

Appendix 1

Standard Operating Procedure - WAITING TIMES AUDITS and Assurance processes.

All staff involved in the management of waiting times has a responsibility to ensure that both the inpatient and outpatient waiting list modules are updated appropriately. Robust flow charts and Standard Operating Procedures are in place pertaining to waiting times administration to ensure consistency and accuracy of information.

For the purposes of the Waiting Times Audits independent staff members (Local Auditors) are responsible for carrying out patient level audits on a monthly basis using agreed audit methodology and with close consideration of the *NHS Scotland Waiting Times Monthly Audit Methodology*. Using independent staff members ensures the process is as independent as possible.

Inpatient episodes to be audited are selected at random and will be proportionately representative of the specialties encompassed. For example, if dermatology episodes make up 50% of the waits, 50% of those audited will be dermatology waits. The methodology employed will involve determining the specialty breakdown, by volume, and then generating a random numeric key to each episode. The samples to be audited will then be taken based on that sorted A>Z numerical key. This will ensure that the sample is completely random and also representative of the specialty breakdown. The same process is followed for outpatients who have attended or been removed from the outpatient waiting list.

For the Inpatient Audit, care should be taken to ensure that the 20 waiting times samples are *TTG pathway episodes* only, any diagnostic episodes selected erroneously should be discarded and a valid TTG pathway selected in its place following the methodology outlined above. For the Outpatient Audit, a sample size of 100 patients should be taken over a three month period from outpatients who have completed their wait or who have been removed from the outpatient waiting list.

On completion of the Inpatient Audit, the Local Auditor will forward the Audit Summary to the Secretarial Services Manager (Planned Care) for validation of any exceptions. The Outpatient Audit Summary will be forwarded to the Health Records Manager for Outpatients.

This SOP should be followed when exceptions have been recorded to ensure accurate reporting to the Scottish Government.

Casenotes for exceptions will be requested and made available by Health Records Staff. The casenotes will be held in the Health Records area for safekeeping until the audit is complete. (VHK/QMH/SACH/)

- Check casenotes against Clinical Portal and SCI Store for additional information, e.g. results held electronically and not filed in casenotes
- Check patient history (IP, DC, OP) on Patient Administration system to ascertain robust understanding of exception
- Undertake further checks if required, e.g. liaise with secretarial staff, waiting list staff to gather additional information to support response

Errors will be amended in TRAKcare and recorded on the Audit Summary spreadsheet. The Secretarial team leaders and the Outpatients Appointments Coordinators are responsible for resolving any issues identified within their service areas. The following details, if and when required will, also be added to the Audit Summary spreadsheets received from the Local Auditors.

- Common themes for errors, e.g. secretarial/waiting times staff not following agreed process.
- Actions taken to ensure staff have robust understanding of waiting times management, and continue to monitor to ensure reduction in errors
- The impact any identified issues had on the waiting time of the patient journey.

Once complete, reports of the outcomes of the audits will be prepared by the Secretarial Services Manager Planned Care (Inpatients) and the Senior Health Records Manager (Outpatients) and these will be forwarded to General Manager (Waiting Times) for reporting at each meeting of the Data Quality Group. The Secretarial Services Manager Planned Care and the Health Records Manager for Outpatients are responsible for ensuring that any cross-cutting issues are resolved.

An annual summary of the outcome of the audit reports will be reported to the ASD CGC following the end of each financial year.

A matrix of data quality reports, aimed at ensuring that the processes outlined in the Patient Access Policy are followed will be reviewed at each meeting of the Data Quality Group. Any issues identified and actions taken will be recorded and monitored through the action points of the group.

These process controls will be reviewed within the same review cycle as the Patient Access Policy (every 3 years).

There will be independent assurance of these processes, and this will be in line with the review cycle of the Patient Access Policy (every 3 years).