Developing and implementing an elective care training strategy

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1. Introduction and context

Purpose of this guide

The NHS moved from stage-of-treatment to national referral-to-treatment (RTT) standards in 2008. However, the Elective Care Intensive Support Team (IST) has found that knowledge of national rules and standards is often inadequate to ensure appropriate conversations with patients about waiting times or raise concerns about data quality. The primary responsibility for good quality data starts with the chief executive, and providing the necessary assurance requires an RTT training programme for all staff linked to data quality and communications.

Training programmes for all staff, including clinicians, promote a general understanding of the RTT rules and their value in both administrative and clinical settings. This guide provides a framework for providers\(^1\) implementing a contextual elective care training strategy comprising training, awareness, engagement, competency and compliance.

Intended audience

The guide is for senior managers responsible for elective care improvement, performance management and/or operational functions.

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 understanding and applying the national elective care agenda, standards, rules and guidance. An effective strategy describes:

- 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
- an outline of modules and delivery methods
- the training function’s scope, including development and delivery of training, plus provision of centralised expertise for processing RTT queries

\(^1\) The term ‘provider’ in this guide refers to both NHS trusts and NHS foundation trusts.
timescales
assessment of success
appropriate finances: the cost of training, providing the materials, assessing the staff and the financial consequences of not meeting the standards.

Key governance arrangements

Executive sponsorship or leadership, as well as clinical endorsement and engagement, will be critical to the strategy’s success. It is important that the strategy describes the governance arrangements for reporting and escalation.

When setting up the training workstream, a working group should steer and co-ordinate the strategy’s implementation. Membership should comprise:

- executive sponsor (chair)
- provider 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).

Benefits of implementing an elective care training strategy

Patients:

- minimises clinical risk (eg if a patient has a clock stopped in error, there is potential for them to be ‘lost’ or ‘missed’ to follow-up)
- improved contextual understanding leads to accurate, real-time application of the treatment status
- enhanced patient experience from improved advice or guidance when contacting the provider.
Staff:

- enhanced job satisfaction and morale due to consistent training packages tailored to their role.
- increased confidence in applying RTT rules after attaining competencies
- improved assurance from implementing a designated contact point for queries
- a means for staff to understand context as well as to gaining technical expertise in applying and recording elective care data.

Providers and the wider health economy:

- provides data quality assurance for elective waiting time.
- outlines how the provider checks that staff are competent and compliant in applying elective care standards and rules
- proactive management of elective patients focusing on prospective tracking as opposed to correction and validation reduces the need for resource dependent and costly validation processes
- reduced risk of financial penalties where patients have waited needlessly along their pathway
- potentially improved staff retention due to increased knowledge, expertise and confidence.

Revisions and feedback

Email feedback on this document to IST: nhsimas.ist@nhs.net
2. Developing and implementing the strategy

Training needs analysis

The first step is to undertake the training needs analysis. We suggest approaching this by job role or function. We recommend that every staff member, regardless of their role, needs to be aware of the RTT standards and the relationship with care pathways. 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 in Appendix 1, shows which staff groups may require each module. It will be necessary to liaise with human resources (HR) for this information. It will also be necessary to understand the provider organisational structure in depth.

Key features of the strategy

Compulsory

We advise that because of its high profile, contextual elective care training should be regarded as an essential training programme.
Induction and appraisals

Elective care training should be part of a wider induction programme for all new starters. Processes should therefore be established between the line manager, HR and 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 included in staff appraisals.

Based on the access policy and standard operating procedures

Before starting to develop training modules and competency tests, it is necessary to ensure the provider has an up-to-date access policy developed with and approved by the local health community and patient representatives. This, together with supporting standard operating procedures, should form the basis of all training modules.

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 providers already have a corporate patient access function with a remit to oversee elective access performance, improvement and validation. Trainers should be a core team of elective access experts based within each specialty or function, with a percentage of their role allocated for elective access training and support.

Training methods

Use a variety of training methods, including online training, classroom-based learning, video and one-to-one sessions. Given the volume of staff to be trained, the principal, most efficient training method should be online.

Online and video

This approach would be similar to other online training programmes (eg information governance) where the trainee is taught via a series of screens/videos and exercises. At the end, trainees are taken through an assessment and awarded a score.

Specialty-specific awareness session

Clinicians may benefit from direct interaction with elective care experts to review, for example, the clinic outcome form and its importance in meeting RTT standards.
Bringing together clinicians in each specialty provides a forum to discuss and agree the most common pathways, and improves understanding of the benefits for patients of completing the forms.

**Face-to-face group-based training**

This could take the form of traditional classroom-based training. For example, if common themes emerge from frequent errors in online assessments, such as applying pauses, it may be beneficial to hold targeted classroom sessions for more immediate interaction.

Another example of training or raising awareness among a larger audience is provider induction, which could include a short ‘RTT or elective care overview’ session.

**One-to-one support**

Some staff may require intense one-to-one support with sessions tailored specifically to their needs, eg training related to the patient administration system in conjunction with RTT awareness.

**Competency tests**

To provide assurance to the provider that staff are proficient and confident in applying elective care rules and standards, competency testing should be integral to 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.

**Compliance monitoring**

Staff performance should also be measured and monitored through 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 line managers deem appropriate.

**Provider-wide collaboration**

When developing and implementing the strategy, linking and integrating with other provider-wide departments will be important to its success. Examples are:
• service managers in directorates releasing staff for training and including performance in appraisals
• clinical leads endorsing the strategy and ensuring clinical adherence
• ICT departments offering support by developing online tools
• IT training teams aligning contextual and technical training so they complement each other (contextual training will not replace technical system training but the two should link in terms of updates and developments; for a cohesive approach, staff should get contextual training before attending technical training)
• linking with HR and medical staffing to notify the elective care team of new starters and junior doctors, to ensure they receive timely and appropriate training
• information leads supporting elective care experts by developing training modules, particularly on information reporting and monitoring as well as reviewing data quality metrics
• communication leads helping to publicise the strategy internally and externally.

**Frequency of training**

We suggest that staff undergo annual refresher training.

**Implementing the strategy**

**Developing training modules and competency tests**

When developing contextual training modules and competency tests, we suggest splitting the modules in chronological order along the elective care pathway, eg referral management, clinic management, appointment management, etc (see the example training matrix in Appendix 1). Modules generic to the whole patient pathway would comprise areas such as RTT overview, RTT basics, validation, prospective tracking and information reporting and monitoring.

**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.
Appendix 1: Sample training matrix

Pink shading indicates suggested modules each staff group should undergo

<table>
<thead>
<tr>
<th>Module</th>
<th>Consultants</th>
<th>Junior Doctors</th>
<th>Operational Managers</th>
<th>Booking Centre Staff</th>
<th>Clinic Preparation Staff</th>
<th>Outpatient Nursing Staff</th>
<th>Clinic Receptionists</th>
<th>Diagnostics Staff</th>
<th>Pre operative Assessment Nursing Staff</th>
<th>Medical Secretaries</th>
<th>Admitted Waiting List Staff</th>
<th>Admitted Booking / Scheduling Staff</th>
<th>Ward Clerks</th>
<th>Information Staff</th>
<th>IT Trainers</th>
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