

Reasonable Offer Process Internal Audit Report

April 2023

Cwm Taf Morgannwg University Health Board



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Executive Summary

Purpose

To provide assurance that the reasonable offer process is being correctly and consistently applied.


Overview

We have issued limited assurance on this area. The key matters which require management attention include:

- Review and revision of the Waiting List Management Standard Operating procedure and dissemination to staff.
- Inadequate training and system support arrangements for staff operating in Bridgend.
- Inconsistent application of the Waiting List Management SOP/RTT rules in relation to time adjustments.
- No data validation checks to identify instances of non-conformance to the rules.

Further matters arising concerning the areas for refinement and further development have also been noted (see Appendix A).

Report Opinion

Limited More significant matters require management attention.
 Moderate impact on residual risk exposure until resolved.

Assurance summary¹

Objectives	Assurance
1 Policies, procedures and training are in place.	Limited
2 Appointment offers comply with the Reasonable Offer process.	Reasonable
3 Appropriate application of waiting times adjustments.	Limited
4 Data validation processes are routinely undertaken.	No Assurance

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

Key Matters Arising

		Objective	Control Design or Operation	Recommendation Priority
1	Standard Operating Procedures out of date	1	Operation	Medium
2	Inconsistent training and WPAS system support	1	Design	Medium
3	Provision of Reasonable Offers	2	Operation	Medium
4	Incorrect application of Waiting Time Adjustments	3	Design	High
5	Lack of validation and data integrity arrangements	4	Operation	High

1. Introduction

- 1.1 Our review of the Reasonable Offer process was completed in line with the 2022/23 Internal Audit plan for Cwm Taf Morgannwg University Health Board (the 'Health Board').
- 1.2 The length of time a patient waits for NHS treatment is a significant quality and clinical governance issue for healthcare providers, particularly at a time when NHS waiting lists are long as a consequence of the pandemic.
- 1.3 A reasonable offer to a patient is defined as '*any date mutually agreed between the patient and the organisation*'. Any subsequent application of waiting times' rules based on this offer, may only be applied if the appointment date has been mutually agreed, and is therefore considered to be reasonable. Patients can be offered any number of dates and times, at least two of which must be more than two weeks in the future.
- 1.4 The Health Board has a Standard Operating Procedure (SOP) for waiting list management that sets out the methods for managing elective waiting lists and the procedures that staff should follow when making and recording a 'reasonable offer'.
- 1.5 The Health Board's appointment booking arrangements are not fully centralised. There are two central booking teams: one team covering the former Merthyr Cynon and Rhondda Taff Ely localities; and another covering the Bridgend locality. Between them, they are responsible for managing approximately 75% of appointment bookings. The rest of the appointment bookings are managed by local teams as some specialities have chosen to manage their own booking processes. All are required to follow the SOP – Waiting List Management 2020. Our substantive testing focused on the appointments made by the two centralised booking teams.
- 1.6 The potential risks considered in this review were as follows:
 - Patients not treated equitably if the SOP is interpreted inconsistently.
 - Inaccurate reporting within the Health Board and to Welsh Government if correct processes are not followed.

2. Detailed Audit Findings

Objective 1: There are up to date policies and procedures in place, and relevant staff have been trained in their application.

- 2.1 The Health Board's Waiting List Management SOP was approved by the Strategic Leadership Group in February 2020. Whilst it was then due to be presented at the Quality and Patient Safety Committee, we have not seen the document taken to a committee of the Board. We confirmed that the SOP aligns to the latest guidance from Welsh Government – 'Rules for Managing Referral to Treatment – 2017' ('RTT Rules').
- 2.2 The Health Board's intranet had a link to the previous SOP, dated 2016, and not the current version. **(Matter Arising 1)**

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- 2.3 Whilst the current SOP was agreed in February 2020, it was scheduled for review in October 2020. Due to the pandemic, the review was put on hold. In June 2021 supplementary guidance from Welsh Government on the management of waiting lists during the pandemic was published that is not included in the current SOP. **(Matter Arising 1)**
- 2.4 All appointment bookings and waiting lists are managed within the Welsh Patient Administration System (WPAS). The Health Board operates two databases within WPAS. One, which is hosted internally by CTM and is used by staff in Merthyr Cynon and Rhondda Taff Ely localities, and a second, used by staff in Bridgend, which is hosted by Swansea Bay Health Board. The database hosting arrangement dates back to the Health Board's merger with former Abertawe Bro Morgannwg University Health Board (ABMU) in 2019.
- 2.5 The current hosting arrangements of the WPAS limits and restricts the ownership and control of the system used by Bridgend staff, and at times leads to a disjointed and inconsistent use of the system. At the time of our audit, there were functionality issues with the WPAS used by Bridgend staff, which had been reported to Digital Health and Care Wales (DHCW). We understand that the same issue has been experienced by the other booking team and has been resolved. The Health Board has recognised these limitations and a project is ongoing to move the Bridgend database over to the CTM version. Full migration is not expected until 2024/25 as there are significant differences that need to be addressed before the data can be migrated. The project aims to migrate data in various phases, beginning with smaller specialties/services.
- 2.6 The Health Board's appointment booking arrangements are partially centralised with a booking team for Merthyr and Rhondda localities and one for Bridgend. However, there are a number of specialties that have responsibility for managing their own booking process, so have local arrangements. Localised booking arrangements could mean that:
- People could be working in 'silos', meaning that there is over-reliance on a small number of staff and a lack of support or guidance from others with more experience of the booking process.
 - Lack of coordinated or comprehensive training on the SOP and the WPAS system meaning that patients may not be treated in line with RTT rules. **(See Matter Arising 2)**
 - An inconsistent approach to bookings that deviates from the centralised process and several localised procedures being created. **(Matter Arising 2)**
- 2.7 Furthermore, there are inconsistent practices across the two booking teams for ensuring that staff responsible for making bookings have been appropriately trained in the application of the SOP/RTT rules.
- Bridgend staff, within their centralised team, are provided with some in-house training, though the resources available to provide the training are

limited and as such the arrangements are informal and there are no records kept. Bridgend staff, which use the WPAS database hosted by Swansea Bay HB, do not have access to dedicated WPAS training and system support in the same way as their counterparts. **(Matter Arising 2)**

- Staff within the central booking team for Merthyr and Rhondda localities are provided with in-house training from supervisors within the team. They also have access to WPAS support, training and guidance provided by the WPAS Training Team. Records of the training provided are held. The arrangements in place for the central booking staff in Merthyr/Rhondda are more robust with documentation available.

Conclusion:

2.8 We have provided Limited Assurance for this objective. The Health Board has a Waiting List Management SOP, which was due for review in October 2020. The training and support for the two central appointment booking teams varies considerably and there are separate training arrangements in place for the specialties that manage their own booking appointments.

Objective 2: The reasonable offers that are made to patients comply with the Health Board's SOP.

2.9 The SOP clearly defines 'a reasonable offer of appointment' and the RTT rules which must be followed when managing appointments.

2.10 We tested a sample of appointment offers for three specialties managed by the centralised booking teams to confirm they followed the RTT rules. The specialties were: General Medicine; General Surgery; and Women and Children. While in the majority of cases the SOP /RTT rules were followed, we identified that for 6/45 patients there was no evidence to confirm that the appointments had been mutually agreed with the patient and confirmation letters had not been sent. As such, these appointments did not appear to be 'Reasonable Offers'. **(Matter Arising 3)**

Conclusion:

2.11 We have provided Reasonable Assurance for this objective. Our review of the WPAS confirmed that for our sample, staff generally followed the SOP/RTT rules on reasonable offers.

Objective 3: Waiting time adjustments are appropriately applied in line with the SOP.

2.12 The WPAS records the length of time a patient waits for treatment (Referral to Treatment pathway). The system has built-in clocks that start, stop and can be reset depending on the recorded pathway status or clinical outcome. Staff in the central booking teams and clinic secretaries/booking receptionists are responsible for ensuring that the correct pathway status is applied within the WPAS, with adjustments for patients that 'Did Not Attend', 'Could Not Attend', or where the appointment was cancelled by the hospital.

2.13 We tested a sample of 18 pathways on the WPAS where time adjustments had been made. For 9/18 cases, the adjustments did not meet the SOP/RTT requirements. In most of these cases, the patient had been given two more appointments, shortly after one another, despite failing to attend earlier appointments. The reason why the patient did not attend was not recorded in the system, and unless a clinician advises otherwise, under the SOP/RTT rules, these patients should have been marked as 'DNA' and then discharged. There was no evidence in these cases to suggest the clinician had instructed for the patient to remain on the waiting list. **(Matters Arising 4)**

Conclusion:

2.14 We have provided Limited Assurance for this objective. Our testing concluded that booking staff do not always follow the SOP/RTT rules when applying waiting time adjustments to patient pathways. In turn this can have an impact on the correct reporting of waiting lists.

Objective 4: Data validation processes are routinely undertaken to capture instances of non-conformance with the SOP, with appropriate scrutiny and review.

2.15 The Waiting List Management SOP requires the Performance and Information Directorate to *'audit compliance across all Clinical Directorates highlighting any issues that require immediate resolution in order to ensure consistent compliance'*.

2.16 We held several discussions with key members of staff across the Health Board to determine what data validation arrangements are in place to ensure there has been the correct application of the SOP/RTT rules. However, there are no formal arrangements in place to validate appointment booking data.

2.17 Speciality/Service Managers are responsible for the management and monitoring of waiting lists in their areas. These managers have access to the WPAS and a daily 'RTT Status' report provided by Performance and Information. Whilst the report is Health Board wide, filters can be applied that allow managers to drill down to their respective speciality/areas.

2.18 These reports show the open pathways of patients that are approaching their waiting time target date, rather than historic appointment data that could be used to identify issues of non-conformance with the SOPs/RTT rules. We understand that, when reviewing reports, managers should be mindful of non-conformance with the SOP/RTT rule, for example patients who have multiple appointments, but fail to attend.

2.19 While our sample testing focused on appointments made by the two centralised booking teams, the matters we have identified, and the risks identified in paragraph 2.6, highlight the need to apply validation checks in accordance with the Health Board's policy. **(Matters Arising 5)**

Conclusion:

- 2.20 We have been unable to provide assurance for this objective. Findings from our testing (see objective 2 and 3) and discussion with key members of staff concluded that there are no formal arrangements in place centrally or by Speciality/Service Managers to review and validate WPAS data and ensure that the appointment booking processes comply with the Reasonable Offer rules.

Appendix A: Management Action Plan

Matter Arising 1: Review of Standard Operating Procedures (Operation)		Potential Impact	
<p>The Health Board's Waiting List Management SOP, which includes the application of the reasonable offer process, was published in early 2020 and was due for review later that year. During the pandemic additional guidance was issued, but this is not reflected in the SOP. In 2021, there was communication from Welsh Government indicating revised RTT guidance would be issued, but this has not yet happened. The Health Board has not started its SOP review process to ensure that the document is up to date.</p> <p>Our review of the Health Board's intranet identified the version of the Waiting List Management SOP available is dated 2016, and as such is an earlier version of the 2020 document. The Health Board must ensure that staff have access to the most up to date procedural documentation.</p>		<ul style="list-style-type: none"> • Patients not treated equitably if the SOP is interpreted inconsistently or where older versions remain in circulation. • Inaccurate reporting within the Health Board and to Welsh Government if correct processes are not followed. • Patient dissatisfaction leading to complaints/distrust in the service. 	
Recommendation		Priority	
1.1	<p>As we continue to move away from a pandemic environment, the Health Board should review its approach to the provision of reasonable appointment offers and the subsequent management of waiting lists, in light of any additional WG guidance issued during the course of the pandemic. The Waiting List Management Standard Operating Procedure should be reviewed, updated and appropriately approved.</p> <p>Previous versions of the Waiting List Management Standard Operating Procedure should be removed from the Health Board's intranet site and only the current version published.</p>	<p>Medium</p>	
Agreed Management Action		Target Date	Responsible Officer
1.1	<p>Standard Operating Procedures to be reviewed and updated with approval at OMB and Executive Leadership Group. Once approved, the SOP will be published and issued to all booking teams.</p>	End April 2023	Tarek Allouni – Director of Operations Planned Care & Matthew Swarfield -

	Previous versions of the SOP will be removed from the intranet and kept in a historical record.		Head of Clinical Administration Transformation
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Matter Arising 2: Inconsistent training and WPAS system support (Design)		Potential Impact
<p>The Health Board’s appointment booking arrangements are partially centralised to one of two booking teams, dependant on locality. The two centralised teams undertake approximately 75% of the bookings made. In Bridgend, there is no formal training in place on the application of the SOP and there is informal training on the use of WPAS.</p> <p>Furthermore, there are numerous specialties which manage their appointments so have local arrangements in place. Whilst no sample testing was undertaken in these areas, from our discussions with key officers, we have determined that this approach could pose a number of risks as follows:</p> <ul style="list-style-type: none"> • Staff in those specialties that manage the process locally could be working in silos with over reliance on one or a small number of staff within that department. • Lack of formal training, with training provided by any existing team members who undertake bookings. This may lead to a greater chance of deviation and inconsistency of practices, as staff may start to misinterpret the reasonable offer rules and end up not complying with the Waiting List Management Standard Operating Procedures. • Numerous localised procedures are created which may deviate from the SOP/RTT rules and, which will all need updating following any future revisions to the RTT rules. <p>In addition, there is currently no validation work being undertaken to ensure compliance with the SOP/RTT rules (see Matter Arising 5). As such, we have been unable to determine if the approach to having some specialties taking responsibility for their own bookings increases the risk of non-compliance with the SOP/RTT rules.</p>		<ul style="list-style-type: none"> • Ineffective working practices. • Inefficient operation/delivery. • Low staff morale. • Patient dissatisfaction leading to complaints/distrust in the service.
Recommendations		Priority
<p>2.1</p>	<p>We recommend that the Health Board review and revise the training arrangements in place for appointment booking staff in the Bridgend booking team and those that are working directly within specialties, to ensure that they have consistent training, with access to the same level of support and training currently being provided to the booking team based in Merthyr/Rhondda.</p>	<p>Medium</p>

2.2	Further consideration be given to the sharing of training materials, checklists and guidance between Merthyr/Rhondda and Bridgend staff.	Low	
2.3	Consideration should be given to the current approach of having some bookings managed centrally and some managed within specialities, to ensure that the chosen approach does not place the Health Board at greater risk of having inconsistent approaches, errors in application of the RTT rules and over-reliance on key individuals. (We acknowledged that instigating data validation checks will need to take place first to allow relevant information to be available on non-conformance.)	Medium	
Agreed Management Action		Target Date	Responsible Officer
2.1	A review of the booking process in Bridgend will be carried out and a training compliance plan for Bridgend developed.	End April 2023	Matthew Swarfield - Head of Clinical Administration Transformation
2.2	In line with 2.1, checklist and guidance will be standardised.	End April 2023	Matthew Swarfield - Head of Clinical Administration Transformation
2.3	A review of the structures in Bridgend will take place. A plan for an organisational restructure with a standardised approach will be developed.	End June 2023	Tarek Allouni – Director of Operations Planned Care & Matthew Swarfield - Head of Clinical Administration Transformation

Matter Arising 3: Reasonable Offer appointments (Operation)		Potential Impact	
<p>We sampled 45 appointment offers across three specialities (General Medicine, General Surgery and Women & Children) and reviewed the audit trail within WPAS to verify compliance with the SOP/RTT rules. Our selection included samples across all three Integrated Locality Groups (Bridgend, Merthyr Tydfil and Rhondda Cynon Taff) and all appointments had been made by one of the centralised booking teams.</p> <p>We identified that for 6/45 offers from across the sampled specialities, the SOPs/RTT rules had not been followed. There was no evidence to confirm if the appointments were booked with prior mutual agreement with the patient, and confirmation letters of appointment were not attached to the relevant appointment pathway on WPAS. The SOPs/RTT rules state that an offer of appointment is only considered reasonable when the dates have been mutually agreed with the patient and that failure to document the offers of appointment will be considered unreasonable.</p>		<ul style="list-style-type: none"> • Patients not treated equitably if the SOP is interpreted inconsistently. • Inaccurate reporting within the Health Board and to Welsh Government if correct processes are not followed. 	
Recommendation		Priority	
3.1	The Health Board should perform a training needs assessment of staff responsible for booking appointments and arrange for refresher training on the application of the Waiting List Management SOP/RTT rules, specifically in relation to reasonable offers and the required audit trail within WPAS.	Medium	
Agreed Management Action		Target Date	Responsible Officer
3.1	<p>A training needs assessment and compliance sign off will take place post implementation of the agreed SOP.</p> <p>Refresher training to be organised where required for staff identified.</p>	<p>August 2023</p> <p>August 2023</p>	<p>CSGMs & for all operational/booking team managers</p> <p>Matthew Swarfield - Head of Clinical Administration Transformation</p>

Matter Arising 4: Incorrect application of Waiting Time Adjustments (Operation)		Potential Impact
<p>We tested a sample of 18 pathways where waiting time adjustments had been applied to confirm that adjustments had been applied in accordance with the SOP/RTT rules. We noted issues with 9/18 of the pathways:</p> <ul style="list-style-type: none"> For six of the pathways, the patient failed to attend the agreed appointment ("Did Not Attend") without cancelling and giving sufficient notice. The clocks for these pathways were all "reset" but should have been "stopped". The patients remained on the waiting lists and in all cases two further appointments were scheduled, all of which were agreed with the patient, but again they failed to attend. <p>In accordance with the SOP/RTT rules, the patients should have been discharged earlier in the process and removed from the waiting list. Had a clinician indicated that they wanted the patient to remain on the waiting list, then evidence of this should be recorded in the notes section of WPAS, and the patient moved to the end of the waiting list. However, this was not the case.</p> <ul style="list-style-type: none"> For two pathways, three appointments each were scheduled without the mutual agreement of the patients. All appointments were rescheduled within weeks of each other even though the patients failed to attend every appointment. The pathway clock had been "reset" several times and should have been "stopped" earlier in the process and/or appointments should have been booked with the mutual agreement of the patient. For one pathway, no outcome had been recorded after the appointment had taken place and so was still "open" within the system with the clock running. There were no notes within the system of recent activity/review even though the pathway has been open for several months. <p>The above findings suggest that there are control issues in the management of waiting lists within WPAS, especially in relation to the application of waiting time adjustments (clock "stops" and "resets").</p>		<ul style="list-style-type: none"> Patients not treated equitably and some patients waiting longer if the SOP is interpreted inconsistently. Inaccurate reporting within the Health Board and to Welsh Government if correct processes are not followed. Detrimental impact on the Health Board's ability to manage waiting lists effectively. Costs incurred and resources wasted if patients fail to attend.
Recommendations		Priority
4.1	Training in relation to application of waiting time adjustments should be provided to all booking staff to ensure they are fully aware of and complying with the relevant RTT rules.	High

Agreed Management Action		Target Date	Responsible Officer
4.1	An audit of the 'all users with WPAS compliance' report to take place and training arranged for identified staff.	August 2023	Tarek Allouni – Director of Operations Planned Care & Matthew Swarfield - Head of Clinical Administration Transformation

Matter Arising 5: No validation and data integrity arrangements (Operation)	Potential Impact
<p>The SOP indicates that the Performance and Information Directorate will 'audit compliance across all clinical directorates and highlight any issues that require immediate resolution in order to ensure consistent compliance'. However, thorough discussions with a number of members of staff involved in the booking process, we established that there are no formal arrangements in place to validate appointment booking data.</p> <p>Service/ Speciality Managers have access to the WPAS and can review daily reports on waiting list management data which is published on SharePoint by the Performance and Information Team. However, the focus of the report is to provide visibility to management of the open pathways that do not include appointment booking data yet are approaching their waiting time target date.</p> <p>The issues identified as part of our testing confirm that there is a need to implement validation processes so that instances of non-conformance with the SOP/RTT rules can be identified and rectified and further training provided where necessary. This should not just relate to the bookings made by the central teams, but also to bookings made directly by specialities.</p>	<ul style="list-style-type: none"> • Poor management/oversight of waiting lists. • Patient dissatisfaction leading to complaints/distrust in the service. • Inaccurate Waiting List Management reporting. • Patients not treated equitably if the SOP is interpreted inconsistently.
Recommendations	Priority
<p>5.1 A review of the approach to data validation to ensure compliance with the Waiting List Management SOP and RTT rules should be undertaken. A pro-active, consistent and independent approach should be adopted regardless of whether the booking has been made by a central booking team or the speciality themselves.</p> <p>The Waiting List Management SOP should be updated to reflect the validation process.</p> <p>Ongoing data validation work should be used to identify trends in errors to allow training to be targeted on certain aspects of the process or to certain teams / specialities. Where there are persistent errors in specialities consideration should be given as to whether it is appropriate for that service to retain managing its own bookings, or if the process should revert to one of the central booking teams.</p>	<p style="text-align: center;">High</p>

Agreed Management Action		Target Date	Responsible Officer
5.1	5.1.1 - Identification of WPAS reports to allow for identification of compliance.	July 2023	Tarek Allouni – Director of Operations Planned Care & Matthew Swarfield - Head of Clinical Administration Transformation
	5.1.2 - Development of process to escalate where processes are not being followed consistently, sharing training documents/ SOP to support improvements	August 2023	

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:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	No assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	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
High	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*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	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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