

BETTER TOGETHER

NHS

**Royal Devon
University Healthcare**
NHS Foundation Trust



Patient Experience Strategy

2026-2029

Our organisation

Our organisation	3
Vision, purpose and priorities	4
Healthcare journey	6
Monitoring and measuring our success	7
Strategic priorities	8
Strategic priority one - Equal access and opportunity for all.....	8
Strategic priority two - Improving things on the basis of what patients tell us.....	13
Strategic priority three - Working in partnership.....	16
Strategic priority four - Continuously improving patient experience.....	20
Strategic priority five - Keeping patient experience at centre stage	25
Linked strategies and resources	29



Our organisation

The Royal Devon University Healthcare NHS Foundation Trust was established in April 2022, bringing together the expertise of both the Royal Devon and Exeter NHS Foundation Trust and Northern Devon Healthcare NHS Trust.

Stretching across Northern, Eastern and Mid Devon, we have a workforce of over 15,000 colleagues, making us the largest employer in Devon. Our core services, which we provide to more than 615,000 people, cover more than 2,000 square miles across Devon, while some of our specialist services cover the whole of the peninsula, extending our reach as far as Cornwall and the Isles of Scilly.

We deliver a wide range of emergency, specialist and general medical services through North Devon District Hospital (NDDH) and the Royal Devon and Exeter Hospital (Wonford) (RD&E). Alongside our two acute hospitals, we provide integrated health and social care services across a variety of settings including community inpatient hospitals, outpatient clinics, and within people's own homes. We also offer primary care services, a range of specialist community services, and Sexual Assault Referral Centres (SARC).

Our state-of-the-art equipment, leading technologies and strong links to local universities put us at the forefront of research and innovations, enabling us to provide world-class care to our local communities.

Our Trust values are fundamental to everything that we do at the Royal Devon. We want everyone who works for the Trust to treat people in ways that reflect our values. Our values set a clear standard of what you can expect while you are cared for by the Royal Devon. Our values state that we:

- Are compassionate
- Act with integrity
- Are inclusive
- Are empowered

These Trust values are implicit throughout the 2026-2029 patient experience strategy to ensure we continue to provide our patients with the highest quality of care and patient experience.

"The hospital was clean and well-ordered.

All staff very helpful and pleasant - made me feel valued.

All very efficient and clear in what they were telling me.

They took the worry about my heart health away and also what could have been a horrid heart discovery."

(Cardiac patient)

Vision, purpose and priorities

Our vision

Our vision for patient experience is one of compassionate, empathetic, person-centred care that meets the patient wherever they are at Royal Devon; we are driven by innovation to build healthy neighbourhoods and communities and our approach evolves with every patient's own healthcare journey.

Our purpose

Building on the successes of the first strategy, the purpose of the 2026-2029 strategy is to set out the Royal Devon's new commitments and goals towards positive patient experiences over the next three years. This strategy has been developed in collaboration with our clinical and corporate services to encompass all services provided by Royal Devon; aligning with targeted programmes of patient experience work across our organisation.

It has also been developed considering key publications and legal duties as detailed in The Health and Social Care Act 2012, The NHS Constitution and regulatory, improvement frameworks e.g. CQC/ NHSE/I, the NHS National Patient Safety Strategy, and the national NHS 10-year plan "Fit for the future".

Patient experience remains at the heart of everything we do at Royal Devon; through the clinical care we provide, to our physical estates, within each of our patient partnerships, and through our innovations across digital, research and people development. We also recognise patient experience does not sit in isolation. It is intrinsically linked to clinical effectiveness and patient safety and this strategy affirms that patient experience constitutes valid and essential evidence to be integrated alongside clinical and safety data in our evidence-based decision-making.

The 2026-2029 patient experience strategy will detail the key drivers to support the Trust in the delivery of its patient experience vision; while acknowledging that patient experience expands wider than this single strategy and remains intrinsically linked to other Trust wide strategies and their associated programmes of work.

Although this strategy outlines a three-year vision, it is designed to remain flexible, enabling the patient experience function to respond to emerging workstreams across the safety, quality and improvement portfolios.

The patient experience strategy aligns to the significant patient and public engagement and health inequalities programmes of work also underway and recognises that such engagement with patients is necessary to improve patient experience. Therefore, this strategy also aligns to the Trust's communications, engagement and marketing strategy which details our strategic engagement with patients, the public and wider stakeholders; as well as our health inequalities strategy, which details our work to equalize access, personalize care and reduce inequalities.

"I have received treatment at this hospital for over seven years and have always been impressed by helpfulness of all staff including volunteers and their time keeping. This I feel is due to the dedication of all staff in making it work."

(Ophthalmology patient)

Vision, purpose and priorities

Our strategic priorities

The five strategic priorities created for the first Royal Devon patient experience strategy are still as significant now as they were when first created. They are:

- **Equal access and opportunity for all**
- **Improving things on the basis of what patients tell us**
- **Working in partnership**
- **Continuously improving**
- **Continuing to move patient experience to centre stage**

Therefore, we will continue to maintain these as they:

- Reinforce the Trust's own ambitions and plans to deliver high-quality, patient-centred experiences
- Support our overall vision for patient experience at the Royal Devon
- Strengthen our engagement and relationships with our patient partnerships
- Align to the new national drivers for positive patient experiences in the NHS

"I had a hip replacement at the Nightingale Hospital Exeter in November.

I had the best care by a very efficient and caring group of professionals.

Having been a nurse for 42 years, it's quite easy to over think the situation, making yourself more nervous than necessary. I felt totally supported, informed and cared for."

(Orthopaedic patient)

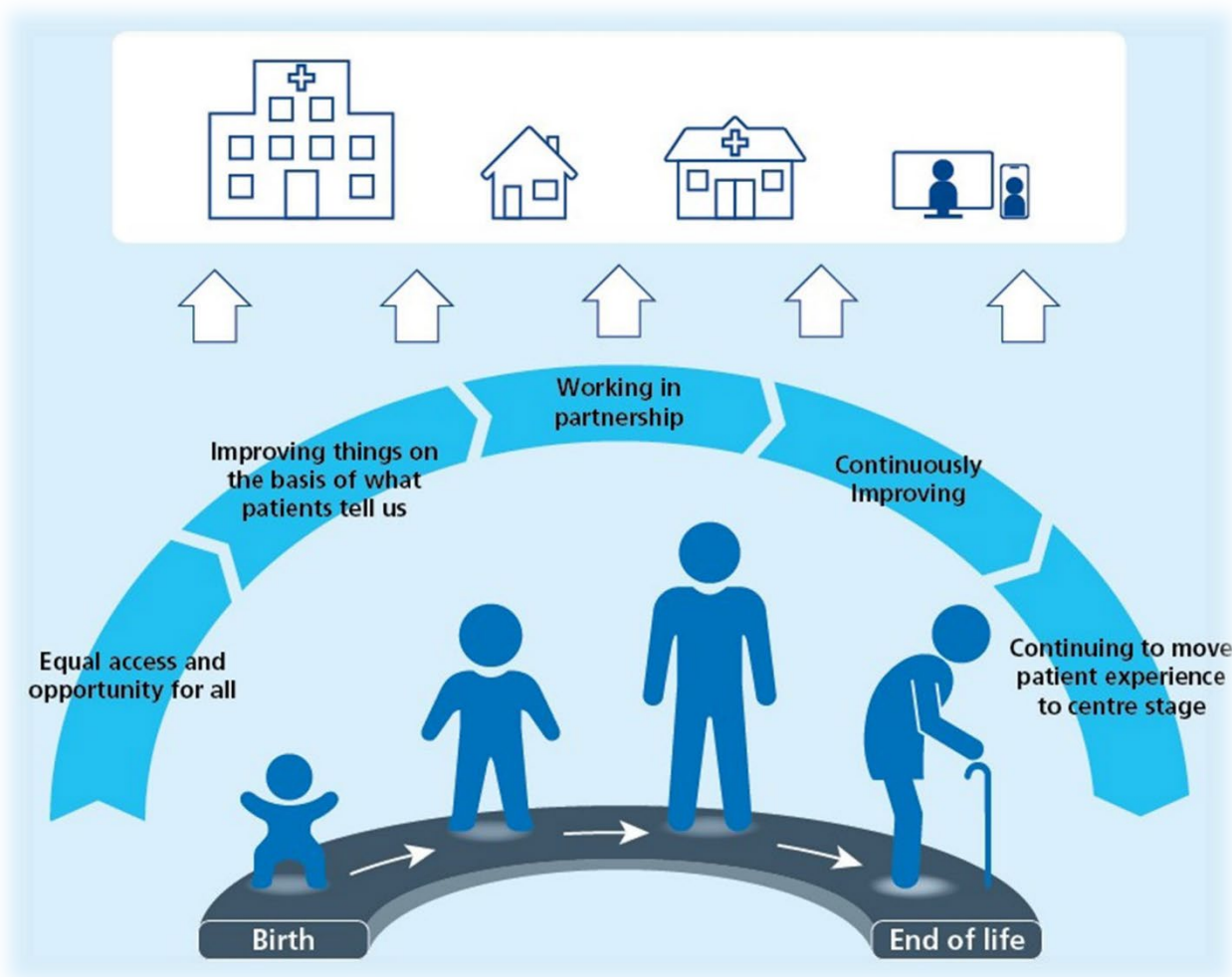
Healthcare journey

A patient's healthcare journey encompasses the various stages of life during which an individual interacts with healthcare services. This journey remains unique to each person, defined by their own individual needs, experiences, and circumstances.

This begins with birth and maternity care, continues through childhood and adolescence, and includes critical transitions such as moving from paediatric to adult care. Throughout each journey, patients may encounter various healthcare services, including those related to sexual health, mental health, chronic conditions, and end-of-life care.

At the Royal Devon, we recognise every person's journey remains unique to them. Some people may access different or more of our services than others. This strategy has been mapped to these journeys with our core strategic priorities ensuring our approach is holistic and purposeful. Our commitment to high quality patient experiences will benefit patients where they are on their own journey. Where we don't meet our own standards or the standards expected by our patients, we will listen, learn and improve.

Working with our clinical and corporate teams, key programmes of work have been identified to support each touchpoint of a patient's healthcare journey enabling us to deliver meaningful experiences, ensuring high-quality care meets the patient wherever they are at the Royal Devon.



Monitoring and measuring our success

How do we monitor and measure our success?

The patient experience strategy has been developed in collaboration with the Trust's clinical and corporate services to identify key programmes of targeted patient experience improvement work. Each strategic commitment identified over the next three years will deliver impactful results for patients directly within these services whilst in their totality, contributing to the overall improvement of experiences for patients, their families and carers at the Royal Devon.

The patient experience committee is the executive-led committee for patient experience, whose membership includes our council of governors and our communities i.e. Devon Maternity and Neonatal Voices Partnership, Healthwatch, Community Voices. This committee will oversee the delivery of this strategy in its entirety.

Those goals in direct relation to trust wide corporate patient experience functions will be monitored through the patient experience operational group, with updates on delivery provided quarterly to the patient experience committee.

Conversely, goals sat specifically with clinical and other corporate functions will be monitored directly within those services' own internal governance and performance processes; with the patient experience committee receiving an annual oversight on their achievement each year.

The patient experience committee reports to the Trust board of directors via the quality committee (a board committee) on a bi-monthly basis and will provide reports on overall process.

Our success will also be measured from our performance against and progress towards:

- National annual patient surveys
- Self-assessment against relevant frameworks i.e. Care Quality Commission
- Performance against regulatory assessment
- Complaints, compliments and other feedback mechanisms
- Inpatient surveys
- National annual audits
- Patient experience metrics within the NHS National Acute League Tables
- Patient experience metrics contained within the Trust's integrated performance review

"I had two extremely supportive and encouraging midwives during my labour. I cannot thank them enough for all of their love and support during this time!"

(Maternity patient)

Strategic priority one

Equal access and opportunity for all

We will endeavor to deliver care, treatment and services that are fair, inclusive and accessible for all members of the community.

Goal	By end of year one	By end of year two	By end of year three
Strengthen our new interpretation and translation provision to ensure equitable access to information (Patient Experience Service)	<ul style="list-style-type: none"> Effectively capture and use patient feedback on interpretation and translation services to inform ongoing service evaluation and drive improvements Develop and implement Trust wide education and training resources to support the embedding of new interpretation and translation services Review and enhance the process for translating patient information leaflets into a range of accessible formats and languages 	<ul style="list-style-type: none"> Leverage available technology, such as video relay services, to improve accessibility and remove communication barriers 	<ul style="list-style-type: none"> Host engagement events with the communities we serve to actively listen to their concerns and suggestions about interpretation and translation services, ensuring their voices shape service improvements
Improve the experiences of our hearing-impaired and sight-impaired patients who access our services (Patient Experience Service)	<ul style="list-style-type: none"> Develop a baseline of environmental standards e.g. hearing loops and signage, across the Trust in collaboration with stakeholders including facilities and clinical care groups Working with the deaf and visually impaired community to develop educational resources for staff 	<ul style="list-style-type: none"> Develop a system of feedback mechanisms to support continuous improvement 	<ul style="list-style-type: none"> Evaluation and further development of resources based on patient feedback / data

Strategic priority one

Goal	By end of year one	By end of year two	By end of year three
Enhance accessible communication across the Trust by actively progressing our accreditation with Communication Access UK (Patient Experience Service)	<ul style="list-style-type: none"> Audit patient information materials to ensure they meet plain language and accessibility information standards Relaunch the 'Hello my name is' campaign and promote 'step away from the screen' time when having sensitive conversations 	<ul style="list-style-type: none"> Display the communication access symbol across all patient-facing areas, our websites, and other materials to visibly demonstrate our commitment to accessible communication 	<ul style="list-style-type: none"> Establish a staff champion network to promote inclusive communication practices, provide peer support, and help embed standards across departments Promote awareness and celebrate progress by sharing impactful case studies about accessible information with colleagues and community partners across the region
	<ul style="list-style-type: none"> Benchmark our progress against accreditation standards, identifying actions for improvement and celebrating achievements 	<ul style="list-style-type: none"> Improve uptake of inclusive communication training to all frontline staff 	<ul style="list-style-type: none"> Working in partnership with neighbourhood / community groups and advocacy organisations; co-design improvements in relation to communication barriers for patients
	<ul style="list-style-type: none"> Undertake a comprehensive review of the patient communication policy to ensure it reflects current best practices and aligns with the Accessible Information Standard (2025) 	<ul style="list-style-type: none"> Achieve full compliance with the NHS Accessible Information Standard (2025) 	<ul style="list-style-type: none"> In collaboration with digital systems teams, develop an accessible information standard dashboard that establishes a baseline and enables ongoing tracking of compliance
Enhance existing 7-day pharmacy service provision (Clinical Specialist Services Care Group)	<ul style="list-style-type: none"> Review the accessibility of pharmacy service provision to understand variation between sites Benchmarking service provision against current best practice and model hospital data 	<ul style="list-style-type: none"> Identify management of change processes and options appraise to enhance seven-day service provision, where appropriate 	<ul style="list-style-type: none"> Subject to Trust approval, implement amendments to enhance existing seven-day pharmacy service provision across sites
Improve the coordination and communication of our Day Surgery Pathways. (Surgical Services Care Group)	<ul style="list-style-type: none"> Establish multidisciplinary team group to map current pathways, collect data and benchmark both externally and against areas of best practice 	<ul style="list-style-type: none"> Standardise information, identify improvements and optimise scheduling of day surgery pathways 	<ul style="list-style-type: none"> Consolidate learning, formalise standard processes across specialities, and evaluate outcomes for patients

Strategic priority one

Goal	By end of year one	By end of year two	By end of year three
<p>Enhance understanding of the demographic of service users raising complaints and PALS concerns (Patient Experience Service)</p>	<ul style="list-style-type: none"> Reporting of complainant demographic data through patient experience governance structures Identify underrepresented groups and assess potential barriers to accessing the complaints process 	<ul style="list-style-type: none"> We will use these demographic insights to enhance our complaints handling processes i.e. access to BSL interpreters, easy-read materials; to better meet the diverse needs of service users, including age, disability, ethnicity, and language 	<ul style="list-style-type: none"> We will actively engage with underrepresented and seldom-heard groups and use benchmark complaints data year-on-year / across sites to identify disparities, track progress, set measurable improvement targets and co-design improvements in partnership with community organisations
<p>Enhance the inclusion of diverse and underserved communities within our research participation to support the production of more effective results (Research and Development Service)</p>	<ul style="list-style-type: none"> Audit current research participant demographics and finalise methodology of data collection Map current barriers and create baseline data set and reporting structures 	<ul style="list-style-type: none"> Create strategy to target populations based on data, audit and identified barriers Communicate with Team Leads in identifying of inclusivity during set-up of studies Repeat audit end of year to monitor outcomes 	<ul style="list-style-type: none"> We will increase in uptake of study participation from a wider demographic Have reporting mechanisms within Research and Development to monitor demographics to continuously support inclusivity
<p>Improve our neonatal outreach pathways for our Northern Services enabling families to receive special care for babies in the home environment (Women's and Children's Health Services Care Group)</p>	<ul style="list-style-type: none"> Benchmark against other special care baby units and develop implementation plan in line with British Association of Perinatal Medicine (BAPM) guidance 	<ul style="list-style-type: none"> Implement plan to reduce length of stay appropriately to support babies cared for at home, in accordance with BAPM guidance Development of digital services for the 'virtual ward' and to support above 	<ul style="list-style-type: none"> Evaluate service user feedback / data including benchmarking against BAPM guidance in collaboration with Devon Maternity and Neonatal Voices Partnership
<p>Estates improvement and implementation of the Community Diagnostic Centre (CDC) expansion (NHS Nightingale Hospital Exeter)</p>	<ul style="list-style-type: none"> Preparation of CDC expansion including planning submission, confirmation of expansion funding and development of a planning-compliant estates strategy 	<ul style="list-style-type: none"> Deliver phase two estates development and submit application for permanent planning permission 	<ul style="list-style-type: none"> Begin patient access improvements following permanent planning approval and embed inclusive design

Strategic priority one

Goal	By end of year one	By end of year two	By end of year three
<p>Improve patient experience around planned admissions and treatments for our neurodiverse patients and patients with learning disabilities (Safeguarding and Mental Capacity Service)</p>	<ul style="list-style-type: none"> • Explore patient feedback to identify areas requiring improvement work • Undertake a trust wide promotion of least restrictive practices • Embedding of Mental Capacity Act and the Best Interests process in the context of consent to treatment across the Trust, through engagement and education 	<ul style="list-style-type: none"> • Development an improvement and implementation plan in collaboration with learning disability teams, care groups and other key services 	<ul style="list-style-type: none"> • Delivery of improvement and implementation plan including co-production of Trust guidelines with experts by experience, incorporating learning from needs assessment and patient feedback • Promotion of new Trust wide guidelines to embed within services and subsequent evaluation of impact of new guidelines
<p>Utilising appropriate digital support tools; our safeguarding and mental capacity services will improve the accessibility of patient information (Safeguarding and Mental Capacity Service)</p>	<ul style="list-style-type: none"> • Review all patient information leaflets and information on Safeguarding i.e. Mental Capacity Act, Deprivation of Liberty Safeguards 	<ul style="list-style-type: none"> • Development and launch of easy read and pictorial versions including stakeholder involvement in resources and co-production in line with partnership, multi-agency working 	<ul style="list-style-type: none"> • Evaluation and further development of resources based on patient feedback
<p>Review our ward environments to ensure each has access to a quiet space where end-of-life care discussions can take place privately (End of Life Care Services)</p>	<ul style="list-style-type: none"> • Trust wide audit of quiet spaces available on wards across the Trust 	<ul style="list-style-type: none"> • Through this foundational work, identify actions to support quiet spaces 	<ul style="list-style-type: none"> • Evaluation of work undertaken in year one and two by seeking colleague and service user feedback • Identify future areas of improvement

Strategic priority one

Goal	By end of year one	By end of year two	By end of year three
<p>Ensuring the right support is provided to our patients transitioning from childhood to adulthood (Safeguarding and Mental Capacity Service)</p>	<ul style="list-style-type: none"> • Safeguarding service to collaborate with transition services to further support patients and their families with understanding the Mental Capacity Act (MCA) (2005) and Deprivation of Liberty Safeguards (DoLS) (2009) legislation and its impact on their care • Facilitate inclusion of patient stories with lived experience to widen awareness • Undertake baseline review of Transitional Safeguarding arrangements across the Trust 	<ul style="list-style-type: none"> • From year one, develop programme of improvement including recommendations, in line with findings from case studies • Work closely with system partners to ensure system wide agreement and that care leavers are considered within this programme of work 	<ul style="list-style-type: none"> • Evaluation of impact through patient feedback and targeted case studies, showing demonstrable improvement in the transition experience for children and young adults • Formulate recommendations to embed into clinical practice, as required
<p>Make information more accessible to our patients by providing resources that help them understand and manage their care (Digital Services)</p>	<ul style="list-style-type: none"> • Transition to a digital by default approach using MY CARE. This includes preparing to launch key features such as digital pre-appointment reminders, the ability for patients to request cancellations online, and a fallback letter system • Plan rollout of Wayfinder, a national digital tool that links to MY CARE and allows patients to view and manage their referrals and hospital bookings through the NHS App • Plan rollout of Hello World, a text messaging system that connects directly with patient records to send accurate reminders and updates 	<ul style="list-style-type: none"> • Continue rollout of digital appointment reminders inc. Wayfinder and online cancellation tools to selected departments and services • Hello World will rollout in selected departments so that patients will start receiving text messages linked directly to their care journey, such as appointment updates. • Evaluation of digital rollouts in preparation for further expansion across Trust in Year three 	<ul style="list-style-type: none"> • Evaluation of how well implemented digital communications are working across all services, and to provide series of recommendations based on patient experience • Based on evaluation, Wayfinder will be expanded across the Trust to support more appointment types and be embedded into routine care across the organisation • Based on evaluation, refine and expand Hello World to more Trust services, based on what patients tell us is most helpful

Strategic priority two

Improving things on the basis of what patients tell us

We will work with patients to improve patient experience by listening to and acting on what patients and their friends and family tell us would improve their experience. Ensuring lessons learned are shared and acted on.

Goal	By end of year one	By end of year two	By end of year three
To expand and diversify the ways we gather insights into patient experiences (Patient Experience Service)	<ul style="list-style-type: none"> Expand the volunteer inpatient survey to maternity, paediatrics and neonatal areas and across our community services 	<ul style="list-style-type: none"> Develop new and inclusive opportunities to hear from a broader and more diverse range of patients — particularly those from seldom-heard groups 	<ul style="list-style-type: none"> Undertake an evaluation of the programme of work to promote feedback of young people
		<ul style="list-style-type: none"> Design and launch a youth-friendly feedback programme that empowers young people to share their experiences in ways that are accessible, engaging, and meaningful to them 	<ul style="list-style-type: none"> Conduct touchpoint mapping to capture patient emotions and experiences at key stages of their care pathway, including waiting for treatment, ward transfers, and hospital discharge Implement the 15 Steps Programme across the organisation
Enable and support individuals and teams to actively use patient and community feedback to drive meaningful improvements in our services (Patient Experience Service)	<ul style="list-style-type: none"> Incorporate standards into the Trust's clinical accreditation programme that require clinical services to systematically collect, analyse, and utilise patient feedback 	<ul style="list-style-type: none"> Utilise insights from the clinical accreditation programme to identify wards and departments needing additional support in collecting, analysing, and applying patient feedback effectively 	<ul style="list-style-type: none"> Collect patient and colleague input on the 'You Said, We Did' process itself to continuously refine how feedback is communicated and used Launch an improvement campaign to raise awareness of learning from patient feedback

Strategic priority two

Goal	By end of year one	By end of year two	By end of year three
To actively encourage parents and carers to ask questions and raise concerns promptly (Patient Experience Service)	<ul style="list-style-type: none"> Evaluate the outcomes and lessons learned from the 'Call for Concern' project, and develop a plan to implement improvements 	<ul style="list-style-type: none"> Leverage insights and learning from the maternity 'Hear to Listen' programme to design and implement a trust-wide initiative aimed at improving patient communication and feedback across all services 	<ul style="list-style-type: none"> Evaluate the 'Hear to Listen' process and its supporting poster campaign to understand their impact and identify opportunities for further improvement
Improve the provision of care and support for parents experiencing baby loss (Chaplaincy and Spiritual Care Service)	<ul style="list-style-type: none"> Complete a detailed internal review of current provision across all sites including scoping of best practices from other NHS Trusts 		<ul style="list-style-type: none"> Develop and deliver training programme / sessions for relevant staff on the revised baby loss care approach
Enhance our Paediatric Day Surgery pathways to ensure a child and family friendly experience throughout (Surgical Services Care Group)	<ul style="list-style-type: none"> Undertake detailed review of Getting It Right First Time (GIRFT) data and benchmark against national standards 	<ul style="list-style-type: none"> From the foundational work in year one, development of standardised care pathways Establish required improvements to the environment to promote a family and child-friendly approach 	<ul style="list-style-type: none"> Ensure regular audit and feedback opportunities for colleagues and families
Introduce mealtime volunteers across the Trust to enhance provision of care at mealtimes (Nutrition and Hydration Services)	<ul style="list-style-type: none"> Pilot mealtime volunteers across a targeted number of ward areas 	<ul style="list-style-type: none"> Plan and implement wider rollout of mealtime volunteers as a core supportive role to inpatient areas 	<ul style="list-style-type: none"> Evaluation of implementation of mealtime volunteers
Improvement in patient experience within our patient discharge pathways within our Community Neighbourhoods (Community Services Care Group)	<ul style="list-style-type: none"> Capturing baseline data through evaluation of current process, scoping and development of action plan in collaboration with neighbourhood patient groups 	<ul style="list-style-type: none"> Establishment of task and finish working group and undertaking of plan including communications development / production 	<ul style="list-style-type: none"> Evaluation of changes for future improvement / development

Strategic priority two

Goal	By end of year one	By end of year two	By end of year three
<p>Explore the possibility of increasing the availability of evening sexual health and contraception provision, in line with patient feedback (Clinical Specialist Services Care Group)</p>	<ul style="list-style-type: none"> • Scoping clinics on current models and risks • Identify opportunities and engage patients in development of options appraisal in line with Trust's financial governance • Following evaluation of data and options appraisal, plan to introduce an additional appointment list 	<ul style="list-style-type: none"> • Subject to relevant approval, communicate changes to wider organisation and patients regarding improved changes to services 	<ul style="list-style-type: none"> • Evaluation of impact and effectiveness of change
<p>Improving feedback improvement mechanisms at Nightingale (Nightingale Hospital Exeter)</p>	<ul style="list-style-type: none"> • Evaluate current feedback processes for patients accessing the Nightingale Hospital • Identify improvements to increase feedback 	<ul style="list-style-type: none"> • Embed co-design within development of care pathways at the Nightingale Hospital 	<ul style="list-style-type: none"> • Establish a process for real time feedback at the Nightingale Hospital that continuously drives patient-centred care and innovation
<p>Strengthen how we comfort patients, and their relatives, at their end of life (EOL) (End of Life Care Services)</p>	<ul style="list-style-type: none"> • Explore the use of comfort bags, meal vouchers and parking clearance to be accessible to patients and their relatives 	<ul style="list-style-type: none"> • Make further enhances of experiences at EOL by establishing a process for use of 'keepsake hearts' and care blankets across the Trust 	<ul style="list-style-type: none"> • As part of our EOL care discussions, we will establish the process for reviewing a patient's treatment escalation plan and advance care planning documents within EOL care
<p>Review the patient environment within our children's wards (Women's and Children's Health Services Care Group)</p>	<ul style="list-style-type: none"> • Establish working group to explore priorities and gather key service user feedback • Embed simple solutions gathered from children and young people CQC survey results 	<ul style="list-style-type: none"> • Explore funding options, include charitable funding where appropriate, and develop improvement plan in collaboration with Estates and service users 	<ul style="list-style-type: none"> • Delivery of improvement plan, evaluation of improvements made and identify future / further improvement / developments

Strategic priority three

Working in partnership

We will work in partnership with patients, carers, stakeholders and the local community to develop accessible, high-quality and responsive services.

Goal	By end of year one	By end of year two	By end of year three
To strengthen the processes and tools available that support shared decision-making (SDM) across the Trust (Patient Experience Service)	<ul style="list-style-type: none"> To identify a lead and executive sponsor for shared decision-making across Royal Devon 	<ul style="list-style-type: none"> Develop implementation and quality improvement plan Equip and empower all teams with the training and tools required to embed shared decision-making into everyday clinical practice 	<ul style="list-style-type: none"> Implement recommendations from year two improvement plan
	<ul style="list-style-type: none"> Conduct a self-assessment against the National Institute for Healthcare Excellence (NICE) guidance on shared decision-making and develop a recommendations report 		<ul style="list-style-type: none"> Plan internal monitoring and evaluation (including service user and staff feedback activities)
Explore opportunities to codesign with patients in the planning and development of our neighbourhood services (Community Services Care Group)	<ul style="list-style-type: none"> Review plans for service development and work with patient experience and corporate engagement teams to identify existing forums/ establish new community facing forum with service users 	<ul style="list-style-type: none"> Develop and implement action plan as per year one planning 	<ul style="list-style-type: none"> Embed practice into business as usual and evaluation of programmes of work
To work in partnership with carers and stakeholders to co-produce our first-ever carers strategy (Patient Experience Service)	<ul style="list-style-type: none"> Undertake a comprehensive review of the National Institute for Healthcare Excellence (NICE) Guideline NG150 and Quality Standard QS200 on supporting adult carers Identify key areas of strategy through engagement with key stakeholders Develop our first Trust wide carers policy to provide a clear framework for implementing the key drivers of our carers strategy 	<ul style="list-style-type: none"> Work towards meeting the standards set out in the Triangle of Care, in partnership with Carers Trust, to ensure carers are fully recognised and supported as partners in care. Production of carers strategy 	<ul style="list-style-type: none"> Strengthen colleague training, improve carer identification and involvement, and embed best practice across all areas of the Trust Review and evaluate work undertaken to achieve standards set out in the Triangle of Care, and identify continuing actions / recommendations Evaluation and external audit of carers strategy and associated programmes of work

Strategic priority three

Goal	By end of year one	By end of year two	By end of year three
<p>Monitor and improve the retention of research participants in both commercial and non-commercial studies (Research and Development Service)</p>	<ul style="list-style-type: none"> Define definition of retention, map current barriers to retention and implement a process for measuring retention rates for both commercial and non-commercial studies Create baseline data set and reporting structure 	<ul style="list-style-type: none"> Create and implement retention support strategy and repeat audit of retention rates 	<ul style="list-style-type: none"> Expectation of increase in retention rates, supported by end of year audit / evaluation
<p>Establish a “Friend of Nightingale” group</p> <p>An opportunity to codesign Nightingale services / experiences (Nightingale Hospital Exeter)</p>	<ul style="list-style-type: none"> Build early relationships and spark interest in being a "Friend of Nightingale" 	<ul style="list-style-type: none"> Organically shape collaboration into shared traditions and feel-good involvement 	<ul style="list-style-type: none"> “Friend of Nightingale” group firmly established; keeping it genuine, sustainable, and emotionally rewarding for all involved
<p>Further expand the volunteer engagement at the Nightingale Hospital (Nightingale Hospital Exeter)</p>	<ul style="list-style-type: none"> Build a more visible and structured volunteer presence across the Nightingale Hospital 	<ul style="list-style-type: none"> Involve volunteers more actively in patient experience processes and service improvement 	<ul style="list-style-type: none"> Position volunteers as integral contributors and friends to deliver patient experience at the Nightingale Hospital
<p>Working with our partners to improve pathways for all patients presenting to the Trust with a mental health concern (Medical Services Care Group)</p>	<ul style="list-style-type: none"> Undertake a review of current mental health pathways and in partnership, create an implementation plan Undertake a targeted environmental review of the experiences of people with mental health conditions accessing adult services / general acute settings 	<ul style="list-style-type: none"> Undertake an options appraisal of potential areas to develop safe spaces, across both sites, to further support care of patients with a mental health concern 	<ul style="list-style-type: none"> Evaluation and audit, involving service users, of work undertaken and to identify areas for further improvement, where required

Strategic priority three

Goal	By end of year one	By end of year two	By end of year three
<p>To support patients to understand the impact their health condition can have on their capacity to make decisions (Safeguarding and Mental Capacity Service)</p>	<ul style="list-style-type: none"> • Development of an improvement plan, focused on updating key resources that are shared with patients • Gather feedback from patients and families where safeguarding interventions have been a part of their care pathway 	<ul style="list-style-type: none"> • Create a safeguarding communication and engagement plan 	<ul style="list-style-type: none"> • Utilise feedback gathered to triangulate impact of changes made and to identify further areas for improvement • Evaluation of safeguarding communication and engagement plan
<p>Maximise opportunities available for patients, carers, stakeholders and wider community to engage with us (Communications, Engagement and Marketing Service)</p>	<ul style="list-style-type: none"> • Evaluate success of current engagement forums and approaches, undertake stakeholder analysis to understand gaps in representation, and creation of development plans where required 	<ul style="list-style-type: none"> • Delivery of identified development plans 	<ul style="list-style-type: none"> • Evaluation of impact of actions
<p>Involve patients, carers and wider communities in our decision-making as the NHS changes in line with the 10-year plan (Communications, Engagement and Marketing Service)</p>	<ul style="list-style-type: none"> • Understand the implications of the 10-year plan on engagement and work with teams across the Trust to respond to the changes 	<ul style="list-style-type: none"> • Continue to create engagement opportunities that align to the Trust's corporate strategy roadmap 	<ul style="list-style-type: none"> • Evaluation of opportunities undertaken
<p>Improve representation in our engagement by identifying opportunities to understand the views of those with lived experience (Communications, Engagement and Marketing Service)</p>	<ul style="list-style-type: none"> • Complete Care Quality Commission's self-assessment and improvement framework for addressing health inequalities through engagement with people and communities 	<ul style="list-style-type: none"> • Following self-assessment, formulate action plan to ensure appropriate representation is a part of planning and evaluation 	<ul style="list-style-type: none"> • Evaluation of impact of associated actions implemented as a result of self-assessment

Strategic priority three

Goal	By end of year one	By end of year two	By end of year three
<p>To further embed the patient voice in Royal Devon maternity services (Women’s and Children’s Health Services Care Group)</p>	<ul style="list-style-type: none"> Continue our work with the Devon Maternity and Neonatal Voices Partnership (MNVP) to ensure the patient voice remains an integral part of RDUH maternity services In collaboration with the MNVP, ensure they are in attendance at key maternity safety and governance meetings inc. maternity, neonatal and obstetric culture, wellbeing and improvement meetings 	<ul style="list-style-type: none"> Work with the MNVP to support feedback from harder to reach communities, increase engagement from service users; all to ensure this feedback is used to develop and improve services and processes 	<ul style="list-style-type: none"> Implement regular MNVP led focus groups to gather patient feedback / learning to be embedded as part of business as usual Undertake a review of the impact of our work with the MNVP
<p>To further embed the role of patient safety partners (PSPs) within the Royal Devon through involvement in wider governance and leadership activities (Corporate Patient Safety Service)</p>	<ul style="list-style-type: none"> The role of PSPs to be embedded within the Trust 	<ul style="list-style-type: none"> Detailed evaluation of PSPs and their effectiveness and utilisation; and to identify further improvements to expand, as required 	<ul style="list-style-type: none"> Based on evaluation, consider the benefits for both patients and services who introduce care group PSPs ad wider expansion as required

Strategic priority four

Continuously improving patient experience

We will meet our commitments to our patients as set out in the NHS Constitution and regulatory frameworks, in relation to patient experience.

Goal	By end of year one	By end of year two	By end of year three
We will continue to measure our performance in patient experience by collecting and analysing comprehensive data sets (Patient Experience Service)	<ul style="list-style-type: none"> We will review our current patient experience data sets to ensure they are fit for purpose and aligned with national requirements 	<ul style="list-style-type: none"> We will undertake a comprehensive self-assessment against the Experience of Care Framework (2025) to evaluate our current approaches and identify actions 	<ul style="list-style-type: none"> We will reevaluate the impact of our work in support of delivering improvements to the Experience of Care Framework
	<ul style="list-style-type: none"> We will adopt a regular process of reviewing all Parliamentary and Health Service Ombudsman partially upheld and upheld cases to ensure that evidence of action completion is recorded within the corresponding files 	<ul style="list-style-type: none"> In collaboration with the Corporate Patient Safety service, review the current guidance relating to safety incidents identified through the Trust's complaints process, in line with the principles of the Patient Safety Incident Response Framework (PSIRF) 	
Improve the experiences of our surgical pathways for patients through staggered admissions, pathway integration, and reducing length of stays (Surgical Services Care Group)	<ul style="list-style-type: none"> Undertake benchmark and mapping of current practice to identify areas for improvement 	<ul style="list-style-type: none"> Carry out changes to identified areas, as required Undertake audit and feedback to determine success, and expand as applicable to other areas 	<ul style="list-style-type: none"> Consolidate and formalise a standard process across specialities

Strategic priority four

Goal	By end of year one	By end of year two	By end of year three
<p>Improve the pathway experiences for patients with an eating disorder and/or disordered eating (Medical Services Care Group)</p>	<ul style="list-style-type: none"> Working in collaboration with our stakeholders, we will review and codesign current pathways for eating disorders to identify areas of improvement 	<ul style="list-style-type: none"> Work with our paediatric colleagues to develop a transitional pathway for patients with an eating disorder moving from paediatric services to adult services Extend this work to our neighbourhoods to develop pathways for patients with disordered eating 	<ul style="list-style-type: none"> Evaluation of service provision through feedback from service users and their families and to identify future actions, if required
<p>Improve the pathway experiences for patients with autism accessing Royal Devon services (Medical Services Care Group)</p>	<ul style="list-style-type: none"> Undertake analysis of feedback and accessibility audits received relating to patients with autism accessing Royal Devon services. 	<ul style="list-style-type: none"> Engage with all stakeholders including patients with autism to cocreate an implementation plan to support experiential improvements 	<ul style="list-style-type: none"> Undertake an evaluation of improvements made and identify further areas as required
<p>Improve the experiences of care for patients with dementia and delirium (Medical Services Care Group)</p>	<ul style="list-style-type: none"> Review current dementia strategy and patient and carer feedback to identify potential targeted areas of improvement including environments 	<ul style="list-style-type: none"> Utilising year one work, develop and implement dementia and delirium care improvement plan 	<ul style="list-style-type: none"> Be recognised as providing excellent care for dementia patients, evidenced through evaluation and audit
<p>To optimise our abdominal wall surgery pathways to enhance recovery for our patients (Surgical Services Care Group)</p>	<ul style="list-style-type: none"> Explore the possibility of implementing group clinics for patients undergoing abdominal wall surgery 	<ul style="list-style-type: none"> Improve access of information for patients on abdominal wall pathway, including consideration of digital access tools i.e. website 	<ul style="list-style-type: none"> Undertake research into the pathway for enhanced recovery for abdominal wall reconstruction. Identify areas of further improvement

Strategic priority four

Goal	By end of year one	By end of year two	By end of year three
Build on our existing work through our Spiritual Care and Wellbeing team to support long- stay patients by expanding the 21-day initiative to North Devon District Hospital (NDDH) (Chaplaincy and Spiritual Care Service)	<ul style="list-style-type: none"> Engage with clinical and operational leads at NDDH to assess current capacity and infrastructure for delivering long-stay patient support 	<ul style="list-style-type: none"> Define outcome metrics and establish baseline data at NDDH 	<ul style="list-style-type: none"> Begin delivery of the long-stay patient support model at NDDH, embedding routine check-ins, therapeutic activities, and continuity of care initiatives, and evaluate
	<ul style="list-style-type: none"> Explore the research potential for 21-day initiative with Sheffield Teaching Hospitals to align on the research basis for the long-stay patient support model 	<ul style="list-style-type: none"> Create a phased rollout plan including training, resources, governance structures, and patient engagement strategies to support effective delivery within current resourcing 	<ul style="list-style-type: none"> Track key performance indicators and patient feedback quarterly
To improve the surgical outcomes of frail patients through improved identification and recognition in the surgical pre-assessment process (Surgical Services Care Group)	<ul style="list-style-type: none"> Promote and utilise standardised frailty screening tool in surgical pre assessment clinics 	<ul style="list-style-type: none"> Development of a multi-disciplinary frailty care pathway 	<ul style="list-style-type: none"> Development of a suite of rehabilitation resources (i.e. nutrition, mobility, psychological support) Evaluation of implemented changes
Integration of our voice clinics to provide better resilience and ensure shorter and more equitable wait times for patients (Clinical Specialist Services Care Group)	<ul style="list-style-type: none"> Undertake scoping and mapping exercise, in collaboration with patients, that will look at current models and risks associated with voice clinics 	<ul style="list-style-type: none"> Implement recommendations from scoping and mapping exercise Communicate changes to wider organisation regarding improved changes to services and pathway 	<ul style="list-style-type: none"> Evaluation of implemented changes, including patient feedback
Ongoing innovation of patient pathways and One Stop services at the Nightingale Hospital (Nightingale Hospital Exeter)	<ul style="list-style-type: none"> Continue to improve the experience for patients that require multiple interventions on a diagnostic assessment pathway 	<ul style="list-style-type: none"> Support active delivery of agreed pathways while maintaining operational stability 	<ul style="list-style-type: none"> Evaluate service outcomes, embed learning, and prepare for future expansion phases

Strategic priority four

Goal	By end of year one	By end of year two	By end of year three
<p>Utilise our community hospitals and virtual ward to improve end of life access to care for our rural neighbourhoods (End of Life Care Services)</p>	<ul style="list-style-type: none"> Agree the pathway for community and hospital patients to access community hospital beds for end-of-life care. 	<ul style="list-style-type: none"> Increase our engagement and referrals for patients with non-malignant conditions and improve our recognition of this patient cohort and the support available 	<ul style="list-style-type: none"> Utilise our palliative/end-of-life care virtual ward as a mechanism to facilitate care, medications and support for our remote neighbourhoods
<p>Creation and implementation of a Trust wide strategy for nutrition and hydration (Nutrition and Hydration Services)</p>	<ul style="list-style-type: none"> Development of nutrition and hydration strategy (and associated workplan), in collaboration with key stakeholders 	<ul style="list-style-type: none"> Implementation of nutrition and hydration Strategy through agreed workplan 	<ul style="list-style-type: none"> Audit and evaluation of effectiveness of strategy against key priorities and objectives and patient feedback
<p>Improve our Trust wide safety practices through transforming patient experience datasets / learning into safety improvements (Corporate Patient Safety Service)</p>	<ul style="list-style-type: none"> Utilise patient experience data sets, including the patient voice from PSII investigations, to inform the 2025/26 PSIRF refresh plan 	<ul style="list-style-type: none"> Following the review of patient experience data, we will develop associated steering groups and learning workplans in line with the PSIRF 2025/26 refresh plan 	<ul style="list-style-type: none"> Evaluation of patient safety work identified through patient experience datasets To have patient safety partner (PSPs) representation to ensure the inclusion of experienced patient voices in the development of our local response plan and patient safety oversight
<p>Introduce a transitional care pathway to reduce separation of families and babies when babies require additional care after birth (Women's and Children's Health Services Care Group)</p>	<ul style="list-style-type: none"> Launch pilot of transitional care using a model supported by midwives and neonatal nurses Benchmark against other local neonatal units Include Maternity and Neonatal Voice Partnership feedback on design of service model 	<ul style="list-style-type: none"> Review pilot and impact on service, learning from staff and service users via staff survey and MNVP meetings 	<ul style="list-style-type: none"> Evaluation of transitional care pathways alongside service user groups to confirm what is working well and what requires further improvement

Strategic priority four

Goal	By end of year one	By end of year two	By end of year three
<p>Saving time for both patients and staff by streamlining communication, documentation and reducing wait times (Digital Services)</p>	<ul style="list-style-type: none"> Introduce a suite of digital communication tools, including AI capability, to improve the experience of patients accessing our services 	<ul style="list-style-type: none"> Rollout and expansion of digital tools across the Trust inc. Ambient AI, Fast Pass, Nebula, eSign 	<ul style="list-style-type: none"> Evaluation of implemented digital tools on the patients' experience and consideration, where require, of areas for further expansion and optimisation
<p>To implement a standardized and consistent offer to all care leavers (Young people aged 18- 25 - transitioning to independent living) who access our maternity services (Women's and Children's Health Services Care Group)</p>	<ul style="list-style-type: none"> To engage with appropriate system stakeholders to support codesign and development of good practice guides Undertake a review of the current support package offered and standardise, where appropriate Development of associated training materials to support midwifery workforce 	<ul style="list-style-type: none"> Launch and implementation of good practice guide for all maternity staff to support work with care experience service users Support maternity staff to receive updated training Development and implementation of trauma informed maternity wide passport, to aide and support communication 	<ul style="list-style-type: none"> Improved experience for service users including clearer risk assessments, packages of support, and relationships with professionals; evidenced through patient feedback and evaluation
<p>Our safeguarding services will work with our discharge teams to improve the experiences of discharge for our vulnerable patients (Safeguarding and Mental Capacity Service)</p>	<ul style="list-style-type: none"> Undertake review of discharge processes for vulnerable patients, informed by triangulation of emerging themes / data from S42 enquiries and patient / staff feedback Provide recommendations to improve discharge processes across Eastern and Northern sites 	<ul style="list-style-type: none"> Implementation and embedding of revised discharge recommendations Development of self-neglect guidance and care planning that supports patients on discharge, in collaboration with system partners Embed deeper understanding of safeguarding mitigations / safety planning across the Trust through engagement and education to enable ongoing safeguarding assessments to be carried out post-discharge 	<ul style="list-style-type: none"> Evaluation of revised processes evidenced through agreed data metrics which will include service user feedback

Strategic priority five

Keeping patient experience at centre stage

We will align staff behind a common vision of what success in patient experience looks like and how they can contribute to improving patient experience.

Goal	By end of year one	By end of year two	By end of year three
Enhance staff confidence and skills in understanding patient experience and using insights to drive improvements in the quality of care (Patient Experience Service)	<ul style="list-style-type: none"> Building on the foundation of the level one customer service training introduced in 2024/25, we will design and deliver a level two enhanced training programme 	<ul style="list-style-type: none"> Conduct a comprehensive review of the current patient experience training programmes to ensure they are relevant, effective, and aligned with best practices 	<ul style="list-style-type: none"> Assess the outcomes and lessons learned from the experience of care roadshow and evaluate the feasibility of implementing a rolling roadshow programme to engage teams across the organisation
		<ul style="list-style-type: none"> Plan and deliver an experience of care roadshow during experience of care Week to raise awareness and raise profile of patients' experiences throughout their care journey 	<ul style="list-style-type: none"> Expand on the level two customer service training by developing and delivering level three experiential training Significantly increase training on spiritual care across the Trust, with a focus on the Chaplaincy role within the multidisciplinary team
Improve the education and training of our staff to be better equipped to support our patients around nutrition and hydration (Nutrition and Hydration Services)	<ul style="list-style-type: none"> The nutrition educators will design and implement a programme of work to embed nutrition champions trust wide 	<ul style="list-style-type: none"> Evaluate progress with nutrition champion work, with an ambition to increase nutrition champions across the Trust by 50% Increase colleague compliance with nutrition screening training to achieve 85%+ 	<ul style="list-style-type: none"> In collaboration with care groups, look to reflect nutrition champion activity within care group governance reporting
Embed the principles of protected mealtimes across the Trust (Nutrition and Hydration Services)	<ul style="list-style-type: none"> Review and understand current Trust wide practices of protected mealtimes through audit and observation 	<ul style="list-style-type: none"> From year one findings, develop a framework to establish a consistent approach for mealtimes across inpatient areas 	<ul style="list-style-type: none"> Through education and engagement, embed protected mealtime activity as part of the nutrition champion role

Strategic priority five

Goal	By end of year one	By end of year two	By end of year three
Formalise the process for reviewing and analysing our performance against the 11 core Patient Advice and Liaison (PALS) internal professional standards (Patient Experience Service)	<ul style="list-style-type: none"> Review and enhance the accessibility of our front-facing PALS service 	<ul style="list-style-type: none"> Assess the inclusivity of the PALS service by evaluating how well accessibility needs (e.g. language, sensory, cognitive) are supported 	<ul style="list-style-type: none"> Review how feedback regarding the PALS service is captured, themed, and used to inform learning and improvement across the Trust
	<ul style="list-style-type: none"> Evaluate all methods that PALS use to communicate with service users against the principles set out in the patient communication policy and make amendments, as required 	<ul style="list-style-type: none"> Establish a system for reviewing and maintaining a current library of health and support resources available through PALS 	
Our research teams will continue to work with our patient populations to improve the number of patient participants agreeing or strongly agreeing to take part in research again (Research and Development Service)	<ul style="list-style-type: none"> Ensure ongoing distribution of postgraduate research experience surveys to all research teams Work with the National Institute for Health and Care (NICE) research to monitor patient feedback and response rates Audit responses according to study for patient feedback and targeting of support 	<ul style="list-style-type: none"> Regular review of feedback and targeted support within team leads Forum 	
Establish an organisational standard of people for safety, which sees patients as partners in their care and safety, to be embedded across the Trust (Corporate Patient Safety Service)	<ul style="list-style-type: none"> The publication and implementation of the National Safety Standards for Invasive Procedures (SSIPs) policy To promote the human factors training for SSIPs implementation and Trust cultural development 	<ul style="list-style-type: none"> For care groups to commence monitoring and evaluation of people's experiences of undergoing invasive procedures within their services, in accordance with the SSIPs policy 	

Strategic priority five

Goal	By end of year one	By end of year two	By end of year three
<p>Improve the patient environment by regularly measuring patient and staff feedback, environmental audit outcomes, and accessibility standards (Patient Experience Service)</p>	<ul style="list-style-type: none"> Explore the options available to improve the environment by adopting an arts in Health programme of work Develop a work plan to improve accessibility to the Royal Devon sites, based on accessibility audits 	<ul style="list-style-type: none"> Explore and identify pilot sites / opportunities to introduce arts and music therapy programmes in key settings Develop and launch improvement initiatives based on year one insights (e.g. noise reduction in wards, improved lighting, updated wayfinding signage) 	<ul style="list-style-type: none"> Work with capital and estates teams to ensure there is a consistent approach to accessibility requirements e.g. stoma friendly toilets, dementia friendly environments
<p>Implementation of HOPE (hold on, pain eases) boxes across the Trust.</p> <p>HOPE boxes provide patients with a physical box filled with comforting items designed to support their emotional wellbeing during challenging times (Safeguarding and Mental Capacity Service)</p>	<ul style="list-style-type: none"> Establishment of task and finish group and development of implementation plan for HOPE boxes across the Trust 	<ul style="list-style-type: none"> Creation of procedure for maternal separation pathway to support implementation of HOPE boxes Relevant colleagues to be trained on HOPE box delivery and how they are used to support emotional wellbeing 	<ul style="list-style-type: none"> Launch of procedure for maternal separation pathway through education and engagement Evaluation of HOPE project, gathered from patient and colleague feedback

Strategic priority five

Goal	By end of year one	By end of year two	By end of year three
<p>Helping patients and their proxies be more involved in their care, empowering them to make informed decisions and feel more confident and supported (Digital Services)</p>	<ul style="list-style-type: none"> • Initiate pilot of MyChart Bedside: a new inpatient app linked to MY CARE that gives patients and their proxies real-time access to clinical information and educational resources during hospital stays • Create implementation plan for Maternity Care Companion, a digital tool designed to keep parents informed throughout pregnancy with updates on appointments, test results, and advice • Development of new features in the MY CARE app to enable patients to complete health questionnaires and surveys before and after treatment 	<ul style="list-style-type: none"> • Launch of targeted MyChart Bedside pilot. Feedback from patients, proxies, and staff will guide improvements to the app's content and functionality • Launch of Maternity Care Companion, giving parents easy access to important maternity care information. Engaging with users to refine the platform over the year. • Targeted introduction of health questionnaire feature across different services 	<ul style="list-style-type: none"> • Utilising user feedback, we will plan to optimise MyChart Bedside for wider use across hospital wards • Based on user feedback and evaluation, plan to expand and enhance Maternity Care Companion, tailoring content and features based on feedback • Evaluation of health questionnaire capabilities through user feedback to further refine the design and usefulness of the surveys

Linked strategies and resources

- Better together – The Trust’s overarching strategy
- Clinical strategy
- Digital strategy
- Data strategy
- Estates strategy
- People and culture strategy
- Green plan
- Transformation strategy
- Health inequalities strategy
- Patient safety incident response plan
- Research strategy
- Volunteers strategy
- Spiritual care and wellbeing strategy
- Nutrition strategy (*in development*)
- Communication, engagement and marketing strategy (*in development*)

“I had a house visit test as I have agoraphobia.

They were so professional and so friendly my first medical exam in three years.

Everything explained done at my pace and explained thoroughly.

I am so grateful to them both.”

(Audiology patient)

