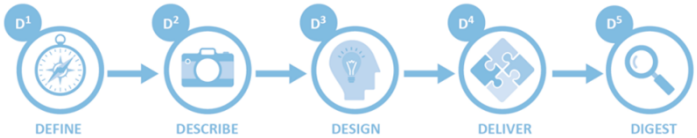
Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

COUNCIL OF GOVERNORS
17th June 2015

TITLE	**Improving Outpatient Services project update**
EXECUTIVE SUMMARY	As part of the Trust's service improvement programme for 2015/2016, the 'Improving Outpatient Services' project has been initiated. It is anticipated that the project will run for the duration of the year 2015/2016 and a project manager has been seconded from the operational team from April 2015. The update describes the background to and scope of the project; a summary of the objectives and desired outcomes; as well as the details of the actions taken so far and next steps within each of the project workstreams. This summary also describes the metrics to be used to monitor outpatient improvement.
The Council is asked to:	Note the report
Submitted by:	Mark Hinchcliffe, Programme Office Manager on behalf of Lorraine Knight, Chief Operating Officer
Date:	29th May 2015
Decision:	For discussion

Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

IMPROVING OUTPATIENT SERVICES



PROJECT UPDATE – MAY 2015

VERSION 1.0

CONTENTS

i) Background information

ii) Desired outcomes

iii) Update on objectives and next steps

iv) Improvement measures

BACKGROUND INFORMATION

As part of the Trust's service improvement programme for 2015/2016, the 'Improving Outpatient Services' project has been initiated. It is recognized that the administration processes that support our Outpatient services are an area for improvement and these have a significant impact directly on our aim to improve patient care, outcomes and experience. Improvement of outpatient services is high on the priority list for the Trust Board, Governors and for patient representatives as these services provide the setting for the majority of patients' interactions with the organisation.

In planning for the project, and in order to identify further areas for improvement, an analysis of complaints relating to outpatient services was carried out in August 2014. Analysis of complaints information over the last two years showed a significant increase in the number of complaints received relating to outpatient services and to 'information' and 'appointments' specifically.

In addition, feedback received from the 'Friends and Family' questionnaire recently implemented in the ASPH outpatient services and NHS Choices provided useful themes for improvement as well as some specific comments relating to patient experience, including:

- Appointment cancellations without explanation
- Waiting long periods for a Consultant in a late-running clinic
- Poor communication from outpatient reception teams with reference to booking follow-up appointments
- Poor communication from the Appointment Centre with reference to cancellations and re-booking
- Patients feeling they are "lost somewhere in the administration"

BACKGROUND INFORMATION

In November 2014 a workshop was hosted by Suzanne Rankin, Chief Executive with over 50 representatives from outpatient admin teams, clinical staff and patient representatives as part of the initiation of a project to improve a number of aspects of our Outpatient services.

The objective of the workshop was to gather first-hand intelligence to inform our improvement work and the outcome of the workshop would be a collation of views and experiences and an improved understanding of how our current outpatient administration processes operate, and how they impact on patient care and patient experience. The administration processes reviewed included receipt and grading of GP referrals, booking of outpatient appointments and patient communications (phone calls, and letters).

The outcomes of the workshop, including areas for improvement and specific changes suggested by the team form a valuable input to this project and these are summarised on Appendix A.

From the feedback and proposals generated at the workshop, as well as the analysis of complaints and benchmarking of our services with organisations in preparation for the CQC inspection in December 2014; strong themes for improvement have emerged which will form the focus of the project and can be summarised in the following goals:

- Reduced delays in the patient pathway from referral to appointment, and to appointment outcomes
- Improved frequency, quality and timeliness of communication with patients on an outpatient pathway
- Improved access to the Trust for patients and GPs in order to access the information they need

BACKGROUND INFORMATION - PROJECT SCOPE

Due to the size and complexity of outpatient services, it is important that the scope of this project is clearly defined and agreed with all parties, including the project sponsor and the project team(s). It is proposed that the following areas will be 'in scope' of the 'Improving Outpatient Services project:

- All outpatient services provided at Ashford and St Peter's Hospitals, including Orthopaedics
- The processes for receipt of referrals from GPs
- Communication and education of GPs in the referral processes and the Trust's Outpatient services
- The processes and systems for the triaging and grading of referrals from GPs
- The processes and resources in the central Appointment Centre
- The processes for generation and issuing appointment letters and generation of clinic outcome letters
- Clinical office processes for cancellation and management of outpatient appointments
- The processes and systems available for communication with patients within clinic areas

It is proposed that the following areas will be 'out of scope' of the project:

- Delivery of 18-week, RTT and cancer targets or operational management of any team
- Medical records and Electronic Patient Records (EPR)

BACKGROUND INFORMATION - BASELINE INFORMATION

The information below shows the current performance against the measures specifically referenced in the patient feedback relating to outpatient services (April 2014 to February 2015).

Indicator	Mean average	95th%ile
Time from receipt of GP referral to first appointment booking made	14 days	62 days
Time from receipt of GP referral to first appointment attendance	42 days	111 days

Indicator	Average per month
Number of appointment cancellations < 2 weeks' notice per month	1,463 (Approx. 4%)

Appointment Centre Observations

As part of the 'Describe' phase of the project, a period of data collection and observations was carried out with the Outpatient Appointment Centre team. By spending time with the appointment staff it has been possible to identify areas for improvement to reduce delays, duplication and re-work.

In summary, although activity through the Appointment Centre has increased in the last 3 years (below); the processes within the team have not improved or become more efficient in this time and as a result the team are not able to sustainably achieve the standards required.

	2012/13	2013/14	2014/15 ↑
Number of referrals received for new appointments	152,775	172,087	180,570
Number of urgent referrals received for TWR appointments	7,266	7,927	8,952

	Nov 13 to Feb 14	Nov 14 to Feb 15 ↑
Number of inbound phone calls	17,295	41,770
Average time to answer phone calls	3 min 39 sec	4 min 6 sec

CONTENTS

i) Background information

ii) Desired outcomes

iii) Update on objectives and next steps

iv) Improvement measures

DESIRED OUTCOMES

The project will engage and work with the Divisional and Corporate teams to improve the admin processes that support the outpatient services in order to deliver the desired outcomes below:

1. A more efficient and accurate process for the receipt of referrals from GPs to the outpatient Appointment Centre; reducing the time taken from receipt of a referral to a first appointment being made
2. An improved booking process for new appointments that ensures patients attend the right clinic, first time with minimal cancellations from the hospital with less than 2 weeks' notice
3. A more efficient turnaround of communicating clinic outcomes with patients through clinic letters by supporting the Divisional teams to design and implement improvements in the administration of DICTATE IT
4. Full implementation of a training programme for all outpatient administrative staff to provide an understanding and improvement in standardised ways of working; improving efficiency, reducing errors and avoidable delays in patient pathways
5. Improved accuracy of information provided to patients in all written documentation and correspondence regarding outpatient appointments
6. Improved outpatient environments and communication with patients attending clinics leading to more patients to recommend ASPH as a Trust to receive their treatment
7. Training administration staff on PAS/Ardentia/Patient Centre to ensure correct data is input, leading to less errors in pathways

CONTENTS

i) Background information

ii) Desired outcomes

iii) Update on objectives and next steps

iv) Improvement measures

OBJECTIVES

The detailed objectives of the project are documented in the project brief and these are arranged in a number of workstreams. A summary of actions taken and next steps in each of the workstreams is below:

1 - GP-to-Outpatients referral management processes	
Completed…	**Next steps…**
- Mapped and documented the current referral routes into the organisation	- Work with the CCG and GPs to maximise the use of Choose and Book and increase electronic referrals directly into the Appointment Centre
- Agreed correct referral routes from GPs with team from the CCG, Referral Support Service (RSS) and ASPH to reduce duplication and delays	- Work with the CCG to create electronic referral proforma to facilitate triage into correct outpatient clinic first time

2 - Outpatient appointment booking processes	
Completed…	**Next steps…**
- Mapped the booking processes and roles and responsibilities with the Appointment Centre to identify areas for improvement	- Introduce a more efficient scanning process to the Appointment Centre
- Implemented 'quick-win' changes to booking processes including maximising the use of the electronic triage system (RTS) and not converting referrals into paper	- Implement changes to the RTS to i) reduce duplication and delays in triaging process (printing and rescanning); and ii) enable clinicians to triage to the correct clinic

OBJECTIVES

DESCRIBE

3 - Clinic delays and communication

Completed…	Next steps…
- Set up daily board round in the main Outpatients department on the Ashford site (see Appendix A)	- Set up daily board round in Outpatients on the St Peter's site to mirror process at Ashford
- Outpatient Friends and Family report created to be shared with specialty teams and use in specialty performance reviews	- Work with the Outpatient teams to identify reasons for late starting clinics and trial reporting to make improvements with specialty teams - Trial a process to communicate late starting and delays in clinics with patients, including reasons for delays

4 - Staff training

Completed…	Next steps…
- Training on RTT, Patient Centre, Ardentia and PAS developments delivered to Service Managers, Clinical Office Team Leaders, Central Booking Office and Appointment staff	- Deliver training on Patient Centre for all Appointment staff, Ward Clerks and Outpatient Receptionists to improve follow-up booking processes
- Training material made available to all staff in the form of manuals and 'How to..'	- PAS team to deliver training to clinicians from July onwards
- Worked with Minerva Centre training staff to ensure all new staff receive training as part of induction	

OBJECTIVES

DESCRIBE

5 - Clinic cancellations

Completed…	Next steps…
- Root-cause analysis undertaken of avoidable short notice cancellations of appointments (under 2 weeks) and actions identified to address most frequent reasons	- Meet Service Managers to agree actions to reduce numbers of short-notice cancellations
- Training provided to Clinical Office staff via Team leaders in use of correct cancellation codes	- Pilot actions to facilitate reduction in one specialty (Obs & Gynae)
- Report created to show reasons for cancellations	

6 - Appointment and Clinic outcome letters

Completed…	Next steps…
- Met with the Patient Panel to share project objectives and approach	- Ensure all services use Synertec to issue appointment letters to patients
- Identified changes to appointment letters to avoid confusion for patients	- Circulate reports and complete root-cause-analysis of delays associated with dictated clinic outcome letters
- Specified reports required for monitoring delays associated with dictated clinic outcome letters	

CONTENTS

i) Background information

ii) Desired outcomes

iii) Update on objectives and next steps

iv) Improvement measures

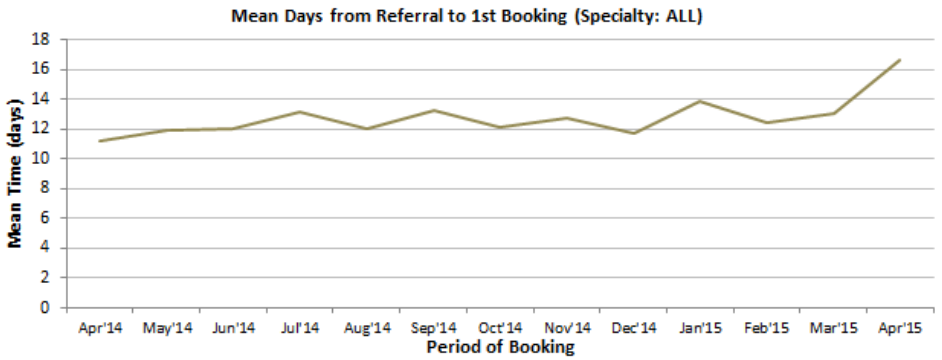
IMPROVEMENT MEASURES

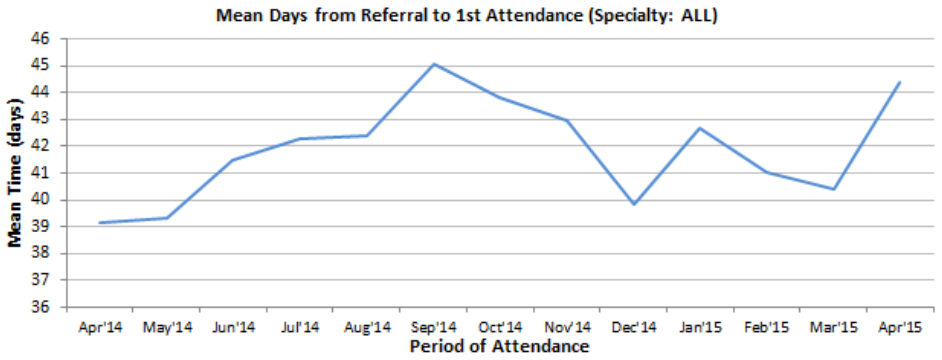
As part of the 'Design' phase, the outcome measures that will be used to monitor performance improvement have been determined.

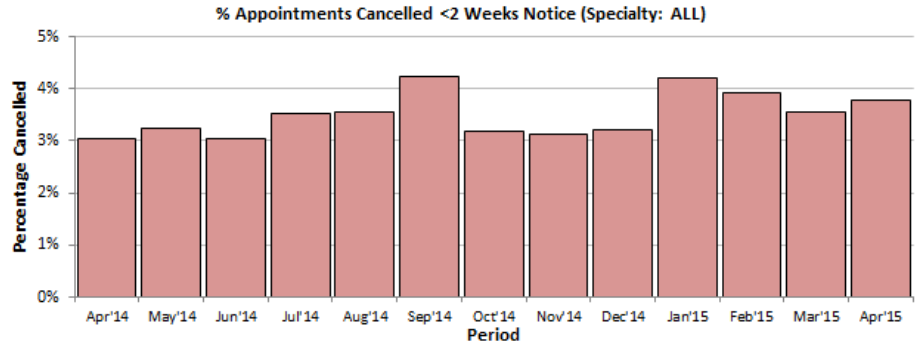
Performance against these will be shared with the project and specialty teams via a monthly improvement dashboard and will include:

- Reduced average time from GP referral to first outpatient appointment made (days)
- Reduced average time from GP referral to first outpatient attended (days)
- Reduced proportion of outpatient appointments cancelled with less than 2 weeks notice (%)

- Reduced proportion of late-starting / over-booked outpatient clinics (%)
- Improved outpatient Friends and Family rating (TBC)
- Improved turnaround of clinical outcome letters (days)





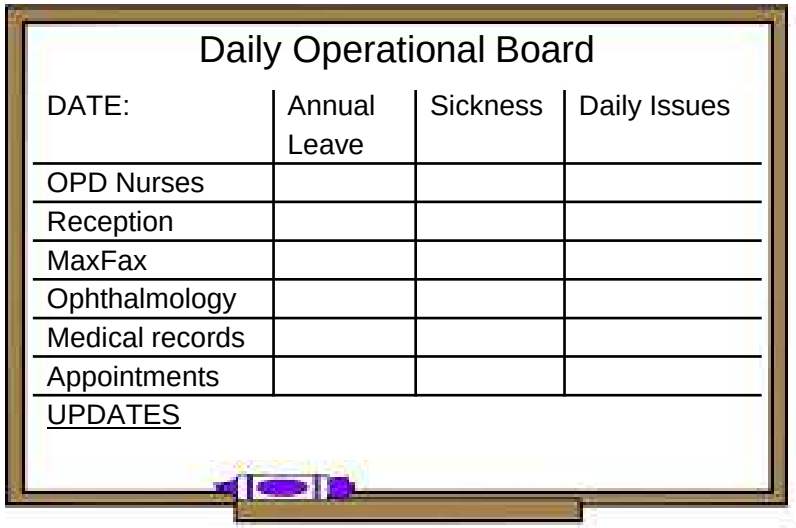


APPENDIX A - OUTPATIENT DAILY BOARD ROUNDS

In April 2015, a standing outpatient operational 'board round' meeting was implemented at Ashford Hospital. The meeting is held at 08:45 each day in the main Outpatients department; led by the Outpatient Matron and is attended by members of the local teams, including Nursing, Reception, Medical Records, and Appointment Centre.

This short, daily meeting ensures that the teams are able to act on issues quickly and that information is cascaded to all relevant staff at the start of the day.

Issues such as staff shortages, cancellations, delays, etc can be acted upon immediately causing less disruption once clinics start. Patients can also be informed of any potential delays in a timely manner.



The daily outpatient board rounds have been implemented at Ashford Hospital and will be implemented at St Peter's in the next few weeks.

Left: Daily board meeting held at Ashford Outpatient in May 2015