

The Annual Report 2020/21 for Patient Experience

The 2020/21 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:

- **Patient experience response to Covid-19**
- **Patient and Carer feedback**
- **Compliments**
- **Chaplaincy Service**
- **Patient Advice and Liaison Service (PALS)**
- **Learning from Complaints**
- **Interpretation and Translation Service**
- **Priorities for 2021/2022**



Excellence. *Every patient, Every time.*



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1. Introduction

The Trust engages with and learns from patients and carers through feedback from a number of sources. The Trust's patient experience programme covers the majority of services provided by the Trust by seeking feedback in hospital, clinic or in the patient's home. Patients are able to provide their feedback through 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, relatives and carers have an excellent experience and we aim to ensure that all our staff use feedback to identify opportunities for improving the quality of our care by collecting and responding to patient feedback.

The Trust's director of nursing 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).
- Reporting and demonstrating that we have used patient experience feedback to improve the experience of care.

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

Listening to, and learning from patient stories is fundamental to improving the safety and experience of our patients and carers. 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, reaching out to invite patients who have left feedback on Care Opinion, from patients who have approached the Trust, or from staff who feel that one of their patients has had an experience which we can learn from and who ask the patient if they would like to take part. Sometimes the patient is present to give a more detailed account, which allows the Board to see and hear the experience first-hand.

The successful trial and subsequent Trust wide roll out of Care Opinion has been a valuable tool for the Patient Experience team. All services are now able to listen and respond to patient feedback in real time and reaching out to explore co-design and co-production opportunities. By extracting themes for improvement, we can improve our services, evidence changes on the platform, demonstrating that we are an open, transparent and a listening organisation.

The patient experience team provides a supportive role to people who contact them with feedback or a complaint. This can include providing advice on the complaints procedure, how to provide feedback, how to obtain independent advice and support or how to obtain support from advocacy services in their communications with us. The patient experience team has a coordinating and advising role in respect of complaints management. All correspondence is held centrally in our risk management system Datix, and is therefore closely aligned with incidents, risks and compliments. The patient experience team provides a central point for the coordination of all Ombudsman correspondence received into the organisation and also acts as a single point of contact for the Ombudsman. The team also acts as a central point of contact for the Friends and Family Test, Care Opinion and involvement in 'What Matters to You' and CQC survey action plans.

The FFT results are routinely reported to divisional governance, the Trust Board and NHS NEW Devon Clinical Commissioning Group. Patient experience data is shared and welcomed by clinical and operational teams. FFT inpatient surveys were suspended during the first wave of the pandemic however detailed reports to services are provided on a monthly, bi-monthly or periodic basis. Leaders of our clinical services use the feedback from Complaints, FFT and Care Opinion to identify opportunities for quality improvement activities at department level and see whether the improvements we are making improve patient experience over time.

The Patient Experience Operational Group (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 or commissioning improvement activity as necessary. The group focuses on improving and sustaining patient experience, promoting co-production and co-design whenever appropriate. Through its work, the committee ensures that we are listening to what matters to our patients and acting on patient feedback to continually improve the experience of care we offer. The group meetings were paused during 2020/21 as staff in the patient experience team were redeployed to support our patients, carers, families and clinical teams in the delivering of patient care.

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.

During 2020/21, the Trust's routine patient experience programme was disrupted due to the Covid-19 pandemic and this is reflected in the 2020/21 report.

2. Patient Experience responses to the Covid-19 pandemic

During the current pandemic focus has shifted for all to reflect on patient experience. Visiting restrictions, feelings of isolation and fear have been difficult for staff, patients and their families, friends and loved ones. The team have supported some wonderful initiatives across the trust to enhance the experience of care for our patients and families to help them to stay connected and bring comfort during this very difficult time.

Patient belongings drop-off station

Established in November 2020 to support relatives and carers, the drop-off station has enabled essential items to be transferred to the wards during periods when visiting was not allowed due to infection control measures. This has ensured that patients could receive their home comforts during this time. Approved by the Infection Prevention & Control team, users of this service are reassured by the thorough cleaning which takes place between each drop-off. The Trust continues to provide this service which is run by the Patient Advice and Liaison Service (PALS) and the patient experience team at North Devon District Hospital, assisted by our wonderful volunteers.



During 2020/21, over 1,300 bags of patient belongings were delivered to the wards in this way.

Patient Communication - email

To help our patients feel more connected to their loved ones during the pandemic, a patient experience inbox was created to enable loved ones to email messages to patients. We created a template to personalise messages which were sealed with rainbow stickers. Patient correspondence is hand delivered by the patient experience team to the wards where staff can facilitate reading to the patient if requested. The feedback about this service from both patients and their loved ones has been very positive and the volunteering team now assist in providing support for this service.

During 2020/21, the patient experience team received and delivered 710 email messages to our patients. This is an initiative that we will continue going forward as families, especially those from overseas have appreciated this service.

Virtual visiting

Supporting patients to stay connected when visiting is restricted is crucial for health, wellbeing and experience. Video calling was introduced early in the first wave of the pandemic and initially used to support end of life patients and their families along with patients who were acutely unwell and in need of virtual support, such as virtually attending the funeral or a loved one.

National guidance was introduced by NHS England as the pandemic progressed; including recommendations that virtual visiting should be available for all patients. Funding was granted for iPads to be purchased for all inpatient wards to facilitate video calls for patients who do not have their own equipment.



During 2020/21, 445 video calls were facilitated and the patient experience and involvement lead produced training packs for inpatient wards so they can assist with video calls out of hours.

'Hello, my name is...'

To enable patients to see the face behind the mask and alleviate anxiety we created the *'Hello my name is photo card...'* This is a laminated pocket photo which were created for staff to use when introducing themselves to patients. This was considered to be hugely important in supporting communication and therapeutic relationships with our patients. Establishing the human connection and building a positive experience for patients when they were feeling vulnerable and isolated was crucial.



Knitted hearts initiative

During the pandemic with visiting restrictions in place, it was difficult for loved ones to feel connected to their relatives and friends. The Patient Experience team worked alongside the Outreach team to facilitate the knitted hearts project, linking families at home to loved ones in hospital.



Hand sanitiser and mask station

Hand sanitiser/mask stations were established at the entrances of our buildings and volunteers were recruited to offer these facilities to those arriving at North Devon District Hospital. The volunteering team continues to support this service.

3. Capturing patient experience

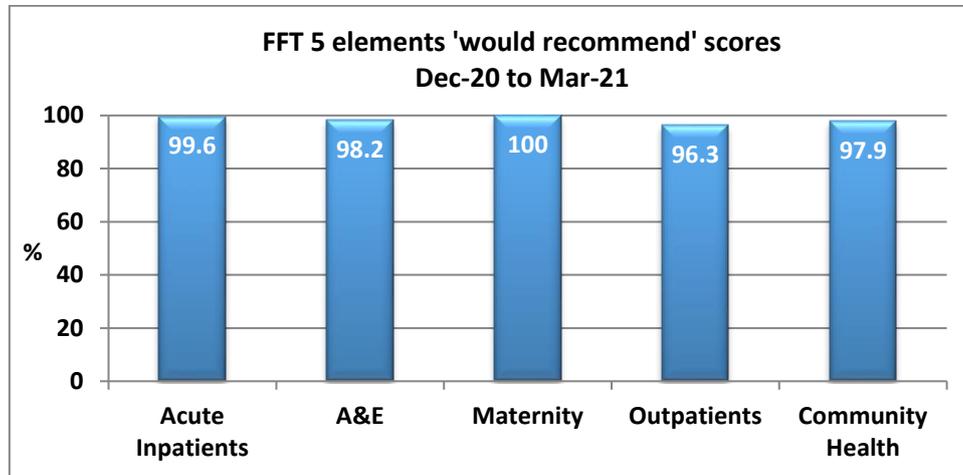
3.1. Friends and Family Test

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

The FFT was paused nationally at the end of March 2020 due to the pandemic and resumed on 1 December 2020. This effectively represented the delayed launch date of the new FFT question which had been due to take effect from 1 April 2020. The new 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.

While the volume of FFT responses during the period Dec-20 to Mar-21 was lower than its pre-pandemic levels, the overall FFT score Trust-wide was very positive with 97.6% of respondents saying that 'overall their experience' was either 'Very good' or 'Good'. This was based on 2,170 FFT responses.

The following table suggests a consistently high level of patient satisfaction Trust-wide i.e. 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. The top subject themes Trust-wide during the period Dec-20 to Mar-21 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. Patient comments received through the FFT are routinely analysed into positive and negative feedback, themed and presented regularly to the Patient Experience Operational Group. More detailed reports are routinely provided to individual services.

During 2020/21, an online survey was developed to capture FFT feedback routinely following outpatient video call appointments and another online FFT survey link is currently being introduced in a number of innovative ways around the Trust.

The patient experience team routinely publishes the Friends and Family Test results together with the qualitative feedback received on the Trust website here: www.northdevonhealth.nhs.uk/patient-experience

A summary of the Trust's Friends and Family Test results for the year are attached as **Appendix A**.

More than just the Friends and Family Test

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

Accessibility

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

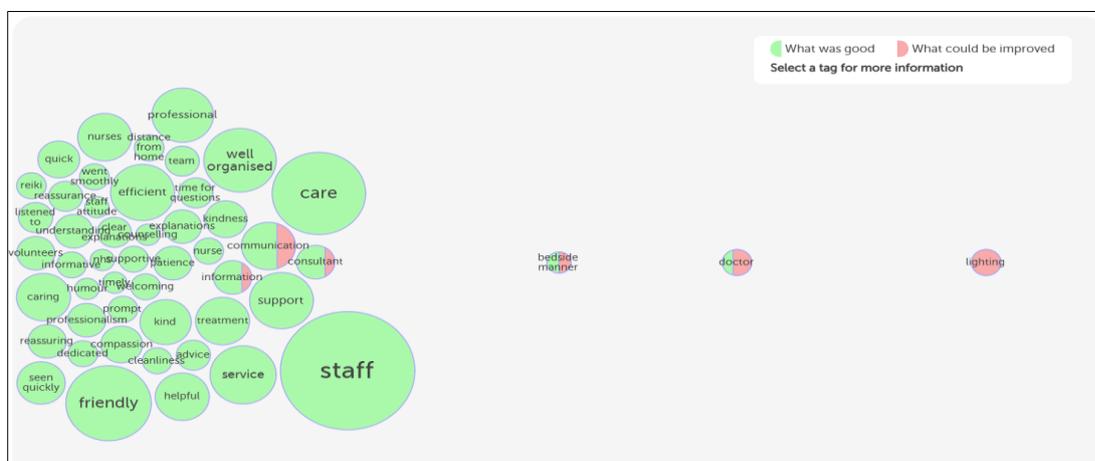
The learning disability nursing team has developed tailored communication materials to support patients with a learning disability and are increasingly using apps on iPads to communicate with patients in the Trust’s care.

3.2 Care Opinion

In order to maximise the impact of learning from our patients’ experience and to identify quality improvement opportunities from online feedback the patient experience team facilitated a 12-month trial of an advanced level of subscription of Care Opinion with two clinical teams. The trial started in April 2020 and, due to its success, the decision has been taken to extend the advanced level of subscription Trust-wide. Going forward, the patient experience team will be liaising with all services that receive feedback to allow them the opportunity to respond directly to feedback that is directed to them. This will enhance learning and service delivery.

During 2020/21, 163 patients/carers shared their story on Care Opinion about services at NDHT. Of these stories 85% were positive and 9% were minimally critical, 5% were mildly critical, 1% was moderately critical and none were rated as strongly or severely critical. The criticality rating is determined by Care Opinion moderators.

The diagram below is a visualisation of the feedback that NDHT has received over the last year. The green bubbles represent positive feedback and the red negative feedback. The bigger the bubble the more mentions of this phrase. We have responded and used the feedback to make improvements in real time and celebrate and share the positive with services.



Case study

The following feedback was posted on the Care Opinion website at the beginning of the pandemic. 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.

" Admin issues and long drive for coronavirus test "

CHANGE MADE

This story led to a **change**

About: North Devon District Hospital / Cancer Services Royal Devon & Exeter Hospital (Wonford) / Oncology

Posted by **victoria park** (as the patient), 12 months ago

I've had a course of chemo, which has had to be followed up by a course of radiotherapy. The treatment has been marvellous, but the admin and follow ups have been poor.

My radium is due to start soon in Exeter, which is a 98 mile round trip from my North Devon home. I appreciate this is the nearest hospital offering this treatment. However, I received a phone call one evening, telling me I had to attend Exeter Rugby Club 2 days later to have a coronavirus swab!

To pass Barnstaple Hospital (20 mile round trip from me), and travel nearly 100 miles for a one minute swab is unbelievable. I am still fatigued from chemo, and have been isolating.

I did NOT need this long drive. I was told that my radium could not start without this test. There was only one other car at this test centre at the time I arrived. This needs sorting out. How many others have been in this position?

Also, an appointment not sent to me from Barnstaple would not have happened if I had not personally chased it up with the consultant's secretary. I have just had a phone consultation with my consultant, which he advised must be followed up in three months with a "person to person" consultation. The Hospital Appointments officer has sent me a TELEPHONE consultation date...this seems to be the sloppy side of the NHS.

More about:

chemo coronavirus radiotherapy telephone consultation test treatment

Story summary

What could be improved?

administration appointment system

Activity

1 other person has had a similar experience

24 staff members have read this story

Who has Care Opinion told about this story?

Show your support

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

I've experienced this

Or maybe **your experience** was different?

Download story and responses

Share Tweet Email

Response from Steven Johnson, Living with & beyond cancer lead, Cancer Services, Northern Devon Healthcare NHS Trust 12 months ago We are preparing to make a change

 Dear Victoria,

Thank you for taking the time to give feedback to us. My name is Steve, I am the Living With and Beyond Cancer Lead at North Devon District Hospital and I am coordinating with my colleagues to look into the issues you have raised.

I am pleased to hear you have been happy with your treatment, but I am sorry to hear about the admin issues and the long drive for your coronavirus test prior to your treatment in Exeter.

The issues you have raised will be discussed at the next North Devon Cancer Services governance meeting in August so that we can investigate and learn from your experience. These issues have also been highlighted to the North Devon and Exeter COVID communication cells so that we can assess what steps need to be put in place to address these issues. We will update you with any outcomes.

If you wish to discuss this further, or have any questions or concerns, please do not hesitate to contact your Cancer Nurse Specialist.

Best wishes,
Steve

On behalf of Cancer Services at North Devon District Hospital

2 people think this response is helpful Was this response helpful? Yes | No

Response from Steven Johnson, Living with & beyond cancer lead, Cancer Services, Northern Devon Healthcare NHS Trust 12 months ago We have made a change

 I am pleased to be able to update you further to let you know that a change has now been made. A reciprocal agreement is now in place to prevent patients having to travel to other Devon Hospitals for a covid swab.

Healthcare staff can now complete a form for any North Devon patients who would benefit from receiving a swab closer to home prior to a procedure or treatment at Plymouth, Exeter or Torbay hospitals.

I realise that we can't change what happened, but I hope that you may be able to find some solace in the knowledge that a change has been made as a direct result of your feedback.

If there is anything else you would like to discuss, please do not hesitate to contact PALS whose contact details are above and/or your Cancer Nurse Specialist.

victoria park thinks this response is helpful Was this response helpful? Yes | No

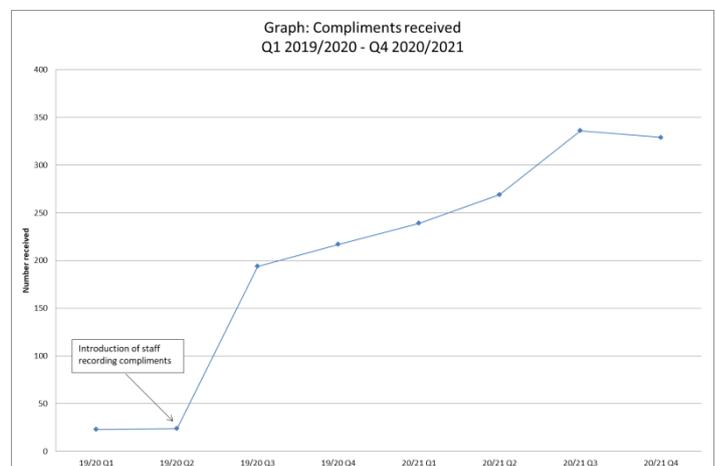
1 other person thinks so too

3.3 Compliments

It is important that we learn from both positive and negative patient feedback to improve the experience of patients, carers and staff. During 2019/2020 the Patient Experience team introduced changes to the incident reporting system (Datix) to allow all staff to receive compliments that relate to their service. During 2020/2021 training and guidance has been provided by the team to raise awareness of recording plaudits. Compliment recording is now included on governance meeting agendas to promote learning from excellence.

The number of compliments recorded in datix has steadily increased since the PE matron started in post and is now used to share best practices, improve both patient and staff experiences, ensure safety and quality and increase staff morale. In addition to governance agendas, the results are reported to the Trust board and relevant operational groups.

Compliments received 2020/2021	19/20	20/21
Q1	23	239
Q2	24	269
Q3	194	336
Q4	217	329
Total	458	1173



The top four areas for reporting compliments during 2020/2021 were:

- Emergency department
- King George V ward
- Victoria ward
- Multiple locations (relating to one or more departments)

The compliments arrive via a variety of methods and whilst a large majority are from ‘thank you’ cards, positive feedback is also arriving via email, letter and our newly-installed Wonderwall which is situated in the main entrance of NDDH which allows the public to leave messages of thanks for staff and departments.

For 2020/2021 there has been an introduction of basic theming for the compliments that are arriving. ‘Attitude of staff’ is the main theme that arises from positive feedback.

The reporting method does include multiple theming, for example if a thank-you is sent thanking two departments; it will be reported in two areas.

Wonderwall

During 2020/21, an additional method of capturing compliments was introduced.

A 'Wonderwall' was installed in the main entrance on Level 2 at North Devon District Hospital, enabling patients, relatives, carers and visitors to leave a short message of appreciation that is displayed on the wall.

Members of the patient experience team upload the feedback to Datix for inclusion in governance reporting.

If the message relates to a specific service details are forwarded to the manager and shared with the team.



Wonderwall at North Devon District Hospital

3.4 Volunteers

For many years, our comprehensive patient experience survey programme has been supported by a highly-valued team of volunteer patient experience surveyors but, unfortunately, due to the pandemic the team has been unable to carry out this work during 2020/21.

Ordinarily, the members of the team routinely visit inpatient wards at NDDH and South Molton Community Hospital to collect real-time patient feedback at the bedside. The volunteers visit each inpatient ward several times a month.

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 allows 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.



A volunteer patient experience surveyor goes through the real-time patient experience survey with a patient on a ward at North Devon District Hospital – photo taken prior to the pandemic

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

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

It is hoped that the team will be able to safely resume this role at some point during 2021/22.

4. Analysing patient feedback

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

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

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

The trust is currently reviewing a variety of electronic data collection tools for surveys and audit. The tool will enable the team to search by keywords to analyse themes, the collating of data to generate comment reports for teams and the collating of the monthly FFT data for submission to NHS England to be carried out more efficiently. There is a plan to implement the new system during 2021/2022.

5. 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.

You said, we did

The table below highlights some of the ‘you said - we did’ improvements to patient experience that were made in 2020-21:

	 You said	 We did!
1	On arrival at North Devon District Hospital, the waiting time in the queue for the COVID-19 vaccination clinic was too long.	We introduced an extra vaccination station for use during peak periods to improve patient flow through the clinic and decrease waiting times.
2	A patient living in North Devon was required to travel to Exeter, rather than Barnstaple, for a COVID-19 test prior to the start of treatment because their treatment was to be received in Exeter.	We established a reciprocal agreement with other Devon hospitals to prevent patients having to travel to other Devon hospitals for a COVID-19 test. Healthcare staff can complete a form for any North Devon patient who would benefit from receiving a COVID-19 test closer to home prior to a procedure or treatment at Plymouth, Exeter or Torbay hospitals. <i>(See Care Opinion case study above for more details)</i>
3	Visiting restrictions during the pandemic led to an increase in the number of relatives/carers contacting the ward by telephone to obtain updates. An increase in PALS contacts alerted us that relatives and carers were experiencing difficulty as the phone lines were so busy, causing frustration and anxiety.	Our Glossop Ward manager started a quality improvement project in collaboration with volunteers and bank staff to proactively telephone the relatives/carers of inpatients each morning and provide them with an update on the patient’s progress (subject to patient consent). The volunteers also facilitate phone and video calls for patients and their families. This initiative began on Glossop Ward with a plan to roll out wider to other wards.
4	The greatly valued patient mail and bag drop-off services introduced during the pandemic should be publicised more widely.	We introduced a link on the home page of the Trust website to further enhance awareness of these services. This was in addition to the already ongoing publicising of these services on social media.
5	A patient attending ED with suspected COVID-19 was discharged at 2.40am and unable to be picked up, a taxi was called. The patient could not believe that a	We introduced a COVID-19 discharge advice leaflet to support patients attending our ED department in such circumstances.

	<p>suspected COVID-19 patient was sent home in a taxi. Subsequently, the patient had to chase the result of the COVID-19 test.</p>	
6	<p>The lighting in the day treatment unit at Torrington Community Hospital is very poor, making it difficult to read while receiving treatment.</p>	<p>We sourced a lamp so that it is now possible for patients to read comfortably while receiving their treatment on the unit.</p>
7	<p>During the COVID-19 pandemic some patients, especially the clinically vulnerable, expressed concerns about coming into our buildings.</p>	<p>A drive-through on the visitor car park at NDDH was implemented during the year with volunteer support and used by the cardio-respiratory department for patients to collect heart monitors and have spirometry tests.</p> <p><i>[See Case Study 1 below for more details]</i></p>
8	<p>Patients on Victoria Ward requested an early morning cup of tea rather than having to wait until after 8am.</p>	<p>We set up an early morning tea round on Victoria ward so that patients do not have to wait until after 8am.</p>
9	<p>A parent requested the provision of a dermatology clinic at Litchdon House outside of school hours.</p>	<p>We changed our paediatric dermatology clinic times, moving one of our clinics to an afternoon to accommodate out-of-school hours.</p>
10	<p>Patients in the Endoscopy Suite would like to be kept more updated of the time they will be going in for their procedure.</p>	<p>We regularly discuss at monthly team meetings the importance of keeping patients up to date about any delays in the Endoscopy Suite.</p>
11	<p>The cessation of treatment in the Seamoor Unit due to disease progression can often be a sudden event for patients who can experience loss around the comfort of regular appointments.</p>	<p>We are organising a card and a handmade heart to be sent to all patients who have had their treatment stopped due to disease progression.</p>
12	<p>Patients to the Fern Centre requested a paper form to provide feedback rather than entering data online into the Care Opinion website.</p>	<p>The Fern Centre developed a written form that patients can fill in to provide their feedback and then this is entered into the Care Opinion website by a member of staff.</p>
13	<p>I would like to have a choice about whether I have a face-to-face, video or telephone appointment.</p>	<p>Patient choice is very important to us. We are very happy to discuss the type of appointment offered to patient. To encourage patients to discuss this with us, we have created patient information leaflets to explain more about how the different types of appointments work, and how to contact us to discuss.</p>
14	<p>I'm a bit nervous about using video appointments as this is new to me. I could</p>	<p>We have set up a video volunteer service. Our volunteers can support our patients with</p>

	use some help.	questions they might have about accessing and attending their outpatient appointment via video.
15	Patients finding it difficult to sleep whilst in hospital	Introduction of sleep guardians to improve the noise at night

Case Studies

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

Case Study 1 – Drive-through at North Devon District Hospital

The challenge

One of the most significant challenges faced by the Trust during the Covid-19 pandemic was to continue to deliver outpatient services whilst keeping patients safe. A range of solutions were implemented including social distancing in waiting areas and the use of telephone and video consultations for certain services (as featured in last year's patient experience annual report), which enabled patients to 'attend' appointments from their own homes.

A different solution was needed for patients who were required to attend 'face-to-face' appointments at NDDH. One group of patients in this category were those who needed to collect cardiac monitoring equipment. These monitors had traditionally been issued when patients attended appointments in the Cardio-respiratory department. However, social distancing rules meant that this was no longer viable.

In order to maintain this vital service to their patients, the Cardiographers quickly established a 'pop-up' collection point in the car park and, although this proved successful, a longer-term solution was required.

The solution

In December 2020, the Trust opened a purpose-built drive-through in the visitors' car park at North Devon District Hospital. This fully covered, 2-lane facility was designed to enable the safe administration of healthcare services whilst significantly reducing risk of Covid-19 infection to vulnerable patients.

The Cardio-respiratory team held the Trust's first drive-through clinic on 23rd December 2020, issuing cardiac monitors to patients while they remained in their vehicles. Such was the positive response from patients and staff that the team subsequently established routine FEV (Spirometry) clinics at the drive-through, with patients completing breathing tests whilst remaining in their vehicle. Holding FEV clinics 'in-building' had been challenging for some time as clinic rooms require a lengthy period of ventilation between patients.

During spring 2021, the Trust also piloted Phlebotomy blood tests and Pharmacy medication collection at the drive-through, both of which also proved popular with patients.



Entrance to the drive-through at NDDH visitors' car park



Trust staff using the drive-through

A number of benefits have been identified from the drive-through, including:

- Transferring cardiac monitor collection and FEV (Spirometry) tests to the drive-through has enabled the Cardio-respiratory team to increase the capacity of both clinics
- Reduction in the number of patients in some NDDH waiting areas
- More accurate results from FEV (Spirometry) tests - patients are not breathless or tired as they no longer have to walk into the building to attend these appointments

- Patients do not need to pay to park when attending appointments at the drive-through

Patient involvement and satisfaction

Patient response to the drive-through has been overwhelmingly positive. Each patient who attends an appointment at the drive-through is given the opportunity to provide feedback and to respond to the NHS Friends and Family Test. Between January and March 2021 (inclusive), 99.6% rated their experience as either 'Very Good' or 'Good'. This was based on 266 responses.

The following comments were received from patients who have attended appointments in the drive-through:

"Very quick and efficient. So much better than having to park the car to visit the hospital to collect some equipment."

"The drive-through was very convenient as I came from work. The nurse was very informative and helpful. Within 10 minutes I was on my merry way back to work."

"Fantastic service! Drive-through works very well."

Future development

Looking ahead, the Trust is planning to transfer daily pre-elective/asymptomatic Covid-19 swab testing to the drive-through. Not only will this enable a significant increase in testing capacity but, where it is deemed clinically appropriate, these tests will be scheduled on the same day that patients attend for an outpatient/day-case procedure. This will avoid the need for patients to make multiple journeys to the hospital and will also remove the requirement for them to self-isolate between their Covid-19 test and subsequent procedure appointments.

Case Study 2 – Early nurse-led mobilisation and discharge in elective orthopaedic enhanced recovery

At a virtual ceremony in October 2020, the Roborough Ward nursing team was named winner of a national prize in the prestigious Nursing Times Awards for its entry in the surgical nursing category of 'Early nurse-led mobilisation and discharge in elective orthopaedic enhanced recovery'.

Over the past few years, the enhanced recovery orthopaedic team have been working hard to make routine surgery hip and knee replacements as efficient as possible. The aim has been to improve clinical outcomes for patients, reduce the length of stay in hospital and support the movement of patients through the Trust's services, thereby improving the whole patient experience.

The work involves the early mobilisation of hip and knee joint replacement patients, now within a few hours of returning from their surgery. Historically, this has always been carried out by physiotherapists the following day.

An important change that helps patients to recover quickly and safely enough to be discharged possibly on the same day as the procedure or the day after which is a considerably shorter time in hospital than in previous years. An anaesthetic technique is delivered which enables the patient to get up the same day as the operation, allowing for a quicker recovery.

Because the surgery is optimised, the care on the ward is less invasive, without the need for intravenous morphine, a catheter or drip. This enables patients to be mobilised more effectively. Both nurses and therapists on the ward help patients to mobilise, reflecting the developing skillsets of these staff groups.

Jo Lethaby, elective orthopaedic ward manager said: “We are thrilled and delighted to win this award, especially as we were up against several large NHS trusts in our category. I am extremely proud of us as a small team and how we have worked hard and with determination to progress and achieve this, within the orthopaedic multidisciplinary team and the rapid recovery pathway, at often very challenging and uncertain times within the NHS over the past two years. Last year, we shared the news that our enhanced recovery orthopaedic team had carried out our first same-day hip replacement, which meant the patient did not need to spend the night in hospital and could go home. Working together as part of the larger orthopaedic team we are beginning to discharge more and more patients home on the same day as their procedure following this type of surgery which will also benefit them by reducing their time in hospital during this difficult period nationally”.

6. 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, family or carer e.g. via meetings, complaint letters
- Care Opinion – direct feedback to the author of the story online.
- ‘You said - we did’ noticeboards at ward/department level and on the Trust website
- Monthly integrated performance reports and the patient experience dashboard presented to the Trust Board
- Pulse - the Trust newsletter
- Reports to Healthwatch Devon
- 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
- Stakeholder newsletter
- Quality Account
- Press releases and case studies
- Trust website and intranet, screen savers.
- Social media
- Heads of Patient Experience Network (HOPE)
- Regional patient experience networks.

7. Carers

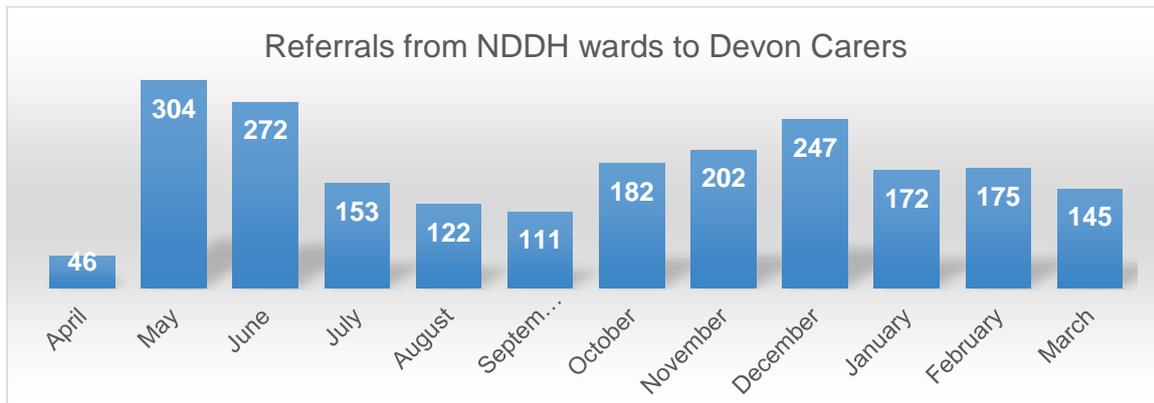
The Trust recognises how important unpaid carers are and values their input to patient care. As part of NHS England's 'Commitment to Carers' we are continuing to improve the way that we identify, support and recognise the value of unpaid carers throughout the Trust. This is part of the 'carer's strategy', aimed at meeting the objectives in the NHS long term plan. We are collaborating with Devon Carers and other organisations to meet these objectives.

Devon Carers

Devon Carers offers a wide range of support and assistance to unpaid carers. During 2020/21, the Trust collaborated with Devon Carers with a view to better identifying unpaid carers and offering them registration with Devon Carers to access the support and assistance available. This was achieved either by signposting unpaid carers or using a direct referral system. The patient flow team and discharge co-ordinators were key to the success of the referral system. The project has been overseen by the Clinical Site Management team.



During 2020/21, 2,131 carers were referred for support from our inpatient wards to Devon Carers, as follows:



Free meals and free parking for unpaid carers

From 1 October 2020, unpaid carers who are registered with Devon Carers became eligible for free parking at all NDHT sites and we provide meal vouchers to the carer when they are supporting the person who they care for in a hospital setting.

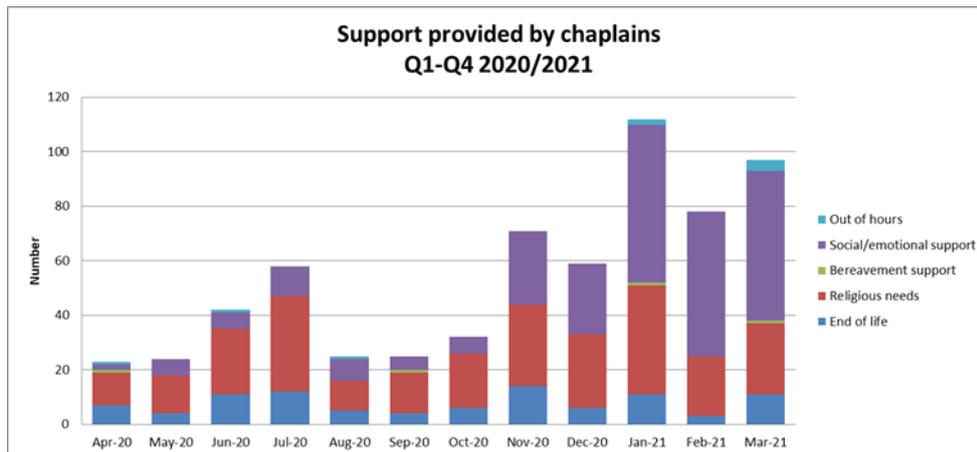
8. Chaplaincy Service

The Chaplaincy Department serves our NHS Trust by 34 contracted hours per week but our healthcare team is significantly bolstered by honorary chaplains and volunteers who are equally committed to the vision and values of this Trust. Chaplaincy was impacted severely from the very beginning of the Pandemic with the volunteers upon whom so much of our patient contacts are based unable to come in, primarily because of their personal vulnerability. Despite this, the very small team of chaplain's continued to support patients and staff across the Trust. 2020 developed into a year of challenges, new ways of working and opportunities.

Regular Ward visiting – for patient support

Our chaplaincy team seek to engage with all faiths, or none, respecting individuality and provide invaluable support to both patient and staff experiences. We contacted all local clergy/ministers/faith leaders to make sure that they were aware that the team based at NDDH could visit patients on their behalf during the visiting restrictions. Referrals continued to be high and were at a peak in the middle of the year; this is ongoing and has led to a more cohesive way of working.

The Chaplain's continued to visit on the wards and to give as much time as possible to listening throughout this period. During the last financial year the chaplaincy volunteers recorded a total of 646 interactions. Visits can range from minutes to hours depending on the need. The team actively promote timely referrals and support teams to recognise patients and families who may benefit from chaplaincy support and spiritual care.



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

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

New ways of doing things

These were some of the highlights of the past year:

Staff Support

The Chapel was advertised as a 'drop in' centre for Staff, always open but particularly with the opportunity to chat from 12 – 2pm each day. Cold drinks were provided and a small but steady stream of staff made use of this opportunity, this has led to the opportunity for long term support in some cases. A list of local clergy/ministers willing to give extra support nearer to home was prepared and publicised via the staff wellbeing group.

Annual baby remembrance service



Our annual Baby Remembrance Service was unable to go ahead in its usual format, instead we placed information on the Trust website and sent personal invitations to families that had suffered a bereavement and linked them to a site where we had instigated a candle lighting app to allow parents to light a candle in memory of their child. We were not able to monitor the responses but the local representative from SAND's said "I LOVE THIS".

(Picture of a previous service)

Remembrance Tree



With Christmas events unable to go ahead the Chaplaincy team placed a Christmas tree in the foyer of the hospital and provided wooden stars to enable family and friends to write the names of those who had died to be placed on the tree. The first two names marked the sad loss of two members of staff and over 60 stars were used during this time with families able to take their star home if they wished

Members of the public contacted us through the Trust website to ask for stars to be placed so we were able to do that on their behalf.

9. Patient Advice and Liaison Service (PALS)

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.

The overall number of PALS contacts received in the year was 1,575 which is a decrease of 39% on 2019/2020 (2,591). The majority of these PALS contacts are resolved as 'here and now' issues, with only 43 converting to a formal complaint. All service managers have access to their PALS data and live dashboards for discussion at team governance meetings as part of learning and improvement.

The top five PALS themes were: communications (41%), appointments (29%), access to treatment or drugs (13%), trust admin / policies / procedures (9%), and clinical care and treatment (7%).

10. Complaints

The Trust is committed to welcoming all forms of feedback, including complaints, and using them to improve services and striving 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.

Pausing the NHS complaints process

Due to the ongoing COVID-19 pandemic, NHS England (NHSE) and NHS Improvement (NHSI) initially supported a system wide 'pause' of the NHS complaints process, in line with the Parliamentary and Health Service Ombudsman (PHSO) guidelines. This allowed all healthcare providers in all sectors to concentrate their efforts on the front-line duties and responsiveness to COVID-19 as well as support the roll out of the vaccination programme; however it was vitally important to ensure that patients and the public were still able to raise concerns or make a complaint. Whilst some Trusts adopted this practice, this Trust chose to continue to manage complaints ensuring complainants were advised of the possible delays to their investigation and that they were kept updated throughout.

The figures in this report reflect the delays due to staff being redeployed into different areas and the difficulties faced undertaking investigations; however the quality of the investigations and responses has improved from the previous year and this is demonstrated by the improvements of our re-opened complaints. During 2019/20, 24 complaints were re-opened compared to 11 during 2020/21. Whilst there have been delays in responding to complaints, reassurance can be taken that the response has been more informative and of better quality addressing and resolving the issues.

When a complaint is raised, the Trust usually attempts local resolution up to three times before a case is reviewed by the PHSO. Reasons why a complaint is re-opened include a complainant not feeling their concerns have been adequately addressed or they have additional queries as a result of the responses received.

Higher Level PALS Concerns

There were 76 Higher Level PALS concerns in 2020/21. Due to the pandemic, from July 2020 new ways of working have been put in place in order to progress complainants' concerns in a more informal way and to provide a more timely response, in line with the PHSO's suggestion.

These cases typically can be resolved through informal discussions with the consultant, through e-mail discussions or a written letter; however they involve a more in-depth investigation than the routine PALS cases. During 2020/21, 76 of these cases were resolved and de-escalated from becoming a formal complaint.

Complaints can also originate by explicit request from a complainant or if a concern has not been resolved through PALS. During 2020/21, 43 PALS contacts converted to complaints.

During this financial year (2020/21) the Trust received 151 complaints which is a 47% decrease on 2019/20 (287). The top five complaint themes were clinical care and treatment (33%), communications (30%), values and behaviours (staff) (21%), clinical treatment – surgical group (12%) and clinical treatment – obstetrics and gynaecology (11%).

11. Closed Complaints

During the year 162 complaints were closed following investigation and 59 were either upheld or partially upheld (36%). 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 is shared and reported at specialty and divisional governance meetings.

The following are some examples of learning from complaints:

- Following a resolution meeting an oncology patient was informed that the cancer services team would be rolling out the MySunrise App to improve patient information. Details of this are now included in the Seamoor Unit's patient information pack. This App is a free cancer companion and information support tool for cancer patients receiving care and treatment and includes the platform Care Opinion for patients to provide feedback.
- Reminder to staff regarding the Trust's patient information leaflet, 'Decisions about Cardiopulmonary Resuscitation'. Teams have been reminded to give this leaflet to patients and families at the time of the discussion.
- A checklist sticker has been created for patients being discharged from the Emergency Department (ED) which includes 'cannula removed' to prevent patients returning home with a cannula still in place.
- A patient raised a complaint as they were unhappy with the lack of information for wound care after attending the Emergency Department. A patient information leaflet has been produced regarding basic wound care and skin closure techniques. This leaflet is for patients to refer to after they have left the department regarding any stitches (sutures), steristrips, medical glue and medical staples which they may have, together with the action to be taken if they notice any signs of infection such as redness or swelling.
- Following a complaint from a patient's mother regarding her son's potential diagnosis of Auditory Neuropathy Spectrum Disorder (ANSD) which is rare, the Paediatric Audiology team has discussed the condition of ANSD at regional meetings and has re-visited the guidance from the British Society of Audiology (BSA) as part of the team's Continuing Professional Development (CPD).
- Following a complaint from a relative of a patient with a learning disability, all Outpatient administration staff have now completed the training on supporting a patient with a learning disability in hospital.
- A patient raised a complaint which highlighted poor communication between RD&E and NDHT during their treatment. The Oncology department has reviewed and redesigned the internal pathway for the referral to the RD&E for sarcoma patients

and the Acute Oncology Service (AOS) lead now attends regional multi-disciplinary team (MDT) meetings.

- The trust has now appointed a MCA/Liberty Protection Safeguards Lead to support staff at NDHT and provide Mental Capacity Assessments and DOL assessments safeguards to develop practice in preparation for the Liberty Protection Safeguards (LPS) implementation in 2022. This new team will support staff with MCAs and DOL assessments in a more timely way.

12. Complaints Key Performance Indicators

All complaints are required to be acknowledged within three working days in line with Trust policy and statutory legislation. During the year, 98% of complaints were acknowledged within this timeframe.

On receipt of a complaint a member of the patient experience complaints team will contact the complainant by telephone. During this conversation, the issues for investigation and resolution are agreed with the complainant to ensure we adequately address the areas of concern and establish expectation of response timeframe.

During the year 41% of complaints were responded to within either the agreed timeframe or within an agreed extension to the initial timeframe, which is lower than the performance for the previous financial year (2019/2020) at 65%. As previously explained, this is due to the challenges imposed by COVID-19.

The four main reasons for a late response are division delay with the investigation, division approval of draft, COVID-19, and further details being requested following clinical review.

In order to monitor and prevent late responses to complainants, the timeliness of investigations is reported via the monthly divisional performance and governance review meetings.

During the year 46% of complaint investigations were returned to the patient experience department from the divisions within the assigned timeframe to meet the response time to the person raising the issue. Each division is now supported by a designated patient experience senior officer who has access to live dashboards and regularly meets with the divisional leads.

The four main reasons for a late response from the division are a delay in the clinician's response, notes missing or not available, annual leave / sickness, and COVID-19.

This may have been affected by staff undertaking additional or different roles during the COVID-19 pandemic and is monitored at divisional governance meetings.

13. Parliamentary and Health Service Ombudsman (PHSO)

When a complainant is unhappy 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.

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

Of those cases referred to the PHSO reassuringly only one case was formally investigated but not upheld and one case is under initial review. The PHSO’s formal investigation involves expert clinical advisors who review the patient’s care and treatment alongside the concerns raised, and their investigation outcome is final.

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

14. Concerns raised directly to the Care Quality Commission

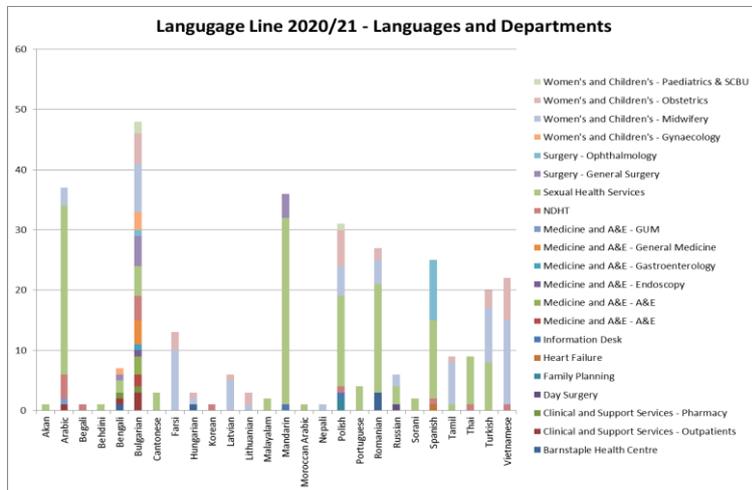
During the year, no concerns were raised directly to the Care Quality Commission (CQC) from a complaints’ perspective.

15. Interpretation and Translation Services

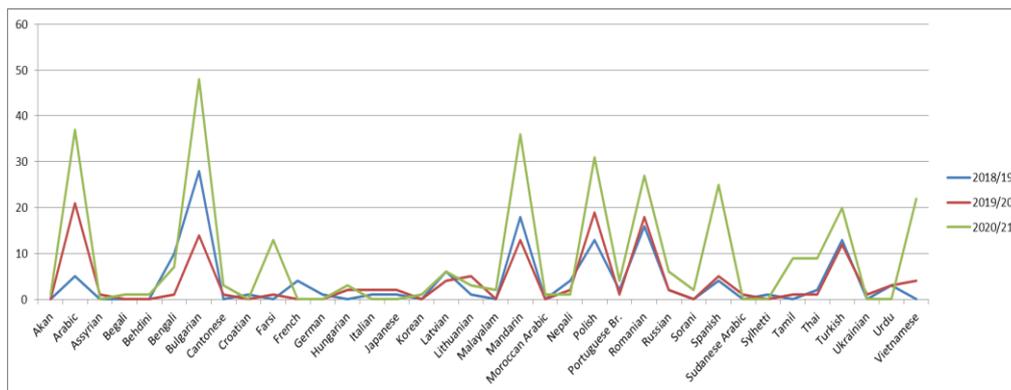
Throughout the pandemic, the Trust has continued to offer interpretation and translation services to patients and ensures that the needs of an increasingly diverse population in North Devon are met.

Expenditure on Sign Solutions has decreased to £2,393.94 (£10,017.16 in 2019/20), Multilingua (local provider) has decreased to £2,968.76 (from £5,370.84 in 2019/20) and Language Line (national provider) has increased to £10,251.00 (£3,890.10 in 2019/20).

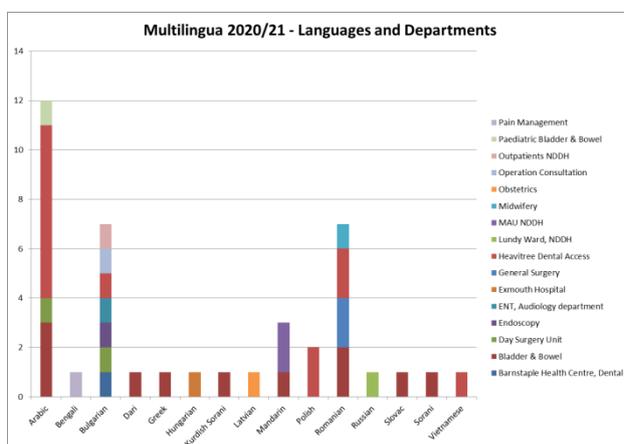
Language Line supports translation and can offer over 150 languages. Below is a graph that details the departments and most frequently requested languages from this translation.



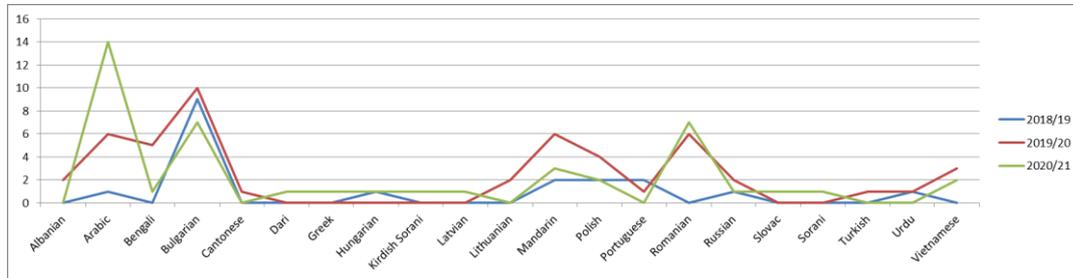
For Language Line, there has been a marked increase in Arabic, Bulgarian, Mandarin, Polish, Spanish, Tamil, Thai, Turkish and Vietnamese and no marked declines (see below).



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



For Multilingua, there has been an increase in Arabic and a decline in Bulgarian and Mandarin.



16. Patient Experience Complaints Feedback

When complainants receive their formal written response to their complaint, a feedback questionnaire is also included in order to gain feedback with regards to the way in which their complaint was handled and for them to provide any comments on their experience of the service. During 2020/21, 103 feedback questionnaires have been sent and 13 have been received which is a response rate of 13%. Overall, complainants are pleased by the way in which their complaint was handled and the outcome. We aim to increase this response rate by offering other mean of providing feedback such as on-line feedback i.e. Care Opinion.

17. Governance

Performance and progress against objectives are addressed at speciality group meetings which report into the divisions, the Patient Experience Operational Group (PEOG), 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 Operational Group and Involving People Steering Group form the primary route for overseeing the patient experience programme.

Patient Experience Operational Group

Reporting to the Governance Committee, the Patient Experience Operational Group (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.

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.

18. Quality Improvement Priorities for 2021/22

- Develop a new overarching patient experience strategy with the Royal Devon & Exeter Foundation Trust that is overseen by the Board.
- Implement New Complaints Standards 2021 – 2022 as part of early adopter pilot scheme.
- Development of carer’s champion role and carers bundle co-produced with Devon Carers and local carers’ groups, including a new carer’s policy and carer’s passport.
- Complaints and PALS team to co-produce a new patient experience patient information leaflet to include information on how patients can provide feedback to the Trust and include, compliments, PALS, complaints, care opinion, FFT and Wonderwall.

Appendix A - Friends and Family Test (FFT) Scores - 2020-21

Thinking about the service we provide... Overall, how was your experience of our service?

Response options: Very good, Good, Neither good nor poor, Poor, Very poor, Don't know

Friends and Family Test score

The Friends and Family Test (FFT) score is calculated as outlined in the NHS England and NHS Improvement guidance. The calculation is as follows:

'Would recommend' percentage is calculated as follows:

$$\frac{\text{Very good + Good}}{\text{Very good + Good + Neither good nor poor + Poor + Very poor + Don't know}} \times 100$$

'Would not recommend' percentage is calculated as follows:

$$\frac{\text{Poor + Very poor}}{\text{Very good + Good + Neither good nor poor + Poor + Very poor + Don't know}} \times 100$$

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

Inpatient / A&E

Surgery Division

FFT 'would recommend' score	Target	Dec-20	Jan-21	Feb-21	Mar-21
Ward - total	75	100	100	100	100
Glossop	75		100		
KGV	75			100	100
Lundy	75	100	100	100	100
Roborough	75		100	100	100

Medicine Division

FFT 'would recommend' score	Target	Dec-20	Jan-21	Feb-21	Mar-21
Ward/department/unit - total	75	100	87.5	98	99.8
A&E	75	100	100	94	99
Capener Ward	75				
Caroline Thorpe Ward	75	100	100	100	100
Fortescue Ward	75		50		100
Medical Assessment Unit	75				
Staples Ward (Stroke Unit)	75				
Tarka Ward	75				100
Victoria Ward	75	100	100	100	100

Clinical Support & Specialist Services Division

FFT 'would recommend' score	Target	Dec-20	Jan-21	Feb-21	Mar-21
Caroline Thorpe Ward	75	100	100	100	100

Outpatients

FFT 'would recommend' score	Target	Dec-20	Jan-21	Feb-21	Mar-21
Outpatients (face-to-face)	75	94.6	97.6	98.4	98.7
Outpatients (video calls)	75		94.4	91.3	94.0

Day Cases (NDDH)

FFT 'would recommend' score	Target	Dec-20	Jan-21	Feb-21	Mar-21
Day cases - total	75	100	100	100	100
Day Surgery Unit	75	100		100	100
Endoscopy Suite	75	100	100	100	100
Petter Day Treatment Unit	75				100
Radiology	75				
Seamoor Unit	75	100	100	100	100
Vanguard Unit	75				

Maternity Services

FFT 'would recommend' score	Target	Dec-20	Jan-21	Feb-21	Mar-21
Maternity Services - total	75	100	100	100	100
Antenatal Service	75	100	100		
Labour Ward	75		100	100	100
Postnatal Ward	75	100	100	100	100
Postnatal Community Service	75				

Special Care Baby Unit (SCBU)

FFT 'would recommend' score	Target	Dec-20	Jan-21	Feb-21	Mar-21
Special Care Baby Unit (SCBU)	75	100	100		

Community Healthcare

FFT 'would recommend' score	Target	Dec-20	Jan-21	Feb-21	Mar-21
Community Nursing Teams - total	75	97.7		100	100
Barnstaple	75				
Bideford	75	100		100	100
Holsworthy/Torrington	75				100
Ilfracombe	75			100	100
Lynnton/Lynmouth	75				
Out of Hours Northern	75				
South Molton	75	97.7			100

FFT 'would recommend' score	Target	Dec-20	Jan-21	Feb-21	Mar-21
Community Therapy Teams - total	75	97.8	100	96.3	97.4
Barnstaple	75	100	100	88.9	100
Bideford	75				
Ilfracombe	75	100	100	100	100
South Molton	75	94.7	100	100	92.9
Torrington/Holsworthy	75	100	100		100

FFT 'would recommend' score	Target	Dec-20	Jan-21	Feb-21	Mar-21
Community Specialist Services - total	75	100	100	93.75	96.15
Bladder and Bowel Care Service (adult)	75				
Bladder and Bowel Care Service (paediatric)	75		100	75	100
Salaried Dental Service	75		100		100
Podiatry Services	75	100	100	100	90.9
Devon Sexual Health - Video Calls	75		100	100	100
Devon Sexual Health - Barnstaple	75		100		
Devon Sexual Health - Exeter	75	100	100	100	100

FFT 'would recommend' score	Target	Dec-20	Jan-21	Feb-21	Mar-21
Community Children's Nursing Service	75			100	100
Community Outpatients	75	100	100	100	100
Community Day Cases	75				100
CREADO - Cystic Fibrosis & Bronchiectasis Service	75			100	
CREADO - Respiratory Outreach	75				
CREADO - Pulmonary Rehabilitation	75		100		100
Pathfinder Complex Discharge	75				
Pathfinder Urgent Care	75				100
Rapid Response Service	75		100	50	66.67
Speech and Language Therapy (SALT)	75		100	100	100

Appendix B - Methodology

	Service	Questions	Additional data collected	Data collection method (s)	Frequency of data collection	Dissemination of results
1	Inpatients [paused due to the pandemic]	1. Thinking about your time on this ward: ‘Overall, how was your experience of our service?’ 2. Please can you tell us the main reason for the response you have given? (i.e. to Q1) 3. Have you been involved as much as you wanted to be in decisions about your care and treatment? 4. Have your family and carers been involved in decisions about your care as much as you would like them to have been? 5. Have hospital staff been available to talk with you about your worries and fears? 6. Have you been given enough privacy when discussing your condition / treatment? 7. Have the doctors, nurses or pharmacists talked to you about medication side effects? 8. Overall, do you feel you have been treated with respect and dignity while you have been in hospital? 9. Thinking about the care you have received in hospital, have you been treated with kindness and understanding? 10. If you have concerns once you leave the hospital will	Gender Age Ethnicity	Patient experience survey volunteers (see page 12) using an electronic device	Daily Patient experience survey volunteers visit a selection of wards every day. Each ward is usually visited several times per month.	Ward manager - within two to three hours Monthly NHS Digital upload (FFT data) Healthcare Analytics and Reporting Team - monthly Intranet Trust website

		<p>you know how to get more information?</p> <p>11. Have you any suggestions for ways we can improve the service or any other comments on the service you have received?</p>				
2	Community Nursing Teams	<p>1. At what stage in your care are you completing this Patient Experience Survey? (see frequency of data collection)</p> <p>2. Thinking about the service we provide: 'Overall, how was your experience of our service?'</p> <p>3. Please can you tell us why you gave the response you did to question 2?</p> <p>4. Were you offered a morning or afternoon appointment for us to visit you in your home?</p> <p>5. Were you contacted in advance if we were unable to keep an appointment?</p> <p>6. Were you involved as much as you wanted to be in decisions about your care and treatment?</p> <p>7. Have your family and carers been involved in decisions about your care as much as you would like them to have been?</p> <p>8. Before you received any treatments (e.g. an injection, dressing, physiotherapy) did a member of staff explain any risks and/or benefits in a way you could understand?</p> <p>9. Did you see your nurse clean/wash their hands during visits?</p>	<p>Gender</p> <p>Age</p> <p>Ethnicity</p>	<p>Reply-paid survey forms left with the patient at home; tablet-based data collection in the patient's home; telephone surveys; tiny URLs in patient information leaflets and visiting cards.</p>	<p>Either on admission to, as an ongoing user of or on discharge from the community nursing service</p>	<p>Monthly NHS Digital upload (FFT data)</p> <p>Service leads</p> <p>Healthcare Analytics and Reporting Team - monthly</p> <p>Intranet</p> <p>Trust website (FFT data)</p>

		<p>10. Do you feel you had sufficient time with us during the visits?</p> <p>11. Overall, do you feel you have been treated with respect and dignity?</p> <p>12. Do you know how to contact our service?</p> <p>13. Have you any suggestions for ways we can improve the service?</p>				
3	Community Therapy Teams	<p>1. Thinking about the service we provide: ‘Overall, how was your experience of our service?’</p> <p>2. Please can you tell us why you have given that response? (i.e. to Q1)</p> <p>3. When you were given your first appointment was it when you expected?</p> <p>4. Did the team member who came to see you the first time introduce themselves?</p> <p>5. Do the team members give you information in a way you can understand?</p> <p>6. Do the team members you see treat you with respect and dignity?</p> <p>7. Were you involved in decisions about your care as much as you would like to have been?</p> <p>8. Have your family and carers been involved in decisions about your care as much as you would like them to have been?</p>	<p>Gender</p> <p>Age</p> <p>Ethnicity</p>	<p>Following discharge, a reply-paid survey form is posted to the patient at home; tablet-based data collection in the patient’s home; telephone surveys; tiny URLs in patient information leaflets and visiting cards.</p>	<p>On discharge from the community therapy service</p>	<p>Monthly NHS Digital upload (FFT data)</p> <p>Service leads</p> <p>Healthcare Analytics and Reporting Team - monthly</p> <p>Intranet</p> <p>Trust website (FFT data)</p>

		<p>9. As part of your care plan you may have been allocated equipment to use at home. Was this equipment delivered when you expected?</p> <p>10. As part of your care plan you may have been allocated a place at a clinic or class. Was this clinic or class made available to you when you expected?</p> <p>11. By the end of your rehabilitation had you achieved everything you expected?</p> <p>12. Do you have any suggestions as to what we could have done differently to make your experience of rehabilitation better or any other comments?</p>				
4	<p>Maternity Services</p> <p>[paused due to the pandemic]</p>	<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</p>	<p>Age</p> <p>Ethnicity</p>	<p>Patient experience survey volunteers (see page 12) using an electronic device</p>	<p>Patient experience survey volunteers (see page 12) 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>Intranet</p>

		<p>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>				
5	Special Care Baby Unit	<p>1. Thinking about your time on our Special Care Baby Unit: ‘Overall, how was your experience of our service?’</p> <p>2. Please can you tell us the main reason for the response you have given? (i.e. to Q1)</p> <p>3. Have you been involved as much as you’d like to be in the decision-making about your baby’s care and treatment?</p> <p>4. Were you involved as much as you wanted to be in the day-to-day care of your baby, such as nappy changing and feeding?</p> <p>5. Were you told about any changes in your baby’s condition or care?</p> <p>6. Have hospital staff been available to talk with you about your worries and fears?</p> <p>7. Have you been given enough privacy when discussing your baby’s treatment/condition?</p> <p>8. If you have concerns when you leave hospital will you know where to get more information?</p> <p>9. Did you have as much kangaroo care (skin-to-skin care) with your baby as you wanted?</p> <p>10. Did staff arrange your baby’s care (e.g. weighing, bathing) to fit in with your usual visiting times?</p> <p>11. Overall, do you feel you have been treated with respect</p>	None	Paper survey form on discharge	On discharge	<p>Monthly NHS Digital upload (FFT data)</p> <p>Ward manager</p> <p>Trust website</p>

	and dignity while you have been in hospital?					
	12. Do you have any suggestions for ways we can improve the service or have any additional comments?					