

**AGENDA ITEM NO:14**

**UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST  
BOARD OF DIRECTORS  
THURSDAY 26 APRIL 2012**

<b>Title:</b>	<b>OUTPATIENT DEPARTMENT SURVEY 2011</b>
<b>Responsible Director:</b>	Kay Fawcett, Executive Chief Nurse
<b>Contact:</b>	Carol Rawlings – Associate Director of Patient Affairs, Ext 13974

<b>Purpose:</b>	To provide a summary of the comparative results of the Care Quality Commission National Outpatient Department Survey published in February 2012, and to present the action plan to improve the patient experience.
<b>Confidentiality Level &amp; Reason:</b>	<b>None</b>
<b>Medium Term Plan Ref:</b>	Always consider the needs and care of patients first.
<b>Key Issues Summary:</b>	
<b>Recommendations:</b>	The Board of Directors is asked to: <ol style="list-style-type: none"><li>1. <b>Note</b> the 2011 Care Quality Commission Outpatient Department Survey report which provides a comparison of the results from NHS Trusts.</li><li>2. <b>Note</b> the contents of this report and the key findings of the survey.</li><li>3. <b>Note</b> the action plan to improve the patient experience of the Outpatient Department.</li></ol>

<b>Signed:</b> 	<b>Date:</b> 17 April 2012
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# UNIVERSITY HOSPITALS BIRMINGHAM NHS FOUNDATION TRUST

## REPORT TO THE BOARD OF DIRECTORS

### OUTPATIENT DEPARTMENT SURVEY 2011 PRESENTED BY THE EXECUTIVE CHIEF NURSE

#### 1. Introduction

In 2011 the Trust was required to participate in the Care Quality Commission Outpatient Department Survey.

The aim of the survey was to understand what patients thought about their experience and care within the Outpatient Departments of NHS Trusts. The results would be used to drive improvements in the quality of care and the experience of patients and their families.

This report presents the results, as published by the Care Quality Commission in February 2012, and details the comparison between all 163 acute and specialist NHS Trusts that took part in the survey. It highlights areas where University Hospitals Birmingham (UHB) compared well against other Trusts, and where it compared less favourably.

The Care Quality Commission Outpatient Department Survey 2011 report is appended (appendix 1).

#### 2. Methodology

850 patients were invited to take part in the survey following their attendance within the Outpatient Department in March 2011. Postal questionnaires were sent, followed by two reminder letters.

A response rate of 50% (n423) was achieved, which was slightly below the 53% national average.

Responses were scored for each Trust using a score of 0 - 100. A score of 100 indicates the best possible response. If less than 30 patients responded to an individual question, the score is not included in the final report as it is not considered valid. A confidence interval of 95% has been calculated by the Care Quality Commission to indicate how accurate they consider the score to be.

The graphs included in the report display the scores for UHB, compared with national benchmarks. Each bar represents the range of results for each question across all trusts that took part in the survey. In the graphs, the bar is divided into three sections:

- The red section (to the left) shows the scores for the 20% of trusts with the lowest scores.
- The green section (to the right) shows the scores for the 20% of trusts with the highest scores.
- The orange section (middle section) represents the range of scores for the remaining 60% of trusts.
- A white diamond represents the score for UHB. If the diamond is in the orange section of the bar for example, it means that the trust is among the middle 60% of trusts in England for that question.

### 3. Comparison Results and Key Findings

Out of 39 questions scored for UHB, 13 were in the top 20% of Trusts, 3 were in the bottom 20% and 23 were in the middle 60%.

Of the 39 questions, 21 achieved a score of 80 or more of which 9 achieved a score above 90. Four questions achieved a score below 60.

The Trust achieved a score of more than 90 for the following:

- treated with respect and dignity (96)
- privacy when discussing your condition or treatment (95)
- explanation of new medicines and how to take them (93)
- conflicting information (92)
- confidence and trust in medical (92) and other clinical staff (92)
- staff talking in front of you as if you weren't there (92)
- listening to patients (91)
- explanation of purpose of medicines (91)
- did the doctor seem aware of your medical history (91)

The Trust achieved a score of more than 80 for the following:

- appointment not being cancelled / changed (89)
- explanation of treatment (89) and information about condition (89)
- enough time to discuss health and medical problem with doctor (89)
- main reason for attending department dealt with satisfactorily (87)
- explanations by staff of treatment (87)
- overall rating of the care received in the department (86)
- time between being referred and having an appointment (86)
- doctor (85) or other professional (87) answered questions in an understandable way
- involvement in decisions about care and treatment (85)
- explanations of need for tests (83) and how to get results (80)
- staff introduced themselves (82)
- cleanliness of the department (86) and toilets (82)

The following areas scored less than 60 and require action for improvement:

- do you see same doctor or other member of staff whenever you go to the Outpatients Dept (59)
- information about danger signals to watch for (58)
- copies of letters sent between hospital doctors and your family doctor (43)
- information regarding waiting time in the department (30)

#### **4. Action Plan for Improvement**

The attached action plan (appendix 2) has been developed by Division C in response to the survey report. It details the actions to be implemented and the person responsible for achievement.

Monitoring of progress will be via the Care Quality Group, chaired by the Executive Chief Nurse. A progress report will be submitted to the group on a quarterly basis.

#### **5. Recommendations**

The Board of Directors is asked to:

- 5.1 **Note** the 2011 Care Quality Commission Outpatient Department Survey report which provides a comparison of the results from NHS Trusts.
- 5.2 **Note** the contents of this report and the key findings of the survey.
- 5.3 **Note** the action plan for improvement and proposed monitoring of progress.

Kay Fawcett  
Executive Chief Nurse  
17 April 2012

## National Outpatient Survey 2011 - Action Plan

	Original Questions Group	Score (out of 100)	Comments	Actions	Lead manager
1	Q30. Do you see same doctor or other member of staff whenever you go to the Outpatients Dept?	59	Many of our Outpatient clinics are multi-disciplinary and / or have junior doctors in attendance and therefore they may not see the same doctor or other member of staff when they attend.	<ul style="list-style-type: none"> <li>Review the information that is currently given to patients.</li> <li>Monitor the usefulness of the information through the patient experience survey and discussion at the Patient Carer Council Group.</li> <li>Update Internet with Patient Information for their Outpatient visit.</li> </ul>	Head of Outpatient and Community Development
2	Q47. Did hospital staff tell you about what danger signals to watch for after you went home?	58	This needs to be improved, where appropriate.	<ul style="list-style-type: none"> <li>Review information that is given to patients leaving the department. Ensure all relevant patients are given information about any danger signals to be aware of.</li> <li>Ensure all patients are provided with information about who to contact if they are worried.</li> <li>Monitor compliance through patient experience survey.</li> <li>Circulate the details of this survey to Clinical Service Leads.</li> </ul>	Matron for Outpatients and Clinical Service Leads.

	Original Questions Group	Score (out of 100)	Comments	Actions	Lead manager
3	Q46. Did you receive copies of letters sent between hospital doctors and your family doctor (GP)?	42	<p>There are currently only a small number of specialties that copy patients in on the GP letters e.g. Rheumatology, Respiratory and Liver.</p> <p>Some clinicians will send patients copies of their letters on an ad hoc basis.</p> <p>The Trust is in the process of developing and rolling out a system called "My Health", which will allow all patients to view their letter history on line.</p>	<ul style="list-style-type: none"> <li>Roll out "My Health"</li> </ul>	Director of Patient Services / Health Informatics / IT
4	Q9. Were you told how long you would have to wait?	30	<p>Patients should be informed of clinic delays. Currently clinic nurses provide a verbal update on delays, however due to the geography of the New Outpatient Department, this is not always effective. We are further developing our OPTIMS, which is our Patient Calling System, to include an electronic message informing patients of delays by clinician in the main waiting areas.</p>	<ul style="list-style-type: none"> <li>Develop and roll out OPTIMS v3 – currently scheduled for deployment in August 2012</li> <li>In advance of OPTIMS V3, clinic staff to ensure that patients are regularly informed of delays</li> </ul>	Head of Outpatient and Community Development / Matron for Outpatients / IT Project Manager