Developing and implementing a referral-to-treatment time training strategy: summary

May 2017
Contents

- Why is a referral to treatment (RTT) training strategy important?
- What should you include in the training strategy?
- How can you measure effectiveness and compliance?
- What are the critical success factors?
Many trusts have identified gaps in staff knowledge and understanding of RTT rules.

This has led to incorrect application of the rules.

Resulting in delays to patient treatment and often significant retrospective validation ‘industries’.

Why is a training strategy important?
Benefits of a training strategy

- Formally sets out the provider’s vision for RTT training and how it will be implemented
- Clarifies roles and responsibilities for RTT training
- Ensures consistent messages and training content
- Sets out how the training’s effectiveness will be measured
- Minimises clinical risk
- Reduces the need for costly validation industries
- Reduces risk of financial penalties
Operational prerequisites

Access policy updated and signed off by all stakeholders

Standard operating procedures (SOPs) updated, standardised in format and signed off

SOPs aligned to the access policy
What to include

- Introduction and context
- Scope and strategic vision
- Resource requirements
- Implementation plan and timescales
- Business as usual support
- How effectiveness and compliance will be measured
Introduction and context

The purpose of the strategy – for example, to ensure that staff are fully informed about national elective care standards and competent in applying RTT rules when managing patients along elective care pathways

• Suggested areas to include:
  • policy statement for RTT rules training
  • summary of national RTT standards
  • known issues with staff awareness, knowledge or competency leading to non-delivery of the standards
  • known issues with data quality and validation
  • current approach to staff training
  • acknowledgement of the need for both technical and contextual training
# Suggested areas to include:

- The training strategy scope and who it will apply to – be specific about clinical and non-clinical staff
- The nature of the training: will it be mandatory for all staff? Expectations about releasing staff to undertake training
- Different levels of training, ranging from general awareness to ‘super user’/expert. Be specific about the learning outcomes required for each level
- Training needs analysis based on staff roles and responsibilities: what they need to be able to understand and do (training matrix). Include the number of staff in each group who require training
- Your approach for existing staff and for new starters
- Based on access policy and SOPs
- How you will assess competency
- Training methods to be used: eg face-to-face ‘classroom’, web-based, scenario sessions
- Who will deliver the training, both technical (PAS system), for example IT, and contextual, for example centralised RTT expert team
- Links to staff development and appraisal, including how lack of competence will be managed
Training matrix example

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<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 Staff</th>
<th>Medical Secretaries</th>
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<th>Admitted Booking &amp; Scheduling Staff</th>
<th>Ward Clerks</th>
<th>Information Staff</th>
<th>IT Trainers</th>
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Resource requirements

1. Resources currently available
2. Additional resource requirements
3. Level of expertise currently available
4. Level of expertise required
5. How any gaps will be closed
Implementation plan and timescales

- Frequency of training and updates for existing staff
- The approach for new starters
- The approach to training medical and other clinical staff
- Sequencing of training – who will be trained first, second, and so on, linked to the training needs analysis
- Record-keeping - training completed and monitoring of individual competence
- Mechanism for feedback or escalation of issues
- Arrangements for reviewing and updating training materials
Arrangements for following up training in the business-as-usual environment

Support for end users, eg generic email for queries, contacts for resolving issues in real time

The role of the ‘super user’/departmental expert: who are they and what is their function?

The role of the central provider RTT team

Trust intranet information and signposting – how to access it, who updates it and when
Measuring effectiveness and compliance
Critical success factors

- Executive sponsorship and leadership
- Clinical leadership and engagement
- Provider-wide ownership and collaboration including:
  - ICT technical PAS system training
  - Human resources
  - Patient Advice and Liaison Service (PALS)
  - Communications team