

Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	6th July 2015
Board Sponsor:	Interim Chief Operating Officer
Paper Author:	Director of Scheduled Care and Service Transformation
Subject:	18 week performance and centralised booking hub

Executive summary

This report updates the Board on work underway to:

- Deliver and sustain 18 week performance
- Deliver a centralised booking service of the highest standard

These programmes are mutually dependent. The centralised booking services cannot book in time if there are too few appointment slots for the number of patients referred.

The report describes performance in May against the 3 RTT standards, the draft trajectory to deliver compliance against those standards, and the risk to delivery.

Links to strategic objectives	Both programmes of work are designed to enable <i>excellent outcomes; great experience; empowered skilled staff; and high productivity</i>
Identified risks and risk management actions	<p>Risk 1 - Patients wait too long for treatment with inefficient booking processes and significant rework.</p> <p>Risk 2 – BSUH not effectively using capacity with over reliance on the Independent Sector creating financial pressures.</p> <p>Risk 3 – Patients exercising choice and moving to other providers and commissioners securing alternative capacity.</p> <p>Risk 4 – Action from regulator (NTDA) for not achieving NHS constitution access targets.</p> <p>Risk 5 – Commissioners applying contract penalties.</p> <p>Mitigations include: training; implementation of the access policy; developing the reporting methodology and Patient Tracking Lists (PTLs); aligning capacity and demand at trust/specialty level; robust validation; directorate delivery of recovery plans; a clear focus on data quality to ensure accurate RTT outcomes are completed and plans for patients commenced (TCI).</p>
Resource implications	Significant potential revenue implications
Report history	Monthly exception reports on RTT performance have been made to the Board from September 2014

Action required by the Board

The Board is asked to note the current programmes of work underway and next steps and the associated risks in relation to delivery of performance against the RTT standards

Report to the Board of Directors, 6 July 2015

18 week performance and centralised booking hub

1. 18 Week Performance

1.1. The three 18 week standards from referral to treatment are:

- 90% admitted patients should start consultant-led treatment within 18 weeks of referral.
- 95% of non-admitted patients should start consultant-led treatment within 18 weeks of referral.
- 92% of patients who have not yet started treatment should be waiting no more than 18 weeks (Incomplete standard).

1.2. Performance in April and May is set out below – performance against admitted and non-admitted will remain at a lower level until we have treated our longer waiting patients:

	Target	Performance April	Performance May
Admitted Pathways	90%	71.5%	72.24%
Non-admitted Pathways	95%	88.9%	90.8%
Incomplete Pathways	92%	87%	87.19%

We can expect a change in the monitoring arrangements in the Autumn following Sir Bruce Keogh’s recommendation that trusts will only report on Incomplete pathways (the total size of the waiting list) but the actions that we are required to take will remain as set out below.

1.3. The Trust has a draft trajectory that is planned to deliver compliance against these three standards in October 2015. However, the planned trajectory carries significant risks, which the graph below illustrates, was not achieved in May



1.4. The risks to delivery of the trajectory are outlined below:

- Continuing mismatch between capacity and demand in Digestive Diseases (surgical) Plans to arrange for routine patients to attend elsewhere have had limited benefit and the independent

sector has been unable to continue to support the level of activity delivered in 2014/15. As a result over half of the 600 patients on the waiting list for admission have waited over 18 weeks, representing 3 complete months over and above current activity of elective work. There are also 443, or 20% of patients waiting on the outpatient waiting list who have waited more than 18 weeks. This imbalance has impacted on the cancer pathway with 'routine' patients cancelled to enable the team to see patients referred in under the two week cancer rule. Pressures on planned cases also continue. Significant work is being undertaken with the directorate to ensure that a robust plan is in place to align capacity and demand and make effective utilisation of resources.

- Oral surgery also has a continuing mismatch between capacity and demand and two thirds of patients without a date for admission on the waiting list have waited over 18 weeks. The Trust expects to sign a contract with the Queen Victoria Hospital within the next week to treat some of these patients;
- Orthopaedics also has further work to do to provide sufficient capacity to deliver target performance. There are 2/3 sub specialties where there is an imbalance between capacity and demand, although the Directorate is further forward in terms of its plans. Nevertheless this remains a risk at this point in time;
- In neurosciences, whilst the move of services has gone well there remains a high number of patients waiting for an admission date, who have waited over 18 weeks The Integrated Spinal Service is also now part of this Directorate and whilst there are plans to increase template capacity further work is required to be confident of delivery across neurology, neurosurgery and the integrated spinal service;
- Neurology has had a lack of capacity to meet demand and the directorate is commissioning additional capacity to reduce the backlog.
- There is also a backlog in gynaecology because of consultant vacancies.
- There are general issues of data quality with significant resources being required to validate and correct information. There are also challenges in improving engagement with recovery plans. Demand and capacity planning and forecasting are not yet embedded in all areas. There is also a need to enhance the importance of data assurance audits.

- 1.5 There remains significant risk in the areas above and in each of the cases directorate colleagues are working on a mitigation plan. There is a comprehensive plan in place that covers all other aspects of the service outlined above. An extract from the plan is attached at Appendix One. In the light of the high level of risk and uncertainty, the new Chief Operating Officer will want to ensure all the right actions are in place to ensure sustained delivery of performance going forward.
- 1.6 We will also focus on the total volume of cancellations and our ability to re-book patients within 28 days.
- 1.7 The NHS IMAS Intensive Support Team (IST) continues to work with us and is currently working with teams to assure the quality of our data capture, both in relation to diagnostics and cardiac services and will also be working with a number of clinical teams in July. A programme of work will be agreed with internal audit to assure us on all data quality going forward (see above).

Cancer services

- 1.8 In terms of delivery of a service to our cancer patients, we remain with a significant challenge around the timely booking of slots for surgery (62 day wait from urgent GP referral to starting first

treatment) and are introducing protected surgical slots on theatre lists for cancer patients with patients to be booked straight from the multi-disciplinary team meeting. Risks around cancer delivery have been discussed with the Trust Development Authority (TDA) and work on a recovery plan is in progress, including putting in place a robust PTL tool. Specific actions to improve delivery include additional radiotherapy capacity by December 2015, protecting surgical slots for direct listing of cancer patients from the MDT, and streamlining diagnostic processes.

- 1.9 We are undertaking an innovative approach to Head & Neck biopsies and following advice from IST are planning to visit one of the London Teaching Hospitals which has developed an outstanding Urology pathway, which is currently a weakness in our recovery pathway. We are also in the middle of negotiating direct access to CT and MRI and this is likely to be piloted in Lung Cancer, directly from OPD.

We remain with significant risk against the 62 Day cancer target.

Diagnostics

- 1.10 As reported previously we also remain with a challenge in relation to the delivery of the required turnaround time in diagnostics. We reported 1.58% of patients who had waited 6 weeks or more at the end of April but the position at the end of May had worsened with 2.22% of patients waiting more than 6 weeks. The majority of breaches were for cardiac CT (6.9%) and this is expected to continue until we catch up on Cardiac CT, which will be by end of August. Target performance should be delivered from September onwards. We remain however with a significant risk around MRI where we have the oldest and busiest scanners in the NHS at RSCH. Although due for replacement, this will remain a risk until December 2015 when the machines will all be replaced;

A new weekly diagnostic PTL meeting has been put in place to be chaired by the Directorate Manager for Clinical Support Services. We are using this meeting to ensure consistency in recording practice across all diagnostic modalities and to anticipate and manage issues before they become problems that result in a delay for our patients.

2 Centralised booking hub

- 2.1 As reported since November, the Booking Centre is continuing to work to 4 high level objectives as detailed below. This work also forms part of the Service Development Improvement Plan, part of our contract for 2015/16. The programme of work thus far has served to stabilise the booking hub and we are now planning the second phase of this work which will run from September onwards.

2.2 One - Ensure that we book all patients within 5 working days

For the month of May the booking hub booked 20,206 appointments which on average are 1,010 patients a day. We received 11,231 new referrals, on average 561 a day being added to the referral management system within 24 hours of receipt. This is in line with previous months. We ask our clinicians to triage within 48 hours and are tracking performance and will be adding new functionality to further improve the triage process.

The referral management team are now split into three teams to facilitate improved data quality and for the teams to be dedicated to set specialities.

The two week wait booking team who receive GP referrals with where patients may have suspected cancer continue to work closely with Patient Access Managers and Services to identify

required capacity, including in Digestive Diseases (Surgery) where the team has had to cancel routine cases to make way for urgent cancer cases.

2.3 Two - Maximise use of clinic capacity with patients assigned to the right clinic first time through partial booking, triage efficiency and ensuring that the right letter with the right details reaches the patient

The outpatient appointment letter has now been re-designed giving more information about what the patient can expect from their visit and suggested questions to ask to be implemented mid-July.

The current text reminder service wording was changed on 8th June and now includes a telephone number to call if the patient is unable to attend the appointment. The next step is to introduce a two way texting which is being discussed with our provider and options are being considered.

We continue to contact all patients with appointments being booked with less than 2 weeks' notice by telephone to appoint and confirm their appointments and have started work on the webpages for outpatients to ensure all information is correct and that any information given by patients is verified and updated accordingly.

The Patient Access Policy was approved by the Clinical Management Board on 18 June 2015 and will help ensure transparency so all parties have the same understanding of where the patient is on their pathway. There will be on going work to ensure patient outcome forms are captured in their entirety as these forms drive performance and out-patient income. We are currently redesigning the outcome forms and addressing the need to train clinicians in how to complete the form. We also need to develop the understanding of the forms importance in terms of performance and income particularly for their specialty. There is little understanding of the connectivity between "ticking the box" (and not ticking) and the subsequent consequences and activity that the "tick" drives.

2.4 Three - An absolute focus on eliminating missed calls with all calls to be answered within one minute in the first instance

In May the Booking Centre received a total of 18,641 calls (981 daily average) and answered 17,395 (915 daily average) with an average pick up of 33 seconds and an overall service level of 93.43 %.

Call pick up rate dropped to 93% due to bank holidays and school half term where we see an influx of calls afterwards but overall the service continues to improve. An abandoned call report is generated on a daily basis highlighting patients dropping calls within a very short time. The telephone team make courtesy calls to these patients to ensure that their enquiry had been dealt with.

The team has now completed an audit of calls – 30% are not actually for the hub and the team will work with Switchboard and other colleagues to enable these to be re-directed at source.

2.5 Four - Fully engage with our clinical directorates to minimise clinics cancelled with less than 6 weeks' notice and ensure a 6 week look ahead for all clinicians so they and the booking team have a shared understanding of the work to be done and can work together to resolve queries as they arise.

The team is piloting use of an on line Clinic Change Request form so requests are less likely to be lost or arrive late. Live testing is now complete and the new form will be introduced across all specialties over the next 2 months. This will assist in reducing the number of cancelled clinics and

lost out patient capacity. A detailed analysis is currently being undertaken to understand the issues around cancellations. There needs to be a more structured escalation policy to ensure clinics are not under-utilised and where slots are “free” flagged to directorates so there is no loss of capacity. Each directorate will be asked to ensure job plans are completed and the clinic booking rules are audited to ensure consistency across the directorate. It is important to then have a system of controls to ensure there is appropriate sign off for future clinic booking rules. As part of this efficiency review there will need to be an understanding of how each speciality utilises its capacity in terms of: news, reviews and cancer ratios supported by bench marking data.

- 2.6 A daily activity dashboard is used which records all activity demand and available workforce capacity including annual leave and sickness management. Every task is measured in minutes and all individuals have performance targets. This information is being used to help ensure the booking hub has an appropriate level of resourcing going forward.
- 2.7 Three BSUH Non-Executive Directors and three Executive Directors have recently visited the hub together with our commissioning leads. The Head of Clinical Administration and Centralised Booking Service has given a summary presentation to our Directorate leads setting out the work that we were now doing and how they could engage in order to help take this forward.
- 2.8 Two of our Non-Executive Directors have also agreed to be a part of our ‘Sounding Board’ as we develop our thinking around the next phase of this work. The team is looking forward to presenting at the Board meeting in August.
- 2.9 A similar review will be needed in relation to theatres utilisation. The trust is currently dependant on independent sector as part of the delivery plan to achieve 18-week performance. The board will be updated in future reports.

3 Conclusion

- 3.1 The work on RTT and the booking hub began as stand-alone projects in order to ensure the required grip and focus but are now being brought together. The weekly RTT meeting is now looking at the totality of how we book our patients, make best use of capacity and have a level of ownership across all parties which will need to include theatres and the development of a range of analytical and reporting tools.
- 3.2 Whilst good progress has been made in relation to the booking arrangements for patients we remain with a great deal to do to ensure that we have sufficient capacity to treat our patients in a timely manner.

Sally Howard
Director of Scheduled Care and Service Transformation
June 2015

Appendix One – Delivery Plan – 18 week performance – page 1 of 2

Strengthen and re-energise governance / performance management					
1					
1.1	Simplify the reporting so we can see at a glance position against trajectory	AW	01/06/2015	15/06/2015	30%
1.2	Refresh RTT meetings to ensure the right balance between delivery of the trajectory and ensure development and support	SH/JA	01/05/2015	30/06/2015	75%
1.3	Put in place directorate level PTL meetings with right representation, led by Directorate Managers to include weekly review of both pts waiting and performance against trajectory	KR/LP/ Directorate managers	01/06/2015	31/08/2015	10%
1.4	Ensure full mitigation plan for all specialties behind trajectory	Weekly review meetings with Interim COO	01/06/2015	31/08/2015	10%
1.5	Ensure regular CCG representation at weekly meetings and full briefings to appropriate external stakeholders (ongoing)	SH	01/05/2015	31/03/2016	10%
Efficiency					
2 Make best use of the capacity that we do have within BSUH					
2.1	Create specialty level outpatient and inpatient capacity plans	KL	01/05/2015	30/06/2015	50%
2.2	Work with PAMs to ensure they can own and update this model going forward	KL	20/06/2015	30/07/2015	0%
2.3	Identifying ongoing booking issues and ensure these are escalated and included in the Booking Joint Action Plan	LP/NP	01/05/2015	31/03/2016	10%
2.4	A full review of theatre utilisation	For further discussion			
2.5	Where independent sector is needed, ensure best VFM	Directorate Managers / GH	01/05/2015	31/05/2015	50%
2.6	Run an efficient outsourcing programme so patients are tracked and reported	A McG/ LP	01/05/2015	30/09/2015	0%
2.7	All the work currently sitting within the Booking Joint action plan to stop avoidable last minute cancellation of clinics and ensure we book right patient right clinic first time	Part of separate delivery plan			
Balance capacity and demand					
3					
3.1	Targetted training for Directorate Managers and their team around the principles of capacity and demand	Already completed - option for further IST support			
3.2	Introduce new model for spinal services that delivers target 18W performance (numbers still unclear at present so hard to add timeframe)	KM/CA with those clinical teams	01/05/2015	30/07/2015	50%
3.3	Introduce new model for digestive diseases that delivers target performance in line with trajectory and ensure interim appts meanwhile to improve position	Directorate Team	01/05/2015	31/08/2015	50%
3.4	Introduce improved cover for paediatric ENT that delivers target 18W performance for paediatrics	Directorate Teams	01/05/2015	31/08/2015	50%
3.5	Ensure a capacity plan for T&O that does deliver target 18W performance	Directorate Team	01/05/2015	30/06/2015	50%
3.6	Oral surgery - discussion with NHS England and CCG to secure external capacity and strengthen internal triage	Directorate Team with CCG	01/05/2015	30/06/2015	50%
3.7	Create specialty level outpatient and inpatient capacity plan and pass to PAMs so they can maintain and use this going forward	KL	01/05/2015	30/07/2015	50%

4	Fully implement new Patient Access Policy				
4.1	Final sign off at CMB	SH	01/05/2015	30/06/2015	95%
4.2	Create list of Standard Operating Procedures	NP/KL	01/05/2015	30/05/2015	100%
4.3	Engage team of PAS super users to populate the detail	NP/KL	01/06/2015	30/08/2015	0%
4.4	Review of current practices in cancer to ensure full compliance with policy	SH and Directorate team	01/05/2015	01/06/2015	75%
4.5	Introduction of look forward report in relation to cancer 62 day performance	KL with Directorate Team	01/05/2015	01/06/2015	75%
4.6	Review of current practices in cardiac which do not comply with policy and introduction of a fully compliant system	SH, AMcK and Directorate team	01/05/2015	31/08/2015	25%
4.7	Review of current practices in diagnostics to ensure all activity and waiting times are being correctly recorded and put in place a prospective monitoring system fully compliant system	SH and Directorate teams	01/06/2015	31/08/2015	5%
4.8	Detailed review of current booking arrangements to pinpoint practices where we may not be dating patients in order / and act on the three things that will bring the biggest benefit	KL/NP	01/05/2015	31/08/2015	10%
4.9	Implement competency based training programme for all staff who book patients	NP	01/06/2015	31/03/2016	1%
4.10	Engage with internal auditors to ensure a targeted audit programme that focusses on each area of waiting list management and in line with TDA requirements	SH	01/06/2015	31/08/2015	10%
4.11	Maintain a watching brief on other data quality issues as they arise	AW/MW	01/04/2015	31/05/2016	15%
5	Deliver a significant improvement in data quality so all parties are 100% confident in its accuracy				
5.1	Redesign validation process to bring forward validation to the point when the patient is booked	AW/KR	01/06/2015	31/08/2015	10%
5.2	Assign validators to work alongside PAMs within directorates	AW/LP	01/06/2015	31/08/2015	10%
5.3	Continue clinical validation of all patients who have waited >42W (ongoing)	KR/JA	01/06/2015	31/03/2016	10%
6	Finish the work we started to ensure we do not have patients with 18 week clocks running who were not actually waiting for anything				
6.1	Post full validation and review with Medical Director, close down 18W clocks on all patients who have no reason to have one running using OMS	AW	01/05/2015	30/06/2015	10%
6.2	Adjust clinic outcome sheet and associated admin processes so patient pathways are closed automatically when test results are returned	NP/JA	01/05/2015	30/06/2015	50%
6.3	Finalise and implement plan to stop poor admin systems that are generating these issues	KR / AW with PAMs and NP	01/05/2015	30/06/2015	50%
6.4	Re-write script to include patients on PTL going forward	AW	01/05/2015	30/06/2015	50%