Procedure		NHS Worcestershire Acute Hospitals NHS Trust

Standard Operating Procedure (SOP) for Managing Elective Planned Waiting Lists

Department / Service:	Operations/Access
Originator:	RTT/Data Systems and Training Manager
Accountable Director:	Chief Operating Officer
Approved by:	Trust Management Group
Date of approval:	16th January 2020
Expiry Date:	16th January 2022
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	All Directorates
Target staff categories	Clinical and Administration staff

Plan Overview:
There are strong clinical governance and safety reasons, why planned care should not be deferred. A significant proportion of this activity is done for surveillance of high risk groups of patients, associated with high rates of mortality and poorer outcomes if not managed correctly. Evidence suggests that delaying these can increase emergency admissions. If a repeat date is exceeded, the patient must be discussed with the clinician so appropriate action can be taken. National guidance confirms those patients who have passed their repeat date should be placed on an active waiting list.

Key amendments to this Document:

Date	Amendment	By:
16/01/2019	No changes on review and SOP extended for 2 years	Paul Brennan, COO

1. Introduction and Purpose

This document sets out the national and locally agreed standards for the management of patients on an elective planned waiting list by Worcestershire Acute Hospitals NHS Trust

The policy applies to all Worcestershire Acute Hospitals NHS Trust elective planned patients.

The procedure reflects current standards and any examples given are intended to provide clarity but may not be exhaustive.

In order for Worcestershire Acute Hospitals NHS Trust to deliver performance against national and local targets it is essential that waiting lists are managed as outlined in this document.

2. Scope

This document applies to all Worcestershire Acute Hospitals NHS Trust staff.

Worcestershire Acute Hospital NHS Trust is committed to treating patients fairly, equitably and in chronological order. The policy will support staff to manage elective planned waiting lists in accordance with clinical priority.

The Trust, through operational teams, will ensure that patients are treated in accordance with national rules and transferred to an elective waiting list if the elective planned repeat date is breached.

3. Good Practice

- Providers should plan so that new and planned patients are seen and treated within the appropriate timescales and in order of clinical priority.
- Firm repeat dates should be set and the procedure should take place on or before the repeat date, or earliest available date following repeat date.
- If the planned procedure is delayed beyond the repeat date then a new RTT clock must be started from the day following the repeat date entered on the in-patient waiting list.
- The Trust will have robust systems in place to review planned lists regularly ensuring that patients are booked at the correct time and that patient safety and standards of care are not compromised.
- Patients will be advised when they are placed on a planned list, and given a review date.

- Surveillance and planned procedures should not be deferred, except for clinical reasons. A high proportion of these patients fall into high risk groups associated with high rates of mortality and poorer outcomes if not managed correctly.
- Repeat dates changed for clinical reasons should be updated on PAS with a note added to the waiting list entry, in waiting list notes. The note will contain details of the clinician that made the decision, decision date and reason for the decision. The note should be locked to prevent update. The patient will be notified in writing of the change. Repeat dates will not be changed for non-clinical reasons.

- The Trust will monitor the number of RTT clock starts as a result of planned activity/surveillance not taking place within the clinically defined timeframe, including monitoring the impact on RTT and diagnostic performance.
- Patients will be monitored during weekly PTL meetings.
- There will be a definitive escalation process to the divisions, where it is probable that patients will breach their repeat date and diagnostic wait if not booked within diagnostic targets (6 weeks).

4 Process/requirements for booking planned procedures

4.1 Adding a patient to the planned waiting list

- Any referral received indicating a repeat/surveillance procedure will be added to the planned waiting list. The patient will be added to the elective planned waiting list using the waiting list type 13P. The waiting list entry will be recorded by the team managing the waiting list i.e. endoscopy.
- The waiting list entry will be linked to the original patient referral and pathway. Where it is found that an error has occurred and a new pathway

has been created, this should be corrected immediately. Failure to link a patient to the correct pathway could result in patients being seen out of chronological order and incorrect waits being recorded.

- All details regarding procedure, anaesthetic type and location of surgery will always be entered onto PAS. A repeat date will be entered on PAS when adding the patient to the planned waiting list.
- Where the patient has more than one waiting list entry i.e. when a patient needs a series of treatments at specific intervals, each entry should have a repeat date. The repeat dates will be determined by the clinician.

- New additions to the planned waiting list will be validated weekly, by the operational teams. Patients with missing data i.e. missing repeat date or procedure will be updated by the speciality listed on the planned waiting list.
- Checks will be in place to ensure that procedure codes meet the elective planned criteria any that do not meet the guidance will be recorded on the elective waiting list (11) with an 18 week RTT clock.

4.2 Monitoring and reporting patients on a planned waiting list.

- Patients on the Elective Planned Waiting List will be monitored regularly by the relevant divisions using the planned waiting list report. The report will be updated daily using data from the previous night.
- Planned lists will be reviewed at weekly PTL meetings.
- All patients due to have a procedure will have their notes clerically and clinically validated at least 2 months prior to their repeat date.
- Changes to repeat dates will be monitored to ensure that they are changed in line with Trust procedure and not for non-clinical reasons.

4.3 Patient admission

- If the patient requires a pre-operative assessment, the patient should be reasonably offered an appointment (2 weeks notice on 2 different days).
- The patient will be given explicit instructions regarding the procedure.
- Every effort should be made to offer a TCI (to come in) date prior to the repeat date, however if a patient breaches their repeat date then the TCI date should be no later than 6 weeks after the repeat date.
- All TCI dates will be reasonable offers 3 weeks notice on two different dates.
- All TCI dates should be recorded on PAS, even if these offers are not accepted. When the patient is admitted on PAS, the planned TCI date will be visible, the admission will be linked to the correct planned admit.
- At the point of discharge a TCI outcome will be entered. It is the reasonability of the person discharging the patient to ensure that a TCI outcome is entered following discharge.

Following the procedure a plan will be made for the patient, this could be:

- **Discharge back to GP** - The referral will be discharged and pathway ended.
- **Patient requires another surveillance/repeat procedure** - The patient will be added to the planned waiting list, with a repeat date.
- **The patient requires treatment (New decision to treat made)** – a new 18 week RTT clock will be started.

    The clock start will be either:

    (10) New decision to treat made –patient has been treated previously and now needs a new treatment.
    (11) Active monitoring end- the patient has been monitored for a period of time and now requires treatment.

5   Patients that breach their repeat date.

- The planned waiting list report will be monitored regularly by operational teams.
- Patients that breach their repeat date will be transferred to an elective waiting list.
- The waiting list type will be updated on PAS from 13P to 11, this will be a manual process.
- The priority will need to be updated, the vetting clinician will decide if the priority should be Routine or Urgent.
- Patients will be visible on the RTT incomplete PTL once the manual clock start has been entered. They will be reported as an incomplete pathway until they are admitted and treated or added to the elective planned waiting list for another procedure.
- Diagnostic patients will be visible on both the RTT incomplete PTL and the DM01 and will be reported as waiting for a diagnostic procedure until the patient is admitted and the procedure takes place.

5.1 Starting an 18 RTT Clock

- A manual clock start will need to be entered. This will be entered onto Oasis via the RTT Details screen.
- The clock start date will be the day after the repeat date i.e. repeat date was 01/03/2017 clock start would be 02/03/2017.
- The event reason will be transfer from planned waiting list.

6   Patients that have been admitted following transfer to an active waiting list.

Once the patient has been admitted and the procedure/diagnostic test has been completed. A clinical decision will be made regarding the patient's treatment plan.

Patients will either be:

- **Discharged back to GP** – The 18 week RTT clock will be stopped, the referral will be discharged and the pathway ended.
- **Patient requires another repeat/surveillance procedure** - A decision will be made that the patient needs to be added to the planned waiting list for a clinically appropriate time before repeating the procedure – The 18 week RTT clock will <u>stop</u> and the patient will be added to the planned waiting list with a repeat date.

- **The patient requires treatment (New decision to treat made)** – the 18 week RTT clock will continue until the patient has a clock stop entered for treatment or a clock stop for non-treatment.

7. Monitoring and Compliance

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: *(Responsible for also ensuring actions are developed to address any areas of non-compliance)*	Frequency of reporting:
	WHAT?	**HOW?**	**WHEN?**	**WHO?**	**WHERE?**	**WHEN?**
Page 3, section 3	Visibility of the WL	Elective Planned Waiting List	Daily	Divisions	N/A	Daily – previous nights data
Page 3, section 3	Visibility of records requiring dating	Elective Planned Waiting List	Daily	Divisions	N/A	Daily – previous nights data
Page 3, section 3	Visibility of records with no repeat date	Elective Planned Waiting List	Daily	Divisions	N/A	Daily – previous nights data
Page 3, section 3	Patients moved to the live RTT PTL	RTT PTL	Daily	Divisions	N/A	Daily – previous nights data
Page 4, section 3	Monitoring of repeat date changes	Provided in reporting to Head of Elective Performance and Patient Access	Weekly	Information Team	N/A	Weekly
Page 4, section 3	Summary of DQ issues	In development	Weekly	DQ team	N/A	Daily – prev nights data

8   Policy Review

9   References

Recording and reporting referral to treatment (RTT) waiting times for consultant-led elective care https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/Recording-and-reporting-RTT-guidance-v24-2-PDF-703K.pdf
Elective Care Guide http://www.nhsimas.nhs.uk/fileadmin/Files/Documents/Referral_to_Treatment_Pathways__second_edition_.pdf
Policy for patients who require appointments for assessment, review and/or treatment - use of planned (pending or review) lists https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/Planned-Patients-Guidance.pdf

9.1 Equality Requirements

9.2 Financial Risk Assessment

9.3 Approval Process

9.4 Version Control

Date	Amendment	By:
16/01/20	No changes on review and SOP extended for 2 years	Paul Brennan, COO

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee

Appendix 1 - Glossary of Terms

Active Waiting List	Patients awaiting elective admission and are currently available i.e. fit, able and ready, to be called for admission at entry to waiting list.
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/investigation. Patient's 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
PAS	Patient Administration System
PTL	Patient Tracking List - a tactical tool used to deliver 18 week RTT national Operational standards.
Referral to Treatment (RTT)	18-week pathway from referral from GP to commencement of treatment in secondary care.
Repeat Date	The date when it is clinically appropriate for the next repeat/surveillance procedure to take place.
TCI	To come in date or letter.

Appendix 2 - 18 Week Referral to Treatment Codes

Status Code	Patient Status
30 – Start of First Definitive Treatment	Patient has received First Definitive Treatment that is intended to manage their disease, condition or injury
31 – Active Monitoring	start of active monitoring initiated by the patient – not to be used for thinking time
32 – Active Monitoring	start of active monitoring initiated by the CARE PROFESSIONAL – not to be used for thinking time
33 - DNA	failure to attend - the PATIENT failed to attend the first CARE ACTIVITY after the referral
34 – Decision not to treat	Patient does not require treatment
35 – Patient declined treatment	Patient not treated but discharged
90 – Activity following First Treatment	first treatment occurred previously (e.g. admitted as an emergency from A&E or the activity is after the start of treatment) *(on-going management post treatment)*
91 – Activity following a clock stop/during Active monitoring/watchful waiting	CARE ACTIVITY during period of active monitoring
10 – first activity in a REFERRAL TO TREATMENT PERIOD	Not yet treated *(awaiting test results/add to waiting list/refer for outpatient treatment or diagnostics)*
11 – Active monitoring end	first activity at the start of a new REFERRAL TO TREATMENT PERIOD following active monitoring
12 - consultant referral	the first activity at the start of a new REFERRAL TO TREATMENT PERIOD
20 – Subsequent Activity	Subsequent activity during a REFERRAL TO TREATMENT PERIOD – further activities anticipated
21 – Transfer to another provider	Not yet treated - subsequent activity during a REFERRAL TO TREATMENT PERIOD anticipated by another Health Care Provider - clock still ticks

Status Code	Patient Status
92 – Direct Access Diagnostic	Patient referred for a straight to test diagnostic procedure (patient not on an 18 week pathway)
98 – Not Applicable	ACTIVITY not applicable to REFERRAL TO TREATMENT PERIODS
99 – Form not returned	Patient not treated *(as far as PAS is aware)*

Process Map for Planned patients

```
                    Notification is received to add
                      the patient to the planned
                              waiting list
                                   │
                                   ▼
                    Patient will be added to the
                      planned waiting list using
                        waiting list type 13P
                                   │
                                   ▼
                        A target date should be
                            Entered on PAS
                                   │
                                   ▼
                   2 months prior to target date
                   previous surveillance reports
                   and clinic letters will be
                   validated and vetted both
                   clerically and clinically inc the
                   priority
```

Target date is deemed clinically appropriate patient should be offered a TCI by target date

TCI offered within date?

Target date is deemed not clinically appropriate

A note should be added to the waiting list including name of reviewer, date and reason for date change or removal from the waiting list

Yes

No

Patient is admitted for procedure

Patient will be transferred to the active waiting list

Patient needs to be added to planned waiting list

Patient now requires treatment

Patient is discharged

Patient needs to be added to planned waiting list Clock stops

A new RTT clock should be started

The referral should be discharged and the pathway ended

A manual 18 week RTT clock is started

Patient now requires treatment

Patient is admitted for procedure

Clock will continue to tick until the patient is treated

The referral should be discharged and the pathway ended

Clock stops

Patient is discharged

Procedure

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	**Does the policy/guidance affect one group less or more favourably than another on the basis of:**		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
2.	**Is there any evidence that some groups are affected differently?**	No	
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**	No	
4.	**Is the impact of the policy/guidance likely to be negative?**	No	
5.	**If so can the impact be avoided?**	No	
6.	**What alternatives are there to achieving the policy/guidance without the impact?**	No	
7.	**Can we reduce the impact by taking different action?**	No	

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Assistant Manager of Human Resources.

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval