

## Board of Directors (In Public)

### Item 5.6

**Subject:** Patient Administration Development Plans  
**Date of Meeting:** 30<sup>th</sup> July 2019  
**Prepared by:** Wyn Taylor, Head of Information Governance & Administration  
**Presented by:** Wyn Taylor, Head of Information Governance & Administration

<b>BAF Ref</b>	1.1, 1.4
<b>Impact on BAF</b>	None

#### 1. Executive Summary

The Trust has continued to review and develop the administrative services structure over recent months including a revision of the leadership structure, formal integration of radiology administration team, development of a central booking hub, planning and progression for a number of key service improvement priorities as outlined in section 2 of the paper.

The need for change was identified to drive improvement, stability and a number of other key benefits linked to the following:

- Fragmentation of current admin structures reporting to multiple functions and lack of standardisation in practice

#### Benefits:

- Integration and alignment of structures to provide consistency in approach, central oversight to support governance and accountability, 'assurance' of performance and implementation of 'standards' and KPI metrics
- Relocation and alignment of administration teams due to increased headcount, overcrowding and improve staff experience
- Staff experience, development, knowledge share, skill mix, morale and engagement
- Support service reviews of each administrative function in line with an agreed terms of reference to identify opportunities for process standardisation, improvement, innovation, technology, efficiency and safety
- Improvements to patient experience and patient care (efficiency, quality and safety in administrative processes – robust and standardised SOP's, removal of 'legacy' processes)
- New ways of working, process efficiency, increased productivity, financial efficiency (pay and non-pay)

- Variance in the approach to management and delivery of projects linked to service improvement due to silo working, completing priorities, objectives not aligned

Benefits:

- Alignment of objectives across functions to develop and deliver an integrated administrative strategy supported by innovation and technology (collaborative and cohesive approach)
  - Single procurement process and involvement of all key stakeholders within one structure to ensure transparency and support
- Lack of central oversight and governance of administrative activities as part of a wider assurance framework, particularly for the management of booking and scheduling processes:

Benefits:

- Establishment of administrative hub for central management of both new and follow up appointments, including cancellations and re-scheduling
  - Establishment of a central admin telephony hub to remove impact to medical secretaries and outpatient reception (remove 70% of calls from Secretariat to focus on PTL and letter typing)
  - SMS Text Reminders to support outpatient DNA reduction and enhance patient engagement
  - Implementation of partial booking for outpatient follow up arrangements to reduce DNA rates and improve patient engagement
- Non adherence to Access Policy Standards and wider organisational challenges to support compliance

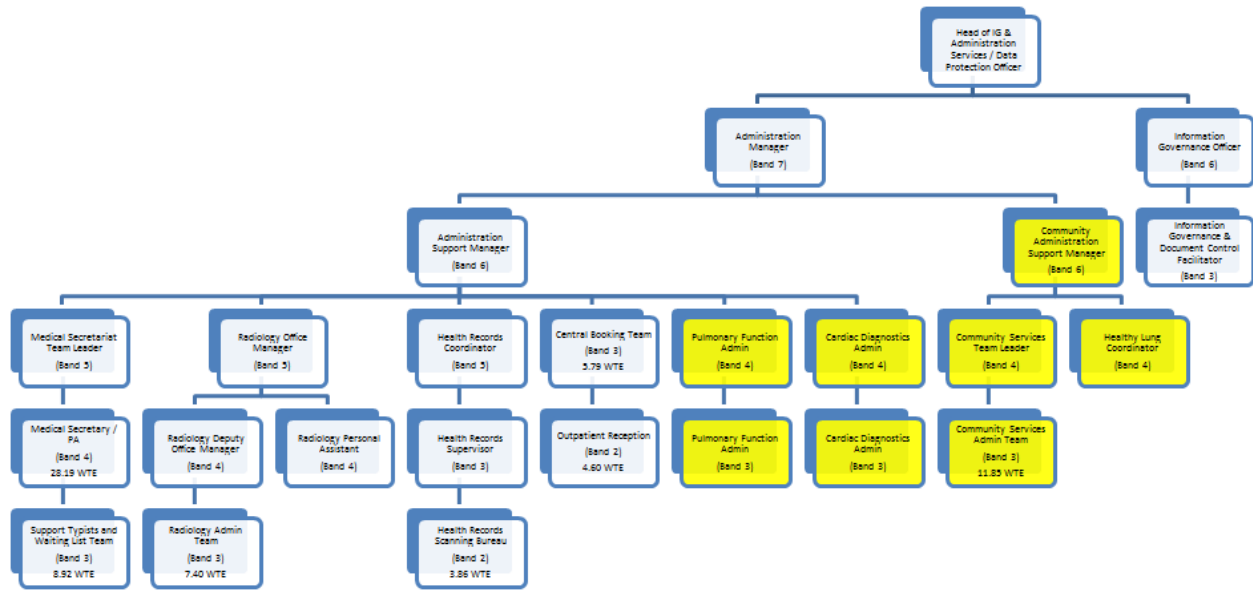
Benefits:

- Common administrative framework to support the Trust quality standards, commissioner requirements, CQUINs, contractual obligations, quality indicators and performance agenda (RTT, DNA's, OP Cancellations, ERS)
  - Development of central dashboards to monitor compliance and link to wider Trust assurance frameworks through central reporting
- Risks identified via route cause analysis, risks to organisational performance, patient and family experience, staff experience, inefficient practice and increased costs

Benefits:

- Reduction in administrative related complaints from patients and families
  - Reduction in administrative service concerns and frustrations – build confidence within the Trust
  - Improve learning and sharing between admin teams to reduce concerns and complaints
  - Support the Trust CIP
  - Ensure LHCH remains 'outstanding'

## Revised Administrative Structure:



### Current functions now integrated:

- Medical Secretariat, Waiting List, and 18 Week Validation Teams
- Central Booking Team
- Radiology Admin Team
- Outpatient Reception Team
- Health Records Scanning Bureau
- Information Governance Team

### Functions planned to integrate (highlighted yellow above):

- Community Admin Team
- Cardiac Diagnostics Admin Team
- Pulmonary Function Admin Team

Investment into the above structure to date has been fundamental in being able to deliver the following successes over the last 12 months:

- Reduction in the number of administrative complaints both formal and informal
- Re-design, training and implementation of new PAS standard operating procedures for admin teams to reduce risks and provide assurance regarding management of patient waiting lists, including OWL and FOWL
- Integration of additional administrative functions
- Successful deployment of upgraded G2 digital dictation to enhance efficiency and workflow for Consultants and Medical Secretaries
- Delivery and achievement of national e-referrals paper switch off programme and Advice and Guidance in line with national pipeline and CQUIN income
- ACHD administration and IT work stream and set up of administrative processes for the new ACHD service
- Scoping and review of administrative structures, including possible options for service transition

- Fully compliant Data Security and Protection Toolkit submission with 'substantial' assurance audit opinion including GDPR preparation, compliance and assurance
- Implementation of stand-alone community EMIS scanning process within main bureau and sustained compliance with scanning bureau KPI error ratio, overall 99.9% accuracy
- Sustained compliance with increase of FOI requests and continuance of healthcare disclosures
- Zero reportable IG Serious Incidents or data breaches to the Information Commissioners Office

## 2. 2019/20 Strategy and Plan – Overview of Key Deliverables

The vision and strategy is to deliver a fully integrated, collaborative, skilled and digitally enabled service, delivering optimal quality to patients, service users and clinical divisions, proactively supporting wider strategic objectives of the Trust, an engaged and skilled workforce, with a culture of continuous improvement.

Key Priorities – Current status:

Task	Update / Comments	Planned Completion Date	RAG Status
Administrations Services Business Plan 2019/20	Documented and presented to teams to support engagement	n/a	Complete
Implementation or revised leadership structure	B7 Administration Manager, B6 Support Manager, B6 Community Admin Support Manager appointed	n/a	Complete
Relocation of administration teams due to increased headcount, overcrowding and staff experience	Teams relocated: Medical secretaries, Central Booking Team, Health Records Team, Information Governance Team, Waiting List Team	n/a	Complete
Integration of Radiology Administration Team under main structure	Engagement event with Radiology and formal transition completed 01/07/2019	n/a	Complete
Development of SOP's for the management of PAS lists	SOP's documented to support monitoring and management of PAS lists (suspend / unactioned appointments etc.)	n/a	Complete
Establishment of central admin hub for management of both new and follow up appointments, including cancellations and re-scheduling	Partial booking processes and changes with telephony management required – SOP's being developed	30/08/2019	In Progress
Establishment of a central admin telephony hub to remove impact to medical secretaries and outpatient reception	2 vacancies carried from health records and outpatient reception to resource telephony – interviews scheduled	30/08/2019	In Progress
Integration of peripheral administrative teams under the central function (Community, Cardiac Diagnostics, Pulmonary Function)	Engagement with current leaders. Transition planned following engagement events with teams during August.	30/08/2019	In Progress
SMS Text Reminders to support DNA reduction and enhance patient	3 month pilot agreed. Complexity	30/08/2019	In

engagement	due to contracts and utilisation of 3 <sup>rd</sup> party Gov.UK Notify – relevant contracts now being agreed and implemented. Current pressures in Digital Systems Team may delay August go live and dependency on PAS input.		Progress
Implementation of partial booking for outpatient follow up arrangements	Scoping with clinical divisions and design of process near completion. PAS processes to be defined subject to 'rules' required. Pilot to commence 08/2019.	30/08/2019	In Progress
Establishment of Administration Assurance Group	Draft ToR documented. Current assurance has fed to Patient Pathway Steering Group and Operational Board	September 2019	In Progress
Automation of Radiology reporting back to referrer at point of report verification	Technical solution scoped, process reviewed, initial engagement with referring organisation PACS Managers. Interface issues to be resolved.	September 2019	In Progress
Service review of each administrative function in line with an agreed terms of reference	A suite of high level reviews in existing areas completed, more granular reviews now to be instigated in line with ToR for consistency and transparency. Draft ToR documented for approval by end of July). Outputs to be reviewed to inform and proposed changes to roles or functions.	October 2019	In Progress
Reduction in hospital cancelled outpatient appointments	Clinic template management SOP refined, PAS data tables updated to reflect correct national coding as currently rates are distorted due to user inaccuracy and process. Updates back to CQPG November 2019.	November 2019	In Progress
Development of Admin Dashboard to support assurance and monitoring of compliance of Access Policy Standards and KPI's real-time	Commitment provided from informatics that the KPI dashboard will be operational and live November 2019	November 2019	In Progress

### 3. Risks and Challenges to Delivery

- Changing legislative and statutory obligations
- Development, engagement and transformation of workforce and wider organisation to deliver vision
- Operational pressures and increased activity demands and service expansion (ACHD, TAVI, ICC, LAAO, Cardio Oncology)
- Availability of core IT infrastructure to support digital vision
- Team culture, engagement and morale
- Skills, knowledge and capabilities within structure to deliver desired outputs

- Staff turnover due to driving change in culture, service re-design and process change
- Impact of re-prioritisation of wider organisational resources required to support process change management and technology within admin teams
- Capacity within key stakeholder teams to provide support and expertise e.g. Digital Systems and IT
- Wider organisational pressures impacting day to day engagement e.g. 30% increase in FOI requests

#### **4. Future Opportunities**

The service improvement plan in section 2 of the paper will support a more assured and integrated approach to management of administrative processes, however a further forward view is required to establish an ongoing longer term plan for administrative services to support optimal process efficiency, quality, safety, innovation, technology, patient and staff experience.

Key areas of opportunity to review:

- Voice recognition for reporting of Radiology reports to allow immediate 'transcription' and verification to significantly improve turnaround time of results to referrers to reduce clinical delay and support utilisation of admin resource for management of other priority tasks
- Voice Recognition for clinical correspondence (outpatient letters and inpatient discharge summaries) to reduce delays in typing backlog
- Significant reduction in paper output to reduce scanning and support structured data sets
- Innovation and technology linked to digital strategy
- Single workforce and collaborative opportunities across STP
- Optimisation and functionality development of digital systems utilised to improve data quality and reduce duplication of effort

A longer term 5 year strategic plan is to be developed to outline the proposed strategy for LHCH administrative services.

#### **5. Recommendation**

Note the content of the report, successes and achievements, and support the continued vision of the administrative services plan.