

Hywel Dda University Health Board

Patient Access

Final Internal Audit Report

October 2019

Private and Confidential

NHS Wales Shared Services Partnership

Audit and Assurance Services



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Committee:	Audit & Risk Assurance Committee



Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors.

ACKNOWLEDGEMENT

NHS Wales Audit & Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

Disclaimer notice - Please note:

This audit report has been prepared for internal use only. Audit & Assurance Services reports are prepared, in accordance with the Service Strategy and Terms of Reference, approved by the Audit & Risk Committee.

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1. Introduction and Background

The assignment originates from the 2019/20 internal audit plan and the subsequent report was submitted to the Chief Executive and Audit & Risk Assurance Committee.

The relevant lead Executive Director for the assignment was the Deputy Chief Executive/Director of Operations. The draft report was also copied to the Medical Director & Director of Clinical Strategy.

The Health Board is required to ensure timely access to planned services, with a target of 95% of referrals being treated within a maximum of 26 weeks, and no patient waiting for more than 36 weeks from their referral for treatment.

Performance is measured and managed using information derived from data within the Health Board's patient administration systems. Information is used by management, the Board and Welsh Government and performance has a direct impact upon patient experience.

2. Scope and Objectives

The overall objective of this review was to provide assurance that the Health Board was compliant with the rules for managing Referral to Treatment waiting times set by the Welsh Government.

Our review considered the management of the booking and reasonable offer process for patients administered through the main outpatient departments.

The main control objectives reviewed were:

- i. Policies and procedures have been established within the organisation regarding referral to treatment;
- ii. The data input onto the patient administration system for pathways is accurate and complete; and
- iii. Appointment dates are mutually agreed between the Health Board and patient.

The audit involved a review of processes for recording of referrals and booking of appointments. Testing was undertaken on a sample of patient pathways on the waiting list and evidence sought to confirm their management in accordance with the Rules.

3. Associated Risks

The main risks considered during the review were:

- Staff are not aware of how to record and manage data within the system;
- Inaccurate or inconsistent recording of patient referral data;
- Non-compliance in regard of the timeliness of booking and reasonable offer process; and
- Lack of a clear audit trail of communication between the patient and Health Board in agreeing reasonable offers.


OPINION AND KEY FINDINGS

4. Overall Assurance Opinion

We are required to provide an opinion as to the adequacy and effectiveness of the system of internal control under review. The opinion is based on the work performed as set out in the scope and objectives within this report. An overall assurance rating is provided describing the effectiveness of the system of internal control in place to manage the identified risks associated with the objectives covered in this review.

The overall level of assurance that can be assigned to a review is dependent on the severity of the findings as applied against the specific review objectives and should therefore be considered in that context.

The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with the process is **Substantial** assurance.

RATING	INDICATOR	DEFINITION
Substantial Assurance		The Board can take substantial assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with low impact on residual risk exposure.





Our review of the management of the booking and reasonable offer process for patients administered through the main outpatient departments confirmed that policies and procedures have been established within the organisation regarding referral to treatment and are available to staff via the Health Board's intranet.

On review of a sample of patient pathways, we can confirm that for all cases, where applicable, the processes for recording referrals and booking of appointment processes were satisfactory.

However, the audit highlighted a finding that needs to be addressed in regard of acknowledgment letters being in place for all appropriate referrals.

5. Assurance Summary

The summary of assurance given against the individual objectives is described in the table below:

Audit Objective		Assurance Summary*			
					
1	Policies and procedures have been established within the organisation regarding referral to treatment				✓
2	The data input onto the patient administration system for pathways is accurate and complete				✓
3	Appointment dates are mutually agreed between the Health Board and patient			✓	

* The above ratings are not necessarily given equal weighting when generating the audit opinion.

Design of Systems/Controls

The findings from the review have highlighted no issues that are classified as a weakness in the system control/design for the Patient Access system.

Operation of System/Controls

The findings from the review have highlighted **one** issue that is classified as a weakness in the operation of the designed system/control for Patient Access. This is identified in the Management Action Plan as (O).

6. Summary of Audit Findings

The key findings are reported in the Management Action Plan at Appendix A.

OBJECTIVE 1: Policies and Procedures have been established within the organisation regarding referral to treatment.

The Welsh Government (WG) issued the 'Rules for Managing RTT Waiting Times' outlining the management of waiting time rules that all Health Boards must comply with.

The audit identified that there were appropriate organisational policies and procedures in place that incorporated the WG national rules and were available to staff on the Hywel Dda intranet:

- 'Patient Access - Elective Care Policy' – this procedure is current and due for review in 2021 and;
- 'Consolidated Rules for Managing Cardiac Referral to Treatment Waiting Times Policy' which is also current and due for review in 2022.

No matters arising.

OBJECTIVE 2: The data input onto the patient administration system for pathways is accurate and complete

From a sample of 30 outpatient treatment episodes for the period April – May 2019, internal audit testing identified that referral forms were evident on the patients' medical file where applicable and in each case the patient information was accurate, complete and agreed between sources of information.

We noted one instance where the referral date on the Welsh Patient Administration System (WPAS) did not agreed to the date on the hard copy of the referral on the patients notes – this was highlighted to management at the time of fieldwork.

No matters arising.

OBJECTIVE 3: Appointment dates are mutually agreed between the Health Board and patient

From the audit testing covering aspects of the appointment booking system it was identified:-

- That in three instances where appointments had been booked via the partial booking system, an acknowledgement letter accepting the referral could not be located.
- The audit highlighted that where appointments had been booked via the partial booking system invitation letters had been issued in line with the criteria and were appropriately retained on WPAS.
- Where appointments had been directly booked and mutually agreed the appropriate criteria had been met;
- Where patients had been removed from waiting list for reasons other than treatment, these had been supported by valid reason and recorded on WPAS.

See Finding 1 at Appendix A.

7. Summary of Recommendations

The audit findings and recommendations are detailed in Appendix A together with the management action plan and implementation timetable.

A summary of these recommendations by priority is outlined below.


Priority	H	M	L	Total
Number of recommendations	0	1	0	1


<p>Finding 1 – Use of Resource (O)</p>	<p>Risk</p>
<p>From the audit testing covering aspects of the appointment booking system, it was identified that in three instances where appointments had been booked via the partial booking system an acknowledgement letters accepting the referral could not be located.</p>	<p>Lack of a clear audit trail of communication between the patient and Health Board in agreeing reasonable offers.</p>
<p>Recommendation 1</p>	<p>Priority level</p>
<p>Acknowledgment letters should be in place for all appropriate referrals.</p>	<p>MEDIUM</p>
<p>Management Response</p>	<p>Responsible Officer/ Deadline</p>
<p>The three instances where referral acknowledgement letters have failed to print have been reviewed by the Head of Information Services. After reviewing the overall clinic setup, no issues have been identified, in terms of non-generation of letters. The clinics associated with the specialties involved are all currently setup in the agreed format and are working accordingly.</p> <p>The Head of Information Services has confirmed that there is a possibility that issues may have occurred at the time of referral but due to the considerable time period from the date of referral and the audit highlighting these concerns there is no method to review the system that far back within the Health Board.</p> <p>It may be possible to escalate the concerns to NWIS; however, it is very likely that they will also be unable to review the system as far back as 12 – 14</p>	<p>Health Records Manager</p> <p>Complete – November 2019</p>


<p>months ago. Currently the only explanation for the non-generation of the acknowledgement letters would be technical issues experienced at the time of referral.</p>	
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Appendix B - Assurance Opinion and Action Plan Risk Rating

2019/20 Audit Assurance Ratings

 **Substantial Assurance** - The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.

 **Reasonable Assurance** - The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with **low to moderate impact on residual risk** exposure until resolved.

 **Limited Assurance** - The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.

 **No Assurance** - The Board has **no assurance** arrangements in place to secure governance, risk management and internal control, within those areas under review, which are suitably designed and applied effectively. Action is required to address the whole control framework in this area with **high impact on residual risk** exposure until resolved.

Prioritisation of Recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows.

Priority Level	Explanation	Management action
High	Poor key control design OR widespread non-compliance with key controls. PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in control design OR limited non-compliance with established controls. PLUS Some risk to achievement of a system objective.	Within One Month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. These are generally issues of good practice for management consideration.	Within Three Months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



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