

**Report to Trust Board  
31<sup>st</sup> January 2013**

Title	Transforming our Booking and Scheduling Systems
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Purpose	To receive an update on progress relating to the programme of work to improve the Trust's booking and scheduling systems.
Previously considered by	

**Executive summary**

## 1.0 INTRODUCTION

The Booking and Scheduling Project was established in recognition of the need to deliver major change to our systems and processes for both out patient booking and theatre scheduling.

The overarching goals of the project are to:

- Substantially improve the experience for patients and GPs
- Improve the clinical effectiveness of elective services by ensuring patients get the right appointment within the timescale agreed between the patient and their clinician
- Increase the operational efficiency of outpatient and theatre services
- Support the delivery of the 18 weeks referral to treatment targets
- Improve working conditions for staff

The programme of work to deliver these overarching goals extends over a 12 month period and is due to complete by the end of March 2013.

## 2.0 PROGRAMME OF WORK

To deliver the overarching goals there are a number key strands that make up the programme of work that is overseen by the Booking and Scheduling Project Board:

- Creation of a centralised booking function based at the Royal Shrewsbury site.
- Review of appointment letters sent to patients
- Introduction of an Active Booking list that provides a single patient list for all newly referred patients and those requiring a follow-up appointment.
- Outpatient & clinic room planner to make better use of clinic space
- Revised outpatient clinic outcome form and system to improve recording and data

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quality

- Transforming our use of the Choose & Book system
- Scheduling for inpatient and day case treatments
- Standardising clinic appointment templates, clinic system codes and start and finish times.
- Establishing key performance indicators

### 3.0 CONCLUSIONS

The Booking and Scheduling Project represents a substantial programme of change. Good progress is being made across the range of key tasks. Work completed in the next 3 months will provide the basis for delivering all the goals of project including the need to improve the efficiency and productivity of our scheduled care services.

Related SATH objectives	SATH Sub-objectives
<p><i>A., Financial Strength: We will develop and deliver robust plans that generate surpluses to reinvest in quality</i></p> <p><i>B. Patients, GPs and Commissioners: We will insist that we deliver the best service to our patients, GPs and commissioners</i></p> <p><i>C. Quality and Safety: We will always provide the right care for our patients</i></p> <p><i>D. Learning and Growth: We will develop our internal processes to sustain our ability to change and improve</i></p>	A4, B2, B4, B5, B6, C2, C3, D3, D5, D7, D8

Risk and assurance issues	Failure to improve booking experience for patients, GP and staff. Clinical risks to patients not being seen in the appropriate timeframe.
Equality and diversity issues	
Legal and regulatory issues	Improved compliance to NHS constitution and 18 week RTT national targets

#### Action required by the Trust Board

**To note** the progress made and actions still to be completed to finalise stage one of the programme.

## Transforming our booking and scheduling systems Update to the Trust Board

### 1. BACKGROUND

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The programme of work to deliver these overarching goals extends over a 12 month period and is due to be completed by the end of March 2013.

### 2. PROGRAMME OF WORK

To deliver the overarching goals there are a number key strands that make up the programme of work that is overseen by the Booking and Scheduling Project Board:

#### 2.1 Creation of a centralised booking function based at the Royal Shrewsbury site.

The newly created central function will replace the current 12 booking offices based over the two hospital sites. The purpose of the centralisation is to increase team resilience, deliver working practices that adhere to standard operating procedures and greatly improve customer care. The centre will operate with extended hours (8 am to 8pm & Saturday mornings) using a modern call handling system, whilst also providing clinical speciality specific focus to enhance the support to specialties to deliver waiting time standards.

#### Progress and actions still to be delivered

**Facility** – Building work began in early January and stage one was completed on 24<sup>th</sup> January. Teams have moved into the new facility. Stage two is due for completion on the 4<sup>th</sup> February. The scheme included refurbishing the working environment, office furniture, call handling equipment and IT infrastructure.

**Management of change** – A consultation exercise with existing staff was completed at the end of November 2012 and the new speciality teams have been established with team leaders for each Clinical Centre established.

**Standardised processes and procedures** – A large number of workshops have taken place with staff over the last two months to agree standard processes for the receipt and registration of referrals, review by consultants and then subsequent booking processes.

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The workshops have also covered follow-up booking and scheduling for inpatient and day case treatment. These workshops were completed on the 18<sup>th</sup> December.

**Training** – Training commenced in January in readiness for the new booking centre to be fully operational at the end of January. The programme focussed upon the new operating procedures, use of the new telephony systems, customer care and specialty specific information to aid booking.

## **2.2 Review of appointment letters sent to patients**

Given the feedback from patients, the introduction of changed processes for booking appointments and the centralised booking centre, it was important to review all existing appointment and reminder letters. The goal was to introduce greater clarity about both the appointment but also how to contact the booking team should patients have any queries.

### **Progress and actions still to be delivered**

All letters have been jointly reviewed with patient representatives and are ready for implementation with the new booking centre telephone number during February 2013.

## **2.3 Introduction of an Active Booking list that provides a single patient list for all newly referred patients and those requiring a follow-up appointment.**

The introduction of the system means that the Trust is providing the booking team and centres with a comprehensive, visible and transparent list of all patients that need booking in chronological order. This allows patients' progress through our services to be 'tracked' to a greater extent than ever before.

### **Progress and actions still to be delivered**

Achieved and in place

## **2.4 Revised outpatient clinic outcome form and system to improve recording and data quality**

The requirement to record both a clinical outcome and referral to treatment pathway information is delivered by the use of a clinic outcome form. The form is completed for all outpatient appointments by the clinic team and then needs to be uploaded to the patient administration system to create visibility for the next stage of care or to record that the episode of care has been completed. Based upon the outcome recorded on the form means patients will be added to the active booking list for future appointment booking as a follow-up. The form is an essential tool to improve our data quality.

### **Progress and actions still to be delivered**

**Form design and implementation** –The new form has gone live in November across the Trust. A small number of changes will be made to the form over the next quarter to further refine and aid practical use of the form.

**Training requirements in using the form** - As part of the roll out of the form we have trained staff in its use and this training continued through December.

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**Electronic clinic outcome form** – Following successful implementation of the hard copy form we plan to introduce the form in an electronic format that will improve the speed at which the information is transferred on to our patient administration system. This is a development outside of the initial scope of the project but will be commissioned as a work stream from April 2013.

## 2.5 Transforming our use of the Choose & Book system

The Trust has agreed with local commissioning groups that the Choose and Book system will become the system of choice for all new patient referrals. This means that a greater proportion of newly referred patients will book directly into clinic appointment slots followed by an electronic referral. This work includes updating our Directory of Clinical Service information for GPs and patients to support referral decisions, rolling out electronic referral review by consultants to replace hard copy review and introducing an advice and guidance service to GPs to avoid unnecessary face to face consultations where possible.

### Progress and actions still to be delivered

**Appointment of Choose and Book team** – The Trust's Choose and Book team have been in place for two months and have made significant steps towards updating our use of the system.

**Directory of service information** - All centres have reviewed and where necessary re-written their directory of service entry for uploading on to the choose and book system.

**Issuing and activating smart cards for all Trust users of the choose and book system** – To manage referrals through the choose and book system consultants, their secretaries and booking staff need access rights.

**Advice and guidance service** – By the end of January the Trust will have set up 8 consultants across a number of specialties to offer an advice and guidance service to GPs via the choose and book system. Training began in December and communication to GPs took place in early January. This development is a pre-cursor to roll out across all specialties and consultants in due course. The timetable for this will be set out based upon the initial pilot outcomes.

**Matching appointment capacity to choose and book referral demands** - Alongside our general demand and capacity planning, clinical centres continue to agree appointment capacity plans that match demand predictions for choose and book appointments to ensure patients get a choice of appointments and can book in directly.

## 2.6 Standardising clinic appointment templates, clinic system codes and start and finish times.

This work stream involves reviewing each individual outpatient clinic (Circa 1500 clinics) and its booking template to standardise within specialties for start and finish times, appointment lengths and the rules for booking staff to follow when matching referrals with appointment slots. The work stream will introduce standardised codes within the Trust's patient administration system, improving identification for the booking teams to match appointment requirements with the appropriate clinic.

### Progress and actions still to be delivered

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**Clinic codes** – All redundant codes have now been removed from the system. A standardised nomenclature has been developed and clinical centres have revised all of the codes to fit with the standard. The new codes will be uploaded onto the system by the end of March.

**Template reviews** – This is a very large task indeed. Initial discussions have taken place with all centres and a standard approach to the task has been agreed. Work on reviewing and changing templates has progressed well however is not expected to deliver the final results until the end of February given the size of task and obviously requires clinical sign off for each template.

## 2.7 Outpatient & clinic room planner to make better use of clinic space

The Trust currently does not hold information on the use of all its clinic space in a form that allows easy analysis of utilisation. This project task is to introduce an electronic format that is capable of understanding utilisation and therefore allows for future planning.

### Progress and actions still to be delivered

**Software specification** – A specification for the system is being developed in order to identify costs of development. This is now expected to be completed by the end of February.

## 2.8 Scheduling for inpatient and day case treatments

This strand of work concerns the introduction of revised scheduling systems to support patient tracking, matching clinical procedure demands with available operating time and improving the monitoring and reporting of theatre utilisation at a clinician, specialty and centre level. The work stream will also deliver a day case unit workload planning tool to match theatre demands with bed requirements.

### Progress and actions still to be delivered

**Process mapping** – A process mapping exercise to identify areas of improvement has been completed. A revised process was agreed and roll out is planned for late January to standardise our approach to inpatient and day case booking.

**Revised scheduling system** – The new proforma that is completed by clinicians to initiate addition to the treatment waiting list, from which booking staff will schedule treatment dates, went live across all services in November 2012.

**Theatre planning & real time reporting tool** – The Trust has received delivery for acceptance testing of new software to add to the existing patient administration system (PAS). The roll out of the system will need to wait until the upgrade to the latest PAS version has been completed. It is therefore expected that this will now be completed in March 2013.

**Day Case Unit planning tool** – A specification for IT development has been agreed. Development of the software will be requested at the end of February for introduction in April. The lead in time is later in the programme to allow implementation of other IT developments highlighted above.

## 2.8 Establishing key performance indicators

In order to both measure improvement and ensure that standards are maintained the programme of work includes the development of a set of key measurables that cover the following:

- Patient experience feedback from booking an appointment through to the outpatient visit.
- Clinic booking utilisation rates
- Patient cancellation rates
- Patient Did Not Attend rates
- Completion rates by clinician of the clinic outcome forms
- How quickly clinic outcome forms are entered onto the system

These indicators are a mixture of process and outcome measures the most important of which is patient satisfaction.

### Progress and actions still to be delivered

**Seeking patient feedback** – A questionnaire and approach has been agreed with patient representatives that include questions on areas of concern expressed in previous surveys and an overall 'net promoter' score. These surveys have been carried out since July and results will be added to the KPI dashboard. An additional question on the experience of booking an appointment is to be added for surveying from February. Appendix one to this report sets out the results of surveys for the final quarter of 2012.

**KPI Dashboard** – The initial dashboard was shared with the Project Board at its meeting in November. Work to refine the data input has continued to allow publication to clinical centres and the Project Board on a monthly basis. The information for January will be distributed in early February and then monthly thereafter.

## 3. CONCLUSIONS

The Booking and Scheduling Project represents a substantial programme of change. Good progress is being made across the range of key tasks.

Further updates, including performance across the key performance indicators, will be made on a monthly basis through February to March.

**Steve Peak**  
**January 2012**

## Appendix one - Outpatient survey results, a comparative report of the 2011 National results with the local surveys in September, October and November 2012.

### Background and Methodology

To improve the quality of services that the NHS delivers, it is important to understand what patients think about their care and treatment. One way of doing this is by asking patients who have recently used their local health services to tell us more about their experiences. In 2011 all Acute Trusts were required to participate in the National Outpatient Survey.

The results from the 2011 National Outpatient Survey enabled the Trust to understand its individual performance and to identify areas for improvement. As a result, it was agreed that the Trust would carry out a programme of local Outpatient surveys in September, October and November to monitor and focus on the areas needing improvement.

### Executive Summary

Overall, the 2012 survey result showed improvement in many areas when compared to the 2011 National survey.

The following areas have shown an **improvement** in the September, October and November 2012 local survey results, in comparison to the National 2011 Outpatient survey:

- Percentage of patients who were told how long they would have to wait
- Percentage of patients rating the Outpatient Department as **“very clean”**
- Percentage of patients who felt they **“definitely”** had enough time to discuss their health or medical problem
- Percentage of patients who felt that the doctor **“completely”** explained the reasons for any treatment or action
- Percentage of patients who felt the doctor **“definitely”** listened to what they had to say
- Percentage of patients who said that when they had important questions to ask the doctor, they got answers they **“definitely”** could understand
- Percentage of patients who said they had received the **“right amount”** of information about their condition or treatment in the Outpatients Department
- Percentage of patients who felt that the main reason they went to the Outpatients Department was dealt with **“completely”** to their satisfaction
- Percentage of patients who felt that they were **“always”** treated with respect and dignity

The following areas have **not improved** in the September, October and November 2012 survey results, compared to the National 2011 survey:

- Patient's who were **not aware beforehand** of what would happen to them during their appointment
- Patients that had an explanation about the medication side effects to watch for

### Summary of Results

**A1. Overall, from the time you were first told you needed an appointment to the time you went to the Outpatients Department, how long did you wait for your appointment?**

	SaTH results for National survey 2011	SaTH September 12 Survey	SaTH October 2012 Survey	SaTH November 2012 Survey
Up to 3 months	87.5%	83.3%	80.8%	82.8%
More than 3 months but no more than 12 months	10.94%	7.7%	16%	11.7%
More than 12 months	1.55%	4.2%	2.4%	2.4%

**A2. Before your appointment, did you know what would happen to you during your appointment?**

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	SaTH results for National survey 2011	SaTH September 12 Survey	SaTH October 2012 Survey	SaTH November 2012 Survey
Yes	<b>83.47%</b>	<b>77%</b>	<b>79.7%</b>	<b>72%</b>
No	<b>16.53%</b>	<b>23%</b>	<b>20.3%</b>	<b>18%</b>

### C1. Were you told how long you would have to wait?

	SaTH results for National survey 2011	SaTH September 12 Survey	SaTH October 2012 Survey	SaTH November 2012 Survey
Yes	<b>28.21%</b>	<b>35.3%</b>	<b>28.2%</b>	<b>32.2%</b>
Yes, but wait was longer	<b>9.74%</b>	<b>6.8%</b>	<b>1.9%</b>	<b>4.6%</b>
No	<b>62.05%</b>	<b>57.9%</b>	<b>69.9%</b>	<b>63.2%</b>

### D1. In your opinion, how clean was the Outpatients Department?

	SaTH results for National survey 2011	SaTH September 12 Survey	SaTH October 2012 Survey	SaTH November 2012 Survey
Very clean or clean	<b>98.77%</b>	<b>96.4%</b>	<b>100%</b>	<b>98.9%</b>
Not clean	<b>1.22%</b>	<b>3.6%</b>	<b>0%</b>	<b>1.1%</b>

### E1. Did you have enough time to discuss your health or medical problem with the doctor?

	SaTH results for National survey 2011	SaTH September 12 Survey	SaTH October 2012 Survey	SaTH November 2012 Survey
Yes	<b>93.8%</b>	<b>97.7%</b>	<b>96.2%</b>	<b>99.4%</b>
No	<b>6.22%</b>	<b>2.3%</b>	<b>3.8%</b>	<b>0.6%</b>

### E2. Did the doctor explain the reasons for any treatment or action in a way that you could understand?

	SaTH results for National survey 2011	SaTH September 12 Survey	SaTH October 2012 Survey	SaTH November 2012 Survey
Yes	<b>94.75%</b>	<b>98%</b>	<b>99.4%</b>	<b>99.4%</b>
No	<b>5.25%</b>	<b>2%</b>	<b>0.6%</b>	<b>0.6%</b>

### E3. Did the doctor listen to what you had to say?

	SaTH results for National survey 2011	SaTH September 12 Survey	SaTH October 2012 Survey	SaTH November 2012 Survey
Yes	<b>97.54%</b>	<b>99%</b>	<b>98.7%</b>	<b>100%</b>
No	<b>2.46%</b>	<b>1%</b>	<b>1.3%</b>	<b>0%</b>

### E4. If you had important questions to ask the doctor, did you get answers that you could understand?

	SaTH results for National survey 2011	SaTH September 2012 Survey	SaTH October 2012 Survey	SaTH November 2012 Survey
Yes, definitely	<b>68.56%</b>	<b>84%</b>	<b>85.9%</b>	<b>85.8%</b>
Yes, to some extent	<b>24.36%</b>	<b>14.6%</b>	<b>11.1%</b>	<b>13.5%</b>
No	<b>4.53%</b>	<b>1.3%</b>	<b>3%</b>	<b>0.7%</b>

**F1. While you were in the Outpatients Department how much information about your condition or treatment was given to you?**

	SaTH results for National survey 2011	SaTH September 2012 Survey	SaTH October 2012 Survey	SaTH November 2012 Survey
Not enough	<b>9.86%</b>	<b>6.8%</b>	<b>5.7%</b>	<b>5.4%</b>
Right amount	<b>78.64%</b>	<b>86.8%</b>	<b>85.4%</b>	<b>87.3%</b>
Too much	<b>0.41%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>
No information	<b>11.09%</b>	<b>6.3%</b>	<b>8.9%</b>	<b>7.3%</b>

**G1. Did a member of staff explain the purpose of the medications you were to take at home in a way you could understand?**

	SaTH results for National survey 2011	SaTH September 12 Survey	SaTH October 2012 Survey	SaTH November 2012 Survey
Yes	<b>90.8%</b>	<b>87%</b>	<b>100%</b>	<b>100%</b>
No	<b>9.2%</b>	<b>13%</b>	<b>0%</b>	<b>0%</b>

**G2. Did a member of staff tell you about medication side effects to watch for?**

	SaTH results for National survey 2011	SaTH September 12 Survey	SaTH October 2012 Survey	SaTH November 2012 Survey
Yes	<b>66.29%</b>	<b>64.3%</b>	<b>77.2%</b>	<b>85.7%</b>
No	<b>33.71%</b>	<b>35.7%</b>	<b>22.8%</b>	<b>14.3%</b>

**H1. Was the main reason you went to the Outpatients Department dealt with to your satisfaction?**

	SaTH results for National survey 2011	SaTH September 12 Survey	SaTH October 2012 Survey	SaTH November 2012 Survey
Yes	<b>96.35%</b>	<b>97.8%</b>	<b>98.7%</b>	<b>96.4%</b>
No	<b>3.65%</b>	<b>2.2%</b>	<b>1.3%</b>	<b>3.6%</b>

**H2. Overall, did you feel you were treated with respect and dignity while you were at the Outpatients Department?**

	SaTH results for National survey 2011	SaTH September 12 Survey	SaTH October 2012 Survey	SaTH November 2012 Survey
Yes	<b>98.58%</b>	<b>99.5%</b>	<b>100%</b>	<b>100%</b>
No	<b>1.42%</b>	<b>0.5%</b>	<b>0%</b>	<b>0%</b>

**H3. How likely is it that you would recommend this service to your Friends and Family?**

	SaTH results for National survey 2011	SaTH September 12 Survey	SaTH October 2012 Survey	SaTH November 2012 Survey
Likely	<b>Not asked</b>	<b>91.2%</b>	<b>90.2%</b>	<b>87.1%</b>

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Neither likely nor unlikely	<b>Not asked</b>	<b>5%</b>	<b>6.5%</b>	<b>9.4%</b>
Unlikely	<b>Not asked</b>	<b>1%</b>	<b>0%</b>	<b>1.8%</b>
Don't Know	<b>Not asked</b>	<b>2.8%</b>	<b>3.3%</b>	<b>1.8%</b>

### Conclusions

The majority of areas surveyed in 2012 that were included in the national 2011 survey have improved.

Responses were worse in all three months surveyed in 2012 for just two questions. One of these related to explanation of medication, and the other to information given to patients prior to attending regarding what would happen at the appointment.