

Scottish Government Health Directorate

19 March 2012

Review of aspects of Waiting Times Management at NHS Lothian



Mr John Connaghan
Scottish Government
Room 1E.05
St Andrew's House
EDINBURGH
EH1 3DG

19 March 2012

Our Reference: CDR/LM

Dear Mr Connaghan,

Waiting Times Management at NHS Lothian

I enclose our final report on the above matter.

I would like to extend our thanks to those managers and staff at NHS Lothian for the open and patient focused approach they demonstrated during the interview phase of our review.

Should you require further explanation concerning matters contained in the report, please do not hesitate to make contact.

Yours sincerely,

A handwritten signature in black ink that reads 'Cameron Revie'.

Cameron Revie
Partner

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The principal objective of our procedures was to enable us to express our view, in line with the requirements of our Engagement Letter with the Scottish Government Health Directorate relating to our review of certain arrangements for waiting times management at NHS Lothian.

Any oral comments made in discussions with you relating to this report are not intended to have any greater significance than explanations of matters contained in the report. Any oral comments that we make do not constitute oral advice unless we confirm any such advice formally in writing.

The matters raised in this and other reports that will flow from the work performed and are only those which have come to our attention arising from or relevant to our review that we believe need to be brought to your attention. They are not a comprehensive record of all the matters arising, and in particular we cannot be held responsible for reporting all risks in relation to the waiting times management at NHS Lothian or all control weaknesses that may exist. This report has been prepared solely for your use and should not be quoted in whole or in part without our prior written consent. No responsibility to any third party is accepted as the report has not been prepared for, and is not intended for, any other purpose.

1. Overall Commentary

Background and Scope

This review, initially commissioned by the NHS Lothian Board, and subsequently transferred to the Scottish Government, has not constituted an external audit under generally accepted auditing principles, nor has it constituted a formal forensic investigation into waiting times within NHS Lothian.

Similarly, our work and deliverables were not designed or intended to comply with the International Auditing and Assurance Standards Board (IAASB), International Framework for Assurance Engagements (IFAE) or International Standard on Assurance Engagements (ISAE) 3000.

Our work has been performed in accordance with terms and conditions outlined in our engagement letter, the scope of which is noted at Appendix 1. As a result our work has been undertaken in a similar manner to a subject specific internal audit review in the NHS in Scotland, comprising of meetings with staff and management, review of relevant documentation and sample testing of process and transactions.

Our review considered a number of areas relating to waiting times processing and reporting with a particular focus on the use of periods of patient unavailability i.e. periods when patients are suspended from the waiting list. While it is entirely reasonable for patients to be unavailable for treatment (e.g. they may be medically unable or following contact with NHS Lothian, may wish to agree a later time/date that suits them) we nevertheless sought to understand the levels and nature of periods of unavailability applied to patients in NHS Lothian since April 2011.

The review involved interviewing a range of managers and staff, consideration of relevant waiting times reports and the interrogation, analysis and checking of data in the Trackcare (“TRAK”) system. All interviews with NHS Lothian managers and staff have been conducted on an anonymous basis, and all comments from these interviews are non-attributable. We would like to formally thank all staff and management who agreed to be interviewed as part of this review.

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

A finding from the review is that following the reporting in the Sunday Times newspaper in October 2011 regarding NHS Lothian offering patients treatment in England, NHS Lothian changed this and other aspects of its approach and working practices for waiting times. As a result, the number of incidences of “periods of patient unavailability” has reduced, with a corresponding increase in the reported number of “patient breachers” i.e. patients outwith guaranteed waiting times.

However, offering patients treatment in England was only one example of the problematic issues with NHS Lothian’s waiting times management.

We have summarised the key findings from our review as follows: -

Use of Periods of Unavailability

- From published ISD statistics it is not immediately apparent that retrospective adjustments have been made to NHS Lothian’s figures, given that previous figures are overwritten with updated statistics by NHS Lothian.

- Our data interrogation of TRAK (for the period April 2011 to December 2011) highlighted excessive and inappropriate use (and apparent misuse) of periods of patient unavailability, in particular retrospective creations and changes, which removed patients from waiting times breach reports. This inappropriate use has masked the number of breachers reported at a number of month ends and has also resulted in certain patient journeys being longer than have been formally reported.
- We found unsupported changes in every speciality we tested (to varying degrees).
- Whilst some adjustments concerning periods of unavailability may be attributable to “work arounds” as a result of NHS Lothian applying more onerous internal stretch targets in TRAK for some outpatient specialties, a significant number of periods of unavailability related to adjustments which prevented certain patients being reported as waiting time breachers. In addition certain periods of unavailability which already existed in the system were subsequently amended, often adding a further period of unavailability i.e. lengthening and re-lengthening the patient journey. It needs to be recognised that certain patients may still have been treated within their guarantee periods.
- The majority of recorded reasons for periods of unavailability were categorised as “other” or “patient to contact” even though a wide range of specific categories were available in the TRAK system to explain why unavailability had arisen. The use of these “other” categorisations should be minimised in the future. (This can only be assured by examining the detailed medical records of patients – PwC did not have access to individual patient files as this was outwith the scope of our review).

Reporting

- As part of our overall comparison of internal waiting times reports, it would appear that consistent data and information was presented to the Executive Management Team (EMT), the Senior Management Team (SMT), the Finance and Performance Review Committee (FPRC) and the Board. However it should be noted that certain managers and staff on the SMT received a more comprehensive picture of waiting times challenges (e.g. periods of unavailability) through weekly waiting time position reports, but this information did not progress into formal, documented, reporting to the EMT, FPRC or Board.
- We were able to establish that the EMT, FPRC and the Board were not presented with a comprehensive picture of waiting times, as there is an absence of any details of periods of unavailability data, nor comprehensive trend analysis, contained within the performance reports. The absence of this level of detail in the performance reports may have hindered the EMT and FPRC's abilities to debate, challenge and make informed decisions around waiting times issues. Thus the Board itself may not have been in a position to have identified that there was an issue.
- In addition, information extracted from the TRAK system in relation to breachers has been amended manually by certain service managers for “housekeeping” reasons before this was reported to more senior management levels. It is of concern that breaches were manually removed from performance management reporting data. We were unable to find evidence of approval or any supporting papers as these were not retained. At periods in the year, patients were simply deleted from the initial breach report.
- The presence of a “don’t minute” or record culture (as advised by several managers and staff during the interview process) has prevented full details of waiting times issues from progressing “up” through the NHS Lothian governance framework, where a more strategic and collective approach may have been taken towards both short and longer term solutions.

- Our testing also suggests that in a number of cases NHS Lothian has been applying periods of unavailability to patient records, just before month end reporting, to prevent them appearing as a breach at the month end census date. As it is likely that certain of these periods of unavailability were not appropriate, patient journey times with regards to treatment target will also have been misreported. It is clear from the above data that NHS Lothian's ability to clear this level of potential breachers (without appointment) by the appointments being arranged and taking place for treatment in the short periods noted, is questionable. For example, NHS Lothian cleared 789 inpatients that didn't have appointments in a five day period at the end of August and 1958 outpatients without appointments in a seven day period at the end of September. It should be noted that some of these patients may have been seen and treated before the month end (in periods ranging from 0 to 7 days). However due to the time periods concerned a more plausible explanation for many of these patients is the inappropriate use of unavailability.
- The inappropriate use of periods of unavailability to affect waiting times reporting can also be identified from what appears to be impractical processing times for recording periods of unavailability which would normally require patient contact. By way of example on 30 May 2011 (just before breach reporting) between 10.00am and 11.00am, a member of staff made 124 amendments to periods of unavailability, retrospectively, and the on 1 July 2011 (just before breach reporting) another member of staff made 154 amendments to periods of unavailability, retrospectively, between 8.00.am and 9.00am.

Culture and Governance

- It was apparent from our interviews that clerical, supervisory and management level staff involved in the waiting times process, were under unacceptable pressure to find "tactical" or paper adjustment solutions to waiting list issues, rather than addressing the root causes through the established management Committees and Board.
- This unacceptable pressure also manifested itself in a culture of strongly discouraging the reporting of bad news, "no bad news", around waiting times issues – and an encouragement to resolve such issues through the adjustment of waiting times results, rather than actually resolving delays in the patient journey.
- It is worth noting that our work revealed a high level of commitment amongst NHS Lothian staff around waiting times targets despite the challenging circumstances under which certain staff had to perform their roles. For example, certain staff would only be interviewed off-site or in the presence of a trade union representative and a number made reference to inappropriate and oppressive management styles.
- Although staff interviewed were very concerned about culture and working practices, certain staff were also keen to stress that a recent improvement had taken place; primarily due to a restructuring and resultant changes in senior management and a recent change in management expectation and policy with regards to the use of periods of unavailability.

TRAK System Controls

- System input controls have been limited by intention to provide flexibility, but this has enabled users to input patient periods of unavailability and changes which are outwith what would be considered reasonable.
- In addition, management monitoring and reporting of TRAK activity were limited, meaning that little effective oversight existed over those patient journey entries and amendments recorded in TRAK.

Working Practices and Guidance

- 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.
- In 2008, NHS Lothian's Waiting List Management Policies and Procedures were updated to reflect the introduction of the national New Ways of Working. Those policies and procedures were never finalised or ratified. The current document which may have been available to staff is out of date and does not reflect current guidelines. No approved, tailored, instructions or guidelines were formally issued to staff.

- We have been informed that revised Standard Operating Procedures (SOPs) relating to Waiting Times are now due for finalisation and issue across NHS Lothian in April 2012.

Concluding Remarks

- We have been advised that NHS Lothian has recently taken additional steps to address the waiting list challenge. This should be considered against a backdrop of challenges around increased demand and patients exercising choice between hospital sites for treatment.
- We also understand from interviews with members of the Executive Team that a recovery plan is currently being put in place to remove any backlog of patients and to provide for a sustainable operational plan in the future.
- The views of staff, and the results of our data analysis performed as part of this review, indicate that a sustainable solution will not be achieved by March 2012.
- Management and staff interviewed were also of the view that there was scope for improvements in capacity planning, coupled to the need for a sustainable solution to address the root problems around waiting times management.

In considering the multiple evidence sources, it is apparent that the management and processes for waiting times at NHS Lothian have been sub optimal.

2. Periods of Unavailability

Background

In this section, we present the overall findings resulting from our work around NHS Lothian applying periods of patient unavailability (described as “suspensions” in the TRAK system). As outlined previously, our work took the form of interviews with key management and staff, review and analysis of reporting (internal and to the Scottish Government) and interrogation of the TRAK system.

Unavailability

Unavailability is the period of time when the patient is considered to be unavailable for treatment. Generally patients who are unavailable or unfit for treatment should not be added to the waiting list if they are unable to accept an available appointment; however patients may become unavailable when they are on the waiting list. Periods of unavailability are excluded from their overall waiting time. There are two classifications of unavailability, per New Ways guidance:

Medical Unavailability: This is where a patient is unable to progress their pathway for reasons that relate to their medical condition.

Social Unavailability: This is where a patient is unable to progress along their pathway for reasons that relate to non medical circumstances e.g. such as holiday or work commitments.

Through our discussions with NHS Lothian staff we understand that the TRAK system allows periods of unavailability to be applied to a patient record for a date in the future (e.g. if NHS Lothian knows the patient is going on holiday) as well as retrospectively to periods in the past.

Entries made for future dates should be the most common way to record unavailability. Retrospective entries to patient records on TRAK should only be done in exceptional circumstances, for example to correct an error. However, through information reported by the Information Statistical Division (ISD) we identified that instances of retrospective adjustments to patient records were higher at NHS Lothian than at any other Health Board in Scotland.

Potential Misuse of Periods of Unavailability

Our meetings with staff, and review of information reported to management, highlighted that the application of periods of unavailability, particularly retrospective unavailability, have likely been misused in some specialities within NHS Lothian.

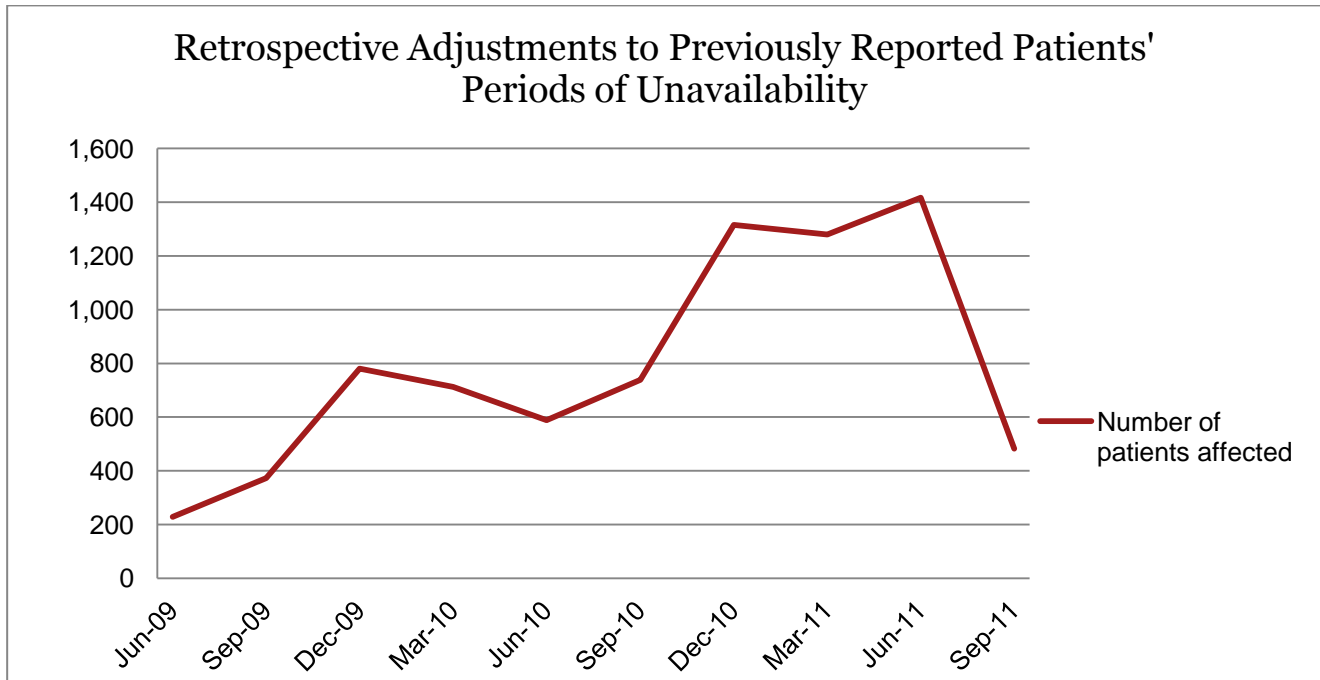
In particular we received feedback that periods of unavailability were applied to patients who may not have had a real period of unavailability but rather the period was inappropriately applied to ensure the patient did not report as a waiting time guarantee breach at month end. NHS Lothian staff indicated that periods of unavailability were applied without contacting the patient and that the reason periods of unavailability were applied to patient records was due to:

- A lack of planning and management capacity in NHS Lothian to offer patients appointments within their guarantee time; and
- A culture that was not conducive to open reporting of the waiting list breaches.

To understand the profile of periods of unavailability we have interrogated the TRAK system to understand if periods of unavailability are more commonly applied retrospectively or to dates in the future.

It is important to understand the scale of use of periods of unavailability within NHS Lothian.

From published ISD statistics it is not immediately apparent that retrospective adjustments have been made to NHS Lothian's figures, given that previous figures are overwritten with updated statistics by NHS Lothian. From our analysis it is possible to compare the actual figure for each quarter at the time it was published with the figures used in subsequent quarters. This analysis shows that for inpatients/daycases the use of retrospective adjustments to published statistics were particularly prevalent during the periods December 2010, March 2011 and June 2011.



ISD published data (which is based on the information from NHS Lothian) reported that NHS Lothian was making increasing use of periods of unavailability and making retrospective adjustments that were impacting on patient journeys and previously reported ISD data. For example, an original figure for December 2010 of 2,617 inpatients/ daycases affected by unavailability was retrospectively adjusted by NHS Lothian to 3,932, creating the 1,315 difference shown on the graph above.

Similarly the level of retrospective adjustments to patient journeys and published statistics for social unavailability reasons is significantly higher at NHS Lothian than at any other health board in Scotland. **See Appendix B.**

In addition a more detailed analysis of data contained in NHS Lothian's TRAK system reveals the full extent of usage of retrospective periods of unavailability, by considering how many creations and changes were made using this method of adjustment. It is also worth emphasising that this detailed data was extracted by PwC using specialist data analysis techniques.

The **creation** of a retrospective suspension is where a suspension is input to Trak which has a start date – and possibly its end date – which has already passed.

The **change** to a retrospective suspension is where a change is made to the start – and possibly its end date – which has already passed.

During the period April to December 2011, NHS Lothian processed 68,000 transactions (creations and changes) to periods of unavailability through TRAK e.g. adjusting patient waiting periods after they had actually happened. Therefore NHS Lothian were retrospectively adjusting records to a far greater extent than revealed by the changes captured at quarterly census points.

It is emphasised that multiple adjustments were made to individual patient journeys and that the 68,000 does not represent the number of patients affected, which would be significantly lower.

What is clear is that NHS Lothian has made significant use of the unavailability / suspension functionality, in particular the use of retrospective periods of unavailability, which represented 66% of all such adjustments in the period April to December 2011.

Approach

The following paragraphs set out our testing to validate the assertion that NHS Lothian has been applying periods of unavailability retrospectively, or to dates in the future, to prevent patients being reported as a breach in month end reporting. As part of our work we have considered:

- Periods of unavailability applied to **past** periods, **extending** the patient's guarantee date
 - Potential Misuse: Periods of unavailability applied to patients to ensure they do not breach.
- Period of unavailability applied to a **future** period, **extending** the patient's guarantee date
 - Potential Misuse: Periods of unavailability applied without patient contact to ensure they do not breach.

Retrospective Periods of Unavailability which Extended (Delayed) the Guarantee Date

As outlined above, retrospective entries to patient records should only be undertaken in exceptional circumstances, for example to correct an error. However our previous analysis supports the view that adjustments to patients records retrospectively were commonplace at NHS Lothian.

Through our interviews with staff we identified that periods of unavailability were being applied to patient records retrospectively and that this would occur as a patient approached either their outpatient or inpatient / day case waiting time guarantee date.

We therefore interrogated TRAK and analysed data to identify, and profile by speciality, the number of creations or amendments to a patient's period of unavailability that extended (delayed) the patients guarantee date. In addition we sought to identify the most common explanation as to why a period of unavailability had been applied.

Analysing this data by reason and speciality, revealed the following:

- *Over 50% of the periods of unavailability were in General Surgery, ENT, Urology and Ophthalmology.*
- *92% of these periods of unavailability were made in the period April to November 2011, with drastic reductions in the period December 2011 to February 2012.*
- *It is understood that NHS Lothian communicated an advice note to staff in October 2011 around the use of periods of unavailability, which accounts for the reduction in periods of unavailability.*
- *There are a number of categories for classifying periods of unavailability within the TRAK system, such as: Holiday, Patient cancels, Social reasons, Declined Lothian service offer, Work commitments, Medical Reasons, Patient requests suspension etc.*
- *However, the vast majority of the periods of unavailability are classed as "other" or "patient to contact", arguably two of the most indistinguishable unavailability categories - in the period April 2011 to November 2011 56% of total suspensions were categorised in this way*
- *In addition, the use of "other" and "patient to contact" categories dropped from 58% of all suspensions in September 2011 to 26% in February 2012.*

PwC Checking of Periods of Unavailability Applied Retrospectively that Extended the Patient's Guarantee Date

Following the reporting in the Sunday Times newspaper in October 2011 regarding NHS Lothian offering patients treatment in England, NHS Lothian changed this and other aspects of its approach and working practices for waiting times.

An internal report dated 12 November 2011 into 'Waiting Times Management in Lothian' highlighted that staff used a common operational "work around" to TRAK that results in high levels of in-month fluctuations in volumes of waiting time periods of unavailability.

The TRAK system, as previously configured, did not permit staff to book patients for admission outwith their guarantee date unless this was approved by a "super user". If working properly, the super user would approve the appointment and the patient would be booked beyond their guarantee date and recorded as a breach if this appointment was after the census reporting date at month end.

However, in order to bypass the need for "super user" approval, staff could book a patient beyond their guarantee date if a period of unavailability was applied to the patient's record - the "common workaround".

To complicate matters further, NHS Lothian applied stretch targets within TRAK for outpatients with admitted pathways. The outpatient internal stretch target of 6 weeks was more onerous than the New Ways target of 12 weeks. NHS Lothian has indicated that periods of unavailability were being applied retrospectively to outpatients so they could book patients before the 12 week "New Ways" target but after the local 6 week stretch target.

Therefore, we selected a sample of 30 patients who have had periods of unavailability applied to their record retrospectively to understand if TRAK contains sufficient evidence to support the application of the period of unavailability and if the period of unavailability can be explained by NHS Lothian "common workaround" or the stretch targets applied to admitted outpatient pathways. Our results are summarised below:

Results

From our sample of 30 retrospective amendments to periods of unavailability we identified that in 26 instances the retrospective amendment to the period of unavailability resulted in a revised guarantee date beyond the forthcoming breach date of the patient, just before the period of unavailability was applied.

When considering each patient journey sampled, we identified 20 occasions where we could not be satisfied from our review of TRAK that the periods of unavailability tested were applied appropriately. Our conclusions are summarised below:

- *15 instances where there was insufficient evidence in TRAK to support the period of unavailability (50% of sample), including one instance where a patient was made unavailable for 6 months following a rejection of a non-Lothian offer; and*
- *5 instances where a period of unavailability was applied based on a lack of NHS Lothian capacity rather than patient unavailability (17% of sample).*

From our review, we also identified that of the 30 periods of unavailability sampled, on 24 occasions the reason documented for the period of unavailability was either "Other Reason" or "patient to contact". – despite a range of other suitable categories being available. Since the use of periods of unavailability was subject to increased scrutiny from October 2011, these categories for periods of unavailability have reduced significantly.

Exceptions were noted from all specialties tested (ENT, General Surgery, Ophthalmology, Orthopaedics, Urology).

While the period of unavailability applied to patient journeys was affected by the "common workaround", it is clear from other evidence that this was not the only motivation for the application of periods of unavailability.

Future Period of Unavailability which Extends (Delays) Guarantee Date

Similar to the work performed on periods of unavailability applied retrospectively, we also performed analysis and targeted testing on future period creations and amendments to periods of unavailability that effectively extended the patients' guarantee dates.

Such changes should be the most common way to record a period of unavailability in TRAK. However, as explained previously, the application of future periods of unavailability that extend the guarantee date were, during April 2011 and January 2012, used less frequently than retrospective periods of unavailability.

Analysing this data by reason and specialty, revealed the following:

- The application of future periods of unavailability peaked in June and September 2011 and started to decline thereafter.*
- Within our sample, over 50% of the patients with future periods of unavailability applied were in General Surgery, Orthopaedics and Diagnostics and Ophthalmology.*
- Interestingly, periods of unavailability made retrospectively are commonly explained as "other reasons" or "patient to contact" arguably the most vague reasons for the application of periods of unavailability. Periods of unavailability made for future periods, understandably, tend to be explained by "holiday".*

Testing of Future Periods of Unavailability which Extends (Delays) Guarantee Date

Again, staff confirmed that periods of unavailability have been applied to a patient in the future, before a breach date, thus ensuring the patient is not reported as a breach at month end.

We performed a risk based sample test on 20 suspension transactions that had a future period of unavailability applied or amended to their record. This test aimed to understand if TRAK contains sufficient evidence to support the application of the period of unavailability.

Results

- In 16 cases a period of unavailability was applied that prevented the patient breaching at month end. In 11 (55% of sample) of these cases we could not be satisfied from the detail on TRAK why the period of unavailability had been applied.*
- Exceptions were noted in all specialties tested (General Surgery, ENT and Urology), 44% of our exceptions related to suspensions classified as "other" and 25% were classified as "declined Lothian offer".*
- This testing supports claims made by staff during interviews that periods of unavailability were being applied to patient records to prevent them being reported as a breach in month end reporting.*

Period of Unavailability Reduced to allow an Appointment to be Booked (“Bring Back to Book”)

During our discussions with NHS Lothian staff we identified that a patient cannot be booked to an appointment that falls within a period of unavailability. However staff revealed that it is a common occurrence that future periods of unavailability are shortened in order for a future appointment to be booked. This is commonly referred to within NHS Lothian as “bring back to book”.

We would expect that it would be unusual or impractical for a period of genuine unavailability to be shortened on a regular basis so an appointment can be made.

Testing – Period of Unavailability Reduced to allow an Appointment to be Booked (“Bring Back to Book”)

We selected a sample of 30 patients who have had a future period of unavailability reduced in their record. We sought to understand if TRAK contains sufficient evidence to support the amendment to the period of unavailability and the context it was made.

Results

From our sample of 30 patients, we identified 21 instances where the appointment was booked on the same day or within a week of the period of unavailability being altered. This potentially indicates that the period of unavailability was reduced in order to make a booking, commonly known as “bring back to book”.

Specifically:

- There were 16 instances where the booking and suspension dates were the same and a further 5 instances where the booking was made within 7 days.*
- Of these 21 items, on 13 occasions we could not be satisfied from the information on TRAK that the suspension had been applied for an appropriate reason.*

Our sample also revealed an interesting trend in relation to the actual appointment dates:

- 17 instances where the appointment date was 1 day after the period of unavailability end date i.e. the patient was recorded as available 1 day before the actual appointment date*
- 1 instance where the appointments date was the same day as the period of unavailability end date*

Exceptions were noted from all specialties tested (Gastroenterology, Orthopaedics, General Surgery, Plastic Surgery and Urology) 46% of our exceptions related to suspensions classified as “patient to contact” and 31% were classified as “declined Lothian offer”.

The results of this work indicates that the original periods of unavailability may not have been for genuine periods of patient unavailability.

Periods of Unavailability – Practicalities of Processing

Our interviews with staff suggested that periods of unavailability were applied to patients that had not had any contact from NHS Lothian. An anonymised analysis was performed which looked at the top levels of activity by NHS Lothian staff members processing waiting times information per hour (in the period April to December 2011) that related to the creation or changing of periods of unavailability.

Our analysis identified high volumes of processing of periods of unavailability at month end, just before breach reporting. By way of example on 30 May 2011 (just before breach reporting) between 10.00am and 11.00am, a member of staff made 124 amendments of periods of unavailability, retrospectively, in an hour. Again, on 1 July 2011 (just before breach reporting) another member of staff made 154 amendments of periods of unavailability, retrospectively, between 8.00am and 9.00am. (Note - This includes all activity and therefore if an individual makes an entry in error and corrects it this will be counted as two occurrences.)

Based on, our knowledge of the process and the New Ways guidance, it would be extremely challenging for any member of staff to make or amend such high volumes of genuine periods of unavailability in a one hour period, particularly if patient contact is taken into account and that so many patients were apparently unavailable.

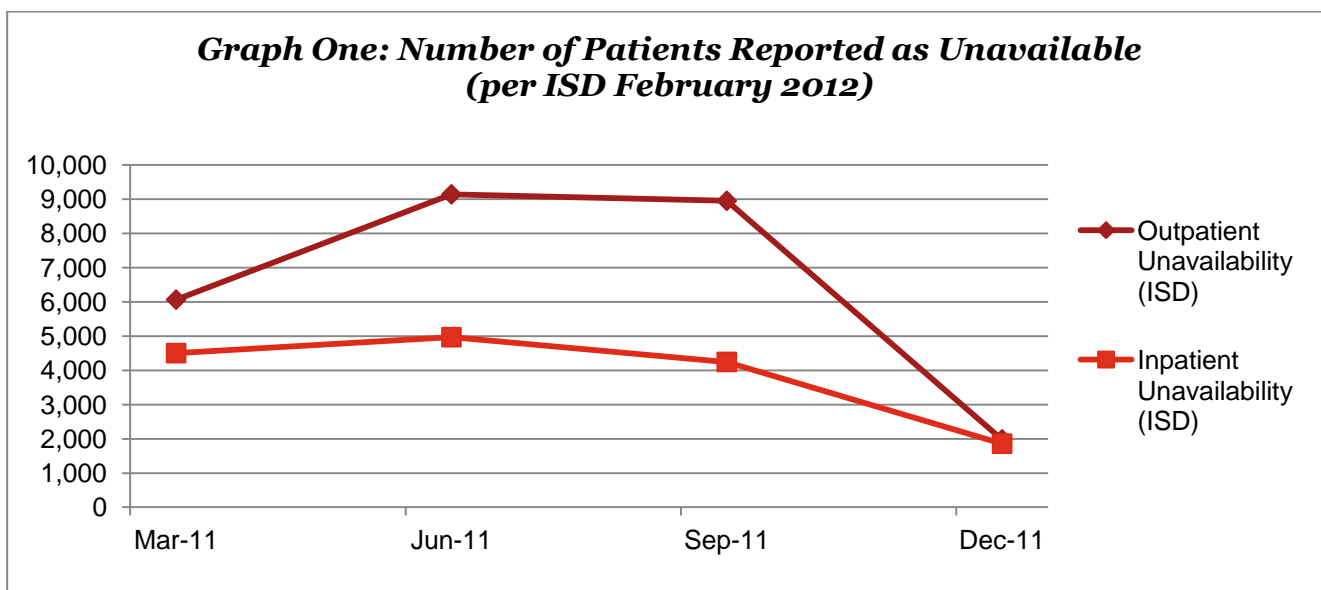
NHS Lothian Waiting Times Position

Since October 2011, NHS Lothian has reported a significant increase in outpatients and inpatient/ daycases breaching their 12 week and 9 week guaranteed waiting times targets. Congruently, information reported by the ISD in February 2012 shows that patients with periods of unavailability at NHS Lothian have considerably reduced from the levels in the period September to December 2011.

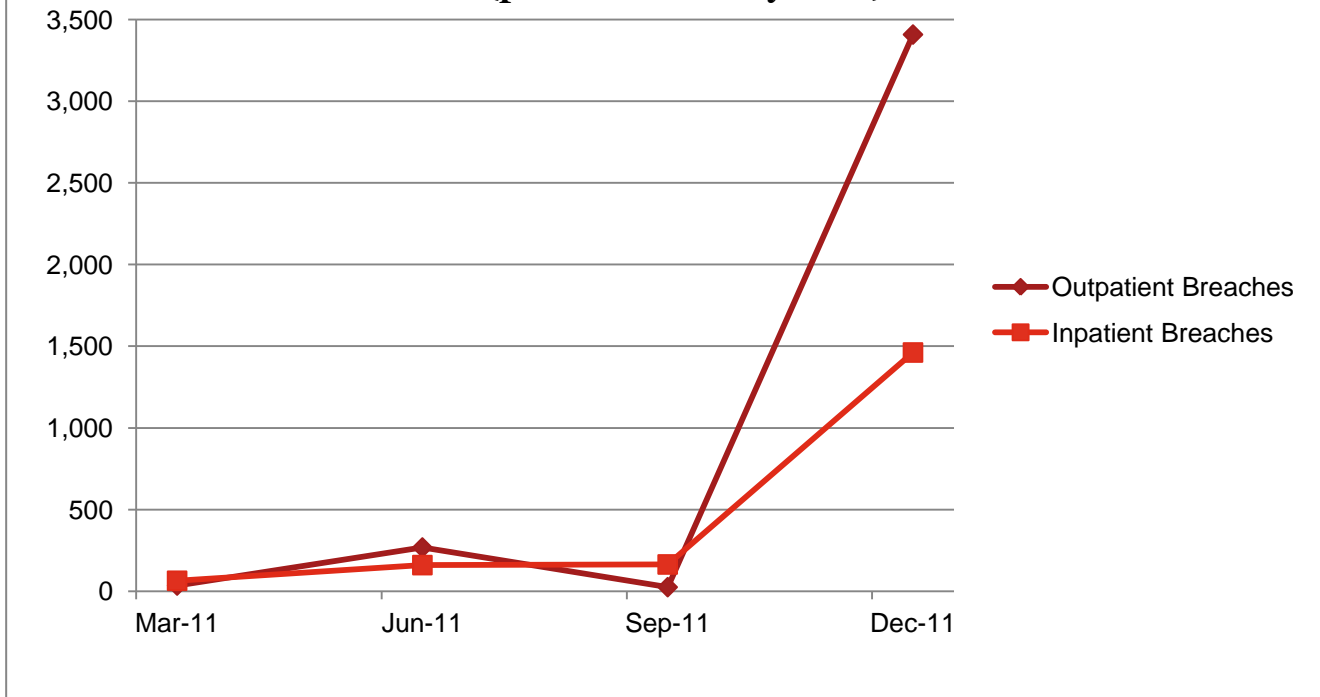
It is apparent that following the reporting in the Sunday Times newspaper in October 2011, NHS Lothian has in part reacted to concerns over its excessive use of applying periods of unavailability to patient records to prevent breaching at month end. As a result, a truer reflection of the current waiting time position at NHS Lothian is being reported, resulting in large number of breaches now being reported at more recent month ends.

This is supported by the two graphs provided below and corroborates our analysis and testing that prior to October/November 2011 NHS Lothian was misusing periods of unavailability to prevent breaches being reported at month ends.

Graph one shows the decrease in number of patients reported as “unavailable” from March to December 2011 (reported by ISD as at February 2012). Graph two shows the reported increase in patient “breachers” in the same period (reported by ISD as at February 2012).



**Graph Two - Reported Breaches at Quarter End
(per ISD February 2012)**



Key Messages – Periods of Unavailability

Key Messages – Periods of Unavailability

- Our targeted testing and data interrogation of TRAK highlighted excessive and inappropriate (and apparent misuse) of periods of patient unavailability, in particular retrospective creations and changes, which prevented patients from being reported as waiting time breaches. This inappropriate use has masked the number of breachers reported at a number of month ends and has also resulted in certain patient journeys being longer than have been formally reported.
- Trend analysis indicates that the use (and apparent misuse) of periods of unavailability was prevalent in a number of specialties.
- Whilst some adjustments concerning periods of unavailability may be attributable to “work arounds” as a result of NHS Lothian applying internal stretch targets in TRAK for some outpatient specialties, a significant number of periods of unavailability related to adjustments which prevented certain patients being reported as waiting times breachers. In addition certain periods of unavailability which already existed in the system were subsequently amended, often adding a further period of unavailability i.e. lengthening and re-lengthening the patient journey.
- The majority of recorded reasons for periods of unavailability are categorised as “other” or “patient to contact” even though a wide range of specific categories were available in the TRAK system to explain why an unavailability had arisen. The genuine nature of “other” categorisations should be questioned.
- Large volumes of adjustments to periods of unavailability have been applied by some members of staff in short periods of time. Our knowledge of the process and the New Ways guidance suggests that it would be extremely challenging (if not impractical) for a member of staff to make or amend a large volume of genuine adjustments to periods of unavailability in the short processing timescales recorded on TRAK.
- A truer reflection of the current waiting time position at NHS Lothian now appears to be reported, resulting in large number of breaches outwith guarantee now also being reported.

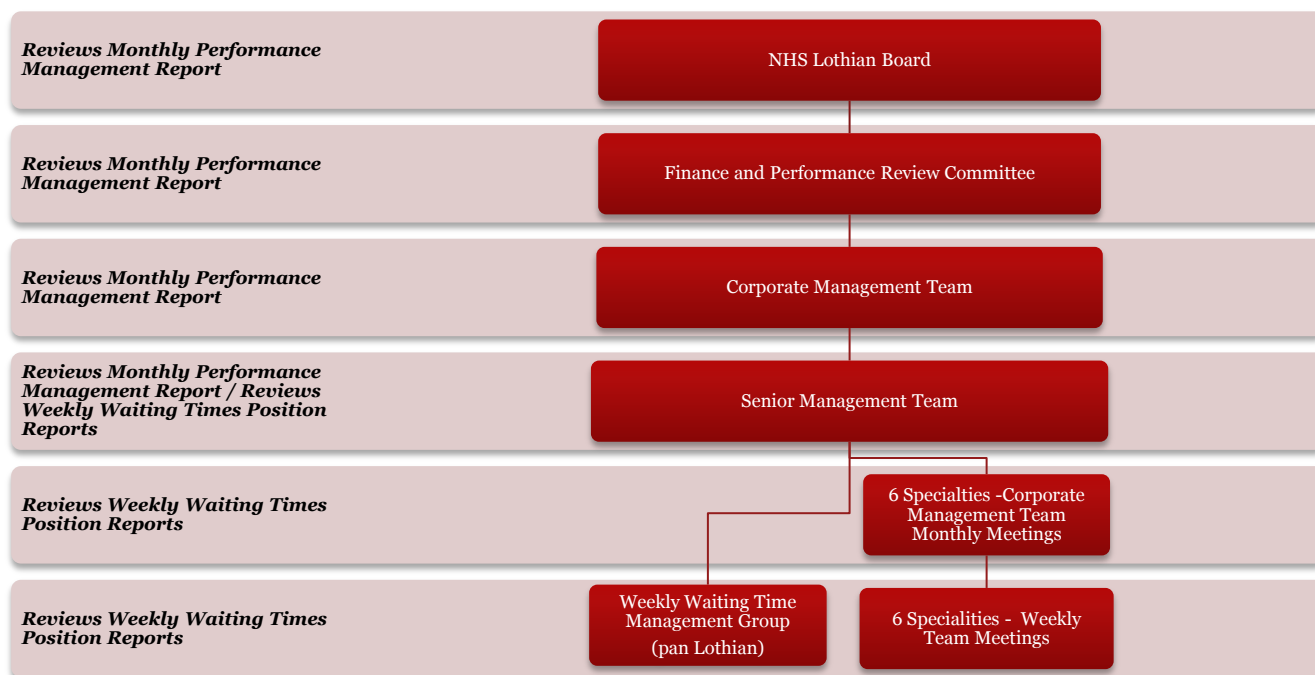
3. Reporting

This Section of the report considers the waiting times reporting process within NHS Lothian. We have structured this section in the following way:

- Waiting times reporting framework;
- Review of minutes;
- Monthly Performance Management Report;
- Weekly Waiting Time Position Reports;
- Breach reporting in the Performance Management Report; and
- Staff use of the Weekly Waiting Time Position Reports.

Waiting Times Reporting Framework

Waiting time performance is considered by a number of Committees and Teams throughout the governance structure within NHS Lothian. This has been summarised in the table below:



Review of Minutes

As part of our work we reviewed the minutes for each Committee / Group outlined above and, where provided, any supporting papers used to inform discussion on waiting time performance.

It was evident from our review that the monitoring and management of waiting time performance is a key focus across all levels within NHS Lothian. However, as we will explore below, although the data considered by the more senior management layers is consistent, it was not sufficient above the Senior Management Team (SMT) level to highlight the serious issues that NHS Lothian needed to address, specifically the complete size of the waiting list in terms of breachers or the level and use of periods of unavailability.

It is our understanding, through interviews with staff, that the weekly Waiting Times Management Group (WTMG) was where detailed discussions were held on the challenges in meeting waiting times targets, specifically the number of inpatients / daycases that would breach beyond the 9 week target and the number of outpatients that would breach beyond the 12 week target. Certain detailed discussions will also have taken place at SMT meetings.

Our interviews with relevant staff indicate that minutes and action plans for the WTMG meetings held before August 2011 are not a true reflection of the discussion held during these meetings (*See Section 4 – Culture and Governance*).

This “don’t minute” culture has prevented certain key waiting times issues progressing “up” through the organisation where a more strategic and collective approach could potentially have been taken towards both shorter and longer term solutions.

It is the view of some NHS Lothian staff that the discussions and the recording of minutes has improved for the WTMG Group in the last few months.

Monthly Performance Management Report

Each month, a “Performance Management” report is prepared by NHS Lothian, outlining performance across a number of areas including waiting time performance. When considering and reporting waiting time performance, the key focus in this report is on the HEAT measures, specifically:

- 90% of patients must achieve the target of 18 weeks Referral to Treatment;
- the number of inpatients / daycases that breached beyond their 9 week target; and
- the number of outpatients that breached beyond their 12 week target.

This report is a standard agenda item for the Executive Management Team (EMT), the Senior Management Team (SMT), the NHS Lothian Board (the Board) and the Finance and Performance Review Committee (F&PR). As part of our review we have confirmed that performance has broadly been reported consistently across each of these Committees.

However, it is our view that the EMT, the Board and the F&PR Committee were not presented with a comprehensive picture of waiting time management or data, for example, as there is an absence of any detail on periods of unavailability data or full waiting list size. In addition, there is no trend analysis of performance of outpatients and inpatient / daycases breaching at month end. Instead, just the current month and prior month performance was reported.

The absence of this level of detail in the performance reports may have hindered the EMT and the F&PR Committee’s abilities to debate, challenge and make informed decisions around the waiting times issues. Moreover, the Board itself may not have been in a position to have identified that there was an issue.

Weekly Waiting Time Position Reports

During our review we identified that “Waiting Time Position” reports are issued on a weekly basis to the Senior Management Team. These reports contain a myriad of waiting time performance information and periods of unavailability trends.

From this information already being produced by NHS Lothian, we identified significant trends that could have been used by the EMT, the Board and the F&PR Committee’s in taking more informed and defined action with regard to waiting time performance. For example:

- The inpatient waiting list had grown from 11,526 patients to 12,389 patients (per NHS Lothian’s own reported data) between March 2011 to October 2011;
- During this period the number of inpatients marked as unavailable had risen from 2,036 to 3,265; and
- During the same period, the number of inpatients on periods of unavailability as a percentage of the total waiting list had risen from 18.3% to 27% i.e. apparently 1 in 4 patients were not available for treatment for medical or social reasons.

From this and other data available within NHS Lothian it is clear that there was a relationship between the size of the waiting list, the number of patients being placed on periods of unavailability and the number of outpatients and inpatient /daycases reported as breaching at month end.

Breach Reporting in the Performance Management Report

During our review we performed sample testing on the process followed by the Performance Management Team to provide information on the outpatient and inpatient /day case breaches at month end for inclusion in the Performance Management Report.

Staff use Business Objects to import the total waiting list from TRAK into a Microsoft Access Database. The Performance Management Team then filter the data in the Access Database to identify those outpatients who would breach their 12 week target at month end and those inpatient / daycases who would breach their 9 week target at month end.

This list of “potential breaches” was issued to the individual Specialties who investigated and reported back what patients were “true” breaches and what patients they claimed were not breachers but instead, were ‘housekeeping issues’ or cases where periods of unavailability had not been applied when they should have been. Only those patients classed by staff as “true” breaches i.e. after adjustment, were included within the monthly Performance Management Report to the EMT and Board.

We were unable to perform any testing in this area as NHS Lothian had not retained or could not provide the month end Access Reports or the emails between the Performance Management Team and the Specialties.

It is of concern that breachers were manually removed from Performance Management Reporting data without evidenced supporting papers being retained.

Use of the Weekly Waiting Time Position Reports

As discussed above, during our review we identified that “Waiting Time Position” reports were issued on a weekly basis to the Senior Management Team and their staff. Included within these reports is analysis informing each speciality of:

- those inpatients / daycases who will breach their 9 week target at month end and *who do not currently have an appointment*; and
- those outpatients who will breach their 12 week target at month end and *who do not currently have an appointment*.

It is our understanding from conversations with NHS Lothian staff that these reports were used to focus management on those patients that were anticipated to breach at month end.

When we reviewed these reports we identified that just before the end of the month a large number of inpatients and outpatients were anticipated to breach at month end, for which no appointment had yet been made. We then compared this against the month end performance reporting to the Scottish Government, the EMT and the F&PR Committee and identified that a large number of these potential breaches were not reported as breachers at the month end. A comparison between potential breachers just before month end and month end reported outturn performance is provided in the tables below for the periods April, August and September 2011.

April 2011					
Inpatients	Predicted Breaches at 26/4/11	Actual Breaches Reported at 30/4/11	Outpatients	Predicted Breaches at 26/4/11	Actual Breaches Reported at 30/4/11
	565	75	1	590	27
Potential breaches cleared in 4 days	490		Potential breaches cleared in 4 days	563	
August 2011					
Inpatients	Predicted Breaches at 26/8/11	Actual Breaches Reported at 31/8/11	Outpatients	Predicted Breaches at 26/8/11	Actual Breaches Reported at 31/8/11
	1,099	310		1,234	283
Potential breaches cleared in 5 days	789		Potential breaches cleared in 5 days	951	
September 2011					
Inpatients	Predicted Breaches at 30/9/11	Actual Breaches Reported at 30/9/11	Outpatients	Predicted Breaches at 23/9/11	Actual Breaches Reported at 30/9/11
	631	416		1,983	25
Potential breaches cleared in 0 days	215		Potential breaches cleared in 7 days	1,958	

It is clear from the above data that NHS Lothian's ability to clear this level of potential breachers (without appointment) by the appointments being arranged and taking place for treatment in the short periods noted, is questionable. For example, NHS Lothian cleared 789 inpatients without appointments in a five day period in August and 1958 outpatients that didn't have appointments in a seven day period at the end of September. It should be noted that some of these patients may have been seen and treated before the month end (in periods ranging from 0 to 7 days). However due to the time periods concerned a more plausible explanation for many of these patients is the inappropriate use of unavailability.

Our Testing

As a result of this analysis, we selected a sample of 60 patients who were predicted to breach just before month end and identified what action had been taken by NHS Lothian to ensure these patients did not breach at month end. Our findings are noted below:

- On 46 occasions, a period of unavailability was applied to the patient between receiving the Waiting Times Position report and the final reporting at month end. In 43 of these cases the application of periods of unavailability extended the patients guarantee date, beyond the impending breach date and on 18 occasions the period of unavailability was made on the same day the Waiting Times Position report was received.
- On 17 occasions, periods of unavailability were applied to patients who already had an appointment beyond the breach date i.e. they had already breached. The application of this periods of unavailability prevented a breach from being reported at month end. Exceptions were noted from all specialties tested (Rheumatology, Ophthalmology, Gastroenterology, General Surgery, Orthopaedics and Urology).
- From our review, we identified that of the 60 sampled, 46 cited the reasons for periods of unavailability as either “Other Reason” or “Patient to Contact” – despite a range of other suitable categories being available. Since the use of periods of unavailability was subject to increased scrutiny in October 2011, our analysis has shown that these categories for periods of unavailability have reduced.

Key Messages - Reporting

Key Messages - Reporting

- EMT, FRRC and the Board were not presented with a comprehensive picture of waiting times as there is an absence of any details of periods of unavailability data, nor trend analysis contained within the performance reports.
- Information extracted from the TRAK system in relation to breachers has been amended manually by individual specialties before this was formally reported in the monthly Performance Management Report.
- The presence of a “don’t minute” or record culture (as advised by several managers and staff during the interview process) has prevented full details of all waiting times issues from progressing “up” through the NHS Lothian governance framework, where a more strategic and collective approach may have been taken towards both short and longer term solutions.
- Our testing also suggests that in many cases NHS Lothian has been applying periods of unavailability to patient records, just before month end reporting, to prevent them appearing as a breach at the month end census date. As it is likely that certain of these periods of unavailability were not appropriate, patient journey times with regards to the 18 week referral to treatment target will also have been misreported.

4. Culture and Governance

As outlined above, we conducted interviews with a wide range of staff and management involved in the waiting times process. These interviews were anonymous, and all comments were non-attributable. These interviews enabled us to form a view around the working practices and culture within NHS Lothian, around the waiting times process.

In this section of the report, we set out our understanding of the position.

Unacceptable Pressure

It was apparent from interviews that certain staff involved in the waiting times management process were under unacceptable pressure to find “tactical” or paper adjustment solutions to waiting list issues.

This unacceptable pressure also manifested itself in a culture of “no bad news” around waiting times issues. Many staff interviewed stated that management were not receptive to hearing about waiting times issues, and as a result, they were encouraged to resolve any such issues through adjusting waiting times themselves, rather than improving the patient journey.

The findings in Section 3 of this report “Reporting” together with staff interviews support a view, that certain Service Managers seemingly “managed away” potential breachers in the last few days of each month.

Accountability and Governance

As also outlined above in Section 3 of this report “Reporting”, our review of the outputs (minutes and actions) from the Waiting Time Management Team meetings highlighted a lack of clear debate and agreed action around waiting times issues before August 2011.

Staff interviewed also spoke of a “no-minute” culture, which indicates that problematic issues were discussed, but were not then recorded or passed up the management hierarchy either for information, or to be discussed or resolved openly. This, either by intention or design, has also led to a lack of accountability and restrictions on effective governance around waiting times.

Committed Staff

Our interviews with staff and management, and our wider work, revealed a high level of commitment amongst NHS Lothian staff around achieving waiting times targets. This commitment should also be considered against the challenging circumstances and questionable management styles under which they performed their roles.

It should also be highlighted that a number of staff interviewed also expressed concern at the culture within NHS Lothian, particularly with regards to waiting time management. This was particularly applicable to the use of periods of unavailability.

However, certain staff also noted a recent improvement, primarily due to a restructuring and resultant changes in senior and executive management and the change in policy of reducing the use of periods of unavailability.

Key Messages – Culture and Governance

Key Messages – Culture and Governance

- Staff involved in the waiting times management process, were under unacceptable pressure to find “tactical” or paper adjustment solutions to waiting list issues.
- This unacceptable pressure also manifested itself in a culture of strongly discouraging the reporting of bad news, “no bad news”, around waiting times issues – and an encouragement to resolve such issues through the adjustment of waiting times results, rather than resolving delays in the patient journey.
- Although staff interviewed were very concerned about culture and working practices, certain staff were also keen to stress that a recent improvement had taken place; primarily due to a restructuring and resultant changes in senior management and the change in management expectation and policy with regards to the use of periods of unavailability.

5. TRAK Controls and System Management

TRAK

This section of the report sets out our assessment of the control environment around the TRAK waiting times management system.

NHS Lothian was the first Board in Scotland to implement the electronic patient management system TrackCare (“TRAK”). This system records the patient journey from the point of referral to treatment. It is used throughout the Board, and forms the basis of all waiting times monitoring and management information production.

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. Appropriate monitoring of usage and regular checks on exception reports are also vital.

Our analysis of the TRAK system and the related controls revealed that formal controls do exist in TRAK, however, we did identify a number of areas in NHS Lothian that require improvement for the control and monitoring of TRAK to operate effectively.

User Access

Our analysis of the TRAK system (a confidential patient system) and the related controls revealed over 13,000 active users in the TRAK system within NHS Lothian.

Process Controls

The system operates through a requirement for data input in order to process the patient journey. However, a number of key fields appear to be editable without approval. An example of this is the “referral letter received date field” which is auto populated through the Sci Gateway and triggers the start of the waiting time clock. It is from here that the patients’ guarantee date is calculated.

Monitoring of Usage

Within NHS Lothian, there is also no formal monitoring of the usage of the TRAK system through available audit trails or reporting. This is particularly important given the volume of users with access to the system, the levels of access granted to each user and the flexibility within the system.

Data Quality

Data quality issues do not appear to be recorded, logged or monitored on a regular and formal basis. Such issues tend to be picked up over time as opposed to formal reviewed.

Reporting

Some key reporting used by the Board’s Performance Management Team relating to breaches utilises MS Access to modify / filter the data extracted from TRAK for reporting.

However, our analysis of the control environment within NHS Lothian revealed that there are no formal controls for managing changes within MS Access and there is no specific monitoring of changes. Furthermore, there is no system log or audit trail within MS Access to record changes made to the report or changes made to the automated commands that are used on MS Access to modify the data and generate the final report. Effectively information extracted from TRAK is amended for reporting without retained audit trail or evidence of authorisation and approval.

Key Messages – TRAK Controls and System Management

Key Messages – TRAK Controls and System Management

- System input controls have been limited by intention to provide flexibility, but this has enabled users to input patient periods of unavailability and changes which are outwith what would be considered reasonable.
- In addition, management monitoring and reporting were limited meaning that only limited oversight existed over patient journey entries and amendments.

6. Working Practices and 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 NHS Lothian.

New Ways Guidance

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, and replaced the previous arrangements where certain patients were excluded from waiting lists.

New Ways guidance allows NHS Boards to 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.

NHS Lothian – Standard Operating Procedures

In 2008, NHS Lothian waiting list management policies and procedures were updated to reflect the introduction of New Ways of Working. Unfortunately those policies and procedures were not ratified so the current document available to staff is out of date and does not reflect current guidelines e.g. the 18 week referral to treatment.

We have been informed that work has been on-going within NHS Lothian Board since June 2011 to develop Standard Operating Procedures (SOPs) for waiting times. These are intended to ensure a consistent approach to patient access across NHS Lothian and that national guidance and good practice are followed.

These SOPs are due for finalisation and issue across NHS Lothian by April 2012.

Key Messages – Working Practices and Guidance

Key Messages – Working Practices and Guidance

- In 2008, NHS Lothian's Waiting List Management Policies and Procedures were updated to reflect the introduction of the national New Ways of Working. Those policies and procedures were never finalised or ratified. The current document which may have been available to staff is out of date and does not reflect current guidelines. No approved instructions or guidelines were formally issued to staff.
- We have been informed that revised Standard Operating Procedures (SOPs) relating to Waiting Times are now due for finalisation and issue across NHS Lothian in April 2012.

Appendix A – Background and Scope

New Ways

'New Ways' was introduced in January 2008 as a means of defining and measuring NHS waiting times. 'New Ways' introduced a significant change in the way in which the NHS in Scotland collected and defined waiting times, and also how waiting lists were to be clinically and administratively managed.

With New Ways came a range of targets with which all territorial NHS Boards were obliged to comply, measure and report. A 12-week waiting time national standard came into place from 31 March 2010 for inpatients and outpatients, having previously been set at 15 weeks and 18 weeks. More recently, an 18 Weeks Referral to Treatment (RTT) Standard has meant that from December 2011, 18 weeks became the maximum wait from when a non-urgent patient is referred right through to the start of their treatment, shifting the focus onto a whole pathway of care.

New Ways in NHS Lothian

The Board of NHS Lothian receives Waiting Time information from Management, the primary data source being the TRAK system. However, in the Autumn of 2011 the Board became concerned over the accuracy of this information, particularly in light of press stories concerning the Board offering patient treatments in England. An internal review of waiting times was subsequently undertaken by the Board's Medical Director.

Subsequently, the Board of NHS Lothian, through its Audit Committee, decided that an independent review should be undertaken over certain features of the waiting times process and information. PwC were commissioned to perform this review. PwC commenced this work, on behalf of the NHS Lothian Audit Committee, on the 6th February 2012. On the 22nd February 2012, this engagement with the NHS Lothian Audit Committee was terminated by mutual agreement, and with NHS Lothian Board approval. Ownership of the assignment was then transferred to the Scottish Government Health Directorate.

Scope

The work performed by PwC on this assignment considered certain aspects of NHS Lothian's arrangements for managing and reporting waiting times information by adopting the following approach:

- A selection of NHS Lothian management and staff involved in the waiting times process were interviewed.
- NHS Lothian waiting times reports to the Scottish Government, the NHS Lothian Board, NHS Lothian's Finance and Performance Review Committee, Executive Management Team and other management layers in NHS Lothian were selected and reviewed;
- Data analytics specialists interrogated certain of the data contained within the TRAK system to identify any unusual matters or factors.
- Sample checking was performed on certain data in the TRAK system.

It is also worth noting that any patient identification markers or confidential data obtained by PwC as part of this review has been securely deleted.

Appendix B – ISD Data on Retrospective Adjustments to Previously Published Data

Inpatients / day cases - Retrospective adjustments to previously published statistics (Social Unavailability Only)*

NHS Board	Census date:						
	31-Mar-10	30-Jun-10	30-Sep-10	31-Dec-10	31-Mar-11	30-Jun-11	30-Sep-11
Ayrshire & Arran	-9	-25	-8	-19	30	-1	-8
Borders	102	134	10	143	57	10	22
Dumfries and Galloway	27	7	-29	16	2	8	13
Fife	-5	9	6	-18	4	0	-10
Forth Valley	7	0	5	18	46	57	42
Grampian***	105	173	115	0	n/a***	174	148
Greater Glasgow & Clyde**	159	30	17	167	103	-68	-402**
Highland	3	25	18	17	19	20	31
Lanarkshire	2	52	-36	-149	341	28	-7
Lothian	712	589	739	1315	1280	1417	482
Orkney	1	1	-2	4	3	4	-1
Shetland	-1	3	-3	8	11	4	3
Tayside	125	143	58	-18	72	64	92
Western Isles	2	2	2	-2	3	3	1
Golden Jubilee National Hospital	1	7	0	2	8	5	1

Outpatients - Retrospective adjustments to previously published statistics* (Social Unavailability Only)

NHS Board	Census date:						
	31-Mar-10	30-Jun-10	30-Sep-10	31-Dec-10	31-Mar-11	30-Jun-11	30-Sep-11
Ayrshire & Arran	12	7	3	7	3	42	2
Borders	40	36	69	286	23	11	14
Dumfries and Galloway	-1	3	8	4	-3	0	16
Fife	-3	-9	-8	5	4	-3	-4
Forth Valley	24	10	27	-56	4	3	15
Grampian***	28	108	-5	0	n/a ***	421	245
Greater Glasgow & Clyde	291	203	348	545	193	262	130
Highland	13	14	9	44	4	31	15
Lanarkshire	44	29	72	-57	259	9	69
Lothian	76	624	762	2191	1308	2708	1157
Orkney	3	-2	3	1	2	5	3
Shetland	2	-3	14	17	7	26	-2
Tayside	14	55	28	-56	30	-8	24
Western Isles	3	0	-2	0	-1	-7	3
Golden Jubilee National Hospital	-4	-10	0	0	-4	4	5

*These adjustments are the changes from the first time published data to the second time published data. The figures may have changed further in subsequent publications.

**We have been informed that this negative figure was due to a new computer system at NHS Greater Glasgow & Clyde. These figures will be updated in the following quarter.

*** These figures were excluded from the publication due to data submission issues following NHS Grampian's move to a new patient management system.

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