

**To:** CCG Accountable Officers  
CCG Clinical Leaders  
Chief Executives of NHS Providers

NHS England Publications Gateway Reference: 03615

24<sup>th</sup> June 2015

Dear Colleague

### **Changes to the Referral to Treatment (RTT) operational standards and reporting arrangements**

Simon Stevens wrote on 4 June 2015 to let you know that he had accepted Sir Bruce Keogh's recommendations on improvements to current waiting time standards and reporting arrangements. This letter sets out the operational arrangements required to enact these changes.

#### RTT

The admitted and non-admitted operational standards are being abolished, and the incomplete standard will become our sole measure of patients' constitutional right to start treatment within 18 weeks.

This means that from the date of this letter (24<sup>th</sup> June 2015), no provider or commissioner will receive any form of sanction, whether in the form of regulator investigation/intervention or the levying of financial sanctions, for failing the admitted or non-admitted standards.

Over the course of the year the Department of Health, NHS England, Monitor and the NHS Trust Development Authority will formalise these changes through alterations to the Standing Rules Regulations, the NHS Standard Contract, the CCG Assurance Framework, the Risk Assessment Framework and the Accountability Framework respectively.

#### Contracts and sanctions

Commissioners should not levy any financial sanctions associated with the admitted and non-admitted standards with effect from 1st April 2015. Where sanctions have already been applied in respect of these two standards in the 2015/16 financial year, commissioners should make arrangements to repay the funding withheld to the relevant providers.

NHS England will shortly consult on a National Variation to make in-year changes to the 2015/16 Contract to formally remove the financial sanctions for the two completed pathway standards. This will also propose increasing the value of the sanction which applies where providers are unable to achieve the incomplete pathway standard, in line with our commitment to the incomplete standard as the single new measure of RTT performance. We intend that the National Variation will be implemented by 1st October 2015. This means that providers have three months to improve their incomplete performance before contract sanctions increase.

As the completed pathway standards are set out specifically in the Standing Rules Regulations, removal of the standards themselves from the Contract will only follow once revised regulations have been passed by Parliament and the standards removed from the Standing Rules Regulations.

The Department of Health is currently preparing to put forward the necessary proposals to remove the admitted and non-admitted standards from the Standing Rules Regulations. Subject to Parliamentary approval, this should be completed by 1 October 2015 and removal of the standards themselves from the NHS Standard Contract will then be taken forward, probably as part of the process of updating the Contract for 2016/17.

Patients' legal right to start non-emergency consultant-led treatment within 18 weeks of referral is unchanged.

At this stage, no changes must be made to Schedule 4A (Operating Standards) in local commissioning contracts (whether signed or unsigned at the date of this letter). Contracts as yet unsigned should be finalised on the basis of the published 2015/16 NHS Standard Contract and signed as soon as possible. NHS England will in due course provide guidance on the implementation of any National Variation. Until the National Variation is put in place, however, we do not expect CCGs to enact contractual sanctions for underperformance against the admitted and non-admitted operational standards.

Commissioners must of course continue to apply contractual sanctions where providers fail to achieve the RTT incomplete pathway standard or the other operational standards and national quality requirements set out in Schedules 4A and 4B of the Contract.

NHS England will also consider whether further changes need to be made to the CCG Quality Premium scheme as a consequence of these changes to RTT standards.

### Regulation

Monitor and TDA will be reflecting these changes in their approach to the regulation and oversight of Foundation Trusts and NHS Trusts respectively. Monitor will set out details of the changes required to the Risk Assessment Framework (RAF) when it publishes the outcome of the current consultation on the RAF in early July. Similarly TDA will update the Accountability Framework for NHS Trusts.

### Data reporting and publication

Until notified, commissioners and providers should continue to submit all four existing monthly RTT collections. To maintain transparency and safeguard against these changes having unintended consequences, there will be some minor amendments to the monthly RTT collections in due course to remove the adjusted admitted part of the collection and to add some items (number of clock starts, decisions to admit and validation removals) to understand better the waiting list dynamic. Notification will be given as to when these changes will occur.

The collection of information on admitted (unadjusted) and non-admitted pathways will continue alongside the information on incomplete pathways.

The NHS needs this information to ensure that patients are treated fairly and do not have to wait longer than necessary for treatment. CCGs need to ensure the data being reported is a

true and honest reflection of waiting times and highlight where action is needed to reduce inappropriately long waits. In the interests of transparency and fairness, local access policies should accord with the RTT Rules Suite, and be published on provider websites.

Starting with the publication of June data in August, the following statistics will be published monthly on the same date by NHS England: RTT, Cancer, Diagnostics, A&E, Ambulance, NHS 111 and Delayed Transfers of Care.

#### Changes to cancer and A&E collection

Weekly collection and publication of A&E data will stop from 1st July. NHS England will consult with users shortly on how best to implement these changes. Further detail will be available via Unify2 in due course.

Providers will be required to submit Cancer data for the month of June and Quarter 1 2015/16 by 17.00 on Tuesday 4th August to the Open Exeter Cancer Waiting Times system (this deadline is as currently advertised). The reports generated from these submissions will be used to produce the publication for June data and Q1 data.

#### Non-reporting

We will also be developing a much more stringent approach to non-reporting of mandatory data, particularly for providers about to undergo Patient Administration System (PAS) upgrades. This is to ensure that ceasing reporting only happens in the most exceptional circumstances and that there is a clear and transparent process to re-commence reporting as quickly as possible.

#### Summary

We understand that both commissioners and providers are currently under significant pressures. It is our intention that the simplification of RTT standards and reporting requirements will support you in focusing on what really matters in what we all recognise will be a challenging year.

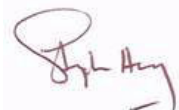
Yours sincerely,



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NHS England



**Lyn Simpson**  
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Authority



**Stephen Hay**  
Monitor