

# Patient Experience Annual Report 2014/15

The 2014/15 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.

## Overview and Strategy

At Board-level, the Trust's Director of Nursing has responsibility for patient experience which includes delivery of our patient experience strategy and annual programme, compliance with the national Friends and Family Test reporting and demonstrating that we have used patient experience feedback to improve the experience of care.

Patient experience also features as the third element of the Trust's quality strategy, therefore placing it firmly at the heart of the Trust's continuous drive to improve the quality of 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 in real-time through the inpatient surveys at North Devon District Hospital, social media, Mystery Shopping, Patient Opinion, postal surveys, focus groups, face-to-face engagement, PALS / complaints and, of course, now routinely throughout the Trust via the Friends and Family Test.

At the start of each Board meeting, a patient story is presented which articulates the experience of a patient in our care. Patient stories are obtained from patients we meet either through complaints, service transformation projects, letters to the Chief Executive or patients who have approached the Trust. It allows the Board to see the impact of decisions they are making. For example, the patient story from March 2015 was a video of a member of staff commenting on patient experiences following the temporary closure of inpatient beds in Ilfracombe Community Hospital.

The Trust publishes the Friends and Family Test performance reports and detailed feedback reports on its website under the Board Reports. We are currently collecting on average 2,000 pieces of patient experience feedback every month.

Our 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 2-3 hours of the feedback being given and a report to other services on a monthly or bi-monthly basis.

In addition, it is shared with the patient safety and quality team in recognition of the importance of patient experience in assessing the quality of NHS services alongside effectiveness and safety. Via the Learning from Patient Experience Group, the patient experience feedback is routinely compared alongside staff experience and operational data in recognition of the close links between staff experience, operational pressures and patient experience.

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 nationally mandated and expanded Friends and Family Test programme, which includes the following services:

### **NDDH**

- Acute inpatient wards
- A&E department
- Maternity
- Outpatients
- Daycases

### **Community**

- Community hospital inpatient wards
- Community hospital outpatients
- Community hospital daycases
- Community children's nursing
- Minor injury units
- Walk-in centres

### **Home-facing services**

- Community therapy
- Community nursing

### **Specialist community services**

- Sexual health
- Podiatry
- Bladder and bowel
- Dental
- Chronic fatigue syndrome / ME

The patient experience strategy can be accessed here:

<http://www.northdevonhealth.nhs.uk/2013/04/patient-experience-strategy/>

### **The report uses the following structure to articulate achievements:**

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

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

**Improve** the experience by ensuring the feedback 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 solution completes the 'you said, we did' governance cycle.

**Disseminate and measure the improvement** by 'You said, we did'

## Capturing the patient experience

The patient experience programme has significantly expanded in the last financial year partly as a consequence of the phased expansion of the Friends and Family Test to meet the nationally-mandated targets. This recent expansion now 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 A**.

Trust staff routinely offer patients the opportunity to provide feedback using all available and appropriate methods. Every month we receive c. 2,000 pieces of feedback from over 130 services.

The Trust collects bedside, real-time feedback, including the Friends and Family Test question, from inpatients at North Devon District Hospital, reporting back to the ward within 2-3 hours. This allows us to respond immediately to any feedback as well as staff receiving a morale boost from the many positive comments we receive. The surveys are asked on a one-to-one basis by trained patient experience survey volunteers.

## Volunteers

Our patient experience programme at NDDH would not be possible without the support and assistance of our team of patient experience volunteers.

In 2014/15 we were helped by Bev, Lynne, Michael, Roger and Stephen.

Our thanks go to this team for helping us continue to improve our services. As well as gathering feedback for us, we know our patients enjoy the interaction with our friendly and compassionate volunteers when they are in hospital.

We nominated two of our volunteers for the TTVS Volunteer Award. TTVS is the Council for Voluntary Service (CVS) for Torrington District.

One of the patient experience volunteers attends our bi-monthly Learning from Patient Experience Group and feeds back that he remains motivated to continue volunteering because he can see that we are using the feedback he collects to improve our services.



A volunteer patient experience surveyor goes through the real-time patient experience survey with a patient in a medical ward 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 question to allow us to gain a deeper understanding of the experience of care. The additional questions can be found in the table of our 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 such as CQUIN target data collection, a deep dive on a particular issue or the equality and diversity needs of the patient group and we formulate the feedback methodology best suited to the service.

Our data capture methodology is selected, piloted and continually refined according to the needs of the patient group concerned. As standard, we offer the option of carer / parental support in completing the forms and alternative communication formats such as braille, large font and 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's version of the Friends and Family Test card has been developed in agreement with clinicians to facilitate the requirement to include children and young people in the Friends and Family Test from April 2015. The wording is in the process of being amended to reflect the revised national guidance.

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 our care. A Friends and Family Test card for patients with learning disabilities is currently being developed.

## **2014/15 CQUIN**

During the year 2014-15, CQUIN targets relating to the patient Friends and Family Test were in place i.e. the requirement to achieve certain response rates in our acute inpatient and A&E services together with the early and phased expansion of the Friends and Family Test throughout the Trust. The total CQUIN value in relation to the various elements amounted to £468,448. All the CQUIN targets were achieved.

## **Analysing the patient experience feedback**

The systematic analysis and triangulation of all forms of patient experience feedback, including complaints, results in the production of monthly 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 our services and when they feel it is crucial to the process of enabling us to improve the experience of our care.

This allows us to identify trends and themes, an example of which is attached as **Appendix C**. The process of analysis identifies where we need to either take action or instigate a deep dive to gain further understanding of the experience.

Performance and progress against objectives are addressed at every monthly divisional review, bi-monthly at the LPEG, Involving Patient Steering Group (IPSG), Quality Assurance Committee and bi-monthly at Trust Board. This ensures that staff and patients (and in time members and Governors) are kept informed about progress and implementation of the patient experience strategy.

## **Governance**

IPSG and LPEG remain the primary assurance route for overseeing the patient experience programmes.

**Involving People Steering Group (IPSG)** The purpose of the Involving People Steering Group 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.

**Learning from Patient Experience Group (LPEG)** Every two months the multi-disciplinary pan-Trust members of the Learning from Patient Experience Group (LPEG) meet to discuss and triangulate patient experience, staff experience, quality, safety, complaints, national surveys, PPI activities and audit feedback data to identify themes and areas of concern. This meeting is chaired by the Deputy Director of Nursing. LPEG has recently been restructured to allow the data from all parties to be shared during the first half of the meeting before a group discussion between members on what the data is telling us during the second half of the meeting. The data sources and feedback are discussed and triangulated at the LPEG meeting and actions assigned to leads to address concerns, understand more or resolve the problem causing the feedback. This process enables the Trust to quickly – and through evidence – identify hotspots.

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.

The outputs from LPEG are discussed at the Quality Assurance Committee, a sub-committee of the Board. Also feeding the work of LPEG are any care reviews or reports from Healthwatch Devon.

An exciting new development in the effective analysis, accessibility and use of this ever-growing volume of data has been the investment in a database (called Meridian). When fully-operational in mid-2015/16, it is envisaged many of the current manual reporting

processes will be automated and take us closer to the position of providing real-time reporting for every service Trust-wide, reports which can be web-published.

## Using the patient experience feedback - 'You said - we did'

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 the feedback is heard and understood by the relevant clinical and managerial teams and then disseminating and measuring the improvement: by subjective outcomes such as repeat surveys or objective outcomes e.g. less feedback volume on a particular topic.

The overwhelming flavour of the feedback the Trust receives is positive. However, we look very closely at the free text feedback we get because this allows us to make the often small changes to improve the experience of care for future patients.

The table below summarises the main 'you said - we did' improvements to patient experience that we made in 2014/15.

	<b>You Said</b>	<b>We Did</b>
1	Shower hooks and shelving should be provided in the washrooms on our acute wards at North Devon District Hospital.	Shower hooks and shelving are now included as standard in all new wards as they are refurbished and have also been fitted in the new Intensive Care Unit visitors' wet-room.
2	The partitioning curtains at the Bideford Physiotherapy Department did not provide sufficient privacy.	The curtains have been replaced with seven individual solid partition cubicles.
3	Clinicians have too much paperwork or spend too much time doing paperwork	'Smartcare', an electronic healthcare record system is now being developed. The first phase is due to be launched in March 2016.
4	The contact details to enable patients to easily access all our community nursing services should be improved.	The documentation left with the patient in the home has been reviewed to ensure the community nursing teams enter their contact details for the patient to access. In addition, 'calling cards', featuring the community nursing teams contact details, have been developed which can be left with the patient / carer.
5	We received feedback that patients were finding the costs of inpatient TV and/or parking too expensive at North Devon District Hospital.	We have issued a 'Money Saving Tips' leaflet available to all inpatients explaining how to use the TV and access the car parking more cost-effectively and the location of free wifi availability in the hospital.
6	Too much noise and light at night in the acute wards at North Devon District Hospital.	Capener Ward is piloting the use of ear plugs and eye masks.

7	Insufficient car parking at Bideford Community Hospital.	The Trust is implementing a pay-and-display parking control at Bideford Community Hospital from September 2015.
8	Continuity of care in the Physiotherapy Department at Bideford Community Hospital.	The reduction of Band 6 physiotherapy staff rotations unless there is a service need.
9	No vending machine in reception at Bideford Physiotherapy Department.	A sign has been placed in reception to indicate where the nearest drinks machine is located.
10	Difficulty making first appointment at Holsworthy, Ilfracombe and South Molton physiotherapy departments.	As the difficulty was due to a requirement for more administration support, the physiotherapy administration has now been merged with the main hospital outpatients' administration at each location which has improved the efficiency of the booking system.
11	In group physiotherapy at the Bideford Physiotherapy Department, you said you would like patients to introduce themselves.	The team now ask patients if they wish to be introduced by name.

## Deep Dives

### 1. Neonatal and Paediatric services

During 2014-15, our neonatal and paediatric services had overwhelmingly excellent feedback from our patients and parent / carers.

However, as we are constantly striving to improve our service, an on-going action plan was created which aimed to consider every single comment to help us improve our service. Patient / parent experience feedback is now a standing agenda for Caroline Thorpe Ward and the Special Care Baby Unit ward meetings and at the paediatric specialty team meeting where patient feedback is discussed on a regular basis.

Comments received from the patient / parent are highlighted in ***bold italics*** with the Trust response following.

***“Parent stated that staffing levels are of concern. Felt that when the unit is busy they do not have the level of support that they would like.”***

Now we have safe staffing levels displayed at the entrance to each ward. (Note: this was also happening as directed by the Trust and not just in response to a patient's comments)

***“The general feeling is that breastfeeding mums should receive all meals, while staying in hospital.”***

Breastfeeding mums are now given all meals whilst they are resident on the neonatal and paediatric ward.

Comparing our services to another NHS provider a mother said that ***“another hospital had a cooking area for parents to use with cutlery, plates, dishwasher etc. Free breakfasts for mothers. It was so much more comfortable.”***

***“I am more than happy with everything the way the ward is run and all care of staff. The only issue I have found is for me, as a parent, to leave my child when I need to eat myself. Even a vending machine on the ward would help or a way of making your own drinks.”***

***“Restaurant downstairs should be open in evening food in café limited and closes too early.”***

***“As a parent, it would be good to be offered food from the trolley and perhaps a donation given to the hospital to cover the cost.”***

***“Cleanliness is excellent. It would be good if, as parents, we could purchase a hot meal from the trolley to save us leaving our poorly babies when we need food even if we chose off the menu like patients do and then just pay for it.”***

***“As a single parent, it is difficult to leave my child to go for food for myself.”***

***“Although we have not been affected, we have noticed that for a single parent it is difficult at times for them to leave their child while they get food for themselves.”***

- Breakfast is now provided for parents who stay overnight.
- One vending machine in the Ladywell Unit is now topped up more frequently with appetising sandwiches while the other vending machine is now topped up with healthy eating options.
- A snack trolley with sandwiches, cake etc. comes to the ward twice a day.
- Breastfeeding mothers are given all meals whilst they are resident on the neonatal and paediatric ward.
- Future plans are being made for parents to be able to buy hot meals on a 24/7 basis that the staff can heat and collect, using the Bonne Santé Food Service

***“While the unit is clean it is cramped and can feel cluttered as there is obviously no room to store spare equipment etc.”***

- The ward team performed a declutter.
- New storage areas are being investigated and identified.
- New shelves have been fitted into some cupboards.
- A new storage area for parent beds has been created.

***“Difficult for us as parents re: visiting and support from our partners as we do live away with another small child at home. I do not know if the hospital can provide a room to rent out overnight where partners could also stay - that way, sharing the time while looking after baby.”***

***“The accommodation for parents could be improved. We were very grateful to be offered accommodation on site, but it was noisy and dirty.”***



- Improvement of parent facilities is included in phase 2 business case.
- Sodexo staff did not like to disturb mum to enter and clean. There is now a notice in the room asking parents to let staff in to clean.

***“More support with skin-to-skin care.”***

***“The only suggestion I would make is that I think parents should be offered kangaroo care (cuddles more frequently) so the parents are clear it is ok to hold their baby as at times I felt all I did was sit and look at my baby, afraid to pick her up because I thought I could only hold her at certain times.”***

- There were only three reclining chairs on the Special Care Baby Unit that could be used for this purpose so it could not always be offered. The ward was granted environmental funds to purchase more and now there are enough for all mothers who wish to kangaroo care hold their baby.
- A parent information leaflet has been developed on developmental care which gives information to parents on kangaroo care, how to hold their baby and how to understand his or her cues.

***“Too many doctors coming into the room for discussion.”***

This feedback was given to paediatricians at our team meetings so that they could be aware of this comment and aim not to overwhelm families.

***“Doctors didn’t explain the drugs baby was being prescribed.”***

This feedback was given to paediatricians at specialty team meetings regarding the explanation of medications.

***“As a parent, it would have been good to have explained to me that there is a parent room where I can make a drink etc.”***

This feedback was given to nursing staff at the ward meeting to remember to orientate parents and give them a ward welcome leaflet.

## **2. Food at North Devon District Hospital**

Comments collected in relation to food by patient experience surveyors on the acute wards at North Devon District Hospital are routinely reported to Sodexo 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 2014-15 are in the attached Sodexo report in **Appendix D**.

## **3. Supporting the Torrington Test of Change**

In 2013, the Northern Devon Healthcare Trust and NEW Devon Clinical Commissioning Group launched a test of change to replace the inpatient beds at Torrington hospital with enhanced community health and social care delivered in patients own homes.

The experience of patients being cared for in their own homes became really important in building public confidence in the new model of care.

In addition, and as the NHS started working with the community to develop a health and wellbeing hub at Torrington, the experience of people coming to Torrington for an increasing number of day treatment clinics and services also became really important to show the benefit of local services.

**Appendix E** outlines the 6 months of patient experience data we captured on home-facing and clinics in Torrington. These reports were included in the Trust Board and CCG Locality Body and evaluation reports, as well as being received for consideration by Devon's Health and Wellbeing Scrutiny committee.

We generated a patient experience report for Torrington which reported the historic experience of inpatients and patients receiving care in their own homes as well as those patients now accessing more day services and clinics in their local hospital i.e. in the space previously occupied by beds.

This approach is being replicated across other towns where there have been similar changes to the configuration of services.

### **Other examples of recent improvement work as a result of patient experience feedback**

Services are now routinely using patient experience feedback in the construction of business cases to provide evidence of why a service needs to change. A recent example of this was from a therapy team's proposal to move location to provide more suitable accommodation for patient appointments.

From a service perspective, this data is easy to access, almost real-time and proving useful in planning service development in a way that was not possible previously.

Board and Executive Directors receive regular reports on ward moves and discharge surveys which are used by the executives to inform decisions on escalation, bed pressure as well as to continually improve discharge processes.

The Trust is also sharing patient experience reports with the CCG and the public in towns where a service change has occurred to allow both commissioner and public to gain assurance that patients remain satisfied with the service throughout a change.

### **Communicating the actions we've taken**

When we act on feedback, 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
- Monthly integrated performance reports and the patient experience dashboard presented to Board

- Information leaflets distributed to patients and visitors
- Pulse - the Trust newsletter
- Reports to Healthwatch Devon, Overview and Scrutiny Committees
- Outpatient TV screens at North Devon District Hospital
- Annual reports, including this report
- Quality Account
- Press releases and case studies
- Trust website and intranet
- Social media, including Patient Opinion
- Presentations at national / regional events and conferences
- Wider patient engagement and involvement

## Using patient experience data in patient safety programme

Patient experience feedback is included in the Trust's patient safety walkround process.

The walkrounds are unannounced CQC-style internal inspections of wards or services conducted by a panel comprising Board members and the patient safety team. Prior to the inspection, the panel triangulates all quality information about the service to inform the areas they wish to inspect. The quality information includes patient experience data as well as patient safety and effectiveness data.

During 2014/15, the patient experience team has produced patient experience feedback reports to support the patient safety walkrounds in the following services:

<b>NDDH</b>	1	A&E
	2	Bassett Ward
	3	Delivery Suite
	4	Fortescue Ward
	5	Medical Assessment Unit
	6	Special Care Baby Unit (SCBU)
	7	Staples Ward
	8	Tarka Ward
	9	Victoria Ward
<b>Community</b>	1	Axminster Community Hospital
	2	Barnstaple Community Nursing Team
	3	Crediton Community Hospital
	4	Crediton Community Nursing Team
	5	Exeter Community Hospital
	6	Holsworthy Community Hospital

	7	Honiton Community Hospital
	8	Honiton Community Nursing Team
	9	Ilfracombe Community Hospital
	10	ISCA (Exeter C&D Community Nursing Teams)
	11	Okehampton / Hatherleigh Community Nursing Teams
	12	Okehampton Community Hospital
	13	Ottery St Mary Community Hospital
	14	Out of Hours Northern Community Nursing Team
	15	Pinhoe (Exeter A&B Community Nursing team)
	16	Seaton Community Hospital
	17	South Molton / Chulmleigh Community Nursing Teams
	18	South Molton Community Hospital
	19	Tiverton Community Hospital
	20	Tiverton Community Nursing Team

## **Next Year (2015/16)**

Next year we will be focusing on the following objectives/projects:

- Refreshing the patient experience strategy
- Reviewing the expansion of the patient experience programme and ensure all clinical teams and service leads are receiving and processing the feedback they are receiving on their service
- Implementing Meridian to automate reporting
- Achieve more awareness (as demonstrated by the Staff Survey results) of the patient experience programme
- Focus on increasing response rates in A&E and maternity
- Supporting more you said, we did within services
- Utilise more qualitative methods of patient experience capture (for example experience-based co-design)

## Appendix A - Friends and Family Test Scores - 2014-15

**How likely are you to recommend our ward / hospital / department / service to friends and family if they needed similar care or treatment?**

Half-way through the year, the national guidance changed the way we calculated the Friends and Family score as follows:

### **Apr-14 to Sep-14.**

**The Trust's target score was +65 on a range between -100 and +100** (increased from +60 with effect from Apr-14). The Friends and Family Test score was calculated as the proportion of respondents who would be extremely likely to recommend (response category: 'Extremely likely') minus the proportion of respondents who would not recommend (response categories: 'Neither likely nor unlikely', 'Unlikely' and 'Extremely unlikely'). The 'Don't know' responses were excluded but as the 'Likely' responses were included in the denominator for both parts of the calculation they had the capacity to affect the overall score significantly.

### **From Oct-14**

**The Trust's target score is 75%.** The Friends and Family Test score is being calculated on the percentage basis as outlined in the NHS England guidance issued in Oct-14.

The calculation is as follows:

**'Would recommend'** percentage is calculated as follows:

$$\frac{\text{Extremely likely} + \text{Likely}}{\text{Extremely likely} + \text{Likely} + \text{Neither likely nor unlikely} + \text{Unlikely} + \text{Extremely unlikely} + \text{Don't know}} \times 100$$

**'Would not recommend'** percentage is calculated as follows:

$$\frac{\text{Extremely unlikely} + \text{unlikely}}{\text{Extremely likely} + \text{Likely} + \text{Neither likely nor unlikely} + \text{Unlikely} + \text{Extremely unlikely} + \text{Don't know}} \times 100$$

## Acute / A&E

Ward/Unit / Department	Target	April 2014		May 2014		June 2014		July 2014		August 2014		September 2014		October 2014		November 2014		December 2014		January 2015		February 2015		March 2015	
		Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend
A&E only	75	82	↑	72	↓	57	↓	66	↑	67	↑	62	↓	77	↑	73	↓	95	↑	91	↓	86	↓	93	↑
A&E (i.e. A&E / MAU combined)	75	82	↑	73	↓	58	↓	67	↑	68	↑	67	↓	79	↑	74	↓	95	↑	92	↓	86	↓	93	↑
Acute Stroke Unit	75	75	↓	82	↑	100	↑	82	↓	100	↑	100	-	100	-	83	↓	100	↑	100	-	100	-	100	-
Fortescue Ward	75	100	-	67	↓	86	↑	100	↑	88	↓	100	↑	100	-	100	-	100	-	100	-	75	↓	100	↑
Capener Ward	75	93	↑	93	-	86	↓	97	↑	73	↓	69	↓	97	↑	95	↓	100	↑	97	↓	92	↓	93	↑
Caroline Thorpe Ward	75		?	100	?		?	100	?		?	100	?	100	-		?	100	?	100	-	100	-	100	-
Lundy Ward	75	88	↓	86	↓	78	↓	85	↑	88	↑	93	↑	97	↑	98	↑	100	↑	100	-	97	↓	95	↓
Glossop Ward	75	87	↑	64	↓	79	↑	63	↓	59	↓	91	↑	100	↑	91	↓	93	↑	92	↓	90	↓	94	↑
King George V Ward	75	90	↑	74	↓	93	↑	88	↓	78	↓	67	↓	100	↑	96	↓	90	↓	91	↑	97	↑	98	↑
Medical Assessment Unit	75	78	↓	88	↑	78	↓	87	↑	88	↑	89	↑	100	↑	93	↓	100	↑	100	-	92	↓	100	↑

Ward/Unit / Department	Target	April 2014		May 2014		June 2014		July 2014		August 2014		September 2014		October 2014		November 2014		December 2014		January 2015		February 2015		March 2015	
		Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend
Staples Ward	75	85	↓	80	↓	88	↑	77	↓	79	↑	83	↑	100	↑	93	↓	86	↓	90	↑	0	↓	91	↑
Tarka Ward	75	91	↓	98	↑	91	↓	92	↑	98	↑	92	↓	100	↑	100	-	100	-	100	-	99	↓	96	↓
Victoria Ward	75	83	↑	100	↑	94	↓	93	↓	58	↓	73	↑	97	↑	96	↓	98	↑	96	↓	98	↑	94	↓
Acute / A&E combined	75	83	↑	77	↓	69	↓	74	↑	73	↓	77	↑	88	↑	82	↓	95	↑	93	↓	89	↓	94	↑

### Maternity Services

Touch point	Target	April 2014		May 2014		June 2014		July 2014		August 2014		September 2014		October 2014		November 2014		December 2014		January 2015		February 2015		March 2015	
		Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend
Maternity Services - Total	75		?		?		?		?	92	?	87	↓	100	↑	97.3	↓	90.9	↓	100	↑	100	-	97	↓
Antenatal Service	75	100	-		?		?		?	100	?	100	-	100	-	100	-	100	-	100	-	100	-	86	↓
Labour Ward	75	91	↓	100	↑	91	↓	90	↓	96	↑	94	↓	100	↑	100	-	93.8	↓	100	↑	100	-	100	-
Postnatal Ward	75	91	-	80	↓	94	↑	89	↓	90	↑	79	↓	100	↑	95.1	↓	85.7	↓	100	↑	100	-	100	-

Touch point	Target	April 2014		May 2014		June 2014		July 2014		August 2014		September 2014		October 2014		November 2014		December 2014		January 2015		February 2015		March 2015	
		Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend
Postnatal Community Service	75		?	100	?	100	-	75	↓	80	↑	100	↑	100	-	100	-	100	-	100	-	100	-	100	-

### Community Hospitals

	Target	April 2014		May 2014		June 2014		July 2014		August 2014		September 2014		October 2014		November 2014		December 2014		January 2015		February 2015		March 2015	
		Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend
North and East - Total	75	76	↓	77	↑	80	↑	69	↓	82	↑	88	↑	98	↑	98	-	100	↑	99	↓	98	↓	98	-
East Community - Total	75	82	-	78	↓	81	↑	75	↓	86	↑	88	↑	96	↑	100	↑	100	-	98	↓	100	↑	100	-
Axminster **	75	100	↑		?	100	?	100	-	80	↓	100	↑	83	↓		?	100	?	100	-		?		?
Crediton-Kirton **	75	100	-	100	-	100	-	50	↓	100	↑		?	100	?	100	-		?		?		?		?
Crediton-Stroke **	75	50	-	0	↓	100	↑	100	-	100	-	100	-	100	-	100	-		?		?		?		?
Exeter-Budlake	75	86	↑	75	↓	100	↑	100	-	100	-		?		?	100	?		?	100	?	100	-	100	-



	Target	April 2014		May 2014		June 2014		July 2014		August 2014		September 2014		October 2014		November 2014		December 2014		January 2015		February 2015		March 2015	
		Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend
Exmouth-Doris Heard	75		?	100	?	100	-	33	↓	100	↑	67	↓	100	↑		?		?	75	?	100	↑	100	-
Exmouth-Geoffrey Willoughby	75	63	↓	60	↓	67	↑	29	↓	83	↑	100	↑	100	-	100	-	100	-	100	-	100	-	100	-
Honiton	75	75	-	40	↓	83	↑	86	↑	80	↓	90	↑	100	↑		?		?	100	?	100	-	100	-
Okehampton	75	100	↑	100	-	100	-	100	-		?	71	?	100	↑	100	-	100	-	100	-	100	-	100	-
Ottery St Mary	75	100	-	50	↓	50	-	100	↑	67	↓	50	↓	100	↑	100	-	100	-	100	-	100	-		?
Seaton	75	100	-	100	-		?	80	?	100	↑	100	-	100	-	100	-	100	-	100	-	100	-	100	-
Sidmouth	75	67	↓	100	↑	25	↓	75	↑		?	86	?	100	↑	100	-	100	-	100	-	100	-	100	-
Tiverton-Blackdown	75	100	↑	86	↓	100	↑	100	-	75	↓	100	↑	100	-	100	-	100	-	100	-	100	-	100	-
Tiverton-Twyford	75	100	-	100	-	83	↓	75	↓	86	↑	100	↑	83	↓	100	↑	100	-	100	-	100	-	100	-
<b>North Community - Total</b>	75	65	↓	76	↑	79	↑	61	↓	73	↑	88	↑	100	↑	96	↓	100	↑	100	-	90	↓	93.8	↑
Bideford-Elizabeth	75	50	↓	67	↑	75	↑	0	↓	100	↑		?	100	?		?	100	?	100	-		?	100	?

	Target	April 2014		May 2014		June 2014		July 2014		August 2014		September 2014		October 2014		November 2014		December 2014		January 2015		February 2015		March 2015	
		Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend
Bideford-Willow	75	64	↓	70	↑	82	↑	72	↓	100	↑	100	-	100	-	100	-		?	100	?	100	-	100	-
Holsworthy	75	60	↓	50	↓	100	↑	100	-	67	↓	83	↑	100	↑	100	-	100	-	100	-		?	100	?
Ilfracombe **	75	100	↑	100	-	60	↓	100	↑	67	↓	88	↑	100	↑		?		?		?		?		?
South Molton	75	0	↓	100	↑	80	↓	31	↓	57	↑	83	↑	100	↑	92	↓	100	↑	100	-	80	↓	66.7	↓

\*\* Inpatient beds temporarily closed

### Community Nursing Teams

1. During the period Jul-12 to Sep-14, the Friends and Family Test score was calculated on the numerical Net Promoter Score basis. A score could range from -100 to +100. The Trust's target net promoter score was originally +60 and increased to +65 from Apr-14.
2. From Oct-14, the Friends and Family Test score for this survey is being calculated on the textual response basis and on the percentage calculation as outlined in the NHS England guidance issued in Oct-14.

Team	Target	April 2014		May 2014		June 2014		July 2014		August 2014		September 2014		October 2014		November 2014		December 2014		January 2015		February 2015		March 2015	
		Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend
Community Nursing Teams - Total	75	93	↓	76	↓	87	↑	81	↓	82	↑	77	↓	96	↑	97.96	↑	100	↑	97.96	↓	99	↑	95	↓

Team	Target	April 2014		May 2014		June 2014		July 2014		August 2014		September 2014		October 2014		November 2014		December 2014		January 2015		February 2015		March 2015	
		Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend
Community Nursing Teams - Eastern	75	94	-	76	↓	82	↑	82	-	78	↓	76	↓	90	↑	100	↑	100	-	98.36	↓	100	↑	94	↓
Community Nursing Teams - Northern	75	91	↓	77	↓	100	↑	80	↓	88	↑	79	↓	100	↑	92.31	↓	100	↑	97.3	↓	95	↓	97	↑
Axminster/Sidmouth	75		?		?	100	?	69	↓		?	100	?		?	100	?	100	-	0	↓	100	↑	100	-
Barnstaple	75	89	↓	80	↓	100	↑	55	↓	89	↑	100	↑	100	-	100	-	100	-	100	-	100	-	100	-
Bideford	75	100	?	77	↓	100	↑	100	-	100	-	100	-		?	0	?	100	↑	100	-	83	↓	100	↑
Crediton	75		?		?	73	?	80	↑		?	50	?	100	↑	100	-	100	-	100	-	100	-	80	↓
Culm Valley	75	100	-		?	100	?	94	↓	100	↑		?	100	?	100	-	100	-	100	-	100	-	100	-
Exeter	75	100	?	100	-	80	↓	100	↑	83	↓	33	↓		?		?	100	?	100	-	100	-	67	↓
Exmouth	75	100	-	60	↓	50	↓	57	↑	50	↓	0	↓		?	100	?	100	-	100	-		?	100	?
Holworthy/Torrington	75	60	↓	80	↑	100	↑	33	↓		?		?	100	?		?	100	?		?		?	100	?
Honiton/Ottery	75	91	↓	80	↓	100	↑	50	↓	88	↑	100	↑		?	100	?	100	-		?		?	100	?
Ilfracombe	75		?		?		?	75	?	0	↓	60	↑	100	↑	100	-		?		?		?	100	?

Team	Target	April 2014		May 2014		June 2014		July 2014		August 2014		September 2014		October 2014		November 2014		December 2014		January 2015		February 2015		March 2015	
		Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend
Lynton/Lynmouth	75		?		?	100	?	100	-	100	-	100	-		?	100	?	100	-	50	↓	100	↑		?
Okehampton	75	100	↑		?	92	?	75	↓		?	100	?	67	↓	100	↑	100	-	100	-	100	-	100	-
Out of Hours Eastern	75	100	-	100	-	67	↓	90	↑	86	↓	86	-	100	↑	100	-	100	-	100	-	100	-	100	-
Out of Hours Northern	75	100	-	71	↓	100	↑	100	-	80	↓	100	↑	100	-	100	-	100	-	100	-	100	-	83	↓
Seaton	75	97	↑	50	↓	95	↑	100	↑	88	↓	50	↓	88	↑	100	↑	100	-	100	-	100	-	88	↓
South Molton	75	100	-		?	100	?	100	-	90	↓	67	↓	100	↑		?	100	?	100	-	100	-	100	-
Tiverton	75	75	↓	88	↑	100	↑	100	-	44	↓	100	↑	100	-	100	-	100	-	100	-	100	-	100	-

## Community Therapy Teams

With effect from Oct-14, the Trust became an early adopter of the Friends and Family Test across the community therapy teams.

Team	Target	October 2014		November 2014		December 2014		January 2015		February 2015		March 2015	
		Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend
Community Therapy Teams – Total	75	96	?	96.51	↑	95.46	↓	91.45	↓	94	↑	93	↓
Community Therapy Teams – Eastern	75	97	?	97.18	↑	95.39	↓	89.61	↓	94	↑	93	↓
Community Therapy Teams – Northern	75	95	?	93.33	↓	95.65	↑	95	↓	93	↓	93	-
Acute	75		?	100	?		?	100	?	88	↓	67	↓
Axminster	75		?	85.71	?	100	↑	100	-		?		?
Barnstaple	75		?		?	83.33	?	100	↑	93	↓	100	↑
Bideford	75	100	?	80	↓	100	↑	90	↓	100	↑	83	↓
Bodley House	75	92	?	100	↑	100	-	100	-		?		?
Crediton/Okehampton/Mortonhampstead	75	100	?	100	-	80	↓	88.89	↑	91	↑	96	↑
Cullompton/Tiverton	75	100	?	100	-	100	-	75	↓	96	↑	92	↓
Exeter Community (Whipton)	75		?	100	?	100	-	100	-	93	↓	95	↑
Exeter Neurological (Mardon Centre)	75	100	?	100	-	100	-	100	-	100	-		?

Team	Target	October 2014		November 2014		December 2014		January 2015		February 2015		March 2015	
		Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend
Ilfracombe	75	100	?	100	-	100	-	92.31	↓	90	↓	100	↑
Ottery St Mary/Honiton	75	100	?	87.5	↓	90.91	↑	83.33	↓	100	↑	92	↓
Pathfinder Team	75		?		?		?		?		?		?
Seaton	75	100	?	100	-	100	-		?	100	?	80	↓
Sidmouth	75	90	?	100	↑	100	-	100	-	94	↓	100	↑
South Molton	75	67	?		?	100	?	100	-	100	-	86	↓
Torrington/Holsworthy	75	100	?	100	-		?	100	?	100	-	100	-
Woodbury/Exmouth/Budleigh Salterton	75	100	?	100	-		?	100	?	100	-	75	↓

## Outpatients and Daycases - NDDH

With effect from Oct-14, the Trust became an early adopter of the Friends and Family Test across the outpatient and daycase departments at NDDH.

Service	Target	October 2014		November 2014		December 2014		January 2015		February 2015		March 2015	
		Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend
NDDH - Outpatients	75	96.7	?	98.6	↑	96.3	↓	96.9	↑	96.8	↓	97.7	↑

Service	Target	October 2014		November 2014		December 2014		January 2015		February 2015		March 2015	
		Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend
NDDH - Daycases	75	100	?	97.1	↓	100	↑	96.6	↓	100	↑	100	-
Chemotherapy and Day Treatment Unit	75	100	?	93.8	↓		?	100	?	100	-		?
Day Surgery Unit	75	100	?	97.4	↓	100	↑	100	-	100	-	100	-
Endoscopy Suite	75		?	88.9	?	100	↑	50	↓	100	↑	100	-
Petter Day Treatment Unit	75	100	?	100	-	100	-	100	-	100	-	100	-
Radiology	75	100	?	100	-	100	-	100	-	100	-		?
Urology Suite	75	100	?	100	-	100	-		?		?		?

Service	Target	October 2014		November 2014		December 2014		January 2015		February 2015		March 2015	
		Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend	Value	Short Trend
Vanguard Unit	75	100	?	100	-	100	-		?	100	?	100	-

### **Community Healthcare**

With effect from Jan-15 the Friends and Family Test was launched throughout community healthcare in accordance with the national guidance dated Jul-14.

Service	Target	January 2015		February 2015		March 2015	
		Value	Short Trend	Value	Short Trend	Value	Short Trend
Minor Injury Units - Total	75	99.7	?	100	↑	100	-
Bideford	75	100	?	100	-	100	-
Exmouth	75	100	?	100	-	100	-
Honiton	75	100	?	100	-	100	-
Ilfracombe	75	100	?	100	-	100	-
Lynton	75		?		?		?
Okehampton	75		?	100	?		?



Service	Target	January 2015		February 2015		March 2015	
		Value	Short Trend	Value	Short Trend	Value	Short Trend
Ottery St Mary	75		?		?		?
Sidmouth	75	66.7	?	100	↑	100	-

Service	Target	January 2015		February 2015		March 2015	
		Value	Short Trend	Value	Short Trend	Value	Short Trend
Walk-in Centres - Total	75	98.5	?	98	↓	98.1	↑
Walk-in Centres (RD&E)	75	98	?	97.8	↓	96.6	↓
Walk-in Centres (Sidwell Street)	75	98.5	?	97.6	↓	98.7	↑
DVT Service (RD&E))	75	100	?	100	-	100	-

Service	Target	January 2015		February 2015		March 2015	
		Value	Short Trend	Value	Short Trend	Value	Short Trend
Community Outpatients – Total	75	95.9	?	96.2	↑	96.8	↑
Axminster	75		?		?		?

Service	Target	January 2015		February 2015		March 2015	
		Value	Short Trend	Value	Short Trend	Value	Short Trend
Barnstaple Health Centre	75	100	?		?	100	?
Bideford	75	90.6	?	94.6	↑	97	↑
Budleigh Salterton	75		?		?	100	?
Crediton	75	100	?	100	-	100	-
Culm Valley Health Centre	75		?		?		?
Exeter	75	100	?	100	-	100	-
Exmouth	75	96.3	?	100	↑	96	↓
Holsworthy	75	100	?	95.2	↓	100	↑
Honiton	75	100	?	83.3	↓	97.4	↑
Ilfracombe	75	96.3	?	100	↑	100	-
Mortonhampstead	75		?	100	?		?
Okehampton	75	100	?	100	-	100	-
Ottery St Mary	75		?	100	?	93.3	↓

Service	Target	January 2015		February 2015		March 2015	
		Value	Short Trend	Value	Short Trend	Value	Short Trend
Seaton	75		?		?	100	?
Sidmouth	75	100	?		?		?
South Molton	75		?	100	?		?
Stratton	75	100	?		?		?
Tiverton	75		?		?		?
Torrington	75	98	?	100	↑	90	↓
Franklyn House			?		?	66.7	?

Service	Target	January 2015		February 2015		March 2015	
		Value	Short Trend	Value	Short Trend	Value	Short Trend
<b>Community Specialist Services - Total</b>	75	96.5	?	98.3	↑	100	↑
The Centre - Barnstaple	75	93.5	?	100	↑	100	-
The Centre - Exeter	75		?	98.4	?	100	↑

Service	Target	January 2015		February 2015		March 2015	
		Value	Short Trend	Value	Short Trend	Value	Short Trend
Podiatry	75	100	?	97.8	↓	100	↑
Bladder and Bowel	75	100	?		?	100	?
Chronic Fatigue Syndrome / ME	75	100	?	100	-	100	-
Dental	75		?		?		?

## Appendix B - Methodology

	Service	Questions	Additional data collected	Data collection method	Frequency of data collection	Dissemination of results
1	<b>Acute Inpatients</b>	<ol style="list-style-type: none"> <li>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?</li> <li>2. Have you been involved as much as you wanted to be in decisions about your care and treatment?</li> <li>3. Have hospital staff been available to talk with you about your worries and fears?</li> <li>4. Have you been given enough privacy when discussing your condition / treatment?</li> <li>5. Have the doctors and nurses talked to you about medication side effects?</li> <li>6. Overall, do you feel you have been treated with respect and dignity while you have been in hospital?</li> <li>7. If you have concerns once you leave the hospital will you know how to get more information?</li> <li>8. Have you any suggestions for ways we can improve the service or any other comments on the service you have received?</li> </ol>	<p>Gender.</p> <p>Age.</p>	Volunteers using an electronic device.	<p>Daily.</p> <p>Volunteers visit the wards every day.</p> <p>Each ward is usually visited c. 4-6 times per month.</p>	<p>Ward manager - within 2 hours.</p> <p>FFT data – monthly UNIFY2 upload</p> <p>Performance - monthly.</p> <p>BOB – monthly.</p> <p>LPEG - bi-monthly.</p>
2	<b>Community Hospital Inpatients</b>	<ol style="list-style-type: none"> <li>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?</li> <li>2. Have you been involved as much as you wanted to be in decisions about your care and treatment?</li> <li>3. Have hospital staff been available to talk with you about your worries and fears?</li> <li>4. Have you been given enough privacy when discussing your condition / treatment?</li> <li>5. Have the doctors and nurses talked to you about medication side effects?</li> <li>6. Overall, do you feel you have been treated with respect and dignity while you have been in hospital?</li> <li>7. If you have concerns once you leave the hospital will you know how to get more information?</li> </ol>	None.	Matron's Walkround Checklist.	Monthly	<p>Performance - monthly.</p> <p>BOB – monthly.</p> <p>LPEG - bi-monthly.</p>
3	<b>Community Nursing Teams</b>	<ol style="list-style-type: none"> <li>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?</li> </ol>	<p>Gender.</p> <p>Age.</p>	The survey form is left with the patient at	Daily.	FFT data – monthly UNIFY2 upload

		<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 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 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 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>	<p>Ethnicity.</p> <p>Permission to make patient comments public.</p>	<p>home.</p> <p>Patients who decide to participate complete the form and return it on a reply-paid basis.</p>		<p>Service leads – monthly.</p> <p>Performance - monthly.</p> <p>BOB – monthly.</p> <p>LPEG - bi-monthly.</p>
4	<b>Community Therapy Teams</b>	<p>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?</p> <p>2. Please can you tell us why you have given that response?</p> <p>3. Were you given a choice about when your first appointment would be?</p> <p>4. When you were given your first appointment was it when you expected?</p> <p>Q5. Did the team member who came to see you the first time introduce themselves?</p> <p>6. Do the team members give you information in a way you can understand?</p> <p>7. Do the team members you see treat you with respect and dignity?</p> <p>8. Were you involved in decisions about your care as much as you would like to have been?</p> <p>9. Have your family and carers been involved in decisions about your care as much as you would like them to have been?</p> <p>10. 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>11. 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>12. By the end of your rehabilitation had you achieved everything you expected?</p> <p>13. 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>	<p>Gender.</p> <p>Age.</p> <p>Ethnicity.</p> <p>Permission to make patient comments public.</p>	<p>Following discharge, the survey form is posted to the patient at home together with a reply-paid envelope.</p> <p>Patients who decide to participate complete the form and return it on a reply-paid basis.</p>	At discharge.	<p>FFT data – monthly UNIFY2 upload</p> <p>Service leads – monthly.</p> <p>Performance - monthly.</p> <p>BOB – monthly.</p> <p>LPEG - bi-monthly.</p>

5	<b>Maternity Services</b>	<ol style="list-style-type: none"> <li>1. Did you get enough information from a midwife or doctor to help you decide where to have your baby?</li> <li>2. Thinking about your antenatal care, were you involved enough in decisions about your care?</li> <li>3. Were you (and / or your partner or a companion) left alone by midwives or doctors at a time when it worried you?</li> <li>4. Thinking about your care during labour and birth, were you involved enough in decisions about your care?</li> <li>5. Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding?</li> <li>6. Did you feel that midwives and other carers gave you active support and encouragement?</li> <li>7. Overall, do you feel you have been treated with respect and dignity while you have been in hospital?</li> <li>8. Do you have you any suggestions for ways we can improve the service?</li> </ol>	Age.	Volunteers using an electronic device.	Volunteers visit Bassett Ward at least once per week.	<p>Ward manager - within 2 hours.</p> <p>Performance - monthly.</p> <p>BOB – monthly.</p> <p>LPEG bi-monthly.</p>
6	<b>Special Care Baby Unit</b>	<ol style="list-style-type: none"> <li>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 Baby Unit to friends and family if they needed similar care or treatment?</li> <li>2. Please can you tell us the main reason for the score you have given?</li> <li>3. Did the doctors and nurses include you in discussions about your baby's care and treatment?</li> <li>4. Have you been told about any changes in your baby's condition / care?</li> <li>5. Have you been given enough privacy when discussing your baby's condition / care?</li> <li>6. Have hospital staff been available to talk with you about your worries and fears?</li> <li>7. Have staff arranged your baby's care (e.g. weighing, bathing) to fit in with your usual visiting times?</li> <li>8. Have you been involved as much as you wanted to be in the day-to-day care of your baby e.g. nappy changing, feeding?</li> <li>9. Have you had as much kangaroo care (skin-to-skin care) with your baby as you wanted?</li> <li>10. Overall, do you feel you have been treated with respect and dignity while you have been in hospital?</li> <li>11. Do you have any suggestions for ways we can improve the service?</li> </ol>	None.	Paper survey form on discharge.	Monthly.	Ward manager - periodically.

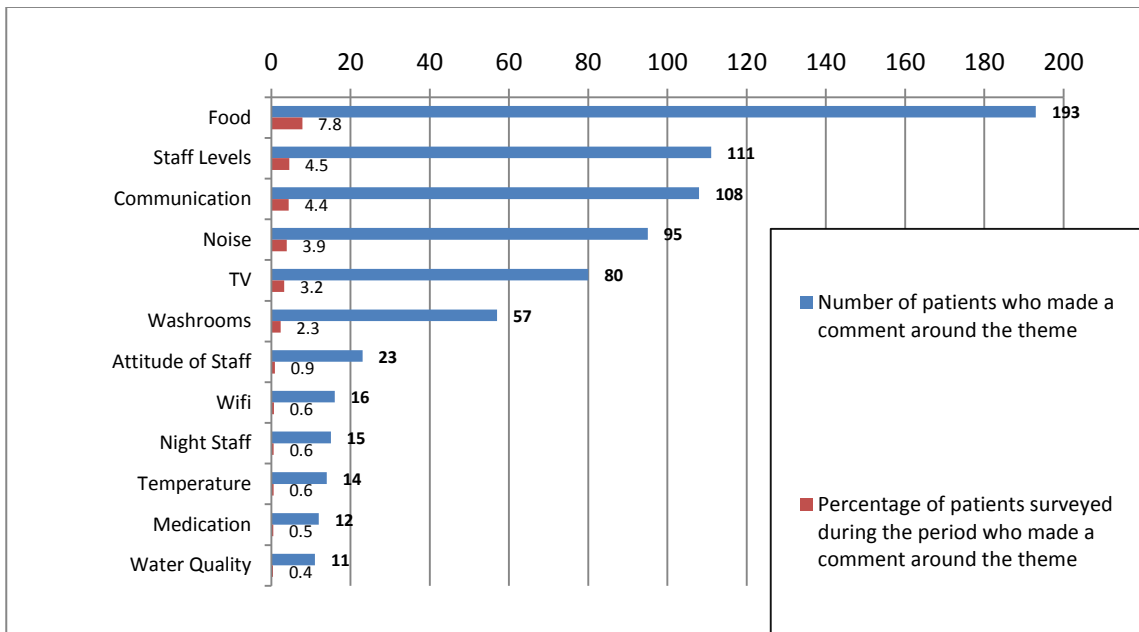
# Appendix C - Acute Wards - North Devon District Hospital

## Key Qualitative Themes - Apr-14 to Mar-15

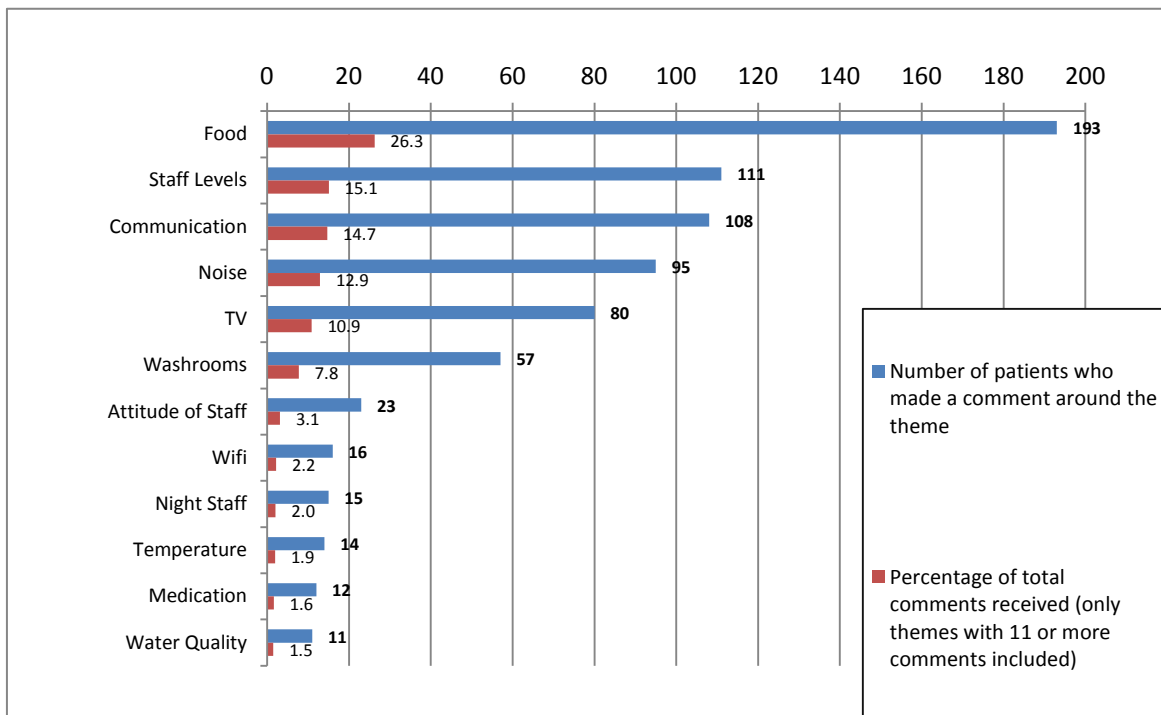
Patients are routinely asked for suggestions as to how we might further improve the service they have experienced.

In responses to the question: **Have you any suggestions for ways we can improve the service?** the themes identified below are based primarily on data collected by our team of patient experience volunteers and a small amount through the Matrons Walkround Checklists. Many patients decide to take this opportunity to provide positive feedback about their experience but the following results focus only on the suggestions for improvement. The following tables only include themes in relation to which eleven or more comments were received.

### Qualitative themes expressed as a percentage of patients surveyed (2,463)



### Qualitative themes expressed as a percentage of the twelve most popular themes





## Appendix D

# Action

## Headline Issues from Patient experience surveys April 2014 - March 2015

Issues raised in patient comments	What we aim to do	What have we done	What's next
"Didn't get what I ordered"	More accurate ordering	Increase monitoring through protected meal times. Introduce patient numbers check list to main kitchen.	Updated meal ordering process including clinical staff sign off on all menus. Menus updated and introduced April 2014
	Introduce 24hr menu	Introduced 24hr meal service on MAU (October 2014)	Extend 24hr menu service to Ladywell Unit (June 2015)
	More information for ward staff	Nutrition & Allergen information published on Trust web pages, accessible at ward level. (December 2014)	Add special diets to web pages (April 2014). Update for new range of special diets
	Meals service audits	Issues raised on patient meal surveys, followed up with ward audits from October 2014. Following food service from preparation to service. Audit fed back to relevant managers	Protected mealtime audits updated to include issues raised on surveys (May 2015)
	Introduce late service menu	Draft menu prepared for late orders menu supplied from main kitchen	

"Not enough choice"	Promote different menus available	New standard draft menu prepared, including list of all menus available to patients (February 2015)	New menu format introduced May 2014. Food road show for all wards being costed.
	Increase awareness on range of menus available		List available menus on back of standard menu
	Introduce personal menu	Draft menu copy prepared	
	Improve menu presentation	Trifold menus introduced. Photo menus on all wards	
	Increase flexibility of Children's menu	Multiple choice menu introduced	
"More choices for patients with nutritional needs:- diabetic, reduced fat, allergen"	Ward staff more aware of available nutritional analysis	Allergen training for all PSA's (December 2014).	Special Diet & ethnic menus listed on standard menu (April 2015). Planned food road show for wards being costed.
	Promotion of Nutritional values	Community and acute sites involved in Nutrition & Hydration week (March 2014). Week included healthy eating information alongside food tastings of new range special diets	Again next year
	Make menus more understandable	Changed Format of Special diet menus changing format to Wk1 & Wk2	Introduced April 2014. Community & Acute

	Increase Choice	Arrangement for change of supplier (Jan 2015). Draft menus produced for Special diet menus increasing choices of main courses & desserts. Main course choices rising from 8 to 14	Introduced April 2014
	Ward staff aware or allergen information & menus	Currently costing food road show for all wards	Allergen training for clinical staff
	Make nutritional information available to wards	Nutritional and allergen information now published on Trust web pages to allow informed menu choices (December 2014)	Updated for new special diets range (April 2014)
	Information on special diet menus available	Draft to Update to standard menu information to highlight other menus available	Introduced April 2014
"Poor quality"	Monitoring	Patient food audit following food service through all stages including food tasting (October 2014)	On-going
	Patient surveys	Updated patient survey to highlight food issues (August 2014). Updated to include community (January 2015)	Monthly
	Catering staff feedback	Quality issues feedback to chefs at weekly team huddles	Weekly
	Domestic staff feedback	Feedback through domestic supervisors and managers through catering service audits (October 2014)	Catering to be included in domestic team huddles

	Supplier feedback	Quality issues feedback supplier through monthly meetings	Monthly
	Change of supplier	Arrangements made for change of producer through existing suppliers (January 2015)	New supply range introduced (April 2014)
	Replacement meals available	Spare meals and alternative choices held by main kitchen during food service	Continues
"Food temperature"	16 amp trolley sockets to improve temperature of plate warmer	Introduce during kitchen refit (January 2014)	
	Food trolley programming	Increased hot holding temperatures by 10 degrees (August 2014)	
	Retraining PSA's on food service		Catering to be included in domestic staff team huddles
	Staff Training on food service	Food audits include sections on maintaining food temperatures and retraining where applicable	On-going
	Rotation of service around ward	Monitor through domestic supervisors and audits. (March 2015)	

	Ensure patients are ready for meal service	Introduction of meal 'bell' ten minutes prior to food service to alert staff (March 2015)	Monitoring the protected mealtimes audit
	Better Holding temperature for desserts	Introduced insulated bowls for all wards to maintain service temperatures (February 2015)	

## Appendix E

### Friends and Family Test (FFT) Feedback - Torrington - Nov-14 to Apr-15

FFT question: 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? The FFT score is calculated as outlined in the NHS England guidance issued in Oct-14. The calculation is as follows:

'Would recommend' percentage is calculated as follows:

$$\frac{\text{Extremely likely} + \text{Likely}}{\text{Extremely likely} + \text{Likely} + \text{Neither likely nor unlikely} + \text{Unlikely} + \text{Extremely unlikely} + \text{Don't know}} \times 100$$

'Would not recommend' percentage is calculated as follows:

$$\frac{\text{Extremely unlikely} + \text{unlikely}}{\text{Extremely likely} + \text{Likely} + \text{Neither likely nor unlikely} + \text{Unlikely} + \text{Extremely unlikely} + \text{Don't know}} \times 100$$

The Trust's target score is 75%.

### Outpatients - Torrington Community Hospital - Jan-15 to Apr-15

The FFT commenced in community outpatients with effect from Jan-15.

#### Quantitative Feedback

Month	Responses	Would recommend	Would not recommend	Neither likely nor unlikely to recommend / Don't know
	No.	%	%	%
Jan-15	51	98.0	0.0	2.0
Feb-15	52	100.0	0.0	0.0
Mar-15	10	90.0	0.0	10.0
Apr-15	19	94.7	0.0	5.3

## Qualitative Feedback

	Month	Service / clinic attended	FFT response	Please can you tell us the main reason for the response you have given?	Have you any suggestions for ways we can improve our community outpatient service?	Gender	Age	Ethnicity	Please tick this box if you DO NOT wish your anonymised comments to be made public.
1	Jan	General Surgery	Extremely likely	Everyone was efficient and friendly.		Female	36-45	White British	No tick
2	Jan	General Surgery	Extremely likely	Convenience better than going Exeter. Staff friendly. Limited waiting time.	No.	Female	46-55	White British	No tick
3	Jan	General Surgery	Extremely likely	All the team very helpful and understanding - nothing is too much trouble.		Female	46-55	White British	No tick
4	Jan	General Surgery	Extremely likely	Torrington Hospital is much easier to get to from Bideford than NDDH.		Female	over 65	White British	No tick
5	Jan	General Surgery	Extremely likely	Free parking and easy access together with relaxed, friendly atmosphere.	No.	Male	over 65	White British	No tick
6	Jan	General Surgery	Extremely likely	I have always had excellent treatment and support.	Torrington hospital is much nearer and feels more personal when you have to go. It would be a shame to lose such a valuable resource.	Female	46-55	White British	No tick
7	Jan	General Surgery	Extremely likely	Because Dr. and staff are all so helpful and kind.		Female	over 65	White British	No tick
8	Jan	General Surgery	Extremely likely			Female	over 65	White British	No tick
9	Jan	General Surgery	Extremely likely			Female	over 65	White British	No tick

10	Jan	General Surgery	Extremely likely	Consistent and friendly care. Thank you.		Female	46-55	White British	No tick
11	Jan	General Surgery	Extremely likely	Easy to get here, good parking. Familiar, friendly, nurses and staff. Really help to ease the pressure of an appointment.	Excellent, friendly and helpful service.	Female	over 65	White British	No tick
12	Jan	General Surgery	Extremely likely			Female	36-45	White British	No tick
13	Jan	General Surgery	Extremely likely	Very easy. Friendly care. Less busy. Thank you!	No.	Female	26-35	White British	No tick
14	Jan	General Surgery	Extremely likely	Very good service. Follow up care.		Female	56-65	White British	No tick
15	Jan	General Surgery	Extremely likely	Nice and friendly - excellent					No tick
16	Jan	General Surgery	Extremely likely	All staff very professional and put me at ease. Pleasant environment. Efficient - not a long wait. What a relief, thanks. Felt friendly.	Please continue this service.	Female	46-55	White British	No tick
17	Jan	General Surgery	Extremely likely			Female	over 65	White British	No tick
18	Jan	General Surgery	Extremely likely	Very friendly, brilliant to be able to travel less.		Female	46-55	White British	No tick
19	Jan	General Surgery	Likely	Helpful, thorough, kind.	Parking!!	Female	26-35	Mixed / Multiple ethnic groups	No tick
20	Jan	General Surgery	Likely	Friendly service.		Female	26-35	White British	No tick
21	Jan	General Surgery	Likely			Female	over 65	White British	No tick
22	Jan	General Surgery	Neither likely nor unlikely	N/A			46-55	White British	No tick
23	Jan	Physiotherapy	Extremely likely	Wall bars in gym.			over 65		No tick
24	Jan	Physiotherapy	Extremely likely	Very happy with J and		Male	over	White	No tick



				his treatment and friendliness.			65	British	
25	Jan	Physiotherapy	Extremely likely			Female	56-65	White British	No tick
26	Jan	Physiotherapy	Extremely likely	Very helpful, caring service.		Female	56-65	White British	No tick
27	Jan	Physiotherapy	Extremely likely	Very flexible with time so I could come in before work, which was brilliant.		Male	16-25	White British	No tick
28	Jan	Physiotherapy	Extremely likely	The way the young man dealt with me and helped to relieve my pain in the back.		Female	over 65	White British	No tick
29	Jan	Physiotherapy	Extremely likely	Physiotherapist was excellent. Have only needed to see him 3 times with follow up if I need it.					No tick
30	Jan	Physiotherapy	Extremely likely			Female	over 65	White British	I DO NOT wish my anonymised comments to be made public
31	Jan	Physiotherapy	Extremely likely	First time with this hip very helpful and informative. Very friendly made me feel at ease.	Happy with service.	Female	56-65	White British	No tick
32	Jan	Physiotherapy	Extremely likely	A, the physio, has explained my condition very well and what I can do to help myself. I arrived quite concerned about my pains and now I feel reassured.		Female	46-55	White British	No tick
33	Jan	Physiotherapy	Extremely likely	I found the therapist very helpful and patient. I would have every confidence in recommending the department.	Not really - I found the treatment and service excellent - thank you		over 65	White British	No tick

34	Jan	Physiotherapy	Extremely likely	D is a really nice guy.		Male	46-55	White British	No tick
35	Jan	Physiotherapy	Extremely likely	Convenience and care.					No tick
36	Jan	Physiotherapy	Extremely likely	Friendly and helpful and caring staff.		Female	56-65	White British	No tick
37	Jan	Physiotherapy	Extremely likely	Very professional and knowledgeable, informative and friendly.		Female	56-65	White British	No tick
38	Jan	Physiotherapy	Extremely likely	Very informative and positive with D and pinpointing the cause and working on the back and right side of body, to ease pain.	Don't give up fighting for the use of the Hospital as it makes it easier for people to get to and it is personal.	Female	over 65	White British	No tick
39	Jan	Physiotherapy	Extremely likely	Good service.					No tick
40	Jan	Ultrasound	Extremely likely	Very friendly and helpful an enjoyable experience.	Not really.		over 65	White British	No tick
41	Jan	Ultrasound	Extremely likely	Treated with courtesy and seen on time.		Female	over 65	White British	No tick
42	Jan	Ultrasound	Extremely likely	There is a sense of calm and efficiency about this hospital, and a natural friendliness. (Also, dancing with the queen of hearts on the music system, a welcome echo of my joyous unheeding youth).			over 65	White British	No tick
43	Jan	Ultrasound	Extremely likely	Prompt service in a nice relaxed environment.		Male	56-65	White British	No tick
44	Jan	Ultrasound	Extremely likely	Very nice staff.	Better parking.	Male	over 65	White British	No tick
45	Jan	Ultrasound	Extremely likely	Don't want to go to Barnstaple.					No tick
46	Jan	Ultrasound	Extremely likely			Male	over 65	White British	No tick
47	Jan	Ultrasound	Extremely likely	Very friendly lady. Made me feel very comfortable.					No tick

48	Jan	Ultrasound	Extremely likely	Lovely, friendly atmosphere. Very helpful.					No tick
49	Jan	Ultrasound	Extremely likely	So much easier to come to a local hospital than the main one in Barnstaple.	No - they are FAB!	Female	46-55	White British	No tick
50	Jan	Ultrasound	Extremely likely			Female	46-55	White British	No tick
51	Jan	Ultrasound	Likely			Male	46-55	White British	I DO NOT wish my anonymised comments to be made public
1	Feb	General Surgery	Extremely likely	Caring and friendly.		Female	56-65	White British	No tick
2	Feb	General Surgery	Extremely likely	Treated very kind.		Female	56-65	White British	No tick
3	Feb	General Surgery	Extremely likely			Male	over 65	White British	No tick
4	Feb	General Surgery	Extremely likely	Because if something is wrong then it needs to be seen to.		Male	36-45	White British	No tick
5	Feb	General Surgery	Extremely likely	Excellent service. Kind and considerate, very helpful.	None.	Female	over 65	White British	No tick
6	Feb	General Surgery	Extremely likely	Small and discreet venue.	Keep it up - it's vital for patients that live rurally.	Female	46-55	White British	No tick
7	Feb	General Surgery	Extremely likely	Well looked after with a caring and polite service.		Female	over 65	White British	No tick
8	Feb	General Surgery	Extremely likely			Female	over 65	White British	No tick
9	Feb	General Surgery	Extremely likely	Convenient for my appointment, no travelling to Barnstaple, saved time and effort.		Female	36-45	White British	No tick
10	Feb	General Surgery	Extremely likely	It's handy for the people of Torrington to have clinics at the hospital because it's more personal. Also, for		Female	36-45	White British	No tick

				those who don't have transport. Especially the elderly and disabled.					
11	<b>Feb</b>	General Surgery	Extremely likely	I've been pleased with the care I have received.		Female	36-45	White British	No tick
12	<b>Feb</b>	General Surgery	Extremely likely	Just no problems.		Female	36-45	White British	No tick
13	<b>Feb</b>	General Surgery	Extremely likely			Female	over 65	White British	I DO NOT wish my anonymised comments to be made public
14	<b>Feb</b>	General Surgery	Extremely likely	Everyone lovely, calm and helpful.	No. Maybe more parking.	Female	46-55	White British	No tick
15	<b>Feb</b>	General Surgery	Extremely likely				56-65	White British	I DO NOT wish my anonymised comments to be made public
16	<b>Feb</b>	General Surgery	Extremely likely			Female	56-65	White British	No tick
17	<b>Feb</b>	General Surgery	Extremely likely			Female	46-55	White British	No tick
18	<b>Feb</b>	General Surgery	Extremely likely	Easy to get to - parking supplied.		Female	46-55	White British	No tick
19	<b>Feb</b>	General Surgery	Extremely likely	The service is always efficient and friendly and it's very convenient being able to attend follow up appointments at Torrington rather than going to Bideford or Barnstaple.	Car parking is sometimes an issue but I'm not sure you are able to do anything about this.	Female	46-55	White British	No tick
20	<b>Feb</b>	General Surgery	Extremely likely	The speed and efficiency it was carried out.		Male	over 65	White British	No tick
21	<b>Feb</b>	General Surgery	Extremely likely	Very caring.			56-65	White British	No tick
22	<b>Feb</b>	General Surgery	Extremely likely			Female	56-65	White British	No tick
23	<b>Feb</b>	General Surgery	Extremely likely			Female	46-55	White British	No tick

24	<b>Feb</b>	General Surgery	Extremely likely	Very quick and thorough.		Female	26-35	White British	No tick
25	<b>Feb</b>	General Surgery	Extremely likely			Female	46-55	White British	No tick
26	<b>Feb</b>	General Surgery	Likely	Keeping to appointment times.		Female	26-35	White British	No tick
27	<b>Feb</b>	Gynaecology	Extremely likely	Regularly uses the clinic.		Female	over 65	White British	No tick
28	<b>Feb</b>	Gynaecology	Extremely likely	The staff who have looked after me.		Female	46-55	White British	No tick
29	<b>Feb</b>	Gynaecology	Extremely likely	Quickly seen, helpful.	No.	Female	16-25	White British	No tick
30	<b>Feb</b>	Physiotherapy	Extremely likely			Female	over 65	White British	I DO NOT wish my anonymised comments to be made public
31	<b>Feb</b>	Physiotherapy	Extremely likely			Male	over 65	White British	I DO NOT wish my anonymised comments to be made public
32	<b>Feb</b>	Physiotherapy	Extremely likely	Physio in Torrington is great. Don't need to travel, staff was great, would recommend to anybody.	To keep it in Torrington.	Female	56-65	White British	No tick
33	<b>Feb</b>	Physiotherapy	Extremely likely	Pain reduced and movement improved.			over 65	White British	No tick
34	<b>Feb</b>	Physiotherapy	Extremely likely	Excellent service, friendly staff, local service - can go before work, physio that knows his stuff - D.	Keep TCH - maybe do later hours, after 6pm appointments.	Male	26-35	White British	No tick
35	<b>Feb</b>	Physiotherapy	Extremely likely	Physio was really helpful.		Female	56-65	White British	No tick
36	<b>Feb</b>	Physiotherapy	Extremely likely			Male	36-45	White British	No tick
37	<b>Feb</b>	Physiotherapy	Extremely likely			Female	over 65	White British	No tick
38	<b>Feb</b>	Physiotherapy	Extremely likely	The service is efficient and friendly.			over 65	White British	No tick
39	<b>Feb</b>	Physiotherapy	Extremely likely	Been a lot of help for	None.	Male	26-35	White	No tick

				me.				British	
40	<b>Feb</b>	Physiotherapy	Extremely likely	Staff very polite and helpful. Physio very good and patient.	Better waiting area. More car parking.	Female	over 65	White British	No tick
41	<b>Feb</b>	Physiotherapy	Extremely likely	Very thorough assessment with lots of helpful and practical advice and exercises.	To continue to have these facilities available in the community within reasonable reach.	Female	36-45	White British	No tick
42	<b>Feb</b>	Ultrasound	Extremely likely	The ultrasound operator was very friendly, helpful and efficient. He really put me at ease. All the staff here are friendly too. Thank you.					No tick
43	<b>Feb</b>	Ultrasound	Extremely likely			Female	46-55	White British	I DO NOT wish my anonymised comments to be made public
44	<b>Feb</b>	Ultrasound	Extremely likely	Nice welcoming, professional staff.		Female	16-25	White British	No tick
45	<b>Feb</b>	Ultrasound	Extremely likely	Very polite and didn't have to wait long.	None.	Female	46-55	White British	No tick
46	<b>Feb</b>	Ultrasound	Extremely likely	Very friendly and reassuring. Thank you.					No tick
47	<b>Feb</b>	Ultrasound	Extremely likely	Quick, efficient service. Very pleasant staff.			56-65	White British	No tick
48	<b>Feb</b>	Ultrasound	Extremely likely	Very friendly staff. Very quick!		Female	26-35	White British	No tick
49	<b>Feb</b>	Ultrasound	Extremely likely	Very pleased with service.					No tick
50	<b>Feb</b>	Ultrasound	Extremely likely	Prompt service. Friendly and efficient.					No tick
51	<b>Feb</b>	Ultrasound	Extremely likely	I was made to feel calm and relaxed during my exam. Both sonographers were really helpful and gentle, thank you.					No tick
52	<b>Feb</b>	Ultrasound	Likely			Male	over 65	White British	No tick
1	<b>Mar</b>	Gynaecology	Extremely likely	Follow up appointment.		Female	over	White	No tick

							65	British	
2	<b>Mar</b>	Gynaecology	Extremely likely	All staff have been comforting and helpful.		Female	16-25	White British	No tick
3	<b>Mar</b>	Gynaecology	Extremely likely	Please keep. Thank you.		Female	over 65	White British	No tick
4	<b>Mar</b>	Gynaecology	Likely	Okay hospital not sent info to Dr. B so unfortunately he had no info.	Internal communication needs to be better.	Female	46-55	Other ethnic group	No tick
5	<b>Mar</b>	Gynaecology	Likely			Female	over 65	White British	No tick
6	<b>Mar</b>	Gynaecology	Likely	Very good.	No.	Female	46-55	White British	No tick
7	<b>Mar</b>	Gynaecology	Neither likely nor unlikely			Female	under 16	White British	No tick
8	<b>Mar</b>	Physiotherapy	Extremely likely	Good medical care received by physiotherapist, D.		Female	over 65	White British	No tick
9	<b>Mar</b>	Physiotherapy	Extremely likely	Friendly and knowledgeable staff.		Male	56-65	White British	No tick
10	<b>Mar</b>	Ultrasound	Extremely likely	Friendly, efficient service, very impressed with it overall. Man who done ultrasound very good.					No tick
1	<b>Apr</b>	General Surgery	Extremely likely			Female	over 65	White British	I DO NOT wish my anonymised comments to be made public
2	<b>Apr</b>	General Surgery	Extremely likely	Each person Dr. G and nurse, were very welcoming and friendly. Relaxing atmosphere.		Female	over 65	White British	No tick
3	<b>Apr</b>	General Surgery	Extremely likely	It is important that we have these check-ups.		Female	over 65	White British	No tick
4	<b>Apr</b>	General Surgery	Extremely likely	Very happy with the service given.		Male	over 65	White British	No tick
5	<b>Apr</b>	General Surgery	Extremely likely			Female	46-55	White British	I DO NOT wish my anonymised comments to be made public

6	<b>Apr</b>	General Surgery	Extremely likely	Very quick and friendly.			46-55	White British	No tick
7	<b>Apr</b>	General Surgery	Extremely likely	Very friendly and helpful staff.		Female	over 65	White British	No tick
8	<b>Apr</b>	General Surgery	Extremely likely	Friendly and helpful.					No tick
9	<b>Apr</b>	General Surgery	Extremely likely	Very efficient and thorough.		Female	36-45	White British	No tick
10	<b>Apr</b>	General Surgery	Extremely likely			Female	26-35	Mixed / Multiple ethnic groups	No tick
11	<b>Apr</b>	General Surgery	Extremely likely			Female	56-65	White British	No tick
12	<b>Apr</b>	General Surgery	Extremely likely			Female	56-65	White British	No tick
13	<b>Apr</b>	General Surgery	Likely	Nearer to home. Friendly service and efficient.	Better parking and signage from car park to reception at Torrington Hospital.	Female	46-55	White British	No tick
14	<b>Apr</b>	General Surgery	Likely	The service they give is good.		Female	16-25	White British	No tick
15	<b>Apr</b>	General Surgery	Likely	Trust. The consultant: good and kind staff.		Female	over 65	White British	No tick
16	<b>Apr</b>	General Surgery	Likely	Friendly and welcoming.		Female	16-25	White British	No tick
17	<b>Apr</b>	General Surgery	Likely	Quick, personal attention.	Stay "Open".	Male	56-65	White British	No tick
18	<b>Apr</b>	General Surgery	Likely			Female	over 65	White British	No tick
19	<b>Apr</b>	General Surgery	Neither likely nor unlikely	As there is no mammogram facility, I still need to go to Barnstaple.		Female	46-55	White British	No tick



## Daycases - Torrington Community Hospital - Jan-15 to Apr-15

The FFT commenced in community daycase departments with effect from Jan-15.

### Quantitative Feedback

Month	Responses No.	Would recommend %	Would not recommend %	Neither likely nor unlikely to recommend / Don't know %
Jan-15	7	100.0	0.0	0.0
Feb-15	3	100.0	0.0	0.0
Mar-15	14	100.0	0.0	0.0
Apr-15	1	100.0	0.0	0.0

### Qualitative Feedback

	Month	FFT response	Please can you tell us the main reason for the response you have given?	Have you any suggestions for ways we can improve our service?	Gender	Age	Ethnicity	Please tick this box if you DO NOT wish your anonymised comments to be made public.
1	Jan	Extremely likely	Convenient location, nice atmosphere, friendly and caring staff, ease of making appointments	Keep it going.	Male	46-55	White British	No tick
2	Jan	Extremely likely	Very good service.		Male	over 65	White British	No tick
3	Jan	Extremely likely	The care I receive here is second to none. The staff here are kindness itself and will do anything to ensure you are comfortable.	I wouldn't change anything.	Male	over 65	White British	No tick

4	<b>Jan</b>	Extremely likely	Friendly staff, pleasant surroundings.	It is such a shame our community hospitals are closing. This is a much needed service, especially when you are treated so well.	Female	over 65		No tick
5	<b>Jan</b>	Extremely likely	Lovely, warm and friendly atmosphere. Efficient treatment nearer home. Less stressful than a 2 hour journey to Exeter and return late at night.	Satisfactory.		over 65	White British	No tick
6	<b>Jan</b>	Extremely likely	The staff are just so interested in your total care and comfort.	Nothing to improve on perfection.	Female	over 65	White British	No tick
7	<b>Jan</b>	Extremely likely	This clinic is so friendly it is a joy to attend. The treatment is first class. Can't recommend it highly enough.			over 65	White British	No tick
1	<b>Feb</b>	Extremely likely	Excellent service.			over 65	White British	No tick
2	<b>Feb</b>	Extremely likely	I was met at Outpatients, escorted to my designated treatment room where I was treated courteously and efficiently. No problems.	No.	Male	over 65	White British	No tick
3	<b>Feb</b>	Likely	Convenience, saving in time, transport costs, and parking cost.					No tick
1	<b>Mar</b>	Extremely likely	I have always been treated with great courtesy and efficiency and all my needs have always been recognised and met without me having to ask.		Male	over 65	White British	No tick
2	<b>Mar</b>	Extremely likely	To keep Torrington Community Hospital opened and going. Also people of Torrington. Also people in surrounding area travel to get there as no bus or cars now Torridge Transport cars are finished it would difficult for people if it does not stay opened.	To have more day treatments. Also keep hospital opened and going.	Male	over 65	White British	No tick
3	<b>Mar</b>	Extremely likely	Very efficient and friendly.		Male	over 65	White British	No tick

4	<b>Mar</b>	Extremely likely	Excellent service - 10.			over 65		No tick
5	<b>Mar</b>	Extremely likely	Everyone does so much to make you feel comfortable and they are also very efficient and kind. Lovely tea. Thank you.		Male	over 65	White British	No tick
6	<b>Mar</b>	Extremely likely			Male	over 65	White British	I DO NOT wish my anonymised comments to be made public
7	<b>Mar</b>	Extremely likely	All staff without exception were helpful, friendly and willing.		Male	over 65	White British	No tick
8	<b>Mar</b>	Extremely likely	Trouble-free professional treatment. Absolutely fab staff. Ideal, friendly setting. Well-timed cups of peppermint tea!!	First visit impression is perfect and cannot be improved upon.	Male	56-65	White British	No tick
9	<b>Mar</b>	Extremely likely	Less stressful than travelling to Exeter - nice and friendly and comfortable.		Female	over 65	White British	No tick
10	<b>Mar</b>	Extremely likely			Male	over 65	White British	I DO NOT wish my anonymised comments to be made public
11	<b>Mar</b>	Extremely likely	The staff here go over and above their duty, K especially - she is a lovely lady and works so very hard. The day has been a pleasant one.			over 65	White British	No tick
12	<b>Mar</b>	Extremely likely	Treatment in Torrington Day Unit saved us a round trip of 50 miles per day. Nurse in charge very capable, facility same as NDDH with not so much waiting around.	Overnight beds.		over 65	White British	No tick
13	<b>Mar</b>	Extremely likely	Because I was treated with the greatest respect and care. It has been a pleasure being here. Full praise to the staff.	Keep up the good work.	Male	46-55	White British	No tick
14	<b>Mar</b>	Extremely likely	K and L extremely competent and handled my partner's transfusions with consideration and personal camaraderie.	No. It is first class!	Female	56-65	White British	No tick

1	Apr	Extremely likely			Male	over 65	White British	No tick
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### Torrington / Holsworthy Community Nursing Team - Nov-14 to Apr-15

#### Quantitative Feedback

Month	Responses No.	Would recommend %	Would not recommend %	Neither likely nor unlikely to recommend / Don't know %
Nov-14	No data			
Dec-14	1	100.0	0.0	0.0
Jan-15	No data			
Feb-15	No data			
Mar-15	1	100.0	0.0	0.0
Apr-15	2	100.0	0.0	0.0

#### Qualitative Feedback

	Month	At what stage in your care are you completing this Patient Experience Survey?	FFT response	Please can you tell us why you gave that response?	Have you any suggestions for ways we can improve the service?	Gender	Age	Ethnicity	Please tick this box if you DO NOT wish your anonymised comments to be made public.
1	Dec	As an on-going user of the community	Likely			Female	over 65	White British	No tick

		nursing service							
1	<b>Mar</b>	As an on-going user of the community nursing service	Extremely likely			Female	over 65	White British	I DO NOT wish my anonymised comments to be made public
1	<b>Apr</b>	As an on-going user of the community nursing service	Extremely likely	The DNs have always supported in the home when needed.	We are a residential home and our local DNs are brilliant!				No tick
2	<b>Apr</b>	As an on-going user of the community nursing service	Extremely likely	Most of the nurses are very nice, respectful with a lovely smile - you look forward to seeing them.		Female	over 65	White British	No tick

### Torrington / Holsworthy Community Therapy Team - Nov-14 to Apr-15

#### Quantitative Feedback

Month	Responses	Would recommend	Would not recommend	Neither likely nor unlikely to recommend / Don't know
	No.	%	%	%
<b>Nov-14</b>	<b>4</b>	<b>100.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Dec-14</b>	<b>No data</b>			
<b>Jan-15</b>	<b>2</b>	<b>100.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Feb-15</b>	<b>3</b>	<b>100.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Mar-15</b>	<b>2</b>	<b>100.0</b>	<b>0.0</b>	<b>0.0</b>
<b>Apr-15</b>	<b>2</b>	<b>100.0</b>	<b>0.0</b>	<b>0.0</b>

## Qualitative Feedback

	Month	FFT response	Please can you tell us why you gave that response?	Do you have any suggestions as to what we could have done differently to make your experience of rehabilitation better or any other comments?	Gender	Age	Ethnicity	Please tick this box if you DO NOT wish your anonymised comments to be made public.
1	Nov	Extremely likely	Because the service has been very good.		Male	over 65	White British	No tick
2	Nov	Extremely likely	First class service.		Male	over 65	White British	No tick
3	Nov	Likely	Good to have sound advice at home.		Female	over 65	White British	No tick
4	Nov	Likely	Good quick response after letter from orthopaedic interface service.		Male	over 65	White British	No tick
1	Jan	Extremely likely	Attention that I have received has been excellent.	In Patient Guide for Knees, not much information on going up and down stairs - some pictures would help.	Male	over 65	White British	No tick
2	Jan	Extremely likely	I found the service to be very helpful and informative for my particular needs.	Yes! It would have been reassuring to have had a phone call to let me know that the hospital referral was received and I was on their list for a visit. I had waited 3 weeks before contacted by the physio department. Otherwise everything was fine and no problems.	Female	over 65		No tick
1	Feb	Extremely likely			Male	over 65	White British	I DO NOT wish my anonymised comments to be made public
2	Feb	Extremely likely	Because they have followed me up and kept in touch to see if I was still improving all the time and to see if I needed any more help.		Male	over 65	White British	No tick
3	Feb	Extremely likely	My care was prompt and my problems sorted out well.		Female	over 65	White British	No tick

1	<b>Mar</b>	Extremely likely	Timely response, speed of response. Nice staff.	No.	Male	46-55	White British	No tick
2	<b>Mar</b>	Extremely likely			Female	over 65	White British	I DO NOT wish my anonymised comments to be made public
1	<b>Apr</b>	Extremely likely	The care I have had was exceptional. It was because of the physiotherapist that visited me that I improved both physically and mentally. Nothing was too much trouble. The advice I received to strengthen my hip muscles was very good. The follow up was exceptional.	I have no other suggestions because everything I needed was given to me.	Female	over 65	White British	No tick
2	<b>Apr</b>	Extremely likely	Therapist called in a senior team member to get his opinion as well.		Female	over 65	White British	No tick