PATIENTS PEOPLE POPULATION

AMBITION RESPECT COMPASSION

NHS
Sandwell and West Birmingham
NHS Trust

REPORT TITLE:	RTT Pop Ups and Patient Access Policy review
SPONSORING EXECUTIVES:	Dave Baker, Chief Strategy Officer Johanne Newens, Chief Operating Officer
REPORT AUTHOR:	Dave Baker, Chief Strategy Officer
Committee	Public Trust Board **DATE:** 13th March 2024

1. Suggested discussion points *[two or three issues you consider the Public Trust Board should focus on in discussion]*

External Report - MBI technologies have been engaged to proceed with the work to clarify our Access Policy including our approach to pop ups and to define the roles and responsibilities. This work started on 15/2/24 and will take ~4 weeks.

Recommended Internal Audit Actions - As stated at the Performance Management Group in January, we have tackled the biggest area of concern and have made changes from 24/1/24 to reduce the amount of time we allow for validation to 7 days before we report a pop up and to therefore include those over 7 days on the weekly and monthly waiting list minimum data sets (MDS) that we submit. Further changes will be made in line with the external report/support that has been commissioned once concluded.

2. Alignment to our Vision *[indicate with an 'X' which Strategic Objective[s] this paper supports]*

OUR PATIENTS		OUR PEOPLE		OUR POPULATION	
To be good or outstanding in everything that we do	X	To cultivate and sustain happy, productive and engaged staff		To work seamlessly with our partners to improve lives	

3. Previous consideration *[at which meeting[s] has this paper/matter been previously discussed?]*

Performance Management Group, 26th February 2024

4. Recommendation(s)

The Public Trust Board is asked to:

a.	**NOTE** the findings of Internal Audit's data quality review of 78+ week waits.
b.	**NOTE** the management response to the audit recommendations.
c.	**RECEIVE** an update on the external review by MBI technologies in May.

5. Impact *[indicate with an 'X' which governance initiatives this matter relates to and, where shown, elaborate in the paper]*

Board Assurance Framework Risk 01	X	*Deliver safe, high-quality care.*
Board Assurance Framework Risk 02	X	*Make best strategic use of its resources*
Board Assurance Framework Risk 03	X	*Deliver the MMUH benefits case*
Board Assurance Framework Risk 04	X	*Recruit, retain, train, and develop an engaged and effective workforce*
Board Assurance Framework Risk 05	X	*Deliver on its ambitions as an integrated care organisation*
Corporate Risk Register [Safeguard Risk Nos]		
Equality Impact Assessment	Is this required? Y	N X	If 'Y' date completed
Quality Impact Assessment	Is this required? Y	N X	If 'Y' date completed

SANDWELL AND WEST BIRMINGHAM NHS TRUST

Report to the Public Trust Board on 13ᵗʰ March 2024

RTT pop ups and patient access policy audit

1.   Background

1.1   A Trust requested internal audit highlighted that some of its Referral to Treatment procedures and practice were not in line with national best practice. The Trust is now working towards resolving this.

1.2   The Trust has a three-step approach to resolution:

1.2.1   Firstly, it has made immediate changes (24/1/2024) to reduce the amount of time we allow for validation to 7 days before we report a pop up and to therefore include those over 7 days on the weekly and monthly waiting list minimum data sets (MDS) that we submit. **This action is complete.**

1.2.2   Secondly, it has commissioned a 4-week review by MBI technologies to review our position and to clarify our access policy including our approach to pop ups and to define the roles and responsibilities.

Thirdly, to update our action plan in full which responds to the audit so that we can provide the Board with assurance on each of the issues raised.

2.   MBI Healthcare Technologies review

2.1   MBI Healthcare Technologies are recognised experts in RTT, in fact, one of their Partners was directly acknowledged as an expert by the Health Service Journal (HSJ) in their article. He will be the lead Partner for their work.

2.2   MBI will complete a 4-week piece of work that covers the following areas:

2.2.1   Number of pop-ups per week for the last 6 months and if they were treated, removed through validation and/or reported;

*2.2.2   The process for managing these patients within the organisation and **how it could be redesigned to ensure national best practice compliance**;*

2.2.3   Reasons why pop ups occur;

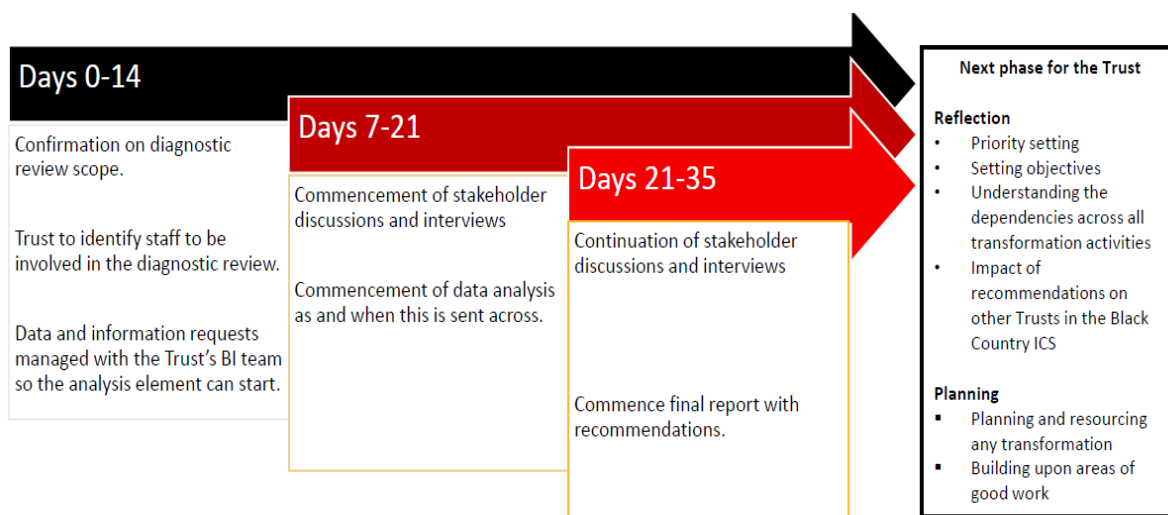*2.2.4   The harm review process for genuine patients in this cohort and whether it needs to be clarified;*

*2.2.5   Clarification of the roles and responsibilities regarding pop up patients and this will be clearly documented in the revised **Patient Access Policy**;*

*2.2.6   Clarify **roles and responsibilities** regarding validation of all patient pathways and this will be clearly documented in the access policy;*

2.2.7   A more general review of the Trust's patient tracking processes including patients with overdue follow ups;

2.2.8 A review of the weekly extract process to include pop ups, overdue follow ups, overdue planned patients and patients who have been referred to diagnostics or nurse led services where a clock stop has been applied;

2.2.9 Resource requirements for any changes proposed.

2.2.10 As part of our review we will interrogate how the Sandwell and West Birmingham process aligns with other Trusts in the Black Country Provider Collaborative. If there are significant variations, we will make those clear to enable a wider system conversation about standardisation, through the Black Country ICS Elective Care Board governance.

2.3   The last point set out in 2.2.10 may take some further discussion once MBI have completed their work. We do not expect it to delay us in moving to the new access policy that we agree as part of their work.

2.4   MBI have submitted their data request and we have been working towards a launch to the work on 15/2/2024 through a joint meeting between MBI, Operations and Performance and Insight. The draft plan is set out below. MBI have acknowledged that we have made good data submissions to them so 19/2/2024 will essentially be day 7 of the work.

Days 0-14
Confirmation on diagnostic review scope.

Trust to identify staff to be involved in the diagnostic review.

Data and information requests managed with the Trust's BI team so the analysis element can start.

Days 7-21
Commencement of stakeholder discussions and interviews

Commencement of data analysis as and when this is sent across.

Days 21-35
Continuation of stakeholder discussions and interviews

Commence final report with recommendations.

Next phase for the Trust

Reflection
- Priority setting
- Setting objectives
- Understanding the dependencies across all transformation activities
- Impact of recommendations on other Trusts in the Black Country ICS

Planning
- Planning and resourcing any transformation
- Building upon areas of good work

3.   Internal Audit

3.1   The internal audit set out 5 controls and 13 further management actions (Appendix 2). Appendix 1 shows how the work to be completed links to the 5 controls set out in the action plan.

3.2   The MBI work will also address a number of the remaining 13 management actions. As the work is being completed we will begin to put management responses against the remaining 13 areas.

3.3   Whilst we wait for the support work to be completed, we have made one change to our current approach, which tackles the biggest area of criticism from the internal audit report. This is to reduce the amount of time we allow for validation to 7 days before we report a pop up and then declare on the weekly MDS. This was implemented on the 24/1/2024.

4.   Recommendations

4.1   The Public Trust Board is asked to:

   a. **NOTE** the findings of Internal Audit's data quality review of 78+ week waits.
   b. **NOTE** the management response to the audit recommendations.
   c. **RECEIVE** an update on the external review by MBI technologies in May.

Dave Baker, Chief Strategy Officer
Jo Newens, Chief Operating Officer

24 February 2024

Appendix 1   Top 5 controls with management response showing link to MBI report
Appendix 2   Internal Audit report: 78+ Week Waits (Data Quality)

Five Management Actions relating to RTT are tabled below:

Management Action 1
Priority: High
The Popup SOP, Policy and paper are not in line with National RTT standards and will be discussed with the National Team. Any resulting actions will be reflected in revised procedural documentation. **Response** - A revised access policy including pop up policy and roles and responsibilities is an output of the work by MBI Healthcare Technologies. Once complete we will move to the new Access Policy including the treatment of pop ups.
Management Action 2
Priority: Medium
The Access Policy is still out in draft and does not reflect current national practice. or include clear roles and responsibilities regarding pop-up patients. **Response** - A revised access policy including pop up policy and roles and responsibilities is an output of the work by MBI Healthcare Technologies. Once complete we will document this as the Access Policy and work to the roles and responsibilities set out within it.
Management Action 3
Priority: High
Management will ensure that all genuine long waiters and breaches of 104 or 78 week waits are reported on the next return. **Response** - Actioned from 24/1/2024 reducing the time for validation to 7 days before submission on the weekly and monthly waiting list minimum data set submission. We will make any further changes recommended by the MBI review when it is completed.
Management Action 4
Priority: High

Roles and responsibilities regarding the validation of patient's pathway are not clear and are not documented in the Access Policy.

Response - A revised access policy including pop up policy and **roles and responsibilities** is an output of the work by MBI Healthcare Technologies. Once complete we will document this as the Access Policy and work to the roles and responsibilities set out within it.

Management Action 5

Priority: Medium

The Harm review process was generally completed but not always in a timely way with no independent panel to review areas of disagreement.

Response - The harm review process for pop up patients will be reviewed as part of the MBI work. We will adopt their recommendations once complete.