



# Communicating Delays in Trust Outpatient Areas

This procedural document supersedes: PAT PA 5 v.2 - Communicating Delays in Trust  
Outpatient Areas



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The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

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Approved by:	Policy Approval and Compliance Group
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Target audience:	Outpatient Areas

## Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 3	1 August 2016	<ul style="list-style-type: none"> <li>• Update to include Heads of Nursing and Quality.</li> <li>• Change from Clinical Service Units to Care Groups.</li> <li>• Introduction of Friends and Family Test (FFT) as part of the process for monitoring compliance.</li> </ul>	Lynne Whitaker
Version 2	November 2012	<ul style="list-style-type: none"> <li>• Title change</li> <li>• Update and transferred to new style format.</li> <li>• Added additional associated procedural documents.</li> <li>• Added additional references.</li> </ul>	Lib Jones
Version 1	August 2010	<ul style="list-style-type: none"> <li>• This is a new procedural document, please read in full</li> </ul>	Jan Edwards Outpatient Matron

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## 1. INTRODUCTION

The Trust's 'Strategic Direction 2013-2017' is committed to achieving the best patient experience. The NHS Constitution 2009 acknowledges patients' rights and NHS pledges with regard to continuous improvement in the quality of services and people's rights to be treated with dignity and respect.

The Picker Outpatient Survey 2011 as part of a series of annual surveys required and the monthly Outpatient Experience Survey by the Care Quality Commission (CQC) for all NHS Trusts in England identified that improvement could be made in relation to informing patients of the length and reason why of delay of their appointment time.

This policy will be placed on the Trust Intranet website for information.

## 2. PURPOSE

The purpose of this policy is to ensure that patients waiting longer than 15 minutes are informed of the length and reason for the delay in line with National survey audit questions.

The aim of the policy is to develop an effective strategy so that nursing staff/health care workers recognise and communicate delays both verbally and visually to patients.

Through the implementation of this policy the Trust Outpatient Areas will have a standardised procedure to inform patients when delays occur in clinics.

This document outlines:

- Best practice guidelines for communication of delays in clinic with patients.
- The process to be followed when giving information to patients within the Trust Outpatient Areas.
- How appointment schedules and booking rules are structured to ensure minimum delay.

## 3. DUTIES AND RESPONSIBILITIES

### 3.1 Care Group Management Team

Each General Manager/Head of Nursing and Quality is responsible for ensuring that staff comply with the policy in all the Outpatient areas within the Care Group in relation to appointment schedules and booking rules. The General Manager is also responsible for monitoring compliance of the individual clinic booking rules and waiting times to ensure patients receive the best experience across all Outpatient areas.

### 3.2 Matron

Each Matron with outpatient responsibility is responsible for ensuring policy implementation and compliance within each of the Trust's outpatient areas.

The outpatient Matron will professionally support this Trust wide.

### 3.3 Department Managers

Responsible to the Matron/Head of Nursing and Quality for implementing the policy at local level and for ensuring compliance.

### 3.4 Staff

All staff working within Doncaster & Bassetlaw Hospitals NHS Foundation Trust Outpatient Areas are responsible for complying with the policy.

## 4. PROCEDURE

- 4.1 At the first point of contact within the Outpatient area, the receptionist or OPD staff must inform the patient of any delay if in excess of 15 minutes and the reason why the delay has occurred.
- 4.2 Where possible waiting times should be clearly visible in reception waiting areas, sub-waiting areas and updated regularly by the nursing staff.
- 4.3 The Nurse, reception staff and volunteers or Healthcare Professional working in the clinic must inform patients at the first point of contact verbally if there is a delay in the clinic. There after patients should be kept informed by regular verbal updates which include the length of the wait and reason why the delay has occurred.
- 4.4 If the patient can not wait then an alternative appointment should be offered and arranged.
- 4.5 If the waiting time exceeds thirty minutes means of refreshment should be offered by directing patients to the coffee shop, dining room, vending machine where available.
- 4.6 Individual Outpatient areas may need to develop their own specific procedure, but should adhere to the policy to ensure that patients are aware and informed of the delay and reason why delay has occurred.

## 5. TRAINING/ SUPPORT

The local adaption of this policy should be included in the individual Outpatient Department's induction Programme.

## 6. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

Monitoring compliance will be achieved through the monthly Outpatient Patient Experience Survey, which questions:

- Q. How long after the appointment time did you wait before the start of your appointment?

- Q. Were you told about the delay?  
 Q. Were you given regular updates about the delay?

Patient concerns can be highlighted, using 'Your Opinion Counts' forms, verbal/written complaints and Friends and Family Test (FFT) data.

Ad hoc review by Nurses are undertaken when requested by Care Group, Clinical Director or Head of Nursing and Quality, when it is identified there is a pattern of waiting more than 15 minutes for appointments in specific clinics. Results reported to Clinical Director/Head of Nursing and Quality of the speciality.

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
The length of waiting time to be seen after the appointment time	Department managers and OPD staff	Monthly	Reported via OPD Patient Experience Survey and FFT data
Communication of delay and frequency of update	Department managers and OPD staff	Monthly	Reported via OPD Patient Experience Survey and FFT data

## 7. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. See Appendix 1.

## 8. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

CORP/COMM 5 - Developing Information for Service Users and Visitors Policy and Guidelines  
 CORP/EMP 27 - Equality Analysis Policy  
 PAT/PA 28 - Privacy and Dignity Policy  
 PAT/PS 2 - Use of Chaperones Guidance and Framework for Clinical and Support Staff  
 PAT/PA 1 - Referral to Hospital Access Policy – including did not attend (DNA) and could not attend (CNA)

## 9. REFERENCES

The Trust's 'Strategic Direction 2013-2017'

The Handbook to the NHS Constitution. DoH 2009

Picker Institute: Outpatient Survey 2011 Doncaster & Bassetlaw Hospitals NHS Foundation Trust

Outpatient Experience – Trust Quality Report (monthly provided by DRVS & Quality and Medical Director)

**APPENDIX 1 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING**

Service/Function/Policy/Project/Strategy	Care Group/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Outpatient Clinics/Departments	Trust Wide	Lynne Whitaker	Existing policy	22.03.16
<b>1) Who is responsible for this policy?</b> Name of Care Group/Directorate – Diagnostics and Pharmacy Care Group				
<b>2) Describe the purpose of the service / function / policy / project/ strategy?</b> Improved patient experience and improved clinic efficiency				
<b>3) Are there any associated objectives?</b> Improve communication of waiting times in outpatient areas, and improve patient experience				
<b>4) What factors contribute or detract from achieving intended outcomes?</b> – none				
<b>5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief?</b> Details: [see Equality Impact Assessment Guidance] - No				
<ul style="list-style-type: none"> <li>• If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] – N/A</li> </ul>				
<b>6) Is there any scope for new measures which would promote equality?</b> [any actions to be taken] N/A				
<b>7) Are any of the following groups adversely affected by the policy?</b>				
<b>Protected Characteristics</b>	<b>Affected?</b>	<b>Impact</b>		
a) Age	no			
b) Disability	no			
c) Gender	no			
d) Gender Reassignment	no			
e) Marriage/Civil Partnership	no			
f) Maternity/Pregnancy	no			
g) Race	no			
h) Religion/Belief	no			
i) Sexual Orientation	no			
<b>8) Provide the Equality Rating of the service / function /policy / project / strategy</b> – tick (✓) outcome box				
<b>Outcome 1</b> ✓	<b>Outcome 2</b>	<b>Outcome 3</b>	<b>Outcome 4</b>	
*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form in Appendix 4				
<b>Date for next review: March 2019</b>				
Checked by: <u>HLWhitaker</u> <span style="float: right;"><b>Date: 22.03.16</b></span>				