Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

COUNCIL OF GOVERNORS
23rd June 2014

TITLE	**Improving the Patient Experience**
EXECUTIVE SUMMARY	The current experience for patients accessing our services is varied and trails behind many standard practices within the NHS. The Programme Management Office (PMO) is currently working on a number of projects which look at current practices and aim to bring our services up to standard with the ultimate aim of improving the patient experience.
The Council is asked to:	Discuss the report.
Submitted by:	Valerie Bartlett, Deputy Chief Executive
Date:	16th June 2014
Decision:	For Discussion

Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

IMPROVING THE OUT-PATIENT EXPERIENCE

1 BACKGROUND INFORMATION

By 2017 Ashford and St Peter's NHS Foundation Trust (ASPH) aim to have created 'best in class' customer service for our patients and GPs, to match the high quality care we provide.

The current experience for patients accessing our services is varied and trails behind many standard practices within the NHS. The Programme Management Office (PMO) is currently working on a number of projects which look at current practices and aim to bring our services up to standard with the ultimate aim of improving the patient experience.

The future service will use enhanced technology and improved training for staff to deliver benefits and a better experience for patients who access our Outpatient services, where every month we receive 13,000 GP referrals and provide 30,000 Outpatient appointments.

It will better support current and future business processes for clinicians and administrative staff and in so doing, it will help create a more patient-centred, people-powered Trust, making ASPH a more attractive proposition for our users.

We aim to make it easy for our patients to:

- Always know where they are in their care pathway
- Know who and how to contact to have their questions or concerns answered quickly and easily
- Be able to choose the place and time of their appointments, make reasonable changes and plan for their hospital visits well in advance, without fear of cancellation

And for GPs we will:

- Enable them to quickly access specialist advice informally by phone or other methods
- Have a single point of contact for all of their questions

2 STRATEGIC RATIONALE

Part of the 'Firm Foundations' of the new Trust strategic vision (below) of achieving joined up healthcare is improving our responsiveness and accessibility to patients and GPs.

As a key building block towards this aspiration, the projects will support patients' rights to be involved in discussions about their healthcare and to be given information and resources to enable them to do this. This will lead to ASPH offering high standards of information, support informed choice, and delivering flexible, responsive services to meet the patients' needs.

3 IMPROVING RESPONSIVENESS & ACCESSIBILITY TO PATIENTS AND GPS

A project flow diagram is shown in Appendix A which shows that on successful completion of this project, patients will be fully involved in their care, can check on their records and choose appointments that suit them. GPs will easily be able to contact ASPH to access speciality information or advice resulting in an open dialogue between themselves and hospital clinicians to ensure appropriate referrals are sent to the appropriate departments.

As well as the long-term strategic aims, there is a short-term plan that focuses on improving our referral processes as well as our 'contactability'. The section below describes the objectives in more detail.

Objectives for this project will be split into three phases:

- **Phase 1** - Will look at improving the services already on offer and raising our standard to match the basic expectations of a patient attending ASPH.
- **Phase 2** - Will begin once phase 1 is in place and will focus on the strategic aims of adopting technology to achieve the overall aim of patients being in charge of their own records.
- **Phase 3** - Will be an overarching phase throughout the whole project and will look to establish, implement and embed a set of standards for an out-patient appointment called 'The Out-Patient Promise'

Phase 1

Objective	How will it be measured	Baseline	Target
Redesign of external website to provide enhanced advice and guidance for patients and GPs	Patient satisfaction and increase in usage	Limited functionality and average usage of 40,000 hits per month	User friendly website to increase number of hits per month by 10%
Standardised contact methods for all departments to include specific appointment and clinical lines for GPs and patients	Patient satisfaction. Reduction in complaints regarding appointment times and contacting ASPH.	Currently a variety of methods across all departments which causes confusion to the patient and GP	Enhanced ability of patients and GPs to contact ASPH for appointment and clinical queries
Improve communication to patients and / or GPs regarding receipt of their referral and appointment	Number of days it takes us to offer an appointment	No current target	Within 5 days
To develop an appointment cancellation form on-line to enable patients to cancel their appointment without having to phone in	Reduction in the number of calls to cancel appointments	Currently on average 6,700 appointments are cancelled by patients per month	On-line cancellation option available allowing patients to cancel appointments 24 hours a day
Explore the feasibility of linking with Royal Surrey to enhance partnership working	Reports to partnership board regarding progress	Two hospitals with different ideas of working	Joint partnership working to utilise resources
Develop a method of recording performance in regards to responsiveness	Dashboard or similar	No method currently exists	To be able to track performance in relation to the project brief

Phase 2

Objective	How will it be measured	Baseline	Target
Reduce the number of appointment cancellations by ASPH and by patients	Reports from PAS	Current average of 6,160 appointment cancellations per month (48% of total cancellations are by ASPH)	Reduce all hospital cancellations by 10%, and ensuring minimum number of clinics are cancelled less than 6 weeks prior to appointment
Link appointments within the Trust to encourage inter-disciplinary working	Improved communication leading to better patient satisfaction	Departments often work individually and feedback to clinicians is guided by the patient	Patient centred approach with feedback led by clinicians
Support the implementation of the e-Referral system to supersede Choose and Book	Increase usage of e-Referral to allow patients to choose their own appointments	Current usage of Choose and Book is approximately 20% of all appointments	50% usage by the end of the first year of implementation
Determine the feasibility of a true Patient Portal supported by a single patient/GP contact centre	Through stakeholder groups to see if this is required	No portal currently exists for patients to access their own records	Development of a business case to support a patient portal if deemed necessary

Phase 3 – The Out-Patient Promise

Objective	How will it be measured	Baseline	Target
Implementation of a set of expected standards for patients attending ASPH to support current policies	Patient and GP satisfaction	No focus on 'customer service'. Current policies focus on achieving specific targets	Standardised set of patient expectations across the Trust to compliment the Joint Access Policy
Review the current training provided for front-line staff to ensure best 'customer experience'	Number of staff attending training	Non-specific training regarding communication which is not mandatory for patient facing reception / admin staff	Develop a 'Customer service strategy' to incorporate a training programme for front line staff which will be used in conjunction with the current Joint Access Policy. This will include a set of expected behaviours for all ASPH staff

4 CUSTOMER SERVICE STRATEGY

In order to support patients' rights to be involved in discussions about their healthcare and to be given information and resources to enable them to do this a 'Customer Service Strategy' has been developed.

This will support the development of a new culture within ASPH where customer care is seen as an integral part of achieving good clinical outcomes and is to be used in conjunction with the Joint Access Policy relating to elective care pathways.

The strategy will clarify and promote a consistent customer care culture that focuses upon delivering customer care principles in all areas of the Trust which will be under pinned by the Trust core values: **P**atients First, **P**ersonal Responsibility, **P**assion for excellence and **P**ride in our team.

The objectives of the customer care strategy are to:

- Provide quality customer care throughout the organisation to ensure all ASPH customers are treated with respect and courtesy
- Ensure every employee of ASPH is aware of their role in delivering excellent customer care and has a good understanding of the expected customer service standards
- Train all staff to provide high quality customer care
- Integrate customer care and patient feedback into key performance indicators
- Make ASPH more accessible and responsive to its customers in order to provide an improved patient experience

The core standards of customer service will be in accordance with the ASPH core values which outline what is expected from staff in order to meet customer needs through professional, courteous and efficient service.

These standards are outlined in Appendix B with staff striving for an 'exemplary' service at all times.

4.1 CUSTOMER CARE TRAINING

To supplement the customer service strategy a training programme for 'patient facing' non-clinical staff will be provided which will develop customer care skills to enhance the customer experience (patient, GP and other external stakeholders).

The sessions will be provided by the same training provider who is currently providing training for the band 5 and 6 development scheme and will link in with these sessions. The training will share best practice within the Trust as well as giving ideas on how things might be done differently.

The purpose is not to punish areas and tell staff that they have made mistakes as the method will take on an 'Appreciative Inquiry' basis by focussing on the positive aspects of good customer service. The sessions will be designed to be interactive and a working group of reception staff has been set up to finalise the programme to ensure the correct aspects are covered. The feedback from the Trust Governors will also be used by this group to formulate a plan that is patient focused.

The targeted approach will focus on band 2 and 3, mainly reception staff, who often will have the greatest contact with patients but are not currently offered any formal training. They are often advised to attend conflict resolution training and will attend some form of training at induction but this is not mandatory.

The training approach will ensure that staff attending will be able to continuously reflect on their experiences and share them with each other. This has a number of possible avenues:

- Regular 'learning set' type meetings to discuss any relevant scenarios
- On-line blog / forum for staff who have undergone the training to discuss customer service
- Regular CPD events to refresh knowledge
- Train-the-trainer type approach where the first cohort acts as champions in their specific area to continuously train fellow staff members

Ultimately all staff have a role to play in providing good customer service which is in line with the Trusts values and behaviours and work is on-going to determine whether all staff can be included in this training.

This may take the form of providing training at induction as well as some e-learning modules and possible videos showing examples within the Trust of staff demonstrating the values and behaviours in line with good customer service.

5 THE OUTPATIENT PROMISE

An Outpatient Promise has been developed which gives details of what the Trust will offer patients when they come in for an out-patient appointment. The plan is that it will be used in all Outpatient areas as well in GP surgeries to show a patient what they should expect when they attend the hospital as an out-patient and act as a set of standards which can be used to measure performance.

A working example of the promise is shown below, although the next stage is to develop a 'Patient Promise' to incorporate both in and out-patient appointments. The aim is that patients will be able to give quick, anonymous feedback to the specific area if they feel that the promise is not being met.

The **Out-Patient** Promise

We will…..

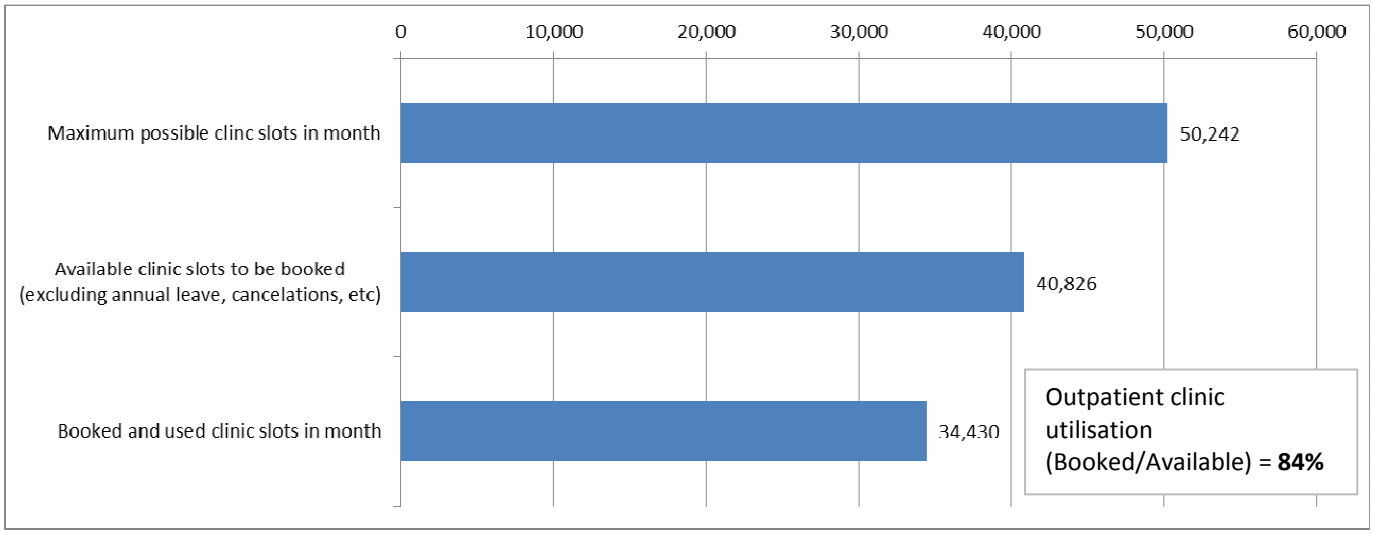
- *Communicate* with you in a respectful and dignified way putting you at the heart of our healthcare system
- Offer an appointment in a *timely* manner that suits you and your healthcare needs by ensuring a clinician reviews your referral and offers an appointment within xx hours of receiving it
- Be a *reliable* provider for your healthcare needs by ensuring that your appointment is not unnecessarily cancelled
- *Listen* and act on your feedback

The outpatient promise will be used in the customer care training to focus the sessions towards how best to offer the standard of care being aspired to. In particular, the promise will form the basis of the practical scenarios in the training to further embed it within the organisation ensuring that staff attending the training can act as ambassadors for the promise once completed.

6 OUTPATIENT UTILISATION

A project to review the utilisation of ASPH Outpatient clinics was initiated in March 2014. The objective in the initial phase of this project was to establish an utilisation dashboard that accurately reflects the utilisation of all Outpatient clinics being used and allowing operational teams to better review plan their clinic capacity.

This was done in partnership with Divisional Service Managers and has now been completed. The dashboard shows the outpatient utilisation for April 2014 was 84.3%, (see below).



The next phase of the project is to look more closely at efficiency within our Outpatient services. Four areas for consideration have been identified:

- Demand and capacity for Outpatient services
- Management of clinic changes and cancellations
- Booking of investigations
- Patient transport

The approach to this next phase is still to be decided, but may take a pathway specific or whole system approach, depending on the needs of specific divisions and the organisation as a whole.

7 MEASURING PERFORMANCE

The Friends & Family test which has worked very well in shaping Inpatient performance is soon to be implemented for Outpatient areas and this will be the primary measure for the Trust in demonstrating improvement in patient experience.

Although full guidance from the Department of Health (DoH) on the details of the Outpatient Friends and Family test is still to be made available, it is likely to follow the same format as existing Inpatient Friends and Family questions. Patients will be asked the following question through a number of communication methods:

How likely are you to recommend our Department to friends and family if they needed similar care or treatment?	
Extremely likely	Unlikely
Likely	Extremely unlikely
Neither likely nor unlikely	Don't know

Patients will also be asked if they would like to add any specific comments which may involve a link to the promise being met or not being met. Although it has not been officially launched, it is being trialled in a small number of Outpatient areas within the Trust through different methods.

In Physiotherapy Outpatients, we are asking all patients once they have been discharged from their care to respond to the Friends and Family question; and in main Outpatients we are asking a selection of patients (100 per week) at different stages of their care pathway.

8 CONCLUSIONS

The benefits we hope to achieve through these projects will put the patient at the heart of the Outpatient system. This will be achieved in the long-term by providing a platform for patients to being able to manage their referral simply and effectively and to have visibility of their care pathway.

In the short-term, current pathways and methods of contact are being refined to ensure they are fit for purpose, and there is a focus on ensuring staff within the Trust are given the means to ensure our patients receive the best possible experience.

We will also continue to ensure our Outpatient services maximise their efficiency and productivity by taking an improvement approach to reviewing demand and capacity, as well as booking and planning issues.

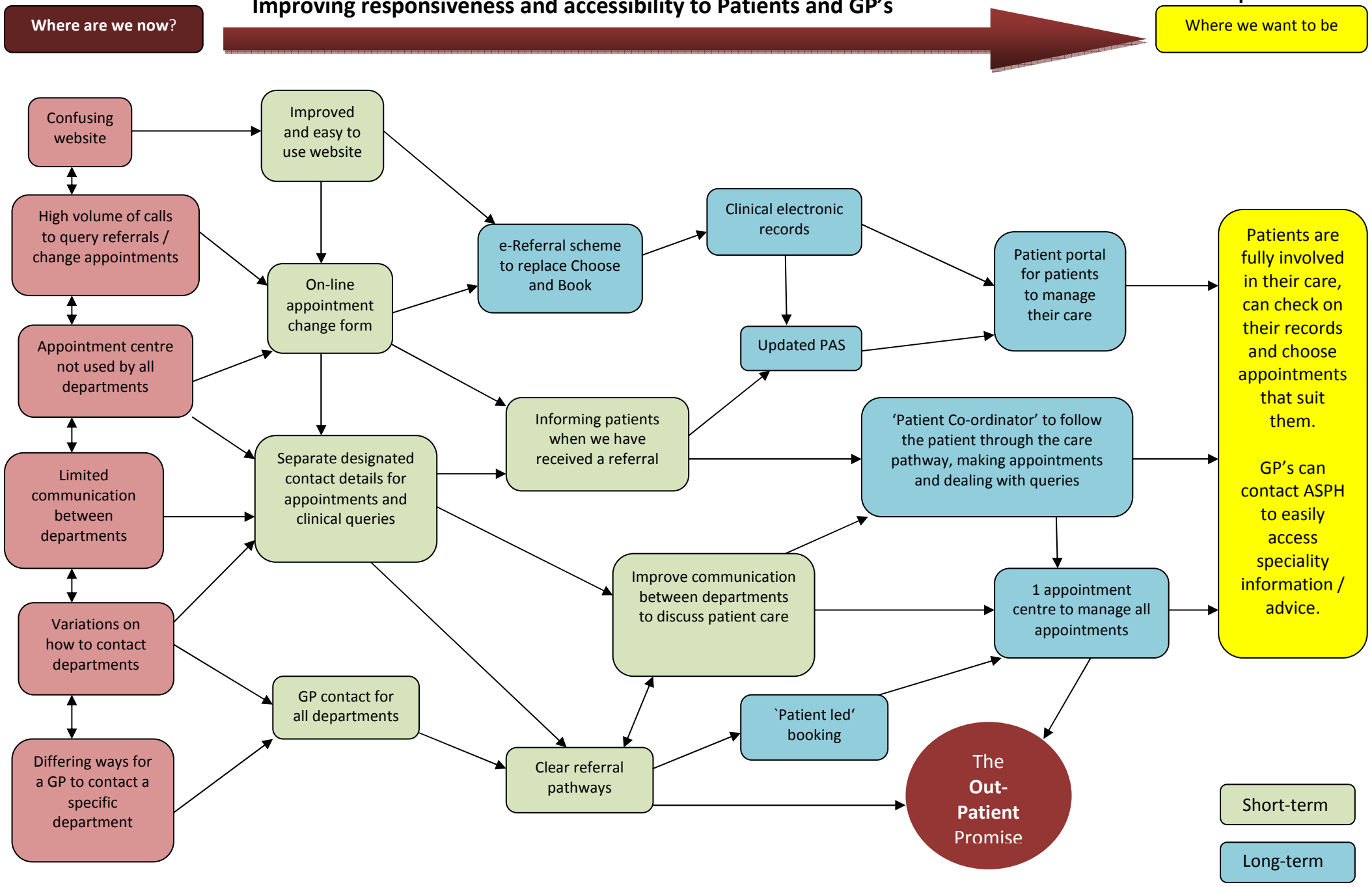
9 COMMENTS

Any comments on the projects mentioned are very much welcomed and should be directed towards Jonathan Sheppard or Sally Greensmith in the Programme Management Office (PMO).

APPENDIX A

Paper 7.4

Improving responsiveness and accessibility to Patients and GP's



APPENDIX B

Values and Behaviours

Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

Patients First

	Exemplary	Essential	Unacceptable
Care	Always finding ways to make a difference for the benefit of others	Ensuring that basic needs are always met	Ignoring patients who need help – *the standard you walk past is the standard you accept*
Compassion	Making everyone feel special – knowing your patients well and treating them as individuals	Putting yourself in others' shoes – *you could be the only word of kindness that person receives all day*	Not being aware of others' needs or feelings
Communication	Adjusting your communication style to fit the person or the purpose	Introducing yourself, listening, explaining clearly what is happening and making sure that you have been understood	Making little effort to explain situations, creating anxiety and confusion
Humility	Using what our patients and others tell us to make our care the best it can be	Apologising and being open when things have gone wrong	Arrogance – *assuming we have all the answers* and not listening to our patients

Personal Responsibility

	Exemplary	Essential	Unacceptable
Commitment	Equipping yourself with the skills, knowledge and wellbeing required to deliver your best	Performing your duties to the best of your ability and always being punctual and prepared	Taking little interest in doing a good job
Self-awareness	Leading by example and taking responsibility for your actions	Treating people as you would like to be treated, remembering *that the little things often make the biggest difference*	Looking for excuses or undermining others
Open-mindedness	Being objective and providing, seeking and valuing regular constructive feedback	Continuously listening, learning and improving	Showing little interest in improvement or being dismissive of others' ideas or feedback
Courage	Not being afraid to challenge poor behaviour and inspiring courage in others	*Believing in yourself and your contribution*, and having the confidence to *speak up and speak the truth*	Not being willing to trust others, or avoiding difficult issues

Passion for Excellence

	Exemplary	Essential	Unacceptable
Positivity	Sharing good news and positive stories, seeing and inspiring the best in others	Striving to be the best you can	Spreading negativity, or *having a "can't do" attitude*
Insight	*Stopping, looking and listening* being mindful of your environment	Having an in depth understanding of your day to day practices and the impact they have on others	Not being aware of impact on others
Initiative	Finding and seizing opportunities to go the extra mile without being asked	*Taking a proactive approach*, and prioritising	Being passive and demonstrating a lack of attention to detail
Innovation	Being bold, ambitious and creative and challenging the norm	Seeking out new ideas and finding ways to put them into practice	Accepting average standards or refusing to move from the status quo

Pride in our Team

	Exemplary	Essential	Unacceptable
Constructiveness	Supporting, inspiring, mentoring, coaching, celebrating, championing and motivating	*Treating one another with dignity, intelligence and respect*	Shouting, taking an aggressive tone, or finger-pointing
Selflessness	Taking on tasks, beyond expectation, to achieve team or organisational goals	In your work, prioritising the needs of your patients, teams and organisation ahead of your own	Showing evident self-interest to the detriment of the team or organisation, or lack of flexibility
Collaboration	*Helping others to see that they can achieve more together than can be achieved alone*	Building positive relationships based on listening and sharing information, knowledge, skills, as well as workload, to further team and organisational goals	Refusing to work with others effectively – withholding information, or failing to listen to or acknowledge others' views
Integrity	Always being open and honest, setting realistic expectations, and consistently demonstrating your values	Being honest and delivering what you promise or making others aware if you are unable to deliver	Being dishonest or biased, or actions not matching words

Developed by staff through the Trust Wall and through conversation in Autumn 2013