

Meeting Title	Quality Academy		
Date	28.04.21	Agenda item	QA.4.21.XX

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 (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

Due to the Covid-19 pandemic ongoing during 2020/21, work within Bradford Teaching Hospitals NHS Foundation Trust has continuously adapted and evolved to support the needs of patients and staff. This report provides an annual update on the work that has taken place in relation to Patient Experience. Despite a number of meetings and committees not sitting, new ways of working and services to enhance Patient Experience have taken place.

The *Embedding Kindness* project, which has evolved from the Patient Experience Strategy, has taken off with tremendous positive effect during the past year. The new ELearning programme launched has seen many staff completing and a significant number of staff being nominated for Kindness awards.

Partnership working has continued with the West Yorkshire and Harrogate Partnership with work supporting Carers, who support patients (Inpatients and Outpatients) and also to support staff within the organisation who are carers themselves through the launch of the Carers Passport and Patients Charter work.

New services have been developed to support patients and family members through the Covid-19 pandemic and have enriched Patients Experience; this includes the Relatives Line and the *Thinking of You* service. Other success includes new ways of working in teams including Chaplaincy; who now provide a seven day on site service and Voluntary Services team who have supported patient's property management and helped to dispatch thousands of donations from the public to our staff.

During the early phase of the pandemic all complaint responses went on hold nationally at the recommendation of NHS England, this is no longer the case and complaints worked resumed from September 2020 onwards. Despite the clinical challenges faced by the Care Groups during the pandemic, complaints have been completed and responded to in a timely manner and learning has taken place. Joint working with the Risk and Governance Team and attendance at daily risk huddles and the Trusts IPMG meeting have provided joint oversight and scrutiny and enabled the clinical reviews to be instructed as necessary for assurance.

Meeting Title	Quality Academy		
Date	28.04.21	Agenda item	QA.4.21.XX

This paper includes the annual complaints and PALS data and summarises the learning that has occurred. 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.

Analysis

Promotion of the Patient Experience Strategy; *Embracing Kindness* remains a key priority to the Chief Nurse Team. Plans to further develop the kindness work have already started. Extension to the strategy includes various schemes within the Trust which are in the planning stages, which includes kindness forming part of the ward accreditation scheme, ELearning and kindness awards following staff recognition.

The restart of Friends and Family (FFT) in December 2020 has seen a change in format and now encourages patients to provide feedback at multiple points in their care journey. Although there has been a limited amount of FFT data received to date, what has been received during the final quarter reported that 99.8% of patients stated that their inpatient stay was good or very good and 98% reported the same for outpatient questionnaires completed.

A number of new Patient Experience projects have continued to be developed during the past year, these include work with Carers, the well Being Gardens development project, the Blankets of Love project to mention a few. All have enriched the experience for the patient and their family members.

A number of new services have been developed in reaction to the service needs for staff and patients during the pandemic and they have sat within the Patient Experience portfolio. On the 2nd April 2020, the Relatives Line team took their first call. One year later the team have answered over 43,000 calls from concerned family and friends, on average 3,500 calls per month. The line is open 08.15am to 17.30pm every day. The line has received many compliments over the course of the last year and families have been very impressed with the Trust for implementing such a service and found this resource invaluable.

Despite the challenges of investigating complaints alongside increased clinical demands and a national steer for complaints to be placed on hold, the Trust underwent an independent review via Audit Yorkshire in autumn 2020. It is with pleasure that the advice received from the Audit Team was that the service at Bradford Teaching Hospitals NHS Foundation Trust carries a **High Assurance** opinion for Complaints and Concerns Management (Appendix 1).

Below are the headlines from the analysis of complaints, PALS and compliments:

- The annual complaints figure has reduced from previous year to 404 in total for 2020/21.
- PALS contacts continue to increase with 1489 contacts during the year.
- The theme of most complaints is in relation to appropriateness of treatment.

Meeting Title	Quality Academy		
Date	28.04.21	Agenda item	QA.4.21.XX

- There have been **no** complaints graded as High during 2020/21.
- PHSO cases open in the Trust currently stands at 9.
- 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 WYAT 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 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.
- Continue to develop creative ways of enhancing Patient Experience during Covid-19 restrictions.
- 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.

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					g	

Meeting Title	Quality Academy		
Date	28.04.21	Agenda item	QA.4.21.XX

regional partners					
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	
Explanation of variance from Board of Directors Agreed General risk appetite (G)	Risk (*)				

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):

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"/>

Meeting Title	Quality Academy		
Date	28.04.21	Agenda item	QA.4.21.XX

1	PURPOSE/ AIM
----------	---------------------

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 2020/21. 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 Sub-Committee. Due to the pandemic in 2020/21 most of the meetings and committees have been cancelled and so reporting of activity has been presented through Executive Management Team meetings for discussion, decisions and assurance.

With the introduction of the new Academy's and restructure in the Chief Nurse Office work streams are currently being realigned for future reporting through the relevant Academy. 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 Results.
- National CQC Survey.
- Patient Experience Projects.
- New ways of working during Covid.
- Complaints, PALS and Compliments.

In addition to the latter updates, work within teams within the Patient Experience Chief Nurse portfolio will be provided and include:

- Chaplaincy.
- Volunteer services.
- End of Life Care

Meeting Title	Quality Academy		
Date	28.04.21	Agenda item	QA.4.21.XX

2	CURRENT POSITION
----------	-------------------------

2.1 Friends and Family Test

In 2020 Friends and Family Test (FFT) was put on hold nationally, as a result there is little data for the financial year. In December 2020 FFT was restarted nationally. On the re-launch of FFT in December, the format changed to previous years. The new 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 the data extraction through IQIVIA and has made changes to how FFT can be delivered. At the Start of April 2021 a new text service for AED and outpatients has been launched and patients will receive a text up to 48 hours following their attendance, encouraging FFT feedback.

In addition Patient Experience are working with Paediatrics to create a new child friendly poster with a QR code displayed that can take children and parents to the FFT questions via mobile devices. It is hoped that the combination of enhanced technology and variety in the ways patients can provide feedback will increase the amount of feedback received and enrich the data to enable the team to target specific feedback.

The Patient and Public Engagement Team have actively been promoting the restart of FFT and working closely with staff to educate clinical areas on the new FFT format. Further engagement and communication work will continue to support the re-launch. Many more specific outpatient

Meeting Title	Quality Academy		
Date	28.04.21	Agenda item	QA.4.21.XX

clinic areas have been included to enable feedback from areas that have previously not supplied feedback.

Since the restart in December 2020 of FFT, the Trust has received a total of 1631 completed FFT questionnaires with **99.8%** of patients stating their experience was good or very good for inpatient stays and **98.6%** of all outpatient FFT questionnaires stated they found their experience good or very good. From analysis of the qualitative data, nearly all patients stated a good experience was down to the staff and care provided. From the negative comments, the themes that emerged related to visiting and wait times, though there were very few negative comments submitted.

In response to those negative comments, the Patient Experience Team have taken a number of actions to educate the public in relation to visiting and why restrictions have been imposed during this past year. Various meetings and forums have been generated to publicise the changes and these include work with community groups, question and answer forums, updated website and information leaflets and internal global communication and via team meetings.

Further work is being undertaken in 2021 to analyse the qualitative data and feedback to clinical areas that shares learning and provides a pathway for any changes that can enhance or improve Patient Experience via the electronic systems to ensure that wards can react in real time.

2.2 National 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 2020/21, due to the pressures that Covid-19 placed on NHS organisations all of the CQC surveys were put on hold and so subsequently delayed their start date. From September 2020 to date (April 2021) the following surveys have been undertaken:

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

Results are currently being analysed and presentation of these will take place with Action Plans for development and improvement once the Trust is in receipt of these, with the first being expected in July 2021.

During 2020 the CQC carried out an extraordinary survey on Inpatient Experience during the Covid-19 pandemic, as part of the NHS Patient Survey Programme. This survey received feedback from 10,336 people who had received inpatient care in an NHS hospital and were discharged between 1st of April and 31st of May 2020, whilst the UK was in national lockdown.

Meeting Title	Quality Academy		
Date	28.04.21	Agenda item	QA.4.21.XX

The overall report shows that people's experiences of inpatient care were generally positive, but highlighted that those patients with a Covid-19 diagnosis reported consistently poorer experiences than those people who did not have the virus.

The following groups of patients, which included people with dementia, mental health and learning disabilities, reported more negative experiences. A number of pieces of work were carried out at BTHFT following this which included:

- Appointment of an additional needs HCA to support people during their inpatient stay.
- VIP passports *This is me*.
- Ensuring visiting for people with additional needs, dementia and mental health remains supported whilst restrictions are in place.
- Additional resources were provided and include communication boards, books, and sensory equipment to help improve Patient Experience during inpatient stays.
- Information leaflets produced in Easy Read.
- Employed a Mental Health Nurse to support inpatients and help advice staff.

2.3 Patient Experience Projects

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.

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 ELearning programme in January 2021, over 300 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.

Embedding Kindness has been included in the new ward accreditation scheme and in Trust induction for new Health Care Support Workers.

Over the course of 2021, Embedding Kindness will be further rolled out and promoted.

This will include:

- Staff surveys - In progress.
- Patient surveys - In progress.
- Kindness Trees - (Will be installed in April 2021).
- A Roadshow planned on November 12th 2021.
- Six months of Kindness to commence May.

Meeting Title	Quality Academy		
Date	28.04.21	Agenda item	QA.4.21.XX

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.

2.3.2 Blankets of Love

The Patient Experience Team are continuously seeking out new ways to improve Patient Experience whilst the Trust is facing restrictions during Covid with visiting, but hospital admissions are mandated for some. Everyone's experience and preferences are different and it's often the small things that can make a positive difference. Warmth and comfort are something most people seek. Blankets of Love are designed to;

- Support and comfort End of Life patients. Blankets can be sprayed with familiar smells. The blankets are all single use and when the patient dies the family can keep the blanket as a reminder of their loved one.
- Provide comfort to patients with cognitive impairments- these blankets can have sensory components attached to help calm and focus the patient.

The *Blankets of Love* project also has the potential to expand into other areas such as for use with elderly patients who may require an additional blanket if cold whilst in hospital or homeless patients who come into AED with nothing.

As each blanket will be different, this will reduce the clinical feel to their immediate environment and provide a more personal touch. Charities and Patient Experience are working with a number of local groups to supply these blankets and logos and communications are being designed for a Launch in June 2021.

As the Trust starts to allow volunteers back on site, the Patient Experience Team will work with voluntary services to coordinate and promote Blankets of Love. A number of blankets have already gone out via the Dementia Lead Nurse and these have proven to be welcomed by patients and families.

2.3.3 Carers Work

At the end of 2019 the West Yorkshire and Harrogate Partnership contacted the Partnership Trusts and began to scope what is already available to Carers across the local health service. The project has two schemes, first to support carers when the person they care for is attending as an outpatient and as an inpatient. The second part of the scheme is supporting workers within the Trusts who may be carers themselves. The Lead Nurse for Patient Experience has collaborated and engaged with the scheme and the Trust has committed to the *unpaid carers' project*.

A Carers Charter has been written and was ready to be launched prior to Covid following a Task and Finish group, to ensure that the passport was equitable, fair and included the views of carers to ensure success when launched. Further meetings were planned to be carried out during 2020, however the scheme lead and WYATT put the project on hold. Further communication came out to

Meeting Title	Quality Academy		
Date	28.04.21	Agenda item	QA.4.21.XX

state Trusts could continue the work independently. Further meetings at BTHFT have taken place to finalise key elements of the offer to carers. The passport for carers for inpatients has been completed and is in the final stages of approval, this includes the Carer’s Charter. This will launch in May 2021.

2.3.4 Well Being Gardens

The pandemic has had a far reaching impact on NHS staff and the general public. BTHFT quickly realised that to maintain the wellbeing of their staff the Trust needed to offer safe spaces and so wobble rooms were created on many wards and in July 2020 some areas were given small outside spaces in which staff could sit and relax for short periods to help deal with the constant stress faced in clinical areas. Due to the duration of the pandemic, BTHFT like all NHS Trusts have seen intense pressures on staff and negative impacts on wellbeing of these individuals. Patients and their families have also been deeply affected by the pandemic and BTHFT has seen many Covid related deaths of patients, some of whom have been staff.

Evidence shows that outdoor spaces, gardens and gardening have a positive impact on the health and wellbeing of all. Gardens are intimately connected to our health and wellbeing across the life-course. There is much more that the health and social care system can do to take advantage of our love affair with gardening, but there are four specific areas of good practice: in social prescribing; community gardens, volunteering and recovery from illness; dementia care; and end-of-life care (The Kings Fund 2016).

Staff wellbeing and the impact of stress are critical issues for the health service. In 2017, the NHS staff survey found more than a third of staff had experienced work-related stress in the previous year and this has no doubt increased during Covid in 2020. Staff absence due to poor health is estimated to cost the NHS £2.4bn a year. Growing evidence points to the health and wellbeing benefits of natural areas and that providing a green space can reduce stress, fatigue, anxiety and depression.

The consideration of having dedicated gardens is not a new concept at BTHFT and has great support from many staff, including consultants and Nurse Specialists.

A team of staff met (via video and phone) on a number of occasions to review the need and necessity for these outdoors spaces. Working with estates the Patient Experience Team identified 2 outdoor areas, one area as a patient reflection garden and one as a staff wellbeing garden.

The first design has been completed for the Memory Garden and a site survey is due to happen in April 2021. The monies will largely be spent on the fixed structures and larger planting. The smaller bedding plants and wildlife plants will be largely supported through The Plant People- a local community group and other local groups.

Locations have been agreed with estates as the following: Memory Garden will be located near the Listening for life building on an unused grassy area next to the cottages and the Staff Garden will be located opposite the Duke of York entrance. Consideration throughout the design process will ensure that the gardens are suitable for all patients and staff to access, with consideration given to

Meeting Title	Quality Academy		
Date	28.04.21	Agenda item	QA.4.21.XX

wheelchair users. Papers have been submitted to charities and the team are currently waiting the funding decision to be finalised.

2.4 New Ways of working Covid-19 Patient Experience work

2.4.1 Property management

The Patient Property team was formed in April 2020, as a result of Covid-19, to collect deceased patient's property from wards and store safely to avoid cross contamination on wards and other departments. Since then the team has evolved to helping ensure parcels and property get to patients via collection from relatives at entrances to the Trust. Further to this the team has worked with Chaplaincy to put in a process whereby if a relative comes to collect belongings that they get the emotional and pastoral care required.

The team delivered their first item on 10th April 2020 and to date has delivered over 12,000 bags of property. An average of 240 bags a week or 1000 bags per month. The Patient Property team also log, store and re-patriate deceased patients property and have managed over 640 contacts with bereaved families. The team walks an average of 25,000 steps per day when delivering the items that families bring for their loved ones.

2.4.2 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. The relative's line is run by qualified nurses who are currently not able to carry out clinical duties. There are 10 qualified nurses staffing the line 365 days of the year, which was relocated to the St Luke's site in July 2020.

Since the launch of the service the team have answered over 43,000 calls to family and friends who are concerned about their loved ones. Many of the calls are to provide medical updates, some are to deliver bad news and many of these calls prevent staffs that are in full PPE from regular donning and doffing to focus on the care needs of the patient in their care.

The service has received many compliments over the past 12 months. Families have very much appreciated being able to ring on a daily basis, sometimes several times per day, to get much needed information. Feedback from a family member who worked for a different NHS organisations praise the wonderful idea and they wishes their own service had something similar.

A service evaluation of the relatives line service was conducted with data collected on over 3000 calls. Feedback was also collated from relatives (via telephone interviews), staff on wards (via interviews) and with operators (via interviews). Key findings from the user feedback include:

- The service was utilised by care home staff in addition to relatives.

Meeting Title	Quality Academy		
Date	28.04.21	Agenda item	QA.4.21.XX

- The accessibility of the service was praised. Other agencies reported the value in providing continuity of care, as prior not always aware that patients were being discharged from hospital or of patients' on-going care needs.
- Relatives have said they feel 'cared about and cared for' at a time of heightened anxiety. This service has enabled time to listen and answer questions, explain treatment plans and provide details on on-going care needs for patients post-discharge

The calls presentations per month are as follows:

Month	Calls Presented	Calls Handled	% Handled
April 2020	6681	6154	92.11
May 2020	7565	7067	94.67
June 2020	6864	6640	96.74
July 2020	4369	4266	97.64
August 2020	1670	1559	93.35
September 2020	1562	1491	95.45
October 2020	2856	2602	91.11
November 2020	3880	3169	81.68
December 2020	2368	2309	97.51
January 2021	3950	3540	89.62
February 2021	2435	2230	91.58
March 2021	2179	1987	91.2%
Totals	46,379	43,014	92.7%

Table 1 Number of calls handled annually by the relative's line.

2.4.3 Thinking of You service

Thinking of You (ToY), 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. This service is currently managed by the voluntary services team and since April 2020 the service has laminated and delivered over 2700 messages to patients.

Meeting Title	Quality Academy		
Date	28.04.21	Agenda item	QA.4.21.XX

2.4.4 Family View

Family View, has been utilised as a NHSE approved mechanism for relatives to video call patients in hospital. Each ward has a tablet device to receive a video call from a relative for a patient and to activate the ward can send a link to the relative in the community for them to activate. This service has also been used to facilitate end of life chaplaincy prayers for patients and is now planned to be used to replace face to face meetings with complainants moving forward during Covid restrictions. These services have clearly met the information needs of relatives/families whilst visiting has been restricted.

2.5 Chaplaincy

In 2020, in response to increased demand due to Covid-19 the Patient Experience Team worked closely with the Chaplaincy department and changed the way Chaplaincy operated. The service now operates a 24/7 service and has a chaplain per faith either on site or call. The Chaplains adapted the way they worked and visited wards and patients daily and are now inclusive of all religions on these daily visits.

The overwhelmingly positive response to these changes, allowed reflection on what the Chaplaincy service may look like beyond Covid and for 2021. The Patient Experience Team submitted a paper to Charities and was successful in securing funding for a 6 month post, for a non-faith based chaplain, who could help review and design the service.

Since November 2020 a Humanist Chaplain has been in post. Over the last 5 months, work has been undertaken to review current service provision and the current needs of Patients and service users of Bradford Teaching Hospitals NHS Foundation Trust and the chaplaincy service. In order to collate this information, surveys, data extraction, benchmarking and literature reviews have been undertaken.

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.

Meeting Title	Quality Academy		
Date	28.04.21	Agenda item	QA.4.21.XX

- Professional Practice and Data.
- Organising.

The Bradford Model of Chaplaincy for All proposes a new and refreshing cross-belief model for chaplaincy (Pastoral, Spiritual and Religious Care - PSRC) that is rooted in the reality of demographic trends and offers relevant service standards that can be used in service planning and review. It dismisses the idea that you only call the chaplain when there is a death, to the concept of a more proactive, integrated and holistic role. There are commitments to work cross-culturally and collaboratively such as the Act as One initiative to establish a partnership approach to health and care in the district.

The project is nearing a close and the Humanist Chaplain will depart and the model will be handed over to the Chaplaincy service to implement and embed. This work is underway and chaplains have already changed the way visits are conducted. Chaplaincy has become more proactive, inclusive and visible across Bradford Teaching Hospitals NHS Foundation Trust.

Collaborative pieces of work have commenced and are currently under review. At present (March 2021) the permanent Chaplains are undertaking the following MDT working roles:

- A Chaplain is now involved with consultant ward rounds on ICU to support difficult conversations and identifying patient and family needs.
- A Chaplain is working with Palliative care to understand the challenges of end of life planning and care and testing an approach which involves Chaplains in end of life planning rather than been called in those last few hours of a patient's life.
- Chaplaincy have been working closely with the onsite police support officers and attending call outs and visits where Chaplaincy can offer a calming, reassuring presence.

These tests of change are underway and evaluation is expected by the end of April before standards will be drawn out and shared amongst the teams. At this time rebranding and the model will be launched.

Currently documentation by the Chaplaincy Service is severely restricted. The Patient Experience Lead Nurse is working with the Assistant Chief Nurse for Informatics and Bradford University to find a suitable process for streamlining documentation and referral.

The final model is currently out for peer review and will be completed and ready for publication before the end of May. Further recommendations will be made for the service and the structure, following publication and agreement of the Bradford Model.

2.6 Voluntary services

Trust volunteers were suspended on 23rd March 2020 as part of the first national lockdown. The volunteers have been written to several times to keep them updated of the situation during the pandemic. In October 2020 the team were able to get the radio volunteers back on site as their role was assessed as being low risk. The proposed timetable for the return of volunteers is as follows:

Meeting Title	Quality Academy		
Date	28.04.21	Agenda item	QA.4.21.XX

Role	Risk Level	Proposed date
Radio	Low	Started October 2020
Hospital Guides Tea Bars Research	Medium	May 17th onwards
Patient support	High	June 21 st 2021 onwards subject to a review of the role
Chaplaincy Visitors	High	TBC

Table 2 Planned timetables for volunteer return.

Around 40% of our exiting volunteers are over 65 and many have now had both vaccinations. Any return to volunteering by an individual will be subject to the following:

- Individual Risk assessment
- Role risk assessment
- Supplementary agreement re; Covid risk agreed with HR
- Additional IPC training and PPE training agreed with IPC team
- Use of Lateral Flow testing

Exploration of new roles is currently being explored in the new ways of working with Covid.

The paid voluntary team have been redeployed during the past year to many of the new roles previously discussed, including the dissemination and management of donations for staff to the Trust in collaboration with our charity.

2.7 End of life Care

During the pandemic the End of Life support has been provided by the Hospital Palliative Care Team. This team has provided a 7 day face to face service. This team has seen a significant increase in demand during winter months, between December 2020 and March 2021 the service saw a 94% increase in referrals. Below reflects some of the key pieces of work this valuable team has been carrying out to support patients, relatives and our staff.

- Established a Virtual End of Life Ward – Patients who have been identified as dying and the last days of life documentation has been commenced on EPR are ‘flagged’ on Capacity Management. The Palliative Care Team then proactively reviews all dying patients (reviewed 50% of all hospital deaths). Additional staffs (Band 5 x 2 & Band 3 x 2) were seconded to support the team and assist wards with setting up syringe drivers, communication with relatives and sitting with patients. Feedback from this service from staff and relatives has been excellent.

Meeting Title	Quality Academy		
Date	28.04.21	Agenda item	QA.4.21.XX

- Recommended Summary Plan for Emergency Care & Treatment (ReSPECT) implemented across Bradford, Airedale & Craven District in October 2020. This process involves patients in decision making and supports advance care planning.
- The National Audit for Care at the End of Life (NACEL) was postponed in 2020 due to the pandemic. This will now take place in summer 2021 and will include a Case Note Review; Quality Survey for Carers; staff questionnaire (BTHFT carer survey will be on hold during the audit period (April – August 2021).
- EOL guidance for staff has been provided around visiting which reflects national guidance and recommendations.

3.0 Complaints

During 2020/21 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. This has taken place despite a national directive for NHS Trusts to place complaints responses on hold, whilst reacting to the challenges of the pandemic. A total of 404 complaints were received within the Trust.

	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4	Total
Planned Care Group	28	35	55	52	170
Unplanned Care Group	50	58	61	54	223
Central	0	3	5	3	11
Total	78	96	121	109	404

Table 3 Complaints per quarter and Care Group received during 2020/21.

Despite an annual figure of 404 complaints for 2020/21, this figure has dropped significantly from the previous financial year position by 9%. Figure 1 below demonstrates the number of complaints received during the past two years.

Meeting Title	Quality Academy		
Date	28.04.21	Agenda item	QA.4.21.XX

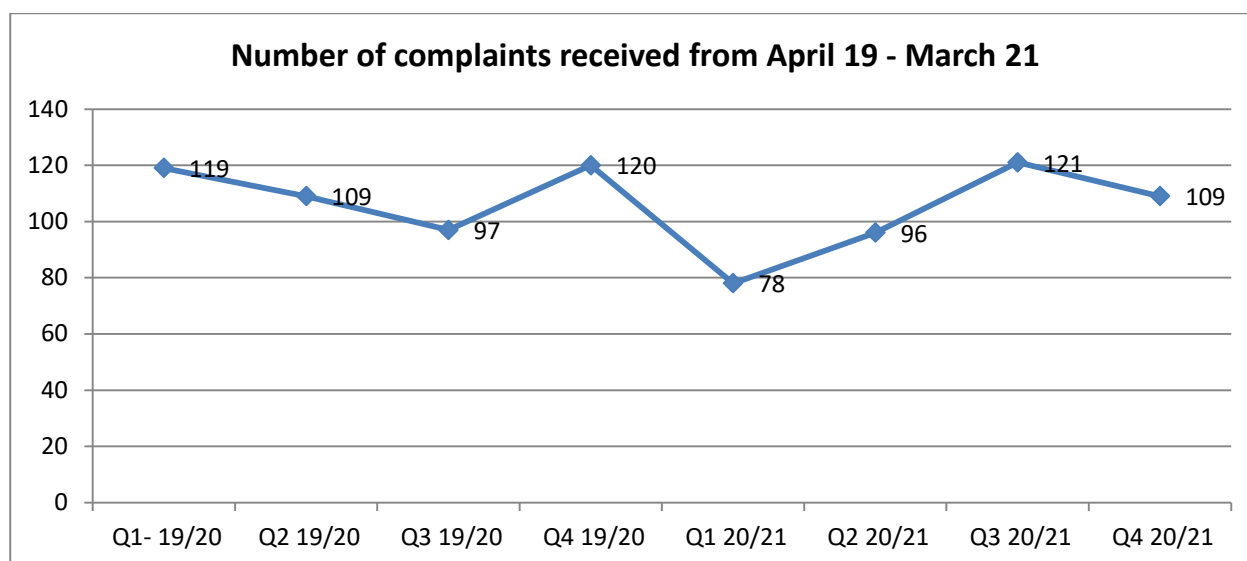


Figure 1 Complaints received between 2019/20-2020-21.

Due to the pandemic a number of services did not take place in the same way as prior to the start of the pandemic. A reason for the reduction in complaints could be contributed to the number of provisions the Trust put in place to try support the changing ways of working in Covid to enhance patients experience.

Despite the challenges of investigating complaints alongside increased clinical demands and a national steer for complaints to be placed on hold, the Trust underwent an independent review via Audit Yorkshire in autumn 2020. It is with pleasure that the advice received from the Audit Team was that the service at Bradford Teaching Hospitals NHS Foundation Trust carries a **High Assurance** opinion in their review of Complaints and Concerns Management (Appendix 1).

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 2 provides a linear analysis of this data for the previous two years. The recommendation from NHS England and improvement was that complainants should be written to update of the holding position whilst the Trust reacted to the pandemic.

There is a clear rise from May 2021 through to September 2021, as complaints responses were on hold nationally and this follows with an impressive recovery, with no complaints currently over 6 months at the Q4 2021 position.

Meeting Title	Quality Academy		
Date	28.04.21	Agenda item	QA.4.21.XX

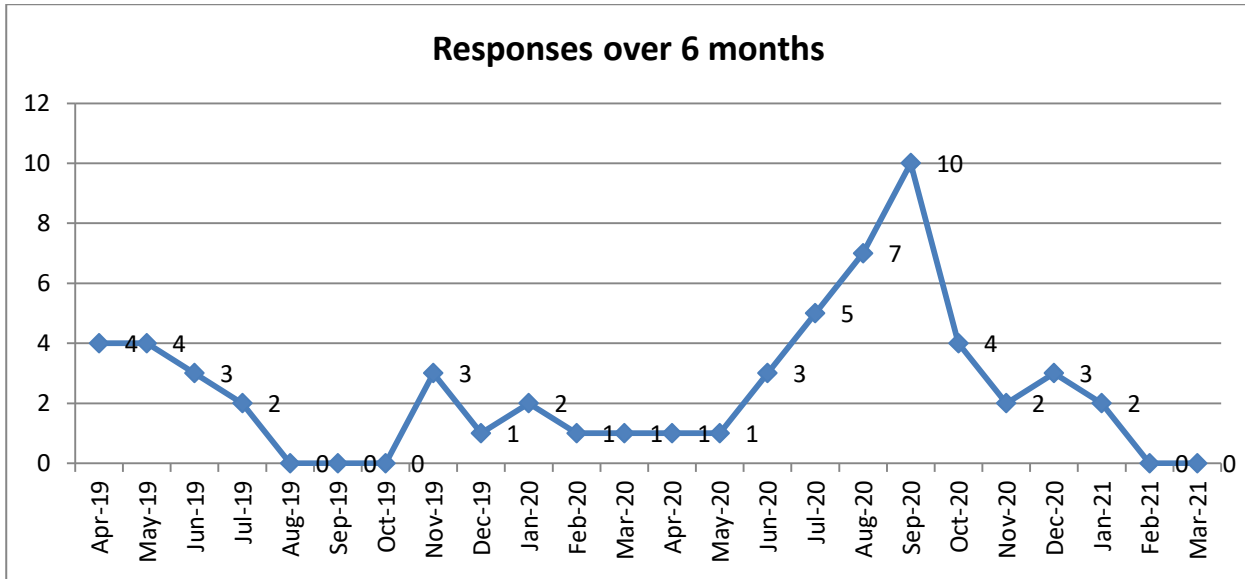
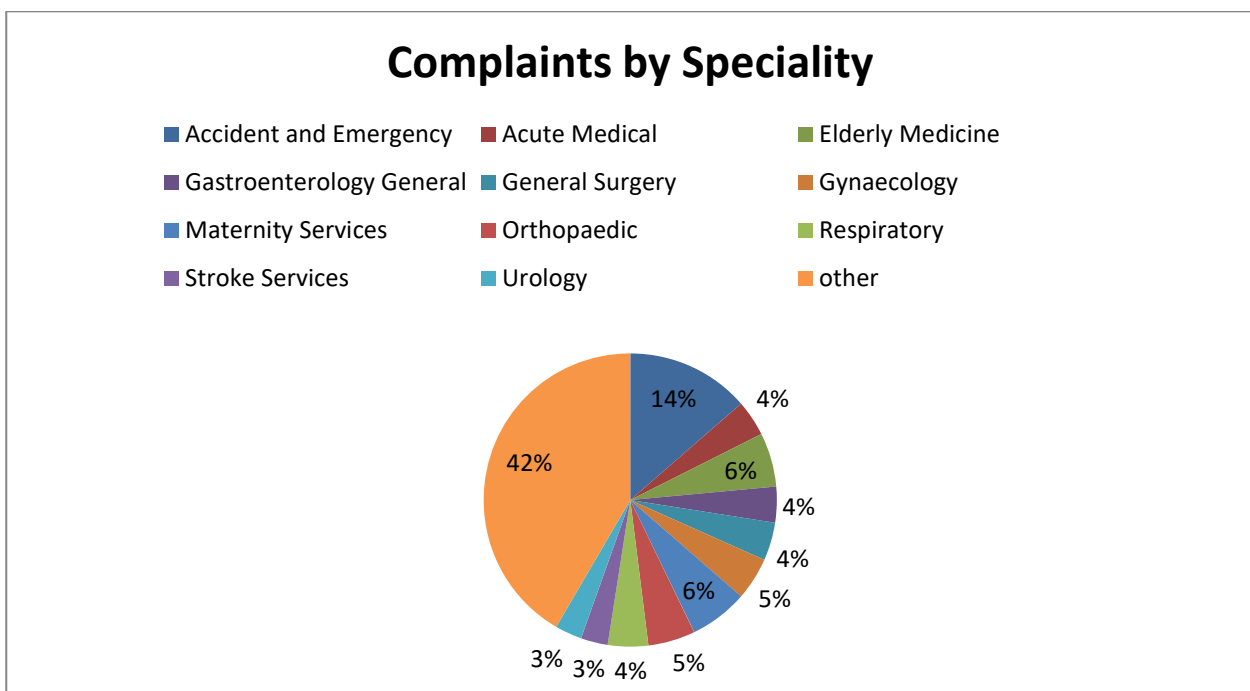


Figure 2 Linear data representing the number of complaints 6 months beyond review date 2019-2021.

Of the 404 annual complaints received, Figure 3 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=55) for the year. Whilst the aim is always to have no complaints, this figure should be considered against the 108,512 attendances the AED department managed during 2020-21.



Meeting Title	Quality Academy		
Date	28.04.21	Agenda item	QA.4.21.XX

Figure 3 Complaints annually by speciality 2020-21.

Figure 4 reports the top themes of complaints during 2020/21. 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 Subcommittee meeting ordinarily, 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 is currently under review with the risk team to consider ways to extract more specific information within this category to support future targeted work.

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 kindness and embedding Trust values to help tackle some of these issues.

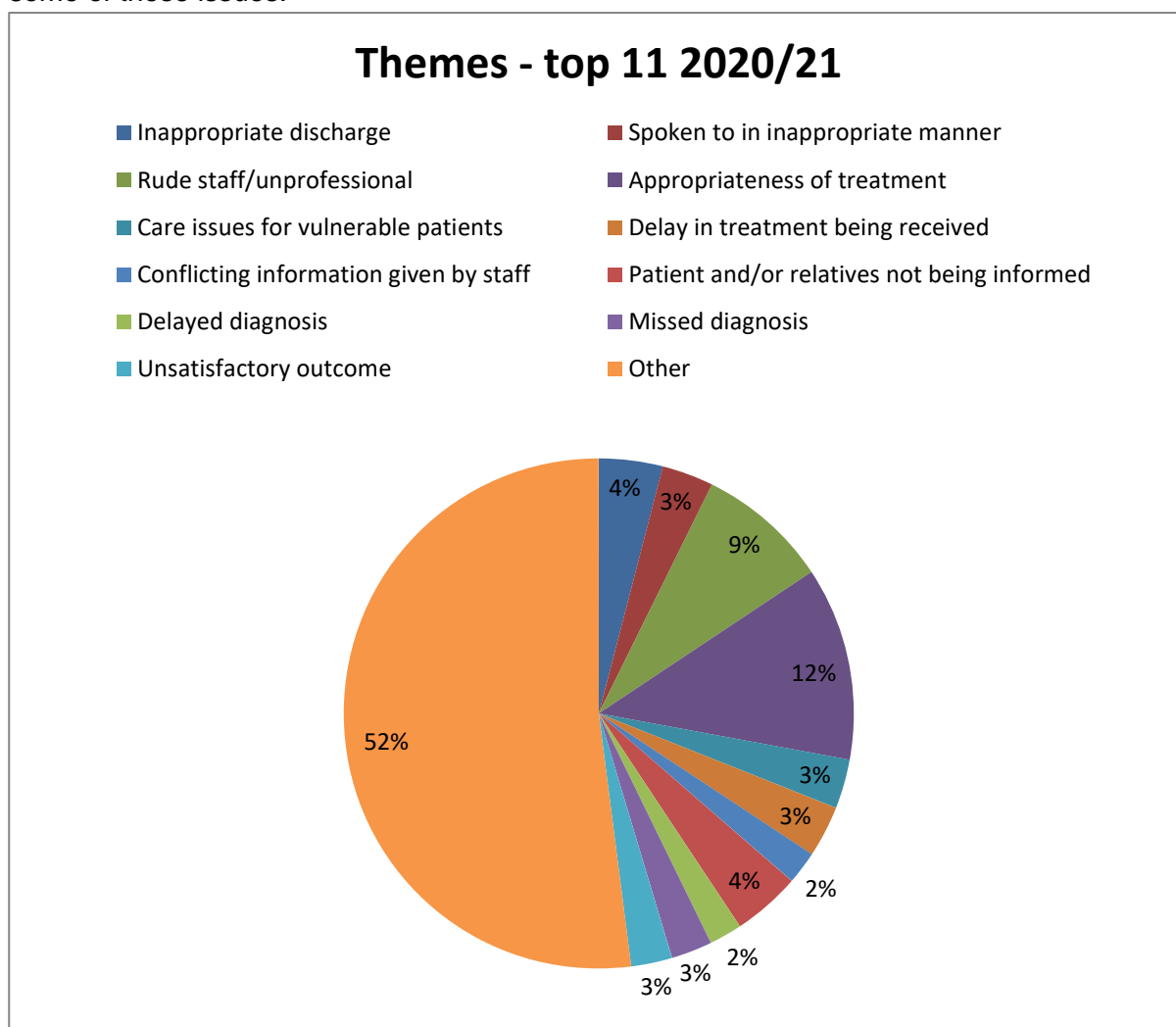


Figure 4 Themes of complaints.

Meeting Title	Quality Academy		
Date	28.04.21	Agenda item	QA.4.21.XX

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 4 provides the annual position.

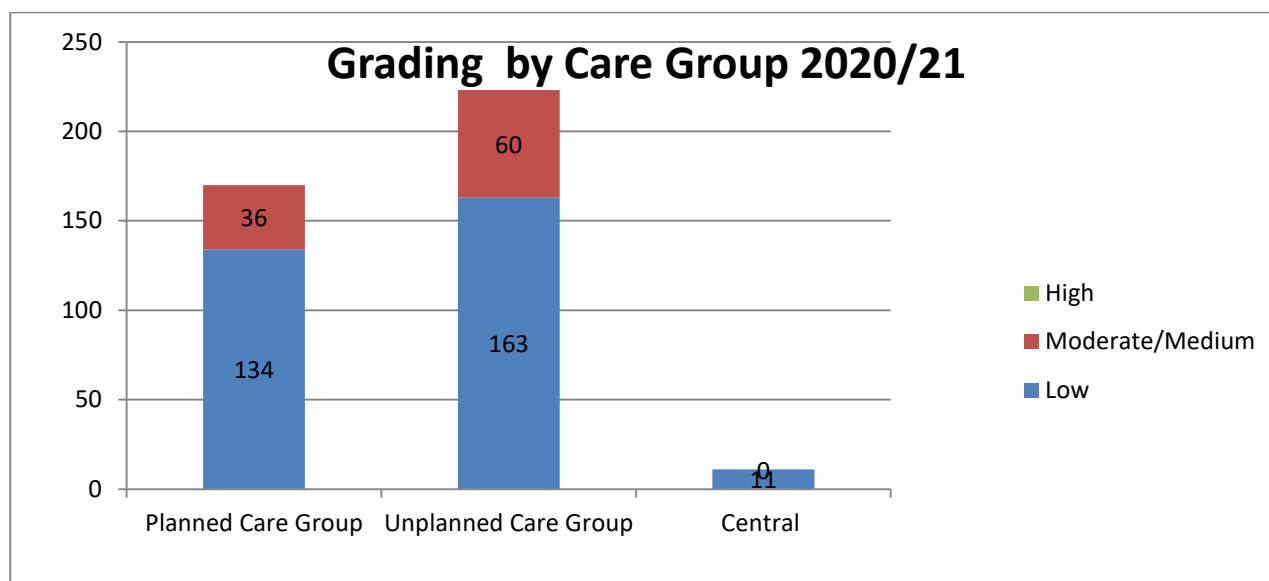


Table 4 Grading of all complaints received during 2020/21.

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 2020/21 the Trust received 7 cases with the following outcome:

- 1 PHSO decided not to investigate.
- 2 PHSO did not uphold.
- 4 still awaiting outcome from the PHSO.

During 2020/21 the Trust received outcomes on 6 cases:

- 1 PHSO decided not to investigate.
- 3 PHSO did not uphold.
- 1 PHSO partly upheld.
- 1 PHSO upheld.

The below table provides detail of the closed PHSO cases and the outcome decisions for the Trust.

Meeting Title	Quality Academy		
Date	28.04.21	Agenda item	QA.4.21.XX

Ref	Care Group	Date range of complaint	Date received complaint	Outcome	Date outcome rec
19803	Unplanned	Jan 2019 – March 19	21 March 2019	Not upheld	Feb 2021
13767	Unplanned	July 2015 – August 2016	27 Sept 2016	Not upheld	March 2021
16945	Unplanned	29-30 Jan 2018	16 April 2018	Upheld	Feb 2021
12164	Planned	April 2014 - May 2015	19 oct 2015	Partly upheld	August 2020
18321	Unplanned	June 2018	25 Sept 2018	Not upheld	Jan 2021
19926	Unplanned	July 2018	10 April 2019	Decided not to investigate	Feb 2021

Table 5 Case that have been closed in 2020/21

The Trust currently has 9 open cases at various stages within the PHSO review process

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. Figure 5 draws comparisons to previous years, highlighting the increase.

PALS	Q1	Q2	Q3	Q4	Total
2019/20	338	385	349	311	1383
2012/21	205	379	450	455	1489

Table 6 number of PALS contacts per month and year 2020-21.

Meeting Title	Quality Academy		
Date	28.04.21	Agenda item	QA.4.21.XX

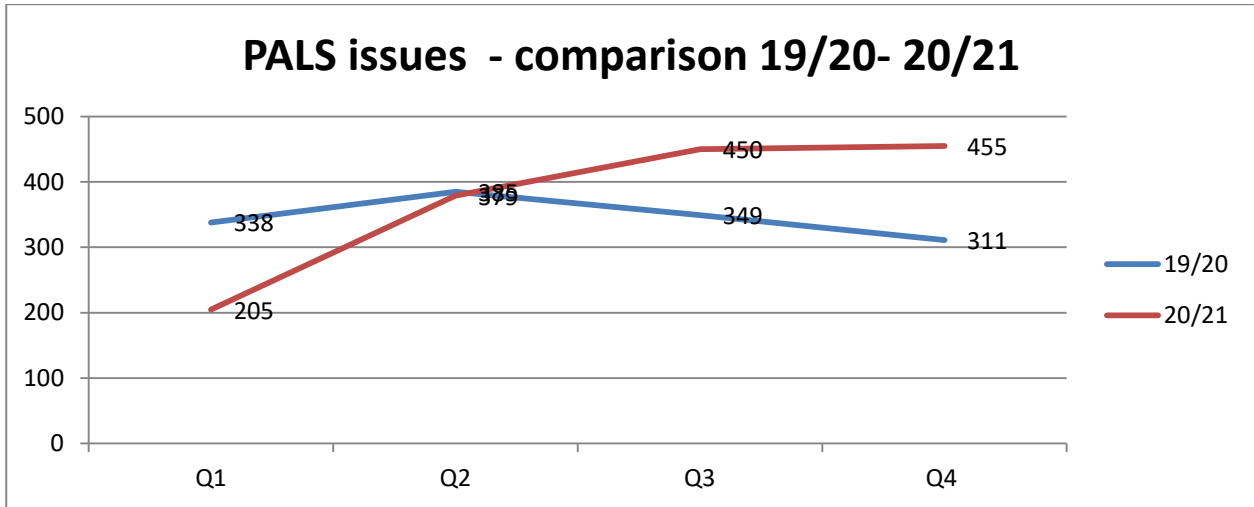
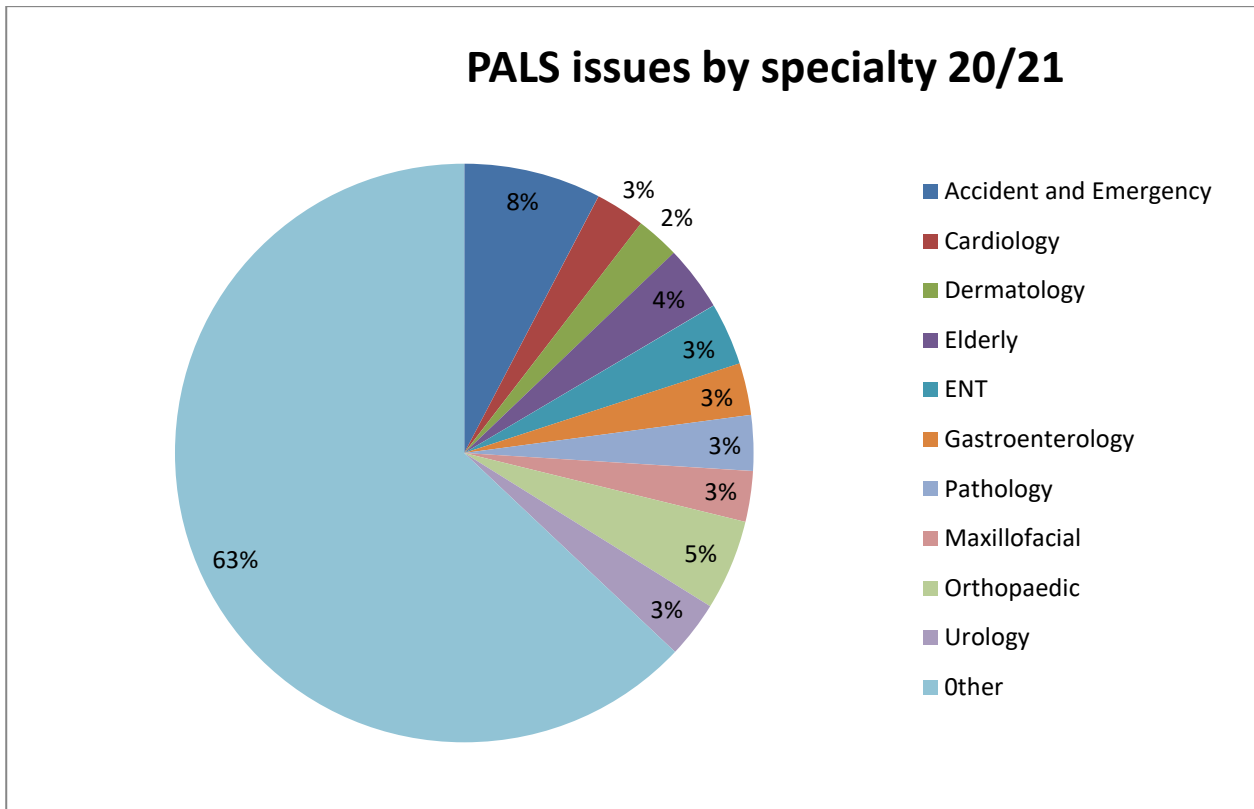


Figure 5 Comparisons PALs data

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 1489 only 49 remain open.

AED received the highest number of PALs contacts N=114, around 8% overall annual PALS (Figure 6).



Meeting Title	Quality Academy		
Date	28.04.21	Agenda item	QA.4.21.XX

Figure 6 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 (10%).

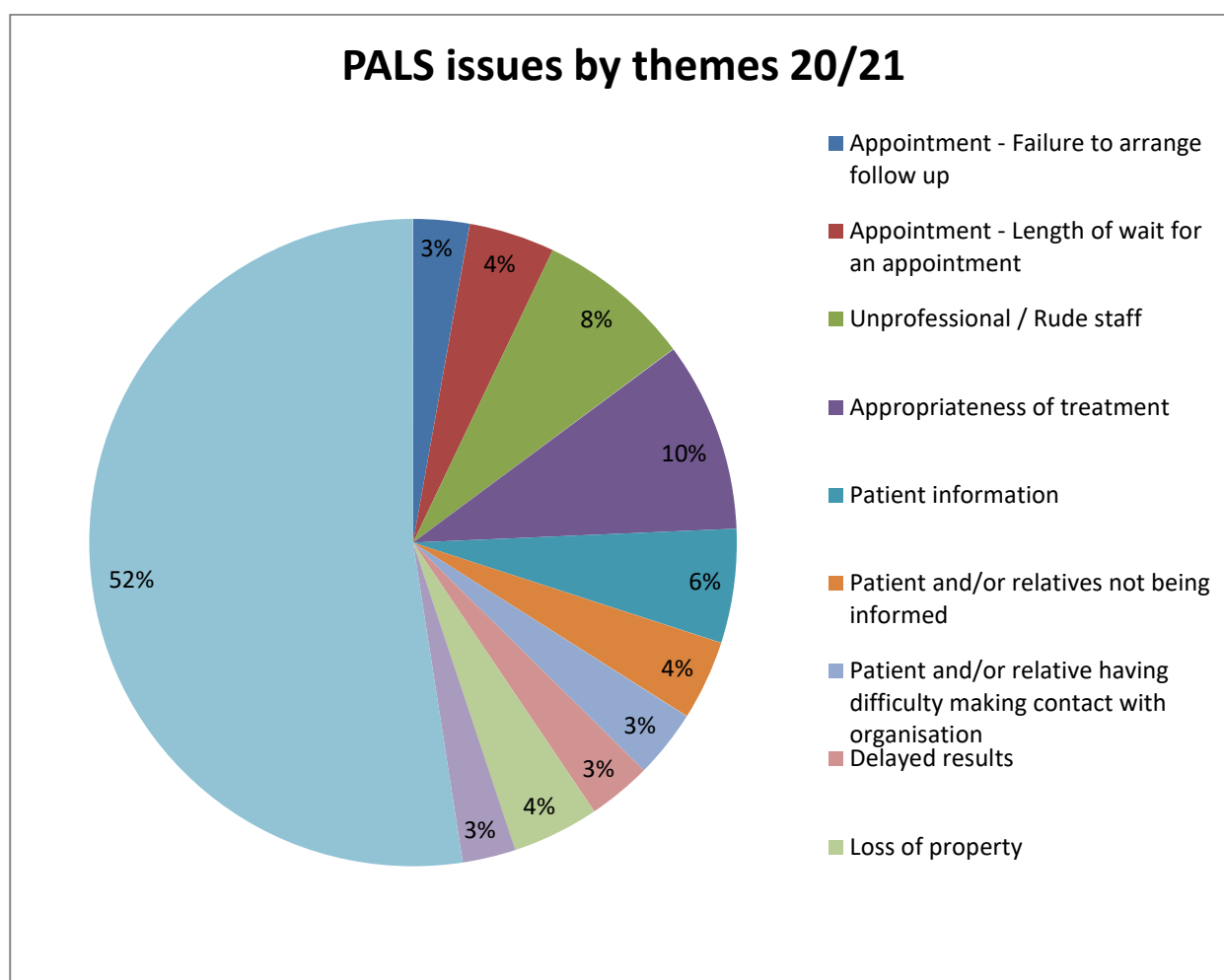


Figure 6 Themes of PALs contacts.

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 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 7 highlights the compliments by speciality.

Meeting Title	Quality Academy		
Date	28.04.21	Agenda item	QA.4.21.XX

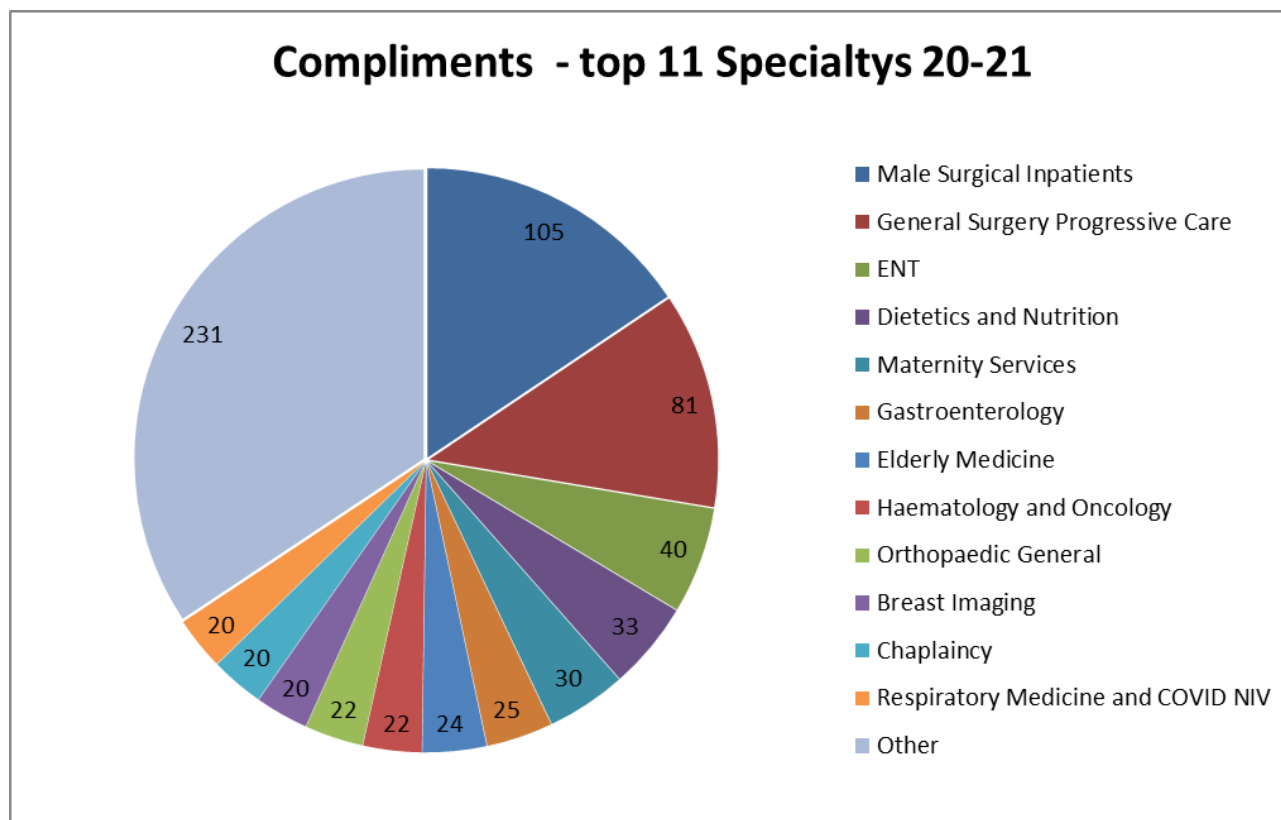


Figure 7 Compliments by speciality.

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 staff have had on Patient Experience and their family members.

Chaplaincy.

“Not able to have any visitors from family to friends was the most difficult experience, been isolated in one room following on from 6 months of isolation at home sheilding took its toil on my mental health, but with the pleasant and kind visits from (staff name) really helped me mentally and spiritually to find some solce within my self to fight and build up strength to heal and get better.

I thank (staff name) from the bottom of my heart for her kind words of wisdom and couragement, a brilliant job she is doing, having care and consideration for patients needs and understanding. “

“The client would like to thank the Chaplain that she feels provided amazing service to her, her family and her father who died in ICU. The client was said that the Chaplin sat and prayed at her father's side and supported the client when she went to visit her father as he was passing”.

Meeting Title	Quality Academy		
Date	28.04.21	Agenda item	QA.4.21.XX

Ward 28

“After spending 3 days on Ward 28 I feel I need to personally thank each and every person that worked during the 3 days I was there. Each and everyone of you gave 110% in your duty's, your compassion and professionalism will stay with me always. I watched as you worked 12 hour days sometimes under so much pressure due to the climate that you were in at the moment, wearing your protective masks etc, always ready to listen doing such a professional job never showing signs of how your feeling yourself. From cleaners keeping everything clean to the trolley dolly making us all laugh when dishing out our drinks and food to the wonderful nurses who worked so hard always smiling to the wonderful night staff who would offer themselves up for a chat to reassure ones of us that were struggling to get through each night. The doctors were always there spending time with each patient making sure we understood there diagnosis. I hope one day when this is all over you get what you deserve, a holiday, time with loved ones, a wage rise HA HA don't think that will happen but thank you for the bottom of my heart and if I have to come back I will request that it be on Ward 28.”

Letter from patient:

“I am just writing to thank you so much for the very professional, caring and understanding attention you gave me since the diagnosis of my endometrial cancer at the beginning of June. Throughout the entire fast track process at BRI I received nothing other than prompt, caring and professional service from everyone, and of course your wonderful Macmillan Nurse, who with just one caring phone call put my mind at rest. When I was lucky enough to meet you at the beginning of June, I was nothing other than in complete awe of your magnificent "bedside manner" sense of humour, depth of knowledge and obvious love and dedication to your job. You took time to explain everything so clearly with compassion and professionalism. Please accept my grateful thanks for everything you did for me, the NHS are really something very special”

3.4 Learning from Complaints

Learning from complaints during the pandemic has taken place despite many meetings being placed on hold. In the absence of the Patient Experience Sub-committee sitting, sharing of the learning has not dispersed as widely as the Team would have liked. However, restart plans will address this and alternative ways of learning have been utilised.

As a result of meetings being put on hold and in order to centralise learning from complaints, the complaints team has met with the CBU complaint managers and started to test the centralisation of action plans (with key learning objectives) via a tracker. As this develops, further analysis allows the Patient Experience team to identify key areas of learning, themes and hotspots and challenges learning around this. In future this information will become part of the learning from complaints process and will feed in to the Quality Academies and be shared through newsletters and meetings with all staff. Further work to refine and embed this is ongoing.

Some examples of learning from complaints include:

1. Review of mouth care practices and joined up working with SALT and Nursing staff,

Meeting Title	Quality Academy		
Date	28.04.21	Agenda item	QA.4.21.XX

2. Review of property management when items have gone missing, a new ESR form and updated policy is now in use.
3. A charge nurse in AED has been identified as a lead in the department for Bereavement to ensure staffs are trained and practice is monitored.
4. 'Tea and TEDS' initiative which has been introduced to Ward 21. This is a process which takes place each morning and each evening whilst offering a patient their morning and evening hot drink.

In addition the Patient Experience Lead Nurse supports PALS issues that relate to wider organisation learning and has supported learning and changes as a direct result. An example of this work includes work with *Ageing Without Children (AWOC)*, following feedback from a patient via PALS. The Lead Nurse for Patient Experience is currently working with local AWOC groups and the Local Council to create a learning package and leaflets to raise awareness.

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:

- An individual highlighted a concern relating to a wrongly assigned pronoun to a transgender patient. The assignment of Miss to this individual left them feeling undervalued and unheard. The Lead Nurse worked with the specific department, EPR and Information Governance to review the process of recording pronouns. As a result education and changes have been made to stop this occurring again.

4	PROPOSAL
----------	-----------------

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 re-established to ensure their voices are heard and influence Patient Experience projects for the next year ahead.

Meeting Title	Quality Academy		
Date	28.04.21	Agenda item	QA.4.21.XX

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.

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.

5	RISK ASSESSMENT
----------	------------------------

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

6	RECOMMENDATIONS
----------	------------------------

- 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 developed to steer improvement, led by a designated area lead once complete.
- Ongoing promotion and development of FFT data.
- Continue collaboration work with WYAT 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 the trajectory to continue.
- Learning from complaints to be made transparent for the public.
- Compliments to be captured and celebrations and acknowledgement of these to be developed.
- Continue to develop creative ways of enhancing patient experience during Covid-19 restrictions.

7	Appendices
----------	-------------------

Appendix 1

Audit Yorkshire: Internal Audit Report for Bradford Teaching Hospitals NHS Foundation Trust. Complaints and Concerns Management.