

PATIENT SERVICE POLICY AND STANDARDS

Summary

This document describes the principles, standards and practice of patient service that the Royal Marsden NHS Foundation Trust expects staff to provide for all patients.

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1. Introduction

1.1 The Royal Marsden aims to offer a service that is efficient, effective, excellent, equitable and empowering with the patient and their family, friends and carers always at the heart of service provision. The Foundation Trust believes in providing equity in our services, in treating people fairly with respect and dignity and in valuing diversity both as a provider of cancer health services and as an employer.

1.2 This is reflected in the Trust's Equality Statement: The Royal Marsden NHS

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2. Definitions and scope

2.1 The Trust values all those involved in healthcare, including patients and their families, carers and friends, other service users and service providers.

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2.2 Research has indicated that there are a number of areas of our service that are a priority for people. In particular, delivery, timeliness, information, professionalism and staff attitude are deemed important. Aspects of these key areas include a prompt initial contact with the patient, services users and carers and the ability to keep to agreed timescales; provision of accurate and detailed information with regular development updates, keeping promises and dealing with problems and issues in a professional and timely manner. These key areas have been found to be universal across most industries and are relevant within healthcare for patients and their families, friends and carers.

2.3 This policy refers to patients, their families, carers and friends, other service users and providers.

2.4 Staff must work together in accordance with this policy in order to provide the required service level for all patients.

3 STANDARDS OF PATIENT SERVICE

Throughout all contact with patients, staff should aim to meet their needs through professional, courteous and efficient service. Staff will:

- treat all patients with respect and courtesy;
- listen to what patients have to say;
- personalise service to the needs and circumstances of each service user where practical;
- always do what they say they are going to do, or update the appropriate people promptly if things change, offering an explanation for the change;
- respond to enquiries promptly and efficiently;
- consult patients about their service needs.

Patients should be advised how long a service will take to achieve the expected outcomes. If a delay occurs the patient will be advised and staff will take action to overcome any possible delays.

3.1 Telephone, answer machine and voice mail

3.1.1 Each department will publicise the hours it will answer telephone calls, for example through posters, booklets/leaflets or on the website.

3.1.2 When answering a telephone call staff should greet the caller and identify themselves giving their name and department. Staff will remain polite at all times and assist the caller where possible. Staff will aim to answer the telephone within three rings if they are available to take the call. If staff are able to answer an unattended ringing telephone they will do so and leave a message for the person concerned.

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When taking a message from a caller, staff will note the date and time of the call, the caller's name and contact number and the details of the message. Who the message is for must also be clearly indicated.

3.1.3 If staff are not able to answer a caller's query immediately, they will take contact details and provide a response within two working days where the query is not of a complex nature. If more than 2 days is required the caller should be kept informed of progress with their enquiry. In the case of enquiries for a named person not expected to attend within the following 2 days, then the patient should be advised of the expected timeframe and offered suitable alternatives where possible.

3.1.4 Use of telephone answering machines and voicemail to receive calls will be kept to a minimum. Staff must review the answering machine and/or voice mail greeting regularly to ensure that the announcement is up to date, e.g. advising callers as to when their message will be retrieved and giving details for whom to contact instead if the call is emergency. Staff will respond to messages left on answering machines and voicemail immediately after retrieving the message. If unavailable all day, where possible, an arrangement with colleagues should be made to either take calls or to retrieve any messages at least twice daily. Where possible, messages left out of hours will be responded to on the morning of the next working day. All voicemail users are expected to adhere to the voicemail operation policy. All greeting messages for clinical areas must contain an out-of-hours/emergency contact number.

3.1.5 When attempting to contact a patient by telephone, staff must preserve the patient's confidentiality according to the Trust's confidentiality policy. When speaking to the patient or the patient's representative, who has been identified previously by the patient, staff making outgoing calls will identify themselves, where they work and

clearly outline the purpose of the call each time. Staff must follow the guidance in the Trust's confidentiality policy about leaving answerphone or voicemail messages for patients.

3.2 Typing – clinical correspondence

As a minimum, all letters will be transcribed, signed and posted out within 6 working days. In rare circumstances, an extension in response time may be agreed in discussion with the patient. Contact names and telephone numbers for the department or person sending the communication should be provided in all correspondence.

3.3 Typing – non-clinical correspondence

Unless otherwise specified in other policies, for example the policies for complaints, Patient Advice and Liaison Service and freedom of information, a reply to

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correspondence relating to non-clinical matters should be sent out within 5 days of receipt of the original correspondence. If this is not possible an acknowledgment should be sent explaining the delay. Contact names and telephone numbers should be provided in all correspondence.

3.4 E-mail

All staff are expected to adhere to the Trust's *E-mail policy and procedure*. All e-mails sent to Trust's website about non-clinical matters and the Patient Centre e-mail address will be responded to within two working days. If a response is going to take longer than two working days to provide, the enquirer will be informed of progress and a realistic time scale set for resolution. All e-mails sent to the Freedom of Information e-mail address will be acknowledged within two working days with a final response sent within 20 working days (see the *Freedom of Information Policy*).

3.5 Website

We will aim to make the Trust's website available 24 hours a day all year round with a downtime of no more than 1% each year.

3.6 Face to face meetings

Where staff meet face to face with patients, including at reception desks and restaurant/café service bars they will greet patients immediately as they present themselves or if the staff member is already engaged with a patient as soon as they are free. Staff should deal with the enquiry/transaction quickly and in a professional, courteous and helpful manner.

Receptions will be manned at all times during the normal working period for the area. Staff required to visit a patient away from Trust premises must make an appointment first. Staff will clearly identify themselves and the purpose of the visit at the start of the appointment. Whenever working away from the Trust staff must follow the *Lone worker policy*.

4 Publication of opening hours, response times and quality of patient service

4.1 Each service should publicise how users can contact the service, its opening times and its standards for timeliness and its quality of patient's service for example on the website or in the service's literature.

5 Referrals

5.1 If a staff member is unable to answer an enquiry every effort should be made to refer the enquirer on to the person best able to help them. If a person on the telephone or through e-mail is being referred to a different department or colleague the caller/e-mailer should be given the relevant direct dial number or e-mail address for future reference. A caller should then be transferred through the telephone system while the e-mail request should be forwarded through the email system.

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5.2 Information about patients should be shared promptly with colleagues and partners whenever appropriate to reduce unnecessary contact and to avoid asking the patients the same questions repeatedly. The Trust's data protection and confidentiality policies must be followed whenever information is shared.

6. Cover for colleagues

6.1 To maintain service within patient/public-facing teams where there is a limited number of staff with the same role and knowledge, individuals should avoid being on lunch breaks and annual leave at the same time.

6.2 Staff are expected to provide cover within their own department. Staff may be expected to work in other departments during times of staff shortage or increased workload to ensure that the Trust provides a continued service to its patients.

7. Patient service training

7.1 The Learning and Development Team run a number of courses about patient's service and communication skills which staff are strongly advised to attend.

8. Consultation, feedback and suggestions

8.1 Where appropriate, individual Trust departments and teams should conduct regular surveys of the needs and perceptions of patients using their services. Guidance on constructing surveys can be found in the Trust's Clinical Audit Policy (No. 327). Advice can be provided by the Quality Assurance Team. The feedback should be used to enhance services.

8.2 Patients should be kept updated about the Trust's strategies, service development plans and outcomes of consultations, using all appropriate communication channels. The Trust's Marketing and Communication Team is able to advise about ways to communicate patients.

8.3 The Trust considers feedback received through complaints vital in monitoring and improving the quality of its services. Complaints will be managed in accordance with the Trust's *Complaints policy and procedure*. How service users can make a complaint or comment on services should be widely publicised including in patient areas for example by leaflet or poster.

9. Confidentiality

9.1 All information gathered or held about patients will be held in accordance with the Trust's *Confidentiality code of practice and Data protection policy and procedure*.

10. Monitoring performance against standards for timeliness and quality of patient service

10.1 Each service should monitor its performance against the standards in this policy and any other local targets. These performance results are to be publicised. Services should compare their patient service performance against other similar organisations to encourage learning and possible improvements. Local managers are responsible for identifying methods to monitor performance.

11. Responsibility for monitoring the effectiveness of this policy

11.1 The Patient Service Excellence Working Group is responsible for monitoring the effectiveness of this policy. Regular reports of performance against the standards set in this document will be invited by the working group from selected service areas on a rolling basis.

12. Linked documents

E-mail Use Policy
Lone Worker Policy
Concerns and Complaints Policy and Procedure
Confidentiality and the Data Protection Act Policy
Freedom of Information Policy and Procedure
Patient Advice and Liaison Service Policy and Procedure

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