

<b>TRUST BOARD IN PUBLIC</b>	<b>Date: 24 April 2014</b>	
	<b>Agenda Item: 4.4</b>	
<b>REPORT TITLE:</b>	<b>RTT and Cancer Access Standards Management</b>	
<b>EXECUTIVE SPONSOR:</b>	Paul Bostock – Chief Operating Officer	
<b>REPORT AUTHOR:</b>	Ben Emly – Head of Performance	
<b>REPORT DISCUSSED PREVIOUSLY:</b> (name of sub-committee/group & date)	N/A	
<b>Purpose of the Report and Action Required:</b>		(√)
To provide the Board with information and assurance in relation to TDA requirements around RTT and Cancer Access Standards Management	<b>Approval</b>	
	<b>Discussion</b>	
	<b>Assurance</b>	√
<b>Summary: (Key Issues)</b>		
<p>Following the publication of a National Audit office report into the management of Referral to Treatment standards (RTT) and waiting lists across the NHS, on 25<sup>th</sup> March 2014, David Flory (Chief Executive of the Trust Development Authority) wrote to all Trusts within its oversight structure setting out the TDA's operational expectations.</p> <p>The Board is asked to note the information and take assurance that the Trust is already complying with TDA requirements in relation to patient management and has plans in place to strengthen Data Quality assurance to ensure TDA requirements in this area are met.</p>		
<b>Relationship to Trust Corporate Objectives &amp; Assurance Framework:</b>		
Central to the delivery of high quality patient care and compliance with National standards set out in the NHS Constitution		
<b>Corporate Impact Assessment:</b>		
<b>Legal and regulatory implications</b>	Yes	
<b>Financial implications</b>	N/A	
<b>Patient Experience/Engagement</b>	Yes	
<b>Risk &amp; Performance Management</b>	Yes	
<b>NHS Constitution/Equality &amp; Diversity/Communication</b>	Yes	
<b>Attachments:</b>		
TDA Letter to Trust		

## RTT and Cancer Access Standards Management

Following the publication of a National Audit office report into the management of Referral to Treatment standards (RTT) and waiting lists across the NHS, on 25<sup>th</sup> March 2014, David Flory (Chief Executive of the Trust Development Authority) wrote to all Trusts within its oversight structure setting out the TDA's operational expectations including:

- Maintaining and publicising a clear patient access policy, including an annual review.
- Deploying Intensive Support Teams where organisations continue to have difficulty with waiting list management issues and/or where emerging problems are detected;
- Reviewing RTT 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;
- Ensuring 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.

This Paper provides a general overview of how RTT and Cancer Access standards are managed at SaSH as well as specific detail of the areas mentioned above.

The Board is asked to note the information and take assurance that the Trust is already complying with a majority of the items required and has plans in place to progress areas of weakness.

### RTT Management and Access Policy

RTT access standards are managed through a series of Patient Tracking List (PTL) meetings where individual patient plans are discussed and agreed and where required issues are escalated through the management structure which feeds into Executive Committee for Quality, Risk and Clinical Care.

The treatment of patients and application of clock / starts and stops is undertaken in line with the Trusts Access Policy. The current Access Policy is dated January 2012 and was prepared in conjunction with the RTT Intensive Support Team (IST) who were helping the Trust with performance improvement at the time.

The policy is reviewed by the Trust's RTT lead on an annual basis when any amendments to national RTT guidance are published (normally April each year). No changes of National guidance have required amendments to the Trust's access policy since it was written in January 2012.

Although national guidance has not changed, the Trust is in the process of refreshing the policy which is planned for internal completion in May 2014. The key aim of the refresh is to improve the readability of the document so that all stakeholders, but particularly patients, can understand how waiting time rules will be applied. The refreshed policy will be launched to ensure it is well publicised internally and externally in line with TDA guidance.

The key RTT rules included within the Access Policy are:

- **Patient Cancellations – Non admitted pathway** - First cancellation does not stop an 18 week clock. Second cancellation requires clinical review and the Patient can be discharged if appropriate (RTT clock stop)
- **Patient Cancellations –Admitted pathway** - If Treatment date cancelled with reasonable notice, patient will be offered a further date. The clock can be paused from when the patient was unavailable to when they make themselves available again. Second cancellation requires clinical review (within 48 hours). Patients can be put on self-referral list or discharged following review (clock stops)
- **Hospital Cancellations** – RTT clock continues
- **Did Not Attend (DNAs):** Must be clinically reviewed; patient will be discharged except under exceptional circumstances. 1st Outpatient DNA: Clock stops. If another appointment is given, a new RTT clock starts. All other DNA's: Clock continues to tick unless discharged
- **Patient Initiated Delays (Other than cancellations and DNAs):** Following a Decision to Admit, if a Patient declines two reasonable offers of dates for treatment then the RTT clock can be paused and will restart at the date the patient makes themselves available for admission. Under the overarching principle of patients must be fit, willing and able to have treatment, if a patient is unable to agree a date within the subsequent six weeks, the patient can be removed from the waiting list with the ability to self refer back in within 6 months on a new RTT Clock.

Given the guidance provided by the IST in preparation of the current document, assurance can be taken that the rules SaSH applies are in line with National Guidance.

### **Cancer Management and Access Policy**

Administrative processes for monitoring patients referred with suspected cancer have been embedded at the Trust with a dedicated resource for this purpose. The IST reviewed the processes in November 2011 and confirmed them to be in line with the National guidance. The Cancer access policy was also re-drafted at this time and was based on the IST template. In late 2013 the IST re-confirmed that the Cancer Access policy was in line with National Guidance.

The Cancer Access Policy, sets out how patients who miss their initial outpatient appointments are managed. If a patient DNAs their first outpatient appointment, the Two Week Wait clock will be reset but the patient will not be discharged. If the patient DNAs the subsequent appointment, the patient can be discharged but only following clinical review.

## **Performance Improvement**

As set out in the Integrated Performance Report, the Trust continues to deliver against a majority of the RTT and Cancer Access Standards. With the levels of performance delivered and the internal capabilities that have driven improvement over the last 18 months, the Trust has not required the support of the IST expect on a “Frequently Asked Question” type basis. The TDA oversight meetings with the Trust have concurred with this approach.

## **Data Quality Assurance**

Currently the TDA expectations in relation to internal and external audit are not fully met. While Internal audit have carried out some review of RTT data, this has been as part of a wider audit rather than a specific Audit of RTT data quality. Going forwards, a specific RTT data quality audit will be requested for inclusion in the audit programme on a rolling basis. Options for use of External audit on a three year basis will also be with the Trust’s External Auditors with a view to implementing this in the near future.

It should be noted that there is significant data validation process around RTT and Cancer performance. Prior to month end submission of performance data the Trust applies procedures previously recommended by the IST. All patients treated or waiting over 18 weeks are validated to ensure that Access Policy rules have been applied correctly and that data is correct. Similar processes exist for Cancer.

The Trust is currently strengthening its data quality assurance processes and as part of the assurance cycle plans to implement a number of revised “spot audits” to provide greater assurance of all patients, not just those treated / waiting over 18 weeks. The Trust is also in the process of upgrading its data warehouse, a module of which is a fully supported RTT management suite. Once implemented, along with its data quality processes, further assurance on the quality of data can be provided. The re-procurement of the Trusts Patient Administration system will also provide the ability to have functionality not currently available on the Trust’s system that will support the clinical team in ensuring accurate RTT data capture.