

Patient Experience Annual Report 2022-23



Using patient feedback
to improve our services



Introduction

April 2022 – March 2023

The Trust engages with and learns from patients, families and carers, through feedback from a number of sources. The Trust's patient experience programme seeks feedback in hospital, clinic or in the patient's home. Patients are able to provide their feedback through social media, Trust website, NHS Choices, Care Opinion, postal surveys, national surveys, local surveys, compliments, 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 experience-based co-design 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, families 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.

The Trust's Chief Nursing Officer has responsibility at board level 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).
- Compliance with the Statutory requirements in relation to NHS complaints handling.
- Reporting and demonstrating that we have used patient experience feedback to improve the experience of care.

We firmly set out our ambitions in our recently developed Patient Experience strategy 2022-2025, it describes key objectives to improve patient experience at the Royal Devon University Healthcare NHS Foundation Trust (Royal Devon) over the next three years and how we are going to do this.

The strategy has been developed with service users and staff across the Trust and details how we will work collaboratively with patients and the public, using their knowledge of what the process of receiving care feels like, in order to deliver the best possible care and services.

PATIENT EXPERIENCE

We want our patients to feel:


Welcome

Safe

Included

Supported

Valued



To improve patient experience by listening to and acting on what patients & their friends and family tell us. Ensuring lessons learned are shared and acted on.

A comprehensive and ambitious workplan was developed this year to support the delivery of the strategy resulting in 22 completed actions out of a planned 30. Achievements in year one of the strategy was celebrated during experience of care week in April which included:

- How we had heard and discussed a patient/carer story at every Board of Directors meeting over the past year, bringing the voices of patients and their carers to the forefront of our conversations.
- How we set up our Patient Experience Committee, which included representation from Healthwatch, Maternity Voices Partnership and our Council of Governors.
- How we are an early adopter of the new NHS Complaints Standards. We have led the way towards a quicker, simpler and more streamlined complaint handling service that helps us improve care and our patients feel respected.
- We highlighted where we have taken action from feedback by including 'You said, we did' reporting into PAF meetings, our Patient Experience Operational Group, and our Patient Experience Committee.

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- How, as part of our commitment to carers we have now developed carer awareness training to staff, and offer free parking and meal vouchers to carers that support the cared for person as an inpatient.
 - How over 12 months we have strengthened our collaborative working with Devon Carers. We have made over 2,000 referrals to their hospital services team in the past year, helping thousands of carers get practical support after the cared for person is discharged from hospital.
 - We celebrated the development of a new role for volunteers in the Emergency Departments at both RD&E Wonford and NDDH and are investing in the development of our volunteers by supporting them to complete the National Volunteer Certificate (NVC) programme.
 - We have made our 2022-25 patient experience strategy available in alternative formats. There is a [summary document](#), a [full strategy document](#), and an [accessible patient experience strategy](#) (compatible with screen readers).

Our Trust values are fundamental to everything that we do at 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 patient experience strategy to ensure we continue to provide our patients with the highest quality of care and patient experience.

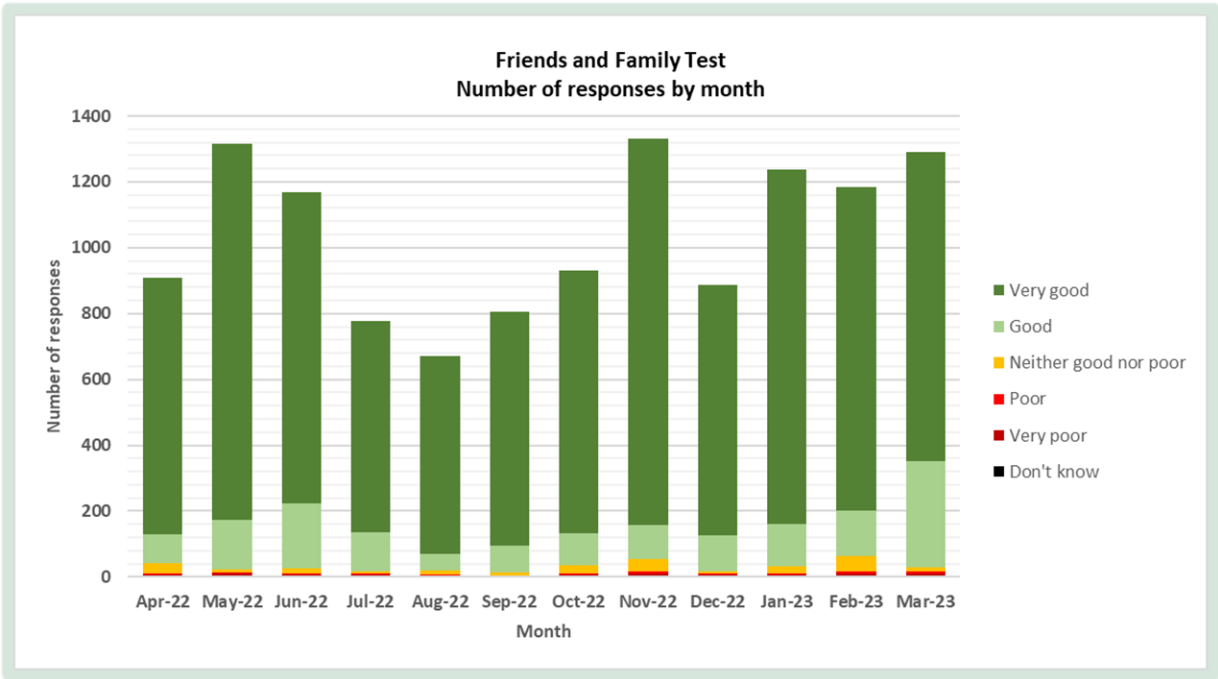
1. Capturing patient experience

Patient experience feedback is collected via a variety of methodologies using both paper and digital methods.

1.1 The Friends and Family test

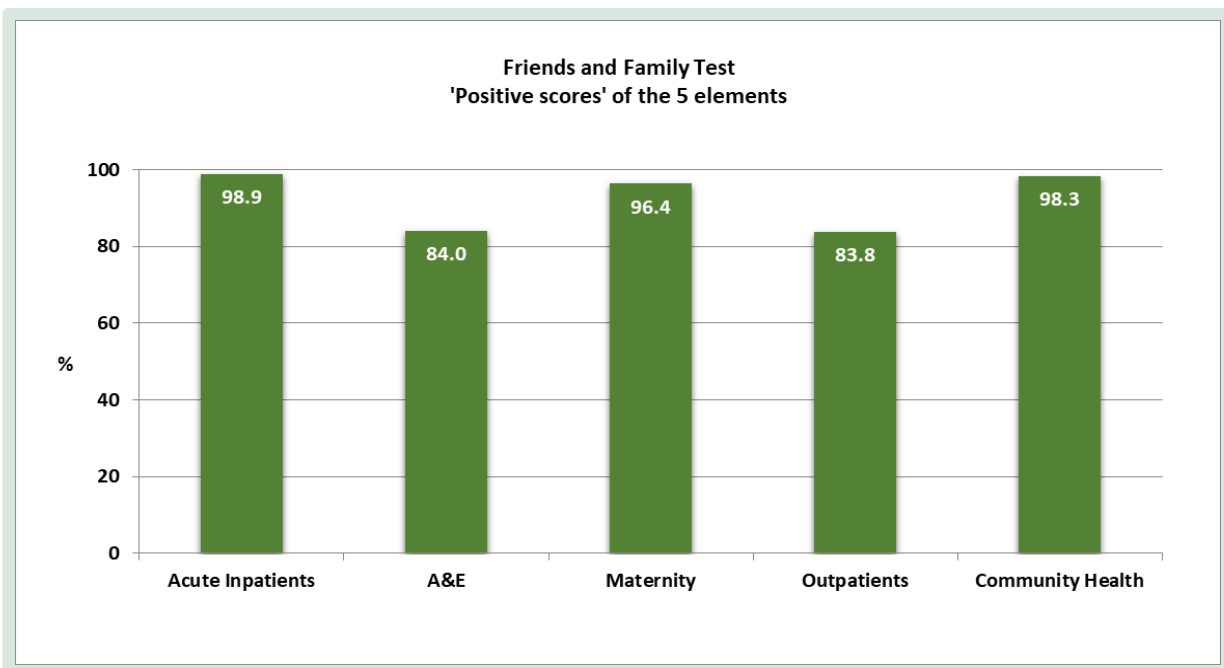
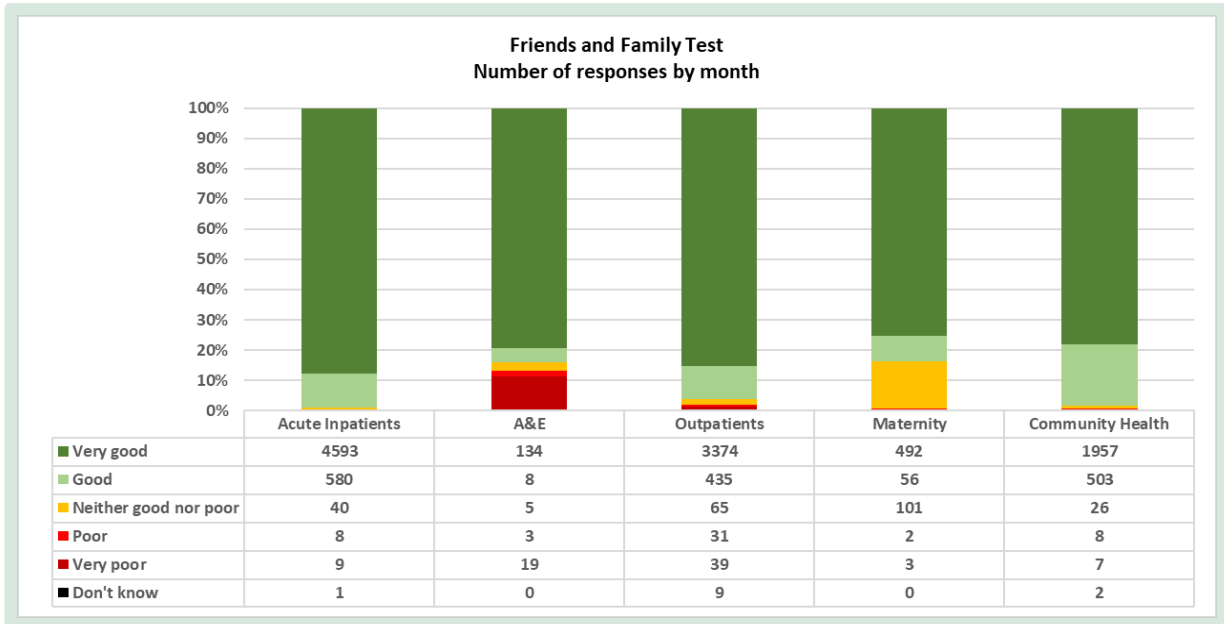
The Friends and Family Test (FFT) gives patients who have received care throughout the Trust the opportunity to provide immediate feedback about their experience at any time.

The FFT question is: 'Overall, how was your experience of our service?' with the following response options available: Very good, Good, neither good nor poor, Poor, very poor, don't know.



Between April 22 and March 23
12510 responses received
97% overall positive score

The following tables suggest a consistently high level of patient satisfaction Trust-wide across all 5 elements of the FFT:



Patients are routinely asked for the reason why they answered the FFT question in the way they did and for suggestions as to how the Trust might further improve the service they have experienced.

In Northern Services, patient comments received through the FFT are routinely analysed into positive and negative feedback, themed and presented regularly to the patient experience operational group. The top subject themes during the year were care, staff attitude and communication. The feedback from these themes, which accounted for most of the qualitative FFT feedback received during the period, was nearly all positive. More detailed reports are routinely provided to individual services. The patient experience team routinely publishes the Friends and Family Test results together with the qualitative feedback received on the Trust website [here](#).

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. 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.

1.2 Care Opinion

In Northern Services, an advanced-level subscription with Care Opinion is in place and it is intended to roll out the use of this subscription to Eastern Services during 2023/24.

Care Opinion offers an accessible platform for patients, relatives and carers the opportunity to leave feedback in over 100 languages. Text size, colour and contrast can be altered depending on the user preference and a video in British and Irish Sign Language is available to explain the service. Talking mats are also available to tell a story allowing more people to voice their feedback.

During 2022/23, 536 patients, families and carers shared their story about Northern Services on Care Opinion. Overall, a positive rating of 86.9% was recorded for the year.

Story ratings are assigned by Care Opinion moderators to support our alerting service. These ratings are not applied to stories received via nhs.uk.

Story rating	Number	Percentage
Unknown (received via nhs.uk)	18	N/A
Not critical	450	86.9
Minimally critical	16	3.1
Mildly critical	35	6.8
Moderately critical	16	3.1
Strongly critical	1	0.2
Severely critical	0	0.0
Total	536	100

The diagram below is a visualisation of the feedback that Northern Services has received during 2022/23. The green bubbles represent positive feedback and the red bubbles negative feedback. The bigger the bubble the more mentions of this word or phrase. We have responded and used the feedback to make improvements in real time and celebrate and share the positive with services.

RDUH Annual report April 2022 - March 2023 / Visualisation

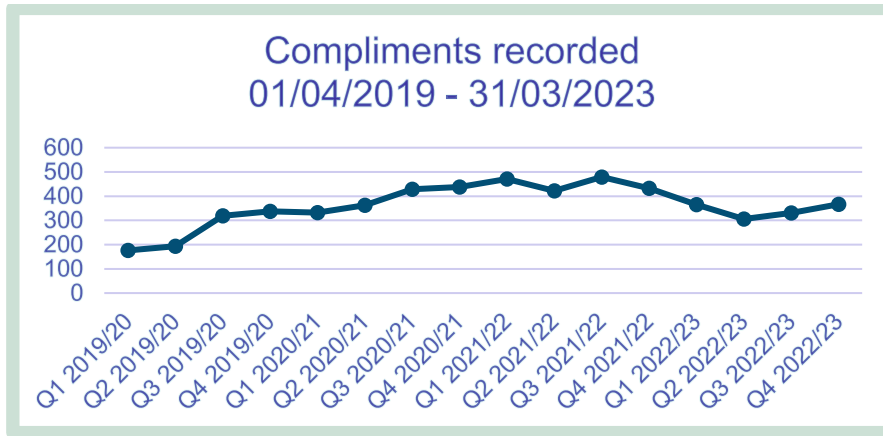


An interactive version of the above visualisation is available [here](#):

The interactive visualisation links the visual bubble to the stories received, enabling services to learn from analysed feedback themes.

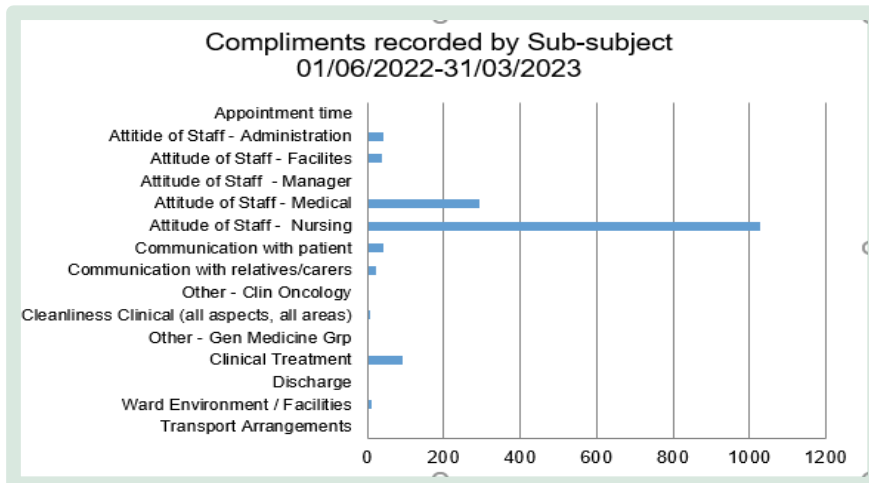
1.3 Compliments

The graph below indicates the number of compliments recorded over the last four years. Compliments recorded are used to share best practices, improve both patient and staff experiences, ensure safety and quality and increase staff morale.



There has been a slight decrease in compliments received during 2022/23, this may be due to operational pressures and the ability to record the feedback, rather than reduced feedback received.

During 2022/23 the internal reporting system (Datix) was updated to enable better theming of compliments. The theming below relates to compliments recorded after June 2022.



The top five areas for reporting compliments during 2022/2023 were:

- Emergency department – Northern services
- Emergency department – Eastern services
- Victoria ward - NDDH
- Staples ward - NDDH
- Acute medicine – Eastern services

The compliments arrive via a variety of methods including email, thank you cards, letters, telephone, and our wonderwall situated at North Devon District Hospital.

1.4 Inpatient Surveys

In Northern Services, our comprehensive patient experience survey programme has been supported for many years by a highly-valued team of volunteer inpatient experience surveyors.

During the year, the inpatient survey programme, which had been paused due to the pandemic, was resumed at North Devon District Hospital (NDDH). It is intended to restart inpatient surveys at South Molton Community Hospital and to introduce them at Royal Devon and Exeter Hospital in 2023.



District Hospital.

Volunteer patient experience surveyors routinely visit 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. In cases where the patient may be too ill to communicate with the volunteer, feedback is captured from relatives/carers, where possible.

The patient experience team then provides a report back to the ward and senior management within two to three hours of the feedback being collected by the volunteer.

This enables the Trust to respond immediately to any feedback and the many positive comments we receive give staff a morale boost. Subject to patient consent, selected patient comments are routinely used across Trust communication channels, internally and externally.

1.5 Patient Advice and Liaison Services

The Patient Advice & Liaison Service provides confidential advice and support, helping people to resolve any concerns they have about their care, and guiding them through the different services available from the NHS. PALS acts independently when handling patient and family concerns, liaising with staff, managers and relevant organisations to negotiate immediate or prompt solutions.

During 2022/23 Northern services received 1,343 PALS contacts. This is a 12% decrease on the previous year (1,533). Eastern services have historically not recorded PALS contacts, however as part of the data alignment this was introduced in November 2022.

Top five themes for Trust wide PALS contacts during 2022/23 were:

- **Communication**
- **Appointments**
- **Access to treatment or drugs**
- **Waiting times**
- **Facilities**

1.6 Complaints

We are 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.

As part of a national pilot the Trust was selected to become an early adopter site for the New Complaints Standards working closely with the Parliamentary and Health Service Ombudsman (PHSO). The aim of this project is to embed a standardised framework for NHS organisations to follow with complaint handling that focuses on promoting a learning and improvement culture, positively seeking feedback, being thorough and fair and giving fair and accountable decisions.

The new complaint standards formally launched in Spring 2023. Our involvement as an early adopter site has helped the alignment of processes, data and reporting across both sites.

1.7. 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 operational group 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 disseminated to those who can make 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. 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. (Case studies and you said -we did examples are found appended to this report).

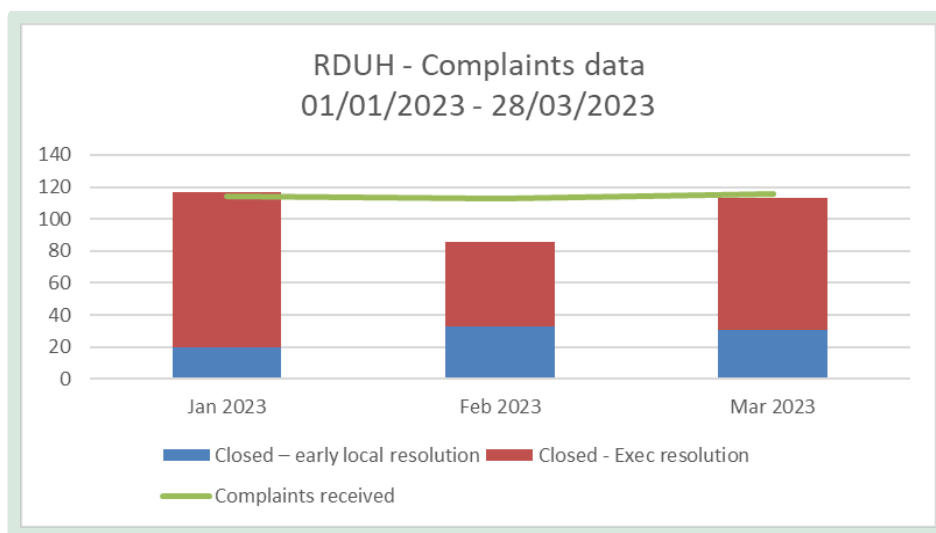
2. Data and Compliance

2.1 Complaints data 2022/23

Northern and Eastern complaint data reporting was aligned formally in January 2023, therefore the complaint reporting figures for 2022/23 cannot be collectively reported for the whole of this financial year. In total during the year 1000 complaints were received, a 22% reduction when compared to the previous year. 1400 complaints were closed following investigation, of these 554 were concerns. (Following the launch of the new standards there is no distinction between complaints and concerns, all contacts are logged as complaints and the Trust's data is aligned to reflect this).

The data reporting below is separated into before and after the data alignment. The PHSO are planning to introduce reporting guidance in their next phase of complaint management and the Trust will be working with them to progress reporting over the coming year.

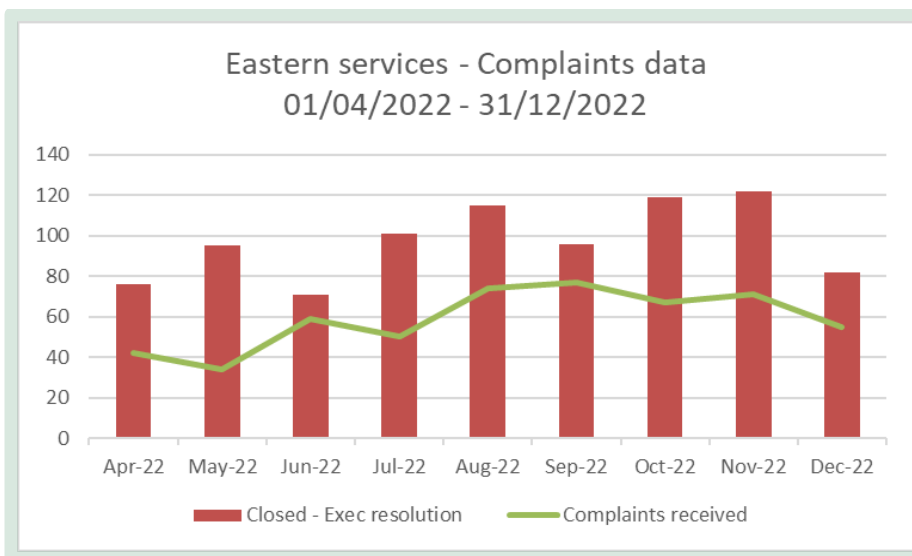
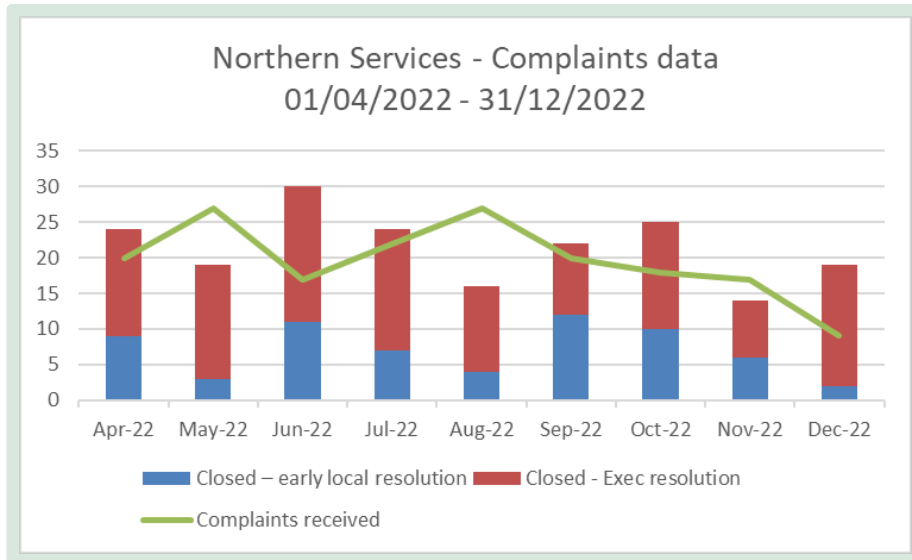
The chart below relates to complaint data for the whole Trust following the alignment of data reporting. Below this is the individual data for the earlier part of the year.



Top five complaint subjects during 2022/23

- **Communication**
- **Values and behaviours**
- **Patient care**
- **Admissions and discharges**
- **Clinical treatment**

Prior to the alignment of complaints data across the sites, the following complaints were received and closed by the respective sites:



Regulation 17, Section (b), of The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009), states that the Trust is required to record an outcome for each complaint.

Complaints upheld between April 2022 and March 2023

846 complaints closed

143 (17%) upheld

333 (39%) partially upheld

554 concerns closed

106 (19%) upheld

235 (42%) partly upheld

To provide evidence of learning and improvement SMART actions are recorded on the DATIX system along with supporting documentation to provide assurance the action has been completed. The monitoring and learning from actions are reported and monitored at specialty and divisional governance meetings.

What are we doing to improve communication?

- ✓ Develop a new RDUH 'Patient Communications Policy' to deliver improved and equitable patient (and by extension carer, family and significant other) communications trust wide, establishing core principles for communicating with patients.
- ✓ Strengthen the work to improve verbal communication through increasing uptake of Communication Access training as part of the Trust wide accreditation programme.
- ✓ Deep Dive into 'communication' as a theme.
- ✓ QI project to enhance interpretation and translation offer.
- ✓ Trust wide roll out of Care Opinion to provide real time feedback for service users.

What are we doing to improve values and behaviours?

- ✓ Use of patient stories at ward meetings, divisional speciality groups and trust level meetings
- ✓ Individual staff feedback and supported reflection
- ✓ Promotion of Communication Access training
- ✓ Mapping of customer service training to roles
- ✓ Introduction of mandatory Oliver McGowan training programme
- ✓ Undertaking a Trust-wide Patient Safety Cultural Assessment
- ✓ Development of charter and Trust wide values
- ✓ Delivery of inclusive leadership training
- ✓ Senior leadership programme launched
- ✓ Launch of the Promoting a Positive Working Environment Policy
- ✓ Work towards embedding values into Training

2.2 Reopened complaints

When complaints are reopened it generally indicates that the initial resolution of a complaint was deemed unsatisfactory by the complainant or that new information has emerged. Overall, reopened complaints in the NHS serve as an important mechanism for continuous improvement, patient-centred care, and ensuring accountability in the healthcare system. 128 complaints were reopened in year which accounted for 9% of the total complaints and concerns closed.

	Old Datix	Datix Cloud			
Eastern reopened complaints	50	68	118	123	128
Eastern reopened concerns	3	2	5		
Northern reopened complaints	1	3	4	5	
Northern reopened concerns	0	1	1		
	54	74	128		

Further work is planned over the next year to improve communication with complainants including the introduction of a complainant feedback form. A quality improvement project is also underway to improve the way in which we investigate complaints. Getting complaint investigations right first time improves the experience for complainants and would aim to reduce the reopened rate of complaints.

2.3 Complaints compliance

The Local Authority Social Services and National Health Service Complaints (England) Regulations (2009) set out the rights of complainants to receive an investigation and formal response to their complaint in an appropriate and timely timescale. It also states that all complaints are required to be acknowledged within three working days and that if the investigation cannot be concluded (and a final response issued) within 6 months (or longer if that has been agreed with the person making the complaint at the outset), you must write to the person to explain the reasons for the delay and give the likely timescale for completion.

The table below relates to the timeliness of complaint acknowledgement and responses exceeding six months.

Month	2022/23												2023/24				
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Complaint received and acknowledged within 3 days	88.88%	84.79%	87.27%	93.50%	98.51%	85.00%	87.00%	93.34%	90.29%	90.00%	90.50%	88.00%	90.00%	91.00%	88.00%	92.00%	91.00%
Over 6 months (no of complaints open at end of month)	12	16	4	12	11	13	16	7	3	22	14	23	13	20	18	14	15
Complaints closed in month by early resolution								27	15	21	32	31	36	26	27	33	36

The 45 days internal key performance indicator has now been replaced with a 6 months target in line with the new complaints standard framework implemented with effect from 1 April 2023.

The number of cases older than six months has reduced considerably during Q3 and Q4 resulting in an overall annual reduction of complaints and concerns (not represented in the above table) by 91%. Over the course of the next year there will also be a greater emphasis focusing on early resolution (cases closed within 14 working days).

2.4 Parliamentary and Health Service Ombudsman (PHSO)

When a complainant is dissatisfied with our complaint response, they have the right of redress to raise their dissatisfaction with the PHSO. The PHSO review their concerns and the Trust's management of their complaint, including the outcome of the Trust's investigation.

When the PHSO receives a request to investigate a complaint, their first step is to complete a primary investigation. This involves contacting us to request information to enable them to complete initial checks. Approximately 25% of primary investigations will proceed to a detailed investigation.

A detailed investigation will take a closer look at how we have managed the complaint and seek clinical advice on our investigation findings. Once an investigation is complete the PHSO will decide if the complainant's concerns are: upheld, partly upheld or not upheld. If a complaint is upheld or partly upheld, the PHSO will make recommendations for the Trust to resolve this.

The table below shows the number of cases that were investigated by the PHSO during this financial year, alongside outcomes of their reviews concluded within the year (which could relate to cases from previous financial years). Of the 17 cases closed, 2 (11.7%) were partly upheld and 2 (11.7%) were upheld. The Trust complied with all of the recommendations from upheld and partly upheld investigations, which were monitored by governance to completion.

PHSO investigations 2022/23		Number		
Investigations received		22		
Investigations closed	17	Outcome		
		Upheld	Partly upheld	Not upheld
		2	2	13

2.5 Complaints Compliance Annual Audit 2022/23

The Policy and Procedure for the Management of Complaints, Concerns, Comments and Compliments includes a process for monitoring compliance with and effectiveness of the policy which describes peer review by each division. The period audited was 1 April 2022 – 31 March 2023 with five random cases per clinical division in Eastern Services and seven random cases per clinical division in Northern Services being reviewed.

A full set of results can be found at appendix H. Of the complaints audited:

- 5 were not acknowledged within 3 working days (a statutory requirement).
- 4 complaints had exceeded the 6 months' timeframe when closed.
- 2 consent forms had not been uploaded to Datix, the complaint recording system.
- Actions - All complaints that were upheld or partially upheld had actions added to the Datix file for Northern Services however the audit showed that Eastern Services are not generally adding actions when closing complaints.
- Only one complaint had a telephone triage form completed. Some files had telephone notes attached relating to the initial call but these did not confirm if we had offered the advocacy service, considered reasonable adjustments, recorded their preferred method of contact etc.
- Within Eastern Services 7 of the 20 complaints audited were completed within a 45 days target. Respectively, 12 of the 21 audited by Northern services were responded to within 45 days. The internal key performance indicator for the period audited was 45 working days, however this has now been amended as per PHSO guidance.

Further work will be taken forward by PEOG to improve compliance with the new policy based on these findings.

2.6 Governance

Performance and progress against objectives are addressed at speciality group meetings which report into the divisions, divisional performance assurance framework meetings, the Patient Experience Operational Group (PEOG), Patient Experience Committee, Governance Committee and at Trust Board.

The Patient Experience Operational Group is the primary route for overseeing the patient experience programme of work. It reports into the Patient Experience Committee which is a sub-Committee of the Trust Board. PEOG 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. This ensures that staff, patients and the public are kept informed about the progress and implementation of the patient experience strategy.

2.7 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.

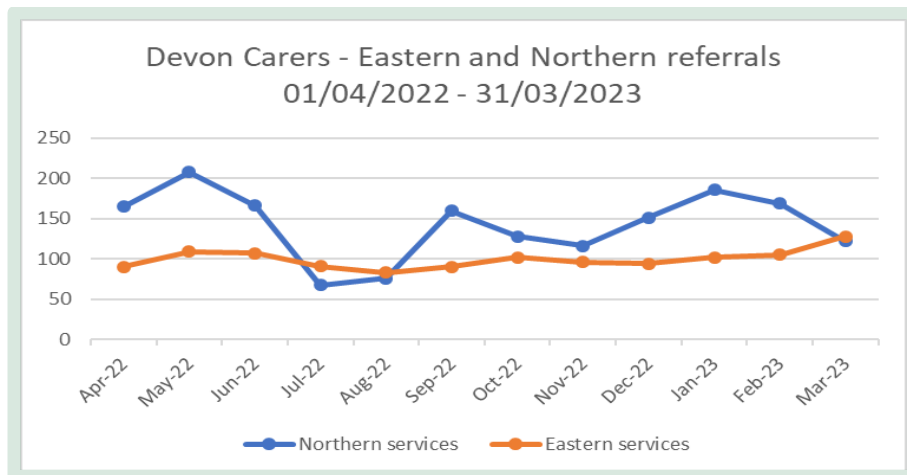
3. Supporting our patients

3.1 Carers

The Trust recognises how important unpaid carers are and values their input to patient care. Carers undertake a range of tasks to support patients, in hospital and in their own homes. The significance of carers cannot be overlooked and they are part of the patient support team and we want carers to feel valued as a partner in care.



During 2022/23 we have continued to work collaboratively with Devon Carers Hospital Services Team and now include carer awareness training in our preceptorship programme and patient experience teaching and promote the national campaign #THINK CARER

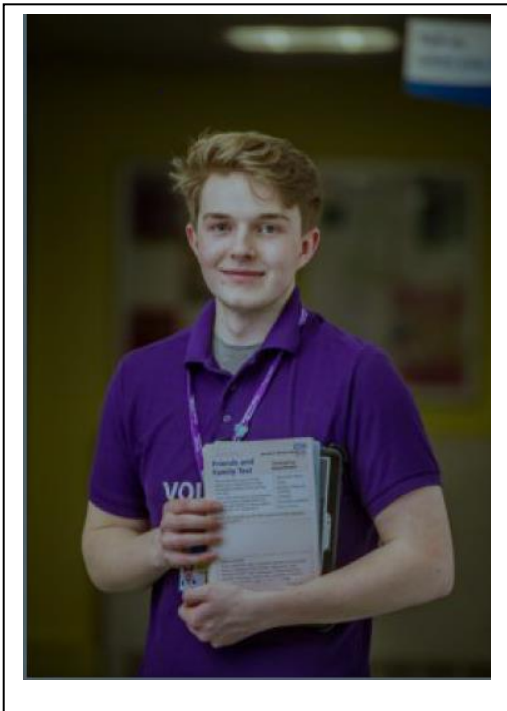


Since April 2022 the total number of referrals made to Devon Carers across RDUH is 3315 (Northern Services 1790, Eastern Services 1197 and Community 328). The Devon Carers hospital services team visit our wards and work with our staff in the acute and community to identify carers and a number of new carers have also been identified as a result of an inpatient admission.

3.2 Interpretation and Translation Services

The Trust provides a variety of interpretation and translation services to support the communication needs of our patients and carers. Through our providers we are able to offer telephone-based, video and face to face interpreting and translation of written material across Northern and Eastern sites. We have a robust framework to ensure a consistent approach across the whole organisation, and supports our statutory duties as set out in the NHS Constitution.

3.3 Volunteers



The Trust recognises that volunteering enhances patient experience and the services we provide and has benefits for our patients, carers, staff, as well as the volunteers themselves.

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.

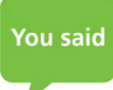




During this year we commenced the Health Education England's recognition of volunteer activity and training; the National Volunteer Certificate (NVC). This requires volunteers to undertake eleven modules of online






learning via e-learning for health, including topics such as fire safety, information governance and safeguarding, but then put their learning into practice by completing a minimum of 60 hours of volunteering. By April five volunteers were already well on the way to achieving the standard, with many more indicating a desire to be involved.

We saw success with placement of volunteers in our Emergency Departments (ED) in both Northern and Eastern services. The volunteer team connected with other trusts who already had volunteers working in their ED departments roles and engaged with the ED teams at RDUH. Just before Christmas 2022 our first volunteers were welcomed into the emergency departments and by Easter we had covered every weekday with eager volunteers in Northern & Eastern services, and the feedback from staff and patients has been extremely positive. *"The skills, experience and knowledge of our volunteers has been invaluable and they have had such a positive impact supporting the patients. As the staff have got to know the volunteers they have fully embraced having them during their shifts"*.

We are planning to expand the opportunities for volunteering across the trust in 2023 with work planned to develop our first Volunteering Strategy to support this direction of travel. We established our first joint Volunteering Steering Group this year and Volunteering forums have been established on both sites.

Appendix A- ‘you said - we did’ improvements to patient experience that were made in 2022-23:

		
1	 <p>Offer compassion even when busy and waiting times for admission are long.</p> <p>(Emergency department - North Devon District Hospital)</p>	<p>We reminded staff of the importance of compassion and regard for dignity in their interactions with patients.</p>
2	 <p>A junior doctor upset us, as parents, after commenting on our son's weight even though he had barely eaten for weeks. We are particularly sensitive to fat shaming because we believe in healthy diets. As a family, we would have expected better from a medical professional, to not be judgemental without understanding the causes of our son's weight gain.</p> <p>(Caroline Thorpe Ward - North Devon District Hospital)</p>	<p>We spoke with the doctor concerned about the delivery of information to patients and their families.</p>
3	 <p>The appointment booking system is quite frustrating - especially as I know I need an appointment every 3 months for PrEP. It would be great to be able to book the next appointment at the end of each previous appointment.</p> <p>(Devon Sexual Health – Exeter)</p>	<ul style="list-style-type: none"> • We set up a new PrEP clinic, which is aimed at providing follow-up care for patients on PrEP where they can book directly via an email system. • We are now direct booking certain other follow-up appointments, such as depo injections so that patients can book their next appointment when they attend for their current injection. • Patients can now directly book in for routine refits for specific methods of contraception, e.g. implant and IUD/IUS methods, without the need for a pre-consultation. We have designed a check-list for the reception team to ensure they are able to book in the appropriate patients correctly.

4	<p> The Friends and Family Test</p> <p>With the condoms, maybe a variety of different sizes rather than one.</p> <p>(Devon Sexual Health – Exeter)</p>	<p>We offer all sizes and types of condoms and reminded staff to offer the full range available.</p>
5	<p> The Friends and Family Test</p> <p>The downstairs staff as you walk in were very rude.</p> <p>(Devon Sexual Health - Exeter)</p>	<p>We are constantly updating our staff training and all staff receive feedback in response to their performance at work.</p>
6	<p> The Friends and Family Test</p> <p>A mirror is required in the ladies' toilet.</p> <p>(Endoscopy Suite - North Devon District Hospital)</p>	<p>We fitted a mirror in the ladies' toilet.</p>
7	<p> The Friends and Family Test</p> <p>A raised chair in the waiting room may have been useful.</p> <p>(Emergency department - North Devon District Hospital)</p>	<p>We procured four raised chairs and positioned two in each of the minors and majors waiting areas, with signage indicating that they have a higher seat height to encourage the correct use of them by patients.</p>
8	<p> The Friends and Family Test</p> <p>Given us notice of when you would stop coming, we only knew it was his last visit on the day. Mum has very bad dementia and it would have been useful to know approx. 1 month in advance so I could prepare her, possibly to have you miss one visit to help her understand rather than turn up and say it's the last visit that day.</p> <p>(Ilfracombe Community Therapy Team)</p>	<p>We contacted the teams to ensure that we are more proactive with our discharge planning and communication.</p>

<p>9</p>	<p> The Friends and Family Test</p> <p>We just wish they could have continued. It would be of huge benefit if the sessions continued as a regular thing, part of a package of ongoing support to aid mobility. Unfortunately, there will be some decline now that the sessions have ceased. With the best will in the world, [name withheld] won't be doing her exercises without the ongoing support from the team.</p> <p>(Ilfracombe Community Therapy Team)</p>	<p>We continue to support engagement with the wider community and CCG about ensuring localities have ongoing appropriate exercise facilities for elderly people. We have funded a course to support private exercise and are working with Active Devon and CCG to increase PSI trainers locally.</p>
<p>10</p>	<p> The Friends and Family Test</p> <p>Maybe cut the paperwork.</p> <p>(Ilfracombe Community Therapy Team)</p>	<p>We regularly review our paperwork and staff are under direction to be appropriate with it, but due to the holistic nature of our assessments a lot of documentation can be generated.</p>
<p>12</p>	<p> The Friends and Family Test</p> <p>Explain more about community rehabilitation.</p> <p>(Bideford Community Therapy Team)</p>	<p>We emailed teams to ensure they continue to use the 'community service folder' which holds our information leaflet.</p>
<p>13</p>	<p> The Friends and Family Test</p> <p>During a volunteer-led inpatient survey, a patient expressed concern about not getting enough exercise and his hammer toes.</p> <p>(Glossop Ward - North Devon District Hospital)</p>	<p>With patient consent, the concerns were taken up by our volunteer with the ward manager, who escalated to the therapy team and left a note on MyCare for the doctors regarding the patient's hammer toes.</p>
<p>14</p>	<p> The Friends and Family Test</p> <p>During a volunteer-led inpatient survey, a patient expressed concern about a faulty call bell.</p> <p>(Jubilee Ward - North Devon District Hospital)</p>	<p>We arranged for the call bell to be repaired.</p>

15	<p> The Friends and Family Test</p> <p>There was no one to ask the way to Jubilee Ward as it was very early and there were no directions on the 'Hospital Directory' board.</p> <p>(Level 2 entrance - North Devon District Hospital)</p>	<p>We amended the signage on the 'Hospital Directory' board to include Jubilee Ward.</p>
16	<p> The Friends and Family Test</p> <p>The lack of a waiting room at the bungalow location means that patients, sometimes elderly, have to wait outside, including in the wind and rain. There are no seats and nowhere to shelter. Handrails are needed on the paths to improve access. There is only one small treatment room.</p> <p>(Leg Ulcer Service – North Devon District Hospital)</p>	<p>We relocated the Leg Ulcer Service to Barnstaple Health Centre. There have been extensive improvements to the facilities, including a waiting room and the formation of two bespoke clinic suits, repurposed specifically for Leg Ulcer Service patients. Considerable effort was made by staff to ensure a smooth transfer of patients and equipment without disruption to the usual level of service.</p>
17	<p> The Friends and Family Test</p> <p>WiFi would be useful. I had to go outside to use my phone.</p> <p>(Emergency department - North Devon District Hospital)</p>	<p>We created posters to increase patient awareness of the free WiFi which is available in the department.</p>
18	<p> The Friends and Family Test</p> <p>A long wait for the treatment but good when it came.</p> <p>(South Molton Community Rehabilitation Team)</p>	<p>We reviewed caseloads, the current number of patients waiting, and the longest wait across all the teams.</p>
19	<p> The Friends and Family Test</p> <p>I think it could have been made clearer to me that whilst my main concern (to be assessed for and fitted with a prostheses) would be handed over to Exeter Mobility Centre, I'd remain in the care of South Molton Community Rehab Team – and that the scope of that care could have been better defined.</p> <p>(South Molton Community Rehabilitation Team)</p>	<p>We reminded staff of the importance of discussing roles within the multidisciplinary teams that pull around patients and how we share information.</p>

20	 <p>Would be helpful if the staff uniforms were displayed, showing who's who. (Glossop Ward - North Devon District Hospital)</p>	<p>We updated the staff 'photo' board on the ward.</p>
21	 <p>The waiting time is too long. (Eye Clinic - North Devon District Hospital)</p>	<p>We made improvements to the emergency clinic process by implementing a consultant of the week who is available to support the juniors, which should reduce some of the waits. We reviewed our clinic templates to support the length of time patients have to wait.</p>
22	 <p>Contact and talking to people - not as much as I would like. They are busy. If we were able to pass the time of day, it would make the time go by quicker. (King George V Ward - North Devon District Hospital)</p>	<p>We are welcoming more volunteers on to the wards, which hopefully will address this issue, as staff are so busy currently.</p>
23	 <p>More fresh water - not from the tap. The staff like you to drink water. They take it away sometimes but the need is there at all times. The water is not nice - need cordial to make it drinkable. I drink water from the tap at home but it does not taste the same here - poor quality. (King George V Ward - North Devon District Hospital)</p>	<p>We reminded staff to offer patients both the cordial and cooled water dispenser which are already available on the ward.</p>
24	 <p>On entering reception area, I was [illegible] at by the receptionist. She was rude to me and not very polite/appropriate to a colleague in front of me who took over from her! If I had been elderly/ill I would have felt intimidated by the way I was treated today. She should not be patient-facing. (Bideford Community Hospital)</p>	<p>We addressed this feedback with the reception team.</p>

<p>25</p>	<p> A parent expressed concerns to a volunteer carrying out an inpatient survey as to the regularity of nappy changing by staff. There was no record of such concerns having been raised.</p> <p>(Caroline Thorpe Ward – North Devon District Hospital)</p>	<p>We reminded staff to document conversations with parents to ensure that all parents' concerns are recorded and any appropriate action taken.</p>
<p>26</p>	<p> A volunteer inpatient surveyor recorded that two requests had been made for two light bulbs to be replaced in the shower room – the patient was experiencing difficulty in changing their contact lenses.</p> <p>(Victoria Ward – North Devon District Hospital)</p>	<p>We replaced the light bulbs.</p>
<p>28</p>	<p> Not necessarily your department's fault. However, there are frequent times where it would appear departments don't communicate as well as they could.</p> <p>(Barnstaple Community Therapy Team)</p>	<p>We are aware that services may appear disjointed. There are multiple workstreams trying to streamline the pathways for patients. We have found that Epic has supported some of these challenges.</p>
<p>29</p>	<p> Feel it is hard to know who to contact.</p> <p>(Barnstaple Community Therapy Team)</p>	<p>We reinforced the need to take out the community services folder which signposts patients to our contact number.</p>
<p>30</p>	<p> Took a long time to get help.</p> <p>(Barnstaple Community Therapy Team)</p>	<p>We are monitoring the disparity of wait times across teams - moving either patients or staff to try and provide better equity.</p>
<p>31</p>	<p> My ramp was cancelled four times and only delivered and installed satisfactorily on the fifth.</p> <p>(South Molton Community Therapy Team)</p>	<p>We maintain links with the equipment supplier to highlight any deficiencies with the service. We have a double-reporting mechanism to make sure they and us know when issues arise.</p>

32	 <p>It was hard to make an appointment with the person who answers the phone. (South Molton Community Therapy Team)</p>	<p>We have encouraged returning to case management so the practitioner makes the next appointment when with the patient.</p>
33	 <p>Just allow people to call in and make an appointment rather than have to discuss why your calling twice - 1 with the operator who answers then 2 with the health care professional and then maybe you get to discuss an appointment - it's a lot of hurdles during the school run of a very private conversation - plus hopeless if your phone goes out of signal or doesn't connect your told to call back and go through the process all over again the next day - for an appointment!! (Devon Sexual Health – Exeter)</p>	<p>We have recently changed our phone system to enable patients to make most appointments directly with the reception staff, rather than operating a telephone first approach in all cases. Phone appointments are still available for those who want them, but for those patients who know they want a face-to-face appointment, we are able to facilitate this in most cases from first contact with the service. Positive feedback has been received from patients about this change.</p>
34	 <p>Maybe a contact for a local group of females experiencing similar menopausal symptoms (appreciating this is not a responsibility of the service). (Devon Sexual Health – Barnstaple)</p>	<p>We have details on our website about menopause, including links to other services and resources. We are not commissioned to provide menopause services.</p>
35	 <p>Re-open walk-ins. I got an appointment and the care I needed really quickly, but it took quite a few attempts to get through on the phone. I'm now in my late 30's and I've been visiting sexual health clinics for a couple of decades. I've always met fantastic staff and had excellent care. I'm very fortunate that this service has always been easily available to me. I hope you (and the government) can keep this going so that younger generations can receive unfettered access to this essential service. Thank you so much. (Devon Sexual Health – Exeter)</p>	<p>We now have a weekly sit and wait service at all Devon Sexual Health hub sites (Exeter, Barnstaple and Torbay) aimed at young people (18 and under).</p>

36	 <p>Timing - perhaps clinicians need longer with patients than appointment allows. (Devon Sexual Health – Holsworthy Community Hospital)</p>	<p>The majority of clinics run on time but, in a healthcare environment, sometimes some patients require more time. We always do our best and we aim for our reception team to inform patients who are kept waiting.</p>
37	 <p>The Covid-19 postal swabbing system involves a lot of travelling to drop off the sample at the nearest collection point. (Covid Swabbing Unit – North Devon District Hospital)</p>	<p>We changed our process and most patients are now able to complete lateral flow tests at home prior to admission, in line with the change in government guidelines.</p>
38	 <p>It is difficult to contact the physiotherapy department to book an appointment. (Physiotherapy department - North Devon District Hospital)</p>	<p>We introduced a new process in the physiotherapy department for answering the telephone and retrieving messages.</p>
39	 <p>A patient who was trying to make an appointment with the cardiology department left messages on two occasions as no one was available to take the call. A call back was not received in response to the messages left. (Cardiology department - North Devon District Hospital)</p>	<p>Telephone coverage has been maximised to ensure that patients are able to contact the department without multiple failed attempts.</p>

Appendix B-Care Opinion - Case study

The following feedback was posted on the Care Opinion website. We were able to use the story to improve our services and respond to the patient to update them on how their feedback had facilitated a change.

About: North Devon District Hospital / Oral & Maxillofacial Surgery

Posted by Echoes (as the patient), 16 months ago

Overall I think the care and the procedure was very good. But there were a few minor points that I feel could be better managed that I would like to reflect back.

The staff were excellent, I knew what was happening at each stage. The surgeon had a caring manner and was gentle - he was removing a polyp in my mouth - and obviously skilled as it is healing [1wk on] really well and I didn't have any bleeding after the event.

During the procedure they kept asking me if I was OK, though, and I had to stop myself trying to say anything! It would have been better if we had agreed an 'OK' and an 'I'm not OK' hand signals or something beforehand.

I also have a suggestion about the giving of important information about aftercare - there was obviously some information to give me about food and eating with it being in my mouth and this started before the procedure when I couldn't really take it in and was actually quite disturbed by what was said.

After the surgeon had finished a nurse sat and talked it through with me which was much better, as I could share my concerns and she responded accordingly. I think it would have been better if they felt it was right to tell me beforehand, if they had also said that they would go over it again afterwards. At the end I was given a leaflet with aftercare info which I didn't read until I got home - but it was not the all the same as they had told me and there was one significant difference which left me a bit confused, so I just did what I thought best. If it had been a really serious issue or if I had any problems I was given a phone number to ring, which was reassuring.

Finally, I had a local anaesthetic and they had assured me beforehand and on the day that I would be ok to drive myself home - but I actually felt a bit shaky and although a confident driver, I drove very slowly! I felt my reactions were not as sharp as I would have liked and I feel that assurance was a bit misplaced, and I would have been better advised to have someone to drive me home.

Story summary

What was good?

reassuring staff stitching

What could be improved?

hand signals information

Activity

8 staff members have read this story

Who has Care Opinion told about this story?

Show your support

Have **you** experienced something like **Echoes** did, here or elsewhere?
If so, show your support below.

I've experienced this

Or maybe **your** experience was different?

Share
 Tweet
 Email

Dear Echoes,

Thank you for taking the time to give feedback on your visit to our department.

I am pleased that you felt that the care you received was caring, gentle and skilled and the staff excellent - I will pass your kind comments on to the rest of the team. I am glad your recovery is going well.

I note the points that you made about the improvements you felt could be made around communication.

Our post op advice is usually given by the dental nurse at the end of the procedure. We feel as a nursing team that it is easier for the patient to concentrate once the procedure is over. I'm sorry that you were given advice prior to the procedure that worried you. I will remind all team members that post op advice is best given when the patient is more relaxed, once the procedure is completed.

It is normal practice for us to let the patient know to raise a hand if there is anything they are uncomfortable with during the surgery. I am sorry if this was not done in your case. I will ask that we remember to always give every patient the option of raising a hand as a signal that all is not well.

As you were given local anaesthetic only and not sedation for your treatment, there would be no indication for you not to drive. However, if you were particularly anxious on the day, this may account for the symptoms you experienced afterwards. Advice given is based around the following link.

<http://www.nhs.uk/conditions/wisdom-tooth-removal/recovery/>

It would be usual when asked about driving to say that it is fine to drive, but some people like to have a lift if they need the support or are particularly anxious. I'm sorry if this advice was not given in your case. We will reflect on this as a team in our "morning huddle" and look at standardising advice given across the team during courtesy calls prior to the day of treatment and when procedure is finished.

Once again, many thanks for your kind and helpful feedback which I will share and discuss with our team as a learning opportunity through reflection.

Thank you for your feedback.
See more responses from **Jennifer Smalridge**

✓ Response from Jennifer Smalridge, Senior Dental Nurse Maxillofacial & Orthodontics, Maxillofacial & Orthodontics, Royal Devon University Healthcare NHS Foundation Trust 15 months ago
 We have made a change

Dear Echoes

I just wanted to let you know that we have made a change based on your feedback.

We discussed your story and all the points you raised in one of our team meetings and we found your feedback really helpful. We also reminded all team members to wait to give post op advice after the procedure.

We have now introduced a laminated check list to help standardise our courtesy calls and advice given.

Thank you again for your feedback and the learning opportunity this has provided.

Was this response helpful? **Yes | No**

4 people think this response is helpful
3 people think this response is helpful

Appendix C-Case Study – Acute Hospital at Home (Virtual Ward)

The challenge:

One of the most significant challenges faced by the Trust is preventing avoidable admissions from the Emergency Department (ED) and Medical Assessment Unit (MAU) along with supporting early discharge out of hospital. A report from the NHS England Virtual Ward programme produced in partnership with Getting It Right First Time (GIRFT) acknowledges that patients are five times less likely to acquire an infection, eight times less likely to experience functional decline and two and a half times less likely to be admitted whilst in a virtual ward setting compared to equivalent treatment in an acute setting.

The Acute Hospital at Home (AHAH) also known nationally as a virtual ward, is a safe and efficient alternative to NHS bedded care. Acute Hospital at Home supports patients, who would otherwise be in hospital, to receive the acute care and treatment they need in their own home. This includes preventing avoidable admissions from ED and MAU and supporting early discharge out of hospital.

Virtual wards have been identified as a key ambition in the 'Delivery plan for recovering urgent and emergency care services' published by NHS England in January 2023. Recent NHSE guidance expects all integrated care systems (ICSs) to extend or introduce virtual wards with an ambition of delivering 40 to 50 virtual ward 'beds' per 100,00 of the population by December 2023. As a minimum, systems need to implement virtual wards for acute respiratory infection and frailty.

The solution:

In order to achieve the key ambition, the Trust went 'live' with AHAH in January 2023. In Northern Devon our AHAH teams consists of Frailty and Non-Frailty pathways which include Acute Kidney Injury (AKI), Syncope, Atrial Fibrillation (AF), Outpatient parenteral antibiotic treatment (OPAT) and Heart failure.

The newly formed Frailty AHAH team provide acute health care in the comfort of the patient's own home and are skilled health care professionals who review patients' individual cases with a multidisciplinary team daily.

They assess patients within the acute and are able to follow them up at home. The team comprises of an ACP, trainee ACP, nurses, a physiotherapist and a paramedic.

Treating our frail patients at home allows the Frailty clinicians to provide a holistic assessment and allows them to review and discuss concerns with both the patient and their family as they arise. The clinicians are at the end of the phone to answer any questions or concerns and there is dedicated out of hours support from our AHAH colleagues in Exeter.

The frailty clinicians review and care for patients who are 65 years and over and who have a Rockwood frailty score of 5 or above. They work closely with the acute doctors and are able to provide essential support and expertise into frailty syndromes in order to work collaboratively.

The Specialist Medical Team - with their passion for frailty - ensure a holistic view of each individual, promoting patient centred care for all frailty pathway patients. They are also able to draw on waking night sits to support patients through the night where necessary.

They are able to provide complete physical examinations, blood tests, observation monitoring, medication reviews, therapy input, equipment review, cognitive assessment, review social situations and prepare for discharge from case load ensuring all onward referrals have been completed to ensure ongoing care continues.



Pictured: The AHAH team

Patient Involvement and satisfaction:

Patient feedback collected relating to the service has been overwhelmingly positive. The following comments have been left by service users and staff:

"My Mum and I just wanted to let you know that the team has been excellent, it was a relief to my elderly Mum that she had some professional support when my Dad came home."

"The provision of the overnight sitters gave us the reassurance and confidence to believe that mum is able to be here at home."

"A high level of professional care was provided."

"I was very grateful to have support at home, as I was very worried as I was still on antibiotics and was short of breath"

"Night sits – confidence that someone was there to support him when he was at his worst. Caring and insightful input from night sitters."

"The security of knowing that if a problem arises there was always a telephone number to ring."

"I would have been very concerned about her going home to her own environment with only her Husband's support at night time. This provided her Husband with the reassurance that he could rest at night time and not worry about his Wife being alone if she was to wake and to also then be well rested enough to support her recovery in the day" - Delirium nurse

Appendix D- Case Study 2 – Mid-wife led birth room - Broadsands

The challenge

In 2016, the National Maternity Review's report, 'Better Births' set out a vision for maternity services across England to become safer and more personalised. The report recommended several workstreams for care improvement and teams of midwives got together to look at each workstream across the South West.

It was identified through the 'Choice and Personalisation' workstream that there were some inequities across the South West. The document advocates that women and their families should have the option to give birth in a number of care settings from homebirth, to midwife led unit, to consultant unit. During this time North Devon Hospital could only facilitate a homebirth or consultant shared care, lacking a birth centre or Midwifery led unit.

This meant that midwifery led care was being provided within the hospital consultant led unit, often being exposed to more intervention or obstetric input. This also meant that, if women wanted to give birth in a low risk setting such as a birth centre they would have to travel to the next nearest place in Exeter; and given the demographics of North Devon maternity catchment this was too far for the women to travel.



The solution



In order to give equity of place of birth in the North, we looked at turning a labour ward room into a midwifery led care birth suite. As our total birth number per year was much smaller than other area, it was not possible to create a separate unit or alongside birthing unit.

The room was named after one of our local beaches called 'Broadsands' as it represented a small place for women to give birth and was unique to North

Devon. The aim of the midwifery led care room was designed so that low risk women who have had an uncomplicated pregnancy would come into a homely environment to give birth without the need for any obstetric input. This would be the same care provided at a home birth setting. The midwives would provide all care from triage to intrapartum care, to postnatal and early discharge home.

The Broadsands room has equipment to encourage mobilisation such as birthing balls, cushions, a couch, mats and a birthing chair. There is a bed in the room should the women want to rest. The room has a birthing pool for use as pain relief or to give birth in.



The room is set up so that partners can be just as involved in the birthing experience without the 'hospital feel'. They can make their own tea and coffee, play music, listen to sounds of nature, change the lighting to suit their needs and birth where they feel comfortable.

Patient involvement and satisfaction

The following comments relating to the room have been left by service users on social media:

"I had the most wonderful waterbirth in this room two years ago and I am so glad we were placed in this room. It literally has everything you need and doesn't feel too much like a room in a hospital. A lovely and calm sanctuary."

"I was in this room!! Loved going in the water and looking at the beautiful mural. The room felt so calm and relaxing, it really helped my hypnobirthing breathing techniques."

"Had the waterbirth of my dreams in this room on Thursday! They call it home from home for a reason me and my family all felt so comfortable."

"I used this exact room just 18 months ago, it was very relaxing. I used the bed first whilst the labour was progressing, then went into the pool for the final stage. One of your lovely midwives and a trainee midwife put on the aromatherapy lamp and it was all very calm and relaxing. Loved it. "

"I used this room for a part of my labour I didn't give birth in their but I wish I did it was so welcoming which was grate as it increased my oxytocin and the environment was like being at home the ladies did a great job of decorating it as homely as possible if you were thinking of doing a water birth definitely a way to for me it was the most wonderful experience of labour apart from giving birth to my baby boy. So overall it was lovely and would definitely recommend x"

Appendix E- Case Study 3 – Pet therapy dog on Fortescue Ward

The challenge

Fortescue ward at North Devon District Hospital cares predominantly for older people living with dementia and other cognitive impairments and frailty. The daily challenge is to engage with them, encouraging them into taking part in activities to maintain and promote a positive mind set whilst they are an inpatient. We understand that a hospital stay can demotivate and disable many older people and the ward aim to minimise the risk of this happening.



The solution

With the introduction of the PAT dog on the ward, staff are taking steps to reduce poor mental health outcomes for dementia patients within the hospital. Research from the Alzheimer's Society (2023) shows that pet therapy can have a calming effect and help patients with reminiscence, which is a large part of working with patients with dementia.

The ward also has a robotic puppy which is used with patients. This has proved very popular and soothing to some patients. The aim of the robotic puppy is to give patients a sense of independence back. By caring for the animal, it also gives them a chance to remember a beloved pet and the happy memories that it brings.



The Trust policies for infection control and health and safety have been followed whilst introducing the PAT dog and patients are always given a choice whether they would like to take part and meet with the dog and their owner.

Patient involvement and future development

The PAT dog continues to be a really positive activity on Fortescue. The ward manager would like to thank Penny Reardon and her dog Blue along with Anne Royal the activities coordinator. Future developments of a similar nature include Malcom, the music man, crafts that patients undertake on a daily basis plus the wonderful themed days such as the Coronation.

Appendix F- Case study 4 – Using Evidence Based Co Design (EBCD) to improve a service

EBCD is the process of groups of people working to make improvements or design new services together. This approach enables staff, patients and other service users to co-design services and care pathways, together in partnership. The approach is different to other service development techniques. Maternity Services were chosen to apply this methodology to shape future service delivery and design.

Service user input

Maternity Voices Partnership (MVP) were commissioned to undertake engagement with service users to understand their experiences of NDDH maternity services.

MVP used both online and face to face methods of engagement including focus groups, an online survey and case studies and covered antenatal, labour, postnatal, SCBU and general questions. Feedback was received from 233 service users.

Comments included:

“I was in a bay with three other women (during induction) and felt that the bed space was cramped in. I had no natural light, I was right by the door and the wall. The lights from the hallway were shining right into the space which was awful especially when you need dark at night”

“Private rooms where partners can stay overnight and help care for babies could completely change the way women recover from birth”

‘Having to go for a termination and walk past the waiting room of mothers who were waiting for scans was soul destroying”

“Having everything on one level as my partner had to be wheeled up and down floors and through reception with no privacy or dignity”

Staff input

Engagement was carried out over a four-month period consisting of a staff survey, informal face to face chats/group discussions both with NDDH staff and community midwives and the use of a dedicated maternity staff Facebook group. Staff were from all disciplines within the service. 68 members of staff shared their feedback.

Comments included:



Key recommendations

Maternity services reviewed the feedback and acknowledged that feedback received from staff and services users were aligned and agreed the following key priorities for future improvements:

- All services to be on the same floor/level
- Private rooms required for service users including the ability for partners to stay (Limitations for the Special Care Baby Unit due to safety priorities)
- Flexible space for meetings/training/service user education
- Maternity Led Unit expansion
- Separate entrance/waiting rooms to enable improved experience for those suffering baby loss
- Improved heating/ventilation (partially completed)
- Refreshment facilities for partners
- Appropriate rest space for staff
- Appropriate rest space/staff space
- More space around beds
- Improved parking experience (clarification on pick up and drop off being developed)

Appendix G- Learning from Complaints

The following are some examples of learning from complaints during 2022/23:

	You said	We did!
1	A ward was unable to evidence if a conversation had taken place with a relative of a seriously ill patient to discuss their condition.	Policies and procedures were reviewed and enquiries were made to allow staff members to add this information to the new electronic record (EPIC).
2	An inappropriate dressing was applied incorrectly to a paediatric patient.	The dressing was removed from the service area to prevent this being repeated.
3	A patient that experienced a delay in the Emergency Department (ED) reported that they were not supplied with anything to eat or drink during their waiting period.	A reminder was included in the ED newsletter reminding staff of the importance of providing refreshments to all patients that experience an extended wait.
4	A complainant referenced a document on the Trust website which related to the use of a drug. The document referenced did not make it clear that the information contained related to emergency situations only.	The document was reviewed and amended.
5	Relatives experienced difficulty contacting the ward due to staff shortages.	A ward clerk was employed for this area. Their duties include updating relatives and carers.
6	A patient was discharged with unlabelled medication.	A training conversation was completed with all relevant clinicians to highlight the incident for learning and reflection. This included ensuring that through checks on medication are completed on patient medication before discharge. It also focused on ensuring that the digital discharge checklist is consistently utilised to promote safe and effective discharges
7	A complainant raised an issue that pillows were not available whilst waiting in ED.	Additional pillows were ordered for the department.

8	A patient had their initial chemotherapy treatment delayed due to a late DNA test.	The service worked with our Information Technology (IT) system administrators to create a function that Doctors are able to use to request all genetic testing. This will improve the timeliness of DNA testing.
9	The swab results of a patient were not received due to partially completed documentation.	The importance of fully completed documentation was communicated via a staff newsletter and staff meeting.
10	A patient reported a poor experience whilst waiting in the ED department for an extended period of time.	The ED Escalation Standard Operating Procedure was reviewed and patients in the waiting room are now allocated a named nurse to focus on minimising delays and improving the patient experience.
11	A complaint investigation highlighted a need for refresher training relating to autism and mental health awareness in a department.	The learning disability nurse visited the department to provide training for staff.
12	A patient reported they could not understand their discharge summary.	The ward manager spoke with the junior doctors and consultants regarding the importance of making summaries concise and easy to understand to ensure that patients could understand the content.
12	Following an appointment cancellation, a patient experienced a problem with a series of linked appointments they had scheduled.	The investigation uncovered a computer system error which the service manager escalated to the Information Technology (IT) department to resolve.
13	A complaint relating to a patients mouthcare on the ward highlighted the need for a training update for the ward staff.	The clinical educator on the ward completed mouthcare training with ward staff.
15	A patient was discharged from ED with a follow up appointment booked for the next day. Their feedback was this process was confusing and they did not have contact details for the department they were referred to.	Business cards were provided to ED from the Same Day Emergency Care (SDEC) and Ambulatory Assessment Area (AAA) to give to patients when follow up appointments are booked.



Appendix H - Complaints Audit results

Eastern Services

Datix ID	Division	Month Rec'd	Did the Trust acknowledge within 3 working days	Was a consent form completed (# applicable)	Was a telephone triage form uploaded	How was the complaint resolved	Was the complaint responded to within 45 working days (from receipt to closing)	Was the complaint responded to within 6 months (from receipt to closing)	If the complaint exceeded 6 months, how many working days did it take (from receipt to closing)	Number of days with division awaiting approval of DFRL	Did this include time to amend the DFRL	Number of days with the Deputy Director of Nursing (PE) awaiting approval of DFRL	Did this include time to amend the DFRL	Number of days with the Trust Directors awaiting approval of the DFRL	Did this include time to amend the DFRL	Number of days awaiting approval from the CMO/CNO/CPE	Did this include time to amend the DFRL	Was the outcome recorded on Datix	Were the actions recorded on Datix (for upheld and partially upheld complaints)	Was the final response letter uploaded to Datix
2943	Medical Services	January	Yes	N/A	Yes	Early resolution	Yes	Yes										Yes	N/A	Yes
60	Medical Services	June	Yes	No	No	Executive response	No	No	135	5	No	1	No	10	No	3	No	Yes	No	Yes
2454	Medical Services	December	Yes	N/A	No	Executive response	Yes	Yes		23	No	2	No	3	No	1	No	Yes	No	Yes
2020	Medical Services	November	Yes	Yes	No	Executive response	No	Yes		13	No	2	No	1	No	6	No	Yes	N/A	Yes
631	Medical Services	August	Yes	Yes	No	Executive response	No	No	133	24	Yes	1	No	13	Yes	19	No	Yes	No	Yes
2068	Surgical Services	November	Yes	N/A	No	Executive response	No	Yes		4	No	1	No	6	No	5	No	Yes	N/A	Yes
2080	Surgical Services	November	No	N/A	No	Executive response	No	Yes		1	No	2	No	1	No	9	No	Yes	N/A	Yes
2541	Surgical Services	December	No	N/A	No	Executive response	No	Yes		1	No	1	No	12	No	4	No	Yes	No	Yes
3306	Surgical Services	February	No	N/A	No	Early resolution	Yes	Yes										Yes	N/A	Yes
150	Surgical Services	June	Yes	N/A	No	Executive response	No	Yes		2	No	3	No	6	No	2	No	Yes	No	Yes
2573	Specialist Services	January	Yes	N/A	No	Early resolution	Yes	Yes										Yes	Yes	Telephone Form
2620	Specialist Services	January	No	N/A	No	Executive response	No	Yes		4	No	7	No	1	No	10	No	Yes	Yes	Yes
390	Specialist Services	July	No	N/A	No	Executive response	No	No	146	3	Yes	1	No	14	No	3	No	Yes	Yes	Yes
3408	Specialist Services	February	Yes	N/A	No	Early resolution	Yes	Yes										Yes	No	Yes
2984	Specialist Services	February	Yes	Yes	Yes	Executive response	Yes	Yes		4	No	N/A		1	Yes	4	No	Yes	No	Yes
886	Community Services	August	Yes	N/A	No	Executive response	No	Yes		1	N/A	1	No	5	No	33	No	Yes	No	Yes
1093	Community Services	August	Yes	N/A	No	Executive response	No	Yes		28	Yes	2	Yes	6	No	7	No	Yes	No	Yes
1870	Community Services	November	Yes	N/A	No	Executive response	No	Yes		19	Yes	4	Yes	2	Yes	7	No	Yes	Yes	Yes
2378	Community Services	December	Yes	N/A	No	Early resolution	Yes											Yes	No	
1930	Community Services	November	Yes	Yes	No	Executive response	No	Yes		19	Yes	5	No	3	Yes	7	No	Yes	No	Yes

Northern Services

Datix ID	Division	Month Rec'd	Did the Trust acknowledge within 3 working days	Was a consent form completed (if applicable)	Was a telephone triage form uploaded	How was the complaint resolved	Was the complaint responded to within 45 working days (from receipt to closing)	Was the complaint responded to within 6 months (from receipt to closing)	If the complaint exceeded 6 months, how many working days did it take (from receipt to closing)	Number of days with division awaiting approval of DFRL	Did this include time to amend the DFRL	Number of days with the Deputy Director of Nursing (PE) awaiting approval of DFRL	Did this include time to amend the DFRL	Number of days with the Trust Directors awaiting approval of the DFRL	Did this include time to amend the DFRL	Number of days awaiting approval from the CMO/CNO/CE	Did this include time to amend the DFRL	Was the outcome recorded on Datix	Were the actions recorded on Datix (for upheld and partially upheld complaints)	Was the final response letter uploaded to Datix
736	Medicine	August	Yes	Yes	No	Executive response	No	Yes	N/A	14	Yes	2	No	1	No	28	Yes	Yes	Yes	Yes
1377	Medicine	September	Yes	N/A	No	Executive response	Yes	Yes	N/A	7	Yes	0	No	4	No	8	Yes	Yes	Yes	Yes
1962	Medicine	November	Yes	Yes	No	Executive response	Yes	Yes	N/A	17	Yes	0	No	2	No	4	No	Yes	N/A	Yes
2958	Medicine	January	Yes	N/A	Yes	Executive response	Yes	Yes	N/A	3	Yes	4	No	1	No	3	No	Yes	N/A	Yes
3109	Medicine	February	Yes	N/A	No	Early resolution	Yes	Yes	N/A	1	No	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Yes
3902	Medicine	March	Yes	N/A	No	Early resolution	Yes	Yes	N/A	1	No	N/A	N/A	N/A	N/A	N/A	N/A	Yes	N/A	Yes
3907	Medicine	March	Yes	Yes	No	Executive response	Yes	Yes	N/A	0	No	N/A	N/A	1	No	7	No	Yes	Yes	Yes
Average days										6.1		1.5		1.8		10.0				
2246	Surgery	December	Yes	N/A	No	Executive response	No	Yes	N/A	5	Yes	0	No	4	No	4	No	Yes	Yes	Yes
2057	Surgery	November	Yes	N/A	No	Executive response	Yes	Yes	N/A	10	Yes	N/A	No	2	No	N/A	N/A	Yes	N/A	Yes
1786	Surgery	October	Yes	No	No	Executive response	No	Yes	N/A	17	Yes	3	No	6	No	10	No	Yes	N/A	Yes
2487	Surgery	December	Yes	Yes	No	Executive response	No	Yes	N/A	6	Yes	8	Yes	4	No	8	Yes	Yes	Yes	Yes
2860	Surgery	January	Yes	Yes	No	Early resolution	Yes	Yes	N/A	10	No	N/A	No	N/A	N/A	N/A	N/A	Yes	N/A	Yes
2235	Surgery	November	Yes	Yes	No	Executive response	Yes	Yes	N/A	0	No	N/A	No	2	No	N/A	N/A	Yes	Yes	Yes
1648	Surgery	October	Yes	Yes	Yes	Executive response	No	Yes	N/A	18	Yes	1	Yes	1	No	2	No	Yes	N/A	Yes
Average days										9.4		3.0		3.2		6.0				
6	CS&SS	June	Yes	Yes	No	Executive response	No	Yes	N/A	15	Yes	N/A	N/A	4	No	0	No	Yes	Yes	Yes
370	CS&SS	July	Yes	Yes	No	Executive response	No	Yes	N/A	5	Yes	0	N/A	4	No	4	No	Yes	Yes	Yes
922	CS&SS	August	Yes	N/A	No	Executive response	No	No	138	25	Yes	21	Yes	9	No	20	No	Yes	Yes	Yes
3044	CS&SS	February	Yes	N/A	No	Early resolution	Yes	Yes	N/A	5	No	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Yes
3170	CS&SS	February	Yes	Yes	No	Executive response	Yes	Yes	N/A	0	No	N/A	N/A	4	Yes	3	No	Yes	N/A	Yes
3221	CS&SS	February	Yes	N/A	No	Early resolution	Yes	Yes	N/A	3	No	N/A	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Yes
Average days										8.8		10.5		5.25		6.75				