

Board of Directors

Report

Subject: Access Policy
Date: 20.11.2015
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Executive Summary	
The policy meets all of the needs of national guidance and has been agreed with CCG leads and passed at CCG Boards. The QIP includes implementation of the policy and a programme of training across all staff groups who need to embed the rules to ensure patients are treated in a safe and timely manner.	
Recommendation	
Members are asked to approve the policy for implementation.	
Relevant Strategic Priorities (please mark in bold)	
To consistently deliver a high quality patient experience safely and effectively	To develop extended clinical networks that benefit the patients we serve
To eliminate the variability of access to and outcomes from our acute services	To provide efficient and cost-effective services and deliver better value healthcare
To reduce demand on hospital services and deliver care closer to home	

How has organisational learning been disseminated	Planned programme of training December '15 to February '16
Links to the BAF and Corporate Risk Register	This issue relates to a number of risk register entries
Details of additional risks associated with this paper (<i>may include CQC Essential Standards, NHSLA, NHS Constitution</i>)	CQC Section 29a instructions on implementing an access policy and audit compliance are met.
Links to NHS Constitution	The NHS constitution clearly sets out a series of pledges and rights for what patients can expect from the NHS with regard to choice and waiting.
Financial Implications/Impact	Avoids costly additional working through failure to plan appropriately. Treats patients within target timescales and avoids penalties
Legal Implications/Impact	Avoids CCG financial penalties
Partnership working & Public Engagement Implications/Impact	CCGs have been involved in writing and approving the policy
Committees/groups where this	NA

item has been presented before	
Monitoring and Review	A programme of audit is designed and will report to the Quality sub committee
Is a QIA required/been completed? If yes provide brief details	No