

**Trust Board Meeting**

**ITEM: 10**  
**DOC: 06**

**DATE:** 23 May 2012

**TITLE:** National Outpatient Survey 2011

**SPONSOR:** Bronagh Scott | **REPORT FROM:** Jennie Williams

**PURPOSE OF REPORT:** To provide the Board with the Patient Experience Improvement plan for outpatient clinics.

**EXECUTIVE SUMMARY:** The 2011 National Outpatient Survey for Whittington Health outpatient clinics was published in February 2012. In March the Trust Board was provided with a summary of the key findings.  
This paper provides the Trust Board with the patient experience improvement plan (and associated documents) developed by Jennie Williams Assistant Director of Nursing and the lead outpatient managers. The plan was approved on 10 May 2012 by the Outpatient Improvement Steering group and is currently being incorporated into an overarching action plan by Mathew Boazman Director of Operations for Surgery Cancer and Diagnostics.  
Monitoring of progress against actions will be provided by the Trust Operations Board which will hold the Divisions to account and quarterly reports on progress will be provided to the Patient Experience Steering Group which reports directly to Quality Committee.

**PROPOSED ACTION:** For information and to note

**APPENDICES:**  
(1) Clinic KPI (2) Ensuring our patients receive the best care and service-staff information sheet (3) Tell us what you think survey questions

**DECLARATION**  
In completing this report, I confirm that the implications associated with the proposed action shown above have been considered – any exceptions are reported in the Supporting Information:  
  
Implications for the NHS Constitution, CQC registration  
Financial, regulatory and legal implications of proposed action  
Risk management, Annual Plan/IBP  
Moving Ahead – how does this report support any of the Trust's 5 Strategic Goals

**Supporting Information**



# **Ensuring our patients receive the best care and service**

## **Patient experience improvement plan for Whittington Health outpatient clinics**

The 2011 National Outpatient Survey for Whittington Health outpatient clinics was published on 14 February 2012. The survey asked patients who had attended an outpatient appointment during March, April or May to answer questions about their experiences.

### **Scores which have improved since the last survey**

1. Number of patients seen within 3 months
2. Right amount of information given re treatment / condition
3. Told about side effects of medicine
4. Treated with respect and dignity
5. Overall rating of care as excellent/very good.

### **Scores which show WH to be in the lowest 20% of all Trusts in 2011**

1. Appointment delayed by more than 2 hours
2. OP cleanliness
3. Toilet cleanliness
4. Enough time with doctor
5. Doctor knew medical history
6. Doctor explaining reasons for treatment
7. Doctors listening to patients
8. Understandable answers to patient questions
9. Confidence in doctors
10. Trust in other staff
11. Amount of info given to patients
12. Given enough privacy
13. Doctors/other staff talking in front of patients
14. Conflicting information
15. Involved in decisions about care

- 16. Who to contact if worried
- 17. Main reason for visit dealt with
- 18. Overall rating of care received

### **Actions to date**

Lead managers, heads of nursing and matrons in each of the three divisions have led a number of initiatives to improve the patient experience and environment within their clinics since the survey was conducted. Performance against targets in relation to 18 week waits, DNA, cancellations, overbooking and waiting times are included in the Trust dashboard and monitored within divisions and by the Trust Operational Board chaired by the Chief Operating Officer.

The attached patient experience plan which has been developed with the lead outpatient managers and approved on 10 May 2012 at the Outpatient Improvement Steering group will be incorporated into an overarching improvement plan for outpatients being developed by Mathew Boazman (MB) Director of Operations for Surgery Cancer and Diagnostics.

The Outpatient Improvement Steering group will be responsible for ensuring the overarching outpatient improvement plan is delivered according to the agreed timescales and the Patient Experience Committee will receive a quarterly report on compliance with deadlines.

10 May 2012.

No.	Priority area	How do we know this is a priority?	Enablers and plan	Lead(s)	Measurement	Deadline	Monitoring arrangements
<b>PREPARING OUR STAFF TO DELIVER BEST CARE BEST SERVICE</b>							
1	Clinic staff understand the results of 2011 national survey, areas requiring improvement and actions planned to address	The feedback from accountable leads and discussions with staff ( all groups) has confirmed that nursing and admin staff feel disengaged / and disempowered	<p>Use of clinic 'audit afternoon'</p> <p>All clinic nurses and clinic admin staff to receive feedback on the 2011 survey results, key priorities and principles of the patient experience improvement plan.</p> <p>Regular team meetings to be established and patient feedback to be a standing item at these meetings</p> <p>Use of dept meetings used to feedback to Consultants ( medical committee)</p> <p><b>Enablers :</b> Relevant outpatient manager to lead the feedback sessions. Jennie Williams (JW) and Cassie Williams (CW) and matron (where applicable) to support the service lead to deliver sessions.</p>	<p>Divisional outpatient managers</p> <p>Divisional outpatient managers</p> <p>Divisional outpatient managers</p>	<p>Attendance to session recorded.</p> <p>Feedback from staff/evaluation of sessions</p> <p>Dates and attendance</p> <p>Confirmation of date of session</p> <p>Attendance to session recorded.</p>	<p>30 June 2012</p> <p>30 June 2012</p> <p>30 June 2012</p>	<p>Outpatient steering group</p> <p>Outpatient steering group</p> <p>Outpatient steering group</p>

No.	Priority area	How do we know this is a priority?	Enablers and plan	Lead(s)	Measurement	Deadline	Monitoring arrangements
2	To ensure doctors understand the expectation re customer care privacy, information giving	2011 National OP survey	<p>Nominated consultant for each Division ensures Consultants include customer care standards in local induction for SPRs/SHOs</p> <p>Enabler :</p> <ol style="list-style-type: none"> <li>1. Relevant Service manager leads the session supported by JW/CW</li> <li>2. Voi Shim Wong to support this action.</li> </ol>	Mathew Boazman	Confirmation that all Consultants have had 1-1 discussion with SPRs/SHOs re expectation and how patient experience standard relating to this will be measured.	June Medical Committee	<p>Divisional management team</p> <p>Outpatient steering group</p>

No.	Priority area	How do we know this is a priority?	Enablers and plan	Lead(s)	Measurement	Deadline	Monitoring arrangements
3	Ensuring patients feel welcomed to clinic	CQC Review of Compliance (2011) 2011 National OP survey Complaints and PALs	Publicise the <b>6</b> patient experience standards  Standardise customer greeting (in person and phone.) Staff to be aware of zero tolerance of poor attitude. Introduce <b>'Welcome to our clinic'</b> poster in prominent position (incl. photo of outpatient manager/ matron) This poster explains the 6 patient experience standards  Introduce <b>'Tell us what you think'</b> survey in each clinic on monthly basis  Mystery shopper exercise by LINKs (agreed in principle)	Divisional outpatient managers       Antoinette Webber to co-ordinate volunteers  J Williams   Chris Giles	Improvement in the national OP survey scores 2012  Audit by team leader and included in local induction.  Reduction Number of complaints re attitude ( division to agree target)  Results of TUWYT survey will inform the clinic KPI score  Confirmation that LINKs will facilitate  Outpatient PET data	31 May 2012  30 June 2012  31 May 2012  Discuss with LINKs host 16 May 2012  30 June 2012	Outpatient steering group  Divisional management team

No.	Priority area	How do we know this is a priority?	Enablers and plan	Lead(s)	Measurement	Deadline	Monitoring arrangements
4	<p>Patients can see the name and role every member of staff within the clinic.</p> <p>All staff to wear new WH badges</p>	Complaints and PALs theme	<p>Submit lists of staff to facilities</p> <p>Production of badges</p>	<p>Divisional outpatient managers</p> <p>Cecil Douglas Facilities</p>	<p>Team leader to confirm all staff compliant to service manager.</p> <p>Mystery shopping exercise conducted by Islington LINKs</p>	<p>Completed</p> <p>31 May 2012</p>	Outpatient steering group



No.	Priority area	How do we know this is a priority?	Enablers and plan	Lead(s)	Measurement	Deadline	Monitoring arrangements
5	<p>Improving the information available to patients</p> <p>Rapid review of top 20 leaflets to be available</p> <p>Ensure patients can access leaflets in core languages</p> <p>Ensuring patients know who to contact to talk about worries/concerns.</p>	<p>One of six improvement actions following the CQC Review of Compliance (2011), 2011 National OP survey</p> <p>2011 National OP survey</p>	<p>Agreement on content of letters and consolidation.</p> <p>Review of clinic letters for plain English</p> <p>Each division to review of top 20 leaflets</p> <p><b>“I’m your Matron/manager” poster</b> to be displayed for relevant clinics</p> <p><b>“I’m your Clinical Nurse specialist”</b> poster is displayed where relevant.</p> <p>All clinical nurse Specialists to use business cards which provide mobile number</p>	<p>PAS team</p> <p>Cassie Williams / Deborah Goodhart</p> <p>Antoinette Webber to supply list.</p> <p>Heads of Nursing to lead review and submit revised leaflet to AW .</p> <p>Antoinette Webber</p> <p>Heads of Nursing</p> <p>Tara Egan (gyne)</p> <p>Joy Hayes (Paeds)</p> <p>Julie Logue ( Maternity)</p>	<p>Top 20 leaflets on display in clinics</p>	<p>31 July 2012</p> <p>31 July 2012</p> <p>31 May 2012</p>	<p>Outpatient steering group</p> <p>Outpatient steering group</p> <p>Outpatient steering group</p>

No.	Priority area	How do we know this is a priority?	Enablers and plan	Lead(s)	Measurement	Deadline	Monitoring arrangements
<b>IMPROVING THE ENVIRONMENT FOR OUR PATEINTS</b>							
1	To improve the clinic environment	2011 National OP survey  CQC Review of Compliance (2011) improvement action.( outcome 10)  2011 National OP survey	Assessment of environment to agree rolling programme funded by capital bids  Review of toilet cleaning template to display time of both cleaning and checking.  Cleaning schedules to be displayed in every toilet  Set up scheme to provide drinks/ confectionary via trolley to clinics.	Steve Packer  Steven Packer  Steven Packer  Antoinette Webber	Agreed programme for 2012/13  Results of environment and cleaning audits  Results of environment and cleaning audits  Operational on a daily basis	30 June 2012  30 June 2012  31 May 2012  31 May 2012. Achieved May 1 <sup>st</sup> 2012	Outpatient steering group

No.	Priority area	How do we know this is a priority?	Enablers and plan	Lead(s)	Measurement	Deadline	Monitoring arrangements
<b>IMPROVING THE EXPERIENCE BEFORE THE CLINIC APPOINTMENT</b>							
1	<ol style="list-style-type: none"> <li>1. 18 week referral to treatment</li> <li>2. Reduction of DNA by X</li> <li>3. Clinic cancellations ( check standard)</li> <li>4. Overbooking</li> </ol>	Complaints theme, 2011 OP national survey and CQC feedback following 2011 compliance visit	Divisional plan already in place to address	Divisional outpatient managers	1-4 are existing performance indicators	Timescales detailed in the overarching plan being developed by MB	OP steering group  Monthly divisional DMT  Trust Operational Board

No.	Priority area	How do we know this is a priority?	Enablers and plan	Lead(s)	Measurement	Deadline	Monitoring arrangements
<b>IMPROVING OUR PATIENT'S EXPERIENCE OF THE APPOINTMENT</b>							
1	Ensuring patients are seen on time		<ol style="list-style-type: none"> <li>1. The clinic will start on time</li> <li>2. Waiting time less than 15 mins</li> <li>3. Patients are personally informed when there is a delay.</li> </ol>	Team leaders	<p>Team leader reports to the op manager on a weekly basis reports compliance with clinic template</p> <p>Tell us what you think and Patient Experience Tracker survey data will show 100% compliance</p>	<p>Timescales detailed in overarching plan being developed by MB</p> <p>Immediate</p>	<p>Outpatient Steering Group</p> <p>Monthly KPI dashboard is monitored at divisional performance meeting</p> <p>Trust Performance Board</p>

No.	Priority area	How do we know this is a priority?	Enablers and plan	Lead(s)	Measurement	Deadline	Monitoring arrangements
<b>SEEKING FEEDBACK FROM OUR PATIENTS TO ENSURE WE GET IT RIGHT NEXT TIME</b>							
1	All clinics actively seek and act on patient feedback		<p>Use of paper survey “<b>Tell us what you think</b>” to gather real time patient feedback</p> <p>Divisions need to identify resource to collate data</p> <p>Patient Experience Tracker devices to be aligned to the ‘<b>Tell us what you think</b>’ survey questions( CQUINS)</p> <p>Clinic/service web page to include e version of “<b>Tell us what you think</b>” survey.</p> <p>Introduction of “<b>You told us ..... we did</b>” posters ( same as in ED dept)</p>	<p>Antoinette Webber to supervise volunteers</p> <p>Chris Giles</p> <p>Kathleen Kelly Communication team</p> <p>Team Leader/matron</p>	Data produced on a monthly basis and evidence that discussed and acted on at team meetings	<p>30 June 2012</p> <p>31 May 2012</p> <p>30 June 2012</p> <p>31 July 2012</p>	Outpatient Steering Group

## Ensuring our patients receive the best care and service **SAMPLE**

Welcome to clinic: 4a

*Insert paragraph here from the outpatient manager and add photo and contact details (mobile and email)*

No.	Our patient experience standards	How will we know we are improving?	How are we doing ?		
			April 2012	May 2012	June 2012
1	Every patient visiting this clinic will be made to feel welcome by our reception staff.	Our monthly patient satisfaction feedback survey "Tell us what you think" and feedback left on our kiosks will show that 100% of our patients have been greeted and treated with kindness.	55%	85%	100%
2	Patients will be given an explanation of the reason for a delay in them being seen at their appointment time.	The "Tell us what you think " survey and feedback left on our kiosks will show that 100% of our patients received an explanation about any delay	59%	70%	71%
3	Patients will be involved in decisions about their care.	The "Tell us what you think "survey and feedback left on our kiosks will show that 100% of our patients felt involved in decisions about their care during the appointment.	70%	72%	73%
4	Patients will receive adequate explanation and information about their condition and treatment.	The "Tell us what you think "survey and feedback left on our kiosks PET data will show that 100% of our patients feel they have received adequate information and explanation about their condition and treatment.	75%	83%	74%
5	We will ensure that the toilet facilities in this clinic are kept clean.	Monthly audits conducted by the facilities team will show our toilets to be 100% compliant with the standards for cleanliness.	100%	100%	100%
6	We shall listen to our patient's feedback, make changes to improve the service and let our patients know what we have done to make things better.	The "Tell us what you think " survey and feedback left on kiosks will show that 70 % of our patients would recommend this clinic to a friend/ member of their family ( we call this our net promoter score)	65%	68%	75%

## Ensuring our patients receive the best care and service

We are introducing six patient experience standards to ensure the patients who visit our clinics receive the best care and service. We shall combine feedback from the “Tell us what you think” survey and feedback left on our kiosks to help us improve the service we provide. The table below explains the reason for each standard and how we will monitor our performance.

No.	Patient experience standards for outpatient clinics	Why do we need to focus on this during 2012?	How will we know we are improving?
1	Every patient will be made to feel welcome by our reception staff.	Complaints and PALs tell us that patients don't always feel welcomed by clinic reception staff.	Our monthly patient satisfaction feedback survey “ <b>Tell us what you think</b> ” and feedback on our kiosks will show that <b>100%</b> of our patients were made to feel welcome by our reception team.  There will be a month on month reduction of complaints relating to staff attitude and customer care.
2	Patients will be given an explanation of the reason for a delay in them being seen at their appointment time.	The 2011 outpatient survey, complaints , PALs and matron's conversation surveys tell us that when patients are kept waiting staff do not always explain the reason(s) for the delay	The “ <b>Tell us what you think</b> “ survey and feedback left on our kiosks will show that 100% of our patients received an explanation about any delay
3	Patients will be involved in decisions about their condition and treatment.	The 2011 outpatient survey identified that doctors and nurses don't always involve patients in decisions about their care during the appointment.	The “ <b>Tell us what you think</b> “ survey and feedback left on our kiosks will show that <b>100%</b> of our patients felt involved in decisions about their condition and treatment.
4	Patients will receive adequate information about their condition and treatment	The 2011 outpatient survey identified that patients don't always receive sufficient information about their condition and treatment.	The “ <b>Tell us what you think</b> “ survey and feedback left on our kiosks will show that <b>100%</b> of our patients feel they have received adequate information about their condition and treatment.
5	The clinic's toilet facilities will be clean.	The 2011 outpatient survey showed some improvement in overall cleanliness but toilet facilities continue to be a concern.	Toilet facilities will be <b>100%</b> compliant with the standards for cleanliness.
6	We shall listen to patient feedback, make changes to improve the service and let our patients know what we have done to make things better.	We need to ensure that we act on the feedback we have received from local and national patient surveys during 2011. 4 initiatives will assist us. <ol style="list-style-type: none"> <li>1. Welcome to Clinic X poster with contact details.</li> <li>2. “Tell us what you think” surveys conducted by volunteers with the feedback discussed at team meetings</li> <li>3. Feedback from our patient Experience tracker kiosk.</li> <li>4. Using “You told us – we did” poster to demonstrate the changes we are making to improve the patient experience</li> </ol>	The “ <b>Tell us what you think</b> “ survey and feedback left on our kiosks will show that <b>70 %</b> of our patients will report that they would recommend this clinic to a friend/ member of their family ( we call this our net promoter score)

## **Ensuring our patients receive the best care and service**

### **Tell us what you think survey (TUWYT)**

1. When you arrived in the clinic today were you made to feel welcome by our reception staff?
2. If there was a delay in your appointment did someone explain why?
3. Did the doctor/ nurse introduce him/herself to you today ?
4. Was your privacy and dignity respected during your consultation with the doctor / nurse?
5. Did the doctor provide you with sufficient information and explanation about your condition and treatment?
6. Did the nurse provide you with sufficient information about your condition and treatment?
7. Did you receive any written information to take away to support what was discussed with you?
8. Did you feel involved in decisions about your care/ treatment
9. Did you feel that you were treated with kindness?
10. Would you recommend this clinic to a member of your family or to a friend?