The Whittington Hospital NHS
NHS Trust

ITEM: 6

MEETING: **Trust Board**

DATE: **15 March 2006**

TITLE: **Service Development Projects – Update**

SUMMARY:

This report provides a summary of the Service Development Projects. Since the last report all projects have commenced and overall very good progress is being made.

The **Day Case & Theatres** project, which was the first to start, has delivered particularly impressive improvements in day case rates and revised the theatre timetable to result in the closure of one theatre and improved utilisation of the others. We are on track to achieve the project's target of a 15% increase in the surgical day case rate compared to last year.

Other projects have a longer timescale to produce service improvements and are linked to strategic and national targets, such as the 18-week standard, bed day reduction targets, which both take effect from 2008.

However, it should be noted that reduction in length of stay within medical beds as part of the **Making Best Use of Beds** project has already permitted the temporary closure of medical and surgical beds in line with plan. We have been able to close a medical ward for four months this year and a surgical ward for five months. Plans to permanently reduce length of stay and bed day use are completed and the implementation stage is now underway.

A key stage within the **Rapid Diagnostics** project is establishing systems to measure what are commonly known as "hidden waits". This is now underway through a sub-project called PARIS which is linking PAS (the waiting list management system) with RIS (the radiology system) in order that we can measure waits for all types of imaging procedures.

Progress on the **Modernising Secretarial Systems** project as well as staff changes relating to the **Changing Outpatients** project have been incorporated into the wider Clinical Administration Review (discussion paper on CARE project approved by HMB in October 2005). This will result in quite profound changes to the way our administrative systems support clinical work. A detailed action plan is attached for the information of the Trust Board.

ACTION: **For Information**

REPORT FROM: **David Emmerson, Head of Service Development**

SPONSORED BY: **Tara Donnelly, Director of Operations**

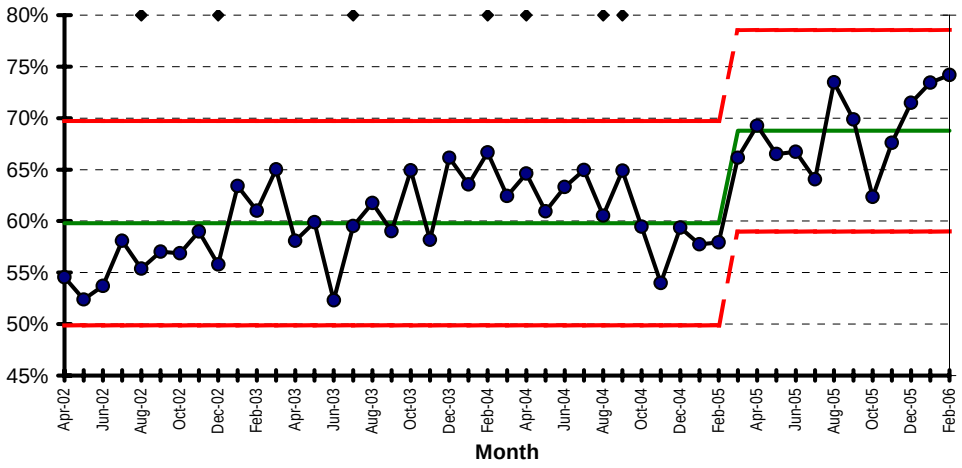
1. Summary of Service Development Projects

Project	Deliverables	Progress Report
Day Surgery & Theatres	▪ Increase Surgical Day Case rate from 60% to 70% ▪ Convert 340 Elective IP to Day Cases (part year effect) ▪ Increase direct access service to day surgery ▪ Increase emergency day surgery ▪ Increase theatre utilisation – closure of a theatre	✓ Surgical Day Case Rate: 69% in Apr 05-Feb 06 ✓ 396 IP converted to DC to February 2006 ✓ Direct access – extended to Orthopaedics ✓ One theatre closed – activity plans maintained × Emergency day surgery – more to do here
Changing Outpatients	▪ Achieve 13 maximum wait by December 2005 ▪ Environmental improvements ▪ Adapt booking systems ▪ Create capacity by reducing DNA rates (follow ups)	✓ Max 13-week wait achieved in December 2005 ✓ A number of environmental changes implemented and others currently underway ✓ Analysis of current booking systems completed × Improvements in follow up DNA – not yet achieved × Staff changes being linked to the Clinical Administration Review Project, planned for May 2006 o Have had to modify plans to centralise booking teams because health records space will not be available
Diagnostics	▪ Achieve max 26 week wait for MRI/CT scans by 03/2006 ▪ Adapt data collection systems ▪ Capacity & Demand/whole system model ▪ Change booking systems ▪ Develop plans for improving access to diagnostics as part of whole patient journey (reduction to 18 weeks)	✓ Max 26-week wait now achieved for CT and virtually there on MRI ✓ Ultrasound wait reduced ✓ Data recording changes in progress (PARIS) × Whole system model/18-week plan – analysis under way × Booking systems - plans revised and linked to the Clinical Administration Review Project
Making Best Use of Beds	▪ 5% reduction in emergency bed day use by 03/2008 ▪ Temporary 20 bed ward closure in 2005/06 ▪ Permanent 20 bed closure from 2006/07 onwards (8,000 bed days required) ▪ Revised discharge planning processes ▪ Targeted length of stay reductions ▪ Reduced number of DTOC patients ▪ Admission avoidance/long term health needs	✓ Temporary ward closure programme through summer ✓ Benchmarking of LOS by Healthcare Resource Group ✓ Top 25 selected & process mapping commenced ✓ Discharge planning – process changes identified × Care Bundles– linking with the Saving Lives initiative, audit not yet completed ✓ Monitoring arrangements in place to track PCT identified LTC patients (small numbers at the moment).
Modernising Secretarial Systems/ Clinical Administration	▪ New (single?) Booking Systems & Processes ▪ New Roles ▪ New Technology ▪ New Environment To change booking systems and support services	✓ Major revision of project plan ✓ Modernising Secretaries project now part of wider project looking at Trust-wide booking systems ✓ Consultation paper to formally change jobs in preparation for issue in April 2006.

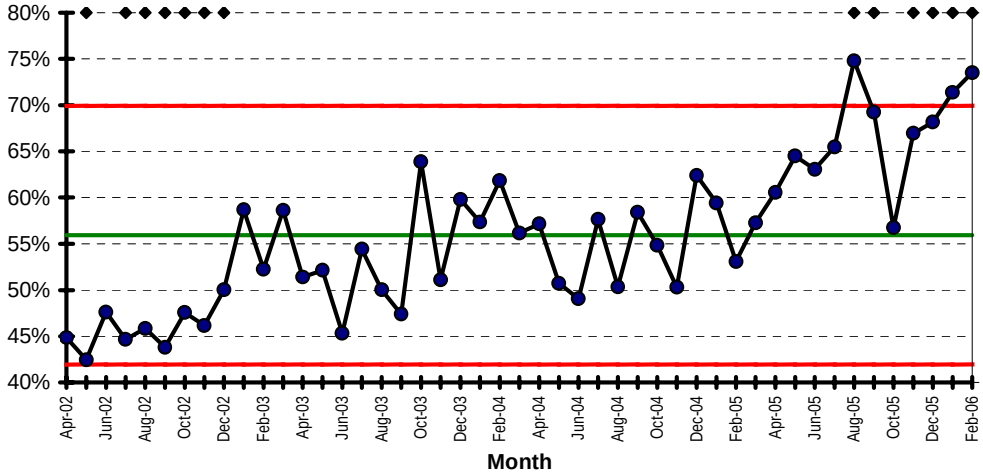
Project 1: Day Case & Theatres

Orthopaedics and Gynaecology have made the largest and significant increase in percentage of elective work treated as a day cases and are unaffected by changes to activity counting mechanisms. General Surgery and Urology have also made improvements although the correction to data recording in the year obscures the true impact. In the April 2005-February 2006 period, the average day case rate was **69%** with the last three months above 70%. Performance in March 2006 is expected to exceed the previous three months.

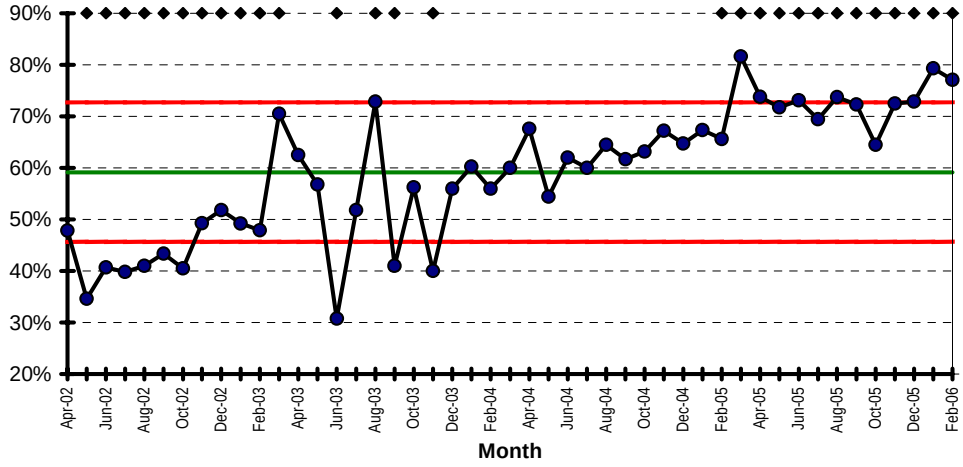
Surgical Specialties

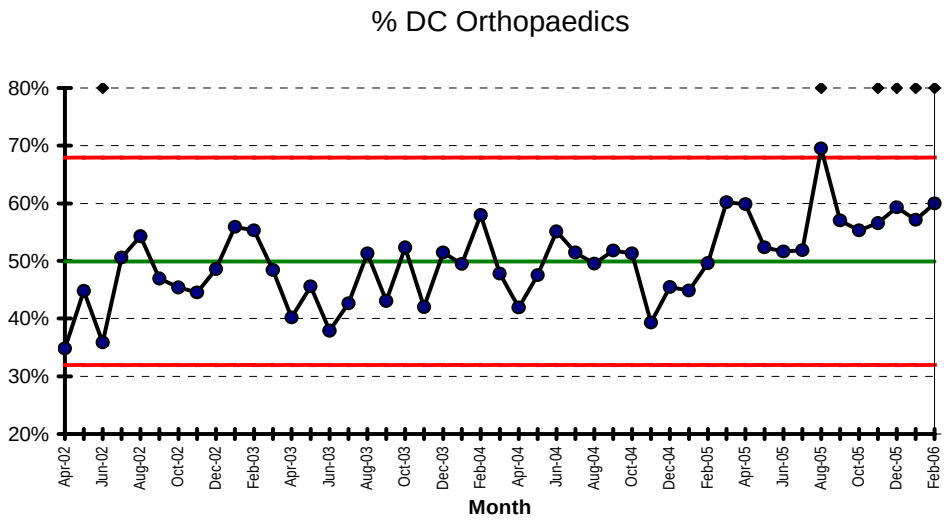


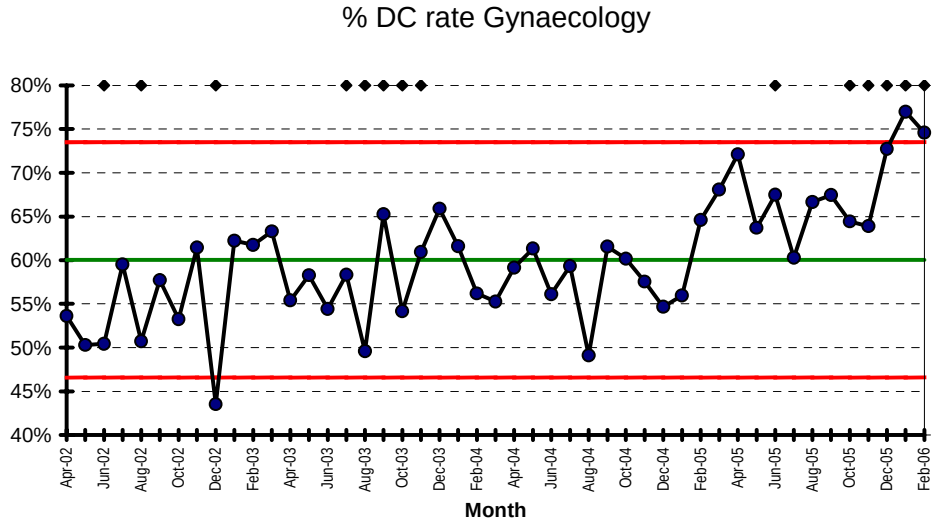
% DC General Surgery



% DC Urology





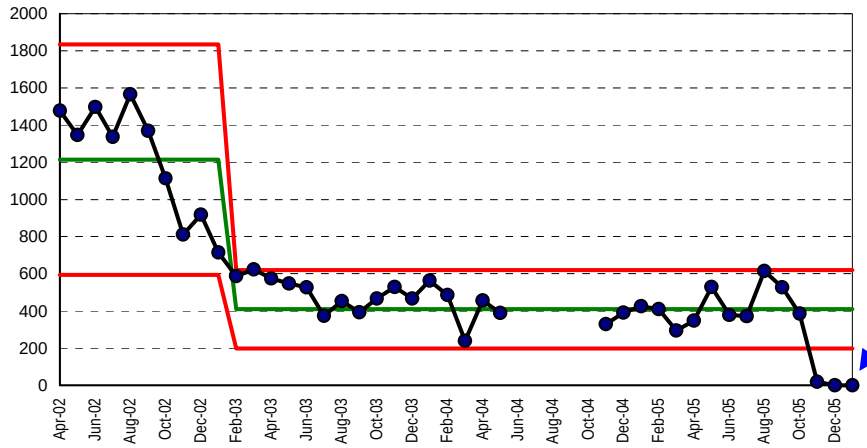


Conversion of Elective Inpatient to Day Case

	Apr-Feb 05			Apr-Feb 06						
	IP	DC	DC%	IP	DC	Reclassified activity	DC%	Expected DC	Actual DC -excl reclassified	Conversion IP to DC
General surgery	732	855	53.9%	770	1634	330	68.0%	1117	1304	187
Urology	358	629	63.7%	397	1108	385	73.6%	714	723	9
Gynaecology	560	724	56.4%	441	845		65.7%	725	845	120
Orthopaedics	539	588	52.2%	694	925		57.1%	845	925	80
										396

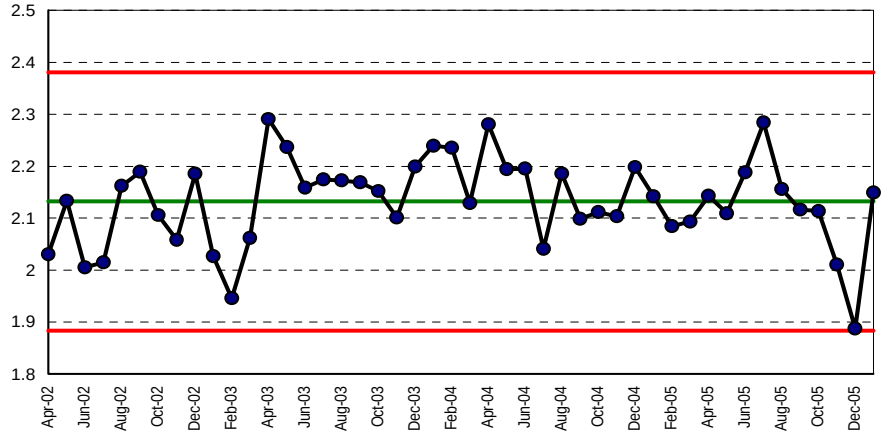
Project 2: Changing Outpatients

OP Waits - Over 13 Weeks (month end snapshots)



New systems introduced to prioritise appointment for GP referrals to ensure the maximum 13-week wait.

First to Follow Up Ratio

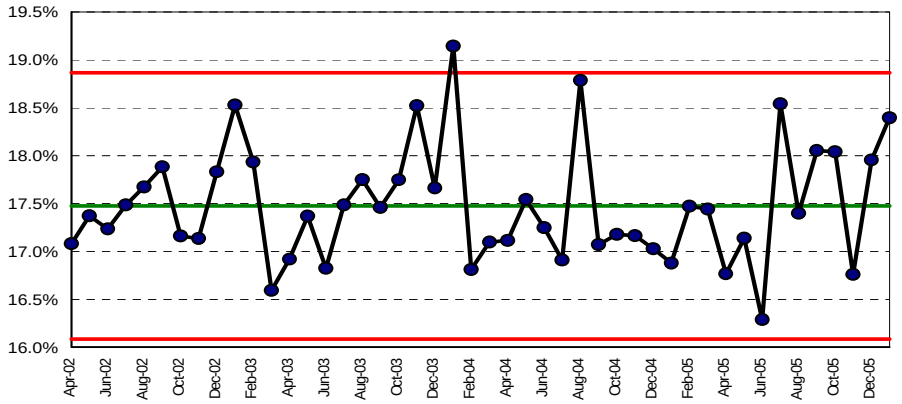


As capacity was prioritised for First appointments, the number of Follow Ups was lower in Nov & Dec but returned to more typical levels in Jan 06.

National average is 2.3.

Sustainability dependent upon (a) clinical need of patients; (b) capacity & demand model in OP for meeting 18 weeks (including alternatives to follow up outpatient care).

DNA Rate - Follow-up Appointments



Delays to changes in booking (partially booking follow-ups) and this is now the priority area for the project

Capacity released by reduced DNAs needed for the capacity & demand model referred to above.

Other achievements:

- ✓ Customer service training undertaken by outpatient staff - nurses, team leaders and clinic co-ordinators
- ✓ Redesign of appointment letters, designed with patient input, now rolled out across the Trust
- ✓ Environmental improvements – Rheumatology clinics complete, ENT underway, "snagging" list complete and monitored regularly with Facilities, new seating will be in this month

- ✓ Analysis of telephone calls to Main Appointments and Partial Booking points – volumes by day of week, by outcome – to assist in the planning of new booking systems and processes
- ✓ Text messaging reminders – now rolled out across the Trust

Project 3: Rapid Diagnostics

This project focuses on achieving the 2008 18 week wait target. Outcomes in the form of significant improvements are not scheduled for 2005/06 with the exception of the maximum 26-week wait for MRI/CT scans.

Data on the queue of CT and MRI patients has only been measured from September 2005 onwards, therefore insufficient data for SPC charts. However the limited available data is presented in tabular form below.

Number of patients waiting at month end (selected modalities)

	September	October	November	December	January
CT scan					
▪ Number over 26 weeks	0	1	0	n/a	1*
▪ Total Number in the queue	157	219	198		138
▪ Percentage under 13 weeks	92%	89%	84%		93%
MRI scan					
▪ Number over 26 weeks	1	1	1	n/a	1*
▪ Total Number in the queue	516	343	486		532
▪ Percentage under 13 weeks	64%	83%	74%		76%
Non-obstetric Ultrasound scan					
▪ Number over 26 weeks	28	20	10	n/a	6
▪ Total Number in the queue	1854	1933	1816		1234
▪ Percentage under 13 weeks	85%	87%	89%		90%

*Note: We believe the 2 “over 26 week patients” in CT and MRI in January were follow-up rather than first patients and this is under investigation

The main focus of the project in 2005/06 is to switch data recording from the existing system onto the Patient Administration System. This will allow a more robust measurement of waiting times and increased control over the process. This work is underway for CT, MRI and ultrasound tests.

Other achievements

- ✓ New national reporting of diagnostic waiting times from January 2006 – The Trust is submitting data to the national system.

Project 4: Making Best Use of Beds

This project was presented to the January 2006 Whittington Forum. A large range of metrics is under review and development. Average length of stay is the main indicator (and is presented below) but other key indicators of success include:

- Number of bed days used (by ward type – acute medical, acute surgical, maternity, paediatric)
- Number of beds open
- Number of outlier patients (number/bed days above the national average or trimpoint)
- Bed days used against plan for targeted HRGs
- Casemix variance reports
- Process indicators to assess effectiveness of admission avoidance and discharge planning changes (e.g., reduction in medical admissions on Mondays for Haringey patients, reduction in LOS for Pentonville patients, number of patients with a planned date of discharge, % patients discharged a.m. as opposed to afternoon)

National Target - Reduce emergency bed day use by 5% by 2008.

The Healthcare Commission has released guidance for this indicator. It appears to be an absolute measure of bed day use. Where alternatives to secondary care have yet to be developed or increased primary care is not available and/or there has been an increase in demand resulting in a an increased emergency bed day use, the HCC indicator will show a poor performance for the Trust.

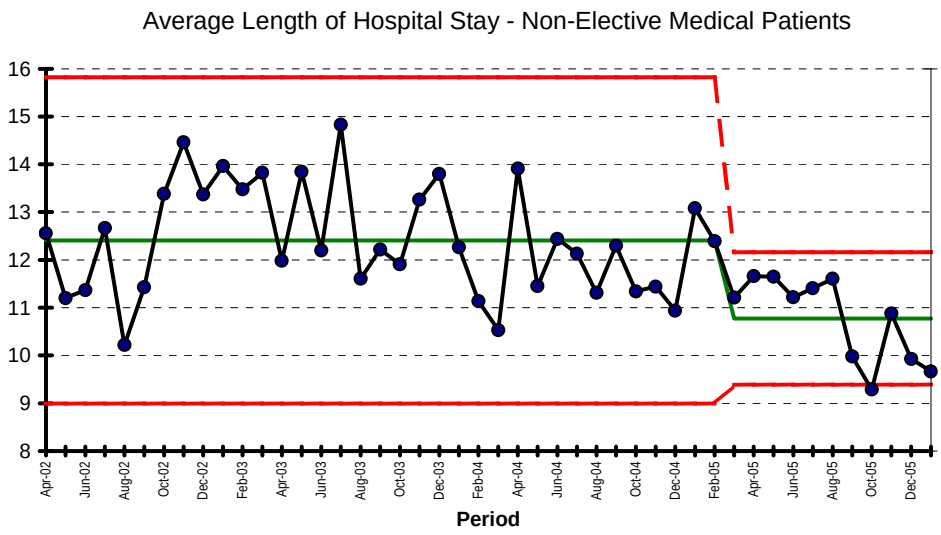
The baseline will be 2003/04. The HCC will compare the 2004/05 bed days used for the 2006 assessment. In 2004/05 the Trust reduced it's overall bed day use by 4% BUT increased the emergency days by 1% due increased demand via the Emergency Department.

In 2005/06 emergency bed day usage is clearly much better with the bed closures over the summer (see below).

<u>Average Length of stay</u>

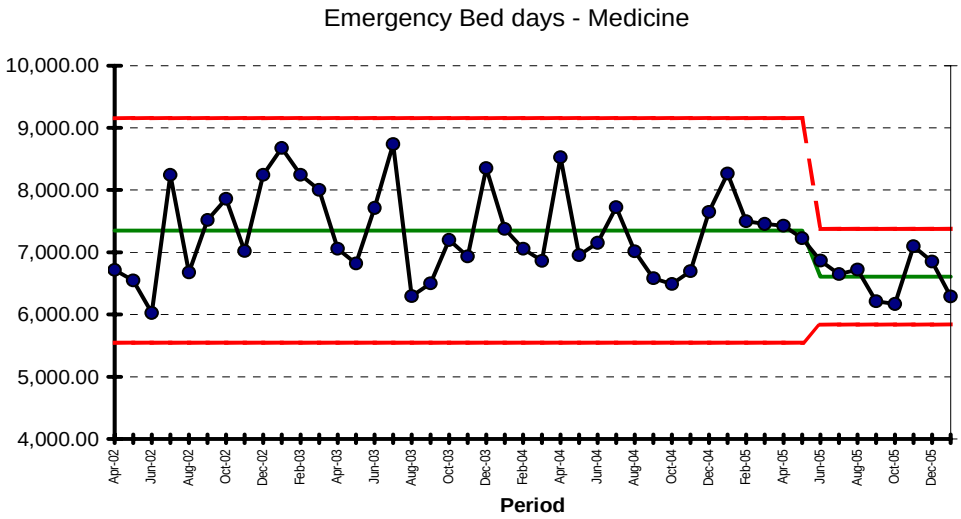
Length of stay and bed day use has reduced from the 2003/04 baseline.

A. Non Elective Activity in Medical Specialties (excluding Emergency Department)



LOS has reduced from the 2003/04 high to an average of 11.5 days through 2004/05 and most of 2005. The major reduction over the last five or six months is believed to be due to the work of this project, and specifically the introduction of new weekly reports on outlier patients. These started by looking at all inpatients with a LOS over 27, then 20 and now is at 15 days.

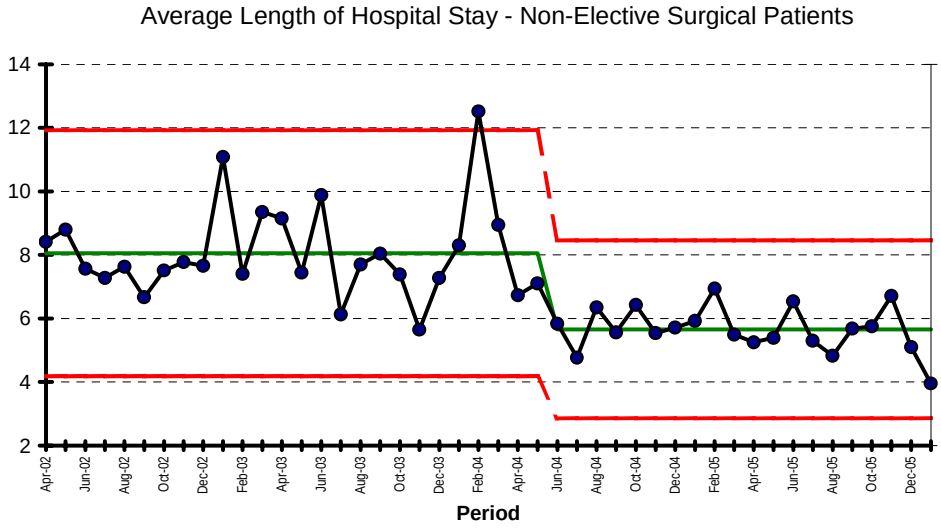
Bed Day Use – Non Elective activity for Medical Specialties



The reduction in bed days used has permitted the closure of beds in the summer months (to October).

B. Non Elective Activity in Surgical Specialties (including Gynaecology)

No overall reduction in surgical non-elective length of stay since the beginning of 2004. However there has been a decrease in elective surgical length of stay.



Project 5: Modernising Secretarial Systems/Clinical Administration Review (CARE project)

The Modernising Secretaries project has been incorporated as a workstream of a wider review of all clinical administration systems. A revised project outline has developed and is reproduced below. All references relate to the actions described and agreed in the Discussion paper brought to the October HMB.

Topic	Action	Completion date	Lead Director & Manager	Progress
3.	**Booking Systems**			
Ref. 3.2 Booking centre	The existing partial booking centre needs to vacate GNB to allow the next stage of PFI building work to continue	1 Mar 2006	PI & TD	Partial booking centre and back stage waiting list management to be located in a dedicated area, part of former day surgery ward is the recommended area in longerterm. Investigating whether possible to do this earlier than post DTC opening to enable a single move and combination of the booking teams Walkarounds being undertaken, then costing worked up.
	Create single same-day pre-assessment for both IP and DCs		TD	
	Changes to the pre-assessment process to enable this which further will increase day case rates		TD & SSt	Underway.
	Identification of space for this service		TD & PI	Space identified is existing pharmacy shop area. Will need to subdivide to create 3 private PAS rooms; costing being worked up
	Creation of the single booking centre as planned is entirely dependent on the relocation of Medical Records out of this area by February 2006 at latest in order to implement this to schedule	Feb 2006	GW	No longer feasible due to timescale of move of medical records
4.	**Developing alternatives for typing**			
	We need to develop alternatives for basic typing in order to create capacity within new roles for secretaries that are more about being a PA for a clinical team and navigating the care of patients.			
Home Typists	Recruit home typists to enable us to manage typing in different ways	Jan 2006	TD	6 recruited and working well
Ref 4.1 Voice Recognition Software	Establishing control of licences and reallocation as well as uniformity of versions across the trust – suggested option are Isoft's product for Imaging, Dragon dictation version 8 for rest of Trust – which will involve some upgrades, set up all PCs to option	Nov 2005	GW	Currently underway
	Lead in IM&T and Operations appointed	Nov 2005	GW & TD	Operations lead appointed Matthew Boazman IM&T lead Andy King
	A voluntary move to VR with the Trust making a statement that licences will be purchased for all clinicians and managers interested in using VR	/March 2006	TD	Number of Consultants recruited for next stage of roll out, publicity also appearing in Link Feb edition
	Establishing in-house training as well as IM&T support for VR use (for secretarial staff as well as users)	Jan 2006	TD	Trainer seconded Jan 2006 IM&T support TBC

Topic	Action	Completion date	Lead Director & Manager	Progress
	Use of champions and getting the message out about where it works well	Feb/March 2006	TD	Article appearing in Link Feb edition
Ref 4.2 Digital Dictation Service	A small trial was undertaken for 4 weeks last year and was positively evaluated therefore this trial is being extended further. There are a number of products on the market and we would want to fully assess all that are available, involving members of the project board at key stages	March 2006 April 2006 onwards	PI & TD JB & SSt	
Ref 4.4 Clinical Technology- patient tracking	Appoint leads in IM&T and Operations Project plan for rollout developed and agreed Establish in-house training as well as IM&T support for patient tracking Introduce with new doctor rotation at start of February Agree policy regarding seniority of signoff doctor, and write up and implement this policy	Jan 2006 Feb 2006 Feb 2006 Feb 2006 March 2006	TD & GW	Operations lead appointed Matthew Boazman IM&T lead appointed Steve Martin Group established and project plan in place Trainer seconded Jan 2006 IM&T support already present Achieved Policy being presented to March Medical Committee
Staffing issues during the change	In order to reduce the number of staff who will be put at risk by this organisational change, we are not advertising any vacancies in these groups from October onwards. This will create some local hotspots and we will need to use our flexible workforce more during the October-March period.	October 2005	MB & NM	Large number of vacancies now being held, this will minimise staff at risk and mean compulsory redundancies extremely unlikely. Bank demand for A&C posts has outstripped supply, and led to limited agency staff usage. However, recent recruitment round has identified a number of suitable candidates, interviews being arranged.
	Strengthen and recruit to clerical bank	November onwards	NM MC/RMY	In particular utilising the NHSJobs website and local organisation: Womenlikeus to recruit high quality temporary staff.
7	**Other Actions**			
Ref 7 Future actions	A "Modernising Secretarial Systems" project board has been established with Consultant (CSJ), Secretarial, HR, Managerial, OD support and nominated UNISON representation.	The group's first meeting was in August, and it has met monthly since	TD & SSt	Most recent meeting was 1 March and conclusion was position of readiness to proceed to formal consultation in April.
	The recent work of the group is for the staff subgroup to map tasks and develop job descriptions to reflect the new roles. These workshops have been facilitated by our OD Facilitator and involved HR.	Jan & Feb 2006	SSt & MC/RMY	Workshops have taken place, task mapping completed satisfactorily, group found developing JDs more challenging so this will be undertaken as part of the consultation process.
	Measuring secretarial demand and capacity to inform the new structures and number of staff. Kate Slemeck has led this workstream..	February 2006	TD & KS	Completed.
	Establishing the format for liaising with staff in the other administrative areas, with particularly careful handling of staff for whom this is news.	January 2006	TD & AS	Group established under Adam Smith's chairmanship.
	Information will also need to be provided to clinicians and the wider staff group.	April 2006	RP	Briefing meetings to be set up as well as document produced for wider staff interest.
	Job descriptions and detailed structure for the Outpatients and Booking group will be drawn up.	March 06	AS & MA	To form next consultation planned for May 2006.