Meeting:	**Brighton and Sussex University Hospitals NHS Trust** **Board of Directors**
Date:	**27th April 2015**
Board Sponsor:	**Chief Financial 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 ensure that the Centralised Booking Hub is able to deliver its key objectives going forward and provide a booking service of the highest standard.

Whilst our programme of work over the last five months has absolutely focussed on the right things, there is still significant work to be done and this is not without risk, particularly with our continued pressures on unscheduled care.

In terms of the Booking Hub we have identified a clear improvement programme and put robust measures in place to ensure that the Booking Hub delivers the required level of service

Links to strategic objectives	The booking hub programme of work is designed to enable ***excellent outcomes; great experience; empowered skilled staff; and high productivity***
Identified risks and risk management actions	• Patients waiting longer for treatment • Urgent patients waiting longer to be assessed and treated • Capacity not fully utilised • Financial risk with additional resources required • Specialities with the most to do remain with insufficient resource to deliver a safe and timely service The programme of work is designed to mitigate these risks
Resource implications	Revenue and service implications
Report history	Board of Directors – regular updates

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

Report to the Board of Directors, 27th April 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.

1.2. RTT performance has been significantly challenged since the end of Q2 and BSUH has worked with commissioners to implement an RTT Delivery Plan to achieve compliance and improve patient experience with a refreshed and clear focus to achieve aggregate compliance:

- Making maximum use of internal capacity already available;
- Additional outpatient and inpatient (theatre sessions) secured internally and in the independent sector;
- An absolute focus on data quality;
- Capacity and demand modelling to sustain performance going forward.

Enabled by a strong operational focus, rigorous performance management through weekly performance management meetings and weekly individual speciality review meetings focussed on the additional activity and the accuracy of data.

1.3. The execution of this programme remains extremely challenging. The volume of cancellations of patients awaiting admission for surgery including urgent cancer cases has continued but with a reduced cumber overall (49 for March 2015). Our teams are working hard together to ensure these patients had their treatment as soon as possible but we remain with a significant shortfall of theatre session of critical care bed capacity to ensure these patients can be rebooked soonest and within 28 days at most. These shortfalls are being addressed as part of the 2015/16 business planning process.

1.4. In terms of the total numbers, Digestive Diseases (surgical) and spinal patients still make up over half of the total number of patients still waiting longer than 18 weeks. We have used the IST modelling tools to understand number of patients who need to be treated in order to ourselves back into balance and the additional resources required in order to ensure sustained delivery going forward. Again these numbers have informed the business planning process for 2015/16. We know that we will need to continue to run additional sessions both internally and in the independent sector in order to secure aggregate RTT performance and sustained delivery by speciality thereafter. These assumptions are being modelled at the time of writing including their affordability.

1.5. Discussions are also continuing in oral surgery with commissioners where we are continuing to receive referrals that do not actually need to be referred into an acute hospital and we do not have the capacity to treat. Capacity and demand modeling is underway but the service is not currently able to deliver compliant performance.

1.6. Performance in February and expected performance in March are as follows:

	Target	Performance February	Performance March
Admitted Care	90%	71.16%	70.9%
Non-admitted Care	95%	86.41%	88.3%
Incomplete backlog	92%	88.1%	88.7%

1.7. We continue to work with our commissioners and other providers to deliver a sustainable RTT position.

1.8. In terms of data quality:

1.8.1. The new Patient Access Policy has been reviewed by CCG partners and will be presented to the Clinical Management Board on 7 May for final approval.

1.8.2. As reported previously the team has also now concluded its review of patients sitting outside the 18W data return. As noted previously the Trust had a list of patients with incomplete pathways who were not actually recorded on the system as waiting for anything. We wanted to ensure that they could now have their 18 week clocks stopped without any untoward consequences. The results are now being drawn together into a single report for the Medical Director on behalf of the Executive Team and CCG colleagues.

1.8.3. We are now appointing to the new Performance and Assurance Manager post – the successful applicant will :

- Lead on implementation of the Patient Access Policy, to ensure delivery of the 18 week diagnostic standards and inpatient targets;
- Support and develop the Patient Access Managers (PAMs) within the Clinical Directorates and ensure effective weekly reviews and look forward in relation to performance;
- Manage the validation team and drawings on their work identify data errors and ensure these are addressed and eliminated through training and development.

1.9. The NHS IMAS Intensive Support Team continue to work with us and facilitated a very helpful session with Directorate teams on 15 April to ensure all parties understand the principles of capacity and demand planning and have appropriate mechanisms in place to ensure that they recognise and respond to peaks and troughs in workload going forward.

1.10. In terms of delivery of a service to our cancer patients, we will deliver the 2 week rule and 31 day cancer pathways for January to March 2015 but as expected will fail the 62 pathway standard for that same period (62 day wait from urgent GP referral to starting first treatment). Key issues impacting this performance are still the route to diagnostics , with diagnostic areas being used for extra capacity or elective cancellations preventing diagnostic GA procedures taking place.

Arrangements in place with Queen Victoria Hospital NHS Trust in East Grinstead have provided additional capacity for a small number of urgent, complex head and neck cancer patients to be treated and arrangements have been made for 28 urology patients to have their surgery in the independent sector, including urgent cases. A revised plan to ensure delivery going forward is being prepared at the time of writing.

2. Centralised booking hub

2.1. As reported since November we now have 5 high level actions:

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

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.

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

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.

Five – Introduce a Patient Focussed Booking Programme convenient for all patients. This will follow on once we have made sufficient progress on objectives one to four.

Progress to date on one to four is set out below.

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

2.2.1. The hub books on average 1030 patients a day. We continue to work towards clinical triage within 48 hours. The referral team are proactively monitoring the referrals received and highlighting to the directorates any service that exceeds the target of 48 hours.

2.2.2. An RMS software upgrade will enable a drop down menu making it easier for consultants to use. We are now in a trial environment; the test functionality should be completed by Mid-April. Once this is completed a schedule of works for rollout will be devised and implemented from beginning of May.

2.2.3. In February we booked 68% of patients 0- 5 days with 85% of patients being appointed in 0 - 10 days. The hub is still experiencing issues with capacity in certain specialities and work is continuing to reduce overall waiting times so we do not have to hold patients until we have an available outpatient slot.

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**

2.3.1. We are planning a software upgrade which will allow us to automatically populate new RMS patient but the IT costs have risen tenfold and the development is under review at the time of writing.

We are continuing to telephone any patient to be booked with less than 10 working days' notice to ensure they are able to make the date and have it noted in their diary. We will also be investing in letter tracking software so we can be sure that the letter has been sent to the patient.

2.3.2. Text reminders continue (where patients have given their mobile number) and we are looking at two way messaging so patients can cancel by text if they are unable to attend.

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

2.4.1. In March the booking team received an average of 1042 calls (range 842-1515) a day an increase of 0.5% month on month with 95% being answered within an average pick up time of 28 seconds. The team is starting to collect data on the main reasons for calls so we can address any continuing system issues and reduce the need for patients to call.

2.4.2. A missed / dropped call report is run daily and if a telephone number is logged as having waited over 45 seconds we will contact the caller to ensure that there query is resolved. Detailed logging practice continues. The team is continuing to improve performance with 100% compliance on 16 April.

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.**

2.5.1. A 'look forward' report is sent weekly to directorates to review their clinic schedule but the schedule is not easy to use. In March we saw 176 clinic cancelled with less than 6 weeks' notice impacting on 1436 patients. The team is now starting to investigate a sample of these in real time so we can continue to work on the cancellation process including authorization and reasons for cancellation. A new electronic clinic management form will be trialled, tested and launched in May.

2.6. A dashboard showing performance over time across all four areas is being developed – data showing volume of bookings and calls handled is attached at Appendix One. We have also :

- developed a senior role of 'Transformation Lead – Clinical Services' from within the current establishment and the post holder, who previously deputised for the Head of Booking, is now taking the lead on various improvement projects outlined here;
- Are continuing discussions on the number of funded posts as we cannot run the current level of service within budget;

2.7. Once this initial tranche of work is complete we will work on a continuous improvement programme to ensure that we have a patient focussed booking programme that is convenient for all patients. CCG colleagues have worked with us to help identify key changes in booking practice that they would like to see in 2015/16. These fully align with our implementation plan and we are agreeing a Service Development Improvement Plan with them in order to take this forward.

3. Conclusion

3.1. Whilst our programme of work over the last five months has absolutely focussed on the right things, there is still significant work to be done and this is not without risk, particularly with our continued pressures on unscheduled care.

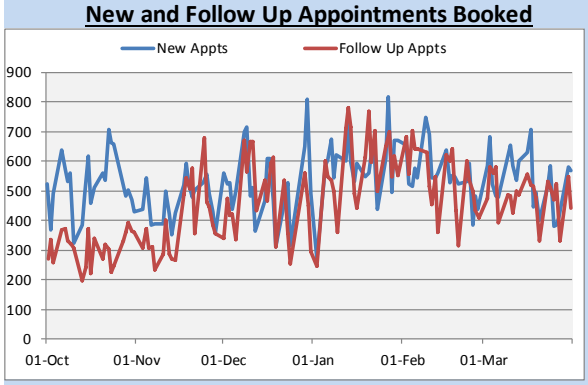
3.2. In terms of the Booking Hub we have identified a clear improvement programme and put robust measures in place to ensure that the Booking Hub delivers the required level of service.

Sally Howard, Director of Scheduled Care and Service Transformation
17 April 2015

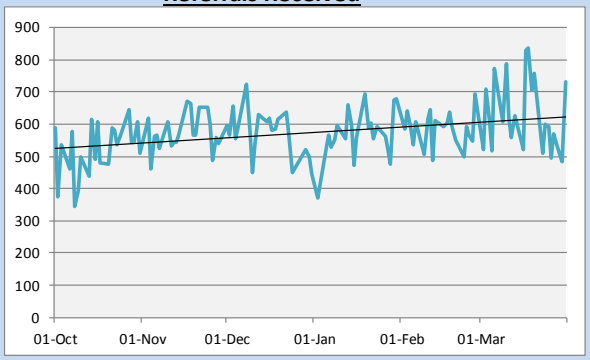
Appendix One - Performance Dashboard – Central Booking Hub

BOOKING CENTRE PERFORMANCE DASHBOARD - PERIOD 1ST OCTOBER 2014 - 31ST MARCH 2015

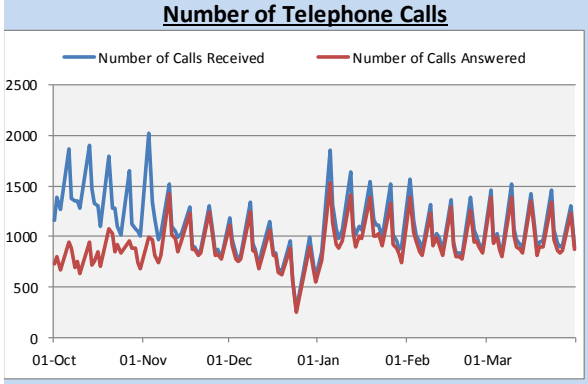
New and Follow Up Appointments Booked



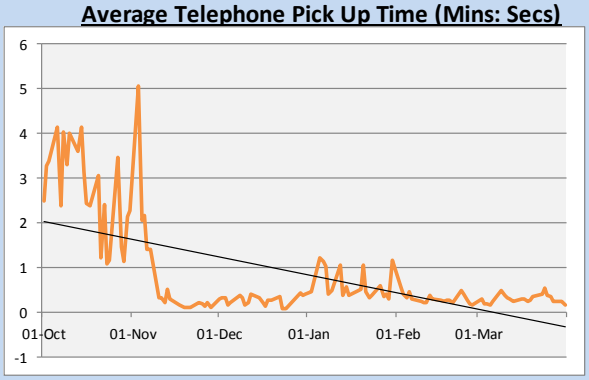
Referrals Received



Number of Telephone Calls



Average Telephone Pick Up Time (Mins: Secs)



Percentage of Calls Received and Answered