



The Virtual Royal Infirmary: High Quality Care, Anywhere

Bradford Teaching Hospitals NHS Foundation Trust
Virtual Services Strategy

1. Foreword

I am delighted to introduce the Bradford Teaching Hospitals virtual services strategy for 2021-2023.

A virtual hospital and virtual services are methods that we use to give hospital standard care to patients closer to, and often within, their own home. Not only can we deliver clinical care safely but patients are often spared the need to travel to, or stay in, hospital.

The Trust already has a number of virtual services. The development and use of virtual and digital alternatives to more traditional methods of caring for patients increased considerably during the COVID-19 pandemic. They were so successful that we intend to expand their use and have created a programme of work to do this, which we call our Virtual Royal Infirmary (or VRI).

Virtual services are designed to improve the care experience and quality of outcomes for patients and their families. They often mean that a patient can avoid attending hospital by being monitored at home or that a patient can go home from hospital earlier. Alternatively, they may allow patients to more easily access information about their condition to allow them to self-manage their illness.

“The Virtual Royal Infirmary, High Quality Care, Anywhere” explains how we use our Virtual Royal Infirmary (VRI) programme to support the Trust to help meet the aim of our Bradford District and Craven Health and Care Partnership (HCP)¹ to keep people Happy, Healthy at Home by meeting people where they are with flexible and timely care; empowering them to take control of their own health.

The **Virtual Royal Infirmary programme** has five main VRI ambitions to;

- redesign models of care so that all specialties deliver an appropriate element of virtual care
- redesign staffing models, workforce roles and training to support delivery of virtual care
- create a digitally enabled environment to effectively deliver virtual care, making the best use of resources
- develop and deliver education packages for patients, provider partners and staff
- provide an improved patient experience, caring for the patient closer to home, often in more comfortable surroundings whilst continually improving quality of care

We will achieve these ambitions through five workstreams; expand the virtual ward, improve patient readiness for treatment, make virtual outpatient appointments the norm wherever it is clinically appropriate, enable patients to manage their long-term conditions and deliver online patient education modules.

These workstreams will initially focus on the first of our VRI ambitions - to redesign models of care. However, as they progress they will enlist the support of subject matter experts from across the Trust and our local HCP. These experts will provide input to ensure delivery of each of our other VRI ambitions, for example, around workforce re-design and training, ensuring a robust digital environment and providing a positive patient experience.

We also recognise that it will be essential to ensure that we work closely with partners across our local HCP (and especially with colleagues Primary Care) when we create these new models of care.

By doing this we will be able to ensure that we have new, transformed models of care that are complete and contain all the elements of high quality, safe services that meet the same high standards of traditional hospital based care and provide an outstanding care experience for our patients and their families.

When compared to traditional models of care, we know that virtual services offer us huge potential to do much more, providing care and treatment in many different ways to reach a wider group of people and providing better patient outcomes. It is our ambition to transform our services so that we are “virtual by design” delivering truly outstanding, safe, care through embedding virtual services at scale.

Join us on our exciting journey.



A handwritten signature in black ink, appearing to read 'Mel'.

Professor Mel Pickup,
Chief Executive

¹ Bradford District and Craven Health and Care Partnership (HCP) is our local integrated care system, it is a partnership of local health and care organisations acting as one to develop and deliver health and care services in a coordinated way. It is made up of Airedale NHS Foundation Trust, Bradford Care Alliance, Bradford Care Association, Bradford District Care Foundation NHS Trust, Bradford Teaching Hospitals NHS Trust, Bradford District Voluntary and Community Sector Assembly, City of Bradford Metropolitan District Council, NHS Bradford District and Craven CCG and Primary Care Providers.

2. Introduction

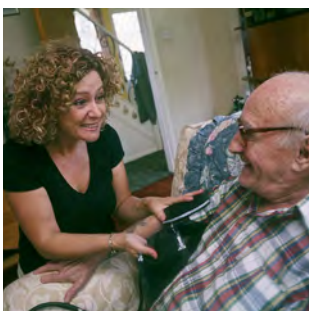
Our Virtual Royal Infirmary; High Quality Care, Anywhere strategy creates a virtual hospital, without walls, where a patient's treatment and care can begin and end in their own home with support from our fantastic people every step of the way.

This ensures that patients and their families only need to come into hospital for things that only a hospital can do.

We know that there are many benefits to virtual services;



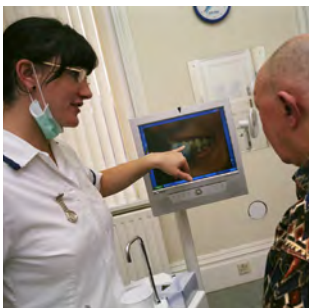
Virtual services give patients more control of their health, providing access to information, guidance and help with their condition



Being cared for in their own home cuts down on the need for patients and their families to travel to, and stay overnight in, hospital. It also aids recovery and improves patient outcomes as patients receive high quality, safe, care in familiar surroundings, sleep better and remain more active. This provides a much improved care experience for patients and their families



We can use virtual services to provide GPs and others working in communities with tools to seek advice from specialist clinicians at the Trust about appropriate treatment plans without the need to refer the patient to hospital



By keeping people out of hospital unless they really need to be admitted, virtual services free up hospital capacity for the very sickest patients or allow those people requiring surgery or other procedures that cannot be done at home to have them carried out sooner.

We are committed to a vision of ***developing virtual services so that we can keep people healthy happy at home by meeting them where they are with flexible high quality and timely care; empowering them to take control of their own health.*** We want to become “virtual by design” so that virtual services are the norm and that we only use traditional models of care when it is clinically appropriate or where the patient chooses them.



3. Context

There is a demand for virtual services

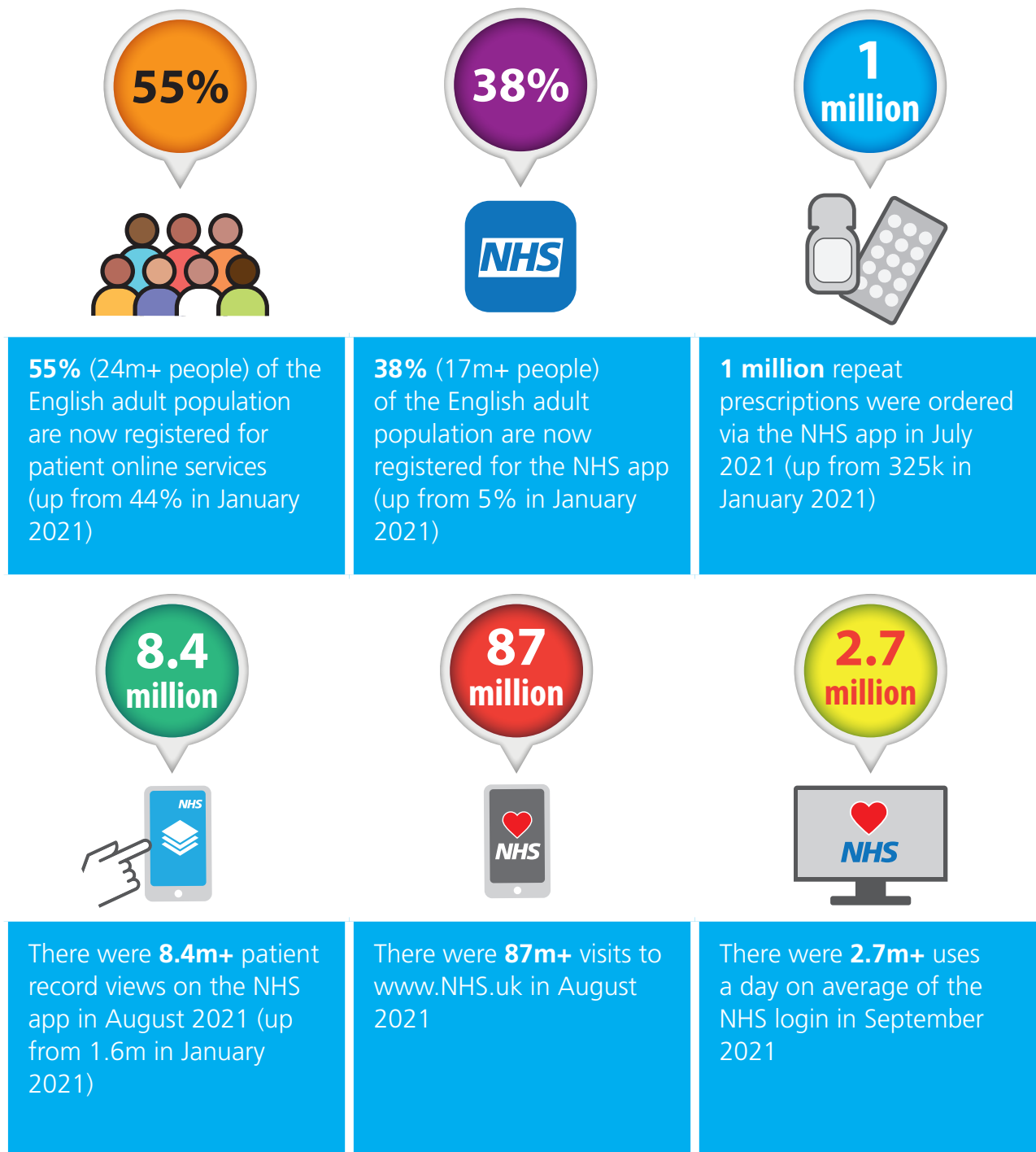
We have long known that there is a place for virtual services alongside traditional models of care; this was borne out by our innovative diagnostic and elderly virtual wards² and our ACE³ pathways in paediatrics prior to the COVID-19 pandemic.

However, the pandemic has acted as a catalyst for the use of virtual services. It is now clear that the development of virtual services, alongside traditional models of care, is going to be essential if we are to meet future growth in demand and catch up our waiting times following the pandemic.

² More information on our diagnostic and elderly virtual wards can be found later in this document

³ ACE - The ACE (Ambulatory Care Experience) service provides an alternative to hospital referral or admission for children and young people with common acute illnesses like asthma. Children and young people (CYP) can be referred to the service by their GP, as well as the Accident and Emergency Department and Children's Clinical Decision Area at Bradford Royal Infirmary. CYP who meet pathway criteria are looked after at home under the care of a nurse and on-call consultant paediatrician in a 'virtual ward'.

We also recognise that while not all virtual services are digitally enabled we need to accept that most will rely heavily on some form of digital infrastructure. This may be daunting for some and we will always engage with local people to find out how they want to access our services but we do know that people are beginning to use digital health services more and more⁴:



We know that people want to use digital means to access services and we are keen to meet this desire when providing virtual models of care.

⁴ Data from NHSX September 2021 (NHSX is an amalgamation of IT experts from the Department of Health and Social Care, NHS England and NHS Improvement to drive the digital transformation of care).

However, we recognise that there are members of our population who cannot access digital platforms but would like to, or who prefer to, use more traditional models of care. We will ensure that we help those people access our services in whichever way they prefer. We have adopted a set of guiding principles to ensure that everything we do is patient-centred and clinically appropriate when offering virtual services.

We want people to;

- *Be able to choose how they want to interact with their provider of care*
- *Feel that they are a partner in their own health*
- *Know what to expect and where to go to access what they need*
- *To feel that they have had a good patient experience when using virtual services and that those services met their needs in a timely way*

What do we mean by virtual services?

Virtual services can be used for a variety of reasons, all of which are designed to improve the care experience and the quality of outcomes for patients. For example, they reduce the need for a patient to attend hospital by being monitored at home, or they mean that a patient can go home from hospital sooner or they may allow patients to more easily access information about their condition to allow them to self-manage their illness.

Examples of virtual care are set out below;

■ Our Elderly Virtual Ward – “step-up” and “step-down” care

Our clinicians in Elderly Care developed the concept of an Elderly Virtual Ward as far back as 2012. Our national award winning elderly care virtual ward team is multidisciplinary and multi-organisational. Working with partners across our local HCP, it comprises therapists, qualified nurses, advanced nurse practitioners, rehabilitation support workers, administrators, local authority social care staff and consultant geriatricians.

In 2015, the Trust and its local HCP partners further developed this theme, creating a multidisciplinary team taking direct referrals from primary care practitioners seven days a week. This team can assess and triage referrals to escalate support, initiate rehabilitation-at-home, or directly admit to a community bed. This allows patients, who otherwise would have been admitted to hospital to be cared for at home. This is known as “step-up” support.

However our virtual ward can also provide “step-down” facilities for frail elderly people, allowing patients to be discharged from hospital to their normal place of residence with a “wrap-around” care package or into a community bed for rehabilitation or supportive care prior to discharge. This allows people to leave hospital and return home sooner.

Extending the virtual ward so that every major speciality in the Trust is able to offer access to the Virtual Ward for every clinically suitable patient is one of the key aims of this Virtual Services strategy.

■ TytoCare – home monitoring preventing hospital attendance

TytoCare is a device that lets healthcare professionals examine patients from a remote location.

We have broken new ground at the Trust by carrying out remote examinations and diagnoses with a cohort of young patients with acute and worsening chronic conditions using this device. Our national award winning Ambulatory Care Experience (ACE) team have used the TytoCare device to care for unwell children in the comfort of their own home, preventing unnecessary attendance or admission at hospital.

TytoCare is a handheld examination device that enables comprehensive and clinical grade physical exams of the heart, lungs, skin, ears, throat and abdomen, and measures body temperature and heart rate, to enable remote diagnosis of acute care situations.

During a virtual consultation, clinical visual and audio data is captured by the TytoCare device and transferred to a healthcare professional giving them a full, guided examination and a one-to-one consultation in real time.

Currently our ACE team is treating in excess of 400 children a year.

■ The COVID-19 Pulse Oximetry Virtual Ward – home monitoring allowing patients to go home sooner

It became clear during the pandemic that a number of our younger, lower risk, inpatients who were recovering from COVID-19 could be discharged and cared for at home rather than in a hospital bed provided that we were able to monitor their oxygen levels. This is beneficial to the patient as they are much more comfortable at home and are able to recover more quickly in familiar surroundings. It also freed up bed space for other, sicker, patients at the height of the pandemic.

In this virtual service, patients are shown how to use an oximeter⁵ on the ward along with an “app” to record the readings from the oximeter. The patient is then allowed to go home, use their oximeter and upload their data to the “app”. Clinicians at the hospital contact the patient to discuss their oximeter readings on a daily basis. The oximeter data is also monitored on a 24-hour basis by the Trust via the “app” and the patient is contacted should abnormal readings be received.

■ The Diagnostic Virtual Ward - supporting patients to go home sooner

The diagnostic virtual ward is an example of virtual care that does not require digital technology to make it work. It works across many specialties in the hospital and is used for low risk patients who are clinically stable and well enough to go home but who still require at least one further investigation (such as a colonoscopy, MRI scan or blood test) in a prompt timeframe. In a conventional care setting these patients would wait in hospital and would not be discharged until they had received this test. This often adds 2 to 3 days to their hospital stay. However, the diagnostic virtual ward allows the patient to go home, get a better night's sleep and rest in comfort. They can then return to hospital in the next few days to have their diagnostic investigation on the same timescale as if they were an inpatient.

⁵ An oximeter is a small device that is attached to a patient's finger and measures heart rate and how much oxygen is in the blood.

■ Patient Education – supporting self-care

Often patients or their families just need advice, guidance or reassurance rather than treatment. Virtual services can offer this by providing information through a range of different media, whether through patient education video streams, text messaging, voice or video calls.

■ NHS Planning Guidance 2022/23

We already have a number of virtual services in place and a clear intent to expand their use across the Trust.

This intent has been reinforced by the latest NHS Planning Guidance for 2022/23 which requires that all health and care systems to have completed the comprehensive development of virtual wards by December 2023.

In short, we are required to:

- *Maximise our overall bed capacity to include virtual wards*
- *Ensure that our virtual wards are only be used for patients who would otherwise be admitted to an NHS acute hospital bed or to facilitate early discharge*
- *Maintain an efficient safe staffing and caseload model*
- *Manage length of stay effectively in virtual wards*
- *Fully exploit remote monitoring technology and wider digital platforms to deliver effective and efficient care.*

We will also be required to accelerate the progress we have already made towards a more personalised approach to follow-up care, by reducing outpatient follow-ups by a minimum of 25% against 2019/20 activity levels by March 2023.

Planning guidance also states that we must develop a more personalised approach to outpatient follow-up appointments to ensure people who require a follow-up appointment receive one in a timely manner. One of the recommended ways that we will do this is via the use of patient initiated follow up (PIFU).

Each of the areas outlined in the NHS Planning guidance for 2022/23 will be achieved through the delivery of this strategy and our VRI work programme.

4. Our ambitions

A summary

When developing our VRI ambitions our we must remember our Bradford District and Craven HCP vision to “develop virtual services so that we can keep people healthy happy at home by meeting them where they are with flexible high quality and timely care; empowering them to take control of their own health”

With this vision in mind, we are committed to jointly developing new models of care with our partners across our HCP and have developed the following key VRI ambitions⁶:



Redesign models of care with local HCP partners so that all specialties deliver an appropriate element of virtual care



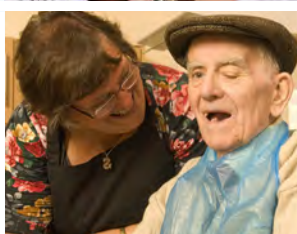
Redesign staffing models, workforce roles and training with local HCP partners to support the delivery of virtual care



Create a digitally enabled environment to effectively deliver virtual care, making the best use of resources



Develop and deliver education packages for patients, local HCP partners and staff



Provide an improved patient experience, caring for the patient closer to home, often in more comfortable surroundings whilst continually improving quality of care

⁶ Many of these ambitions can be mapped to the ambitions set out in other Trust strategies such as our Quality Strategy, Patient Experience Strategy, Digital Strategy, Education Plan and People Strategy

In order to deliver these ambitions we have developed five clearly defined workstreams, each with a designated clinical lead. These workstreams are designed to transform services and are as follows:

- **Expansion of the Virtual Ward** – to create one Trust-wide virtual ward with single governance, information requirements, principles and oversight. Ensuring that every major speciality in the Trust is able to offer access to the virtual ward for every clinically suitable patient.
- **Readiness for treatment** – to ensure that, through partnership with Primary Care, all patients admitted to the Trust are optimally fit for treatment and receive maximum benefit from their care.
- **Virtual Outpatients** – to ensure that we make non face-to-face, telephone or video outpatient appointments the norm (unless it is clinically necessary for them to be delivered physically), with a particular focus on follow up appointments.
- **Management of Long Term Conditions** – to provide virtual services so that patients with long term conditions can receive care in an out of a hospital environment wherever possible reducing escalations and the need for hospital attendance or admission.
- **Patient Education** – with an aim of delivering material on-line so that patients can access support, education and self-management resources that are bespoke to their condition.

These workstreams will initially focus on the first of our VRI ambitions - to redesign models of care. However, as they progress they will enlist the support of subject matter experts from across the Trust and the Bradford District and Craven Health and Care Partnership. These experts will provide input to ensure delivery of each of our other VRI ambitions, for example, around workforce re-design and training, ensuring a robust digital environment and providing a positive patient experience.

We also recognise that providing healthcare in new environments such as the patient's home requires a new approach to clinical governance and the management of risk. With this in mind, we are exploring the potential to work with our internationally recognised Bradford Institute for Health Research in the development of arrangements to ensure that we manage any risks to patient safety in the home.

By doing this we will be able to ensure that we have new, transformed models of care that are complete and contain all the elements and hallmarks of high quality, safe services that meet the standards of traditional hospital based care.

Sitting alongside these longer-term workstreams, we have also commissioned some short-term initiatives to use virtual services to improve our readiness for the winter of 2021/22. These workstreams are in Urgent Care, Paediatrics, Respiratory Medicine, the Elderly Virtual Ward and Pre-op assessment. Many of these initiatives are delivered with the help of our partners across our Bradford District and Craven Place.

However, our main focus will always remain on the longer-term workstreams that are designed to transform services and provide lasting benefits to patients.

4.1 Redesign models of care so that all specialties deliver an appropriate element of virtual care

Traditional models of care for inpatients follow a pathway similar to the ones in figure 1 below;

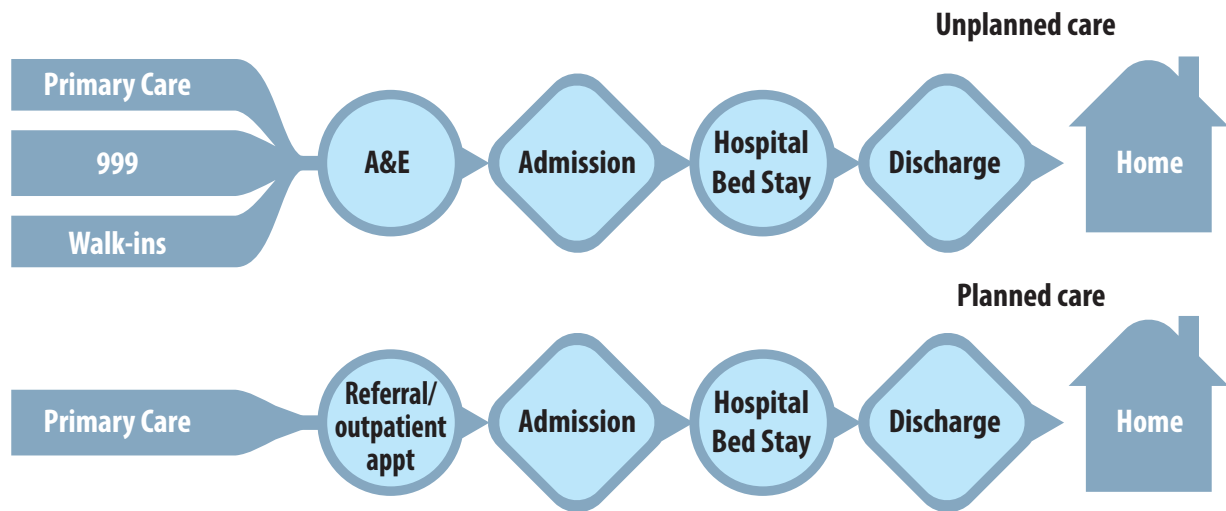


Figure1. Traditional models

It is our intention that all specialities are able to deliver their services virtually wherever this is clinically appropriate so that we are able to avoid unnecessary hospital admissions or provide early supported discharge.

To do this we will look to expand the use of our existing virtual ward so that it covers the entire Trust. This will mean that care pathways closely resemble those in figure 2 below;

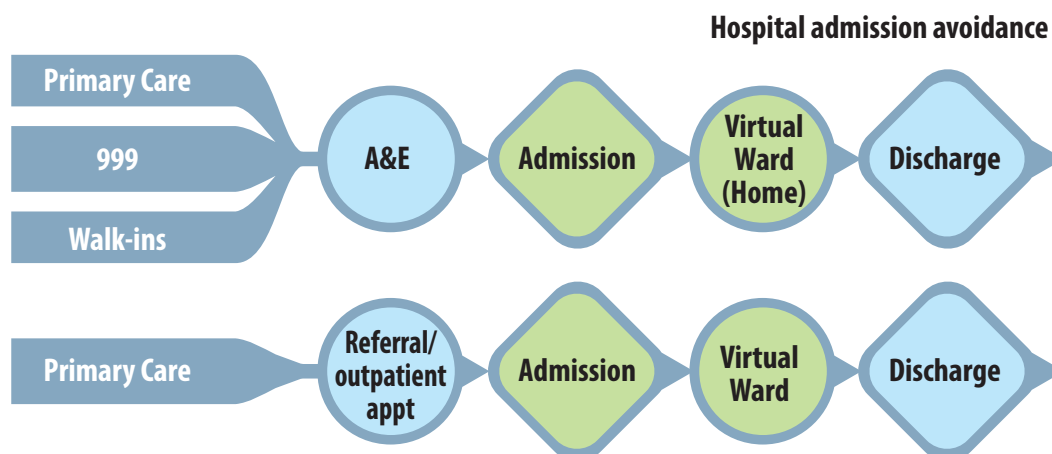


Figure 2. Hospital admission avoidance

In figure 2 above, hospital admission is avoided as the patient is “admitted” to a virtual ward and stays at home to receive their care, receiving visits from healthcare professionals and often having key indicators (such as blood oxygen levels) monitored remotely.

In the example shown in figure 3 below, it has been clinically appropriate to physically admit the patient to hospital but, once they are well enough, we are able to support them to go home but remain under the care of our virtual ward. Once again, the patient will receive regular visits from healthcare professionals and may have their key health indicators monitored remotely but the use of our virtual ward allows them to leave hospital and go home much sooner.

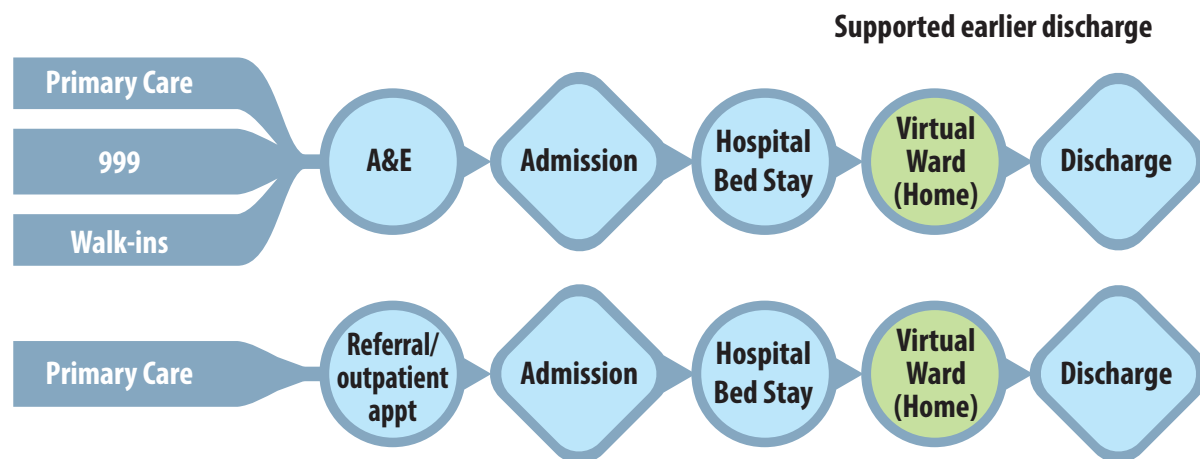


Figure 3. Supported earlier discharge

These approaches are better for the patient as they are often being cared for in their own home, which cuts down on the need for patients and their families to travel to hospital. It aids recovery and improves outcomes as patients receive high quality care in familiar surroundings for more of their care pathway. Patients are also able to sleep better and remain more active thus preventing some of the deconditioning that patients often experience after hospital stays.

Currently, our Elderly Virtual Ward cares for between 30 and 35 patients at any one time. Without the Virtual Ward it is highly likely that these patients would occupy an inpatient bed.

It is also our intention that specialties will deliver more outpatient appointments in a virtual way wherever this is clinically appropriate. It is accepted that clinicians may want to undertake initial patient assessments through a face-to-face appointment. However, we envisage that the vast majority of follow-up outpatient appointments will be non-face to face. We also intend to use Patient Initiated Follow Up (PIFU)⁷.

⁷ Following a hospital appointment, it is often necessary to arrange follow-up appointments for ongoing care. Traditionally, these appointments are provided at routine intervals. But in some cases, patients feel that they need a follow-up appointment sooner or may agree with their clinician that a follow-up is not required. To give patients more control and the flexibility to arrange their follow-up appointments we can use PIFU where the patient decides and initiates a follow up. Adopting this approach will make it easier and more convenient for patients to receive care and support when they need it and avoid otherwise unnecessary trips to hospital.

Measurable Outcome

1. The development of a single, overarching, Virtual Ward for the Trust	April 2023
2. Every major speciality in the Trust is able to offer access to the Virtual Ward for every clinically suitable patient	April 2023
3. There should be a significant shift of away from traditional face-to-face outpatient appointments to virtual appointments with a target for all specialties participate in virtual outpatients with a minimum of 20% of outpatients being non-face-to-face by March 2023. We will also reduce outpatient follow-ups by a minimum of 25% against 2019/20 activity levels by March 2023.	April 2023
4. Completeness of the readiness for treatment programme so that all patients admitted to the Trust are fit for treatment and receive improved outcomes	April 2023
5. Delivery of Management of Long Term Conditions programme so that all clinically suitable patients with LTCs receive preventative care and monitoring in an out of a hospital environment wherever possible	April 2023

4.2 Redesign staffing models, workforce roles and training to support delivery of virtual care

If we are to truly become a hospital that is “virtual by design” and meet our aims to have a single trust-wide virtual ward and a significant shift towards delivery of virtual outpatient appointments then we will clearly need to re-design many of our models of care.

For example, in relation to nursing, we envisage that rather than all of our patients being physically nursed on hospital premises, we would have an increasing number of our patients at home being virtually nursed and monitored remotely with physical interventions when required.

This widespread re-design of care models will need an associated review and re-design of our workforce model and a reassessment of the core skill-sets required for many of the roles within the Trust.

We will ensure that our people have the right skills to work virtually so that they can provide effective, high quality and safe care that is commensurate with the standard of care provided in a hospital setting. We will work together with senior clinicians to develop these workforce models and to identify and meet training needs for our workforce at all levels. This is why our workstreams within the VRI programme will be led by our senior clinicians as subject matter experts and our new models of care designed by the doctors, nurses and allied health professionals⁸ who provide care for our patients on a daily basis.



- If we are to truly become a hospital that is “virtual by design” and meet our aims to have a single trust-wide virtual ward and a significant shift towards delivery of virtual outpatient appointments then we will clearly need to re-design many of our models of care.

⁸ Allied Health Professionals (or AHPs) are a group of staff from professions allied to healthcare such as Paramedics, Dietitians, Occupational Therapists, Radiographers and Physiotherapists

Given that the creation of many virtual services will lead to patients being treated in environments away from a traditional hospital setting it is clear that there will also need to be a great deal of cooperation and pathway redesign with our partners in the Bradford District and Craven Health and Care Partnership (HCP). As a Trust we are committed to “Act as One”⁹ with partners from across our local HCP and in 2019 we signed a Strategic Partnering Agreement to formalise a commitment to work together to develop system-wide models of care.

Our VRI workstreams will therefore include representation from our partners from across the local HCP to ensure that we co-design an integrated model of care, supporting our collective workforce to work in seamless, system-wide, care pathways that meet the needs of our patients, providing a positive care experience.

Central to the development of seamless care pathways will be the concept of “badge-less care.” This concept recognises that many patients and their carers either do not recognise, or are not concerned, whether a member of staff is from this Trust, Bradford District Care NHS Foundation Trust, Primary Care or the Local Authority. They do not differentiate between organisations and just recognise that a health or care professional is caring for them. We have used our joint commitment to “Act as One” to begin to break down the barriers between different care providers. We will continue to do this as part of our development of the VRI programme, by working with other providers in our local HCP to join-up or pool staff, developing the concept of badge-less care so that we create seamless virtual care pathways.

Measurable Outcome

1. <i>Re-design of workforce plan, staffing roles and training needs</i>	<i>Sept 2022</i>
2. <i>Delivery of training</i>	<i>April 2023</i>

⁹ Act as One is the new operating model developed with our health and care partner organisations across Bradford District and Craven. It is a leap forward in ensuring that we work together to provide system-wide, efficient solutions to the provision of care. More details can be found in the Trust Strategy – Our Patients, Our People, Our Place and Our Partners

4.3 Create a digitally enabled environment to effectively deliver virtual care, making the best use of resources

Whilst some virtual services will be provided without the use of technology, many more will be enabled by digital technology including the application of artificial intelligence. As a result, we will need a robust digital and data infrastructure and a clear plan for how we can use digital and data to support the transformation to virtual services.

This will ensure that we have a stable foundation on which to build our digital and virtual ambitions. The Trust's shorthand for work in this area is "Brilliant Basics" and is directed at ensuring that our digital infrastructure is safe and secure, that we have the right devices in sufficient quantities and that we have adequately thought through our future strategy for key assets.

This will involve ensuring that our clinicians have access to key tools to deliver virtual care. These may range from up to date video conferencing facilities, incorporating bespoke private space for conducting virtual consultations or virtual MDT¹⁰ meetings, with adequate cameras, screens and connectivity to key Trust information systems such as our Electronic Patient Record (EPR). It may also include the development and use of apps and equipment such as Tytocare to monitor the health of patients.

We will expand the role of our Electronic Patient Record in capturing vital clinical information and providing essential decision support. We will explore the potential to increase the scope of EPR to include all of our health professionals so that they can accurately and comprehensively record the care plans of patients being cared for at home.

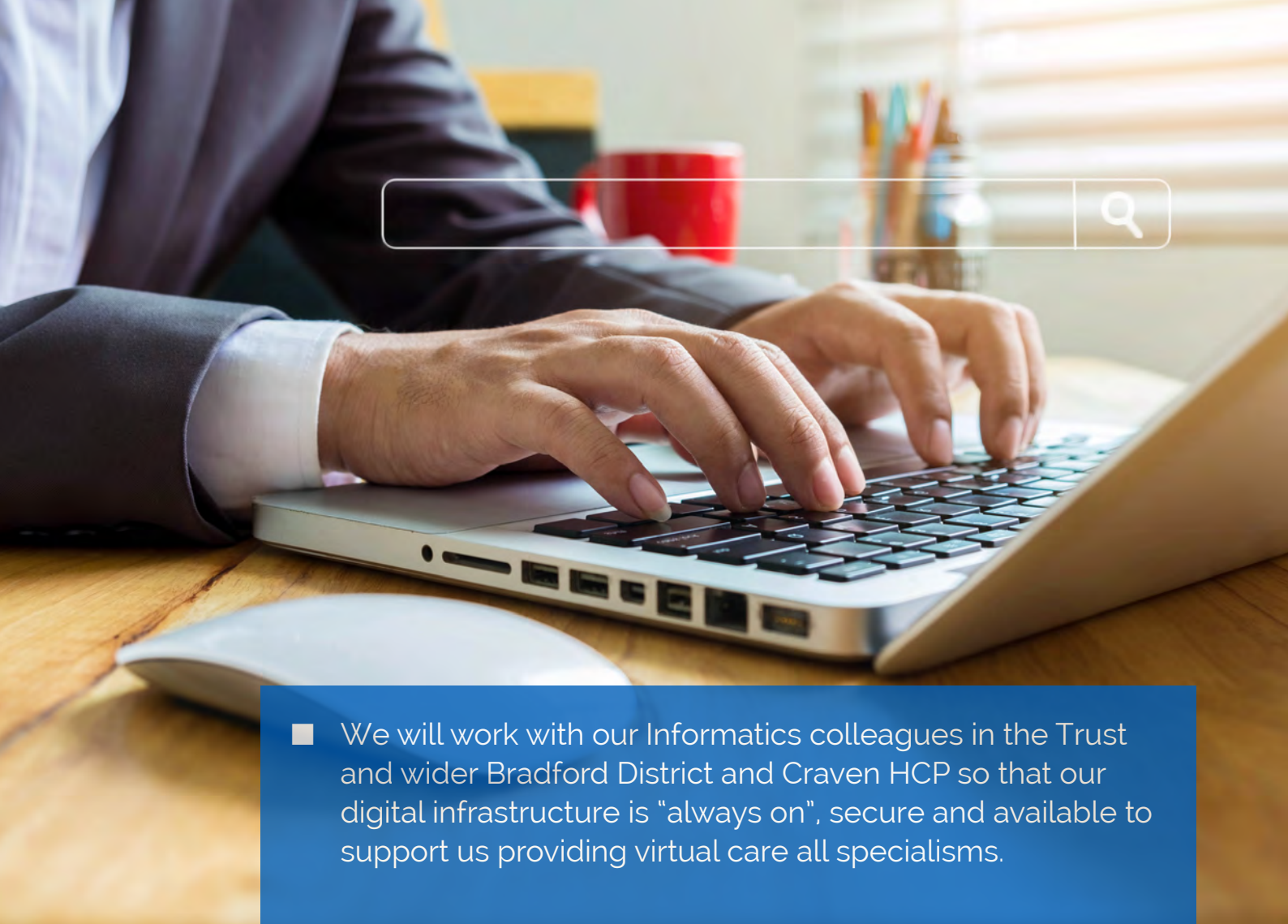
We will also ensure that our Information Governance arrangements are robust and adapt to the changing ways in which we deliver care and treatment. Likewise, we will need to develop our workforce so that they have the skills and capacity to use new digital and data tools effectively and identify opportunities for innovation as they arise.

Given our ambitions to create seamless and "badge-less" models of care across our local HCP we will work with partners to allow us to share information for the purposes of direct care and service planning, research and population health management in line with the Caldicott principles.

It is also essential that our patients and their families are able to access digitally enabled virtual services and use them competently and with confidence. We will need to consider how we cater for those people in our local population that may not have access to electronic devices or connectivity or for whom English is not their first language. The Trust has an overarching ambition¹¹ to work closely with partners across our local HCP to ensure that we effectively address digital inclusion and work is planned to do this with the Bradford Institute for Health Research and the University of Bradford. This may involve the use of pop-up help centres where the local community can receive information and advice about the use of digital services or are even provided with help to use services in care hubs located in easily accessible locations around the district.

¹⁰ An MDT (Multi-Disciplinary Team) meeting is a meeting of a group of professionals from different clinical disciplines who together discuss a patient's condition and jointly make decisions regarding their recommended treatment

¹¹ See the Trust Strategy – Our Patients, Our People, Our Place and Our Partners [ADD HYPERLINK WHEN AVAILABLE](#)



- We will work with our Informatics colleagues in the Trust and wider Bradford District and Craven HCP so that our digital infrastructure is “always on”, secure and available to support us providing virtual care all specialisms.

Measurable Outcome

1. Re-design our physical environment to create bespoke “state of the art” facilities for the delivery of virtual consultations	April 2023
2. Develop adequate recording, monitoring and reporting systems to manage patients being cared for in a virtual environment. This is to include the development of standard methodology to capture all virtual patients	April 2023
3. Implement a Command Centre tile ¹² to manage virtual activity	April 2023
4. Identify and implement “apps” to support remote monitoring	April 2023

¹² Our Command Centre was developed alongside GE Healthcare and is Europe's first hospital command centre powered by artificial intelligence, it provides a clear and real-time overview across our inpatient beds and helps staff make quick and informed decisions on how best to manage patient care. Screens presenting key information in the command centre are called tiles. We aim to put in place a Command Centre tile that gives us a clear overview of our virtual patients to enable us to track and manage their care more efficiently.

4.4 Develop and deliver education packages for patients, provider partners and staff

Providing education packages to our patients, provider partners and clinicians in a digitally enabled way will allow them to easily and quickly access information about patients' conditions as well as the different services offered by the Trust and other providers across our local HCP.

This will provide an opportunity for a patient's condition to be managed away from a hospital environment, if appropriate, by either providing advice on self-care or by directing the patient or carer towards the most appropriate service in the community. Conversely, in more acute cases, it may also signpost the patient towards the Trust and a hospital attendance.

This allows patients to easily navigate what can often appear to be a complex care system and access the correct care for them in a timely manner.

It is clear that digitally enabled patient education packages would offer the Trust a significant opportunity to improve patient care and make more efficient use of health and care resources. Our challenge will be to create education packages that are informative, easily understood and effective in all cultural groups. With this in mind, we will embark on a programme that aims to develop virtual education and care modules for every speciality within the hospital. We already have many good examples of these modules and we will build on their success.

We will engage with specialties across the Trust (and have started this by running a visioning workshop in December 2021) to ensure that we develop patient education modules for every major specialty. Key aims for this work will be to;

- *work with our digital programme to develop a robust infrastructure to support access to digitally provided education material*
- *develop a consistent approach to the production of digital education and information material so that it is easy to navigate and has a uniform and coherent look*
- *work with our digital programme to ensure good accessibility for potential users, including those that may not have good digital skills or digital literacy or may have challenges to their connectivity*
- *work with patients, their families and partner care providers to develop and deliver education packages in multiple languages¹³ and media so that they are accessible to all and are effective in providing advice and education*
- *implement a maintenance process to ensure that all patient education modules are refreshed and remain up to date*

Measurable Outcome

1. *Develop easily accessible patient education modules in a variety of formats and key languages for every major specialty*

April 2023

¹³ This includes the provision of Braille and British Sign Language options

4.5 Provide an improved patient experience, caring for the patient closer to home, often in more comfortable surroundings whilst continually improving quality of care

We know that services are better when created jointly with the people that use them and that this is true whether the service is provided in a traditional or virtual way. We must also ensure that virtual services are cognisant of the Trust's Quality and Patient Experience Strategies and that services are committed to a culture of continuous quality improvement.

We will ensure that we consult with patients and their carers when designing our virtual services and put in place robust processes to obtain and monitor feedback from service users. We will also ensure that we monitor patient outcomes to ensure that we are delivering high quality, safe care.

The first step in doing this will be to ensure that we have patient and quality practitioner representation within the VRI programme to ensure that the services being developed in each of our workstreams meet patient needs, provide quality care and are safe. We intend to do this for patients by asking our colleagues at Healthwatch Bradford to collate and gauge the thoughts of our community with regard to virtual services, by using the services of patient advocates and by using patient focus groups once we start the detailed process of pathway re-design. These will be our patient experience subject matter experts. With regard to quality, we have invited senior clinicians, including the Deputy Chief Medical Officer responsible for Quality of Care onto our Programme Board. We have also ensured that each of our workstreams in clinically-led

We have also put in place a series of design principles when developing virtual services. We want patients and their carers to;

- *Be able to choose how they want to interact with the Trust – “virtual by design” does not mean virtual only. Our services must ensure that people are not excluded from accessing care if they do not have access to, cannot, or do not want to, use the digital tools that enable virtual services*
- *Feel that they are a partner in their own health – we want our patients to be able to use virtual services so that they can play a full role in managing their conditions and are able to readily access information and advice on how to do this. We want patients and carers to have an improved sense of empowerment and control over their health*
- *Know what to expect and where to go to access what they need – we will clearly signpost virtual services so that they are easy to navigate and consistent across each of our specialties.*
- *Feel that virtual services have met their needs in a timely way – both in terms of their ability to access services and the promptness of our response. We also want patients and carers to feel that services can be accessed in a place and at a time that suits them.*
- *To feel that they have had a good patient experience when using virtual services. We will ensure that we have robust processes in place to obtain and monitor feedback from service users. We will also ensure that we embed kindness in our virtual services in the same way that we do with traditional models of care.*

We will also take steps to ensure that we engage with our patients so that they are more easily able to provide feedback about the care that they receive. This will enable us to

monitor the quality of our care and change how we do things to continually improve. We will continue to do this through collating and analysing results from the Friends and Family Test (FFT)¹⁴, specific patient experience projects and from complaints and compliments.

With regard to quality we will set up, and monitor, a range of quality measures that link into the Trust's overarching clinical governance processes. This will allow quality of care, outcomes and safety to be reviewed and appropriate remedial action taken. A patient reporting system for safe care is currently on trial at the Trust and if successful this system will be applied to our virtual services.

Measurable Outcome

1. To receive positive feedback from patients via the Friends and Family Test, specific surveys and from claims and compliments	April 2023
2. To develop a range of quality measures that feed into the Trust's overall clinical governance processes so that quality of care can be monitored. Key measures could include readmission, mortality, VTE, HCOI	April 2023
3. Include VRI data in the proposed CBU quality profiles	April 2023

¹⁴ The NHS Friends and Family Test (FFT) is a national initiative created to help us understand whether patients are happy with the service that we provide, or where improvements are needed. It's a quick and anonymous way for a patient or their families to give their views after receiving NHS care or treatment.

5 Conclusion

Virtual services offer huge potential to do much more and provide care and treatment in many different ways, reaching a wider group of people. We will ensure that our VRI programme works closely with other programmes in the Trust to ensure that we take an integrated and coherent approach to developing services that improve efficiency and benefit patients.

It is our ambition to transform our services so that we are “virtual by design” and to deliver truly outstanding care by developing, often digitally enabled, virtual services at scale.

This will be a challenging and exciting journey – let’s make it together!.