

# Waiting Lists Risk Management Final Internal Audit Report

October 2021

Hywel Dda University Health Board

NWSSP Audit and Assurance

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### 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.

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## Executive Summary

### Purpose

The purpose of the review was to establish whether all patients on the waiting list have been assessed and assigned an appropriate priority rating in line with the Royal College of Surgeons guidance.

### Overview

We have identified one medium priority matter relating to the reprioritisation of patients on referral to treatment pathway.

This audit has focused on the internal controls and governance of the organisation implementing the requirements set out in the Welsh Government's *Waiting List Risk Management* document, which has resulted in a Reasonable assurance rating overall. However, it is noted the delivery in maintaining and reducing the waiting list positions remains a challenge for the Health Board.

### Report Classification

		Trend
 <p>Reasonable</p>	Some matters require management attention in control design or compliance.	N/A
<p><b>Low to moderate impact</b> on residual risk exposure until resolved.</p>		

### Assurance summary<sup>1</sup>

Assurance objectives	Assurance
1 Compliance with Welsh Government standards	Reasonable
2 Reporting arrangements	Substantial

### Matters Arising

		Assurance Objective	Control Design or Operation	Recommendation Priority
1	Reprioritisation of Waiting List Patients	1	Operation	Medium

<sup>1</sup> The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

## 1. Introduction

- 1.1 The review of Waiting Lists was completed in line with the 2021/22 Internal Audit Plan. The relevant lead Executive Director for the assignment was the Director of Operations.
- 1.2 The Welsh Government (WG) issued a process standard document aimed at the reprioritisation of patients on referral to treatment (RTT) pathways in September 2020 following the impact of the Covid-19 pandemic.
- 1.3 Management of elective waiting lists is still being measured based on the national RTT standard and guidance resources were targeted based on clinical need initially and then on reduction of long waiters (waits over 36 weeks). This would result in cancer and cases clinically prioritised as urgent taking priority, followed by targeted reduction of long waiters for routine pathways.
- 1.4 However, during the acute phase of Covid-19 the Royal College of Surgeons (RCS) introduced guidance on how and what pathways should be prioritised and indicated defined deferment periods to each priority code to support a reduction of further harm from waiting.
- 1.5 The potential risks considered in the review were as follows:
  - non-compliance with WG Standard;
  - undue harm to patients; and
  - the Health Board and WG are not aware of the risks associated with waiting lists due to the lack of reporting.

## 2. Detailed Audit Findings

### Objective 1: Compliance with Welsh Government reprioritisation of patients on an RTT pathway standard.

2.1 Patients referred for non-emergency consultant-led treatment are placed on an RTT pathway. All patients are categorised as being at one of the four stages as defined by the *Rules for Managing Referral to Treatment Waiting Times* guidance. See below for the definition of each of the four pathway stages:

Stage of Pathway	Description
1	Waiting for a new outpatient appointment.
2	Waiting for a diagnostic or Allied Health Professional test, intervention, or result.
3	Waiting for a follow-up outpatient appointment or waiting for a decision.
4	Waiting from decision to the start of treatment.

2.2 The following information are the number of patients currently at all four of the pathway stages for the preceding three months during 2021:

	May	June	July
No. of Patients at Stage 1	52,014	53,706	55,056
No. of Patients at Stage 2	245	262	269
No. of Patients at Stage 3	16,207	17,062	17,646
No. of Patients at Stage 4	15,373	15,393	15,319
<b>Total</b>	<b>83,839</b>	<b>86,423</b>	<b>88,290</b>

2.3 In 2020, the Covid-19 pandemic impacted on the daily running of the Health Board including the cancellation of many elective surgeries that has resulted in a large proportion of patients that were either approaching or had exceeded their 26-week target. To help manage the increase of patients on the waiting lists, the Royal College of Surgeons (RCS) produced a reprioritisation coding list and associated documentation.

2.4 The RCS coding list created a new way of working that was used to help reprioritise patients already on an elective waiting list in order to make sure that those with the

highest clinical need are seen at the earliest opportunity, irrespective of their original position on a waiting list (i.e. Stage 4 patients only). The RCS reprioritisation coding was adopted by the WG and issued in September 2020.

- 2.5 The identification and reprioritisation of patients is the responsibility of the junior doctors and consultants, whilst support is provided by the Waiting List Teams who are based at each acute site. A review of patients at Stage 4 of the RTT pathway, as at August 2021, identified that approximately 15% had not been reprioritised.
- 2.6 The Waiting List Teams regularly review patients at Stage 4 to ensure they have been reprioritised. Where a patient has not been reprioritised, the clinician is contacted by the Waiting List Teams requesting this action be taken. A sample of 20 patients was selected where a priority level had not been assigned. Testing identified 12 instances where the clinician had undertaken the required assessment in line with the requirements of the risk stratification document following an email request from the Waiting List Teams, whilst eight were awaiting their reprioritisation at the time of testing. **[See Matter Arising 1]**
- 2.7 A reconciliation was undertaken of assigned priority ratings to the corresponding priority table prescribed by the RCS for a number of specialties across the four acute sites, including Trauma & Orthopaedic, Urology, Ears, Nose & Throat (ENT), Gynaecology and Breast. Testing identified that for the patient procedures recorded on the waiting list correctly corresponded to the assigned priority rating.
- 2.8 There is one centralised theatre scheduling document covering all four acute hospital sites. The Waiting List Team work closely with Theatre Scheduling in order to proactively maximising the available timeslots in theatre to ensure no wastage of time or empty theatre space.
- 2.9 The scheduling document covers the period July 2020 to the end of September 2021. A review of the patients scheduled for operations during a sample of a two-week period during August 2021 appears comprehensive, with a mixture of patients assessed as either urgent or routine. However, a review of the theatre scheduling document noted a number of theatre slots that were closed either due to being unfunded or unable to be backfilled. These issues were recorded on risk registers and discussed at the weekly Watchtower meetings.
- 2.10 In addition to the reprioritisation of patients, the Health Board has also implemented a number of new initiatives to reduce waiting list numbers, including:

- revising the approach taken by the Health Board in relation to validating and reviewing of the Outpatient waiting list;
- the introduction of new virtual approaches in the delivery of Outpatient Services;
- the implementation of 'See on Symptoms', a process for managing non-urgent follow-up outpatients in response to Covid-19, with the primary aim of supporting

the Health Board to urgently free up capacity and space to ensure that priority patients are seen;

- a pilot Waiting List Support Service, with the aim of providing patients with a single point of contact and enhanced support while they wait to be seen;
- the introduction of WG guidance to ensure a consistent approach on the management of patients on a waiting list with reluctance to engage with hospital treatment; and
- the launch of dedicated page on the Hywel Dda internet providing lifestyle support and advice to patients on how to remain well while they are awaiting surgery.

#### Conclusion:

2.11 We have concluded Reasonable assurance for this objective.

### **Objective 2: Appropriate reporting arrangements are in place within the Health Board and to the Welsh Government.**

2.12 The Welsh Patient Administration System (WPAS) is the main system that is used to extract the information required for both internal and external reporting, in relation to waiting list data. We can confirm that reports were extracted from WPAS by the Informatics Team for scrutiny by key personnel including the Director of Secondary Care and the General Manager for Schedule Care on a regular basis.

2.13 The Health Board is required to undertake monthly submissions of data sets in relation to patient waiting lists as prescribed by the WG Data Set Change Notice (DSCN). The DSCN provides guidance and details the information required to be collated and submitted via a prescribed template by working day 10 of the following month.

2.14 Testing identified that for the preceding three months (May – July 2021), the monthly data sets compiled by the Information Services Team were appropriately authorised and submitted to WG within the prescribed deadlines – see breakdown of the waiting list information submitted to WG below.

	<u>May</u>	<u>June</u>	<u>July</u>
<b>No. of Patients waiting 0 to 25 weeks</b>	45,598	47,497	49,025
<b>No. of Patients waiting 26 to 35 weeks</b>	9,913	8,753	7,794
<b>No. of Patients waiting over 36 weeks</b>	28,328	30,173	31,471
<b>Total</b>	<b>83,839</b>	<b>86,423</b>	<b>88,290</b>

- 2.15 Following the monthly submission to WG, a sub-set is created and issued to the Performance Team, where the information is collated and analysed to produce the Integrated Performance Assurance Report (IPAR).
- 2.16 The IPARs were submitted to both the Health Board and the Strategic Development and Operational Delivery Committee (SDODC) on a monthly basis. The SDODC has only recently been established, with the first meeting held in August 2021. IPARs had previously been submitted to People, Planning and Performance Assurance Committee (PPPAC) until this committee was stood down in June 2021. A review of the approved minutes confirmed the monthly presentation of the IPARs to both the Health Board and SDODC/ PPPAC for the period February to July 2021.
- 2.17 A review of the number of patients waiting over 36 weeks reported in the IPARs presented to the Health Board and SDODC/ PPPAC accurately reconciled to the WG monthly submissions for the month of July 2021. We noted that the graphical information presented in the IPARs submitted in February and April 2021 provided an X & Y-axis narrative. However, the Y-axis narrative was not included in the June 2021 paper due to a potential administration error. This is noted for management information.
- 2.18 A weekly Watchtower meeting group has been established to review and share lessons learned regarding waiting lists and is attended by Service Managers from across the Health Board directorates. A review of recent meeting minutes and paper confirmed that issues around the waiting list numbers and reprioritisation of patients have been discussed, in addition to the issues and challenges arising from Covid-19.

#### Conclusion:

- 2.19 We have concluded Substantial assurance for this objective.

## Appendix A: Management Action Plan

Matter Arising 1: Reprioritisation of Waiting List Patients (Operation)		Impact
<p>For the selected sample of 20 patients where a priority level had not been assigned, testing identified the waiting list team proactively contacting and chased the relevant clinician in order to assign a priority rating.</p> <p>However, clinicians had not promptly undertaken the required priority assessment in line with the requirements of the risk stratification document for eight of the selected sample.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> <li>• non-compliance with Welsh Government Standard; and</li> <li>• undue harm to patients.</li> </ul>
Recommendations		Priority
<p>The Waiting List Team should ensure that where a clinician has not undertaken the assigning of a patient priority level promptly, the matter is raised to the directorate/specialty Senior Management Team as a matter of urgency.</p>		<b>Medium</b>
Agreed Management Action	Target Date	Responsible Officer
<p>The management team can offer assurance that the sample of 20 patients has been reviewed and appropriate actions has been taken to ensure clinical prioritisation has been entered in the system, there are 2 outstanding breast patients, and the operational team are in dialogue with the clinical team to complete this by the 1st of October 2021. The Directorate will review with urgency the 15% of patients without a clinical priority and ensure the waiting list is updated.</p> <p>Further action will be taken to look at patients at listing level to ensure this priority is recorded. The Clinical Director will engage with Clinical leads to remind them and their teams of the importance of clinical prioritisation. There will also be monthly samples taken from the waiting list to ensure compliance.</p>	1 <sup>st</sup> October 2021	<p>Stephanie Hire (General Manager Scheduled Care)</p> <p>Mr Ken Harries (Clinical Director)</p>

<p>The Clinical Director will be writing via the Clinical Lead network to remind all clinicians of the importance of this prioritisation for all patients in the waiting lists system this will be completed by the 1<sup>st</sup> of October 2021</p>		
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## Appendix B: Assurance opinion and action plan risk rating

### Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	<b>Substantial assurance</b>	Few matters require attention and are compliance or advisory in nature. <b>Low impact</b> on residual risk exposure.
	<b>Reasonable assurance</b>	Some matters require management attention in control design or compliance. <b>Low to moderate impact</b> on residual risk exposure until resolved.
	<b>Limited assurance</b>	More significant matters require management attention. <b>Moderate impact</b> on residual risk exposure until resolved.
	<b>No assurance</b>	Action is required to address the whole control framework in this area. <b>High impact</b> on residual risk exposure until resolved.
	<b>Assurance not applicable</b>	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

### Prioritisation of Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
<b>High</b>	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
<b>Medium</b>	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
<b>Low</b>	Potential to enhance system design to improve efficiency or effectiveness of controls. 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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