Northern Devon Healthcare **NHS**

NHS Trust

Document Control Report

Title			
"Tell us what you think" Patient Feedback Forms Policy			

Author
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Version	Date Issued	Status	Comment
0.1	20/11/07	Draft	
0.2	4/1/08	Draft	Incorporating comments from Carolyn Mills and Mandy Kilby
0.3	1/2/08	Draft	Incorporating comments from Carolyn Mills, Mandy Kilby, Catherine Williams
1.0	8/4/08	Final	Ratified by Trust Board 4th March 2008
1.1	Jun 08	Revision	Final amendments to ensure policy meets the corporate identity requirements

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Policy	All staff Non-Executives

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"Tell us what you think" Patient Feedback Forms Policy v1.1

Contents

Appendices

1   Introduction

This document sets out Northern Devon Healthcare NHS Trust's policy for the implementation of and management process for the "Tell us what you think" patient feedback form. The "Tell us what you think" leaflet has been developed in order to provide a consistent way of seeking patient and public feedback on the services provided by the Trust as part of a wider strategy of Patient and Public Involvement/ Engagement.

2   Purpose

The purpose of this document is to ensure that patient feedback is requested and received via the "Tell us what you think" leaflet and electronic version on the Trust website and that the information gained from those forms is analysed, acted upon and the results fed back to patients and the public.

The policy applies to all Trust staff.

Implementation of this policy will ensure that:

- Patient feedback is received via the "Tell us what you think" leaflet and that appropriate actions are taken to improve our services locally/ Trust-wide

- The patient/ public feedback on those forms is analysed by the Patient Advice and Liaison Service (PALS)

- The data from the analysis is presented in a monthly report to the Ward/ Department Managers, Directorate representatives on the Learning from Patient and Staff Experience Group and Director of Nursing, bi-monthly reports to the Patient and Carer Involvement Group, Clinical Governance Committee, and quarterly reports to the Trust Board.

- The data is reviewed by Directorates and responses made and action taken where necessary.

- Feedback is provided monthly by individual wards/ departments to patients/ public/ service users via information posted on a display board within the ward/ department

- Quarterly feedback is presented to the public on a wider basis via the Trust website and local media where appropriate

- The Trust is compliant with Standards C14 and D8 of the Healthcare Commission's Standards for Better Health. C14 requires healthcare organisations to have systems in place to ensure that patients their relatives and carers have suitable and accessible information about and clear access to, procedures to register formal complaints and feedback on the quality of services. D8 requires healthcare organisations to continuously improve the patient experience based on the feedback of patients, carers and relatives.

3   Definitions

3.1   "Tell us what you think" Leaflet

This leaflet (also referred to as Comment Card and Feedback Form) has been developed to provide a means of gaining patient/ public feedback on our services. It asks specific questions and provides free text space so that both

positive and negative feedback and suggestions for improvements can be made by patients/ public. The leaflet is also available to complete electronically on the Trust's website, with responses going electronically to the Patient Advice and Liaison Service email address.

3.2   Patient feedback

Patient feedback comes from a variety of sources. This includes oral feedback directly to wards or departments or in the form of cards or letters to staff. Feedback also comes in the form of concerns or suggestions raised via the Patient Advice and Liaison Service (PALS), Customer Relations, patient surveys and also through the Patient and Public Involvement (PPI) Forum, feedback on the NHS Choices website and via the "Tell us what you think" leaflets and electronic form.

The Trust welcomes all of this feedback on its services and aims to utilise the feedback to continually improve our services. Feedback includes positive comments on services and/ or staff, suggestions for improvement, or comments on services and concerns raised about services and/ or staff.

4   Responsibilities

4.1   Role of the Patient Advice and Liaison Service (PALS) Manager

The PALS Manager is responsible for:

- Ensuring that the "Tell us what you think" leaflets are collected in accordance with this policy.

- Ensuring that data from the "Tell us what you think" leaflets and electronic forms are entered into the spreadsheet developed for the purpose and into the Datix system, where appropriate.

- Ensuring that monthly reports are produced which provide detailed analysis of all the responses on the "Tell us what you think" leaflets. The reports are shared with Ward/ Department Managers, Directorate representatives on the Learning from Patient and Staff Experience Group (LPSEG), Clinical Governance Manager, Director of Nursing, Patient and Carer Involvement Group and Trust Board in the time frames specified in section 2 above. The reports will be produced at the beginning of each month based on the previous month's data.

- Initially following up any comments which require a response, within two working days of receipt. The PALS Manager will contact the respondent and establish what kind of a response they want, i.e. whether they are just providing comment or whether they are expecting further investigation or action.   PALS will then forward the issue to the Ward/ Department Manager for response (with a copy being sent to the Senior Nurse) or, if requested by the patient/ client, deal with the concern directly.

4.2   Role of the PALS Administrator

The PALS Administrator is responsible for:

- Collection of "Tell us what you think" leaflets from wards/ departments on a weekly basis – every Monday.

- Documenting numbers of "Tell us what you think" leaflets collected from each ward/ department.

- Data entry of data from the "Tell us what you think" leaflets and electronic forms on to the electronic systems on a weekly basis.

- Identifying any comments from named individuals which require a response and reporting them to the PALS Manager.

- Delivering supplies of the "Tell us what you think" leaflets to wards/ departments as required.

- Supplying Community Modern Matrons and Family Planning Nurses at Barnstaple Health Centre with pre-addressed envelopes for return of "Tell us what you think" leaflets.

4.3 Role of the Directorate Representative on the Learning from Patient and Staff Experience Group

The Directorate Representative on the Learning from Patient and Staff Experience Group is responsible for:

- Receiving monthly reports from the PALS Manager on analysis of feedback from the "Tell us what you think" leaflets in their Directorate.

- Ensuring that any themes across the Wards and Departments are shared across Directorate and raised at Directorate Governance meetings.

- Ensuring that if any action is required as a result of patient feedback, a detailed action plan is produced and achieved in the time frame specified in the action plan.

- Ensuring that patient feedback and any actions, or reasons for lack of action taken as a result, are fed back to patients on the display boards in the wards/ departments in their Directorate on a monthly basis. Reviewing feedback from wards/ departments prior to it being displayed publicly on the display boards.

- Every two months, providing reports to the Patient and Carer Involvement Group on Directorate responses to and/ or actions resulting from the patient/ public feedback gained from the "Tell us what you think" leaflets. (A template form is at Appendix B). These reports will collate the actions/ responses from all wards/ departments in the Directorate.

4.4 Role of Ward/ Department Manager/ Family Planning Nurse

The Ward/ Department Manager/ Family Planning Nurse is responsible for:

- Receiving monthly reports from the PALS Manager on analysis of feedback from the "Tell us what you think" leaflets in their ward/ department.

- Ensuring supplies of the "Tell us what you think" leaflets are obtained from the PALS administrator.

- Ensuring that "Tell us what you think" leaflets are given out to patients as part of the admission/ booking-in process in their ward/ department.

- Ensuring that any named patients providing feedback which requests a response receive a response within 5 working days of being advised of the feedback by the PALS Manager.

- On a monthly basis, reviewing feedback, sharing good practice with staff, reviewing suggestions for improvement and developing and implementing action plans to remedy any problems as appropriate. The template at Appendix B should be used to record monthly issues and actions. A copy of the report must be given to the Directorate representative on the Learning from Patient and Staff Experience Group.

- Providing information to patients/ public on the results of the feedback by displaying outcomes on the ward/ department based display board using the designated template (Appendix A) on a monthly basis.

In addition to the above, Ward Managers at Community Hospitals and Family Planning Nurses at Barnstaple Health Centre are responsible for:

- Collecting "Tell us what you think" leaflets from the suggestion box in their area and sending them back to the PALS administrator every Monday, in the pre-addressed envelope provided.

4.5   Role of Community Modern Matrons

- Ensuring that actions in 4.4 are carried out by Ward Managers

- Ensuring that "Tell us what you think" leaflets are collected from suggestion boxes every Monday and sent to the PALS administrator in pre-addressed envelope.

4.6   Role of the Information Centre Manager

The Information Centre Manager is responsible for:

- Ensuring stocks of the "Tell us what you think" leaflets are available in the Information Centre and patients are encouraged to complete them.

- Ensuring the collection box is emptied every Monday and contents given to PALS administrator.

4.7   Role of Learning from Patient and Staff Experience Group (LPSEG)

The Learning from Patient and Staff Experience Group is responsible for:

- Receiving bi-monthly reports from the PALS Manager on feedback from the "Tell us what you think" leaflets.

- Providing assurances to Trust Board that "Tell us what you think" leaflets are being monitored, reported and acted upon.

- Receiving reports from Directorate Representatives on the Learning from Patient and Staff Experience Group on the action being taken with regard to the feedback.

4.8   Role of the Head of Communications

The Head of Communications is responsible for:

- Ensuring that quarterly feedback on the outcomes of the "Tell us what you think" leaflets is placed on the Trust website and Tarkanet and provided to the media as and when appropriate.

4.9   Role of the Trust Board

The Trust Board is responsible for:

- Receiving quarterly reports via the Director of Nursing on patient/ public feedback from the "Tell us what you think" leaflets.

- Receiving assurance that the feedback is considered as part of any service development and that any associated actions/ service developments required in relation to the feedback have happened.

4.10   Role of the Customer Relations Manager

The Customer Relations Manager is responsible for:

- Ensuring that any commendations identified in the monthly PALS reports from the "Tell us what you think" leaflets are incorporated into the Corporate Affairs reports regarding all commendations received across the Trust.

4.11   Role of Clinical Governance Manager

The Clinical Governance Manager is responsible for:

- Ensuring that any Trust-wide themes emerging from the feedback from the "Tell us what you think" leaflets are shared across the Directorates and raised at the Clinical Governance Committee meetings.

4.12   Role of the Clinical Governance Committee

The Clinical Governance Committee is responsible for:

- Every two months, receiving reports from PALS on feedback received from the "Tell us what you think" leaflets.

- Receiving information from the Clinical Governance Manager on any Trust-wide themes emerging from the "Tell us what you think" leaflets.

4.13   Role of Director of Nursing

The Director of Nursing is responsible for:

- Receiving monthly reports from PALS on feedback received from the "Tell us what you think" leaflets.

- Ensuring that quarterly reports are presented to the Trust Board.

5   Reporting

The PALS Manager will ensure that reports are produced which identify patient/.public feedback from the "Tell us what you think" leaflets and that these reports go to the following individuals/ groups in the time frames specified:

- Monthly to: Ward/ Department Managers, Directorate Representatives on the Learning from Patient and Staff Experience Group and the Director of Nursing.

- Bi-monthly to: the Patient and Carer Involvement Group and the Clinical Governance Committee.

- Quarterly to: Trust Board via the Director of Nursing.

The reports will include:

- Data analysis of responses to fixed questions – overall responses

- Responses broken down by Directorate if known

- Textual analysis of themes from free text comments

- Suggestions for service improvement which have been identified by patients/ public

The Directorate Representative on the Learning from Patient and Staff Experience Group will provide monthly reports to the Learning from Patient and Staff Experience Group on any actions taken in their Directorate as a result of the patient/ public feedback, (see Monthly Report Form, Appendix B).

6   What happens to the information gained from feedback

- Reports will be produced (as in section 5 above)

- Wards/ Departments will identify, on display boards, main themes from feedback and any actions/ outcomes as a result of the feedback.

- Action plans will be developed when appropriate by Ward/ Department Managers to address issues raised by the feedback.

7.   Storage and Destruction of "Tell us what you think" leaflets

"Tell us what you think" leaflets will be kept for a 3 month period before destruction. All multiple choice answers will have been entered into a spread sheet which will be regularly maintained and updated. All free text will be entered into an electronic system and stored on that system. In this way, the information gathered from the "Tell us what you think" leaflets will be stored for two years.

8   The Development of the Policy

8.1   Prioritisation of Work

The Policy was developed by the Information Centre Manager and the PALS Manager to support the implementation of the "Tell us what you think" leaflets and to define the process for the distribution, collection and reporting of them.

The development of the "Tell us what you think" leaflets is a new initiative for the Trust.   The Operational Policy is necessary in order to establish the process for implementation, reviewing and reporting of patient feedback received by this process.

8.2   Document Development Process

As the authors, the Information Centre Manager and PALS Manager are responsible for developing the policy and for ensuring stakeholders were consulted with.

Draft copies were circulated for comment before approval was sought from the relevant committees.

8.3   Equality Impact Assessment

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.   An Equality Impact Assessment Screening has been undertaken and there are no adverse or positive impacts (Appendix F).

9   Consultation, Approval and Ratification Process

9.1   Consultation Process

The authors consulted widely with stakeholders, including:

- Director of Nursing

- Patient and Carer Involvement Group

- Clinical Governance Manager

- Patient and Public Involvement Representative

- Clinical Services Executive Committee

- Trust Board

Consultation took the form of a request for comments and feedback via email. Hard copies were available on request.

9.2   Policy Approval Process

Initial approval of the policy was sought from the Patient and Carer Involvement Group on 10th January 2008.

Final approval was sought from the Clinical Services Executive Committee on 15th January 2008.

9.3   Ratification Process

The policy was ratified by the Trust Board in March 2008.

10   Review and Revision Arrangements including Document Control

10.1   Process for Reviewing the Policy

The policy will be reviewed every three years. The author will be sent a reminder by the Tarkanet Support Officer four months before the due review date. The author will be responsible for ensuring the policy is reviewed in a timely manner and that the reviewed policy is initially approved by the Patient and Carer Involvement Group and then given final approval by the Clinical Services Executive Committee and ratified by the Trust Board.

All reviews will be recorded by the author in the Document Control Report.

10.2   Process for Revising the Policy

In order to ensure the policy is up-to-date, the author may be required to make a number of revisions, e.g. committee changes or amendments to individuals' responsibilities. Where the revisions are minor and do not change the overall policy, the author will present the revised version to the Patient and Carer Involvement Group for approval.

Significant revisions will require final approval by the Clinical Services Executive Committee and ratification by the Trust Board.

All revisions will be recorded by the author in the Document Control Report.

10.3   Document Control

The author will comply with the Trust's agreed version control process, as described in the organisation-wide Guidance for Document Control.

11   Dissemination and Implementation

11.1   Dissemination of the Policy

After ratification by the Trust Board, the author will provide a copy of the policy to the Tarkanet Support Officer to have it placed on the Trust's intranet. The policy will be referenced on the home page as a latest news release.

Information will also be included in the weekly Chief Executive's Bulletin which is circulated electronically to all staff.

An email will be sent to senior management to make them aware of the policy and they will be responsible for cascading the information to their staff.

In addition, staff will be informed that this policy replaces any previous versions.

11.2 Implementation of the Policy

Line managers are responsible for ensuring this policy is implemented across their area of work.

Support for the implementation of this policy will be provided by the Information Centre and PALS Managers.

12 Document Control including Archiving Arrangements

12.1 Library of Procedural Documents

The author is responsible for recording, storing and controlling this policy.

Once the final version has been ratified, the author will provide a copy of the current policy to the Tarkanet Support Officer so that it can be placed on Tarkanet. Any future revised copies will be provided to ensure the most up-to-date version is available on Tarkanet.

12.2 Archiving Arrangements

All versions of this policy will be archived in electronic format within the PALS team policy archive. Archiving will take place by the Information Centre Manager once the final version of the policy has been issued.

Revisions to the final document will be recorded on the document control report. Revised versions will be added to the policy archive held by the Corporate Affairs Team.

12.3 Process for Retrieving Archived Policy

To obtain a copy of the archived policy, contact should be made with the Corporate Affairs team.

13 Monitoring Compliance With and the Effectiveness of the Policy

13.1 Process for Monitoring Compliance and Effectiveness

Monitoring compliance with this policy will be the responsibility of the PALS Manager*.*

Where non-compliance is identified, support and advice will be provided by the Directorate representative on the Patient and Carer Involvement Group, to improve practice.

13.2 Standards/ Key Performance Indicators

Key performance indicators comprise:

- Monthly reports generated by the PALS team to analyse the feedback from the "Tell us what you think" leaflets
- Monthly feedback being provided by Ward/ Department Managers to patients/public at local level
- Quarterly reports to Trust Board of overall themes from feedback and any resultant actions.

14   References

Department of Health (2004) **Standards for Better Health.** Updated April 2006.

Healthcare Commission (June 2007) The Annual Health Check in 2007/8.Department of Health (2005) **Creating a Patient-led NHS: Delivering the NHS Improvement Plan.**

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAnd Guidance/DH_4121250 **"Good practice in patient care and improving the patient experience: patient information leaflets and comments cards"** Department of Health, 1 January 2004.

Department of Health (December 2005) **Now I feel tall – what a patient-led NHS feels like.**

15   Associated Documentation

PALS Operational Policy (once ratified)

Appendix A – *Template for Producing Patient/ Public Feedback for Display at Ward Level*

…………………………………....**WARD/ DEPARTMENT …………………. (Month/ year)**

PATIENT AND PUBLIC FEEDBACK ON OUR SERVICES

This month we received……………..”Tell us what you think” leaflets from our patients and their visitors

……………….. (number) were compliments on the care and services we provide

………………… (number) were suggestions for improvement

……………………….. (number) highlighted areas where our care and services could improve

As a result of all these comments, we have done the following…….

- **………………………….**
- **………………………… etc.**

There were some things we were unable to do and these are the reasons why…………………………..

- **…………………………..**
- **……………………………**

If you have any other comments or questions about the care you or your

family/ friend is receiving please discuss it with the Ward/ Department Manager or the nurse in charge

Appendix B – *Monthly Report Form*

…………Ward/ Department/ Directorate "Tell us what you think" leaflets
Monthly Report on Issues and Action Taken

For the period   to

Total number of "Tell us what you think" leaflets received ……..

CATEGORY	ISSUE	No.	FEEDBACK/ ACTION TAKEN
1. Clinical care: • Nurses/ midwives • Doctors • Therapists • Overall			
2. Non-clinical care: • Support staff • Administrative staff			
3. Food, drinks and snacks			

4. Ward/ department environment • Cleanliness • Safety • Noise • Privacy/dignity			
5. Information			
6. Admission/discharge			
7. Other comments/ suggestions			

What other information about your admission to or discharge from hospital, your care, your treatment or your support would you have liked?

Are you: An inpatient   ☐
            An outpatient   ☐
            A visitor   ☐

If inpatient, which ward/department?

_____

Other comments

If you have further comments about any of the above or other issues, please include them here. It would be particularly helpful if you could provide further details about anything for which you gave a low rating when ticking the boxes above.

All comments will be analysed by the PALS service and contents shared with the appropriate manager, who will be happy to discuss any issues you have raised above.

You can provide your comments anonymously. However, if you would like us to get back to you with feedback about your comments, please put your contact details below.

Name: _____

Address: _____

_____

Phone: _____

Email address: _____

Thank you.

You can also give your comments via our website www.northdevonhealth.nhs.uk

Our Patient Advice and Liaison Service (PALS) can be contacted at the Information Centre on Level 2 of North Devon District Hospital or on 01271 314090.

If you would like to make a formal complaint under the NHS complaints procedure, please contact the Customer Relations Manager on 01271 322334 and see the leaflet "Making a Complaint", available on our website or from the Information Centre.

Northern Devon Healthcare **NHS**
NHS Trust

Tell us what you think

Northern Devon Healthcare Trust
Headquarters
North Devon District Hospital
Raleigh Park
Barnstaple
Devon EX31 4JB

Appendix *D* - Checklist for the Review and Approval of Procedural Document (If required)

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed:	Yes/No/ Unsure	Comments
1.	**Title**		
	Is the title clear and unambiguous?		
	Is it clear whether the document is a guideline, policy, protocol or standard?		
2.	**Rationale**		
	Are reasons for development of the document stated?		
3.	**Development Process**		
	Is the method described in brief?		
	Are people involved in the development identified?		
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?		
	Is there evidence of consultation with stakeholders and users?		
4.	**Content**		
	Is the objective of the document clear?		
	Is the target population clear and unambiguous?		
	Are the intended outcomes described?		
	Are the statements clear and unambiguous?		
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?		
	Are key references cited?		
	Are the references cited in full?		
	Are supporting documents referenced?		
6.	**Approval**		
	Does the document identify which committee/group will approve it?		
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?		

	Title of document being reviewed:	Yes/No/ Unsure	Comments
7.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?		
	Does the plan include the necessary training/support to ensure compliance?		
8.	**Document Control**		
	Does the document identify where it will be held?		
	Have archiving arrangements for superseded documents been addressed?		
9.	**Process to Monitor Compliance and Effectiveness**		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?		
	Is there a plan to review or audit compliance with the document?		
10.	**Review Date**		
	Is the review date identified?		
	Is the frequency of review identified? If so is it acceptable?		
11.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?		

Individual Approval			
If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.			
Name		Date	
Designation			
Committee Approval			
If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.			
Name		Date	
Designation			

Acknowledgement: Cambridgeshire and Peterborough Mental Health Partnership NHS Trust

Appendix E - Plan for Dissemination and Implementation of Procedural Documents (if required)

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Acknowledgement: University Hospitals of Leicester NHS Trust.

Title of document:			
Date finalised:		Dissemination lead: Print name and contact details	
Previous document already being used?	**Yes / No** (Please delete as appropriate)		
If yes, in what format and where?			
Proposed action to retrieve out-of-date copies of the document:			

To be disseminated to:	How will it be disseminated, who will do it and when?	Paper or Electronic	Comments

Dissemination Record - to be used once document is approved.

Date put on register / library of procedural documents		Date due to be reviewed	

Disseminated to: (either directly or via meetings, etc)	Format (i.e. paper or electronic)	Date Disseminated	No. of Copies Sent	Contact Details / Comments

Implementation Plan

Task	Details	Responsibility
Implementation		
Training & Support		

Completed by:
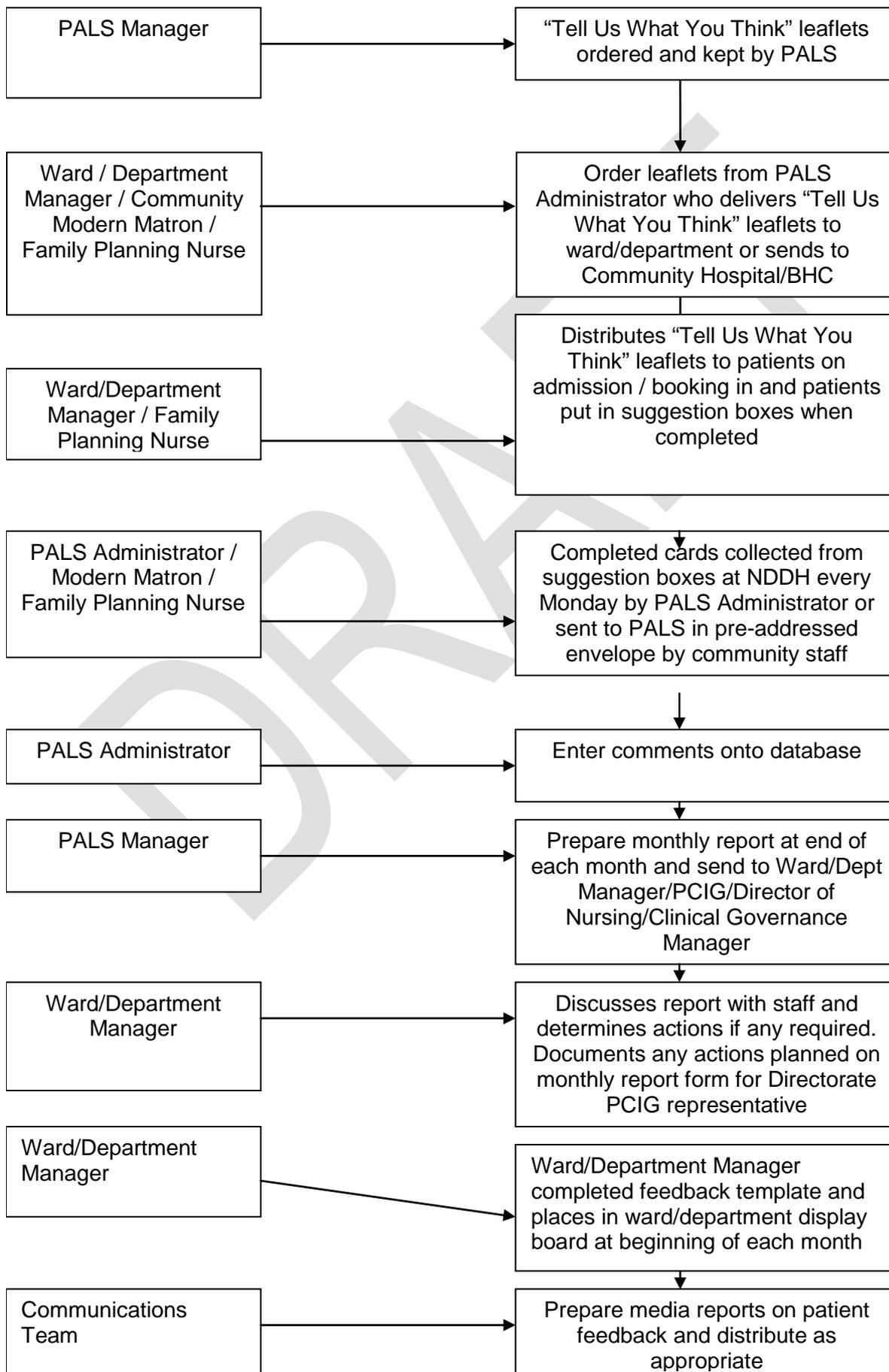
Name
Designation
Trust   Northern Devon Healthcare NHS Trust
Date

Appendix F - Flowchart for management of "Tell us what you think" leaflets and feedback

WHO IS RESPONSIBLE
    ACTION

WHO IS RESPONSIBLE	ACTION
PALS Manager	"Tell Us What You Think" leaflets ordered and kept by PALS
Ward / Department Manager / Community Modern Matron / Family Planning Nurse	Order leaflets from PALS Administrator who delivers "Tell Us What You Think" leaflets to ward/department or sends to Community Hospital/BHC
Ward/Department Manager / Family Planning Nurse	Distributes "Tell Us What You Think" leaflets to patients on admission / booking in and patients put in suggestion boxes when completed
PALS Administrator / Modern Matron / Family Planning Nurse	Completed cards collected from suggestion boxes at NDDH every Monday by PALS Administrator or sent to PALS in pre-addressed envelope by community staff
PALS Administrator	Enter comments onto database
PALS Manager	Prepare monthly report at end of each month and send to Ward/Dept Manager/PCIG/Director of Nursing/Clinical Governance Manager
Ward/Department Manager	Discusses report with staff and determines actions if any required. Documents any actions planned on monthly report form for Directorate PCIG representative
Ward/Department Manager	Ward/Department Manager completed feedback template and places in ward/department display board at beginning of each month
Communications Team	Prepare media reports on patient feedback and distribute as appropriate

25

Appendix G – Equality Impact Assessment Screening Form

Equality Impact Assessment Screening Form	
Title	"Tell us what you think" Feedback Forms Policy
Author	Jenny Jacobs, Information Centre Manager/ Patient Experience Manager, Catherine Williams, Patient Advice and Liaison Service Manager
Directorate	Clinical Governance
Team/ Dept.	Clinical Governance

Document Class	Document Status	Issue Date	Review Date
Policy	Revision	November 2007	November 2010

1	**What are the aims of the document?** This document sets out Northern Devon Healthcare NHS Trust's policy for the implementation of and management process for the "Tell us what you think" patient feedback form. The "Tell us what you think" leaflet has been developed in order to provide a consistent way of seeking patient and public feedback on the services provided by the Trust as part of a wider strategy of Patient and Public Involvement/ Engagement.
2	**What are the objectives of the document?** The purpose of this document is to ensure that patient feedback is requested and received via the "Tell us what you think" leaflet and electronic version on the Trust website and that the information gained from those forms is analysed, acted upon and the results fed back to patients and the public. The policy applies to all Trust staff.
3	**How will the document be implemented?** Implementation of this policy will ensure that: • Patient feedback is received via the "Tell us what you think" leaflet and that appropriate actions are taken to improve our services locally/ Trust-wide • The patient/ public feedback on those forms is analysed by the Patient Advice and Liaison Service (PALS) • The data from the analysis is presented in a monthly report to the Ward/ Department Managers, Directorate representatives on the Learning from Patient and Staff Experience Group and Director of Nursing, bi-monthly reports to the Patient and Carer Involvement Group, Clinical Governance Committee, and quarterly reports to the Trust Board. • The data is reviewed by Directorates and responses made and action taken where necessary. • Feedback is provided monthly by individual wards/ departments to patients/ public/ service users via information posted on a display board within the ward/ department • Quarterly feedback is presented to the public on a wider basis via the Trust website and local media where appropriate • The Trust is compliant with Standards C14 and D8 of the Healthcare Commission's Standards for Better Health. C14 requires healthcare organisations to have systems

	in place to ensure that patients their relatives and carers have suitable and accessible information about and clear access to, procedures to register formal complaints and feedback on the quality of services. D8 requires healthcare organisations to continuously improve the patient experience based on the feedback of patients, carers and relatives.
4	**How will the effectiveness of the document be monitored?** Monitoring compliance with this policy will be the responsibility of the Information Centre Manager.
5	**Who is the target audience of the document?** Trust staff
6	**Is consultation required with stakeholders, e.g. Trust committees and equality groups?** Yes
7	**Which stakeholders have been consulted with?** • Director of Nursing • Patient and Carer Involvement Group • Clinical Governance Manager • Patient and Public Involvement Representative • Clinical Services Executive Committee • Trust Board
8	**Equality Impact Assessment** Please complete the following table using a cross, i.e. **X**. Please refer to the document "A Practical Guide to Equality Impact Assessment", Appendix 3, on Tarkanet for areas of possible impact. • Where you think that the policy could have a **positive** impact on any of the equality group(s) like promoting equality and equal opportunities or improving relations within equality groups, cross the 'Positive impact' box. • Where you think that the policy could have a **negative** impact on any of the equality group(s) i.e. it could disadvantage them, cross the 'Negative impact' box. • Where you think that the policy has **no impact** on any of the equality group(s) listed below i.e. it has no effect currently on equality groups, cross the 'No impact' box.

Equality Group	Positive Impact	Negative Impact	No Impact	Comments
Age			x	
Disability			X	
Gender			X	
Race / Ethnic Origins			X	
Religion or Belief			X	
Sexual Orientation			X	

	If you have identified a negative discriminatory impact of this procedural document, ensure you detail the action taken to avoid/reduce this impact in the Comments column. If you have identified a **high** negative impact, you will need to do a Full Equality Impact Assessment,

	please refer to the document "A Practical Guide to Equality Impact Assessments", Appendix 3, on Tarkanet.
	For advice in respect of answering the above questions, please contact the Equality and Diversity Lead.
9	**If there is no evidence that the document promotes equality, equal opportunities or improved relations, could it be adapted so that it does? If so, how?** No

Completed by

Name   Jenny Jacobs and Catherine Williams
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