

The Annual Report 2018/19 for Patient Experience

The 2018/19 patient experience annual report describes the progress we have made to ensure that patient feedback is used to improve services and the patient's experience of using our services. This report incorporates the following:

- **Friends and Family Test**
- **Patient feedback**
- **Patient Advice and Liaison Service (PALS)**
- **Complaints**



Excellence. *Every patient, Every time.*

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1. Overview and Strategy

By collecting and responding to patient feedback, Northern Devon Healthcare NHS Trust (the Trust) aims to embed a culture of continuous improvement within the organisation which will benefit patients, ensure staff feel valued and enhance our reputation with commissioners and stakeholders.

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

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

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

We have developed a patient experience programme that covers the majority of services provided by the Trust: in hospital, clinic or in the patient's home. Patients provide their feedback through real-time inpatient surveys at North Devon District Hospital (NDDH), social media and the Trust website, NHS Choices, Care Opinion, postal surveys, national surveys, focus groups, face-to-face engagement, PALS/complaints and, of course, routinely throughout the Trust via the FFT.

At the start of each board meeting, either a patient story is presented or a member of staff presents a piece of work which has been developed to improve the experience of patient care. Patient stories are obtained either through the complaints process, service transformation projects, letters to the chief executive or from patients who have approached the Trust. This sometimes involves the patient being present to give a more detailed account, which allows the Board to see and hear the experience first-hand.

FFT results are routinely reported to the Trust Board and NHS NEW Devon Clinical Commissioning Group. Patient experience data is shared and welcomed by clinical and operational teams. The patient experience team provides a report to the NDDH acute/maternity ward within two to three hours of the feedback being collected by a patient experience surveyor (see page 5). More detailed reports to services are provided on a monthly, bi-monthly or periodic basis..

During the year, the Trust established a Patient Experience Committee (PEC). Reporting to the Governance Committee, the purpose of the PEC is to analyse and triangulate the intelligence gathered from patients and members of the wider public to identify issues, patterns and trends in the data that may require further investigation, and commission activity as necessary.

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

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

North Devon District Hospital

Acute inpatient wards
Emergency department (accident & emergency)
Maternity services
Outpatients
Day units

Community

Community hospital inpatient wards
Community hospital outpatients
Community hospital day treatment units
Community children's nursing
Minor injury units
Pathfinder urgent care
Pathfinder complex discharge

Home-facing services

Community therapy
Community nursing
Rapid response service

Specialist community services:

Sexual health
Podiatry
Bladder and bowel
Dental

Publication of FFT scores and patient comments

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

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

On a weekly basis, we publish patient comments on our social media channels (Twitter and Facebook). The posts include a link to the Trust website. During the year 2018-19, the patient experience feedback posted on Facebook had a reach of 77,883 (this is the number of times it appeared in users' newsfeeds) with the top Facebook post having a reach of 9,508. The patient experience feedback posted on Twitter received 53,666 impressions (this is the number of times it appeared in users' timelines) with the top tweet achieving 2,597 impressions.

The Trust's patient experience strategy uses the following model and this report uses the same structure to articulate achievements:

Capture the experience of patients, carers and staff, using all available and appropriate tools.

Understand the experience by identifying the 'touch-points' of a service and gaining knowledge on **what** people feel as they experience our services and **when** they feel it.

Celebrate the positive experience (which constitutes most of the feedback received) enjoyed by patients.

Improve the experience by ensuring the feedback, both positive and negative, is heard and understood by the relevant clinical and managerial teams. Receiving, analysing and presenting feedback and then involving users and staff in developing the solutions completes the 'you said, we did' governance cycle.

Share the improvements made.



The full version of the Trust's patient experience strategy can be accessed here: [Patient Experience Strategy](#)

2. Capturing patient experience

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

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

During 2018-19, the average number of FFT responses received from around the Trust was over 1,100 per month. This was in addition to items of patient experience feedback received from other sources. Trust staff routinely offer patients the opportunity to provide feedback using all available and appropriate methods.

Volunteers

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

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

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

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

Personable, approachable and always willing to go the extra mile, the members of the patient experience team consistently demonstrate outstanding dedication and commitment. The quality of the feedback obtained by the team 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 2018-19, John, Michael, Pauline, Roger and Suzanne carried out inpatient surveys. Alex, Annie, John, Khaliq, and Suzanne engaged with patients in outpatient areas handing out FFT cards and Alex, Holly and Emma fulfilled the same role in A&E.

The work of this team makes an invaluable contribution to the Trust’s routine and systematic monitoring of patient experience, feeding into the continuous improvement of



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

the experience of patients in the Trust's care. In recognition of their contribution, all members of the team were nominated for an award at the North Devon Voluntary Service awards ceremony held in June 2018 and invited to Christmas lunch at North Devon District Hospital.

More than just the Friends and Family Test

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

Accessibility

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

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

National inpatient survey 2018 (published in June 2019)

The Care Quality Commission (CQC) gathers feedback from patients on their experience of care from NHS trusts. Over 600 patients who spent at least one night in hospital shared their feedback about the Trust.

According to the latest national inpatient survey, patients who received overnight care in hospital from the Trust rated their experiences highly and, in a number of ways, rated their experiences as better than the care delivered at other trusts across England.

NDHT received very high scores (nine out of 10 or higher) in many areas, including for:

- Confidence and trust in doctors, nurses and other clinical staff
- Cleanliness
- Giving patients enough to drink and a choice of food
- Giving patients privacy when they were examined or treated

The Trust not only achieved high scores but was also rated as better than other trusts in England in four areas. This included:

- Nurses giving understandable answers to questions
- Staff discussing with patients whether they needed any additional equipment or adaptations at home after leaving hospital
- Patients feeling well looked after by non-clinical hospital staff (e.g. cleaners, porters, catering staff)

Overall, patients gave the Trust a score of 9.2 for feeling that they were treated with respect and dignity while they were in hospital.

The survey highlighted a few scores that had dropped, which related to information and communication, and patients being asked for their feedback on their experience.

An in-depth review of the results will use this information alongside other patient experience feedback channels to develop an action plan.

Further information on the results of the survey can be found at:

www.cqc.org.uk/inpatientsurvey

Data capture and GDPR

A review of the FFT was carried out during the year to ensure compliance with the new GDPR regulations.

3. Analysing patient feedback

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

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

This process allows the Trust to identify trends and themes, and through analysing patient feedback we can identify where either action needs to be taken or a deep dive instigated to gain further understanding.

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

4. Using patient feedback

Receiving, analysing and presenting feedback and then involving users and staff in developing the solution completes the 'you said - we did' governance cycle.

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

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

You said, we did

The table below highlights some of the 'you said - we did' improvements to patient experience that were made in 2018-19:

	You said	We did
1	At North Devon District Hospital, the menu choice for inpatients with coeliac disease is too limited.	We reviewed the menu options available for patients with coeliac disease and improved the range.
2	In the Seamoor Unit, the waiting time for treatment on arrival is too long.	Patients are now collecting oral chemotherapy directly from pharmacy in order to reduce waiting times in the Seamoor Unit, although sometimes due to specific patient need they are collected for them if they are having other treatments in the unit.
3	While waiting for treatment in the Seamoor Unit it would be good to be able to leave the unit to go for a coffee. However, due to poor telephone reception, this is not possible in case staff are unable to contact the patient.	We have introduced a bleep for patients. If there is a delay to the patient's treatment, they can leave the area and be beeped when their treatment is ready.
4	In the outpatient waiting area at South Molton Community Hospital there are a number of contradictory signs directing patients.	We reviewed the signage and removed any unnecessary signs to prevent confusion.
5	More information of any delays to the list is required as waiting times are sometimes longer than expected.	<ul style="list-style-type: none"> We introduced an information sheet which is given to each patient to read on arrival. It explains how we work and informs patients that there could be delays due to unforeseen circumstances.

	(Endoscopy Suite – NDDH)	<ul style="list-style-type: none"> We will endeavour to keep patients updated if and when delays occur. We are a teaching unit with training lists. These lists have a reduced number of patients as the procedures can take longer to complete.
6	There are not enough chairs in the waiting room and it could be nicer. (Endoscopy Suite – NDDH)	We do not have space for more chairs as we have to accommodate wheelchairs and walking frames. However, we do ask that relatives leave the department (for a drink etc.) at the more busy times to free up the chairs we have. We try to keep the waiting area clean and tidy and have a selection of magazines to browse.
7	The unit is very cold at times. (Endoscopy Suite – NDDH)	The heating system for the unit has now been upgraded to work more efficiently. We monitor key areas for temperature and have access to portable heaters should they be needed.
8	I need to drink a bowel preparation to cleanse the colon ahead of my endoscopy procedure. The bowel prep tastes horrible and is too much to drink. (Endoscopy Suite – NDDH)	For most patients we have changed to a different bowel prep that is half the volume and is a different flavour (citrus). Some patients still require the original bowel prep.
9	There are no plus size chairs in the main outpatient department / minor injury unit waiting area at Bideford Hospital.	We purchased two plus size chairs for use in this area.
10	High back chairs are required in the eye clinic waiting area.	We purchased 12 high back chairs, six for the main Eye Clinic waiting area and six for the Exmoor Unit waiting area together with a bariatric chair for each waiting area.
11	The play area in the main eye clinic waiting area is too small and does not allow for paediatric patients to be separated out from the adults.	Paediatric patients attending the Eye Clinic are now sharing the play area previously used only by patients attending the Day Surgery Unit. This is located away from the main Eye Clinic waiting area and is equipped with a range of toys and seating for both parents and children. A lot of positive feedback has been received about the new arrangement.
12	Car parking at North Devon District Hospital needs to be improved.	We have developed a longer term traffic management plan, which includes creating over 100 new parking spaces during 2019, as well as plans to reduce the need to queue outside of the hospital. We have staff out in our car parks to manage the traffic and direct cars to available spaces.
13	Occasionally, bandages are not so good and some nurses would benefit from a refresher course in bandaging.	We provided a lot of training following the commencement of the leg ulcer service to ensure that all nurses are fully competent and confident in compression bandaging and leg ulcer management. Since July, 2018, 165 nurses have

	(Leg Ulcer Service)	received formal training and more is planned.
14	Continuity of care and treatment with the same nurse would be preferable. (Leg Ulcer Service)	A team of 16 link nurses are increasingly visible in the clinics and are aiming to improve continuity and outcomes for patients. There is at least one link nurse for every clinic and monthly link nurse meetings with the leg ulcer nurse specialist. The link nurses have played a crucial role in the dissemination of good practice and standardising the service.
15	The oral and maxillofacial surgery and orthodontics department is difficult to find. There needs to be better signage from level 2 and it is misleading to use the word 'dental' instead of 'maxillofacial'.	We changed the signage to use the correct title of 'oral and maxillofacial surgery and orthodontics' and matched the appointment letters to the signs.
16	Parents have said that they would like more involvement in their baby's care. (Special Care Baby Unit)	We now teach parents how to undertake skills previously only carried out by nursing staff such as feeding their baby by nasogastric tube. We have also introduced booklet diaries where parents and nursing staff both fill out information about the baby's day together with baby milestone cards (photographs of baby with parents) to document progress.
17	Parents who cannot be on the ward (e.g. those with older siblings to care for) have said that they would like to keep in touch as closely as possible. (Special Care Baby Unit)	We have introduced computerised parent diaries using the Badger data entry system to allow parents who cannot be on the ward to view updates on their baby's care and view daily photographs of their baby.
18	Mothers have said they receive inconsistent advice from staff in respect of breastfeeding. (Special Care Baby Unit)	We have achieved the Baby Friendly Initiative Stage 1 award and are moving towards gaining Stage 2 by the end of 2019. Specialised training has been developed. This will enable staff to empower mothers by teaching them more about expressing breast milk, responsive feeding and the importance of feeding in the development of a bond between mother and baby.
19	The parents of a patient with special needs requested more suitable communication methods for their daughter, explaining that their child was working with the Widgit word symbols. (Caroline Thorpe Ward)	We acquired the Widgit software and produced bespoke phrases for the patient in order to meet her communication requirements and thereby enhance her understanding of the hospital experience. This method of communication is now being used on an ongoing basis, as appropriate.
20	There is no water available in the	We installed a water cooler for patients in the waiting area.

	waiting area. (A&E)	
21	There is no wifi access for patients (A&E)	We installed wifi access for patients/visitors.

Case Studies

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

Case Study 1 – End of Life Companion Volunteers

The Issue

Staff were informing us of the potential difficulty they had being able to spend time with patients during the final stage of their life and that some people were dying alone. It was also identified that relatives that were able to stay with their loved one were reluctant to leave them alone while they went for a breath of fresh air or a meal, some of them even stated that they wanted to be with the patient but would appreciate some support. We recognised that although our clinical care was very good we could improve the support for the patient and their family at this difficult time.

The Process

A meeting of people representing volunteer services, chaplaincy and end of life care was called with the aim of finding potential solutions which would enhance the care that we could give people at this difficult time. The decision was to engage a team of volunteers to provide support and companionship for patients in the last days/hours of their life and also for any family members who are with them. The idea of the service was approved by the End of Life steering group.

The palliative care team/nursing team identify patients or families who might benefit from the presence of an End of Life care volunteer. Where family/friends are involved, the role is explained and permission sought to involve the service, where the patient has no support and is not able to give permission the care team act in their best interest.

The exact nature of this support will vary according to individual circumstances but will usually involve active listening and communication with patients and their family and spiritual care. Each situation is different, but mostly entails the volunteer just being 'present', conversing, sitting quietly with, reading to or holding a hand as appropriate. The role does not include being part of any personal care, but includes making tea for family members from time to time.

There is ongoing support and training and one-to-one help is available as required. The volunteers are mentored and supported through the chaplaincy and end of life teams and are managed by the volunteering coordinator.

The feedback for the service has been positive from family and friends and also from staff.

Case Study 2 – Leg Ulcer Service

The Issues

A leg ulcer is an area of broken skin below the knee that has been present for two weeks and is not healing. Many leg ulcers are complex and take a long time to heal. Consequently, having a leg ulcer can have a huge impact on a person's quality of life, both physically and emotionally. Many patients with leg ulcers become socially isolated as a result of having a leg ulcer. Wound care costs the NHS over five billion pounds per year and leg ulcers are a major percentage of that.

Historically, venous leg ulcer treatment across Northern Devon has been provided by GP practices. Having separate providers of leg ulcer care can be fragmented and unequal for patients. NHS RightCare highlighted the fact that there are optimum pathways that a patient should experience and emphasised the importance of providing right care, in the right place at the right time. Providing leg ulcer care in this way can reduce unwarranted variation and improve patient care.

In January 2018, NEW Devon CCG (the commissioner of this service) undertook a procurement exercise to appoint a 'lead provider' to take responsibility for establishing and maintaining the service across northern Devon. In February 2018, NDHT submitted a tender to deliver the leg service in Northern Devon. In March 2018 NEW Devon CCG awarded the contract to NDHT. The contract started on 1 July 2018.

The Process

Leg ulcer clinics were set up in eight locations across Northern Devon. Clinics are staffed by community nurses who have the skills and competencies in leg ulcer management. Patients are able to attend any clinic which is convenient for them. The clinics are in the following locations:

- Barnstaple at Rosebank
- Bideford at Bideford Community Hospital
- Chumleigh at Wallingbrook Surgery in the podiatry room
- Holsworthy at Holsworthy Community Hospital
- Ilfracombe at the Tyrrell Hospital
- Lynton clinic at Lynton Health Centre
- South Molton at South Molton Community Hospital
- Torrington at Torrington Community Hospital

Locations were established and all equipment was put in place. New electronic documentation was designed specifically for the leg service. This electronic system means

that all patients' care plans are accessible by all staff in any clinic. The clinics are all synchronised. They have the same pathways, policies and procedures.

An ordering system for dressings and other appliances was put in place and means that nurses can order items direct. This system ensures a smooth and timely treatment process and allows for effective use of resources.

Nurse training on leg ulcers was increased and several new lower limb study days introduced to NDHT. Over 200 community nurses have been on the study days over the past year. To support the training, new competency documents for leg ulcer management and ABPI assessment were introduced. A leg ulcer workbook was also designed and put in place for all nurses attending the competency day.

Staff have been surveyed on their thoughts on the training and one nurse commented that 'improved/increased knowledge and skills through in-house study days has helped nurses treat patients with leg ulcers and to achieve high healing rates'.

Link nurses were established for the service and there are currently over 16 link nurses. There are link nurses in each location and they all meet with the clinical leg ulcer specialist monthly to share best practice. The link nurses also ensure standards of excellence are upheld in their areas.

To ensure patients were fully informed, a patient information leaflet for the service about leg ulcers was designed and also a 'well leg passport' to supplement the leaflet. The well leg passport aims to empower patients and improve communication between health professionals and services.

Service Outcomes

Over 780 patients have been seen in the service. In year 1 the expectation was that 12% of all patients have healed ulcers in 12 weeks. NDHT has exceeded this, and in the first 6 months over 56% of all leg ulcers had healed.

The service has been audited fully at five weeks, 12 weeks, 24 weeks, 32 weeks and 52 weeks to measure a full range of key service outcomes. The service has continuously improved, and at 52 weeks;

- 100% of all simple ulcers had healed. (94% of these had healed at 12 weeks)
- Overall 92% of all types of ulcer had healed.
- 99% of all patients had an arterial assessment.
- Only 15% of all patients had reoccurred.
- 47% of all patients had seen the leg ulcer nurse specialist.

Friends and Family Test (FFT) feedback has been collected and the average monthly 'would recommend' score is 98%. The following comments were collected through the FFT:

“The staff are kind, caring, considerate - always ready to listen to your concerns – nothing too much trouble. Excellent service.”

“Every care has been taken to give me relief of my ankle pain and has resulted in having an appt. with vascular dept at NDDH within 4 weeks.”

The survey for nurses supported the patient feedback with comments such as:

“An excellent service developed around the needs of the patients”

“A valuable service to patient's with leg ulceration.”

Having a specialist service in Northern Devon means that the service is streamlined, evidence based, and that the nurses are highly skilled. Once patients have healed they are immediately put on to an electronic recall system to ensure that they are followed up at least annually. Patients are invited to attend a well leg group. This is for patients whose leg ulcers have healed and offers social support and access to clinicians to help keep patients' legs healthy and avoid further ulcers. The well leg groups are delivered by volunteers and voluntary organisations with support from NDHT community nurses and healthcare assistants. Members can expect a friendly welcome, a chat with other members, to share experiences and have a cup of tea. Going forward, the well leg groups will be developed further to improve reoccurrence rates and improve patients' quality of life. The leg ulcer clinics will aim to improve on all patient outcomes and continue to provide an excellent service.

Food at North Devon District Hospital

Comments collected in relation to food by the Trust's team of volunteer patient experience surveyors on the acute wards at North Devon District Hospital (see page 5) are routinely reported to Sodexo, our non-clinical support services partner, via the facilities department. These comments are included in the wider analysis of the food survey which is conducted by Sodexo. The themes identified and addressed by Sodexo during the year 2018-19 are detailed in the attached Sodexo report in **Appendix E**.

Preceptorship Programme

Detailed examples of patient experience reports were prepared for presentation as part of the Preceptorship Programme sessions. This programme supports those in transition from student to newly registered nurse, midwife or allied health professional, a practitioner returning to practice, a practitioner from Europe or overseas and those entering a new part of the Nursing and Midwifery Council (NMC) register.

5. Communicating the actions we've taken

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

- Direct feedback to the patient e.g. via meetings, complaint letters
- ‘You said - we did’ noticeboards at ward/department level and on the Trust website
- Monthly integrated performance reports and the patient experience dashboard presented to Board
- Pulse - the Trust newsletter
- Reports to Healthwatch Devon
- Reports to Health and Adult Care Scrutiny Committees
- Outpatient TV screens at North Devon District Hospital
- Quarterly BIG GOV drop-in forums where we bring together learning across the organisation and share patient stories, research, complaints, compliments, investigations and improvement projects.
- Trust Annual Report
- Quality Account
- Press releases and case studies
- Trust website and intranet
- Social media
- Care Opinion
- Presentations at national/regional events and conferences
- Wider patient engagement and involvement

6. Governance

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

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

Patient Experience Committee

Reporting to the Governance Committee, the purpose of the Patient Experience Committee (PEC) is to analyse and triangulate the intelligence gathered from patients and members of the wider public to identify issues, patterns and trends in the data that may require further investigation, and commission activity as necessary.

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.

Section 2: Complaints & Patient feedback

7. Patient Advice and Liaison Service (PALS)

- 7.1.** The Patients Advice & Liaison Service provides confidential advice and support, helping people to sort out any concerns they have about their care, and guiding them through the different services available from the NHS.
- 7.2.** We act independently when handling patient and family concerns, liaising with staff, managers and, where appropriate, relevant organisations, to negotiate immediate or prompt solutions.
- 7.3.** The overall number of PALS contacts received in the year was 3265.
- 7.4.** The division and specialities with the highest amount of PALS feedback was planned care (1581), followed by unscheduled care – medicine (964), unscheduled care – acute therapy (195), Director of Nursing, Quality and Workforce (120), and unscheduled care - women and children’s mental health interface (103).
- 7.5.** The top five PALS themes were: access to clinical services (39%), communication (26%), information provision (22%), clinical care and treatment (4%), and attitude of staff (2%). The type of issues within these subject categories are the same as those used for complaints, as described previously.
- 7.6.** The table below shows the number of PALS issues by subject matter for the year:

	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Access to services - clinical	629	1001	954	968	1590	1262
Access to Services - physical	24	18	31	78	97	41
Admission arrangements	11	7	6	10	8	3
Attitude of staff	115	106	143	134	110	73
Benefits	11	5	3	0	0	0
Bereavement	9	7	2	2	4	4
Clinical care and treatment	213	246	204	205	186	130
Communication	218	260	569	600	913	843
Compliments	154	160	28	18	57	28
Confidentiality issues	6	14	3	12	4	10
Discharge arrangements	49	81	35	59	50	37
Equality and diversity	2	7	2	1	0	1

Quality of facilities	40	23	21	56	49	23
Hotel services	22	20	13	12	8	10
Information provision	1108	395	641	882	861	732
Medical records	32	45	61	68	61	33
Patient's property	17	31	16	34	22	21
Privacy and dignity	6	8	3	2	1	0
Security	8	8	2	1	0	13
Transport	103	62	50	48	50	16
Totals	2777	2504	2787	3190	4071	3265

The number of PALS enquiries decreased this financial year and is representative with the numbers seen in 2016/17. This decrease can be attributed to the PALS office being closed from July to December 2018 inclusive due to staff sickness. The service continued to be provided by telephone / e-mail rather than there being the opportunity to enquire with the PALS team face to face within the main hospital site whilst visiting the hospital.

The increase in PALS enquiries within the previous financial year (2017/18) was due to increased waiting times, which saw the number of enquiries surrounding access to clinical services (e.g. length of wait for inpatient/outpatient/surgery; waiting time in A&E; unnecessary appointment; cancellation of appoints; difficulty in contacting departments via phone; difficulty booking appointment; cancelled clinic/operation) increase by 39% (622). The number of enquiries subsequently fell by 20% (328) 2018/19 as the trust's waiting times have improved.

The number of enquiries surrounding clinical care and treatment within the year (2018/19) fell by 30%, attitude of staff by 33%, and communication by 7%; which is a positive direction of travel for each of these categories. Issues relating to transport also reduced by 68% in and this can be attributed to the Information Centre being closed for a temporary period of time and patient information leaflets therefore not being provided.

Enquiries regarding discharge arrangements also reduced by 26% and this can be attributed to improved discharge planning due to the following initiatives which took place:

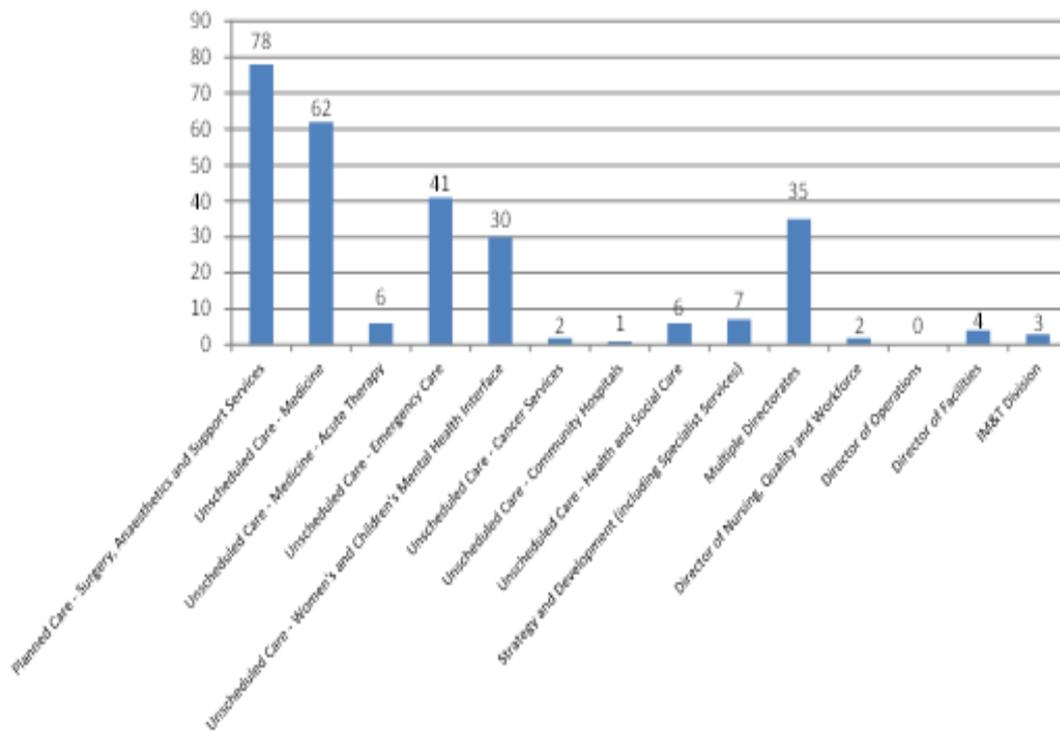
- Improvements to the Pharmacy service facilitating the discharge of patients out of hours when medications are required.
- A new patient guide to hospital discharge leaflet has been produced with a short introduction to discharge planning.

- Improved assessor paperwork implemented to accept community discharge referrals removing the need for nursing / residential care homes to assess patients themselves (reducing waiting times by up to three days).
- Improved TrakCare discharge summaries.

8. Complaints

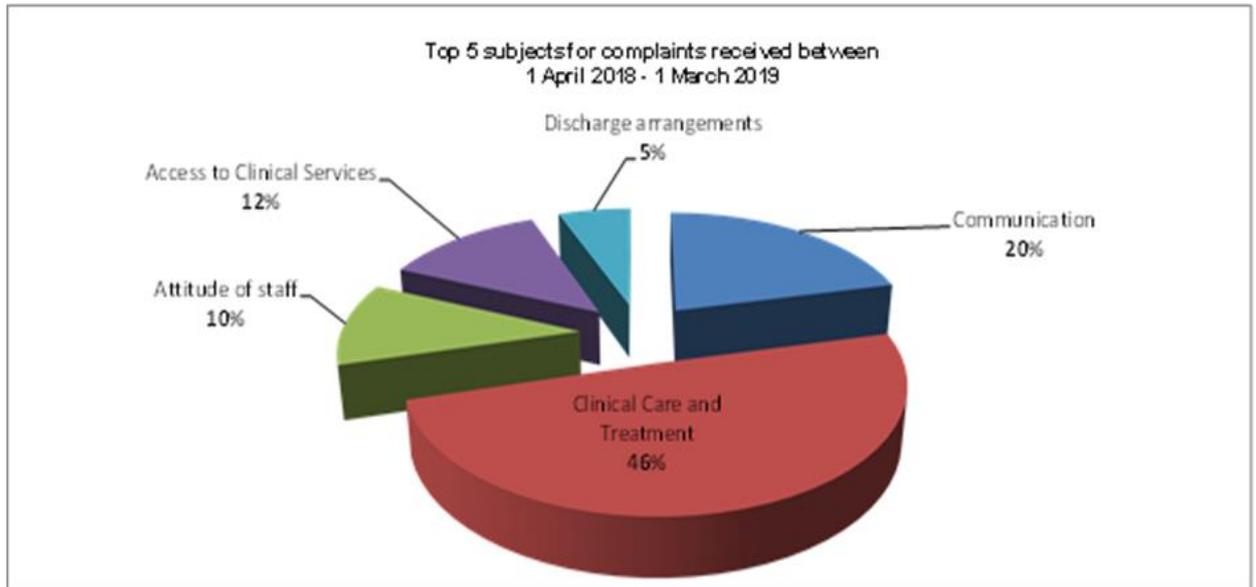
- 8.1.** The Trust strives to provide the best care; however when we do not get this right, complaints from our service users, carers and relatives are to be a vital source of feedback.
- 8.2.** In line with Trust policy, a complaint becomes formal in accordance with the complainant's wishes and a complaint may originate from a concern (written or verbal) which was impossible to resolve through the Patient Advice and Liaison Service (PALS).
- 8.3.** During the year 2018/19, 277 complaints were received, which is a 9% increase on 2017/2018 (255). The majority of complaints related to acute or inpatient services with low numbers of complaints received in relation to community services.
- 8.4.** 3265 PALS enquiries were recorded during the year 2018/19, which is a decrease of 516 on 2017/2018. During the year the PALS service experienced a vacant position which affected its operating hours for a short period of time. A decrease in the number of issues raised through PALS was noticed during this period which may have contributed to the decrease in overall numbers from the previous year.
- 8.5.** The combined complaints and PALS activity is a positive reflection on how patients and service users feel able to provide feedback on their experiences, which the Trust welcomes and encourages.
- 8.6.** The Division with the highest number of complaints for the financial year was the planned care division with 78 complaints. The graph below shows the breakdown of complaints received by Division, and associated specialities within the Unscheduled Care division.

Breakdown of complaints received in 2018/19 by Division



9. Breakdown of complaints by the top five subject matters

- 9.1. Breakdown of complaints by the top five subject matters. The top five complaint themes were clinical care and treatment (46%), communication (20%) access to clinical services (12%), attitude of staff (11%), and discharge arrangements (5%). The remaining 6% represents other subject matters.



9.2.

9.3. Examples of issues raised under these headings are:

- clinical care and treatment – poor medical/nursing/midwifery care; delay in diagnosis; complications of treatment; delay in treatment; drug/medication errors; equipment errors/misuse; hospital acquired infection; injury through treatment communication – communication to patients; carers or service users; communication between staff; lack of signposting; signage; interpreting services
- access to clinical services – length of wait for inpatient/outpatient/surgery; waiting time in A&E; unnecessary appointment; cancellation of appoints; difficulty in contacting departments via phone; difficulty booking appointment; cancelled clinic/operation
- attitude of staff – lack of empathy/caring; dismissive behaviour; rude/inappropriate behaviour; poor body language; aggressive behaviour
- discharge arrangements – inappropriate discharge; medication issue; transfer between hospital; social care provision; transport issues; aids and equipment; aftercare information; failure to follow procedures

10. Complaints Key Performance Indicators

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

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

10.3. Timeliness of Complaint Responses & Investigations

- During the year, 96% of complaints were responded to within either the agreed timeframe or within an agreed extension to the initial timeframe, which is static with the performance for the previous financial year (2017/2018).
- In order to monitor and prevent late responses to complainants, the timeliness of investigations is monitored via the monthly performance review meetings with Divisions and by the Trust's Patient Experience Group.
- During the year, 79% of complaint investigations were returned to the patient experience complaints team within the assigned timeframe to meet the response time to the person raising the issue.
- This performance does not meet the Trust's internal target or Clinical Commissioning Group's target of 95% and 85% respectively and work was undertaken during the year to improve the timeliness of investigations. An improvement was seen in Q4 with 97% of investigations returned on time; although the aggregated percentage for the year sits at 79%. This improvement is expected to continue into the 2019/20 reporting period and will be monitored by the organisation on a quarterly basis.

Closed complaints - During the year 280 complaints were closed following investigation. Actions that arise from complaints are monitored by the Divisions and reported to the Trust's Patient Experience Committee.. This will continue in 2019/20 and be reported each quarter.

11. Parliamentary and Health Service Ombudsman complaints

11.1. Where the person raising the complaint is either unhappy with their complaint response or the way their complaint has been handled, they have the right of redress to raise their dissatisfaction with the Parliamentary and Health Service Ombudsman (PHSO) who will review their concerns and the Trust's management of their complaint to include the outcome of the Trust's investigation.

11.2. Where possible, and in line with the complainant’s wishes, the Trust will undertake many attempts of resolution to try and resolve outstanding dissatisfaction. A complainant can approach the Ombudsman after this process or as soon as they receive their complaint response. The table below shows the number of cases the Ombudsman contacted the Trust about this financial year (9), alongside outcomes of their review concluded within the year (which could relate to cases from previous financial years).

11.3. The table below shows the Trust has a good reputation with cases referred to the Ombudsman with ten cases they formally investigated NOT being upheld and four cases being determined as not requiring formal investigation. The Ombudsman’s formal investigation involves expert clinical advisors who review the patient’s care and treatment alongside the concerns raised, and the Ombudsman’s investigation outcome is final.

Complaints referred by outcome	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
Request received from Ombudsman	0	0	2	0	3	1	1	2	0	0	0	0	9
Issue NOT upheld with no further action	1	1	1	-	2	-	1	2	2	-	-	-	10
Issue upheld and recommendations made	-	-	-	-	-	-	-	-	-	-	-	-	0
Issue partially upheld	-	-	-	-	-	-	1	-	-	-	-	-	1
Decision by Ombudsman NOT to investigate	-	-	-	-	-	-	-	2	2	-	-	-	4

12. Concerns raised directly to the Care Quality Commission

12.1. During the year, 9 concerns were raised directly to the Care Quality Commission (CQC); 7 of which related to issues relating to clinical care and treatment; one related to attitude of staff; and one related to hospital facilities. On each occasion the CQC contacted the Trust with details of the concerns and following investigation by the organisation, the CQC was satisfied with the sequence of events for each case and did not determine any further action was necessary.

13. Next Year (2019/20)

In 2019-20, we will focus on the following areas:

- Implement the revised and updated FFT national guidance due to be issued in September 2019.
- Focus on celebrating compliments & excellence, both internally and externally.
- Develop a three year patient experience strategy.
- Develop patient experience teaching opportunities for staff across the trust.
- Continue to ensure actions from patient feedback and complaints are monitored and improvement plans are implemented to address recommendations.

Appendix A – Acute inpatient survey results – 2018-19

Planned care

Question / Ward/Unit	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Were you as involved as much as you wanted to be in decisions about your care and treatment?	73	86.6	94.8	96.2	95.6	91.7	95.5	96.7	92.5	93.6	86	87.1	95.1
ASU Orthopaedics	73	89.3	100	100	87.5	82.1	91.7	88.9	85.7				
Alexandra Ward	73									90	71.4	72.4	90.9
Caroline Thorpe Ward	73	91.7	100	94.4	100	100	100	100	100	100	100	100	100
Lundy Ward	73	100	90.5	97.7	100	100	96.4	100	100	95	78.6	90	92.9
ICU / HDU	73		100	100	100	66.7	100		100	100	100	100	100
King George V Ward	73	86.2	95.8	90.5	95.5	90.8	96.4	96.2	91.7	89.4	85.1	88.2	95
Tarka Ward	73	80.6	91.9	97.8	98.1	96.2	94	100	90.7	100	98	96.4	100
Have hospital staff been available to talk with you about your worries and fears?	73	87.7	95.7	93.6	94.4	85.4	94.6	92.5	95.6	87.5	91.8	91	91.4
ASU Orthopaedics	73	75	93.8	100	97.5	75	91.7	79.4	84.6				
Alexandra Ward	73									82.5	73.3	87.5	84.2
Caroline Thorpe Ward	73	100	100	100	100	100	100	100	100	100	100	100	100
Lundy Ward	73	100	97.5	88.2	100	100	92	96.4	96.2	85	96.2	80	94.4
ICU / HDU	73		100	100	100	83.3	100		100	100	100	100	100
King George V Ward	73	90.9	94.1	87.5	86	77.6	94.4	93.9	98.3	83.3	94.2	94.8	91.1
Tarka Ward	73	83.3	95.8	95.5	93.5	91.3	97.2	97.4	96.4	96.4	95.2	94.7	93.2

Have you been given enough privacy when discussing your condition/treatment?	73	90.1	93.5	98.4	96.1	93.8	95.5	97.6	98	93.1	95.5	92.4	100
ASU Orthopaedics	73	89.3	100	100	93.8	82.1	88.9	97.2	89.3				
Alexandra Ward	73									92.5	87.5	93.1	100
Caroline Thorpe Ward	73	91.7	100	100	100	100	100	100	100	100		100	100
Lundy Ward	73	100	97.6	100	100	100	94.6	97.2	100	90		86.7	100
ICU / HDU	73		100	100	100	83.3	100		100	100		100	100
King George V Ward	73	86.2	86.1	95.2	90.9	96.1	98.2	98.7	98.6	92.4	100	92.6	100
Tarka Ward	73	94.4	93.5	97.8	100	94.2	96	96.2	100	93.8	100	86.7	100
Have the doctors, nurses or pharmacists talked to you about medication side effects?	73	77.2	83.3	82.2	82.5	68.6	81.6	87.2	83.5	77.8	82.5	80	88.5
ASU Orthopaedics	73	70.8	84.4	82.1	75	60	80	58.3	70				
Alexandra Ward	73									80	68.2	75	61.9
Caroline Thorpe Ward	73	90	100	100	100	100	100	100	100	100	100	100	100
Lundy Ward	73	75	83.3	77.5	90.6	83.3	65	96.4	92.9	83.3	87.5	76.7	94.1
ICU / HDU	73		100	100	100	66.7	100		100	100	100	100	100
King George V Ward	73	81.8	85.9	64.3	75	59.6	95.2	88.7	88.5	63	77.1	89.3	96
Tarka Ward	73	71.4	74.1	93.5	84.6	70	79.2	93.2	71.4	88.2	86	70.8	97.8
If you have concerns once you leave the hospital will you know how to get more information?	73	98.2	99	100	98.9	100	100	97.8	98.6	97.2	100	80	97.5
ASU Orthopaedics	73	83.3	100	100	100	100	100	100	100				
Alexandra Ward	73									92.3	100	75	100

Caroline Thorpe Ward	73	100	100	100	100	100	100	100	100	100	100	100	100
Lundy Ward	73	100	100	100	100	100	100	94.1	92.3	100	100	76.7	100
ICU / HDU	73		100	100	100	100	100		100	100	100	100	
King George V Ward	73	100	97.1	100	96.7	100	100	100	100	96	100	89.3	94.1
Tarka Ward	73	100	100	100	100	100	100	95.8	100	100	100	70.8	100
Overall, do you feel you have been treated with respect and dignity while you have been in hospital?	73	96.5	99.1	100	99.1	97.9	99.5	100	99.5	98.9	97.7	99.6	98.5
ASU Orthopaedics	73	96.4	100	100	97.9	92.9	100	100	100				
Alexandra Ward	73									100	95.2	100	97.7
Caroline Thorpe Ward	73	100	100	100	100	100	100	100	100	100	100	100	100
Lundy Ward	73	100	100	100	100	100	100	100	100	100	100	100	97.6
ICU / HDU	73		100	100	100	100	100		100	100	100	100	100
King George V Ward	73	94.8	100	100	98.5	97.4	100	100	98.6	98.5	95.9	98.5	98.3
Tarka Ward	73	97.2	96.8	100	100	100	98	100	100	97.9	100	100	100
Thinking about the care you have received in hospital, have you been treated with kindness and understanding?	73	98.6	99.6	100	99.1	98.4	98.6	100	99.5	99.5	99.1	99.5	98.5
ASU Orthopaedics	73	96.4	100	100	97.9	92.9	100	100	100				
Alexandra Ward	73									100	100	100	95.5
Caroline Thorpe Ward	73	100	100	100	100	100	100	100	100	100	100	100	100
Lundy Ward	73		100	100	100	100	100		100	100	100	100	100
ICU / HDU	73	98.3	100	100	98.5	98.7	100	100	98.6	100	97.3	98.5	100

King George V Ward	73	100	100	100	100	100	96.4	100	100	100	100	100	97.6
Tarka Ward	73	100	98.4	100	100	100	98	100	100	97.9	100	100	100

Unscheduled care

Question / Ward/Unit	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Were you as involved as much as you wanted to be in decisions about your care and treatment?	73	80.2	89.1	83.8	88	84	89.9	92.1	86.5	89.2	85.2	88.4	82.7
Capener Ward	73	71.1	86.4	81.8	80.4	82.6	75	95.5	89.5	88.6	94.1	79.6	78
Fortescue Ward	73	70.8	85.3	85.7	92.3	88.2	85.7	97.4	86.8	85.7	86.7	77.8	69.2
Glossop Ward	73	90	100	65.6	91.7	72.7	100	95.8	100	92.9	81.8	97.1	91.2
Medical Assessment Unit	73	91.7	81.3	71.4	100	91.7	97.5	83.3	75	81.3	100	96.9	75
Staples Ward (Stroke Unit)	73	87.5	76.7	91.2	88.9	71.9	96.2	91.7	63.3	97.4	83.3	94.1	78.9
Victoria Ward	73	79.4	97.2	100	83.8	90.9	91.1	85.4	94.6	87	76.1	90	95.2
Have hospital staff been available to talk with you about your worries and fears?	73	76.2	95.8	86	88.2	84.8	89.8	93.5	80.5	87.1	87.7	81.1	80.3
Capener Ward	73	71.4	97.2	70	84.1	72.2	90	94.1	84.4	85	79.4	80	83.3
Fortescue Ward	73	70.8	100	84.6	70.8	73.1	87.5	90.6	71.1	83.3	84.6	70.6	62.5
Glossop Ward	73	87.5	97.6	95.5	90	70	91.7	90.9	70	88.5	92.9	86.7	81.3
Medical Assessment Unit	73	75	100	81.8	92.3	100	85.3	100	78.6	81.3	100	68.8	100
Staples Ward (Stroke Unit)	73	75	83.3	84.4	92.9	93.3	91.7	97.2	83.3	84.2	95	100	75
Victoria Ward	73	77.8	97.1	97.5	93.1	95.8	92.1	91.2	90	94	87.5	83.3	86.1

Have you been given enough privacy when discussing your condition/treatment?	73	87	97	90.5	94.9	89.6	90.3	94.1	93	94.1	92.9	90.3	100
Capener Ward	73	92.1	95.5	88.6	91.1	87	90.4	100	100	88.6	90	86.5	100
Fortescue Ward	73	70.8	100	96.4	92.3	88.2	85.7	86.8	92.1	97.6	75	86.1	100
Glossop Ward	73	90	100	87.5	98.3	90.9	86.1	95.8	86.4	96.4	100	91.2	100
Medical Assessment Unit	73	75	87.5	82.1	89.3	91.7	92.5	100	100	87.5		96.9	100
Staples Ward (Stroke Unit)	73	87.5	96.7	94.1	97.2	84.4	88.5	97.2	90	94.7	100	100	100
Victoria Ward	73	94.1	97.2	93.2	97.1	93.9	94.6	89.6	91.1	96.3	100	86.7	100
Have the doctors, nurses or pharmacists talked to you about medication side effects?	73	63.2	80.1	68.4	67.1	62.5	74.5	87.3	61	73.6	57.6	62.9	60.5
Capener Ward	73	55.3	86.8	53.1	57.1	61.4	50	97.2	73.3	62.5	43.3	58.7	57.7
Fortescue Ward	73	58.3	82.1	80.8	66.7	78.1	84.6	87.5	42.9	90	78.6	60.7	13.6
Glossop Ward	73	75	81	85.7	65.5	70	87.5	79.2	65	82.1	60	80	68.8
Medical Assessment Unit	73	75	68.8	55	89.3	66.7	76.5	80	50	80	100	50	30
Staples Ward (Stroke Unit)	73	72.2	80.8	77.3	55.9	56.3	96.2	88.9	45.5	82.4	53.1	95.8	65
Victoria Ward	73	56.3	75	68.2	71.7	53.8	68	82.1	71.7	64	41.7	50	85.7
If you have concerns once you leave the hospital will you know how to get more information?	73	100	98.7	98.6	97.1	98.7	98.9	98.8	92.2	98.6	97.1	100	91.5
Capener Ward	73	100	100	92.3	95	100	95	100	90.9	100	100	100	94.7
Fortescue Ward	73	100	100	100	100	100	100	100	75	100	91.7	100	100
Glossop Ward	73	100	100	100	95.7	100	100	91.7	100	100	100	100	100
Medical Assessment Unit	73	100	100	100	100	100	100	100	85.7	100	100	100	100

Staples Ward (Stroke Unit)	73	100	100	100	100	100	100	100	100	100	90.9	100	84.6
Victoria Ward	73	100	92.9	100	96.8	96.4	100	100	100	95	100	100	100
Overall, do you feel you have been treated with respect and dignity while you have been in hospital?	73	98.8	100	98.1	98.5	98.1	98.3	100	98.5	99.5	97.8	98.8	97
Capener Ward	73	97.4	100	95.5	98.2	100	94.2	100	100	100	94.1	98.1	92
Fortescue Ward	73	95.8	100	100	100	94.1	100	100	97.4	100	100	100	92.3
Glossop Ward	73	100	100	100	95	95.5	97.2	100	100	96.4	90.9	100	100
Medical Assessment Unit	73	100	100	92.9	100	100	100	100	93.8	100	100	96.9	100
Staples Ward (Stroke Unit)	73	100	100	100	100	96.9	100	100	100	100	100	100	100
Victoria Ward	73	100	100	100	100	100	100	100	98.2	100	100	98.3	100
Thinking about the care you have received in hospital, have you been treated with kindness and understanding?	73	99.4	98.5	97.6	97.8	98.6	97.9	100	98	99.1	97.8	98.4	96
Capener Ward	73	97.4	100	95.5	96.4	100	90.4	100	97.4	100	97.1	96.3	92
Fortescue Ward	73	100	94.1	96.4	100	97.1	100	100	97.4	100	96.7	100	92.3
Glossop Ward	73	100	100	100	95	95.5	100	100	100	96.4	90.9	100	100
Medical Assessment Unit	73	100	93.8	92.9	100	100	100	100	93.8	100	100	96.9	100
Staples Ward (Stroke Unit)	73	100	100	100	97.2	96.9	100	100	100	97.4	100	100	94.7
Victoria Ward	73	100	100	100	100	100	100	100	98.2	100	100	98.3	100

Appendix B - Friends and Family Test (FFT) Scores - 2018-19

Adult FFT card question

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

Children and young people's FFT card question

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

Quantitative Results

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

'Would recommend' percentage is calculated as follows:

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

'Would not recommend' percentage is calculated as follows:

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

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

Acute / A&E

Planned care

Ward	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
'Would recommend' score	75	86	99	99	99	96	100	99	98	99	98	98	100
ASU Orthopaedics	75	100	100	100	96	79	100	100	100				
Alexandra Ward	75									100	95	100	100
Caroline Thorpe Ward	75	98	97	99	100	96	100	96	98	100	97	98	100
Lundy Ward	75	100	100	100	98	100	100	100	100	100	100	94	100
King George V Ward	75	100	100	98	100	98	100	100	97	95	95	97	100
Tarka Ward	75	100	100	100	100	97	100	100	97	100	100	100	100

Unscheduled care

Ward / Department / Unit	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
'Would recommend' score	75	62	97	92	89	93	90	96	95	97	94	95	94
A&E	75	56	96	88	60	78	65	90	92	91	91	85	74
MAU	75	100	100	100	100	100	100	100	100	100	100	94	100
Capener, medical	75	95	100	87	96	100	86	96	95	100	92	93	92
Fortescue	75	100	97	91	96	95	100	90	95	100	90	89	100
Glossop	75	98	95	43	98	96	100	97	91	97	94	97	96
Staples Stroke	75	94	100	100	100	100	100	100	100	95	100	100	100
Victoria	75	96	100	97	97	100	100	100	100	97	100	100	100

Outpatients and Daycases – NDDH

Service	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
NDDH Outpatients	75	94.5	94.7	95.49	94.93	95.64	96.07	94.27	97.5	94.7	96.3	95.8	95.7

Service	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
NDDH Daycases	75	100	99	100	100	97.62	100	98.24	100	100	100	99.4	99.4
Day Surgery Unit	75	100	80	100	100	90.91	100	100	100	100	100	100	100
Endoscopy Suite	75	100	100	100	100	99.06	100	100	100	100	100	98.9	100
Petter DTU	75	100	100	100	100	100	100	100	100			100	100
Radiology	75		100	100	100	100	100	88.46		100	100		100
Seamoor	75		100	100	100	66.67	100	100	100		100	100	92.3
Urology Suite	75	100		100				100		100			100
Vanguard Unit	75					100				100	100	100	

Maternity Services

Service	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Maternity services - total	75	94.6	100		100	100	100	100	100		100	100	100
Antenatal Service	75	100	100	100	100	100	100	100	100		100	100	100
Labour Ward	75	100	100	100	100	100	100	100	100	100	100	100	100
Postnatal Ward	75	91.7	100	100	100	100	100	100	100	100	100	100	100
Postnatal Community Service	75	100	100		100	100	100	100	100	100	100	100	100

Community Healthcare

Community Hospitals	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
North Community - total	75	100	100	100	88.9	50	100	83.3	100	100	100	100	100
Holsworthy Community Hospital**													
South Molton Community Hospital - Hugh Squier Ward	75	100	100	100	88.9	50	100	83.3	100	100	100	100	100

**Inpatient ward temporarily closed

Community Nursing Teams	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Community Nursing Teams - total	75	100	100	100	100	100	100	95	100	100	100	100	100
Barnstaple	75					100	100	80		100		100	
Bideford	75	100	100	100	100	100		100	100			100	100
Holsworthy/Torrington	75	100	100						100			100	
Ilfracombe	75		100	100		100	100	100	100	100	100		100
Lynton/Lynmouth	75	100				100						100	
Out of Hours Northern	75	100	100	100	100	100	100	100	100	100	100	100	
South Molton	75	100		100	100	100	100						

Community Therapy Teams	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Community Therapy Teams - total	75	100	100	95	93.2	93.8	97.1	86.4	100	95.2	100	96.2	100
Barnstaple	75		100		90.9	93.3	100			100			
Bideford	75		100	100	100	100	100	100	100	100	100	87.5	100
Ilfracombe	75	100	100	100	92.6	100	100	100	100	88.9	100	100	100

South Molton	75	100	100	87.5	83.3	83.3	92.3	71.4	100	100	100	100	100
Torrington/Holsworthy	75	100	100	100	100	100	100	50			100	100	100

Minor Injury Units	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Minor Injury Units - total	75	100	100	96.8	96.3	100							
Bideford	75	100	100	97.8	100	100	100		100		100	100	
Ilfracombe	75	100	100	92.9	92.86	100	100	100	100	100	100	100	100
Lynton	75			100	100			100			100		100

Community Specialist Services	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Community Specialist Services - total	75	97.9	96	98.11	98.02	98.11	94.06	98.86	96.3	98.3	98	96.8	100
Bladder and Bowel - Adult	75	100	100	100	100	100	94.12	93.33	100	100	100	100	100
Bladder and Bowel - Paediatric	75	95.5	100	100	100	100			93.1		91.7		100
Dental	75	100	95.7	96.39	96.08	96.49	91.84	100	96.4	100	100	100	100
Podiatry	75		100			100						89.5	
The Centre – Barnstaple	75	100		100		100		100		100	100	93.8	100
The Centre – Bideford	75			100									
The Centre – Exeter	75	100	100	100	100		95.24	93.1	100	100	100	100	100
The Centre - Exmouth	75								100		100		
The Centre - Holsworthy	75							100					
The Centre - Okehampton	75	100	87.5	100	100		100	100	100	95.7	97	100	100

Service	Target	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
Children's Community Nursing	75	100	100	100	100	100	100	100		100		100	
Community Daycases	75	100	100			100		100	100	100		100	
Community Outpatients	75	100	100	95.8	94.7	87.1	97.0	100	90.9	100	100	100	90.9
Pathfinder Complex Discharge	75	100	75	100					100		100	100	100
Pathfinder Urgent Care	75	100	100	100	100	100	100	100		100	100	100	100
Rapid Response Service	75	100	100	100	100	100	100	100	75	100	100	100	100
Speech and Language Therapy (SALT)	75	100		100	100	100	100	100	100	100	100	100	100

Appendix C - Methodology

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

		<p>how to get more information?</p> <p>10. Have you any suggestions for ways we can improve the service or any other comments on the service you have received?</p>				D below)
2	Community Nursing Teams	<p>1. We would like you to think about your recent experiences of our service. How likely are you to recommend our service to friends and family if they needed similar care or treatment?</p> <p>2. At what stage in your care are you completing this Patient Experience Survey?</p> <p>3. Please can you tell us why you gave the response you did to question 1?</p> <p>4. Were you offered a morning or afternoon appointment for us to visit you in your home?</p> <p>5. Were you contacted in advance if we were unable to keep an appointment?</p> <p>6. Were you involved as much as you wanted to be in decisions about your care and treatment?</p> <p>7. Have your family and carers been involved in decisions about your care as much as you would like them to have been?</p> <p>8. Before you received any treatments (e.g. an injection, dressing, physiotherapy) did a member of staff explain any risks and / or benefits in a way you could understand?</p> <p>9. Did you see your nurse clean their hands during visits?</p> <p>10. Do you feel you had sufficient time with us during the visits?</p> <p>11. Overall, do you feel you have been treated with respect and</p>	<p>Gender</p> <p>Age</p> <p>Ethnicity</p>	<p>Reply-paid survey forms left with the patient at home; tablet-based data collection in the patient's home; telephone surveys; tiny URLs in patient information leaflets and visiting cards.</p>	<p>Daily</p>	<p>FFT data - monthly NHS Digital upload</p> <p>Service leads</p> <p>Healthcare Analytics and Reporting Team - monthly</p> <p>BOB</p> <p>Trust website</p>

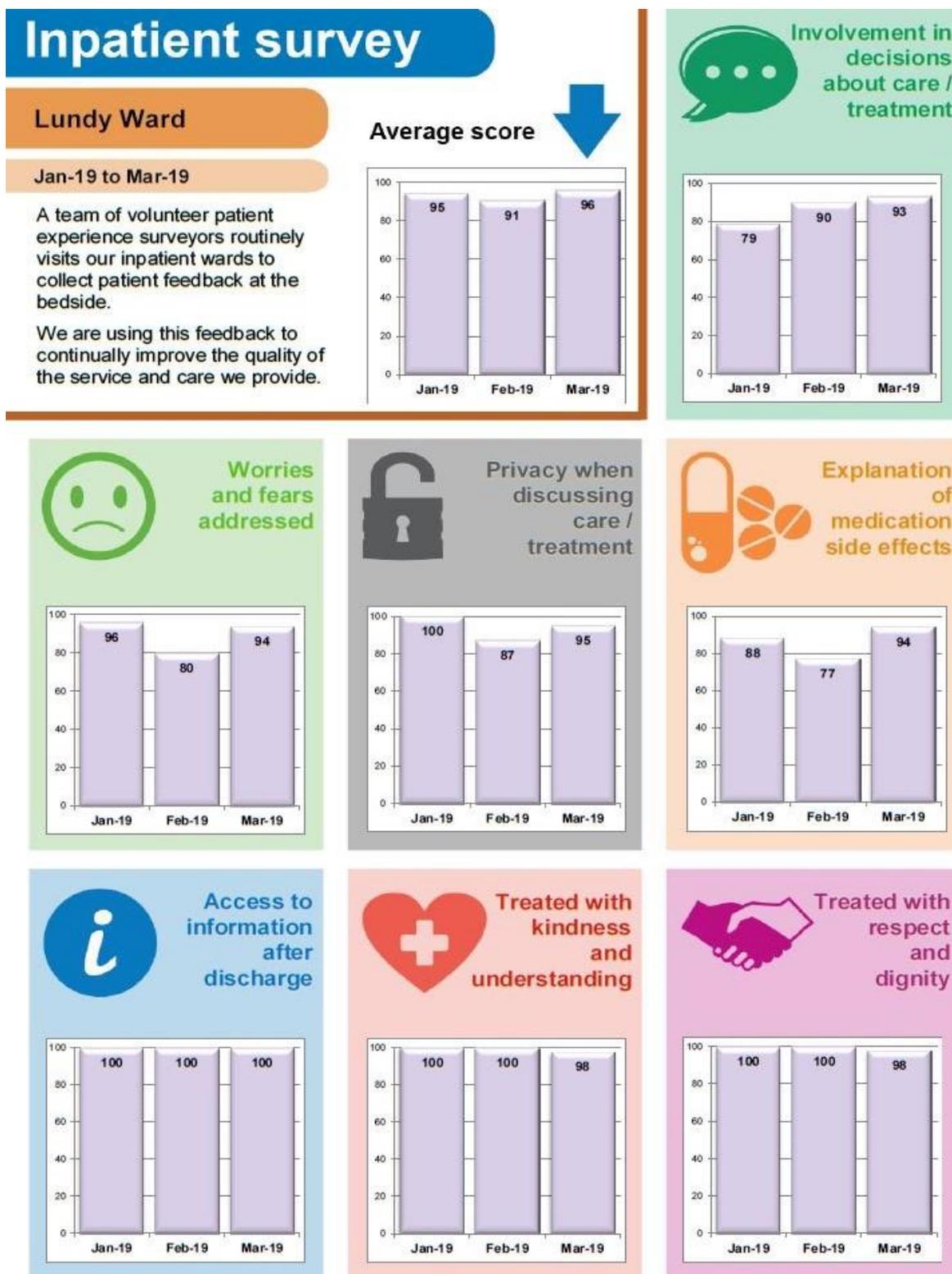
		dignity? 12. Do you know how to contact our service? 13. Have you any suggestions for ways we can improve the service?				
4	Community Therapy Teams	1. We would like you to think about your recent experiences of our community therapy service. How likely are you to recommend our community therapy service to friends and family if they needed similar care or treatment? 2. Please can you tell us why you have given that response? 3. When you were given your first appointment was it when you expected? 4. Did the team member who came to see you the first time introduce themselves? 5. Do the team members give you information in a way you can understand? 6. Do the team members you see treat you with respect and dignity? 7. Were you involved in decisions about your care as much as you would like to have been? 8. Have your family and carers been involved in decisions about your care as much as you would like them to have been? 9. As part of your care plan you may have been allocated equipment to use at home. Was this equipment delivered when you expected? 10. As part of your care plan you may have been allocated a place at a clinic or class. Was this clinic or class made available to you when	Gender Age Ethnicity	Following discharge, a reply-paid survey form is posted to the patient at home.	At discharge	FFT data - monthly NHS Digital upload Service leads Healthcare Analytics and Reporting Team - monthly BOB Trust website

		<p>you expected?</p> <p>11. By the end of your rehabilitation had you achieved everything you expected?</p> <p>12. Do you have any suggestions as to what we could have done differently to make your experience of rehabilitation better or any other comments?</p>				
5	Maternity Services	<p>1. Did you get enough information from a midwife or doctor to help you decide where to have your baby?</p> <p>2. Thinking about your antenatal care, were you involved enough in decisions about your care?</p> <p>3. Were you (and / or your partner or a companion) left alone by midwives or doctors at a time that worried you?</p> <p>4. Thinking about your care during labour and birth, were you involved enough in decisions about your care?</p> <p>5. Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding?</p> <p>6. Did you feel that midwives and other carers gave you active support and encouragement?</p> <p>7. Overall, do you feel you have been treated with respect and dignity while you have been in hospital?</p> <p>8. Have you any suggestions for ways we can improve the service or any other comments on the service you have received?</p>	<p>Age</p> <p>Ethnicity</p>	<p>Patient experience survey volunteers using an electronic device</p>	<p>Patient experience survey volunteers visit Bassett Ward several times a month</p>	<p>Ward manager - within two to three hours</p> <p>Healthcare Analytics and Reporting Team - monthly</p> <p>BOB</p> <p>Trust website</p>
6	Special Care Baby	<p>1. We would like you to think about your experience in our Special Care Baby Unit. How likely are you to recommend our Special Care</p>	<p>None</p>	<p>Paper survey form on</p>	<p>At discharge</p>	<p>FFT data - monthly NHS</p>

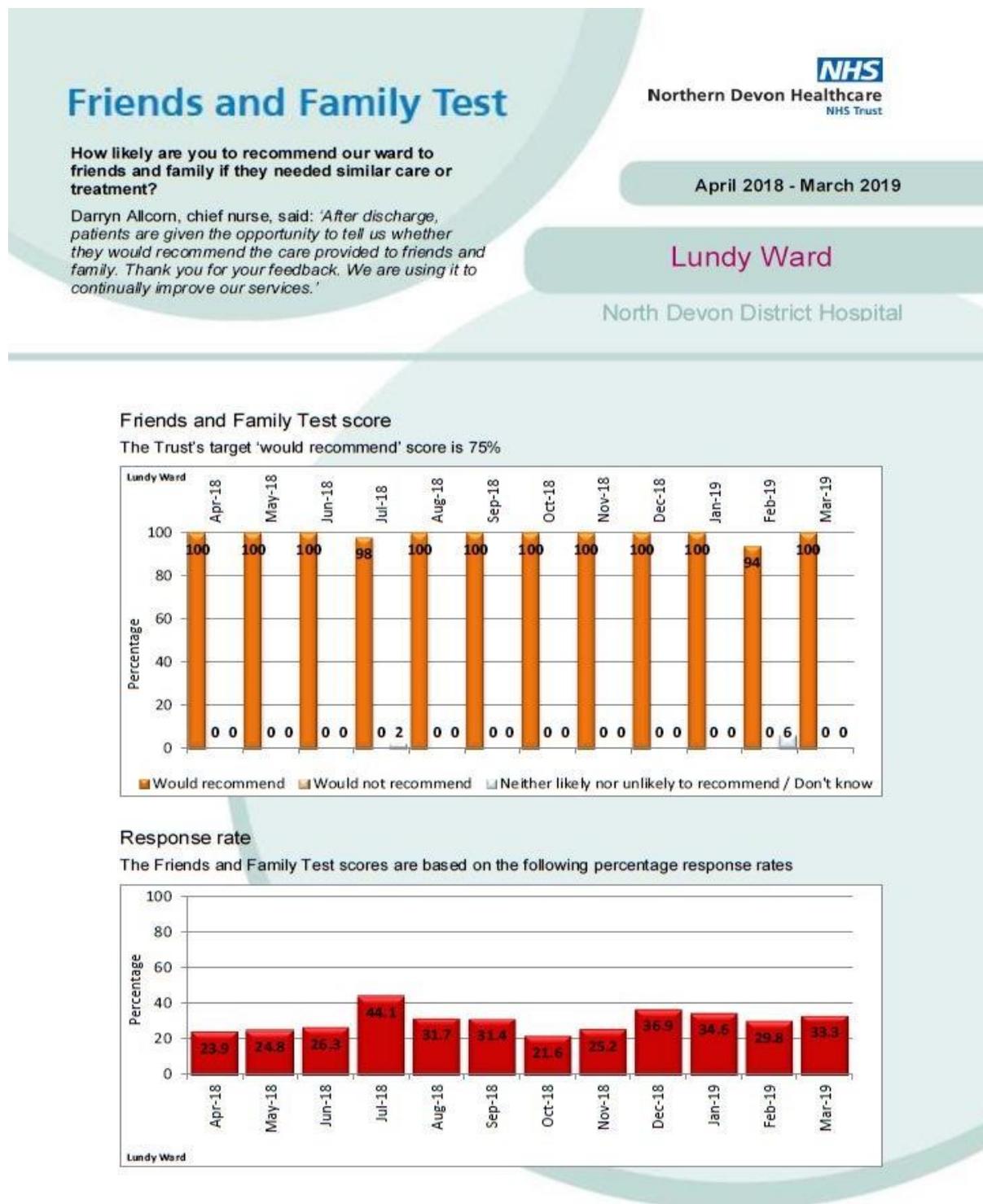
	Unit	<p>Baby Unit to friends and family if they needed similar care or treatment?</p> <p>2. Please can you tell us the main reason for the response you have given?</p> <p>3. Have you been involved as much as you'd like to be in the decision-making about your baby's care and treatment?</p> <p>4. Were you involved as much as you wanted to be in the day-to-day care of your baby, such as nappy changing and feeding?</p> <p>5. Were you told about any changes in your baby's condition or care?</p> <p>6. Have hospital staff been available to talk with you about your worries and fears?</p> <p>7. Have you been given enough privacy when discussing your baby's treatment/condition?</p> <p>8. If you have concerns when you leave hospital will you know where to get more information?</p> <p>9. Did you have as much kangaroo care (skin-to-skin) with your baby as you wanted?</p> <p>10. Did staff arrange your baby's care (such as weighing, bathing) to fit in with your usual visiting times?</p> <p>11. Overall, do you feel you have been treated with respect and dignity while you have been in hospital?</p> <p>12. Are there any suggestions that you can make that could improve our service offered to you?</p>		discharge		<p>Digital upload</p> <p>Ward manager</p> <p>Trust website</p>
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Appendix D - Trust website reports - North Devon District Hospital

An example of an acute inpatient survey ward report published on the Trust website here: [Acute Inpatient Survey – NDDH](#)



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



Appendix E - Food at North Devon District Hospital

Comments collected in relation to food by the Trust's team of volunteer patient experience surveyors on the acute wards at North Devon District Hospital are routinely reported to Sodexo, our non-clinical support services partner, via the facilities department. These comments are included in the wider analysis of the food survey which is conducted by Sodexo. The themes identified and addressed by Sodexo during the year 2018/19 are detailed in the following report.

Action			
Headline issues from patient experience surveys April 2018 - March 2019			
Issues raised in patient comments	What we aim to do	What have we done	What's next
Menu choices	Ensure that there is sufficient choices for all.	We review all comments and monitor uptake of all dishes and this will be taken into consideration for the next menu. Unpopular dishes will be removed and replaced with more popular options.	Menu update due in April.
	More choice of type of meal for special diets e.g. not just casserole and potato and veg for both lunch and supper.	Introduction of Hot Finger food menu. Move all special diets to A la Carte Menus to increase choice. Additional modified texture allergy aware meals.	Review of special diet menus May 2019.

	Extending the choices available to patients.	Introduce 'Personal Menu' to make restaurant choices available to patients. Vouchers available at ward for patients wishing to order meal from retail outlets.	Treat boxes available for patients at ward level.
	Make sure menus are designed to match patient group.	Food tasting for new menu dishes. Analyse current patient's menu choices before writing new menu.	Menu update due in April.
	Ensure Patients are able to order the meal of their choice.	Develop patient meals ordering process for both standard and special diets. Introduction of standardised ward information sheet to confirm patient receives correct meal.	Enable ward staff to order nearer the mealtime through distribution of menus.
Visitors & Family wishing to eat with patients on the ward	Ensure patients are able to eat with their family & visitors.	Develop and introduce voucher system enabling visitors to order food from the patient meal trolley.	
"My Lunch was cold"	Make sure patients are served correctly.	Checking temperatures at ward level through protected mealtimes and food service audits.	Staff training & competency checks as part of Sodexo Patient Dining project, introduced January 2019.

	Assist patients with eating difficulties.	Trust Introduction of volunteers and family to assist at mealtimes.	Provided food safety training for volunteers.
	Constant feedback to chefs and catering staff.	Introduced feedback through team huddles (meetings).	Weekly.
	Feedback from patients through surveys.	Scores and comments feedback to kitchen and ward staff.	Monthly.
"Food was over/under cooked"	Monitoring through CQC and PEAT inspections.	Scores feedback to staff.	Annual.
	Employee engagement.	Promoting team spirit and customer service through open door management, team huddles and staff rewards.	Ongoing.
	Staff training.	Ongoing mandatory training and NVQ's.	Ongoing.
"Didn't like the food (Too spicy / Too Bland)"	Ensure a balance of plain & spicy dishes are available to suit all tastes.	Reviewed menu and endeavoured to have dishes available to suit all tastes.	New menu due in April.

	Make sure patients have access to condiments.	Training of staff to offer condiments at ward level.	
	Reduce salt in recipes prepared on site.	Reduce salt in recipes prepared on site.	Ensure that we continue to meet nutritional guidelines.
"Portions were too large/small"	Encourage our food service assistants to be aware of patient's portion preference.	Through our CARES training we promote understanding of our patients' needs, which includes identifying individual's needs.	Ongoing CARES training.
	Use of 'second helpings'.	Made staff aware of correct process and ensuring patients getting extra.	
	Checking the menus - portion size tick box.	Ward sign-off on menus.	Increase ward staff engagement through training.
"The staff serving the food were excellent"	Build team work.	Positive team huddles highlight good service and team working staff.	Patient Dining Training programme for all Food Handlers.
	Engage staff.	Rewarding staff 'going the extra' through 'Star of the Month' and 'on the spot' rewards.	

	Encourage excellence.	Feedback of audits, surveys and patient comments to staff, highlighting good and bad points.	
	Continuously improve.	Setting targets through staff/management performance reviews. Sharing best practice through ward audits and action plans. Sharing information with other hospitals through Sodexo patient dining project.	
Allergen Safety	Ensure wards and patients have accurate allergen information.	In addition to regular updates to information on BOB, allergen information added to reverse of all special diet menus.	Addition of allergen information to reverse of standard menus at next reprint (April 2019)
		Allergen labelling added to made in house sandwiches.	
	Make patients of where allergen information is available.	Highlight who to speak to on all menus.	