

Meeting Title	Quality and Patient Safety Academy		
Date	29.06.22	Agenda item	QA.6.22.11

PATIENT EXPERIENCE ANNUAL REPORT

Presented by	Karen Dawber, Chief Nurse		
Author	Karen Bentley Assistant Chief Nurse Patient Experience		
Lead Director	Karen Dawber, Chief Nurse		
Purpose of the paper	Patient Experience Annual Report 2021/22 (Including complaints)		
Key control	This paper is a key control for the strategic objective to provide outstanding Care for patients.		
Action required	To note		
Previously discussed at/ informed by	Patients Experience Subcommittee (in part)		
Previously approved at:	Academy/Group	Date	

Key Options, Issues and Risks

Executive summary.

This report provides an annual update on the work that has taken place in relation to Patient Experience (PE) and the work streams that feed into the PE group.

Developments with Friends and Family Test have enabled increased response rates and diversity in methods of obtaining feedback, which now include SMS, QR codes in addition to via iPad and the traditional paper responses. The comments from this work are being triangulated with other PE feedback.

The Trust has participated in the mandated CQC surveys and received results for 4 during 2021/22. The Trust has much to celebrate with the success of the 2020 AED CQC survey results. The Health Service Journal (September 2021) reported that Bradford Teaching Hospitals were the most improved Trust from 2018-2020 in their results. This is a credit to all the hard QI work that has taken place to improve Patient Experience.

The *Embedding Kindness* project, which has evolved from the Patient Experience Strategy, has taken off with tremendous positive effect during the past year. Joint work with the OD team around civility and kindness in the workplace, in addition to the recent Kindness Conference, which heard Tommy Whitelaw speak in relation to emotional kindness, has championed this important work.

The SPaRC services (formally chaplaincy) have received national recognition and awards for their pioneering new model of working and have been credited for new ideas including the recent "Fast Pack" initiative launch over Ramadan receiving many thousands of hits on Twitter and the launch of the SPaRC App as a resource tool for staff and patients, following collaborative work with Bradford University.

Partnership working has continued with Healthwatch and a vast array of Community Groups working together monthly to allow meaningful engagement meetings to take place and key messages to be relayed between all parties. Some of this work has included the ongoing work around visiting,

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vaccinations and access to services affected during the pandemic.

The Team is currently working with the Regional North of England Veteran Lead, to enable the Trust to declare Veteran Accreditation status and to date the team, including representation from HR and CBUs are on track to submit this by the end of July 2022.

This paper includes the annual complaints and PALS data and summarises the learning that has occurred as a direct result. It also provides a detailed analysis of the complaints where local resolution has not been agreed and complainants have taken their case to the PHSO.

The Trust has seen a rise in the number of complaints and PALs received during 2021/22 and the central complaints Team is working closely with the CBUs to ensure deep dives into complaints is carried out and challenge made to the teams actions and learning from complaints.

It is requested that the Board of Directors accept the proposed recommendations held within this paper to support improvements to all areas of Patient Experience within the Trust for the next financial year.

Analysis

Peoples lived experience is a powerful tool available to improve existing services and identify new and better ways to meet their needs. Patient experience' is what the process of receiving care feels like for the patient, their family and carers. It is a key element of quality, alongside providing clinical excellence and safer care.

Patient Experience aims to inspire others to reflect upon their actions, behaviours and the way others perceive them along with the service they deliver. The aim is to enhance the patient's journey within our hospital ensuring patients, family and staff voices are heard and the care received is delivered with compassion, commitment and kindness. To continuously improve; there is a need to be open to our errors, be honest and work inclusively with partners to promote a positive learning cycle.

Analysis of the 2021/22 Patient Experience annual report holds the following headlines:

- 84% of FFT responses received reported Good or Very Good feedback.
- Urgent and Emergency CQC 2020 survey results reported that Bradford Teaching Hospitals NHS Foundation Trust were the most improved Trust from previous surveys.
- Over 500 staff has received personally nominated kindness awards.
- Work with Aging without Children has seen Bradford leading with the development of an E-Learning programme.
- National recognition for the development of the SPaRC (formally chaplaincy) model and new ways of working.
- Partnership working and monthly Engagement meetings have enabled network of networks to flourish and key messages to be shared and responded to.

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- The annual complains have risen by 19% to 497 received annually.
- PALs have seen an approximate 25% increase to 2,044 per year.
- There have been no complaints graded as High during 2021/22.
- The Trust received 10 enquiries from the PHSO during the financial year and of these, 1 has been partially upheld and 3 awaiting outcomes.
- Learning from complaints is a key priority and evidence of this how captured and reported.

Recommendation

- Support is required from all areas to continue to embrace the PE Strategy and continue to *Embed Kindness*.
- Ongoing promotion and development of FFT data, using real time feedback via text and collaboration of data.
- Continue collaboration work with Bradford District and Craven Partnership to improve collective and consistent improvements.
- Continue the gap analysis work required to enable progression of the work required to apply for veteran accreditation for July 2022.
- Benchmark against other Trusts that are doing well or significantly better in key PE areas.
- There is the requirement for a *tight grip* to remain on the handling and processing of complaints to meet timescale in line with policy.
- Learning from complaints to strengthened and be made transparent for the public.
- Compliments to be captured and celebrations and acknowledgement of these to be developed.
- Training videos on prevention of complaints and public engagement and communication to be developed.
- Continue to develop creative ways of enhancing Patient Experience.
- Expand our public engagement work to reach out in to the community to get representation from our diverse population.
- Continue to be involved with a number of national projects to enhance Patient Experience.
- Wider learning from direct patient stories being more accessible for learning.

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Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients			g			
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers					g	
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low	Moderate	High	Significant	Risk (*)	
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Benchmarking implications (see section 4 for details)	Yes	No	N/A
Is there Model Hospital data relevant to the content of this paper?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there any other national benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the Trust an outlier (positive or negative) for any benchmarking data relevant to the content of this paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Risk Implications (see section 5 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quality implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Resource implications	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal/regulatory implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Diversity and Inclusion implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Performance Implications	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Regulation, Legislation and Compliance relevance
NHS Improvement: (please tick those that are relevant)
<input type="checkbox"/> Risk Assessment Framework <input checked="" type="checkbox"/> Quality Governance Framework <input type="checkbox"/> Code of Governance <input type="checkbox"/> Annual Reporting Manual
Care Quality Commission Domain: Caring
Care Quality Commission Fundamental Standard: Person Centred Care
NHS Improvement Effective Use of Resources: Clinical Services
Other (please state):

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Relevance to other Board of Director's academies: (please select all that apply)			
People	Quality	Finance & Performance	Other (please state)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1	PURPOSE/AIM
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This report provides an annual overview to the Board of Directors on some of the work that is being undertaken within Bradford Teaching Hospitals NHS Foundation Trust to improve Patient Experience. The report includes annual complaints data for 2021/22. The Patient Experience Team and the work streams that sit within this portfolio of work are focussed on supporting the delivery of the Foundation Trust's mission; to provide the highest quality healthcare at all times.

From a governance perspective, work carried out within the Trust in relation to Patient Experience ordinarily is over seen by the Patients Experience Group, which is chaired by the Director of Nursing. Due to the ongoing pandemic in 2021/22 some meetings and committees have been cancelled and so reporting of activity has been presented through Executive Management Team meetings for discussion, decisions and assurance.

Since the introduction of the new Academy's the focus has been on learning and development work in relation to PE is presented in the Assurance, Learning and Improve framework. Due to the intermittent nature of some of the work during the pandemic, the focus of the first quarter of 2022/23 will be to ensure all the working groups and meetings have restarted and reporting of these is captured via the PE Group.

Once this work is finalised the Patient Experience work plan will reflect this and the appropriate work streams will feed in to provide on-going assurance that the objectives are being met and that any work required to support and improve Patient Experience is progressing.

In addition to providing this assurance to the Board of Directors, it is recognised that there is a need for effective dissemination down throughout the organisation to all areas within the Trust to ensure patients, friends and family are at the forefront of all that we do. There are plans to continue to invite one of our Patient and Public Voice Representative to future work stream meetings to increase our accountability, transparency and furthering our ethos of co-working.

This report provides an update on some of the key pieces of work being undertaken in relation to Patient Experience led by the team or as part of identified work streams. This includes:

- Friends and Family Test.
- National CQC Survey.
- Patient Experience Projects.
- Updates from work feeding into the Patient Experience Group.
- Patient and Public Involvement and Engagement updates.
- Complaints, PALS and Compliments.

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2	CURRENT POSITION
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2.1 Friends and Family Test

The new Friends and Family (FFT) format no longer requires patients to fill the questions in once but encourages patients to complete the questions multiple times throughout their journey in the healthcare system. As a result Bradford Teaching Hospitals and other Trusts can no longer measure response rate based on admission or discharge per clinical area.

In line with the new national FFT guidance, FFT now asks “Overall, how was your experience of our service?”

The new question has a new response scale:

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor
- Don't know

Providers are still required to include at least one free text question alongside the standard fixed question and can choose locally what question or questions to ask. BTHFT have followed the national guidance and have included the following questions:

- Please can you tell us why you gave your answer?
- Please tell us about anything that we could have done better?

Since the restart of FFT in December 2020 the Trust has commissioned a combination of methods to collect FFT data and is continually looking at ways to improve the uptake of this. This includes via paper, SMS and via QR codes. The Trust received over 30,409 results, with SMS making up the majority.

The Trusts overall position of scores for the 2021/22 year is reported at 84% of patients scoring Bradford Teaching Hospitals NHS Foundation Trust as Very Good or Good (Figure 1). In previous years annual reporting scores used a different metric of recommend or not recommend and therefore the results are not comparable.

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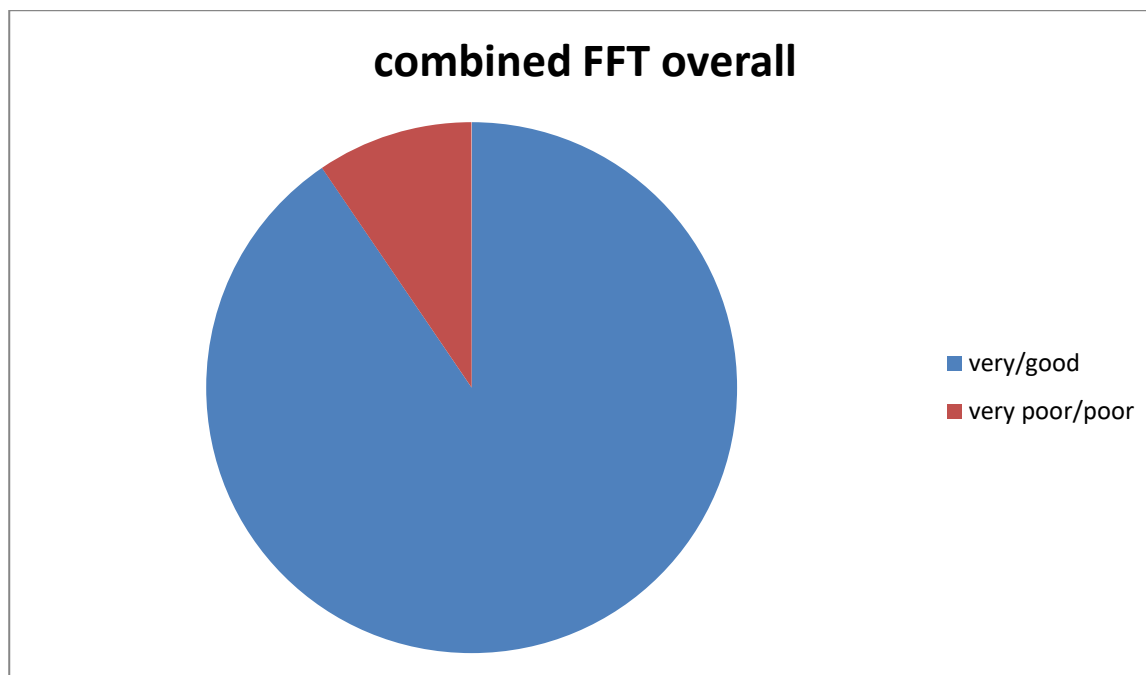


Figure 1 represents the overall score breakdown.

More detailed breakdown is as follows in table 1.

Response	Percentage	Number of times response selected
Very good	68.24%	20,751
Good	14.77%	4,491
Neither good nor poor	4.85%	1,476
Poor	4.84%	1,471
Very poor	3.93%	1,195
Don't know	3.37%	1,025

Table 1 Percentage breakdown and ratings for FFT all categories.

Further analysis of the monthly data reflecting the Very Good and Good feedback highlights that the lowest scoring months for positive feedback were May-July inclusive (table 2). Analysis of the scores, volume of feedback and qualitative data demonstrates that in May and June the volume of feedback received was almost double the amount previous and preceding months. During this period the majority of negative feedback relates to wait times, particularly in the Accident and Emergency Department (AED) and to a lesser extent on the elective pathways. Actions have been taken by AED to ensure patients are better informed of wait times through the introduction of information boards. Work is ongoing with the ultra-green pathway to improve overall experience for patients.

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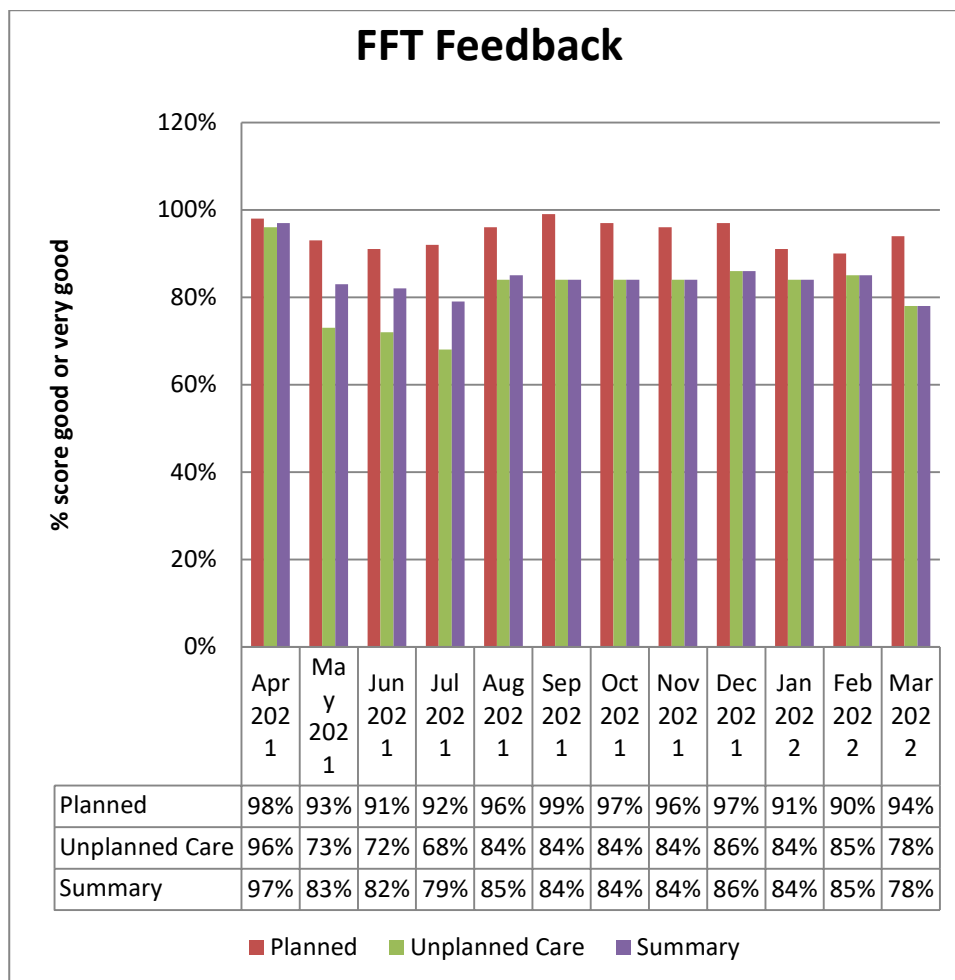


Table 2 FFT as per month and Care Group 2021/22.

Feedback and trends can be further broken down per care group as demonstrated in table 2. This table demonstrates that overall unplanned care scores lower than planned care over the 12 month period. Note AED has the largest volume of feedback due to use of SMS and the scores from AED have been lower due to concurrent pressures and wait times- this alters the overall score seen for unplanned care. The majority of the negative feedback relates directly to waiting times in AED. During the pandemic the AED department has seen a massive increase in daily attendance numbers with an annual figure of 143,775 against previous 108,512.

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2.2 National Survey CQC survey updates

The NHS Patient Survey programme was established to support patients and the public to have a real say about the quality of NHS services and how they are developed. By asking organisations to carry out patient surveys in a consistent and systematic way, it is possible to build up a detailed picture across the country of patients' experiences. This approach not only allows organisations to compare their performance with others but, by repeating the same type of survey on a regular basis, progress and improvements over time can be monitored.

During 2021/22, the Trust received the results of the following surveys:

- Urgent and Emergency Care Survey 2020
- National In-Patient Survey 2020
- Children's and Young People Patient Experience Survey 2020
- National Maternity Survey 2021

All results are reported via the PE Group and developments and action plans are monitored for assurance.

2.2.1 Urgent and Emergency Care Survey 2020

This survey looked at a cohort of 1250 patient's experiences who had attended the Trust AED department during September 2020 for care and treatment. The full results can be found at <https://www.cqc.org.uk/provider/RAE/survey/4>

The Trust has much to celebrate with the success of the 2020 AED CQC survey results. The Health Service Journal (September 2021) reported that Bradford Teaching Hospitals were **the most improved Trust from 2018-2020 in their results**. This is a credit to all the hard QI work that has taken place to improve Patient Experience.

Improvements noted in 2020 related to:

- Privacy at reception.
- Reduced wait time to see a clinician.
- Overall length of visit.
- Confidence in clinicians.
- Cleanliness of the department.
- Dignity and respect.
- Overall experience.

Respondents and response rate:

- 279 patients responded to the survey, a response rate of 23.21%

Analysis of the results

- BTHFT results were better than most Trusts for **0** questions.

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- BTHFT results were worse than most Trusts for **2** questions.
- BTHFT results were about the same as other Trusts for **36** questions.

Despite not scoring better than most Trusts in any questions, the improvement had increased by 7%, which in surveys of this kind is very difficult to achieve.

Comparisons with 2018 AED survey

- BTHFT results were significantly higher ↑ this year for **12** questions.
- BTHFT results were significantly lower ↓ this year for **0** questions.
- There were no statistically significant differences between last year's and this year's results for **18** questions.

2.2.2 National In-Patient Survey 2020

The National patient experience Inpatient Survey programme covers 143 NHS Trusts. This programme ran from January 2021 to May 2021 and covered patients who were discharged from Inpatient stays in Bradford Teaching Hospitals in November 2020. This survey offered a new mixed method of survey, offering both paper and SMS. The survey offered 48 questions and 10 demographic questions. The full results can be found at: <https://nhssurveys.org/surveys/survey/02-adults-inpatients/year/2020/>

Whilst the Trust was identified as an outlier at the time that the survey took place in November 2020, the Trust was in the height of peak 2 of Covid. The best scoring questions on the survey related to:

- Admission to hospital and waiting list time.
- Reducing noise at night.
- Having private discussions about care and treatment without being over heard.
- Drs explaining in a way patients understood.
- Knowing who to contact if worried after discharge.

Respondents and response rate:

- 462 patients responded to the survey, a response rate of 39%

Analysis of the results:

- BTHFT results were better than most Trusts for **0** questions.
- BTHFT results were worse, much worse or somewhat worse than most Trusts for **20** questions.
- BTHFT results were about the same as other Trusts for **25** questions.

There was a significant difference since 2019 results when only worse for 4.

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Key areas for improvement are:

- Pain
- Communication
- Food
- Discharge

A comprehensive action plan can be found in appendix 1 which details the specific areas for improvement and tracks progression of the work carried out to learn and improve.

2.2.3 Children’s and Young People Patient Experience Survey 2020

This Children and Young Peoples Survey asked 1,250 children and young people (CYP) and their parent to participate in the survey. Those eligible for the survey were those CYP and their parents who had attended the Children’s ward as an inpatient or for day case surgery between 1 November 2020 and 31 January 2021. The full results can be found at https://www.cqc.org.uk/cqc_survey/14

Respondent’s demographics and response rate:

Of the 219 CYP and parents who responded 56% were for 0-7 year olds, 49% were Asian/Asian British, 32% had a physical or mental disability, 74 % were admitted from the ED and there was an even split between girls and boys.

Analysis of the results (Comparison with other Trusts)

- 1 question was much better than expected
- 1 question was better than expected
- 41 questions were about the same
- 5 were somewhat worse than expected
- 15 were worse than expected
- 3 were much worse than expected

In comparison with the last survey performed (2018):

- 6 scored significantly better
- 48 no difference
- 2 scored significantly worse

Improvements noted in 2020/2021 related to:

- Hospital gave a choice of admission date.

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- Staff explained how operation procedure had gone.
- When leaving hospital parents/child knew what was going to happen.
- Members of staff explained who to talk to if worried when discharged home
- Ward was suitable for the child's age

Areas for improvement:

- Hospital Wi-Fi patients feeling the hospital Wi Fi was not good enough to do what they wanted to.
- Hospital food: patients did not like the hospital food.
- Conflicting information: parents or carers feeling that different staff gave them conflicting information
- Enough things to do: patients feeling that there were not enough things for them to do in hospital.

A comprehensive action plan can be found in appendix 2, highlighting the improvement plans.

2.2.4 National Maternity Survey 2021

Respondent's demographics and response rate:

For the National Maternity Survey, 319 Women were invited to take part that had birthed in Bradford in February 2021. 108 women completed and submitted the questionnaire of 50 questions (not all women answered all the questions). The survey received a 34 % response rate (in 2019 Bradford had a 23% response rate) and the national average was 53% response rate. 42% of Bradford respondents had given birth to their 1st baby.

<p>Ethnicity White 48% Asian or Asian British 35% Black or black British 6% Multiple ethnic groups 5% Not known 4% Other ethnic group 3%</p>

<p>Religion Muslim 35% No religion 31% Christian 25% I would prefer not to say 5% Hindu 3% Other 2%</p>
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<p>Age 35 & over 20% 30-34 36% 25-29 31% 19-24 11% 16-18 2%</p>

- Unfortunately Ipsos UK did not receive the antenatal and postnatal attribution data from BTHFT and therefore antenatal and postnatal data were excluded from the published NHS Maternity Survey 2021 Benchmark Report 2021.

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- Patient Perspective (the Trusts contractor) were unable to replicate the CQC report exactly as the CQC weight data to factor in the different demographics Trusts have and allow fairer comparison between Trusts.
- Patient Perspective have been able to utilise Bradford's unweighted scores i.e. how our patients responded to each question without any standardisation or weighting applied and have noted that this report must be considered indicative only.

Analysis of the results:

In summary from the Patient Perspective Report all questions were either categorized as in the Top 20%, middle or bottom 20% of national results. Bradford was as follows:

- Top 20% on 4 questions.
- Middle on 36 questions.
- Bottom in 10 questions.

In 2019 (the last Maternity Survey) Bradford scored in the top 20% on 19 questions and in the bottom 20% on 9 questions.

- 4 questions in the bottom 20% were an improvement since 2019 Maternity survey.
- Bradford did not score top on any question nor were they bottom.

Areas of improvement since 2019 survey:

- **Cleanliness of the hospital environment**-this has improved from a Mean Rated Score out of 100 (MRN) of 81 in 2019 to 89.1 in 2021 survey
- **Not seeing a midwife as much as would have like postnatally**-this was a MRS of 55 in 2019 and 50.5 in 2021. To note that during the ongoing pandemic post discharge home from a hospital birth, some community visits are telephone assessments as opposed to face to face.
- **Being left alone in labour when it worried the woman or partner**-This has improved from a MRS of 70 in 2019 to 75.9 in 2021
- **Skin to skin contact with baby immediately post birth**-This has improved from a MRS of 85 in 2019 to 86.7 in 2021
- **Timely discharge from postnatal wards**-This has improved from a MRS of 53 in 2019 to 67.6 in 2021.

Going forward, plans are in place to work with the Outstanding Maternity Services (OMS) team to identify improvement opportunities and formulate an improvement plan on focused areas.

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2.3 Patient Experience work

2.3.1 Embedding Kindness

The Patient Experience Strategy clearly sets out the Trusts commitment to Embracing Kindness and to further strengthen this, the Patient Experience Team developed a kindness project in 2020 called Embedding Kindness. Embedding Kindness is designed to build on The Patient Experience Strategy and was launched on November the 13th 2020, World Kindness Day. This work has gone from strength to strength, with national interest and recognition.

Embedding Kindness provides the opportunity for all staff at Bradford Teaching Hospitals NHS Foundation Trust to undertake an ELearning course which involves reflective thinking, self-exploration and introduces work place civility, which was included to reinforce work and education being delivered by the Equality and Diversity Team. Since the launch of the E-Learning programme in January 2021, over 500 staff has completed the course. A significant number of staff has been nominated for Kindness awards by their peers as recognition of their actions and behaviours.

In terms of learning, Embedding Kindness has been included in the new ward accreditation scheme and in Trust induction for new Health Care Support Workers. In addition to this a Patient Experience and Kindness Conference took place, with a number of guest speakers including patient's representation and a national speaker and educator. The launch of the Patient Experience Ambassador role was launched, engaging participants to help design the role and the team look forward to developing the role further during 2022/23.

During Q4, work has taken place to start linking #embeddingkindness, Patient Experience with civility and workforce well-being. The Patient Experience Lead forms part of the Workplace Civility Board who meet to ensure that key messages and work streams work alongside and complement each other's, in order to present a cohesive and clear direction. Civility amongst staff has been shown to have a direct impact on Patient Experience. A story from a patient will be presented to Executive Team Board and the Workplace Civility Board to strengthen and demonstrate these links.

Since the introduction of Embedding Kindness, the Trust has seen great success in how staff has engaged with the programme with many wards creating their own awards and displays. Embedding Kindness has also been recognised by other Trusts in our region, whom have adopted the project. There has been national interest to share the kindness programme work. The work around #embeddingkindness has been shared with NHS England and the Patient Experience Lead was nominated for a Leadership award by NHS England on the back of this.

2.3.2 Aging without Children (AWOK)

Work has taken place during 2021/22 to explore and ensure the needs of people who don't have children are being met and understood in relation to their Hospital admission and treatment. A Patients story was presented to Board which demonstrated some of the challenges faced by one patient who found themselves in difficult circumstances when they explained they didn't have older

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children or relative at home that could assist with their care needs on discharge following an admission to the Trust. The positive feedback from the Executive team to address some of these concerns resulted in an increase awareness and development of an E-Learning programme. This programme is now available on ESR and is linked to Bradford City Council whose staff will undergo the same training to try and ensure awareness across related services.

The E-Learning will be fully promoted during 2022 and launched at the Patient Experience and Kindness conference, with a patient coming to present her experiences. This AWOC improvement work was also presented at a National conference by the Patient Experience Lead and *Expert Patient*, receiving excellent feedback and praise from Heads of Patient Experience Nationally.

2.3.3 Relatives Line

The relatives line was initiated during the Covid-19 pandemic on the 2nd of April 2020, to allow clinical staff time to focus on direct patient care, enable relative to get up to date information about their loved ones in the absence of them being able to visit in person and to facilitate Covid-19 results. Following the overwhelming success and positive staff and patient experience feedback a paper went to the senior executive team during the summer of 2021 and a decision was made to continue with the service moving forward to support ward areas and AED ongoing through winter pressures and ongoing challenges with Covid. The service continuous to provide a valuable support for staff patients and relatives, with a high number of calls being supported by the relatives line with a reduced staffing model, see table 3.

Month	Calls Presented	Calls Handled	% Handled
April 2021	1,722	1,658	96.25 %
May 2021	1,594	1,511	94.79 %
June 2021	1,124	1,097	97.6 %
July 2021	1,589	1,477	92.95 %
August 2021	1,610	1,468	91.18 %
September 2021	1,441	1,357	94.17 %
October 2021	1,564	1,361	87.02 %
November 2021	1,523	1,345	88.31 %
December 2021	1,461	1,378	94.32 %
January 2022	2,145	1,765	82.28 %

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February 2022	1,595	1,396	87.58 %
March 2022	1,867	1,644	88.06 %
Totals	19,235	17,457	90.7 %

Table 3, Number of calls handled annually by the relative's line 2021/22.

The relative's line continues to be staffed by qualified nurses who are currently not able to carry out clinical duties. The Patient Experience Team are currently exploring permanent staffing options to support the service moving forward as the service continues to operate 7 days per week. The staff numbers have significantly reduced from set up to reflect the reduction in calls received,

Other support services which continued to operate during 2021/22 are Thinking of You (ToY) service, which was initiated to provide a mechanism to relay messages (written and/or video) from relatives to patients in hospital during visiting restrictions. A dedicated email inbox (thinkingofyou@bthft.nhs.uk) went live in April 2020 to receive messages from relatives. Short messages are transcribed onto postcards or a specific template for longer messages, photographs printed and laminated, and these written messages and video messages (via a tablet device) are delivered to patients on wards. The patient property service has continued during the year to support patients to have personal belonging delivered whilst reduced visiting was in place due to Covid.

2.3.4 Veterans work.

Prior to Covid, Bradford Teaching Hospitals NHS Foundation Trust, signed the Armed Forces Covenant. This is a pledge that together, the Trust acknowledges and understand that those who serve or who have served in the armed forces, and their families, should be treated with fairness and respect in the communities, economy and society they serve with their lives. By identifying members of the armed forces community and their families, our Trust will be able to treat, and/or signpost patients to other appropriate services and to access social care packages.

Becoming 'Veteran Aware' means that the Trust will be continuing to raise standards for all patients.

Moving forward, there is work currently under way via a gap analysis and established working group to look at what work is required to obtain accreditation status to become a Veteran Aware Trust. The group is working towards meeting a specific set of standards that are required by the Veterans Covenant Healthcare Alliance which are:-

- The Trust supports the UK Armed Forces as an Employer.
- The Trust has established links to appropriate nearby veteran services.
- Staff at the Trust are trained and educated in the needs of veterans.
- The Trust raises awareness of veterans.
- The Trust identifies veterans to ensure that they receive appropriate care.
- The Trust will refer veterans to other services as appropriate.

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An email contact address has been set up for people who would like to know more www.veteranaware.nhs.uk or become involved in the project. veterans@bthft.nhs.uk

2.4 SPaRC (formally Chaplaincy)

There is a strong desire for Quality Improvement and more cohesive working across Bradford Teaching Hospitals NHS Foundation Trust as well as ensuring that the needs of all our community are met. Under the old model of Chaplaincy the ethos of caring for all, regardless of belief existed but was not fully reflected in the current guidance and models used by Chaplaincy services across the NHS, including Bradford Teaching Hospitals NHS Foundation Trust. The new Bradford Model aims to deliver a service where spiritual, holistic needs are met foremost but where religious requirements are required, these are also met. The Bradford Model talks about religion and belief as an inclusive term that gives positive value to a full range of beliefs, encouraging an appreciation of the diversity within religions and across beliefs. Traditionally, chaplaincy services have worked in isolation, only linking with wards when asked to do so. Under the new model, collaborative working and becoming part of the wider MDT is paramount to the models success. The model is underpinned by 7 anchors;

- Equality.
- Person Centred Care.
- Belief Based Care.
- Spiritual and Reflective Spaces.
- Collaborative Practice.
- Professional Practice.
- Data and Organising.

In 2021/22 the Bradford Model was launched and Chaplaincy services have been rebranded as SPaRC - (spiritual, pastoral and religious care). The team designed a new symbol and the final model and paper was endorsed. The model has been well received throughout the Trust, receiving praise from the Governors, the Executive Team Management and the Trusts Equality and Diversity Lead. Additionally the SPaRC model has started to gain recognition from outside the Trust, receiving a Regional Award and various Trusts citing the work of the SPaRC team and enquiring about the Model. The Model has also been presented to leads at NHSE and a review committee, who are currently reviewing national Chaplaincy guidelines. Again the model has received positive feedback and stands out in ethos and ways of working.

The team have worked hard in quarter 3 and 4 of 2021/22 to ensure the model is embedded within the Trust and that websites, literature and identification are all brought in line with the current model. The team has undertaken further recruitment and as a result have been able to split CBU responsibility and share key work streams to forge and create greater multi-disciplinary team working and enhance relations with clinical teams.

Work has being undertaken on a mobile application that will provide resources and support for staff and patients on beliefs, religion and support wellbeing. The application is now in the final testing stages and will be ready to launch in quarter 1 of 2022. Work is being finalised on EPR and a MPTL (referral template) which will allow the SPaRC team to record interaction more effectively

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and referrals to the service will be streamlined and more accurate. In 2022 the SPaRC team will submit the work undertaken and the model for publication and awards.

Additionally in 2022/23 the team are aiming to embark on new work streams that showcase and support the SPaRC model, including working with the University to support placement of Psychology students and strengthen and re launch the pastoral volunteering service in line with the SPaRC model. Further recruitment and service review of SPaRC will continue.

2.5 Voluntary services

Trust volunteers were suspended in March 2020 as part of the first national lockdown. Since that time the volunteers have been written to several times to keep them updated of the situation during the pandemic. During the past two quarters, the team were able to get volunteers back into guiding and breastfeeding support roles and open up the Tea bar facilities. The radio volunteers have continued to work to provide easy listening to our patients.

Unfortunately during this absent period the Trust has lost a significant number of volunteers, with numbers previously being around 500 which have dropped down to approximately 70. This is due to people not wanting to continue or for health reasons people were not able to continue their voluntary contribution to services. In addition to this the service has lost a number of paid staff that manages the service.

This period of absence has enabled the team to consider new ways of working and the best use of volunteers in the Trust in a variety of new roles moving forward and at the present time the senior team are working in collaboration with two Trusts to consider new models of volunteering in the Trust and how they may support the needs of our patients during the forthcoming year. The team is keen to include opportunities for future volunteers who have a variety of drivers as to why they want to volunteer. This will include; people who want to give back to their community in addition to people who have aspirations to work in the NHS and support future workforce. To help support the latter the team plans to use the national training available to volunteers and work to introduce the National certificate provided by Health Education England that enables volunteers to get national recognition following the 60 hour accreditation certificate. The year ahead offers an exciting opportunity to review and remodel.

2.6 Dementia

Throughout 2021/22, dementia has remained a high priority throughout the organisation, with an increased focus on providing clinical support for those who have received inpatient care. During the initial 18 months of the pandemic face to face staff education for dementia was reduced, with training provided on an ad-hoc basis. In the last 6 months face to face training has increased once again with training sessions now taking place at ward and department level, to ensure that staff has the ability to attend. The training content for staff remains the same, with level 1 as e-learning and levels 2 and 3 as face to face sessions

The Trust continues to improve with use of the *Forget me not tool* (magnets behind the bed/ blue wristband/ this is me document at the bedside) across the organisation. This is now audited bi-

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monthly on meridian. Innovation as a result of this is starting to grow, with dementia champions from other departments across the organisation wanted to know how the *Forget me not* scheme can work in their area (including the Emergency department and medical imaging).

Developments throughout the Trust has continued, with a new finger food menu currently under pilot in elderly care, a new dementia friendly café opening in the Horton Wing and the establishment of a regional wide dementia leads meeting (Set up by the dementia lead for BTHFT) to share best practice and any lessons learnt not only across the organisational footprint, but across neighbouring organisations (including Airedale/ Calderdale/ Leeds/ Hull/ North Lincs) with views to invite other organisations as this grows.

The Trust dementia strategy action plan continues to be progressed and updated with governance and oversight via the Dementia Steering Group.

Development work with BDCT to improve the referral pathways for patients with delirium, depression and dementia is underway. This work includes reducing the age to 65 to capture a wider client group and provide early recognition for patients presenting as above and an enhanced paper assessment is currently being trailed at the community hospitals with the aim to enrich the referral assessment process.

Consideration has also been given to how we aspire to deliver outstanding dementia care across our services, with the implementation of the dementia assessment and improvement framework (NHSEI 2017) action plan. Data is now reported on monthly for re-admission rates/ mortality rates and out of hour transfers, these are all monitored through the trust dementia steering group.

Changes have been made regarding the referral process of those with dementia to the Dementia Lead Nurse for the organisation, with a new referral established through EPR. This has resulted in 214 referrals in the last 12 months, for advice and support for staff in the management of those admitted, along with support for carers.

Whilst the organisation continues to strive to deliver outstanding care for people living with dementia, some further work needs to be undertaken regarding:

- Recognition of delirium in someone who already has a cognitive impairment.
- Recognising when somebody living with dementia is entering the end stage of their life.
- Recognising pain and how this can present as a behaviour that challenges.

Throughout the pandemic the local dementia strategy group for Bradford was paused, this has now re-started with areas coming together once again to plan how dementia care across the district can be improved. In addition to this, the Royal College of Psychiatrists paused data collection for the national audit of dementia, however this will re-commence in the autumn of this year.

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2.7 Learning Disability

The support of patients with a Learning Disability has remained a high priority during the pandemic. The Lead Nurse for Learning Disabilities continued to provide support to patients and carers directly during this period. This work was supported by the newly appointed Additional Needs Healthcare Assistant. The main priority being to act as an advocate for the patients ensuring that their voices were heard and any reasonable adjustments that needed to be made were understood and undertaken. Areas of specific focus were:-

- Attending wards to ensure staff were supported to provide personalised care highlighting the importance of the VIP passport in understanding every individual patient's needs.
- Liaising with partner agencies and facilitating therapeutic support whilst in hospital.
- Development of the electronic referral system to ensure timely support.
- Development of a training package for all staff in conjunction with regional colleagues.
- Undertaking Structured Judgement Reviews following the death of patient with a Learning Disability to ensure any learning is identified and shared across the Trust.
- Attendance at district wide groups for people with a Learning Disability such as Healthy Lives.
- Completion of the annual National Benchmarking audit.

During the transition out of the pandemic there are a number of areas of continued development and focus for the coming year.

- Further development of training across the Trust, it is hoped that this can be done in conjunction with patient engagement facilitated through the established groups being attended.
- Audit schedule devised in response to key themes and learning identified over the last 12 months.
- Further work with transition services to ensure the needs of children with a Learning disability are recognised and understood as they move to adulthood.
- Further engagement with community services.
- Work with colleagues within Calderdale Hospitals Foundation Trust to develop referral documents within EPR to ensure consistency across services.

2.8 Medical Examiner's Office

The Medical Examiner is a new national service which is independent of, but supported by the Trust. The role of the Medical Examiner Office is to;

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- Scrutinise all deaths to agree the proposed cause of death and the accuracy of the medical certificate of death.
- Discuss the cause of death and any concerns with the next of kin/ informant.
- Refer cases to the Coroner where appropriate.
- Act as a medical advice resource for the Coroner.
- Refer appropriate cases to local learning from death programs for further review locally and other clinical governance procedures

Table 4 below highlight the recruitment per quarter and how this has enabled the increased percentage of deaths to be scrutinised accordingly.

2021-2022	Total number of adult deaths	% of adult deaths scrutinised	Staff in post
Q1	335	26	1 Lead Medical Examiner (ME), 1 Medical Examiner Officer (MEO)
Q2	335	63	Lead ME, 2 MEOs 7 MEs recruited throughout the quarter
Q3	379	100	Lead ME & 7 MEs, 2 MEOs
Q4	391	100	Lead ME & 7 MEs (X PAs per week), 3 MEOs (2.8 wte)

Table 4 total number of deaths scrutinised per quarter.

Learning from Deaths

The team are working with risk and governance to ensure cohesive working. Of the 1440 deaths scrutinised, 119 (8%) have been referred for a Structured Judgement Review (SJR). Due to collaborative working with the Learning from Deaths team, feedback regarding the SJR is received. This has enabling the loop to be completed and ensure learning is being identified by the appropriate teams.

The MEO have contributed to quality improvement within the Trust in the following areas;

- Care of patients with upper gastrointestinal bleeds in the Emergency Department.
- Escalation of sick patients to senior medical staff.
- Care of outlying patients.

Achievements

Throughout the first year of the ME Office the infrastructure has been created, including the IT system and Standard Operating Procedures, and embedded the service within the Trust. This has required the recruitment of 3 Medical Examiner Officers and 7 Medical Examiners.

The service is now consistently achieving 100% scrutiny of adult deaths within the Trust which has a marked increase from what was possible 12 months ago.

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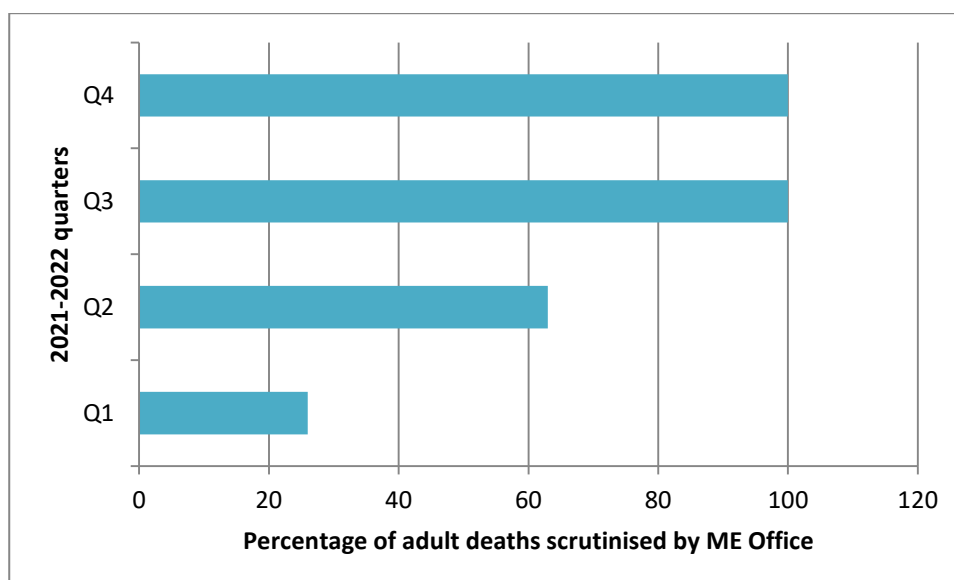


Table 5. Percentage of adult deaths scrutinised by the MEO office.

The ME Office has received positive reports about the service in 13 cases from the bereaved. They have been grateful for the explanation of cause of death and the opportunity to discuss the care received. This patient and family experience feedback work is something that will be expanded in the next financial year.

Next steps and challenges

Expanding the service to include paediatric deaths and the non-acute sector, will prove challenging as the workload will triple. Communication with stakeholders in the community has already taken place and will continue as the service begins to start scrutinising community deaths within two GP practices by the end of May 2022.

Bradford does have a high number of burial requests and this will therefore need sensitive and flexible working with the community to enable scrutiny to take place as soon as possible so to avoid an unnecessary delays.

2.9 Partnership Working and Engagement.

The Patient Experience Team continues to work with partners in the district to improve patient experience and engagement. A number of meetings have been set up across the district to facilitate and share work in this area. The Trust is part of the newly formed Citizen Engagement Working Group, which has membership from across the Bradford District and Craven Health Care Partnership. The group has been established to operate as a network of networks and plans to bring people and communities together to host a number of events with the relevant parties for communities to access relevant information.

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Regular meetings and joint work takes place with local Healthwatch. This ensures that team are sighted on any areas of concern raised by the public at the earliest opportunity and provides the opportunity for the teams to invite relevant staff to answer to areas of concern raised. There is also proactive work being carried out between Healthwatch and the Virtual Royal Infirmary (VRI) work to get patients views on how services are being run and the patient education they provide for these patients.

In addition to the work being undertaken at district level, there are a number of initiatives undertaken within our own Patient Experience and Chief Nurse Team to promote the equality of service in relation to protected characteristics. We are learning continually from patient feedback and complaints, and our lead for equality, diversity and inclusion is involved in the review of any complaints pertaining to equality and diversity issues.

A few examples of our work to promote equality of service delivery include:

- We are working with recognised partners to provide comprehensive guidance about access to our sites. This includes bespoke mapping of our premises in terms of accessibility as well as locations of patient and visitor toilets and changing facilities. www.AccessAble.co.uk
- During the pandemic the Trust set up and engagement meeting with community groups. This has evolved to a formal monthly meeting with member organisations from across our community represented.”
- We adhere to the [Accessible Information Standard¹⁰](#) and provide information in different formats which include easy read, large print braille, and text-phone for hearing and speech difficulties. Our interpreting services provides written and verbal translations where required and supports clinic appointments.

The Trust is aware how sensory impairment in any form can have a significant impact on a person’s life and wellbeing for them, their families and loved ones. Our local statics in Bradford suggest that out of a population of 542,100: ref-Office of National Statistics (2020) Estimated population data for Bradford. <https://ubd.bradford.gov.uk/about-us/population/>

- 83,500 Hearing Loss
- 3,531 sight impairment
- Between 220-3,136 have combined hearing and sight impairment

A significant amount of these people within our community will access our services for care and treatment or as a relative of a loved one.

During 2021/222 the Trust and specifically the EDI and Patient and Public Involvement team have worked with City of Bradford Metropolitan District Council (CBMDC) Joint Sensory Support Group via membership of the Steering Group to influence local strategy and work with other stakeholders to influence change and gain assurance against work already carried out within the Trust.

This work has included onsite visits to Trust premises to carry out “walk about visits” from people who have hearing and sight impairment, to test these improvements and make recommendation

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for changes. With the support of the Estates and Facilities Team, action plans have been developed to address areas for improvement. Positive feedback was received from the visiting guests about the accessible features we already have in place. Much of the latter work supports the Accessible Information Standard and compliments the PLACE (Patient Led Assessment of the Care Environment) National programme, which the Trust participates in.

3.0 Complaints

During 2021/22 the Patient Experience team have continued to focus on measures to improve the quality and timeliness of responses to complaints by continuing weekly complaints meetings and keeping complaints under constant review via the complaints tracking system. A total of 497 complaints were received within the Trust.

	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4	Total
Planned Care Group	46	50	57	43	196
Unplanned Care Group	70	66	77	77	290
Central	3	3	1	4	11
Total	119	119	135	124	497

Table 5 Complaints per quarter and Care Group received during 2021/22.

The Trust has seen an overall 19% increase in complaints received from the previous financial year, from 404 up to 497 annually. Figure 2 below makes comparisons of this data

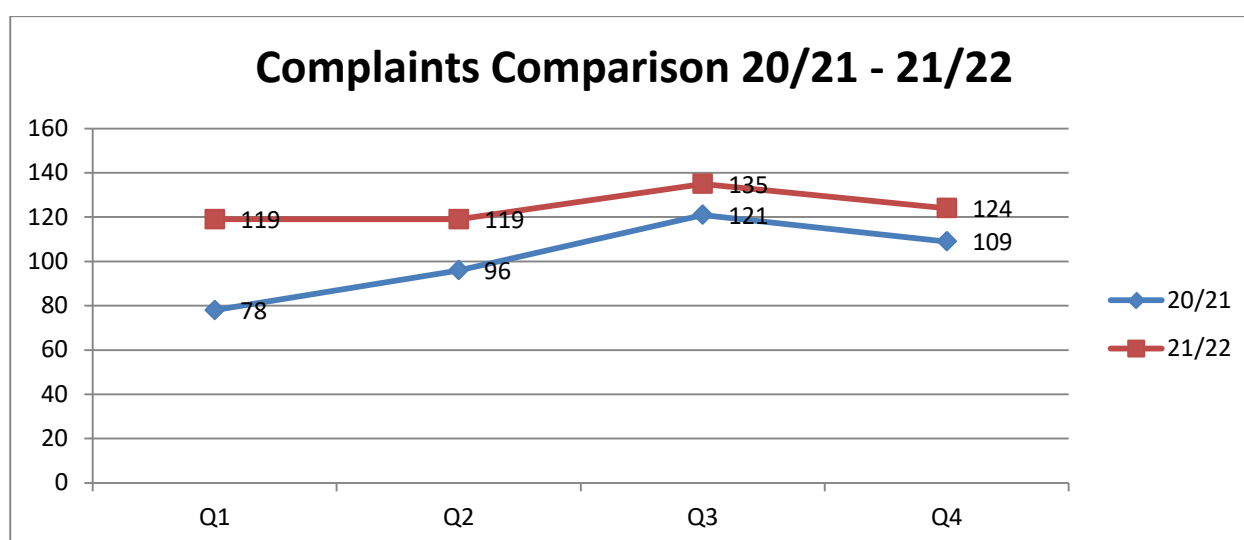


Figure 2 Complaints comparison between 2020/21-2021-22.

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Complaints are monitored weekly via QUOC and quarterly through the CLIP reports presented through the Risk and Governance Team to the Quality and Patient Safety Academy. Analysis of the actual complaints received allows the team to track that numbers received are within the calculated normal limits. Figure 3 below tracks the annual trend.

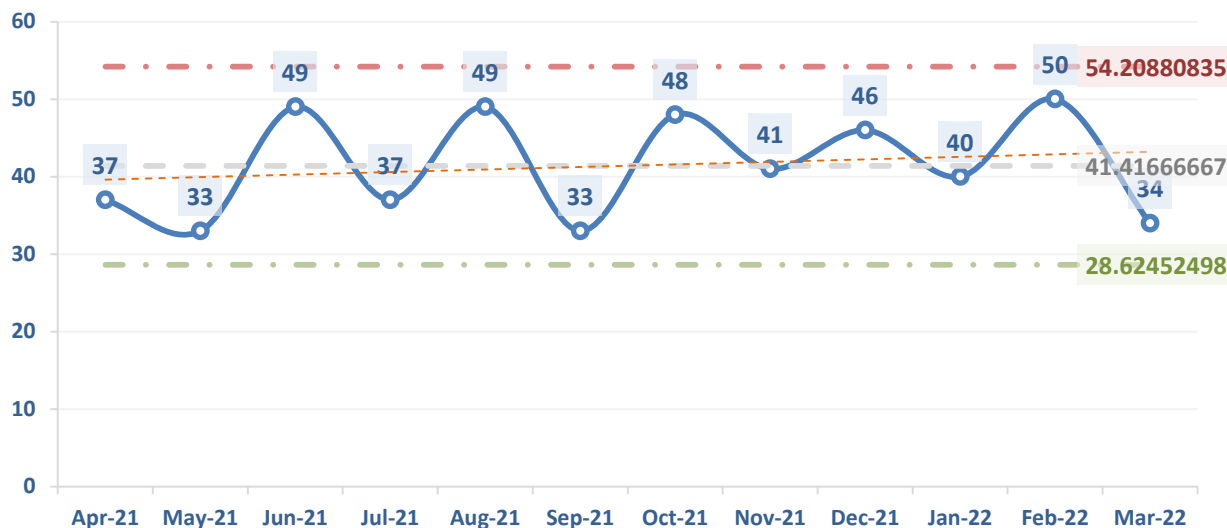
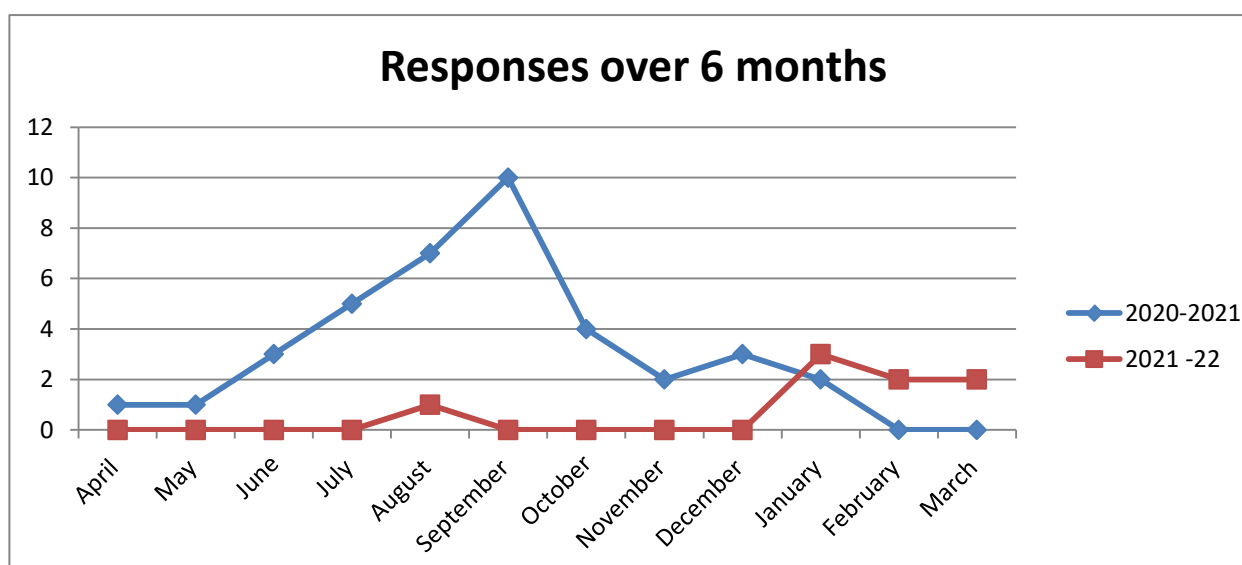


Figure 3 Annual complaints against the actual upper and lower control limits against the calculated fields based on the actuals.

One of the key objectives of the central complaints team was to track and ensure that the Trust minimised the number of complaints that were responded to beyond 6 months from receipt, to fall in line with national recommendations and Trust policy. Figure 4 highlights a steady position of maintaining near to zero complaints over 6 months up until January where clinical demands and challenges for Covid led to delays. This still only equates to less than 2% of the overall total number of complaints processed. Figure 2 represents the number of responses over 6 month time frame for complaints to be completed.



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Figure 4 Comparative data representing the number of complaints 6 months beyond review date.

Of the 497 annual complaints received, Figure 5 demonstrates the annual position of the areas who received the most. Accident and Emergency Department (AED) remain the area that received the highest number overall (N=98) for the year. Whilst the aim is always to have no complaints, this figure should be considered against the 143,775 attendances the AED department managed during 2021-22.



Figure 5 Complaints annually by speciality 2021-22.

Following a deep dive into the themes of the 20% AED attendances the following areas were identified as common themes within the complaints:

- Waiting times
- Rude staff

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- Communication

Listening and learning from these complaints has resulted in the following measures taking place in AED:

- Display boards in waiting room with waiting times.
- Member of staff from the complaints team based in AED to pick up any issues at the time and keep patient informed of delays.
- Recruited staff to assist in refreshments 24/7 where waits are unavoidable
- Work within the Trust and Patient Experience around civility and kindness towards patients and staff.
- Newsletter produced highlight the impact of patients story/complaint regarding lack of communication (Appendix 3)
- Training planned to improve preventing complaints by proving goods customer service.

It is disappointing to see that unprofessional/rude staff is highlighted within the top themes. A large amount of work has taken place in relation to embedding kindness and civility and ensuring Trust values are recognised as form part of staff reviews like appraisals. This work is set to continue and be strengthened during 2022/23.

Figure 6 reports the top overall themes of complaints during 2021/22. It should be noted that complaints usually contain more than one theme. Triangulation against other sources of data i.e. patient feedback surveys and risk incidents are monitored within the CBU and at performance meetings.

Reporting of themes is monitored at the Patients Experience Group meeting, along with actions being taken to address issues identified. Reports on complaint themes have also been supplied for departmental quality improvement initiatives, such as ‘deep dives’ and ‘time-out’ sessions to review services.

Appropriateness of treatment continues to be the highest category of complaints. This category includes an array of clinical concerns that have been raised as part of the complaints process; these include things like delay in or alleged or reported failure in:

- Requesting scan.
- Undertaking observations.
- Ordering tests.

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Complaints Themes top 16 21/22

- Appropriateness of treatment
- Delay in treatment being received
- Being ignored
- Inappropriate discharge
- Patient information
- Missed diagnosis
- Delayed diagnosis
- Loss of property
- Other
- Unprofessional / Rude staff
- Patient and/or relatives not being informed
- Care issues for vulnerable patients
- Lengthy wait for procedure/operation
- Lack of diagnostic testing
- Inadequate pain relief
- Unsatisfactory outcome
- Operation/Procedure - Repeated cancellations

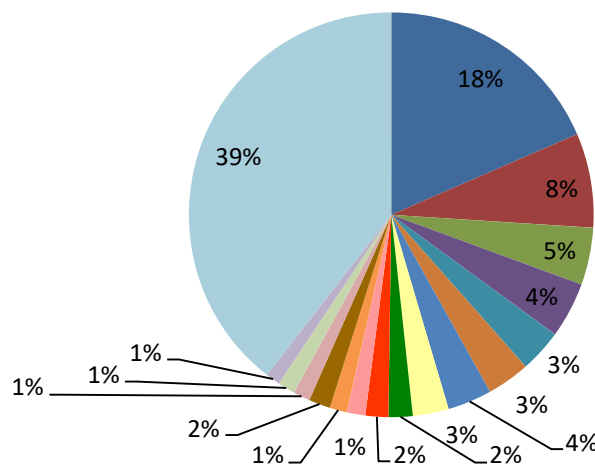


Figure 6 Themes of complaints.

When complaints are received and reviewed, they are recorded and graded on the Trust Datix system. There were no complaints received during 2020/21 graded as extreme or high, which is excellent. There continues to be on-going collaborative work and scrutiny between the risk and complaints team and the daily “Huddle” provides a robust mechanism for testing these results. Table 6 provides the annual position.

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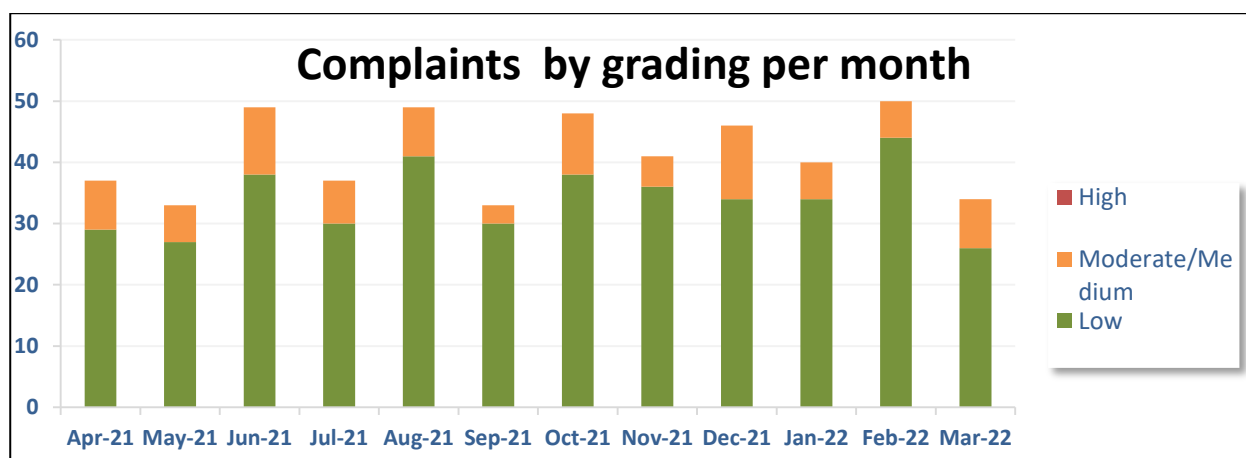


Table 6 Grading of all complaints received during 2021/22.

3.1 Parliamentary and Health Service Ombudsman (PHSO)

Complainants are entitled to take any unresolved concerns they may have to the Parliamentary and Health Service Ombudsman (PHSO) for further independent review once they have exhausted local resolution and received two written responses from the Trust in relation to their complaint. During 2021/22 the Trust received 10 cases with the following outcome:

- 6 PHSO decided not to investigate.
- 1 PHSO partly upheld
- 3 still awaiting outcome from the PHSO.

The below table provides detail of the PHSO cases and the outcome decisions for the Trust received during 2021/22.

Ref	Care Group	Date complaint received in trust	Date phso received complaint	Outcome	Date outcome rec
18691	Planned	Nov 18	June 21	Still with the PHSO awaiting an outcome - all information sent	
23508	Unplanned	April 20	June 21	PHSO decided not to investigate – case closed	March 22
23694	Unplanned	May 20	July 21	PHSO decided not to investigate – case closed	March 22
20115	Planned	May 20	July 21	Partly upheld – Apology letter to be sent along	May 22

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				with a financial redress	
25854	Planned	March 21	Nov 21	PHSO decided not to investigate – case closed	March 22
27421	Chief Medical Officer	Aug 21	March 22	Still with the PHSO	
24804	Planned	Oct 20	March 22	With PHSO for initial investigation	Partially upheld
22097	Planned	Nov 19	Jan 22	PHSO decided not to investigate – case closed	March 22
25386	Unplanned	Jan 21	Oct 21	PHSO decided not to investigate – case closed	March 22
24978	Planned	Nov 20	Sept 21	PHSO decided not to investigate – case closed	Oct 21

Table 7 PHSO case received during 2021/22.

In addition to the above cases the Trust resolved 5 outstanding PHSO cases from previous financial years due to delays on behalf of the PHSO dealing with backlogs from Covid. Of these 4 were not upheld but one the ombudsmen identified learning and upheld the case. The Trust paid a financial remedy and sent a letter of apology to the complainant. Full details were shared with the CQC and NHS England for full transparency.

3.2 PALS (Patient Advocacy and Liaison Service)

The total number of Patient Advice and Liaison Service (PALS) issues continues to remain high with an annual increase for a number of consecutive years (table 7). Figure 7 draws comparisons to previous years, highlighting the increase.

	Q1	Q2	Q3	Q4	Total
2020/21	205	379	450	456	1,490
2021/22	507	549	467	520	2,044

Table 8 number of PALS contacts per month and year 2021-22.

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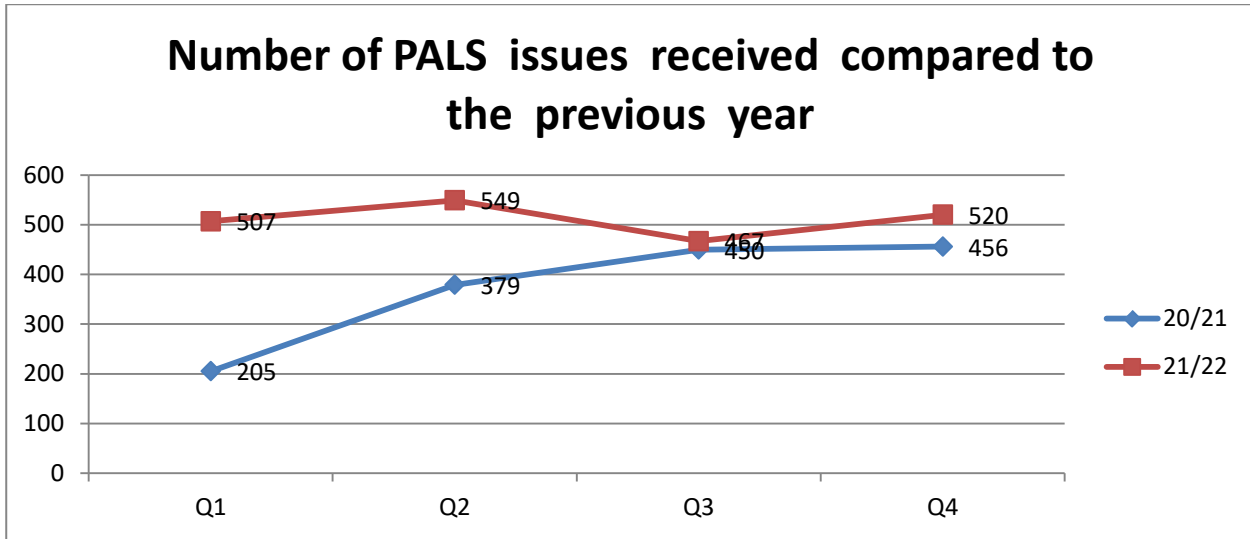
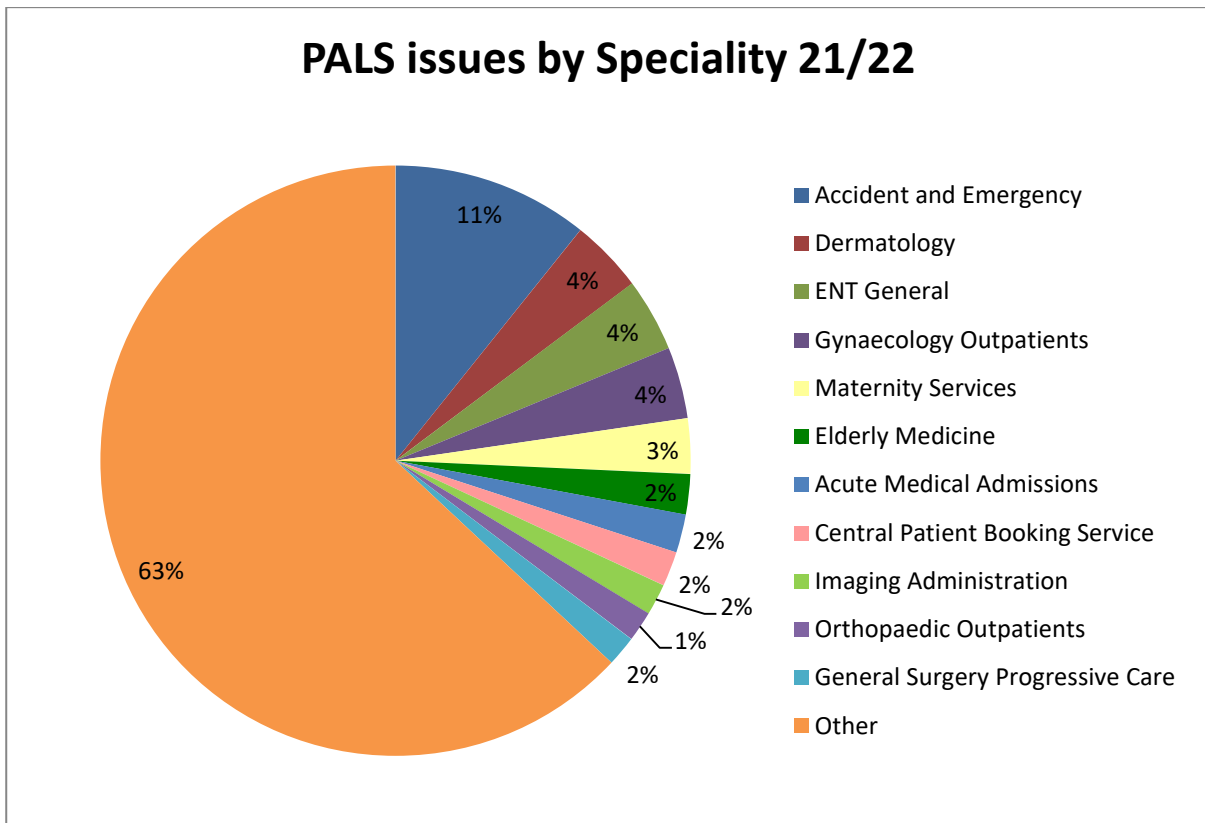


Figure 7 Comparisons of PALS data between years.

These numbers demonstrates the high volume of activity that the Patient Experience Team are dealing with; in many cases they are resolving at first contact and preventing issues being progressed to formal complaints. PALS issues are dealt with quickly to prevent escalation. At the time of writing this report of the 2,044 only 4 remain open.

AED received the highest number of PALS contacts N=219, around 11% overall annual PALS (Figure 8).



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Figure 8 provides a breakdown of the PALS issues, by speciality,

Analysis of the themes of the annual PALS sees appropriateness of treatment as the highest value (13%).

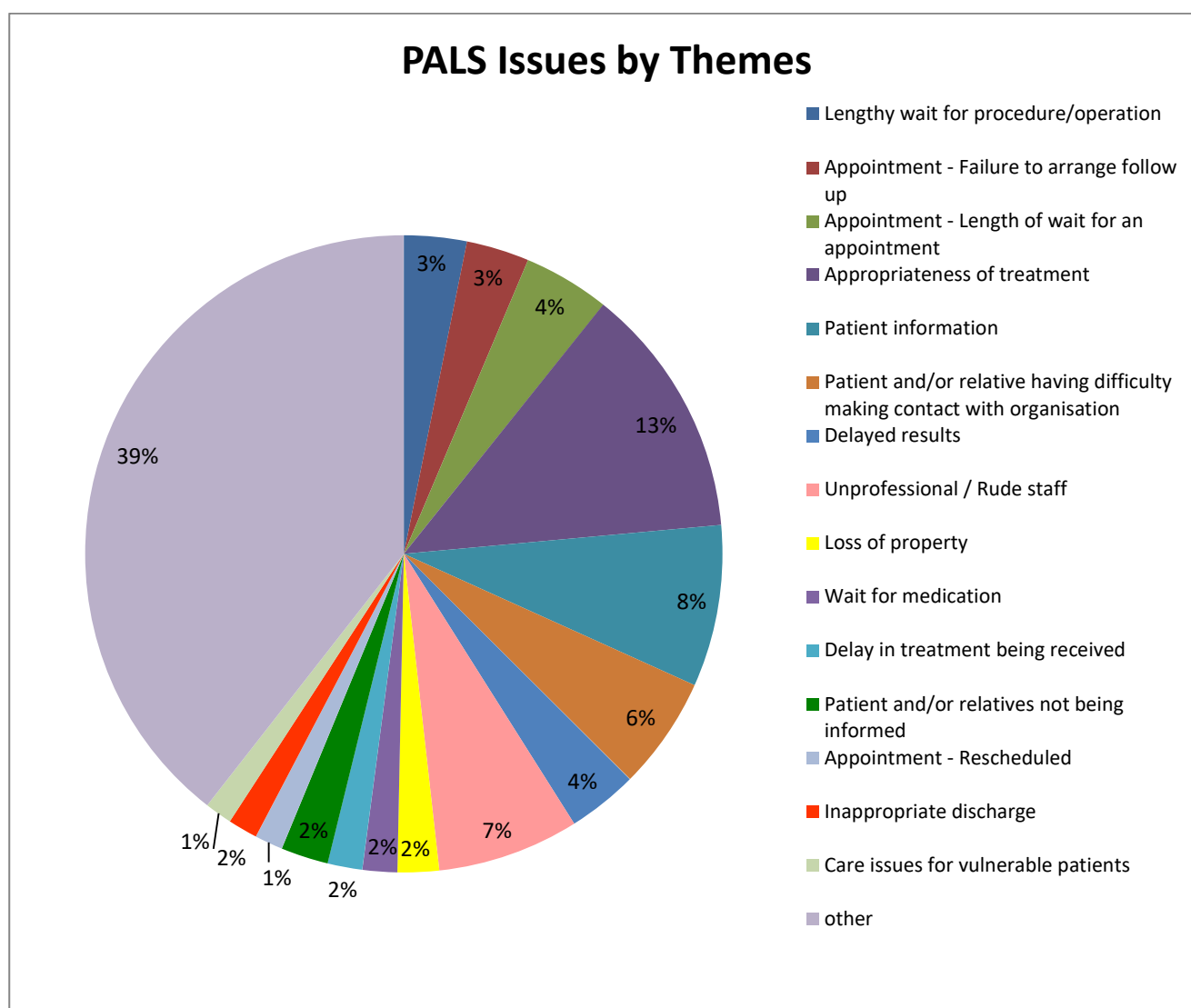


Figure 9 Themes of PALS contacts 2021/22.

3.3 Compliments

Compliments are simple ways for people to show their appreciation and kindness. At the Trust there are many ways that staff receives compliments, via thank you letters, emails, tweets and cards.

During the past year whilst carrying out a number of patient experience initiatives throughout the Trust, areas and teams have been encouraged to log these compliments on Datix in the same way

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that a complaint or PALS are logged. There is much work to be done to capture and celebrate this success and plans to strengthen and expand our kindness pledge. Figure 10 highlights the compliments by speciality.

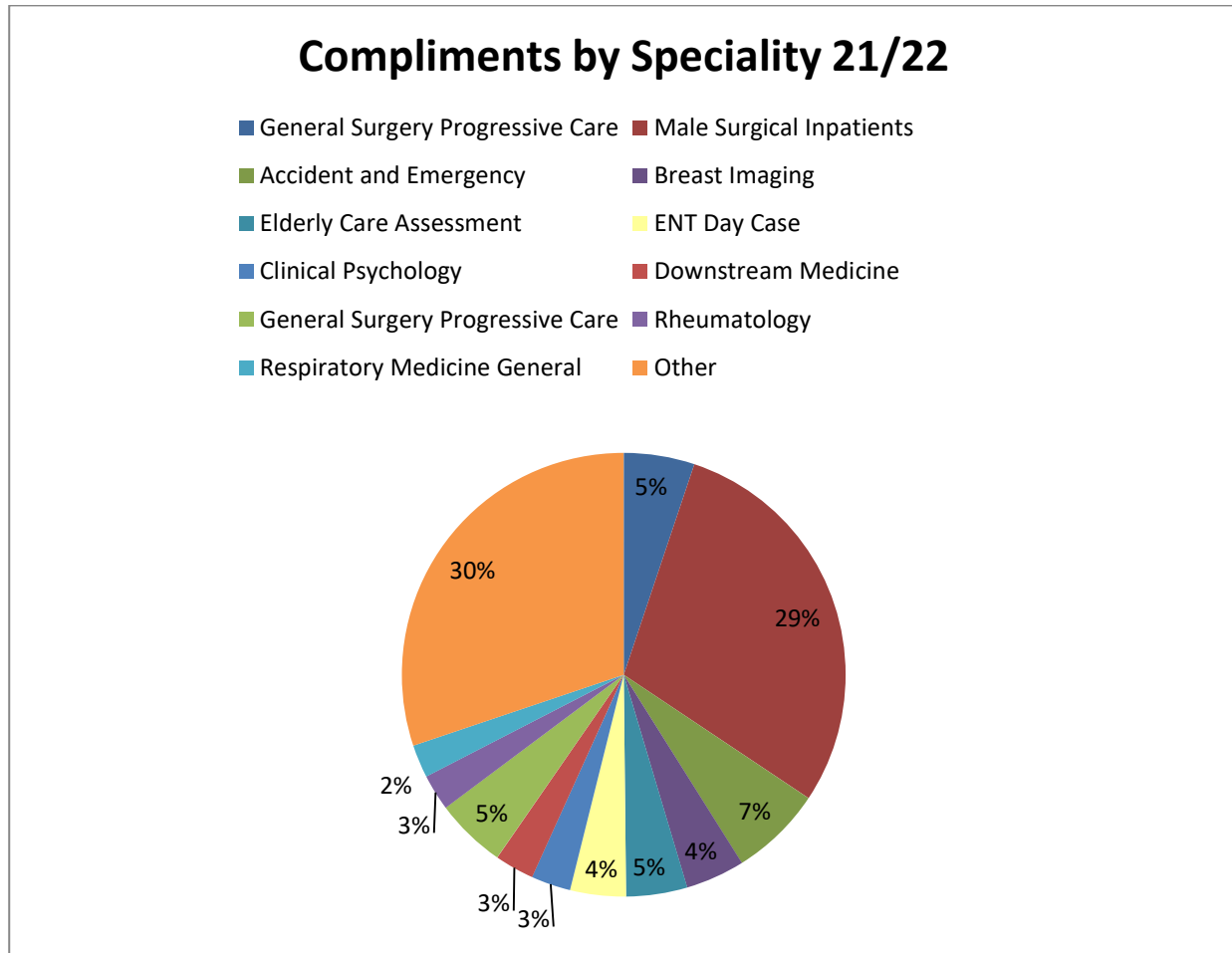


Figure 10 Compliments by speciality.

During the pandemic the Trust has seen a wealth of praise in many forms, sadly the use of iPad collection was limited to record these for IPC reasons and time for logging being a constraint factors for staff. Below are a few statements extracted from a few of the many compliments received to demonstrate the impact staffs have had on Patient Experience and their family members.

Below are direct extracts from compliments received within the Trust.

Exceptional care from staff in ED. - September 21

“Staff provided train videos to our autistic son and allowed relatives to stay. They showed care and attention towards the patient and about his interests. Staff were understanding of the patient’s needs.”

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Ward 31 – Oct 21

"I was admitted onto ward 31 on June 22nd this year. I stopped there for 3 weeks, on cpap and nasal high flow. The level of care and professionalism shown to me during my very frightening stay was amazing. I was so poorly and during my stay I thought I might die. But thankfully I didn't, and it was thanks to all the amazing staff who helped me and got me well, during the most challenging 3 weeks of my life.

The ward was often short-staffed so the staff coped with this difficult situation and of course wearing full PPE during their very long shifts.

Thankyou doesn't seem enough to say to the staff who got me back home to my family. They gave me hope and courage and because of them, I never gave up believing I would make it home. I am battling long covid now, but am improving slowly every day.

So, thank you for looking after all Covid patients, working in the most difficult of circumstances, bravely working around such an infectious and dangerous virus.

I am lucky to have received such amazing care.

Best wishes and all my thanks....."

Coronary Care – June 21

"I am writing to say a heartfelt thank you to the staff on Ward 22 and in renal radiology. My daughter who has is learning disabled had to attend for a renal biopsy.

The care she received was exemplary. The staff, porters through to consultants, all treated her with patience and understanding. Her disability was taken into account at every step.

She was listened to and asked if she understood and, was she ok with what was happening all along the way. What could have been a very traumatic experience was made into a much easier and positive experience.

Maternity March 22

"I wanted to reach out and say what a wonderful team you have in the maternity department.

Me and my wife welcomed baby [named] on 25/2 at BTHFT maternity services and all the staff from porters, nurses, ward managers and doctors were so helpful and reassuring. This was our first child and at the last moment it became a 'complicated' birth from natural to emergency c-section but the team you had were fantastic. As you can imagine as first time parents this was a traumatic experience but the team did a wonderful job explaining the procedures and the post op care was terrific too. You have a great team in the maternity services so please do pass on my sincere and genuine thanks on behalf of myself, my wife and baby"

Finally, Table 9 provides the annual overall position to demonstrate the month by month complaints, PALs and compliments as received during 2021/22.

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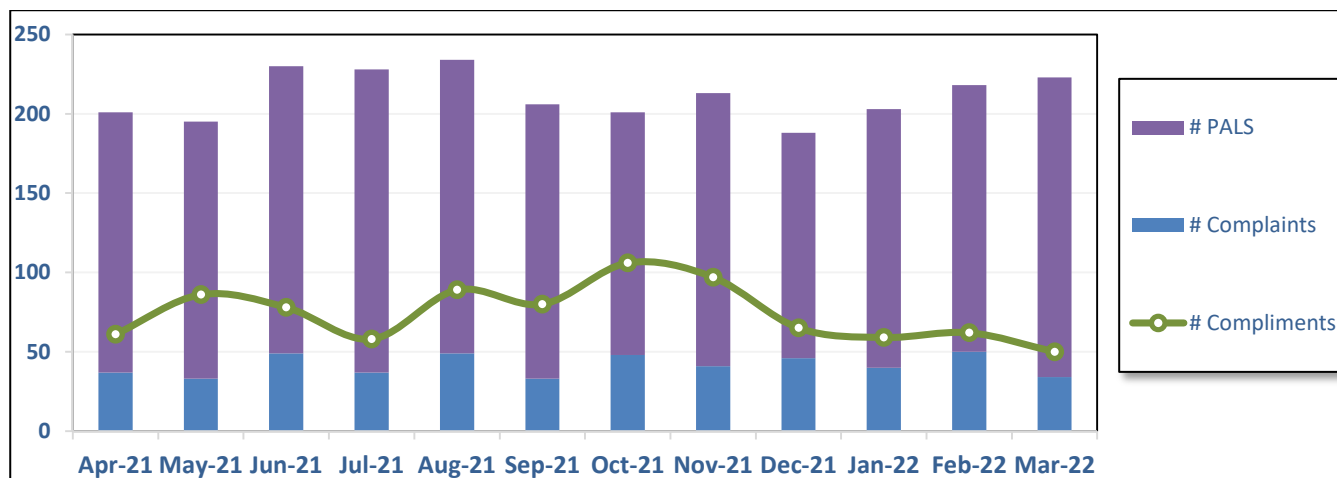


Table 9 Annual summaries of complaints, PALs and compliments received within the Trust.

3.4 Learning from Complaints

Learning from complaints during the pandemic has taken place despite many meetings being placed on hold. The Patient Experience Team has re-established the learning from complaints meeting which takes place on a monthly basis. CBU engagement has been good and the team are starting to collate enough feedback to identify trends and themes which will then be taken forward as areas of learning. Each month the CBU complaints leads are presenting any learning from complaints and the team are currently exploring how best to disseminate this learning across the Trust. The Patient Experience Support Nurse is now leading this work and using a Quality Improvement course to help ensure that outcomes are meaningful and measurable.

The complaints steering group, which reports in to the Patient Experience Group monitors partial and upheld PHSO complaints and the Action Plan produced to support the learning from these to hold the responsible CBUs to account.

Learning from complaints has been demonstrated in a number other forums which have included patients stories that have been presented to Board, these have then been widely shared across the organisation and on the Trust intranet. A direct example of this is the AWOK work mentioned earlier in this report.

In order to facilitate the identification of learning the complaints response list has been amended to demonstrate where learning has taken place and easily extract for wider learning. The Patient Experience Support Nurse is starting a set of weekly walk arounds to engage ward and departmental staff about learning and help provide education and support on de-escalation and resolution of complaints at source.

Additionally the team have worked with Business Intelligence to provide a new monthly report on complaints and PALs which identifies trends and hotspots. In 2021 the Patient Experience Team also changed the complaints tracker to one which incorporates key alerts and has the ability to sort

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out different queries and searches in order to support the CBUs quickly identify any areas of concern.

Some examples of learning from complaints include:

- Not being given somewhere safe to wait when clinically vulnerable; a pathway has been developed to support this.
- Not being informed of wait times in AED: new display teams have been installed in the department.
- Review of property management when items have gone missing, a new ESR form and updated policy is now in use.

The Patient Experience Team has responded to a number of issues raised via complaints and PALS, for example:

- Visiting during Covid has been restricted and even for End of Life patients the number of visitors was restricted to one or two. As restrictions eased and the team reflected on feedback given via PALS, the new guidance has been written to allow more flexibility for families with larger immediate members.

Another example of response and learning, directly managed by the Patient Experience Team:

- A complaint from a member of staff who was a patient themselves provided valuable feedback and learning about staff's behaviour and civility, as witnessed by them as a patient. This has been relayed into a Patient Story for Board and again allows valuable learning from a patient perspective of how staffs attitude and behaviour toward both staff and patients can directly impact patient experience and the care they receive. This strengthens the value of the joint civility work being carried out between OD and Patient Experience.

3	PROPOSAL
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The Patients Experience Team and Chief Nurse Office will continue to develop work to enhance patient and relatives encounters with the Trust. The Strategic Work Plan will allow steer and control of planned projects to be monitored and overseen by the appropriate work steam. Work will continue to extend Embedding Kindness commitment made via the Patient Experience Strategy and look at imaginative ways to build this into other established schemes like ward accreditation.

Quality Improvement work will continue via the Patient Experience Collaboration work, working collectively with staff in individual areas recommendations from the CQC National surveys will help direct these areas for improvement.

Valuable patient and public collaboration work will be continue to ensure their voices are heard and influence Patient Experience projects for the next year ahead.

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The overall complaints process and numbers will continue to have ongoing oversight from the central team, to enable challenge, monitoring and tracking to agreed timescales. The Central team will continue to provide support and training and assist with training and complex cases where required. To deliver on this the team will:

- Hold weekly “Grip and Control” complaints meeting between Central and CBU leads to track status of complaints and provide timelines for completion.
- Monthly complaints meetings with Heads of Nursing and Chief Nursing office.
- Lower the threshold for senior escalation where complaints are not progressing.
- Delivery of complaints training to all staff who is investigators to improve quality.
- Buddying and mentorship provided for authors of complaints responses.
- Process reviewed and guidance strengthened for complaints procedure.
- Weekly position reported to Chief Nurse.
- Providing complaints prevention training, with a focus on good customer service, kindness and communication.
- Capture learning and action on the review check list.

Finally the teams will look at ways of celebrating success and compliments received to ensure teams and individuals are recognised for the kindness and compassion they share daily.

4	RISK ASSESSMENT
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No risks have been identified or currently sit on the Trust Risk Register.

5	RECOMMENDATIONS
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- Support is required from all areas to continue to embrace the PE Strategy.
- Embedding Kindness to be encouraged and practiced.
- Use of QI methodology for tests of change.
- National Survey (CQC) action plans to be monitored via the PE Group for improvement, led by the designated area lead once complete.
- Ongoing promotion and development of FFT data, evidence of “*You said we did*”
- Progression of the MEO service to scrutinise community deaths and strengthen the learning from deaths work been carried out.
- Continue collaboration work with Bradford district and Craven health Care Partnership to improve collective and consistent improvements.
- Benchmark against other Trusts that are doing well or significantly better in key PE areas.
- There is the requirement for a *tight grip* to remain on the handling and processing of complaints to enable KPIs to be met.
- Learning from complaints to be strengthened and made transparent for the public.
- Compliments to be captured and celebrations and acknowledgement of these to be developed.
- Development of complaints prevention training.

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6	Appendices
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Appendix 1 - CQC Inpatient Survey action plan.

Appendix 2 - CQC Childrens and Young Peoples Survey action plan.

Appendix 3 - AED learning from complaints newsletter.

Appendix 4 - Learning from complaints evidence. *You said we did.*

Appendix 5 – Upheld PHSO Complaints Summary.