

The Annual Report 2019/20 for Patient Experience

The 2019/20 patient experience annual report describes the progress we have made to ensure that patient feedback is used to improve services and the patient's experience of using our services. This report incorporates the following:

- **Friends and Family Test**
- **Compliments**
- **Chaplaincy**
- **Patient Advice and Liaison Service (PALS)**
- **Complaints**
- **Interpretation and Translation Service**



Excellence. *Every patient, Every time.*



CONTENTS

1. Overview and Strategy.....	3
2. Capturing patient experience.....	6
3. Analysing patient feedback.....	9
4. Using patient feedback.....	10
5. Communicating the actions we've taken.....	17
6. Governance.....	18
7. Compliments.....	19
8. Chaplaincy Service.....	21
9. Patient Advice and Liaison Service (PALS).....	22
10. Complaints.....	23
11. Closed Complaints.....	24
12. Complaints Key Performance Indicators.....	24
13. Parliamentary and Health Service Ombudsman.....	25
14. Concerns raised directly to the Care Quality Commission.....	26
15. Interpretation and Translation Services.....	26
16. Next Year (2020/21).....	28



1. Overview and Strategy

The Trust continues to engage with and learn from patients and carers through feedback from a number of sources. Throughout 2019/20, the Trust's patient experience programme covered the majority of services provided by the Trust by seeking feedback in hospital, clinic or in the patient's home. Patients are able to provide their feedback through real-time inpatient surveys at North Devon District Hospital (NDDH), social media, Trust website, NHS Choices, Care Opinion, postal surveys, national surveys, focus groups, face-to-face engagement, PALS/complaints and, of course, routinely throughout the Trust via the Friends and Family Test (FFT).

Through listening to what matters most to our patients, families and carers and providing staff with the skills and knowledge of a range of quality improvement approaches such as Always Events and Patient and Family Centred Care (PFCC) we aim to deliver our patients the best possible experience of our services.

We believe that every member of staff is responsible for ensuring that our patients, relatives and carers have an excellent experience and we aim to ensure that all our staff use feedback to identify opportunities for improving the quality of our care by collecting and responding to patient feedback.

In order for patient experience to improve across an organisation, the person with primary responsibility for managing patient experience needs to engage colleagues and the senior team so they understand fully what patient experience is and what it means for the organisation. To this effect a patient experience matron was appointed to enhance the integration of patient experience data into governance and ensure feedback from patients is turned into action plans that are carried out and evaluated.



Patient Experience Matron, Teresa Sturm with Lesley Goodburn, Senior improvement Manager - NHS Improvement at the Patient Experience Framework Workshop

On appointment the patient experience matron worked with NHS Improvement and NHS England – South West to host a Patient Experience Framework Workshop. This workshop supports organisations to conduct diagnostics of where they are with patient experience and develop a plan for our future improvement.

The event was the first Patient Experience Framework Workshop in the South West region and was attended by a patient representative, staff and stakeholders. Approximately 70 staff from across the Trust attended and it was really interesting to hear all the different viewpoints come together to talk about our vision for developing patient experience at NDHT. The outputs of the workshop were reported back to the Patient Experience Committee (PEC) and used to formulate a 12 month patient experience work plan.



The Patient Experience Framework Workshop

The patient experience matron has also introduced annual involvement in Carers week. Carers have an important role to play in the experience of care for patients with a disability or illness. We have an organisational responsibility to identify, involve and support carers in the clinical setting for the benefit of our patients.



Carers week 2019

During Carers week we collaborated with Devon Carers and invited them to have an exhibition stand in NDDH. This provided information to staff, visitors and patients about the services and support in the area. Our partnership with Devon Carers continues to develop and we have organised additional support sessions during the year to identify how we can work together with coproduction of a carer's passport and other projects.

At Board-level, the Trust's chief nurse has responsibility for patient experience which includes:

- Delivery of our patient experience strategy and annual work programme
- Compliance with the mandatory national Friends and Family Test (FFT)
- Reporting and demonstrating that we have used patient experience feedback to improve the experience of care

Patient experience features as the third element of the Trust's quality strategy, placing it firmly at the heart of the Trust's continuous drive to improve the quality of the services we provide.

At the start of each board meeting, either a patient story is presented or a member of staff presents a piece of work which has been developed to improve the experience of patient care. Patient stories are obtained either through the complaints process, service transformation projects, letters to the chief executive, from patients who have approached the Trust, or from staff who feel that one of their patients has had an experience which we can learn from and who ask the patient if they would like to take part. Sometimes the patient is present to give a more detailed account, which allows the Board to see and hear the experience first-hand.

FFT results are routinely reported to the Trust Board and NHS NEW Devon Clinical Commissioning Group. Patient experience data is shared and welcomed by clinical and operational teams. The patient experience team provides a summary report to the inpatient wards within two to three hours of the feedback being collected by a patient experience surveyor (see page 4). More detailed reports to services are provided on a monthly, bi-monthly or periodic basis.

The Patient Experience Committee (PEC) analyses and triangulates the intelligence gathered from patients and members of the wider public to identify themes, patterns, trends and issues in the data that may require further investigation or commissioning improvement activity as necessary. The PEC reports to the Governance Committee (GC).

Patient experience data is also shared with the quality improvement team in recognition of the importance of patient experience in assessing the quality of NHS services alongside effectiveness and safety.

Using the structure of the patient experience strategy this report outlines our progress against our local priority areas for the patient experience programme as well as the mandatory Friends and Family Test programme, which includes the following services:

North Devon District Hospital

Acute inpatient wards

Emergency department (accident & emergency)

Maternity services
Special care baby unit
Outpatients
Day units

Community

Community hospital inpatient wards
Community hospital outpatients
Community hospital day treatment units
Community children's nursing
Minor injuries units
Pathfinder urgent care
Pathfinder complex discharge
Speech and language therapy
CREADO

Home-facing community services

Community therapy
Community nursing
Rapid response service

Specialist community services

Devon sexual health
Podiatry services
Bladder and bowel care service
Salaried dental service

Publication of FFT scores and patient comments

Trust-wide FFT scores and patient comments together with the acute inpatient survey results are published on the Trust website here: [Friends and Family Test – NDDH](#)

Examples of Trust website reports are attached as **Appendix D**.

On a regular basis, we publish patient comments on our social media channels (Twitter and Facebook). The posts include a link to the Trust website. During the year 2019-20, the patient experience feedback posted on Facebook had a reach of 160,181 (this is the number of times it appeared in users' newsfeeds) with the top Facebook post having a reach of 47,958. The patient experience feedback posted on Twitter received 25,837 impressions (this is the number of times it appeared in users' timelines) with the top tweet achieving 3,080 impressions.

2. Capturing patient experience

The Friends and Family Test (FFT) gives patients who have received care throughout the Trust the opportunity to provide immediate feedback about their experience via the question: *'How likely are you to recommend our ward / hospital / department / service to friends and family if they needed similar care or treatment?'*

The Trust's Friends and Family Test results for the year are attached as **Appendix B**.

During 2019-20, the average number of FFT responses received from around the Trust was 1,094 per month. This was in addition to items of patient experience feedback received from other sources. Trust staff routinely offer patients the opportunity to provide feedback using all available and appropriate methods.

Volunteers

Our patient experience programme at North Devon District Hospital (NDDH) is supported by our volunteer patient experience team. It is an essential element in the patient experience survey programme operating across the Trust.

Team members routinely visit all inpatient wards at NDDH to collect real-time patient feedback at the bedside. On a one-to-one basis, patients are invited to respond to a series of questions about their experience on the ward.

The aim is to visit inpatient wards several times a month. A report is issued to the ward within two to three hours of the visit. This allows the Trust to respond immediately to any feedback and the many positive comments we receive give staff a morale boost.



A volunteer patient experience surveyor goes through the real-time patient experience survey with a patient on a ward at North Devon District Hospital

Other team members engage patients in the outpatient waiting areas at NDDH, explaining to them the value to the Trust of providing feedback through the completion of a Friends and Family Test card and inviting them to contribute before they leave.

Personable, approachable and always willing to go the extra mile, the volunteer members of the patient experience team consistently demonstrate outstanding dedication and commitment. The quality of the feedback obtained by our volunteers is invaluable to the Trust in monitoring patient satisfaction. It is detailed, clear, concise and, most importantly, reflects the views of patients in their own words.

During 2019-20, Alex, John, Michael, Pauline, Roger and Suzanne carried out inpatient surveys at NDDH. Alex, James, John and Khaliq engaged with patients in outpatient areas handing out FFT cards and Alex and Khaliq fulfilled the same role in A&E. Sandy carried out inpatient surveys at South Molton Community Hospital.

The work of this team makes an invaluable contribution to the Trust's routine and systematic monitoring of patient experience, feeding into the continuous improvement of the experience of patients in the Trust's care. In recognition of their contribution, all members of the team were nominated for an award at the North Devon Voluntary Service

awards ceremony held in June 2019 and invited to Christmas lunch at North Devon District Hospital.

New Friends and Family Test question

In September 2019, NHS England and NHS Improvement published revised Friends and Family Test guidance for implementation with effect from 1 April 2020.

Principal among the revisions was the changing of the FFT question from: *‘How likely are you to recommend our ward / hospital / department / service to friends and family if they needed similar care or treatment?’* (Response options: Extremely likely, Likely, Neither likely nor unlikely, Unlikely, Extremely unlikely, Don’t know) to: *‘Overall, how was your experience of our service?’* (Response options: Very good, Good, Neither good nor poor, Poor, Very poor, Don’t know)

During the year, preparations were made to ensure a seamless transition to the new requirements and revised data collection materials were in place with all teams Trust-wide ready for the 1 April 2020 launch. However, in line with national guidance issued shortly before the launch, the FFT was paused due to the Covid-19 pandemic.

More than just the Friends and Family Test

In some services, we ask more than the standard Friends and Family Test questions in order to gain a deeper understanding of the experience of care. The additional questions can be found in the table of methodology which is attached as **Appendix C**. These additional questions are the product of a dialogue with the relevant service which allows the team to consider other issues and the feedback methodology is formulated to best suit the service. The Trust’s data capture methodology is selected, piloted and continually refined according to the needs of the patient group concerned.

Accessibility

The Trust offers as standard the option of relative/carer/parental support in completing the FFT forms and alternative communication formats such as audio CD, braille, large print, high contrast, British Sign Language, easy read, as well as translated versions. We provide black typeface on yellow FFT cards for all ophthalmology clinics as well as care of the elderly due to the prevalence of patients with dementia. A children and young people’s version of the Friends and Family Test card is available.

The learning disability nursing team has developed tailored communication materials to support patients with a learning disability and are increasingly using apps on iPads to communicate with patients in the Trust’s care. An easy read version of the Friends and Family Test card is available.

General Data Protection Regulation (GDPR)

The Trust’s implementation of the FFT complies with the GDPR.

3. Analysing patient feedback

The systematic analysis and triangulation of all forms of patient experience feedback, including complaints, compliments, PALS, FFT and surveys, results in the production of detailed patient experience reports.

All FFT comments (both positive and negative) collected Trust-wide are individually analysed and coded into themes. The results are presented on a quarterly basis to the Patient Experience Committee (see page 15) for further analysis and triangulation.

Developing an understanding of the patient experience by identifying the 'touch-points' of a service and gaining knowledge of what people feel when experiencing the Trust's services and when they feel it is crucial to the process of enabling the Trust to improve the experience of patients in its care.

The effective analysis, accessibility and use of the large volume of data collected is facilitated by the use of our patient experience database. This enables searching by keywords to analyse themes, collating data to generate comment reports for teams and the collating of the monthly FFT data for submission to NHS England, to be carried out more efficiently.

National inpatient survey 2019 (published in July 2020)

633 inpatients who had received their care at the Trust responded to the latest Care Quality Commission (CQC) national inpatient survey, a response rate of 53.1%

The Trust's performance improved significantly in respect of two questions:

- *In your opinion, were there enough nurses on duty to care for you in hospital?*
- *While in hospital, did you ever share a sleeping area, for example a room or bay, with patients of the opposite sex?*

Other areas in which the Trust improved included:

- *When you had important questions to ask a nurse, did you get answers that you could understand?*
- *Did you know which nurse was in charge of looking after you (this would have been a different person after each shift change)?*
- *Did the hospital staff explain the reasons for being moved in a way you could understand?*

Results were better than most trusts for eight questions. There were no areas in which the Trust was worse than most other trusts and the Trust's results were about the same as other trusts for 55 questions. Overall, the Trust's score was in the top 20% of trusts included in the survey. An action plan will be developed based on the results of the survey and will be monitored at the patient experience committee.

The full results can be accessed at <https://www.cqc.org.uk/provider/RBZ/survey/3>

National cancer patient experience survey 2019 (published in June 2020)

This annual survey looks at how cancer patients feel about the care provided by the NHS, with results published by NHS England.

Cancer patients receiving treatment at the Trust rated their treatment positively, with an average score of 8.8 out of 10.

In total, 274 patients responded out of a total of 423 patients, a response rate of 65%.

The Trust was rated above average in several areas, including:

- Patient thought they were seen as soon as necessary - 88%
- Patient found it very or quite easy to contact their cancer nurse specialist (CNS) - 91%
- Beforehand, patient had all the information needed about the operation - 100%
- Patient definitely found hospital staff to discuss worries or fears during their outpatient or day case visit - 78%
- Patient given enough information about whether chemotherapy was working in a completely understandable way - 76%.

Other areas in which the Trust scored highly included:

- Patient definitely involved as much as they wanted in decisions about care and treatment - 82%
- Patient given the name of a CNS who would support them through their treatment - 92%
- Patient always felt they were treated with respect and dignity while in hospital - 88%
- Hospital staff told patient who to contact if worried about condition or treatment after leaving hospital - 91%
- General practice staff definitely did everything they could to support patient during treatment - 62%

There were no areas in which the Trust performed less well than expected. Most question scores for the Trust were similar or slightly better than those for the previous survey.

There was a marked increase from 2018 to 2019 in the number of patients giving positive feedback on the information received about radiotherapy and chemotherapy. An action plan will be developed based on the results of the survey and will be monitored at the patient experience committee.

The full results can be accessed at: www.ncpes.co.uk/current-results/

4. Using patient feedback



Receiving, analysing and presenting feedback and then involving users and staff in developing the solution completes the 'you said - we did' governance cycle. Through its work, the patient experience committee ensures that we are listening to what matters to our patients, carers and families and acting on feedback to continually improve the experience of care we offer.

This part of the process involves ensuring that the feedback is heard and understood by the relevant clinical and managerial teams and then disseminating and measuring the improvement, for example through repeat surveys or monitoring to see if the volume on a particular topic has changed.

The feedback that the Trust receives is overwhelmingly positive. However, we look very closely at the free text narrative as this allows us to make the small changes in a responsive manner to improve the experience of care for patients in real time.

You said, we did

The table below highlights some of the ‘you said - we did’ improvements to patient experience that were made in 2019-20:

	 You said	 We did!
1	During an inpatient survey (see page 4) on Victoria Ward, a patient with diabetes suggested that more information be made available about the sugar/carbohydrate values of the food offered in the menu.	A member of staff created a nutrition information board highlighting where to find relevant information. This has proved to be useful for both staff and patients.
2	The temperature in the physiotherapy department is too hot.	We reviewed this with the estates team. In the short term, we placed a fan in the reception area and rented some air conditioning units for some of the rooms with external windows.
3	The new check-in machine in the physiotherapy department often doesn't work, is difficult to use and is positioned where other people nearby can see your personal details.	The new kiosk is a pilot and the patient comments were fed back to the project team to consider going forward.
4	During an inpatient survey (see page 4) on Alexandra Ward, a patient commented that communication could be improved i.e. it is not good to be given bad news and then left alone.	We forwarded the feedback to the lead clinician and asked that nursing staff be involved when bad news is delivered.
5	Patients told us that it is sometimes difficult to understand the different staff roles, and who can assist, based on their uniforms.	We designed an A3 poster for display on the wards and public-facing areas that provides a visual guide to the most common uniforms. This provides patients and visitors with some clarity about staff roles. (See Appendix E)
6	After having breast cancer in 2016 I had back pain and was called in urgently for an MRI on a Friday afternoon. I was told I had to go in, so I went on my own and someone from oncology promised they	The information was passed to PALS who spoke with the patient and notified the oncology nurse. The oncology nurse agreed with the patient to feed back the issues raised to staff and use her case to learn from in a team environment, if

	would meet me as I was extremely distressed as I was going to MAU which is where my mum passed away earlier this year. This lady also completely scared me with our telephone chat and she did not come to meet me. To begin, the doctors I saw over the 3 hours I was there did say I shouldn't have been called in like that. The lady on the phone also said that I needed to have an MRI in case my cancer had returned in my back and I would need booking in for radiotherapy in Exeter asap! It was disgraceful as I was all alone and really scared. People at the end of a phone need to learn about compassion and how to speak to patients as this took me a long time to recover and I'm a very strong person. (Acute Oncology Service)	required. It was also agreed that details of the incident would be shared at the next team meeting for learning.
7	Only one little thing without making it sound like a complaint, but could some of the staff take a little more notice and be a little quiet should the patient be asleep, especially when the curtains are around for privacy. (Caroline Thorpe Ward)	We discussed the general attitude on nights, the need to be as quiet as possible on a busy acute ward and to have understanding that parents are very tired and so may be less tolerant to what is happening.
8	The showers on Caroline Thorpe Ward lack pressure, are running cold and sometimes don't work.	We checked all of the showers on the ward for temperature and flow rate. There is planned maintenance in place to check all of the blenders on the ward and this includes the showers.
9	My family and I did not feel sufficiently informed about the process leading to surgery, what to expect and the wait involved. (Victoria Ward)	Discussions with the patient and her family led to their contributing a list of suggestions which resulted in the co-production of a new information leaflet called 'Waiting for your cardiac surgery'. This new leaflet seeks to address the issues originally raised.
10	We would like to be more involved in our baby's care. (Special Care Baby Unit)	We now teach parents how to undertake skills previously only carried out by nursing staff. This includes feeding their baby by nasogastric tube, the administering of medicines and safely taking their own baby's temperature. We introduced 'bedside handovers' at the baby's cot side. Nurses hand over the care details in front of the parents, who can also tell the next shift about their baby's progress. While in the transitional room prior to going home, parents are able to document independently the care they have provided such

		as feeding, temperature taking and nappy changing for their baby.
11	Feedback was received from patients and staff about the noise levels on King George V Ward.	A noise monitoring device (SoundEar2) was purchased for the ward which changes colour to indicate noise levels from acceptable to high. It acts as a visual prompt to reduce noise levels and is generally being used to good effect in reception which is the busiest area on the ward.
12	FFT feedback highlighted concerns over the level of noise on Alexandra Ward.	The introduction of a noise monitoring device (SoundEar2) has shown a significant reduction in noise at the front desk within the ward. The monitor helps highlight to staff through a visual prompt the noise levels and when they are increasing.
13	During an inpatient survey being carried out by one of our team of patient experience surveyors (see page 4) on Victoria Ward, a patient reported that the toilet was constantly flowing in bay 2.	We raised a job and the toilet was fixed by the end of the day.
14	Our volunteers who visit wards with a trolley of books and magazines for patients to borrow during their stay in hospital fed back to the Trust that a number of patients were asking for more paperback large print books.	We purchased a range of new titles in paperback large print which are available both on the trolley as well as in the library for patients who visit the library to choose books. The League of Friends of Barnstaple Hospital kindly agreed to fund this purchase with a donation of £1000.
15	I had to wait a long time for my discharge medication. (North Devon District Hospital)	Dispensing computers were introduced by pharmacy on each ward within the hospital. This allows medication for some discharges to be dispensed or relabelled ready for discharge on the ward. This reduces the time that some patients need to wait for their discharge medication.
16	There is a lack of parental information regarding access to food while caring for my child in hospital. (Caroline Thorpe Ward)	We reminded staff to: <ul style="list-style-type: none"> • inform parents/carers/relatives at admission about the facilities available, food and where they can access drinks • ensure that all admission beds are prepared with a ward welcome leaflet, containing information about the facilities available and food • inform parents/carers/relatives who can't leave their child that vouchers are available for the vending machine/trolley • inform patients/parents/carers/relatives that if the patient doesn't like the meal choices on offer, they can have a frozen

		<p>meal from the ward or a snack box can be provided</p> <ul style="list-style-type: none"> • ensure breastfeeding mothers receive food
--	--	--

Case Studies

Here are two examples of the type of innovative and detailed work carried out by the Trust to improve the patient experience:

Case Study 1 – Victoria Ward day room

The challenge

In the summer of 2019, it was decided that changes needed to be made to the process involving those cardiology patients requiring a transfer to the Royal Devon and Exeter Hospital (RD&E). These patients wait on the ward for an invasive procedure and the waiting times for the transfers were becoming protracted. A new way of managing the process was required which involved less waiting time on the ward for patients. This would require a waiting area where patients returning from the RD&E could be reviewed by the cardiology team prior to discharge home instead of being admitted to a bed space. The whole process would then take 24 hours instead of several days and would both improve the patient experience and release beds on the ward.

The solution

The new process was called ‘treat and return’. In order to facilitate this process, it was decided to change the use of a side room into a day room. This would mean the ward would have one less bed space but it would speed up the transfer process and enhance the patient experience. The nursing team on Victoria Ward initiated the project and senior managers were asked to review the process and provide input. It was decided that the benefits outweighed the negatives.

The side room allocated was not in a visible nursing area, making it unsuitable for the majority of patients but it was light and airy with toilet facilities which made it an ideal choice for a day room. The room itself did not need any major building work or redecoration, just a few minor changes.

With the support of the medical matron and the service manager for acute wards, the idea was agreed with the Trust Board. It was possible to demonstrate that the loss of one acute bed would be offset by the faster treatment of patients waiting for an angiogram. The other main positive was the sense of freedom it could offer to any patient awaiting major cardiac surgery. These patients are often on the ward for up to 6 weeks and so a day room with a television, DVDs, books, puzzles and comfortable chairs would provide a peaceful respite from the busy ward, enhancing their mental wellbeing.

The existing side room was refurbished and the new transfer process started. This process took 2 months and patients have experienced the benefits. 'Treat and return' has been a success from the perspectives of both NDDH and the RD&E, and all our patients are able to use the new day room. It has been used for a wedding on the ward at the request of a dying patient and his fiancée. It provides a private space to hold discussions with families.



Victoria Ward day room

The following patient comments were collected through the Friends and Family Test:

"The day room provides a welcome respite from the rigours of hospital life, enabling social interaction with relatives and patient in a relaxed, comfortable environment away from the main ward and can also be a place for private contemplation."

"I found the separate day room very useful during the night as I was able to go there and read & relax when I couldn't sleep."

"Having a day room is great."

Case Study 2 – Virtual Clinics

The challenge

North Devon District Hospital is the most remote acute hospital in mainland England and approximately 18% of patients are residents from the Cornish and Somerset borders. Transport links in the area are poor, sporadic and can be expensive.

The challenges associated with the remote location of the hospital drove the need to reduce patient travel as well as the pressure on outpatient departments.

The solution

The Trust determined that virtual appointments by online video would be appropriate for many of its patients and, by providing people with appointments in their homes, would avoid unnecessary patient travel and expense.

The benefits of our video consultations include the following:

- A virtual waiting room feature, allowing patients to be directly messaged in case of delays
- Documents such as blood reports and x-ray images can be shared with the patient
- There is no additional booking system as the patient is informed of their video appointment in the same way they would any other appointment
- Video appointments can be accessed through a computer, mobile telephone or tablet device and are compatible with any operating system e.g. iPhone or Android



Dr Stuart Kyle, rheumatology consultant at North Devon District Hospital, carries out a virtual consultation

Patient involvement and satisfaction

During the video clinic pilot, a patient survey (completed by 18 patients) demonstrated that:

- 92% of patients surveyed would like to see their clinician via video consultation in the future
- 75% of patients found the appointment easy to join
- 67% of patients experienced no issues during their appointment

The following comments were received from patients involved in the virtual clinic pilot:

“Saved time as I didn’t need to drive to the hospital. Also, easier to be at home as I have a 1-year old.”

“Saved me an 18-mile round trip and parking fees. In future, it could possibly save me from taking time off from work.”

“Felt more relaxed, less intimidating.”

“More convenient, less time consuming.”

Outcomes

Following the initial pilot study, over 300 follow-up video consultation appointments were set with rheumatology ‘biologic’ patients.

It is estimated that virtual appointments have resulted in an average time saving for patients of 1 hour 5 minutes (16 minutes appointment waiting time and 49 minutes travel time). The table below illustrates the average travel cost and time savings for patients:

Patient	Distance Travelled (miles)	Fuel Cost (£)	Parking Cost (£)*	Total Cost (£)	Travel Time Avoided (minutes)
A	6.4	0.75	1.80	2.55	12
B	72.8	8.45	1.80	10.25	145
Average	24.5	2.85	1.80	4.65	49

The calculations above are based on: Patients travelling by car rather than public transport. RAC Foundation estimate that the UK's average new car fuel consumption in 2018 was 50.5 miles per gallon (mpg) (5.6 litres per 100 km) for petrol vehicles and 57.9 mpg for diesel vehicles (4.9 litres per 100 km). Pence per litre of unleaded petrol: £127.35. Car travelling at an average speed of 30 miles per hour. The average is calculated as the mean of the total round-trip lengths for 18 patients, shortest journey avoided - 6.4 miles (Patient A)/longest journey avoided - 72.8 miles (Patient B).
*NDDH Daily Car Parking Rates: £1.80 up to 2 hours.

In October 2019, the Trust was awarded a £10,000 grant by the South West Academic Health Science Network Innovation Adoption in recognition of its innovative approach and in 2020 won a British Society for Rheumatology Best Practice Award in relation to the project.

As a result of the impact of Covid-19, many more services were enabled to deliver video consultations. By the end of May 2020, 73 different virtual clinic waiting areas had been created for our services and 198 clinicians had participated in over 1000 consultations, totalling more than 300 hours.

Food at North Devon District Hospital

Comments collected in relation to food by the Trust's team of volunteer patient experience surveyors (see page 4) on the acute wards at North Devon District Hospital are routinely reported to Sodexo, our non-clinical support services partner, via the facilities department. The themes identified and addressed by Sodexo from this feedback during the year 2019-20 are detailed in the attached Sodexo report in **Appendix F**.

5. Communicating the actions we've taken

When feedback results in an action being taken, it is vital that we communicate what we have done. Actions taken as a result of the patient experience feedback are communicated through various channels, as follows:

- Direct feedback to the patient e.g. via meetings, complaint letters
- 'You said - we did' noticeboards at ward/department level and on the Trust website
- Monthly integrated performance reports and the patient experience dashboard presented to the Trust Board
- Pulse - the Trust newsletter
- Reports to Healthwatch Devon
- Reports to Health and Adult Care Scrutiny Committees
- Outpatient TV screens at North Devon District Hospital

- Quarterly BIG GOV drop-in forums where we bring together learning across the organisation and share patient stories, research, complaints, compliments, investigations and improvement projects.
- Trust Annual Report
- Quality Account
- Press releases and case studies
- Trust website and intranet
- Social media
- Care Opinion
- Presentations at national/regional events and conferences
- Wider patient engagement and involvement

6. Governance

Performance and progress against objectives are addressed at speciality group meetings which report into the divisions, the Patient Experience Committee, Involving People Steering Group, Patient Experience and Environment Group, Governance Committee and at Trust Board. This ensures that staff, patients and the public are kept informed about the progress and implementation of the patient experience strategy.

The Patient Experience Committee, Patient Experience and Environment Group and Involving People Steering Group form the primary assurance route for overseeing the patient experience programme.

Patient Experience Committee

Reporting to the Governance Committee, the Patient Experience Committee (PEC) analyses and triangulates the intelligence gathered from patients and members of the wider public to identify themes, patterns, trends and issues in the data that may require further investigation, commissioning activity as necessary.

Patient Experience and Environment Group

Reporting to the Patient Experience Committee, the group is a taskforce of staff from across the organisation that collaboratively work together to deliver on key patient-centred principles based on the Matrons charter and Patient Environment and Action Team (PLACE) inspection. The group supports decision making and co-ordinates organisational change relating to patient experience and audit inspection results to support improving the delivery of patient centred care within an appropriate caring environment.

The group work collaboratively with Hotel Services to review service criteria in light of latest cleaning standards and any audits which requires action that impacts upon the level of

current service and to escalate as appropriate and share best practice across the organisation.

Involving People Steering Group

The purpose of the Involving People Steering Group (IPSG) is to advise the Trust on appropriate methods of involvement regarding the following:

- The planning or provision of healthcare services
- The development and consideration of proposals for changes in the way those services are provided
- Decisions to be made affecting the operation of those services
- To provide a forum for members to identify any specific areas where services could be improved in relation to the specific needs of their respective groups and the wider community

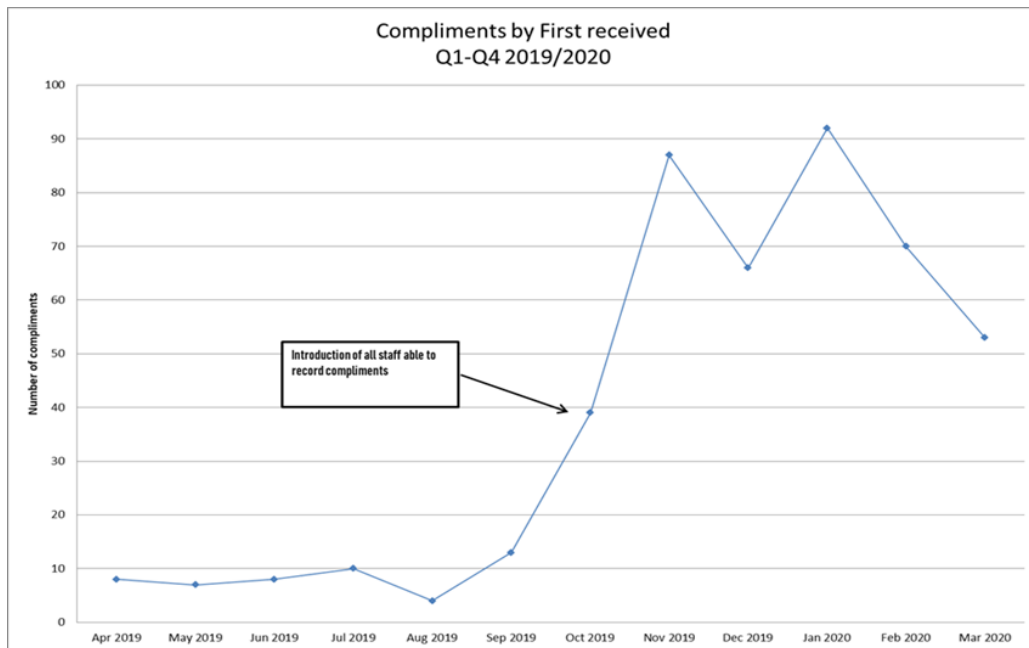
This approach provides the Trust with an opportunity to work in true partnership with staff and people as well as ensuring that the Trust meets its responsibilities with regard to patient and public involvement in the most appropriate, effective and inclusive ways and that there is evidence that involvement and experience has influenced decision-making.

7. Compliments

Learning from positive and negative feedback is crucial to improving patient and staff experiences, safety and quality. The compliment reporting and recording process has been reviewed during 2019/2020 and the number of reported compliments has grown steadily.

Since October 2019 (Q3 2019/2020) all staff have been able to record compliments in the complaint module in the incident reporting system (Datix) which allows data to be reported for learning and improvement. The patient experience coordinator has been delivering training and guidance to both clinical and non-clinical staff to improve the reporting and raise awareness of learning and improvement from positive feedback. There were 22 compliments recorded in Q1 increasing to 215 in Q4. The total number of compliments received during 2019/20 is 455. Q4 has been updated since the publication of the Trust annual report.

There was a slight reduction in compliments reported during the Christmas period. There was also a decrease in the reporting of compliments in February and March 2020 which is most likely due to Covid-19. It is recognised that although the numbers of compliments recorded in these months was slightly lower this may be due to operational demand and lack of time to upload the feedback rather than a decrease in compliments, however the positive impact of receiving compliments on staff morale triangulates and supports results published in the staff survey, which was very positive.

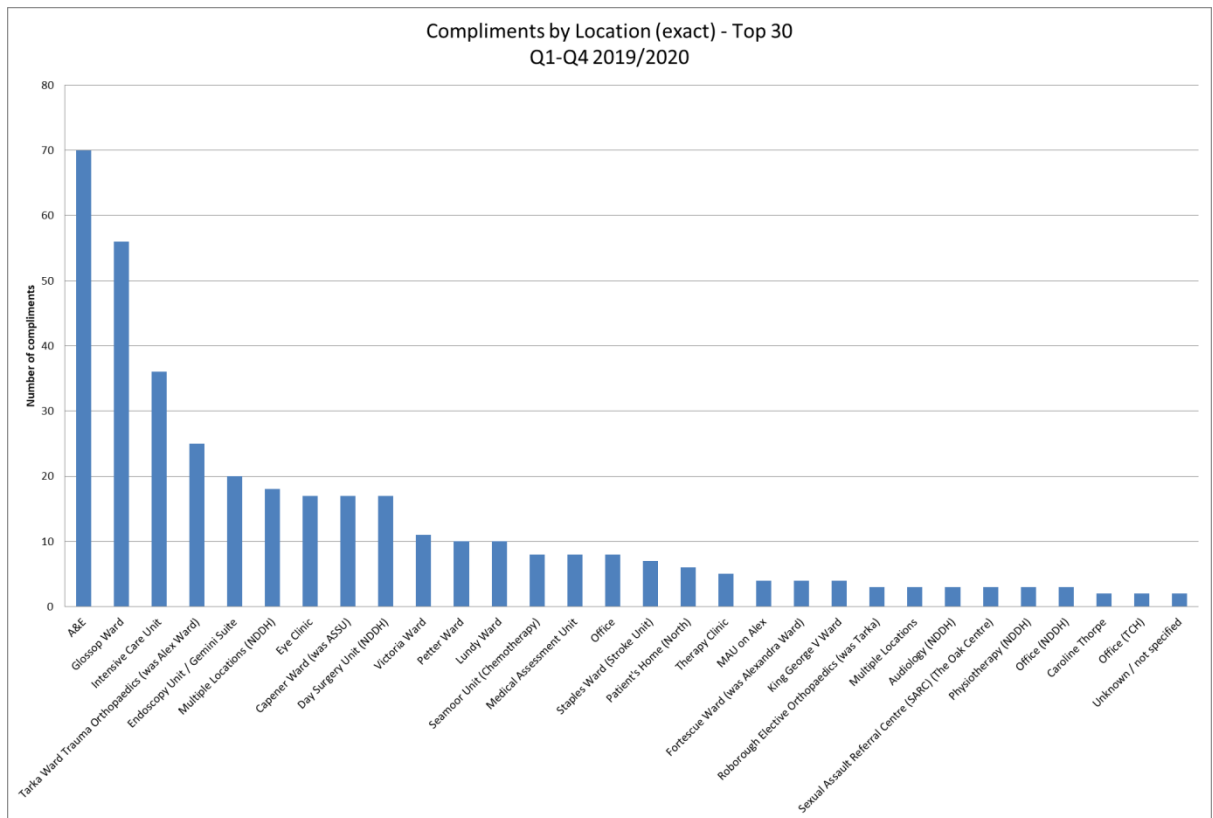


The majority of compliments were received via a thank you card, followed by letter, email and the 'Contactus' page via the Communication team (see table).

Compliments by method received 2019/2020	Total
Compliment card/ Letter	177
Letter	97
Email	62
Contactus	52
In person	40
Telephone	21
Via PALS	3
Social Media	3
Total	455

The recording of compliments from patients and carers on the complaints reporting system is still in early development. During 2019/2020 we have only been able to extract numbers received. The Patient Experience team are working to develop subject coding within the datix system to align with the RD&E that will improve reporting and theming the data for learning and improvement. This will come in to effect during Q1 2020/2021.

The top 30 locations for reporting compliments from April 2019 until March 2020 are shown in the chart below. The A&E department recorded the highest number of compliments into DATIX during this timeframe.



Care Opinion

The Patient Experience team respond to patients leaving feedback on online forums such as Care Opinion and NHS Choices. Over the course of the financial year, 42 patients/carers who left feedback online on the Care Opinion website received a response from the Trust. There were 29 positive comments, 10 negative comments and 2 were neutral. Care Opinion has not been included in the compliment method reporting for this annual report but will be included in 2020/2021.

In order to maximise the impact of learning from our patients' experience and to identify quality improvement opportunities from online feedback the Patient Experience team at NDHT is facilitating a 12 month trial of an advanced level of subscription of Care Opinion with two clinical teams starting in April 2020. In addition, the Patient Experience team will liaise with all departments that receive feedback to allow them the opportunity to respond directly to feedback that is directed at them which will enhance learning and service delivery.

8. Chaplaincy Service

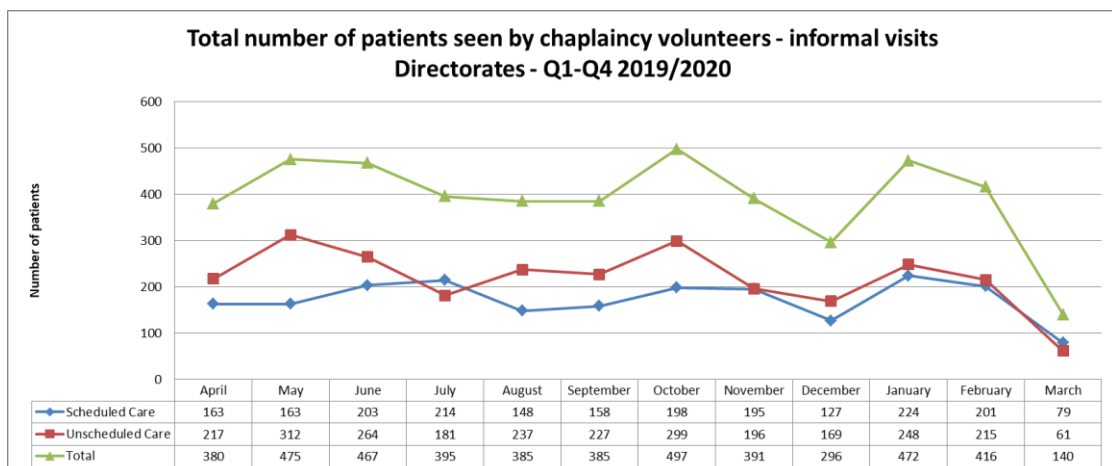
The Chaplaincy Department serves our NHS Trust by 38 contracted hours per week but our healthcare team is significantly bolstered by honorary chaplains and volunteers who are equally committed to the vision and values of this Trust.

This is the first time that chaplaincy data has been captured in the Patient Experience annual report and is in early development. We hope that next year reporting will be more comprehensive and reflect the value and importance of our chaplaincy team in supporting both patient and staff experience.

For those of the Christian faith chaplaincy provides one to one support for worship on a Sunday or during the week, and the weekly fellowship group for staff every Wednesday has a regular and very loyal following.

The Chapel, adjoining courtyard garden and the prayer room are always open for visitors and staff and provide an oasis of quiet in a busy hospital.

During the last financial year the chaplaincy volunteers recorded a total of **4699** encounters. The average number of Chaplaincy visits per month is 391. Visits can range from minutes to hours depending on the need.



9. Patient Advice and Liaison Service (PALS)

The Patients Advice & Liaison Service provides confidential advice and support, helping people to sort out any concerns they have about their care, and guiding them through the different services available from the NHS.

We act independently when handling patient and family concerns, liaising with staff, managers and, where appropriate, relevant organisations, to negotiate immediate or prompt solutions.

The overall number of PALS contacts received in the year was 2591 which is a decrease of 23% on 2018/2019 (3,369). The majority of these PALS contacts are resolved as 'here and now' issues, with only 36 converting to a formal complaint

Since February 2020, all service managers have had access to their PALS data for discussion at team governance meetings as part of learning and improvement.

The top five PALS themes were: access to clinical services (39%), communication (26%), information provision (22%), clinical care and treatment (4%), and attitude of staff (2%). The type of issues within these subject categories are the same as those used for complaints, as described previously.

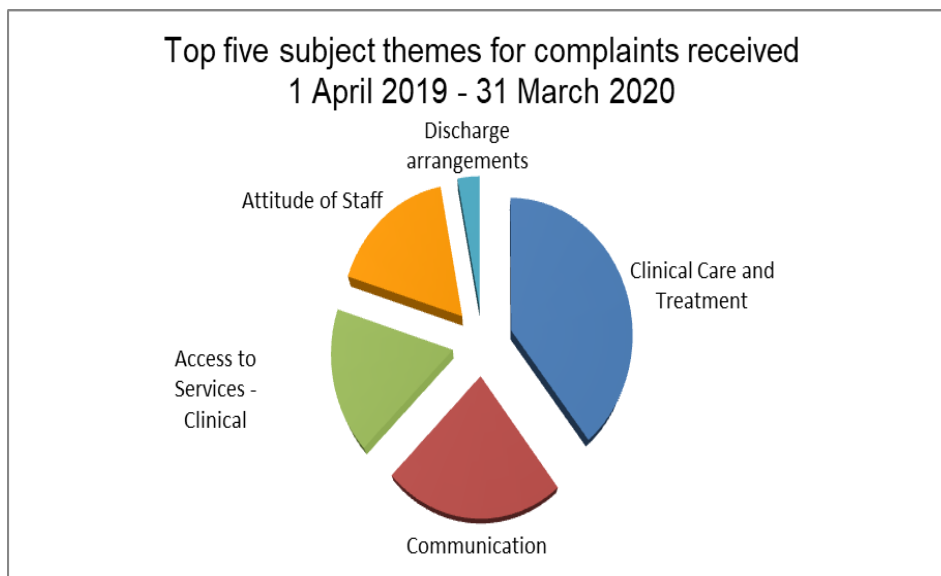
10. Complaints

Northern Devon Healthcare Trust is committed to welcoming all forms of feedback, including complaints, and using them to improve services. The Trust strives to provide the best care. However when we do not get this right, complaints from our patients, carers and relatives are a vital source of feedback and we use themes to establish learning and identify quality improvement opportunities.

During 2019/20, we made significant changes to align the Trust’s Complaints, Concerns and Compliments Policy with the Royal Devon and Exeter NHS Foundation Trust’s policy as part of our governance review to improve processes and improve patient experience in the management of complaints.

Complaints can originate by explicit request from a complainant or if a concern has not been resolved through the Patient Advice and Liaison Service (PALS). During 2019/20, 36 PALS contacts converted to complaints.

During this financial year (2019/20) the Trust received 287 complaints which is a 3% increase on 2018/19 (278). The top five complaint themes were clinical care and treatment (39%), communication (23%), access to clinical services (17%), attitude of staff (17%) and discharge arrangements (3%).



11. Closed Complaints

During the year 287 complaints were closed following investigation and 89 were either upheld or partially upheld (31%). To provide evidence of learning and improvement, from 1 January 2020 we now record SMART actions into the DATIX system along with supporting documentation to provide assurance the action has been completed. The monitoring and learning from actions is shared at speciality and divisional governance meetings and reported at the PEC.

The following are some examples of learning from complaints:

- Clinical matron and ward manager to review agency staff induction.
- Review of professional standard for abdominal pain.
- Complaint to be shared and discussed anonymously with staff at team meeting for training in experience of catheterisation of female patients.
- Review of departmental policy for checking hearing aids.
- Revalidation day to take place for all Seamoor Unit staff.
- Relay test results discretely to patients in ED.

12. Complaints Key Performance Indicators

All complaints are required to be acknowledged within three working days in line with Trust policy and statutory legislation. During the year, 99% of complaints were acknowledged within this timeframe, with only two cases being acknowledged outside the three day time period.

On receipt of a complaint a member of the patient experience complaints team will contact the complainant by telephone. A face to face meeting is offered (prior to Covid-19) at the outset with the relevant senior staff/ clinicians involved in the complainant's care. During this conversation, the issues for investigation and resolution are agreed with the complainant to ensure we adequately address the areas of concern and establish expectation of response timeframe.

During the year 65% of complaints were responded to within either the agreed timeframe or within an agreed extension to the initial timeframe, which is lower than the performance for the previous financial year (2018/2019) at 96%. To address this, from 1 January 2020 the management of the complaints process reverted back to the patient experience department from the divisions which will hopefully improve the timeliness of investigations. This will be monitored by the organisation on a quarterly basis at PEC.

The four main reasons for a late response are divisional delay with the investigation, further details being requested following clinical review, a serious investigation (SI) being undertaken and third party involvement. In order to monitor and prevent late responses to complainants, the timeliness of investigations is reported via the monthly divisional performance and governance review meetings and by the Trust's patient experience committee (PEC). This follows a recommendation from an internal complaints audit report.

During the year 60% of complaint investigations were returned to the patient experience department within the assigned timeframe to meet the response time to the person raising the issue.

This performance does not meet the Trust's or clinical commissioning group's target of 95% and 85% respectively. The four main reasons for a late response from the division are a delay in the clinician's response, capacity of the investigation lead or divisional nurse and a concise or serious investigation (CI or SI) being undertaken. This may have been affected by the Covid-19 response and will be monitored at divisional governance meetings and the PEC.

13. Parliamentary and Health Service Ombudsman

Where the person raising the complaint is either unhappy with our complaint response or the way their complaint has been handled by the Trust, they have the right of redress to raise their dissatisfaction with an ombudsman. The parliamentary and health service ombudsman (PHSO) review their concerns and the Trust's management of their complaint, including the outcome of the Trust's investigation.

Where possible, and in line with the complainant's wishes, the Trust undertakes many attempts of resolution to try and resolve any outstanding areas of dissatisfaction. A complainant can approach the ombudsman after this process or as soon as they receive their complaint response. The table below shows the number of cases the ombudsman contacted the Trust during this financial year (seven), alongside outcomes of their review concluded within the year (which could relate to cases from previous financial years).

Of those cases referred to the ombudsman only one case was formally investigated but not upheld and five cases were determined as not requiring formal investigation, see table below. The ombudsman's formal investigation involves expert clinical advisors who review the patient's care and treatment alongside the concerns raised, and the ombudsman's investigation outcome is final.

Complaints referred by outcome	Apr	May	June	July	Augu	Sept	Oct	Nov	Dec	Jan	Feb	Marc	Total
Request received from Ombudsman	1	1	1	1	0	1	2	0	0	0	0	1	8
Issue NOT upheld with no further action	0	0	0	0	0	1	0	0	0	0	0	0	1
Issue upheld and recommendations made	0	0	0	0	0	0	0	0	0	0	0	0	0
Issue partially upheld	0	0	0	0	0	0	0	0	0	0	0	0	0
Decision by Ombudsman NOT to investigate	1	0	0	0	0	0	2	0	0	1	0	1	5

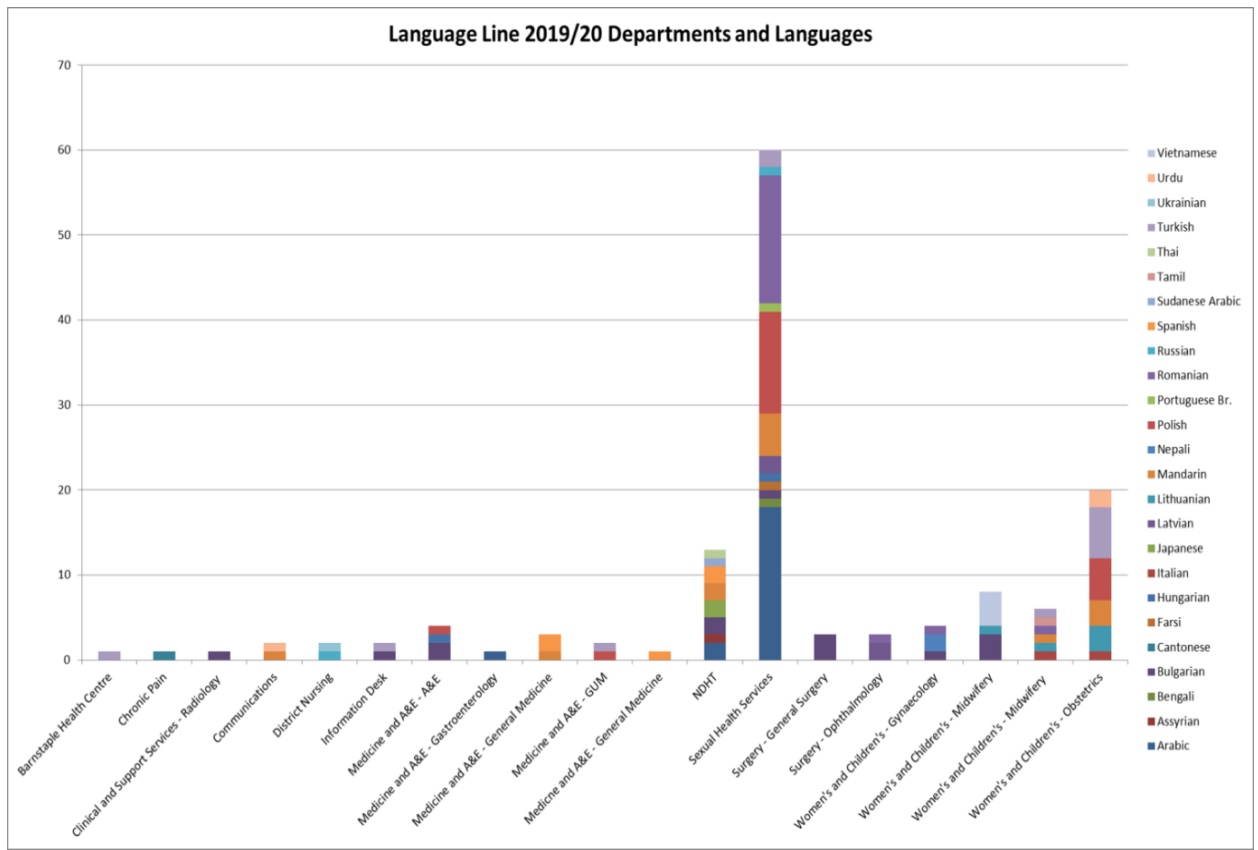
14. Concerns raised directly to the Care Quality Commission

During the year, no concerns were raised directly to the Care Quality Commission (CQC) from a complaints' perspective.

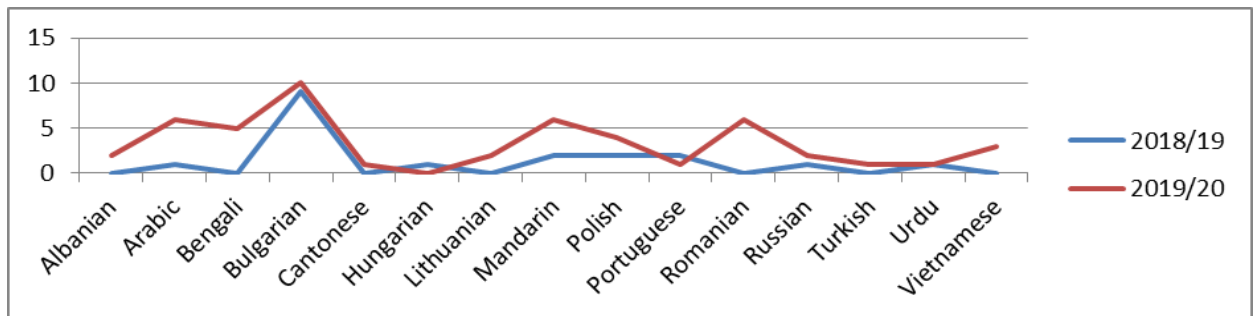
15. Interpretation and Translation Services

This is the first time that interpretation and translation data has been captured in the Patient Experience annual report so the analysis is only between 2018/19 and 2019/20. Expenditure on Sign Solutions has decreased by just over £5,500, Multilingua (local provider) has increased by just over £4,000 and Language Line (national provider) has remained about the same.

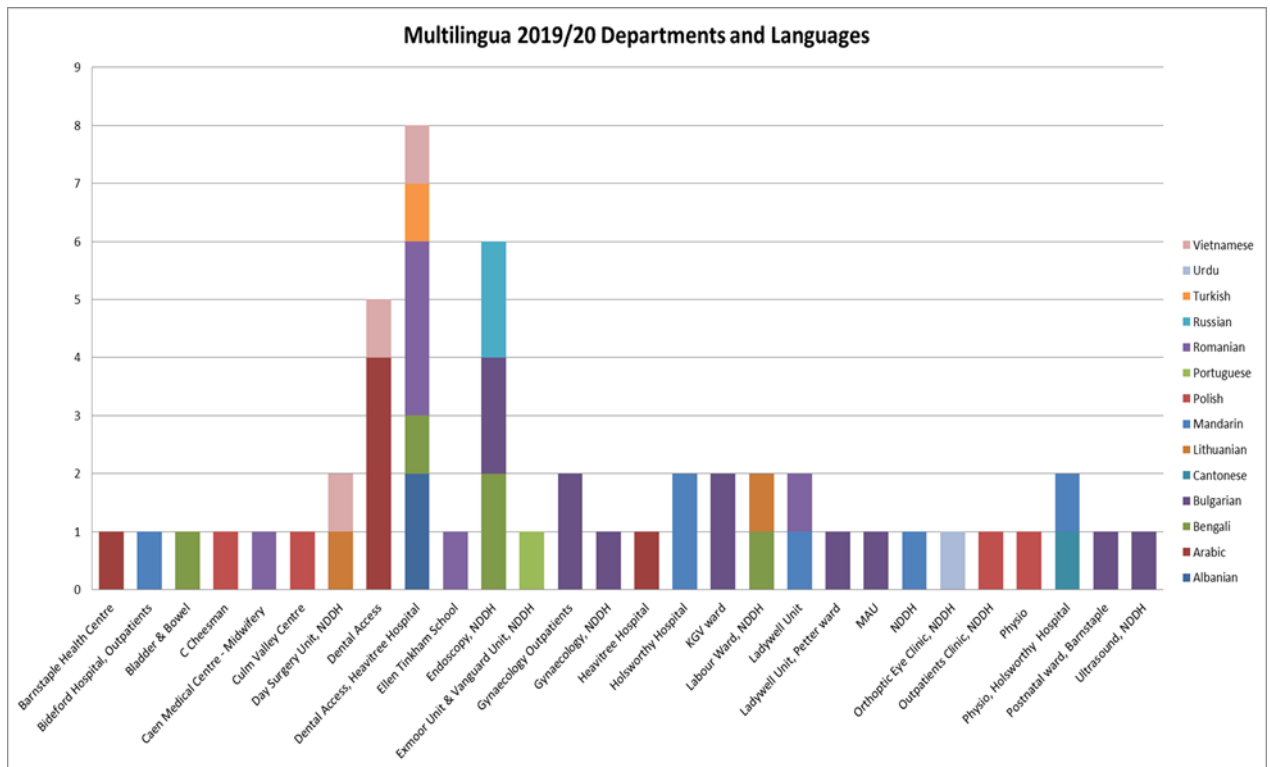
Language line support translation and can offers over 150 languages. Below is a graph that details the departments and most frequently requested languages from this translation service.



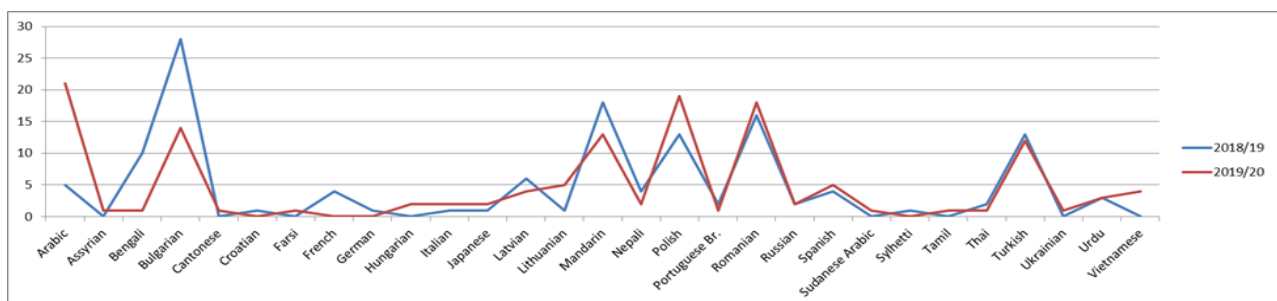
For Language Line, there has been a marked increase in Arabic, Polish and Vietnamese and a decline in Bengali, Bulgarian and Mandarin (see below).



Multilingua, a local translation provider offers a wide choice of languages. Below is a graph that details the departments and most frequently requested languages from this translation service.



The languages requested have changed over the two years. There has been a marked rise in Arabic, Bengali, Mandarin, Romanian and Vietnamese from Multilingua.



It is useful to be able to identify trends in languages requests for procurement of services and ensure that the Trust is meeting the needs of an increasingly diverse population in North Devon.

16. Next Year (2020/21)

In 2020-21, we will focus on the following key areas:

- Implementation of the revised and updated FFT national guidance which was issued in September 2019 and effective from 1 April 2020.
- Improving how we obtain feedback regarding patients and families experience of managing their complaint. The patient experience (complaints) department

launched a quality improvement (QI) project in January 2020 and a feedback survey was developed and circulated to complainants following receipt of the Trust's final response to find out about their experience. This project remains in progress in the next financial year and will be monitored at the PEC.

- Development of carer's champion role and carers bundle co-produced with Devon Carers and local carers' groups, including a new carer's policy and carer's passport.
- Facilitate a 12 month trial of an advanced level subscription to care opinion with two clinical teams starting April 2020 and monitor progress at PEC and explore trust wide roll out going forward.
- Development of a combined patient experience and engagement strategy, co-produced with our patients, families and carers.
- Develop a patient experience newsletter to share learning from feedback trust wide.
- Develop chaplaincy data for annual reporting.
- Focus on celebrating compliments & excellence, both internally and externally and develop reporting from compliments to identify themes and trends.
- Ensure compliments and positive feedback is a standing agenda item at governance meetings along with complaints.
- Procurement of a 'Wonderwall' for patients and the visiting public to write and display their compliments and thank you's to staff and teams.
- Incorporate patient experience feedback within ward level skill mix reviews.
- Design a new patient experience patient information leaflet to include information on how patients can provide feedback to the trust and include, compliments, PALS, complaints, care opinion, FFT and wonderwall.

Appendix A – Inpatient survey results – 2019-20

North Devon District Hospital

The target value is 73. The rag rating is based on the following values: Green = 73 or over; Amber = 70-72; Red = 0-69.

Planned care

Question/Ward/Unit	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Were you as involved as much as you wanted to be in decisions about your care and treatment?	73	95.4	95	88.1	92.2	87.5	94.2	90.4	85.7	89.5	88.4	95.1	97.9
Alexandra Ward	73	94.4	90.4	87	91.2	75	92.9	88.9	68.8	97.7	91.7	93.3	100
Lundy Ward	73	93.8	85.7	83.9	97.8	88.6	100	98.1	97.1	84.6	95	93.5	93.8
ICU / HDU	73	100	100	100		100	100	100	100	100	100	100	
King George V Ward	73	92.9	88.6	89.2	88.3	97.1	91.7	89.7	88.9	94.1	78.6	92.6	100
Roborough Ward	73									85	100	100	
Tarka Ward	73	100	94.4	95.8	100	92.3	93.3	80	100	90.6	92.9	96.6	100
Have your family and carers been involved in decisions about your care as much as you would like them to have been?	73										85.9	96.8	100
Alexandra Ward	73										80	100	100
Lundy Ward	73										90.9	93.8	
ICU / HDU	73										100	100	
King George V Ward	73										83.3	97.8	100
Roborough Ward	73										100	100	
Tarka Ward	73										75	95.5	100
Have hospital staff been available to talk with you about your worries and fears?	73	91.7	90.8	92.9	92.8	91.1	94	94.8	94.2	97.7	87.8	93.2	88.1

Alexandra Ward	73	86.5	96.2	90.5	98.4	79.6	95	92.6	83.3	90.6	90.6	93.3	83.3
Lundy Ward	73	97.6	85.7	97.4	83.3	94.1	96.4	94.2	97.1	90.9	94.7	95.2	93.8
ICU / HDU	73	100	100	100		100	100	100	100	100	100	100	
King George V Ward	73	86.2	82.8	95.5	92.1	100	91.2	98.3	94.4	84.4	83.3	100	78.6
Roborough Ward	73									100	100	95.5	
Tarka Ward	73	94.7	100	81.8	100	93.8	93.3	91.7	100	96.9	86.8	84.8	91.7
Have you been given enough privacy when discussing your condition/treatment?	73	90	90	93.3	94.8	91.8	89	88.5	92.2	93.9	95.4	95.1	91.7
Alexandra Ward	73	88.9	98.1	85.2	95.6	88.2	81	81.5	89.6	97.2	87.5	76.7	83.3
Lundy Ward	73	91.3	100	100	95.8	95.5	96.9	94.2	97.1	92.3	100	72.5	87.5
ICU / HDU	73	100	100	100		100	100	100	100	100	100	100	
King George V Ward	73	90	94.3	91.9	92.6	89.7	87.5	86.8	90.7	91.2	94.3	87.5	90
Roborough Ward	73									100	100	100	
Tarka Ward	73	97.5	100	100	100	100	93.3	93.3	93.8	93.8	95.2	88.1	100
Have the doctors, nurses or pharmacists talked to you about medication side effects?	73	80.7	79	85.9	80.9	77.4	75.7	76.4	71.3	87	67.4	100	71.1
Alexandra Ward	73	86	84.6	81.8	81.7	65.5	85.3	63.5	68.8	76.5	73.5	100	83.3
Lundy Ward	73	78.3	96.4	90.5	77.3	71.9	68.8	88	67.9	87.5	94.7	100	71.4
ICU / HDU	73	100	100	100		100	100	100	100	100	100	100	
King George V Ward	73	70.7	77.5	87	80.3	92.3	75	76.1	71.9	80	50	100	58.3
Roborough Ward	73									75	81.3	91.7	
Tarka Ward	73	80	86.1	81.8	87.5	79.2	71.4	77.3	75	96.4	63.2	100	83.3

Overall, do you feel you have been treated with respect and dignity while you have been in hospital?	73	98.3	98.1	100	99.1	98.6	98.7	99	98.7	99.1	98.6	100	97.9
Alexandra Ward	73	96.3	98.1	100	100	98.5	95.2	100	100	100	100	100	100
Lundy Ward	73	97.8	96.4	100	100	100	100	98.1	100	100	97.5	100	100
ICU / HDU	73	100	100	100		100	100	100	100	100	100	100	
King George V Ward	73	98.6	98.6	100	97.9	98.5	100	98.5	96.3	100	100	100	95
Roborough Ward	73									95	100	100	
Tarka Ward	73	100	100	100	100	96.2	100	100	100	100	100	100	100
Thinking about the care you have received in hospital, have you been treated with kindness and understanding?	73	98.7	98.6	100	98.7	98.6	99.4	99	98.7	99.1	98.1	100	97.9
Alexandra Ward	73	98.1	98.1	100	100	97.1	97.6	100	97.9	100	100	100	100
Lundy Ward	73	100	96.4	100	100	100	100	98.1	100	100	97.5	100	100
ICU / HDU	73	100	100	100		100	100	100	100	100	100	100	
King George V Ward	73	97.1	98.6	100	97.9	100	100	98.5	98.1	100	100	100	95
Roborough Ward	73									95	100	100	
Tarka Ward	73	100	100	100	95.8	96.2	100	100	100	100	100	100	100
If you have concerns once you leave the hospital will you know how to get more information?	73	98	97.8	98.6	100	100	100	97.6	98.2	100	98.5	100	100
Alexandra Ward	73	100	95.7	94.1	100	100	100	95.5	93.3	100	100	100	100
Lundy Ward	73	95.2	100	100	100	100	100	100	100	100	100	100	100
ICU / HDU	73	100	100	100		100	100	100	100	100	100	100	100
King George V Ward	73	96.9	100	100	100	100	100	96.2	100	100	100	100	100
Roborough Ward	73									100	100	100	
Tarka Ward	73	100	100	100	100	100	100	100	100	100	100	100	100

Unscheduled care

Question/Ward/Unit	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Were you as involved as much as you wanted to be in decisions about your care and treatment?	73	87	86.8	94	87.8	89.4	82.3	84.4	85.4	83.9	90.3	86.6	85
Capener Ward	73	70.8	79.4	97.5	80.4	94.4	87	80.3	78.6	80	75.9	88.6	100
Caroline Thorpe Ward	73	100	100	100	100	100	100	100	100	100	100	100	
Fortescue Ward	73	71.4	82.5	81.3	91.2	67.5	67.6	64.3	72.2	56.3	100	80	80
Glossop Ward	73	82.4	92	94.7	89.4	89.5	100	89.3	73.4	82.8	87.5	83.3	75
Medical Assessment Unit	73	90.9	80	87.5	87.5	89.5	91.7	88.2	94.1	100	90.9	100	
Staples Ward (Stroke Unit)	73	100	81.6	100	84.1	88.1	76.3	84.1	97.8	82.4	100	70.6	
Victoria Ward	73	98.3	91.4	94.4	89.7	94.4	84	90.5	88	85.6	94	94	90
Have your family and carers been involved in decisions about your care as much as you would like them to have been?	73										73.3	83.9	85.1
Capener Ward	73										62.5	90.9	
Caroline Thorpe Ward	73										100	100	
Fortescue Ward	73										87.5	79.2	75
Glossop Ward	73										82.1	75	75
Medical Assessment Unit	73										66.7	100	
Staples Ward (Stroke Unit)	73										100	50	
Victoria Ward	73										100	100	50
Have hospital staff been available to talk with you about your worries and fears?	73	82.5	88.8	91.7	92	88.8	84.2	86.5	91.9	87.6	88.5	86.6	93.5
Capener Ward	73	80	92.9	82.5	88.6	87	81	95	84.6	92.1	71.7	92.5	75

Caroline Thorpe Ward	73	100	100	100	94.4	100	100	100	100	100	100	100	
Fortescue Ward	73	66.7	84.4	81.3	89.3	64.3	62.5	63.3	50	64.3	100	83.3	100
Glossop Ward	73	87.5	80.4	86.7	92.3	86.1	100	81.8	96.4	83.9	84.4	71.7	100
Medical Assessment Unit	73	88.9	83.3	100	92.9	91.2	83.3	87.5	88.2	92.9	77.3	100	
Staples Ward (Stroke Unit)	73	94.7	93.3	100	88.9	85.7	94.7	87.5	97.8	95.5	100	75	
Victoria Ward	73	71.7	92.3	98.1	96.6	97.2	88.1	91.1	95.8	86.4	96	91.3	92.9
Have you been given enough privacy when discussing your condition/treatment?	73	90	92.6	94.8	94.8	94.2	88.9	88.3	90.9	92.8	92.9	89.3	90
Capener Ward	73	91.7	94.1	95	98.2	96.3	89.1	90.9	82.1	95	85.2	84.1	100
Caroline Thorpe Ward	73	100	100	92.9	100	96.2	100	100	100	100	100	100	
Fortescue Ward	73	78.6	90	87.5	91.2	92.5	70.6	73.8	72.2	87.5	100	86.7	80
Glossop Ward	73	91.2	94	97.4	89.4	94.7	75	87.5	93.8	91.7	95	87	90
Medical Assessment Unit	73	86.4	93.3	100	96.9	97.4	100	88.2	91.2	85.7	90.9	100	
Staples Ward (Stroke Unit)	73	97.8	92.1	94.7	97.7	92.9	94.7	88.6	93.5	94.1	100	91.2	
Victoria Ward	73	93.1	89.7	96.3	94.9	91.7	94	91.9	94	90.9	96	92	95
Have the doctors, nurses or pharmacists talked to you about medication side effects?	73	71	83	84.8	69.9	65.4	72.4	62.1	68.9	71.3	73.6	68.1	66
Capener Ward	73	43.3	66.7	71.1	68	74.1	68.2	61.9	82.1	61.8	63.6	50	100
Caroline Thorpe Ward	73	100	100	100	100	100	100	100	100	100	100	100	
Fortescue Ward	73	70.6	84.6	86.7	76.9	32.4	68.2	37.5	41.7	83.3	100	75	83.3
Glossop Ward	73	75	94.7	100	58.3	76.5	37.5	50	56.5	60.9	55.9	69	33.3
Medical Assessment Unit	73	63.6	78.6	92.9	61.5	60.7	75	53.3	50	62.5	50	87.5	
Staples Ward (Stroke Unit)	73	94.4	83.3	94.4	75	53.6	81.3	50	91.2	100	100	41.7	

Victoria Ward	73	60.9	78.8	73.1	73.1	65.3	71.7	84.6	70	63.2	77.3	77.3	83.3
Overall, do you feel you have been treated with respect and dignity while you have been in hospital?	73	95.9	97.4	99.6	99.4	99	98	97.6	98.4	98.8	97.5	98.5	98.3
Capener Ward	73	89.6	97.1	100	100	100	100	100	92.9	100	94.4	100	100
Caroline Thorpe Ward	73	100	100	100	100	100	100	100	100	100	100	100	
Fortescue Ward	73	92.9	97.5	96.9	100	97.5	97.1	88.1	94.4	100	100	100	100
Glossop Ward	73	97.1	94	100	98.5	100	100	98.2	100	94.8	95	96.3	100
Medical Assessment Unit	73	100	100	100	100	100	100	100	97.1	100	90.9	100	
Staples Ward (Stroke Unit)	73	95.7	97.4	100	100	95.2	97.4	97.7	100	100	100	94.1	
Victoria Ward	73	100	98.3	100	98.7	100	96	98.6	100	100	100	100	95
Thinking about the care you have received in hospital, have you been treated with kindness and understanding?	73	98.1	97.4	99.6	99.4	99	97.5	97.6	98.8	98.4	97.5	99.2	98.3
Capener Ward	73	95.8	100	100	100	100	100	98.5	96.4	100	94.4	100	100
Caroline Thorpe Ward	73	100	100	100	100	100	100	100	100	100	100	100	
Fortescue Ward	73	97.6	97.5	96.9	100	97.5	97.1	90.5	94.4	87.5	100	100	100
Glossop Ward	73	94.1	90	100	98.5	100	100	98.2	100	96.6	92.5	98.1	100
Medical Assessment Unit	73	100	100	100	100	100	100	100	97.1	100	95.5	100	
Staples Ward (Stroke Unit)	73	100	97.4	100	100	95.2	97.4	97.7	100	100	100	97.1	
Victoria Ward	73	100	100	100	98.7	100	94	98.6	100	100	100	100	95
If you have concerns once you leave the hospital will you know how to get more information?	73	98.9	97.2	98.8	100	99.1	97.4	99.1	98	96.9	98.9	98.8	100
Capener Ward	73	92.9	100	100	100	100	100	100	90.9	100	91.7	100	100
Caroline Thorpe Ward	73	100	100	100	100	100	100	100	100	100	100	100	
Fortescue Ward	73	100	100	100	100	90.9	100	88.9	100	80	100	100	100

Glossop Ward	73	100	90	100	100	100	100	100	100	96.4	100	100	100
Medical Assessment Unit	73	100	100	100	100	100	83.3	100	93.3	100	100	100	
Staples Ward (Stroke Unit)	73	100	100	100	100	100	100	100	100	100	100	100	
Victoria Ward	73	100	96	95.2	100	100	95.7	100	100	91.7	100	100	100

South Molton Community Hospital – Hugh Squier Ward

Question	Target	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Hugh Squier Ward – composite indicator		71.4	57.1	69.5	91.7	94.5	94.5	90	93.3	78.6	100	100
1. Have you been involved as much as you wanted to be in decisions about your care and treatment?	73	62.5	50	70	87.5	91.7	91.7	100	100	0	100	100
2. Have your family and carers been involved in decisions about your care as much as you would like them to have been?	73									100	100	100
3. Have hospital staff been available to talk with you about your worries and fears?	73	75	50	50	100	100	100	100	80	100	100	100
4. Have you been given enough privacy when discussing your condition / treatment?	73	75	50	60	100	100	100	100	90	100	100	100
5. Have the doctors, nurses or pharmacists talked to you about medication side effects? ok	73	37.5	50	50	100	70	70	70	83.3	50	100	100
6. Do you feel you have been treated with respect and dignity while you have been in hospital?	73	100	50	90	100	100	100	100	100	100	100	100
7. Thinking about the care you have received in hospital, have you been treated with kindness and understanding?	73	100	50	100	87.5	100	100	100	100	100	100	100
8. If you have concerns once you leave the hospital will you know how to get more information?	73	50	100	66.7	66.7	100	100	60	100	100	100	100

Appendix B - Friends and Family Test (FFT) Scores - 2019-20

Adult FFT card question

How likely are you to recommend our ward / hospital / department / service to friends and family if they needed similar care or treatment? Response options: Extremely likely, Likely, Neither likely nor unlikely, Unlikely, Extremely unlikely, Don't know.

Children and young people's FFT card question

Would you tell your friends that this is a good ward / hospital / unit / service / department to come to? Response options: Yes, Maybe, No, Don't know.

Quantitative Results

The FFT score is calculated as outlined in the NHS England guidance. The calculation is as follows:

'Would recommend' percentage is calculated as follows:

$$\frac{\text{Extremely likely + Likely (Yes)}}{\text{Extremely likely + Likely + Neither likely nor unlikely + Unlikely + Extremely unlikely + Don't know (Yes + Maybe + No + Don't know)}} \times 100$$

'Would not recommend' percentage is calculated as follows:

$$\frac{\text{Extremely unlikely + Unlikely (No)}}{\text{Extremely likely + Likely + Neither likely nor unlikely + Unlikely + Extremely unlikely + Don't know (Yes + Maybe + No + Don't know)}} \times 100$$

The Trust's target 'Would recommend' score is 75%

Inpatient / A&E

Planned care

Ward	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
'Would recommend' score	75	100	99	99	100	99	100	97	99	94	99	97	99
Alexandra Ward	75	100	100	100	100	97	100	93	100	100	96	94	100
Lundy Ward	75	100	100	98	100	100	100	100	98	90	100	95	100
King George V Ward	75	100	97	97	100	98	100	94	100	100	100	100	96
Roborough Ward	75									100	100	100	100
Tarka Ward	75	100	100	100	100	100	100	100	100	100	100	100	100

Unscheduled care

Ward / Department / Unit	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
'Would recommend' score	75	92	94	98	96	95	95	96	96	97	98	97	89
A&E	75	71	72	82	74	75	70	84	75	75	81	94	88
Medical Assessment Unit	75	91	95	100	89	100	100	100	100	100	100	100	100
Capener Ward	75	85	93	96	100	100	100	100	100	100	100	91	50
Caroline Thorpe Ward	75	100	100	100	100	95	99	99	99	99	100	99	97
Fortescue Ward	75	90	100	94	100	100	100	86	89	100	95	100	80
Glossop Ward	75	96	96	98	96	98	100	97	100	94	96	93	100
Staples Ward (Stroke Unit)	75	100	95	100	96	91	95	96	100	94	100	100	100
Victoria Ward	75	98	100	100	100	98	97	95	100	100	100	100	100

Outpatients and Day Cases – NDDH

Service	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
NDDH Outpatients	75	95.1	95.6	96.4	96.8	96.5	97.3	97.0	96.1	97.1	96.1	97.3	97.3

Service	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
NDDH Day Cases - total	75	100	100	100	100	100	100	100	99.2	98.1	100	100	98.82
Day Surgery Unit	75	100	100	100	100	100	100	100	94.4	98.1	100	100	100
Endoscopy Suite	75	100	100	100	100	100	100	100	100	100	100	100	97.9
Petter Day Treatment Unit	75	100	100	100	100	100	100	100	100	100		100	100
Radiology	75	100		100	100	100		100		100	100	100	
Seamoor Unit	75	100	100		100		100	100	100	95.7	100	100	100
Vanguard Unit	75	100	100	100						100	100		

Maternity Services

Service	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Maternity Services - total	75	99.1	94.3	97.7	100	96.7	96.1	94.3	100	93.8	94.3	98	100
Antenatal Service	75	100		100						50		100	100
Labour Ward	75	100	96.7	100	100	96	96	100	100	100	100	100	100
Postnatal Ward	75	100	97.1	95.7	100	96.7	95.8	92.6	100	100	89.5	96.3	100
Postnatal Community Service	75	50	100	100	100	100	100	66.7	100	100	100	100	

Special Care Baby Unit (SCBU)

Service	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Special Care Baby Unit (SCBU)	75	100	100	100		100	100	100	100	100	100	100	100

Community Healthcare

Community Hospitals	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
North Community - total	75	100	100	100	100	87.5	100		100	100	100	100	100
Holsworthy Community Hospital**													
South Molton Community Hospital - Hugh Squier Ward	75	100	100	100	100	87.5	100		100	100	100	100	100

**Inpatient ward temporarily closed

Community Nursing Teams	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Community Nursing Teams - total	75	100	100	100	91.7	100	100	100	95.7	81.5	95.2	100	100
Barnstaple	75						100		89.3	66.7			
Bideford	75		100		50		100		100	100	100	100	
Holsworthy/Torrington	75						100		100	75	100	100	
Ilfracombe	75	100			100		100		100	90.9	100		100
Lynton/Lynmouth	75			100	100	100		100	100			100	
Out of Hours Northern	75	100	100	100	100	100		100	100	81.5		100	100
South Molton	75						100		100	83.3	91.7	100	100

Community Therapy Teams	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Community Therapy Teams - total	75	97.7	94.9	97.6	94.7	96.6	97.9	95.5	98	95.8	98.2	100	89.4
Barnstaple	75		100	100	95.5	85.7	100	100	90	83.3	100	100	62.5
Bideford	75	85.7	100	100	100		100	100		100	100	100	85.7
Ilfracombe	75	100	85.7	100	91.7	100	92.3	100	100	88.9	92.3	100	94.4
South Molton	75	100	100	90	100	100	100	80	100	100	100	100	100
Torrington/Holsworthy	75	100						100	100	100	100		100

Minor Injuries Services	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Minor Injuries Services - total	75	100	100	100	95.8	100	100	100	100	100	100	100	
Bideford Minor Injuries Unit	75	100	100	100	95.8	100	100	100	100			100	
Ilfracombe Minor Injuries Unit	75	100	100	100		100	100	100	100	100	100	100	
Lynton Minor Injuries Service	75	100											

Community Specialist Services	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Community Specialist Services - total	75	97.3	100	98.5	98.6	98	98.4	100	96.3	94.2	100	98.5	100
Bladder and Bowel Care Service (adult)	75	100	100	100	100	100	100	100	100	100	100	100	100
Bladder and Bowel Care Service (paediatric)	75				100					100			
Salaried Dental Service	75	97.4	100	88.9		100	100	100	93.8		100		100
Podiatry Services	75			100		100	100			100	100	100	100
Devon Sexual Health - Barnstaple	75			100	100		94.4		100	100		100	
Devon Sexual Health - Exeter	75	93.8	100	100	94.1	75		100	85.7	75	100	85.7	100

Devon Sexual Health - Ilfracombe	75			100						100		100	
Devon Sexual Health - Okehampton	75	100	100	100	100	100	100	100	100	90	100	100	100
Devon Sexual Health - Tiverton	75	100						100		100		100	

Service	Target	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
Children's Community Nursing	75	100	100		100	100	100	100	100		100		
Community Outpatients	75	100	100	100	95.5	98.7	100	100	97.1	93.3	98	100	100
Community Day Cases	75		100	100	100	100			100	100	100	100	100
CREADO - Cystic Fibrosis & Bronchiectasis Service	75	100						100	100				100
CREADO - Respiratory Outreach	75					100						100	
CREADO - Pulmonary Rehabilitation	75				100		100	100	100	100		100	100
Pathfinder Complex Discharge	75	100	100		100	100	100	100	100				
Pathfinder Urgent Care	75	100	100			100	100	100	100	100	100	100	100
Rapid Response Service	75	100	100	100	100	100	100	100	100	100	94.7	100	100
Speech and Language Therapy (SALT)	75		100	100	75	100	100	100	100			100	100

Appendix C - Methodology

	Service	Questions	Additional data collected	Data collection method (s)	Frequency of data collection	Dissemination of results
1	Inpatients	1. We would like you to think about your experience on this ward. How likely are you to recommend our ward to friends and family if they needed similar care or treatment? 2. Please can you tell us the main reason for the response you have given? (i.e. to Q1) 3. Have you been involved as much as you wanted to be in decisions about your care and treatment? 4. Have your family and carers been involved in decisions about your care as much as you would like them to have been? (This question was introduced in Jan-20) 5. Have hospital staff been available to talk with you about your worries and fears? 6. Have you been given enough privacy when discussing your condition / treatment? 7. Have the doctors, nurses or pharmacists talked to you about medication side effects? 8. Overall, do you feel you have been treated with respect and dignity while you have been in hospital? 9. Thinking about the care you have received in hospital,	Gender Age Ethnicity	Patient experience survey volunteers (see page 4) using an electronic device	Daily Patient experience survey volunteers visit a selection of wards every day. Each ward is usually visited several times per month.	Ward manager - within two to three hours Monthly NHS Digital upload (FFT data) Healthcare Analytics and Reporting Team - monthly Intranet Trust website

		<p>have you been treated with kindness and understanding?</p> <p>10. If you have concerns once you leave the hospital will you know how to get more information?</p> <p>11. Have you any suggestions for ways we can improve the service or any other comments on the service you have received?</p>				
2	Community Nursing Teams	<p>1. At what stage in your care are you completing this Patient Experience Survey? (see frequency of data collection)</p> <p>2. We would like you to think about your recent experiences of our service. How likely are you to recommend our service to friends and family if they needed similar care or treatment?</p> <p>3. Please can you tell us why you gave the response you did to question 2?</p> <p>4. Were you offered a morning or afternoon appointment for us to visit you in your home?</p> <p>5. Were you contacted in advance if we were unable to keep an appointment?</p> <p>6. Were you involved as much as you wanted to be in decisions about your care and treatment?</p> <p>7. Have your family and carers been involved in decisions about your care as much as you would like them to have been?</p>	<p>Gender</p> <p>Age</p> <p>Ethnicity</p>	<p>Reply-paid survey forms left with the patient at home; tablet-based data collection in the patient's home; telephone surveys; tiny URLs in patient information leaflets and visiting cards.</p>	<p>Either on admission to, as an ongoing user of or on discharge from the community nursing service</p>	<p>Monthly NHS Digital upload (FFT data)</p> <p>Service leads</p> <p>Healthcare Analytics and Reporting Team - monthly</p> <p>Intranet</p> <p>Trust website (FFT data)</p>

		<p>8. Before you received any treatments (e.g. an injection, dressing, physiotherapy) did a member of staff explain any risks and/or benefits in a way you could understand?</p> <p>9. Did you see your nurse clean/wash their hands during visits?</p> <p>10. Do you feel you had sufficient time with us during the visits?</p> <p>11. Overall, do you feel you have been treated with respect and dignity?</p> <p>12. Do you know how to contact our service?</p> <p>13. Have you any suggestions for ways we can improve the service?</p>				
3	Community Therapy Teams	<p>1. We would like you to think about your recent experiences of our community therapy service. How likely are you to recommend our community therapy service to friends and family if they needed similar care or treatment?</p> <p>2. Please can you tell us why you have given that response? (i.e. to Q1)</p> <p>3. When you were given your first appointment was it when you expected?</p> <p>4. Did the team member who came to see you the first time introduce themselves?</p> <p>5. Do the team members give you information in a way you can understand?</p>	<p>Gender</p> <p>Age</p> <p>Ethnicity</p>	<p>Following discharge, a reply-paid survey form is posted to the patient at home; tablet-based data collection in the patient's home; telephone surveys; tiny URLs in patient information</p>	<p>On discharge from the community therapy service</p>	<p>Monthly NHS Digital upload (FFT data)</p> <p>Service leads</p> <p>Healthcare Analytics and Reporting Team - monthly</p>

		<p>6. Do the team members you see treat you with respect and dignity?</p> <p>7. Were you involved in decisions about your care as much as you would like to have been?</p> <p>8. Have your family and carers been involved in decisions about your care as much as you would like them to have been?</p> <p>9. As part of your care plan you may have been allocated equipment to use at home. Was this equipment delivered when you expected?</p> <p>10. As part of your care plan you may have been allocated a place at a clinic or class. Was this clinic or class made available to you when you expected?</p> <p>11. By the end of your rehabilitation had you achieved everything you expected?</p> <p>12. Do you have any suggestions as to what we could have done differently to make your experience of rehabilitation better or any other comments?</p>		leaflets and visiting cards.		<p>Intranet</p> <p>Trust website (FFT data)</p>
4	Maternity Services	<p>1. Did you get enough information from a midwife or doctor to help you decide where to have your baby?</p> <p>2. Thinking about your antenatal care, were you involved enough in decisions about your care?</p> <p>3. Were you (and / or your partner or a companion) left alone by midwives or doctors at a time that worried you?</p>	<p>Age</p> <p>Ethnicity</p>	<p>Patient experience survey volunteers (see page 4) using an electronic device</p>	<p>Patient experience survey volunteers (see page 4) visit Bassett Ward several</p>	<p>Ward manager - within two to three hours</p> <p>Healthcare Analytics and Reporting</p>

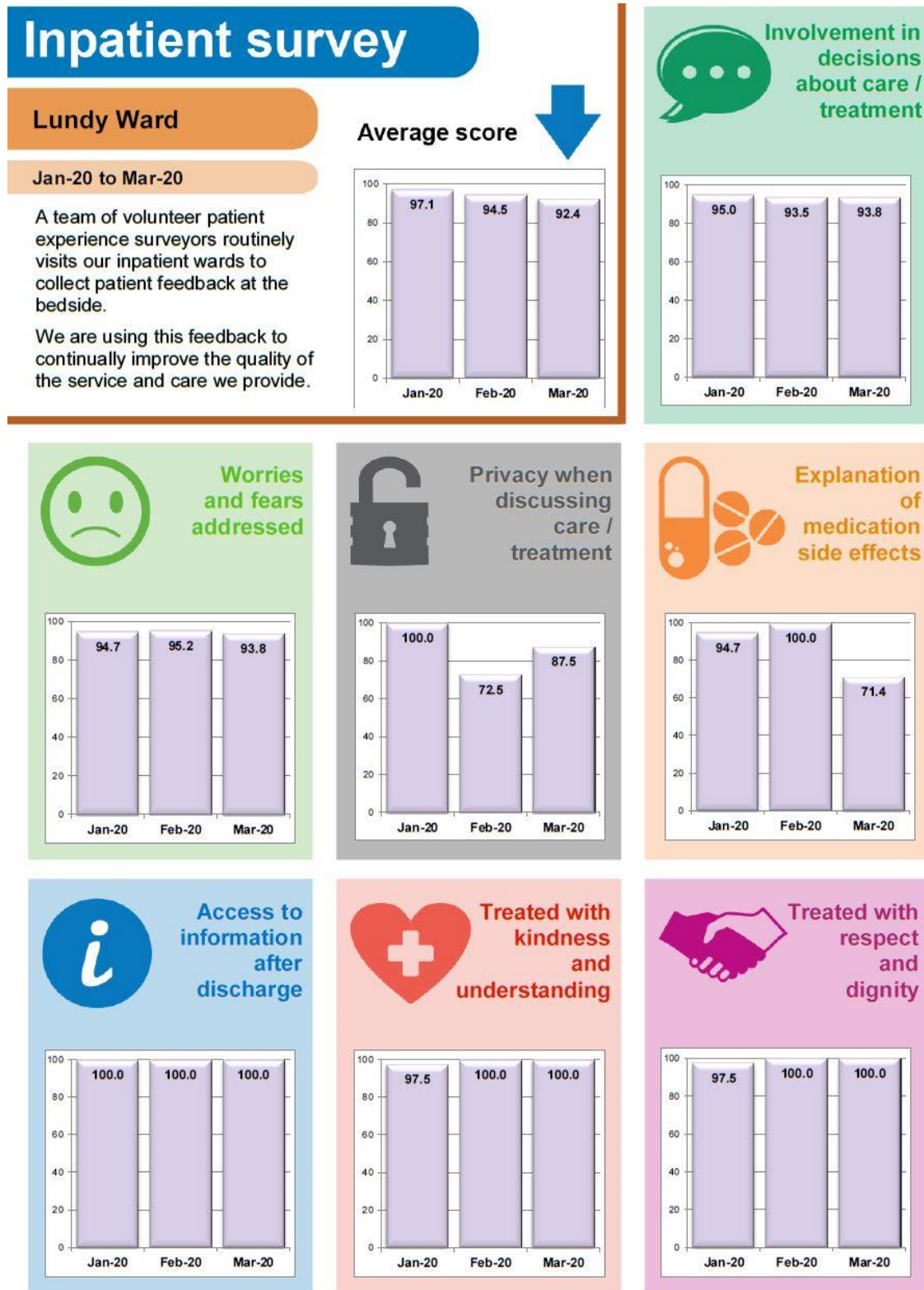
		<p>4. Thinking about your care during labour and birth, were you involved enough in decisions about your care?</p> <p>5. Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding?</p> <p>6. Did you feel that midwives and other carers gave you active support and encouragement?</p> <p>7. Overall, do you feel you have been treated with respect and dignity while you have been in hospital?</p> <p>8. Have you any suggestions for ways we can improve the service or any other comments on the service you have received?</p>			times a month	<p>Team - monthly</p> <p>Intranet</p>
5	Special Care Baby Unit	<p>1. We would like you to think about your experience in our Special Care Baby Unit. How likely are you to recommend our Special Care Baby Unit to friends and family if they needed similar care or treatment?</p> <p>2. Please can you tell us the main reason for the response you have given? (i.e. to Q1)</p> <p>3. Have you been involved as much as you'd like to be in the decision-making about your baby's care and treatment?</p> <p>4. Were you involved as much as you wanted to be in the day-to-day care of your baby, such as nappy changing and feeding?</p> <p>5. Were you told about any changes in your baby's condition or care?</p>	None	Paper survey form on discharge	On discharge	<p>Monthly NHS Digital upload (FFT data)</p> <p>Ward manager</p> <p>Trust website</p>

	<p>6. Have hospital staff been available to talk with you about your worries and fears?</p> <p>7. Have you been given enough privacy when discussing your baby's treatment/condition?</p> <p>8. If you have concerns when you leave hospital will you know where to get more information?</p> <p>9. Did you have as much kangaroo care (skin-to-skin care) with your baby as you wanted?</p> <p>10. Did staff arrange your baby's care (e.g. weighing, bathing) to fit in with your usual visiting times?</p> <p>11. Overall, do you feel you have been treated with respect and dignity while you have been in hospital?</p> <p>12. Do you have any suggestions for ways we can improve the service or have any additional comments?</p>				
--	---	--	--	--	--

Appendix D - Trust website reports - North Devon District Hospital

An example of an acute inpatient survey ward report published on the Trust website here:

[Acute Inpatient Survey – NDDH](#)



An example of an FFT ward report published on the Trust website here: [FFT scores by ward – NDDH](#)

Friends and Family Test

How likely are you to recommend our ward to friends and family if they needed similar care or treatment?

Darryn Allcorn, chief nurse, said: 'After discharge, patients are given the opportunity to tell us whether they would recommend the care provided to friends and family. Thank you for your feedback. We are using it to continually improve our services.'

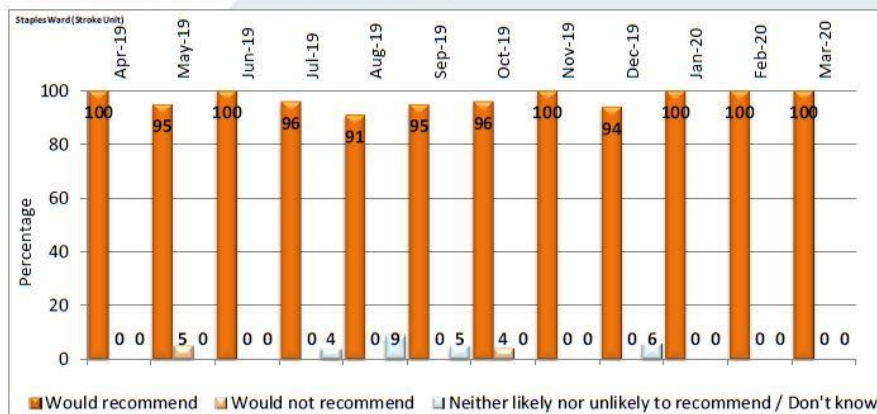


April 2019 - March 2020

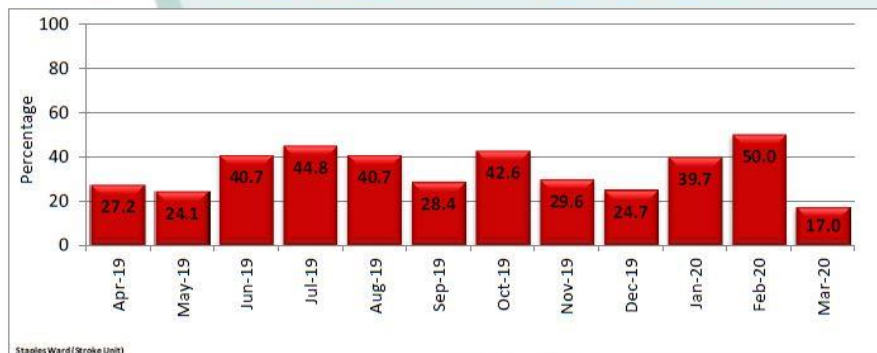
Staples Ward (Stroke Unit)

North Devon District Hospital

Friends and Family Test score
The Trust's target 'would recommend' score is 75%



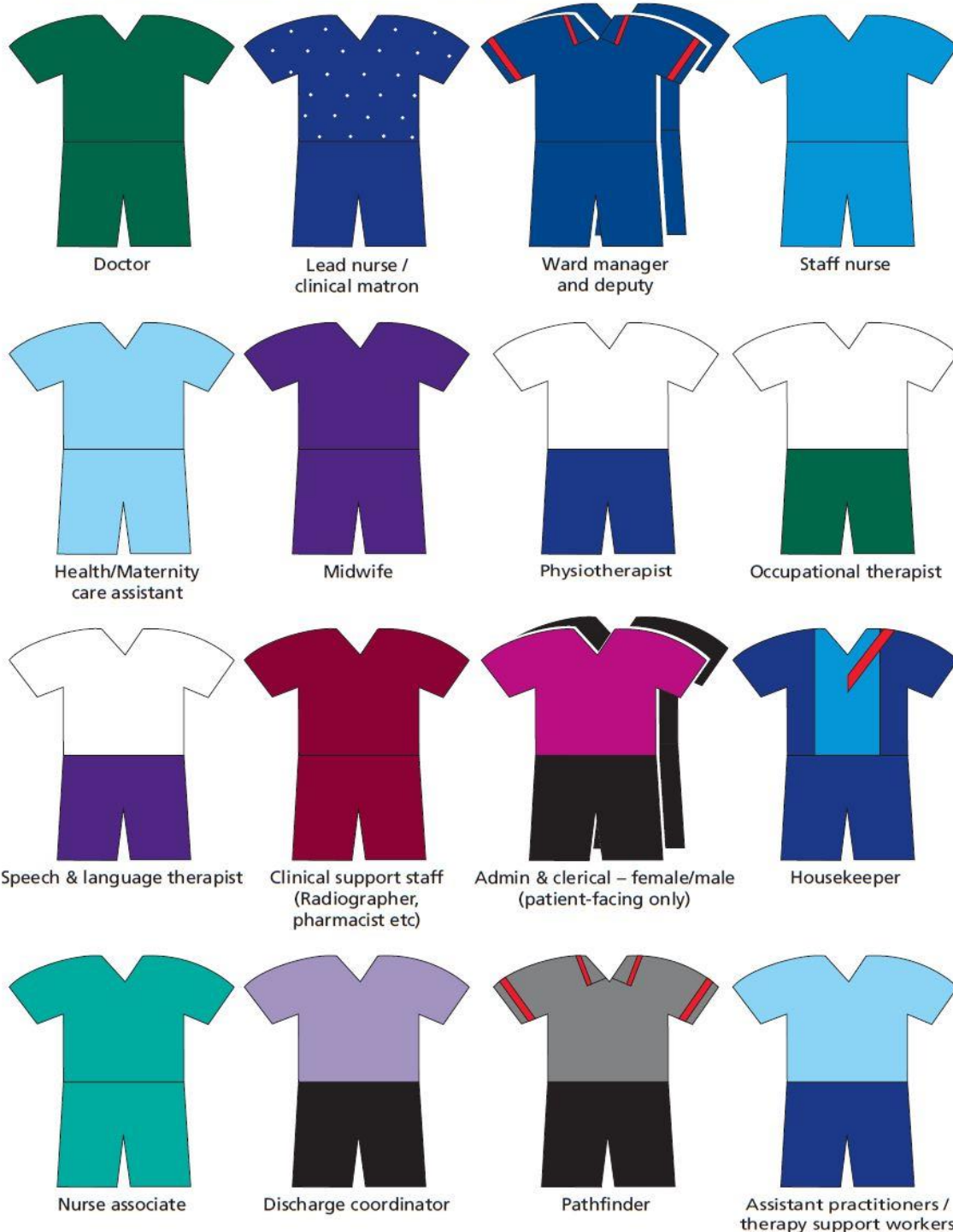
Response rate
The Friends and Family Test scores are based on the following percentage response rates



Appendix E - Staff uniform chart

Our staff uniforms

Our staff wear different uniforms depending on their role, this guide shows the **most common** ones. If you need help or assistance please ask any member of staff and they will be happy to help.



Appendix F - Food at North Devon District Hospital

Comments collected in relation to food by the Trust's team of volunteer patient experience surveyors (see page 4) on the inpatient wards at North Devon District Hospital are reported to Sodexo, our non-clinical support services partner, via the facilities department.

The issues identified and addressed by Sodexo from this feedback during the year 2019/20 are detailed in the following report.

Action			
Headline issues from volunteer patient experience surveys April 2019 - March 2020			
Issues raised in patient comments	What we aim to do	What have we done	What's next
"I didn't like the taste!"	<p>Ensure patients are able to choose a suitable, enjoyable meal with reference to clinical, nutritional and allergen requirements.</p> <p>Ensure menus and menu choices are compliant with BDA specifications.</p>	<ul style="list-style-type: none"> • All specific complaints are fed back to fresh and frozen suppliers. • New menus introduced from August 2019, with increased range of spicier dishes such as curries. • Increased use of 'personal menu' to include additional restaurant choices. • Stakeholders involved in food tasting and feedback taken. 	<ul style="list-style-type: none"> • Continue reduction in 'bland & tasteless' comments. • Planned review of menus on regular basis with reference to comments received, Sodexo surveys and consumption (popularity) figures. • Increased number of supplier site visits to discuss any issues.
"The staff serving the food were excellent"	<p>Ensure patients are treated with respect & dignity, receive the meal they ordered and enjoy quality customer service.</p>	<ul style="list-style-type: none"> • The vast majority of comments mentioning staff continue to be positive. • Continue ward hostess food service training, focusing on meeting all patient requirements. • Sodexo developed customer service training for all staff. 	

		<ul style="list-style-type: none"> • Sodexo now involved in food service and safety training for healthcare assistants' NVQ training. • Voucher system introduced to allow family to eat with patients on wards. • Computer tablet meal ordering trial to increase patient/staff interaction and accuracy of ordering. 	
"Yesterday it was very late"	Compliance with PLACE mealtimes.	<ul style="list-style-type: none"> • Mealtimes in line with PLACE. • Monitor protected mealtimes. 	<ul style="list-style-type: none"> • On busier wards ensure start point of meal service is rotated.
"Didn't like anything on the menu"	<p>Ensure patients are able to choose a suitable, enjoyable meal with reference to clinical, nutritional and allergen requirements.</p> <p>Ensure menus and menu choices are compliant with BDA specifications.</p>	<ul style="list-style-type: none"> • Low residue menu introduced in April 2020. • Increased range of sandwiches to be varied each day. • Modified texture menu update is planned for after Covid-19. • Increased use of 'personal menu' to make additional choices from restaurant available. • NVQ training for healthcare assistants includes information on full range of menus available. • New menus analysed and approved by dieticians with nutritional information made available to all wards. • All comments retained, including Sodexo feedback to be considered when updating menus. 	<ul style="list-style-type: none"> • Increase frequency of menu reviews. • Update to current menus to improve service to patients requiring softer food. • Compliance with Hospital Food Standards due to be introduced soon.
"Do not think it is nutritional enough for hospital inpatients"	All patients receive a nutritionally-suitable meal.	<ul style="list-style-type: none"> • Menus analysed and approved by dieticians in line with BDA specifications. 	<ul style="list-style-type: none"> • Future menus in line with BDA specifications and new Hospital Food Standards.
"The vegetables are"	Food provided to patients should	<ul style="list-style-type: none"> • All quality issues are fed back to 	<ul style="list-style-type: none"> • Food provided to patients

overcooked"	be edible, tasty, safe and of suitable quality.	<ul style="list-style-type: none"> • Chefs and catering staff updated of any comments in weekly meetings. • Monthly quality scores posted and feedback to catering staff. 	should be edible, tasty, safe and of suitable quality.
"Too large for me"	Patients receive sufficient nutrition in line with BDA recommendations.	<ul style="list-style-type: none"> • Continue ward hostess food service training, focusing on meeting all patient requirements. • Introduction of mealtime monitors to improve communication between clinical and food service staff. 	<ul style="list-style-type: none"> • Increase interaction with ward staff and patients.
"The café is too expensive"	<p>Patients have access to 24hr food.</p> <p>Provide full service to patients, visitors & staff.</p>	<ul style="list-style-type: none"> • Snack boxes are available 24hrs. • Hot meal process improved to ensure 24hr hot meal service. • Vending machines available outside of wards. • Café prices are reviewed on a regular basis against high street prices. • Increased range and value options are available in the restaurant. 	<ul style="list-style-type: none"> • Visitor access to all vending machines when social distancing is lifted.
"Some of the staff don't listen to me"	All staff involved in food service are aware of the importance of good communication with patients.	<ul style="list-style-type: none"> • Raised awareness of the importance of 'Food as Medicine' through Nutrition & Hydration Week. • Introduction of mealtime monitors to improve communication between clinical and food service staff. • Monthly customer service training for Sodexo staff. 	<ul style="list-style-type: none"> • Continue to encourage patient engagement through staff training. • Introduction of tablet ordering to increase patient interaction.
"My meal is not hot enough"	All food reaches patient at edible and food safe temperature.	<ul style="list-style-type: none"> • Improved temperature monitoring at ward level. • Introduction of mealtime monitors to improve communication between 	Increase number of mealtime monitors.

Issues responded to immediately	Issue raised by patient	What we did	What's next
		clinical & food service staff. <ul style="list-style-type: none"> Continued food service training for ward service staff. 	
	<p>I am a vegetarian and there is limited choice on the menu. Salad is one of the main options, which is awkward when swallowing is a problem.</p> <p>I am a vegetarian so food choice is limited and on one occasion they gave me a meat-based meal.</p>	<ul style="list-style-type: none"> Made the ward aware of the vegan menu and highlighted additional vegetarian choices. 	<ul style="list-style-type: none"> Ensure healthcare assistants are aware of menu range through NVQ training.
	The food was not marvellous yesterday - the chicken pie was inedible.	<ul style="list-style-type: none"> The same batch of chicken pie was tasted in the kitchen and found to be satisfactory. 	<ul style="list-style-type: none"> Feedback quality complaints to suppliers.
	The food is not as good as 5 years ago - it's abysmal and this morning I was told I could not have white toast as they had run out of white, they would have to go down to the basement to get more.	<ul style="list-style-type: none"> The ward food service assistant was advised that white bread was available. 	
	I ordered lunch of pie and received a sandwich - this has happened twice.	<ul style="list-style-type: none"> The process was changed and staff made aware of the availability of 24hr hot meals. 	
	The food when I get it is not bad but I have mainly had sandwiches and biscuits while I have been here and that is not good considering I am diabetic.	<ul style="list-style-type: none"> Ward staff were advised and the patient was referred to dieticians. 	
	The food could be better. For	<ul style="list-style-type: none"> Investigation into source of meal as not 	

	instance, when I asked for potato and onion soup, I got a dish of cubed-shaped potatoes and liquid separate.	provided by on-site catering.	
	I have to get my parents to bring in any food due to my allergies. I am unable to have any hospital food.	<ul style="list-style-type: none"> • With input from dieticians, produced menu choices which were suitable for a number of different allergies. 	<ul style="list-style-type: none"> • Review of texture modified diets to better serve allergy patients. • Introduction of low-fibre menu.