Document title: **Patient Access Policy**

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For use by:	All staff involved with patients care
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Key points of this document

- Overview of the process of managing the patient pathway (waiting lists, out-patient appointments, inpatient admissions) in line with national and local standards.
- Duties, roles and responsibilities outlined in respect of this policy with the individuals, departments and the patient.
- Key targets for each pathway and the appropriate monitoring process.

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Section 1: General Principles, Referral to Treatment & Diagnostic Pathways

1. INTRODUCTION & OVERARCHING PRINCIPLES

1.1. Introduction

Royal Papworth Hospital NHS Foundation Trust is committed to delivering high quality and timely elective care to patients. This policy:

- Sets out the rules and principles under which the trust manages elective access to outpatient appointments, diagnostics and elective inpatient or day case treatment.
- Gives staff clear direction on the application of the NHS Constitution in relation to elective waiting times.
- Demonstrates how elective access rules should be applied consistently, fairly and equitably.
- The access policy will be reviewed and ratified at least every two years or earlier if there are changes to national elective access rules or locally agreed principles.

The access policy should be read in full by all applicable staff following successful completion of mandatory Trust induction. The policy should not be used in isolation as a training tool.

The access policy is underpinned by a comprehensive suite of detailed standard operating procedures (SOPs). All clinical and non-clinical staff must ensure they comply with both the principles within this policy and the specific instructions within SOPs. A list of SOPs can be found in Appendix 1.

The trust is committed to promoting and providing services which meet the needs of individuals and does not discriminate against any employee, patient or visitor.

1.2. Purpose

The purpose of this policy is to ensure all patients requiring access to outpatient appointments, diagnostics and elective inpatient or day case treatment are managed equitably and consistently, in line with national and local waiting time standards and the NHS Constitution. The policy:

- Is designed to ensure the management of elective patient access to services is transparent, fair and equitable, and managed according to clinical priorities.
- Sets out the principles and rules for managing patients through their Referral to Treatment (RTT) and diagnostic pathway.
- Applies to all clinical and administrative staff and services relating to elective patient access at the trust.

1.3. Roles & Responsibilities

Whilst responsibility for achieving standards lies with the Chief Operating Officer and ultimately the Trust Board, all staff with access to and a duty to maintain elective care information systems are accountable for their accurate upkeep. For example:

- Deputy Directors of Operations are accountable for implementing, monitoring and ensuring compliance with the policy within their divisions.

- The Assistant Director of Finance is responsible for the timely production of Patient Tracking Lists (PTLs) which support the divisions in managing waiting lists and Referral to Treatment (RTT) standards.
- Waiting List Administrators, including clinic staff, secretaries or booking clerks, are responsible to Operations Managers and Service Managers with regard to compliance of all aspects of the trust's Elective Access Policy.
- Waiting List Administrators for outpatients, diagnostics and elective inpatient or day care services are responsible for the day-to-day management of their lists and are supported in this function by the Operations Managers, Services Managers, and Deputy Directors of Operations who are responsible for achieving access standards.
- Operations Managers, Services Managers, and Deputy Directors of Operations are responsible for ensuring data is accurate and services are compliant with the policy.
- Operational managers are responsible for ensuring the NHS e-Referral Service Directory of Services (DoS) is accurate and up to date.
- The Business Support team are responsible for producing and maintaining regular reports to enable divisions to accurately manage elective pathways, and ensure compliance with this policy.
- GPs and other referrers play a pivotal role in ensuring patients are fully informed during their consultation of the likely waiting times for a new outpatient consultation and of the need to be contactable and available when referred.
- The CCGs are responsible for ensuring robust communication links are in place to feedback information to GPs. GPs should ensure quality referrals are submitted to the appropriate provider first time.

The NHS Constitution recommends the following actions patients can take to help in the management of their condition:

- Patients can make a significant contribution to their own, and their families, good health and wellbeing, and should take personal responsibility for it.
- Patients should be registered with a GP practice as this is the main point of access to NHS care as commissioned by NHS bodies.
- Patients should provide accurate information about their health, condition and status, including notifying their consultants and/or GP of any changes in their condition that could have an impact on their treatment.
- Patients should keep appointments, or cancel within a reasonable timeframe and should advise of any unavailability during their initial consultation.

1.4. Staff Competency & Compliance

Competency

- As a key part of their induction programme, all new starters to the Trust will undergo contextual elective care training which is applicable to their role.
- All existing staff will undergo compulsory contextual elective care training on at least an annual basis and this should form part of their objectives within their annual IPR.
- Competency tests will be undertaken for all staff and clearly documented to provide evidence that the required level of knowledge and ability has been attained.

- This policy, along with the supporting suite of SOPs, will form the basis of contextual training programmes (refer to the trust's RTT Training Strategy for more information).

Compliance

- The application of RTT statuses will be discussed at weekly RTT MDT meetings involving colleagues from the central RTT Team and Operation Teams.
- Common themes will be communicated through the RTT Champions in each department and further training scheduled if required.
- Frequent errors by specific staff will be communicated to the individuals concerned with the RTT Champions copied into the communication. Retraining will be offered if required.
- Performance and training should be discussed with each staff member at least annually through their IPR. Poor performance should be identified and discussed more frequently as deemed appropriate by line managers. Continued poor performance should be managed through the Trust's Capability Procedure (DN097).

1.5. General Elective Access Principles

The NHS has set maximum waiting time standards for elective access to healthcare. In England, waiting time standards for elective care (including cancer) come under two headings:

- The individual patient rights (as per the NHS Constitution).
- The standards by which individual providers and commissioners are held accountable by NHS Improvement and NHS England. All patients are to be treated fairly and equitably regardless of race, sex, religion or sexual orientation.

1.6. Individual Patient Rights

The NHS constitution clearly sets out a series of pledges and rights stating what patients, the public and staff can expect from the NHS. A patient has the right to the following:

- A choice of hospital, named consultant, date and time.
- To commence their treatment for routine conditions following a referral into a consultant-led service, within a maximum waiting time of 18 weeks to treatment.
- To be seen by a cancer specialist within a maximum of two weeks from a GP referral for urgent referrals where cancer is suspected.

If this is not possible, the NHS has to take all reasonable steps to offer a range of alternatives. The right to be seen within the maximum waiting times does not apply:

- If the patient chooses to wait longer.
- If delaying the start of the treatment is in the best clinical interests of the patient **(note that in both of these scenarios the patient's RTT clock continues to tick)**
- If it is clinically appropriate for the patient's condition to be actively monitored in secondary care without clinical intervention at that stage.

1.7. Patient Eligibility

All Trusts have an obligation to identify patients who are not eligible for free NHS treatment and specifically to assess liability for charges in accordance with Department of Health guidance.

The Trust uses the Overseas Visitor Pre-Attendance form to ask questions to assist the Trust in assessing 'ordinarily resident status'. Some visitors from abroad, who are not ordinarily resident, may receive free healthcare, such as those that:

- Have paid the immigration health surcharge
- Have come to work or study in the UK
- Have been granted or made an application for asylum.

Citizens of the European Union (EU) that hold a European Health Insurance Card (EHIC) are also entitled to free healthcare, although the Trust may recover the cost of treatment from the country of origin.

The Trust will ask every patient to complete an Overseas Visitor Pre-Attendance form prior to their attendance. The patient will be asked to return this form to the Health Records Department who will review the form to establish eligibility and may contact the patient if further information or documentation is required. Where it is not possible to complete a form prior to the patient's attendance, the patient will be asked to complete the form on arrival to the Trust for assessment of eligibility before their treatment is commenced.

A patient's eligibility for free NHS treatment can change and, therefore, the Overseas Visitor Pre-Attendance form should be completed annually for all patients and the outcome recorded on the Lorenzo Patient Administration System.

Further information can be found in the Trust's Overseas Visitor Procedure.

1.8. Patients Moving Between NHS & Private Care

Patients can choose to move between NHS and private status at any point during their treatment without prejudice. Where it has been agreed, for example, that a surgical procedure is necessary the patient can be added directly to the elective waiting list if clinically appropriate. RTT clock should start at the point at which the clinical responsibility for the patient's care transfers to the NHS i.e. the date when the NHS trust accepts the referral for the patient.

The RTT pathways of patients who notify the Trust of their decision to seek private care will be closed with a clock stop applied on the date of this being disclosed by the patient.

1.9. Commissioner Approved Procedures

Patients referred for specific treatments where there is limited evidence of clinical effectiveness, or which might be considered cosmetic can only be accepted with the prior approval of the relevant Commissioner.

Should a referral be received without the relevant commissioner approval, the referral should be rejected and returned to the GP for them to make the Exceptional or Individual Funding Request (EFR / IFR) to the relevant commissioning panel.

In some instances, it will not be apparent until the outpatient consultation that the patient requires an excluded procedure. If this is the case, the consultant should submit an Exceptional or Individual Funding Request (EFR / IFR) before scheduling the patient's procedure.

1.10. Military Veterans

In line with the Armed Forces Covenant, published in 2015, all veterans and war pensioners should receive priority access to NHS care for any conditions which are related to their service, subject to the clinical needs of all patients. Military veterans should not need first to have applied and become eligible for a war pension before receiving priority treatment.

Referrers will clearly identify to the Trust the patient's condition and its relation to military service when they refer the patient, so the Trust can ensure 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 priority.

1.11. Prisoners

All elective standards and rules are applicable to prisoners and prisoners will be treated in the same way as other patients with regards to their waiting times. Delays to treatment incurred as a result of difficulties in prison staff being able to escort patients to appointments or for treatment do not affect the recorded waiting time for the patient.

The Trust will work with staff within the Prison Services to minimise delays through clear and regular communication channels and by offering a choice of appointment or admission date in line with reasonableness criteria.

Protocol EJ007 gives further information about how prisoner care is managed.

1.12. Service Standards

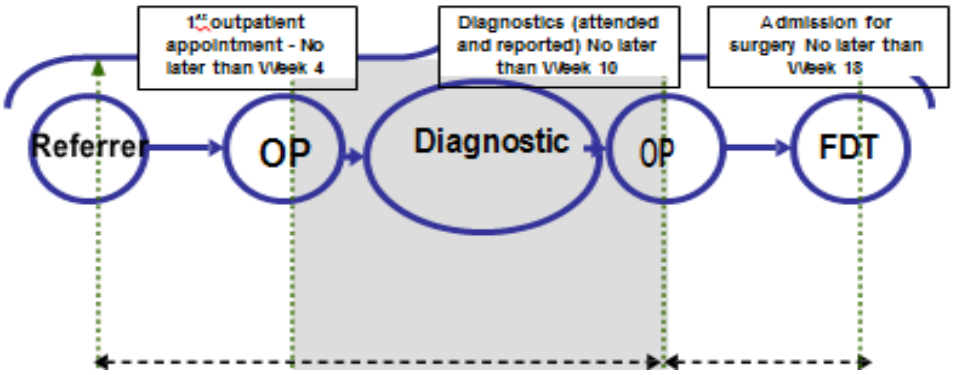
Key business processes that support access to care will have clearly defined service standards, which will be monitored by the trust. Compliance with each service standard will support effective and efficient service provision, and the achievement of referral to treatment standards.
Key standards for implementation include the following:

- Referral receipt and registration (within 24 hours)
- Referral vetting and triage (within 3 days of registration, where possible)
- Referrals for Advice & Guidance should be replied to within 2 working days of receipt
- Addition of urgent outpatient referrals to waiting list (within 24 hours of referral acceptance)
- Addition of routine outpatient referrals to waiting list (within 3 days of referral acceptance)
- Urgent patient contacted by the Trust after addition to waiting list (within 48 hours)
- Routine patient contacted by the Trust after addition to waiting list (within 2 weeks)
- Outpatient diagnostic reporting for x-ray and CT scans should be reported within 3 working days, and MRI and Nuclear Medicine should be reported within 5 working days
- Inpatient diagnostic reporting for x-ray and Cardiac CT scans should be reported within 1 working day and Non-Cardiac CT and MRI scans should be reported within 3 working days.
- DEXA scans should be reported within 2 weeks.

The standards above are described in greater detail in the trust's SOPs

1.13. Pathway Milestones

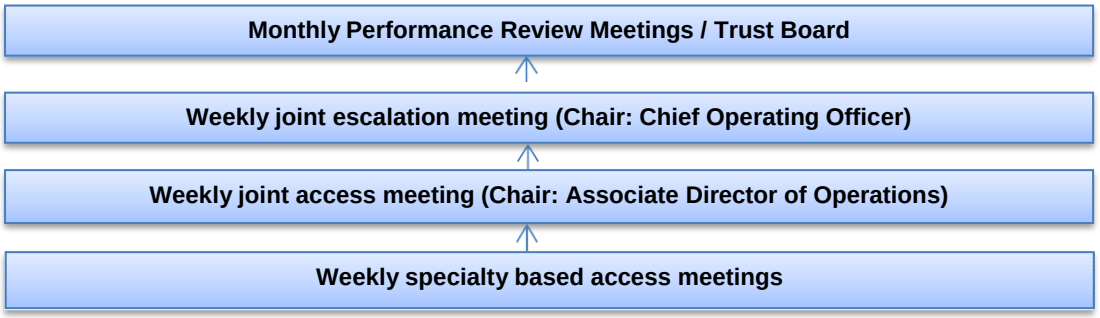
In order to achieve treatment within 18 weeks of receipt of referral, pathways should be designed with key milestones and sufficient capacity agreed with clinicians and commissioners. As an example, a surgical pathway could be broken down into the milestones shown below.



1.14. Monitoring

Operational teams will regularly and continuously monitor levels of capacity for each pathway milestone to ensure any shortfalls are addressed in advance, thus avoiding a poor patient experience, resource intensive administrative workarounds and ultimately breaches of the RTT standard.

1.15. Governance



1.16. Reasonableness

'Reasonableness' is a term applicable to all stages of the elective pathway. Reasonableness refers to specific criteria which should be adhered to when offering routine elective appointments and admission dates to patients to demonstrate that they have been given sufficient notice and a choice of dates. A reasonable offer is defined as a choice of two dates with at least three weeks' notice.

1.17. Chronological Booking

Patients will be selected for booking appointments or admission dates according to clinical priority. Patients of the same clinical priority will be appointed / treated in RTT chronological order i.e. the longest waiting patients will be seen first. Patients will be selected using one of the trust's PTLs only. Patients will NOT be selected from any paper-based systems.

1.18. Communication

All communications with patients and anyone else involved in the patient's care pathway (e.g. General Practitioner or a person acting on the patient's behalf), whether verbal or written, must be informative, clear and concise. Copies of all correspondence with the patient must be kept in the patient's electronic record in Lorenzo/EMR for auditing purposes. General Practitioners and/or the relevant referrer must be kept informed of the patient's progress in writing. When clinical responsibility is being transferred back to the GP/ referrer, e.g. when treatment is complete, this must be made clear in any communication.

2. NATIONAL REFERRAL TO TREATMENT AND DIAGNOSTIC STANDARDS

Referral to Treatment	
Incomplete	92% of patients on an incomplete pathway (i.e. still waiting for treatment) to be waiting no more than 18 weeks (or 127 days)
Diagnostics	
Applicable to diagnostics tests	99% of patients to undergo the relevant diagnostic investigation within 5 weeks and 6 days (or 41 days) from the date of decision to refer to appointment date
Cancer	
Two Week Wait (2WW)	The maximum waiting time for a patient's first outpatient appointment or 'straight to test' appointment if they are referred as a 62 day pathway
31 day pathway	The starting point for the 31 day standard is the date that a patient agrees a plan for their treatment or the date that an Earliest Clinically Appropriate Date (ECAD) is effected for subsequent treatments
62 day pathway	Any patients referred by a GP with a suspected cancer on a 2 week wait referral pro-forma, referral from a screening service, and also where a routine referral has been upgraded by a hospital clinician must begin treatment within 62 days from receipt of referral

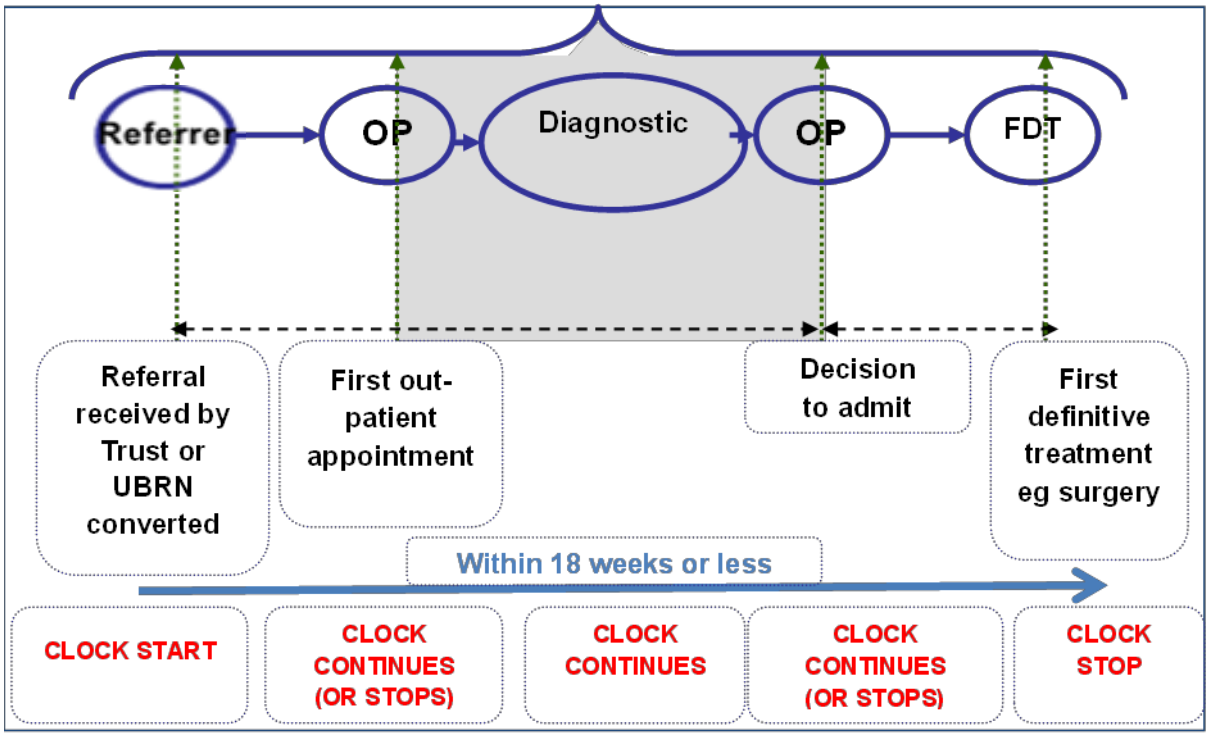
More information about the cancer standards can be found in the cancer section on page 30.

While the aim is to treat all elective patients within 18 weeks, the national elective access standards are set at less than 100% to allow for the following scenarios:

- **Clinical exceptions** – situations when it is in the patient's best clinical interest to wait more than 18 weeks for their treatment.
- **Choice** – when patients choose to extend their pathway beyond 18 weeks by declining reasonable offers of appointments, or rescheduling previously agreed appointment dates / admission offers, or specifying a future date for appointment/admission.
- **Co-operation** – when patients do not attend previously agreed appointment dates or admission offers (DNA) and where this prevents the Trust from treating them within 18 weeks.

3. OVERVIEW OF NATIONAL REFERRAL TO TREATMENT RULES

The diagram below provides a visual representation of the chronology and key steps of a typical referral to treatment pathway.



Lorenzo requires RTT codes to be input at each stage of the patient pathway. Theses codes are nationally mandated and are set out in the Trust's RTT SOP. For further information, please refer to the Trust's RTT training materials and the Trust's RTT SOP.

3.1. Clock starts

The RTT clock starts when any healthcare professional (or service permitted by an English NHS Commissioner to make such referrals) refers to a consultant-led service. The RTT clock start date is the date that the trust receives the referral. For referrals received through NHS e-Referral, the RTT clock starts on the day the patient converts their unique booking reference.

- 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.
- 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.

3.2. Exclusions

A referral to most consultant-led services will start an RTT clock. However, the following services and types of patients are excluded from RTT:

Specialty	Exception
All	Family screening does not start a pathway
All	Cardiac or pulmonary rehabilitation and physiotherapy
All	Direct Access for diagnostic test for example ECHO, TOE,

	bronchoscopy (these are normally requested directly by GP and reports are returned back to GP for action)
All	Referral for 2nd opinion or advice & guidance
All	Planned patients
All	Non-English commissioners
All	Emergency pathways such as Primary Percutaneous Coronary Intervention (PPCI), Acute Coronary Syndrome and In-House Urgent
CF	Referral into Cystic Fibrosis service
Transplant	Referral to Transplant clinic for consideration of assessment.
Cardiology	Permanent Pacemaker checks and lead revisions
Cardiology	Referral into the Grown-up Congenital Heart service for ongoing follow up
Cardiology	Specialist valve clinic - If asking for tests and consultation whether suitable for surgery or continue to follow up.
Cardiology	Hyper-Cardiomyopathy (HCM) & Inherited Cardiac Conditions
PTE	Pulmonary Thromboendarterectomy assessment referral
Thoracic Surgery	Biopsies for histology purposes requested by respiratory medicine
Advice & Guidance	Requests for Advice and Guidance via e-RS

Diagnostics and cancer patients are applicable to RTT, but follow different targets as detailed in section 2.

3.3. New clock starts for the same condition

- **Following active monitoring** Some clinical pathways require patients to undergo regular monitoring / review diagnostics as part of an agreed programme of care. These events would not of themselves indicate a decision to treat or a new clock start. If a decision is made to treat after a period of active monitoring / watchful waiting within the service, a new RTT clock would start on the date of decision to treat (DTT).
- **Following a decision to start a substantively new treatment plan**
  If a decision is made to start a substantively new or different treatment that does not already form part of that patient's agreed care plan this will start a new RTT pathway clock and the patient shall receive their first definitive treatment within a maximum of 18 weeks from that date.
- **Following a decision to repeat or re-do a procedure**
  If a decision is made following a procedure to repeat or re-do that procedure for any reason (including where this is for the same condition) this will start a new RTT pathway clock and the patient shall receive treatment within a maximum of 18 weeks from that date.
- **For Second Side of a Bilateral Procedure** A new RTT clock should be started when a patient becomes fit and ready for the second of a consultant-led bilateral procedure.
- **For a Rebooked New Outpatient Appointment** See point 3.8.1 First Appointment DNAs on page 14.

3.4. Planned Patients

Patients should only be placed on a planned list when they are due to have a planned procedure or operation that is to take place in a specific time, such as a repeat CT scan, or where they are receiving repeated therapeutic procedures, such as cardiac ablation. When a patient on a planned list does not have their consultant-led treatment procedure on or around the planned date they should be transferred to an active list and an RTT clock should start i.e. an RTT clock should start if the due date for the planned consultant-led procedure is reached and the patient has not yet received treatment. Thereafter, 'normal' RTT rules should apply.

The detailed process for management of planned patients is described in the standard operating procedure, Management of the Planned Waiting List.

3.5. Clock stops for treatment

An RTT clock stops when:

- First definitive treatment starts. This could be:
  - Treatment provided by an interface service;
  - Treatment provided by a consultant-led service;
  - Therapy or healthcare science intervention provided in secondary care or at an interface service, if this is what the consultant-led or interface service decides is the best way to manage the patient's disease, condition or injury and avoid further interventions
- A clinical decision is made and has been communicated to the patient, and subsequently their GP and/or other referring practitioner without undue delay, to add a patient to a transplant waiting list.

3.6. Clock Stops for Non-Treatment

A waiting time clock stops when it is communicated to the patient, and subsequently their GP and/or other referring practitioner without undue delay that:

- It is clinically appropriate to return the patient to primary care for any non-consultant-led treatment in primary care
- A clinical decision is made not to treat
- A patient did not attend (DNA) which results in the decision to discharge the patient
- A decision is made to start the patient on a period of active monitoring
- A patient declines treatment having been offered it.

3.7. Active monitoring

Active monitoring is where a decision is made that the patient does not require any form of treatment currently, but should 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. Active monitoring may apply at any point in the patient's pathway, but only exceptionally after a decision to treat has been made.

It is not appropriate to stop a clock for a period of active monitoring if some form of diagnostic or clinical intervention is required in a couple of days' time, but it is appropriate if a longer period of active monitoring is required before further action is needed. 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.

3.8. Patient Initiated Delays

Where the patient does not respond to letters or phone calls, i.e. tried for at least a week with two phone calls or haven't responded to request to call letter within 14 days of the letter date, then the patient is not fulfilling their obligation to make themselves available for treatment and this should be discussed with the clinician for decision about whether it in the clinical best interest of the patient to be discharged back to the referrer for further review or continue to attempt to contact. If the decision is to discharge, a letter will be sent to the patient and referrer explaining the process and that their care is being transferred back to their GP or referrer.

Further information on how this is managed can be found in the Management of Patient Initiated Delays SOP.

3.8.1. Non-attendance of appointments / did not attend (DNAs)

Other than at first attendance, DNAs have no impact on reported waiting times. Every effort should be made to minimise DNAs, and it is important that a clinician reviews each and every DNA on an individual patient basis.

First Appointment DNAs

The RTT clock is stopped and nullified in all cases (as long as the Trust can demonstrate the appointment was booked in line with reasonableness criteria). If the clinician indicates that another first appointment should be offered, a new RTT will be started on the day the new appointment is agreed with the patient**.**

Subsequent (follow up) Appointment DNAs

The RTT clock continues if the clinician indicates that a further appointment should be offered. If patients wait more than 18 weeks as a result of such delays, the 8% tolerance is in place to account for this. The RTT clock stops if the clinician indicates that it is in the patient's best clinical interests to be discharged back to their GP / referrer.

Should a patient DNA two appointments then this should be discussed with the clinician for decision about whether a further appointment should be offered or whether it in the clinical best interest of the patient to be discharged back to the referrer for further review.

3.8.2. Cancelling, declining OR delaying appointment and admission offers

Patients can choose to postpone or amend their appointment or treatment if they wish, regardless of the resulting waiting time. However, clinicians will be informed of patient initiated delays of more than four weeks to ensure that no harm is likely to result from the patient waiting longer for treatment. Where necessary, clinicians will review each and every patient's case on an individual basis to determine whether:

- The requested delay is clinically acceptable (clock continues)
- The patient should be contacted to review their options – this may result in agreement to the delay (clock continues) or to commence a period of active monitoring (clock stops)
- The patient's best clinical interest would be served by discharging them to the care of their GP (clock stops)

- The requested delay is clinically acceptable but the clinician believes the delay will have a consequential impact (where the treatment may fundamentally change during the period of delay) on the patient's treatment plan-active monitoring (clock stops).

The general principle of acting in the patient's best clinical interest at all times is paramount. It is generally not in a patient's best interest to be left on a waiting list for an extended period, and so where long delays are requested by patients then a clinical review should be undertaken, and preferably the treating clinician should speak with the patient to discuss and agree the best course of action. Patients should not be discharged to their GP, or otherwise removed from the waiting list, unless it is agreed by the clinician.

3.9. Patients Who Are Unfit for Surgery

If the patient is identified as unfit for the procedure, the nature and duration of the clinical issue should be ascertained.

Short-Term Illnesses

If the clinical issue is short-term and has no impact on the original clinical decision to undertake the procedure (e.g. cough, cold), the RTT clock continues. What is defined as short-term may vary between services and will be defined by the appropriate clinician.

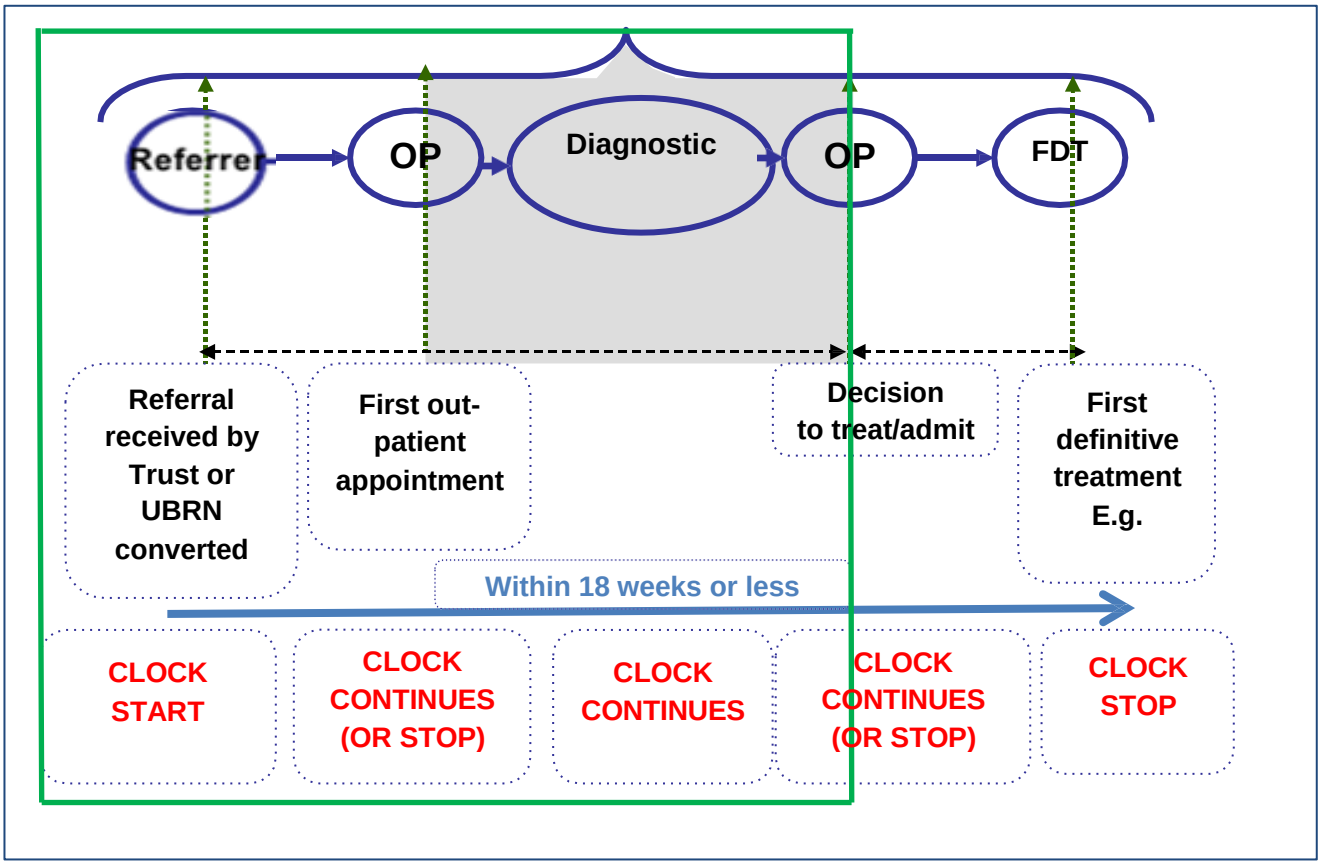
Longer Term Illnesses

If the nature of the clinical issue is more serious for which the patient requires optimisation and/or treatment, clinicians should indicate to administration staff:

- If it is clinically appropriate for the patient to be removed from the waiting list and booked further clinical review. This will be a clock stop event via the application of active monitoring.
- If the patient should be optimised / treated within secondary care (active monitoring clock stop) or if they should be discharged back to the care of their GP (clock stop).

SECTION 2: Pathway Specific Principles Referral to Treatment & Diagnostic Pathways

4. NON-ADMITTED PATHWAYS



The non-admitted stages of the patient's pathway comprise both outpatients and the diagnostic stages, as highlighted by the section with the green border around it in the diagram above. 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, second or a further appointment) or when a decision to admit is made and the patient transfers to the admitted pathway.

4.1. Receipt of Referral Letters

Paper-based referrals are still currently accepted for all specialisms; however this is not the preferred method for Respiratory & Sleep Studies Centre, and Papworth Direct Clinic which should be sent through the NHS e-Referral Service (e-RS). With effect from 1st October 2018, the Trust need not accept, and will not be paid for any first outpatient attendance resulting from, referrals by GPs made other than through the NHS e-referral service.

Where clinically appropriate, referrals will be made to a service rather than a named clinician and patients will then be allocated to the most appropriate clinician, and in consideration of waiting times. Referring to services is in the best interests of patients as pooling referrals promotes equity of waiting times and allows greater flexibility in terms of booking appointments. Referrals to named clinicians will still be accepted.

Please note that referrals may be returned to the referring clinician if they do not include the minimum

clinical data set required for each service as outlined in Trust document 'Minimum Clinical Data Sets for Referrals' or at www.royalpapworth.nhs.uk.

4.2. Methods of Receipt

4.2.1. NHS e-Referrals (e-RS)

- All NHS e-referrals must be reviewed and accepted or rejected by clinical teams within three working days.
- Where there is a delay in reviewing e-referrals this will be escalated to the relevant clinical / management team and actions agreed to address it.
- If an NHS e-Referral is received for a service not provided by the Trust, it will be rejected back to the referring GP advising that the patient needs to be referred elsewhere. This will stop the patient's RTT clock.
- Requests for Advice and Guidance for non-urgent services that allow GPs to access Consultant advice prior to referring patients do not start an RTT pathway. These requests will be sent via the e-RS portal with a response being provided by a hospital consultant within two working days of receipt. Should the patient require outpatient review, an 18 week clock will start at the point of being converted into an appointment.

4.2.2. Paper-Based Referrals

- All routine and urgent pooled referral letters should be sent to the trust's centralised booking office, who will distribute to the relevant clinical teams. Consultant-specific referrals should be sent directly to the consultant team.
- Referrals must be date stamped upon receipt at the Trust. Referrals should be scanned into EMR workflow for registration within 24 hours of receipt. For patients referred by paper, the referral received date is the point that the Referral to Treatment (RTT) clock starts.

Once paper-based referrals have been recorded on Lorenzo, they will be directed to a consultant or clinical team for vetting. This will be undertaken within three days of receipt in order for the referrals to be returned to the central booking or secretarial team for booking as early as possible in patient's RTT pathway.

4.3. Referral Types

4.3.1. Consultant to Consultant Referrals

- Referrals that are part of the continuation of investigation / treatment of the same condition for which the patient was referred.
- Referrals for a new condition or a new treatment plan.
- Referrals for suspected cancer.

4.3.2. Inter-Provider Transfers (IPTs)

Incoming IPTs

- IPT referrals will be received as follows:

- Electronically via secure generic NHS net email account.
- Patients for urgent In-house Urgent surgery of Acute Coronary Syndrome intervention should be referred using the Trust's PRIS system.
- Paper referrals received via fax or post

- The trust expects an accompanying Minimum Data Set (MDS) pro-forma with the IPT, detailing the patient's current RTT status (the Trust will inherit any RTT wait already incurred at the referring trust if they have not yet been treated) and if the patient has been referred for a new treatment plan for the same condition (where a new RTT clock will start upon receipt at this trust). The patient's pathway identifier (PPID) should also be provided. If the IPT is for a diagnostic test only, the referring trust retains responsibility for the RTT pathway.

Outgoing IPTs

- The trust will ensure that outgoing IPTs are processed as quickly as possible to avoid any unnecessary delays in the patient's pathway.
- An accompanying Minimum Data Set (MDS) proforma will be sent with the IPT, detailing the patient's current RTT status (the receiving trust will inherit any RTT wait already incurred if the patient has not yet been treated). If the patient has been referred for a new treatment plan for the same condition, a new RTT clock will start upon receipt at the receiving Trust. The patient's patient pathway identifier (PPID) will also be provided
- If the IPT is for treatment or a diagnostic test only. If for diagnostic only, this trust retains responsibility for the RTT pathway.
- Referrals and the accompanying MDS will be emailed securely from the specialty NHS net account to the generic central booking office NHS account. The central booking office will verify (and correct if necessary) the correct RTT status for the patient. If the patient has not yet been treated, the RTT clock will be nullified at this trust. They will then forward to the receiving trust within one working day of receipt into the generic email inbox.

4.4. Booking New Outpatient Appointments

4.4.1. e-Referral Service

- Patients who have been referred via e-RS should be able to choose, book and confirm their appointment prior to the Trust receiving and accepting the referral.
- If there are insufficient slots available for the selected service at the time of attempting to book (or convert their UBRN), the patient will appear on the Appointment Slot Issue (ASI) work list. The RTT clock starts from the point at which the patient attempted to book. Patients on the ASI list must be contacted within two working days by the relevant booking team to agree an appointment.
- If a patient's appointment has been incorrectly booked on the NHS e-Referral system into the wrong service at the Trust by the referrer, the referral should be electronically re-directed in the e-Referral system to the correct service. A confirmation letter of the appointment change will be sent to the patient. The patient's RTT clock will continue to tick from the original date when they converted their UBRN.

4.4.2. Paper-Based Referrals

- Appointments will be booked in order of clinical priority (urgent before routine) and then in chronological order of referral received date.
- Patients will be selected from the trust's Patient Tracking List (PTL) only.
- Patients will be contacted by telephone to be offered a choice of at least two dates with three weeks' notice within the agreed first appointment milestone for the specialty concerned. Appointment dates can be offered with less than three weeks' notice and if the patient accepts, this can then be defined as 'reasonable'.
- Should we fail to make contact with the patient by telephone, the demographic details should be confirmed with the GP. Three attempts will then be made to contact the patient, one of which made in the evening. If still unsuccessful, an 'invitation to call' letter will be sent to the patient and a copy sent to their GP.
- Where there is insufficient capacity to offer an appointment within the required milestone, this should be escalated to the relevant service manager.
- Any appointment offers declined by patients should be recorded on Lorenzo. This is important for two reasons: full and accurate record keeping is good practice and the information can be used at a later date to understand the reasons for any delays in the patient's treatment, eg hospital or patient initiated.

4.5 Clinic Attendance & Outcomes (New & Follow-Up Clinics)

Every patient, new and follow-up, whether attended or not, will have an attendance status and outcome recorded on Lorenzo at the end of the clinic. Clinics will be fully outcomed or 'cashed up' within one working day of the clinic taking place. It is recognised that where Lorenzo is not available for outreach clinics then there will be a delay in entering outcomes. Where information on attendance at an appointment is reliant on a third party (eg GP practice) there may also be a delay. These clinics will be 'cashed up' at the earliest possible opportunity.

Clinic outcomes (eg discharge, further appointment) and the patient's updated RTT status will be recorded by clinicians on Lorenzo when they mark the patient as seen. The departed outcome will then be added by the reception staff as the patient departs. Where future activity required for the patient's treatment pathway has been identified in clinic, this will be recorded by the clinic administrator and added to an access plan. If this is identified after at a later date, then this activity is requested by the secretary following on from the clinic.

Upon attendance in clinic, patients may be on an open pathway (ie waiting for treatment with an RTT clock running) or they may already have had a clock stop due to receiving treatment or a decision not to treat being agreed. It is possible for patients to be assigned any one of the following RTT statuses at the end of their outpatient attendance, depending on the clinical decisions made or treatment given / started during the consultation:

4.5.1. Patients on an Open Pathway

- Clock stop for treatment
- Clock stop for non-treatment
- Clock continues if requiring diagnostics, therapies or being added to the admitted waiting list.

4.5.2 Patients already treated or with a decision not to treat

- New clock start if a decision is made regarding a new treatment plan.
- New clock start if the patient is fit and ready for the second side of a bilateral procedure.
- No RTT clock if the patient is to be reviewed following first definitive treatment.
- No RTT clock if the patient is to continue under active monitoring

Accurate and timely recording of these RTT statuses at the end of the clinic are therefore critical to supporting the accurate reporting of RTT performance. Reference should be made to Trust guidance documents on which RTT code is appropriate.

4.6. Booking Follow-up Appointments

4.6.1. Patients on an Open Pathway

Where possible, follow up appointments for such patients should be avoided, by discussing likely treatment plans at first outpatient appointment, and / or use of telephone / written communication where a face to face consultation is not clinically required. Where unavoidable, such appointments must be booked to a timeframe that permits treatment by week 18 (unless the patient choses a later date).

Where a requirement for follow-up appointments are identified as an outcome of the clinic visit, the clinic administrator will add this to an access plan. Where a this is identified at a later stage, it will be requested by the relevant secretary following on from the outpatient clinic with the appointment booked by the appropriate booking team within the requested timescale.. Appointments should be agreed with the patient by telephone. This provides the best opportunity for patient choice to be accommodated within the required timescale for achievement of the RTT standard. Where insufficient capacity is available, the booking team will escalate to the relevant service manager.

4.6.2. Patients Not on an Open Pathway

Patients who have already been treated or who are under active monitoring and require a follow-up appointment will be added to a Lorenzo Access Plan for their appointment to be booked at the requested time.

- Nearer to the time that their follow up appointment is due, the booking team will contact the patient by telephone to agree an appointment. If the booking team is unable to contact the patient by telephone, an ‘invitation to book’ letter will be sent.
- An appointment will then be agreed with the central booking office.
- Should the patient fail to contact the central booking office, an attempt will be made to contact the patient at three different times of days, one of which will be after 5 pm.
- If unable to make contact, a clinical review will take place to decide on the best course of action.

4.6.3. Did Not Attends (DNAs)

All DNAs (new and follow-up) will be reviewed by the clinician at the end of clinic in order for a clinical decision to be made regarding next steps (see page 14 for the application of RTT rules regarding DNAs). Vulnerable patient DNAs should be managed with reference to the Trust’s Safeguarding policy.

4.7. Appointment Changes & Cancellations Initiated by the Patient

- If the patient gives any prior notice that they cannot attend their appointment (even if this is on the day of clinic), this should be recorded as a cancellation and not DNA.
- If the patient requires a further appointment, this will be booked with the patient at the time of the cancellation.
- If the patient is on an open RTT pathway, the clock continues to tick. If there are insufficient appointment slots within the agreed pathway milestones, the issue must be escalated to the relevant speciality management team.
- If the patient has never been seen and advises they do not wish to progress their pathway, they will be removed from the relevant waiting list and a clock stop and nullification applied. The patient will be informed that their consultant and GP will be informed of this.
- If as a result of the patient cancelling, a delay is incurred which is equal to or greater than a clinically unsafe period of delay (as indicated in advance by consultants for each specialty), the patient's pathway should be reviewed by their consultant. Upon clinical review, the patient's consultant should 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.
- 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.

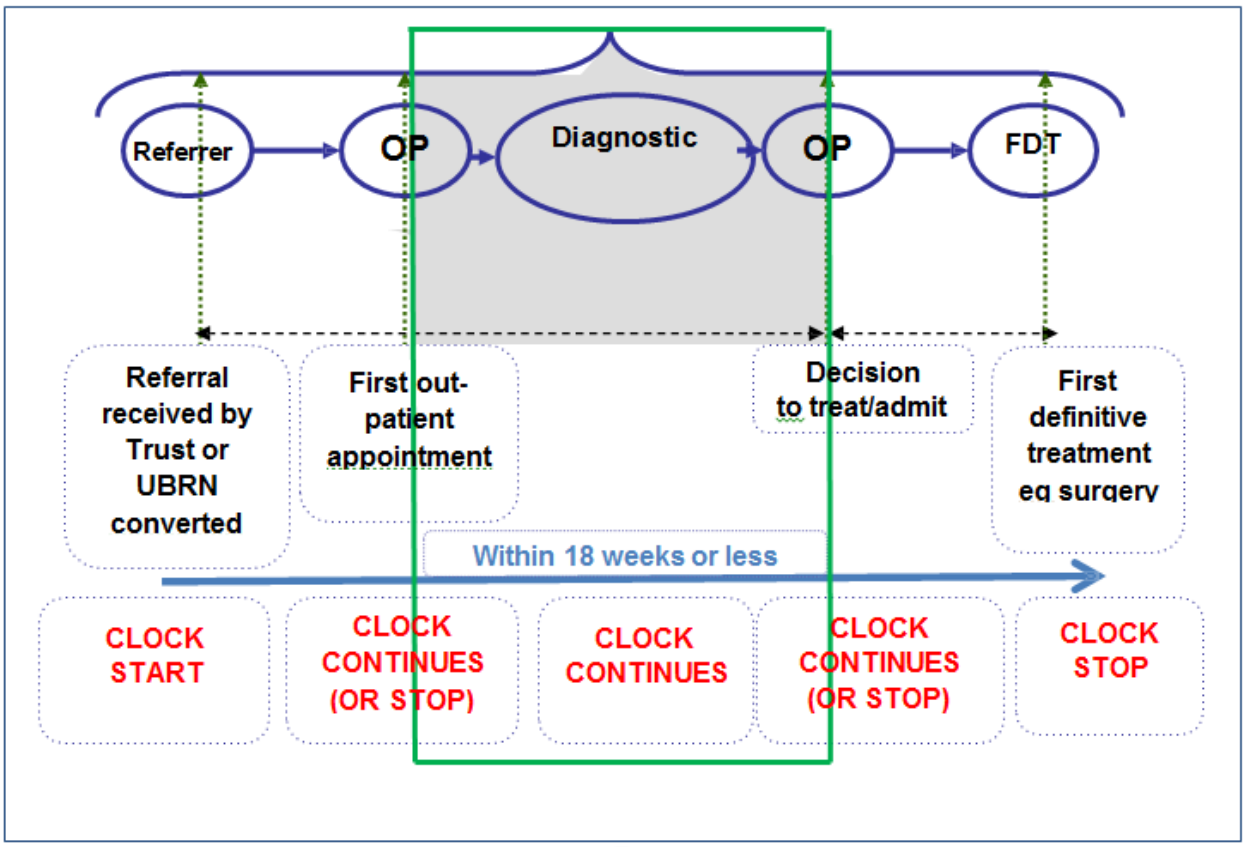
4.8. Appointment Changes Initiated by the Hospital

- Hospital initiated changes to appointments will be avoided as far as possible as they are poor practice and cause inconvenience to patients.
- Clinicians are actively encouraged to book annual leave and study leave as early as possible. Clinicians must provide 6 weeks' notice if a clinic has to be cancelled or reduced.
- Patients will be contacted immediately if the need for the cancellation is identified, and offered an alternative date(s) that will allow patients on open RTT pathways to be treated within 18 weeks. Equally, this will allow patients not on open pathways to be reviewed as near to the clinically agreed timeframe as possible.

5. DIAGNOSTICS

The section within the green border on the diagram below represents the diagnostic stage of the RTT pathway which forms part of the non-admitted pathways. It starts at the point of a decision to refer for a diagnostic test and ends upon the results/report from the diagnostic procedure being available to the requester.

It is important to note however, that patients can also be referred for some diagnostic investigations directly by their GP (for example Dexa and CXR) where they might not be on an 18 week RTT pathway. This will be in circumstances where the GP has requested the test in order to inform future patient management decisions i.e. has not made a referral to a consultant led service at this time.



5.1. Patients with a Diagnostic & RTT Clock

The diagnostics section of an RTT pathway is a major pathway milestone. A large proportion of patients referred for a diagnostic test will also be on an open RTT pathway. In these circumstances, the patient will have both types of clock running concurrently:

- Their RTT clock which started at the point of receipt of the original referral.
- Their diagnostic clock which starts at the point of the decision to refer for diagnostic test (often at the first outpatient consultation).

5.2. Patients with a Diagnostic Clock Only

Patients who are referred directly for a diagnostic test (but not consultant-led treatment) i.e. clinical responsibility remains with the referrer, will have a diagnostic clock running only. These are called Direct Access or Straight-to-Test referrals. The Trust currently only offers this service for:

- Bone Densitometry
- Plain Film Imaging (Chest X-ray only)
- Oesophageal Manometry
- Bronchoscopy
- Respiratory Physiology

Patients may also have a diagnostic clock running only where they have had an RTT clock stop for treatment or non-treatment and their consultant refers them for a diagnostic test with the possibility that this may lead to a new RTT treatment plan.

5.3. National diagnostic clock rules

- **Diagnostic clock start** – the clock starts at the point of receipt of the request for the diagnostic test.
- **Diagnostic clock stop** – the clock stops at the point in which the patient undergoes the test.

5.4. Booking diagnostic appointments

Routine appointments will be booked giving at least two weeks' notice and a letter sent by post giving all of the details. If an appointment is urgent and to be given in less than two weeks, such as for some Oncology patients, the Trust will call to arrange the appointment and then send a letter of confirmation by post.

If a patient declines, cancels or does not attend a diagnostic appointment, the diagnostic clock start can be reset to the date the patient provides notification of this. However:

- The Trust must be able to demonstrate that the patient's original diagnostic appointment fulfilled the reasonableness criteria for the clock start to be reset.
- Resetting the diagnostic clock start has no effect on the patient's RTT clock. This continues to tick from the original clock start date.

5.5. Diagnostic Cancellations, Declines and / or DNAs for Patients on Open RTT Pathways

- If a patient cancels their appointment in advance, they will be given one further appointments before being returned to the referrer.
- If a patient DNAs their appointment, the clinician will decide whether to offer a further appointment or return the referral / patient to the referrer.
- If a patient arrives for their diagnostic, but has failed to comply with the preparation guidance, they will be reissued with preparation guidance with explanation on the day. A new appointment will be agreed prior to them leaving the hospital. Failure to comply with preparation instructions at the second appointment will, at the Radiologist discretion, either be rebooked or the patient will be referred back to the original referrer.
- On some occasions a patient may be unfit for their diagnostic test. Following clinical review, these patients will be returned to their GP / referrer for any required management of their condition before being given a new appointment for the diagnostic test.
- Some patients referred for diagnostics may decline to proceed. In this situation a comment is recorded and the event unattended. A template letter and referral request will be sent to the referrer indicating the patient has declined the examination. If the examination was commenced, but abandoned part way through, then the Radiologist will issue a report advising the referrer of what happened before the exam was abandoned.
- Where a patient has cancelled, declined and / or not attended their diagnostic appointment and a clinical decision is made to return them to the referring consultant, the RTT clock should continue to tick. Only the referring consultant can make a clinical decision to stop the RTT clock, if this is deemed to be in the patients best clinical interests, by discharging the patient or agreeing a period of active monitoring.

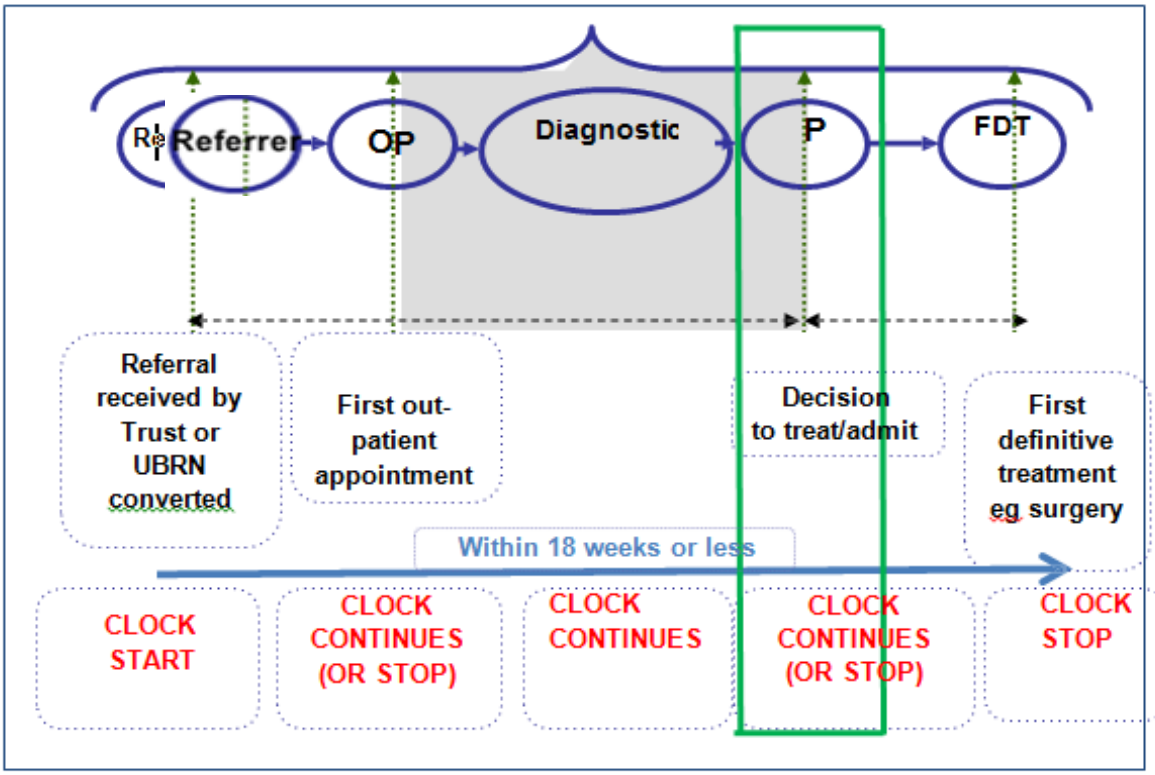
5.6. Active Diagnostic Waiting List

All patients waiting for a diagnostic test should be captured on an active diagnostic waiting list, regardless of whether they have an RTT clock running, or have had a previous diagnostic test. The only exceptions are planned patients (see below).

5.7. Planned Diagnostic Appointments

Patients who require a diagnostic test to be carried out at a specific point in time for clinical reasons are exempt from the diagnostic clock rules and will be held on a Planned waiting list with a clinically determined due date identified. However, should the patient's wait go beyond the due by date for the test, they will be transferred to an active waiting list and a diagnostic clock and RTT clock will be started.

6. PRE-OPERATIVE ASSESSMENT (POA)



- All patients with a decision to admit (DTA) requiring a general anaesthetic will attend a POA clinic.
- In some cases it may not be possible for a patient to attend a POA clinic. These patients should be admitted to the ward the day before their procedure is due to take place.
- A patient's POA appointment will be agreed by the Booking Team at the same time as agreeing the admission date.

Patients who DNA their POA appointment will be contacted and a further appointment agreed. Should they DNA again, they will be returned to the responsible consultant. The RTT clock continues to tick throughout this process.

If the patient is identified as unfit for the procedure, the nature and duration of the clinical issue should

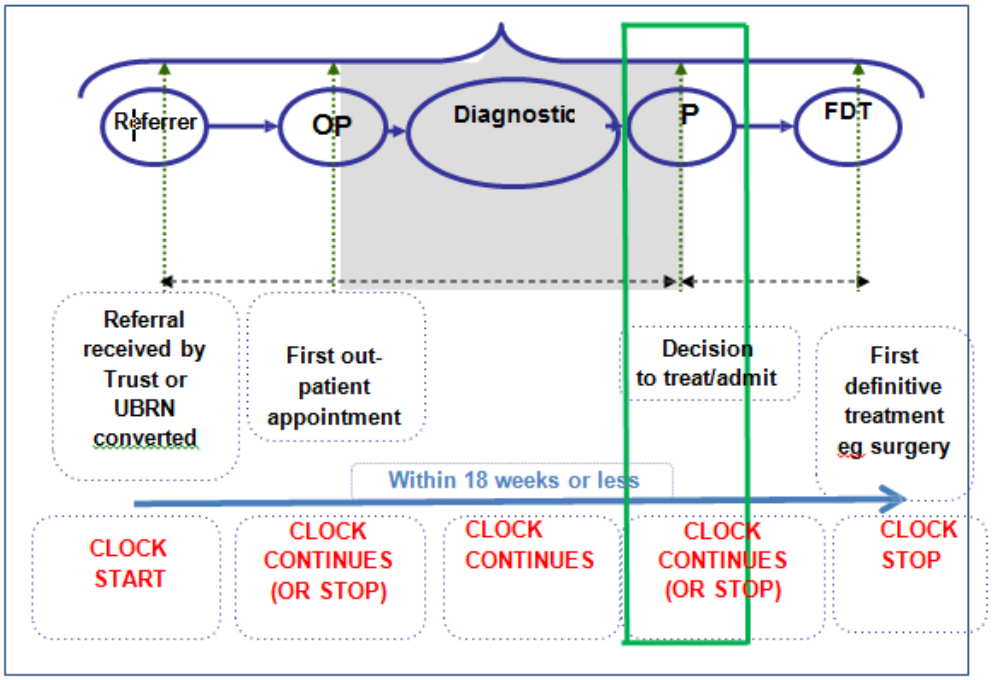
be ascertained. If the clinical issue is short-term and has no impact on the original clinical decision to undertake the procedure (eg cough, cold, UTI), the RTT clock continues. What is defined as short-term may vary between services and will be defined by the appropriate clinician.
However, if the nature of the clinical issue is more serious for which the patient requires optimisation / treatment, clinicians should indicate to administration staff if it is clinically appropriate for the patient to be removed from the waiting list, and if so whether the patient should be:

- Optimised / treated within secondary care (active monitoring clock stop for existing pathway and potentially new clock start for optimisation treatment) or
- Discharged back to the care of their GP / referrer (clock stop – discharge).
- When the patient becomes fit and ready to be treated for the original condition, a new RTT clock would start on the day this decision is made and communicated to the patient.

7. ACUTE THERAPY SERVICES

Acute therapy services consist of Physiotherapy, Dietetics and Speech & Language Therapy. Referrals to these services form part of a patient's open RTT pathway and would not start or stop a RTT clock.

8. NON-ACTIVITY RELATED RTT DECISIONS

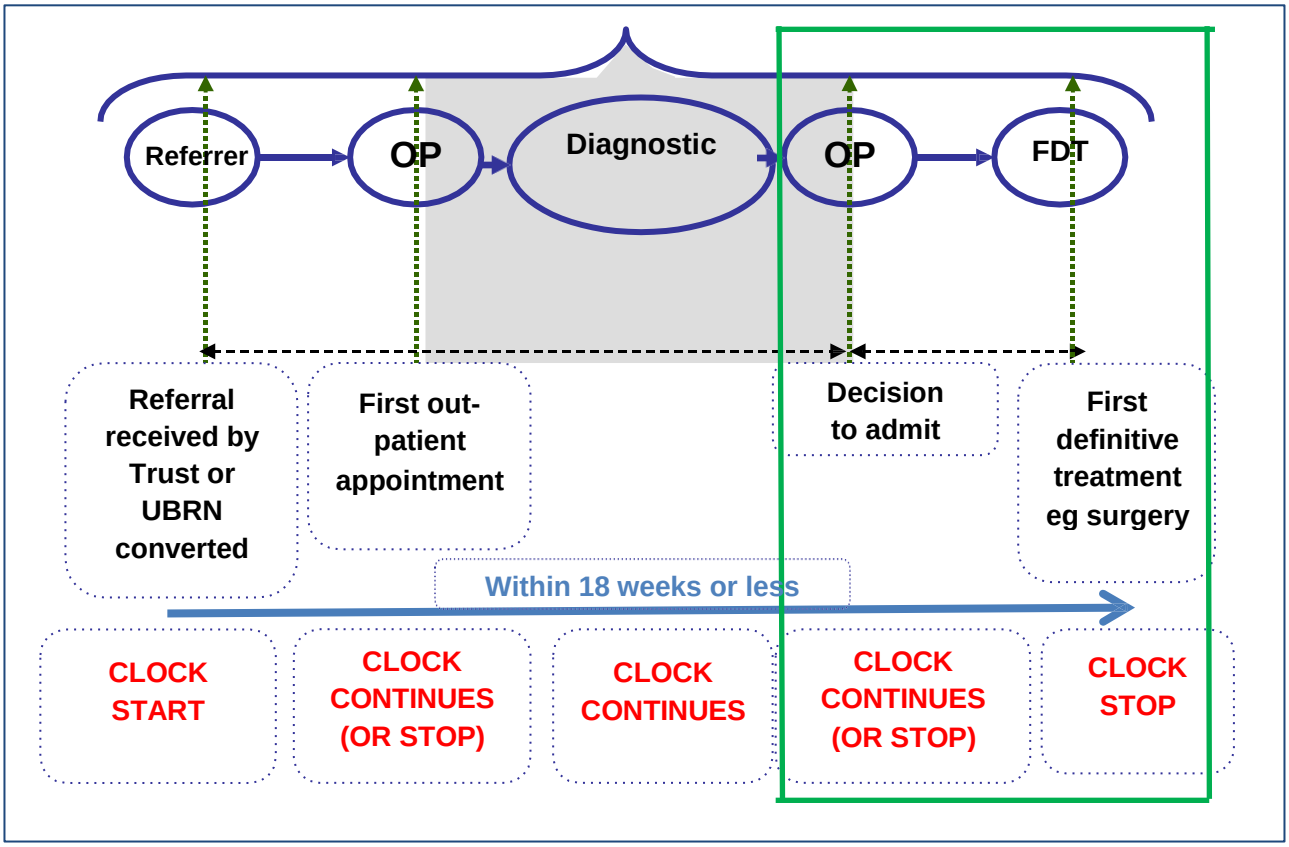


Where clinicians review test results in the office setting and make a clinical decision not to treat, the RTT clock will be stopped on the day this is communicated in writing to the patient.

Administration staff should update Lorenzo with the clock stop. The date recorded will be the day the decision not to treat is communicated in writing to the patient.

9. ADMITTED PATHWAYS

The section within the green 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



Patients will be fit, ready and available before being added to the admitted waiting list. However, they will be added to the admitted waiting without delay following a decision to admit, regardless of whether they have undergone pre-operative assessment *(see page 24 – Pre-operative Assessment)* or whether they have declared a period of unavailability at the point of the decision to admit *(see page 14 – Patient Initiated Delays)*.

The active inpatient or day case waiting lists / PTLs includes all patients who are awaiting elective admission. The only exceptions are planned patients, who are awaiting admission at a specific clinically defined time.

In terms of the patient's RTT clock, adding a patient to the inpatient or day case waiting will either:

- Continue the RTT clock from the original referral received date
- Start a new RTT clock if the surgical procedure is a substantively new treatment plan which did not form part of the original treatment package, providing that either another definitive treatment or a period of active monitoring has already occurred. The RTT clock will stop upon admission.

9.1. Patients Requiring More Than One Procedure

If more than one procedure will be performed at one time by the same surgeon, the patient should be added to the waiting list with additional procedures noted. If different surgeons will work together to

perform more than one procedure the patient will be added to the waiting list of the consultant surgeon for the priority procedure with additional procedures noted. If a patient requires more than one procedure performed on separate occasions by different (or the same) surgeon(s):

- The patient will be added to the active waiting list for the primary (1st) procedure.
- When the first procedure is complete and the patient is fit, ready and able to undergo the second procedure, the patient will be added (as a new waiting list entry) to the waiting list, and a new RTT clock will start.

9.2. Patients Requiring Thinking Time

Patients may wish to spend time thinking about the recommended treatment options before confirming they would like to proceed. It would not be appropriate to stop their RTT clock where this thinking time amounts to only a few days. Patients should be asked to make contact within an agreed period with their decision.

It may be appropriate for the patient to be entered into active monitoring (and the RTT clock stopped) where they state they do not anticipate making a decision for a longer period of time. This decision can only be made by a clinician and on an individual patient basis with their best clinical interests in mind.

In this scenario, contact must be made around the time the patient would be in a position to make a decision. A new RTT clock should start from the date of the decision to admit if the patient decides to proceed with surgery.

9.3. Scheduling Patients To Come In (TCI) for Admission

Clinically urgent patients will be scheduled first, followed by routine patients. All patients will be identified from the Trust's PTL, and subject to the clause above about clinical priorities, will be scheduled for admission in chronological order of RTT wait.

- The Booking Team will attempt to contact the patient by telephone to arrange the TCI. Should we fail to make contact with the patient by telephone, the demographic details should be confirmed with the GP. Three attempts will then be made to contact the patient, one of which made in the evening. If still unsuccessful, an 'invitation to call' letter will be sent to the patient and a copy sent to their GP.
- Patients will be offered a choice of at least two admission dates with three weeks' notice within the agreed milestone for the specialty concerned. Admission dates can be offered with less than three weeks' notice and if the patient accepts, this can then be defined as 'reasonable'.
- If there is insufficient capacity to offer dates within the required milestone, this issue will be escalated to the relevant service manager. Any admission offers declined by patients will be recorded on Lorenzo. This is important for two reasons:
  - Full and accurate record keeping is good clinical practice.
  - The information can also be used at a later date to understand the reasons for any delays in the patient's treatment, eg hospital or patient initiated.

9.4. Patients Declaring Periods of Unavailability Whilst on the Inpatient / Day case Waiting List

Should patients contact the trust to communicate periods of unavailability for social reasons (e.g. holidays, exams), this period should be recorded on Lorenzo / Tomcat.

If the length of the period of unavailability is equal to or greater than four weeks, the patient's 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/referrer. The RTT clock stops on the day this is communicated to the patient and their GP/referrer. The patient could also be actively monitored within the trust.

9.5. Patients Who Decline or Cancel TCI Offers

Should patients decline TCI offers or contact the Trust to cancel a previously agreed TCI, this will be recorded on Lorenzo. The RTT clock continues to tick. If, as a result of the patient declining or cancelling, a delay is incurred which is equal to or greater than a clinically unsafe period of delay (as indicated in advance by consultants for each specialty), the patient's 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.
- Clinically unsafe length of delay – in the patient's best clinical interests to return the patient to their GP/referrer. The RTT clock stops on the day this is communicated to the patient and their GP/referrer.
- The requested delay is clinically acceptable but the clinician believes the delay will have a consequential impact (where the treatment may fundamentally change during the period of delay) on the patient's treatment plan-active monitoring.

9.6. Patients Who Do Not Attend Admission

Patients who do not attend for admission will have their pathway reviewed by their consultant. If the patient's consultant decides that they should be offered a further admission date, the RTT clock continues to tick. Should the patient's consultant decide that it is in their best clinical interests to be discharged back to the GP/referrer, the RTT clock is stopped.

9.7. On The Day Cancellations

Where a patient is cancelled on the day of admission or day of surgery for non-clinical reasons, they will be rebooked within 28 days of the original admission date and the patient must be given reasonable notice of the rearranged date. The patient may choose not to accept a date within 28 days.

9.8. Planned Waiting Lists

Patients will only be added to an admitted planned waiting list where clinically they need to undergo a procedure at a specific time. The due date for their planned procedure will be included in the planned waiting list entry. Patients on planned waiting lists will be scheduled for admission at the clinically appropriate time and they should not have to wait a further period after this time has elapsed.

When patients on planned lists are clinically ready for their care to commence and reach their due date for their planned procedure, they will either be admitted for the procedure or be transferred to an active waiting list and a new RTT clock will start. For some patients (e.g. surveillance endoscopies) a diagnostic clock would also start.

Section 3: CANCER PATHWAYS

3.1 Introduction and Scope

This section describes how the Trust manages waiting times for patients with suspected and confirmed cancer, to ensure that such patients are diagnosed and treated as rapidly as possible and within the national waiting times standards. This policy is consistent with the latest version of the Department of Health's Cancer Waiting Times Guide and includes national dataset requirements for both waiting times and clinical datasets.

3.2. Principles

- As defined in the NHS constitution, patients have the right to expect to be seen and treated within national operational standards ensuring timely diagnosis and treatment, equity of care and patient choice.
- Patients will wherever possible be offered dates for appointment or treatment in chronological order, based on the number of days remaining on their cancer pathway, unless there are clinical exceptions.
- Wherever possible patients will be given reasonable notice and choice of appointments and TCI dates as defined within the policy.
- Accurate data on the Trust's performance against the National Cancer Waiting Times is recorded in the cancer management system and reported to the National Cancer Waiting Times Database (NCWTDB, Open Exeter) within nationally predetermined timescales.
- Where patients are at risk of breaching any of the cancer standards it is expected that all staff will follow the published Cancer Escalation policy.

3.3. Roles and Responsibilities

- The Chief Executive has overall responsibility and accountability for delivering access standards as defined in the NHS Constitution and Operating Framework.
- The Chief Operating Officer is responsible for ensuring that there are robust systems in place for the audit and management of Cancer access standards against the criteria set within this Cancer Access Policy and Procedure document.
- The Trust Lead Cancer Clinician is responsible for ensuring high standards of cancer clinical care across the organisation in a timely manner, leading the development of the cancer strategy.
- The Trust Cancer Lead Nurse is responsible for development of the cancer nursing strategy with professional line management responsibility for the Trust's cancer clinical nurse specialists.
- Director of Operations for Planned Care is responsible for the monitoring of performance in the delivery of the 14 day, 31 and 62 day standards alongside all cancer screening programmes and for ensuring the clinical directorate delivers the activity required to meet the cancer waiting time standards.
- The Operations Manager is responsible for the monitoring of performance in the delivery of the cancer standards and for ensuring the specialties deliver the activity required to meet the waiting list standards. They are also responsible for ensuring all patients are booked within 14

days if a GP TWW referral is received, by ensuring adequate capacity is available and reviewing twice weekly reports and resolving any breaches. In addition to this they are responsible for evaluating the impact of any process or service changes on 62 or 31 day pathways. They are also responsible for administering data required for managing and reporting cancer waiting times, activity and cancer outcomes for the external reporting of performance.

- Consultants have a shared responsibility with their Operations Managers for managing their patients' waiting times in accordance with the maximum guaranteed waiting time.
- Clinical Nurse Specialists have a shared responsibility with their Consultants and General Managers for managing their patients' waiting times in accordance with the maximum guaranteed waiting time.
- Cancer Pathway Manager is responsible for monitoring delivery of key tasks by the MDT Co-ordinators and the 2ww office team.
    - Patients booked to fail.
    - Patients with no appointment
    - Any data entry issues.
    - Producing twice weekly reports for General Managers to resolve potential breaches.
- Those designated to make 2ww Outpatient Appointments are responsible for receiving 2ww outpatient referrals and ensuring they are managed to comply with the Cancer Access Policy and in line with their job descriptions.
- Booking Clerks / Medical Secretaries are responsible for ensuring waiting lists are managed to comply with this Policy and Procedure document and in line with their job descriptions.
- MDT Co-ordinators are responsible for monitoring the cancer pathway for patients ensuring it is managed in line with this Policy and assisting in the pro- active management of patient pathways on Lorenzo and the cancer management system.
- All staff (for whom this document applies)
    - All staff have a duty to comply fully with this Policy/Procedure and responsible for ensuring they attend all relevant training offered.
    - All staff are responsible for bringing this policy to the attention of any person not complying with it.
    - All staff will ensure any data created, edited, used, or recorded on the Trust's IT systems within their area of responsibility is accurate and recorded in accordance with this policy and other Trust policies relating to collection, storage and use of data in order to maintain the highest standards of data quality and maintain patient confidentiality.
    - All Cancer patient referrals, diagnostics, treatment episodes, and waiting lists must be managed on the Trust's systems. All information relating to patient activity must be recorded accurately and in a timely manner.

3.4. Training / competency requirements

All staff involved in the cancer pathway will be expected to undertake initial cancer waiting times training within the first 3 months of appointment within the trust. All relevant staff will have annual refresher cancer waiting times training.

3.5. Cancer Waiting Times Standards

The following table outlines the key cancer waiting times standards that the trust must be compliant

with.

Service standard	Operational standard
Max 2ww from urgent GP referral for suspected cancer to first appointments	93%
Maximum of 31 days from decision to treat to first definitive treatment	96%
Maximum of 31 days from decision to treat/ECAD to start of subsequent treatment(s) where the subsequent treatment is surgery	94%
Maximum of 31 days from decision to treat/ECAD to start of subsequent treatment(s) where the subsequent treatment is drug treatment	98%
Maximum of 31 days from decision to treat/ECAD to start of subsequent treatment(s) where the subsequent treatment is radiotherapy	94%
Maximum 62 days from urgent GP referral for suspected cancer to first treatment	85%
Maximum 62 days from urgent referral from a NHS Cancer Screening Programme for suspected cancer to first treatment	90%
Maximum 62 days from consultant upgrade of urgency of a referral to first treatment	No operational standard as yet

3.6. Summary of The Cancer Rules

3.6.1 Clock start 2WW

A two week wait clock starts at the receipt of referral. The majority of the referrals received are from regional DGH and Tertiary centres were the 2WW appointment takes place, and are received with an already ticking clock. This is monitored in line with the Local and National IPT rules.

3.6.2. 62 Day

A 62 day cancer clock can start following the actions below:

- Urgent two week wait referral for suspected cancer
- A consultant upgrade. (Date the upgrade takes place)
- Non NHS Referral (and subsequent consultant upgrade)

3.6.3. 31 Day

A 31 day cancer clock will start following:

- A DTT for first definitive treatment. This is the date that the Patient first agrees to have treatment.
- A DTT for subsequent treatment
- An ECAD following a first definitive treatment for cancer.

If a patient's treatment plan changes then the DTT can be changed. I.e. if a patient had originally agreed to have surgery but then changed their mind and opted for Radiotherapy instead.

3.6.4. Clock stops

A 62 cancer clock will stop following:

- Delivery of first definitive treatment
- Placing a patient with a confirmed cancer diagnosis onto active monitoring.

Removals from the 62 day pathway (not reported)

- Making a decision not to treat
- A patient declining all diagnostic tests
- Confirmation of a non-malignant diagnosis.

A 31 day cancer clock will stop following

- Delivery of first definitive treatment
- Placing a patient with a confirmed cancer diagnosis onto active monitoring
- Confirmation of a non-malignant diagnosis

For a more detailed breakdown of the cancer rules please read the latest Cancer Waiting Time's Guidance or the Cancer Operational Policy.

https://www.england.nhs.uk/?s=delivering%20cancer%20waiting%20time%20standards%20a%20good%20practice%20guide

In some cases where a cancer clock stops the 18 week RTT clock will continue. i.e. confirmation of a non-malignant diagnosis.

3.7. GP/GDP suspected cancer 2 week wait (2ww) referrals

- All suspected cancer referrals should be referred by the GP/GDP on the relevant cancer pro-forma provided and submitted via E-referral or email via the generic nhs.net email address.
- Day 0 is the date the referral was received.
- The first appointment can be either an Outpatient appointment with a Consultant or investigation relevant to the referral, i.e. 'straight to test'.
- All 2ww referrals will be checked for completeness by the 2ww team within 24 working hours of receipt of referral.
- For 2ww referrals received by the Trust without key information the 2ww team will contact the relevant GP surgery by phone within 48 hours of receipt of referral to obtain the missing information. The referral process should begin, i.e. OPA booked for patient whilst information is being obtained, to ensure no delay is caused to the patient's pathway.

- Any 2ww referral received by the Trust for a service that the Trust is not commissioned to deliver will be sent electronically to an appropriate local provider with a copy for information sent electronically to the referring GP within 24 hours of receipt.
- Any 2ww referral received inadvertently by the Trust which was meant for another Trust will be sent electronically to the intended provider with a copy for information sent to the referring GP electronically within 24 hours of receipt.

3.8. Downgrading referrals from 2ww

The Trust cannot downgrade 2ww referrals, if the Consultant believes that the referral does not meet the criteria for a 2ww referral they must contact the GP to discuss. If it is decided and agreed that the referral does not meet the 2ww criteria the GP can retract it and refer on a non 2ww referral proforma (it is, however, only the GP who can make this decision).

3.9. Consultant upgrades

- Hospital specialists have the right to ensure that patients who are not referred urgently as suspected cancer referrals or through the screening programmes, but who have symptoms or signs indicating a high suspicion of cancer, are managed on the 62 day pathway. This can be achieved by upgrading the patients onto a 62 day upgrade pathway.
- The 62 day pathway starts (Day 0) from the date the patient is upgraded.
- Upgrade must occur before the DTT date. Patients not upgraded at this point will be measured against the 31 day DTT to first definitive treatment.
- An upgrade is intended for suspected new primaries only, not those who may be suspected of a recurrence.

3.10. Who can upgrade patients onto a 62 day pathway

The specialist team receiving the referral or reviewing the patient or diagnostic result can delegate the responsibility to upgrade the patient. This could be:

- Specialist Nurse / Practitioner, either by triaging the referral form/letter or at nurse led initial clinic.
- Specialist Registrar either by triaging the referral form/letter or at initial clinic.
- Radiologist / Histologist / other Trust clinicians on reviewing patients and/or diagnostics.

3.10.1. Responsibilities

- The Consultant or delegated member of the team upgrading the patient is responsible for informing the MDT Co-coordinator (by completing the upgrade pro- forma) that an upgrade has occurred, in order for the patient to be tracked on the correct pathway.
- If a patient has been upgraded to a 62 day pathway this must be communicated with the patient so they understand why they are being upgraded, and the GP should be notified by the upgrading clinician

3.11. Subsequent treatments

If a patient requires any further treatment following their first definitive treatment for cancer (including after a period of active monitoring) they will be monitored against a 31 day subsequent treatment clock. The clock will start following the patient agreeing a treatment plan with their clinician. This will be the decision to treat (DTT) date.

In some circumstances it may be appropriate for the clinician to set an ECAD (earliest clinically available date) which is when a patient needs to recover following their first definitive treatment. An ECAD can be adjusted but only if the date has not passed. The 31 day clock start date should be the same as the ECAD date for these patients

3.12. Reasonableness

For patients on a cancer pathway, an offer will be deemed to be reasonable if 48 hours' notice of an appointment/diagnostic test/admission is given.

3.13. Waiting time adjustments

3.13.1. Pauses

There are only two adjustments allowed on a cancer pathway, one in the 2ww pathway and the other in the 62/31 day pathway:

3.13.1.1. 2WW

If a patient DNAs their initial (first) outpatient appointment or attendance at diagnostic appointment e.g. endoscopy the clock start date can be reset to the date that the patient rebooks their appointment (the date the patient agrees the new appointment not the new appointment date).

3.13.1.2. 62/31 Day pathways

If a patient declines admission for an inpatient or day case procedure providing that the offer of admission was 'reasonable' the clock can be paused from the date offered to the date the patient is available.

If the patient during a consultation, or at any other point, whilst being offered an appointment date states that they are unavailable for a set period of time (e.g. due to holiday or work commitments), a pause can be applied from the date that would have been offered to the patient to the date that they are available. This will apply to admitted treatments only.

(Reference: **7.1.8 Cancer Waiting Times Guidance Version 9**)

If a treatment is to be delivered in an outpatient setting such as an Outpatient procedure or Radiotherapy a pause **cannot** be applied. No adjustments are permissible for medical illness.

Any pause must be supported by clear documentation in the cancer management system and Lorenzo or other relevant clinical system. The trust will ensure that TCIs offered to the patient will be recorded.

3.13.2. Patient cancellations

If the patient gives any prior notice that they cannot attend their appointment (even if this is on the day of clinic), this should be recorded as a cancellation and not DNA. The Trust will make every effort to reschedule patient appointments at the convenience of the patient. If a patient cancels an appointment then the following guidance must be followed.

3.13.3. First appointment cancellations

2ww referral patients who cancel their first appointment should be offered another appointment within the two weeks of the referral being received.

3.13.4. Subsequent/multiple appointment cancellations

Patients who cancel an appointment/investigation date will be offered an alternative date within 7 days of the cancelled appointment (no waiting time adjustment will apply).

3.13.5. Multiple cancellations

All patients who are referred on either a 62 day GP pathway, screening pathway or breast symptomatic referral who cancel two consecutive appointments (i.e. outpatient, diagnostic investigation) will be contacted by an appropriate member of staff to identify any factors that may be stopping the patient attending. Another appointment will be offered if the patient agrees.

Patients can be discharged after multiple (2 or more) appointment a cancellation if this has been agreed with the patient. However, where a patient has cancelled multiple appointments on either a 62 day GP pathway, screening pathway or breast symptomatic (i.e. outpatient, diagnostic investigation) **an appropriate member of staff will contact the patient to identify any factors that may be stopping the patient attending and another appointment will be offered if the patient agrees.**

3.13.6. Patient DNAs

Patients will be recorded as a DNA if they do not turn up to a clinic or diagnostic appointment, or turn up late without prior warning, or turn up in a condition where the Trust cannot carry out whatever was planned for them. For example, if they have not taken a preparation they needed to take prior to the appointment (this also includes patients who have not complied with appropriate instructions prior to an investigation).

3.13.7. First appointment

All patients referred as suspected cancer including 2ww, screening, upgrade and breast symptomatic who DNA their first outpatient appointment should be offered an alternative date within 14 days of the DNA.

A waiting time adjustment applies from receipt of referral to the date the patient makes contact to rearrange the appointment and all details must be recorded on the Cancer management system.

If a patient DNA's their first appointment for a second time the patient will be escalated to the consultant in clinic for a decision on the next step which may include discharge back to the GP.

3.13.8. Subsequent appointments

If a patient DNA's any subsequent appointment the patient should be escalated to the consultant in clinic for a decision on the next step which may include discharge back to the GP.

3.14. Patients who are uncontactable

- If the patient is uncontactable at any time on their 62/31 day pathway, a record of the time and

date of the call to them in the 'additional information' section on Lorenzo should be made at the time of the call.

- Two further attempts will be made to contact the patient by phone, one of which must be after 5.00pm.
- Each of these calls must be recorded in real time on Lorenzo. These attempted contacts must be made over a maximum 2 day period.
- If contact cannot be made by such routes, the GP surgery must be contacted to ask for alternative contact routes.

In the event that the patient remains uncontactable:

3.14.1. For first appointments

An appointment will be sent to the patient offering an appointment within the 2ww standard, stating the Trust has attempted to offer a choice of appointment, and that the patient should contact the 2ww wait office to rearrange the appointment if it is inconvenient

3.14.2. Appointments (other than first) on 62/31 day clinical pathway

Attempts to contact patient will be made as outlined above. In the event that contact cannot be made, the Consultant should decide:

- To send a 'no choice' appointment by letter.
- To discharge the patient back to the GP.

3.15. Patients who are unavailable

If a patient indicates that they will be unavailable for 28 days or more on their pathway after their first appointment, the patient's healthcare records will be reviewed by the managing clinician to ascertain if the delay is safe for the patient. If the clinician has any concern over the delay they will contact the patient to discuss if they can make themselves available. Patients will not be discharged if they make themselves unavailable.

3.16. Diagnostics

The Trust will maintain a 2ww for all diagnostic "straight to tests" for patients on a cancer pathway and a 10 day turnaround for all subsequent diagnostic tests on a patient's 31/62 day pathway.

3.16.1. Refusal of a diagnostic test

If a patient refuses a diagnostic test, the refusal will be escalated to the managing clinician to discuss with the patient. If the patient refuses all diagnostics tests they will be removed from the cancer pathway and will be discharged back to their GP.

3.17. Managing the transfer of private patients

If a patient decides to have any appointment in a private setting they will remove themselves from the cancer pathway.

If a patients transfers from a private provider onto an NHS waiting list they will need to be upgraded if they have not made a DTT and the consultant wants them to be managed against the 62 day target. If a DTT has been made in a private setting the 31 day clock will start on the day the referral was

received by the NHS Trust.

3.18. Tertiary Referrals Process

Inter Provider Transfer (IPT) Forms will be used for all outbound referrals for patients on a Cancer Pathway.

- Where possible information will be transferred between Trusts electronically. Transfers will be completed via a named NHS Contact.
- An agreed minimum data set including all relevant diagnostic test results and images will be provided when the patient is referred.
- If these are not received with the IPT referral this will be reflected back to the referring provider and only accepted once the complete minimum and relevant diagnostic results and images are provided.

3.19. Entering patients on the tracking pathway

3.19.1. Suspected Cancers- 2ww GP/GDP referrals

3.19.1.1. Referrals

On receipt of a 2ww referral from a GP/GDP, the 2ww wait office will record the referral (including known adjustments, referring symptoms and first appointment) onto the Cancer management system within 24 working hours of receiving the referral.

The 2ww Co-ordinators are responsible for confirming a patient's attendance at the first appointment and recording the outcome, checking all dates are correct and that DNAs/breach reasons are entered correctly.

3.19.1.2. Suspected cancers – screening patients

The MDT Co-ordinating team will be responsible for entering patients referred via the screening programme onto the cancer management system database system within 24 hours of receiving notification of the referral.

3.19.1.2. Suspected cancers – Consultant Upgrades

For upgrade prior to initial appointments the 2ww Office will be responsible for entering patient details onto the cancer management system database and allocating the patient an appointment within the 2ww wait guidelines.
For upgrades at any other point of the pathway the MDT- Co-ordinator will be responsible for updating the cancer management system and will begin tracking of the pathway.

3.19.1.3. Suspected / confirmed cancers (31 day patients)

Patients not referred via a 2ww/screening/Consultant upgrade referral should not be entered onto the Cancer management system until they have a confirmed cancer diagnosis. The only exception is patients with suspected cancer who are being discussed at an MDM.
Once a patient has been diagnosed with either a new cancer or recurrence, a record should be entered, within the Cancer management system, selecting the appropriate Cancer Status (by the MDT Co-ordinator) within 24 hours of being notified.

3.19.1.4. Confirmed cancers

The MDT Co-ordinator is responsible for ensuring a patient with a newly diagnosed cancer has a record entered on the Cancer management system, and keeping that record updated.

3.20. Monitoring and audit

It is the responsibility of the Cancer Information team to run a weekly programme of audits for data completeness and data anomalies.

Any data anomalies are highlighted to MDT Co-ordinator for investigations and correction. Response to the Cancer Information Team must occur within 24 hours of the anomaly being raised in order not to delay the audit programme and to ensure accurate performance available at all times.

In addition, a regular data quality programme will be established to review the following:

- Comparative audit of data on the Cancer management system and Lorenzo.
- Comparative audit of diagnosis code on Lorenzo, Cancer management system and Healthcare Records.
- Comparative audit of cases removed from the 62 day pathway and re- entered as 31 day patients within 4 weeks of removal.

This will involve a random selection of healthcare records from each tumour site to be reviewed and will be led by the Cancer Information Team.

The Cancer information Team will also capture numbers of patients ‘upgraded’ each month and will carry out a quarterly audit to ensure that patients are being ‘upgraded’ at the earliest opportunity.

Section 4: Appendices

Appendix 1: Trust Standard Operating Procedures

	Booking SOPs
	Management of the Planned Waiting List
	Management of Patients on Active Monitoring
	RTT SOP
	Referral Management
	Exception / Individual Funding Requests
	RTT Quick Guide
DN583	Overseas Visitor Procedure
	Minimum Clinical Data Sets for Referrals

Appendix 2 – Glossary of Terms and Acronyms

Terms

Term	Definition
2WW Two week wait	The maximum waiting time for a patient's first outpatient appointment or 'straight to test' appointment if they are referred as a 62 day pathway patient.
31 day pathway	The starting point for 31 day standard is the date that a patient agrees a plan for their treatment or the date that an Earliest Clinically Appropriate Date (ECAD) is effected for subsequent treatments
62 day pathway	Any patient referred by a GP with a suspected cancer on a 2 week wait referral pro-forma, referral from a screening service , a referral from any healthcare professional if for Breast symptoms and also where a routine referral has been upgraded by a Hospital clinician must begin treatment within 62 days from receipt of referral
Active Monitoring	Where a clinical decision is made to start a period of monitoring in secondary care without clinical intervention or diagnostic procedures.
Active waiting list	The list of elective patients who are fit, ready and able to be seen or treated at that point in time. Applicable to any stage of the RTT pathway where patients are waiting for hospital resource reasons.
Bilateral procedures	Where a procedure is required on the same anatomical sides of the body.
Breach	A pathway which ends when a patient is seen/receives their first treatment outside the 14 day first seen, 62 day referral to treatment and/or 31 day decision to treat, 6 week diagnostic or 18 week referral to treatment target times.
Chronological booking	Refers to the process of booking patients for appointments, diagnostic procedures and admission within date order of their clock start date.
Consultant-led service	A service where a consultant retains overall responsibility for the care of the patient. Patients may be seen in nurse-led clinics which come under the umbrella of consultant-led services.
Day case	Patients who require admission to the hospital for treatment and will need the use of a bed but who are not intended to stay in hospital overnight.
Decision to admit	Where a clinical decision is made to admit the patient for either day case or inpatient treatment.
Direct access	Where GPs refer patients to hospital for diagnostic tests only. These patients will not be on an open RTT pathway.
Elective care	Any pre-scheduled care which does come under the scope of emergency care.
First definitive treatment	An intervention intended to manage a patient's disease, condition or injury and avoid further intervention. What constitutes first definitive treatment is a matter

	of clinical judgment in consultation with the patient.
Fixed appointments	Where an appointment or admission date is sent in the post to the patient without the opportunity to agree a date.
Full booking	Where an appointment or admission date is agreed either with the patient at the time of the decision or within 24 hours of the decision.
Incomplete pathways	Patients who are waiting for treatment on an open RTT pathway, either at the non-admitted or admitted stage.
Inpatients	Patients who require admission to the hospital for treatment and are intended to remain in hospital for at least one night
Nullified	Where the RTT clock is discounted from any reporting of RTT performance.
Oncology	The branch of science that deals with tumours and cancers.
Partial booking	Where an appointment or admission date is agreed with the patient near to the time it is due.
Patient-Initiated Delay	Where the patient cancels, declines offers or does not attend appointments or admission. This in itself does not the stop the RTT clock. A clinical review must always take place.
Planned waiting list	Patients who are to be admitted as part of a planned sequence of treatment or where they clinically have to wait for treatment or investigation at a specific time. Patients on planned lists should be booked in for an appointment at the clinically appropriate time. They are not counted as part of the active waiting list or are on an 18 week RTT pathway.
Reasonable offers	A choice of two appointment or admission dates with three weeks' notice.
Straight to test	Arrangements where patients can be referred straight for diagnostics as the first appointment as part of an RTT pathway.

Acronyms

Term	Definition
ASIs	Appointment Slot Issues (list). A list of patient who have attempted to book their appointment through the national E-Referral Service but have been unable to due to lack of clinic slots.
CATS	Clinical Assessment and Treatment Service
CCGs	Clinical Commissioning Groups. Commission local services and acute care.
CNS	Clinical Nurse Specialists use their own knowledge of cancer and treatment to co-ordinate the patient's care plan and act as the patient's 'keyworker'.
COF	Clinic Outcome Form
COSD	Cancer Outcomes and Services Dataset is the key dataset which is designed to define and deliver consistency in data recording, data submission and analysis across cancer in the NHS, including diagnostics, staging, treatment and demographic information. Data is submitted to the Cancer Registry and used for national reporting.
DNA	Did Not Attend. Patients who have been informed of their appointment date and who, without notifying the hospital fail to attend their appointment.
DNA	Did Not Attend. Patients who give no prior notice of their non-attendance.
DTT	Date of Decision to Treat. The date on which the clinician communicates the treatment options to the patient and the patient agrees to a treatment.
ECAD	Earliest Clinically Appropriate Date that it is clinically appropriate for an activity to take place. ECAD is only applicable to subsequent treatments.
EMR	Electronic Medical Record is an electronic store for patient correspondence and forms part of the patient's medical record.
E-RS	(National) E-Referral Service
FOBT	Faecal Occult Blood Test. This test, which is part of the Bowel Screening Pathway, checks for hidden (occult) blood in the stool (faeces).
GDP	General Dental Practitioner (GDP) typically leads a team made up of dental care professionals (DCPs) and treats a wide range of patients, from children to the elderly.
GP	General Practitioner. A physician whose practice consists of providing ongoing care covering a variety of medical problems in patients of all ages, often including referral to appropriate specialists.
The cancer management system	A Database system used to record all information related to patient cancer pathway by MDT co-ordinators, Clinical Nurse Specialist and Clinicians.
IOG	Improving Outcomes Guidance. This is NICE guidance on the configuration of cancer services.

IPT	Inter-Provider Transfer
MDM	A Multi-Disciplinary Team Meeting where individual patients care plans are discussed and agreed.
MDS	Minimum Data Set. Minimum information required to be able to process a referral either into the cancer pathway or for referral out to other Trusts.
MDT	A Multi-Disciplinary Team is a group of doctors and other health professionals with expertise in a specific specialism, who together discuss and manage an individual patient's care.
MDT Co-ordinator Multidisciplinary Team Co-ordinator	Person with responsibility for tracking patients, liaising with clinical and CAU staff to ensure progress on the cancer pathway, attends the weekly patient tracking list (PTL) meeting, updates the Trust's database for cancer pathway patients and assists with pathway reviews and changes. Also co-ordinates the MDT meeting and records the decision for onward progress along the cancer pathway
NCWTDB	National Cancer Waiting Times Database**.** All cancer waiting times General standards are monitored through the national Cancer Waiting Times Database.
PPID	Patient Pathway Identifier
PTL	Patient Tracking List. A complex spreadsheet used to ensure that waiting times standards are met by identifying all patients on 62 day pathways, 6 week diagnostic pathways and 18 week referral to treatment pathways and by tracking their progress towards the standards.
RACPC	Rapid Access Chest Pain Clinic
RCA	Root Cause Analysis. This defines steps on a patient's pathway and identifies breach reasons. In the context of this Policy, this is not the same as the level of investigation involved in an RCA for, for example, a Serious Incident (SI)
RMC	Referral Management Centre
RTT	Referral to Treatment
SMDT	A Specialist Multi-Disciplinary Team Meeting where individual patients care plans are discussed and agreed takes place across multiple organisations and involves support from a centre that is deemed to specialising in treating a particular tumour type.
TCI	To Come In
TIA	Trans Ischaemic
TSSG	Tumour Site Specific Group
UBRN	Unique Booking Reference Number

Appendix 3 – References and Further Reading

No	Reference Title	Published by	Publication Date	Link
1.	Referral to treatment consultant- led waiting times Rules Suite	Department of Health	October 2015	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/464956/RTT_Rules_Suite_October_2015.pdf
2.	Recording and reporting referral to treatment (RTT) waiting times for consultant-led elective care	NHS England	October 2015	https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/Recording-and-reporting-RTT-guidance-v24-2-PDF-703K.pdf
3.	Recording and reporting referral to treatment (RTT) waiting times for consultant-led elective care: Frequently Asked Questions	NHS England	October 2015	https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/Accompanying-FAQs-v7.2.pdf
4.	The NHS Constitution	Department of Health	July 2015	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/480482/NHS_Constitution_WEB.pdf
5.	Diagnostics waiting times and activity Guidance on completing the "diagnostic waiting times & activity" monthly data collection	NHS England	March 2015	https://www.england.nhs.uk/statistics/statistical-work-areas/diagnostics-waiting-times-and-activity/monthly-diagnostics-waiting-times-and-activity/
6.	Diagnostics FAQs Frequently Asked Questions on completing the "Diagnostic Waiting Times & Activity" monthly data collection	NHS England	February 2015	https://www.england.nhs.uk/statistics/statistical-work-areas/diagnostics-waiting-times-and-activity/monthly-diagnostics-waiting-times-and-activity/
7.	Equality Act 2010	Department of Health	June 2015	https://www.gov.uk/guidance/equality-act-2010-guidance
8.	Overseas Visitor Guidance	Department of Health	April 2016	https://www.gov.uk/government/publications/guidance-on-overseas-visitors-hospital-charging-regulations
9.	Cancer Waiting Times Guidance Version 9			

10.	Armed Forces Covenant	Ministry of Defence	July 2015	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/49469/the_armed_forces_covenant.pdf