



You said, We did 2019-20

	
<p>During an inpatient survey on Victoria Ward, a patient with diabetes suggested that more information be made available about the sugar/carbohydrate values of the food offered in the menu.</p>	<p>A member of staff created a nutrition information board highlighting where to find relevant information. This has proved to be useful for both staff and patients.</p>
<p>The temperature in the physiotherapy department is too hot.</p>	<p>We reviewed this with the estates team. In the short term, we placed a fan in the reception area and rented some air conditioning units for some of the rooms with external windows.</p>
<p>The new check-in machine in the physiotherapy department often doesn't work, is difficult to use and is positioned where other people nearby can see your personal details.</p>	<p>The new kiosk is a pilot and the patient comments were fed back to the project team to consider going forward.</p>
<p>During an inpatient survey on Alexandra Ward, a patient commented that communication could be improved i.e. it is not good to be given bad news and then left alone.</p>	<p>We forwarded the feedback to the lead clinician and asked that nursing staff be involved when bad news is delivered.</p>
<p>Patients told us that it is sometimes difficult to understand the different staff roles, and who can assist, based on their uniforms.</p>	<p>We designed an A3 poster for display on the wards and public-facing areas that provides a visual guide to the most common uniforms. This provides patients and visitors with some clarity about staff roles.</p>
<p>After having breast cancer in 2016 I had back pain and was called in urgently for an MRI on a Friday afternoon. I was told I had to go in, so I went on my own and someone from oncology promised they would meet me as I was extremely distressed as I was going to MAU which is where my mum passed away earlier this year. This lady also completely scared me with our telephone chat and she did not come to meet me. To begin, the doctors I saw over the 3 hours I was there did say I shouldn't have been called in like that. The lady on the phone also said that I needed to have</p>	<p>The information was passed to PALS who spoke with the patient and notified the oncology nurse. The oncology nurse agreed with the patient to feed back the issues raised to staff and use her case to learn from in a team environment, if required. It was also agreed that details of the incident would be shared at the next team meeting for learning.</p>

<p>an MRI in case my cancer had returned in my back and I would need booking in for radiotherapy in Exeter asap! It was disgraceful as I was all alone and really scared. People at the end of a phone need to learn about compassion and how to speak to patients as this took me a long time to recover and I'm a very strong person. (Acute Oncology Service)</p>	
<p>Only one little thing without making it sound like a complaint, but could some of the staff take a little more notice and be a little quiet should the patient be asleep, especially when the curtains are around for privacy. (Caroline Thorpe Ward)</p>	<p>We discussed the general attitude on nights, the need to be as quiet as possible on a busy acute ward and to have understanding that parents are very tired and so may be less tolerant to what is happening.</p>
<p>The showers on Caroline Thorpe Ward lack pressure, are running cold and sometimes don't work.</p>	<p>We checked all of the showers on the ward for temperature and flow rate. There is planned maintenance in place to check all of the blenders on the ward and this includes the showers.</p>
<p>My family and I did not feel sufficiently informed about the process leading to surgery, what to expect and the wait involved. (Victoria Ward)</p>	<p>Discussions with the patient and her family led to their contributing a list of suggestions which resulted in the co-production of a new information leaflet called 'Waiting for your cardiac surgery'. This new leaflet seeks to address the issues originally raised.</p>
<p>We would like to be more involved in our baby's care. (Special Care Baby Unit)</p>	<p>We now teach parents how to undertake skills previously only carried out by nursing staff. This includes feeding their baby by nasogastric tube, the administering of medicines and safely taking their own baby's temperature.</p> <p>We introduced 'bedside handovers' at the baby's cot side. Nurses hand over the care details in front of the parents, who can also tell the next shift about their baby's progress.</p> <p>While in the transitional room prior to going home, parents are able to document independently the care they have provided such as feeding, temperature taking and nappy changing for their baby.</p>
<p>Feedback was received from patients and staff about the noise levels on King George V Ward.</p>	<p>A noise monitoring device (SoundEar2) was purchased for the ward which changes colour to indicate noise levels from acceptable to high. It acts as a visual prompt to reduce noise levels and</p>

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



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