

**AGENDA ITEM 10 – SERVICE IMPROVEMENT AND SUSTAINABILITY UPDATE  
BOARD OF DIRECTORS 7 FEBRUARY 2019**

<b>Report title</b>	Service Improvement and Sustainability September – December 2018
<b>Report from</b>	John Quinn, Chief Operating Officer
<b>Prepared by</b>	Sarah Haspel & Naomi Sheeter, Joint Directors of Service Improvement and Sustainability
<b>Previously discussed at</b>	Quality Service Improvement Programme Board
<b>Attachments</b>	Paper

<b>Brief summary of report</b>			
This report provides an update on progress of the service improvement and sustainability programme September - December 2018.			
<b>Action Required/Recommendation</b>			
The board is asked to note the report and receive assurance from it.			
<b>For Assurance</b>	✓	<b>For decision</b>	
		<b>For discussion</b>	
			<b>To note</b> ✓

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## **1 Executive Summary**

The service improvement & sustainability (SIS) programme was established with the stated aim of optimising patient and staff experience whilst delivering financial efficiencies and developing future models of care. It is expected to deliver this by standardising processes and systems, embedding changes in day-to-day operations and creating a culture within the Trust that supports ongoing changes in practice. The SIS programme is one of the Trust's five key strategic priorities for 2018-19. The SIS programme is key to ensuring that 'there are robust systems and processes in place for learning, continuous improvement and innovation', one of the CQC's key lines of enquiry in the well-led domain.

This paper provides an update on the programme September - December 2018.

The SIS projects are designed to meet the 2018-2019 strategic priorities for the programme:

- Trust-wide schemes to deliver the cost improvement plan.
- Continuing reduction in waiting times in Glaucoma.
- The reduction of waiting times in Medical Retina.
- Improvement and standardisation of administration processes.
- Delivery of high volume cataract theatre lists.
- Digital patient check-in and pathway development.

As previously reported, we have combined longer-term Trustwide projects with a rolling programme of local projects expected to last up to six months. We completed the first round of local service improvement projects in September; this report summarises their outcomes and introduces the next round of projects which are due to complete at the end of March 2019.

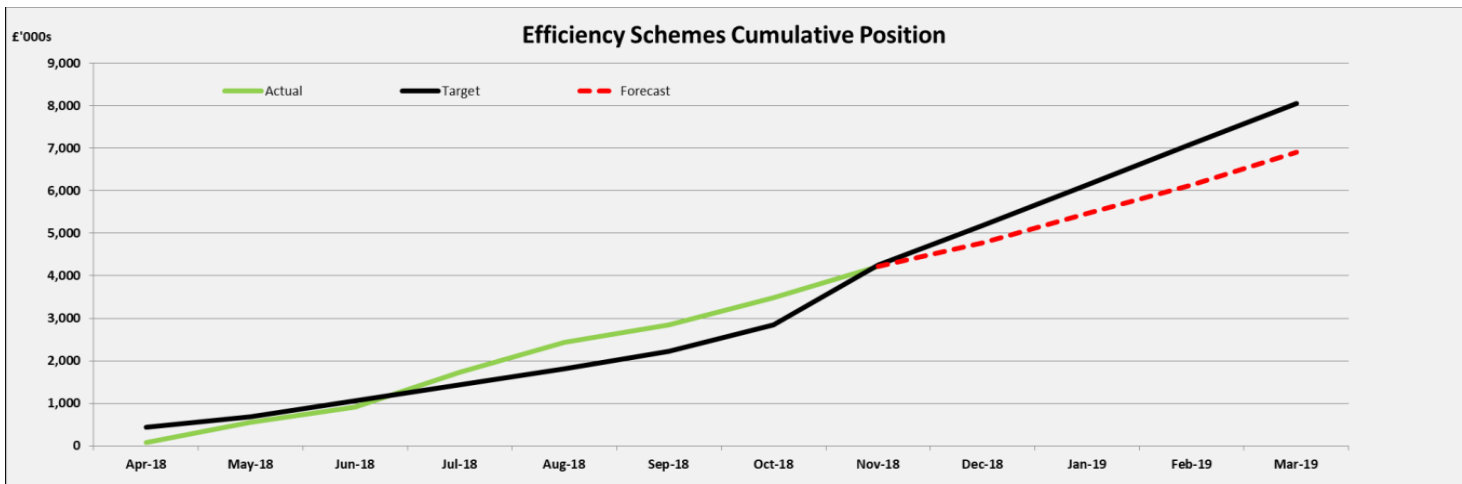
We have now split the rating of the programme between Service Improvement and CIP. Service Improvement is rated as Amber to the end of December 2018, CIP is rated as red for the same period reflecting forecast outturn.

For service improvement, there has significant progress but noted issues in the delivery of some aspects of the programme. The key achievements include: an ongoing improvement in outpatient journey times, data capture and the roll-out of patient self-check-in kiosks at 5 sites across the Trust. The Joint Directors were accredited as teaching associates in Quality Service Improvement & Redesign (QSIR) by NHSI in October. The first QSIR teaching session was held in December. However, the challenges have been delays to some specific projects and the delivery of a full QSIR teaching programme while we are working towards accreditation of more staff members to teach.

The Cost Improvement Programme (CIP) - as at month 8, the Trust is reporting a over-achievement year to date of £0.11m against a plan of £4.12m. However, forecast outturn performance is £1.14m adverse and is subject to further internal challenge.

## **2 Cost Improvement Programme**

The CIP programme is rated as red as of month 8. The Trust is reporting a over-achievement year to date of £0.11m against a plan of £4.12m. However, within the identified schemes, there are a number of nonrecurrent schemes which equate to £1.5m (22%) of the total forecasted delivery. Unidentified schemes have reduced to £1.01m, with further red rated schemes of £0.59m. Therefore, forecast outturn performance is £1.14m adverse and is subject to further internal challenge. The detail of the CIP programme is reported in the Board Finance Report; a summary of that report is given below as of month 8.



Highlights of CIP programme delivery to December 2018/19

### QIA

- Quality Impact Assessment (QIA) and QIA panels – 68% of all schemes were put through a QIA panel by December 2018, this included all corporate schemes and divisional schemes over £25K in value or where the QIA was negatively scored.
- A process of re-reviewing schemes, to ensure quality impact is reviewed post implementation, was trialled this quarter and continues into next quarter.

### PM3 project management system development

- PM3 implementation continued during quarter 3 with bespoke reports in development for Moorfields CIP programme
- PM3 implementation was reported into finance and audit committee in October 2018.

### Scheme development and business planning

- The top 20 performing schemes over-delivered up to December, the value of which off-set the value of under delivery in other schemes.
- A number of schemes were removed as they were not going to deliver as planned. To compensate for the removal of schemes, a number of new schemes were identified, however these are all non-recurrent.
- The business planning process for 19/20 is being supported and PM3 will be the CIP programme management tool allowing pull down of instant reports on project delivery and CIP achievement.

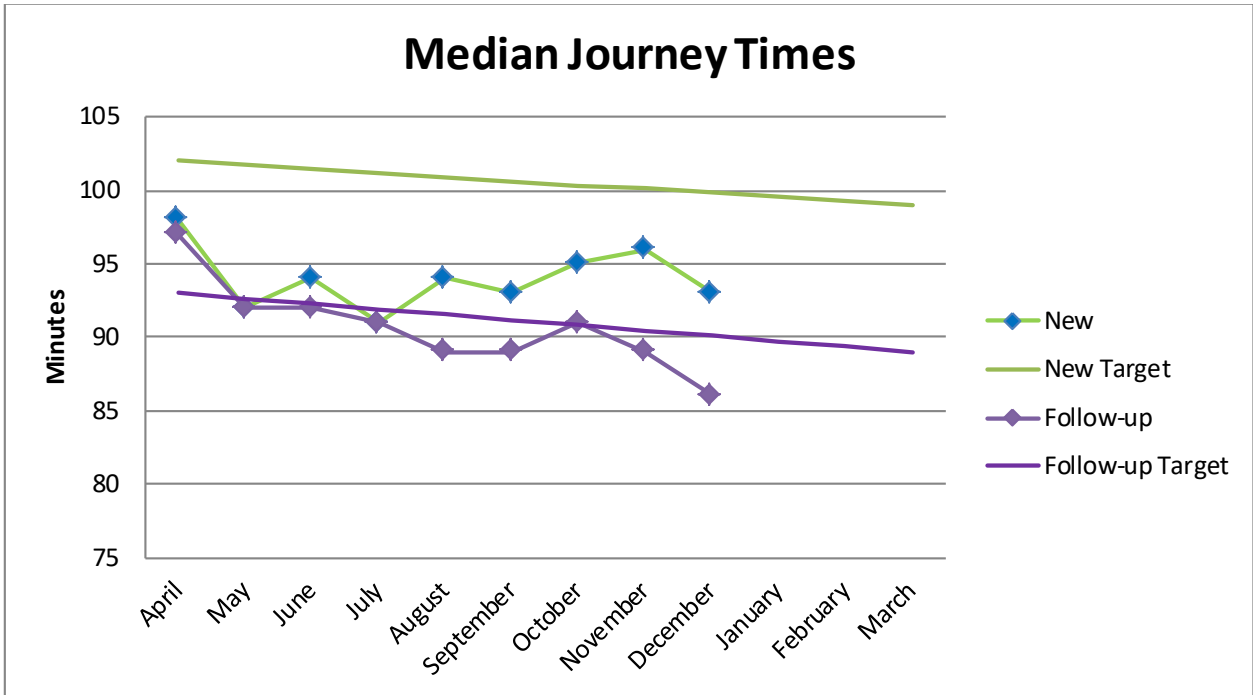
### 3 Patient Focus and Service Improvement 2018-2019

#### 3.1 Trustwide Service Improvement Projects:

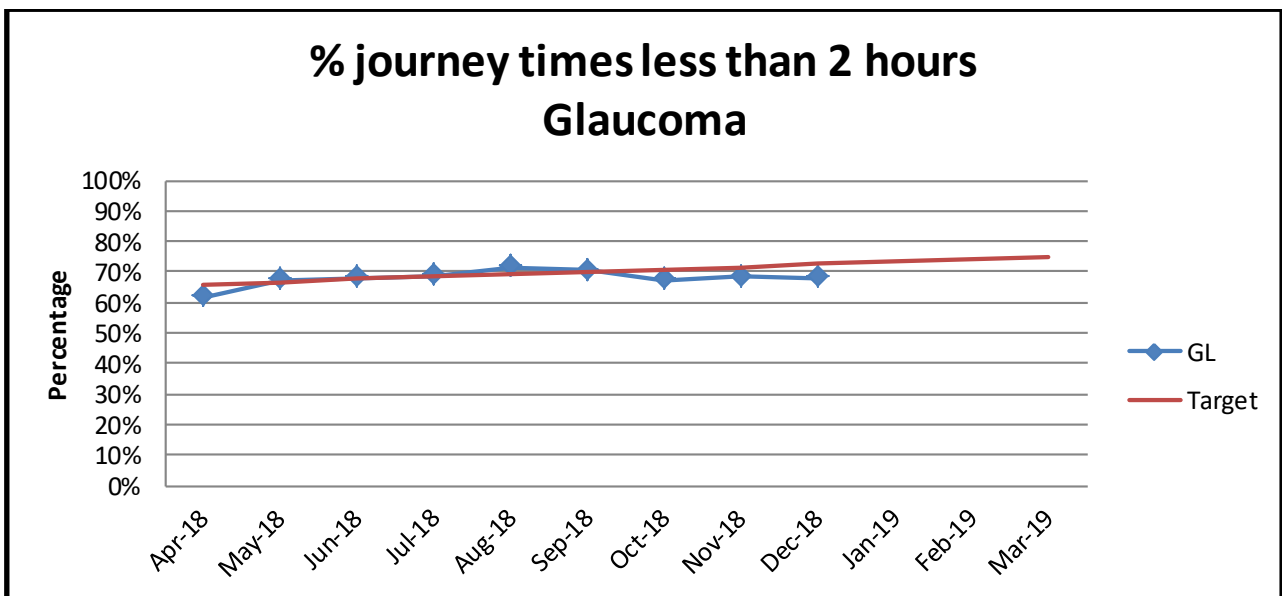
##### 3.1.1 Outpatient journey time reduction

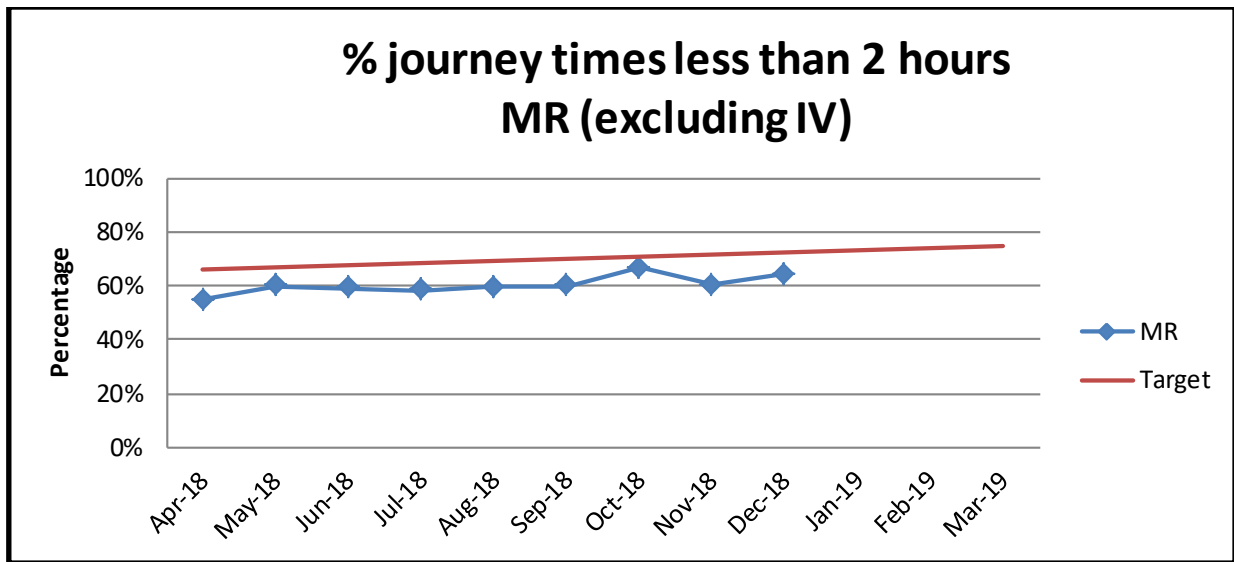
As we know, the aim of this project from 2017 onward has been to improve patient and staff experience by reducing the patient journey times for outpatients.

In the period September - December 2018 there has been a slight shift to longer journey times, although we remain ahead of trajectory, as demonstrated below, the line for actual journey times is below the target line as the journey time is shorter. This shift is because we are now capturing more journey time data, in particular from the St George's site.



We are also very close to meeting our internal target to have 75% of patients in Glaucoma and MR complete their outpatient journey within 2 hours.





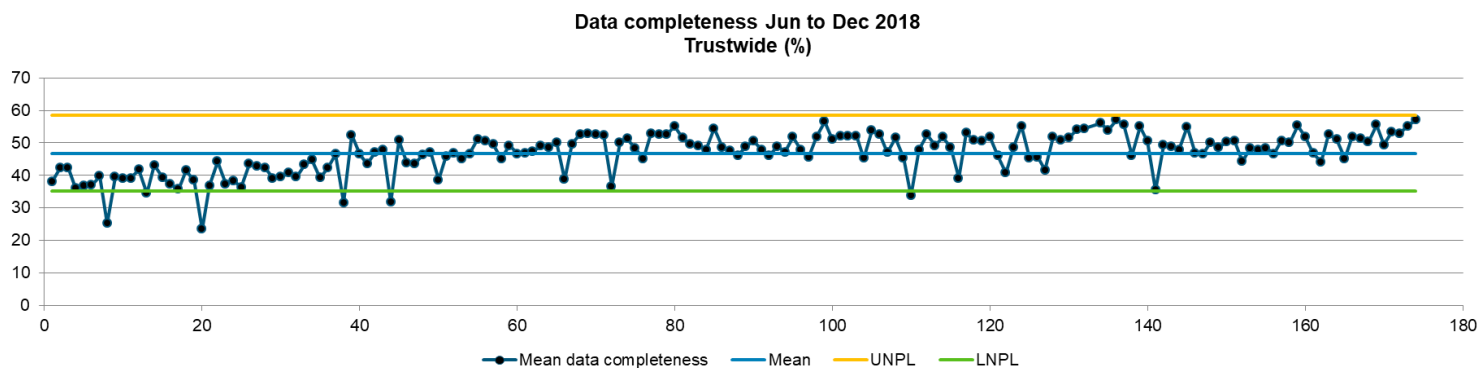
Reducing outpatient journey times is achieved in a number of ways, including reviewing processes on the ground in each clinic, but it is stratification of patient care to appropriate clinical pathways that is key, in line with the sub-specialty work recently undertaken with McKinsey.

The teams have worked to:

- Complete a detailed review of MR outpatient activity by type and diagnosis, staffing and equipment across all sites. They have now mapped what diagnostic only (virtual) clinics are held across the Trust and the varying percentages of MR patients who are seen in this way.
- A similar detailed review of Glaucoma outpatient activity is underway.

This will help determine which sites should establish or expand the current model of diagnostic clinics and other forms of stratification (nurse and AHP delivered care for example) while we explore the use of digital technology to support expansion at scale.

Achieving the target for data completeness – requiring our front desk teams to accurately record each patient’s journey time data on PAS - remains challenging, however the data shows a shift from June 2018 which has been sustained.



The key to this shift has been sharing information about the data and the purpose for its collection with the staff who complete the data.

The variable administrative processes across the Trust have in part been addressed through the trustwide administrative restructure, implemented in November 2018, standardising structures and responsibilities.

Outpatient patient and staff surveys about in person and by telephone experiences were completed prior to the restructure and are due to be repeated in February – March 2019 to understand the impact of this to date.

In order to bring the whole trust to the same administrative standards as the best performing sites we are issuing standard operating procedure for the most common administrative tasks. The working group that has been reviewing and rewriting these completed those for the most common outpatient administrative tasks. The procedures have been tested and signed off, however, we are holding implementation until February 2019 to link in with the change to health records management as this means one change for the administrative team.

The work being done as part of this project and the related work of the operational teams is reviewed at fortnightly Clinical Administration Project Board meetings, which bring teams together from the divisions, Access, L&D, service improvement & IT to avoid duplication of work and ensure oversight of the changes being made across the Trust.

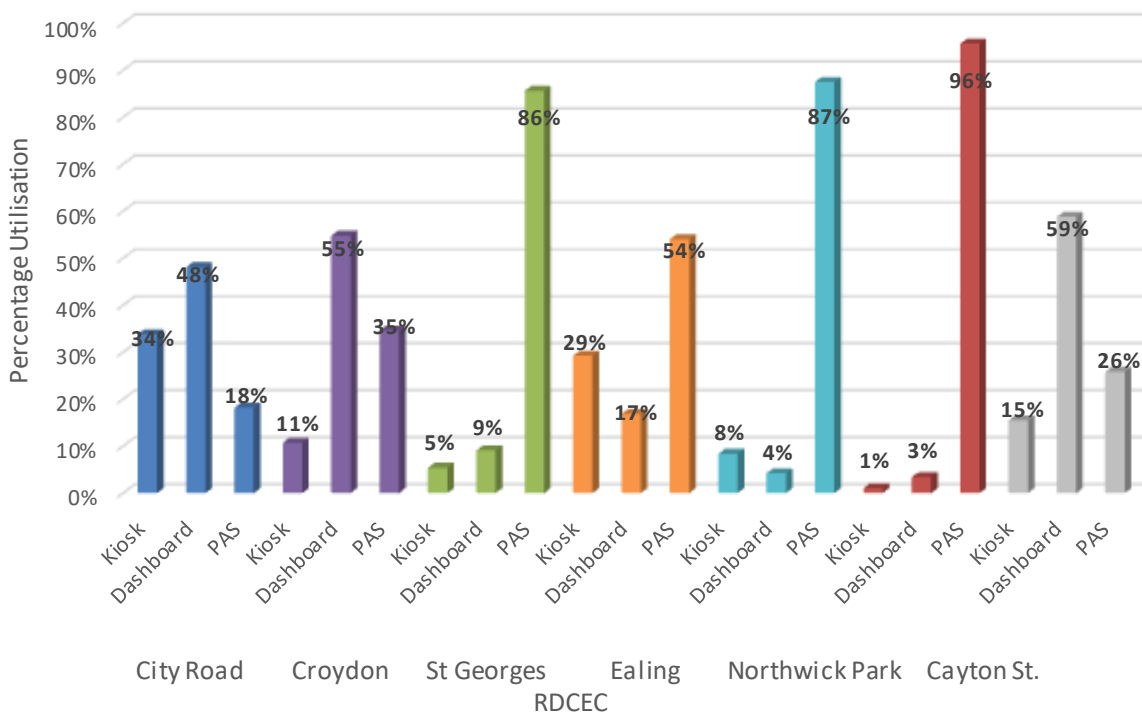
### 3.1.2 Digital

The aim is to use technology to improve patient and staff experience and enable a more digitally driven pathway. This is a programme of work incorporating a number of projects.

- Patient self-check-in

The first element of this is to enable patient self-check-in to reduce queueing at the front desk in clinic, improve the collection of patient demographic data, release clinic administrative time to focus on customer service interaction and enable capture of AIS and ethnicity information.

#### Kiosk Utilisation from Go-Live date to 15 Jan 19



Kiosks were installed at St George’s, Ealing, Northwick Park, Croydon and in other areas of City Road in mid December. As the data above demonstrates there has been variable utilisation, with most sites achieving the levels of use expected in the first few weeks. There are now sufficient kiosks to embed their use and work towards 60% adoption on all sites. The SIS team are working closely with the operational teams on all sites to support utilisation by patients and staff.

The ability to add accessible information standard information was added to all kiosks in December and the patient take-up of this has been significant with approximately 10,000 updates being made by patients on the kiosk in the first month. Of those patients who entered data, 88% stated that they did not have an accessible information need. Work is ongoing with IT and our PAS provider, Sliverlink, to automate the transfer of this information into PAS, but for now this remains a manual process so to date only a fraction of the data has been put into PAS.

- Automation of outpatient booking systems

The first step to this was the creation of the Contact Centre at City Road, as part of the wider outpatient administrative restructure and standardisation of processes. However, key to the success of the contact centre was reducing the volume of telephone calls it has to handle, by the automation of elements of the outpatient booking



process was proposed, including interactive text messaging, email and the use of a patient portal to host information in the long-term allow patients to book and reschedule their appointments directly. This type of automation even at a basic level has been proven to significantly reduce the volume of telephone calls into hospitals.

The business case to implement this was approved in March 2018. However, the implementation stalled due to a number of factors, including the need for in-depth technical discussion with our in-house IT team and Silverlink, our PAS provider which took longer than anticipated. As this is a rapidly changing market we took the decision to re-review our provider and are moving to a full tender process. We expect to be able to provide a concrete update on providers and implementation in April 2019.

- Teleophthalmology

This element of the project supports the further stratification of clinical pathways by providing a digital platform to enable the review of diagnostic information at scale and speed.

Primarily, we have supported the establishment of tele-ophthalmology clinics as a proof-of-concept exercise in our Croydon sites, facilitated by a digital platform procured from Big Picture Medical. This provides the clinical team with imaging and other test results for review in a significantly faster format, allowing us to scale up the tele-ophthalmology clinic model that already exists. This is phase 1 of the wider plan to implement tele-ophthalmology across the Medical Retina (MR) & Glaucoma services trustwide. In order to do this we are seeking to build on existing good practice by doubling the existing 'virtual clinic' capacity for MR patients in Croydon to allow us to see 30% of all attendances in tele-ophthalmology clinics.

The aim of phase 1 is to demonstrate that safe, effective & high quality care can be provided to a significant volume of patients, outside the traditional face-to-face medically delivered model, reducing the cost of the service.

During this phase we are working with the clinical teams to increase the use of the existing 'virtual clinic' model across the rest of the Trust, through the outpatient journey time project. We are also looking at the next steps; how we move the diagnostics out of the hospital working with community optometry partners or developing our own diagnostic hubs.

The team have been working towards a go-live date for Big Picture in Spring 2019, recruiting staff, developing detailed implementation plans and working with the IG team to ensure that a rigorous process is established for this and future similar projects. As part of the wider ophthalmology pathway transformation work in Croydon, the team have also undertaken significant engagement with the commissioners in Croydon as to how this will work in year one and beyond.

In addition, early conversations have started with other providers so we can look to run other pilots on other Trust sites to ensure that we have fully tested the market.

### **3.1.3 Optimisation of surgical time - cataracts**

The aim of this project is to establish high volume, low acuity cataract lists in all divisions, learning from existing good practice in optimising theatre utilisation. A high volume list has been defined as a minimum of 10 patients on a session (a half day list). The expectation is that all non-high volume cataract lists will move to an 8 slots per session model. This enables us to move to more standardised, protocol driven patient pathways delivering effective, efficient care to all patients, not just those on high volume lists, in line with the expected GIRFT recommendations.

Since September, the project team have:

- Agreed clinical stratification criteria for patients to enable stratification at the time of listing for surgery to the appropriate list.
- Completed an audit of post-operative prescribing, which demonstrated an unexpected degree of variation. The pharmacy team are now looking at what our colleagues do at eye centres across the world, including stratifying prescribing as not all patients need the same treatment. They will then lead the work to standardise this across the Trust.
- Mapped out how cataract pathways work currently on different sites, from referral to discharge.
- Reached agreement on nurses taking the lead on re-consenting of patients for surgery and developing a specific re-consenting training programme to support this.
- Started a review of the current patient leaflets with a survey of patients currently underway.
- Started a review of pre-operative assessment for cataract surgery.

It is worth reiterating the considerable engagement from the multi-disciplinary cataract teams across the Trust which has allowed the scope of this project to expand, without losing focus on delivering the high volume lists on specific sites.

As previously noted this work links to the trustwide CIP project to change how we deliver CSSD, which includes standardising surgical equipment. It also reflects the aspirations of the cataract work done with McKinseys.

### **3.2 Local service improvement projects**

The purpose of the local projects are two fold:

- Firstly, to identify and solve smaller problems over a short period of time and to provide support to local teams in delivering this.
- As importantly, these projects help to build experience and capacity within teams to manage their own change, building the capability for continuous improvement within the organisation. Hence a key outcome is staff ability to undertake a change project using accepted improvement tools & methodology.

#### **3.2.1 Local projects April – September 2018**

The first round of local projects were presented to the management executive and other colleagues at the end of October 2018 and are summarised below.

##### **North Division**

###### Outpatient slot utilisation

The aim of this project was to support the North Division in addressing problems in specific clinics. Key achievements included:

- Full understanding of the demand & capacity of the specific clinics, including identification & correction of unrecorded capacity.
- Development of a slot utilisation tool by the service improvement and P&I teams which pulls data from PAS for new patients and helps support systematic demand and capacity review. This tool has been shared with teams from all divisions.

###### Paperlite in Bedford

This project successfully supported the Bedford paediatric and orthoptic team to go paper-lite, in line with the rest of the site. Key achievements included:

- Bedford is now fully paperlite and has stopped routinely pulling paper notes from the host trust, delivering a recurrent cost saving.
- There is now a single patient record, which is a quality and safety improvement.

##### **City Road**

###### A&E front door patient flow & processes

The aim of this project was to review and streamline the administrative and diagnostic pathway for patients when they present to A&E. We expected to reduce the time taken to get through the currently inefficient initial stage of the process, improving patient experience and enabling the team to meet the national 4 hour wait and 15 minute streaming targets. Key achievements included:

- Implementation of an internal KPI of 6 minutes to register a patient and flexing the triage rooms to meet the demand, ensured that we are meeting the national streaming target of 15 minutes
- Revised patient pathways through the department changed the ENP pathway from 10 steps to 7 and the medical pathway from 16 steps to 10.
- It was notable that the operational team took the project beyond that supported by SIS and have established an A&E action plan identifying further issues which they are taking forwards.

## Medical imaging

This aim of this project was to review the current workings of the department, understand the inter-dependencies on other services. Key achievements included:

- Data analysis and a patient pathway mapping exercise enabled the team to understand what demand and usage is made of medical imaging by each specialty. It also highlighted gaps in the networking and recording of diagnostic imaging.
- A future view (to be) plan was produced to improve the patient stratified pathways linked with the services, which has been shared with the team developing EMR.

This should enable the department to work towards streamline the processes used by staff and the pathways followed by patients.

## Pathology specimen process

This project undertook a full review of how specimens reach the department, are processed and reported on with the aim of seeking more efficient administrative and clinical processes. This will contribute to work to deliver UKAS compliance for the service. Key achievements included:

- A systematic review of the available data, IT processes and specimen pathways (in and out-of-hours) was completed with 8 pathways identified in the department.
- Data showed that in 2017-18 115,128 requests for specimen analysis were recorded, for 10,763 unique patients with 350 different types of test requested.
- A Pathology User Group was established and a pathology handbook created.

The data has been shared with the EMR team to facilitate the move to use of EMR by the pathology service in 2019-20. The next steps are now being supported by the Clinical Leadership & Sustainability Fellow as an ongoing service improvement project.

## Laser suite utilisation

The aims of the project were to review and analyse the laser suite utilisation and the patient pathways. Key achievements included:

- In addition to looking at City Road, the SIS team gathered trustwide laser utilisation data to understand how City Road compares to other sites; this showed a 16% drop in laser use Trustwide with the only areas of growth are clinic 3 at City Road and Croydon. This has confirmed the suspected change in practice, due to the move to injections.
- Data analysis and a patient pathway mapping exercise enabled the team to understand what demand and usage is made of the laser suite by each specialty. This also highlighted the gap in IT networking of all lasers.

The demonstrable change in use of the City Road laser suite on a laser type basis, resulted in discussion about what equipment is really needed to run the service in future.

## **South**

### Croydon Urgent Care

This project was to move from providing a service that accepted patients who walk-in with a referral to one that requires advance referral by telephone or email and triages patients to the appropriate Moorfields or external service, for example the community Minor Eye Conditions Service. This was in the light of an audit of attendance

prior to the change showed that only 22% of patients needed same-day urgent eye care and 31% did not need hospital eye care at all. There were also 32 different types of referral form in use on which 64% had no visual acuity documented.

The aim of this change was to reduce waiting times for acutely unwell patients, direct long-term patients to the right clinic and facilitate audit of referrals. It also expected to reduce footfall within the department by 20% by the end of 2018 to obviate the need for agency medical staffing with associated reduction in costs, which is a CIP for the division.

Key achievements included:

- 25% reduction in attendance in the reformatted rapid access clinic.
- Fully electronic referral system into the rapid access clinic, the referral proforma has been accepted onto the local GP IT system for ease of GP referral.

This project was carried out in the context of the work Moorfields is doing with Croydon CCG, the intermediate care provider and patient groups to move towards an integrated care pathway for ophthalmology in Croydon.

### **3.2.2 Local projects October 2018 – March 2019**

There are 7 local projects currently underway, 2 of which are cross-divisional projects reflecting service rather than divisional based work.

#### **City Road**

- A&E back office – reviewing how the administrative team work in A&E with a view to streamlining processes, making more effective use of staff time and office space.
- Electronic community optometry referrals for wet AMD – develop an electronic referral pathway for optometry referrals, reducing referral via A&E and delays in care.

#### **North**

- Improving Glaucoma referral quality at the Barking site - can we reduce the inappropriate Glaucoma referral rate to the Barking site by closer engagement with the local optometric community and how does that further improve patient experience.

#### **North & South joint project**

- Patient Education in Glaucoma – patient engagement project to understand what information patients want at what stages of their journey and how they want to receive this.

#### **South**

- Outpatient flow at St George's – review outpatient room use, determine better use of space and plan future use to improve patient flow, patient and staff experience.
- Improving the medical handover process at St George's – streamline handover between the ophthalmology on-call team providing better continuity of care.

#### **South & City Road joint project**

- Uveitis – scope the development of a multi-disciplinary specialty care centre for patients with inflammatory eye disease, developing agreed terms of reference and standard operating procedures. This is step one of a larger piece of work to create agreed specialist care pathways for this patient group.

### **3.3 Clinical Administration Project Board**

This group meets fortnightly to deliver the agreed operational and transformational changes to our outpatients, booking, call centre, admissions, health records, performance and clinical administration services. It ensures dependencies are known, learning is shared across divisions and peer support is supported – all of which has been a challenge due to networked nature of the trust.

Currently the following operational and service improvement projects report into this group:

- Establishing the contact centre at City Road for all divisions
- Demand and capacity work in outpatients across all divisions
- Digital transformation
- E-rostering
- Health records
- Outpatient process transformation across each division, including data completeness, outpatient journey times and implementing telephone interpreting
- Administrative staff training & development
- Administrative standard operating procedures

In addition to the work already noted in the updates on the Outpatient Journey Time and Digital projects, this group has ensured that:

- The outpatient administrative staffing restructure has been implemented across the trust in a co-ordinated way. This included the establishment of the Contact centre at City Road.
- An administrative staff development programme has started across the trust, in line with the restructure.
- Standardised customer care training has started across the trust, following on from a patient engagement exercise to ensure that this is focussed on high priority areas for patients.
- Initial demand and capacity training has been provided to each division's management teams. The group has co-ordinated nominations from across the Trust to take-up NHSI demand and capacity teacher training to take this further.

## 2 Capability Development

Demonstrating continuous service improvement is a key factor in achieving outstanding at CQC inspection. To have a culture of continuous improvement we need to both deliver improvements and train staff across the Trust in continuous improvement methodology.

We have adopted Quality Service Improvement & Redesign (QSIR), the NHSI supported trans-theoretical approach to delivering service improvement. We now have 13 staff who have completed their NHSI QSIR Practitioner training and 5 further staff who are due to complete this in March 2019. The staff attending are required to have a service improvement project that they are working on to use as part of the course; these have been both part of and in addition to formal SIS supported projects.

In October 2018, the Joint Directors of the SIS team were accredited by NHSI as QSIR Teaching Faculty Associates. The first QSIR Fundamentals training day was held in December 2018 for 12 members of staff. Dates are booked from February 2019 to deliver both the QSIR Fundamentals and Practitioner courses in-house. All teaching faculty associates have access to peer support, teaching materials and ongoing programme developments and have to re-accredit annually to ensure that the standard of teaching is maintained to the required standard nationally. Two further members of staff are due to complete teaching training and accreditation in 2019, one due to complete in April and one in October.

The SIS team have continued to attend site, service and division specific clinical governance sessions. In November 2018, the team contributed to presentations at the annual Trustwide clinical governance half-day. The SIS team also present regular updates to the Patient & Carers Forum, the Patient Participation & Experience Committee, the AGM and to the Membership Council.

The SIS team participated in the McKinsey sub-speciality strategy workshops for Glaucoma, Cataract, Urgent Care and Medical Retina and have worked with the Oriel team to develop the next steps for this work.

Outside of the Trust, in addition to QSIR, SIS team members are part of the Health Foundation Quality Community (Q), which links staff across the NHS and the Health Foundation, in implementing service and quality improvement. We host the UCLPartners Service Improvement & Sustainability Fellow for the Trust. The Joint Directors are part of the NHSI Service Improvement Directors' Network. This engagement ensures that we are kept up-to-date with service improvement methodologies, approaches and opportunities across the UK.