

## Northern Devon Healthcare Trust Board report

# Patient experience annual report 2013/14

## Executive summary

The 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.

We have developed a patient experience programme that allows patients to provide their feedback in real-time through the inpatient surveys or social media; or at a later date through Mystery Shopping, Patient Opinion, postal surveys, focus groups, face to face engagement and of course PALS and complaints. In the early stages of this programme, the Trust asked the Patients Association to help us develop and pilot our patient experience activities.

Since its introduction in April 2013, the Friends and Family Test has become an important part of our patient experience programme. We made the necessary adjustments to our programme to ensure that our approach was compliant with the national FFT guidance. From our observation, it is an immediate and usually accurate bell-weather of patient experience in a particular service.

Our patient experience data is shared and welcomed by clinical and operational teams and this report describes some of the improvements we have made as a result of the patient feedback.

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 along-side effectiveness and safety.

And lastly, the patient experience feedback is starting to be 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 nationally mandated patient experience (acute inpatient, A&E and maternity; as well as our own, local priority areas such as community hospitals, community nursing, acute/community therapy and to support proposed service changes.

(<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.

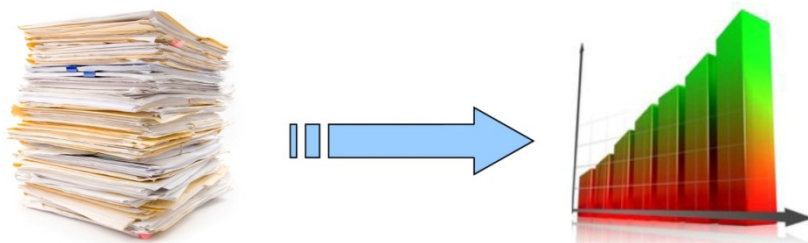
**Understand** the experience by identifying the 'touchpoints' of a service and gaining knowledge on **what** people feel when experiencing our services and **when** they feel it.

**Improve** the experience: 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 subjective outcomes (repeat surveys) or objective outcomes (reduced waiting times, incidents, safety or performance) which will be chosen according to the nature of the individual service or feedback trend.

**NB:** The overarching methodology for capturing data is outlined in the Trust's patient experience strategy, the ultimate aim being to collect data that can be disseminated easily across the organisation and has relevance at each level in the organisation: ward to board.



Given the breadth and geographical spread of our services, the principle of capturing less data but doing more with it has ensured that the patient experience programme stays focussed and can demonstrate quickly where improvements have been made.



**The next sections of the report take each service in turn to assess our achievements in improving patient experience**

# 1. ACUTE INPATIENT and A&E

## NORTH DEVON DISTRICT HOSPITAL

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### CAPTURE

#### Acute Inpatients

Real-time acute inpatient experience surveys, which include the FFT question. The surveys are asked by trained volunteers and the results are fed back to the ward within 1-2 hours of the survey taking place.



*Picture: Volunteer Jane Bellworthy going through the real-time patient experience survey with a patient in a medical ward at NDDH*

To ensure all acute inpatients are given the opportunity to answer the FFT question, we also ensure a full stock of FFT cards next to the nurse's station on each ward. In addition, a stock of each ward FFT card is held in the discharge lounge and given out after staff have checked the patient has not responded previously.

The other acute inpatient experience questions are NHS Outcome Framework questions, as follows:

1. Have you been involved as much as you wanted to be in decisions about your care and treatment?
2. Have hospital staff been available to talk with you about your worries and fears?
3. Have you been given enough privacy when discussing your condition / treatment?
4. Have the doctors and nurses talked to you about medication side effects?
5. If you have concerns once you leave the hospital will you know how to get more information?

During the period Apr-13 to Feb-14, 1,858 acute inpatients at NDDH have been surveyed either by volunteers or through the Matrons Walkround Checklist - a response rate of 18.5%.

In addition, we worked in partnership with the Patient's Association to support our Mystery Shopping scheme. In 2013/14 the Trust received ten Mystery Shopping reports. These reports were instantly shared with front line teams and the feedback was absorbed.

#### A&E

With effect from 1 October 2013, the Trust introduced a 'supermarket-style' token feedback system to address the poor FFT response rate. The Trust explored other options with the ED clinicians and this was their preferred option. As a result, the token system is well promoted by staff and this has been reflected in the increased response rate since its introduction.

The lead clinician felt compelled to draft a letter to all patients explaining the question as it was clear patients felt they were being asked whether they would recommend being seriously ill/injured to their friends and family.

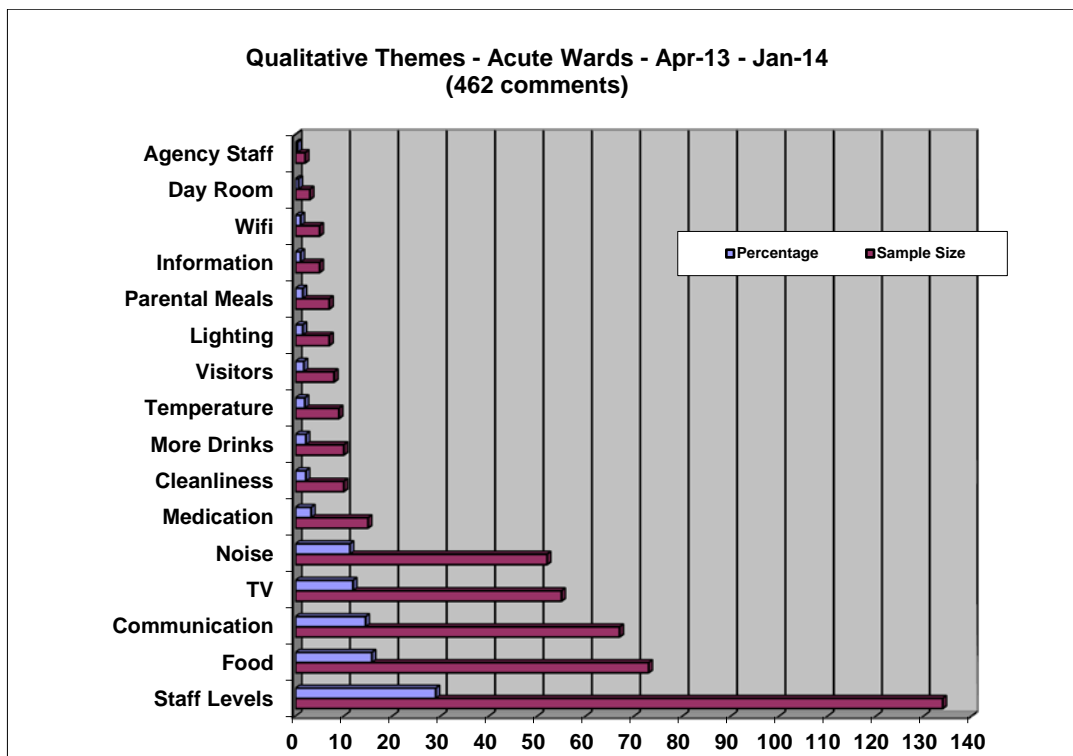
## UNDERSTAND

The vast majority of feedback of NDDH patient services, as evidenced by the FFT score, was extremely positive.

The average monthly FFT score over this period was +67 against a Trust target of +60.

Full details relating to the FFT scores and response rates in Acute / A&E are included in Appendix A.

During this period we have collected enough data to identify qualitative themes. In answer to the question: ***“do you have any suggestions for ways we can improve the service”*** which is asked at the end of our patient experience questionnaire, patients gave us the following qualitative feedback.



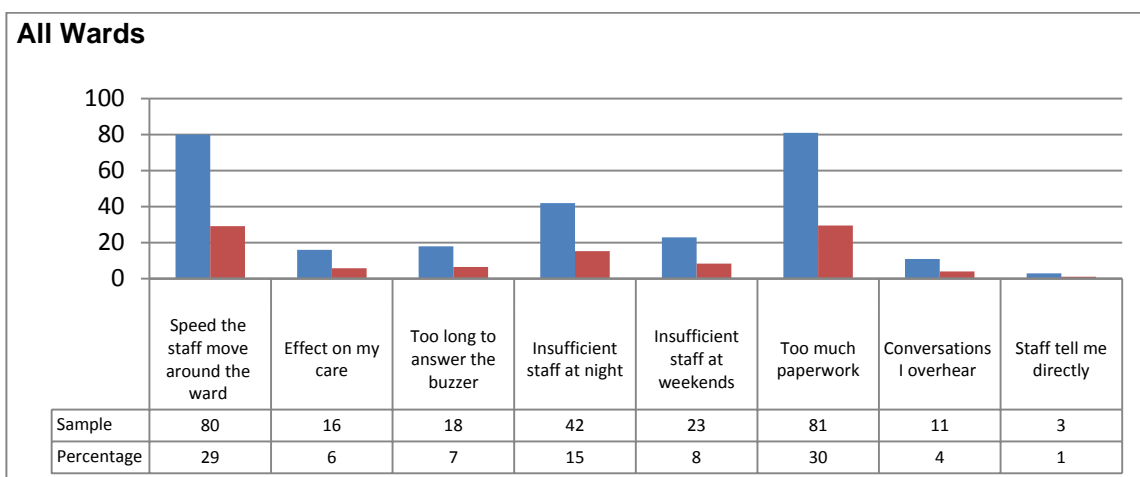
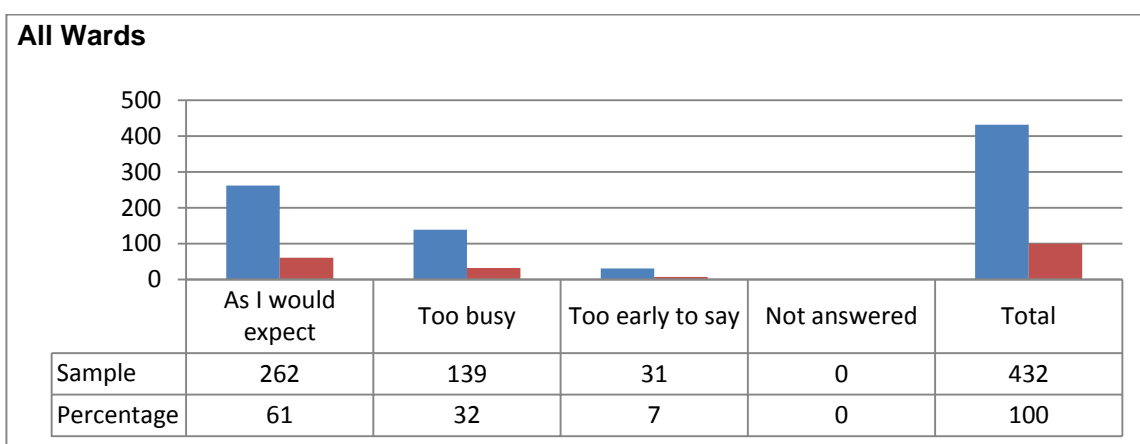
To understand more about the themes, in 2013/14 we conducted deep dives in the following areas:

## 1. Staff busyness

We received feedback from patients that staff seemed very busy on the wards and we identified themes such as speed of walking and paperwork. We launched a deep dive to understand whether this was a real perception or whether we needed to help patient's expectation about the atmosphere and environment on an acute ward. We had concerns because we wanted to address any patient perception that ward staff were too busy to care.

Over three months, we asked patients a series of questions about their perception of the busyness of staff.

The result headlines were as follows:



The full results are contained in Appendix B.

As a result of this deep dive, the senior nurses across acute and community wards shared the data with front-line staff. The nursing professionals were fascinated with this feedback and undertook to make sure it was discussed at the Trust-wide senior nurse forum.

A repeat survey will be conducted in 2014/15 to assess progress.

## 2. Quality of food on the NDDH wards

We received feedback from patients that sometimes the food on our NDDH wards did not meet expectations, particularly in terms of the temperature at which it was served.

We asked four of our volunteers to lead unannounced tasting sessions on six of our wards where feedback about food was most common.

The volunteers ensured they tasted the last serving on the ward. The improvements are described in point 2, below.

## 3. Price of the TV service

We commonly receive feedback from patients about the cost of bedside TV. This service is provided, under contract, by Hospedia. We are unable to change the terms of this contract. However, there are good value TV pricing bundles which are very poorly advertised. Our response was to develop a leaflet entitled 'saving money in hospital', see point 3 below.

A deep dive in communication is planned for early 2014/15.

# IMPROVEMENTS

Examples of change resulting from patient feedback are as follows:

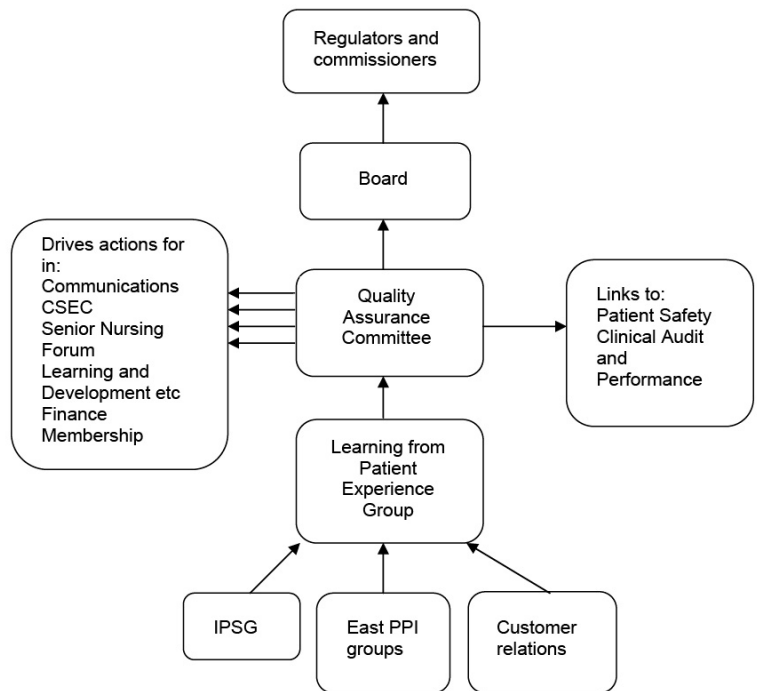
1. **Noise at night.** In response to patient comments about noise at night a SHUSH campaign has been launched. The acronym SHUSH stands for: Soft, silent shoes, a Heightened awareness of noise, and Understanding that our patients need Sleep and rest for Healing. Practical measures have included changing waste bins to silent-closing models, setting times for dimming lights and new protocols for ensuring patients are aware and prepared in advance of any need to awake and take medication overnight.
2. **Food.** In response to patient comments about food, a series of volunteer food-tastings were carried out; the temperature of food when it leaves the kitchen was increased by five degrees and breakfast toast rounds were increased from one to two.
3. **Cost of TV and car parking.** In response to patient comments about the price of car parking for their visitors, we have produced a bed-side leaflet which explains how to access a reduction in car-parking costs to less than £1 per day, In addition, we have also provided information on how to reduce the cost of bedside TV to £1.50 per day and using the free wi-fi in the on-site restaurant.
4. **Uniform.** In response to patient comments that staff did not always wear uniform in a way that gave them confidence we now have an annual 'Juniform' campaign in June to remind people to wear uniform well. The senior nurses have revisited our uniform policy and standards.

5. **Option of a male/female nurse.** In response to a comment on one of our medical wards that a female patient would have preferred a female nurse, in future the option of a male/female nurse will be made available to patients on that ward where possible.

## DISSEMINATE

The governance of the patient experience programme is through the Trust's Quality Assurance Committee and the Learning from Patient Experience Group.

This process is described in the diagram opposite.



### Quality Assurance Committee

The Quality Assurance Committee meets bi-monthly and receives the LPEG minutes.

**Summary:** Performance and progress against objectives are addressed at every monthly divisional review, bi-monthly at the LPEG, IPSG 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 strategy.

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

### Learning from Patient Experience Group

LPEG is attended by representatives from all clinical, nursing, managerial and corporate directorates. The Group discusses trends in patient experience feedback and assesses priorities ahead. Data and feedback from PALS, clinical audit-led patient surveys, national surveys, website feedback, communications, complaints and PPI activities are all presented to the Learning from Patient Experience Group.

### 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
- And 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.



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.

When we act on feedback, it is also vital that we communicate what we have done. This is done in a variety of ways:

- Direct feedback to the patient (via meeting, complaint letter)
- “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
- Trust newsletters (Pulse)
- Reports to Healthwatch Devon, Overview and Scrutiny Committees
- Outpatient TV screens at NDDH
- Annual reports (including this report)
- Quality Account
- Press releases and case studies
- Trust website
- Social media (including Patient Opinion)
- Presentations at national / regional events and conferences
- Wider patient engagement and involvement



## 2. MATERNITY SERVICES, NORTH DEVON DISTRICT HOSPITAL

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### CAPTURE

In January 2013, the Trust launched the patient experience survey in maternity services.

Regular ward surveys based on a range of questions which were selected by the Head of midwifery and use the national maternity survey wording to allow benchmarking. The surveys are carried out by trained volunteers and ask patients the following questions:



1. Did you get enough information from a midwife or doctor to help you decide where to have your baby?
2. Thinking about your antenatal care, were you involved enough in decisions about your care?
3. Were you (and / or your partner or a companion) left alone by midwives or doctors at a time when it worried you?
4. Thinking about your care during labour and birth, were you involved enough in decisions about your care?
5. Thinking about the care you received in hospital after the birth of your baby, were you treated with kindness and understanding?
6. Did you feel that midwives and other carers gave you active support and encouragement?

The results are reported back to the team within 1-2 hours of the survey taking place.

The maternity FFT guidance states that women are asked the FFT question at all four stages of the maternity pathway:

- 36 weeks antenatal appointment
- Labour ward / homebirth
- Postnatal ward
- Postnatal discharge in the community

### UNDERSTAND

For ten months of 2013/14, 139 women on our postnatal ward at NDDH provided their feedback about their experience of our maternity services. Work is underway to improve our response rate in maternity services from its current position of 12%.

In October 2013, the FFT question was introduced throughout maternity services.

A full stock of FFT cards is available next to the nurse's station on both the labour ward and postnatal ward.

Full details of FFT scores achieved are in Appendix C.

The vast majority of feedback of maternity services in Northern Devon was extremely positive.

During the period we have collected enough data to identify qualitative themes arising out of feedback to the question: 'Do you have any suggestions for ways we can improve the service.'

## **IMPROVE**

On receiving the survey feedback, the ward managers post 'you said, we did' on the noticeboard to show how the teams are responding to feedback and what improvements they are making.

Actions taken as a result of feedback received from the maternity experience surveys include the following:

1. Provision for overnight accommodation for birth partners is now included in the planning stage for the ward re-organisation.
2. More refreshments for birth partners has been approved and is due to be implemented shortly.
3. Flexible micro-waved meals (facilitated by the installation of a freezer) is now included in the planning stage for the ward re-organisation.
4. Improved food presentation.

## **DISSEMINATE**

Patient experience for maternity services follows the same process outlined for acute/A&E services on page seven.

## Non-mandated patient experience activities

The following sections in this report outline the patient experience activities that the Trust has chosen to conduct, and which are currently above any national requirements.

### 3. COMMUNITY HOSPITAL INPATIENT SERVICES

#### 14 community hospitals across northern and eastern Devon

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In June 2012, the Trust incorporated patient experience questions into the Matron's Walkround Checklist which asks inpatients about their care, environment and so on. In August 2012, the FFT question was added.

The Matrons Walkround Checklist survey is carried out by a matron from a different location in 14 community hospitals asking the same NHS Outcome Framework questions as acute inpatients (see section 1).

With effect from October 2013, the Trust became an 'early adopter' of the national FFT across the community hospitals. Data is collected 'by ward' in order to mirror as closely as possible the national guidance in relation to acute services. All feedback received is reported back on a monthly basis.

The community hospitals are as follows:

Axminster, Bideford, CREDITON, Exeter, Exmouth, Holsworthy, Honiton, Ilfracombe, Okehampton, Ottery St Mary, Seaton, Sidmouth, South Molton and Tiverton.

To ensure every patient has the opportunity to answer the FFT question, comment cards are available on all reception desks in the community hospitals.

Full details of FFT scores achieved are in Appendix D.

To mitigate the risk of a falling response rate, we reconcile the data half-way through the month and remind teams to ensure that their feedback is sent back to Trust HQ where it is then manually typed into the database.

The patient experience team is working hard to improve the rate and consistency of the response rate, which occasionally drops below our expectations.

## 4. COMMUNITY NURSING SERVICES

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In June 2012, we launched the FFT question to our community nursing teams operating across eastern and northern Devon as part of a wider programme on patient experience.

Across Devon these teams support 6000 patients to live independently in their own home and the Trust felt it important to gauge patient experience of these services, particularly as they are delivered by lone workers in the patient's own home.

After completing a home visit, each community nurse is asked to hand out the feedback survey.

The vast majority of feedback from the community nursing services was extremely positive.

The aggregated FFT score for the period Jul-12 to Feb-14 is +78.

Full survey results can be found in Appendix D

During the period we have collected enough data to identify themes in qualitative feedback. The most common piece of feedback is that patients would like to be given an appointment window for when the community nurse is due to visit.

In response to the feedback received, we have implemented 'am or pm' appointment windows and are working toward 2-hourly slots as something we wish to offer in the future.

## 5. OTHER

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In addition to these distinct service groups, the patient experience team also supported ad hoc surveys, which included the FFT question, and which were in response to feedback from other sources or operational imperatives.

This work also revealed the value of formally capturing patient experience to inform service change.

For example:

1. **Audiology:** The Trust's audiology service became subject to the Any Qualified Provider marketplace in 1 April 2013. The Trust put in a patient experience service very early-on in recognition that it was patient experience and satisfaction where the competition with private providers would impact on our business.

The team used the patient experience feedback to make a number of changes to the service, such as offering one-stop appointments of assessment and fitting at the same time; taking other specialty clinic appointments into consideration when booking for audiology to ensure patients reduced the trips to hospital; mystery shopping the private

providers to enable us to bust the myths about NHS service, promoting the modern hearing aids.

2. **Launch of Torrington Community Cares project.** In July 2013, the Trust and local commissioning group launched a pilot in Torrington to replace inpatient beds with enhanced community services on the premise that the majority of patients could be cared for in their own bed.

Patient experience of the enhanced home-based care was a very important factor of the ultimate evaluation of the pilot. Every patient being discharged from the service was asked to complete a patient experience survey, which included the FFT question. In addition, we also approached patients and their carers to tell us their stories about the care they received.

This feedback can be found at: [www.torringtoncares.co.uk](http://www.torringtoncares.co.uk) and in Appendix E.

This approach is being replicated in other services or locations where service change or redesign is being proposed, such as Moretonhampstead, Stroke rehabilitation and NDDH's emergency Hub.

3. **Kings Fund Patient and Family-Centred Care Programme**

**TheKingsFund**

In 2012, the Trust was fortunate to be selected to take part in the two-year King's Fund PFCC programme. The aim of the programme was to draw upon expert guidance and Kings Fund faculty members to improve experience of patients using our service.

The Trust selected the experience of dementia patients coming through our community nursing, A&E and acute services.

Dementia patients were chosen because traditional patient experience feedback tools were not appropriate for this patient cohort, however we had received feedback through complaints that we could improve our approach.

A diverse working group was established, consisting of divisional management, senior nurse, psychiatrist from Devon Partnership Trust, ward healthcare assistants, nurses and managers, community health and social care management and a community matron.

More information on the project can be found here:  
<http://www.northdevonhealth.nhs.uk/the-kings-fund/>

Through focus groups, drop-ins at memory cafes, observations and patient stories, we were able to produce a powerful emotional map of the dementia patient's experience through our services.

The experience and expertise gained through this programme is influencing our approach to promoting experience-based design in other services.

4. **Patient safety walkarounds.** Also worthy of note, is the inclusion of patient experience feedback in the Trust's patient safety walkarounds.

The walkarounds are unannounced CQC-style internal inspections of wards or services conducted by a panel of Board members and patient safety team. Prior to the inspection the panel triangulate all quality information about the service to inform the areas the wish

to inspect. The quality information includes patient experience data as well as patient safety and effectiveness.

In 2013/14, the patient experience team has produced patient experience feedback reports to support the walkarounds in the following services:

<b>NDDH</b>		<b>Community</b>	
	KGV ward		Bideford Community Hospital
	Glossop ward		Culm Valley community nursing team
	Alex ward		Ottery St Mary community nursing team
	Capener ward		Okehampton Community Hospital
	Caroline Thorpe ward		
	Acute Stroke Unit		
	Intensive Care Unit		
	Staples ward		
	Medical Assessment Unit		

## 6. Conclusion

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This report has very briefly captured the Trust's patient experience activities in 2013/14.

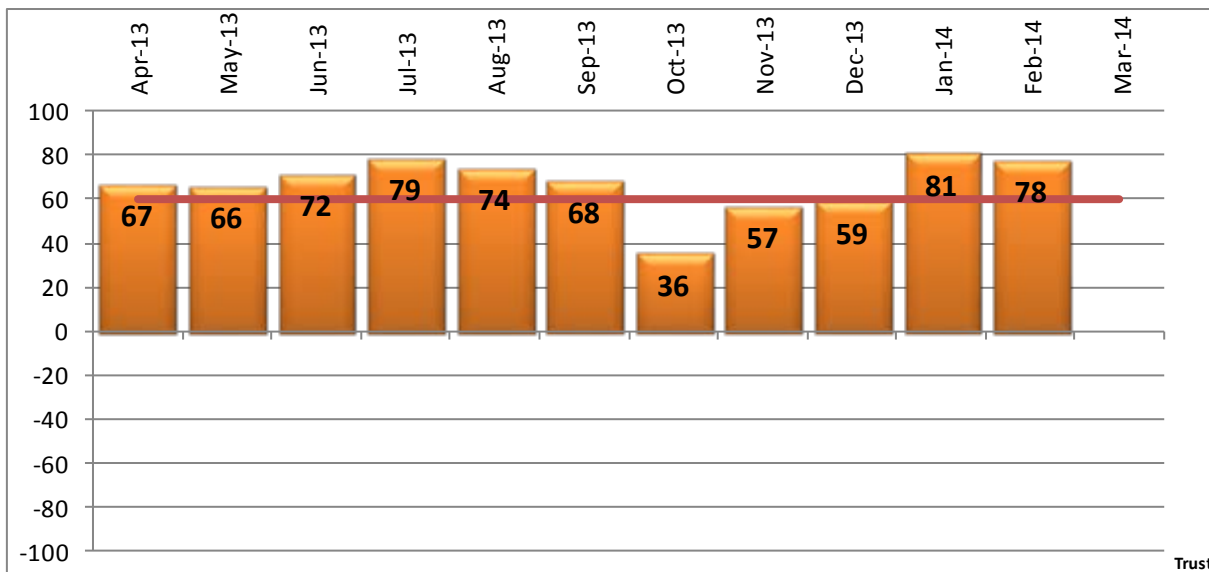
This programme has benefitted from focusing on very specific themes and services which enables clinicians and managers to make demonstrable improvements to NHS services.

Our observations over the year are that it is the experience of care that patients, their families and carers remember over the actual clinical care or procedure.

We will continue to keep the patient experience programme focussed on the small, incremental changes and ensure that all our staff recognise the benefit of this feedback in motivating us to continue providing excellent patient care.

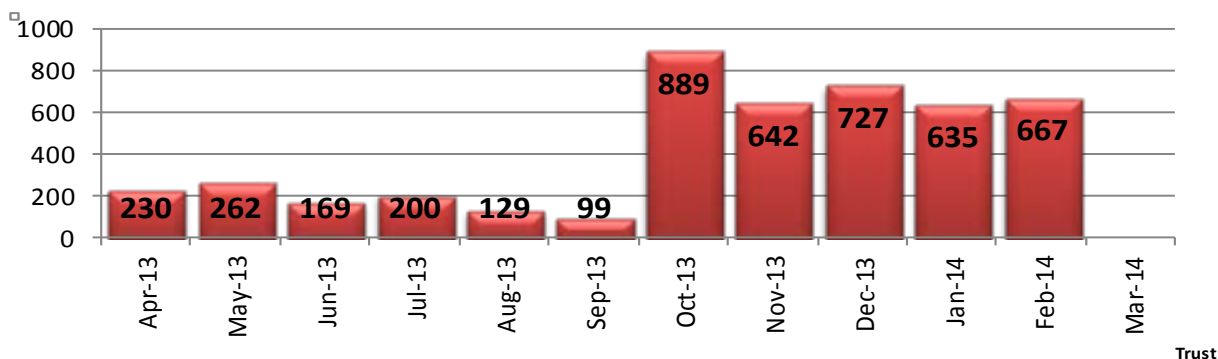
**Appendix A - Friends and Family Test - Acute Inpatients / A&E**

**Acute Inpatients / A&E Friends and Family Test score**

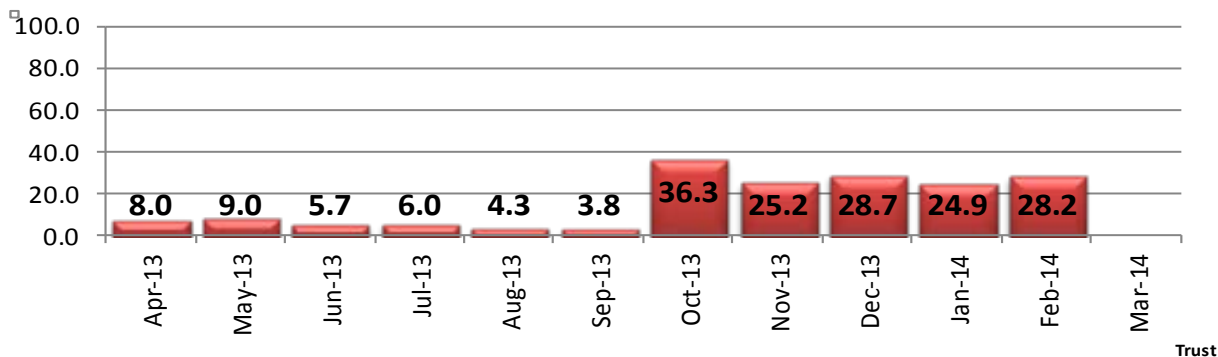


**Responses**

The 'Friends and Family Test' scores are based on the following number of patient responses.



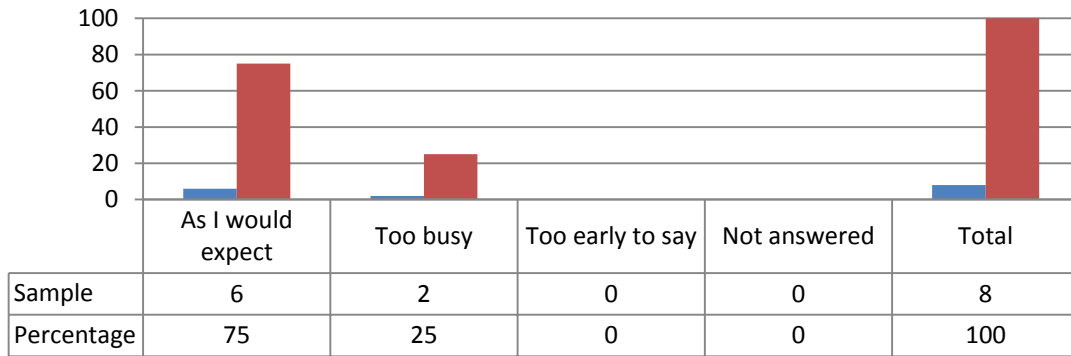
**Response Rate**



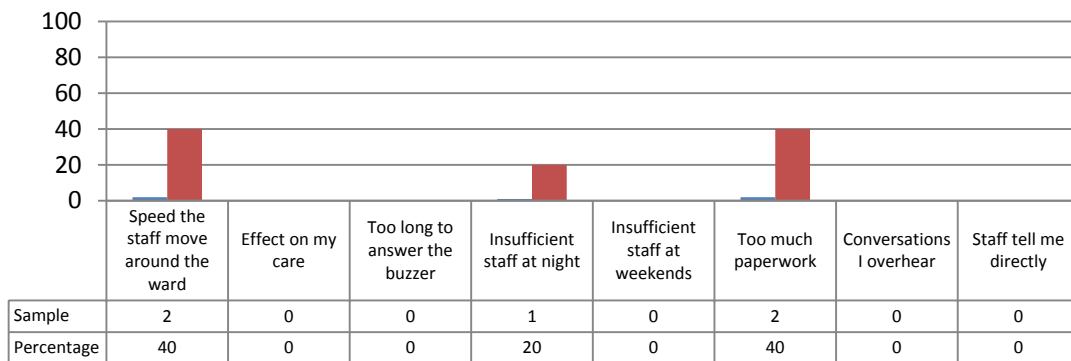
**Appendix B – Staff Busyness Deep Dive**



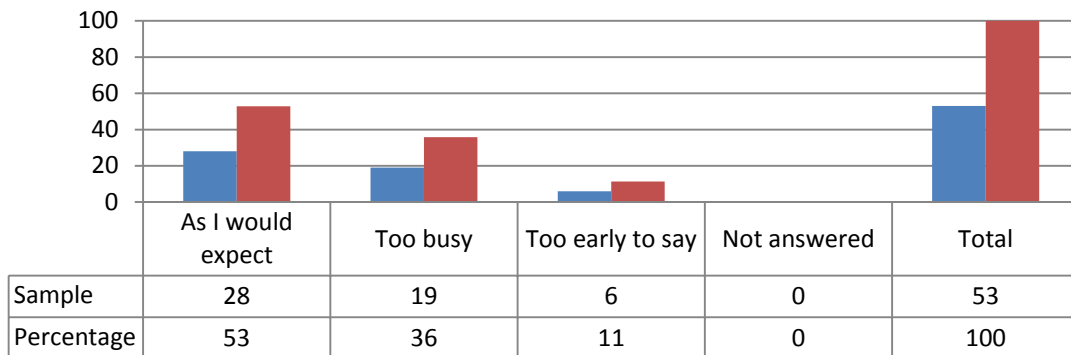
### Acute Stroke Unit



### Acute Stroke Unit



### Capener Ward



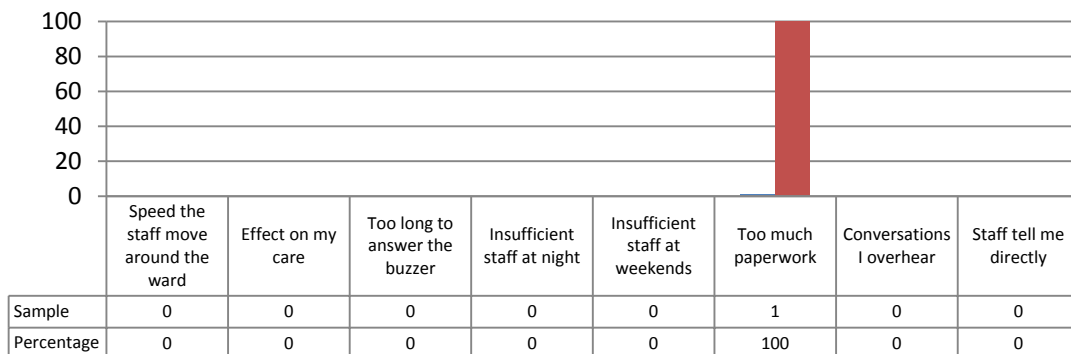
### Capener Ward



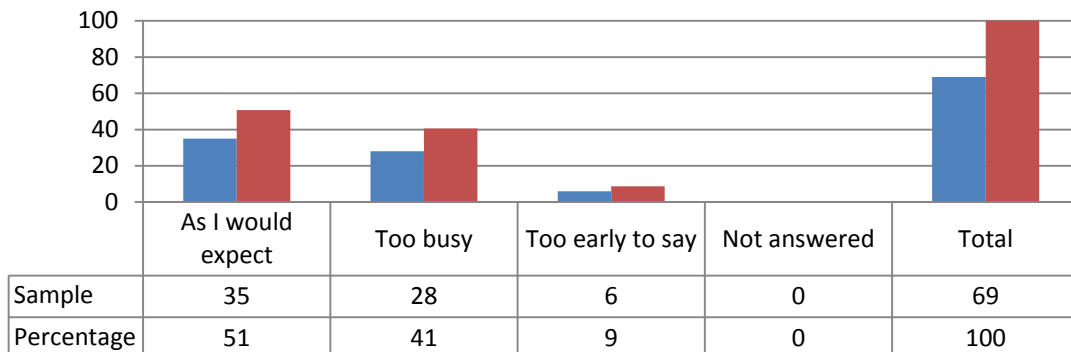
### Caroline Thorpe Ward



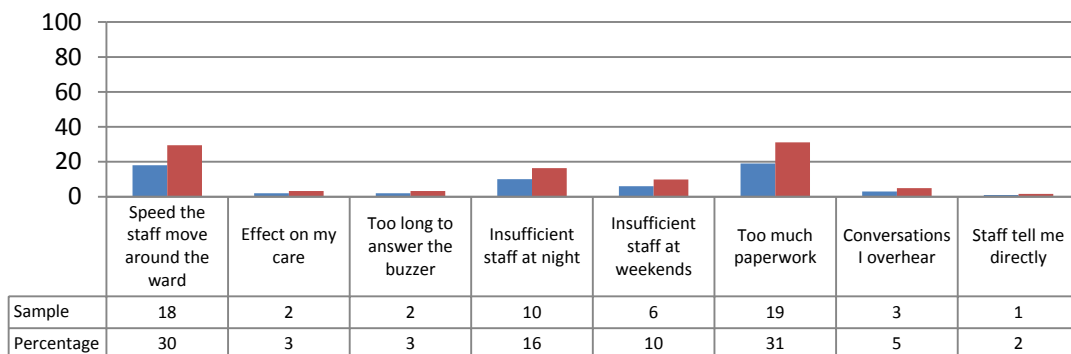
### Caroline Thorpe Ward



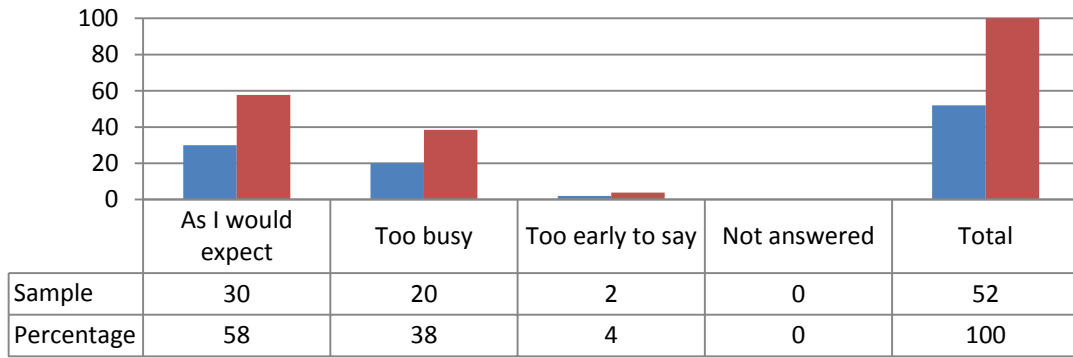
### Fortescue Ward



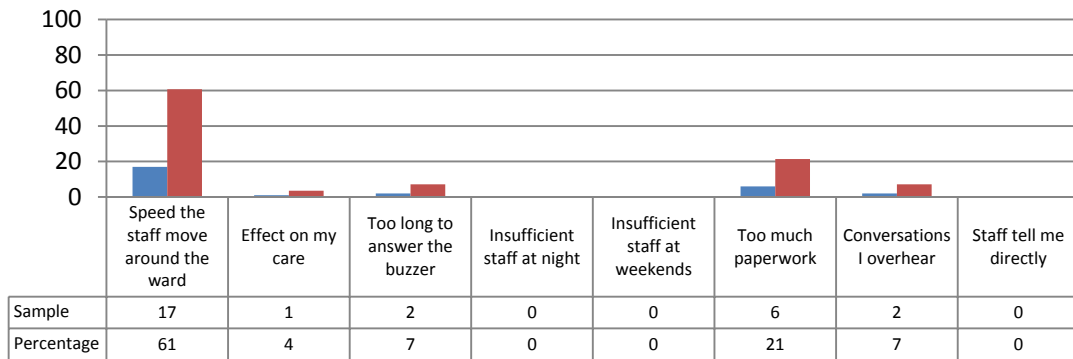
### Fortescue Ward



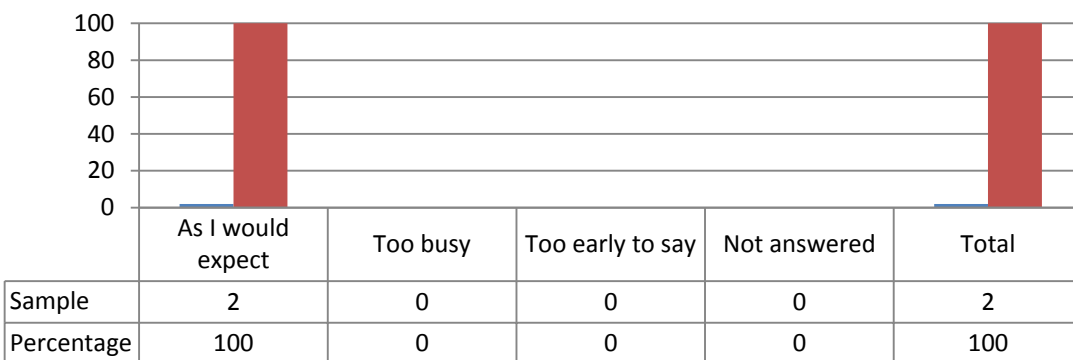
### Glossop Ward



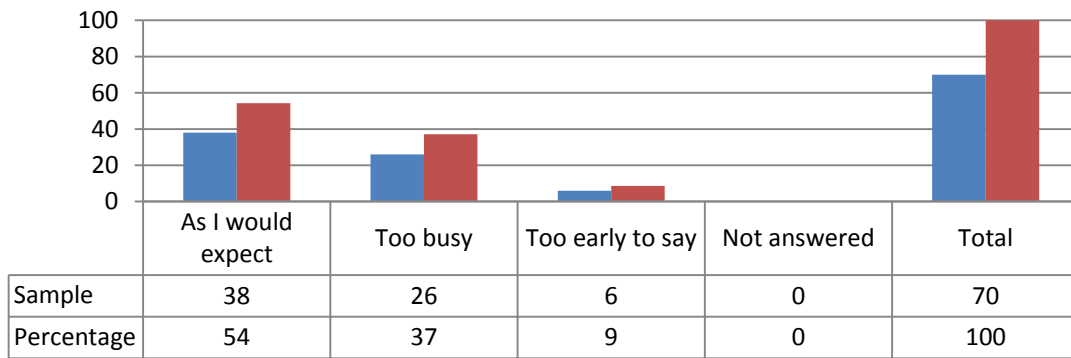
### Glossop Ward



### Intensive Care Unit



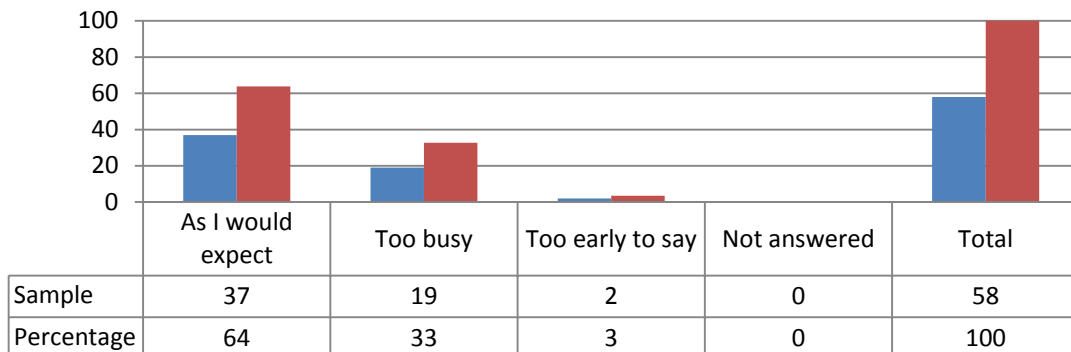
### King George V Ward



### King George V Ward



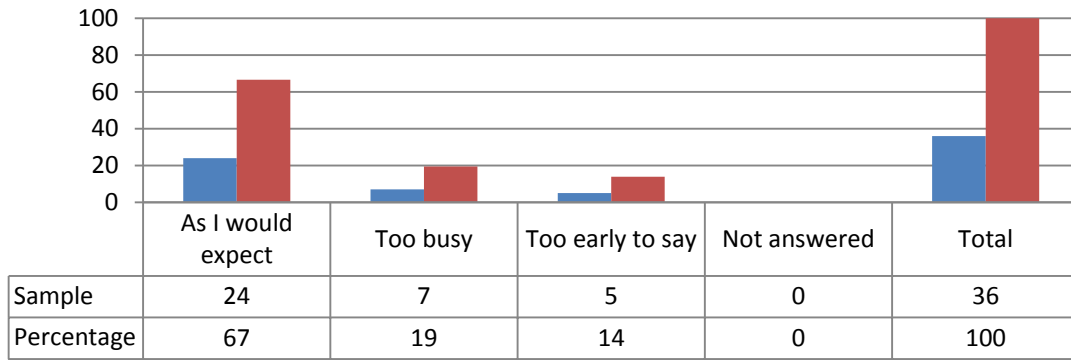
### Lundy / Roborough Ward



### Lundy / Roborough Ward



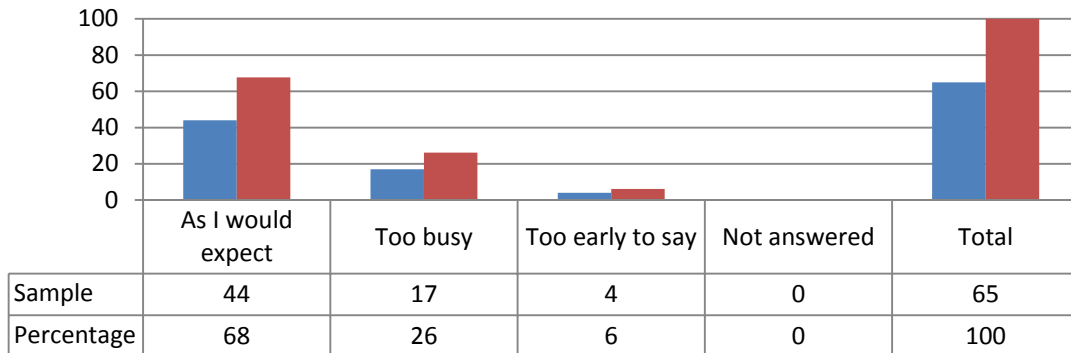
### Medical Assessment Unit



### Medical Assessment Unit



### Victoria Ward

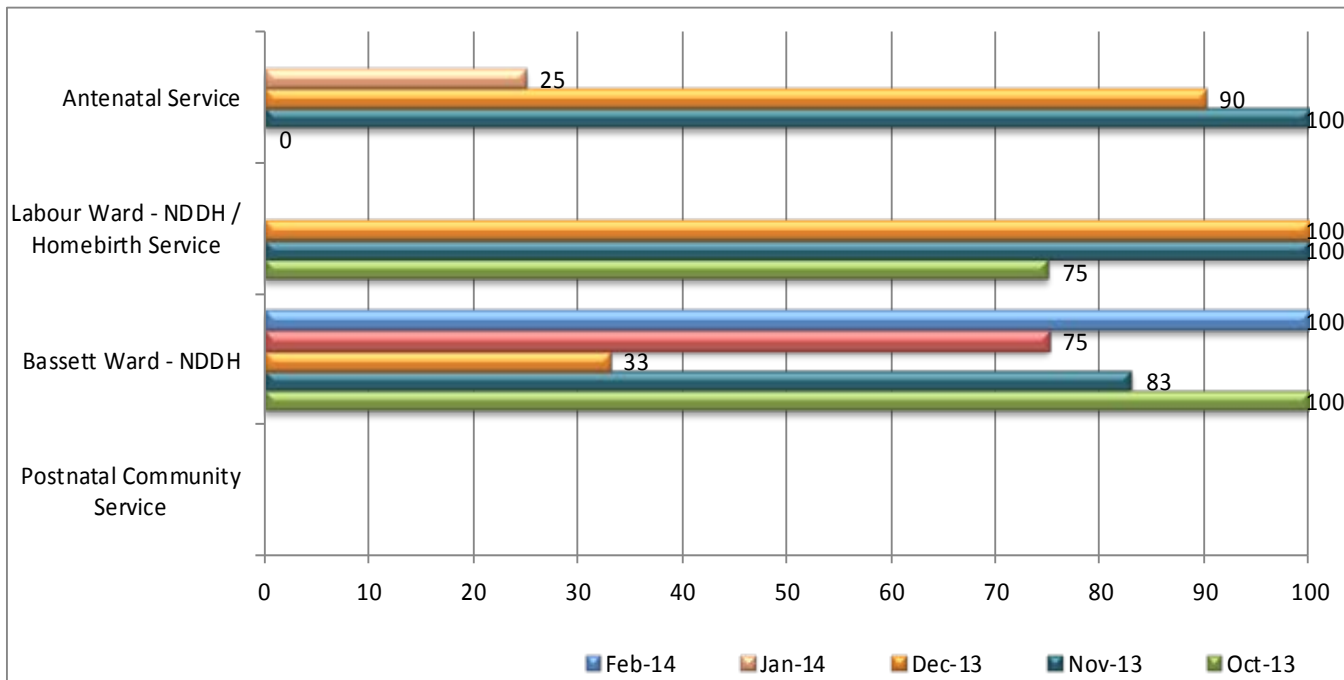


### Victoria Ward

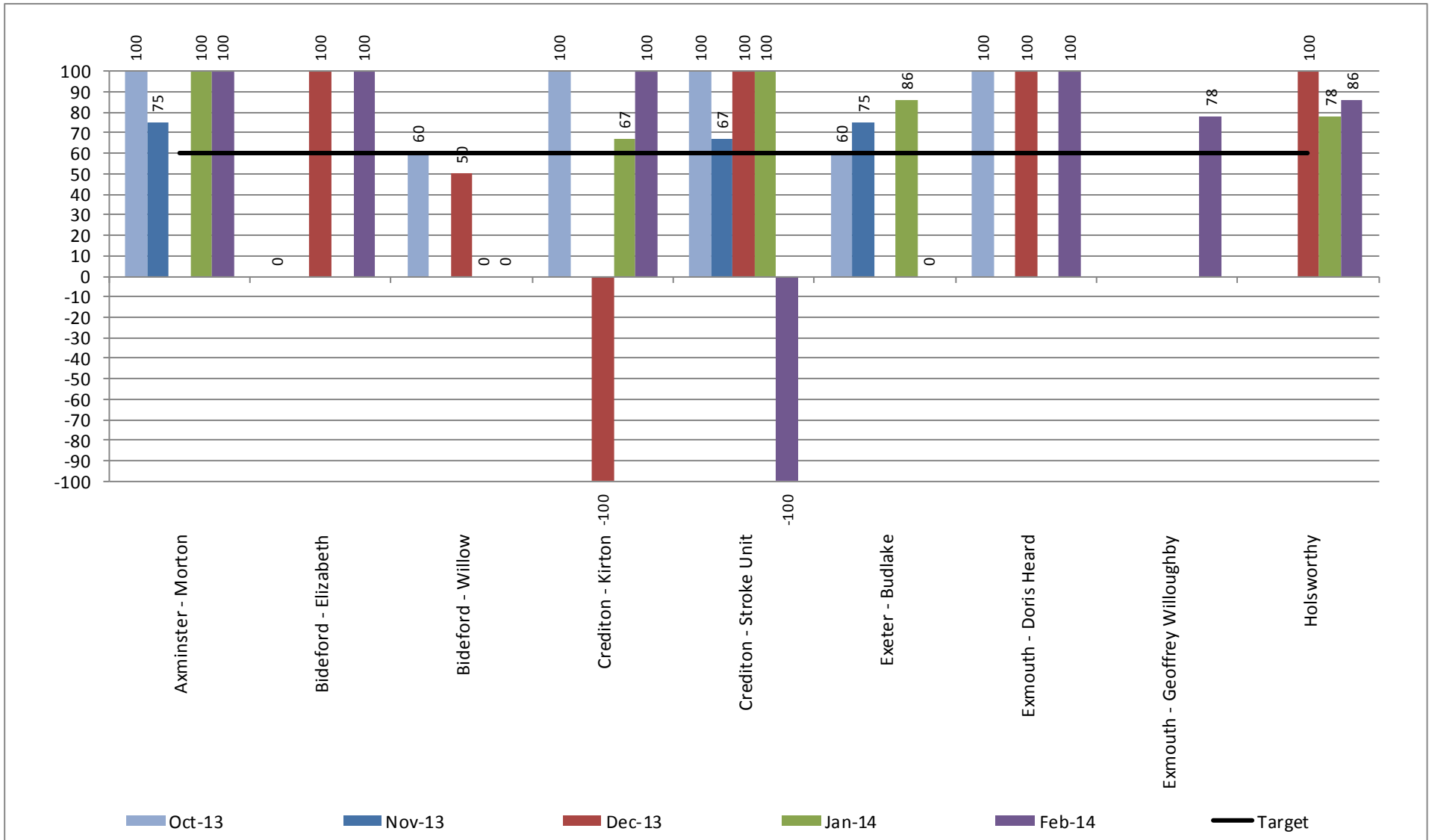


**Appendix C - Friends and Family Test - Maternity Services**

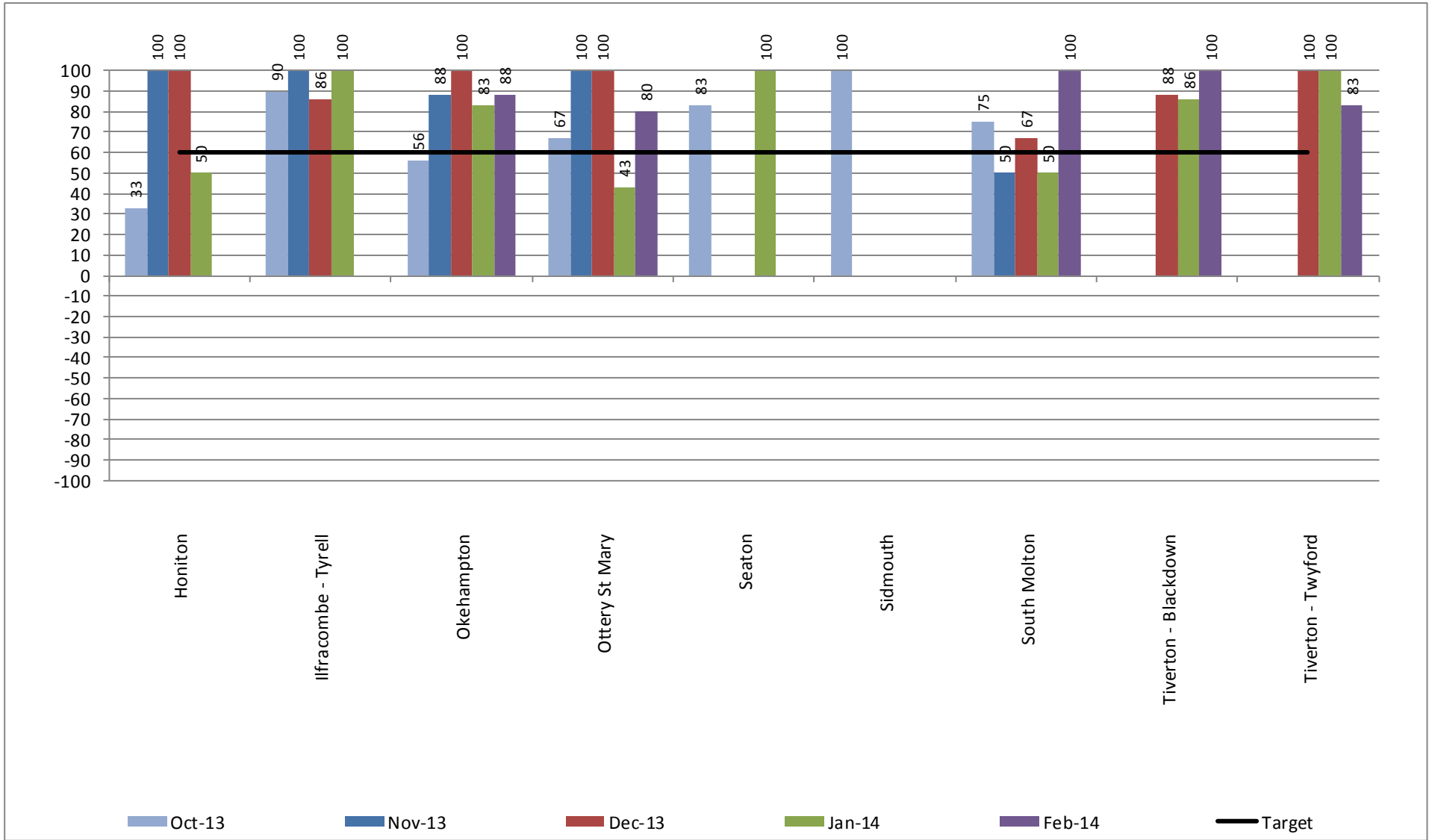
**Maternity Services Friends and Family Test scores**



**Appendix D - Community Hospitals - National 'Friends and Family Test' Scores - Oct-13 - Feb-14**



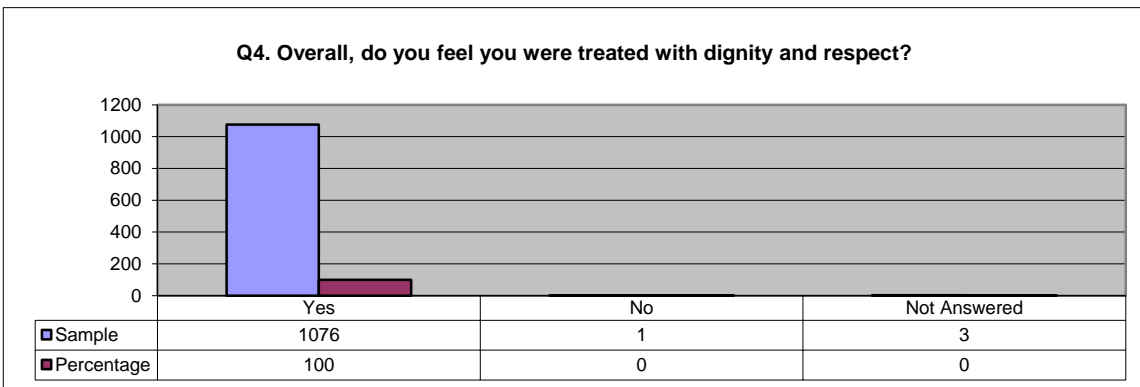
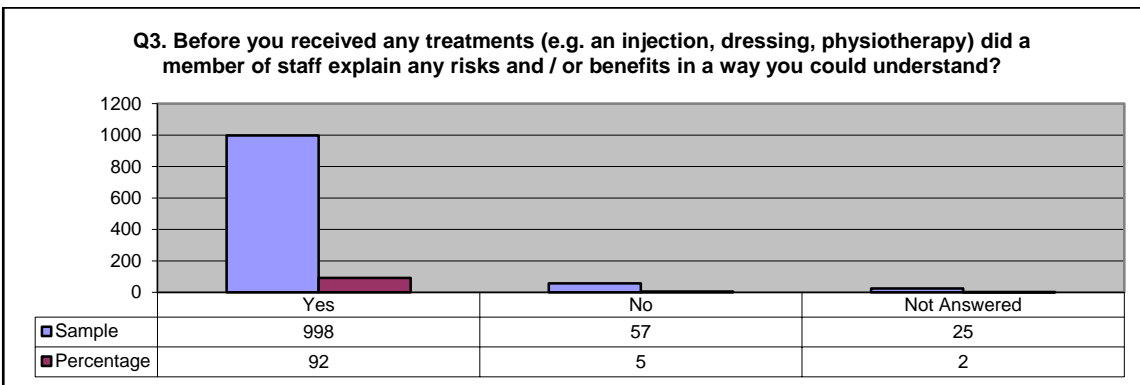
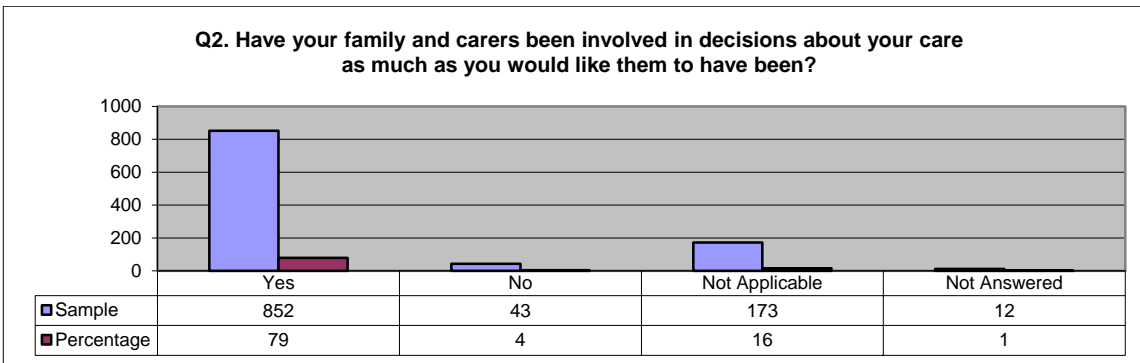
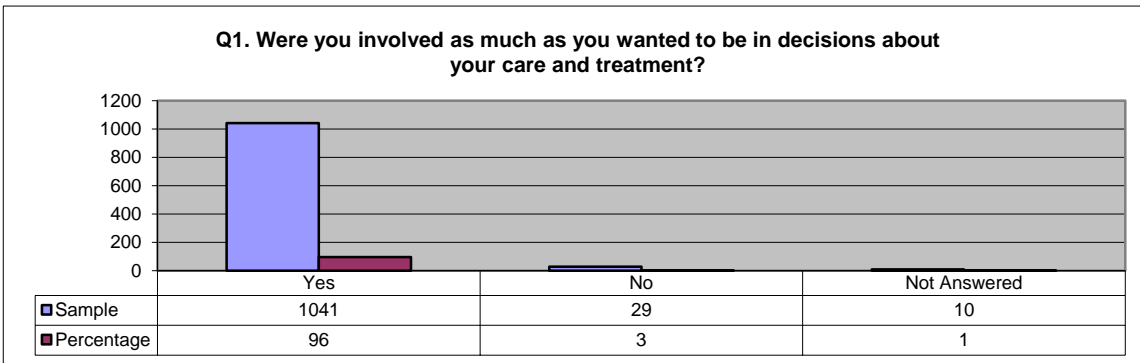
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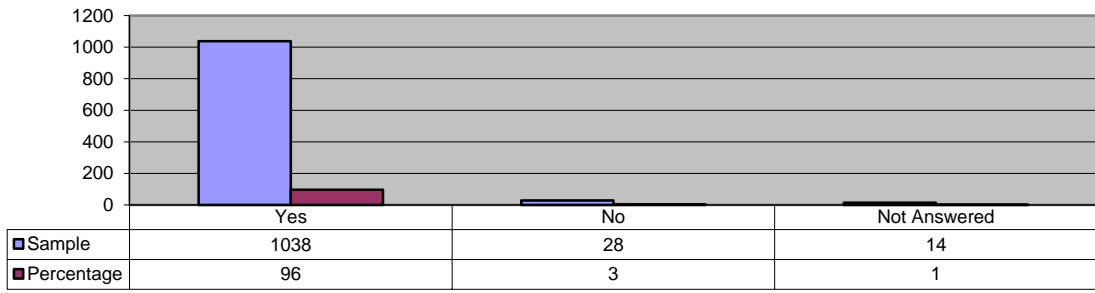


## Appendix E - Community Nursing Teams Oct-13 - Feb-14

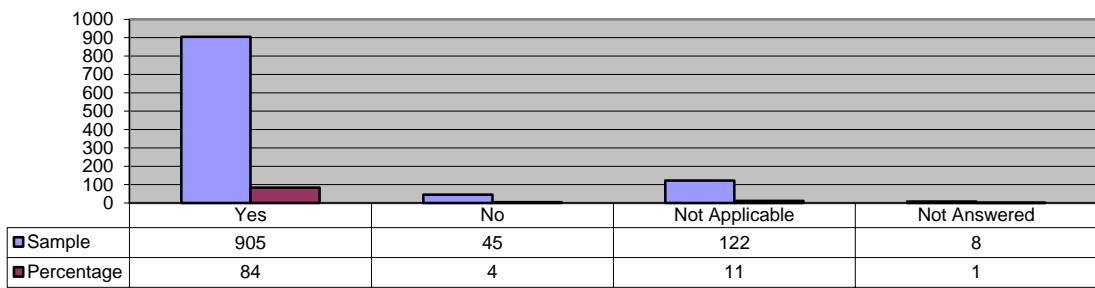
(All percentages have been rounded to the nearest whole number and so may not total exactly 100%)



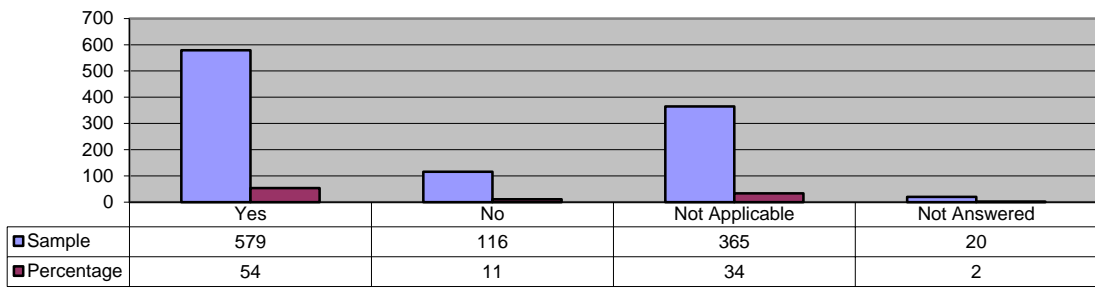
**Q5. Do you feel you had sufficient time with us during the visits?**



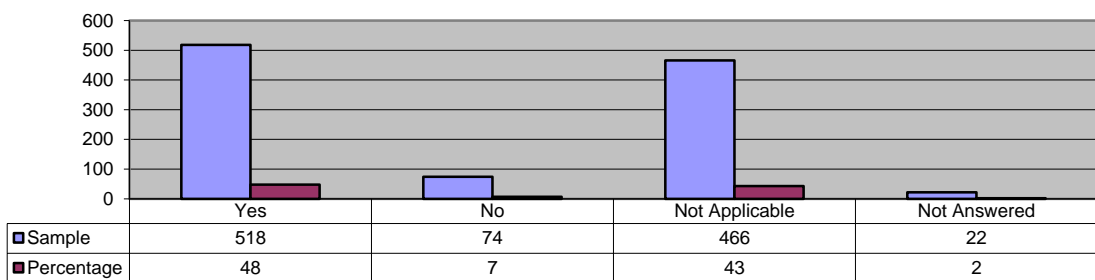
**Q6. Did we take into account suitable times to visit with you in your home?**

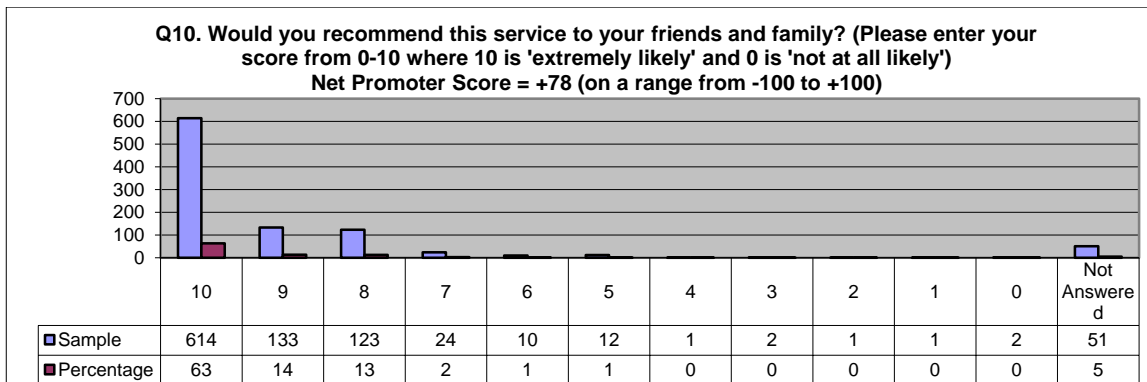
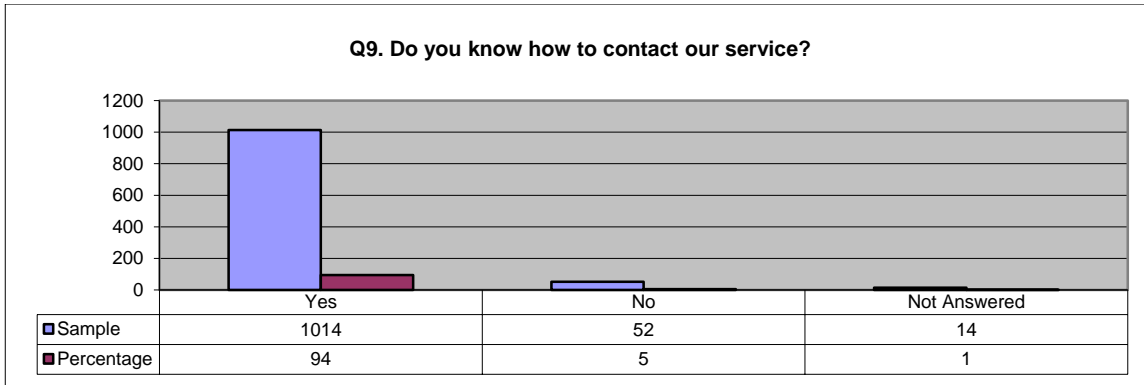


**Q7. Were you informed in advance of any delay in our appointment with you?**



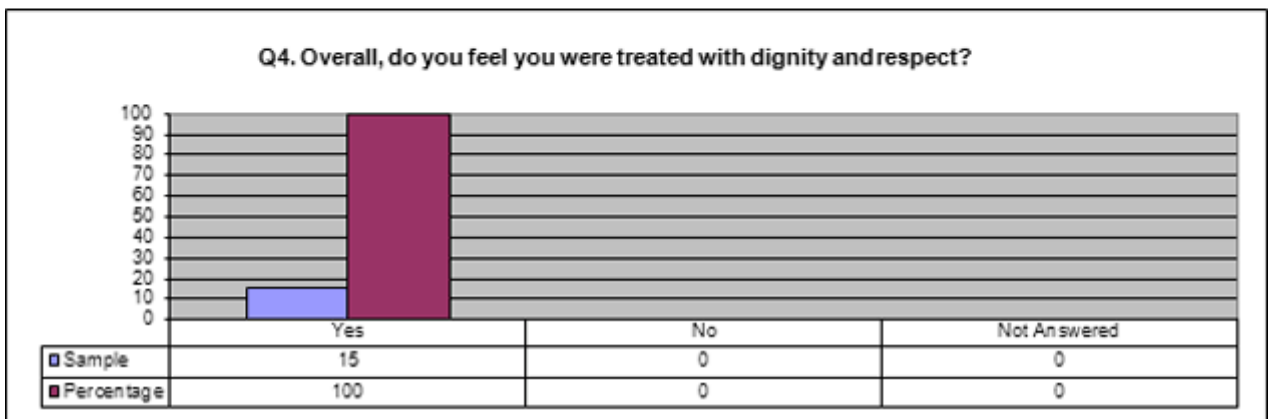
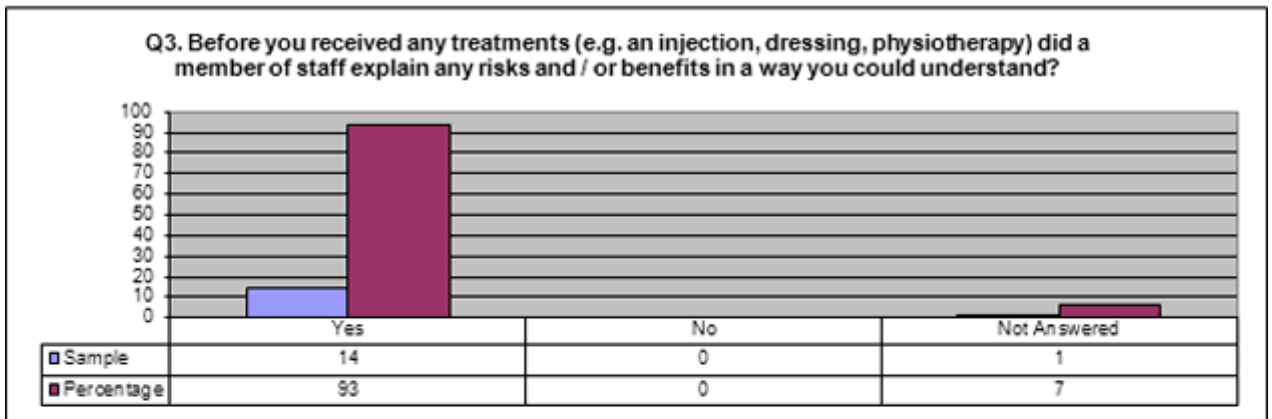
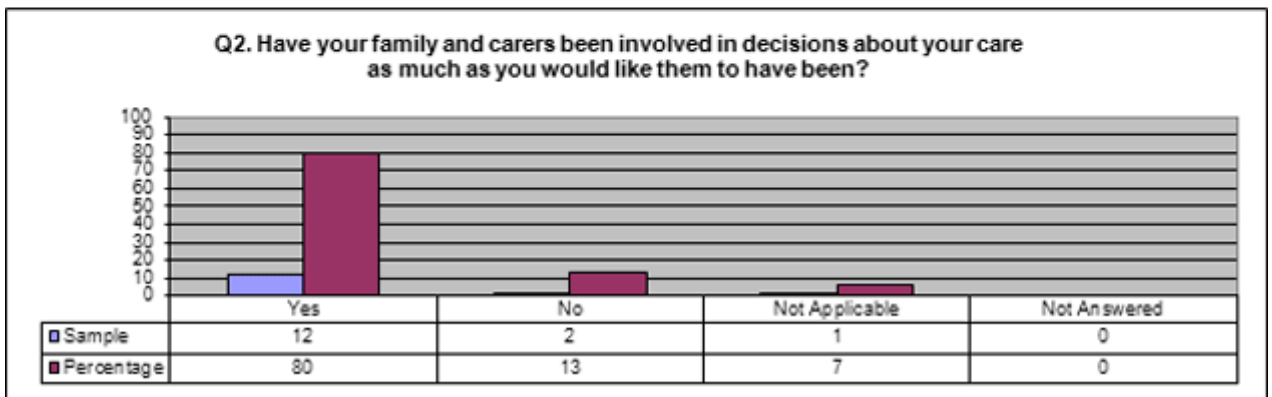
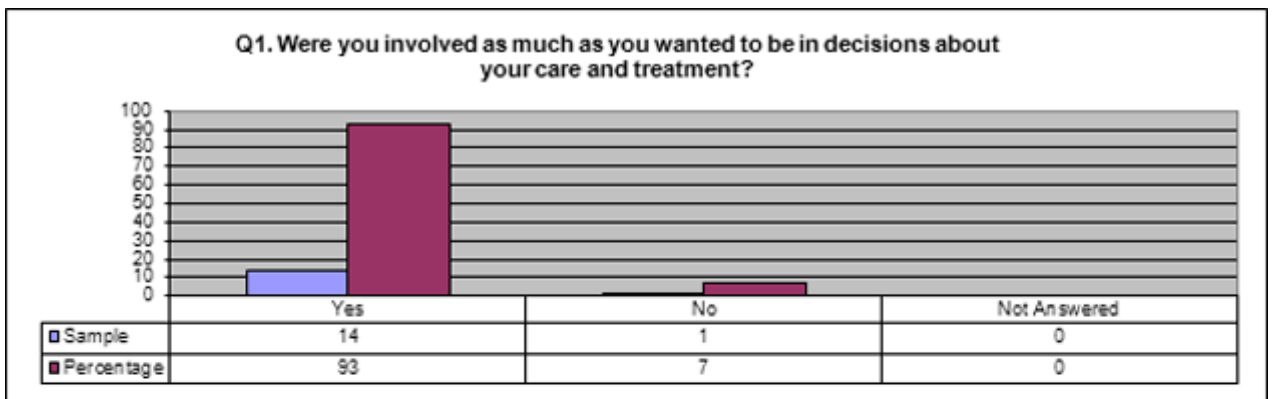
**Q8. Were you contacted in advance if we were unable to keep an appointment?**



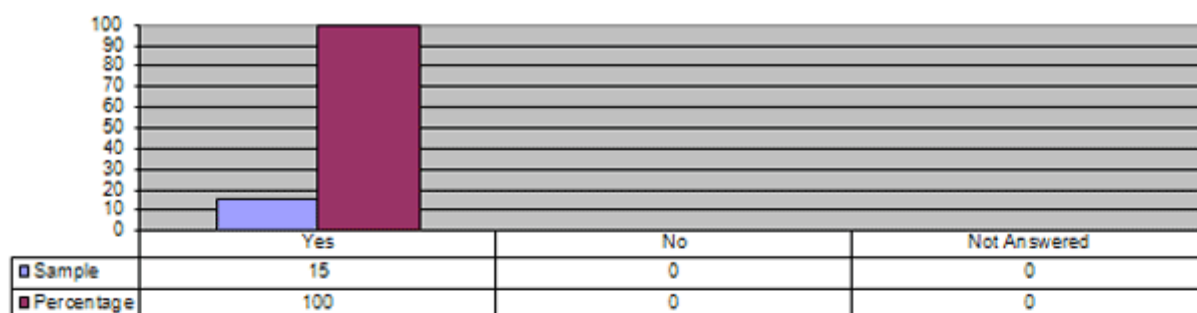


The responses to this question equate to a Friends and Family Test score of +78 against a Trust target of +60. (The Friends and Family Test score can range from -100 to +100).

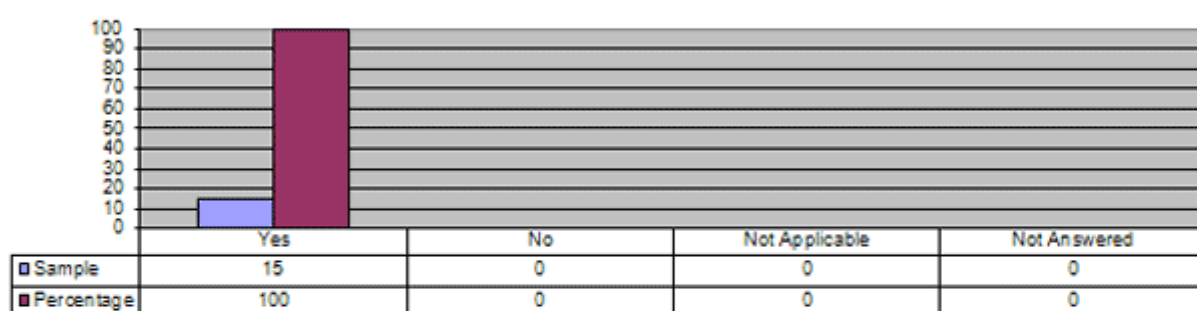
**Appendix F – Torrington Community Cares service test of change. Jul-12 to Mar-13**



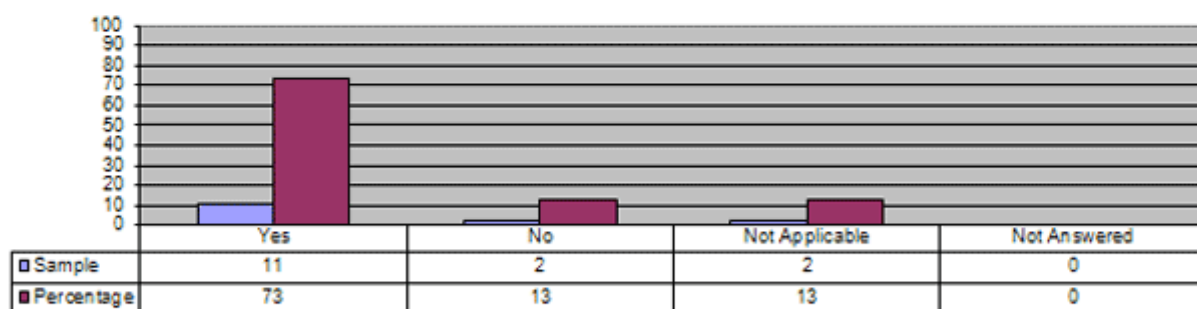
**Q5. Do you feel you had sufficient time with us during the visits?**



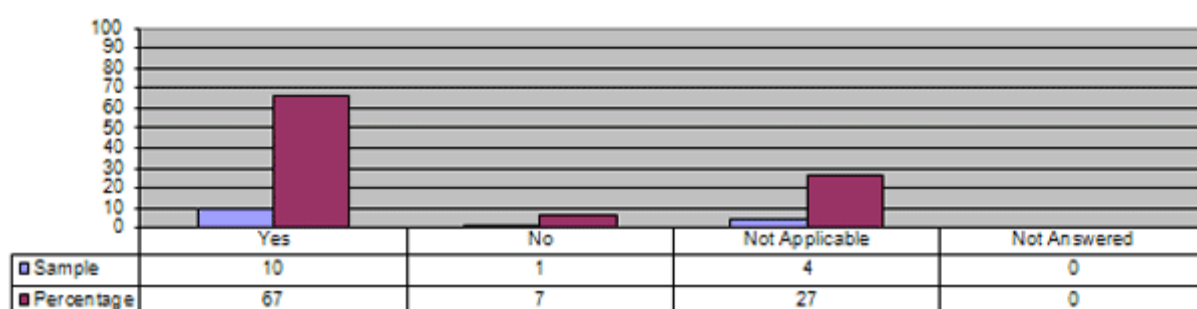
**Q6. Did we take into account suitable times to visit with you in your home?**

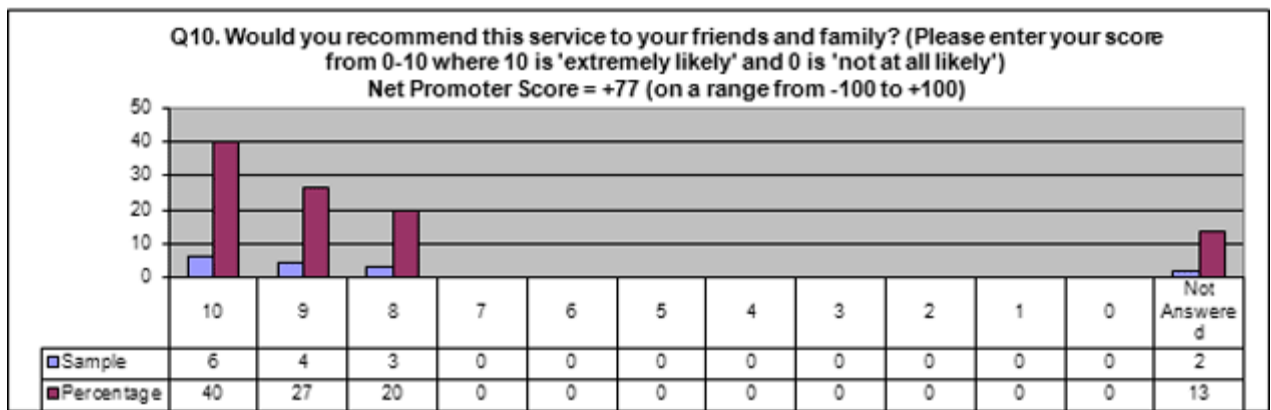
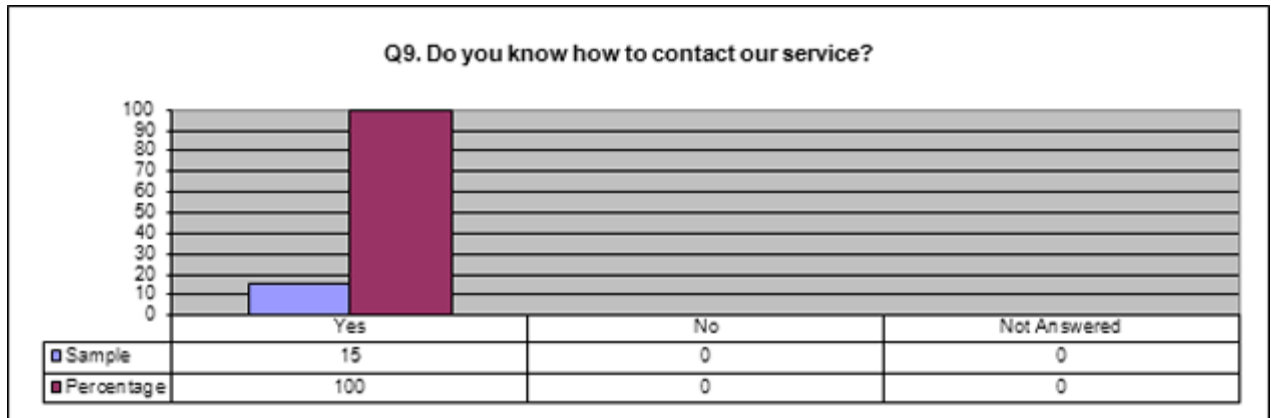


**Q7. Were you informed in advance of any delay in our appointment with you?**



**Q8. Were you contacted in advance if we were unable to keep an appointment?**





(All percentages have been rounded to the nearest whole number and so may not total exactly 100%)