

25th March 2014

To: NHS Trust Chief Executive

Effective management and delivery of referral to treatment pathways

I am writing to provide some further information following the recent National Audit Office (NAO) report on NHS waiting times for elective care in England.

A conclusion from the recent the report on NHS waiting times for elective care in England was the identification of inconsistencies in the way trusts measure waiting times and errors in the time recorded.

In response to this I thought it helpful to reiterate the importance for NHS Trusts to be taking the necessary actions to ensure strong governance systems and cultures underpin the effective management and delivery of hospital waiting lists. Building on this, I set out below the NHS Trust Development Authority's (TDA) operational expectations to deliver these going forward.

To effect these requirements, and alongside the continuing mandated requirements in relation to waiting list management, NHS Trusts should ensure they are undertaking the following best-practice actions:

- Reviewing data quality annually through their internal audit programme;
- Ensuring checks of waiting list management are undertaken through the external audit programme at least every 3 years;
- Deploying Intensive Support Teams where the organisation continues to have difficulty with waiting list management issues and/or where emerging problems are detected;
- Maintaining and publicising a clear patient access policy, including an annual review.

The NHS TDAs development support for this area continues, in particular working with NHS trusts to understand and implement best practice. If any problems with the data quality of patient access procedures are brought to attention we will consider commissioning independent reviews. In serious cases, such reviews could inform actions taken in relation to the wider governance of organisations.

Within this wider context, a specific issue to bring to attention is for NHS Trusts to ensure that administrative processes for monitoring patients referred with suspected cancer are in line with NHS guidelines, including the appropriate management of patients who miss their initial outpatient appointments.

The above issues will feature in the NHS TDAs ongoing oversight dialogue with your organisation, through which we will seek the assurance of NHS Trust Boards on these key matters of patient safety and public confidence in the healthcare services you provide. Given this, it is crucial that there continues to be fully integrated clinical engagement on these issues within your organisation.

Alongside reflecting on and responding to the management and governance actions in the recent NAO report it is also important to ensure organisations continue to focus on delivery of the 18 week referral to treatment standards for patients. There has been some deterioration in performance at national level on these standards in recent months, including noticeable reduction in some NHS Trusts, and it is crucial for the continuing delivery of high quality, clinically centred, healthcare services that these standards continue to be achieved for patients.

Yours

A handwritten signature in black ink that reads "David Flory." The signature is written in a cursive, slightly slanted style.

David Flory

Chief Executive, NHS Trust Development Authority



Chief Executive: Mr David Flory CBE

Chairman: Sir Peter Carr