planned treatment delivered on an inpatient or day case basis.

## ***NHS Greater Glasgow & Clyde – Waiting List Procedures***

NHSGGC have in place Standard Operating Procedures in relation to Referral Management Centres which sets out how the New Ways policies will be applied within NHSGGC to manage patients who are waiting for treatment. The procedures apply to all non urgent waiting lists patients, both in patient and out patients.

### ***Accessibility***

Through discussion with staff, we confirmed that the local waiting times guidance is available on the NHSGGC staff intranet for all staff members to access. It is therefore available to download or view on screen as required by staff.

### *Applicability*

For the purposes of this review of local guidance, the following items were considered to be key areas of interpretation from SGHSCD guidance:

- Definition of a 'Reasonable Offer'
- Declining an offer
- Patient Focussed Booking (PFB)
- Could not attend (CNA)
- Did not attend (DNA)
- Cancelled by hospital
- Unavailability (Medical and Social)
- Patient Information
- Treatment Location

We considered these areas and in particular how they had been incorporated into NHSGGC local procedures. From this review, the following points were noted:

- Patient focussed booking – New Ways Guidance states “Clock re-starts when patient makes contact and appointment date is arranged”. The NHSGGC guidance should be updated to make this clearer.

### *Key Messages – Local Guidance*

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 (**Action Point 2**).

## ***6. Compliance and application of local waiting times procedures***

This section of the report sets out the level of compliance with and the application of local access guidance for a sample of patient records selected for testing.

### ***Approach***

As outlined above, the specialist data team from PwC were unable to interrogate the waiting times system as planned to provide the suite of information on which to base the audit. However, as an alternative, the internal management reports produced by each of the systems were used as the basis of our risk based audit approach and there was no limitation to the interrogation of the information and testing we subsequently performed.

So despite not being able to take an overall systems download as at the majority of other Boards to inform our audit approach, we were still able to adopt a risk based audit approach, focusing our work and sample testing onto particular specialties, at particular times and on particular issues.

Our testing followed a risk-based approach. Data downloads were provided for three specialties for the period 1 January 2012 – 30 June 2012. Testing focused on the following specialties: Orthopaedic Surgery; General Surgery, and ENT.

Our approach attempted to validate the patient journey, including assessing whether amendments had been applied appropriately and in accordance with the local waiting times policy in place. Given the two different systems in use within the Board, our sample was split over the two geographical areas within NHSGGC. The results of our testing, presented below are therefore reported for North Glasgow and South Glasgow (including Yorkhill Children's hospital).

### ***Results of testing – South Glasgow***

#### ***Application of unavailability period***

We selected a sample of 100 patients and examined the application of unavailability periods. The following points were noted from our testing:

- Where unavailability is applied there is inconsistent level of detail recorded on the system to document the reason for the application of unavailability. 20 patients were identified where we required management to provide further information justifying the application of unavailability. The coding on Meditech was recorded solely as “social” or “medical” with no further information given.
- In all cases where verbal explanations were obtained from management, no further information from the patient case notes was available in relation to periods of unavailability. Further information was provided from subsequent or previous downloads which included previous comments on unavailability. However, we were not able to verify any of these to patient cards or correspondence.

#### ***Periods of Unavailability***

- From the sample of 100 patients, 56 patients had periods of unavailability applied. 55 of these patients have unavailability of more than 10 days applied. This includes 2 instances where patients recorded as unavailable for periods of 55 and 39 days due to “holiday”.

### *Potential Breaches*

- From the sample of 100 patients, 2 patients initially appeared to have breached their waiting times target date. Discussions with management provided explanations behind these patients, the following cases errors were identified:
  - Patient added to waiting list on 01/11/11 - suspended from 01/02/12 - 13/03/12. Patient given admission date of 14/03/12. When this patient was highlighted as potential breach, it was discovered that the suspension start date was incorrect and should have been 20/01/12.
  - Procedure subject to 56 days wait, patient cancelled 12/4/12 due to other hospital appointments. Patient was admitted as an emergency on 16/5/12 and procedure carried out then but no admission date put on the Meditech system. This was discovered during cleaning of the waiting list on 19/6/12 and patient's record updated on Meditech to reflect this.

### *Patient Journey Incomplete*

- From the sample of 100 patients the following case was identified where the patients journey appeared to be incomplete given the information recorded within Meditech:
  - Patient added to waiting list on 16/12/10. Patient was suspended 02/02/11 - 04/05/11. Patient removed from list on 04/05/11 due to medical reasons. Patient relisted 16/02/12 and patient suspended 27/02/12 - 07/07/12. Patient given admission date of 08/07/12, however this was cancelled by patient and they were removed. This episode appears incomplete however, when the patient was re-listed in February the secretary had incorrectly re-instated the original logged letter in error, when this was picked up a new letter was logged for the correct date.

### *Yorkhill Waiting Lists*

- When undertaking testing of the patients within the Yorkhill waiting list system and discussion with management, it became apparent that a number of patients are remaining on suspension due to age/at parental request for unspecified amounts of time. In the case of some patients this is due to the age at which their treatment can be undertaken.

### *Testing of South Glasgow – Conclusion*

Whilst our testing of the process within South Glasgow did identify a number of issues and areas for improvement, the testing did not identify any evidence of inappropriate amendments or contraventions of NHSGGC Waiting Times Policy.

### ***Results of testing – North Glasgow***

We selected a sample of 100 patients and examined the patient journey, including the application of unavailability. At least one period of unavailability was applied in 62 patients, with 11 of these patients having a second period applied.

During the course of testing, the following points were noted:

#### *Application of unavailability period*

- In 15 instances no comments had been entered for unavailability. 'Social reasons' had been applied in 12 of these instances and 'Medical reasons' in 3.

The longest period of unavailability recorded was 168 days, with the average period being 41 days. 34 patients who had periods of unavailability applied had a period >30 days. The patient with 168 days of unavailability has 'social reasons' applied but there is no further information. The patient was subsequently removed from the list.

- 12 instances of unavailability were due to the patient's preference for a specific hospital or consultant. From notes entered in the system, it appears that these patients were made an offer for a date within the guarantee but they refused the offer and wish to remain on the waiting list.
- In 5 instances the reason for unavailability being applied was that the patient had not responded to their 'Patient focussed booking' (PFB) letter. 4 out of the 5 patients subsequently received appointments and 1 was removed from the waiting list, at the patient's request. 1 of the patient's had a period of 42 days unavailability applied, however on investigation 2 separate periods of unavailability should have been applied. 6 days for the non response to PFB and 36 days when contact was made with the patient and they specified they could not attend an appointment until after a specific date.
- In 21 instances the patient did not receive a final appointment as they were removed from the waiting list. 5 instances state that this was at the patient request and the remaining 16 appear to be due to at least 2 patient cancellations and at least 1 'DNA' (did not attend).

### *Testing of North Glasgow – Conclusion*

Whilst our testing of the process within North Glasgow did identify a number of issues and areas for improvement, the testing did not identify any evidence of inappropriate amendments or contraventions of NHSGGC's Waiting Times Policy.

### *Key Findings – Compliance and Application of Local Waiting Times Procedures*

An issue has been highlighted 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. **(Action Point 3).**

# ***Appendix I – Scope (SGHSCD Terms of Reference)***

## **Objectives of the Internal Audit**

There are three main objectives of this audit, which are to ensure that:

- a. Individual patient records are accurate and that systems are in place to ensure that the patient management system cannot be inappropriately changed;
- b. Reporting on waiting times is accurate and consistent at every level in the organisation up to and including the Board; and
- c. The local guidance is consistent with national guidance and that its implementation is both valid and reliable (i.e. not open to different interpretation in use).

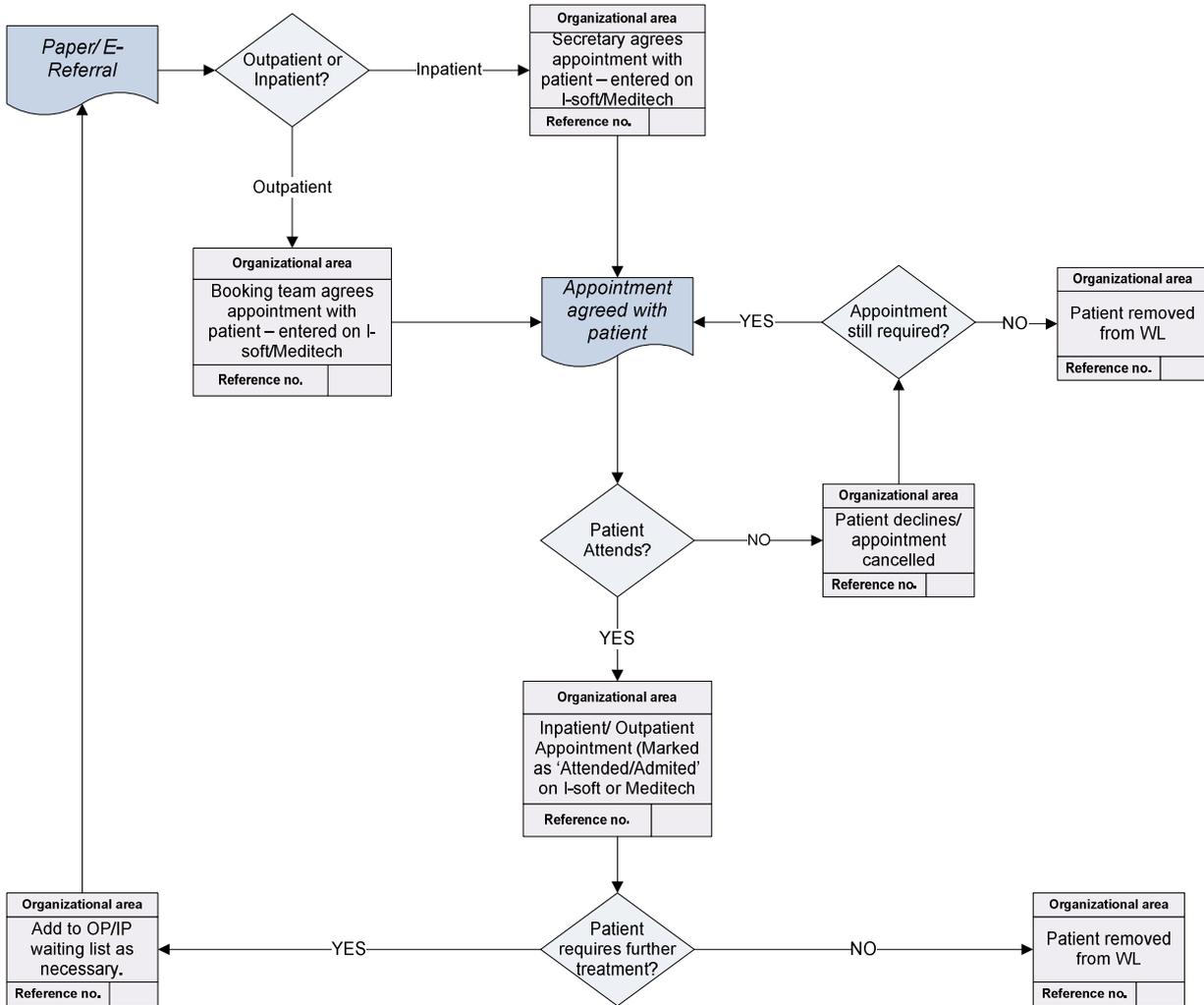
These objectives shall be achieved through the following audit activities:

1. Undertake a comprehensive review of waiting times reporting to Executive Management, relevant Committees of Governance, the Board and the Scottish Government. This will include tracing the content of these reports back to the waiting times system, and through intermediate systems if relevant.
2. Trace a sample of waiting times data from input, through amendment/updating within systems, to output within the various reports presented to Management, relevant Committees and the Scottish Government, through to publication to ensure consistency through every level of reporting.
3. Investigate and report any variations, unusual matters or obvious omissions identified in relation to paragraphs 1 and 2 above.
4. Review the Board's local guidance for completeness and consistency with the SGHSCD guidance on waiting times management. In particular, this will include an assessment of accessibility, availability and applicability of that guidance in the waiting times process.
5. Review the systems and process controls that exist and the operation of those controls for data input, processing data through the waiting times system and final reporting, through sample checking. The existing systems, processes and controls should be fully documented to allow a transparent review of documented and actual performance.
6. Assess completeness of recording for 'New Ways' data fields, including reasons for amendments to patient records. Analyse core data to identify key issues including, but not restricted to, trends and adjustments to periods of unavailability and other adjustments of the patient's 'waiting time clock', making use of all relevant data available including local data and nationally available data from ISD.
7. Interview a sample of staff involved in the waiting times management process at all levels of the organisation, including clinicians, managers and data entry staff, to provide a further dimension to the assessment of data, controls and processes.

# Appendix II – Reporting Framework

Meeting	Frequency	Membership
<b>NHS GG&amp;C Board Meeting</b>	Bi Monthly (alternate months from the Q&P)	Executive and Non- Executive Directors
<b>Q&amp;P Committee (commenced 2011)</b>	Bi Monthly (alternate months from the Board)	Non- Executive Directors (13)
<b>NHS GG&amp;C Corporate Management Team Meeting</b>	Monthly	Chief Executive Director of Public Health Director of Nursing Chief Operating Officer Director of Finance Medical Director Director of H&IT Director of Corporate Policy and Planning Director of Glasgow City CHP Director of Human Resources Employee Director Head of Board Administration Director of Communications
<b>NHS GG&amp;C Operational Performance Review</b>	Bi-annually	Chief Executive Chief Operating Officer Director of Finance Director of Nursing Director of Corporate Policy and Planning Head of Acute Services Associate Medical Director
<b>GG&amp;C Performance Review Group (ceased May 2011)</b>	Bi Monthly	Non- Executive Directors
<b>NHS GG&amp;C Operational Management Waiting Times Meeting</b>	Monthly	Director of Surgery and Anaesthetics General Managers Clinical Service Managers Health Records Administrative Manager Business Manager
<b>NHS GG&amp;C Directors Access Meeting</b>	Monthly	Chief Operating Officer Director of Surgery & Anaesthetics Director of Rehabilitation & Assessment Director of Oral Health Director of Finance CHP Director General Manager Director of Diagnostics Director of Emergency Care

# Appendix III – Referrals Process



# Appendix IV - Action Plan

Similar to all territorial NHS Boards in Scotland, the waiting times supporting systems within NHSGGC have not been designed to provide a clear and evidenced audit trail across all aspects of the patient journey. This relates in the main, to the process of making “offers to patients” within the administration process, rather than any clinical issues.

This part of the process is complex with the majority of interaction (including “offers”) with the patient being made by telephone. This requires NHS staff to interact with the patient and ensure flexibility around making the “reasonable offer(s)” as prescribed in the New Ways Guidance.

However, often little or no detail is recorded in the waiting times system due to systems limitations in the character fields and there is therefore little or no evidence to support the:

- contact being made with the patient;
- content of the conversation and the “offer(s)” made; or
- “offer(s)” being made in the spirit of New Ways Guidance.

As such, there is no way of formally verifying the validity of any subsequent application of “unavailability” without contacting or asking patients.

This is deemed a recommendation for the broader NHS in Scotland, rather than being specifically aimed at NHSGGC.

Recommendation	Management Comment
<p>1. NHS Greater Glasgow &amp; 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 &amp; Clyde employees.</p> <p><b>Risk Rating: Medium Risk</b></p>	<p>As part of Trackcare Roll out Acute division will review the access accounts and the levels of access in place.</p> <p>This will be completed by August 2013.</p>
<p>2. NHS Greater Glasgow &amp; 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.</p> <p><b>Risk Rating: Low Risk</b></p>	<p>These suggested amendments will be discussed at the December TTG meeting and where agreed will be part of a revised NHSGG&amp;C policy.</p> <p>This will be completed by May 2013.</p>
<p>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.</p> <p>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.</p> <p><b>Risk Rating: High Risk</b></p>	<p>Trackcare already offers enhanced functionality in this area however currently this level of capability will not provide full TTG compliance.</p> <p>A National Group of Trackcare boards is well established and is developing a system upgrade specification to provide further improvements. This process will take circa 9 months given the potential system architecture changes that will be required. NHSGG&amp;C Acute Division have already established a series of additional operational processes which will provide for a significantly more robust compliance with TTG requirements from December 2012.</p>

## Individual finding ratings

Finding rating	Assessment rationale
<b>Critical</b>	<p>A finding that could have a:</p> <ul style="list-style-type: none"> <li>• <b>Critical</b> impact on operational performance; or</li> <li>• <b>Critical</b> monetary or financial statement impact; or</li> <li>• <b>Critical</b> breach in laws and regulations that could result in material fines or consequences; <i>or</i></li> <li>• <b>Critical</b> impact on the reputation or brand of the organisation which could threaten its future viability.</li> </ul>
<b>High</b>	<p>A finding that could have a:</p> <ul style="list-style-type: none"> <li>• <b>Significant</b> impact on operational performance; or</li> <li>• <b>Significant</b> monetary or financial statement impact ; or</li> <li>• <b>Significant</b> breach in laws and regulations resulting in significant fines and consequences ; <i>or</i></li> <li>• <b>Significant</b> impact on the reputation or brand of the organisation.</li> </ul>
<b>Medium</b>	<p>A finding that could have a:</p> <ul style="list-style-type: none"> <li>• <b>Moderate</b> impact on operational performance; or</li> <li>• <b>Moderate</b> monetary or financial statement impact; or</li> <li>• <b>Moderate</b> breach in laws and regulations resulting in fines and consequences; or</li> <li>• <b>Moderate</b> impact on the reputation or brand of the organisation.</li> </ul>
<b>Low</b>	<p>A finding that could have a:</p> <ul style="list-style-type: none"> <li>• <b>Minor</b> impact on the organisation’s operational performance; or</li> <li>• <b>Minor</b> monetary or financial statement impact; or</li> <li>• <b>Minor</b> breach in laws and regulations with limited consequences; or</li> <li>• <b>Minor</b> impact on the reputation of the organisation.</li> </ul>
<b>Advisory</b>	<p>A finding that does not have a risk impact but has been raised to highlight areas of inefficiencies or good practice.</p>

# ***Appendix V - Core Analytical Queries***

The list of 'core' queries agreed was:

1. Pattern of periods of unavailability being created (i.e. the first time each period of unavailability is created)
2. Pattern of periods of unavailability being created retrospectively; where retrospective periods are defined as being those where the date the period of unavailability starts is before the date it has been created
3. Pattern of amendments to periods of unavailability; where amendments are defined as being those changes made to existing periods of unavailability which either extend or reduce the period of unavailability
4. Pattern of offers cancelled by the hospital where a period of unavailability has been created within 5 days after the data that the booking was cancelled
5. Pattern of patients suspended within 5 days after refusing an offer where the offer has been refused due to the treatment being outside the NHS Board (as noted by an unavailability reason code)
6. Deletion of periods of unavailability
7. Patients removed from the waiting list
8. What is the highest number of offers made per hour?
9. What is the highest number of periods of unavailability input per hour?
10. What is the highest number of amendments made to periods of unavailability made per hour?
11. Profile of current waiting list (depending on period of data extracted)
12. For 5 cases (each) removed from the waiting list of Western Isles, Shetland, Dumfries & Galloway, Fife and Borders with the reason code that indicates that they have been transferred to care within another board – trace them to the health records of the other board through searching the data extracted.
13. Profile of the number of instances where the referral date has been moved by more than 5 days
14. Offer and appointment dates that are the same (or within 3 days of each other)
15. Offers declined per day

This document has been prepared only for NHS Greater Glasgow & Clyde and solely for the purpose and on the terms agreed within our engagement letter. We accept no liability (including for negligence) to anyone else in connection with this document, and it may not be provided to anyone else.

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