

ADMINISTRATION REVIEW

An administration review was commissioned by Andy Weir, Executive Director of the Specialist and Forensic Clinical Service Unit (CSU), in order to review the functions and management arrangements of the administrative service, together with supporting the service in developing best practice for this area.

The detailed review was undertaken by the Head of Administration & Patient Services, Head of Finance, Business Management & Performance and the Human Resources Business Partner for the CSU

The Terms of Reference for the review were as follows:

- Review the current function of the admin service in the GIC and make recommendations for improvement and change
- To identify and implement agreed targets for the admin service in the GIC
- To ensure clear systems are in place which support compliance with the MHMDS (Mental Health Minimum Data Set) requirements and other activity reports
- To develop and implement systems which address the typing backlog and improve correspondence times. To explore ways of increasing accountability and productivity

The Review commenced in April 2012 and it was initially anticipated that it would be completed within 6 weeks. Unfortunately due to the complexities of the roles undertaken by the admin team, together with other conflicting priorities within the CSU, the Review and the development of the action plan, have taken considerably longer to complete than first anticipated. It is regrettable that there has been a considerable delay however we wanted to ensure that the review was comprehensive, the recommendations achievable and that any changes had a lasting impact.

We are now in a position to share the findings from the review together with the agreed actions.

Term of Reference 1

Review the current function of the admin service in the GIC and make recommendations for improvement and change

The review considered the roles and functions undertaken across the administrative team in the GIC.

The roles identified include;

- The provision of a wide range of administrative and secretarial support to over 10 whole time equivalent staff.

- Management of telephone calls from patients, commissioners, GPs and other enquirers.
- Typing service (this will be fully addressed under Term of Reference 4)
- Processing of new referrals
- Filing Systems
- Reception and front of house service
- Arranging and rescheduling of appointments
- Ensuring that funding provision is in place for all patients.
- Managing change of details, eg when patients change names or addresses

Term of Reference 2

To identify and implement agreed targets for the admin service in the GIC

Having reviewed the roles and responsibilities of the admin team, it was important to clarify expectations from the Trust's perspective, the clinic's perspective and the patient's perspectives, based on previous feedback. Timescales and priorities have been recommended across a number of areas and this will be detailed further in the action plan.

Areas covered included;

- Time taken to dictate letters/report following appointments.
- To reduce waiting times at the reception desk for patients booking in and for patients who need to arrange appointments.
- Reduction in appointments cancelled by the GIC.
- To reduce the delays associated with the administration and booking of initial appointments for new referrals to the service.

Term of Reference 3

To ensure clear systems are in place which support compliance with the MHMDS requirements and other activity reporting

The service recently implemented a system to improve compliance with the recording of marital status and ethnicity, as these are the 2 areas which required improvement. These are both requirements of the Department of Health. This system will continue and will be reviewed regularly by the Deputy Head of Business Management and Performance in order to ensure compliance.

Term of Reference 4

To develop and implement systems which address the typing backlog and improve correspondence times. To explore ways of increasing accountability and productivity

The Review Team, together with the GIC staff, acknowledge that at the time of the review the turnaround time of 6-8 weeks for typing of correspondence was wholly unacceptable. Periodically in the past resources have been increased in the short-term to manage excessive demand and address backlog. Whilst this has been an effective short-term solution we are committed to ensuring that a sustainable plan is put in place to support the recommendation that typing requests are turned around within 10 working days.

There is a considerable volume of telephone calls to the clinic which are generally dealt with by the person who picks up the phone. The Review Team were of the opinion that patient and callers experience would be improved by reallocating tasks to each of the administrators.

What have we done so far?

In order to begin to implement some of the recommendations of the Admin Review, an experienced admin team leader has been seconded to the Gender Identity Clinic to give additional support to the Clinic Coordinator in order to address the ongoing development of best practice within the clinic.

A referrals administrator post has been introduced, for a period of 3 months, in order to assist in the processing of the high volume of new referrals being received by this service.

In order to address the typing backlog, a number of secretaries have been working additional hours in order to reduce the current waiting time for a letter or report to be typed. The backlog of typing will be completed by the 19th October 2012. Since the end of August 2012 the GIC administration team are now meeting the standard of typing reports and letters within 10 working days of the date of the clinic.

In order to sustain a 10 day turnaround for all letter and reports, voice recognition software is being purchased for use by the clinic. In addition new computers have been purchased for the clinic to upgrade all equipment in order to meet the needs of this service.

Longer term plans

Aside from the immediate solutions which have now been put in place, a number of further actions have also been agreed. An action plan is currently being finalised to capture what is required, who is responsible for delivering it, together with the timescale for completion.

The following actions have been agreed, stemming from the Review's recommendations;

- **Enquiries/Phone calls.** We have agreed that the "welcome pack" for new referrals will be revised in order to provide more comprehensive information for patients when initially referred. Copies of the documentation will also be available on our website. Furthermore we have agreed that named administrators/secretaries will be allocated to each of the clinicians and service manger in order that there is more accountability and achieve some degree of continuity. In the longer term we have agreed that there will be provision for patients to email the clinic directly with their enquiries.
- **Reception/Appointment booking.** The Trust has agreed to commission a new Patient Administration System, (appointment system) and the specific requirements of the GIC will be taken into account in the design of this. We recognise that this will take some time and therefore in the meanwhile we will ensure that utilisation of the current system (RiO) improves in order to reduce waiting times at the front desk. We are also keen that the welcome and reception afforded to all visitors to the clinic is a positive experience and a senior administrator has been identified to work alongside our current staff to support this. Patients will soon have the opportunity to feedback on their experience via a new System called "Meridian". Further details to follow.
- **Arranging and rescheduling of appointments.** We acknowledge that currently there is a high rate of cancelled and rescheduled appointments by the GIC. We

recognise that this is largely due to the fact that appointments are often scheduled 6 months in advance. We are committed to exploring ways in order to reduce the numbers of rescheduled appointments. In addition there are significant numbers of patients who Do Not Attend scheduled clinic appointments. We are looking to set up a reminder system for patients to act as an additional prompt.

- **Typing.** A considerable amount of work and resources has already been invested to address the backlog of typing. We have agreed that correspondence should be typed within 10 days of clinic appointments and, ongoing, have identified resources to monitor this closely. We have also agreed to invest in voice recognition software in order that we can best use resources available to us.

We aim to give regular feedback on this website on the progress of this review and actions taken.