
























You said, we did







	 You said	 We did!
	A number of patients reported long waiting times in the clinic. (Eye Clinic – North Devon District Hospital)	We appointed ophthalmic technicians to support with resilience in the team, which it is hoped will help to reduce waiting times.
	Staff were chatting and reception had to remind them patients were waiting - happened last time I came. (Eye Clinic – North Devon District Hospital)	We reminded the team to be mindful about conversations taking place in the reception/waiting area where patients are present.
	There was a long delay in initial contact. (South Molton Community Therapy Team)	We have adjusted boundaries, with support from staff moving teams and sharing border patients, in order to provide a more equitable service within community rehabilitation teams.
	Some patients commented that the way in which the teams work with others was not as streamlined as they would have liked it to have been. (Community Therapy Teams)	We are encouraging improved team working through our MDT teams by changing the communication channels of the care workforce to go through to the clinical team. This should improve communication.
	After returning the heart monitor, we received a telephone call to say they had forgotten to do an ECG. (Cardio-respiratory department – North Devon District Hospital)	We changed our administration process so that the team clearly adds if an ECG is required on the tape entry on EPIC.
	You have to wait for a receptionist downstairs to be let upstairs and then you have to register with the receptionist upstairs. Both encounters can	We increased the number of reception staff downstairs to reduce the wait time. As there are a number of different clinical services based at Sidwell Street, it is







	<p>take a while if there's a queue, and the former seems pointless.</p> <p>(Devon Sexual Health – Exeter, Sidwell Street)</p>	<p>important that patients are correctly registered.</p>
	<p>Some patients were experiencing difficulty accessing the service via the phone triage system. They felt that having to be triaged first, even though they may have symptoms, before being able to book an appointment was an unnecessary barrier. (Devon Sexual Health – Exeter, Sidwell Street)</p>	<p>We changed the phone system, appreciating that it was frustrating and a barrier to access for many patients. Patients are now able to direct book most appointments and are given the option of a telephone appointment, if preferred. Since this change, the phone lines and appointments appear to be much more accessible and a lot of positive feedback has been received from patients and staff.</p>
	<p>A patient was supplied with unsuitable Tena products following an appointment because there were no samples of the different types available in the clinic.</p> <p>(Bladder and Bowel Care Service)</p>	<p>We now keep a range of sample Tena products in each clinic.</p>
	<p>There are not enough disabled car parking spaces.</p> <p>(Bideford Community Hospital)</p>	<p>We increased the number of disabled car parking spaces from five to seven.</p>
	<p>A patient attending for a DXA scan would have preferred to have been given the option of having a chaperone present.</p> <p>(Radiology DXA scan – North Devon District Hospital)</p>	<p>We improved the signage in the department to inform patients that a chaperone is available, on request. Patients are now also advised, in advance of their appointment, that they can bring someone with them to act in this role if they would prefer it to be someone they know.</p>
	<p>When arriving for a CT scan, there was inadequate signage, no wheelchair access and the staff member did not know the</p>	<p>We relocated the waiting room for the mobile CT scanner to a new portacabin, with improved access for wheelchairs and extra signage to direct patients. All new and bank</p>






	<p>location of an accessible toilet.</p> <p>The patient letter had not explained about the wait required from arrival to the time of the CT scan.</p> <p>(Radiology CT scan – North Devon District Hospital)</p>	<p>staff are now made aware of where to find the nearest facilities, such as accessible toilets etc. We now ensure that information is given to patients over the phone at the time of arranging an appointment to ensure that they are aware how long they will be in the department/mobile scanner. We have also improved the wording on patient letters, making it clearer regarding the prep time and scan time for CT scans.</p>
Direct patient feedback	<p>A number of parents (especially those who had had their babies elsewhere and were being transferred back to North Devon District Hospital as their local hospital) commented that it would be helpful to have an idea of the location of the unit, its size and the level of service provided.</p> <p>(Special Care Baby Unit - North Devon District Hospital)</p>	<p>We created a virtual tour of the unit, in conjunction with the South West Neonatal Network team. The virtual tour can be viewed here</p>
	<p>A patient requested more information about the infection/sores that they felt had deteriorated during their time on the ward.</p> <p>(Glossop Ward – North Devon District Hospital)</p>	<p>We introduced a new volunteer programme, starting on Alexandra Ward at the beginning of Jul-23, which involves volunteers talking to patients specifically about their pressure areas and how to reduce pressure damage. The programme is due to be extended to other wards, with further training being made available for new volunteers joining the programme.</p>
	<p>A patient reported that it was difficult for people in wheelchairs and scooters to get up the corridor to audiology because of the chairs in place for people waiting for appointments.</p>	<p>We installed three wall-mounted flip chairs in the corridor outside audiology that can be raised, as required, to provide more space for those using wheelchairs, walking frames and mobility scooters.</p>





	(Ilfracombe Community Hospital)	
	<p>Some patients commented that they felt the discharge lounge was too small, got crowded easily and lacked a TV and other facilities.</p> <p>(Discharge Lounge – North Devon District Hospital)</p>	<p>We built a spacious discharge hub providing a pleasant experience for patients on their way home. It is equipped with comfortable chairs and beds. There is a disabled toilet with a raised seat, and showering facilities. The lounge is able to provide tea, coffee, sandwiches, fresh fruit and juice. There is a TV, plus magazines for patients to read while they are waiting to go home.</p>
	<p>A patient reported that the exercises suggested by the physiotherapist were very slow arriving. They eventually arrived a few weeks later.</p> <p>(Bideford Community Therapy Team)</p>	<p>We reminded staff to complete tasks before moving on to other patients.</p>
	<p>Some patients commented that if possible they would like more time to be spent with the them and more regular visits.</p> <p>(Barnstaple Community Therapy Team)</p>	<p>We reminded staff to discuss with patients the required visits and their proactive action between visits; to check patients' understanding of the service and to balance current caseload alongside new referrals to ensure patients get what they need when they need it.</p>
	<p>A relative commented that the join-up could have been significantly better with their mum's carers.</p> <p>(Bideford Community Therapy Team)</p>	<p>We reminded staff that we should link with domiciliary care agencies, whenever possible, about the joint care of patients.</p>
	<p>A patient reported that more information on how to access living aids would have been helpful. They commented that they needed help to access the first floor of their house in order</p>	<p>We reminded staff about the importance of shared decision making and ensuring that patients have understood what we have said</p>





	<p>to bath. They felt a stairlift would solve the problem, but have not been given information about how to purchase or rent one.</p> <p>(Bideford Community Therapy Team)</p>	<p>and that we have understood what they want to achieve.</p>
	<p>A patient attending regularly for CT scans as part of their cancer treatment reported that they were experiencing difficulties with cannulations.</p> <p>(Cancer Services – North Devon District Hospital)</p>	<p>We put in place arrangements for the Seamoor Unit to support difficult cannulations for CT scans, subject to the patient being pre-booked in the Seamoor Unit diary.</p>
	<p>A patient reported they were experiencing difficulty in contacting the radiology department.</p> <p>(Radiology – North Devon District Hospital)</p>	<p>We now have more administration staff available in appointments, answering queries and responding to answerphone messages. Contact email addresses for each of the radiology modalities are now included in patient letters.</p>
	<p>“The signage needs to be improved at the unstaffed reception area as it was indicated that I should wait there instead of checking in at the main reception desk.”</p> <p>(Outpatients Department – South Molton Community Hospital)</p>	<p>We created a new sign directing patients to go to the main reception desk to check in.</p>
	<p>“There are no updates on waiting times in the A&E waiting room.” (Emergency Department - North Devon District Hospital)</p>	<p>We now ensure that the TV in the waiting room is switched on at all times and that it displays updates on wait times as well as other Trust communications.</p>
	<p>“I used the shuttle bus from the science park. It was cold with heavy rain but there was no</p>	<p>There is now a bus shelter located with seating to provide greater comfort and shelter from the elements. All issues relating to the</p>

	<p>shelter and the bus was 15 minutes late.”</p> <p>(Nightingale Hospital – Exeter)</p>	<p>Shuttle bus are fed back directly to the provider via our facilities team.</p>
	<p>“The walls at the Nightingale are very stark.”</p> <p>(Nightingale Hospital – Exeter)</p>	<p>There are now murals in place and photographs from around Devon in the corridors and clinical areas across the site</p>
	<p>“There are no clocks on the walls and with no windows this makes it difficult to no what time of day it is!” (Nightingale Hospital – Exeter)</p>	<p>Clocks are now in place on the ward.</p>
	<p>“It would be great if there was a cycle rack for patients as well as staff.”</p> <p>(Nightingale Hospital – Exeter)</p>	<p>Patients can now access the undercover secure bike storage by asking reception staff or the volunteers, there is also alternative open bike storage options available for patients. The patient information page on the Nightingale website has also been updated to reflect the change</p>
	<p>“Easier access to a drink of water.” (Nightingale Hospital – Exeter)</p>	<p>Water stations have been set up in the waiting areas for patients and visitors to access themselves. The Refreshment van has also be relocated to the outpatients entrance to provide easier access for visitors</p>
	<p>“It’s very easy to get lost in the Nightingale as there are no windows and all the walls are white! Better signage is needed.”</p> <p>(Nightingale Hospital – Exeter)</p>	<p>The floors have new colour coded lines for patients to follow as well as improved signage across the site. We also have greater Volunteer support to assist patients from the door to their appointment.</p>
	<p>A patient was unable to attend a physiotherapy appointment due to road closures and then experienced further difficulties</p>	<p>We improved the physiotherapy appointment booking process, and the information provided to patients following the booking, to</p>

	<p>when contacting the appointments team.</p> <p>(Physiotherapy – Bideford Community Hospital)</p>	<p>avoid any confusion should they need to contact the department after the appointment has been booked.</p>
	<p>Patients were experiencing difficulty in contacting the Devon Sexual Health service at Sidwell Street, Exeter to make an appointment.</p> <p>(Devon Sexual Health service)</p>	<p>We introduced a new electronic patient system, including an online appointment booking facility, for the Devon Sexual Health service.</p>
	<p>The gynaecology department waiting area is far from clean.</p> <p>(Gynaecology – North Devon District Hospital)</p>	<p>We introduced an enhanced cleaning regime in the gynaecology department waiting area.</p>
	<p>There is no large sink with shower head attachment or a shower to wash off the conditioner after using the cold cap.</p> <p>(Seamoor Unit – North Devon District Hospital)</p>	<p>We adapted the bathroom in the Seamoor Unit into a cold cap info/wash station with shower head.</p>
	<p>It is not stated in the appointment letter that assessment and treatment are carried out on different days.</p> <p>(Maxillofacial and Orthodontics – North Devon District Hospital)</p>	<p>We amended the maxillofacial and orthodontics department's appointment letter to clarify that assessment and treatment are carried out on different days.</p>
	<p>The appointment letter did not state that it would not be possible to drive immediately following the procedure.</p> <p>(Ophthalmology – North Devon District Hospital)</p>	<p>We amended the ophthalmology appointment letter to include advice on driving following certain procedures.</p>
	<p>A patient commented that they had not been made aware in advance of the long distance to</p>	<p>We amended the appointment booking letter alerting patients to the distance from the main</p>

	<p>walk from the entrance to the maxillofacial and orthodontics department.</p> <p>(Maxillofacial and Orthodontics – North Devon District Hospital)</p>	<p>entrance to the maxillofacial and orthodontics department.</p>
	<p>A patient experienced difficulty in obtaining an urgent appointment.</p> <p>(Eye Clinic – North Devon District Hospital)</p>	<p>We reviewed the appointment bookings system and the ophthalmology bookings team is now fully established. The process for making appointments by telephone has improved significantly.</p>
	<p>A patient suggested that information as to the likely length of time required for the appointment would be helpful.</p> <p>(Eye Clinic – North Devon District Hospital)</p>	<p>We reviewed the ophthalmology appointment letters to ensure that as much information as possible is provided for patients prior to their appointment, explaining that they may need to wait to be seen by different members of the team.</p>
	<p>A patient commented that the room required decoration and better lighting.</p> <p>(Community Day Treatment Unit –Torrington Community Hospital)</p>	<p>We repainted the room and changed all the lighting to LED.</p>
	<p>A patient who was not advised about the possibility of an adverse reaction following a coil fitting experienced an adverse reaction.</p> <p>(Devon Sexual Health)</p>	<p>We reminded staff about the importance of discussing possible adverse reactions with patients attending for coil fittings. The website was updated with more detailed information about the possibility of fainting as a result of a coil fitting, together with advice about getting home after an appointment. The sharing of the learning with coil fitters in general practice is on the agenda for the next coil fitters’ forum in May-24.</p>
	<p>The parent of an autistic child was not provided in advance</p>	<p>We reviewed the pre-appointment communication issued to parents to</p>

	<p>with the information required to prepare their daughter for the appointment.</p> <p>(Bladder and Bowel Care Service)</p>	<p>enable them to better prepare their children for their appointment.</p>
	<p>A patient having Covid with cancer was unable to obtain the required advice when attending the Emergency Department (ED), and so subsequently had to phone the Seamoor Unit to be referred for antiviral medication.</p> <p>(Emergency Department - North Devon District Hospital)</p>	<p>We reviewed the process around referring patients in ED for antiviral medications. As a result of this review, the pathway from ED to the Covid Medicines Delivery Unit was updated to be in line with the way in which the Seamoor Unit refers for antiviral medications. The updated pathway is now live for all ED doctors to use and the information has been shared with the wider ED team for shared learning and awareness of the new pathway.</p>
	<p>A patient suggested the introduction of text reminders for appointments following confusion about the date and time due to an administration error.</p> <p>(Eye Clinic – North Devon District Hospital)</p>	<p>We introduced a text reminder system for ophthalmology appointments.</p>
	<p>Some patients commented about the delay they experienced from arriving in the department to the start of their procedure.</p> <p>(Endoscopy – North Devon District Hospital)</p>	<p>We amended our patient leaflets, informing patients that their appointment time is not the same as their procedure time.</p>
	<p>The phone system at the Exeter Clinic requires improvement.</p> <p>(Devon Sexual Health – Northern Services)</p>	<p>We introduced changes to the phone system to try to avoid patients waiting for long periods of time or being connected to an answerphone message.</p>

	<p>A patient attended for a booked appointment but the required vaccinations were not in stock.</p> <p>(Devon Sexual Health – Northern Services)</p>	<p>We introduced more regular stock checks to ensure that our clinics can deliver vaccinations when patients require them, while also recognising that there may be times when they may not be available due to a lack of supply.</p>
	<p>The café on Level 2 began closing early at 3.30pm instead of 4pm and the lights were switched off ten minutes later while there were still customers present. The tables were not cleaned and a staff member brusquely informed customers that only takeaways would be available.</p> <p>(North Devon District Hospital)</p>	<p>We discussed this feedback with the service provider who gave assurances that going forward no lights would be switched off until the last customer had left. Customers will politely be made aware at 3.45pm that the café will be closing at 4pm at point of service, and the option of a drink in a takeaway or china cup will be made available.</p>
	<p>My only suggestion is that you could provide a small bin in the bedroom for used teabags.</p> <p>(Fern Centre - North Devon District Hospital)</p>	<p>We introduced tea bag caddies in all our bedrooms. These are recycled with all our other waste.</p>
	<p>Consent was not first obtained from a female patient for a male assistant to be present during an appointment.</p> <p>(Devon Sexual Health)</p>	<p>We reminded staff of their responsibilities when they have learners present with them in clinic. In particular, staff were reminded to ensure consent is correctly obtained from patients at all stages of their appointment - from having presenting concerns discussed with an observer present, to having trainees involved during the examination (if required), plus any other care carried out. We reminded staff to be clear with patients who the learner is i.e. medical or nursing students, or qualified doctors and nurses undergoing specialist training.</p>