

TRUST BOARD PUBLIC – JUNE 2015

Agenda Item Number: 120/15
Enclosure Number: (9)

Subject:	Outpatient Improvement Actions
Prepared by / Sponsored by / Presented by	Peter Mellor, Director of Corporate Affairs & Simon Jupp, Director of Strategy
Purpose of paper	To provide the Board with an update on the work of the Outpatient Focus Group and associated outpatient transformation projects.
Key points for Trust Board members <i>Briefly summarise in bullet point format the main points and key issues that the Trust Board members should focus on including conclusions and proposals</i>	<ul style="list-style-type: none"> • Outpatient Focus Group set up to improve patient experience. • Areas covered include customer care, electronic referrals, letters, internal telephone directories, information leaflets and diagnostics. • Complementary work being undertaken as part of outpatient transformation covering clinic management, clinic room booking, outpatient workforce review and in-clinic session utilisation.
Options and decisions required <i>Clearly identify options that are to be considered and any decisions required</i>	For information. No decision required.
Next steps / future actions: <i>Clearly identify what will follow the Trust Board's discussion</i>	Subsequent progress reports to be shared with Board.
Consideration of legal issues (including Equality Impact Assessment)?	Not applicable.
Consideration of Public and Patient Involvement and Communications Implications?	Patient involvement via outpatient focus group.

Links to Portsmouth Hospitals NHS Trust Board Strategic Aims, Assurance Framework/Corporate Risk Register

Strategic Aim	Strategic Aim 1: Deliver safe, high quality, patient centered care
BAF/Corporate Risk Register Reference	

(if applicable)	
Risk Description	
CQC Reference	Well Led, Effective, Responsive and Caring

Committees/Meetings at which paper has been approved:	Date:
N/A	

Part 1 - Outpatient Experience/Access Group

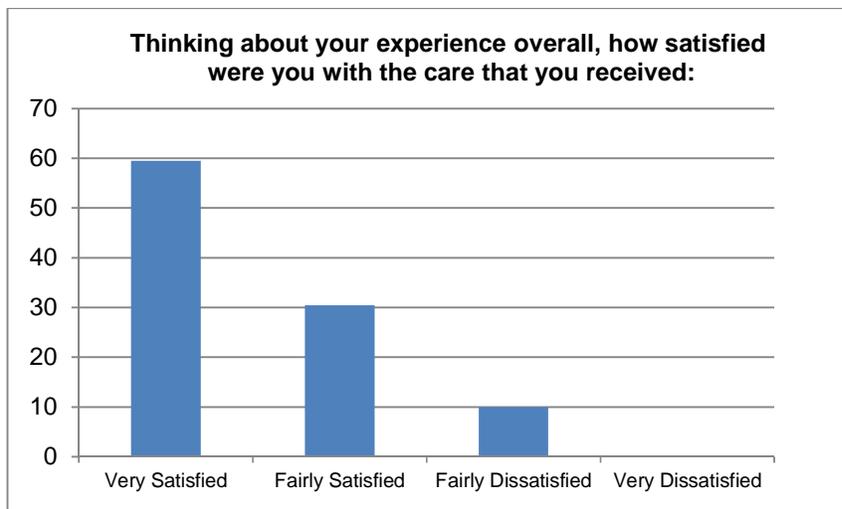
1. Focus Group

An 'Outpatient Focus Group' was recently held, consisting of Staff, Governors and members of the public; its purpose was to identify areas within the outpatient pathway that would benefit from improvement.

A poll was conducted during the event asking attendees to score against a series of questions. The results were as follows:

	% of respondents			
	Very Satisfied	Fairly Satisfied	Fairly Dissatisfied	Very Dissatisfied
Thinking about the process before your appointment were you:	30%	51%	16%	3%
Thinking about your wait whilst in the hospital, were you:	30%	37.5%	25%	7.5%
Thinking about any Tests or Treatments you received, were you:	56%	31%	13%	0%
Thinking about your appointment overall, were you:	40%	55%	5%	0%
Thinking about when you left the outpatients Department, were you:	27%	41%	23%	9%
Thinking about your experience overall, how satisfied were you with your outpatients visit:	21%	63%	13%	3%
Thinking about your experience of being treated with respect and dignity, were you:	56%	38%	6%	0%
Thinking about your experience overall, how satisfied were you with the care that you received:	59.5%	30.5%	10%	0%

Interestingly, 90% were either very satisfied or fairly satisfied with their overall experience (please see results below):



2. Improvement actions / Workstreams identified

'Customer Care' Strategy

Issues identified

The Outpatient Experience/Access Group have identified the following:

- There is a lack of information available for patients; for example about their condition or procedure.
- There is no consistent approach to meeting and greeting patients when they arrive at departmental reception desks.
- There are inconsistencies in standards of practice of privacy across the Trust.
- There are no standard operating procedures for outpatients.
- There is variability in how we inform patients of delays.
- There is a lack of information informing patients of the next steps in their pathway.
- There is no consistency in Consultants sending a copy of the GP letter to the patient.

It was agreed that there is a need for a standard operating procedure/customer care strategy for outpatients, outlining 'our pledge to patients'. The national outpatient guide has been used to help inform our pledge:

- You will be greeted by a member of staff on your arrival at the department reception desk.
- You will be kept informed of any delays after 30 minutes.
- You can expect to receive any necessary information regarding your condition/treatment/procedure

Actions completed

- ✓ Customer Care Strategy drafted
- ✓ Outpatients Customer Care Audit drafted

Actions due

- Implementation and promotion of Customer Care Strategy
- Consideration as to how Customer Care Strategy can be audited
- Consideration as to whether an Outpatient Operational Policy is needed

eReferral

Issues Identified

Only 18% of referrals are received by Choose & Book, the majority of these being from one Surgery. The 2 GP's who use the system the most are happy to recommend and promote the use of Choose & Book to other local GP's but for this to be effective, more clinic slots need to be available on Choose & Book. Issue: lack of capacity.

It was agreed that an online referral form should be made available on the Trust's website for GP's use. This would enable a clear/consistent referral system for both the Trust and the GP and would provide an automatic receipt to the referring GP.

Actions completed

- ✓ Meeting with local GP practices to better understand shortcomings of existing systems.
- ✓ Discussion with IT and SiteKit (website provider) about providing a referral form on the website.

Actions due

- Implementation and promotion of the new online referral form.
- Audit the usage of the form.

Inpatient Letters

Issues Identified

There are currently 800 identified templates on the system with little standardisation. Following a review of Outpatient letters four years ago the number of letters on the system was dramatically reduced, standardisation was introduced and limited "free text" provided. A similar exercise is required for inpatient letters. This will ensure that patients receive:

- A standard letter with a recognisable corporate style.
- Clarity, so that information of where to go to, how to get there, times, pre appointment / procedure actions to take, is easy to understand.

However, in order to undertake such a project, significant resource is required.

Telephone Lists

Issues identified

Patients, public and staff are often given incorrect telephone numbers or are transferred to the wrong departments for various reasons:

- Intranet Telephone directory out of date.
- Intranet telephone directory not linked to telephone directory on Outlook.
- Intranet telephone directory not linked to the switchboard system. The switchboard uses a standalone system which is manually updated. Whilst a list of starters and leavers is sent to switchboard to keep list updated, it is often out of date.

Actions completed:

- ✓ Ward and departmental telephone numbers now available on the Trust website.
- ✓ Accurate ward and departmental telephone numbers shared regularly with Carillion Switchboard.
- ✓ Departmental opening hours checked and updated on letter templates.
- ✓ Departmental opening hours now published on MRI letters
- ✓ Audit of selection of departments to understand the average answering time, and to identify any themes of times of the day when phones are not answered.

Actions due:

- Ward and departmental telephone numbers to be published on the Intranet
- Roll out of 'Who Am I' which will provide an up to date telephone list, including photo and bio of each member of staff.

Information Leaflets

Issues identified:

There is inconsistency in the format of patient information leaflets and their availability/accessibility.

Action completed:

- ✓ Reminder to CSC Management Teams of the Health Information policy when producing patient information leaflets.
- ✓ The policy promoted to all staff in the Link magazine .

Actions due:

- All leaflets to be made available on the Trust's website - The Patient Experience areas of the website are being reviewed and redesigned and will include a health information area which will host Trust wide information documents.

Diagnostics

Issues identified:

Inability of Outpatient checking-in kiosks to recognise the barcode printed on appointment letters for Diagnostic clinic attendees because of the incompatibility between the two IT systems: PAS and KRIS.

Actions completed:

- ✓ Barcodes have been removed from Diagnostic clinic appointment letters.
- ✓ On attendance each patient is now given a label explaining who sent them for their scan/x-ray and who they should contact for their results.

Part 2 - Outpatient Transformation Update

A key Workstream in the Trust's 2015/16 Transformation programme is the systematic review of all elective care pathways. The overriding objective of this Workstream is to make process significantly more efficient and to increase overall levels of productivity.

Four specific projects have been identified covering the outpatient element of the elective pathway. They cover:

- Clinic management
- Clinic room booking
- Outpatient workforce review
- In-clinic session utilisation

The four projects are overseen by the Outpatients Productivity Steering Group. The overall aim of the group is to manage the delivery of the four transformation projects assigned, overseeing delivery directly or indirectly via established project groups (particularly the Outpatient Focus Group) in order to ensure that effective implementation plans are developed, supported and monitored to deliver the agreed administrative workflow improvements, and the procurement process for identifying an integrated IT solution.

The objectives of the Outpatients Productivity Steering Group are to establish and oversee a clear programme of work that builds on previous successful work to streamline the key outpatient elective steps ensuring maximum throughput and utilisation of existing costly resources such as clinic rooms and associated staffing costs. These objectives are summarised below:

- We will seek to improve accessibility of booking through enabling simpler booking systems for patients including Choose and Book.
- The use of planned sessions and outpatient facilities will be optimised through smoothing work across the week ensuring all outpatient's space is used to the maximum.
- We will ensure clinic sessions and associated templates match job plan allocation.
- We will centralise either geographically or virtually outstanding administration functions including booking and reception to ensure trust wide standard processes, using use of wireless systems to introduce mobile administrative working.
- New appointments that require consultation and diagnostics, where appropriate, will be delivered through a 'one stop' model, providing a better patient experience and support the drive to reduce wait times with diagnostics planned to support multiple clinics therefore maximise productivity.

- Follow ups will continue to be reduced in line with agreed targets and where possible and appropriate to do so we will exceed national targets

Regular progress reports are presented to the Transformation Board. A full report highlighting the benefits realisation identified to date will be presented to the Transformation Board on 13 July 2015.