

TRUST BOARD – 26TH MARCH 2014
TRANSFORMING OUTPATIENTS MANAGEMENT PRESENTATION

PURPOSE	Outline purpose and requirement for Transforming Outpatient Management Workstream (Part of the Cross-Cutting and Performance Efficiency board)
PREVIOUSLY CONSIDERED BY	Trust Board 27th November 2013
Objective(s) to which issue relates *	<input checked="" type="checkbox"/> 1. To continuously improve the quality of our services in order to provide the best care and optimise health outcomes for each and every individual accessing the Trust's services <input checked="" type="checkbox"/> 2. To excel at customer service, achieving outstanding levels of communication and patient, carer and GP satisfaction <input type="checkbox"/> 3. To provide and support the best standards of integrated care for the elderly and those with long term conditions by developing key partnerships and services <input checked="" type="checkbox"/> 4. To consolidate services and enhance local access to specialist services in order to deliver high quality, safe, seamless, innovative and integrated services which are sustainable <input type="checkbox"/> 5. To support the continued development of the Mount Vernon Cancer Centre and provision of leading local and tertiary cancer services <input type="checkbox"/> 6. To improve our staff engagement and organisational culture to be amongst the best nationally
Risk Issues (Quality, safety, financial, HR, legal issues, equality issues)	Financial risk implication of non-delivery of the TOMP workstreams in the ability to then achieve the financial efficiencies in outpatients required to deliver 2014-15 targets.
Healthcare/ National Policy (includes CQC/Monitor)	DoH – RTT Rules Suite April 2014
CRR/Board Assurance Framework *	Corporate Risk Register <input type="checkbox"/> BAF
ACTION REQUIRED *	
For approval <input type="checkbox"/>	For decision <input type="checkbox"/>
For discussion <input checked="" type="checkbox"/>	For information <input type="checkbox"/>
DIRECTOR:	Director of Operations
PRESENTED BY:	Project Support- TOMP workstream
AUTHOR:	Director of Operations/ Project Support- TOMP workstream
DATE:	19 th March 2014

We put our patients first We work as a team We value everybody We are open and honest
We strive for excellence and continuous improvement

* tick applicable box

TOMP

Transforming Outpatient Management Programme

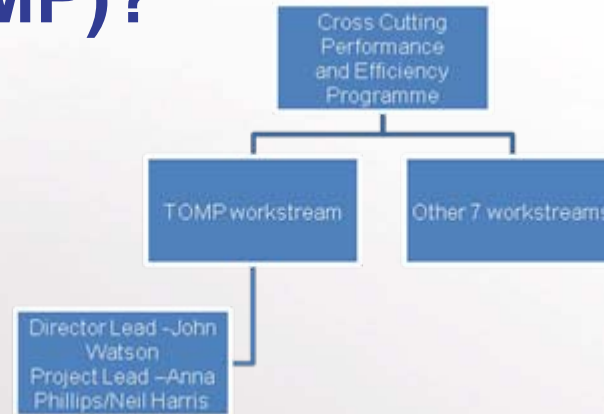
Presentation to Trust Board
Wednesday 26th March 2014
Hertford County Hospital

John Watson - Director of Operations

Anna Phillips - Interim Project Lead -TOMP

To be amongst the best...

What is the Transforming Outpatient Management Programme (TOMP)?



- Three themed phases to TOMP –
“Basics” “Experience” & “Transformation”
- Three elements are interlinked
- Improve the financial return on Outpatients

Phased programme of change to transform out patients, and deliver savings

To be amongst the best...

Is TOMP aligned with Trust Strategic Aims & Objectives?

1	To continuously improve the quality of our services in order to provide the best care and optimise health outcomes for each and every individual accessing the Trust's services	We will continuously improve and sustain high levels of operational performance across all Trust service.
2	To excel at customer service , achieving outstanding levels of communication and patient, carer and GP satisfaction.	We will build a reputation as a hospital which is "easy to use" and improve levels of patient, carer and customer satisfaction.
		We will continuously improve patient, carer and customer satisfaction.
4	To consolidate services and enhance local access to specialist services in order to deliver high quality, safe, seamless, innovative and integrated services which are sustainable .	We will improve the financial efficiency and sustainability of the Trust.

TOMP objectives have been derived from Trust Aims & Objectives

To be amongst the best...

What are the TOMP Objectives?

Transformation of the

TRANSFORM

Improving customer

EXPERIENCE

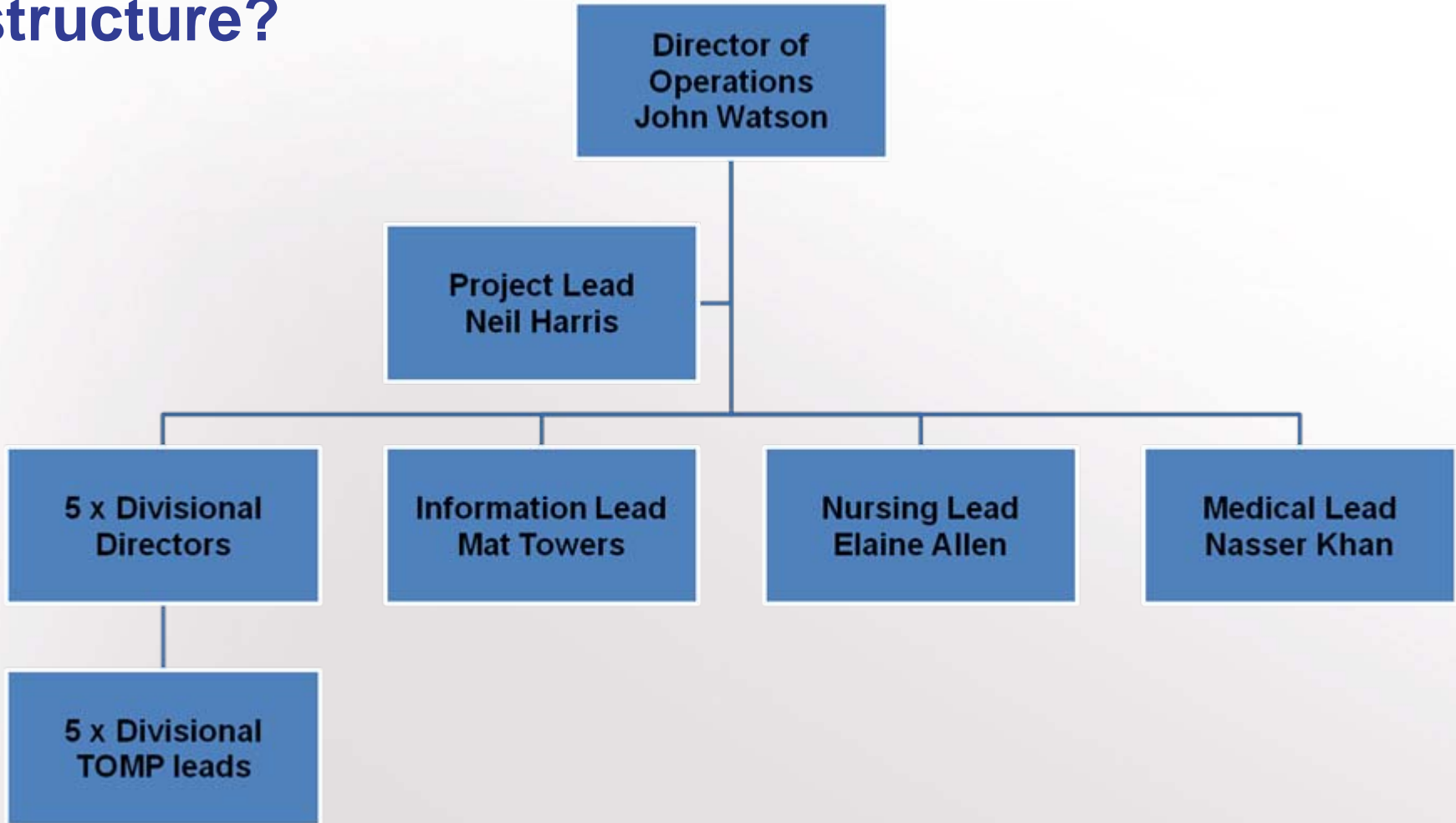
BASICS

POOR DATA
POOR PROCESS
POOR DISCIPLINE

These will best be achieved in one coordinated project

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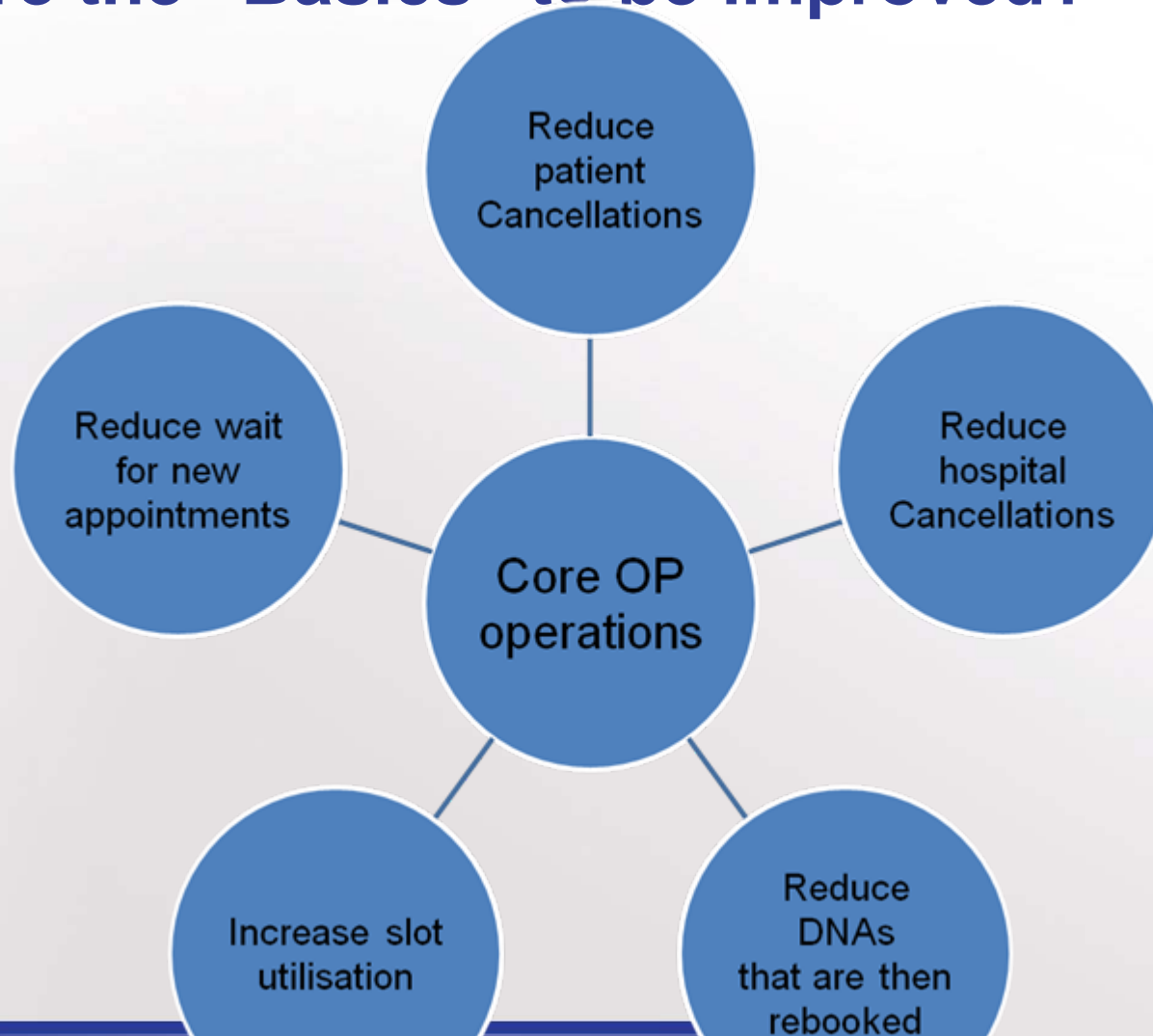
What is the revised governance and accountability structure?



Coordinated approach to achieve efficiency with revised accountability and governance structure

To be amongst the best...

What are the “Basics” to be improved?



Coordinated concentrated efforts required to achieve significant improvements

To be amongst the best...

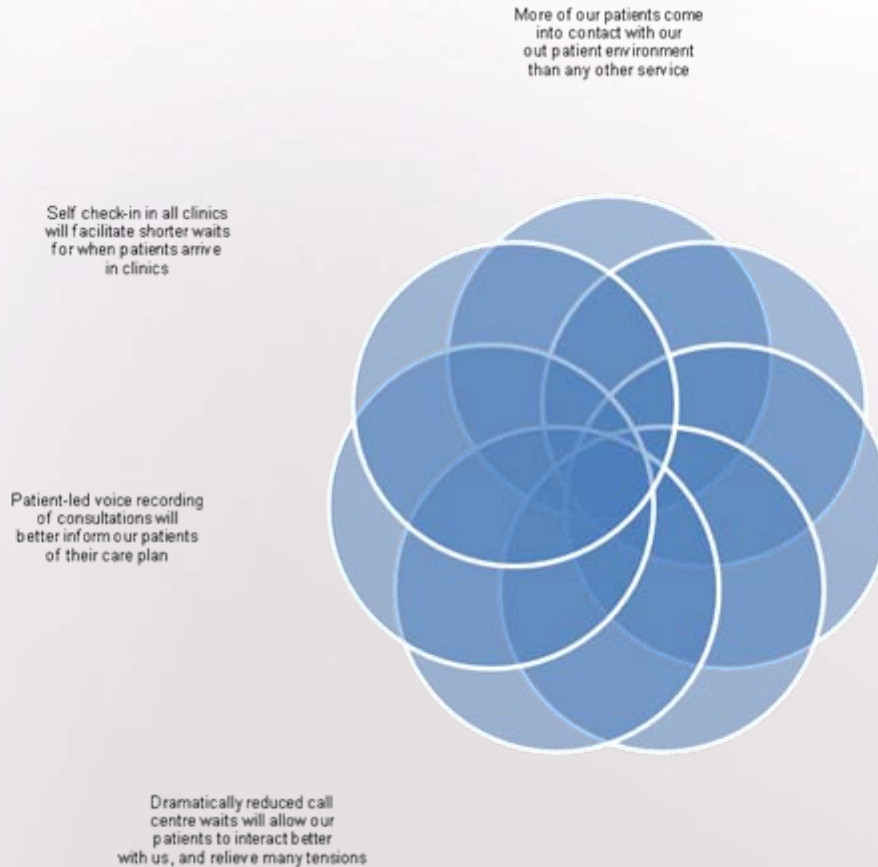
How will the “basics” improve SMART-ly?

Improvement	Current	Target	Delivery	Enabler
↓Patient cancellations	15% <i>259 per day</i>	10%	June 2014	Clearer letters Better use of Chronos
↓Hospital cancellations	8% <i>142 per day</i>	5%	July 2014	Better managed Annual Leave controls
↓DNA rebooks	67% <i>141 per day</i>	40%	June 2014	Adherence to Access Policy following DoH guidance
↑Slots utilised	67%	95%	June 2014	Improved visibility of unused slots. Improved grip on utilisation
↓Max wait for first appointment	Approx 30 weeks	6 weeks	Sept 2014	Less wastage caused by above 4 schemes
↓Median wait for first appointment	Approx 6-7 weeks	4 weeks	Sept 2014	

Improved visibility of the core functionality in a coordinated approach

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Which “Experiences” are to be improved?



Paper
lite

Those of our patients, our consultants, our clinic related staff and our referrers

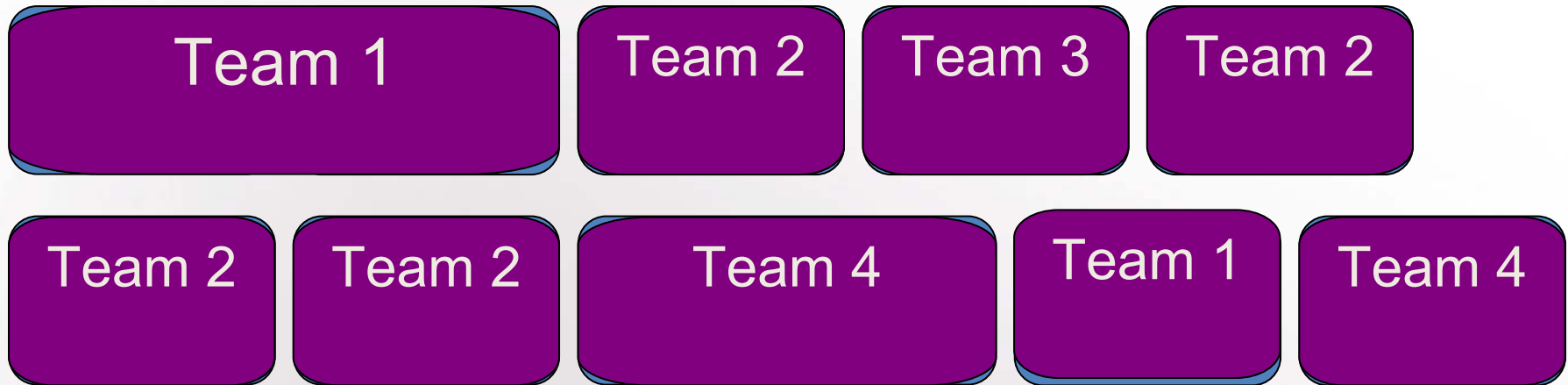
To be amongst the best...

How will “Experience” be improved SMART-ly?

Improvement	Current	Target	Delivery	Enabler
↓ Call waits	7 mins +	1 minute	Nov 2014	Many of the ‘Basics’ initiatives
Recording of consultation	none	Any patients with smart-phone technology offered to record consultation	Oct 2014	
Paper lite solution	none	Emailed appointments Electronic referrals, reports, letters, vetting	Apr 2015	Doc Man IT support
Self Check-in	None	Self check-in in all QEII clinic areas	Apr 2015	Hardware

Improved experience for at least 85% of all outpatient stakeholders

Why “Transform” Outpatients?



- Consultants disenfranchised with the disjointed pathway
- Patients frustrated with who to call for information/advice

Solution required to match our teams to our pathway, re-engage Consultants, and enable patients to get information they require from a named individual

What will “Transform” Outpatients?

- Re-engagement of clinicians with the outpatient pathway
- Named individuals for patient
- Management of the patient’s entire pathway
- Multi-skilled individuals combining roles of
 - medical secretaries
 - waiting lists officers
 - booking clerks
 - service coordinators
- Enhanced level of authority and accountability
- Responsibility for their patients management from referral to discharge on their pathway
- Removing workarounds, duplication, and failure management

So, how will TOMP deliver improvements not made previously?

- Greater focus on process, and discipline to policy adherence
- Re-engage staff with the pathway
- Deliver an 'easy to use' hospital pathway for Patients, Consultants and Referrers
- Using stronger governance and accountability structure.
- Delivered through coordinated & themed approach