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Iain Gray MSP
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Public Audit Committee
T3.60
Scottish Parliament
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21 March 2013

Dear Convener

Following the Public Audit Committee's evidence session on 13 March 2013, I would like to offer some further points of clarification which the committee may find helpful. I attach some detailed comments on a number of issues raised during the evidence session.

I would be happy to discuss any of these points further.

Yours sincerely



Caroline Gardner
Auditor General for Scotland

Points raised at PAC evidence session on 13 March 2013

Official report ref	Raised by	Issue	Audit Scotland comment
1276-77	NHS GG&C	"At that particular time, none of the information technology systems that NHS Greater Glasgow and Clyde used allowed staff to capture information about the application of the [social unavailability] code."	Although the systems in place did not have sufficient audit trails, they did have the facility to enter free text, although in one of NHS GG&C's systems this was limited to 20 characters. This facility was not being fully utilised by the board to evidence reasons for unavailability in the patient records we reviewed for 2011. We saw an improvement in this in a few records for 2012.
1276-77	NHS GG&C	The board was not required to record reasons for unavailability, therefore Audit Scotland's criticism about this is not valid. Do not accept the implications of wider issues that codes may have been applied inappropriately.	We could not examine the audit trails within systems in NHS Greater Glasgow and Clyde and there were limited or no notes on reasons for applying unavailability codes in the records we reviewed. This means it was not possible to confirm that the codes had been applied appropriately.
1264	NHS FV	Social unavailability trends were 'quite stable' and not the same as in other boards.	The board had similar trends to other boards with increasing use of the code up to 2011 and then a sharp drop (see Exhibit 7).
1268	NHS GG&C	High unavailability in certain specialties. "There was a very selective approach, whereby one waiting list was picked out of eight, in one month."	We used examples of high levels of unavailability to show some of the extremes. There were many examples of high unavailability in other hospitals and in other specialties within the board throughout 2011.
1273	NHS GG&C	92 per cent of all inpatients/day cases were treated in under 12 weeks in 2010-11, including all clock stops. For out-patients, it was 93 per cent of patients,	This is true for 2012; in 2010 around 90 per cent of inpatients were treated in under 12 weeks, and in 2011 the figure was 87 per cent of inpatients.

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		including all clock stops.	Exhibit 9 shows that NHS GG&C was the only board apart from Shetland that reported no inpatients as waiting over 9 weeks in June 2011 (inpatient target at that time).
1306	NHS GG&C	Performance against 18 week RTT was 93%	Current performance is around 92% but this is based on only 87% of patients. This is because for 13% of patients (3,380 patients), it was not possible to link all stages of the patient's journey from the initial referral to the start of treatment in order to measure performance against the 18 week target. NHS GG&C is one of four boards measuring less than 90 per cent of patients' full pathway against this target.
1306	NHS FV	Current performance against 18 week RTT - Forth Valley confirmed in the 90s (%), then said it might be slightly lower as the board had other issues at the time.	For the most recent quarter (Sep 2012) it was around 85% - performance went down in NHS Forth Valley after it stopped using the local code 'Aware of breach - willing to wait'.
1306	NHS Tayside	Forensic, detailed investigation of waiting list transactions raised suspicion about 63 transactions, 0.2% of all records that were examined.	The 63 transactions were identified from the small sample of records reviewed by the internal auditor (367 records). It is not clear how many patients were affected or for how long some of the practices had been going on.
1306	NHS Tayside	Audit Scotland did not raise any concerns with data analysis in NHS Tayside.	Our data analysis did not highlight any major concerns of how codes were being applied; this was also the case for the internal audit data analysis. The concerns about the inappropriate use of unavailability only became apparent because staff had raised concerns with the internal auditor

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			(see Case study 2 on p22 of AS report).
1279	NSS/ ISD Scotland	Accessibility of ISD Scotland waiting time statistics	Waiting time statistics are complex and difficult to understand. ISD produces a number of summary reports and separate data tables containing information on different aspects of waiting times data and performance. ¹ Some high level information is also provided on the Scottish Government website. ²
1293	NSS/ ISD Scotland	CE does not accept the statement in the report that ISD was not clear about its role and what issues to raise with the SG. "I do not understand why Audit Scotland did not discuss making the point with us before it made it."	We discussed this with ISD staff responsible for managing WTs. The statement in the report was cleared with ISD in a fact check which was sent to the Director of ISD.
1272, 1309, 1317-1318, 1330	Various	CEs sign off WTs data to confirm it is accurate.	CE sign-off on New Ways detailed data returns was not in place in 2011 and early 2012. SG advised that this was no longer required after the New Ways system had bedded in. This sign-off was reinstated during 2012.
1315	Scottish Government	Growth of social unavailability occurred mainly in 2008 and 2009.	The national data show that the biggest growth in the percentage of inpatients with social unavailability was during 2009: <ul style="list-style-type: none"> • 2008: increased from 9.2% in March to 15.3% in

¹ <http://www.isdscotland.org/Health-Topics/Waiting-Times/Publications/index.asp>

² <http://www.scotland.gov.uk/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance/18weeksRTT>

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			<p>December</p> <ul style="list-style-type: none"> 2009: increased from 13.8% in March to 23% in December. <p>The percentage continued to increase up to late 2010 when it stabilised at around 30 per cent. It began to decrease in late 2011.</p>
1324	Scottish Government	The use of unavailability codes started to reduce in Dec 2010.	<p>Exhibit 6 - social unavailability decreased slightly in 2010 but then increased again. There was a much more marked and sustained decrease from late 2011.</p> <p>Exhibit 7 - shows marked increases in individual boards and then a sharp decrease between 2011 and 2012.</p>
1334	Scottish Government	Bad winters of 2009-10 & 2010-11 caused capacity issues and an increase in cancelled operations, which affected unavailability figures. Dec 2010 particularly mentioned by boards as well.	<p>For outpatients, cancellation by the service remained relatively stable during 2010-2012 at just under 5%.</p> <p>For inpatients/day cases, hospital cancellations reached a peak in Dec 10 of 7.8% but it has not changed significantly over the past few years. There does not seem to be any relationship between unavailability and hospital cancellation rates. The only boards with noticeable peaks in hospital cancellations in Dec 2010 or March 2011, with rates of up to 13%, were: Borders, D&G, Fife, FV and Tayside, but some of these boards had higher rates at other times.</p>
1332	Scottish Government	SG did not want to introduce patient choice codes too quickly as the systems were not in place to do this and	New 'patient advised' unavailability codes were introduced from October 2012, but systems are still not in place for

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		attention had turned to TTG.	these and a breakdown of these new codes is not available for the latest quarter. ³ The latest ISD Scotland waiting time statistics publication states "NHS Boards are awaiting software updates to make local Patient Management Systems and extracts compliant with new Waiting Time guidance. Figures for patients waiting over 12 weeks added to the waiting list from 1st October 2012 are sourced from local systems prior to implementation of changes." ⁴
1334, 1336	Scottish Government	The new patient advised codes are expected to rise after they have been implemented.	Updated WTs guidance issued by the SG in August 2012 states that use of these codes would be unusual and would not be expected to affect large numbers of patients. (see p27 of AS report)
1339	Scottish Government	SG stated that Audit Scotland did not raise any concerns in the previous report published on New Ways in 2010 about the levels of social unavailability.	The level of unavailability had not yet risen when we carried out our previous report. We highlighted some of the risks around how the social unavailability code could be used, for example for patient choice reasons, and recommended a separate code was introduced. At this time boards were not using the code extensively for patient choice reasons. ⁵

³ See Audit Scotland comments on latest ISD Scotland waiting time statistics in evidence to the PAC on 27 March 2013, ref 1217-1218:

<http://www.scottish.parliament.uk/parliamentarybusiness/28862.aspx?r=7812&mode=pdf>

⁴ http://www.isdscotland.org/Health-Topics/Waiting-Times/Publications/2013-02-26/Table1_2_Feb13.xls?58615822

⁵ See Audit Scotland comments on social unavailability codes in evidence to the PAC on 27 March 2013, ref 1339-1340:

<http://www.scottish.parliament.uk/parliamentarybusiness/28862.aspx?r=7777&mode=pdf>

