Cancer: Functional process flow for the sign-off and submission of quarterly waiting times data (Draft 3) R Hamill, 20/08/2007

(Appendix 2)

Clinical Effectiveness

Cancer Audit Coordinators collect data as per established processes and in adherence with national (ISD & SEHD) data definitions

During the first week of each month, the audit data for the full month that precedes it by two months (~60 days) is completed (e.g. in April, the audit for cases diagnosed in January would be completed).

*NOTE: cases are within a given reporting period if their **date of diagnosis** falls within that period.*

The subset of audit data that is relevant for waiting times calculations is examined.
Cases are categorised using the following schematic.

Has the first treatment occurred?

NO → Defined as **A) Breacher - waiting times open.**

YES → Was treatment within 62 days **of referral**?

NO → Defined as **B) Breacher - awaiting review.**

YES → Defined as **C) Non-breacher - waiting times closed.**

A full spreadsheet listing of all cases (categorised as indicated above) included in the audit for the month in question is forwarded to the next step in the process.

Casenotes for cases classified as **B)** are also provided for the consultant in charge of each case, and thereafter the Performance Review Group, to facilitate detailed review of these cases.

Specialty Service Manager

The General, Cancer, and Specialty Service Managers receive the full spreadsheet listing of cases.

Trackers for relevant cancer type check full listing. Discrepancies re: case ascertainment discussed directly with Cancer Audit staff

For cases classified as **C)**, no further action necessary. Data stored for future submission.

For cases classified as **A),** Trackers liaise with service as per current arrangements to expedite treatment

When the Trackers note that the first treatment has occurred for these cases, they inform the relevant Cancer Audit staff, allowing the audit to be completed.

These cases will subsequently be re-classified as **B) Breacher - awaiting review**, and included in the next month's sign-off process for detailed review.

Consultant in charge of the case / Performance Review Group

All cases classified in the monthly process as **B) Breacher - awaiting review** will be reviewed by the consultant who was in charge of the case. Any changes to the data will be recorded by the relevant Cancer Audit Coordinator and cases will be re-classified if necessary.

Cases that, after consultant review, still breach the 62 day target will be passed to the Performance Review Group (Lead Clinician, Service Manager, Cancer Audit Coordinator, Cancer Services Manager), for further detailed review.
Cases are categorised using the following schematic.

Does the Group agree with the data as presented?

YES → **Signed off by the Lead Clinician.** Defined as **D) Breacher - waiting times closed.**

NO → Can the Group agree on changes to data / categorisations?

YES → **Signed off by the Lead Clinician.** Defined as either **C)** or **D)** as appropriate.

Cancer Audit Coordinator makes agreed changes to the audit database, noting original data, and Group's reasons for changes in fact or interpretation.

NO → Defined as **E) Breacher - for GM Review.**

Full details of all reviewed cases are passed to the relevant General Manager for their review / sign-off. The General Manager will arbitrate on those cases categorised as **E) Breacher - for GM Review.** Casenotes for such cases will also be passed to the relevant GM at this time.

NOTE: The monthly review of cases, as proposed, should greatly reduce the pressure on Lead Clinicians and other reviewers. The existing arrangements involve reviewing all necessary cases in a two-week period immediately prior to the quarterly submission.

Divisional GM (JH, DH, MM)

Cases classified by the Performance Review Group in the monthly process as **E) Breacher - for GM Review** will be reviewed in-depth by the relevant GM, and discussed with the appropriate Lead Clinician.

Cases that have been reviewed by the GM will be defined as either **C)** or **D)** as appropriate, and **signed off by the GM and Lead Clinician.**

Cancer Audit Coordinator makes agreed changes to the audit database, noting original data, and the GM's reasons for changes in fact or interpretation.

Cases already signed off by the Lead Clinician (as part of the Performance Review Group's review of cases) will also be **signed off by the GM.**

Dir Acute Services / NHSL Med Dir

All cases that were originally classified within the monthly process as **B) Breacher - awaiting review**, all of which will now have been re-classified as **EITHER**:

C) Non-breacher - waiting times closed

OR

D) Breacher - waiting times closed

will be **reviewed and signed off by the Director of Acute Services / NHSL Medical Director.**

The Director of Acute Services will **sign off the final quarterly waiting times submission.**

The Department of Clinical Effectiveness submits the quarterly waiting times data to ISD.