

Report to Trust Board
29.11.12

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 quality
- Transforming our use of the Choose & Book system

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- 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, however, we are now entering the critical implementation phase. Work completed in the next 4 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.

Further updates, including performance across the key performance indicators, will be made on a monthly basis through January to March given the critical phase the project is now entering.

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 receive the project update on programme of work to transform our booking and scheduling systems

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

To note stage two of the programme that will focus upon realising the efficiency gains resulting from the revised systems and processes.

Transforming our booking and scheduling systems Update to the Trust Board

1. BACKGROUND

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The overarching goals of the project are to:

- Substantially improve the experience for patients and GPs
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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 - The Trust is currently out to tender on a capital scheme that is due for completion by the end of January. The scheme includes refurbishing the working environment, office furniture, call handling equipment and IT infrastructure.

Management of change – A consultation exercise with existing staff is due for completion, subject to agreement at an extraordinary meeting with staff side representatives, on the 28th November.

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. The workshops have also covered follow-up booking and scheduling for inpatient and day case treatment. These workshops will be completed on the 18th December in readiness for training and adoption at the end of January.

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Training – A training programme is currently in draft form and is expected to be signed off by the Project Board in December. The training programme will commence in January and will focus upon the new operating procedures, use of the new telephony systems, customer care and specialty specific information to aid to 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 is important to review all existing appointment and reminder letters. The goal is 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 at the end of January 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 – A significant level of consultation with clinical centres has taken place over a 4 month period to reflect both overall Trust information and specialty specific needs. The new form has gone live in November across the Trust.

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 will continue through December.

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 out patient administration system. This is a development outside of the initial scope of the project but will be commenced as a work stream in April 2013.

2.5 Transforming our use of the Choose & Book system

The Trust has agreed with local commissioning groups that over the course of the next 4 months 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 has been without a dedicated team for a number of months. Appointments were made to the team in November and the new team commenced their work on 19th November.

Directory of service information - All centres have been asked to review and where necessary re-write the directory of service entry for uploading on to the choose and book system by the end of December. The project office is currently receiving the updated service descriptions and will revise the system through the remainder of November and December.

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. This is achieved through a smart card and by the end of December all relevant employees will have been issued with an active card and where appropriate given training to use the system.

Advice and guidance service – By the end of January the Trust will have set up 9 consultants across a number of specialties to offer an advice and guidance service to GPs via the choose and book system. Training will begin in December and communication to GPs will take 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 are in the process of agreeing appointment capacity to be offered that matches demand predictions to ensure patients get a choice of appointments and can book in directly. This exercise will be complete by the end of December.

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 it's 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.

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Progress and actions still to be delivered

Clinic codes – All redundant codes have now been removed from the system. A standardised nomenclature has been developed and clinical centres are revising all of the codes to fit with the standard. The new codes will be uploaded onto the system in December and January

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 begun 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 expected to be completed by the end of December.

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 taken place in October. A revised process will be agreed in December with roll out in 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, has gone live across all services in October and November.

Theatre planning & real time reporting tool – The Trust is awaiting delivery for acceptance testing of new software to add to the existing patient administration system. Delivery is expected in the first week in December with roll out of the real time tool (Operating Status at a Glance) in January. Retrospective reporting will be available by the end of January.

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 from the Project Board in June 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 in December.

KPI Dashboard – The initial dashboard has been shared with the Project Board at its meeting in November. Work to refine the data input will continue through December to allow publication to clinical centres and the Project Board on a monthly basis from January. The data will then become routinely used as part of performance monitoring and management.

3. CONCLUSIONS

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