

Guide for Developing & Implementing an Elective Care Training Strategy (G-97)

National Elective Intensive Support Team

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1. Introduction and Context

1.1. Introduction & Purpose of Guide

The NHS made the transition from stage of treatment to national Referral to Treatment (RTT) standards in 2008. One of the most common findings of the national elective Intensive Support Team's (IST) work is the level of understanding and knowledge of national rules and standards is below that expected to ensure appropriate conversations with patients about waiting times, as well as raising concern over levels of data quality. This view is supported in the findings of the National Audit Office (NAO) report published in January 2014. The report identified that Trust reporting and recording of elective waits is inconsistent and contained various levels of inaccuracies. The primary responsibility for good quality data starts with the Trust Chief Executive and in order to provide the necessary levels of assurance requires a clear RTT training programme for all staff linked to data quality and communications.

Training programmes for all staff groups, including clinicians, are beneficial in supporting a general understanding of the RTT rules and the value of their application in both administrative and clinical settings. The purpose of this guide is to provide a framework for Trusts to use when making the transition to a contextual elective care training strategy comprising training, awareness, engagement, competency and compliance.

1.2 Intended Audience

This guide is targeted at senior managers with a responsibility for elective care improvement, performance management and / or operational functions.

1.3 What is an Elective Care Training Strategy?

An elective care training strategy describes how an organisation will assure itself that staff are appropriately trained, competent and compliant in the understanding and application of the national elective care agenda, standards, rules and guidance. A good strategy describes the following

- Benefits to patients, staff and the organisation

- A training needs analysis linked to data quality issues
- Senior engagement from key individuals to lead and sponsor the work
- Outline of modules and methods for delivery
- The scope of the training function, including development and delivery of training, plus provision of a centralised source of expertise for processing of RTT queries.
- Timescales
- Assessment of success
- Appropriate finances – is this the cost of training, providing the materials, assessing the staff and the financial consequences of not delivering the standards.

1.4 Key Governance Arrangements

Critical to the success of the strategy will be executive sponsorship / leadership along with clinical endorsement and engagement. It is important to set out within the strategy the governance arrangements for reporting and escalation purposes. When setting up the training work stream, a set of key individuals from the following areas need to be involved in a working group to steer and co-ordinate the implementation of strategy. Key membership should comprise:

- Executive sponsor (chair)
- Trust communications representative
- Information lead (to feed in data quality issues)
- RTT programme lead (if such a post exists)
- PAS trainers/lead
- Operational lead
- Education centre (if appropriate)

1.5 Benefits of Implementing an Elective Care Training Strategy

1.5.1 Patients

- a) Minimises clinical risk (eg if a patient has a clock stopped in error, there is potential for the patients to be 'lost' or 'missed' to follow up).

- b) Improved contextual understanding leads to accurate, real time application of the treatment status.
- c) Enhanced patient experience if contacting the Trust due to improved advice or guidance given.

1.5.2 Staff

- a) Enhanced job satisfaction and morale due to consistent training package tailored to their role.
- b) Increased confidence in the application of RTT rules following attainment of competencies.
- c) Improved assurance with the implementation of a designated contact point for queries.
- d) Mechanism for staff to have contextual understanding in addition to technical expertise in applying and recording elective care data.

1.5.3 Trusts & the Wider Health Economy

- a) Provides data quality assurance for elective waiting times.
 - b) Outlines the Trust assurance framework that staff are competent and compliant in the application of elective care standards and rules.
 - c) Proactive management of elective patients focusing on prospective tracking as opposed correction and validation. Reduces the requirement for resource dependent and costly validation processes.
 - d) Reduced risk of financial penalties for reasons where patients have waited needlessly along their pathway.
 - e) Potential improvement of staff retention due increased levels of knowledge, expertise and confidence.
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2. Developing and Implementing the Strategy

2.1 Training Needs Analysis

The first step is to undertake the training needs analysis (TNA). The suggested approach for this is by job role or function. The IST recommends that every staff member, regardless of their role, needs to be aware of the RTT standards and the relationship with care pathways. Depending on the role of the individual, each staff member should have a package of modules applicable to their job. For

example, an Outpatient Receptionist may require modules such as:

- Elective Care Overview
- Elective Care Basics
- Referral Management
- Appointment Management
- Clinic Management

Alternatively, a Consultant may require:

- Elective Care Overview
- Clinic Management
- Admitted Waiting List Management

A matrix, such as the one shown in Appendix 1, demonstrates which staff groups may require each module. It will be necessary to liaise with Human Resources (HR) to obtain this information. It will also be necessary to have an in depth understanding of the Trust's organisational structure.

2.2 Key Features of the Strategy

a) Compulsory

The IST advise that, due to its high profile, contextual elective care training should hold the same level of importance as essential training programmes.

b) Induction & Appraisals

Elective care training should be embedded within a wider induction programme for all new starters. Processes should therefore be established between line the relevant line manager, Human Resources and the staff responsible for implementing the strategy to guarantee that all new starters are identified.

Results of competency tests and performance against key performance indicators should be incorporated within staff appraisals.

c) Based on the Access Policy & Standard Operating Procedures

Before starting to develop training modules and competency tests, it is necessary to ensure that the Trust has an up to date, Access Policy which has been developed with approved by the Local Health Community (LHC) and patient representatives. This, together with a supporting suite of standard operating procedures (SOPs) should form the basis of all training modules.

d) Centrally Led by a Team of Experts

Best practice is for a centralised team with in depth expertise and knowledge to lead the development, implementation and contextual training function. Some Trusts already have a corporate patient access function whose remit is to oversee elective access performance, improvement and validation functions. Trainers should be a core team of elective access experts based within each specialty or function, with an appropriate percentage of their role allocated for elective access training and support.

e) Training Methods

A variety of training methods can and should be deployed, including online training, classroom based learning, video and 1-1 sessions as applicable. Due to the sheer volume of staff to be trained, the principle, most efficient training method should be online.

i) Online & Video

This kind of training approach would be similar to other online training programme (eg IG Governance) where the trainee is taught the subject matter via a series of screens / videos and exercises. At the end, trainees are taken through an assessment with a score awarded at the end.

ii) Specialty Specific Awareness Session

Clinicians may benefit from direct interaction with elective care experts to review, for example, the clinic outcome form as well as its importance in the delivery of RTT standards. Bringing together clinicians within each specialty provides a forum to facilitate discussions and agreements

about the most common pathways and improves understanding on the benefits for the patients on completing the forms.

iii) Face to Face Group Based Training

This could take the form of traditional classroom based training where deemed appropriate. For example, if common themes emerge from online assessments in terms of frequent errors e.g. the application of pauses, it may be beneficial to deliver targeted classroom sessions for more immediate interaction.

Another example of training / awareness to a larger audience is through Trust induction. The programme could include a short slot on an 'RTT or Elective Care Overview' session.

iv) 1-1 Support

Some staff may require intense 1-1 support with training sessions tailored specifically to their needs eg PAS related training in conjunction with RTT awareness.

f) Competency Tests

To provide assurance to the Trust that staff are proficient and confident in the application of elective care rules and standards, competency testing should be an integral feature of the training strategy. A standard pass rate should be set for all modules and escalation triggers should be in place for trainees to undergo retraining as necessary.

g) Compliance Monitoring

As well as competency testing, staff performance should be measured and monitored via a series of key performance indicators. Performance against these measures should be discussed with each staff member at least annually through their appraisal. Poor performance should be identified and discussed more frequently, as deemed appropriate by line managers.

h) Trust Wide Collaboration

When developing and implementing the strategy, the establishment of links and integration with other Trust wide departments is an important part of its success. Examples of this are:

- i) Service managers within directorates to release staff for training and incorporate performance within appraisals
- ii) Clinical leads to endorse the strategy and ensure clinical adherence
- iii) ICT departments to support with the development of online tools
- iv) IT training teams to be involved so that contextual and technical can be aligned and compliment each other. The contextual training will not replace technical system training but the two should link in terms of updates and developments. There should be a cohesive approach with staff undergoing contextual training prior to attending technical training
- v) Links should be established with both HR and Medical Staffing for the elective care team to be notified of any new starters and junior doctors, to ensure they receive appropriate training in a timely way
- vi) Information leads can support the elective care experts with the development of some training modules, in particular information reporting & monitoring as well as reviewing data quality metrics.
- vii) Communication leads should be involved in order to help publicise the strategy both internally and externally.

2.3 Frequency of Training

It is suggested that staff undergo refresher training on an annual basis.

2.4 Implementing the Strategy

a) Developing Training Modules & Competency Tests

The suggested approach when developing contextual training modules and competency tests is to split the modules into a chronological order along the elective care pathway, eg Referral Management, Clinic Management,

Appointment Management etc. An example of this is shown in the suggested training matrix on page 8 as Appendix One. Modules generic to the whole patient pathway would comprise areas such as RTT Overview, RTT Basics, Validation, Prospective Tracking and Information Reporting & Monitoring.

b) Maintenance of Training Modules

Module content should be reviewed annually, in line with the Access Policy review or earlier if changes occur as service developments are implemented and standard operating procedures changed.

3. Revisions Process

Feedback in relation to the document can be provided to the IST by email on, nhsimas.ist@nhs.net

APPENDIX 1: Sample Training Matrix

Pink shading indicates suggested modules each staff group should undergo

Module	Consultants	Junior Doctors	Operational Managers	Booking Centre Staff	Clinic Preparation Staff	Outpatient Nursing Staff	Clinic Receptionists	Diagnostics Staff	Pre Operative Assessment Nursing Staff	Medical Secretaries	Admitted Waiting List Staff	Admitted Booking / Scheduling Staff	Ward Clerks	Information Staff	IT Trainers
RTT Overview															
RTT Basics															
Referral Management															
Clinic Management															
Appointment Management															
Diagnostics															
Pre operative assessment															
Admitted Waiting List Management															
Admissions															
Information Reporting & Monitoring															
Prospective Tracking															
Validation															

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