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PATIENT EXPERIENCE ANNUAL REPORT 2024/25

Presented by	Karen Bentley, Assistant Chief Nurse, Patient Experience		
Author	Karen Bentley, Assistant Chief Nurse, Patient Experience		
Lead Director	Professor Karen Dawber, Chief Nurse		
Purpose of the paper	Patient Experience Annual Report 2024/25 (Including PLACE and complaints)		
Key control	This paper is a key control for the strategic objective to provide outstanding care for patients.		
Action required	For assurance		
Previously discussed at/ informed by	Patients Experience Group (in part) Monthly PEG summary sent to QC		
Previously approved at:	Academy/Group	Date	
Key Options, Issues and Risks			
Executive summary			
This report provides an annual update on the work that has taken place in relation to Patient Experience and Engagement (PEE) and the work streams that feed into the Patient Experience Group (PEG).			
Analysis of the 2024/25 Patient Experience Annual report holds the following headlines:			
<ul style="list-style-type: none">89% of FFT responses received reported Good or Very Good feedback compared to 87% in previous years.Several Patient Engagement projects have taken place and resulted in changes to service following these.Partnership working and monthly Engagement meetings have enabled network of networks to flourish and key messages to be shared and responded to.CQC Inpatient survey 2023 showed that the Trust was nationally significantly better in three areas including discharge information, privacy and dignity and informing patients what to do if they are worried and concerned.PLACE results have seen improvements in all scores except for cleanliness, this reflects the hard work and investment of improvement works carried out.PLACE received <i>Significant Assurance</i> from Audit Yorkshire.Complaints has seen an increase of around 22% compared to the last financial year.PALs have seen an increase by 18% from previous years.There have been 2 complaints graded as High during 2024/25.The Trust has received 9 new enquiries during 2024/25 from the PHSO.Learning from complaints is a key priority and evidence of how this is captured and reported.Creation of new volunteer roles, with 177 current active volunteers supporting activity within the Trust.AccessAble carried out new 360-degree scan of BRI premises to improve accessibility information for service users.			

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- Interpreting services provided over 57,000 plus sessions in over 60 languages via face to face, telephone, video and BSL consultation to support our diverse communities.
- Advances in the production of and access to patient information in different formats and languages.
- Introduction of CardMedic to support diverse communication needs via Audio, BSL and in over 60 languages via an App based scripted cards.
- EDI continues to be a golden thread within the Patient Experience/Involvement work including, patient stories, complaints, engagement meetings and events.

Recommendation

- Support is required from all areas to promote and endorse the Patient Experience and Engagement Strategy 2023-2028.
- Continue to strengthen capturing EDI demographics and work within all service areas in the portfolio.
- Continue promoting the use of real time feedback via FFT to react and make timely improvements, particularly since the introduction of the Insite reports.
- Use of QI methodology for tests of change.
- National Survey (CQC) action plans to be monitored via the PE Group for improvement, led by the designated area lead once complete.
- Ongoing promotion and development of FFT data, evidence of “*You said we did*”.
- Continue collaboration work with Bradford District and Craven Health Care Partnership to improve collective and consistent improvements.
- Benchmark against other Trusts that are doing well or significantly better in key Patient Experience (PE) areas.
- There is the requirement for a *tight grip* to remain on the handling and processing of complaints to enable KPIs to be met. These will be monitored via the Clinical Service Unit (CSU) at their performance meetings.
- PHSO standards to be implemented for early resolution.
- Learning from complaints to be strengthened and made transparent for the public.
- Compliments to be captured and celebrations and acknowledgement of these to be developed.
- Development of compliance repository for shared Trust wide learning.

Risk assessment

Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients			G			

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

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

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

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

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

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1	PURPOSE/AIM
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This report provides an Annual overview to the Quality Committee of some of the work that is being undertaken within Bradford Teaching Hospitals NHS Foundation Trust to improve Patient Experience and Engagement. The report includes the overall annual complaints data for 2024/25. 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*. In addition to this the team continue to focus and strengthen on one of the key quality objectives *Improving patient experience by advancing equality, diversity, and inclusion*. By reaching, listening and empowering our patients and communities this enables us to deliver effective and efficient care and helps to reduce health inequalities.

From a governance perspective, work carried out within the Trust in relation to Patient Experience ordinarily is over seen by the Patients Experience Group (PEG), which is chaired by the Director of Nursing. A monthly update is provided to the Quality Committee via the PEG group minutes which highlight any risks to escalate. In addition, a biannual and annual report is produced. Any new activity is presented through Executive Management Team meetings for discussion, decisions, and assurance.

The Trust collects data about age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation as part of a number of patient feedback measures. Examples of where this data is collected includes Friend and Family Test and Care Quality Commission Surveys mentioned in this report. Plans are in place to strengthen this work in the forthcoming year.

In addition to providing this assurance to the Quality Committee, 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 Patient and Public Voice Representative, Governors, Patient Safety Partners and HealthWatch CEO that are invited and participate in many workstreams and meetings within this area of work 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:

- Patient Experience and Engagement Strategy.
- Friends and Family Test.
- National CQC Survey.
- Patient Experience and Engagement Projects.
- Patient Led Assessment of the Care Environment (PLACE).
- Updates from work feeding into the Patient Experience Group.
- Patient and Public Involvement and Engagement updates.
- Complaints, Patient Advice and Liaison Service (PALS) and Compliments.

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2 CURRENT POSITION

2.1 Patient Experience and Engagement Strategy.

During 2024/25, the Patient Experience and Engagement Strategy 2023-2028 has continued to be embedded. This strategy takes the work on “*embedding kindness*” from the previous patient experience strategy, to “*kindness at every step, no decision about you without you*”. The aim of the strategy sets out how the Trust is committed to ensure it works towards including patients, families, and carers in decisions about the care that is being provided. The patient’s voice is to be at the centre of all improvement work and there is a commitment to collaborate with partners like Healthwatch and colleagues in various agencies within the district to achieve this. The Trust’s aim is to ensure that patient, family, and carer experience is at the heart of all the work carried out and recognise the importance of community engagement and working.

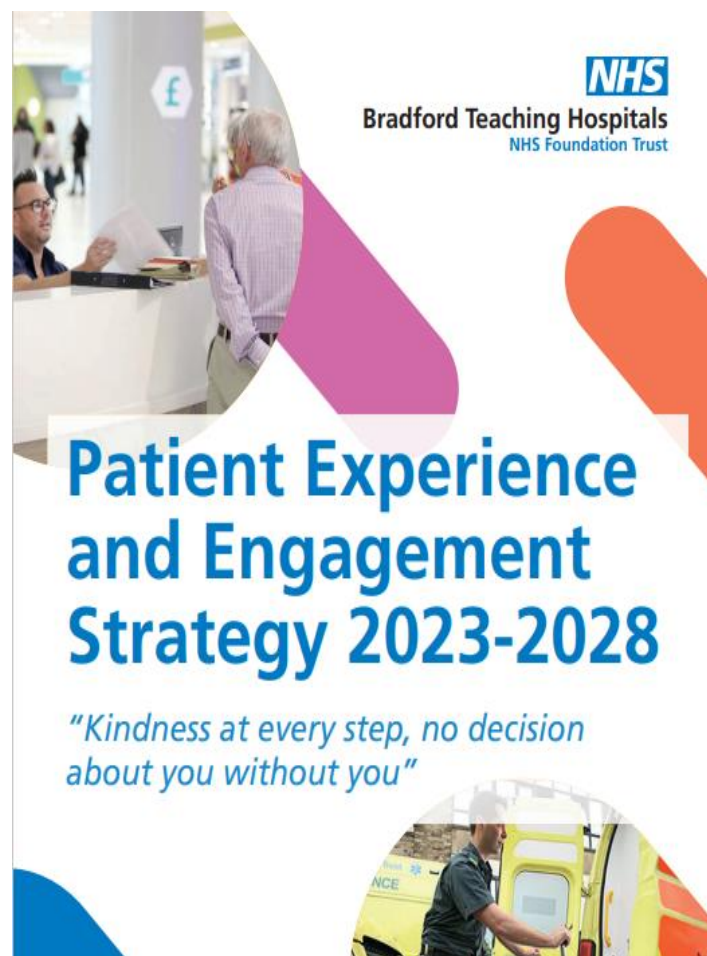


Image of the Patient Experience and Engagement Strategy.

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The strategy sets out 6 aims and a framework for improvement of how the work is to be achieved by:

- Ask and capture.
- Listen and understand.
- Act to improve.
- Measure and share.

All of which will support a culture of improving experience. The strategy has been developed with assistance from the community. Within the organisation there has been a shift to make patient experience a standing agenda item on additional meetings to highlight the general overall importance and links to patient safety.

The strategy has been presented at several forums and meetings throughout the year to raise the profile. This includes:

- Quality Committee (formally Quality and Patient Safety Academy).
- Community Engagement meeting.
- District wide Citizen Forum.
- EDI 2022 community event.
- Healthwatch Engagement Meeting.
- Nursing and Midwifery Excellence event.
- Annual Members' Meeting, ward walks and public events.

Work is planned to continue embedding the strategy and cross pollinating with other Trust strategies to ensure patient experience and involvement are at the centre of all that we do. The strategy has also been produced in an easy read format during 2024.

2.2 Friends and Family Test (FFT)

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

During 2024 the Trust continued to work with its contractor to improve and analyse all the FFT data and feedback. This company (HealthCare Communications) collects the data in several different ways:

- Text following outpatient visits and admissions and Emergency Department visits.
- Via scanning of QR codes.
- Via iPad in clinical areas.
- Paper format (including accessible and child friendly formats).

This increase in methods used and the availability of the different real time methods has enabled the Trust to gather more feedback and collate themes to enable ward areas to focus on improving patient experience projects. SMS text messaging made up most of the responses included in the table below.

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	Very Good	Good	Neither good nor poor	Poor	Very poor	Don't Know	Grand Total
A&E Feedback	5378↓	2087↓	799↓	673↓	1814↓	79↑	10830↓
Inpatient Feedback	12847↓	2284↓	388↓	248↓	441↓	73↓	16281↓
Outpatient Feedback	20273↑	2611↑	416↓	247↑	320↓	111↑	23978↑
Maternity Feedback	1321↑	153↑	24↑	37↑	40↑	5↑	1580↑
Totals	39819↓	7135↓	1627↓	1205↓	2615↓	268↓	52669↓
Percentage	75.60%↑	13.55%↓	3.09%↓	2.29%↓	4.96%↓	0.51%↑	

Figure 1 – Friends and Family Test Responses 2024/25

Although the overall total responses have gone down from the previous year, the *Very Good* and *Good* response has increased from 88.6% to 89.15% of the total responses falling in these two categories.

There is ongoing work with the Data Warehouse Team to review the current pipelines which provide the specific feedback from individual areas. The Team also considers where new areas of feedback could be captured to enrich the information received. This should also improve the response rates, alongside the highlighting of the patient experience work in the Ward Insight Reports.

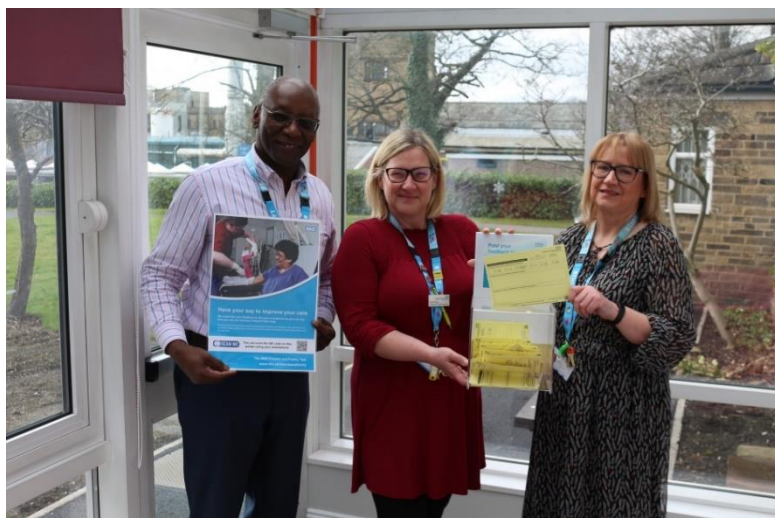


Image of Patient Experience Team and FFT

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Figure 2 demonstrates an analysis of words from the comments received for all the inpatient FFT feedback and figure 3 highlights the themes.

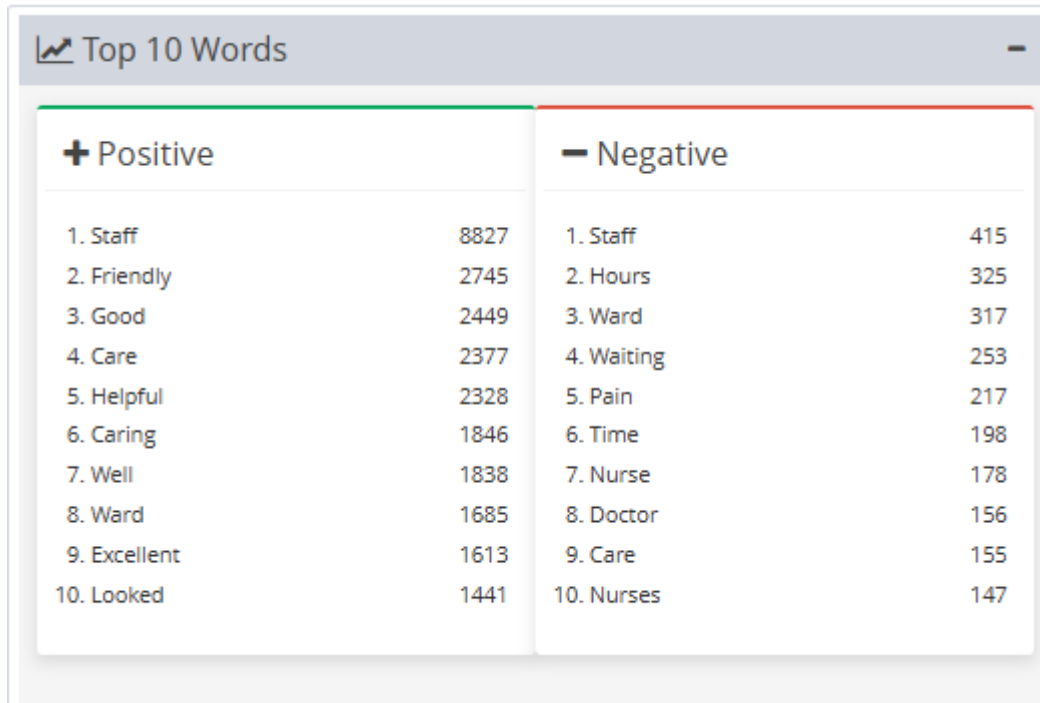


Figure 2 Analysis of the words pulled from the overall annual inpatient FFT feedback responses.

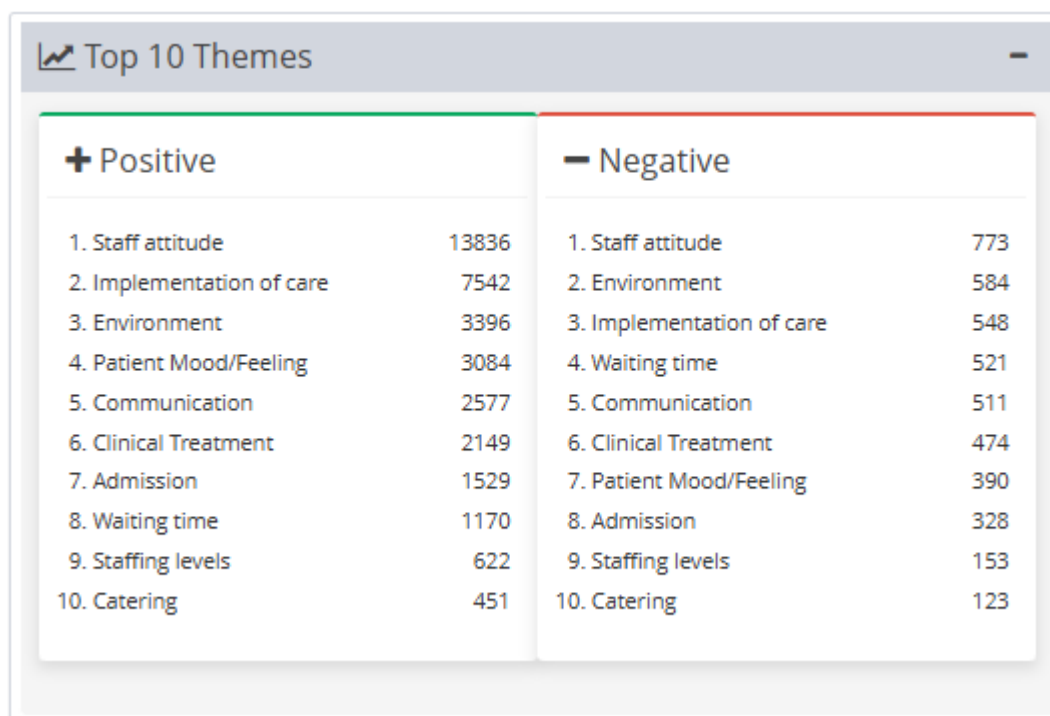


Figure 3 Analysis of themes pulled from the total annual inpatient feedback responses.

Now that areas have access to real time feedback development work is taking place with dashboards to enable areas to visit and respond to feedback and share any learning and positive

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feedback that areas are receiving. There is now also the ability for teams to create their own surveys on the self serve module on Envoy which will enable information to be collected in specific areas for richer data.

2.3 National CQC Survey updates 2024/5

During 2024/25, the Trust received the results of the following mandated CQC surveys:

- National In-Patient Survey 2023.
- Urgent and Emergency Care 2024.
- Maternity Survey 2024.

All results from these surveys are reported via the Patient Experience Group and developments and action plans are monitored for assurance. A paper and presentation of the full results are presented to the Quality Committee.

2.3.1 National In-Patient Survey 2023

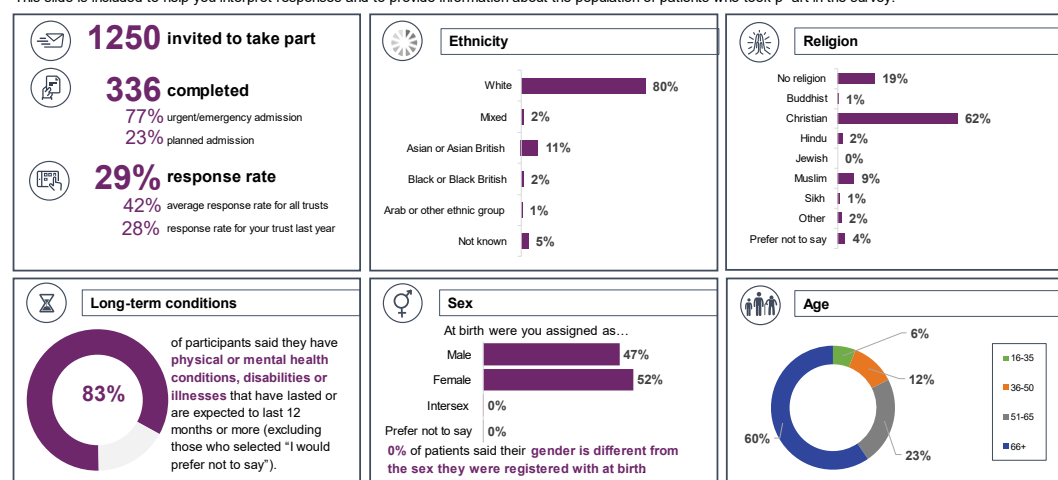
The National Inpatient Survey programme covers 131 NHS Trusts. This programme ran from January 2024 to April 2024 and covered patients who were discharged from Inpatient stays in Bradford Teaching Hospitals in November 2023. This survey offered a mixed method of survey, offering both paper and SMS. The survey offered 48 questions, 10 demographic questions and 3 free text questions.

Below are Bradford Teaching Hospitals NHS Foundation Trust CQC Inpatient survey results:

Background and methodology	Headline results	Benchmarking	Trust and site results	Change over time	Appendix	Care Quality Commission	Survey Coordination Centre	NHS
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Who took part in the survey?

This slide is included to help you interpret responses and to provide information about the population of patients who took part in the survey.



8 Adult Inpatient Survey 2023 | RAE | Bradford Teaching Hospitals NHS Foundation Trust

Table 1 Demographics of the Inpatient 2023 survey.

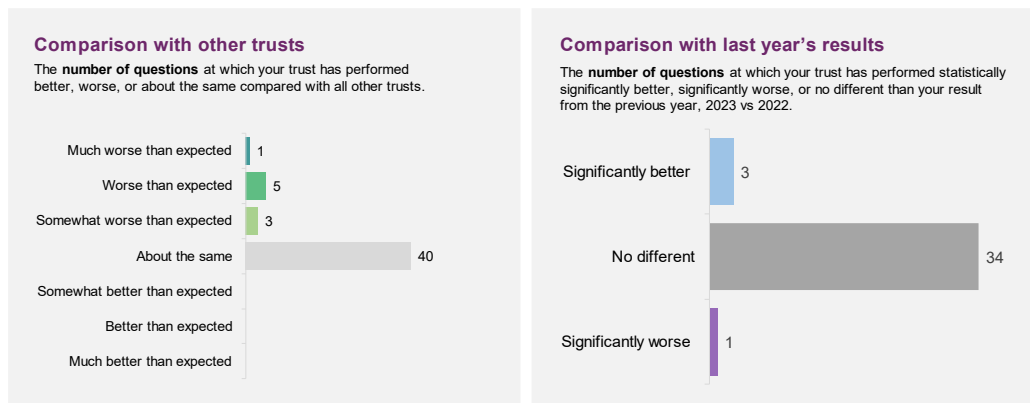
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Respondents and response rate:

- 1,250 invited to take part.
- 336 patients responded to the survey.
- An overall response rate of 29%.
- Below national average response rate which is 42%
- 83% of responses noted to have long term conditions, were following urgent/acute admissions.
- 83% of respondents were over the age of 51.

Background and methodology	Headline results	Benchmarking	Trust and site results	Change over time	Appendix	Care Quality Commission	Survey Coordination Centre	NHS
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Summary of findings for your trust



For a breakdown of the questions where your trust has performed better or worse compared with all other trusts, please refer to the appendix section "[comparison to other trusts](#)".

9 Adult Inpatient Survey 2023 | RAE | Bradford Teaching Hospitals NHS Foundation Trust

Table 2 Summary of results and comparison results for 2023 Inpatient survey.

The best scoring questions on the survey related to:

- To what extent did you understand the information you were given about what you should and should not do after leaving hospital (above national average result).
- Did hospital staff tell you who to contact if you were worried about your condition and treatment after you left hospital (above national average result).
- Were you given enough privacy when being examined or treated (national average result).

The above results are positive and reflect some of the patient experience projects that have taken place in terms of discharge planning, providing patient information in multiple formats and languages and work around speaking up about care and treatment where there are concerns (Martha's rule).

Compared to the previous year's Inpatient survey results (2023):

- Significantly better on 3 questions.
- No statistically significant change in 34.
- Significantly worse on 1.

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Key areas for improvement are:

- Noise at night reduction- relaunch of the Trusts *Good Night Sleep Tight* campaign.
- Equipment required on discharge- the joint discharge meeting is to focus on partnership improvements between hospital and community regarding communication of equipment needs of patients due for discharge.
- Patients getting enough help from staff to wash, dress and with meals- additional survey questions to steer future improvements.
- Length of wait for a bed- the command team are leading on several projects to expediate discharge hold-ups. These include the H-FAST project, expediting medications and patients being cared for by the virtual ward team all help increase bed capacity, which should then lead to shorter waits for beds for incoming patients.

Full details of all the survey results and benchmarking against other Trusts can be found at:
[Surveys - Care Quality Commission](#)

2.3.2 Maternity Survey 2024

The CQC National Maternity Survey was sent to all women in England who gave birth in February 2024. Trusts were compared and benchmarked against 54 questions covering the pregnancy journey from antenatal booking to discharge from community postnatal care. This survey offered a new mixed method of survey, offering both paper and SMS.

The best scoring questions on the survey related to:

- Partner able to stay on the ward in the postnatal period
- During the antenatal period midwives and doctors were aware of women's medical history
- Women received advice about infant feeding
- Women received information about possible mental health changes after having the baby
- Discharge from hospital following the birth was not delayed

Respondents and response rate:

- 396 women were invited to take part
- 112 completed the survey
- Response rate 29% which is a 7% decrease from the 2023 survey

Analysis of the results:

Compared to the previous year's CQC Maternity Survey (2023):

- Statistically significant increase on 1 question.
- No statistically significant change in 46
- Statistically significant decrease in 0 questions.

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Key areas for improvement are:

- Improve the response rate for the 2025 survey
- Focus on mental health advice during pregnancy
- More involvement with women and their birth partners during labour and birth
- Focus on post operative pain relief
- Staff training around basic cares following birth

An improvement plan has been co-produced with the Maternity Voices Partnership to include the service user voice. The survey results and plans have also been presented to the Patient Experience Group.

2.4 Patient Experience and Engagement work

Several projects have taken place during 2024/25 which have been led by the Patient and Public Involvement Team to consider ways to improve patient's experience. These include:

- *Breast Screening Survey* - The national screening report noted that the Bradford District take-up rate was 2nd to the bottom in the country at 58%. Work was undertaken to understand why patients were not taking up the offer of a breast screening appointment and what were the potential barriers for this low uptake. Recommendations from the survey included: Raising awareness across the district using a short video/animation and reviewing the letter and text message sent to patients to make sure it is patient friendly and easy to understand.
- *Visiting Hours Repeat Survey* – Following updated guidance from NHS England a repeat survey of patients, visitors and staff was undertaken across the Trust. The outcomes of this informed a revised policy that extended visiting on most wards to make it more patient and visitor friendly. It was clear from the work carried out the value and importance visiting family can provide and enhance patient experience and patient safety. The Trust extended visiting to support celebration events including Christmas and during Ramadan to enable families to visit more flexibly. External review of visiting at BTHFT provided high levels of assurance when independently reviewed by Audit Yorkshire. Visiting continues to be reviewed in line with CQC guidance and (9A) regulation and community engagement and involvement.
- *Rheumatology Advice Line* – A service improvement project was undertaken to offer a more responsive service to patients wanting to contact the service. This involved a new online option to enable patients to request a call back from the nurse or book an appointment or obtain information. A Patient Focus Group was established to enable patient feedback on the initiative. The Rheumatology team recently received the Efficiency of NHS services at the HSJ Partnership Awards for this innovative work.

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- *Sophie's Legacy Parent Survey* – a survey of parents' resident overnight with their child was undertaken as part of a review into the experience of parents with children who are in hospital overnight. This work looked specifically about food provision, as this was an aspect that was felt to be lacking within the Trust. A business case is being developed regarding the provision of food for parents' resident overnight with children.
- *Paediatric Palliative Care Service Pilot* – This project was set up to enhance local service provision to increase resilience and senior level decision making during admission and in the community to prevent avoidable admissions.
- *Rapid Respiratory Response Pilot for Children with Complex Needs* – This service development was set up to keep children in their own home, where possible, to improve the care for the child and support the family. The feedback received will be used to make sure that the service is designed with the interest of the families at its heart. This project is hoped to improve care and outcomes for the patients and families whilst also reducing the number of hospital stays for this group of patients

Patient Stories.

The Patient Engagement Team organises for the patient stories to be shared with the Trust Board four times per year. These stories highlight patient and their loved one's experience of care and services provided from their own perspective and facilitate reflections on what it is like to be a patient in the organisation.

The last story to be presented to the Trust Board was a mother's story about the period leading up to her son's death, the positive aspects of the care on the ward and the improvements that could be made. This provided the opportunity of working with mum on initiatives that could benefit other families in the final weeks of a baby's life. An example of the learning resulted in the reintroduction of the "Knitted Heart" keepsakes being available trust wide for families following the patient story feedback.

These continue to an essential learning tool as these are shared at the Patient Experience Group to enable wider Trust learning. Stories are obtained from a diverse background of patients to enable us to represent stories from all the communities we serve. This EDI metric is captured and monitored by the team.

2.5 Patient Led Assessment of The Care Environment. (PLACE)

Patient Led Assessments of the Care Environment (PLACE) is a voluntary self-assessment of the care environment, which contributes to health delivered in the NHS and Independent/ Private Healthcare sector in England. PLACE aims to promote the principles established by the NHS Constitution, which focus on areas that matters to patients, families and carers; committing to ensure that services are provided in a clean and safe environment that is fit for purpose.

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PLACE is about being open and honest, making a point-in-time assessment, against set criteria. Un-announced assessments for PLACE were carried out in both clinical and non-clinical areas of all Trust sites, September through to December 2024. The inspections were undertaken by teams of public volunteers (Assessors) facilitated by Trust staff members (Facilitators). The assessments are not reflective of the whole Trust but provide a framework for assessing quality against common guidelines and standards to quantify our facility's cleanliness, food and hydration provision, the extent to which the provision of care with dignity is supported, and whether the premises are equipped to meet the needs of people with dementia or with a disability.

The areas assessed are categorised under the following Domains:

- Cleanliness.
- Combined Food Score.
- Organisational Food.
- Ward Food.
- Privacy, Dignity and Wellbeing (how the environment supports the delivery of care with regards to the patient's privacy dignity and wellbeing).
- Condition, Appearance and Maintenance of healthcare premises.
- Dementia (whether the premises are equipped to meet the needs of people with dementia against a specified range of criteria).
- Disability (the extent to which premises can meet the needs of people with disability against a specified range of criteria).

Unannounced inspections were carried out at Bradford Royal Infirmary, St Luke's Hospital and the Community Hospital sites. Assessments included wards, Outpatient areas, Accident and Emergency Department (AED), communal and external areas.

The number of areas to be assessed is clearly defined in the guidance and on all sites. For organisations such as BTHFT a minimum of 25% of wards or 10 whichever is greater should be assessed. Ten Inpatient areas were assessed and 4 Outpatient areas including the community hospital sites. Westwood Park, Westbourne Green, Eccleshill and St Lukes.

The guidance aims to make scoring consistent and as objective as possible; however, there are subjective elements to the process which cannot be entirely eliminated (such as food tasting).

PLACE assessments are intended to provide motivation and direction for improvement by providing a clear message - directly from patients - about how our environments and the services we provide might be enhanced. Results are published to help drive improvements locally and nationally. The assessment focuses exclusively on the environment in which care is delivered and does not cover clinical care provision.

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The PLACE data (collated and distributed by NHS Digital) has been scrutinised and developed into several informative charts.

BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST			
Domain	2024 score	2023 score	% Difference
Cleanliness Score %	95.63%	96.62%	-0.99%
Combined Food Score %	85.98%	82.79%	3.19%
Organisational Food Score %	73.61%	67.36%	6.25%
Ward Food Score %	89.49%	86.03%	3.46%
Privacy, Dignity and Wellbeing Score %	86.21%	81.82%	4.39%
Condition, Appearance and Maintenance Score %	97.31%	96.98%	0.33%
Dementia Score %	83.84%	81.36%	2.48%
Disability Score %	83.50%	83.46%	0.04%



Table 3 PLACE scores 2024.

The above table (3) highlights the scores obtained for each domain have shown improvement except for cleanliness, compared to previous year's results. Organisational food scores remain disappointingly low at 73%, but acknowledgement must be given for a 6% improvement. Estates and Facilities colleagues are currently carrying out several transformation improvements including digital ordering of food, serving analysis and variety of options for Halal meals, not always a curry option and the hope is that this improvement work will continue to increase the scores for the 2025 PLACE assessments.

The improvements in the privacy, dignity and disability scores are pleasing, particularly as there has been several engagement projects during the previous year which have taken place to improve the environment. These have included community listening events, work with the Sensory Needs Group and direct walk arounds with people with a range of different disabilities to enable constructive feedback and improvements to be made following this.

There is a PLACE steering group held quarterly which meets to update improvements and actions made and track progress. Updates are provided to the Patient Experience Group at regular

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intervals and feedback is provided directly to our patient assessors who support this program. The PLACE programme has been independently audited by Audit Yorkshire following the latest inspection and reported to have *Significant Assurance* around this programme in the Trust.

Details of the PLACE programme can be found in appendix 1.

2.6 Veterans work and accreditation.

Bradford Teaching Hospitals are a formally accredited as a Veteran Aware Trust, which recognises the commitment to the Armed Forces community.

Accreditation was carried out by the Veterans Covenant Healthcare Alliance (VCHA), which is a group of NHS healthcare providers in England.

The VCHA'S aim is to develop, share and drive the implementation of best practice that will improve Armed Forces Veterans care, while at the same time raising standards for everyone based on the principles of the Armed Forces Covenant.

The accreditation, from the VCHA acknowledges the Trusts commitments to several key pledges, including:

- Ensuring that the Armed Forces community is never disadvantaged compared to other patients, in line with the NHS's commitment to the Armed Forces Covenant.
- Training relevant staff on Veteran specific culture or needs.
- Making veterans, reservists and service families aware of appropriate charities or NHS services beneficial to them, such as mental health services or support with financial and/or benefit claims.
- Supporting the Armed Forces as an employer.

The Trust provides hospital services across Bradford and the surrounding areas, serving a population of around 500,000 people and provides specialist services for some 1.1 million.

A key part of the Trust's veteran aware plan is to recruit veterans as volunteers within the Trust, to meet and greet patients from the Armed Forces community and provide advice and support if required. It is estimated that more than 9,000 people are from the Armed community in the Bradford area. There has continued to be an active working group, which meets monthly to continue to steer this work, this also extends to spouses, partners and children/dependants. Work from this group has evolved development of flagging on IPM on admission to enable the Trust to report the number of veterans who have attended hospital, and this work is now being developed further to support further work by providing visits from ex service personnel soon and looking to recruit veteran volunteers. The annual veteran's celebration day is currently being planned for June 2025 to celebrate and raise awareness around this important work.

Bradford Teaching Hospitals veteran aware programme is presently under review ahead of formal reaccreditation in February 2026, and is on track to demonstrate that the Trust continues to meet

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the eight manifesto [standards](#) and are demonstrating progress in providing support to patients and the workforce alike. The Trusts CEO has confirmed an intent to re-affirm the Trusts commitment publicly with an updated signing of the Armed Forces Covenant at the end of Trust Board in May 2025.

2.7 Spiritual, Pastoral and Religious Care (SPaRC)- Formally Chaplaincy.

The SPaRC model (formally chaplaincy) focuses on collaborative working with patients and their families and becoming part of the wider hospital team. The model is underpinned by 7 anchors:

- Equality
- Person Centred care
- Belief Based care
- Spiritual and reflected Spaces
- Collaborative practice
- Professional Practice and Data
- Data and Organising

During 2024-25 the team carried out 39,722 visits and the table below represents this.

Month	Patient Visits
Apr-24	3,325
May-24	3,463
Jun-24	3,330
Jul-24	3,609
Aug-24	3,825
Sep-24	3,826
Oct-24	3,256
Nov-24	2,978
Dec-24	2,873
Jan-25	3,340
Feb-25	3,137
March	2,760
Total	39,722

Table 4 SPaRC visits for patients and visitors during 2024-25

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Over the last 12 months the SPaRC team has played an active and positive role in supporting our patients and staff in the Emergency Department, committing to providing dedicated time from a SPaRC core team member. This presence has benefitted both staff and patients, whilst waiting to be seen by a clinical or a medical practitioner. The success of this project will now be mirrored in the Intensive Care Unit, with the intention of working closely with the Family Liaison Officer, to support patients, families and staff.

There has been ongoing work with the voluntary services team to support the return of SPaRC volunteers and increase the numbers. Volunteers play an important role in providing pastoral support to patients whilst in the Trust. This additional support allows for SPaRC work to be delivered to all hospital locations, including our community hospitals.

A SPaRC WebApp has been developed to support patients and staff with understanding individuals spiritually, pastoral, and religious needs whilst in hospital. It holds the world's major beliefs and various video clips to aid understanding. In addition, it has life scenarios such as feeling lonely, anxiety, baby loss, and receiving bad news.

The App has received positive feedback alongside national interest from several other NHS organisations who would like to develop something similar.

The short video below demonstrates the WebApp so everyone can access these services.

<https://vimeo.com/925951596/0351ffce72?share=copy>).

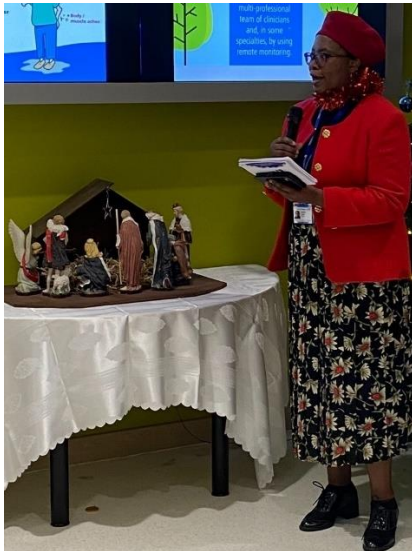
The SPaRC team have been working very closely with the local communities throughout the year and are actively involved in supporting several festivals and celebrations. The Vaisakhi celebration was held on the main concourse with the Sikh community who provided hot meals, attracting well over 1,000 staff members to their stalls.



Images show a Vaisakhi celebration.

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Christmas was celebrated on the main concourse and on the wards with guests from the Bradford Chorale who uplifted the spirits of patients, staff and the public, pulling a large crowd and setting the scenes for other activities with the run up to Christmas.



Images show a Christmas celebration.

Ramadan saw the return of *Fast Packs*. These were first delivered in 2022 and include pop up prayer facility packs, dates and water bottles issued to staff. These packs have helped at least 80 plus managers support their colleagues during the Ramadan period. Our fantastic charity has helped fund the Fast Packs for our Muslim staff.



Images show a Ramadan fast pack and contents

Work over the next 12 months is planned to engage further with the local community by: promoting the work of SPaRC in the hospital, speaking at local churches and a Muslim team member is delivering death and dying sessions at a local community group.

Education improvement work is planned jointly with cancer services developing video clips with a religious perspective and train the trainer programme is being developed for Practice Educators

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raising awareness of different cultures to help overseas staff have a more positive experience whilst at Bradford Teaching Hospitals NHS Foundation Trust.

2.8 Partnership Working and Engagement.

Working with patients and the local community is an essential part of making sure that the Trust delivers effective and efficient health care. It helps to address health inequalities by understanding the needs of patients' service users and the community members. This engagement helps to improve the quality of services and the sustainable use of resources to focus on what really matters to the community. It also enables development of the right services to meet the differing needs of individuals.

By reaching, listening, involving and empowering patients and the community this enables the Trust to ensure that they are at the heart of decision making and that their needs are at the core of all we do. Work has been undertaken, in the last 12 months, to strengthen relationships with:

- Equality Together Group a local user-led organisation for disabled people, their carers and families
- Face It Together (FIT) Group which is an involvement group for people with a dementia diagnosis
- Bradford People First a self-advocacy group, run by people with learning disabilities, for people with learning disabilities

Further examples of work include *Walk Arounds* with members of the HI Vis group, this has enabled feedback from members of the community who have accessed BTHFT to provide feedback from a partially sighted and deaf perspective, which have led to amendments in signage and several other accessibility changes.

Other partnership working is the ongoing relationship with the EDI team to ensure full consideration is given for people with additional needs which includes language support, learning disabilities and protected characteristics. Feedback from this group has provided a level of assurance that the Trust is engaging and listening and keen to make change. Reinviting groups back into the Trust to review the progress enables service users to see what improvements have been made following their valuable feedback.

There is additional ongoing internal collaboration with the EDI team and with the Patient Experience and Involvement team on ensuring EDI is a golden thread throughout the recently launched Patient Experience & Engagement Strategy including the strategy's six key objectives. The dedicated Patient Experience & Involvement Team provide focus on engaging with under-represented groups and communities in sharing their lived experience and supporting teams and departments in addressing some of the potential health inequalities and challenges that exist in the Bradford district. This co-production is key to meaningful change. The team regularly share learning at the Trust Equality Diversity Council and at Trust Board where patient stories are heard, with a focus on Trust wide learning and improvement.

The Trust continues to use the equality impact assessment methodology and processes in ensuring equality impact assessments are being conducted on new policies and practices. In January 2025, the newly refreshed Bereavement Policy underwent a full equality impact assessment to ensure that any potential impacts were considered and mitigated by colleagues, taking into consideration the

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diverse needs of patients and visitors in respect of cultural, or religious needs and preferences at End of Life. This is an issue that has received significant development over the last 12 months following the establishment of an End-of-Life working group with the opportunity to showcase some of this progress at the Community Engagement event as part of the Equality Delivery System review where the inclusive work of the Trust Adult Palliative Care team was described as “Brilliant”.

2.8.1 Care Opinion

The Patient Engagement Team has continued to monitor the Care Opinion website on behalf of all Trust services. Care Opinion is the UK's independent non-profit feedback platform for health and social care. The Patient Engagement Team responds to the comments submitted on this website, or via the NHS website. They then send the comments on to the appropriate teams for dissemination, action and learning through their Quality Governance meetings.

2.9 Community Engagement.

The Foundation Trust established a Community Engagement Group to facilitate the review of its community engagement. The aim of the group is to continuously improve how the Trust responds to community engagement questions and concerns and liaises with the community as part of its Patient Experience and Engagement Strategy. The group monitors barriers to the provision of healthcare and agrees a collective response to managing this whilst also identifying proactive ways of supporting the work of the Trust within the local community.

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

Regular meetings and joint work take place with local Healthwatch. This ensures that teams are sighted on any areas of concern raised by the public at the earliest opportunity and provides the opportunity for the teams to invite relevant staff to answer to areas of concern raised. BTHFT have been active members in the *Listening in* events which have been held at various locations throughout the district and provided the opportunity for community members to have access to different staff members from statutory and voluntary organisation to enable their voices and concerns to be heard.

The success of the Trust Community Engagement meeting has continued with an open forum to enable different community service and teams (both statutory and voluntary) to request and share concerns internally at BTHFT and listen regarding new and planned projects.

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2.10 Interpreting Services

Bradford has a very diverse and multi-cultural population, which is reflected in its patient profile. The language interpreters play a vital role in ensuring BTHFT provide high quality, safe and equitable care to all patients. Accurate communication between clinicians and patients is essential for diagnosis conversations, treatment and care.

The Trusts interpreting services team supported people on no fewer than **57,438** occasions, and in over 60 different languages. It meets the needs of non-English speakers and British Sign Language users, primarily through face-to-face interpreting. There is also the ability to support via telephone and video consultation, to ensure 24-hour access, seven days a week. Requests for support in other formats, such as Braille, are also met through the team. The top 10 languages requested are shown below.

Urdu/Punjabi	29,697
Czech/Slovak	6,781
Bengali	3,731
Polish	3,381
Arabic	3,134
Hungarian	1,258
Pushto	1,106
BSL	946
Kurdish	778
Farsi	769

Table 5 Top 10 languages requested through interpreting services from 1st April 2024 to 31 March 2025

Interpreters are used to communicate with patients about their medical history, to obtain information from them about their current problem, to discuss diagnosis and treatment options, to obtain consent for any treatment or procedure and delivering bad news.

Other methods of interpreting used include remote interpreting, to increase efficiencies, improve responsiveness and adapt to digital delivery of services. The use of remote Interpreting Services (Telephone/Video) has increased to over 20% during the past year.

BSL Interpreting has also been provided by the team, delivering over 900 sessions during 2024/25.

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To further support inclusivity the Patient Experience Team were proud to announce a partnership with CardMedic during 2024, the latest innovation adopted at the Trust as part of the “Clinical Insite” membership of the NHS Clinical Entrepreneur Programme.

CardMedic is a language translation App available on Trust iPads, clinical desktops and available for clinical BTHFT staff to download onto Trust mobiles. It is an A-Z collection of digital flashcards, written by clinical experts, simply and succinctly. It replicates conversations around common healthcare topics with simple questions and explanations to guide the interaction between patient and carer.

CardMedic is designed to supplement existing interpreting service, provide help with translation where it wouldn't be convenient or appropriate to call for an interpreter. Or where an interpreter is unavailable.

This App is proving great benefit to patients and staff to facilitate communication in a variety of accessible formats. Content can be translated into 49 different languages and each translation has been human reviewed for accuracy. Some cards have sign language videos, and many have an *Easy Read* format intended for use with patients who have learning difficulties or cognitive impairments such as dementia. The use of this App has greatly improved patient experience during 2024/5.

2.11 Additional Needs Team

The Additional Needs Team was formed in 2023 and consists of:

- Lead Nurse for Learning Disabilities
- Mental Health Specialist Practitioner
- Care Navigator

These roles have previously existed within the Trust's Safeguarding Adults team. The decision to separate them was in recognition that not everyone with a Learning Disability or a Mental Health condition needs safeguarding. The focus on the team is access to services and ensuring reasonable adjustments are made to ensure they receive the best care they can whilst in hospital.

The role out of the Oliver McGowan Training in Learning Disabilities and/or Autism has been embraced with a high percentage of staff across the organisation completing the first tier. The Trust has recruited staff specifically dedicated to this vital training in preparation for tier 2 rollout.

The VIP red bags and VIP passports remain a consistent identifier of people with a learning disability when accessing healthcare at BTHFT. The bags were co-produced with Waddiloves and people with a learning disability who expressed their need to be seen as a person who may require additional support. These bags travel with the patient and contain individual information pertinent to that individual.

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Image shows VIP red bag

Multidisciplinary team working has grown through the past year, this can be evidenced through work carried out jointly with Martin House Children's Hospice and community learning disability services to support young people transitioning to adult services to ensure all care needs are considered when accessing services and during admissions to the Trust.

The additional needs team welcomed the role of the care navigator in 2023, the success of this role and the positive response received led to a Health Service Journal (HSJ) nomination recognising the holistic person-centred approach that has been delivered. The care navigator role has evolved to meet the needs of people with a learning disability and mental health through training, "out of the box" thinking and challenging professional bias



Image shows care navigator role

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Image shows additional materials used by the additional needs team

Mental Health

There continues to be ongoing awareness around *The Right Care Right Person* across the organisation and partnerships, ensuring the correct professionals are leading on care for a distressed and vulnerable person. Workshops have commenced to support the redesign of the Emergency Department in relation to diagnostics, support, and management of mental health assessment, including work with the Same Day Emergency Care Unit. Trauma informed practice is developing across the Trust, there are trauma informed practitioners within the workforce to support this. Simulation training has been established, providing in house scenarios based on real life events, supporting a trauma informed approach, guiding staff development and confidence to navigate legal and physical pathways. The care navigator role has developed significantly within mental health in the last 12 months, with the care navigator becoming a trauma informed practitioner, mental health first aider and supporting the development pathways through the Trust.

Dementia and Frailty

Over the last year the Trust has embraced the opportunity to incorporate the dementia focused work into the frailty work and look at how acute hospital stays impact on this very vulnerable group of people. The Trust held a conference on deconditioning in hospital in October 2024 to focus attention on the need to keep people up and out of bed and active wherever possible. This was the catalyst for more focused work to be rolled out across the Trust in 2025/26.

The Trust participated in the National Audit of Dementia during 2024. This highlighted that a significant number of admissions (16%) were for people with dementia. This useful audit provided a focus for dementia and frailty improvement work for 2025/26 and these areas specifically include:

- Pain- assessment of and route of administration.
- Discharge- planning.
- Communication- multidisciplinary.

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- Work with carers- co-production to include needs and satisfaction
- Training and awareness.

From an environmental perspective, the Trust continues to work to enhance the clinical spaces to be more responsive to the needs of patients and less clinical in their appearance. The estates and facilities team worked with patients and *Lucentia Design* to create a more calming space for patients and relatives at St Luke's Hospital, by producing artwork for the ward corridors. The designs were influenced by conversations with patients and their love of nature and being by the sea. These became the two themes of focus as most can connect to them no matter where they come from or where they have lived. The hope being that the artwork would stimulate conversations with patients whilst on the ward and support their recovery and wellbeing.

2.12 Patient Information

The Trust recognises that patient information is a crucial part of the patient journey. It is a key element in the overall quality of the patient's experience and is important for achieving informed consent and decision making. It also enables patients to choose in certain circumstances what option is best for them.

During 2024/25 the Communicating with Patients Approval Group (CPAG) approved 63 new items, reviewed 299 items, approved 42 video scripts linked with the work being undertaken by the virtual hub and logged 78 external resources.

The Trust currently does not have an accessible storage facility for all the patient information that it produces, therefore a digital library is being produced. The development of a digital leaflet library not only allows for this facility but by also producing and storing information in a digital format enables it to be translated, enlarged, and used by those requiring a screen reader. This makes electronic information more accessible for all and a greener alternative by making leaflets available electronically.

The digital leaflet library will also have a facility to remind authors to review their information every three years (or earlier if significant developments arise) following an electronic prompt, via email, of the requirement for review. It will also enable the archiving of past versions of leaflets should they be required as part of a medical negligence claim.

This digital library will serve as a central repository for patient information, ensuring accessibility, accuracy, and ease of use across multiple devices. It will also provide a structured, searchable library of digital patient information. It will accommodate three types of content: external web links, PDF documents and digital leaflets. This project is currently taken place with the commissioned support of the *Working Academy*.

Work to be undertaken over the next 12 months to improve patient information:

- Streamline the approval process for requests for new patient information.
- Reduce the duplication of information produced within the Trust.
- Produce a digital leaflet library of all patient information used within the Trust to have a more comprehensive governance process to make sure information is current and up to date.

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This is in line with the review of the Communication with Patients Policy and Guidelines for the Development of Patient Information. This is to prevent information being produced that has not gone through the correct governance processes and by having a reminder service built in reduces the risk of any information being shared outside the three-year review requirement.

If the process is followed this means that information given out to patients meets Trust and national branding guidelines and most importantly is in date. This is to help to make sure that patients are properly prepared for procedures, treatment, or appointments. It is also a key element in the overall quality of the patient experience.

During 2024/25 Bradford Teaching Hospitals NHS Foundation Trust have introduced EIDO leaflets for clinician use. Eido is a national company who produce over 400 information leaflets regarding hospital procedures, which are all endorsed by accredited professional bodies (Royal College of Surgeons, Crystal Mark for the Plain English Campaign). These procedure leaflets are produced and reviewed by EIDO and available in different accessible formats including Easy Read and Large Print and different languages, these help the Trust fulfil its obligations under government non-discriminatory standards and legislation such as the UK's Accessible Information Standard. These leaflets can be emailed by clinicians to patients direct and provide a valuable compliment to the leaflets internally produced within the Trust.

2.12 Accessible Information Standard (AIS)

The Trust adheres to the [Accessible Information Standard](#) and provide information in different formats which include easy read, large print braille, and text-phone for hearing and speech difficulties. The Trusts interpreting services provides written and verbal translations where required and support clinic appointments.

In the last 12 months AIS training has been rolled out across the Trust for reception staff who book patient's in for their outpatient appointments. The training includes a YouTube video produced by NHS England and NHS Improvement to provide a background of the standard along with an awareness session. Finally, a short practical video (produced by the Trust's Education team) demonstrates how staff should record a patient's information and communication needs and what they need to ask the patient when they attend for their appointments. This training is also included as part of the Trust's Induction Programme for all new starters.

By providing patients with their outpatient letters in a format they require reduces health inequalities in line with the requirement to meet the AIS. Patients can receive their letters in audio tape, large print, large print and yellow paper, braille or easy read. There is also an option to record no accessible needs to monitor that patients are being asked in what format they would like to receive their appointment letters. It can also be recorded if the patient requires a BSL interpreter. Staff training has been commissioned for a selection of staff to undertake British Sign Language Training

Work is being undertaken with other Trusts and engaging with stakeholders (e.g., RNIB) to understand best practice around AIS (particularly around accessibility/ format of appointment notifications).

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An example of this: the Trust was asked by Leeds Healthwatch to take part in a pilot for the new NHS England self-assessment framework for the AIS. Taking part in the pilot was a chance to test and help to shape the framework and provide feedback and recommendations to NHSE on clarity, usability, relevance and impact of the self-assessment framework before finalisation. NHS discussions indicate that the self-assessment framework may become a mandatory requirement for health services.

The revised AIS with new self-assessment framework is planned for 2025 and is expected to have 6 elements which will be: identify, record, flag, support, review and share. Successful implementation of the standard is based on meeting the 6 elements. Once the revised AIS is published the Trust's AIS policy will be updated to bring it in line with the updated changes in the standard.

2.13 AccessAble

AccessAble and Bradford Teaching NHS Foundation Trust have been in partnership since 2017. This partnership aims to provide detailed accessibility information to patients, visitors, and staff, ensuring that everyone can navigate the Trust's premises with ease and confidence. AccessAble, renowned for its comprehensive accessibility guides, continues to collaborate with the Trust to conduct thorough visits of its sites, assessing facilities such as entrances, parking, toilets, and consultation rooms. The information gathered is integrated into AccessAble's digital platform, empowering individuals with disabilities to plan their visits in advance. AccessAble also provide guidance reports to promote changes to ensure an environment where all individuals, regardless of their mobility or sensory needs, can access healthcare services without barriers.

AccessAble have recently carried out a 360-degree scan of Bradford Royal Infirmary and the Listening for Life Building. The scans include the entrances and the areas of circulation up to the doors to wards, departments, and services. The digital twin model of the buildings aid wayfinding and there are links to all relevant Detailed Access Guides on the scans. View the new Virtual Access Guides here - <https://www.accessable.co.uk/bradford-teaching-hospitals-nhs-foundation-trust/bradford-royal-infirmary>.

The past 12 months AccessAble have:

- Feedback as requested any AccessAble updates to the Patient Experience Group.
- Attended in-person the Community Engagement Event (EDI 2022 joint project) at Sorex House January 2025, to promote the guides and understand better, the needs of the community and how the guides can impact them daily.
- Sent two trained AccessAble surveyor to visit and update guides that had changed.

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This is a valuable tool for BTHFT and usage as follows demonstrates this:

May 2024 - April 2025.

- Users 35,370
- Views 56,194

2.14 Voluntary services

It's been an exciting year for volunteering at BTHFT. After the redesign of Voluntary Services in 2023, the last 12 months have seen a focus on rolling out new and improved recruitment and induction processes for all volunteers, along with the development of a broad range of roles, seeing volunteering go from strength to strength across the whole Trust.

Volunteers are extremely valuable and make a real difference to the people who are accessing services, their carers and families.



Image shows Volunteer

Creating the essential role of Volunteer Coordinators within the team has broadened the ability to develop and grow a wider variety of volunteer roles, with many services opting to use volunteers in their departments. There are currently **29** active roles across the Trust which are listed in Table 6.

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Activity Support Volunteer	Neonatal Volunteer
Oncology Day Case Unit Volunteer	Maternity Support Volunteer
Children's Therapy OPD Volunteer	Feedback Volunteer (Alcohol Care Team)
ICU Support Volunteer	Paediatric Unit Volunteer
Charity Volunteer (Bradford Hospitals Charity)	SPaRC Volunteers
AMU Volunteer	Parental Support Volunteer (Paediatric Unit)
Renal Support Volunteer	Skin Cancer Team Support Volunteer
Haematology/Oncology Volunteer	Tobacco Dependency Volunteer
Volunteer Guides (Various locations)	Patient Public Engagement Volunteer
Falls Prevention Volunteers	Education Volunteer
DCU Volunteer (St Luke's Hospital)	Gardening Volunteer (Westwood Park)
PAT Dog Volunteer	Volunteer PLACE Assessors
Fit testing & PPE Hub Volunteer	Volunteer Research Champions
Patient Safety Volunteer	Friends of Tea Bar Volunteers (BRI/SLH)
Radio Volunteers	

Table 6 Range of volunteer roles developed across the Trust during 2024/25.

This year, there has been a real focus on the recruitment of volunteers and after a successful initial volunteer recruitment following the redesign of Voluntary Services, recruitment has opened on a quarterly basis throughout this year, inviting applicants to apply for their specific role of interest. The Trust has published a total of 46 opportunities (adverts) during this time, which has resulted in 314 applications being received during 2024/25. From these applications there are currently a total of 177 active volunteers (March 2025) across the Trust, with an additional 102 volunteers currently going through the recruitment process.



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Image shows Volunteer

Included in this number are 12 volunteers who came through the Volunteer to Career pathway in Maternity. These volunteers were supported with their volunteer role, to develop further skills and experience to secure employment or further education. Some of these volunteers on the programme have secured places at University for both Nursing and Midwifery, and job roles in an NHS setting.

Five volunteers were presented with their completed National Volunteer Certificate, which showed their commitment in giving the Trust 60 hours of their time. This programme has now ended but evidences the commitment volunteers are willing to give to volunteer.

The new Volunteer Management Database, Assemble is now embedded and has become the hub of all the volunteer activity. Not only does this allow accurate data for reporting, but it also supports environmental factors being a paper light service; from creating role profiles, to managing volunteer applications, alongside managing the whole recruitment and induction process.



Image shows Volunteer

Along with the mandatory volunteer induction training, the team introduced a face-to-face welcome workshop which all volunteers must attend as part of their induction. This introduces all new volunteers to Bradford Teaching Hospitals, giving them an overview of the Trust, whilst ensuring they are aware of the expectations required of a volunteer, and what support they can expect from the Voluntary Services Team and the departments they are volunteering for.

When volunteers feel valued within an organisation, they are more likely to feel connected to the workplace and therefore continue their involvement with the Trust. Early in the year the volunteers began wearing their new branded T-shirts. The Bradford Hospitals Charity kindly funded these, and the feedback received has been amazing giving volunteers a real sense of identity.

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“Patients know who we are when we are on the ward. They know we are not members of staff and this is important”.

“Wearing my T-shirt when I’m volunteering makes me feel part of the organisation. People notice me for what I do”.

“I like how people can clearly see that I’m a Volunteer”.

Feedback from Volunteers

During Volunteers week in June 2024, a celebration for all of the wonderful volunteers was held with a thank you event at Carlisle Business Centre in Manningham. Volunteers had a lovely time, hearing updates from the team, enjoying a lunch, and socialising with other volunteers and staff members. The team thanked all the volunteers for the dedicated time they give to the Trust.



Image shows Volunteer Event June 2024

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3.0 Complaints

3.1 Complaints

The Patient Experience team receive complaints, PALS and compliments into the organisation and support the CSUs in responding to concerns. Table 7 below presents complaints per Clinical Service Unit (CSU) received during 2024/25.

	24/25 Q1	24/25 Q2	24/25 Q3	24/25 Q4		Total
Diagnostics and Corporate Operational Services	22	26	25	24		97
Planned Services	69	61	55	57		242
Unplanned Services	66	71	75	75		287
Central	2	3	0	4		9
Total	159	161	155	160		635

Table 7 Complaints per quarter and Clinical Service Unit received during 2024/25.

The number of complaints as shown in table 7 has increased overall during 2024/25 from 495 in 2023/24 to 635 this financial year. This is a significant 22% increase in total overall complaints with the majority being within unplanned care which have seen 74 more complaints received than over the same period the previous financial year. Figure 4 shows the continual rise.

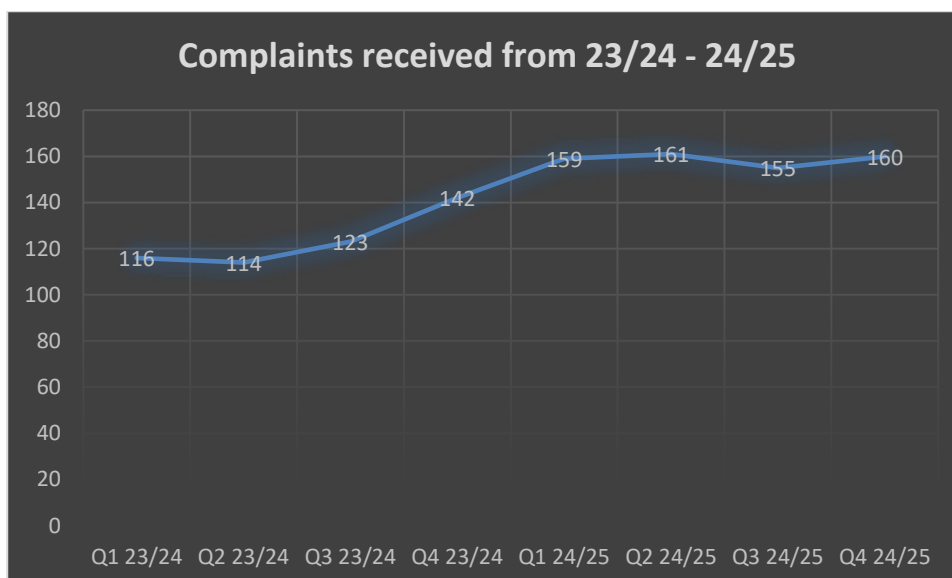


Figure 4 Complaints comparison between 2023/24-2024-25.

Complaints are monitored weekly via QUOC and via CSU tracker meetings. Quality data is presented through the Quality and Governance Team to the Quality Committee and the Patient

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Experience Group receives update from CSUs on a rotational basis. Many complaints are now resolved through face-to-face meetings with complainants, as recommended by the Parliamentary Health Service Ombudsmen, despite this the Trust is typically managing around 120 open complaints at any point within the financial year.

Analysis of the actual complaints received allows the team to track that numbers received are within the calculated normal limits. Figure 5 below tracks the annual trend.

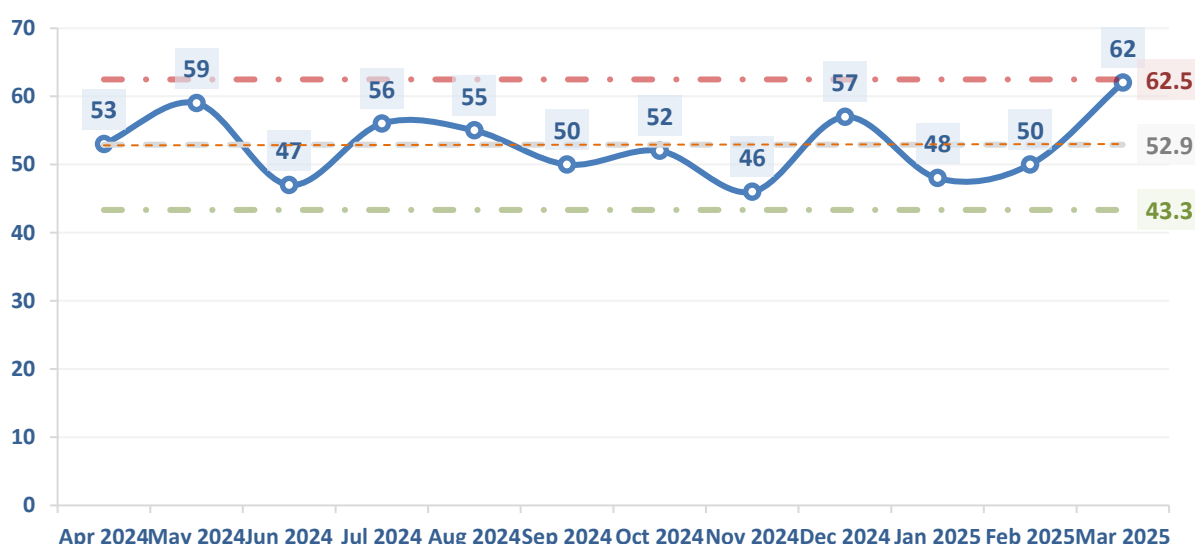


Figure 5 Annual complaints against the actual upper and lower control limits against the calculated fields based on the actuals.

- The red and green lines show the upper and lower control limits (these are calculated fields based on the actuals)
- The blue lines are the actuals e.g., the number of complaints
- The grey line is the average of the actuals.
- The orange dotted line is the trend (again, based on the actuals)

Appendix 2 provides complaints data analysis of areas trends and themes.

The below chart, figure 6, highlights the response times of the 641 complaints that were investigated and completed between 1st of April 2024 and 31st of March 2025. Of these 80% of them were

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completed within three months. However, disappointingly 3% of the 641 which equated to N=21 breached the national standard, and this is a key area of focus on during 2025/26 to reduce this number.

Work during 2024/25 will focus on a deep dive analysis to review these 21 cases to determine the causes for these delayed responses. The team are aware that some of these are due to the request of complainants to delay and agreed to an extended timescale.

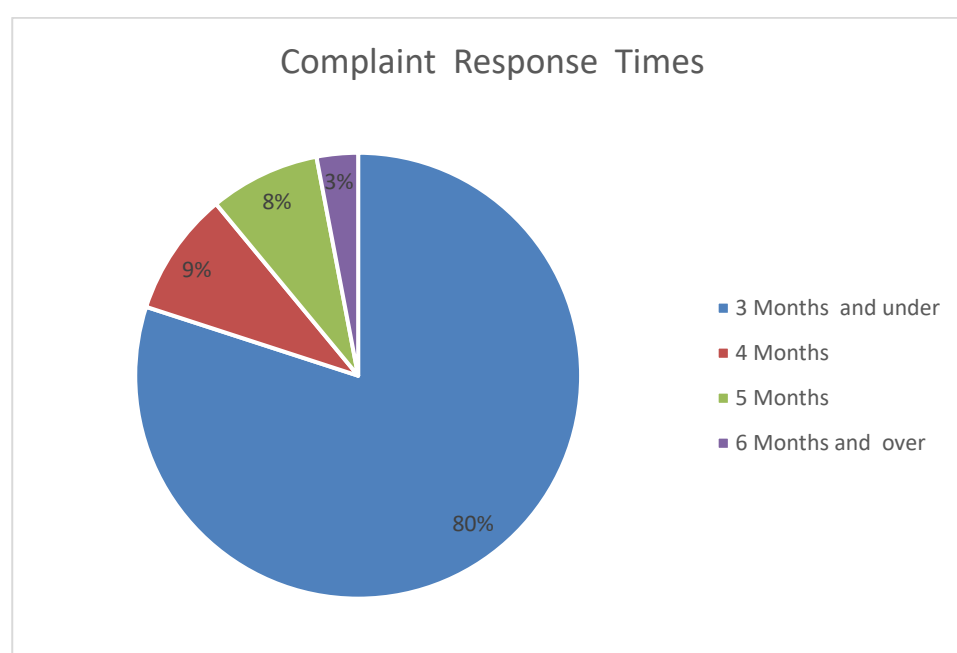


Figure 6 Current open complaints including those over 6 months from receipt.

There were two complaints graded as *High* during 2024/25 by the CSUs. There continues to be on-going collaborative work and scrutiny between the Quality and Governance and complaints team, any moderate and above are discussed in detail at QUOC and the Safety Event Group (SEG) for assurance regarding risks and to ensure incidents are being logged in addition to the complaint so any risks and patient safety issues can be addressed. Figure 7 provides a summary of the Trusts position over the past year.

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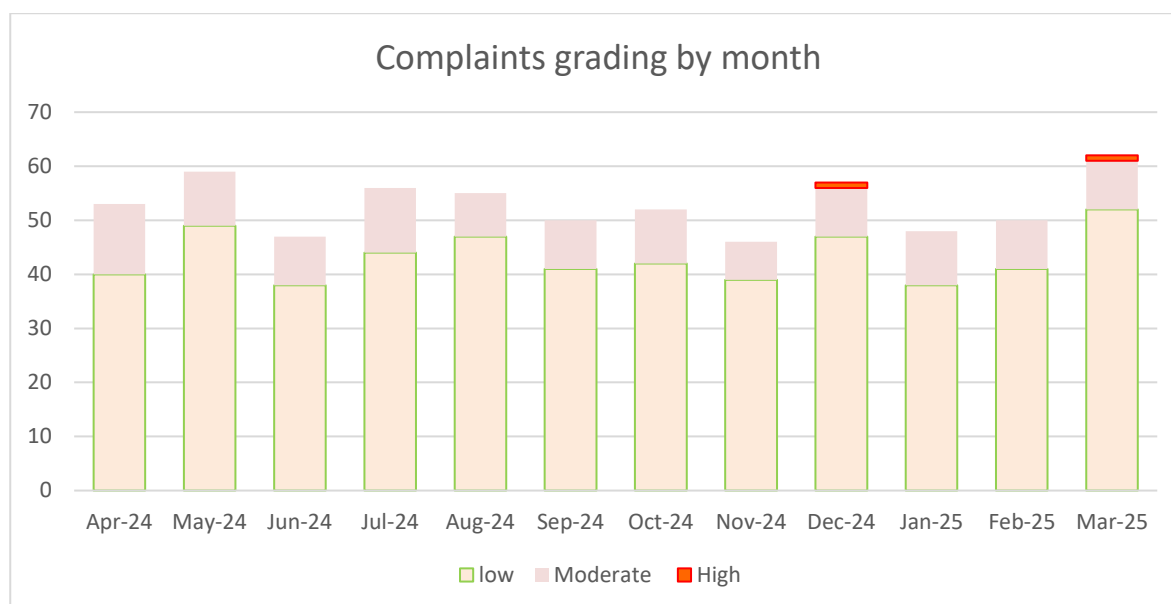


Table 8 Complaints grading.

Of the two **High** complaints. One was closed as the complainants were happy that this was being investigated through the patient safety incident methodology and findings and outcomes were to be fed back to the family direct and the second **High** complaint had just been received in March 2025 and was currently being investigated.

Equality Diversity and Inclusion monitoring is essential in all patient experience work carried out within the Trust. A monitoring form is sent out to all complainants with the acknowledgement to capture these demographics (see appendix 2). As an example of this monitoring, figure 7 below demonstrates the ethnicity as reported by complainants. 49% identified as English, Welsh, Scottish Northern Irish or British category. With the majority at 51% reporting a collective of other ethnic groups. This is the first year this data has been shared follow a request from the Board of Directors for this to be captured and further work is planned during the next 12 months to monitor this data to look for further trends.

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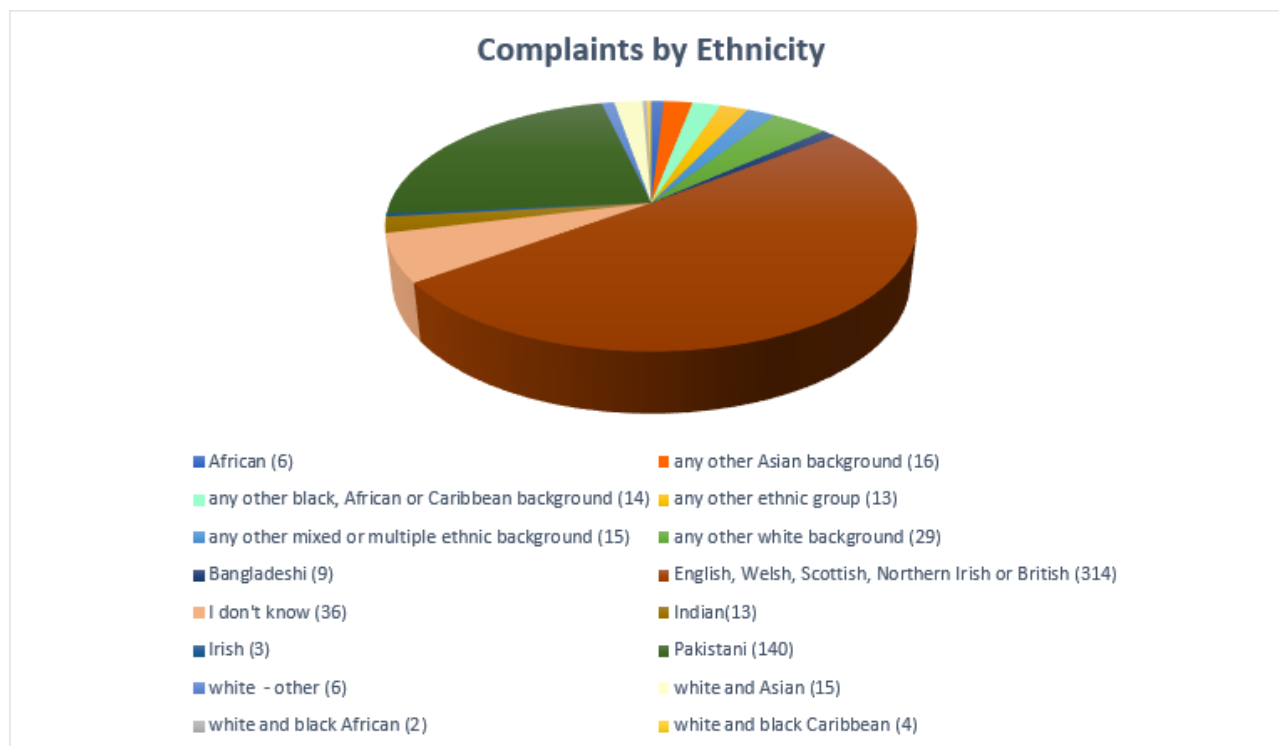


Figure 7 Ethnicity of complainants 2024/25

The complaints team works closely with the Equality Diversity and Inclusion lead to ensure where any concerns raised that require specialist advice that they are included and involved in the response. The team has full access to the translation team and service for people who may need support with language translations, BSL and different communication formats, as part of the Accessible Information Standard requirements. The team make reasonable adjustments when requested to provide responses in their preferred format. The complaints team also works with the charity *Clover Leaf* who are a national company that provides advocacy services and support for complaints.

3.2 Parliamentary and Health Service Ombudsman (PHSO)

The Parliamentary and Health Service Ombudsmen (PHSO) is an independent body that investigates complaints about the NHS and other public organisations. Once a complainant has exhausted local resolution with the Trust, they are entitled to take their case to the PHSO for consideration. During 2024/25 the Trust were informed that the PHSO were investigating 9 of the cases where the Trust had stated they had reached local resolution with the complainant. Of these 9 cases, 1 was closed with no further action, 1 case was referred back to the Trust for further investigation, 1 case the PHSO asked for mediation to take place between the Trust and the complainant, 2 cases were not upheld, 1 case was upheld and 3 are still being investigated.

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During 2024/25 the Trust received 8 outcomes (this includes the 5 mentioned above) a further 3 the PHSO decided to partially upheld. Full details of the latter can be found in appendix 3.

Full details of any partially or fully upheld complaints are shared with the CQC and NHS England for full transparency. A summary and status of the PHSO cases are also presented to the Patient Experience Group form part of the complaints steering group activity.

In recent years the PHSO released a set of new standards. This followed a period of review where BTHFT had been a pilot site. New training delivered by the PHSO is now available to staff, many of whom have already completed this and the Team is working towards amending our policy to reflect these new standards and promote early resolution with complainants and their families.

3.3 Patient Advocacy and Liaison Service (PALS)

The total number of Patient Advice and Liaison Service (PALS) issues continues to remain high. Table 9 and Figure 8 provides comparisons to this data.

	Q1	Q2	Q3	Q4	Total
Diagnostics and Corporate Operational Services	126	141	107	117	491
Planned Services	237	183	206	224	850
Unplanned Services	186	164	186	194	730
Central	121	114	157	111	503
Total 24/25	670	602	656	646	2574
Total 23/24	578	525	465	529	2097

Table 9 Number of PALS contacts per year comparison.

The above data demonstrates an annual increase of 477 PALS, which equates to an 18% rise in activity. This increase in activity has led to challenges, particularly as there has been no increased workforce to support the overall activity.

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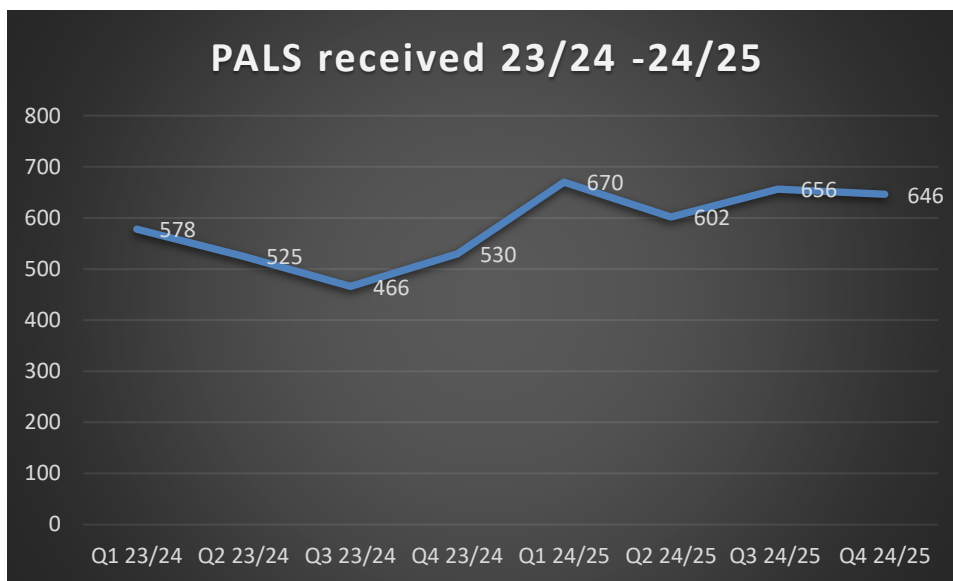


Figure 8 Comparisons of PALS data between years.

These numbers demonstrate the high volume of activity that the Patient Experience Team are dealing with; in many cases they are resolving at first contact and preventing issues being progressed to formal complaints. PALS issues are dealt with quickly to prevent escalation. At the time of writing this report of the 2,574 only 38 Pals issues remain open. Further work is planned during the next financial year to look further at learning from PALS themes and triangulate with other data. Details data analysis of PALS can be found in appendix 4.

There were 2345 PALS issues closed between 01 April 24 – 31 March 25. The table below (10) analyses the response time frame for PALS issues that were closed during this period. The PALS team aims to resolve issues within 10 working days. During this time, 84% of PALS responses were successfully resolved within the 10-day timeframe.

Response time frame	Number of PALS Issues Resolved	% Of PALS Issues Resolved
Within 1 day	957	41%
2-5 days	744	32%
6-10 days	266	11%
Over 10 days	378	16%
Total	2345	

Table 10 Response timescales for complaints.

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3.4 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, via X and cards. Table 11 provides the compliments data.

Compliments	Q1	Q2	Q3	Q4	Total
2023/24	359	334	361	266	1320
2024/25	221	188	270	228	907

Table 11 Compliments data.

During the past year whilst carrying out several patient experience initiatives throughout the Trust, areas and teams have been encouraged to log these compliments on Datix/IRIS in the same way that a complaint or PALS are logged. It is disappointing that the number of logged compliments has reduced. There is much work to be done to capture and celebrate this success and plans to strengthen and expand our kindness pledge. It is important that learning occurs in relation to what is perceived to be done well to build on this further and this is something the team are looking to build on. Compliments are now collected as part of the ward accreditation assessments that are taking place.

Below (and in appendix 5) are a few statements extracted from some of the many compliments received to demonstrate the impact staff have had on Patient Experience and their family members.

Following a few hours wait in a side room a bed became free on ward 8. I spent 2 nights here and again can only speak highly of the treatment I received from all the staff, every single person was friendly, polite, efficient, supportive, caring and seemed to want to be there and do their best for you.

I visited Eccleshill Hospital, Radiology Department today with my elderly mum (91 years old) who had a CT scan with contrast.

I would like to say a huge thank you to the staff who looked after my Mum, they treated her with respect and made everything about the experience an absolute pleasure.

It is not often you can say you visited a hospital and it was a great experience but today it was. It is always a nerve wrecking time especially for the elderly and they could not have looked after her better.

Please pass on our sincere thanks and we hope they receive the recognition they deserve

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I wish to share with you my recent experience of cancer care under the NHS.

By sheer luck, my prostate cancer was diagnosed in March this year and after a short but horrible few weeks' wait, I was admitted to urology on 24 April and underwent a three-hour GA. The care taken by everyone, but everyone, in looking after me and holding my hand through the most terrifying experience of my life was second to none.

Recovery was uneventful and speedy.

I was able to get back to work after a three-week break. It was a direct result of some meticulous surgical skills, but this was enhanced by the availability of a robotics unit. Prostate cancer is on the rise. BRI seems to be a centre of excellence, taking referrals from further afield.

3.5 Learning from Complaints

Over the past year the CSUs and the Patient Experience Team has been collating information regarding the potential learning from complaints. Revision of CSU checklist now captures the learning and actions, and these are recorded on trackers and within the IRIS system.

During Q4 Audit Yorkshire conducted an independent review of complaints handling at BTHFT. Whilst the Trust received *High* and *Significant* levels of assurance in the overall report it was recommended that at each Patient Experience Group meeting that quoracy be confirmed and recorded in the meeting minutes to ensure that all services were represented as per the terms of reference.

Any complaints that are complex and could potentially take several weeks or months should have evidence that the Trust has maintained regular contact with the complainant and that they are in agreement with the extended timeline. Evidence of this should be provided in IRIS the Trust tool for recording complaints and the outcomes. This also provides an audit trail should it be required by external agencies. A communication tracker has been implemented to support this process and "Deep Dives" of delayed complaints has been presented to QUOC for evidence of future learning requirements.

A database is being created to evidence where the "*Tell us what you think*" leaflets have been placed in the organisation and a way to check that they are in date. This will be part of the ward accreditation process.

In the coming months this work will be regularly reviewed to ensure these actions have taken place, discussed, and shared to create Quality Improvement Projects. The aim is for the learning to be shared Trust wide to demonstrate listening and learning to improve.

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Learning from complaints has been demonstrated in several other forums which have included patients' stories that have been presented to Board, these have then been widely shared across the organisation and on the Trust intranet. A direct example of this the reintroduction of the Knitted Hearts following the most recent story to Board.

Finally, some examples of learning be seen in the newly developed template below as shown in table 12 and further examples can be found in appendix 6.






Complaints What Did We Do	
 Patient Story	The patient attended ED post fall and was on a trauma board, the patient who has hearing impairments was sent to CT scan where he vomited, on return to ED he was left unattended without the patient buzzer, He began to vomit and felt there was very little help, removing himself from the trauma board. The patient struggled to understand staff in resus as they remained out of his eye line or wore masks when talking to him. He was later in AZ Subwait for a long period of time awaiting a bed on a surgical ward but wasn't provided analgesia, updates or food.
 Impact	The patient felt his experience was poor and did not feel safe or informed in our department.
 What we did well	The patient had a timely CT scan, the Triage nurse was concise and took his disabilities into consideration facing the patient when triaging. The Day NIC who took over has clearly documented interactions and updates of the patient.
 What didn't go well	<ul style="list-style-type: none"> -Didn't consider patients ability to lip read when strapped to a trauma board -Masks used covering facial features but no other means of communication utilised -Didn't place patient call button within reach of the patient. -lack of communication or updates over the night.
 Improvement / learning	<ul style="list-style-type: none"> -Utilising antiemetics in patients who have vomited post CT scan -Making sure patients understand information provided to them -call buttons are within reach of resus patients -Utilise Cardmedic to communicate with patients that may struggle

Table 12 Example of learning from complaints.

3	PROPOSAL
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The Patients Experience Team and Chief Nurse Office will continue to develop work to enhance patient and relatives encounters with the Trust and ongoing community engagement. During 2025/26 work will focus on implementing the Patient Engagement and Engagement Strategy and the commitment to further involve the work carried out the local communities.

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

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Valuable patient and public collaboration work will continue within the Trust, with Healthwatch and with partners at a district level to ensure peoples voices are heard and influence Patient Experience projects for the months ahead.

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 team will look to implement several of the PHSO recommendations which includes early resolution. 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:

- Finalise the update of the revised complaints policy following the integration of teams and the implementation of PHSO standards.
- Hold weekly “Grip and Control” complaints meeting between Central and CSU leads to track status of complaints and provide timelines for completion.
- Internal training to be provided for all new investigating officers so they are aware of KPIs and expectations from the complaints policy and improve quality of the responses.
- Lower the threshold for senior escalation where complaints are not progressing.
- Utilise the PHSO training available to all staff and implement the standards into policy.
- Buddying and mentorship provided for authors of complaints responses.
- Process reviewed and guidance strengthened for complaints procedure to align to new PHSO standards in relation to PSIRF and reporting of incidents.
- Weekly position reported to Chief Nurse.
- Capture learning and action on the review check list and create a central repository with timescales for completion.
- Complex and Mult speciality complaints to have regular MDT discussion to ensure a collective response is being produced, with an overall lead identified.

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

4	RISK ASSESSMENT
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The Patient Experience Team and Bereavement Team have both been added to the risk register during 2024/25. This has been due to staffing issues that have impacted the ability to provide services within the usual timeframe. During time on the register, they have been monitored and downgraded from the initial risk rating.

The Patient Experience team have logged more complaints and PALs this year and this added additional challenges during staffing shortages. It should be noted however that all PHSO standards with regards to complaints were met despite these issues.

The Bereavement Team recruited new team members after two experienced staff left to undertake other roles. This led to a knowledge gap within the team. This combined with other staffing issues

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led to delays in some processes. However, they were able to maintain a good service in relation to patient experience and supporting bereaved families throughout the challenges by working collaboratively with the medical examiners' officers and mortuary team.

The Accessible Information Standard was removed from the risk register after dedicated improvement work helped mitigate the risk.

5 RECOMMENDATIONS AND FUTURE PLANNED WORK

- Support is required from all areas to promote and endorse the Patient Experience and Engagement Strategy 2023-2028.
- Work towards the agreed Patient Experience priorities agreed as part of the Quality Account.
- Continue with coproduction and engagement work and continue collating this information in our engagement log for learning and revisiting.
- Recruit more patient/community representatives from a diverse demographic to sit and advise on workstreams and groups within the Trust.
- Continue promoting the use of real time feedback via FFT to react and make timely improvements, making use of the Insite reports.
- Use of QI methodology for tests of change.
- National Survey (CQC) action plans to be monitored via the PE Group for improvement, led by the designated area lead once complete, improvement projects to be undertaken.
- Continue collaboration work with Bradford district and Craven health Care Partnership to improve collective and consistent improvements.
- Benchmark against other Trusts that are doing well or significantly better in key PE areas.

Projects for the Patient Experience and Involvement Team for the year ahead 25/26

- Improvement work taking place to create a dashboard of patient experience metrics.
- Re launch of the *Kindness* work and further embed the Patient Experience and Engagement Strategy. Update of the Kindness E Learning module required as part of this work.
- In partnership with the Shipley College Bradford, launch the "Clinical Customer Care" training.
- Continued improvement work for patient information leaflets and the digital library to include increased accessible formats including easy read and different languages.
- Further development of Bereavement services to include aftercare support for families and feedback.
- Strengthen the learning from complaints, sharing wider in the organisation and evidencing the *You Said We Did* and Triangulation of data.
- Relaunch of the Knitted Hearts for EOL patients.
- Marthas Quality Improvement work to continue.
- Compliments to be captured and celebrations and acknowledgement of these to be developed.
- Development of a quarterly Patient Experience Newsletter and Patient Experience Ambassadors.

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- Development of compliance repository for shared Trust-wide learning.
- Continue with our ongoing commitment to advancing EDI in all the work carried out in the PE teams.

6	Appendices
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Appendix 1 PLACE results (2.5)

Appendix 2 Complaints Data (3.1)

Appendix 3 Parliamentary and Health Service Ombudsman (PHSO) cases (3.2)

Appendix 4 PALs Data (3.3)

Appendix 5 Compliments Data (3.4)

Appendix 6 Learning from Complaints (3.5)

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6 Appendices

Appendix 1 PLACE results.

Figure 1: Comparative PLACE results within the region.

	CALDERDALE AND HUDDERSFIELD NHS FOUNDATION TRUST	HARROGATE AND DISTRICT NHS FOUNDATION TRUST	HULL UNIVERSITY TEACHING HOSPITAL NHS TRUST	LEEDS TEACHING HOSPITALS NHS TRUST	YORK AND SCARBOROUGH NHS FOUNDATION TRUST	BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST
Domain						
Cleanliness Score %	99.20%	99.45%	98.88%	99.61%	97.86%	95.63%
Food and Hydration Score %	94.13%	97.37%	93.60%	94.01%	89.09%	85.98%
Organisational Food Score %	96.10%	92.35%	96.88%	95.04%	92.39%	73.61%
Ward Food Score %	93.64%	99.47%	93.15%	93.88%	88.44%	89.49%
Privacy, Dignity and Wellbeing Score %	90.62%	88.31%	90.48%	93.86%	76.19%	86.21%
Condition, Appearance and Maintenance Score %	99.09%	97.25%	98.33%	97.21%	89.61%	97.31%
Dementia Score %	82.24%	88.60%	86.72%	88.81%	61.88%	83.84%
Disability Score %	82.69%	90.05%	89.51%	87.02%	61.79%	83.50%

Figure 2: Bradford PLACE results per assessed hospital.

Domain	Bradford Royal Infirmary	St Luke's	Westwood Park	Westbourne Green Community
Cleanliness Score %	95.50%	95.99%	98.98%	98.64%
Food and Hydration Score %	86.26%	81.69%	83.72%	85.44%
Organisational Food Score %	73.61%	73.61%	73.61%	73.61%
Ward Food Score %	89.34%	86.31%	96.15%	100.00%
Privacy, Dignity and Wellbeing Score %	86.13%	83.14%	91.67%	93.33%
Condition, Appearance and Maintenance Score %	97.43%	94.24%	98.65%	98.36%
Dementia Score %	84.26%	78.83%	76.58%	82.64%
Disability Score %	84.17%	76.38%	73.44%	77.59%

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Appendix 2 Complaints Data.

Of the 635 complaints received, Figure 1 demonstrates the position of the areas who received the most.

			24/25 Q1	24/25 Q2	24/25 Q3	24/25 Q4	Total	Total in CSU	top 5
Unplanned	Urgent Care, Elderly & Intermediate care	Accident and Emergency	23	27	28	29	107	169	1
		Acute Medical	6	7	5	4	22		
		Command Centre				1	1		
		Elderly	6	4	6	5	21		
		mortuary	1				1		
		Stroke & Neurology Services	2	4	4	7	17		
	Women	Gynaecology	4	8	9	10	31	80	5
		Maternity Services	14	10	14	11	49		2
	Children	Paediatric	10	11	9	8	38	38	4
Planned	Theatres, Critical Care & Day Case	Anaesthetics				1	1	7	
		Nucleus Theatres and Theatre				1	1		
		Sleep Studies				1	1		
		Intensive Care		1	2		3		
		Pain Management				1	1		
	Surgery & Digestive Diseases	Surgical	11	14	9	4	38	145	4
		Gastroenterology	4	2	3	3	12		
		ENT	11	7	4	6	28		
		Urology	4	4	3	8	19		
		Vascular Surgery	2	5	6	3	16		
		Orthodontics	1			1	2		
		Ophthalmology	2	5	4		11		
		Oral and Maxillofacial	5	4	2	3	14		
		Orthoptics			2		2		
		Macular Services			1		1		
		Audiology		1		1	2		
	MSK & Therapies	Orthopaedic General	13	8	7	15	43	89	3
		Orthotics	4	1			5		

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		Dermatology	1	2	4	6	13	
		Breast Surgery	3	1	2		6	
		Therapies	5	1	1	1	8	
		Plastic Surgery	1	2	4	1	8	
		Rheumatology	2	2	1		5	
		Clinical Psychology				1	1	
Diagnostic & Corporate Operational Services	Outpatient & patient services	Medical Records		1	1		2	4
		Phlebotomy		2			2	
	Radiology	Imaging	6	6	5	3	20	20
	Specialist Medicine	Cardiology	2	5	5	6	18	74
		Respiratory Medicine General	4	3	7	5	19	
		Diabetes and Endocrinology Administration	1	3	1	1	6	
		Renal	1	4	1	4	10	
Haematology and Oncology		7	3	5	4	19		
Pathology	1			1	2			
Central		Chief Operating Officer	1				1	9
		Chief Nurse				1	1	
		Patient Experience		1		1	2	
		Estates	1	2			3	
		finance				2	2	
Total			159	161	155	160	635	635

Figure 1 Complaints annually by speciality 2024-25.

Accident and Emergency Department (AED) remain the area that received the highest number overall (N=107) annually. Table 1 provides the supporting data.

AED	Q1	Q2	Q3	Q4	Total
2023/24	9	13	17	24	63
2024/25	23	27	28	29	107

Table 1 Provides the AED data of complaints in years and quarters.

This increase of an additional 44 complaints equates to a 41% increase.

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

- Delay in treatment being received 25
- Delay or failure to diagnosis 23
- Length of wait before being triaged 17

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

- Display boards in waiting room with waiting times.
- Member of staff from the complaints team based in AED to pick up any issues at the time and keep patient informed of delays.
- Recruited staff to assist in refreshments 24/7 where waits are unavoidable
- Work within the Trust and Patient Experience around civility and kindness towards patients and staff.
- Newsletter produced highlight the impact of patients story/complaint produced for AED staff to communicate learning.
- Training planned to improve preventing complaints including the importance of providing good customer service.

The below table 2 looks at the overall themes of the total complaints received in the financial year. Some complaints contain multiple themes (hence the number of themes being higher than the total number of complaints). The highest recurring themes was Doctor Led clinical care.

Primary Themes	24/25 Q1	24/25 Q2	24/25 Q3	24/25 Q4	Total
Clinical Care - (doctor led)	106	119	125	88	438
Patient Care - (nurse led / ward decisions)	25	18	25	27	95
Communication & information	26	31	19	41	117
Values & Behaviours	23	46	25	34	128
Appointments & waiting times	32	34	12	35	113
Admission, discharge and transfer	8	2	7	8	25
Environment & Equipment	12	6	0	9	27
Falls	2	1	3	2	8
Property	0	2	0	2	4
Other	2	3	2	4	11
Total	236	262	218	250	966

Table 2 Provides the overall themes collated from complaints.

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Further analysis of specific sub categories of the Dr led concerns are listed below (table 3). Where Doctors are involved in complaints they receive a full final copy of this for learning.

Clinical care doctor lead	Q1	Q2	Q3	Q4	Total
Complications from a procedure	4	3	2	2	11
Delay in seeing a clinician	1	2	1		4
Delay in treatment being received	19	26	20	24	89
Delay or failure to diagnosis	18	19	24	16	77
Delayed results	6	3	1	3	13
DNAR not acted upon	0	1			1
DNAR not discussed with family	2	1			3
Failure to act	13	18	19	10	60
Inadequate pain relief	5	3	3	8	19
Incorrect advice	3	4	1		8
Incorrect treatment	11	5	20	1	37
Lack of diagnostic testing	0	2	1	3	6
Medication Error	4	2	5	1	12
Medication Omitted		1	1	1	3
Missed fracture	2	1			3
Other - option to comment	1	3	1	4	9
Poorly co-ordinated care - lack of continuity			6	4	10
Treatment failure	10	10	13	3	36
Treatment of care issues for vulnerable patients	2	8	1	3	14
Unsatisfactory outcome following a procedure	5	7	6	5	23
Total	106	119	125	88	438

Table 3 Subcategories of reasons of Dr lead theme in complaints.

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EDI complaints monitoring Performa can found in Figure 2 below, this is sent to all complainants with the acknowledgement contact.

Age	Date of Birth:	Date:	Month:	Year:
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other: <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Do you identify as trans*? <input type="checkbox"/> Prefer not to say <small>*Trans is an umbrella term used to describe people whose gender is not the same as the sex they were assigned at birth.</small>			
Race: Please select the option which best describes your ethnic group:				
Asian or Asian British:		Mixed / Multiple Ethnic Group:		
<input type="checkbox"/> Bangladeshi		<input type="checkbox"/> White & Asian		<input type="checkbox"/> Arab
<input type="checkbox"/> Indian		<input type="checkbox"/> White & Black African		<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> Pakistani		<input type="checkbox"/> White & Black Caribbean		<input type="checkbox"/> Any other ethnic group (Specify below)
<input type="checkbox"/> Chinese		<input type="checkbox"/> Any other mixed/Multiple ethnic background (specify below)		
<input type="checkbox"/> Any other Asian background (specify below)				
Black/African /Caribbean or Black British:		White:		Have you ever served in the British Armed Forces
<input type="checkbox"/> African		<input type="checkbox"/> English/ Welsh/ Scottish/ Northern Irish/ British Irish		Yes No
<input type="checkbox"/> Caribbean		<input type="checkbox"/> Romany Gypsy		<input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Any other Black African/ Caribbean background (Specify below)		<input type="checkbox"/> Irish Traveller		If yes, please provide details, which service
<input type="checkbox"/> Any other ethnic group		<input type="checkbox"/> Central & East European		
		<input type="checkbox"/> Any other White background (Specify below)		
Would an interpreter be required? <input type="checkbox"/> Yes <input type="checkbox"/> No Language:				
Sexual orientation: Please select the option which best describes your sexual orientation:				
<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Lesbian or Gay	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Other.....
Religion or Belief: Please indicate if you have a religion or belief:				
<input type="checkbox"/> Christian (including CofE, Catholic, Protestant and all other Christian denominations)		<input type="checkbox"/> Sikh		<input type="checkbox"/> Philosophical Belief
<input type="checkbox"/> Buddhist		<input type="checkbox"/> Hindu		<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Muslim		<input type="checkbox"/> Jewish		<input type="checkbox"/> Prefer not to answer

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Disability: Do you consider yourself to have a disability/SEND or limiting long-term illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
If you have a disability / impairment; is there anything we need to know that would enable involvement and our support, for example:	<input type="checkbox"/> Dyslexia <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Heart Condition <input type="checkbox"/> Mental Health Illness <input type="checkbox"/> Or other support needs:

“A bit about you’ Equality Monitoring Please tick (✓) the relevant box

Figure 2EDI monitoring form.

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Appendix 3 Parliamentary and Health Service Ombudsman (PHSO) cases.

Table 1 below provides the details of these cases as they are not always received and resolved in the same financial year.

Reference.	Care Group.	Date complaint received in Trust.	Date PHSO received complaint.	Outcome.	Date outcome received.
27970	Planned	Oct 21	May 23	Partly upheld. The PHSo requested that the Trust write to the complainant to apologise for the upset and distress caused.	March 25
28974	Planned	Jan 22	July 23	Partly upheld. Complaint issue: Delays in administering and prescribing Pantoprazole. The Trust to pay a financial remedy of £450.	May 24
27889	Planned	Oct 21	Nov 23	Partly upheld Complaint Issues: A failure to make clear decisions, A failure to perform a mental capacity test and involve the safeguarding team, A failure to act in accordance with the Trust's Property Policy. As a resolution, the Trust is to provide a financial remedy of £900 and submit an action plan.	March 25
33503	Planned	May 23	May 24	Upheld Complaint issues: delays in care plan, poor communication, and handling of complaints. The Trust should acknowledge the identified failings and apologise for their impact. The Trust should pay a financial remedy of £250.	July 24

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32493	Planned	Feb 23	June 24	referred back to the Trust	Oct 24
34920	Unplanned	Sept 23	Oct 24	Decided not to investigate	Feb 25
34050	Diagnostic & Corporate Operational Services	June 23	June 24	Not upheld	Jan 25
34674	Unplanned	Aug 23	Jan 25	Trust adopted a mediation approach with the PHSO and the complainant. The meeting was successful, and no further action was needed.	Feb 25
28733	Planned	Dec 21	Nov 23	Not upheld	April 25
20060	Unplanned	April 19	Dec 22	Draft report shared	On going
32191	Planned		Dec 23	Sent info to PHSO - PHSO currently investigating	Ongoing
34342	Planned	July 23	May 24	Sent info to PHSO - PHSO currently investigating	Ongoing
30951	Planned	Mar 24	Oct 24	referred back to the Trust	Ongoing
35810	Unplanned	Nov 23	Mar 25	Sent info to PHSO - PHSO currently investigating	Ongoing
30037	Diagnostic & Corporate Operational Services	May 22	Jan 25	Sent info to PHSO - PHSO currently investigating	Ongoing

Table 1 PHSO case received and closed during 2024/25.

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Appendix 4 PALs Data.

AED received the highest number of PALs contacts (N=236). Within these, AED PALS was the top subcategory of concerns were raised in relation to care and treatment issues.

	24/25 Q1	24/25 Q2	24/25 Q3	24/25 Q4	Total
Accident and Emergency	52	52	64	68	236
Acute Medical	15	13	9	17	54
Adult OP		1	1	1	3
Anaesthetics	2	1	2		5
Audiology	3	7	6	6	22
Blood Transfusion					0
Breast Surgery	2	1	4		7
Bowel cancer					0
Bereavement Services	2	1		1	4
Bradford Hospital Charity	1		2		3
Blood Transfusion	1				1
Imaging	29	22	26	35	112
Cardiology	12	13	16	18	59
Central Patient Booking Service	12	8	6	5	31
Chief Nurse	7	10	6	11	34
Chief Medical Officer			1		1
Chief Operating Officer Team				1	1
Claims & Inquests	1				1
Clinical Psychology	1		1		2
Clinical Informatics				1	1
Dermatology	11	14	9	15	49
Diabetes and Endocrinology Administration	6	9	6	6	27
Eccleshill Visiting Services	1	1			2
Education	8	6	2	4	20
emergency planning					0
Elderly	16	17	19	11	63
Endoscopy	3	8	2	3	16
ENT	31	24	31	25	111
Estates & Facilities	16	16	14	21	67
finance	4	4	1	3	12
Gastroenterology	11	13	11	13	48
General Medicine					0

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Gynaecology	35	34	27	36	132
Haematology and Oncology	16	20	14	12	62
Hepatology				3	3
HIV Service					0
Human Resources	3	1	8	7	19
Intensive Care	2		3	3	8
informatics					0
Information Governance	1			1	2
Interpreting	1				1
Macular Services	1		1		2
Maternity Services	31	19	26	22	98
Medically Optimised for Discharge				1	1
medical records	23	48	16	16	103
Medical illustration					0
Multi Agency Integrated Discharge Team					0
mortuary			1	2	3
Nucleus Theatres and Theatre			2		2
Ophthalmology	13	10	9	10	42
Oral and Maxillofacial	14	15	9	12	50
Orthotics	2	1	1	1	5
Orthoptics	8	4	4	3	19
Orthodontics	1	2	3	6	12
Orthopaedic General	24	10	19	31	84
Paediatric	29	15	20	19	83
Pain Management	4		3	7	14
Patient Experience	77	72	120	62	331
Palliative	1			1	2
Pathology	5	2		1	8
Plastic Surgery	1	5	4	8	18
Pre op				2	2
Phlebotomy	3		4	8	15
Pharmacy	4	2	4	2	12
Quality Governance		1	2		3
research			1		1
Therapies	15	11	12	12	50
Renal	5	4	5	5	19
Respiratory Medicine General	6	11	8	5	30
Rheumatology	3	4	11	5	23
Sleep studies	3		3		6

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Stroke & Neurology Services	8	14	20	19	61
Surgical	50	32	35	35	152
Switchboard			1		1
Urology	21	17	15	17	70
Vascular Surgery	10	5	5	7	27
Virtual Services Project					0
Voluntary Services	3	3	1		7
Total	670	603	656	646	2575

Figure 1 Breakdown of the PALS issues, by speciality.

The data reported for the Chief Nurse team appears to be high, however this category is often used for many general enquiries such as how to request access to medical records, visiting queries or general enquiries to reception areas which many patients report concerns including parking permits, lost property etc. themes for these will be developed further following the change to IRIS.

Analysis of the themes of the annual PALS sees Communication and Information as the highest value (27%).

	24/25 Q1	24/25 Q2	24/25 Q3	24/25 Q4	Total
Clinical Care - (doctor led)	123	80	137	120	460
Patient Care - (nurse led / ward decisions)	13	17	22	16	68
Communication & information	193	181	167	187	728
Values & Behaviours	60	49	57	44	210
Appointments & waiting times	171	158	153	175	657
Admission, discharge and transfer	27	13	27	27	94
Environment & Equipment	29	24	29	33	115
Falls	1	0	1	2	4
Property	6	5	11	7	29
Other	68	98	88	61	315
Total	691	625	692	672	2680

Figure 2 Themes of PALs 2024/25

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Figure 3 holds the sub themes for communication, which helps steer improvement work.

Communication & Information	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25	Total
Communication between the clinician and the nursing staff	4	3	4	3	14
Conflicting information given by staff	11	9	12	11	43
Incorrect information given verbally	1	1	1		3
Interpreting issues (used/not used/wrong language)	2				2
Issues with correspondence to patient's GP	2	5	1	4	12
Issues with patient letters	7	8	4	6	25
Language barrier between staff and patient/family		1			1
Patient and/or relative having difficulty making contact with organisation	27	19	10	24	80
Patient and/or relative not being involved in decision making	4	2	1	3	10
Patient and/or relatives not being informed	5	6	3	10	24
Patient information	123	119	122	116	480
Patients not receiving correspondence	6	6	9	8	29
Problems with access for blind/visually impaired people	1	1	0	1	3
Supported discharge		1	0	1	2
Total	193	181	167	187	728

Figure 3 Sub-themes of communication and information 2024/25

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Appendix 5 Compliments Data.

FFT data compliment feedback examples are captured below.

01/05/2024 0:00:00	Planned OT, Critical Care, Day Case Unit Gen Surg Surge Ward 11	1	The care I was given was exemplary. I felt totally relaxed and confident. The food was also excellent. - Nothing.
26/01/2025 0:00:00	Unplanned Women's Obstetrics M4	2	The midwives on this ward were amazing during our stay. They ensured I was looked after and explained the reasons for my stay and were proactive in giving me treatment etc.
01/03/2025 0:00:00	Unplanned Urgent Care, Care Of the Elderly, Immediate Care Elderly Medicine Ward 29	1	The nurses were amazing.
28/03/2025 0:00:00	Unplanned Urgent Care, Care Of the Elderly, Immediate Care Acute Medicine AMU 4	1	The standard of nursing care was exemplary. The nursing staff, and the doctors were extremely professional, supportive and helpful at all times. Very impressive in such a busy ward.
08/04/2024 0:00:00	Unplanned Urgent Care, Care Of the Elderly, Immediate Care Elderly Medicine Ward 31	1	Every member of staff were absolutely magnificent, from ambulance staff to ward staff. The doctors were very thorough in informing me of the steps that were being taken and explained my operation in detail. All the staff on ward 31 were kind and very helpful, nothing was too much trouble, and let me retain my dignity. Staff who brought meals and cleaners were also nice.
26/01/2025 0:00:00	Unplanned Women's Obstetrics M4	2	The midwives on this ward were amazing during our stay. They ensured I was looked after and explained the reasons for my stay and were proactive in giving me treatment etc.
01/03/2025 0:00:00	Unplanned Urgent Care, Care Of the Elderly, Immediate Care Elderly Medicine Ward 29	1	The nurses were amazing.
01/05/2024 0:00:00	Planned OT, Critical Care, Day Case Unit Gen Surg Surge Ward 11	1	The care I was given was exemplary. I felt totally relaxed and confident. The food was also excellent. - Nothing.

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28/03/2025 0:00:00	Unplanned Urgent Care, Care Of the Elderly, Immediate Care Acute	1	The standard of nursing care was exemplary. The nursing staff, and the doctors were extremely professional, supportive and
08/04/2024 0:00:00	Unplanned Urgent Care, Care Of the Elderly, Immediate Care Elderly Medicine Ward 31	1	Every member of staff were absolutely magnificent, from ambulance staff to ward staff. The doctors were very thorough in informing me of the steps that were being taken and explained my operation in detail. All the staff on ward 31 were kind and very helpful, nothing was too much trouble, and let me retain my dignity. Staff who brought meals and cleaners were also nice.
21/04/2024 0:00:00	Planned Surgery and Digestive Diseases Vascular Ward 26	1	Care Efficiency Speed of treatment and aftercare. Absolutely delighted with Care and treatment
30/04/2024 0:00:00	Unplanned Children's Paed Med Ward 30/32	1	The Nurses on the ward were absolutely superb with our daughter!
10/07/2024 0:00:00	Planned Surgery and Digestive Diseases ENT/OMFS Ward 18	1	I was looked after absolutely wonderfully I could not have wished for better care and was attention on every level
01/04/2024 0:00:00	Unplanned Women's Obstetrics Labour Ward Obstetrics	1	All staff absolutely amazing. Nothing.
08/10/2024 0:00:00	Unplanned Women's Gynae Ward 25 (GATU)	1	Staff were amazing throughout the whole time
06/11/2024 0:00:00	Planned MSK and Therapies T&O/Plastics Ward 14 (Elective Ortho/Breast)	1	Staff were amazing. Very attentive and caring Nothing was too much

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Appendix 6 Learning from complaints evidence



UEIC ABCD Report Feb 2025



Bradford Teaching Hospitals
NHS Foundation Trust

Achieved			Benefits	
Current position			What are we doing to improve?	
51 complaints received this last quarter 32 active complaints being managed currently 3 complaints over 4 months old 4 complaints over 3 months old			<ul style="list-style-type: none"> Identify key themes in each speciality for key focus to improve patient journey, experience and communication Continue to listen to the patient voice when making improvement changes Involve more 'junior' staff in face-to-face meetings with families to hear their experiences Continue to monitor number of complaints received and content of complaints to review if changes have made a difference. 	
Ward/Dept	Complaints YTD	Last 3 months	Current	Themes
AED	79	27	15	Waiting times, behaviour of other patients, issues with reception staff not appropriately escalating issues at reception/ waiting room. Delays in administering medication/ analgesia/ care and treatment. Treatment of vulnerable adults in a busy department, public perception v medical management best practice
UCC	4	0	0	
Acute Medicine	24	9	4	Delay in diagnosis, provision of care and treatment, availability of vegan food
Elderly Care	18	7	4	Discharged in inappropriate clothing, communication issues keeping family updated,
Stroke/Neurology	16	8	8	Several issues with delays for Neuro patients, communication with families and discharge planning,
Frailty	1	0	0	

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Concerns		Do Next		
What action are we taking with the information we receive?		Next Steps	Who	When
Reduce overcrowding in ED and improve patient experience	A large long-term project in ED is underway reviewing the patient journey from attendance at the front door of ED to discharge or admission to speed up review times, improve the patient experience, reduce overcrowding, reduce incidents of violence and aggression.	<ul style="list-style-type: none"> Engagement workshops underway with external architect groups to review to ED footprint. This work has identified the space is currently 40% smaller than what is required to meet the current volume of patients attending. 	Project team	ongoing
Increasing levels of violence and aggression in ED	<ul style="list-style-type: none"> Working with security team to monitor and manage. Body worn camera's implemented. Improve of signage and screen information Dedicated security officer funded 24/7 in ED until end of financial year 	<ul style="list-style-type: none"> To monitor impact on overall project work on incidents of V&A in ED 	Jill Clayton	Work ongoing
Improving outcomes for patients with strokes	Stroke engaged in work with YAS for pre-alerting possible stroke patients to take straight to CT and up to HASU reducing the waiting time , improving the patient experience and speeding up time to thrombolysis for appropriate patients.	<ul style="list-style-type: none"> Review how to using existing resources differently for better outcomes 	Ruth Taunton-Smith and Diogo Silva	Project commenced in September
Improving patient experience and better long-term outcomes for older people	Elderly care involved in H.FAST programme to enable patients support needs to be assessed in their own homes rather than hospital – improves patient experience, makes the assessment more meaningful reduces need to transfer to long term care unnecessarily. Review of all IMC beds in health and social care to ensure equitable access to care and therapy across health and social care in Bradford and Airedale	<ul style="list-style-type: none"> Engaging sisters with risk and complaint management and meetings to understand how behaviours influence and impact on outcomes 	Jill Clayton	ongoing

Figure 1 Provides examples of learning as presented via the ABCD reports presented to PEG.

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Learning from Complaints

Summary examples of learning from some of the complaints as shared by various departments.

Brief Description	Learning Action
Patient felt that pain was dismissed, and options were not discussed or listened to.	Midwives to document birth planning and pain relief options with women in antenatal and on induction of Labour suite. To check understanding and be made aware of the treatment areas and options available.
Not referred to preterm clinic for additional review. Due to previous medical history should have been referred.	Lack of communication to caring Midwife of the additional risks to patient involved. Learning from this case shared widely at community midwifery forum, with details of what should happen in these circumstances to understand the impact from this patient.
Patient with a known myeloma presented with bone pain in her thigh, X-rays taken, X-rays reviewed. Clinical findings concerning, Orthopaedic opinion sought, but due to lack of clarity around pathway to access urgent advice referral though actioned and followed up was processed as an outpatient referral vs same day discussion with on-call orthopaedics to advise and access radiological findings.	Any suspicious bone lesions with a Mirels score over 8 discussed same day with on-call orthopaedics ring via switch.
Patient attended ED with high temperatures and <i>off legs</i> . Developed severe abdominal pain while in department, limited analgesia as cannular had failed. Deteriorating patient not recognised in a timely way despite pain and high NEWS score.	<ul style="list-style-type: none"> -Consider analgesia, don't just focus on haemodynamic stability -NEWS has a protocol on what to do when observations are abnormal, staff should be following this policy. -Simple communication from nursing and medical staff could have alleviated many of the family's concerns.
Patient attended AED with breast abscess following birth of baby which needed to be drained but referred to MAC instead of surgical team for draining.	<p>Joint meeting took place with Maternity and AED and presented at Joint Speciality meeting with AED (April 2024).</p> <p>To assess carefully where patients are transferred to in the postnatal period. MAC and maternity may not be the correct place when other issues involved. General surgical /breast issues identified as best place and need to referral to those specialties and transfer to surgical ward recommended.</p>
The patient experienced several issues during their patient journey with Medical Oncology and cancer treatment.	Weekly scheduling meetings with Service Manager, booking team and clinical staff to pre-empt and highlight any potential booking issues for the week ahead.

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Initial delay in treatment reported due to unavailable capacity, late notice changes in appointment dates and times included administration errors and miscommunication of both appointment and treatment times Drugs not being unavailable at the appointment time and not being able to speak to staff via telephone when required.	
Attended AED felt member of staff acted unprofessionally. They also felt not kept informed of plans or what to expect. During transfer to Ward 32 staff walked ahead acting unprofessional. Delays in pain relief when admitted to AED.	Looking at time from triage to prescription time to administering. Look to see if protocol was used and if not, would it have speeded up administration. Reflections on interactions with family – discussion occurred and insight into language used. Document used as part of complaint response. Staff member – revalidation with senior when due to discuss concerns raised by lack of professionalism reported.
Patient attended with severe back pain and pain in testicles post coitus, had testicles examined at assessment by a junior Dr and remained in severe pain. Both him and his wife became extremely distressed there was a delay in analgesia of 1 hour and staff told them about his previous MRI for back pain that was okay indicating that he should not be in pain. The situation escalated and his wife and he admitted to raising their voiced due to fear and pain, but they did not swear as evidenced from CCTV. They were removed from the department and attended LGI where he was diagnosed with Renal colic.	Body worn cameras ordered for nursing/medical staff to record challenging interactions for evidence for any warning letters and learn from when things go well and when we can learn. Patients story to be shared in training to explore human factors and bias when looking after patients. Departmental wide de-escalation training to be explored.
Patient was discharged home with his dosette box which contained an old medication of Oxybutynin although this had been changed to Tolterodine and this was not in his dosette box nor was this clearly communicated to the patient or his relative.	This has been discussed with all nursing staff and the importance of POD checking discharge medication and being aware of patients own dosette box medication and any changes made during the patients stay in hospital. Staff advised to go through any changes with the patient and/or relative.
The patient attended ED post fall and was on a trauma board, the patient who has hearing impairments was sent to CT scan where he vomited, on return to ED he was left unattended without the patient buzzer, He began to vomit and felt there was very	-Utilising antiemetics in patients who have vomited post CT scan -Making sure patients understand information provided to them -Call buttons are within reach of resus patients

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little help, removing himself from the trauma board. The patient struggled to understand staff in resus as they remained out of his eye line or wore masks when talking to him. He was later in sub-wait for a long period of time awaiting a bed on a surgical ward but wasn't provided analgesia, updates or food.	-Utilise Cardmedic to communicate with patients that may struggle
Failure to make appropriate checks of a patient before leaving the ward despite family concerns that patient was too unwell to do so. Poor communication between departments and inappropriate attempt to perform CPR in a patient who had a DNACPR order in place.	Staff to follow diabetic guidelines for fasting patients attending Endoscopy. Staff involved have reflected on the impact of actions and omissions Observations and BG if applicable to be checked before any patient leaves the ward for a test/procedure. Ward to ensure it communicates Resuscitation statuses of any patients leaving the ward to receiving departments

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