Requirements specification and Implementation Guidance: Monthly aggregate data collection to monitor consultant led referral to treatment (RTT) waiting times

DCB0095 Amd 2/2020

Contents

1. DCB statement of assurance and publication

Data Coordination Board

This information standard (DCB2007) has been approved for publication by the Department of Health and Social Care under section 250 of the Health and Social Care Act 2012.

Assurance that this information standard meets the requirements of the Act and is appropriate for the use specified in the specification document has been provided by the Data Standards Assurance Service (DSAS) and approved by the Data Coordination Board (DCB).

This information standard comprises the following documents:

- Requirements Specification and Implementation Guidance

An Information Standards Notice (DCB0095 Amd 2/2020) has been issued as a notification of use and implementation timescales. Please read this alongside the documents for the standard.

The controlled copies of these documents can be found on the NHS Digital website. Any copies held outside of that area, in whatever format (e.g. paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

Date of publication: 11 March 2021

2. Glossary

Admission

The act of admitting a patient for a day case or inpatient procedure.

Admitted pathway

A pathway that ends in a clock stop for admission (day case or inpatient).

Aggregate data collection

A set of data items (i.e. a data set) that captures data in aggregate form. Each record within the data set relates to a specific form of grouping (e.g. commissioner, provider, treatment function). This data is not personal identifiable.

Consultant

A person contracted by a healthcare provider who has been appointed by a consultant appointment committee. He or she must be a member of a Royal College or Faculty. Consultant-led waiting times exclude non-medical scientists of equivalent standing (to a consultant) within diagnostic departments.

Consultant-led

A consultant retains overall clinical responsibility for the service, team or treatment. The consultant will not necessarily be physically present for each patient's appointment, but he/she takes overall clinical responsibility for patient care.

Decision to admit

Where a clinical decision is taken to admit the patient for either day case or inpatient treatment.

Interface service

All arrangements that incorporate any intermediary levels of clinical triage, assessment and treatment between traditional primary and secondary care.

Consultant-led referral to treatment relates to hospital/consultant-led care. Therefore, the definition of the term ‘interface service’ for the purpose of consultant-led waiting times does not apply to similar ‘interface’ arrangements established to deliver traditionally primary care or community provided services, outside of their traditional (practice or community based) setting.

The definition of the term does not also apply to:

- non consultant-led mental health services run by mental health trusts.
- referrals to ‘practitioners with a special interest’ for triage, assessment and possible treatment, except where they are working as part of a wider interface service type arrangements as described above.

Non-admitted pathway

A pathway that results in a clock stop for treatment that does not require an admission or for ‘non-treatment’.

Referral to treatment (RTT) period

An RTT period is the time between a person’s referral to a consultant-led service, which initiates a clock start, and the point at which the clock stops for any of the reasons set out in the RTT national clock rules[1], for example the start of first definitive treatment or a decision that treatment is not appropriate.

[1] https://www.gov.uk/government/publications/right-to-start-consultant-led-treatment-within-18-weeks

3. Related/supporting information

3.1 Related documents

The following documents are available at https://digital.nhs.uk/isce/publication/dcb0095

Document/product	Description
Information Standards Notice	Notification of publication of a new or amended standard.
Reporting template	Template showing the structure of the data collection
CSV import template	Template that allows for CSV import of the data into the spreadsheet-based form for data submission

3.2 Supporting documents

The Department of Health and Social Care publishes the RTT Rules Suite which sets out the rules and definitions for referral to treatment consultant-led waiting times:

https://www.gov.uk/government/publications/right-to-start-consultant-led-treatment-within-18-weeks

NHS England and NHS Improvement publishes the RTT Recording and Reporting Guidance (and supporting Frequently Asked Questions document) which supports the RTT Rules Suite by providing further guidance on recording and reporting RTT waiting times:

https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-guidance/

As well as submitting the monthly aggregate RTT data return, organisations are also mandated to submit RTT data via national standard Commissioning Data Sets (CDS) submitted through the Secondary Uses Service (SUS).

Commissioning Data Sets (CDS) are maintained and developed by NHS Digital. The CDS records reflect individual patient interactions, for example, individual appointments or consultant episodes. SUS constructs RTT pathways information by linking CDS records for individual patients, identifying the types of events represented by each record, grouping events into RTT pathways and calculating the duration of the pathway. NHS England and NHS Improvement is committed to moving over to the use of SUS for RTT waiting times measurement and is working with the NHS Digital to ensure that SUS RTT reporting meets the standard required to allow this change to be made.

The following documents relate to the mandation of RTT data items in the Commissioning Data Sets, and are available at https://digital.nhs.uk/isce/publication/dcb0095.

Reference	Title
DSCN 44/2007	Data Standards; Inter-Provider Transfer Administrative Minimum Dataset
DSCN 07/2008	Data Standards: Inter-Provider Transfer Administrative Minimum Data Set (IPTAMDS)
DSCN 16/2009	Commissioning Data Sets: Mandation of 18 Week Referral To Treatment Data Items

4. Definition

The monthly aggregate RTT waiting times data collection has been in existence since January 2007, when it was set up to support monitoring of Department of Health Public Service Agreement target 13 – “By 2008, no one will have to wait longer than 18 weeks from GP referral to hospital treatment…”. The collection was originally introduced in DSCN 17/2006 Version 2.0 issued in September 2006, available at: https://digital.nhs.uk/isce/publication/dcb0095.

This standard supersedes DSCN 17/2006 and outlines the requirements for the monthly aggregate RTT data collection from April 2021 data onwards.

The aggregate monthly data is submitted by providers of consultant-led NHS services via the Strategic Data Collection Service (SDCS) online data collections tool and published on the NHS England website at: http://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/.

In England, under the NHS Constitution, patients have the right to access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer a range of suitable alternative providers if this is not possible’[2]. The aggregate monthly data is collected and published to monitor waiting times performance against the standards set out in the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012[3].

[2] As stated in the Handbook to the NHS Constitution: https://www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england

[3] As amended by the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) (Amendment) (No.2) Regulations 2015 (https://www.legislation.gov.uk/uksi/2015/1430/regulation/2/made).

5. Scope

Any organisation that provides NHS consultant-led non-emergency services commissioned by English NHS commissioners, and for those patients for which English commissioners are responsible, should submit a monthly aggregate return to the NHS Digital's online SDCS portal data collection system.

This includes acute trusts, specialist trusts, mental health trusts and any other provider of consultant-led services for NHS patients in England or provider of interface services[4].

[4] An interface service is defined as being any arrangement that incorporates an intermediary level of clinical triage, assessment and treatment in or between traditional primary and secondary care.

6. Background

Waiting times matter to patients. Most patients want to be referred, diagnosed and treated as soon as possible.

The accurate recording and reporting of referral to treatment (RTT) waiting times information is extremely important. Patients can and do use this information to inform their choice of where to be referred and also to understand how long they might expect to wait before starting their treatment.

NHS providers and commissioners also need to use the aggregate monthly data to ensure they are meeting their patients' legal right to start consultant-led non-emergency treatment within a maximum of 18 weeks from referral[5] – and to identify where action is needed to reduce inappropriately long waiting times.

This specification outlines the requirements for the monthly aggregate data collection from April 2021 data onwards.

Other than outlining amendments to the data collection applicable from April 2021[6], none of the information in this specification is new and it does not change when each patient's waiting time start and stop must be recorded and reported.

The fundamental principle is that all decisions about a patient's waiting time should be made with the patient's best clinical interests in mind and in accordance with national legally binding RTT Rules[7]. NHS providers and commissioners are responsible for ensuring that both their local access policies and their standard operating procedures are in line with this guidance and the national RTT Rules[8]. This will ensure NHS staff record and report patients' waiting times correctly.

Publication of local access policies will also ensure patients and relatives understand their waiting time rights and responsibilities – and what to do if they have waited too long.

[5] As stated in the NHS Constitution: https://www.gov.uk/government/publications/the-nhs-constitution-for-england
[6] See Changes to existing data collection template – from April 2021 section for more detail
[7] http://www.legislation.gov.uk/uksi/2012/2996/pdfs/uksi_20122996_en.pdf
[8] https://www.gov.uk/government/publications/right-to-start-consultant-led-treatment-within-18-weeks

7. Format of the data collection

7.1 Structure of the data collection

The national monthly aggregate RTT data collection looks at RTT waiting times in weeks, split by treatment function.

Returns are submitted by providers, split by commissioner.

The RTT data collection template is in three sections[9]:

Part 1a - Completed pathways – admitted patients

RTT waited times for patients whose RTT clock stopped during the month with an inpatient or day case admission.

Part 1b - Completed pathways – non-admitted patients

RTT waited times for patients whose RTT clock stopped during the month for reasons other than an inpatient or day case admission.

Part 2 - Incomplete pathways

RTT waiting times so far for patients whose RTT clock is still running at the end of the reporting month. This is a 'snapshot' on the last day of the reporting period.

Part 2a – Incomplete pathways – patients with a decision to admit for treatment

RTT waiting times so far for patients whose RTT clock is still running at the end of the reporting month for whom a decision to admit has been made.

Part 3 – New RTT periods – all patients

[9] The submission of adjusted monthly RTT data, in addition to unadjusted data, was required for March 2008 to September 2015. From October 2015 data (submitted in November 2015), the adjusted RTT data collection return is no longer required.

Number of new RTT periods during the month.

Waited and waiting times must be recorded in line with rules and definitions that are outlined in the RTT Rules Suite, published by the Department of Health and Social Care:

https://www.gov.uk/government/publications/right-to-start-consultant-led-treatment-within-18-weeks

NHS England and NHS Improvement also publishes the RTT Recording and Reporting Guidance (and supporting Frequently Asked Questions document) which supports the RTT Rules Suite by providing further guidance on recording and reporting RTT waiting times:

https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-guidance/

7.2 Reporting RTT data by treatment function

When completing the spreadsheet form, data should be submitted for the treatment functions listed below:

100 General Surgery Service
101 Urology Service
110 Trauma and Orthopaedics Service
120 Ear Nose and Throat Service
130 Ophthalmology Service
140 Oral Surgery Service
150 Neurosurgery Service
160 Plastic Surgery Service
170 Cardiothoracic Surgery Service
300 General Internal Medicine Service
301 Gastroenterology Service
320 Cardiology Service
330 Dermatology Service
340 Respiratory Medicine Service
400 Neurology Service
410 Rheumatology Service

430 Elderly Medicine Service
502 Gynaecology Service
X02 Other – Medical Services (All other TREATMENT FUNCTIONS in the Medical Services group not reported individually)
X03 Other – Mental Health Services (All other TREATMENT FUNCTIONS in the Mental Health group not reported individually)
X04 Other – Paediatric Services (All other TREATMENT FUNCTIONS in the Paediatric group not reported individually)
X05 Other – Surgical Services (All other TREATMENT FUNCTIONS in the Surgical group not reported individually)
X06 Other – Other Services (All other TREATMENT FUNCTIONS in the Other group not reported individually)

For more information on Treatment Function Code definitions, please refer to the NHS Digital web resource here:

https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb0028-treatment-function-and-main-specialty-standard

The 18 treatment functions listed out separately on the spreadsheet form were chosen as they were high volume areas with a large volume of RTT pathways. The form was amended from April 2021 to split the 'Other' category into five subgroups:

- Other – Medical Services
- Other – Mental Health Services
- Other – Paediatric Services
- Other – Surgical Services
- Other – Other Services

Data for any other treatment functions not separately reported should be aggregated and reported in these 'other' treatment function subcategories, depending on which treatment function group they fall under. NHS Digital's

Treatment Function and Main Specialty Standard Code List Specification (accessed here: https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/standards-and-collections/dcb0028-treatment-function-and-main-specialty-standard) provides details of the treatment function group for all treatment function codes.

For example, General Medicine (300) should include data relating to 300 only and exclude any sub-specialties, for example 306, 307, 308 and 309. These sub-specialties are all within the Medical Services group and should therefore be included in the 'Other – Medical Services' line on the data collection spreadsheet form.

The only exceptions to this rule are:

- Cardiothoracic surgery, which can be either specialty 170 (cardiothoracic) or an aggregation of 172 (cardiac) and 173 (thoracic);
- Spinal Surgery Service (108), Orthopaedic Service (111) and Trauma Surgery Service (115) should be included in Trauma and Orthopaedics (110);
- Oral and Maxillofacial Surgery (145) and Maxillofacial Surgery (144) should be included in Oral Surgery (140).

7.3 Measuring the length of RTT pathways

Data should be allocated to the following time bands: 0-1 weeks, >1-2 weeks, >2-3 weeks, then for all weekly time bands through to >103-104 weeks, >104 weeks.

Waits should be allocated to the weekly time bands as follows:

- 0 to 1 weeks includes patients waiting/having waited 0, 1, 2, 3, 4, 5, 6 and 7 days
- 1 to 2 weeks includes patients waiting/having waited 8, 9, 10, 11, 12, 13 and 14 days
- 17 to 18 weeks includes patients waiting/having waited 120, 121, 122, 123, 124, 125 and 126 days

- 52 to 53 weeks includes patients waiting/having 365, 366, 367, 368, 369, 370 and 371 days

- 104+ weeks includes patients waiting/having waited 729 days and more

Note that this means there are eight reporting days in the 0-1 week time band as it includes waits of 0, 1, 2, 3, 4, 5, 6 and 7 days.

A patient who has waited exactly 18 weeks (126 days) is included in the 17-18 weeks time band.

7.4 Unknown clock starts

Providers are responsible for the proper validation of any patient who may have an incomplete RTT pathway.

It is important that clock starts can be accurately identified for all patients on an RTT pathway. However, in the unlikely event that the provider may not be able to accurately identify the RTT clock start date, patients can be reported on the RTT return in the 'unknown clock start' column. It is important that receiving providers ensure that initiating providers supply adequate information when transferring patients via the Inter Provider Transfer Administrative Minimum Data Set (IPTAMDS).

If the validation of pathways establishes that some RTT pathways have already been completed prior to the current reporting period (in other words, the clock stopped in a previous month), these should not be added to the monthly reporting of completed RTT pathways for the current reporting period.

7.5 Assigning commissioner codes

The basic rules for assigning a commissioner code to RTT pathways are as follows:

- where it is known that the commissioner is NHS England, use the relevant commissioner code as outlined in the NHS England Commissioning Responsibilities Matrix (see the latest Commissioner Assignment Method – Supporting Tables Spreadsheet at https://www.england.nhs.uk/data-services/commissioning-flows/);

- use the code NONC for non-English commissioners;
- use a CCG code for everything else:
    - CCG of GP practice if known;
    - then CCG of residence if no GP;
    - then 'host' CCG if no GP or resident postcode.

NHS England and NHS Improvement is aware of the issues around identifying specialist activity, especially for incomplete RTT pathways. Providers should assign pathways/activity as specialised to the best of their knowledge at the time of submission, the same principle that applies to applying pathways/activity to treatment functions.

7.6 NHS England commissioned activity and RTT reporting

Most services provided in the NHS are commissioned by CCGs. However, some services are commissioned by NHS England. Nationally, NHS England commissions specialised services, offender healthcare and some services for members of the armed forces.

Specialised services are those provided in relatively few hospitals, accessed by comparatively small numbers of patients. These services tend to be located in specialised hospital trusts that can recruit a team of staff with the appropriate expertise and enable them to develop their skills.

For guidance on identifying specialised services activity please see the specialised commissioning 'Manual' and 'Identification Rules' published here:

http://www.england.nhs.uk/commissioning/spec-services/key-docs/

RTT measurement applies to consultant-led services commissioned by NHS England in the same way as it applies to CCG-commissioned services. Therefore, patients on an RTT pathway who are waiting for services commissioned by NHS England should be reported on as part of the RTT data collection. RTT pathways

commissioned by NHS England should be submitted against the relevant NHS England commissioning code in the SDCS returns[10]. This will include:

- Patients registered with an English MoD Defence Medical Services (DMS) practice[11] and whose healthcare activity will be paid for via an NHS England commissioner.

- Prison-based patients, who can be identified on the basis of their usual place of residence being a permanent detention centre.

- Specialised health services commissioned by NHS England.

- From April 2013, NHS England has commissioning responsibility for all NHS dental services: primary, community and secondary, including dental out of hours and urgent care. This includes commissioning dental services provided in high street dental practices, community dental services, and dental services at general hospitals and dental hospitals[12].

The commissioning code X24, which was used for all NHS England Commissioned activity until March 2020, began to be phased out from the monthly RTT data return with effect from the April 2020 data return. Between April 2020 and March 2021, providers that were able to submit data under the relevant commissioner code as outlined in the NHS England Commissioning Responsibilities Matrix did so from the April 2020 data return onwards. The X24 code continued to be available until March 2021 for those providers that were not able to make the change at that time because of the need to divert resources to support the response to COVID-19. The X24 code was removed from the return from April 2021 data onwards.

[10] See the latest Commissioner Assignment Method – Supporting Tables Spreadsheet at https://www.england.nhs.uk/data-services/commissioning-flows/)
[11] The NHS Digital Organisation Data Service (ODS) CCG lookup files map GP practice to CCG: https://digital.nhs.uk/services/organisation-data-service/data-downloads/gp-and-gp-practice-related-data. DMS practices have practice codes in the ODS *'epraccur'* GP practice code file that map to the commissioning hub code 13Q..
[12] See http://www.england.nhs.uk/2013/02/13/dental/ for more information.

7.7 Changes to existing data collection template – from April 2021

We are making some changes to the data collection template from April 2021 data onwards. The changes are as follows:

1. Phase out the use of X24 code entirely and move to the more granular NHS England commissioning codes

2. Additional weekly time bands from 52-53 weeks to 104+ added to Parts 1A, 1B, 2 and 2A of the collection

3. Changes to the treatment function categories – to:

   a) reflect 21/22 changes as notified by NHS Digital. The changes fall into two categories:

      (i) update to treatment function names

      (ii) update to the guidance on reporting 'exceptions' in response to the introduction of new treatment function codes. Two new exceptions have been added:

      - Orthopaedic Service (111) and Trauma Surgery Service (115) should be included in Trauma and Orthopaedics (110). Note this is in addition to the existing reporting exception that Spinal Surgery Service (108) should be included in Trauma and Orthopaedics (110).

      - Oral and Maxillofacial Surgery (145) and Maxillofacial Surgery (144) should be included in Oral Surgery (140).

   b) separate the 'Other' category into five groups:

      (i) Other – Surgical Services

      (ii) Other – Paediatric Services

      (iii) Other – Medical Services

      (iv) Other – Mental Health Services

      (v) Other – Other Services

8. Benefits

Waiting times are important to patients and we need to be able to monitor them. This information is used by patients to help inform their decision making and by NHS providers and commissioners to identify where action is needed to reduce inappropriately long waiting times.

The changes to the collection from April 2021 also have benefits.

Phasing out the use of the X24 code will allow users to view RTT data broken down by different service types and regional geographies. This more detailed information will allow the NHS to ensure that patients are treated fairly and do not have to wait longer than necessary for treatment.

Including additional weekly time bands from 52-53 weeks to 104+ will provide more information on very long waiters, whereas these were previously aggregated into an aggregate 52+ week category.

Changes to the treatment function categories are being implemented partially in response broader changes to treatment function codes from April 2021. In addition, separating ‘Other’ into groups will allow us to view more detail on the type of treatment people are waiting for. The Other category has increased from 16.8% of the total waiting list in April 2008 (at the start of the data collection) to 19.3% in August 2020. Part of the reason for this increase is that new treatment function codes have been added to the full list, so more precise coding locally would result in more RTT pathways being recorded in the ‘Other’ category.

9. Requirements by user group

Guidance for data providers and commissioners on submitting and reviewing data is available at:
https://www.england.nhs.uk/statistics/guidance-prov-comms/

The requirements by user group as are follows (see also figure 1):

9.1 Providers

1. Any organisation that provides NHS services that fall within the scope of RTT **MUST** submit waiting times data monthly to NHS England and NHS Improvement through NHS Digital's online SDCS portal.

2. Where NHS care is funded and directly commissioned by a CCG or NHS England, Independent Sector providers **SHOULD** engage in the RTT data collection process by monitoring RTT times for NHS patients being seen/treated at their sites and by submitting this information to SDCS in the same way as NHS provider organisations.

3. Providers **MUST** ensure that any information provided is "submitted completely and accurately" (in accordance with NHS Standard Contract terms)

9.2 Commissioners

4. Commissioners **MUST** review monthly provider data for their commissioned patients to confirm it is accurate, in particular, to check for errors, inconsistencies and missing data. If any issues are identified, the commissioner must work with providers to resolve data quality issues.

5. Commissioners **MUST** ensure that any information provided is "submitted completely and accurately" (in accordance with NHS Standard Contract terms)

9.3 NHS England and NHS Improvement

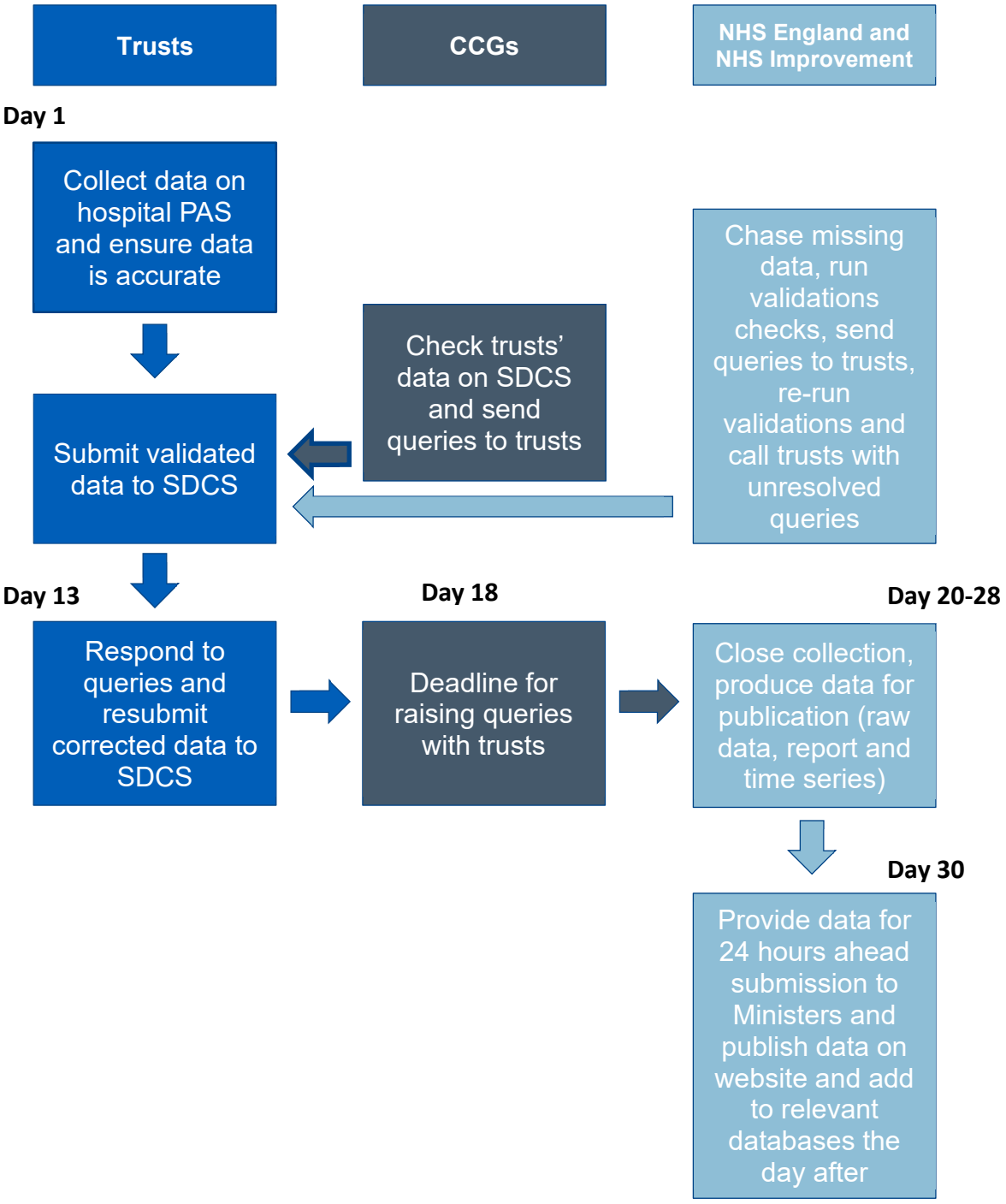
6. NHS England and NHS Improvement **MUST** collect and publish monthly national waiting times data.

7. NHS England and NHS Improvement **SHOULD** carry out validation checks on aggregate waiting times data and work with providers to resolve data quality issues identified at an aggregate level.

8. NHS England and NHS Improvement **SHOULD** publish national guidance on RTT waiting time recording and reporting.

9. NHS England and NHS Improvement **SHOULD** provide ongoing support to trusts on recording waiting times, responding to individual queries.

Figure 1. Monthly RTT data flow diagram



10. Conformance

This section describes the measures that can be used to assess success with implementing the requirements (conformance criteria).

10.1 Providers

1. Any organisation that provides NHS services that fall within the scope of RTT MUST submit waiting times data monthly to NHS England and NHS Improvement through NHS Digital's online SDCS portal.

2. Any organisation that provides NHS services that fall within the scope of RTT MUST submit waiting times data monthly to NHS England and NHS Improvement through NHS Digital's online Strategic Data Collection Service (SDCS) portal

3. Trusts' annual governance statements should explain how the trust assures the quality and accuracy of elective waiting time data, and the risks to the quality and accuracy of this data.

10.2 Commissioners

4. Commissioners have identified data quality issues and worked with providers to resolve them.

5. Commissioners have identified data quality issues and worked with provides to resolve them.

10.3 NHS England and NHS Improvement

6. Monthly consultant-led RTT waiting times data were published as National Statistics on the NHS England website.

7. NHS England and NHS Improvement has identified data quality issues and worked with providers to resolve them.

8. NHS England and NHS Improvement has made national guidance on RTT waiting time recording and reporting available on the NHS England website.

9. NHS England and NHS Improvement should respond to queries submitted to England.RTT@nhs.net in a timely and efficient manner.

11. Guidance by user group: Submitting and reviewing data via SDCS

Provider submission via SDCS

The data is collected online via the SDCS portal. Providers (including acute trusts, specialist trusts, mental health trusts and any other provider of consultant-led services for NHS patients in England, including independent sector providers) download a spreadsheet-based form and enter their data broken down by commissioner. There is functionality in the form which semi-automates this and allows for CSV import of the data. Providers then upload their completed spreadsheet to the SDCS portal.

Commissioner review via SEFT

Once providers begin to submit, daily commissioner-based files are automatically produced from the providers' data and made available to commissioners by NHS Digital through their SEFT (Secure Electronic File Transfer) website. Following the provider deadline commissioners have five days to download and review their data, in particular, to check for errors, inconsistencies and missing data. If any issues are identified, the commissioner should raise these with the relevant providers. Where a data provider resubmits their figures, this will be included in the next daily commissioner file available in SEFT. All changes will need to be completed prior to the commissioner review deadline.

More detailed guidance outlining the process for providers and commissioners is available here: https://www.england.nhs.uk/statistics/guidance-prov-comms/.

Commissioners requiring access to SEFT should contact england.nhsdata@nhs.net.

12. Timescales / Plan

The data collection is ongoing and providers have been submitting data on a monthly basis since January 2007. The timetable for data submission is available at: https://www.england.nhs.uk/statistics/collections-timetable/.

The provider deadline for submission is 13 working days after the final day of the reference period, and the commissioner assurance deadline for sign-off is 18 working days after the end of the reference period.

Data should be submitted in the amended format for April 2021 data onwards. The deadline for providers to submit April 2021 monthly RTT data to SDCS will be Wednesday 20th May 2021.

The data is published by NHS England based on a schedule that is published in advance at: https://www.england.nhs.uk/statistics/12-months-statistics-calendar/. The publication date is usually the second working Thursday of the month.

13. Data quality

13.1 Responsibility for data quality

Organisations should provide as accurate data as possible by the submission deadline.

As with all central returns, provider organisations are responsible for ensuring that the completed pathways they submit are an accurate representation of the waited times of the RTT patients treated during the month and that the incomplete pathways are an accurate representation of the RTT patients still waiting to start treatment at the end of the month at their organisation. Commissioner organisations are responsible for ensuring that the data submitted against them is an accurate representation of the waiting times for the patients they have commissioned services for. If commissioners have concerns about the data they should use the five working days between the provider deadline and the commissioner assurance deadline to query the data with their providers.

13.2 Data validation checks

The data template submitted via SDCS includes validation checks to prevent submission of erroneous figures, such as negative numbers or non-numerical characters.

NHS England and NHS Improvement also run monthly central validation checks on the submitted RTT data (see Annex A for details of the checks). When providers are aware of data quality issues, they should inform the NHS England and NHS Improvement Performance Analysis Team (England.RTT@nhs.net) as part of this validation process. This will ensure that where possible issues are resolved and data quality improved prior to publication, and where the issues require a longer-term solution the data can be improved as part of the six-monthly revisions process.

13.3 Revisions process

If an error is discovered before the submission deadline, providers can simply upload an amended version of their return to SDCS. Uploading an amended return will automatically overwrite the previous return.

If an error is discovered after the provider deadline, providers should email england.rtt@nhs.net with a brief description of the error. If it is on or shortly after the submission deadline, it is likely an extension can be granted in order to correct the data. If it is significantly after the submission deadline, providers should contact england.rtt@nhs.net to discuss options.

NHS England will consider all requests for revisions to published RTT data in line with the Revisions Policy for NHS data collected through SDCS: https://www.england.nhs.uk/statistics/code-compliance/. RTT data revisions are normally published every six months (generally in January and July), alongside the latest release of new monthly data.

13.4 Non-reporting of data by trusts

NHS England published mandatory guidelines setting out the responsibilities of providers of NHS services who want to suspend the reporting of mandatory data, including RTT returns: https://www.england.nhs.uk/statistics/guidance-non-submissions/.

All providers should ensure that appropriate actions are taken to meet all reporting requirements and should have robust governance arrangements and contingency plans in place to support the continuing provision of monthly RTT data returns. However, in exceptional circumstances, where a trust has no confidence in the accuracy of its RTT data, it may be appropriate to suspend reporting.

The decision to suspend the submission of data needs to be a decision taken and owned by the board of a trust. The expectation is that the plan to resolve the problem and oversight of the associated mitigating actions, will be a key issue for the Board to monitor closely until the issues are completely resolved.

The decision by a trust not to submit data returns is a serious one and should not be taken lightly as the likely impact on an organisation can be significant. The NHS trust will be highlighted in any national publications as not being able to submit data.

14. Further information

For queries relating to this Data Standard, please contact England.RTT@nhs.net.

For any technical queries relating to the submission of data via SDCS, please contact data.collections@nhs.net.

Annex A: NHS England and NHS Improvement Data validation checks

The NHS England and NHS Improvement Performance Analysis Team runs monthly validation checks on the RTT data submitted each month to identify noticeable data errors, such as missing data and large volume changes. The checks are run between the provider submission deadline and the close of the collection. The RTT measurement team queries any issues with the data contact at trusts and the issues are often resolved prior to the close of the collection and publication.

The following routine checks are carried out each month:

- No negative or decimal numbers have been submitted
- Providers have submitted data against valid commissioner codes
- Oral surgery pathways have a valid specialised commissioning code
- Missing data – including not submitting all or part of the RTT returns
- Incorrect totals – where the total is a sum over all treatment functions
- If a provider reports completed pathways, they also have incomplete pathways
- Large change in volumes compared to last month – large increase or decrease for trusts with more than a minimum number of pathways
- Return matches the previous month, which indicates that a trust has mistakenly re-submitted the previous month's return instead of the current month
- Larger than expected number of incomplete pathways

- Large changes in 52+ week waiters
- The number of incomplete pathways with a decision to admit is a subset of the total number of incomplete pathways
- The sum of incomplete pathways in first four time-bands (0-4 weeks) is lower than the number of new RTT periods
- Large proportion of short (0 to 1 week) pathways – where trusts provide evidence that they have services that result in higher than usual proportions of short pathways they can be excluded from future checks
- Large proportion of patients with an unknown clock start

The following table provides technical details for each of these checks.

Check	**Details**
Negative or decimal values	Negative and decimal values are not allowed in any numeric field
Invalid commissioner codes	Commissioner codes must be a current CCG code, specialised commissioning code or NONC (non-English commissioner)
Oral surgery coded with invalid commissioner code	Dental services are commissioned by NHS England as specialised commissioning services and all Oral Surgery pathways should be coded with the relevant specialised commissioning code.
Missing data	Not submitted RTT18weeks return (neither Parts 1A, 1B, 2, 2A or 3)
	Non-zero Part 1A (admitted), Part 1B (non-Admitted), Part 2 (incomplete), Part 2A (incomplete with DTA), or Part 3 (new RTT periods) for the previous month, but have returned zero in relevant part this month
	No incomplete/open pathways (data in part 1A or 1B but zeros in Part 2)
Incorrect totals	Incorrect totals in Part 1A (admitted), Part 1B (non-admitted), Part 2 (incomplete), Part 2A (incomplete w/ DTA), or Part 3 (new RTT periods) of RTT18weeks return – this error is usually caused by corrupt templates
Large change in volumes compared to last month	Part 1A (admitted) large difference compared to last month
	Part 1B (non-admitted) large difference compared to last month
	Part 2 (incomplete) large difference compared to last month

	Part 2A (incomplete w/ DTA) large difference compared to last month
	Part 3 (new RTT periods) large difference compared to last month
No change in volumes compared to last month	Part 1A, 1B, 2, 2A or 3 totals are identical to previous month
Large number of incomplete pathways	Part 2 (incomplete) total pathways is unexpectedly large
Large change in volumes of 52+ week waiters compared to last month	Part 2 (incomplete) large difference compared to last month
Large number of incomplete pathways with a decision to admit	Part 2A (incomplete w/ DTA) should be less than or equal to Part 2 (incomplete)
Low number of new RTT periods	Part 3 (New RTT periods) should be greater than or equal to sum of first for time-bands reported in Part 2 (incomplete)
Large proportion of short (0 to 1 week) pathways	Part 1A (admitted) in 0-1 week time band is a large proportion of total Part 1A (admitted) pathways
	Part 1B (non-admitted) in 0-1 week time band is a large proportion of total Part 1B (non-admitted) pathways
Large proportion of patients with an unknown clock starts	Part 1A (admitted) unknown clock starts is a large proportion of total Part 1A (admitted) pathways
	Part 1B (non-admitted) unknown clock starts is a large proportion of total Part 1B (non-admitted) pathways

The NHS England and NHS Improvement Performance Analysis Team also runs validation checks outside of the usual collection and publication timetable. These checks identify issues that are not immediately obvious from raw data (such as unusual waiting list shapes) and often use analysis over a longer period than the monthly validation checks. Examples of additional checks include looking at outliers, unexpected pathway distributions and consistency between completed and incomplete RTT pathways.

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