University Hospitals of Leicester NHS
NHS Trust

Access Policy for Elective Care Patients

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Lead Board Director:	Debra Mitchell, Acting Chief Operating Officer
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CONTENTS

REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

December 2020 – V9.0 of this policy was an amendment of V8.0 to make it more user friendly. The policy also includes the below changes.

- Cancer guidance is now within a separate cancer access policy and excluded from this access policy
- Includes National Priorisation Framework
- Addition of Patient Initiated Delays, Removal of 8 week suspensions
- Patient thinking time on RTT Pathways
- Introduction of Paper Switch Off
- Addition of section 7 in relation to Governance

KEY WORDS

Referral to Treatment, RTT, patient, access, performance, waiting list, diagnostic, target, waiting times, DNA, outpatients.

1 INTRODUCTION AND OVERVIEW

This document sets out the Trust's policy for the management of patient access to elective services. In partnership with all local health care organisations, the University Hospitals of Leicester NHS Trust (UHL) is committed to ensure patients receive treatment in accordance with national standards and objectives. This policy covers the way in which UHL will manage administration for patients who are waiting for or undergoing treatment. It includes admitted, non-admitted and diagnostic pathways for Referral To Treatment (RTT) and patients undergoing follow up treatment or investigations.

As set out in the NHS Constitution, patients have the right to start consultant led treatment within maximum waiting times. For non-Cancer patients this is 18 weeks from referral. Shorter targets for Cancer pathways apply. Guidance for cancer patients can be found in the separate Cancer Policy (BB/2021).

This policy adheres to national best practice and provides a framework to ensure that patients are treated transparently, fairly and reasonably. The overall aims of this policy are:

a) UHL will give priority to clinically urgent patients using the National Categorisation Model, and treat everyone else in turn. In principle, UHL will treat patients in date order, but give priority to clinically urgent patients and military personnel in line with the Armed Forces Covenant. UHL will seek to use all capacity at all times, meaning that some patients may be treated out of date order as a result of fitness or availability.

b) UHL will work to ensure fair and equal access to services for all patients.

2 POLICY SCOPE

This policy applies to all administrative and clinical staff employed by UHL involved in the management of patients. It sets out the principles and procedures for the management of the different groups of patients encompassing elective pathways. These are categorised as follows:

- Patients on a Referral to Treatment (RTT) pathway awaiting treatment;
- Patients not on an RTT pathway but still under review by clinicians;
- Patients who have been referred for a diagnostic investigation either by their GP or by another clinician.

Management of patients on a Cancer pathway are outside the scope of this policy.

3 DEFINITIONS AND ABBREVIATIONS

3.1 General Definitions

3.1.1 Admitted Patient Activity

If a patient needs to use a bed they should be recorded as an admission to the Trust. An admission may be either 'elective' where the admission date is arranged in advance or 'non-elective' when a bed is required as soon as one becomes available. All elective patients must be added to a waiting list prior to admission.

3.1.2 Electronic Referral System (e-RS)

In England, the NHS e-Referral Service (e-RS) is a national digital platform used to refer patients from primary care into elective care services. e-RS allows patients to choose their first outpatient hospital or clinic appointment and book it in the GP surgery, online or on the phone.

3.1.3 Outpatient Attendances

Patients seen in an outpatient setting or telephone appointment who have not commenced their definitive treatment are considered to be on a non-admitted RTT pathway.

a) **Consultant Outpatient Attendances**

A consultant outpatient attendance occurs when a patient attends a clinic or ward and sees a doctor, or when an admitted patient is seen by a consultant/doctor from another specialty. All referrals from primary care to a consultant led service will be on an RTT pathway.

b) **Non-Consultant Outpatient Attendances**

A non-consultant outpatient attendance occurs when a patient is seen by a nurse, midwife or other allied health professional (AHP) in an outpatient setting. This takes place either in clinic or when the patient visits a ward but is not admitted, e.g. pre-assessment clinics. The nurse or AHP will be managing their own patients, rather than acting on behalf of the consultant. Referrals to non-consultant led services will *not initiate* an RTT pathway although patients may see these types of care professionals as *part of* an RTT pathway.

c) **First appointments**

A first appointment occurs when any consultant, nurse or other allied health professional, with their own list of patients, sees a patient for the first time in an outpatient setting within the Trust. All outpatient appointments are categorised as First (new) or Follow-up (subsequent). Payment by Results has a tariff per specialty for first and for follow-up attendances.

d) **Follow up appointments**

A follow up appointment is any subsequent appointment following on from the first appointment.

3.1.4 Patient Administration System (PAS)

This is the electronic system on which pathways are managed. The name for the PAS at UHL is the Hospital Information Support System (HISS), which is used for outpatients and waiting lists. Patient Centre is used for admitted activity.

3.1.5 Payment by Results (PbR)

Payment by Results (PbR) is the system for the payment of NHS providers using a standard national tariff for each outpatient attendance, diagnostic test or hospital stay. The fixed prices reflect national average costs. For inpatients the currency of patient activity is the Healthcare Resource Group (HRG) which is derived from the patients clinical coding (diagnosis and procedures), age, sex, length of stay and other resource parameters.

3.1.6 Planned Patients

A planned admission or appointment is one where the date is determined by the needs of the diagnostic/ treatment or appointment, rather than by the availability of resources.

The “planned” category would also include cases such as gynaecology procedures which are dependent on menstrual cycle. If the procedure should be done at a clinically appropriate time in the future i.e. requires a set delay before initiation, then it should be considered as planned. However if it could be started immediately given sufficient resources, then the patient should be classified as actively waiting and on an RTT pathway.

Examples of planned patients are:

i) Check procedures such as cystoscopies, colonoscopies, etc.
ii) Patients proceeding to the next stage of treatment .e.g. patients undergoing chemotherapy or removal of metal work.
iii) Paediatric patients required to be a certain age before a procedure is undertaken.

Planned patients are not on an RTT pathway.

These patients will be held on a ‘planned waiting list’, separate from the other waiting list, however will be subject to the same monitoring and validation process. Section 5.5.10 defines how to manage a planned waiting list.

3.1.7 Pooled Service

A pooled service refers to a service where patients can be treated by a number of consultants rather than a specific one.

3.1.8 Reasonableness

a) Any appointment offered at short notice and positively (e.g. verbally) accepted by the patient is deemed reasonable.

b) Patients should be given as much notice as possible for outpatient appointments and diagnostics, with a minimum of 7 days’ notice via letter.

c) Booking of patients for hospital admissions must always take into account the timescale between communicating the date to the patient and the appointment date. The Department of Health guidance defines reasonableness for admission as:
    - The offer is for a time and date three or more weeks from the time that the offer was made; or
    - The patient accepts an offer at short notice.

3.1.9 Suspensions

A suspension is a function used to prohibit the booking of a surgical date due to patient or consultant initiated reasons. Patients may be suspended from the waiting list due to medical reasons (i.e. unfit before admission, awaiting surgery with a different speciality, etc.) or social reasons (i.e. patient unavailable due to holidays, working patterns, etc.).

A suspension does not automatically have any effect on the 18 week pathway. Refer to section 5.4.6 for how to manage patient initiated delays and 5.5.1 ‘Decisions To Admit’ for consultant initiated delays.

3.1.10 Waiting Lists

The waiting list is a statement of known demand for treatment which quantifies, at any point in time, the number of patients awaiting treatment. This must always be held electronically, ideally on HISS or another Trust accredited IT system, and be available for interrogation. Good management of the list ensures that patients are treated according to clinical priority, in order and within guaranteed waiting times. An elective waiting list is a formal record of patients, who are not clinical emergencies, but identified as waiting to be admitted. Patients on an elective list for treatment will normally be on an admitted RTT pathway.

3.1.11 National Prioritisation Framework

Services should be now using the national Prioritatsion framework to help manage their admitted waiting list. This is outlined as below:

<1 month	P2
<3 months	P3
>3 months Delay 3 months possible	P4
Patient wishes to postpone surgery because of COVID-19 concerns	P5
Patient wishes to postpone surgery due to non-COVID-19 concerns	P6

Category 1A (within 24 hours) and 1B (within 72 hours) are for urgent patients and therefore not applied to patients that are on an elective care pathway.

3.1.12 Unique Booking Reference Number (UBRN)

A unique booking reference number issued during the referral request via the e-RS system. Each referral will have a unique reference number. Patients can have multiple referrals; each will have a unique UBRN number.

3.2 Definitions for Referral to Treatment

3.2.1 RTT Pathway

An RTT Pathway is the clinical journey which a patient follows from referral to treatment, and beyond, for any ongoing care or reviews. The pathway starts with a referral to a consultant led service and is then likely to be made up of a number of interactions or components e.g. outpatient appointments, diagnostic tests, admissions. A patient will have 1 pathway for a specific condition, and may have more than one concurrent pathway if they have more than one condition e.g. cataract pathway and hip replacement pathway.

3.2.2 RTT Period

An RTT Period is a subdivision of the RTT pathway that starts when a referral is received or a new decision to treat is made, and finishes with definitive treatment. It is always a clinical decision whether an event or activity triggers a RTT clock start, continuation or stop. Within a single RTT pathway there can be multiple RTT periods.

An RTT period may include:

- Outpatient or day case diagnostics;
- Activities to manage a patient's condition in advance of the first actual treatment taking place e.g. medical optimisation whilst awaiting surgery;
- Follow-up appointments before treatment;

- Consultant to consultant referrals for the same condition before treatment commences;
- Tertiary referrals and multi-organisational transfers e.g. care transfers between UHL and community hospitals.

4. ROLES – WHO IS RESPONSIBLE FOR WHAT

4.1 Board Director Responsibility

The Chief Operating Officer (COO) is the Executive Director Lead for this policy. The Chief Operating Officer has responsibility for the implementation of this policy and board level accountability for the delivery of elective access standards. The COO is responsible for ensuring the delivery of targets and monitoring compliance of elective access standards.

4.2 Corporate and Clinical Directors

The Deputy Chief Operating Officer has responsibility to monitor performance and report all performance to the Trust Board.

4.3 Clinicians

Responsibility for adhering to key internal procedures in the proactive management of patients along their RTT journey. Key examples are the timely and accurate completion of the clinic outcome form and swift review of referrals.

4.4 Heads of Operations, General Managers and Service Managers

Responsible for ensuring that all staff are fully trained, competent in, and performance managed against the principles and associated procedures relevant to their role.

4.5 Operational Delivery Unit, including the RTT Team

4.5.1 Responsibility for the provision of training tools and opportunities. This includes updating the training provided on Helm and face to face training and support in respect of elective pathway management.

4.5.2 Responsible for performance monitoring and reporting externally to commissioners and regulatory bodies including the NHS England (NHSE).

4.6 Roll of UHL Staff Groups

4.6.1 Admin Managers and Admin Line Managers are responsible for ensuring that information is recorded accurately and in a timely manner.

4.6.2 All administrative staff, but specifically Medical Secretaries, Ward Clerks, Booking staff and Receptionists, are responsible for recording information accurately and timely in accordance with this Policy.

4.6.3 Clinicians are responsible for confirming if definitive treated has commenced and when a new decision to treat has been made.

4.6.4 Individual staff members, including clinicians, are responsible for ensuring that their practices are consistent with the policy and that systems are in place to support effective waiting times management.

5. POLICY STATEMENTS, STANDARDS, PROCEDURES, PROCESSES AND ASSOCIATED DOCUMENTS

5.1 National Elective Care Standards

The table below provides a summary of the national care elective standards.

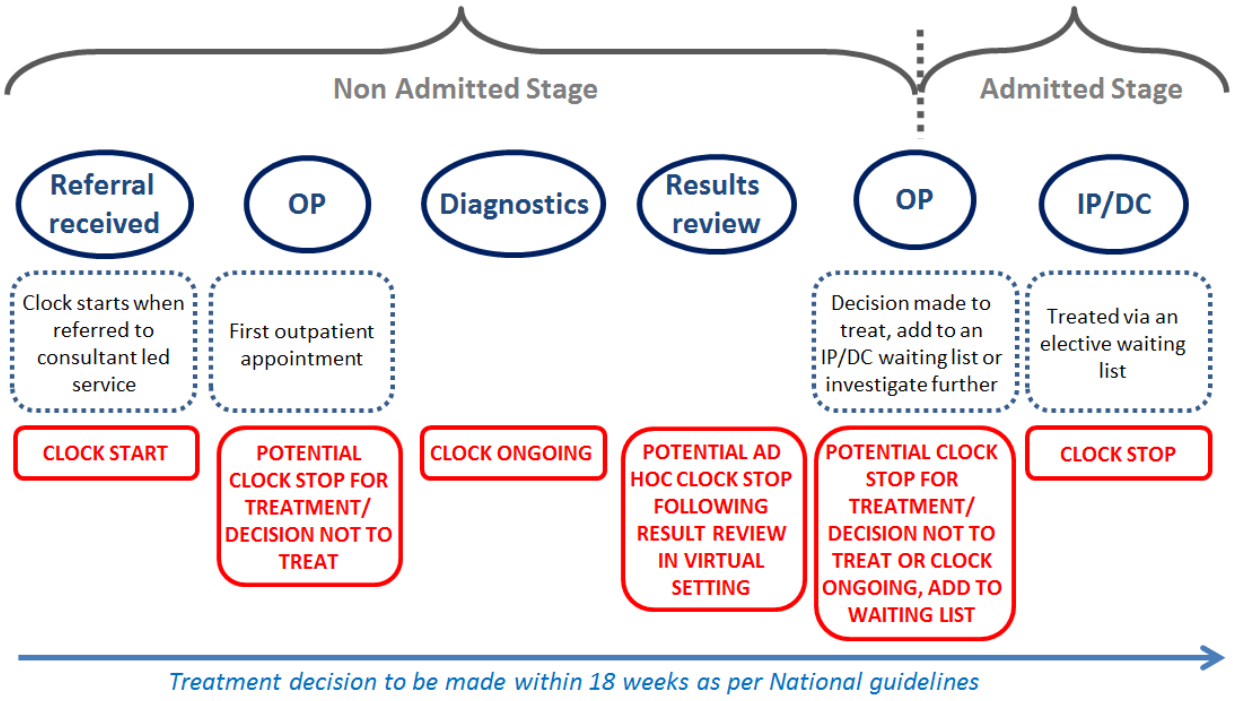
Referral to Treatment		Frequency of reporting
Incompletes	92% of patients on an incomplete pathway (i.e. still waiting for treatment) to be waiting no more than 18 weeks (or 126 days)	Monthly on previous month's performance
Diagnostics		
Applicable to the following diagnostic investigations on p.10 of Diagnostics FAQ	99% of patients to undergo the relevant diagnostic investigation within 6 weeks (or 41 days) from the date of decision to refer to appointment date	Monthly on previous month's performance (also quarterly)

All the standards within the table above are set at less than 100% to allow for tolerances which apply in the following scenarios:

a) **Exceptions** – applicable to pathways where it is in the patient's best clinical interest to extend the treatment standard.
b) **Choice** – applicable where patients choose to extend their pathways via rescheduling previously agreed appointment dates or admission offers.
c) **Co-operation** – applicable where patients do not attend previously agreed appointment or admission dates.

5.2 Overview of National RTT Rules

National guidance on consultant led referral to treatment waiting times can be accessed on NHS England's Consultant led Referral to Treatment Waiting Times Rules and Guidance webpage. Detailed local application of the rules at specialty level can be found on the Trust's RTT web page via the RTT SOPs page. An overview of the rules is shown using the diagram and narrative below.



5.2.1 Clock Starts

The RTT clock starts when:

a) A referral is received into a consultant led service, regardless of setting, with the intention that the patient will be assessed and if appropriate, treated before clinical responsibility is transferred back to the referrer.
b) A referral is received into an interface or referral management assessment centre which may result in an onward referral to a consultant led service before clinical responsibility is transferred back to the referrer.
c) A patient self refers into a consultant led service for pre-agreed services agreed by providers and commissioners.
d) A new decision to treat is made, following an earlier clock stop.

5.2.2 Clock Stops

The RTT clock stops upon:

a) First definitive treatment (FDT), which is defined as *an intervention intended to manage the patient's condition, disease or injury to avoid further intervention*. Code used on HISS to stop clock is TCT.
b) If a decision is made that treatment is not required. Code used on HISS to stop clock is DNT.
c) If the patient's condition requires a period of watchful waiting from a clinical perspective. Code used on HISS to stop the clock is WWC.
d) Where the patient requires thinking time before deciding on their treatment plan Code used on HISS is WWP.
e) If the patient declines treatment. Code used on HISS to stop the clock is PDT.

If a patient requires a procedure or surgery as a day case or inpatient, the clock stops upon admission. If the patient's treatment is medication prescribed in outpatients or if a decision not to treat is made in outpatients, this information is captured on the Clinic Outcome Form and input into HISS. An example of a clinic outcome form can be found via Example of a Clinic Outcome Form. There may also be occasions where a decision not to treat is made in an 'ad hoc' setting, for example following review of diagnostic results by a clinician via virtual clinic. Clock stops such as these must also be captured and input onto HISS. All clock stops must record the day the clinical decision was made.

It is important to note that if a patient is cancelled, the clock continues. If a patient cancels their same appointment twice when they have been given reasonable notice, they should be discharged. More information about patients' reschedules can be found in section 5.2.5.

5.2.3 Active Monitoring (or watchful waiting)

Active monitoring is where a decision is made that the patient does not require any form of treatment or diagnostic currently but is to be monitored in secondary care. When a decision to commence a period of active monitoring is made and communicated with the patient, the RTT clock stops. Stopping a patient's clock for a period of active monitoring

requires careful consideration on a case by case basis and its use needs to be consistent with the patient's perception of their wait.

5.2.4 Patients Who Do Not Attend (DNA) Their Appointment – non-Cancer patients (for Cancer patients see Cancer Policy)

If patients DNA their appointment (new or follow up) or admission once, the Trust policy is to discharge patients back to their referrer. All such patients' notes must be clinically reviewed prior to discharge ensure it is in the best interest for the patient

Both patient and GP will be notified of this in writing to ensure the referring GP is aware and can action further management of the patient if necessary. The patient's RTT pathway will be stopped. Exceptions to this are:

a) A clinical decision is taken that discharging the patient is contrary to the patient's clinical interests;
b) Clinically very urgent referrals including rapid access chest pain, and other critical illnesses;
c) Children of 16 years and under or;
d) Vulnerable adults.

DNAs on an RTT pathway do not stop the RTT clock unless the patient is discharged. Where a patient was not discharged following a DNA, the patient's care will not be affected and they will continue to receive treatment. For first outpatient appointments only, the RTT clock should begin again on the date of booking another appointment after a DNA has been allowed. All vulnerable patients will be followed up; more information about vulnerable patients can be found in section 5.3.7.

5.2.5 Patient Reschedules of Outpatient, Diagnostic Appointments or Admissions (Patient Cancellations)

Patients may choose to reschedule their outpatient, diagnostic or admission. Their RTT clock will continue. This applies to first or subsequent appointments. Trust policy is two opportunities to reschedule an appointment or admission. At the point of first patient contact, UHL staff must advise patients that a further patient initiated change or cancellation of the same appointment will result in discharge back to their referrer. If they attempt to do so a second time, except where upon clinical review it is not appropriate to do so, they will be discharged back to their referrer and the RTT pathway will stop.

For new appointments booked via e-RS, attempts must be made to change the appointment via e-RS. Patients have the functionality to log on and alter a new appointment booked via e-RS themselves. They are able to alter their appointment on numerous occasions, without any change to the RTT start date.

5.3 <u>Pathway Management</u>

5.3.1 Pathway Milestones

The agreement and measurement of pathway specific milestones is an important aspect of sustainable RTT performance. Pathway specific milestones should be identified for each specialty (in line with robust demand and capacity analysis) in terms of the point of the pathway by which the following should occur:

- First outpatient appointment;
- Treatment decision;
- Treatment.

UHL will aim to identify and work to set timescales for each 'stage of treatment' by specialty as best practice identifies. If urgent, timescales will be clinically appropriate.

5.3.2 Low Priority Treatments

The Trust has a policy on low priority treatments agreed with local commissioners. Any low priority procedures undertaken without prior authorisation from the patients CCG will not be paid for. In order to prevent this, a GP should request authorisation from the local CCG prior to referral to secondary care for conditions that are normally within this exclusion group. In these circumstances the 18 week clock will begin when approval for referral to secondary care has been received by the GP and the GP proceeds to make a formal referral. This referral should include confirmation that the proposed treatment has been authorised by the CCG. Where the Trust receives a referral without the appropriate authorisation, the referral will be returned to the GP. Where a low priority treatment is identified during a patient's pathway, this patient will be discharged to their GP for this to be sought. Once funding has been approved, they can be re-referred.

5.3.3 Access to Healthcare for Military Veterans

In line with the Armed Forces Covenant, all veterans and war pensioners should receive priority access to NHS care for conditions which are related to their service. This is subject to the clinical needs of all patients. Military veterans should not need to have become eligible for a war pension before receiving priority treatment. GPs should notify the Trust of the patient's condition and its relation to military service when they refer the patient so that the Trust can ensure that it meets the current guidance for priority service over other patients with the same level of clinical need. In line with clinical policy, patients with more urgent clinical needs will continue to receive clinical priority.

5.3.4 Private Patients

If a patient has been seen privately and wishes to be treated at UHL as an NHS patient, this will only happen when the Trust receives an NHS referral letter from a GP (via e-RS) or referring consultant. On receipt of this letter the patient is treated as a new referral in outpatients or placed on a waiting list for investigations or treatment, but will be treated according to their NHS medical priority. The RTT pathway starts at receipt of referral to the NHS.

If a patient seen at UHL wishes to be seen in the private sector (as a private patient) and makes such arrangements, their RTT period stops on the day their care is transferred (with the RTT status code of PDT).

If their care in the private sector is as an NHS patient via a subcontracting arrangement with UHL, their RTT pathway continues until treatment has occurred in the private sector.

If the patients care is transferred to the private sector via an Inter Provider Transfer (IPT), the patients clock is stopped from the date the receiving provider has agreed to accept the patient after the patient has agreed to transfer their care (with the RTT status code of CAT).

5.3.5 Overseas Patients

The Overseas Visitors Team will assess a patient's eligibility for NHS care in line with national guidance on overseas visitors' hospital charging regulations. The national guidance relating to overseas visitors can be found on the Department of Health's Guidance on implementing the overseas visitor hospital charging regulations 2017.

5.3.6 Patients Requiring Cross Border Approval (Northern Island, Scotland and Wales Referrals)

NHS Wales, NHS Scotland and NHS Northern Ireland operate a prior approval policy for all non-emergency procedures and some highly specialised activity (i.e. ECMO) that takes place in England. Any procedures undertaken without prior authorisation are not authorised by commissioners and will not be paid for. In order to prevent this, a GP/referrer should request authorisation from the relevant local Health Board prior to referral to secondary care for all patients. In these circumstances the 18 week clock will begin when approval for referral to secondary care has been received by the GP/referrer and the GP/referrer proceeds to make a formal referral. Where the Trust receives a referral without the appropriate authorisation, the referral will be returned to the GP/referrer. This referral should include confirmation that the proposed treatment has been authorised by commissioners. Where prior approval is identified during a patient's pathway, the service will either discharge the patient back to an appropriate local care setting or seek prior approval in line with the local Health Board's policy.

5.3.7 Vulnerable Patients

UHL will take all reasonable measures to manage patients who are vulnerable for whatever reason. Specialty teams will take particular care to ensure that the needs of vulnerable patients are taken account of and they experience no unnecessary delays related to their care. This group of patients might include but is not restricted to:

a) Patients with learning difficulties or psychiatric problems;
b) Patients with physical disabilities or mobility problems;
c) Patients with dementia;
d) Elderly patients who require community care;
e) Children (under 18) for whom there is a safeguarding concern.

Safeguarding guidance for adults and children can be found at the following links: Safeguarding Adults Policy and Procedures and Safeguarding Children Policies and Procedures.

5.3.8 Communication With Patients

The rules and principles within which UHL will deliver must be made clear and transparent to patients at each stage of their pathway. All communications with patients whether verbal or written must be informative, clear and concise. The Service Equality Team can support specialties with additional communication methods, for example in provision of easy reading materials, sign language interpretation or Braille.

For patients who do not speak English, there is a telephone interpreting service available. Further information can be found via Interpreting and Translations page on InSite.

5.3.9 Elective Care Governance Structure

Access to elective care is managed by individual specialties and monitored by the Operational Delivery Unit, which is overseen by the Head of Performance and Improvement. The key meeting forums for the delivery of elective care are outlined below:

- Weekly Access Meeting;
- Weekly Diagnostics Meeting;
- Weekly Corporate Data Quality Meeting;
- Monthly CMG Performance Meetings.

Attendance at these meeting forums is at the discretion of the Director of Performance and Information. Ultimately, all performance is reported by exception to the Trust's board at the monthly Executive Performance Board.

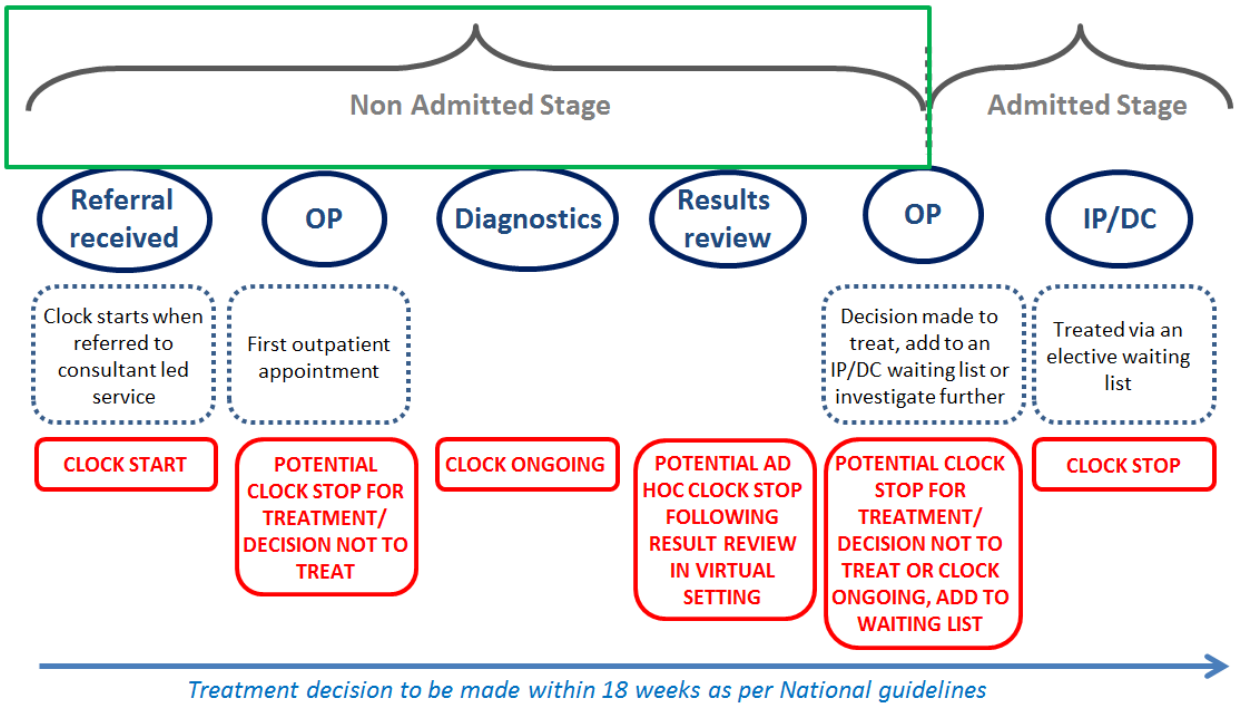
5.3.10 What UHL Reports And Where

UHL has a large portfolio of reports internally, which specialties must use to manage elective care. The Trust shares performance information externally with local and national commissioners through the Information Schedule of the acute contract. Additionally, the Trust reports information on RTT and diagnostics on a weekly basis to the NHSI. Details on reports can be found in section 7, process for monitoring compliance.

5.4 RTT Non Admitted Pathway Specific Principles

5.4.1 Non Admitted Pathways

The non-admitted stages of the patient's pathway comprise both outpatients and the diagnostic stages, as highlighted by the section within the border around it in the diagram below. It starts from the clock start date (i.e. the date the referral is received) and ends when either a clock stop happens in outpatients (this could be the first or further appointment) or when a decision to not treat and either enter active monitoring or discharge is made in an ad hoc setting. A patient transfers over to an 'admitted pathway' when the decision to admit is made and the clock continues until their procedure is performed.



5.4.2 Referral Management

a) **Pre Requisites Prior to Referral**

i) Primary Care

In line with national RTT rules, before patients are referred it is expected that GPs and other referrers ensure that patients are ready, willing and able to attend for any necessary outpatient appointments and/ or treatment within national waiting times (RTT within 18 weeks) and that they fully understand the implications of any surgery or other treatment which may be necessary.

ii) Secondary Care

It is the responsibility of the management teams within in each specialty in conjunction with clinicians to ensure that the NHS e-Referral System's Directory of Service (DoS) is correct and up to date. This relates to the service specific criteria, as well as ensuring that clinics are mapped to the relevant services. This means that the patient will be booked into the correct clinic at first visit and the number of Appointment Slot Issues (i.e. NHS e-Referral System failed bookings due to unavailability of appointments on the system) will reduce.

b) **Referral Sources**

i) The following principles apply with regards to referral sources:

- In the event of a tertiary referral, a referral from a consultant at another trust, the patient's existing waiting time from the first provider will still apply and the clock does not re-start when the referral is accepted by UHL.
- A consultant to consultant referral is clinically appropriate for urgent referrals or related conditions to the original referral.
- The principles of the local consultant to consultant referral protocol must be adhered to. The LLR Consultant to Consultant Referral Protocol is available

on the Trust website.

- When a consultant decides that the opinion of another consultant or service should be sought different to the original reason for referral, for routine patients, he/ she shall write back to the referring GP detailing this opinion so that the patient and their GP can agree on further management.

ii) External Consultant to Consultant Referrals / Inter Provider Transfers

Referrals to all other providers must be accompanied by a patient level minimum dataset that allows the receiving Trust to manage the ongoing care of the patient. This should include; relevant clinical information, the RTT starts and breach dates and the current RTT status of the patient. All referrals received by the Trust from other providers should also include the same minimum data set.

Any ongoing and current pathway will continue across the organisational boundary if the referral is for the same condition.

iii) Referral Management Centres (RMC)

Where RMCs exist to support the triage of referrals, signposting of new services or waiting times to patients, referrers must ensure a full data set is provided when referring. In addition all referrals on an RTT pathway will start the RTT clock at the point the referral is received by the RMC, who will then share this date with any onward referral.

c) **Referral Methods**

With effect from 1st October, 2018, a National Standard Contract change mandates that GP referrals into Consultant-led outpatient service must be made via the NHS e-Referral Service (e-RS) system. Providers need not accept, and crucially, will not be paid for any 1st appointment resulting from referrals received outside of e-RS. This is known as Paper Switch Off (PSO). UHL and the local health community support this. Locally agreed exceptions are in place for certain conditions/clinics and for urgent patients seen on the day or day after referral. Faxed referrals will not be acceptable for services that are within the scope of PSO.

Referrals into non-Consultant-led services, or referrals other than from GPs, can continue to be accepted into the Trust outside of e-RS.

There are currently two recognised methods of referral for non-Cancer referrals as described below (see Cancer Policy for Cancer Referral Methods).

1) Directly Bookable Services

Directly Bookable Services (DBS) via the NHS e-Referral System (eRS) enables the GP to book a first outpatient appointment slot while their patient is in the surgery. If this is not the appropriate time to book, the patient will be given a Unique Booking Reference Number (UBRN) and a password so that they can book the appointment online or via The National Appointment Line. Each service must ensure that sufficient capacity is available for patients to directly book their first appointment. For patients who have been directly booked onto HISS by the NHS e-Referral System, the RTT clock start will be auto-triggered from the referral received date on HISS.

Exceptions to this are where the patient has been unable to directly book into an appointment slot. This is termed an Appointment Slot Issue (ASI) and the clock starts at the point that the slot issue is experienced (as recorded on e-RS) or when the referral has been sent on from a Primary Care Interface Service, when the referral should be treated as an Inter-Provider Transfer.

Where specialties have a formal Triage service on e-RS, such that triage is made within secondary care prior to a definitive appointment being booked into a Consultant-led clinic, the RTT clock starts at the point of referral into the triage service and not at the point of any subsequent onward booking being made.

2) Paper Based Referrals

- All paper based referrals must be received at a designated centralised location within each specialty
- Upon receipt of paper based referrals, the date of receipt should be clearly and permanently marked. This date is the RTT clock start date for referrals sent from outside the Trust.
- All referrals must be registered on HISS within 24 hours of receipt. This applies to referrals both internal and external to UHL.
- Non e-RS referrals from GPs will only be accepted for conditions /clinics / timescales as defined in the locally agreed exceptions. Each specialty must be familiar with their own exceptions.
- Where non e-RS referrals from GPs are received for Consultant-led outpatient services, that do not fit into the locally agreed exceptions, the referral letter must be recorded on HISS but without an RTT pathway being created. Patient and GP demographic details must be checked and updated on HISS to ensure details match those on the referral letter. The referral must then be discharged on HISS, using the specific discharge code of "8 – Paper Referral Returned" and the referral letter returned to the GP with a standardised covering letter, and without clinical triage taking place. The GP must then re-refer the patient via e-RS

d) **Clinical Triage/ Review of Referrals**

Clinical triage will be undertaken in services, within 2 working days, where triage adds value to ensuring patients are received by the most clinically appropriate service. All referrals should be triaged to ensure clinical suitability, unless there are clear guidelines and evidence that demonstrates patients are all typically referred correctly first time.

5.4.3 First Appointment

Patients should be given or agree a reasonable appointment date (see 3.1.8). Patients should be appointed firstly by their clinical priority (i.e. urgent patients first) and then within chronological order of their RTT clock start date.

a) **Referrals made via the NHS e-Referral System**

The direct booking process is described in section 5.4.2 above.

The ERS Service Codes Identification Report (522-6475) shows which clinics are linked to which service on the NHS e-Referral System.
The Choose and Book Prospective Slot Availability report shows slot availability by service on the NHS e-Referral System. Access to this report may be required via the informatics team who can be contacted inform@uhl-tr.nhs.uk

b) **Appointment Slot Issues (ASIs)**

If direct booking is not possible due to lack of capacity, the UBRN will be directed to the Trust via the 'Defer to Provider' function on the NHS e-Referral System for local management to resolve. This is referred to as an Appointment Slot Issue (ASI). The RTT clock continues from the point at which the patient attempted to book their appointment even though they will not be visible on HISS at this point.

Appointment/Referral staff must attempt to convert ASIs into bookings on e-RS, ensuring there is enough time to enable clinical triage to occur prior to an appointment confirmation letter being sent to the patient, and giving reasonable notice. Attempts to convert ASIs into bookings must be made over at least 4 working days. Where ASIs cannot be converted into bookings on e-RS, the referral must be manually recorded on HISS (following the ASI process). This will enable demand on capacity to be visible, and eliminate any hidden waiting lists. To ensure compliance with Paper Switch Off, the manually created RTT pathway must start with X09 and be followed by the 12 digit UBRN.
ASIs result in a poor patient experience and time consuming administrative workarounds. Sufficient capacity should therefore be made available via the NHS e-Referral System to ensure patients can book directly into services. This is the responsibility of the specialty management team.

c) **Paper Based Referrals (that fall outside the criteria for Paper Switch Off)**

i) Urgent Referrals

Urgent patients that are referred via the paper referral process should be contacted by telephone within one working day of receipt of referral to agree an appointment date. A letter must be sent to confirm the appointment which must also include details of how to cancel and reschedule appointments.

ii) Routine Referrals

Routine patients referred via the paper referral process will be placed on the outpatient waiting list.

Patients should be contacted via telephone and an appointment verbally agreed. Patients should be offered a choice of dates and an appointment made which is mutually convenient. The patient's details including daytime contact number must be checked and corrected at this time and all appointment offers must be recorded on HISS. A letter must be sent to confirm the appointment, which must also include details of how to cancel and reschedule appointments.

If unable to contact patients by telephone a letter should be sent to patient either with an appointment date or asking to contact the department to schedule an appointment, partial booking.

This 'partial booking process' is detailed in a diagram which can be found at the following the Partial Booking Training link.

If the patient fails to call within 7 days of the phone in letter being sent out, the outpatient waiting list entry must be removed. A letter must be sent to the patient's GP and the referral is closed. The code for the patient's RTT pathway will be 'patient declined treatment' (PDT).

If a patient has been unable to contact the service within the designated time through no fault of their own, they will be reinstated on the waiting list. and RTT pathway reopened from the original start date

Where a patient is referred to a pooled service, they are to be offered an appointment with the consultant with the shortest waiting time.
Must also include details of how to cancel and reschedule appointments.

5.4.4 Hospital Initiated Appointment Changes

The specialties will make every effort to ensure that they do not cancel patient's appointments. Cancellations can be detrimental to patient care, in particular multiple hospital cancellations for those requiring long term follow up. Safeguards must be in place to make sure that this risk is minimised. Ensuring these are escalated within the clinical management group and tracked on the HISS.

Patients requiring a follow up must either be booked a further appointment with the patient present or put on a follow up waiting list on HISS. Patients put on a follow up waiting list must have a guaranteed date to be seen entered on HISS, prior to this date the patient must be contacted to arrange their appointment. Specialties must monitor patient cancellations and identify those where multiple cancellations have occurred, these must be prioritised for appointments. Each speciality must ensure that no delays are incurred that could be detrimental to patients' care.

The following process should be followed in the event of a hospital initiated appointment change:

a) The patient's RTT period continues from the original start date.
b) The patient should be contacted to arrange an alternative appointment date and time.
c) If the cancellation is within 5 working days of the appointment date, the patient should be informed of the cancellation by telephone.
d) For new appointments booked via e-RS, where capacity allows, attempts must be made to change the appointment via e-RS.

5.4.5 Patient Initiated Appointment Cancellations

The Trust's policy on patient's wishing to reschedule appointment cancellations via telephone or ERS is defined in section 5.2.5.

Patients who wish to cancel their appointment entirely and do not require a further appointment or treatment should be removed from the waiting list, their RTT period ended and a letter should be sent to the patient and their GP confirming their decision.

Where a patient was not discharged following a cancellation, the patient's care will not be affected and they will continue to receive treatment.

5.4.6 Patient Initiated Delays

There is no provision for clocks to be paused or stopped should a patient wish to wait for their treatment. However, a patient may request a period of thinking time before committing to be added to an inpatient or day case waiting list for treatment as highlighted in section 5.4.7.

If a decision to discharge is made the reason should be made clear in the letter to the GP or original referrer and to the patient.

5.4.7 Patient thinking time on RTT Pathways

Patients may wish to spend time thinking about the recommended treatment options before confirming they are willing and able to proceed. It would not be appropriate to stop the 18 week RTT clock where this amounts to under two weeks. However, it may be appropriate to

stop the 18 week RTT clock (patient initiated active monitoring) where the patient requests a delay of two or more weeks before coming to a decision. A set time to review this patient must be agreed and an outpatient appointment booked to discuss addition to the waiting list, further monitoring or discharge.

This is in contrast to where a patient has made themselves unavailable for treatment. This concurs with the guidance on patient thinking time which is provided by NHS England in 'Recording and reporting referral to treatment (RTT) waiting times for consultant-led elective care'.

If the patient decides to go ahead with the recommended treatment he/she can be added to the waiting list and a new clock started when the patient confirms they are willing to proceed. The consultant in charge of the patient's care may decide to add the patient straight on to the waiting list, or may offer the patient an outpatient appointment.

5.4.8 Clinic Attendance

a) **Arrival of Patients**

Patient demographic details must be checked at every clinic attendance and amended as necessary. The status of overseas visitors will be checked at this time. The relevant service manager must be notified where it is suspected that there is an overseas visitor.

All patients must have an attendance status recorded within twenty-four hours of the appointment, i.e. Attended or Did Not Attend.

b) **Clinic Outcomes**

All patients must have an outcome (e.g. follow up, discharge or add to elective waiting list) and an updated RTT status recorded on the clinic within twenty-four hours. This includes patients who have already started treatment and have had a previous RTT period as they may need to start a new RTT period due to a new treatment plan or continue being monitored.

c) **Follow Up Appointments**

i) Patients who require an appointment within six weeks should be fully booked as they leave the outpatient appointment.

ii) Patients requiring an outpatient follow up appointment in more than six weeks' time will be added to a Trust recognised waiting list (held on HISS) and the Trust's partial booking process should be followed.

iii) The process for managing long term follow ups is more fully described in a process chart that can be found on the RTT Long Term Follow Up Process page. This process can be used by services to ensure no patients are lost to follow ups.

5.4.9 Telephone Appointments

a) Appointment Notification

Patients should be notified of their telephone appointment by letter. This is a direct communication to the patient's address and an opportunity to inform the patient who we currently hold as their GP. Patients will be asked to phone in and provide updated information if this is not correct.

b) The timeliness of the telephone appointment

The appointment letter will provide an indicative appointment time. Given that patients may be anxious and/or need to be in a private location for the call, it is fair that they should expect the call to be timely. Every specialty should aim to phone the patient within 1 hour of their appointment time (i.e. within half-an-hour before or after).

Where specialties are still working to achieve this and this timing is not currently achievable, then realistic expectations must be provided to the patient. If a half-day allowance is the best that can be achieved, then this must be clarified in the appointment letter.

c) The telephone number calling from

The incoming call to the patient may be seen as a withheld or private number. Where possible this should be altered to an identifiable telephone number via involvement of the IM&T Telecoms team.

d) The patients' telephone number

HISS/Patientcentre should be kept updated with the patient's current mobile or landline number. This is the system from which text reminders are generated and is therefore reliant on current accurate numbers. Patients will be advised to inform the Trust of any revised telephone number in advance of their appointment. Clinic staff should ensure that clinicians ringing patients have the most up to date number available.

e) Attendance Status for a telephone appointment

The telephone appointment should be recorded on an outcome sheet, noting every time and telephone number attempted. If the first call is not picked up, alternative available numbers should be tried and all attempts documented.

Attendance Status	*When*
DNA – Did Not Attend	The clinician is unable to get through to the patient and the telephone consultation does not occur. The clinician should document every • Date/time of call • Telephone number that was called. If other telephone numbers are available, these should also be attempted. The patient's telephone number can be validated against the Summary Care Record to see if any update has been missed. The record of attempted calls should be retained in the patient record.
CND – cancelled on the day	If the patient does pick up the call but states that the time is inconvenient, a more convenient further attempt should be agreed where possible. A CND should only be recorded when a further attempt cannot be agreed, or the patient does not pick up a subsequent call

f) Outcome of a telephone appointment

The outcome sheet must be updated to indicate what will happen next e.g. when the next appointment should be and whether it can be by telephone again. Discharge following a DNA or CND will be at the discretion of the clinician.

5.4.10 Did Not Attends (DNAs)

The Trust's policy on patient DNA's is defined in section 5.2.4.

Where circumstances were beyond the patient's control, the Trust will endeavour to be as flexible as possible. The patient must first be contacted to ascertain the reasons for DNA and ensure compliance to attend a rescheduled appointment.

For paediatric patients after the reason for a DNA has been established, this should be documented in the health records. A further appointment will be offered to the patient and the importance of attendance needs to be reiterated to the parent/ carer.

If there are any safeguarding concerns about a child or young person under the age of 18 years, further guidance should be sought from the Trust safeguarding policy or safeguarding lead.

DNA recording of new appointments booked via e-RS must be managed both on HISS and e-RS.

5.4.11 Clinic Management

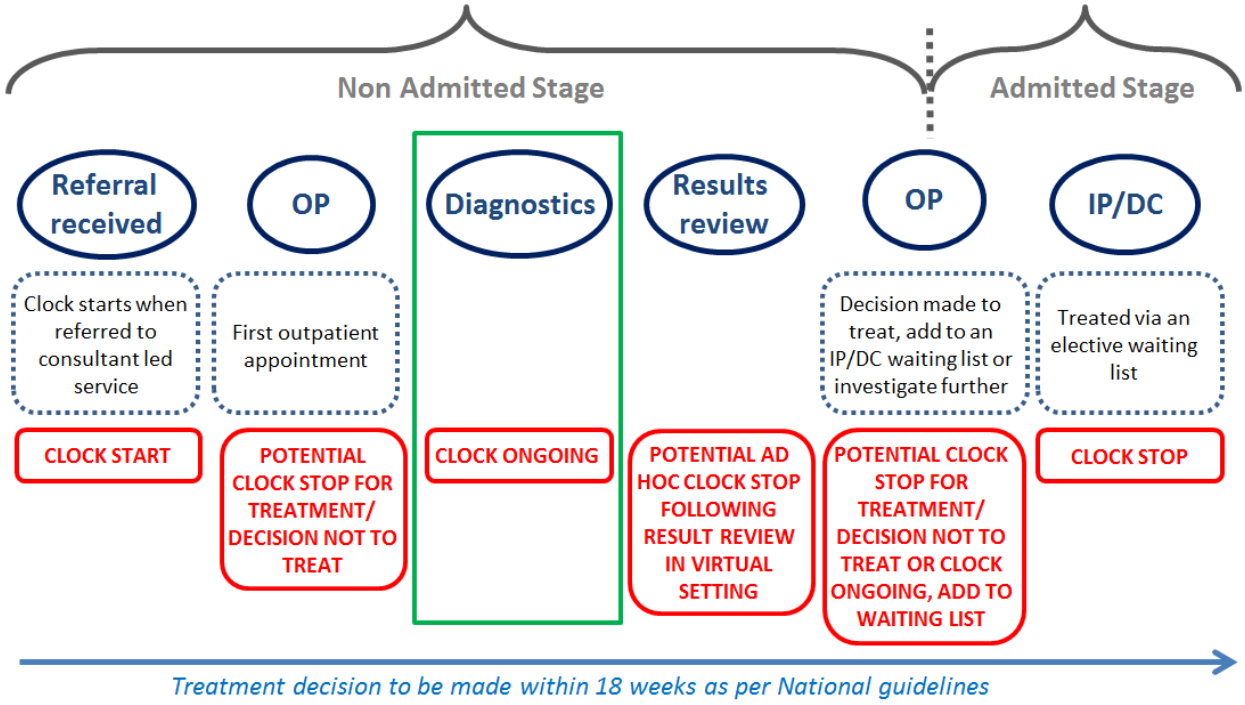
a) **Ad Hoc Clinic Cancellation & Reductions**
All staff must give at least six weeks' notice of annual leave. Notice of planned leave should be given as early as possible to minimise the effect on clinics.

The Trust is committed to offering certainty to patients as well as choice in arranging care. As such, every effort will be made to avoid cancelling patients' appointments. Every effort will be made to backfill absent clinicians by the specialty. Cancellation will be a last resort.

b) **Outpatient Clinic Capacity**
Specialties must systematically undertake a review of clinic templates and physical room capacity to ensure they are aligned to demand (contracted activity) on an annual basis. The Outpatient Clinic Template Management Policy provides guidance on template management.

5.4.12 Diagnostic Pathways

The section within the border on the diagram below represents the diagnostic stage of the RTT pathway which forms part of a non-admitted pathway. It starts at the point of a decision to refer and ends upon the diagnostic procedure being reported on.



5.4.13 Diagnostic Patients On RTT Pathways

a) Where a patient is referred for a diagnostic test, the principles and policies within the non-admitted section must be adhered to in terms of booking, cancellation and DNAs.

b) Some diagnostic tests will be undertaken on an admitted basis. These patients remain on non-admitted RTT pathways.

c) Patients who are referred for diagnostics as part of an RTT pathway need also to be seen within the current diagnostic waiting time or 6 weeks maximum.

5.4.14 Subsequent Diagnostics

Where the patient has received first definitive treatment for a condition they were referred for and subsequent new treatment plan is agreed following the result of a 'check' diagnostic, a new RTT should commence.

5.4.15 Direct Access

Where a GP refers a patient for a diagnostic test but retains clinical responsibility for the patient this does NOT constitute an RTT pathway. An RTT pathway only commences if the GP subsequently makes a referral to a consultant led service.

5.4.16 National Standard For Diagnostic Waiting Times

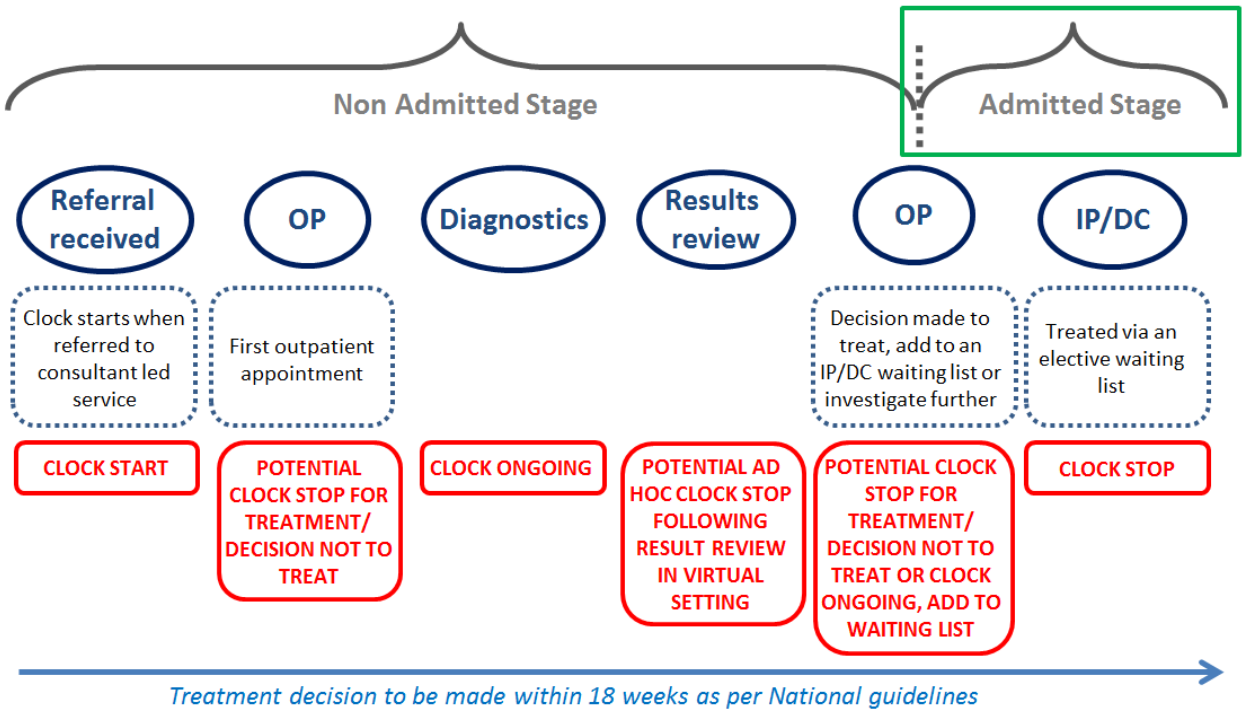
The national standard for diagnostic waiting times is 6 weeks from point of decision to refer to the diagnostic being carried out. For this standard, which is called a 'stage of treatment', the following rules apply:

- For DNAs, the rules are as for RTT pathways;

- If a patient cancels a reasonable offer, the 6 week waiting time is reset to zero;
- Hospital cancellations have no effect on RTT waits or the 6 week wait.

5.5 RTT Admitted Pathway Specific Principles

The section within the border on the diagram below represents the admitted stage of the pathway. It starts at the point of a decision to admit and ends upon admission for first definitive treatment.



5.5.1 Decision To Admit

The decision to admit a patient for surgery (as a day case or inpatient) must be made by a consultant or another clinician who has been given delegated authority. A patient should only be added to an active waiting list for surgery if:

a) There is a sound clinical indication for surgery.

b) Patients who are added to the waiting list must be clinically and socially ready for admission on the day the decision to treat is made, i.e. if there was a treatment opportunity tomorrow in which to admit a patient, they are fit, ready and able to come in.

c) Following pre-operative assessment, if a patient is unfit for treatment within the following two weeks, their RTT pathway must be ended with a watchful wait. Locally these patients are deemed as long term medically unfit with the medical suspension reason recorded. When the patient is fit again, a new RTT pathway must be started and the patient must be rebooked for treatment within four weeks of being well where possible using the national prioritisation framework. The elective waiting list must be suspended throughout the expected period during which they are unfit. While the HISS suspension does not affect the RTT pathway, it enables admin staff to record periods of unavailability. If a patient is

unfit for more than two weeks and GP informed by letter, they should be discharged back to their GP. For a patient who is unfit for less than two weeks, the RTT pathway continues.

d) For low priority treatments, prior funding agreement must have been obtained from commissioners before they are added to the waiting list. The specialty must have evidence that prior approval has been received. All patients must be added to the waiting list at the time a decision to treat is made, and prior approval must be sought thereafter. The RTT clock will continue during the time that approval is sought. If approval is rejected, the patient must be removed from the waiting list and referred back to their GP. For more information on low priority treatments, see section 5.3.2.

5.5.2 Completion Of Waiting List Forms

At the time of the decision to admit, a waiting list form will be completed in full by the clinician making the decision. This will happen for all patients added to the waiting list. The addition to the waiting list must be input onto HISS within 24 hours of the decision being made.

From the point of adding the patient to the admitted waiting list for treatment, the patient transfers from a non-admitted pathway to an admitted pathway.

5.5.3 Pre-Anaesthetic and Pre-Operative Assessment

a) Where necessary, patients should be pre-anaesthetically and pre-operatively assessed as soon as possible following the decision to admit.

   i) Pre-anaesthetic assessment is required to ensure the patient is fit to undergo the anaesthesia.

   ii) Pre-operative assessment: this conversation with the operating surgeon regarding the nature of the surgery will happen at the point of being listed or at a time closer to the surgery.

b) The purpose of these assessments is to ensure all patients are fit for treatment and that that they are listed for the appropriate type of admission (day case, short stay or inpatient care).

c) Patients who are not fit for treatment should not be listed unless optimisation is expected to take two weeks or less. This needs to be a clinical decision.

d) Patients who are not presently fit will be fully investigated and an individual management plan agreed with the clinician.

5.5.4 Listing Patients/ Offering Admission (TCI) Dates

a) Where patients are not fully booked (i.e. given a TCI date on the day of decision to add to waiting list), the Trust's RTT Patient Tracking List (PTL) must be used as the data source for scheduling admitted patients. This is generated from HISS data and is presented in a SharePoint report.

b) Listing must be undertaken by selecting patients firstly by their clinical priority (National Prioritatsion framework) and then within chronological order of RTT wait time.

c) Patients must be contacted to have the opportunity to agree their TCI date. This may be by telephone or letter. If this offer is made by letter, the Trust's partial booking process must be adhered to, which is explained on the Partial Booking Training page.

d) Patients should be offered two separate dates with at least three weeks' notice for day case or inpatient admissions.

e) Admission date offers must be reasonable (see 3.1.8).

f) If the patient fails to call the department within 1 week of a letter being sent, the waiting list entry is removed as the patient has declined treatment. Before removing patients from the waiting list, they must be clinically reviewed to ensure this is not detrimental to their health. A letter is sent to the patient's GP and the patient's RTT pathway will be closed.

g) A confirmation letter must be sent immediately following the agreement of a TCI date. The TCI letter must contain all the relevant information associated to the admission.

5.5.5 Patient Cancellation/ Declining Of TCI Offers

a) When offering TCI dates, patients may need to decline for social reasons due to other commitments which cause them to be unavailable, e.g. holidays or exams. Patients could decline offers immediately during the telephone conversation or cancel/ decline at any point between initially accepting and the admission date itself. If a reasonable offer is declined, the offer should be recorded on HISS as 'Partial Booking 1st Offer Refused'.

b) If patients attempt to reschedule the same admission more than once they will be discharged back to their referrer and the RTT pathway will stop. All such patients must be clinically reviewed prior to discharge.

5.5.6 Did Not Attends (DNAs)

The Trust's policy on patient DNA's is defined in section 5.2.4.

Where circumstances were beyond the patient's control, the Trust will endeavour to be as flexible as possible. Further information around extenuating circumstances, including vulnerable patients, can be found in section 5.4.9.

5.5.7 Patient Initiated Delays

Patients on an elective waiting list may initiate a delay for social and domestic reasons. The patient should be suspended on the Trust's waiting list for their entire period of unavailability **however, the RTT wait time continues.**

When a patient contacts the Trust to communicate periods of unavailability for social reasons (e.g. holidays, exams), this period should be recorded on HISS and categorised using the national framework (P5 or P6)

If the length of the period of unavailability is equal to or greater than a clinically unsafe period of delay (as indicated in advance by Consultants for each speciality), the patients pathway will be reviewed by their consultant. Upon clinical review, the patient's consultant will indicate one of the following:

- Clinically safe for the patient to delay; continue progression of pathway. The RTT Clock continues.
- Clinically unsafe length of delay; clinician to contact the patient with a view to persuading the patient not to delay. The RTT clock continues. In exceptional circumstances if a patient decides to delay their treatment it may be appropriate to place the patient under active monitoring (clock stop) if the clinician believes the delay will have a consequential impact on the patient's treatment plan.
- Clinically unsafe length of delay; in the patient's best clinical interests to return the patient to their GP. The RTT clock stops on the day this is communicated to the patient and their GP. The patient could also be actively monitored within the trust.

Where patient indicates they wish to wait for a period of time, the date when the patient will become available should be confirmed and where possible a TCI date agreed. If the patient does not wish to commit to a date and it is clinically appropriate (in line with above) and agreed by the consultant, then they can be discharged back to the original referrer and re-referred when they wish to continue with treatment.

Ultimately, patients will be considered on a case-by-case basis however it is generally not in a patient's best interest to be left on a waiting list for extended periods of time (i.e. several months). There must be specific protection for the clinical interests of suspected cancer patients; children and young people under 18 years and vulnerable adults.

5.5.8 Validation of Patients on the Admitted Waiting List

Some patients on the elective waiting list may no longer need their treatment (if they have been treated elsewhere) or need their operation to be performed by a different Trust. To ensure that only those patients still needing their treatment are on the waiting list and to comply with the Data Protection Act, the Trust will validate the waiting list on a rolling basis. In partnership with the RTT team, specialties should aim to have validated down to patients waiting 14 weeks on admitted and non-admitted pathways. This will ensure the waiting list is consistently accurate and managed. Validation may consist of contacting patients and asking them if they still require their treatment.

5.5.9 Cancellation of TCI for an Operation

a) **Cancellation for Clinical Reasons**

If the operation is cancelled because the patient is unfit for surgery and expected to be so for more than two weeks, their RTT pathway must be ended with a watchful wait. Locally these patients are deemed as long term medically unfit. When the patient is fit again, a new RTT pathway must be started and the patient must be rebooked for treatment within four weeks of being well. The elective waiting list must be suspended

throughout the expected period during which they are unfit. While the HISS suspension does not affect the RTT pathway, it enables admin staff to record periods of unavailability. If a patient is unfit for more than four weeks, they should be discharged back to their GP. For a patient who is unfit for less than two weeks, the RTT pathway continues.

b) **Cancellation by the Trust for Hospital Reasons**

The Trust will only cancel a patient's admission when it is not possible to carry out the procedure (e.g. bed capacity, unplanned leave, emergency cases). Everything must be done to try and avoid a hospital cancellation as it causes distress to the patient and an operational challenge for the hospital. Should it be necessary to cancel elective admissions, priority will be given to clinically urgent cases and long waiters.

It is vital that any risk to elective operations is highlighted according to the escalation policy. If it is absolutely necessary for the hospital to cancel a patient's surgery, the patient should be given a new admission date at the time of cancellation where possible. This should fulfil the reasonable criteria already discussed. If this is not possible, it is the responsibility of the specialty manager to ensure that the patient has a new date of admission within 28 days (if the patient is cancelled on or after the day of admission), or as soon as possible if cancelled prior to this.

All cancelled operations need to be recorded in HISS as soon as possible. It is the responsibility of the General Manager to make sure a clear process is in place to ensure cancellations are recorded accurately in HISS.

5.5.10 Planned Waiting Lists

The Trust's policy on planned patients is defined in section 3.1.6

These patients will be held on a 'planned waiting list', separate from the other waiting list, however will be subject to the same monitoring and validation process. Specialty managers are responsible for reviewing the planned list on a weekly basis to ensure compliance. This review will include checking that patients are being brought in, in accordance with their planned TCI dates and have been listed appropriately to the planned list definition.

Patients who are added to a planned waiting list must have a guaranteed admission date entered on HISS. This date should be added to the waiting list form and is determined by the consultant based on the patient's condition.

Patients who wait beyond their guaranteed admission date for elective treatment must be transferred to the active waiting list with an RTT clock started on the date the patient becomes overdue for their planned procedure. If a patient has exceeded their wait for a diagnostic procedure, they become an active diagnostic but do not need to be entered onto an RTT pathway.

5.5.11 Bilateral Procedures

Whilst patients may have two concurrent RTT pathways open for different specialities, patients will only be put onto the admitted waiting list for one procedure at a time with in the same speciality. The RTT period will stop when first definitive treatment for the first side begins. A second new period starts once the patient is fit and ready to proceed with the second procedure unless the second is planned.

An example of a bilateral procedure; patient is listed for left eye cataract and has surgery and therefore the clock stops. Once patient has recovered and/or is clinically reviewed and listed for right eye, a second pathway commences from the date of decision to admit.

5.5.12 Admitting Patients

Where a patient's admission is a procedure or operation constituting first definitive treatment as part of an RTT pathway, the admission on Patient Centre will stop the patient's RTT pathway.

The Admitting Patients (Elective) Short Guide provides guidance on how to administer this on the hospital system.

5.5.13 Emergency Admissions for an Elective Procedure

Where patients are admitted as an emergency for an elective procedure the patient will be removed from the waiting list and their RTT pathway stopped on the day treatment commenced.

5.5.14 Removals Other Than Treatment

Patients who state that they do not wish to receive treatment will have their waiting list entry cancelled and their RTT pathway stopped. This is counted as a non-admitted clock stop.

6 EDUCATION AND TRAINING FOR THIS POLICY

The following tools are available to support the correct application of the RTT policy:

- RTT training via Helm;
- Monthly face-to-face training sessions with the RTT team;
- Bespoke training sessions as required.

Details of the training sessions are available on the Trust's RTT web page, which can be found on the RTT Training page.

7. GOVERNANCE OF WAITING LISTS REVIEWS AND CLINICAL VALIDATION OF PATIENTS ON THE NON ADMITTED AND ADMITTED WAITING LIST

Ensuring there is a robust method of Clinical Validation is integral to good waiting list management

The clinical validation of waiting lists will produce a clinically validated waiting list that allows clinics and operating lists to run effectively, by:

- Checking on a patient's condition and any additional risk factors
- Establishing the patient's wishes regarding treatment
- Providing good communication to the patient and carer and GP
- Introducing the P5 and P6 categories in the admitted waiting list that allows patients to postpone surgery but remain on the waiting list

Further guidance can be found in relation to admitted waiting lists in the following document "Clinical validation of surgical waiting lists: framework and support tools 1st October 2020 Version 1".

To ensure robust governance around waiting list management, all patient interactions must be recorded within the patients notes and all high level meetings should be minuted and kept centrally HISS should be updated to record the actions.

All patient level interactions must be recorded. A harm review and root cause analysis form should be completed for each 52 week breach patient by the clinician, following a paper review of the patient's notes and a telephone/face to face review with the patient. These should be stored within the patient's notes. For clinically urgent patients, the same process should be followed.

All services must locally agree and record a review period for these patients which are based on their procedure type and clinical urgency. This should be agreed between the senior medic and administrative workforce and actions put into place to record locally (and on HISS where appropriate) when patients exceed this date need a further review.

Any amendments to the patient's record must be passed to an administrative member of staff to update HISS within 24 hours. This will include;

- cancellation of waiting lists for procedures no longer required,
- updated urgency codes,
- changes to procedure and
- patient decisions to delay their procedure based on national clinical categorisation codes 5 and 6.

Each service is required to hold a weekly meeting involving consultants and senior management staff to review the waiting list for both Non Admitted and Admitted patients.

The meeting should have:-

- A concise agenda based on the meetings function (e.g. to discuss clinical validation progress update, scheduling, long wait patients, cancer etc.)
- Action notes to be minuted and distributed to all attendees.
- These should be retained electronically in a secure and central location to ensure a full audit trail is available.

It is appreciated that ad hoc meetings and daily huddles will not necessarily have minutes dictated, however all important decisions must be noted centrally and all patient actions completed within 24 hours as described above.

8 PROCESS FOR MONITORING COMPLIANCE

Element to be monitored	Lead	Tool	Frequency	Reporting Arrangements
Validation of activity categorisation	Head of Information	Masterfile queries	Annually or as queries are raised	Any issues found will be brought to the attention of General Managers to resolve
Patients on planned and active waiting lists	General Managers	SharePoint reports	Weekly	Weekly assessment submitted to the Deputy Head of Performance or weekly attendance at the Weekly Access Meeting (at discretion of Performance team)
RTT coverage, validation and performance	General Managers	SharePoint reports	Weekly	Weekly assessment submitted to the Head of Performance or weekly attendance at the Weekly Access Meeting (at discretion of Performance team)
	Head of Performance	SharePoint reports	Weekly	Reporting of Trust position to commissioners
Waiting time to first appointment	General Managers	Share Point reports	Weekly	Weekly assessment submitted to Head of Performance or weekly attendance at the Weekly Access Meeting
Waiting times to diagnostic tests	General Managers	SharePoint reports	Weekly	Weekly attendance at the Diagnostics Waiting Times Meeting
Waiting time to imaging	Service Manager for Imaging	CRIS reports	Weekly	Weekly attendance at the Diagnostics Waiting Times Meeting
Potential activity changes	Head of Contracts and Commissioning to coordinate CMG leads	Trust activity change proforma	Annually	Clinical Commissioning Group
Accurate Waiting List start date	General Managers	SharePoint reports	Weekly	Weekly assessment submitted to the Head of Performance or weekly attendance at the Weekly Access Meeting (at discretion of Performance team)

Acceptance of non e-RS GP referrals / Returned non-e-RS GP referrals	General Managers	SharePoint reports	Weekly	Weekly reporting, shared with NHS England and local commissioners
Elective Performance	Deputy Chief Operating Officer	Board Report	Monthly	Monthly report to Executive Performance Board
Hospital Cancellations	General Managers	SharePoint Reports	Monthly	Monthly report to Planned Care Committee and Outpatient Optimisation Programme Board

9 EQUALITY IMPACT ASSESSMENT

9.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

9.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9.3 Some reasonable adjustments have been added to ensure equitable access for patients with community support needs.

10 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

Name of author	Title of article / book and publisher
NHS England	Everyone Counts
NHS England	NHS Constitution
Department of Health	Diagnostics FAQs
NHS England	Consultant led Referral to Treatment Waiting Times Rules and Guidance
UHL RTT Team	RTT SOPs
Intensive Support Team	Example of a Clinic Outcome Form
Leicestershire County and Rutland PCT	Low Priority Treatment Policy
NHS Leicester City, Leicestershire County and Rutland	East Midlands Commissioning Policy for Cosmetic Procedures (all ages)
Ministry of Defence	Armed Forces Covenant
Department of Health	Guidance on implementing the overseas visitor hospital charging regulations
UHL	Safeguarding Adults Policy and Procedures B26/2011
UHL	Safeguarding Children Policy and Procedures B1/2012
Leicester, Leicestershire and Rutland CCGs	Consultant to Consultant Referral Policy – Acute
UHL	SharePoint report showing service slot availability
UHL	Partial Booking Process
UHL	Process for managing long term follow ups
UHL	Outpatient Clinic Template Management Policy B4/2013
UHL	Overview of Escalation Process for On The Day (OTD) Cancellations due to Hospital Reasons

UHL	28 day rebooking guidance
UHL	Admitting Patients (elective) short guide
UHL RTT Team	RTT Training Sessions
UHL	Checking Patient Demographics Guideline B10/2014