Meeting:	Brighton and Sussex University Hospitals NHS Trust Board of Directors
Date:	1 June 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 we have a robust plan in place to:

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

Links to strategic objectives	Both programmes of work are 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, in particular urgent cancer cases awaiting surgery • 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	Significant revenue 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, 1 June 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 June 2014 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.

1.3. We have used 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. In terms of current waiting times we remain with over half waiting over 18 weeks in spinal, trauma and orthopaedics, digestive diseases surgical (DD surgical) and oral surgery and increasing demand for services in DD surgical and oral also (Appendix One refers). There is a plan for oral surgery and plans for the new integrated spinal service & investment in DD Surgery is agreed and is being finalised ready for implementation in August 2015. CCG colleagues are working with us on all aspects. Dedicated support from the Delivery Unit has been assigned to help roll out the new model for DD Surgery. There is also more to ensure the necessary level of critical care capacity for our complex patients.

1.4. The work planned will deliver aggregate compliance across all three targets from October 2015 and the programme of work required will form a key part of our high impact actions during 2015/16. This remains however high risk with:

- the continued pressures in relation to unscheduled care;
- significant changes in care pathways and resourcing in neurosurgery, spinal, DD surgical:
- a change in reporting arrangements for musculoskeletal services (MSK) where the 18 week performance will be reported by Sussex MSK Partnership going forward;
- affordability.

These in combination have made the modeling more complex. A risk register with associated mitigations is being developed with CCG colleagues.

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

	National Target	Performance February	Performance March
Admitted Care	90%	70.9%	71.5%
Non-admitted Care	95%	88.3%	88.9%
Incomplete backlog	92%	88.7%	87%

1.6. In terms of data quality:

1.6.1. The new Patient Access Policy has been reviewed by CCG partners and will be presented to the Clinical Management Board in June for final approval;

1.6.2. We have appointed a new Performance and Assurance Manager post to:

- 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.

A comprehensive competency based training matrix is being developed to ensure all centralised administration teams are trained to required standards in order to ensure improved data quality and adherence to the Patient Access Policy.

1.7. The NHS IMAS Intensive Support Team continue to work with us and are currently working with teams to assure us on the quality of our data capture, both in relation to diagnostics and cardiac services. A programme of work will be agreed with internal audit to assure us on all data quality going forward.

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.

We reported a 92.57% performance against the 93% target (93% of patients to be seen within two weeks of an urgent GP referral for suspected cancer) but are on track to deliver in May with a number of service improvements in place including direct access for CT and MRI diagnostics at PRH to enable same day appointment requests and additional capacity in DD surgery.

1.9. 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 with the following known pressure points. In each case patients are being prioritised according to clinical urgency:

Cardiac CT

There is insufficient capacity to meet the recent increase in demand for cardiac CT. A business case for additional radiology and radiographic capacity has been prepared – in the meantime the team is running additional sessions. We expect to achieve target performance in August 2015.

MRI

The two RSCH MRI scanners have been independently benchmarked (NHS Benchmarking 2012) as the oldest and busiest MRI scanners in the NHS. The scanners are unreliable and frequently break down. The medium term plan is for install of a third scanner in June 2015 and replacement of the two scanners in December 2015. In the short term we are increasing the numbers of scans delivered by our independent sector partners and working with our capital and estates colleagues to deliver improvements to the cooling equipment which supports the scanners. There is an ongoing risk to performance until December 2015.

Ultrasound

The breaches in April 2015 are down to booking errors and these are being reviewed. We expect to achieve performance in May 2015

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.

There is good progress against all items and discussions with the finance team to ensure that the team has the required number of posts to deliver the level of booking service that is required and an agreed set of KPIs are nearing completion.

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

New functionality has been added to the booking system so we can check the number of patients still awaiting clinical triage after 48 hours and chase these. Cardiology and Neurosurgery were 2 specialities that did not use the RMS systems. Cardiology now triages on RMS and Neurosurgery is at the first stages of using RMS (staff training underway). Plan for Neurosurgery to go live in June 2015 when they relocate from HWP to RSCH.

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**

All patients with appointments being booked with less than 2 weeks' notice are contacted by telephone to ensure they are aware of and confirm appointment. Actions to reduce DNAs are being pursued. These include:

- a redesign of the outpatient appointment letter;

- a re-wording of the current text reminder service to highlight the impact of DNAs;
- an evaluation of the possibility of two way texting to allow the patient to respond to their appointment text reminder.

We also now have in place software that records all letters that are generated and sent out of the hub.

2.4. **Three - An absolute focus on eliminating missed calls with all calls to be answered within one minute**
Call pick up rate remains consistently over 95% and continues to improve. Therefore the answer phone service, although still switched on, receives no messages as all calls answered within 30 seconds. 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.

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.**
An electronic Clinic Management Change Request form has been developed and is currently being tested. A pilot is underway in Trauma and Orthopaedics and Paediatrics and has shown some modifications and adjustments need to be made. We are working with IT and Central Intelligence Unit (CIU) so the planned rollout across all specialities can begin 26th May.

2.6. The Service is introducing a new information dashboard which collects detailed information in order to measure progress against all targets (Appendix Three refers). Sickness and absence monitoring is undertaken weekly as part of the performance monitoring for the Hub. In March 2015 sickness was 3.11% and April 2015 was 3.2%. All complaints received by the Hub are answered within 24 hours by the Operations Manager for the Hub. In January – April 2014 the Hub received 22 formal complaints and 4 referrals from the PALS service. In the same period for 2015 the Hub received no formal complaints and 28 enquiries from PALs which were sorted within 24 hours of receiving them. A presentation at the BSUH Patient Experience meeting on 20 May was well received and the team is continuing to present to audiences internally and externally.

2.7. In summary we have engaged with clinical teams who were disenfranchised and with CCG colleagues as the programme of improvement has been taken forward. There will be a full update on the booking hub at the Board meeting on 24 August 2015.

3. Conclusion

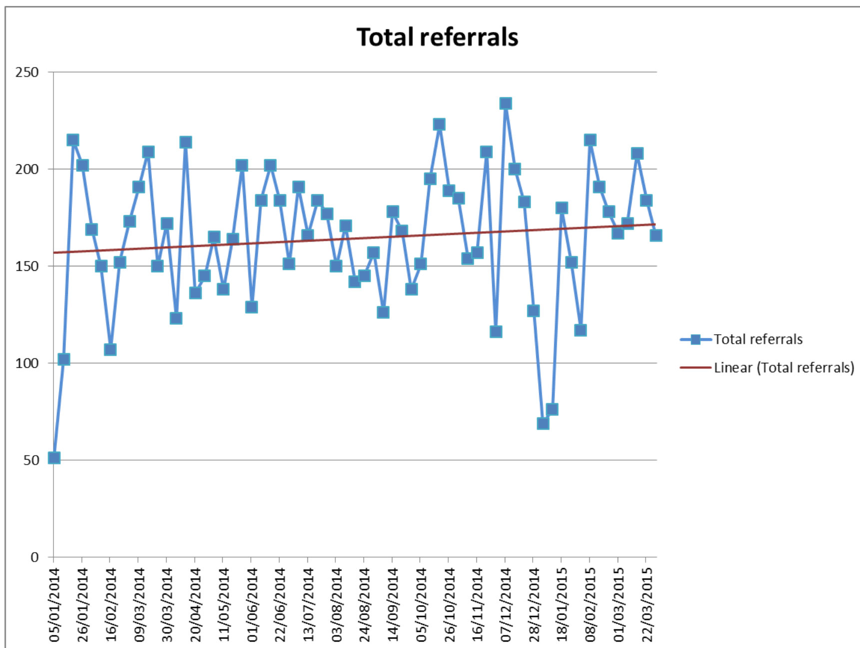
3.1. The work on RTT and the booking hub began as stand-alone projects in order to ensure the required grip and focus but are now being brought together. The weekly RTT meeting is now looking at the totality of how we book our patients, make best use of capacity and have a level of ownership across all parties.

3.2. Appendix three sets out the headlines for this work and these have been shared with and agreed by CCG colleagues.

Sally Howard, Director of Scheduled Care and Service Transformation **20 May 2015**

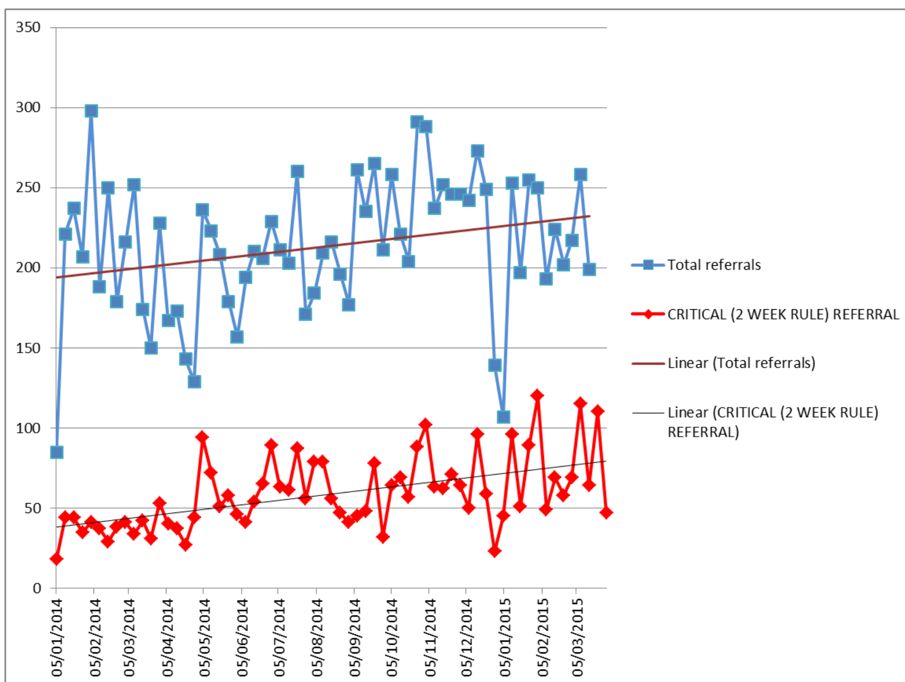
Appendix One

Referrals – Oral Surgery



BSUH has seen an increase in referrals and is in discussion with NHS England to work on diverting referrals which should be seen in the community.

Referrals – DD Surgical

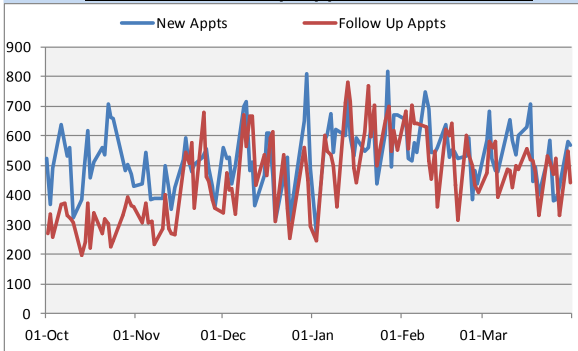


Despite attempts to divert non-urgent referrals elsewhere, overall referrals have risen and the proportion of urgent referrals has also risen.

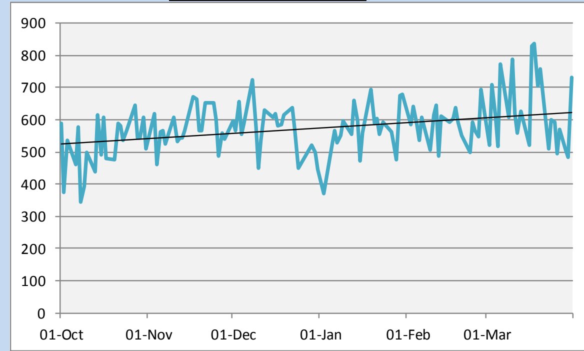
Appendix Two - Performance Dashboard – Central Booking Hub

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

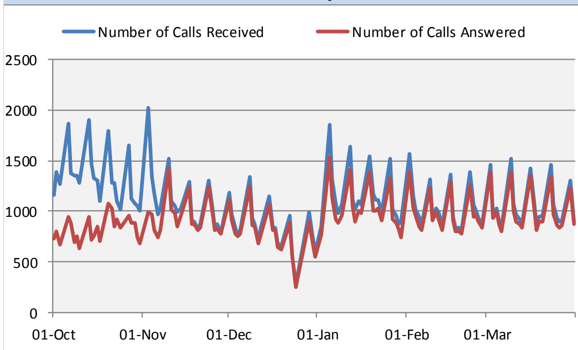
New and Follow Up Appointments Booked



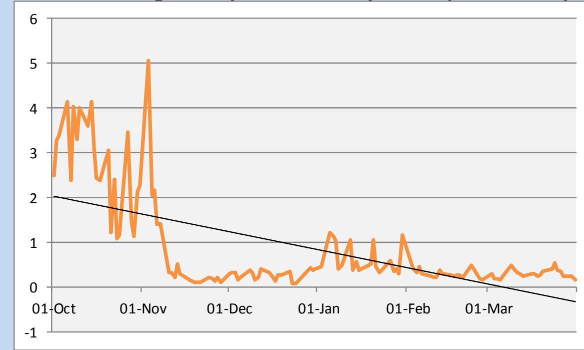
Referrals Received



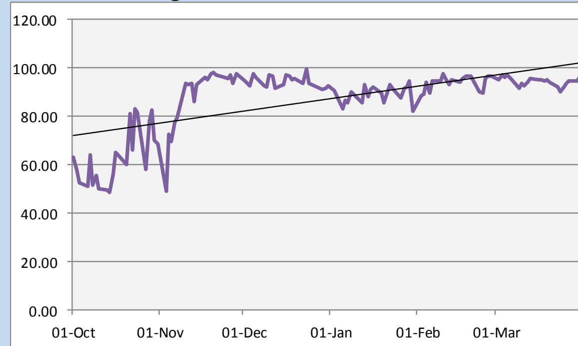
Number of Telephone Calls



Average Telephone Pick Up Time (Mins: Secs)



Percentage of Calls Received and Answered



Appendix Three

Timetable for developments 2015/16 (as per Contract and SDIP)