

Reporting to:	Trust Board – Thursday 25th July 2013
Title	Booking & Scheduling Update
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Previously considered by	Booking and Scheduling Task & Finish Group
Executive Summary	A comprehensive action plan is in place to improve the Booking and Scheduling service. This short paper provides an update on the improvements to date within the service.
Strategic Priorities <input checked="" type="checkbox"/> Quality and Safety <input checked="" type="checkbox"/> Healthcare Standards <input checked="" type="checkbox"/> People and Innovation <input type="checkbox"/> Community and Partnership <input type="checkbox"/> Financial Strength	Operational Objectives QS3 Enhance communication and information for all patients and their carers HS4 Embed and enhance new booking and scheduling arrangements PI3 Increase workforce flexibility through new roles and working practices
Board Assurance Framework (BAF) Risks	<input checked="" type="checkbox"/> Deliver Safe Care or patients may suffer avoidable harm and poor clinical outcomes and experience <input checked="" type="checkbox"/> Achieve safe and efficient Patient Flow or we will fail the national quality and performance standards <input type="checkbox"/> Clear Clinical Service Vision or we may not deliver the best services to patients <input checked="" type="checkbox"/> Good levels of Staff Engagement to get a culture of continuous improvement or staff morale and patient outcomes may not improve <input type="checkbox"/> Appoint Board members in a timely way or may impact on the governance of the Trust <input type="checkbox"/> Achieve a Financial Risk Rating of 3 to be authorised as an FT
Care Quality Commission (CQC) Domains <input type="checkbox"/> Safe <input type="checkbox"/> Effective <input type="checkbox"/> Caring <input type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well led	Outcomes 16: Assessing and monitoring the quality of service provision - The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care. 14: Supporting workers - Staff should be properly trained and supervised, and have the chance to develop and improve their skills.
Recommendation	The Board is asked to: <input type="checkbox"/> Receive <input checked="" type="checkbox"/> Note <input type="checkbox"/> Review <input type="checkbox"/> Approve the report outlining progress to date and planned improvements of the Booking and Scheduling service.

Booking and Scheduling Update

The Booking and Scheduling taskforce meet fortnightly to progress specific actions on the comprehensive action plan. A number of sub groups/development lines are in place and the key developments from each are outlined below:

Clinic Templates and Codes

Approx 300 codes have been altered to new standard format with Medicine, Ophthalmology and MSK all now complete. Codes for Head and Neck and Surgery are partially completed and Women's and children's codes are still outstanding.

An exercise reviewing all clinic templates booked by Patient Access has been completed. This exercise highlights the scheduled start and finish time of every clinic and the number of new and follow up appointments in the template and therefore the amount of clinical contact time the template is set to. This has been completed to help each clinical centre understand what each clinician is doing in each clinic and to enable a review of capacity available to be undertaken to ensure that clinical time is being maximised.

Letters to Patients/Contacts

All Outpatient letters have been reviewed as an ongoing process reducing the number from 3,500 templates to approximately 500 templates in current use. The same process is now underway with the inpatient letters of which there are approx 70 differing versions in use. Meetings have commenced with clinical staff to ascertain what clinical information is required in these letters in order that these to be rationalised.

An information leaflet to be included to inform patients of what they can expect in advance of their outpatient appointment has been drafted and is awaiting ratification at the Patient Information Panel [PIP] meeting. A script to be used by outpatient nursing sister and a patient has been drafted and a recording is to be made to be uploaded onto the intranet to also ensure patients are better informed about their outpatient appointment.

In addition, reminder letters are also being reviewed. Currently reminder letters are scheduled for 30 and 60 days regardless of the clinic booking profile. As such, Patient Access Managers are reviewing each clinic code and its booking profile to ascertain if reminder letters are required. This is in addition to planned developments with the telephony service of text and voice reminders. A meeting to progress this is scheduled for 23rd July 2013.

IT Developments within Outpatients and Day Surgery

Work is ongoing on creating a clinic planner and clinic utilisation visualisation tool. Specifications and mock ups have been completed by the patient access team and this has been passed to IT and informatics colleagues for development. A project reviewing SEMA privileges is underway (outside of the Booking and Scheduling taskforce) and all discrepancies within Patient Access have been notified to the PAS team to rectify.

KPIs for the project have been agreed and a dashboard to enable progress to be monitored is in development.

Choose & Book

The remedial action plan for Choose and Book has been fully delivered by the patient access team and signed off by commissioners. This has seen a dedicated Choose and Book team recruited who have subsequently trained all secretaries and centre co-ordinators, all consultants issued with SMART cards and training events with national trainers in attendance being held. A pilot is ongoing for a range of services with 12 GPs across both commissioners for patients being referred for 2 week wait treatment. This is now being extended to additional GPs. The trusts directory of Services has also been updated and we are commencing a refresh of this information currently.

General

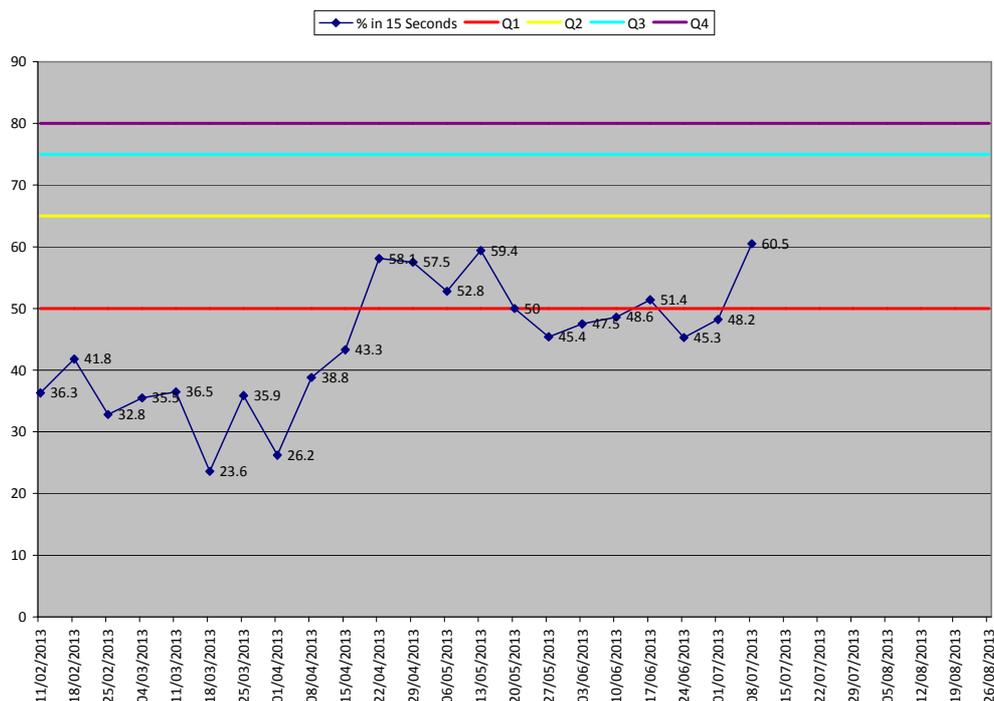
Booking guides for each of the speciality booking teams produced by centres are now in place alongside Standard Operating Procedures [SOPs] on a range of issues to offer structured guidance to the booking staff.

98.1% Booking and Scheduling and other patient facing staff from within the Patient Access centre have attended at least one customer care course either offered by TCAT, Customer care NVQs, etc and adverts for patient access apprentices have been placed and a training programme devised.

Since the occupation of the Call and Book Centre in February 2013, the teams have been using the new telephony system which offers auditable data on numbers of calls received and numbers of calls handled by the call centre teams.

KPIs have been set in relation to call handling and performance to date against target is displayed on the graph below. The standard expected is that all calls should be answered within 30 seconds of the caller ringing and performance to date indicates that this is improving. As such, stretched targets for each quarter's performance have been set requiring calls to be answered within 15 seconds. The latest data records call handling at: 96.6% of calls handled and of those 60.5% answered within 15 seconds.

APPOINTMENT CALL PROCESSING CHART



Medical Records

Work is continuing on merging the 25 000 sets of duplicate records with approx 2000 remaining.

Destruction of other redundant notes continues alongside all old notes (ET numbers) from the old Ear Nose and Throat Hospital (approximately 10000) is now being worked on and to date 3000 of these have been destroyed in line with destruction policies.

SOPs for clinic preparation are in draft form and monitoring of performance measures including the availability of notes in outpatient clinics has commenced.

Summary

The Board is requested to note the significant amount of work which is being done to improve the Booking and Scheduling service. The action plan consists of 66 actions, of which 33 are still in progress. A copy of this action plan can be made available for members of the Board if required. It is proposed that a quarterly update be taken to the Finance Committee.