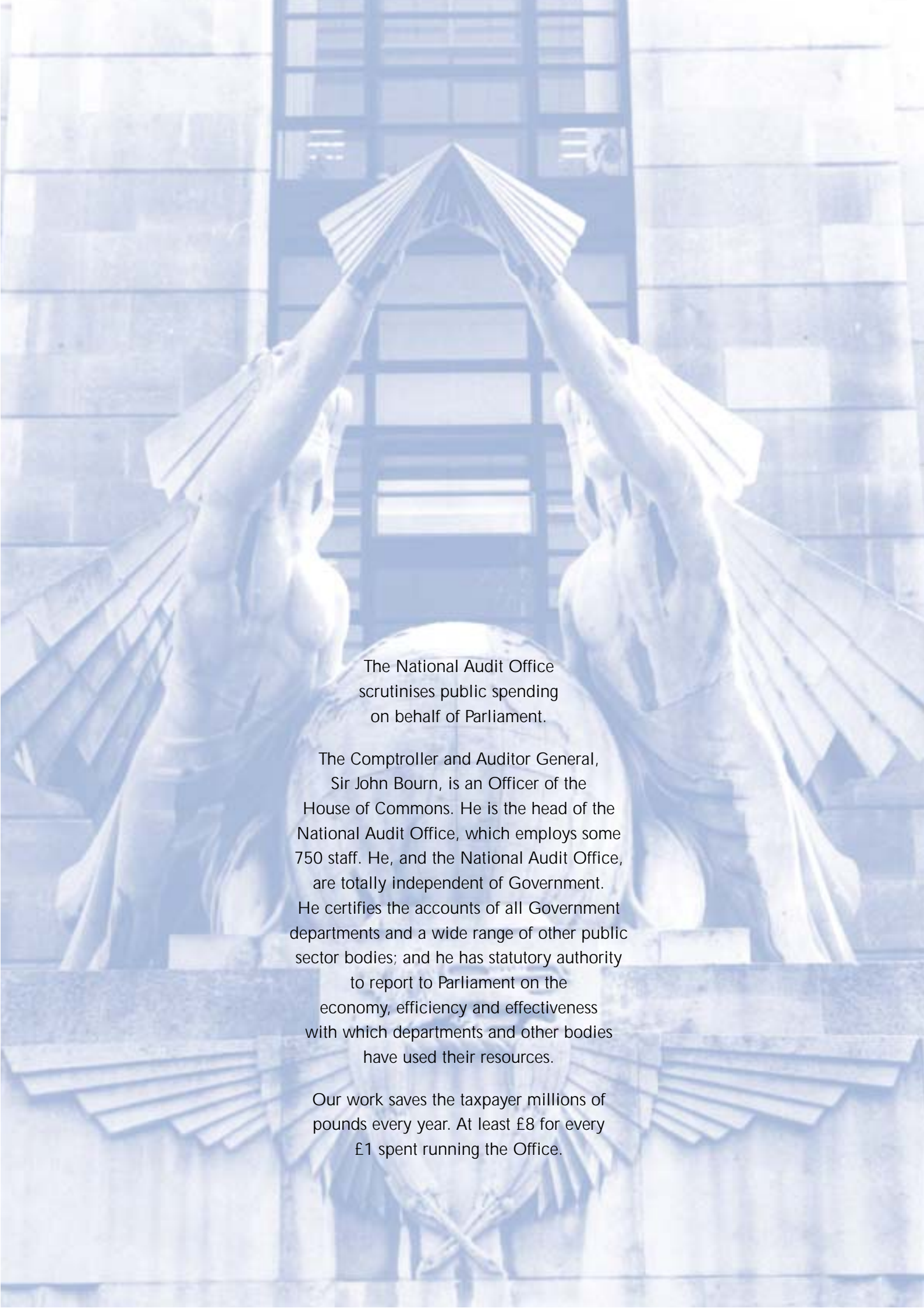


Inappropriate adjustments to NHS waiting lists

REPORT BY THE COMPTROLLER AND AUDITOR GENERAL
HC 452 Session 2001-2002: 19 December 2001





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This report has been prepared under Section 6 of the National Audit Act 1983 for presentation to the House of Commons in accordance with Section 9 of the Act.

John Bourn National Audit Office
Comptroller and Auditor General 14 December 2001

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Introduction

Introduction

- 1 In July 2001 we published a report looking at the accuracy and management of NHS waiting lists¹. We listed six NHS trusts where waiting lists had been inappropriately adjusted, and promised further work on them. This report sets out the results of our examination, which takes account of a further three trusts where inappropriate adjustments have come to light (Figure 1)². It draws important conclusions about the procedures for investigating and dealing with alleged waiting list irregularities and dealing with staff found to have been involved, including the use of confidentiality clauses and the provision of references.



Conclusions and recommendations

- 2 We found that:
 - Nine NHS trusts inappropriately adjusted their waiting lists, three of them for some three years or more, affecting nearly 6,000 patient records. For the patients concerned this constituted a major breach of public trust and was inconsistent with the proper conduct of public business. In five cases the adjustments only came to light following patient, health authority or MP complaints, or adverse publicity; in four cases they were identified by the trusts concerned;
 - The adjustments varied significantly in their seriousness, ranging from those made by junior staff following established, but incorrect, procedures through to what appears to be deliberate manipulation or misstatement of the figures;
 - The impact on patients also varies. In some cases there was little or no impact on patient care, but in others patients have waited longer for treatment as a result;

¹ *Inpatient and outpatient waiting in the NHS (HC 221/2001-2002)*

² *At one trust - Salford Royal Hospitals NHS Trust - enquiries by the trust are continuing into the accountability of individuals, and we report the position as at 31 October 2001.*

1 Summary of inappropriate adjustments

Trust	Inappropriate adjustments		Time scale	Action taken with individuals allegedly involved
	Detail	Number (Note 1)		
Barts & the London	Patient records altered; inappropriate suspensions; patients deleted from the waiting list, and other inappropriate adjustments.	Total number not known. 22 patients waited more than 18 months	1996 - Nov. 2000	No disciplinary action taken against junior manager allegedly responsible; considered to be 'organisational failure'. Senior managers responsible had already left the organisation for other reasons.
Guy's & St Thomas'	Inappropriate suspensions.	Total number unknown. Likely to be considerable	Four years	Junior staff involved - no action considered appropriate. The Board took corporate responsibility for the inappropriate adjustments.
Plymouth Hospitals	Inappropriate suspensions; patient records altered; delays in adding patients to the list, and other inappropriate adjustments.	250 suspensions. Not known how many others affected	1998 to 1999	Two individuals suspended on full pay; they subsequently reluctantly resigned. Compromise agreements paid £146,000, and had confidentiality clauses; also provision for clawback if re-employed in the NHS. Both were. References did not fully reflect enquiry findings but new NHS employers aware of circumstances.
Redbridge Health Care	Inappropriate suspensions (Note 2).	Between 250 and 300	May to July 1999	Individual suspended and asked to resign during the disciplinary enquiry. Re-employed within the NHS (Note 3).
Salford Royal	Patients waiting 18 months not reported (114); inappropriate suspensions (148), outpatients not added to the outpatient waiting list until month of appointment (685); patients not included on the inpatient waiting list (435). Total inpatients - 697; total outpatients - 685	1,382	Sept. 1998 - July 2001	Responsibilities still being investigated.
South Warwickshire General	A controlling mechanism delayed putting patients on the waiting list.	500 at any one time, up to 2,000 in total (Note 4)	May to Sept. 2000	Individual suspended on full pay. Agreed to resign. Compromise agreement included a confidentiality clause and paid £22,500. No provision for clawback if re-employed. Reference made no mention of inappropriate adjustment, but new NHS employer aware of circumstances.
Stoke Mandeville	Inappropriate suspensions; non-deliberate administrative and systems errors including failure to re-instate suspended patients.	157	Aug. 2000 to Jan. 2001	Disciplinary action started against three individuals, who were suspended on full pay from June 2001. Two have since retired or resigned.
Surrey & Sussex Healthcare	Patients not added to the waiting list; inappropriate suspensions and other inappropriate adjustments.	1,800	About one year	No individual identified. Chief Executive left before the problems came to light having failed to meet performance targets. The person received £95,000 in compromise agreement which included a confidentiality clause but no provision for clawback if re-employed within the NHS. Trust subsequently considered recovering part of the payment, and withheld £7,500.
University College	Patient records altered.	5	May 1999	Individual resigned before adjustments came to light. Re-employed within NHS.

NOTES

1. Treatment of patients was not delayed in all cases.
2. Patients may be legitimately suspended from the waiting list if they are temporarily unavailable for admission to hospital, for example through holidays, pregnancy, work and family commitments or for medical reasons. Time while suspended is not included in the official waiting times measure.
3. The individual accepted responsibility for 85 inappropriate suspensions only.
4. Estimated by the Trust, but disputed by the individual allegedly involved who estimates that a total of about 270 patients were affected (see Appendix 7, paragraph 5).

- Once issues came to light, trusts and Regional Offices acted promptly to investigate potential irregularities, and have taken prompt and effective action to prevent a re-occurrence;
- Trusts took prompt action to ensure that patients disadvantaged by the adjustments were treated quickly;
- At four trusts seven staff were suspended. Four Chief or Deputy Chief Executives (three of whom were suspended) subsequently resigned or had previously left, receiving compensation payments totalling over £260,000 covered by confidentiality clauses on the initiative of the trusts;
- Four of the suspended staff have been re-employed within the NHS. In one case the compromise agreement provided for clawback of compensation in the event of such re-employment, in two they did not. In some cases their terms of departure mitigated against the trusts disclosing the circumstances to potential new NHS employers; and
- At all trusts there was an enquiry. At four trusts the enquiry was internal, at five it was external. In all but one case the enquiries took between two and 12 weeks to complete, though in one case it was almost a year before the enquiry report was complete. In two cases trusts considered there were weaknesses in the enquiry report that impacted on the ability of the trusts concerned to take disciplinary action; and many of the staff involved have commented on what they consider to be major failings in the accuracy and completeness of the enquiry reports.

3 In the light of the above findings we recommend that:

- The Department of Health should seek assurances from the Chief Executive of each NHS trust that there have been no inappropriate adjustments to waiting lists. For example, they could investigate in more detail those trusts where more than 10 per cent of patients are suspended and which have more than 2 per cent of patients waiting more than twelve months for treatment. There are some 13 trusts which currently meet both these criteria;
- The Department of Health should issue guidance on the actions and procedures to be followed by trusts, including disciplinary action, where waiting list or other irregularities are discovered;
- As part of the guidance the Department of Health should take steps to ensure that effective enquiries are carried out into alleged irregularities, sufficient to ensure that they can be used as a basis for determining whether to take disciplinary action against individuals concerned. The enquiry team should be independent, external and sufficiently resourced to enable a thorough review to be undertaken within a reasonable timeframe;
- The Department of Health should re-issue and strengthen instructions requiring that trusts do not use confidentiality clauses in compromise agreements; and that such agreements include provision for clawback of compensation in the event of re-employment within the NHS; and
- The Department of Health should remind NHS bodies of the need to provide each other with a full knowledge of the employment history of staff seeking employment.

- 4 This report shows that some people sought to meet targets for waiting lists and times in an inappropriate way. In our view, there needs to be more checks and balances in the system to help manage such behavioural risks. External validation of key performance measurement systems and reported data offers a valuable way of ensuring accurate reporting.

Main findings

- 5 Our main findings are summarised in paragraphs 5 to 33. Details of the circumstances at each trust are given at Appendices 2 to 10. They are based on the findings of the respective enquiry reports and interviews with senior staff at trusts and Regional Offices. The appendices name those individuals whom enquiry reports have alleged are responsible for inappropriate adjustment of waiting lists, and we have interviewed or sought the comments of all those named. We have not named junior staff below manager level who were acting on the instructions of more senior staff or in accordance with established practice.

Waiting list targets

- 6 Until recently NHS trusts were working to two sets of inpatient waiting list targets. Each trust had a target expressed as the number of people on the waiting list at the end of the financial year. There was also an overall commitment that no one would wait longer than 18 months. With an increasing emphasis on reducing waiting time, the NHS Plan, published in July 2000, set a new maximum waiting time for inpatients of six months to be achieved by 2005. As a step towards this, the Department currently aims to have no one waiting longer than 15 months by March 2002.
- 7 Many of the investigation reports that followed allegations of inappropriate adjustments emphasise that a very strong message has been given, centrally and regionally, that delivery to achieve waiting list and waiting time targets are key priorities. While this does not in any way excuse inappropriate adjustment, the reports say that the adjustments were made in the context of pressure on trusts and particularly Chief Executives to meet key departmental targets. The Department of Health considers that with good management, waiting list and waiting time targets are achievable. At some trusts, the length of time that inappropriate adjustments occurred to waiting lists suggests that at those trusts, there were management problems.

Department of Health guidance

- 8 The Department of Health has issued a range of guidance aimed at ensuring that NHS trusts manage their waiting lists consistently and effectively. In addition, organisations such as the National Patients Access Team (now part of the Modernisation Agency) work within the NHS to assist and advise trusts on waiting list issues. There is no specific policy or guidance for trusts on action to be taken where inappropriate adjustments to waiting lists are identified. Such action, including any disciplinary measures that might be appropriate, is a matter for trust discretion. Trusts are, however, required to have in place policies and procedures disallowing confidentiality clauses in compromise agreements, which seek to prevent the disclosure of information in the public interest³.



Previous consideration by the Committee of Public Accounts

- 9 The Committee of Public Accounts has previously commented on the use of confidentiality clauses in compromise agreements and the re-employment of NHS and other public employees found guilty of misconduct (Appendix 1).
- 10 The Committee has made clear its strong opposition to the use of confidentiality clauses. They have concluded that such restrictions should not be employed to prevent disclosure of the use of public funds and that their use is inconsistent with the proper conduct of public business. As regards the re-employment of individuals found guilty of misconduct, in 1993-94⁴ the Committee urged the Department of Health to ensure that all health authorities and NHS trusts offer employment only in the full knowledge of the candidate's career history.
- 11 The Department of Health agreed with the Committee that as a matter of general principle, confidentiality clauses should play no part in severance arrangements. The Department has issued guidance to this effect (HSC 1999/198) which states that every trust and health authority should prohibit confidentiality/gagging clauses in compromise agreements and employment contracts. The Department of Health accepted the Committee's conclusion regarding the employment history of those seeking employment with health authorities and trusts.

How the inappropriate adjustments came to light

- 12 Four trusts were alerted to possible irregularities with their waiting lists by external complaints or adverse publicity. Of these, in two cases complaints were made by long-waiting patients (in one case for 23 months), at one trust a complaint was made by an MP on behalf of a patient, and at another a television documentary highlighted the potential under-reporting of patients waiting more than 18 months. It is not possible to say whether or when the problems at these trusts would have been identified had these complaints or publicity not occurred. In five trusts the inappropriate adjustments were identified internally, including one case where a health authority queried an 'urgent' patient who had been waiting 20 months.

Investigations into the inappropriate adjustments

- 13 Generally, the trusts concerned took prompt action to carry out an initial investigation to establish if there were waiting list irregularities and, if so, their extent; and the relevant Regional Offices were promptly made aware of the situation.
- 14 At three trusts either the National Patients Access Team or independent consultants were initially brought in to make a preliminary assessment of what irregularities might have occurred. In each case the investigation identified waiting list issues that needed to be investigated more fully. At two further trusts the National Patients Access Team had previously identified weaknesses in waiting list management and areas for improvement; though in both cases no further detailed enquiries were undertaken until potential waiting list irregularities were identified several months later.
- 15 At each of the nine trusts a more detailed investigation was carried out, commissioned by the trust or the relevant Regional Office. At four trusts this was an internal enquiry; at the other five an external enquiry was undertaken - in two cases by a Chief Executive of an unrelated trust, in two cases by District Audit, and in one case by an independent team that included representatives from the National Patients Access Team and the Regional Office.

⁴ *Advances to health authorities 1992-93: South Birmingham Health Authority and Employment*

- 16 Three enquiries took up to a month to complete; the remainder (except for Surrey and Sussex Healthcare NHS Trust) took between nine and twelve weeks. The enquiry at Surrey and Sussex Healthcare NHS Trust started in September 2000 but the report was not published until August 2001.
- 17 Some enquiries were limited in the extent to which they interviewed all relevant staff or gathered appropriate evidence. At South Warwickshire General Hospitals NHS Trust lawyers for the trust stated that weaknesses in the report had put pressure on the trust in reaching a financial settlement with those named as responsible for the irregularities. At Plymouth Hospitals NHS Trust, the Board identified weaknesses in the extent of evidence in the enquiry report. Many of the named individuals told us that the reports were inaccurate and incomplete, and that their views were either not fully reflected or were ignored.
- 18 The enquiry reports identified various irregularities in waiting list management:
- Patients had been suspended inappropriately (Redbridge Health Care NHS Trust and Guy's & St Thomas' Hospital Trust);
 - Patients' waiting list records had been altered to reflect waiting time, though in an inappropriate way (University College London Hospitals NHS Trust); and
 - There were delays in adding patients to the waiting list (South Warwickshire General Hospitals NHS Trust).
- 19 At five trusts a number of irregularities were found by the enquiry reports (though a number are disputed by the individuals concerned):
- At Plymouth Hospitals NHS Trust in addition to inappropriate suspensions, delays in adding patients to the waiting list until the month in which they were to be treated, and altering waiting list records, there was systematic under-reporting of long-waiting patients and false adjustment of waiting list returns, incorrect reporting of high volumes of day-case surgery, and inappropriate recording of patients who required more than one treatment for the same condition;
 - At Stoke Mandeville Hospital NHS Trust there were inappropriate suspensions, failure to re-instate suspended patients, inappropriate recording of patients who required more than one treatment for the same condition, and failure to add patients to the waiting list because of administrative errors;



- At Surrey and Sussex Healthcare NHS Trust patients were intentionally held back from being added to the waiting list, with only urgent patients being added; allegedly patients were deliberately offered admission during their known holiday dates and then suspended for a longer period when admission was declined, and patients were offered non-existent dates to come in at short notice and when those dates were declined, their records amended to hide the fact that they would breach the 18 month maximum wait;
 - At Barts and the London NHS Trust patient records were amended to shorten the apparent length of wait, patients were inappropriately suspended or inappropriately transferred to a list of patients waiting for planned treatment and therefore not included on the active waiting list, patients were deleted from the waiting list, and false admission dates were inserted on patient records;
 - At Salford Royal Hospitals NHS Trust there were inappropriate suspensions, all patients waiting more than 18 months were excluded from reported waiting list information, referrals from General Practitioners for an outpatient appointment were not recorded on the outpatient waiting list until the month of their appointment, and patients were recorded on a separate manual system and not included on the reported waiting list.
- 20 In each of the nine trusts, the irregularities meant that patients who had breached the maximum waiting time of 18 months were not reported, and/or that waiting list figures or patient records were incorrect.
- 21 With two exceptions (Guy's & St Thomas' Hospital Trust - where relatively junior staff were considered to have followed what they thought were long-standing procedures approved by senior management, and Surrey and Sussex Healthcare NHS Trust where the enquiry report did not name who was directly responsible) the enquiries named individuals who were responsible for the waiting list irregularities. These ranged from managerial grade staff at three trusts up to Deputy and Chief Executives at three trusts. Enquiries have not yet been completed at Salford Royal Hospitals NHS Trust.
- 22 In four cases the inappropriate adjustments to waiting lists took place over a period of between 2 and 12 months. At University College London Hospitals Trust they took place over about two weeks; however at Surrey and Sussex Healthcare NHS Trust the inappropriate adjustments took place over a period of about a year; at Salford Royal Hospitals NHS Trust they occurred for nearly three years, and at both Guy's & St Thomas' Hospital Trust and Barts and the London NHS Trust irregularities had been occurring for about four years.

Impact on patients

- 23** The enquiry reports identified some 3,000 patient records involved in the irregularities and inappropriate adjustments to waiting lists. The numbers involved ranged from five patients at University College London Hospitals NHS Trust, to 1,800 at Surrey and Sussex Healthcare NHS Trust. These figures do not, however, fully reflect the full scale of the inappropriate adjustments.
- 24** At Redbridge Health Care NHS Trust there were up to 200 other inappropriate suspensions of patients waiting 16 months or more. At Guy's & St Thomas' Hospital Trust, because the irregularities probably occurred for four years the total number of patients affected is not known, but is likely to be considerable. At South Warwickshire General Hospitals NHS Trust the total number of patients affected was 2,000, though the waiting list was only understated by about 500 at any one time, and at most only a handful of patients had their operations delayed. At Plymouth Hospitals NHS Trust the total number of patients affected is likely to be higher than that identified in the enquiry report, which only quantified particular aspects of the irregularities. At Barts and the London NHS Trust the nature of the numerous inappropriate adjustments to waiting lists means it is difficult for the Trust to estimate the number of patients affected by them, and at Salford Royal Hospitals NHS Trust (where the enquiry report only quantified some of the irregularities) the total number involved has been identified by the Trust as 697 inpatients and 685 outpatients. Thus where figures are known, the total number of patient records affected is nearly 6,000.
- 25** The inappropriate adjustments to waiting lists will have had differing degrees of impact on the patients concerned. In some cases, there will have been no impact, with patients waiting no longer than they would otherwise have done, and unaware of any irregularities. In others, patients will have waited longer than they should have done - sometimes considerably longer - and their condition may have deteriorated during the longer wait. Particularly serious are those patients who were inappropriately suspended (total number unknown, but at least 700 identified), were never put on the waiting list (total number unknown, but at least 435 identified) or who were deleted from it (total number unknown). If action had not been taken to correct these irregularities, the trusts had no mechanisms in place to ensure that all these patients received the treatment they needed.
- 26** It is important to note, therefore, that the cases identified in this report vary substantially in terms of their seriousness. At one end of the spectrum are trusts such as University College London where there were only five patients involved, none of whom had their patient care affected, and where disciplinary action leading to dismissal was unlikely to be appropriate against the individual allegedly involved; and South Warwickshire General where, though the total number of patients involved is likely to have been high, few if any had their treatment delayed. At the other end of the spectrum are trusts such as Salford Royal Hospitals where over 200 patients were denied the opportunity to be treated within 18 months, and Barts and the London where inappropriate adjustments went on for a number of years, and which the enquiry said posed potential threats to the patients affected because their treatment was delayed.
- 27** Once the inappropriate adjustments came to light, trusts took prompt action to identify all patients who may have been disadvantaged, and to ensure that they were the subject of remedial action. Such actions included sending patients to other trusts and the private sector for treatment, and re-instating suspended patients to the waiting list.

Action taken by trusts

- 28** At five trusts disciplinary action was considered against those allegedly responsible for the inappropriate adjustment of waiting lists. Exceptions were Guy's & St Thomas' where the enquiry did not set out to identify those involved, and where junior staff were following what were thought to be long-standing procedures approved by senior management; University College London where the individual had resigned five months before the inappropriate adjustments came to light, but where the adjustment was, in any event, not considered to be a disciplinary matter likely to lead to dismissal; and Surrey and Sussex Healthcare where the enquiry report did not identify the individual(s) involved. Of the five trusts where disciplinary action was considered, four suspended the individuals allegedly concerned on full pay while disciplinary proceedings were considered or were ongoing, the periods of completed suspension ranging from 2 to 4 months, during which time the three Chief or Deputy Chief Executives at two of the trusts were paid between £19,000 and £39,400. At one of the four trusts - Stoke Mandeville Hospital - three staff were suspended from June 2001 at a total cost of some £15,000 a month two of whom announced their retirement/resignation in October/November 2001.
- 29** Disciplinary hearings have not yet been held at any of the trusts where disciplinary action was considered. The individuals involved have therefore not had those allegations tested through the full disciplinary process. At Redbridge Healthcare NHS Trust the individual concerned resigned during the disciplinary process at the request of the Trust. At Barts and the London it was considered to be a matter of corporate responsibility and therefore inappropriate to discipline any individual. At Stoke Mandeville Hospital disciplinary enquiries are still underway against one of the three individuals concerned, whilst the other two announced their retirement or resignation, once disciplinary processes were underway. At Salford work is continuing to establish the accountability of individuals and disciplinary action will be taken if considered appropriate.
- 30** At Plymouth Hospitals NHS Trust following prolonged investigations and considerable correspondence and debate, the Chief and Deputy Chief Executive reluctantly agreed to resign on payment of compensation. This led the Trust Board to sign an agreement, cleared with Regional Office, paying them in total some £177,000 in compensation, with a provision for clawback if they were re-employed within the NHS. They have both been re-employed (after their new employers were made aware of relevant details) and their net compensation after clawback amounted to £146,000. The agreements contained confidentiality clauses.
- 31** At South Warwickshire General Hospitals NHS Trust lawyers advised the Remuneration Committee that disciplinary proceedings should be commenced against the Chief Executive in parallel with discussions about a compromise agreement, advising that there was a 60 per cent⁵ chance of success if the Trust was taken to an employment tribunal. In the event the Trust, supported by legal advice, agreed a settlement in which the Chief Executive received compensation of some £21,000 plus other benefits, with no provision for clawback if he was re-employed within the NHS. The compromise agreement contained a confidentiality clause, and allowed for a reference to be provided which made no reference to manipulation of waiting lists. The Chief Executive has subsequently been re-employed within the NHS following disclosure of events at the Trust to his new employer.

⁵ Reduced to 50 per cent in correspondence after the matter had been concluded.

- 32 At Surrey and Sussex Healthcare NHS Trust, though no individual was found by the enquiry report to be directly involved in the inappropriate adjustment of waiting lists, the Chief Executive was deemed to take responsibility. However, she had left the Trust 5 months before the enquiry started as a result of failure to meet financial and waiting list targets, negotiating a compromise agreement that paid some £95,000 compensation and which included a confidentiality clause but, on the advice of lawyers, no provision for clawback in the event of re-employment in the NHS. During the course of the enquiry into waiting list irregularities the new Chief Executive sought (but was unable) to recover part of the compensation payment for matters "of such a serious nature that they would, in all probability, have resulted in disciplinary action". The Chief Executive is not currently employed in the NHS and the Trust has not provided her with a reference.
- 33 Most of the individuals alleged to have been involved in the inappropriate adjustment of waiting lists have found re-employment within the NHS. Those concerned at Redbridge Healthcare and University College London Hospitals have been re-employed in NHS organisations, and in both cases their new employer was advised of the relevant circumstances. At Barts and the London the manager allegedly involved has been re-employed at an NHS trust, but the reference provided made no reference to waiting list irregularities. Those concerned at Plymouth Hospitals have been re-employed at health authorities, but the Chief Executive's reference provided by the Trust makes no mention of the findings of the enquiry report; and the Deputy Chief Executive's reference makes no reference to inappropriate waiting list practices other than that to which he had admitted (though their new employers were made aware of relevant details). At South Warwickshire General Hospitals the Chief Executive has also been re-employed at a health authority. Whilst he made his new employer aware of the circumstances surrounding his departure from the Trust, the formal reference provided by the Trust made no reference to the waiting list adjustment incident for which he was suspended.

Action taken to prevent re-occurrence

- 34 All nine trusts have put in place action plans or revised procedures to ensure that inappropriate adjustments to waiting lists do not re-occur. These include:
- involvement of the Modernisation Agency, including the National Patients Access Team;
 - policy review and issue of revised internal waiting list guidance;
 - separation of duties and improved lines of accountability;
 - a review of all suspended patients, and limiting and raising the seniority of staff with authority to suspend patients;
 - the introduction of rolling validation of waiting lists within the trusts;
 - re-organisation of trust management arrangements and implementation of new control procedures, and
 - better capacity planning and modelling.



Appendix 1

Previous consideration by the Committee of Public Accounts

- 1 The Committee of Public Accounts has, on a number of occasions in recent years, commented on matters covered by this report. In particular, on the use of confidentiality clauses in compromise agreements, and the re-employment of NHS and other public employees found guilty of misconduct.
- 2 In investigating severance payments to senior staff in the education sector in 1994-95⁶, the Committee noted that it was "strongly opposed" to the use of confidentiality clauses, commenting that "such a restriction should not be employed to prevent disclosure of the use of public funds". The funding councils agreed in principle that there should be no confidentiality clauses, other than for commercially sensitive information. In their report on the suspension of a consultant paediatrician in 1994-95⁷ the Committee found the use of a confidentiality clause "unacceptable" and "quite inconsistent with the proper conduct of public business". The NHS Executive agreed with the Committee that as a matter of general principle, confidentiality clauses should play no part in severance arrangements. The Department has issued guidance to this effect (HSC 1999/198) which states that every trust and health authority should prohibit confidentiality/gagging clauses in compromise agreements and employment contracts. The Committee, in their report on the Southampton Institute of Higher Education⁸ commented that "the use of public money must be seen to be open and accountable and that confidentiality agreements were therefore inappropriate". The Treasury Minute response said that revised procedures in place at the Institute would prevent a recurrence of such agreements.
- 3 In commenting in 1993-94⁹ on the re-employment of individuals within the NHS following misconduct the Committee urged the Department of Health to ensure that all health authorities and NHS trusts offer employment only in the full knowledge of the candidate's career history. The NHS Executive accepted the Committee's conclusion.

⁶ *Severance payments to senior staff in the publicly funded education sector (28th Report, Session 1994-95)*

⁷ *The suspension of Dr O'Connell (40th Report, Session 1994-95)*

⁸ *Overseas operations, governance and management at Southampton Institute (26th Report, Session 1998-99)*

⁹ *Advances to health authorities 1992-93: South Birmingham Health Authority and Employment Termination Settlements within the NHS (36th Report, 1993-94)*

Appendix 2

Barts and the London NHS Trust

How the inappropriate adjustments came to light

- 1 In November 2000 East and North Herts Health Authority queried a patient on the Trust's waiting list who was classified as 'urgent' but who had been waiting nearly 20 months for treatment. As a result the Trust Board commissioned an internal enquiry to identify the circumstances surrounding this, and potentially other, breaches of the 18 month maximum waiting time.

The investigation

- 2 A detailed investigation was undertaken by the Trust's Internal Audit, and an internal enquiry panel interviewed key people involved in waiting list management and subsequently reported to the Trust Board. The investigation began in November 2000 and reported in January 2001.
- 3 The enquiry found that systematic waiting list data manipulation had been going on for around four years to make waiting list performance appear more favourable. The Admissions Department Manager (Ms Jan Rice) had deliberately and systematically altered patient records to prevent disclosure of patients waiting over 18 months to the Trust Board and to the Regional Office, and to understate the overall size of the waiting list so as to facilitate meeting targets. Specifically Ms Rice amended the 'decision to admit' date on the Patient Administration System so as to shorten the apparent length of waiting time; inappropriately suspended patients; inappropriately transferred patients to the planned list; deleted patients from the waiting list, and inserted false admission dates on patient records. The Admissions Department Manager claimed to be acting on instructions from the Director of Operations, but the enquiry report was unable to come to a conclusion on this. Nonetheless the enquiry found that the manipulation of waiting list data seemed to have been known to a wide number of trust employees, including senior managers. It had become custom and practice, and was therefore a matter of corporate responsibility.
- 4 The enquiry also found that there was a lack of effective management of the waiting list and a failure to address the problem of long-waiters, neither of which was seen as a high priority or key objective of the Trust. Overall,

as regards waiting lists, the enquiry found lack of managerial ownership and control, lack of accountability, lack of clarity regarding roles and responsibilities, lack of Trust Board awareness, lack of internal reporting of problems and constraints, fragmented systems, lack of a clear audit trail and a lack of senior clinical and managerial leadership.

Impact on patients

- 5 The enquiry report found that manipulation of waiting list data may have led to patients experiencing unnecessary delays in receiving treatment and that there was a risk of patients being inadvertently denied treatment. By failing to address the problems the Trust had caused patients to wait for treatment longer than the urgency of their condition would suggest was reasonable and, possibly, even safe. The enquiry noted that these actions were potentially dangerous to patients.
- 6 Because of the nature of the inappropriate adjustments to waiting lists it is difficult for the Trust to estimate the number of patients affected by them. Where the Trust did identify patients involved, such as 14 inappropriately suspended patients, they took steps to ensure that, where appropriate, they were treated as a matter of priority. All 14 patients were treated within two months. The Trust identified 22 patients who had waited longer than 18 months for treatment and took prompt action in respect of them. Since March 2001 no patient has waited more than 18 months.

Action taken by the Trust

- 7 At a meeting of the Trust Board in February 2001, the need for disciplinary action following the enquiry report was considered. The Board concluded that there had been organisational failure and that it was therefore inappropriate to single out individuals for disciplinary action. The Admissions Department Manager resigned in May 2001, left the Trust at the end of June, and is now employed in an acute NHS Trust in a management capacity. Both Directors of Operations (a job share role) had already resigned from the Trust. The current NHS employers of the Manager were advised of her involvement in the inappropriate adjustment of waiting list data.

Action taken to prevent re-occurrence

- 8 The Internal Audit report and subsequent enquiry summary report contained over 60 recommendations to improve the management of waiting lists, proposing major changes to the processes, responsibilities and reporting arrangements in relation to waiting lists. They included, for example, that only appropriate staff should be able to amend waiting list data in the light of the enquiry's finding that 841 Trust staff could amend waiting list data, a further 316 could amend a patient's proposed admission date and a further 125 could suspend patients from the waiting list.
- 9 Following consideration of the Enquiry Panel's recommendations by the Trust Board a detailed Action Plan was drawn up, with targets, progress against which is monitored by the Audit Committee on behalf of the Board. The Plan covers improved performance management, appropriate policies and procedures for rigorous waiting list management, clear internal and external reporting, redesigning pathways and identifying roles and responsibilities for waiting lists, increased consultant participation, sharing of best practice, improved referral protocols, better capacity planning and modelling, appropriate audit systems put in place, re-inforcement of whistle-blowing policy, effective monitoring of data integrity, and review of the quality of medical records.

Appendix 3

Guy's and St Thomas' Hospital Trust

How the inappropriate adjustments came to light

- 1 In June 1999, at an internal meeting to discuss problems in plastic surgery and orthopaedics, it was revealed to the Chief Operating Officer that patients were being inappropriately suspended to avoid reporting breaches of the 18 month maximum wait. The Chief Operating Officer agreed that attempts should be made to manage the problem so that the incidence of breaches could be eliminated over the coming months, and that a revised waiting list management policy should be implemented. The situation did not improve, and when another trust reported similar problems the Chief Operating Officer reported the matter to the Trust Board on 2 September. Some 50 patients were identified at that date as having been inappropriately suspended.

The investigation

- 2 The Trust Board commissioned the Chief Operating Officer to carry out an internal investigation in October 1999 which was completed within about four weeks. The Trust Board considered the enquiry report to be an adequate basis for decisions and actions by the Trust. It concluded that inappropriate suspensions had been a long-standing routine practice probably for some four years, which staff believed had the approval of senior management. The report also concluded that, though misguided, there was a belief by junior staff that it was in the best interests of the Trust to inappropriately suspend patients rather than incur waiting time breaches.
- 3 The Chief Operating Officer interviewed a number of members of staff, but did not attempt to identify individuals who might have acted inappropriately. No individual members of staff were therefore singled out by the Trust Board as being responsible for the inappropriate suspensions.

Impact on patients

- 4 The investigation found that twenty patients in orthopaedics and thirty patients in plastic surgery had been inappropriately suspended and were unreported breaches of the 18 month maximum wait. As the practice had gone on for several years the Trust are unable to say how many patients in total have been inappropriately suspended. It is, however, likely to be a considerable number. The Trust estimate that inappropriate suspensions meant that delays in the 50 patients receiving treatment ranged from a minimum of 4 months to a maximum of 14 months. Delays may have occurred outside this range for other patients who may also have been inappropriately suspended.
- 5 Following the investigation, the Trust produced an action plan in October 1999 for treating the inappropriately suspended patients. This was subject to fortnightly monitoring by the Regional Office. The Trust rapidly treated patients awaiting plastic surgery, and the majority of orthopaedic patients were treated at another trust. All inappropriately suspended patients were treated or removed from the waiting list by 14 March 2000. There was also a review of all waiting lists to check the validity of suspensions, but no further cases were found.

Action taken by the trust

- 6 The Trust Board did not consider any disciplinary action against members of staff. A Board meeting in September 1999 concluded that the inappropriate suspensions were a matter of corporate responsibility, and that individual members of staff should not be subjected to any external pressure that might follow disclosure.

Action taken to prevent re-occurrence

7 Immediately following the investigation, the Trust initiated a number of actions including:

- a comprehensive review of all patients suspended from waiting lists to establish their validity;
- limiting and raising the seniority of staff with authority to suspend patients;
- issuing clear instructions that suspending patients from the waiting list for other than valid reasons should not happen under any circumstances;
- a review of compliance with the Trust's waiting list policy, completed in March 2000.

A number of further measures were introduced in the following months, in the light of advice from the National Patients Access Team, London Regional Office and a Health Authority review of waiting list management across the whole health economy. These included:

- revising and relaunching the Trust's waiting list policy. This was completed in October 2000;
- the introduction of centralised admission arrangements to ensure consistency of practice across the Trust;
- the introduction of rolling validation of waiting lists;
- proactive management of waiting lists, including the routine provision of a range of quality information to directorate and corporate management staff; and
- participation in the Booked Admissions programme.

8 As with other London trusts, the Regional Office took a range of actions, including being involved with the Trust's action plan, once the inappropriate adjustments at Guy's and St Thomas' Hospital Trust came to light. The actions also included obtaining and analysing information on suspended patients and long-waiting patients, and seeking confirmation from Chief Executives that all suspended patients had been suspended appropriately.

Appendix 4

Plymouth Hospitals NHS Trust

How the inappropriate adjustments came to light

- 1 In autumn 1999, a television programme on the Trust's cardiac surgery services highlighted potential under-reporting of patients who had exceeded the 18 month maximum wait. In November the Regional Office and the National Patients Access Team highlighted possible irregularities at the Trust which were reported to the Chief Executive in December. During early December, and following a national initiative to examine suspended patient lists, the Trust discovered that, at 22 per cent of the total waiting list, its percentage of suspended patients was unusually high.
- 2 On closer examination the Trust discovered that some patients had been suspended inappropriately. Later in December, Martin Cusack, the Deputy Chief Executive, informed the Chief Executive and the Regional Director that he had, earlier in the year, adjusted monthly returns relating to patients waiting in excess of 18 months for treatment.

The investigation

- 3 In January 2000, the Trust Chairman advised the Regional Director that there appeared to have been significant inappropriate adjustment of the waiting list involving senior Trust staff. In January 2000 the Trust Chairman commissioned the Chief Executive of an independent trust to investigate waiting list management. This was an extension of the investigation started by the Chief Executive in late 1999. The investigation was completed at the end of April 2000, though it was another two months before the matter was resolved. The Trust Chairman considered that the enquiry report provided a basis for a decision to proceed with disciplinary action against individuals.
- 4 The enquiry report concluded that several types of inappropriate adjustment had been carried out between June 1998 and late 1999. These included:

- i The systematic under-reporting of 17 and 18 month waiters through monthly waiting list monitoring information being amended prior to the production of waiting list reports. Consequently the Trust Board, Health Authority and Regional Office were unaware of long-waiters, and patients were not treated within 18 months;
- ii Over 250 mainly plastic surgery patients were found to be inappropriately suspended, 84 of which were 18 month plus waiters. Most were patients listed for procedures outside of the Health Authority guidelines, and for which the Trust had not been funded;
- iii The Trust, for a brief period, inappropriately used a planned list in orthopaedics to address long-waiting patients who required treatment by a particular surgeon with specialist skills;
- iv Altering the date when patients were placed on the list. Dates were changed for orthopaedic inpatients to hide 18 month waiters; for orthopaedic outpatients to falsely show that the 90-day treatment target was being achieved; and to allow for failings of the Patient Administration System;
- v Delay in putting plastic surgery day-case patients on the waiting list until the month in which they were to be treated. This occurred for a few months only, was discovered by the Trust, and did not delay patient treatment;
- vi Adjustment of waiting list data in respect of a contract with one Health Authority to ensure that the waiting list target was met. This was an administrative matter and did not affect patients;
- vii Use of inflated figures for levels of day-case surgery. This did not affect reported waiting lists or impact on patients.

Of the above, (i) - (iv) had already been discovered by the Trust. Mr Wilson also told us that they had been reported to the Trust Board or included in a briefing paper for non-executive directors prepared by him. The Trust Chairman disputes that the Board was adequately informed, particularly with regard to suspended patients and changing dates of when orthopaedic outpatients were added to the waiting list.

- 5 The investigation found that the Trust had fallen behind on waiting list management, and that several serious irregularities led to patients waiting more than 18 months for treatment. The Board had been unaware of this failure, with inaccurate waiting list information reported to them, the Health Authority, the Regional Office and the Department of Health headquarters.
- 6 The enquiry report suggested that there was evidence to demonstrate that Mr Cusack, the Deputy Chief Executive, had been involved in inappropriate waiting list management other than that to which he had already admitted. However, Mr Cusack subsequently wrote to the Trust Chairman to state that the enquiry failed to produce any evidence against him, and that he completely rejected the claim that he was involved in, or condoned, inappropriate waiting list management practices.
- 7 The enquiry also found that Mr Wilson, the Chief Executive, failed to instigate a full investigation in November 1999 when concerns about waiting lists were first raised; and that he failed in his duty as an accountable officer in terms of management of waiting lists.
- 8 Mr Wilson believes this is unfair and inappropriate criticism. He has told us that the Trust initiated a significant waiting list management programme in 1999. He responded to the allegations stating that he took action to correct inappropriate practice immediately he became aware of it, and initiated disciplinary proceedings and a full investigation in December 1999. Mr Wilson wrote subsequently to the Trust Chairman stating that the enquiry report was based on a flawed analysis of events, was inaccurate and misleading, and that it failed to provide any evidence that he had a case to answer, the allegations being confused, misleading and patently groundless.
- 9 The Regional Office has told us that although Mr Wilson and Mr Cusack were accountable for the adjustments to waiting list data as the senior officers concerned, there was no clear evidence that they were responsible for them, with the exception that Mr Cusack admitted responsibility for under-reporting long-waiting patients. The Regional Office told us that neither the inquiry, nor subsequent investigations by the trust produced clear evidence about who carried out the other adjustments.

that they cannot quantify the number of patients who were affected by the other waiting list irregularities without undue effort.

Action taken by the trust

- 11 In January 2000, a disciplinary panel meeting was held at which Mr Cusack's role in the inappropriate adjustments to Regional Office returns was discussed. It did not consider wider waiting list issues. The Trust Chairman told us that this was because Mr Cusack had advised Mr Wilson (the disciplining officer) that there were "no other control mechanisms that were adjusted". Mr Wilson has shown us a briefing paper prepared by him for the disciplinary panel hearing which refers to waiting list irregularities that had implications for patients, and with a letter from the National Patients Access Team commenting on the Trust's waiting list management arrangements.
- 12 Mr Cusack admitted to under-reporting long-waiters, and was given a written warning. The Trust Chairman told us that a further disciplinary hearing was scheduled for May 2000 (following receipt of the enquiry report) to discuss the actions of both Mr Wilson and Mr Cusack, but this was postponed and was expected to be held later in the year.
- 13 Both Mr Wilson and Mr Cusack took paid special leave from 21 January to 26 April 2000. From 26 April until their resignations (19 June and 6 June respectively), they were suspended on full pay. During their absence, they received salaries of approximately £28,000 and £39,400 respectively. The investigation concluded that serious breaches of trust had been created and that it would be difficult for Mr Wilson and Mr Cusack to return to the Trust.
- 14 In June 2000, Mr Wilson and Mr Cusack (who were both advised throughout by the First Division Association) both reluctantly agreed to resign on payment of compensation. The Trust Board considered that the extent of evidence in the enquiry report and, in the case of Mr Cusack, the previous actions of Trust senior management (Mr Wilson), meant that there was no guarantee that the Trust would succeed at an industrial tribunal. The Trust told us that at no time was pressure brought on any individual to resign, but both Mr Wilson and Mr Cusack dispute this.

Impact on patients

- 10 In excess of 250 patients were inappropriately suspended, of whom 84 were 18 month plus waiters. All were treated by the end of July 2000. The Trust is unable to quantify the maximum and minimum delays in the treatment of the patients concerned. The Trust told us

2 Confidentiality Clause

Mindful of its obligations to permit this Agreement to be subject to proper public scrutiny, the Employer will put this Agreement before the Remuneration Committee of the Employer for approval in its files. Save for that, neither the Employer nor the Employee shall disclose the contents of this Agreement to any third party except to their professional advisors or as required by law, save that the Employer will, if asked, make a copy of this Agreement available to the Secretary of State for Health or his nominated representative.

The Employee agrees he will not make directly or indirectly any statement or comment to the press or other media concerning his employment with the Employer or its termination or represent himself as continuing to be employed or connected with the Employer.

- 15 Compromise agreements were reached with Mr Wilson and Mr Cusack (via the First Division Association), both including confidentiality clauses on the initiative of the Trust (**Figure 2**). The Board agreed to pay them compensation of £99,120 and £77,438 respectively plus £100 in full and final settlement of any claims against the Trust. Both settlements included clawback if re-employment within the NHS was obtained. Mr Wilson repaid £20,201 and Mr Cusack £11,129. The Regional Director cleared (but was not required to approve) the settlements.
- 16 Included in the compromise agreements was a requirement for Mr Wilson and Mr Cusack to "assiduously seek alternative employment within the National Health Service". And for the Trust to provide an agreed reference to potential employers. For Mr Wilson, this made reference to the investigation into waiting list management but did not mention the findings of the enquiry report. For Mr Cusack, the reference explicitly stated that his adjustment to waiting lists was a disciplinary issue for which he received a 12 month written warning. It made no reference to other inappropriate waiting list practices. Mr Wilson is now employed by a Health Authority as a Programme Director and Mr Cusack is now employed by a Health Authority as Head of Corporate Development. In both cases their new employer was made aware of the circumstances surrounding their departure from Plymouth Hospitals NHS Trust.

Action taken to prevent re-occurrence

- 17 The Trust told us that they have put in place a programme of action to ensure the appropriate management of waiting lists. This included a full reorganisation of Trust management arrangements, the introduction of a new divisional structure, and the implementation of new control procedures. Mr Wilson told us that most, if not all, of these changes had been initiated by him and Mr Cusack during 1999; though the Trust told us that in some cases it was not until much later that new arrangements were introduced.
- 18 The Regional Office has established a Regional Patient Access Team with considerable expertise in waiting list management. They have worked with acute trusts across the region to improve waiting list management and spread best practice. This work includes reviewing waiting lists and information to ensure that these are robust and that national guidance is being applied correctly.

General issues raised by those named in the enquiry report

- 19 Both Mr Wilson and Mr Cusack have stated that they told the Regional Director about the inappropriate adjustments to waiting lists. Mr Cusack believes that the investigation was poorly recorded, that the concluding report was inaccurate, lacked rigour and not supported by facts. Mr Cusack told us he has never accepted the findings of the report to which he produced a detailed rebuttal; and that he was pressured to resign from the Trust, though the Trust deny this. He told us that he accepted compensation because he could not financially afford to fight his case through the disciplinary, appeals and employment tribunal procedures.
- 20 Mr Wilson has told us that he considers this matter to have been handled in an unfair, biased and incomplete way. In particular he considers that:
 - The inappropriate waiting list practices affecting patients and identified in the enquiry report had already been identified by Trust management and were being, or had been, corrected;
 - Although there was no Trust Board in December 1999, he kept the Trust Chairman well informed and initiated an investigation led by a senior Health Authority manager;
 - There was inadequate recognition of the significant waiting list management improvement programme that had been initiated during 1999;
 - The length of the investigation undermined relationships and trust on both sides;
 - Although the enquiry did not find him responsible for the irregularities, he was pressurised into resigning. The Trust deny that any such pressure was brought to bear.

Appendix 5

Redbridge Health Care NHS Trust¹⁰

How the inappropriate adjustments came to light

- 1 The family of a patient suspended from the waiting list contacted the Secretary of State on the 29 July 1999 to complain that she had breached the 18 month maximum wait. A preliminary investigation found that the patient had been inappropriately suspended from the waiting list with the intention of concealing the fact that she had been waiting since October 1997 and had therefore breached the 18 month maximum waiting time.

The investigation

- 2 The then Deputy Chief Executive commissioned an Associate Director at the Trust to carry out an internal investigation, which was completed within about four weeks and submitted on 16 September 1999. The enquiry report concluded that Ian McKay, a General Manager in Surgery and Specialist Services, inappropriately suspended patients from the waiting list, and that a junior member of staff also did so, acting on Mr McKay's instructions.
- 3 The enquiry report stated that Mr McKay took full responsibility for the inappropriate suspensions. It noted, in mitigation, that he worked in a highly pressurised and complex area of the Trust, and received minimal support from some very senior clinical colleagues, and received limited management support. Over half of the 85 patients who breached the 18 month maximum wait were on the waiting list of one consultant who was subsequently suspended as a result of an enquiry into his provision of patient care.

Impact on patients

- 4 The enquiry found that a further 84 patients (mainly in orthopaedics) had breached the 18 month maximum wait between May and July 1999. A further 200 suspensions were also identified by the Trust for which no valid reason could be found, and which were therefore treated as inappropriate suspensions. Some of these further cases would subsequently have breached the 18 month maximum wait target had they not been

identified at this stage. Mr McKay has denied that he was personally responsible for these further inappropriate suspensions.

- 5 Immediate action was taken with respect to the patients who had been inappropriately suspended, including arranging additional theatre time in evenings and weekends, and appointing a locum consultant. By September 1999, all patients who had breached the 18 month maximum wait had been assessed and either offered an admission date within the Trust or the private sector, or removed from the waiting list for genuine reasons. The maximum delay in treating the inappropriately suspended patients was 4 months.

Action taken by the trust

- 6 Mr McKay was suspended on 6 August 1999 on grounds of alleged gross misconduct, and a disciplinary investigation was initiated. While suspended, he was seconded to a Health Authority and placed on duties unrelated to waiting list management. He resigned on 3 November 1999 from the Trust, at the Trust's request, prior to a decision being made about what disciplinary action should be taken. Mr McKay is now working permanently for that Health Authority as Programme Manager- Children's Services. The Health Authority was fully advised as to the circumstances surrounding Mr McKay's suspension and they have told us that he has made an extremely valuable contribution to the development of children's services in the area, with the NHS benefiting greatly from his employment.

Action taken to prevent re-occurrence

- 7 The National Patients Access Team visited the Trust in August 1999 and provided assistance, along with the Regional Office Performance Management Team, in reviewing waiting list management at the Trust. Separation of duties was initiated for monitoring and achievement of targets; and Trust waiting list policy was reviewed in line with best practice and re-launched, outlining the development of stringent monitoring arrangements and senior clinician involvement. The Regional Office Performance Management Team commended the Trust during the annual review meeting in spring 2000 for the rapid response and resolution of the problems identified in July 1999.
- 8 Following the incident at Redbridge, the Regional Office analysed the level of suspensions in acute trusts in the region to see if there were similar problems elsewhere. In August 1999 they contacted trusts with large numbers of suspended patients, and others where it was considered appropriate, to check that suspensions were following the correct procedures. On 7 October 1999 Regional Office requested information on all patients in the region waiting more than 15 months on the waiting list to ensure that appropriate treatment for them was being organised and to ensure no unusual suspensions were occurring. The Regional Director contacted all acute trust Chief Executives asking them to confirm that all patients on suspended lists had been suspended appropriately. The Regional Office was involved in the action plans following the enquiries at this and other London trusts where inappropriate adjustments to waiting lists occurred.

Appendix 6

Salford Royal Hospitals NHS Trust

How the inappropriate adjustments came to light

- 1 On 13 June 2001 and following the appointment of a new Director of Operations, concerns were expressed to the Regional Office regarding the accuracy of the Trust's waiting lists. District Audit, on 5 July 2001, were asked by the Trust's Chief Executive to investigate the matter.

The investigation

- 2 The enquiry by District Audit focussed on the waiting list systems at the Trust, and the Trust's compliance with current waiting list guidance. The report took some three months to complete and involved interviews with key staff, a review of policies and procedures, and some data analysis. The Trust paid District Audit £17,150 to undertake the enquiry.
- 3 The enquiry report concluded that until July 2001, accurate information on the total number of patients on the waiting list were not reported to the Trust Board or to the Regional Office. This was because all patients waiting more than 18 months were excluded from reported information, though the Trust had had patients waiting more than 18 months since September 1998. In addition, referrals from General Practitioners for an outpatient appointment were not recorded on the Patient Administration System until the month of the appointment; there were inappropriate suspensions, and some gastro-intestinal patients held on duplicate card systems had not been included on the reported waiting list. The enquiry also found that the Trust did not have a complete waiting list policy, that the process for managing the waiting list was complex and fragmented, and that the Trust Board received little information on waiting lists.
- 4 The enquiry also noted that the Trust had been visited by the National Patients Access Team (NPAT) in November 2000, and that the Team had identified a number of weaknesses relating to waiting lists which had earlier been brought to the attention of the Trust by the Data Quality and Coding Unit in October 1998. The Trust responded to the NPAT report in February 2001 stating that work was underway and that good progress was being made against NPAT's recommendations. However, District Audit found that progress had been variable.

Impact on patients

- 5 In respect of the inpatient waiting list there were around 435 gastro-intestinal patients awaiting endoscopy procedures who were not included on the published list, and 148 patients who had been inappropriately suspended. In respect of the outpatient waiting list 685 patients were omitted from the waiting list until the month of their appointment, all of whom were waiting between 13 and 26 weeks.
- 6 In total there were 216 unreported breaches of the 18 month maximum wait, of which 114 were on the Patient Administration System but not reported, and 102 of which were inappropriate suspensions. An analysis by the Trust of those patients waiting more than 18 months as at 30 April 2001 showed that most had waited between 18 and 20 months, with the longest wait of 33 months experienced by a single patient.
- 7 The Trust's Waiting Time Action Plan has eliminated all patients waiting more than 18 months. In addition, all patients (except in orthopaedics) waiting more than 15 months and inappropriately suspended have been given booked admission dates; and all suspended patients waiting more than nine months have been validated.

Action taken by the trust

- 8 Following publication of the District Audit enquiry report the Trust agreed with the Regional Office that an independent NHS trust Chief Executive, together with a Human Resources specialist, would consider and advise on the accountability of individuals involved in management and reporting of waiting times. This work is continuing.

Action taken to prevent re-occurrence

- 9 At their meeting on 8 October 2001, the Trust Board considered the District Audit report and its 25 recommendations. The Board noted actions already taken, which included putting in place new performance management arrangements, introducing a centralised waiting list management system, providing increased capacity to reduce waiting times, and a complete validation of the suspended patients list. The Board now receive monthly comprehensive reports on the management of waiting lists and waiting times.

- 10 A new waiting list management policy is being developed in association with the National Patients Access Team, and there is planned development of the Patient Administration System, including internal training. Also additional bed, theatre and staff capacity has been pursued, resulting in the opening of new and previously closed beds and continued use of the private sector for selected patients.

Appendix 7

South Warwickshire General Hospitals NHS Trust

How the inappropriate adjustments came to light

- 1 In early 2000, it became apparent that the Trust Director of Performance Management was having difficulty coping with the increased emphasis on waiting lists. The Chief Executive appointed external consultants in June 2000 to evaluate waiting list management procedures at the Trust prior to implementation of a central waiting list management system. In September, a new, temporary Director of Performance Management appointed by the Chief Executive, with a particular remit to ensure new central waiting list management policies were introduced, raised concerns about waiting list data. The Trust's external auditors subsequently carried out their own investigation which confirmed that a change of practice had been introduced in the summer of 2000 which delayed putting non-urgent patients on the waiting list. The total delay had increased to four weeks by September 2000, with the result that reported waiting list figures were incorrect.

The investigation

- 2 With the agreement of the Trust Chairman, the Regional Director commissioned an enquiry into the falsification of waiting list reporting. This was carried out by the Chief Executive of an independent NHS trust. The investigation began on 28 September 2000 and was completed on 7 December. Meanwhile the Trust Chief Executive, Andrew Riley, was suspended on full pay from 27 September 2000 to 22 January 2001. His gross pay during the period was approximately £19,000.
- 3 The enquiry report found that Mr Riley had introduced a controlling mechanism to ensure that the end of month waiting list target was met. According to the report by the Trust's external auditors this meant that only urgent cases could be added to the waiting list. The enquiry report concluded that it had been wrong to introduce such a control mechanism to manage add-ons to the inpatient waiting list. The report stated that it was inappropriate, would be construed as manipulation of the figures and was therefore unacceptable. It had been an error of judgement on the part of Mr Riley, which made his position untenable.

- 4 Mr Riley, however, told us that he brought in the independent consultants and external auditors because of his concern that Trust procedures meant that at any one time there was an unknown number of patients requiring treatment who had not yet been added to the waiting list. The control mechanism that he introduced was intended to ensure that patients were added no later than two weeks after the decision to admit them. Mr Riley's view conflicts with the findings of the enquiry report.

Impact on patients

- 5 A review of waiting lists by the Trust resulted in about 500 additional patients being added to the waiting list at the beginning of October 2000. The total number of patients affected, as confirmed by the Trust, was about 2,000, though at any given time the waiting list was only understated by about 500. Mr Riley disputes these figures, estimating the total number of patients affected as 270 at maximum. For almost all the patients involved there was no delay in treatment, and Trust procedures meant that the correct 'decision to admit' dates were reflected in patient records.

Action taken by the trust

- 6 Following the investigation, the Trust's Remuneration Committee considered that Mr Riley had misled them over waiting list figures. They considered a number of options, including dismissal, and took legal advice in December 2000. Lawyers advised that the Trust ought to be successful at an industrial tribunal for unfair dismissal, and that it should proceed with disciplinary proceedings. Further legal advice provided after a settlement had been reached with Mr Riley stated that after reflecting on the evidence the Trust's chances of success at an industrial tribunal would have been no greater than 50 per cent.

- 7 In November 2000, the Trust's solicitors had approached Mr Riley to establish what financial offer he would accept to leave the Trust. The Trust then received a formal offer from Mr Riley, to leave the Trust on terms that included one year's salary (£82,540), compensation (£15,000), no clawback provision and an agreed reference. Lawyers advised that there would be advantages in the Trust entering into negotiations with Mr Riley in parallel with disciplinary procedures. Subsequently, lawyers stated that several factors, including the time taken to complete the investigation; and the fact that there had been several earlier, unsatisfactory drafts of the report, put pressure on the Trust in their negotiations with him.
- 8 The Trust did not initiate disciplinary proceedings against Mr Riley, but negotiated a financial settlement with him, detailed in a compromise agreement which included a confidentiality clause (Figure 3). The settlement, reached on 18 January 2001 and seen by the Regional Office, included three months salary (£20,634), use of a leased car (for which Mr Riley made a contribution towards leasing costs and paid for petrol) for a further three months and a contribution towards legal expenses of up to £500. The settlement contained no clawback provision in the event that Mr Riley subsequently found re-employment within the NHS, which he did within three months of his departure, at a Health Authority as Strategic Development Director. Included as part of the compromise agreement was an agreed reference to be provided to future employers in respect of Mr Riley. Although the Regional Director told us that the reference copied to him made explicit reference to Mr Riley's suspension and the fact that Non-Executive Directors of the Trust had had their confidence in him eroded, the copy of the reference actually provided by the Trust makes no reference to the waiting list adjustment incident for which Mr Riley was suspended. Mr Riley, however, made his new employer aware of the circumstances surrounding his departure from the Trust.

Action taken to prevent re-occurrence

- 9 The Trust agreed an action plan to get the waiting list back on target before 31 March 2001. Trust waiting list guidance was re-issued, and was commended by the National Patients Access Team, which stated that procedures were now satisfactory. The Regional Office has reviewed data quality across the region, undertaken specific audits of waiting list information, and taken action where lessons have been learnt. In addition, Trust Chief Executives have been reminded of the need to ensure the accuracy of their waiting list systems, and guidance has been issued to trusts on how waiting lists should be managed.

3 Confidentiality Clause

The Employee warrants that save for the purposes of taking professional legal and financial advice in confidence, he has not divulged to any person whatsoever other than his spouse the fact of, negotiation, nature and/or terms of this Agreement. The Employer and the Employee will not divulge to any person whatsoever the fact of, negotiation, nature and/or terms of this Agreement (except in the case of an Employee, to his spouse and both cases to their respective/his professional advisers/solicitor(s) in connection with the conclusion of this Agreement or where required by any competent authority including the Employer's auditors or a Court of Law or the Inland Revenue).

The Employer and the Employee agree they will not directly or indirectly make any detrimental or derogatory statements about matters concerning the Employee's employment with the Employer or the termination or his resignation from that employment, provided that nothing shall preclude the Employer from making any statements it is entitled to make pursuant to this Agreement.

The Employee agrees that the Employer has entered into this Agreement in reliance on this clause and that should the Employee be in breach of this clause the Compensation Payment made under this Agreement will be repayable in full.

Appendix 8

Stoke Mandeville Hospital NHS Trust

How the inappropriate adjustments came to light

- 1 A complaint in January 2001 from a patient who had been waiting 23 months for treatment resulted in an internal review of waiting lists. This revealed that this patient was not on the waiting list, although they should have been; further enquiries revealed about 130 unreported breaches of the 18 month maximum wait target, mostly in plastic surgery and orthopaedics. The Regional Office asked the National Patients Access Team to investigate and, in February 2001, the Team identified a number of weaknesses in waiting list management.

The investigation

- 2 In March 2001, the Trust asked its external auditors (District Audit), to investigate the alleged mismanagement of waiting lists, determine the causes of any failings and establish whether any evidence existed of deliberate concealment of waiting list performance. The investigation was undertaken under the Code of Audit Practice; its terms of reference were wide, and the apportionment of responsibility for mismanagement of the waiting lists was not a primary objective of the review. District Audit completed their report in June 2001 at a cost of £35,000.
- 3 The District Audit report identified 43 inappropriate suspensions at March 2001, the patients typically being suspended where they were shortly due to breach the 18 month waiting time limit; and 88 non-deliberate administrative and systems errors involving failure to reinstate suspended patients, inappropriate use of the planned list, and failure to add patients to the waiting list. The report found that mismanagement of waiting lists had probably been going on for two or three years, and that deliberate mismanagement occurred between August 2000 and January 2001. In finalising the report, District Audit twice afforded the individuals cited in it the opportunity to comment on drafts.
- 4 The report concluded that the Trust had given too little attention to waiting list management because of pressure from increased patient demand, nurse shortages, lack of senior managers, and proposed reorganisation. The report stated that procedures were neither well defined nor widely disseminated; that there were weaknesses in the design and management of information systems; that routine performance monitoring was not sufficiently systematic; and that reports to the Trust Board were insufficiently detailed. Lines of management responsibility were not clear, and no one had a proper overview of waiting list issues. The Trust points out that there was no formal written waiting list policy in place. In addition, the Trust told us that subsequent work has made it clear that the information systems in operation at the time led to inaccurate and incomplete information being available.
- 5 Sue Nicholls, the substantive Chief Executive, agrees with District Audit's findings as regards increased patient demand, nurse shortages resulting in significant bed closures and lack of senior managers. Also that the information systems in operation contributed to inaccurate and incomplete information being available. However she told us that all those involved with waiting list management were very clear as to their roles and accountability. And that in respect of the management and monitoring of waiting lists, the Trust Board and Clinical Management Board devoted considerable time and were given substantial information monthly to enable them to monitor progress.

Impact on patients

- 6 All of the patients affected were expected to be treated by the end of November 2001, except those that remain appropriately suspended for medical reasons. The maximum delay in treating patients was about three years beyond the 18 month maximum wait. There were 131 breaches of the 18 month maximum wait target identified by District Audit in March 2001. The Trust has advised us that the total number of breaches (as at August 2001) was 157.

Action taken to prevent re-occurrence

- 7 Senior management of the Trust concurred with the findings of the District Audit report. The Trust invited the Modernisation Agency to visit the Trust in July 2001 with a view to improving waiting list systems and procedures. As a result of this work the Trust has produced an action plan based on treating all patients within a 15 month period by March 2002. The Regional Office and the National Patients Access Team are jointly monitoring implementation of the action plan.

Disciplinary action taken

8 The report concluded that, based on interviews and a review of relevant documentation, including nationally available definitions and regional guidance, three individuals acted inappropriately in the context of waiting list management. These were Sue Nicholls, the Chief Executive from 20 December 2000 and former Director of Operations who, the report states, inappropriately agreed to the suspension of patients; Nigel Pearce, Assistant Director of Operations (Surgery) who, the report states, inappropriately agreed to the suspension of patients; and Sue Thornton, Business Manager who, the report states, acted inappropriately in instructing secretaries to suspend patients inappropriately. These members of staff were suspended from mid June 2001 on full pay by the Trust, at a gross total monthly cost of about £15,000, while disciplinary enquiries were on-going. Sue Thornton retired and Nigel Pearce resigned from the Trust in October and November respectively and, after serving their paid notice periods, will leave the Trust in March and April 2002. Disciplinary action in respect of Sue Nicholls is on-going. In addition the Trust is incurring the salary costs of an acting Chief Executive and the cost of employing an independent human resources consultant who is assisting with the disciplinary process.

General issues raised by those named in the enquiry report

9 All three individuals named in the enquiry report have commented to us on the enquiry and on events at the Trust. They have not had the opportunity of putting those views to a disciplinary panel. The Trust, however, points out that many of those questioned during the enquiry have a material interest in the findings of the report.

10 Sue Nicholls asserts that she considers the accuracy, emphasis and completeness of the District Audit report is very questionable, and remains concerned at the references to poor management practices and inadequate attention to waiting lists. She strongly asserts that waiting list issues were afforded very high priority and that effective mechanisms were in place to manage and monitor performance. She regrets that patients were inappropriately suspended by Sue Thornton but denies that she had any knowledge of this. She admits agreeing to the suspension of patients waiting for the second of two related procedures (known as 'bilaterals'), and to

the suspension of patients who declined a reasonable treatment plan, but considered this appropriate and in accord with practices elsewhere in the region. Ms Nicholls commented on draft District Audit reports; District Audit considered her comments but did not concur with her views.

11 Nigel Pearce - though he did not take the opportunity to comment on District Audit's draft reports - rejects the finding of the report that he had inappropriately agreed to the suspension of two groups of patients - 8 patients requiring bilateral operations, and long-waiting patients who had refused to transfer to another consultant or to receive treatment in the private sector. With regard to bilateral operations Mr Pearce told us that the Trust practice was to maintain the first procedure on the active waiting list and suspend the second, re-instating it to the active list once the first had been completed. In our report on 'Inpatient and outpatient waiting in the NHS', we found variation in practice in the way that bilateral operations were recorded by NHS trusts. Of a sample of 10 trusts, six counted the second operation as planned and therefore not on the active waiting list; four trusts added the second operation to the active waiting list once the first operation had been completed. In forming their view, District Audit were cognisant of nationally available definitions and regional guidance rather than practice elsewhere.

12 Sue Thornton also did not comment on the District Audit's draft reports. However, she told us that the District Audit report was inaccurate, inappropriately worded, omitted much pertinent comment and distorted much of what she had said. She considered the main reasons for the Trust's difficulties to be the failure to re-appoint a Head of Information and to implement information technology linking theatre performance and bed availability with other resources. Also lacking were essential performance figures to assist management. Mrs Thornton acknowledged that she had instructed secretaries to inappropriately suspend patients, but stated that this was on instruction from senior staff, though Ms Nicholls and Mr Pearce dispute this. Also that it was the organisational culture at the time and an attempt to manage an impossible situation. She told us that she had raised concerns about the Trust's lack of capacity, inability to achieve targets and reluctance to admit to problems with the then Chief Executive in writing in November 1999.

Appendix 9

Surrey and Sussex Healthcare NHS Trust

How the inappropriate adjustments came to light

- 1 Surrey and Sussex Healthcare NHS Trust was formed in April 1998 following the merger of two trusts. In 1998-99 the Trust reported a significant reduction in the number of patients on the waiting list, and the following year a very significant and substantial increase.
- 2 In April 2000 the Chief Executive, Isobel Gowan, left the Trust after its failure to meet financial and waiting list targets. Following the appointment of a new Chief Executive in June, and in the light of his concerns regarding the number of patients suspended from the waiting list and the number of long-waiting patients, the Trust Board requested that the South East Regional Office investigate waiting list practices at the Trust. This followed an external review of waiting list procedures by the National Patients Access Team (NPAT) at the end of 1998 which concluded that there were a number of areas where improvements could be made, though "generally the systems and processes are robust".

The investigations

- 3 Between February and May 2000 a disciplinary investigation was conducted into the management of waiting lists by a waiting list manager. It involved some of the issues subsequently highlighted in the later enquiry report (see paragraph 4 below), but with conflicting evidence between witnesses, it was concluded that there was no wilful mismanagement of the waiting list by the manager concerned. As a result of the disciplinary enquiries, however, it had become clear to Trust management as early as February/March 2000, that a large number of patients waiting 17 months for treatment had been inappropriately suspended, and that large numbers of patients were not being added to the waiting list. No further action was taken by the Trust at this time.
- 4 In September 2000 an enquiry team headed by the Regional Waiting List Task Force Chair and including representatives from NPAT and the Regional Office began their investigations, with a remit to report on the management of waiting list information, the internal management of waiting lists, the implementation of new

information technology systems, and how and by whom reports to the Regional Office were compiled and their accuracy. The report was published in August 2001.

- 5 The enquiry found that the Trust had had no policy or system for ensuring the timely addition of patients to the waiting list. In addition, patients were inappropriately placed on the suspended list where they could remain indefinitely or until they contacted the Trust. There was also a lack of understanding of the correct procedures for suspending patients. These procedures were used to avoid reporting breaches of the 18 month maximum waiting time.
- 6 The enquiry noted that in principle the reduction in waiting list numbers reported by the Trust in 1998-99 would normally have been accompanied by a significant increase in elective activity. However, the enquiry found that elective activity fell rather than increased during the year, and that some 700 patients had intentionally been held back from being added to the waiting list in 1998-99, with only urgent patients being added during the second half of that year. Also that a further 300 patients due to be transferred between hospitals, were held back from the waiting list. In addition, it alleged that patients were contacted to ascertain their holiday dates, then deliberately offered admission during that period. When the patient declined the admission date they were suspended from the waiting list. Other patients were telephoned and offered non-existent short notice dates to come in; if they declined, the length of time that they had been waiting was amended to hide the fact that they would breach the 18 month maximum waiting time.
- 7 In summary the enquiry concluded that all or almost all of the reduction of 1,800 in the waiting list during 1998-99 was achieved through non-legitimate means. And that during its first year the Trust had created a large backlog of patients who still required treatment but who were not reported as being on the waiting list. The enquiry concluded that the deteriorating waiting list position in 1999-2000 was due to the trust re-instating patients omitted from the waiting list in 1998-99. The report also concluded that it was highly likely that breaches of the 18 month maximum waiting list occurred, though none were ever reported to the Trust Board, Health Authority, Regional Office or Department of Health headquarters.

Impact on patients

- 8 Whilst the enquiry found evidence to suggest that patients inappropriately suspended or deferred were recorded on unofficial lists so that their treatment was not affected, a number of patients were clearly denied the right to be treated within 18 months. However, because the Patient Administration System was decommissioned in December 1999 there is a lack of available data for the period September 1999 to March 2000. As a result, it is not possible for the Trust to identify accurately the number (or names) of patients who breached the 18 month maximum waiting time. An internal Trust document suggests there were 132 such unreported cases, though the Trust are unable to say how long beyond 18 months they waited for treatment, and whether they suffered physically or psychologically as a result.

Action taken by the trust

- 9 The enquiry report did not state who was directly responsible for inappropriately adjusting waiting lists, but found that the then Chief Executive, Isobel Gowan, should take responsibility for the mismanagement and false reporting of waiting lists.
- 10 In April 2000, as a result of the Trust's performance, including on waiting lists targets, the Chief Executive left the Trust. In a compromise agreement dated June 2000, agreed with the Regional Office, she was paid £50,208 in lieu of notice, and a further £34,000 for loss of office. The Trust also agreed to pay up to £7,500 for outplacement support and legal costs of £3,800 - a total payment of some £95,000, with further costs to the Trust for pension contributions, etc of £56,000. The payment for loss of office was intended to ensure that Ms Gowan did not claim for unfair dismissal, and lawyers advised that it represented "reasonable value for money".
- 11 The compromise agreement did not, on legal advice, include a provision for clawback in the event that Ms Gowan was re-employed within the NHS, though the Trust's Remuneration Committee were advised by solicitors that "there may be opportunities for alternative employment within the NHS". The Committee was most concerned that as a consequence, the Chief Executive could potentially obtain other paid employment in the NHS while still receiving compensation from the Trust. At the end of September 2000 the then Chairman of the Board wrote to the Regional Chairman expressing his concern about such cases. Ms Gowan has since found re-employment outside the NHS, and the Trust is not aware of having provided a reference. The compromise agreement included a confidentiality clause (Figure 4). The Trust received legal advice that the clause was not inconsistent with NHS guidance.

4 Confidentiality Clause

The Trust and the Employee undertake that they will not at any time in the future (unless with the prior consent of the other, such consent not to be unreasonably withheld) divulge to any persons the Agreement or its contents or the terms of settlement save to their professional advisers, and in the case of the Employee her spouse and immediate family members (having instructed them on all the provisions of this paragraph), or as may be required to fulfil any statutory or other legal or accounting obligation or as otherwise may be required by any relevant regulation authority.

- 12 In February 2001 the Trust Board sought legal advice as to whether information coming to light from the waiting list enquiry about Ms Gowan's performance would enable any part of her compensation package to be recovered by the Trust. The Chief Executive stated that "these matters are of such a serious nature that they would, in all probability, have resulted in disciplinary action". Lawyers advised that in the absence of a clause in the agreement allowing this, successful recovery was unlikely. The Trust has refused to pay an outstanding £7,500 outplacement support since the facts came to light. Ms Gowan told us that no disciplinary action was started against her; that she has not been provided with evidence supporting the allegations and not been given the opportunity to provide the Trust with a detailed response to them.

Action taken to prevent re-occurrence

- 13 The enquiry report made a number of key recommendations, including that there should be a thorough review of the Trust's demand and capacity, and consideration then given as to how any identified shortfall in capacity should be addressed. A number of new policies and procedures for managing waiting lists were put in place from September 2000. During the past year actions taken by the Trust in response include a complete revamping of the waiting list policy and procedures, and a complete validation of all patients on the waiting lists, including suspended patients. In addition the Trust has rebuilt its management team, and now undertakes regular capacity planning, involving clinicians and managers to ensure realistic targets are set for waiting list work.
- 14 South East Regional Office receive monthly reports on waiting lists for all trusts within the region, and weekly reports for trusts which are a particular problem. The Regional Office has conducted an outpatient audit at Surrey and Sussex Healthcare NHS Trust in association with the Trust, Health Authority and others; and have proactively initiated actions at the Trust to improve management standards.

General issues raised by those named

- 15 Ms Gowan asserts that she never deliberately falsified waiting lists or instructed any staff to do so. The Trust was formed in 1998 as a result of a merger and faced the challenge of two different Patient Administration Systems, and two different waiting list systems. She told us that she made strenuous efforts to deal with waiting list problems, and in autumn 1999 appointed independent consultants to review waiting list problems. They, and the National Patients Access Team, found no mismanagement.

Appendix 10

University College London Hospitals
NHS Trust

How the inappropriate adjustments came to light

- 1 Discrepancies in waiting list data came to light following a complaint by an MP on behalf of a patient in October 1999. Patient records were reviewed and five cardiac patients were found to have had their records altered in May 1999 to show that they had not breached the 18 month maximum wait for treatment.

The investigation

- 2 The then Chief Executive of the Trust asked the Director of Human Resource Management to carry out an internal investigation. The enquiry took around two weeks and was completed in November 1999. The Trust was satisfied with the quality and timeliness of the enquiry report. Dominic Conlin, Directorate Manager for Cardiac Services, admitted to making four out of the five adjustments to patient records by resetting the date on which the patients were shown on the Patient Administration System as having been added to the waiting list. In the fifth case, his password had been used to make the changes, but there was evidence he was elsewhere when the adjustment was made. Mr Conlin maintained that the actions he took were appropriate (though undertaken in an inappropriate manner), and were made because of the failure of the Business Support Team to make requested legitimate adjustments to the Patient Administration System. Two were made by resetting the date following the failure of support staff to carry out the required steps after validation, and two were made following the patient's refusal of a consultant transfer and alternative treatment.
- 3 The enquiry did not dispute the basis for the adjustments, but stated that the methods by which the adjustments were made were inappropriate. The investigation concluded that there were operational difficulties within the Cardiac Directorate, which was under considerable pressure in terms of demand and resources; and that internal and external environmental factors fostered a climate within which it was difficult to work.

Impact on patients

- 4 By the end of November 1999, each of the five patients had been treated. No further alterations were found during an in-depth review of all clinical department records. The Trust satisfied itself that whilst adjustments to waiting list entries could, in isolation, adversely impact on patient care by delaying operations, no such risks had occurred in this case.

Action taken by the trust

- 5 Mr Conlin had resigned from the Trust before the five cases came to light. As a result, it was not a disciplinary matter for the Trust. However, the Trust had already determined that had he remained in their employment, disciplinary action leading to dismissal was unlikely to be appropriate. The Trust, however, informed his new employer, a Health Authority, of the circumstances surrounding the waiting list adjustments. A coaching session involving the Trust and the new employer was considered appropriate, and the London Regional Office subsequently ensured that this had been done.

Action taken to prevent re-occurrence

- 6 Password security standards were reinforced, and the Surgical and Specialist Services Division at the Trust reviewed working arrangements to ensure that the circumstances could not be repeated. Structural issues were addressed, and the admissions function centralised. Revised waiting list management procedures to ensure separation of duties and improved lines of accountability were also introduced.