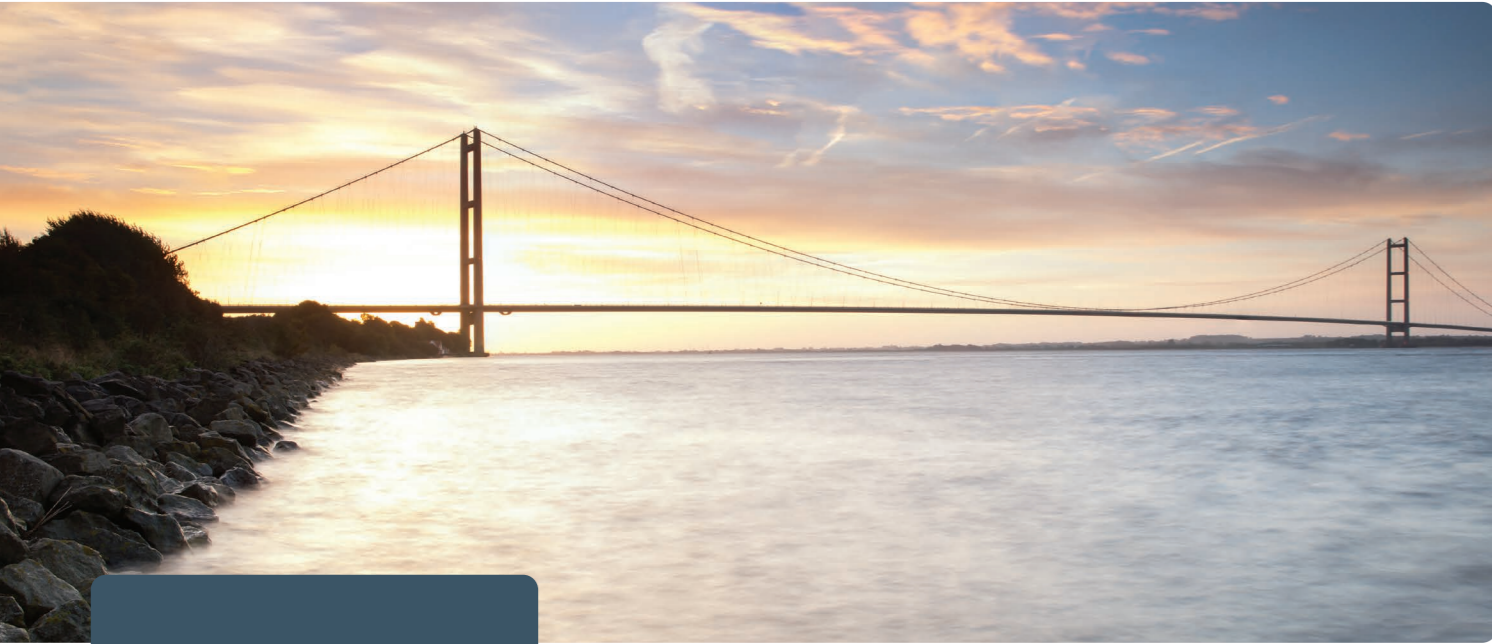


# Patient and Carer Experience

## Annual Report (2023/2024) including Complaints and Feedback





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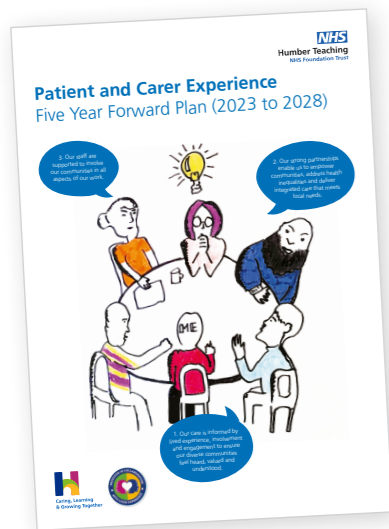
# 1.0

## Executive Summary

**The Patient and Carer Experience Annual Report (Apr 2023 to March 2024) including the Complaints and Feedback service provides an overview of the work carried out across the organisation over the past twelve months to support the patient and carer experience and co-production agenda.**

Putting patients, service users and carers first is our priority at Humber Teaching NHS Foundation Trust (HTFT). Involving patients, service users their carers and our partners in all that we do has become an integral part of our culture and everyday thinking. To embrace a broad perspective, we actively listen to people from all parts of the community with equality and diversity as the golden thread woven throughout the patient and carer experience agenda. Due to the vast range of diverse services, we provide we believe there is an immense wealth of knowledge that we can access from our patients, service users and carers to help us with our improvement journey and transformation plans.

During the year we were delighted to launch our Patient and Carer Experience Five Year Forward plan (2023 to 2028).



This plan identifies three outcomes aligned to the Trust Strategy's six organisational goals and highlights what we will achieve over the next five years across patient and carer experience, involvement, engagement, equality, diversity and inclusion. We engaged and involved our communities to support with the development and content of the plan together with a plethora of resources including a three minute film, easy read and detailed versions of the plan, pull up banners, posters and information leaflets.

The Trust is proud to share that we have been re-accredited as Veteran Aware. We were originally accredited in May 2020 where we met standards laid down by the Veterans Covenant Healthcare Alliance (VCHA). During work on our re-accreditation, the VCHA could see that the Trust had built upon its original accreditation, through the development of our "Why Ask" booklet, which encourages staff to ask more qualitative questions about an individual's protected characteristics and/or health inequalities; through the development of the Trust's Armed Forces Community Navigator role, all of whom become members of the Trust's Veterans forum where speakers attend the forums to share knowledge, skills and experience and the sharing of patient/carer stories at Trust Board and Council of Governors and through global communications within the Trust.

Earlier this year saw the introduction of the Involving Patients, Families and Carers Sub- Group of the Patient Safety Incident Response Framework (PSIRF) steering group. The group has been instrumental in providing a patient/carer voice to help inform the Trust wide approach to supporting the patient safety agenda and has had an active role in supporting the development of the PSIRF policies and procedures.

**The Trust is proud to share that we have been re-accredited as Veteran Aware. We were originally accredited in May 2020 where we met standards laid down by the Veterans Covenant Healthcare Alliance (VCHA).**



A large array of patient, service user, carer and staff forums and groups continue to meet to enable everyone to have a voice and raise awareness of the patient and carer experience agenda. May 2023 the Trust came together with York and Scarborough Teaching Hospitals NHS Foundation Trust to host our first joint Patient and Carer Experience forum in the Scarborough and Ryedale area.

This first event provided a platform for attendees to co-produce the aims and objectives for the forum together with the development of a logo to help inform an identity for the group moving forwards.

Since the launch of our Experts by Experience (EbE) initiative in January 2023 twenty five individuals have applied to join our bank of Experts by Experience. EbE are people with experience of using services as either a patient, service user or a carer and once registered on our EbE Bank, will be remunerated for undertaking activities with the Trust.



Over the past year 34 of the Trust's 97 clinical teams (35%) have not received any formal or informal complaints.

Our annual Equality, Diversity and Inclusion (EDI) event took place in May 2023, where patients, service users, carers, staff and partner organisations participated in group work to share what matters most to them in relation to Equality, Diversity and Inclusion. From the workshop feedback, four priorities were identified with a particular focus on enhancing the Trust's faith offer to ensure inclusivity and educating and supporting people to understand cultural differences by introducing cultural celebration weeks.

which took place in the Trust's Lecture Theatre. The college offers a range of non-clinical, fun, and creative sessions to young people aged from eleven to eighteen, living within Hull and the East Riding, all with a focus on promoting wellbeing.

The Trust is very pleased to inform that fifty-three pieces of work have been awarded the co-production logo stamp since its launch. The logo is a great way to add value and recognition to the hard work and support that goes on behind the scenes to co-produce work and to showcase where co-production has taken place.

During the past twelve months the Trust has responded to a total of 554 complaints: 198 formal complaints and 356 informal complaints. Of the 198 formal complaints responded to, 60 (30%) were upheld, 56 (28%) were partly upheld and 82 (42%) were not upheld. On comparing the same period for the previous year there has been an overall decrease of 28 complaints (formal and informal complaints). Communications and patient care are the top primary subjects.

Over the past year 34 of the Trust's 97 clinical teams (35%) have not received any formal or informal complaints.

For assurance that teams are informing their patients, service users and carers on how to make a complaint, and to ensure we are communicating the complaints process to everyone as effectively as possible, the Complaints and Feedback team continues to work with front line teams to maximise this opportunity.

This year the Complaints and Feedback team refreshed the complaints training programme and launched a new two tier training package designed to ensure that staff are informed with regular and up to date information about the complaints process, and to ensure they are equipped with the necessary knowledge and skills to handle complaints and concerns effectively. For the two courses, the training was accessed by a total of 299 staff during the year.



July 2023 saw the launch of the Youth Recovery and Wellbeing College which was marked by a celebration event

### 1.1 Patient and Carer Experience Five Year Forward Plan (2023 to 2028)

The five year forward plan includes three outcomes (all of which underpin the six organisational goals) and are the focus for the Trust's patient and carer experience, engagement and involvement agenda. These include:

#### Our Care



#### Our Partnerships



#### Our Workforce and Organisation



#### Outcome 1 – Our Care

Our care is informed by lived experience, involvement and engagement to ensure our diverse communities feel heard, valued and understood.

The Trust values the lives, opinions and experiences of everyone and is dedicated to developing services that are right for our communities to effectively meet everyone's needs, whilst addressing health inequalities they may experience. It is so important to make sure that individuals and those who support them are not only included in the care journey to make informed decisions, but are also provided with opportunities to influence, shape and improve healthcare services.

#### Outcome 2 – Our Partnerships

Our strong partnerships enable us to empower communities, address health inequalities and deliver integrated care that meets local needs.

Working together with our partner organisations to further strengthen existing relationships to understand and respond to the changing needs of our communities is a key priority for our Trust. We strive to continually improve our care by building strong alliances with our communities and partner organisations. We break down barriers to address health-inequalities and ensure the best possible outcomes for our patient population.

#### Outcome 3 – Our Workforce and Organisation

Our staff are supported to involve our communities in all aspects of our work.

A happy workforce who are proud to work for the Trust is key to positive patient and carer experience and engagement. We equip our staff with the knowledge, skills and experience to genuinely co-produce services with our communities. Patient and carer experience and engagement informs our investments in services, estates and technologies to make sure no one is excluded.

# 2.0

## Achievements over the last year

This report includes achievements made across the organisation to support the patient and carer experience and co-production agenda over the past twelve months. The achievements have been aligned to the three outcomes highlighted in the Trust's Patient and Carer Experience Five Year Forward plan (2023 to 2028) which affiliate to the Trust's six strategic goals.

### 2.1 Trust-wide

#### 1 Our Care

##### 2.1.1 Trust Forums

The Trust continues to actively engage and involve the community by hosting face to face and virtual Trust forums across the geographical patch. May 2023 the Trust came together with York and Scarborough Teaching Hospitals NHS Foundation Trust to host our first joint Patient and Carer Experience forum in the Scarborough and Ryedale area.

##### 2.1.2 Friends and Family Test

The Trust continues to collect feedback about all the services it provides using the FFT online and hard copy survey forms. From a total of **15,587** completed surveys received during this year, **88.3%** confirmed they are happy with the overall service they received. Here is a snapshot of some of the feedback:



*"You listened made no judgement and gave me the support needed to help me through a very dark place."*

**Mental Health Planned Services**

*"You were amazing at quickly building relationships and building my trust."*

**Mental Health Unplanned Services**

*"All aspects of care were treated with good humour helping to ease the potential worries."*

**Community Services**

*"The practitioner was experienced and professional. I also liked the play area set out for my child, which helped to keep him entertained during the appointment."*

**Children's and Learning Disability Services**

*"Professional and competent from both doctor and nurse. An excellent example to all in the practice."*

**Primary Care Services**

*"Very understanding - never critical always helps, advises or points in right directions if any issues outside of treatment."*

**Addictions Services**

*"Everything, activities are always on the go, I can access the gym when I need too, staff are good listeners."*

**Forensic Services**

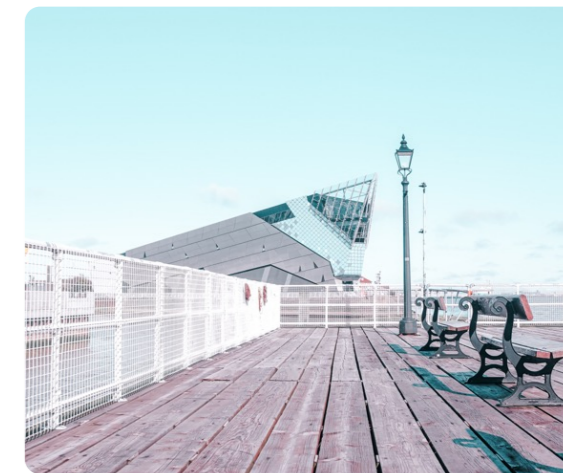
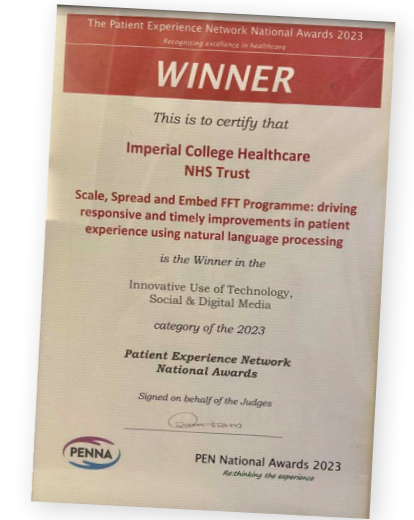
##### 2.1.3 Scale, Spread and Embed FFT National Initiative

The national initiative came to an end in December 2023; however, the Trust's journey continues. Over the past few months, the Business Intelligence, Patient and Carer Experience and Quality Improvement Teams have been meeting with the three pilot teams (Market Weighton, King Street and Humber Primary Care GP Practices) to develop our 'new style' Power BI Friends and Family Test (FFT) dashboard. The dashboard will thematically analyse all FFT feedback aligned to ten themes informed by the NHS Patient Experience Framework (each theme attributes to either positive, neutral or negative responses).

On 8 April 2024 the new FFT dashboard will be launched, and all staff will be able to view divisional and teams' data. A series of workshops will take place during April 2024 for staff to learn how to maximise the dashboard data.

##### Benefits realised from participating in the initiative:

- Reduction in the length of time to look at the Trust's existing FFT dashboard to quantify the feedback received, in particular where teams receive a lot of feedback.
- Dedicated project expertise from the Imperial College in London including technical support deploying the algorithm.
- FFT feedback is enabling a streamlined and structured process to determine Quality Improvement (QI) initiatives.
- The Trust was one of ten sites participating in this national project to help shape the future of patient feedback informing QI.
- The Trust profile has been raised through participation in the National Project.
- In September 2023 the initiative won a national Patient Experience Network "Innovative use of Digital and Technical award" in partnership with a group of 10 NHS Trusts.



##### 2.1.4 Patient and carer Stories at Trust Board and Council of Governor Meetings

Stories can help build a picture of what it is like to be in receipt of our services and how care can be improved, or best practice shared. Patients, service users and carers attend our Trust Board and Council of Governor meetings to share their experiences of either using our services or caring for someone who has used our services.

##### September Trust Board Story: Experiences of Homelessness, Engagement and Co-production

At September's Board meeting, the group was informed that the Trust is listening to patient experience to improve the care provided to those who have experiences of homelessness. A co-produced film has been made and was shared at the meeting to inform on key messages from our homeless community, which include:

- Stigma: People feel cut off from society; a smile and hello can make all the difference.

- Individuals feel ashamed when accessing services.
- To show people that it is possible to recover.
- Anyone can end up homeless.

The film can be accessed by the following link:

<https://youtu.be/Lt33ilap0LM>

The Trust continues to support the Lived Experience of Homelessness agenda through the work of the organisation's Health Inequalities Operational Group.

### 2.1.5 Co-production Stamp

Fifty-three pieces of work have been approved for the co-production logo stamp since its launch. The logo is a great way to add value and recognition to the hard work and support that goes on behind the scenes to co-produce work and to showcase where co-production has taken place.



### 2.1.6 Experts by Experience

Experts by Experience (EbE) are people with experience of using services as either a patient, service user or a carer who are interested in undertaking activities with the Trust. Our Trust is committed to involving our communities in its work and values their time and effort to support the Trust in activities. For effective involvement, people need to feel supported and their contribution valued. The level of involvement that EbE have in supporting the work of the Trust will vary. Engaging EbE in paid work, where appropriate, mirrors the Trust's co-production philosophy whereby EbE and staff work together as equal partners to develop and improve services. Since the launch of our Experts by Experience (EbE) initiative in January 2023, twenty-five individuals have completed an application form to register their interest to join our bank of Experts by Experience.



#### Townend Court was the first team to use the EbE initiative in May.

An EbE has been employed as a peer researcher on a project to evaluate the Specialist Doctor Service for people with Profound and Multiple Learning Disabilities (PMLD) and is working with a Principle Clinical Psychologist and a Psychology Assistant in Townend Court on the project.

The EbE has carried out interviews with families and care staff in residential homes. She has helped the team to analyse the interview material by pulling out what is important and is helping the team to see the connections. She is now helping with the presentation work.

The Principle Clinical Psychologist highlighted

*"Her experience and insight has been invaluable. She has been able to build relationships with families and people with learning disabilities that meant they were much more open and relaxed in the interviews.*

*She has shared her experience of healthcare this has meant the analysis has focused on what is important. She has also helped build us as a team of researchers. It has been a pleasure and privilege to work alongside [name] in this project. Her insight has changed the way we work, helped our understanding of high quality healthcare and enhanced my own practice as a professional."*

The EbE explains what it means to be involved in the initiative

*"I can get more experience and meet new people in the service and learn what a peer researcher is". She goes on to say "I like doing something that helps people and something that is important and learning what the job is all about. It is good to be like other people and have a job and getting out and doing a job I enjoy. I was anxious at the start when I first started doing the job but now I am more confident."*

### 2.1.7 Champion/Ambassador staff information leaflet

There are a range of champion/ambassador roles available for staff to develop their skills. This year a leaflet has been designed to inform staff of these opportunities and it is now shared with new staff as part of the Corporate Induction process. Champion/Ambassador roles featured in the information leaflet include; Patient and Carer Experience (PACE) Champion, Staff Champion of Patient Experience, White Ribbon Ambassador, Recovery Champion, Research Champion, Armed Forces Community navigator, Quality Improvement (QI) Champion, Menopause Champion and Domestic Abuse Champion.

The leaflet highlights the purpose and expectations of each role and the estimated time commitment. Here are a few quotes from a few staff who have taken on champion/ambassador roles:

*"Being a Research Champion is a very rewarding role in a massive organisation all connected to make research a success. In my role as Research Champion I support the Research team within the Humber Trust. One of my roles is in promoting the importance of research and putting the need for volunteering out in the community. I also enjoy assisting the team with organised promotion days at various venues, there are many roles to get involved in and I meet interesting people often with a story to tell. Research is interesting, I learn a great deal as I go along and support of the team is always there. Research can only be the future of finding vaccines to prevent, treatments to heal and to save lives."*

#### Research Champion

*"Being an Armed Forces Navigator has helped me to better understand the specific needs of this community, and given me a perspective on how relatively minor adaptations to services can make them a far more accessible and welcoming offer for the armed forces community. It has also led to unexpected situations, such as attending an Easter service surrounded by new lambs and hours-old calves!"*

#### Armed Forces Community Navigator

*"As a QI champion I can advocate for QI projects within my work area and promote areas that would benefit from some quality improvement considerations to improve the patient pathway and reduce blockages or burden in relation to patient flow through our systems - but as a Service Manager who is also a QI Champion, I can do more, including sponsoring, endorsing and advocating for QI across my service area. I also have the ability to remove barriers and communicate the goal and vision around the suggested improvement work my staff may suggest and would advocate more staff receive the bronze training as a minimum."*

#### Service Manager, Quality Improvement (QI) Champion

*"Being a QI champion to me means not only reviewing how myself and my team can influence positive change within the Trust but also empowering our colleagues from across the organisation to be inspired to try and have a go to implement change using the plan, do, study act and supporting them as required to drive quality improvement in the Trust."*

#### Senior Project Manager

### 2.1.8 Service User Engagement Audit

The audit was commissioned to receive assurances that plans are in place to improve areas identified within the 2022 Community Mental Health (CMH) Service User Survey and provide assurance on service user engagement across the Trust.

Key findings informed the outcome of the audit to provide limited assurance and this was because four moderate priorities and one minor priority were identified relating to the governance processes around the CMH Service User Survey. The Mental Health Services division developed an action plan to track actions in relation to the lowest scoring question areas from the survey. The Terms of Reference and process for updating the action plan needed strengthening. Also, recommendations highlighted Trust groups and committee papers needed to have assurances assigned to them. All actions were completed within a month of receipt of the audit paper.

Key findings in relation to service user engagement indicating positive assurance included:

- Several mechanisms are in place across the Trust to obtain involvement and feedback.
- The Five Year Forward Plan (2023 to 2028) including the Trusts involvement and engagement offer – including the looking back at achievements from the past 5 years section.
- Sound processes in place around PACE governance including reporting process.



### 2.1.9 Making Every Member Count (Involvement in Trust Activities Survey)

During 2023, an Involvement in Trust Activities survey was produced and sent to individuals who had taken part in any of the following Trust activities:

- Sharing their story
- Attended a Patient and Carer Experience Forum
- Volunteering
- Patient Engagement Groups
- Quality Improvement Initiatives
- Research
- Panel Volunteer (supporting the Trust's recruitment process)
- Becoming a Trust Member
- Supporting our Trust Charity
- Recovery College Courses

The aim of the survey was to gather information on what being involved in Trust activities means to individuals and the impact it might have had on their health and wellbeing.

Survey results confirm that when individuals get involved in Trust activities, this has a positive impact on their health and wellbeing.

Please see below a number of comments made via the survey:

*"I find it empowering to feel I can influence the direction of travel and services with my input."*

*"I have enjoyed the activities and learnt about mental health."*

*"I find them stimulating and I gained new knowledge every day."*

*"I feel part of something, I can see changes. Students have valued my input."*

*"It has given me meaningful experiences and allowed me to give back to the Trust. It has increased my self confidence, motivation and resilience. I have hope, enjoy supporting the community and take up different opportunities as they come along."*

Respondents were also asked where they see themselves next, using the skills they have acquired:

*"Possibly returning to employment."*

*"Anything is possible."*

*"I look forward to remaining active within The Trust."*

*"I am retired so I use the skills I gain in any other volunteering work I do."*

The survey will continue to be used to evaluate the Trust activities on offer and make changes or additions where necessary.

## 2 Our Partnerships

### 2.1.10 Veterans Aware Healthcare Alliance Re-accreditation

The Trust is proud to share that we have been re-accredited as Veteran Aware. We were originally accredited in May 2020 where we met standards laid down by the Veterans Covenant Healthcare Alliance (VCHA).

During work on our re-accreditation, the VCHA could see that the Trust had built upon its original accreditation, through the development of our "Why Ask" booklet, which encourages staff to ask more qualitative questions about an individual's protected characteristics and/or health inequalities; through the development of the Trust's Armed Forces Community Navigator role, all of whom become members of the Trust's Veterans forum where speakers attend the forums to share knowledge, skills and experience and the sharing of patient/carers stories at Trust Board and Council of Governors and through global communications within the Trust.

**VCHA Regional Lead Mandy Stokes said:** "Humber Teaching NHS Foundation Trust has clearly imbued the ethos of Veteran Aware accreditation. Some of the work it has developed has been hugely encouraging and I commend them for this. It has been a pleasure working with the Trust Leads for this work and I look forward to continuing to work with them as their agenda moves forward."

**Chief Executive Michele Moran said:** "Our Trust is delighted to once more receive the Veteran Aware accreditation. I would like to thank and recognise the whole team for their exceptional work in gaining this honour. Ensuring our services are accessible and understanding the experiences of veterans is paramount to our inclusive ethos."

### 2.1.10.1 Armed Forces Covenant E-learning Training

East Riding of Yorkshire Council have developed a 45-minute training package to provide individuals with details on an array of information about the Armed Forces Covenant. The below is not an exhaustive list but provides an overview of some of the areas covered:

- What is the Armed Forces Covenant
- Fact or fiction - challenging common misconceptions about members of the Armed Forces community
- Who is the Armed Forces community
- The differences between military and civilian worlds
- What is expected of our Armed Forces
- Life in and after the Armed Forces

### 2.1.10.2 Veteran's Aware Principles

To acknowledge our commitment as a Veterans Aware Trust, we have co-produced the following four principles with members of the Trust's Veterans Forum:

- To be an employer who supports the Armed Forces Community by offering programmes such as 'Step into Health' to develop careers in the NHS.
- To continue to promote the flexible working opportunities and roles available in the Trust to meet the needs of the individual and the Trust through existing Trust opportunities including the Veterans forum, Armed Forces Community Navigator, Reservists and 'Step into Health'.
- To ensure staff undertake training to raise awareness of the specific needs of the Armed Forces Community and requirements of the Armed Forces Covenant.
- To continue to identify the Armed Forces Community at first point of contact and staff are able to signpost individuals to relevant services.

### 2.1.11 Integrated Care System (ICS) Engagement Project

A Good Experience is a project from the Humber and North Yorkshire Integrated Care System (ICS), that will give an agreed and expected standard of communication for everyone accessing any services from organisations within the ICS and will also support staff from all organisations within the ICS. A steering group made up of partner organisations and patient partners has been created to drive forwards the initiative, provide governance and assurance and monitor and review progress.

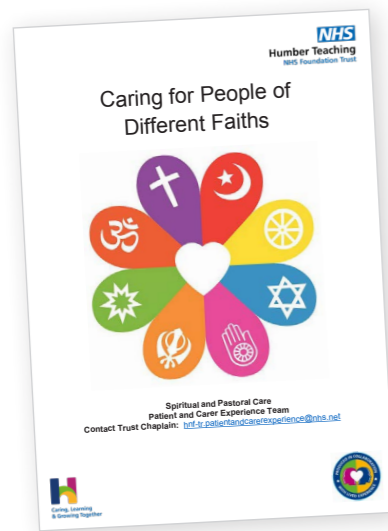
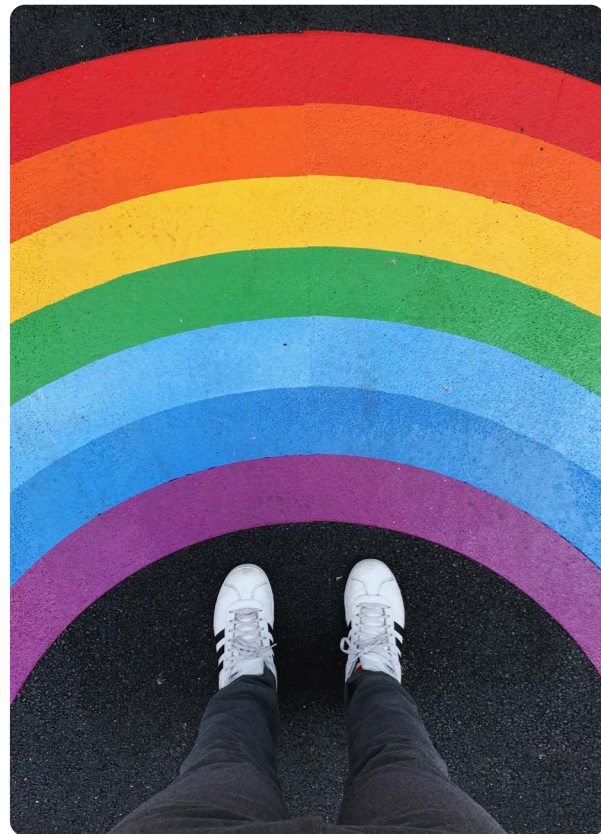
We are in the process of defining what 'good communications' looks like and are reaching out to the community to help us to co-produce a charter to ensure that everyone knows what they can expect from all organisations within the ICS. The charter will give staff permission to focus on elements of communication that are a shared, co-produced priority. It will also support staff and organisations in understanding that a good communication is for and about a person's treatment and care and it is a shared responsibility. It is anticipated that by universally agreeing what a good communication should be across the region, and by working to deliver it, measure it and improve it, that over time, people's experiences will remain good, despite system pressures.

Since September the steering group has been collecting views from the community on what good and poor communication looks like (from lived experiences inside and outside of the NHS) using a multifaceted approach including workshops, surveys (MS forms/ hard copy forms) and using existing meetings for a platform.



### 2.1.12 Hull Pride

This year the Patient and Carer Experience Team brought together staff, patients, service users and carers to celebrate diversity and show our support to the community by attending Hull Pride 2023. We hosted a stand in the Health Marquee and participated in the Pride in Hull march.



### 2.1.13 Caring for People of Different Faiths Guide

The Trust Chaplain has refreshed our Caring for People of Different Faiths guide which offers an insight into spirituality, beliefs and faiths and assists staff to recognise the significance of any existing faith practiced or maintained by a patient or service user.

The booklet was reviewed and refreshed with community members of the Peel Project, the Buddhist Centre and the Board of Jewish Deputies. Also, Jehovah Witnesses and members of the Pagan community were consulted with, to help enhance sections of the guide.

We are proud to showcase the Trust's Co-production Logo on the cover page of the guide to represent the engagement and involvement of faith groups in refreshing the document.

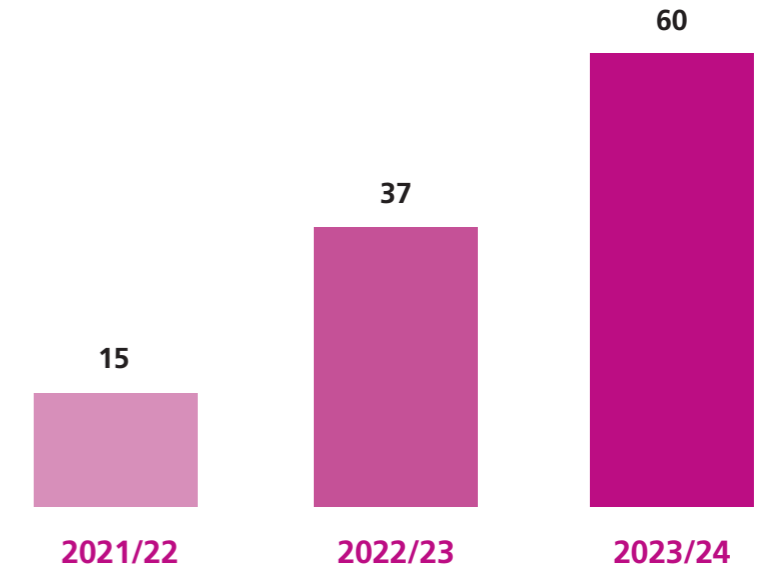
### 2.1.14 Accessible Information Standard (AIS)

The Trust produces reports for assurance that staff are identifying people with a communication need. For the period April 23 to March 24, 60 individuals were flagged as having a communication need on their Electronic Patient Record.

The graph below highlights that 112 individuals were flagged as having a communication flag added to their Electronic Patient Record over the past three years and there is a significant increase year on year.

The Trust has reviewed and refreshed our Accessible Information Standard Guideline which supports staff to ensure that patients, service users, carers and parents with information or communication needs relating to a disability, impairment or sensory loss receive information in a format they can understand and any communication support they need to enable them to access services appropriately.

### Accessible Information Standard (AIS) Communication Alerts added to Electronic Patient Records: From 1 April 2021 to 31 March 2024



The Trust holds a Brand workshop every six weeks where the Accessible Information Standard is discussed (approximately 30 people attend each session).

### 2.1.15 Equality, Diversity and Inclusion (EDI) Priorities for Patients, Service Users and Carers (2023/24)

A workshop was held in May where patients, service users, carers, staff and partner organisations participated in group work to share what matters most to them in relation to Equality, Diversity and Inclusion. From the workshop feedback, the following priorities have been identified for the Trust to progress over the two year period 2023 to 2025. The Trust's EDI Annual Report (2023/24) will provide an update on progress made against each of the priorities below.

Priorities	Outcome
1. To strengthen patient demographical data collection to tailor care that meets individual needs.	An enhanced approach to deliver bespoke tailored care to meet individual needs.
2. To further enhance our faith offer to ensure inclusivity.	A strengthened offer to accommodate individual's religious practices.
3. To continue to build and sustain relationships with our diverse communities to fully understand the challenges people face and how we can support to overcome them.	A culture where relationships with our diverse communities are embedded and sustained.
4. To introduce cultural celebration weeks to educate and support people to understand cultural differences.	A greater understanding of the cultural differences including beliefs, behaviours and practices unique to ethnicity and race.

### 3 Our Workforce and Organisation

#### 2.1.15 Involving Patients and Families Subgroup of the Patient Safety Incident Response Framework (PSIRF)

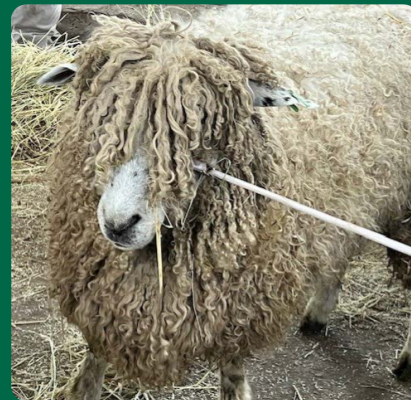
Over the past year the Trust has been working towards the implementation of the Patient Safety Incident Response Framework with a key focus on how we engage and involve patients and families following a patient safety incident. The Trust has worked closely with our Patient Safety Partners who are members of our PSIRF working and steering groups, to develop the Patient Safety Incident Response Plan and policies.



In April 2023 we introduced our Involving Patient and Families group. This group meets every three months and membership includes patient and carer representatives, those with lived experience, peer support workers, our patient safety partners, and key members of the Patient Safety and Patient and Carer Experience teams. Working collaboratively has enabled the Trust to seek valuable feedback and insight, and ensure we take fully into account the perspective of patients, families and carers. Subsequently our Patient Safety Incident Response Plan and supporting policies have been awarded the co-production stamp and those involved in the group have provided positive feedback which has contributed to the patient safety agenda.

#### 2.1.16 Virtual Services

Trust Chaplain, Eve Rose, continues to host virtual services over the year, bringing people together virtually and physically for spiritual and pastoral support. Patients, members of the public and staff openly share their lived experiences with poems and readings; many of which they have written themselves.



This year's Easter Service was hosted by our Trust Chaplain at Hall Farm, Messingham. The service was blended (face to face and via MS Teams). Children from a local primary school were in attendance together with a Knit and Natter group, staff from the Trust and farm staff.

#### 2.1.17 Patient Experience to Inform Quality Improvement (QI)

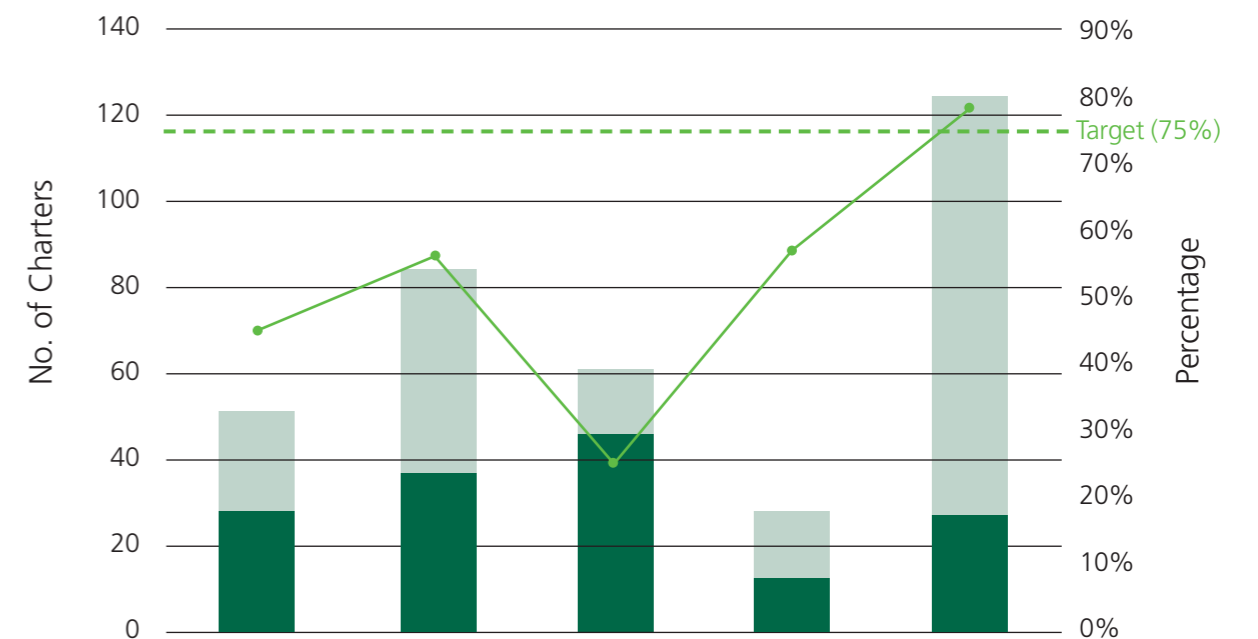
Quality Improvement (QI) and Patient and Carer Experience continue to work closely together. The Joint Strategy Group continues to ensure that both our patients, service users, carers and staff are fully involved in both agendas.

The QI charter continues to provide the tracking of patient and carer involvement within QI activities across the Trust and, at the end of March 2024, 64% (184) of activities from

our Operational Teams were identified by and/or delivered with our patients, service users and carers.

The chart below breaks down the charters for each Division and Corporate Services into those activities developed with our patients and carers and those that were not. The target for the end of the Strategy Lifecycle is to achieve a 75% patient/carer involvement by the end of March 2026 and our Mental Health Division have just exceeded the target. In addition, 99% of open and completed activities have indicated that the activity would benefit our patients, service users and carers.

Patients and Carers involved in QI Charters



	Children's and Learning Disability	Community and Primary Care	Corporate	Forensics	Mental Health
No. of Charters involving Patients and Carers	23	47	15	16	98
No. of Charters without Patients and Carers	28	37	46	12	27
Percentage including Patients and Carers	45%	56%	25%	57%	78%



## 2.2 Children's and Young People's Services

### 1 Our Care

#### 2.2.1 Humber Youth Action Group (HYAG) Youth Board

The HYAG currently has 50 young people on its membership and continues to actively engage young people between the ages of eleven and twenty-five. Over the past year, sixteen sessions have taken place.

This year HYAG members were invited to a Child and Adolescent Mental Health Service (CAMHS) Teaching Session with Medical Students by the Trust's Lead Nurse, Medical Education. The purpose of attending the session was to share their lived experiences and help the medical staff to understand the importance of effective communication, as well as effective patient care when working with young people in their future career.

Several young people have participated in interview panels for senior roles within the division, such as Clinical Manager for Children's Services and the Deputy Ward Manager for Inspire.



*"I would just like to say a big thank you, from myself and all of the medical students. They all spoke about how brave it was to come and speak to them and how they found what you had to say really valuable and impactful."*

**Lead Nurse, Medical Education**

*"Being a part of an interview panel as a young person has made me feel empowered that we can cause movement for change whilst being supported by the incredible people who work within our services."*

**HYAG member**

#### 2.2.2 Youth Recovery and Wellbeing College (YRWC)

July saw the launch of the Youth Recovery and Wellbeing College. The YRWC is a person-centred community for those aged eleven to eighteen living in the Hull and East Riding. The college is led by young people and explores creative and empowering ways to improve wellbeing through engaging virtual and face-to-face experiences, workshops, sessions, and activities.

The brand-new NHS service prides itself on co-production meaning that all opportunities are designed by young people and delivered in collaboration with experienced youth workers, NHS professionals, educational providers and creative persons from the arts and other areas. Provision is informal, non-clinical, self-led and non-referral based.

The YRWC celebrates diversity and inclusion providing safe environments and platforms for young people to grow and embrace friendship, relationship, and individuality.

#### YRWC: Facts and Figures

**70**  
young people across Hull and East Riding are registered to the digital platform.

**120**  
young people (who are most at risk of exclusion/thrive) are seen across Hull and East Riding by the Youth Practitioner service each month.

### Impact

- The Youth Practitioner service sees a large volume of young people. On average the provision is having contact with 120 young people each month (since September 23 – see below):

<b>Bishop Burton College – deliver two sessions per month</b> <ul style="list-style-type: none"> <li>The group provides support for around 12-16 young people</li> <li>The group are aged between 16 and 18 years old.</li> </ul>	<b>Willberforce College – deliver two sessions per month</b> <ul style="list-style-type: none"> <li>The group provides support for around 12-16 young people</li> <li>The group are aged between 16 and 18 years old.</li> </ul>	<b>Kelvin Hall – deliver sessions on a weekly basis</b> <ul style="list-style-type: none"> <li>The group provides support for 7 young people</li> <li>The group are aged between 13 and 14 years old.</li> </ul>	<b>Wyke 6th Form College – deliver sessions once a month</b> <ul style="list-style-type: none"> <li>One-to-ones with 4 young people</li> <li>The group are aged between 11 and 18 years old.</li> </ul>	<b>Inspire NHS – deliver sessions on a weekly basis</b> <ul style="list-style-type: none"> <li>The group provides support for around 1-4 young people</li> <li>The group are aged between 11 and 18 years old.</li> </ul>	<b>Home-Ed Group, Kingston Youth Centre</b> <ul style="list-style-type: none"> <li>The group provides support for around 2-7 young people</li> <li>The group are aged between 13 and 15 years old.</li> </ul>
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- The provision Youth Recovery and Wellbeing College provides instant access for young people, where often young people are facing lengthy waiting lists for mainstream services.
- Anecdotally, it is recognised that access to support through the Youth Practitioner and Youth Recovery and Wellbeing College has reduced demand upon mainstream services, through its early intervention and preventative approach.

### Learning

- The value of co-production – involving young people has meant that the service has been truly coproduced. This means that it is able to reach a wider pool of young people through its careful consideration of accessibility and activities. This approach has been embedded within the provision and so it is able to continually respond and adapt to the changing needs of young people.
- Young people need specially designed services that work for them, not adult services adapted for children.
- Collaboration with community partners has been important to reach those young people who may not ordinarily access services and support.
- A pilot of the provision was helpful to gain better understanding of the needs of young people and evidence how well the provision could meet these needs. This has led to securing central funding to continue delivery.





### 2.2.3 Children's and Learning Disability Website

A brand new divisional website is in the design phase. An engagement event took place in March where approximately seventy people were in attendance including; parents/carers, young people, adults accessing the Trust's Learning Disability services and partnering agencies. Feedback from the event has informed the final draft of the website.

Three young people are now established as key decision makers and are being paid as Experts by Experience to attend all planning meetings. Twenty-eight bespoke animations are being created for each service to share key information about the care delivered. The characters in the animations will be based on real life staff and service users; three staff, nine young people and four adults accessing Learning Disability services are having characters drawn and will provide voice-overs. Completion of the website is planned for September 2024 followed by a celebration event in October 2024.

Benefits of co-producing the new website will lead to a truly innovative, welcoming, highly accessible and inclusive website that supports our services and makes accessing important health information easy to understand and accessible.

*"It was exciting to see the beginning stages of it and to be involved in that way."*

**Staff member after attending the 6th March Stakeholder Engagement event**

#### Feedback

*"Mez has provided our young people with opportunities to express themselves in alternative ways that feel less scary for them such as through lyrics or poetry. Sessions have been extremely flexible to meet the needs of the young people on our ward and Mez has quickly built relationships with young people who are often slow to trust others."*

*Inspire strives to provide young people with links to services in the community upon discharge and the in-reach sessions from the youth recovery college have been key to this, letting our young people know there is a place for them to continue to build on their skills with staff who are already familiar to them."*

#### Inspire Staff Member

*"The students feedback to me has been that they really enjoy the sessions they have with Mez. The boys in the group have loved being part of something and having the opportunity to plan and decide what they do each week. Overall, Mez has been a fabulous addition to our school and we are very grateful to have him working with us."*

#### Teacher, Kelvin Hall School

*"If you want my personal experience of Mez sessions, I can say I really enjoy them. They are fun and I am excited to attend. We come up with great activities every week and overall its great."*

#### Pupil – Kelvin Hall

*"It's Fun and good."*

#### Young Person, Home Schooled

## 2 Our Partnerships

### 2.2.4 Launch of the Humber NHS Cadets Programme in Collaboration with St Johns Ambulance

This programme launched in November 2023 and there are two age groups; fourteen- to sixteen-year-olds and sixteen to eighteen. It provides young people 'who are less likely to have such opportunities' the chance to meet our staff, learn about their roles and career choices, examine important health topics, develop beneficial new skills, meet new people, grow in confidence and consider a future career within our organisation.



Approximately twenty young people should graduate the full programme!

*"I just wanted to say a massive thank you for last night. Nia thoroughly enjoyed it and said how much better the face to face sessions are. She was very nervous but enjoyed meeting others taking part too. Thanks again."*

**Parent**

### 2.2.5 White Ribbon Campaign – Humber Safeguarding Team

To ensure that young people within the local community recognise signs of abusive behaviour and to enable them to have easy access to reliable sources of information and support, the HYAG have worked in collaboration with the Trust's Safeguarding Team and Communications Team to devise an engaging marketing campaign which has been shared with local school and colleges. Two new posters have been produced relating to race and sexual abuse and disability and sexual abuse. The HYAG are now working with Community Vision and East Riding of Yorkshire Local Authority to co-produce local support and resources for young people around healthy relationships and domestic abuse.



#### The Trust's Head of Safeguarding and Name Professional for Adult Safeguarding shared the following with the young person who supported with the co-production of the posters.

*"I wanted to email you to thank you for the posters you have created recently – for Sexual Safety and Disability, Race, and Domestic Abuse – as part of the Youth Action Group. The posters on Sexual Safety and Race and Disability were recently shared at our Trust wide Sexual Safety Group (I co-chair this) and the feedback was incredibly positive, I understand from Chloe you really led the way with this piece of work. The posters are a great resource and something we are going to continue to promote as part of our ongoing work around sexual safety. I like how inclusive they are, clear and to the point but engaging at the same time. It is all too easy to share standardised resources which aren't aimed or bespoke to certain groups or communication styles, and so having HYAG members like yourself and your peers' creating resources like these challenges us to make our own work as accessible and engaging as yours are. Though our IT skills probably aren't as up to scratch as yours!"*

### 3 Our Workforce and Organisation

#### 2.2.6 Walker Street Community Space

Staff have an awareness of the importance of therapy space used by children, young people, and their families. They appreciate that spaces need to consider reasonable adjustments to ensure they are welcoming, friendly and inclusive. To this end staff have been working with HYAG members, children and young people and families accessing the Walker Street waiting room to co-produce plans and improvements to this space. It is anticipated that the building enhancement work at Walker Street will create a warm, inviting, and engaging space for children, young people and their families' when attending appointments.



#### 2.2.7 Staff Champions of Patient Experience (SCoPE)

SCoPE Engagement meetings are embedded across the Children's and Learning Disability Division. They are held virtually every six to eight weeks. All SCoPE leads are invited, and there is representation from all services across the division. The purpose of the meetings are:

- To gain an understanding and capture the quality of co-production and patient involvement occurring across the division and support the sharing and celebration of good practice.
- To provide a space to enable the Children's and Learning Disability Engagement team to support staff to have expertise, knowledge, and opportunity to engage those with lived experience of their services in high quality participation and co-production.
- To gain a comprehensive understanding of the wider strategic Trust values, vision and aims in terms of patient involvement set out within the Trust Strategy (2022 to 2027) and the Patient and Carer Experience Five Year Forward Plan (2023 to 2028).

*"I really enjoy attending the staff engagement group as it provides a relaxed forum to discuss and share ideas across the division, understand where there are synergies or opportunities to learn from each other and to ensure co-production and the clients remain at the centre of everything that we do."*

**Staff attending the Staff Engagement Groups**

*"I chose to become a SCoPE Champion because our service users are at the heart of everything I do. Being a SCoPE champion allows me another opportunity to ensure that the voices of our service users are being heard within my team and the wider Trust. This way all our work can be more meaningful and serve our original purposes and goals."*

**Staff attending the Staff Engagement Groups**

## 2.3 Forensic Services

### 1 Our Care

#### 2.3.1 Patients Council 'Our Voice'

It meets face to face every month and feedback from each session, including a "we said you did" document, is shared with the service operational meeting for a response and actions, which are subsequently fed back in the next council meeting. An average of six to eight patients attend at any one time and the meetings have provided a platform for the service user voice to be heard by senior managers and staff. The council is now recognised as part of the division's governance structure.

*"I think we make a good impact on services".*

*"I feel we are getting somewhere now, and we are being listened to".*

**Feedback from patients attending the council**

#### 2.3.2 The Dining Experience

The division is working in partnership with hotel services and service users and staff to improve both the food and dining experience. There is now a timetable of themed nights whereby every month a dining experience is themed, and everyone has the opportunity to taste new foods and help in preparing for the night. DAB radios have been purchased and are now used in the dining rooms to play background music during mealtimes. This initiative has led to an increased number of people attending the dining room on a daily basis.

**The themed nights are going well and the feedback from service users has been extremely positive.**

*"I've loved every minute".*

*"The food was fantastic".*

#### 2.3.3 Family Ambassador role

The division is working with a patient to develop a job description and role for a family ambassador. It is hoped that this role will be taken on by patients in the future and that families will have the opportunity to speak with someone who has lived experience of the service.

**The division held a family event in October and the patient working on the family ambassador role spoke with families directly about the role.**

**Here are some quotes from the families:**

*"It was great being able to speak to someone who is in the service."*

*"I was impressed with what I saw at the open day".*

*"It has reassured me a bit more by seeing the rooms where patients stay and also speaking to staff and patients".*



**2 Our Partnerships**

**2.3.4 Upgrade of Computers and Software**

Since the upgrade of computers and installation of the equivalent to Microsoft office, the division now has several service users registered for online courses with the Trust's Recovery College and other colleges including Open University degree level courses.

**Benefits realised as a result of the computer and software upgrade**

Access to online courses and education has had a massive impact on service users and appears to have increased self-confidence and increased the level of positive engagement with staff and service users.

*"I'm really enjoying my course; I didn't think I could do it but its great".*

*"I really want to work in mental health when I get out, doing my mental health first aid course has really given me hope for the future".*

**2.3.5 Service User Involvement Events**

During the year the division has supported service users and staff to attend two external events in Wakefield.

**Welly Fest** took place in June and is an event organised by the Yorkshire and Humber Involvement team for all low and medium secure services across the region. Fifteen service users attended from our Trust of a total of approximately ninety people across all secure services in the region. The event gives service users the opportunity to socialise and work together and discuss experiences and areas and opportunities to improve and develop.

Service users listened to live bands, a silent disco, participated in activities and ate good food. Feedback included:

- "This is great, I feel normal".*
- "Just wow, I've never seen a live band before".*
- "This is the best day ever".*

**2.3.6 NHS England Film**

One service user and two members of staff made a film for the Head of Patient Experience Platform (NHS England) which tells the story of the service user's journey and experience of services, including what has helped him along the way and what he has found difficult. The film has since been shared at a national level and was very well received by the national team and is being used to help staff and other service users within the division to understand and share the personal experiences of this service users' journey through the services.



The service user is currently working in the community and is working towards becoming a peer support worker.

**3 Our Workforce and Organisation**

**2.3.7 Involvement and Engagement Manager**

A patient led interview process took place in March 2024 to recruit a new full-time Involvement and Engagement Manager. Five patients and two staff interviewed candidates and appointed the successful candidate together.

*"I can't believe we are being trusted to make this decision."*

**Patient involved in interview process**



**2.3.8 Education and Vocational Opportunities**

The division has developed links with external providers for education and vocational opportunities for patients. It is also in discussions with the Trust's Recovery College to explore ways in which on site courses can be provided as part of an education timetable.

**Good News Stories**

- AQA status has been successfully awarded and Probe (local independent service) has delivered a training course to patients about managing finances and budgeting. Eight individuals have received certificates and thirty-two further certificates have been applied for, including money management, mathematical skill, and basic knowledge of the solar system.
- One patient has enrolled on an Open University course and has just started their second term of the first year.
- One patient is working on Open Learn (an Open University free learning platform) to expand their academic skill set with hope to apply for an access course in September.

## 2.4 Community Services and Primary Care

### 1 Our Care

#### 2.4.1 National GP Patient Survey

The GP Patient Survey is an independent survey run by Ipsos on behalf of NHS England. The survey is sent out to around 2.65 million people who are aged sixteen or over and are registered with GP practices in England. The survey ran from 3 January 2023 to 3 April 2023. Approximately 760,000 patients completed and returned a questionnaire, resulting in a national response rate of 28.6%. 830 questionnaires were sent to the Trust's 3 GP Practices with an average response rate of 44% (15.4% higher than the national position).

The survey assesses patients' experiences of healthcare services provided by GP practices, including experience of access to GP practices, making appointments, the quality of care received from healthcare professionals, experience of services when their GP practice is closed and patients' experiences of NHS dental services. The survey also captures information about patient health, including patients with long term conditions, disabilities, or illnesses, and the support they receive to manage these.

Refer to Appendix 1 which provides an overview of the Trust's GP Patient survey results for 2023 based on the thirteen priority domains defined by Ipsos national reporting, regarding appointment experience and accessibility. This overview offers comparison of in year results against 2023 national results and 2022 practice-level positions.

On comparing the percentage of patients who describe their overall experience of Humber GP practices as good; all three practices are below the national and ICS position. However, the national and ICB responses also have an overall experience decline against 2022 figures. Year on year, two of the three Trust's practices (King Street and Market Weighton) show an improvement, but Humber Primary Care is showing a deterioration of overall experience since 2022. This position correlates with other feedback received from patients since the merge of Practice 2 and Field House Surgery.

The lowest performing domains across the practices include; poor experience making an appointment, unable to speak to preferred GP, unable to contact the practice via telephone, limited variation of appointment times and mental health needs unsupported.

830 questionnaires were sent to the Trust's 3 GP Practices with an average response rate of 44% (15.4% higher than the national position).



A significant amount of work has taken place over the past twelve months to address the GP Patient Survey feedback and scores including:

#### Appointment availability

- All practices have implemented Total Triage System using AccuRX which offers same day appointments.
- Patients have been supported and encouraged to utilise the Total Triage System using AccuRX for booking appointments, which is helping the practice to process urgent requests for same day appointments and book routine appointments within a 14-day period.



#### King Street Medical Centre

##### Capacity Increased

- Extended access in place and utilised.
- An improved range of appointments available daily, with utilisation of core and Additional Roles Reimbursement Scheme (ARRS) staff (Paramedic, Advanced Clinical Practice (ACP), Pharmacist, Practice Nurse, Healthcare Assistant, Nurse Associate).
- Through AccuRx, patients can now book appointments for vaccinations, Flu, Shingles, Quality and Outcomes Framework (QOF) blood tests and test results.
- Nurse and phlebotomy appointments remain available on NHS app.



#### Market Weighton Practice

##### Capacity Increased

- Additional mental health support fully up and running in Market Weighton Practice. Providing 1-1 sessions out of the practice.
- Primary Care Network (PCN) social prescriber is now in post at the practice, providing 1-1 patient appointments and has supported 27 patients since the end of Jan-24.
- An improved range of appointments available daily, with utilisation of core and Additional Roles Reimbursement Scheme (ARRS) staff (Paramedic, Advanced Clinical Practice (ACP), Pharmacist, Practice Nurse, Healthcare Assistant, Nurse Associate).



#### Humber Primary Care Capacity Increased

- The practice now offers extended access appointments, early morning and evenings. Primary Care Network (PCN) offers weekend and evening appointments.
- Nurse and phlebotomy appointments are now available on NHS app.
- Through AccuRx, patients can now book appointments for vaccinations, Flu, Shingles, Quality and Outcomes Framework (QOF) blood tests and test results.
- Primary Care Network (PCN) Care coordinators now in waiting areas, to meet and greet patients to improve experience.

#### Practice Accessibility

The Primary Care division has procured a new nationally recommended digital, cloud-based telephone system through N3i (One Point). This offers a queue holding facility (choice to remain on the phone or request a call back with queue position held) and integration with our patient administration system. The telephone system was installed in King Street Medical Centre in December 2023 and work is in progress to install the telephone system in our two other practices (Market Weighton and Humber Primary Care).

### 2.4.2 Primary Care, GP Practice Website Redesign

Considerable work has been carried out to ensure that the patient voice influences the redesign of our GP Practices' websites. A patient engagement survey was circulated to patients of our three GP practices where they had a say about the current websites' layout and functionality including ease of navigation, relevant and understandable information that is easy to access and recommendations for improvement of the current design. A total of 1150 responses were received. A project group has been working with the Trust's Communications Team on a proposal for a new website design incorporating patient feedback.

The new design was shared with patients so they could make additional suggestions before the final version is approved. The website re-design will enable a swifter access to results, ordering prescriptions and completing online consultations for appointments. It will make it easier for staff to triage non-urgent patient appointments on receipt of consultation forms enabling appointments to be provided more effectively to those requiring an urgent requirement, as well as freeing up phone lines for patients who do not have access to online technology. The Practices' Patient Participation Groups (PPGs) have been informed of the progress along the journey.



#### Valuable feedback has informed the website redesign. A snapshot of the feedback includes:

*"Could design layout be more like the NHS App."*

*"Cannot access information quickly – too complicated."*

*"Appointments section too complicated and does not let me book appointments."*

*"Want to be able to access appointments and get blood test results, which is frustrating at present."*

*"Needs to be more user friendly and with clearer navigation to get to where I want to get to more efficiently."*

*"Found it difficult to renew my monthly prescription on the website."*

*"It needs to be much simpler in general, appointments, prescriptions, queries, online consultations, contact at the practice."*

#### The key themes from the survey of most importance to patients include:

- Design to be more like other national NHS websites and Apps.
- Easier to navigate.
- Clearer navigation bars/headings.
- Clearer information on how to book an appointment and complete an online consultation appointment request.
- Clear navigation to test results and ordering of repeat prescriptions.

#### Patient feedback on the new website redesign proposal includes:

*"New proposed layout looks clear."*

*"New design just looks clearer and easier to navigate."*

*"New design gives me more information about what each subheading is for."*

*"New option very easy to navigate and doesn't look too busy and complicated."*

*"Proposed new layout clearer to understand and select options required."*

*"The design is clear, but in addition it gives an explanation of what each link is for."*



### 2.4.3 Addictions Service, Opioid Substitution Therapy (OST) Project

This project captured the experiences of patients engaging with the Opioid Substitution Therapy programme and starting injectable Buprenorphine, to help support future patients considering this treatment offer in the future. A feedback questionnaire was developed in consultation with the East Riding Service User & Carer Representative Involvement Group (The Voice) where thirteen patients provided feedback on their experience of OST.

#### By service users sharing their experiences of the Therapy, has provided both staff and patients with the confidence to try this alternative option which has had positive effects on the individuals. Feedback included:

*"I feel less restricted by not having to consider daily consumption. I feel I am moving in the right direction in my recovery. I enjoy not having to attend the pharmacy as often."*

*"I believe changing daily habits can aid recovery and reduce reliance on medication and this is an excellent opportunity to do so."*

*"Thank you for everything and for giving me this treatment and my life back."*

*"Helped with relationship with fiancé and family. Hopefully progressing back into employment."*

*"Just thank you for saving my life. You have a fantastic team there who are worth their weight in gold. I wish this had come out years ago but I'm so glad it has now."*

Next steps are to look at developing an information leaflet for both staff and patients, producing case study posters to share in public areas and provide information for the Addictions Service website pages.

**2 Our Partnerships**

**2.4.4 Community Services, The Virtual Ward**

The Virtual Ward concept went live in May 2023 to help reduce hospital admissions where patients attending the Accident and Emergency department could be virtually treated in their homes opposed to being admitted into hospital.

At the start, five beds were available in Scarborough, which increased to fifteen beds over the course of the year. The Virtual Ward is now supporting patients in Whitby and Ryedale. The intention is to further increase this offering to twenty-five beds from April 2024. The Frailty Ward supports patients both at home and in care homes. Virtual Frailty Wards provide a safe alternative to hospital for patients living with frailty through community-based acute health and care delivery.

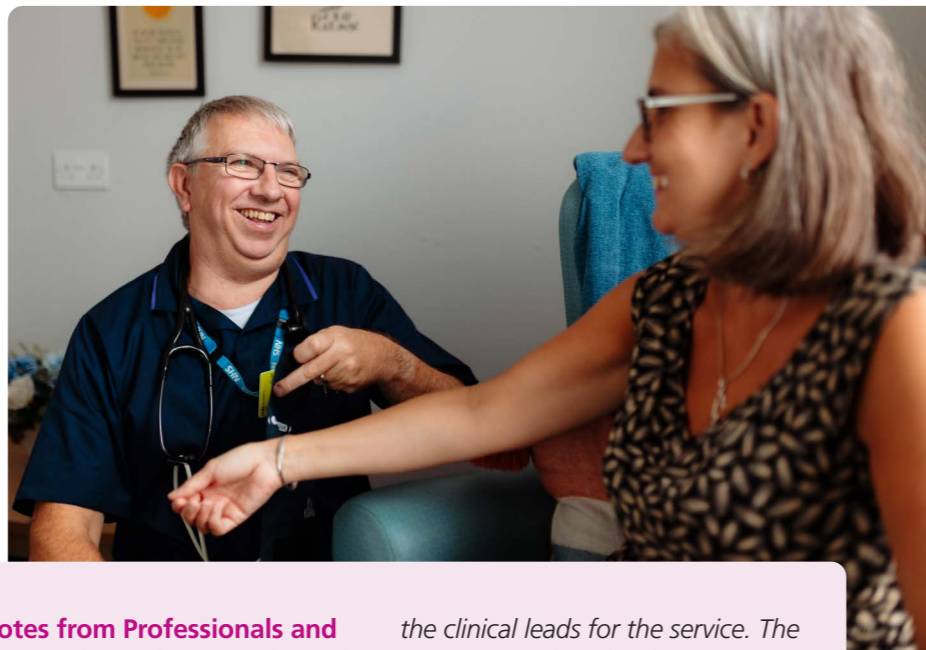
Over the past year the multi-disciplinary team (MDT) has supported over one hundred and fifty patients through this new community service. The Virtual Ward patients are also supported by other Trust services, including the District Nursing team, Therapy Services, Community Specialist Services as deemed appropriate for the care package.

Care at home includes face-to-face visits from community clinical staff, as well as options to use technology to support patient wellbeing and health monitoring from home. It can also support patients following a fall, those experiencing reduced mobility or managing an infection, provide palliative care or end of life support, prevent an admission to hospital where safe and appropriate and enables earlier discharge from hospital. All of which reduce the risk of hospital-acquired infections and enable more time with family or friends at home, especially for people living with frailty.

Top referral reasons include:

- Management of infection at home (including cellulitis, chest, and urine infections).
- Home support following a fall/delirium, to potentially prevent increased confusion in a hospital setting.
- Assessment and management of pain following shingles viral infection.

The average length of a patient stay is four to five days. The service aims to provide care required within fourteen working days, discharging to additional services for ongoing support if required beyond this point.



**Quotes from Professionals and Patients about the Virtual Ward:**

**Feedback from Scarborough Hospital Staff:**

*"All the acute consultants are very impressed with the Virtual Ward service, and they are all engaged with thinking about whether any of their patients would be suitable. There seems to be a renewed focus with the acute trust to the Virtual Ward and we have had nothing but praise from them."*

**Advanced Clinical Practitioner**

*"The team have helped to avert numerous hospital admissions through the proactive management of the patients in collaboration with*

*the clinical leads for the service. The team are working hard to increase the admissions to the ward from GP's by visiting the local practices and promoting the service, utilising the Patient Journey Diagram."*

**Virtual Ward Manager**

*"Since May, the number of admissions from A&E has dramatically lowered. The patient journey process diagram has helped the team to explain the process to GP / partnership organisations patients and carers. This is clearly helping staff to think differently in this case lowering A&E admissions and considering the Virtual Ward alternative."*

**Virtual Ward Clerk**



**Patient / Carer Feedback on the Virtual Ward Service:**

*"Everything, professional, 100% care, thoughtful".*

*"First class, exceptional, given reassurance".*

*"I am a care home resident and was provided with after care after being in hospital. Much needed service for a lot of care home residents".*

*"After care was good. This is what all elderly residents need after being in hospital".*

*"Virtual Ward Team came out to check on my dad in his own house and organising OT to come out too".*

*"Spent quite a bit of time with me and were very nice. Felt like I was not rushed, and they had time to listen to me".*

*"Friendly people, Supportive. Nothing was rushed and they had plenty of time for me. Referred me to other services, as required".*

**Feedback from Service Manager/ Operational Lead for the Virtual Ward**

*"We have received positive feedback from patients, as well as from other local professionals, around the benefits of proving this additional care at home. We look forward to continuing to grow our community virtual ward and to developing clinical skills and use of technology to support more patients and families."*

**2.4.5 Community Services, Joint Scarborough & Ryedale Patient and Carer Experience Forum**

May 2023 the Trust came together with York and Scarborough Teaching Hospitals NHS Foundation Trust to host our first joint Patient and Carer Experience forum with a key aim to strengthen the patient and carer voice across the Scarborough and Ryedale area.

This first event provided a platform for attendees to co-produce the aims and objectives for the forum together with the development of a logo to help inform an identity for the group moving forwards. Working jointly, the two Trust have built a stronger network of community members and partner organisations which has led to a thriving membership.

**3 Our Workforce and Organisation**

**2.4.6 Primary Care, Scale, Spread and Embed Initiative**

Refer to item **2.1.3** which informs on the Scale, Spread and Embed initiative where the pilot sites where the GP practices from the Primary Care division.

## 2.5 Mental Health Services

### 1 Our Care

#### 2.5.1 Co-production Groups

The division continues to host several co-production groups.

##### 2.5.1.1 Adult Mental Health Co-production Group

This group now has 208 members and was initially set up to support the Community Mental Health Transformation Programme and has since evolved to include all involvement and co-production opportunities across the Adult Mental Health division. The group meets monthly where staff can share their co-production opportunities and invite those with lived experience to support with engagement and involvement activities.

##### 2.5.1.2 Reducing Restrictive Interventions (RRI) Group

This is a new group which commenced February 2023. The group's initial piece of work was to develop co-produced RRI pledges for the Trust. One service user involved in this work highlighted *"Taking part in RRI work is in a way therapy, I get to talk about my experiences in a unique way with the hope of helping improve others experiences which in itself is ample payment"*.

This work has enabled a change in culture within our inpatient settings whereby recently a Peer Support Worker dialled into a virtual meeting where a patient from Westlands inpatient unit was able to contribute to the meeting.

#### 2.5.1.3 Lived Experience of Homelessness Working Group

During the year this group met to develop a strengthened and joined up approach to listening to and engaging with anyone who has lived experience of being homeless. Refer to item **2.1.4** which provides the link to a film which promotes the Homeless Mental Health Team and the great work it does, together with key messages to break the stigma surrounding the homeless community to improve experiences of care.

#### 2.5.2 Community Mental Health Service User Survey (2023)

This year the survey took place between August and December 2023. The survey captures patient views and perceptions of the care they received whilst receiving community mental health services. The survey was sent to a basic sample size of 1250 service users. There were 33 responses excluded from the survey for the following reasons: patient deceased (4) or moved/not known at the address (29). Therefore 216 responses were usable from a sample of 1217, and the response rate was 18%. Last year's response rate was 21%, therefore we have seen a 3% decline in responses this year.

Several changes have been made to the survey including:

- The dates in which the survey takes place (up until this year the survey ran from February to June each year).
- The survey has changed from a paper based self-completion postal questionnaire to a mixed-mode survey where service users are able to complete either an online or paper version of the questionnaire. In addition, two text message reminders will be sent including a unique link to the online survey.
- Eligibility criteria has changed to include 16-17 year olds to be eligible to participate, however Memory Clinics have been excluded.
- Major revisions to the questions have been implemented. Twenty-three new questions have been added, nineteen removed, and fourteen amended. A new section has been introduced to capture the experience of younger people transitioning from Children and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services.
- The covering letter to support the survey now offers Trusts to add bespoke information on how they have used the previous survey data to improve care for service users.

In 2023 the Trust scored above the highest 80% threshold in comparison to all Trusts surveyed for five questions as follows:

	Lowest Scoring Trust	Lowest 20% Threshold	Highest 80% Threshold	Highest Scoring Trust	This Trust 2023	
					Number of respondents	Score
Q6. While waiting, (between assessment and first appointment for treatment), were you offered support with your mental health?	38.3%	54.1%	65.0%	76.5%	73	<b>68.6%</b>
Q10. Did your NHS mental health team consider how areas of your life impact your mental health?	58.0%	60.8%	67.1%	73.9%	200	<b>67.2%</b>
Q18. Do you feel in control of your care?	45.5%	49.1%	55.3%	60.8%	180	<b>56.4%</b>
Q30. Did the NHS mental health team give your family or carer support whilst you were in crisis?	26.3%	38.9%	48.3%	55.7%	48	<b>52.2%</b>
Q32a. In the last 12 months, did your NHS mental health team give you any help or advice with finding support in joining a group / taking part in an activity?	29.0%	39.5%	46.6%	55.2%	157	<b>46.9%</b>

The Trust scored in the bottom 20% of all Trusts surveyed for one question as follows:

	Lowest Scoring Trust	Lowest 20% Threshold	Highest 80% Threshold	Highest Scoring Trust	This Trust 2023	
					Number of respondents	Score
Q22. In the last 12 months, has your NHS mental health team asked how you are getting on with your medication?	59.7%	73.8%	80.7%	86.7%	156	<b>73.0%</b>

The remaining scores sit in the intermediate 60% of Trusts surveyed.

The Trust's Community Mental Health Service User Survey working group will continue to meet to implement an action plan to address areas where improvements can be made. The focussed work will pay particular attention to; the question were the Trust scored in the lowest 20% threshold compared to the national picture, the Trust's bottom five scoring questions and specific targeted questions of concern (rationale for targeted questions of concern include those that have been targeted for improvement in the past and actions have been implemented to address however improvements have not been realised in the current survey results, therefore further work is required). For further information on this survey, visit the website <https://nhssurveys.org/all-files/05-community-mental-health/05-benchmarks-reports/2023/>

#### 2.5.2.1 Community Mental Health Service User Survey (2022)

A Service User Engagement audit has taken place to provide assurance on the plans in place to improve the areas of weakness identified in the 2022 Community Mental Health Service User survey. Refer to item **2.1.8** which provides further information on the findings from the audit.



### 2.5.3 Mental Health Inpatient Survey

The Mental Health Inpatient Survey launched in 2023. It was co-produced internally with staff, service users and carers to give detailed feedback from service users admitted to Trust inpatient units and, in turn, to allow teams to create actions to address any areas of issue which arise from responses to improve the experience of those who use our mental health inpatient services.

During the past year, we have focused on the survey approach and increasing response rates. In order to strengthen feedback rates, a competition was held and the team with the most responses in a set timeframe won a voucher for their team.

**During the period 1 April 2023 to 31 March 2024, there were 26 responses received across two units (Mill View Court and Westlands). In the reporting period, on the whole, respondents said:**

- That there was nothing else that could be done to improve their admission and that they felt that staff knew about them and any previous care they had received, informed them about routines on the ward and that they felt safe and were given enough privacy on the ward.
- That they were mostly satisfied with the food on offer and said that it meets their dietary requirements.
- That they were mostly satisfied with the support given to their loved ones and felt supported in maintaining contact with them.
- That they felt staff were approachable, they felt listened to and were treated with dignity and respect.
- That they felt their care was centred around them and their needs and that they felt involved in their care and treatment.

- New medication and possible side effects were discussed with them and some people received written information to support this.
- On admission, most people found their rights were explained in an easy-to-understand manner.
- Most people knew how to make a complaint if needed.
- That they did not feel that their care and treatment was affected by their age, gender, ethnicity, sexual orientation, religion or disability.

Looking ahead to 2024-25 we will increase uptake by working closely with the Engagement Lead for the Mental Health Services division alongside Peer Support Workers who are situated within the inpatient units to support teams to offer the survey to all service users and also to strengthen the support given to service users to complete the survey. Any consistent areas of concern which repeatedly appear in the survey results will be addressed with an action plan to resolve.

### 2.5.4 Primary Care Network Case Studies

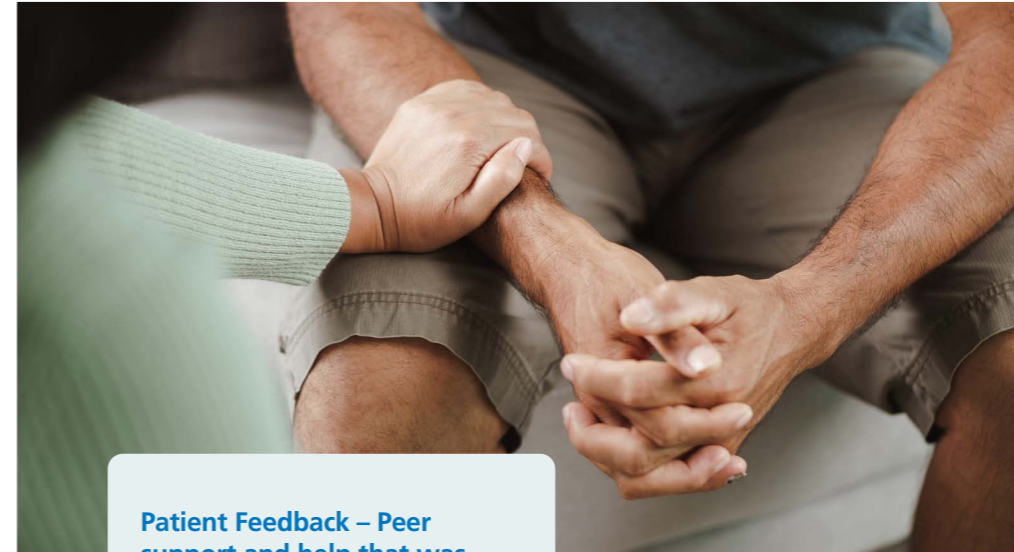
Initially the division started to collect case studies to help inform the development of the Primary Care Networks as part of the Community Mental Health Transformation Programme. Feedback continues to be collected so the division can listen to the experiences of those accessing the Primary Care Mental Health Network. They are collated on a quarterly basis and the Trust's Communication Team then cascade the stories to staff and external partners.

#### Patient Feedback – They helped me to realise that I was alive:

*"I have suffered from depression for just about all my life. I got to a point where I had given up on everything and I just sat on a chair. I previously had problems with money but this time I was just overwhelmed by what I had to do. I just lost it a bit. I was just reading a book and doing nothing else. I suppose I just shut down. The GP put me in touch with a Mental Health and Wellbeing Practitioner. She started off with asking me what was going on and what I was interested in. I suppose she was fishing for roots into what would wake me up and get me interested in life again.*

*She came to my house initially, but I can't really remember the appointment now. I seemed to gel with her. I liked her because she wasn't challenging. It would have been good if I could have seen her for longer, or if she could get back in touch after 2 months to see how I am getting on and if I'm still doing what I'm supposed to do. I know what to do but I can't always do it. I can believe in the person that's helping me and it was easy to believe in the Mental Health and Wellbeing Practitioner.*

*The support has made an enormous difference, it has made me realise where I was little by little it built up my self-confidence and I realised that I could do things. It made me realise that I was alive and not just sat there. It made me look at things that I could do, I've got some of my interests back and I'm doing things in the house. The lady was so well suited to help me with my situation, she fitted the bill I couldn't have found a better person to look after me. Professionally she's pretty damn good."*



#### Patient Feedback – Peer support and help that was there when needed:

*I'd had anxiety and OCD for a few years and it suddenly took a big down turn and I needed support to get back to a place to become functional. I'd tried to get support before, but it wasn't helpful, and it was the wrong thing for me. I have no complaints about the support from the Primary Care Mental Health Network. I saw a Peer Support Worker before moving on to see a CBT therapist. It was really nice speaking to someone who understood what I was going through.*

*You can speak to people about what you're going through but unless they have been through it themselves, they don't really understand. To be able to say what was going on and for her to understand fully was really helpful. She pushed me to push myself. It was nice having her there. The communication was good, after an initial assessment I was put in touch with the Peer Support Worker really quickly, I didn't have to wait at all. It was so nice to be taken seriously and for help to be there when I needed it. I was offered other support like seeing a pharmacist to discuss medication and even though I didn't take up offer, knowing that it was there was really good. If I needed extra help, it was there.*

### 2.5.5 Mental Health Services Divisional Policies

Service Users and Carers have been invited to write trust policies alongside staff which means that the voice of those with lived experience is running through the heart of our services. This is helping to build confidence and trust for those using our mental health services. Examples include; Rapid Tranquilisation policy and Use of Force policy.

Positive feedback from service users and carers on getting involved:

*"It was enlightening to review the rapid tranquilisation policy and nice to be involved. It says a lot of positive things about the Trust."*

**Service User, Mental Health Services division, Avondale**

*"If I saw the co-production badge on a policy as an inpatient, I would feel comfortable enough with the policy to not feel the need to read it."*

**Service User, Mental Health Services division**

### 2.5.6 Adult Mental Health Support Poster

A poster has been co-produced with members of the Trust's Adult Mental Health Co-production group to raise awareness of the support available for people experiencing mental health difficulties. The poster displays options of mental health support from the perspective of what a person needs. It is hoped that the poster will raise awareness of the different support services available, which in time will help to alleviate pressures in the system to help reduce the need to attend Emergency Department facilities for support when for example, the individual would like someone to talk to.



**2 Our Partnerships**

**2.5.7 Emergency Department Streaming Project**

Patient's, Service Users and Carers were involved in improving the environment for those attending the Emergency Department with a mental health problem. Ideas from the focus group informed the new space and helped to create a recovery focussed environment which is having a positive impact on those accessing the service.

**A focus group was held to discuss experiences of waiting in the Emergency Department when needing mental health support to identify ideas around creating a supportive environment in the new space and a name for the new waiting area. Quotes from service users involved in the focus group include:**

*"Really enjoyed being part of the meeting and having the opportunity to contribute ideas. We think it is a much-needed way forward for many patients who experiencing mental health. Thank you again."*

*"Great initiative and some brilliant ideas, we all seem to be very much on the same page which makes me believe it will be a success."*

*"I have found this meeting very helpful and informative. I'm pleased about the changes which are to be implemented. I think it will improve my experience of A and E and make a difficult experience more manageable."*

*"Really valuable to have a voice and be heard."*

*"I've enjoyed it & will take part again"*

**Patients from the Mental Health Services division accessing the Emergency Department Streaming Service feedback:**

*"The blossom on the wall was really calming, I started thinking about things that would be happening over Easter and it helped me to calm, the colours were calming, certain colours tend to anger me like red but the purple and blue colours were relaxing."*

*"It was good that staff are seeing physical and mental health as equally important – the mental health assessor helped me sort out epilepsy medication."*

**3 Our Workforce and Organisation**

**2.5.8 Clinical Risk Training**

Staff and three Experts by Experience (individuals with lived experience of mental health) worked together for two full days to refresh the Trust's Clinical Risk training slides.

**Benefits of involving people with lived experience:** The patient voice is now at the heart of the training. Their voices are ensuring that staff are meeting the needs of those experiencing mental health difficulties.

Feedback from one of the Experts by Experience highlights:

*"The two days working with staff and Rebecca and Erin were fab! Long days but I felt fully involved all the way through, and I found the staff members to be extremely helpful and validating throughout the work. Tracy, Sian, Sarah and Claire were brill!"*

**2.5.9 Lived Experience to Inform Training Films**

Patients and Service users have been involved in developing films that are being included in staff De-escalation, Management, and Intervention training to enhance the training through incorporating the lived experience element. This is improving patient care by bringing the 'human' element into the training room to build knowledge and understanding relating to restrictive intervention.

**Feedback received:**

*"It's reassuring to know that negative experiences are listened to, taken seriously and that the Trust can be seen taking action to improve and reduce these experiences." Service User, Avondale*

*"I learned a lot from hearing what it is like for a person on the receiving end of restrictions, it has made me re consider things from a different perspective."*

**Staff member, Swale ward, The Humber Centre**



**2.6 Learning Disabilities Service**

**1 Our Care**

**2.6.1 Follow My Lead Project**

The Speech and Language Therapy Team have implemented the Follow my Lead project which is an award-based training scheme (providing education) aimed at services who support individuals with profound and multiple learning disabilities (PMLD). The scheme aims to encourage and support care providers to meet, maintain and put into practice 'The Five Good Communication Standards' (Royal College of Speech and Language Therapists, 2013). The scheme focused on enhancing communication and the quality of life for people living with PMLD.

**2.6.2 Children's and Learning Disability Services Website**

Refer to item 2.2.3.

**2 Our Partnerships**

**2.6.3 Hull Maritime Museum Refurbishment Project**

The overall aim of the refurbishment project was to ensure equal access, remove barriers to communication, ensure information is displayed in an easy read format and ensure public spaces are environmentally friendly, inclusive and accessible.

**HSJ Patient Safety Awards 2023: Follow My Lead Project**

The project received 'highly commended' in the Learning Disability initiative of the year category of the HSJ Patient Safety Awards 2023. Co-production was prominent throughout the project with input from the Hull Profound and Multiple Learning Disabilities (PMLD) Focus Group including parents, carers and professionals who support people with PMLD.

**Feedback from several residential home managers who participated in the project:**

*"The Follow My Lead project exceeded our expectations as not*

*only was the project well designed and well delivered, we were fully supported throughout the process."*

*"I wanted to see if the home would benefit from this project and wasn't disappointed."*

*"The audit tool was good to help me as a manager to assess what areas could be improved on in the service to support the clients and staff, it helped me see things differently and therefore opened my mind to trying new things to support communication."*

*"The training has had a positive impact on both the people we support and the team. It's great to see."*

**Service User Involvement**

Twenty service users from CASE Day Service (Hull) and Priory View Day Service (Bridlington) were involved in focus groups to share their experience and opinions on the refurbishment. This included their feedback on which symbols to use, checking the easy read was understood and sharing their ideas for improvements.

**Improved Confidence**

On getting involved in the focus groups, service users fed back that their confidence had improved, and they had a sense of pride in contributing to an important project.

By involving service users and listening to their feedback to inform the changes to the refurbishment of the Hull Maritime Museum will have a big impact on the thousands of people who access the museum when it reopens.





**3 Our Workforce and Organisation**

**2.6.4 Learning Disability Engagement Lead**

This is a new post in the Learning Disability division and the successful postholder started in their role in January 2024.

*"I have worked with the Learning Disability team for the last eight years. I am excited to use my knowledge of the service to support me to succeed in my new role. I am looking forward to co-producing with clients, families, and carers to improve and shape the service we offer."*

**Learning Disability Services Engagement Lead**

**2.6.5 Oliver McGowan Training**

This training on Learning Disability and Autism is named after Oliver McGowan, whose death shone a light on the need for Health and Social Care staff to have better training. The Health and Care Act 2022 introduced a statutory requirement that regulated service providers must ensure their staff receive Learning Disability and Autism training appropriate to their role.

**Trust Learning Disability Service Engagement Lead is now trained to deliver the Oliver McGowan training course.**

The Learning Disability Services Engagement lead attended a four day train the trainer Oliver McGowan training course in Birmingham which was co-delivered by trainers with lived experience of Learning Disability and Autism. The Humber and North Yorkshire Integrated Care Board (ICB) is now in discussion with the Trust to see how the Trust's Learning Disability Service can facilitate this training in the future.

# 3.0

## Complaints and Feedback

**During the past year (1 April 2023 to 31 March 2024), the Trust has responded to a total of 554 complaints: 198 formal complaints and 356 informal complaints. For the previous year, the Trust responded to a total of 582 complaints: 195 formal complaints and 387 informal complaints.**

previous year, the Trust responded to 195 formal complaints of which 46 were upheld (24%), 58 were partly upheld (30%) and 91 were not upheld (46%).

On comparing the 2 years there has been an overall decrease by 28 complaints (formal and informal complaints) and communications and patient care are the top primary subjects.

The Trust implements actions because of formal complaints responded to which are upheld/partly upheld and lessons are learnt from the feedback.



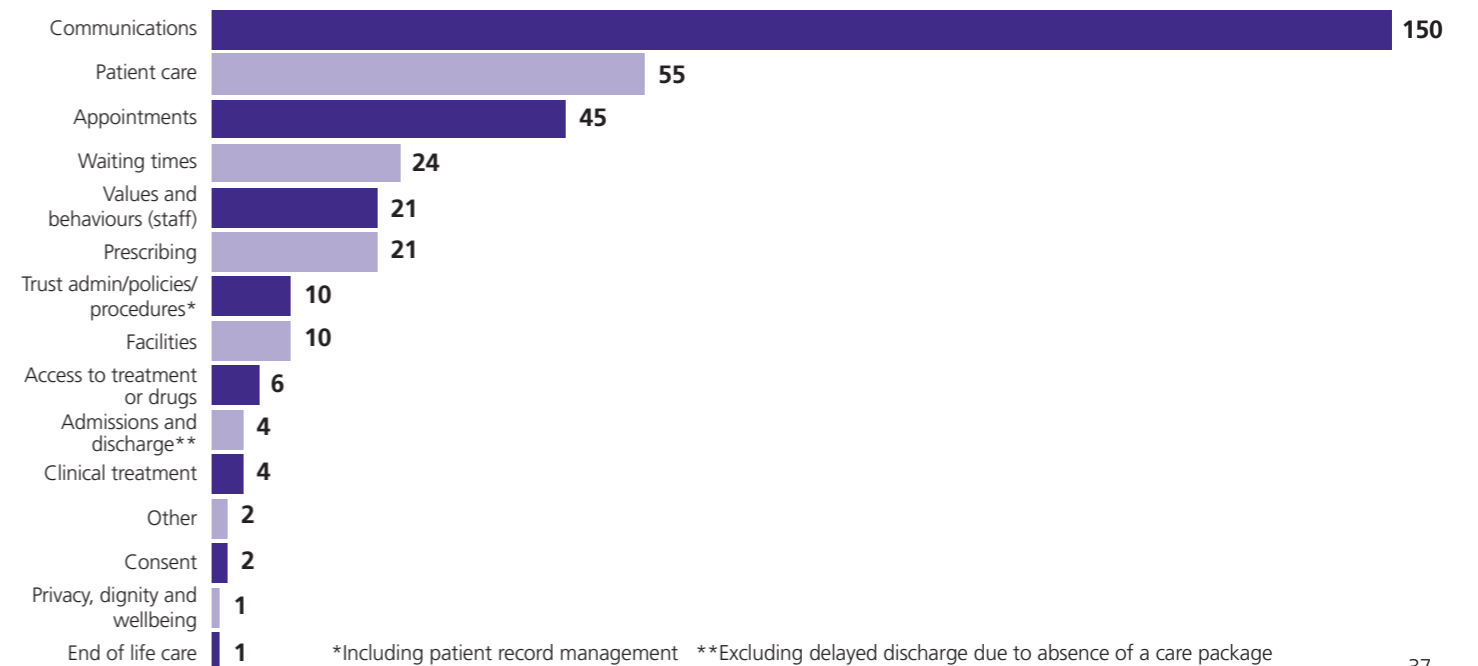
Of the 198 formal complaints responded to, 60 (30%) were upheld, 56 (28%) were partly upheld and 82 (42%) were not upheld. For the

**3.1 Informal Complaints**

An informal complaint is when a complaint is received and triaged, if it is deemed appropriate for an informal resolution, it is sent to the team/service; most responses are given verbally by clinical staff. Once the issue has been resolved the Complaints and Feedback team is informed of the discussion/action taken, this is recorded, and the case is closed.

For the period 1 April 2023 to 31 March 2024, the Trust responded to 356 informal complaints. The primary subjects/themes are highlighted in Graph 1.

**Graph 1 – Total informal complaints responded to by primary subject 1 April 2023 to 31 March 2024**



\*Including patient record management \*\*Excluding delayed discharge due to absence of a care package

### 3.1.1 Informal Complaints Escalated to Formal Complaints

For the period 1 April 2023 to 31 March 2024, a total of 9 informal complaints have been escalated to formal complaints, as follows:

- **Planned Care Mental Health Services – Hull Community Mental Health Team (CMHT) West**

**Primary subject:** Patient care

**Reason for escalation:** The complainant made an informal complaint to resolve their issue gaining access to support from the CMHT, despite multiple referrals, contacts and support from other services. However, they did not hear from the CMHT for more than two months from the date of the complaint and when they were ultimately contacted, they spoke to a student nurse who was unfamiliar with their case and stated the team could not help them any further.

- **Community Services and Primary Care – Market Weighton Practice**

**Primary subject:** Communications

**Reason for escalation:** The patient originally raised concerns regarding the practice's communication and attitude of staff. The practice did not resolve these concerns to their satisfaction and they subsequently made the decision to escalate to formal after a communication error around their blood test results.

- **Community Services and Primary Care – Physiotherapy**

**Primary subject:** Patient care

**Reason for escalation:** The complainant wished to raise concerns around the community nursing services provided for their partner, and the Service Manager agreed to meet with them directly and see if the issues could be resolved informally. Following discussion with the service manager, it was agreed to raise the issues regarding community physiotherapy as a formal complaint.

- **Community Services and Primary Care – Humber Primary Care**

**Primary subject:** Values and behaviours (staff)

**Reason for escalation:** The complainant felt that a locum member of staff at the practice was rude towards them and that there was incorrect documentation in their medical record. The practice was unable to resolve these issues with the complainant on an informal basis, partly because the locum clinician declined to speak to the complainant as requested, and they requested escalation to formal.

- **Planned Care Mental Health Services – Hull Community Mental Health Team (CMHT) East**

**Primary subject:** Prescribing

**Reason for escalation:** The complainant raised a concern about being unable to have their mood stabilising medication changed and to gain access to Attention Deficit Hyperactivity Disorder (ADHD) medication. The service was unable to resolve these issues on an informal basis as they could not fulfil these requests to the patient's satisfaction, and they requested escalation to formal.

- **Planned Care Mental Health Services – Hull Community Mental Health Team (CMHT) West**

**Primary subject:** Patient care

**Reason for escalation:** The complainant originally raised a concern via their Member of Parliament (MP) around difficulties getting a medication review and an ADHD assessment for their son. The service was unable to resolve these issues on an informal basis as the complainant did not feel the response to their MP identified a plan in place for the patient and they requested escalation to formal.

- **Planned Care Mental Health Services – Hull Community Mental Health Team (CMHT) East**

**Primary subject:** Communication

**Reason for escalation:** The complainant made an informal complaint to resolve their issue gaining access to support from the CMHT. However, they subsequently stated they had not been contacted by the services in spite of repeated attempts to request an update regarding their complaint and they requested escalation to formal.

- **Community Services and Primary Care – Community Dietitians Service**

**Primary subject:** Patient care

**Reason for escalation:** The complainant originally raised the issue informally of being unable to obtain specialist medical supplies for their condition, stating that no NHS organisation would fund the supply including the Trust. A multi-agency meeting determined that the Trust would not be responsible for provision; the complainant was unhappy with this outcome and requested the complaint be escalated to formal.

- **Planned Care Mental Health Services – Beverley Community Mental Health Team (CMHT)**

**Primary subject:** Prescribing

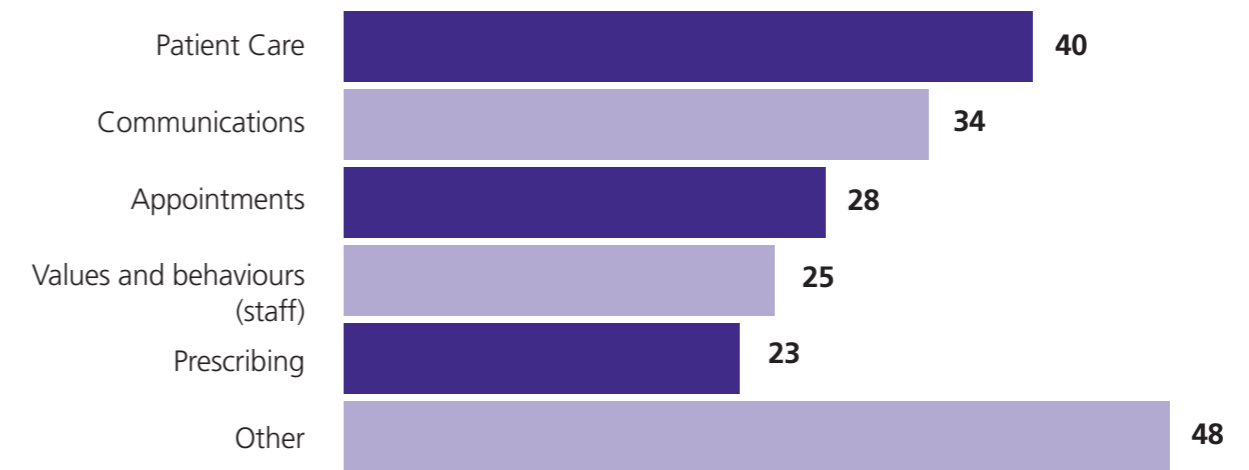
**Reason for escalation:** The complainant originally raised concerns via their MP around community mental health support for their son, a review of medication management, and specialist support for their complex condition. The service held a further conversation with the complainant to attempt to resolve the issues and confirm what could be provided; the complainant was unhappy with the proposals given and requested a formal investigation.

### 3.2 Formal Complaints

During the past year (1 April 2023 to 31 March 2024), the Trust received 216 formal complaints compared to 197 for the previous year.

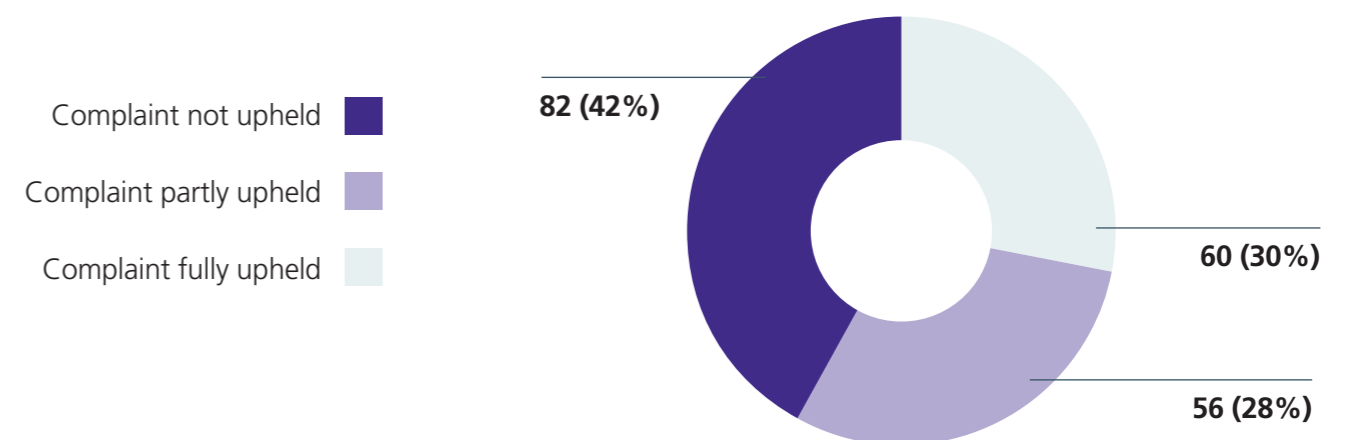
The Trust responded to 198 formal complaints which compares to 195 for the previous year (an increase of 3 formal complaints). The Complaints and Feedback Manager considers that this static position is due to the combination of an increase in formal complaints in Primary Care compared with the previous year and an overall reduction in formal complaints across the majority of other services and divisions. The primary subjects/themes are highlighted in Graph 2.

**Graph 2 – All formal complaints responded to – primary subjects including Top 5 1 April 2023 to 31 March 2024**



Of the 198 formal complaints responded to, 60 (30%) were upheld, 56 (28%) were partly upheld and 82 (42%) were not upheld. Of the 82 formal complaints not upheld, 9 were withdrawn. For the previous year, the Trust responded to 195 formal complaints of which 46 were upheld (24%), 58 were partly upheld (30%) and 91 were not upheld (46%). The outcomes are highlighted in graph 3.

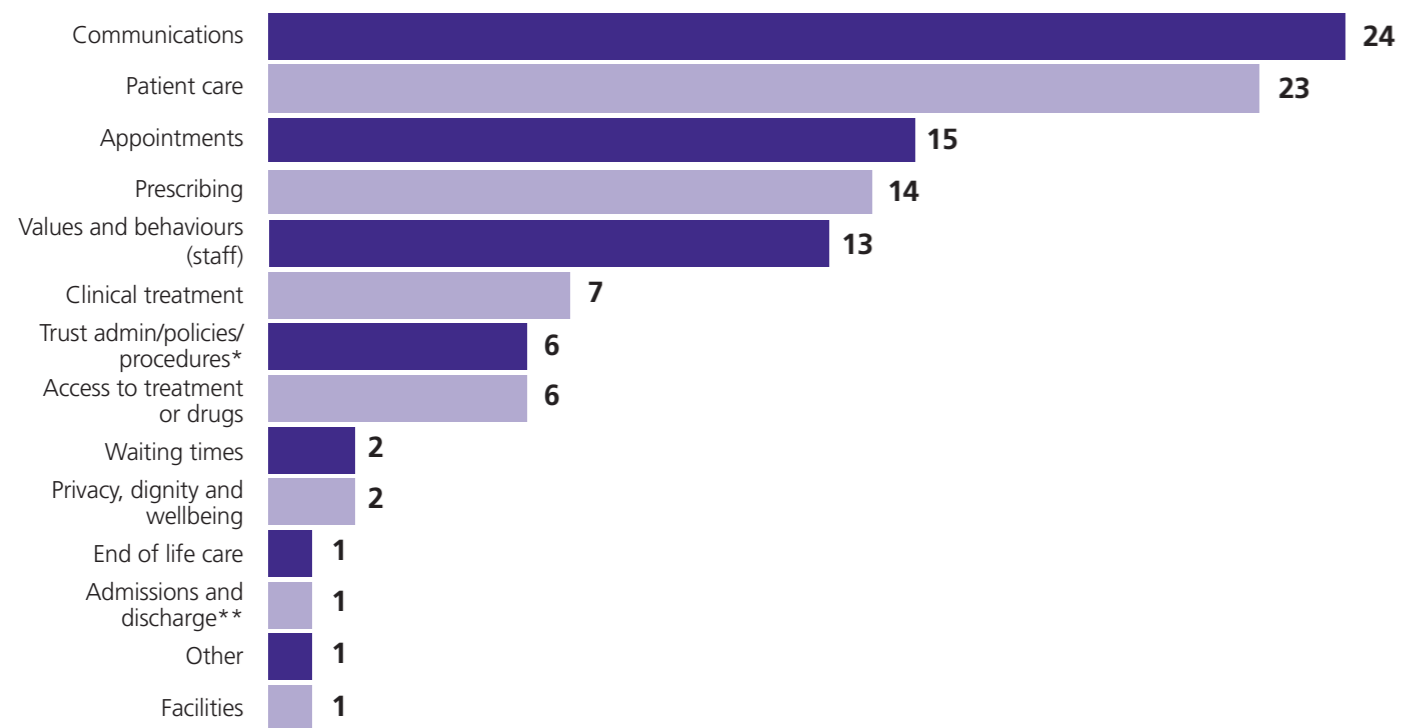
**Graph 3 – All formal complaints responded to – outcomes 1 April 2023 to 31 March 2024**



### 3.2.1 Themes and Trends

On analysing the total number of formal complaints responded to over the last twelve months where the outcome was either upheld or partly upheld, Graph 4 highlights that communications is the top subject for the Trust, followed by patient care then appointments.

**Graph 4 – Total formal complaints responded to – upheld and partly upheld  
1 April 2023 to 31 March 2024**

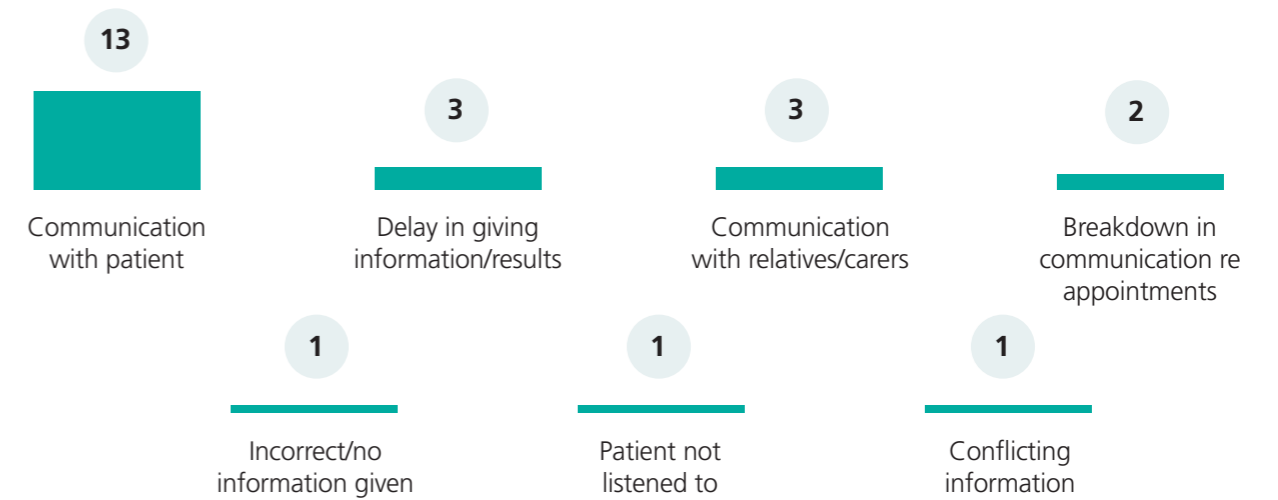


### Analysis

#### Communications

On critiquing the top subject of communications, further analysis (Graph 5) confirms that communication with patient is the highest sub subject for the Trust, followed jointly by delay in giving information/results and communication with relatives/carers. There was a total of 34 formal complaints responded to, with communications as the primary subject during the twelve month period. Of these, 12 were fully upheld following investigation and 12 were partly upheld, with the remaining 10 not upheld.

**Graph 5 – Formal complaints responded to – upheld and partly upheld  
Communications – 1 April 2023 to 31 March 2024**



Of the 24 complaints that were fully and partly upheld, 15 (63%) were for Community Services and Primary Care and the majority of complaints for this division resulted in a fully upheld outcome.

#### The top three sub-subject themes highlight:

- 13 had a sub-subject of 'communication with patient', and of those, 8 were related to a lack of promised telephone contact from the service.
- 3 had a sub-subject of 'delay/information in giving results', and of those, 2 related to issues with a General Practice.
- 3 had a sub-subject of 'communication with relatives/carers'; no notable trends to observe

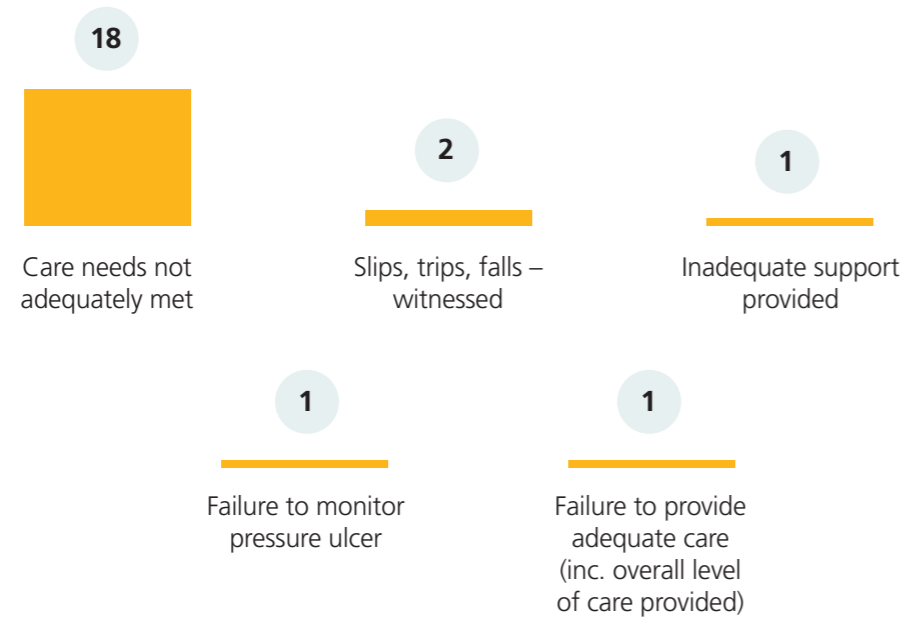
\*Including patient record management \*\*Excluding delayed discharge due to absence of a care package

## Analysis

### Patient Care

On critiquing the second highest subject of patient care, further analysis (Graph 6) confirms that care needs not adequately met is the highest sub subject in this category; followed by ‘slips, trips, falls – witnessed’. All other sub subjects have one entry each. There was a total of 40 formal complaints responded to, with patient care as the primary subject during the twelve month period. Of these, 11 were fully upheld

**Graph 6 – Formal complaints responded to - upheld and partly upheld  
Patient care – 1 April 2023 to 31 March 2024**



Of the 23 complaints that were fully and partly upheld, 10 were for Community Services and Primary Care, 5 were for Planned Care Mental Health Services, 5 were for Children’s and Learning Disabilities Services, and the remaining 3 were for Unplanned Care Mental Health Services.

#### The top three sub-subject themes highlight:

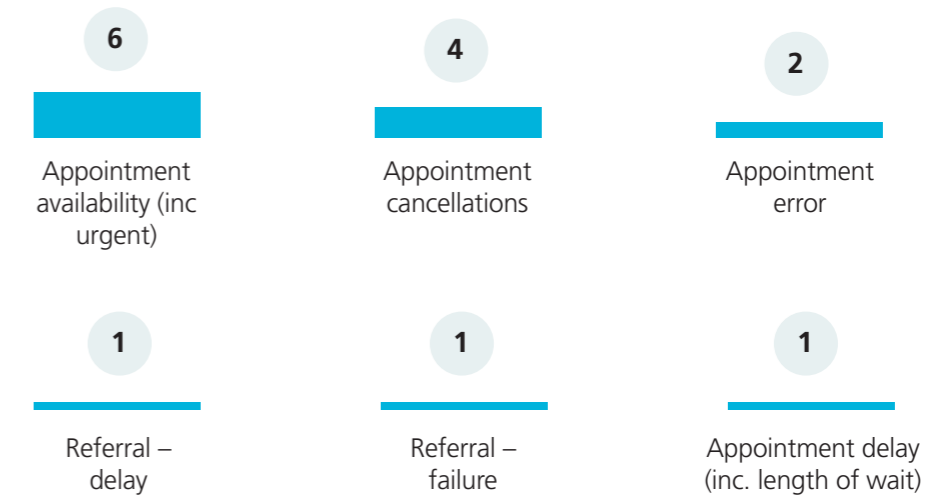
- 18 had a sub-subject of ‘care needs not adequately met’, and of those, 10 were fully upheld and 8 were partly upheld.
- 14 complaints related to an overall lack of care and support from the service, while the remaining 4 related to a specific instance of care.
- 2 had a sub-subject of ‘slips, trips, falls – witnessed’, and there were no notable trends to observe.
- There was 1 complaint for each of the remaining sub-subjects: ‘inadequate support provided’, ‘failure to monitor pressure ulcer’, and ‘failure to provide adequate care (inc. overall level of care provided)’. No notable trends to observe for these categories.

## Analysis

### Appointments

On critiquing the third highest subject of appointments, further analysis (Graph 7) confirms that appointment availability (including urgent) is the highest sub subject for the Trust, followed by appointment cancellations, then appointment error. There was a total of 28 formal complaints responded to, with appointments as the primary subject during the twelve month period. Of these, 9 were fully upheld following investigation and 6 were partly upheld, with the remaining 13 not upheld.

**Graph 7 – Formal complaints responded to - upheld and partly upheld  
Appointments – 1 April 2023 to 31 March 2024**



Of the 15 complaints that were fully and partly upheld, 10 were for Community Services and Primary Care, 4 were for Planned Care Mental Health Services, and 1 was for Children’s and Learning Disabilities Services.

#### The top three sub-subject themes highlight:

- 6 had a sub-subject of ‘appointment availability (including urgent)’, and of these, 5 included issues with accessing a soon or urgent appointment at a General Practice.
- 4 had a sub-subject of ‘appointment cancellations’, and all 4 related to appointments being rearranged or cancelled at short notice without warning.
- 2 had a sub-subject of ‘appointment error’, and both of these related to incorrect appointment details being given out by a General Practice.

### 3.2.2 Learning Responses

Each complaint presents a new opportunity for learning and improvement in the Trust. For every formal complaint that has been either fully or partly upheld, an action plan is produced by the Investigating Manager and submitted with the final documentation; all actions are then moved onto an action tracker which is monitored by each division to ensure continuous improvement and transition into the day-to-day business of patient care.

The following are some of our learning responses because of the complaint and the subsequent investigation during the past year.

#### Theme 1: Communications

Issues upheld	Learning responses
<b>Primary Care</b> – The complainant had enquired several times with the GP practice about whether a procedure is offered and had been promised several follow-up calls but to date have heard nothing back.	The practice has now implemented an improved Total Triage system which will decrease the number of tasks they receive and improve communication timescales.
<b>Children’s Services</b> – The complainant had experienced poor communications between themselves, and the services involved whilst the patient was attending the emergency department and in crisis.	The service is developing a multi-agency process to enhance all the appropriate pathways for patients in crisis, in addition to a new self-harm pathway between the NHS and social care providers to complement this process.
<b>Planned Care Mental Health Services</b> – The complainant was sent a letter for an appointment with the team consultant, but the purpose of the appointment was unclear and made no reference to the complainant’s stated request.	The service is reviewing all their letter templates on the electronic patient record (EPR) to ensure that these more accurately reflect the nature and purpose of each appointment and give sufficient details to the patient.

#### Theme 2: Patient care

Issues upheld	Learning responses
<b>Unplanned Care Mental Health Services</b> – The complainant had not been happy with the care and support his son had received and had believed he had been discharged too early and had not been given the correct medication that he should have been given.	The service has arranged for the Carers Support Team to come in and provide some additional training about what they offer, and when may be an appropriate juncture to offer a referral.
<b>Planned Care Mental Health Services</b> – The complainant is unhappy with the treatment of their daughter’s mental health conditions, the lack of joined-up care with their physical health condition, Functional Neurological Disorder (FND) and the perceived lack of knowledge in treating the two together.	<ul style="list-style-type: none"> <li>• An additional training needs analysis was undertaken in respect of FND for staff to improve their knowledge base.</li> <li>• A memo was also sent to all staff to remind them that a piece of outdated terminology is no longer to be used due to its potentially confusing and negative connotations.</li> </ul>
<b>Children’s and Learning Disabilities Services</b> – There was a lack of clarity regarding the psychiatry pathway for patients that are currently under the service; this has led to delays as the referral was passed between teams.	The service is developing a clear and defined pathway/provision for a person with a learning disability who requires a psychiatry service and has a specific clinical risk requiring management.

#### Theme 3: Appointments

Issues upheld	Learning responses
<b>Planned Care Mental Health Services</b> – The complainant had to cancel multiple appointments due to personal reasons and although they had been assured they could cancel at short notice without being penalised, the service treated these as missed appointments, then gave another appointment for a weekday on which the complainant had already stipulated they were working. They then received a letter discharging them from the service.	The service has added a paragraph to appointment letters requesting patients cancel if they cannot attend the appointment or making contact with the service if they have missed an appointment. If they don’t make contact within 14 days, their case will be discussed in a multidisciplinary team meeting and they may be discharged from the service.
<b>Primary Care</b> – The complainant has had multiple appointments cancelled at short notice by the GP practice for various reasons; one due to an administrative error, another due to staff sickness and a further appointment due to test results not yet received.	<ul style="list-style-type: none"> <li>• The GP practice has now extended the length of time they have appointments for nurses and Health Care Assistants (HCA) and have increased appointments available to ensure patients have a better experience of booking their treatments - up to twelve weeks in advance.</li> <li>• The practice has been reminded to ensure that they inform all patients of cancellations in a timely manner.</li> </ul>
<b>Primary Care</b> – The complainant was unable to access appointments for their parents with either the GP or the Practice Nurse; they were told to use the online booking system but lack the IT skills to do so.	<ul style="list-style-type: none"> <li>• The current staffing level at the practice has been reviewed from when the complaint was raised, to the present time and can confirm that they have recruited further colleagues to support with call handling.</li> <li>• The practice has implemented a newer online system which is easy to use and is happy to offer learning support with this.</li> </ul>

### 3.3 Parliamentary and Health Service Ombudsman (PHSO)

Of the 198 formal complaints responded to from 1 April 2023 to 31 March 2024, none of the complainants have, to date, taken their case to the Parliamentary and Health Service Ombudsman.

There was 1 case considered by the PHSO which was closed during this reporting period but was not a complaint responded to during 2023/24.

There is currently 1 case currently under investigation by the Ombudsman which relates to a complaint from April 2022.

### 3.4 Zero Informal and Formal Complaints

The table below highlights the number of teams within each division where no formal or informal complaints have been received during the reporting period (1 April 2023 to 31 March 2024).

Division	Teams in scope	No. of teams with zero complaints	% of teams with zero complaints
Children's and Learning Disabilities Services	33	16	48%
Community Services and Primary Care	10	0	0%
Corporate Services	3	3	100%
Forensic Services	10	4	40%
Planned Care Mental Health Services	19	3	16%
Mental Health Services - Central	1	1	100%
Unplanned Care Mental Health Services	21	7	33%
<b>Total</b>	<b>97</b>	<b>34</b>	<b>35%</b>

34 of the 97 clinical teams (35%) have not received any formal or informal complaints in the last twelve months.

#### 3.4.1 Zero Complaints – recommendations

To ensure our teams are communicating the complaints process to everyone as effectively as possible, whilst acknowledging an effective local resolution, the below table details actions taken by the organisation during the past year to address key recommendations relating to teams receiving no complaints.

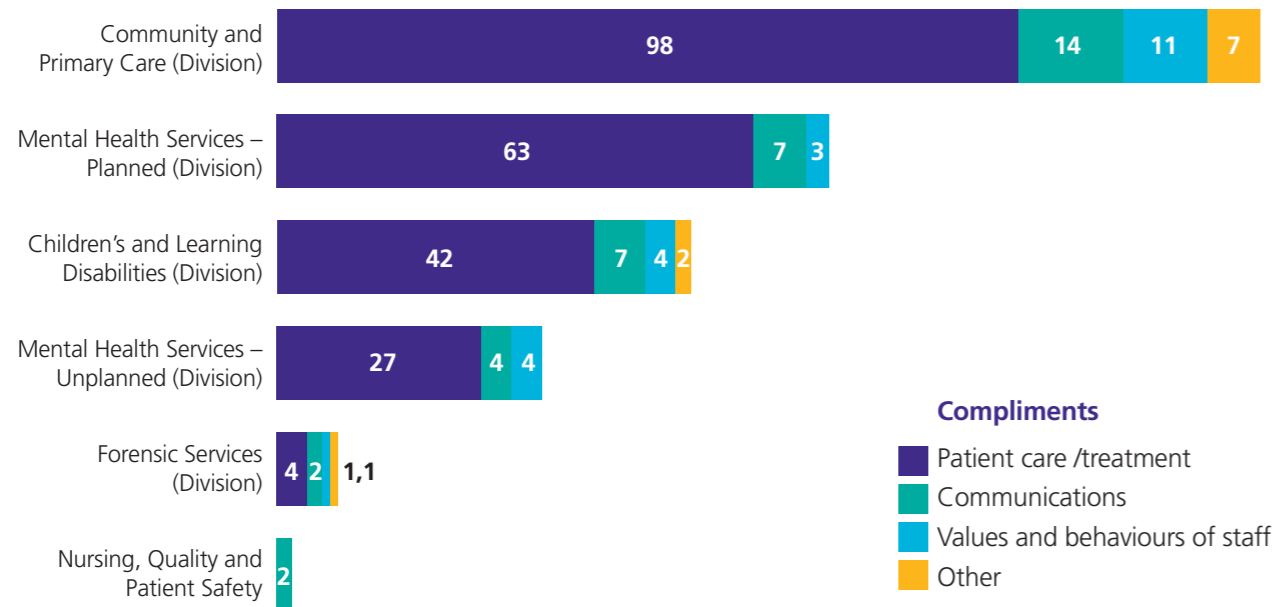
Recommendation	Activity
Clinical leads to talk to their teams who have not received any informal or formal complaints during the past 12 months to understand the rationale.	The Complaints and Feedback Manager has discussed with service managers/ clinical leads whose services have not received any complaints during the period, and the majority have advised this is due to these services having a holistic and responsive care approach which deals with issues quickly and compassionately and focuses on local resolution. Some have suggested they have been able to effectively resolve all their issues in this way. During the investigating manager training delivered to teams, a discussion takes place to ensure everyone understands the importance of the Trust complaints process being visible to the public.
Clinical leads to check their clinical areas to ensure that they have complaints leaflets and posters in their clinical areas for patients, service users and carers to access.	The Complaints and Feedback Manager has discussed with clinical leads for assurance and confirmed that posters and leaflets are currently available and on display throughout our community and inpatient sites. A new publicity campaign for complaints and patient feedback has recently been implemented in cooperation with the Communications Team, with refreshed posters and leaflets which are designed to strengthen the local resolution process and which join up the complaints process with compliments and giving positive feedback.
Clinical leads in the Learning Disabilities service to ensure that they have complaints literature in an accessible format. The division to enhance their accessible information offer.	The Complaints and Feedback Manager has received assurance from the division that easy read leaflets for making a formal complaint to the Trust are currently available in Learning Disabilities community and inpatient settings. The division has recruited a new Engagement Lead with a clinical background in Learning Disabilities who will work to engage with patients and families around their care, to ensure they have a good understanding of the complaints process and to assist with resolving issues locally.
Peer Reviews questions for 2023/24 have been updated and include several questions relating to complaints. Patients' questions ask if information is displayed clearly advising on how to make a complaint and if people know how to raise a concern or complaint. Staff ask how teams learn from complaints and how important information about complaints is disseminated to the team.	Complaints are one of 8 performance indicators in peer reviews relating to stakeholder feedback and there is a question regarding complaints information for patients (environment/site visit) staff, team leaders and as part of the closed culture metrics. An estimated 118 reviewers have responded to these in the last year, 1 April 2023 to 31 March 2024.
The new Complaints and Feedback Manager joined the Trust on 5 April 2023. During his induction period to meet with divisional clinical leads and managers to get an understanding of teams' complaints knowledge and experience and any gaps will be identified and a training offer given.	The Complaints and Feedback Manager discussed each division's needs with service managers and clinical leads during his induction period and now meets them all regularly as part of the oversight and approval processes for complaints, both 1:1 and in governance meetings, where any gaps and outstanding concerns or suggestions for improvement are identified and acted upon. A full training package has been developed (see 3.6) and group training sessions for investigators, including professional development days, are now being booked on a regular basis.
Complaints and Feedback Team to attend a future Senior Leadership Forum to refresh staff on the complaints and feedback process.	The Complaints and Feedback Manager gave a presentation on the complaints process at a Governor Development Day, which included executive management in attendance. A basic awareness training package has been developed (see 3.6) and the offer is available to all staff, including senior management, every other month via lunch and learn sessions.



### 3.5 Compliments

Patients, service users, carers and families sometimes compliment our staff offering their gratitude and thanks for the wonderful services they provide. The Trust received 303 compliments for the period 1 April 2023 to 31 March 2024, which compares to 243 compliments received for the previous year. Graph 8 below informs on which division the compliment relates to and the type of compliment received.

**Graph 8 – Compliments received by division and subject**  
1 April 2023 to 31 March 2024



### 3.6 Complaints and Feedback Training Offer

The Complaints and Feedback Team are now offering an enhanced two-tier staff training package, designed to ensure that staff are informed with regular and up-to-date information about the complaints process, and to ensure they are equipped with the necessary knowledge and skills to handle complaints and concerns as they arise. The *Basic Complaints Awareness* course is a 30-minute lunch and learn session held over Microsoft Teams which runs on a bi-monthly basis (launched September 2023). It is aimed at all staff in the organisation and diary invites are sent out to every staff member by the Communications Team. The objective of the course is to provide staff with a good awareness of the following:

- The different types of complaint.
- The different ways in which individuals can make a complaint.

- The complaints investigation process and how this works, including *The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009*.
- The importance of local resolution, wherever this is possible.

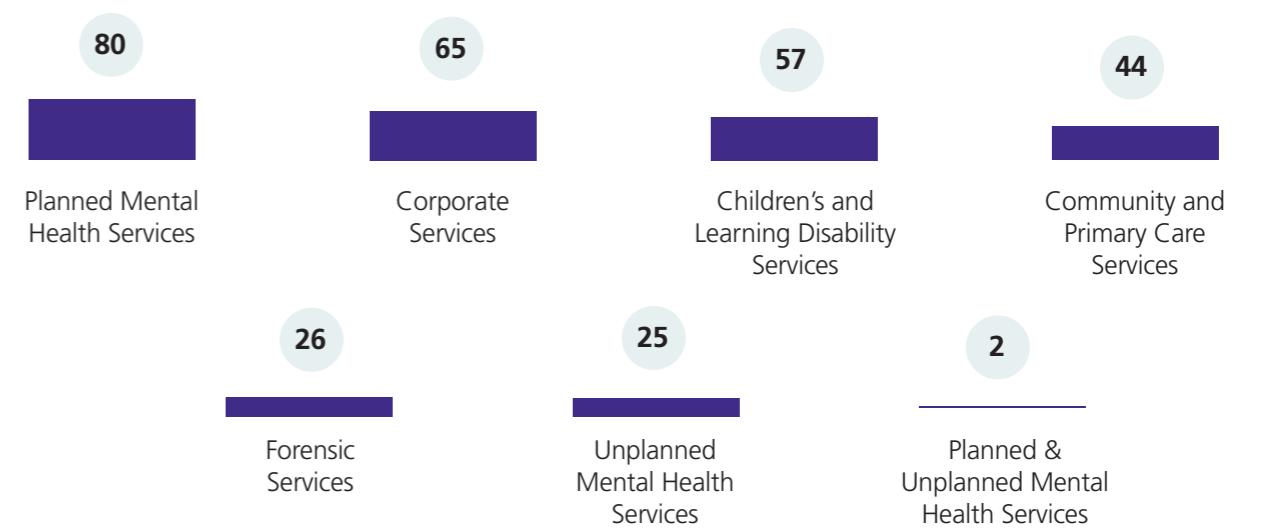
To strengthen the complaints awareness training session, in accordance with the Zero Complaints recommendations (see 3.4.1) around ensuring patients and carers know how to make a complaint or raise a concern, the session now also includes a section on Zero Complaints and appropriate dissemination of complaints information to patients and colleagues.

Also, to strengthen the recording of compliments in our reporting, there is a section around what constitutes a compliment and a video on how to record a compliment. Please click on the following link to access the film <https://www.youtube.com/watch?v=hTgBttYpjfk>

The *Complaints Investigation and Resolution* course is a more in-depth session aimed at those staff who may lead on or support with formal complaint investigations. Sessions are booked via the Complaints and Feedback Team and can be held either virtually or face to face. The objectives of the course are to ensure that anyone involved with a formal complaint understands:

- The investigation process from beginning to end.
- What a good investigation looks like.
- The rules and process for gaining consent.
- Duty of candour and admitting when we get it wrong.
- The importance of a sincere apology.
- Alignment with Trust policies and procedures including Information Governance (IG), patient safety and safeguarding.

**Graph 9 – Total complaints training numbers by division**  
1 April 2023 to 31 March 2024



# 4.0

## Priorities for 2024/25

The table below includes a broad overview of some of the patient and carer experience, engagement and involvement priorities that will be delivered over the next twelve months and focuses on key Trust wide priorities together with a snapshot of the divisional priorities which are included in the new PACE Five Year Forward plan.

Goals	Enhancing prevention wellbeing and recovery	Innovating for quality and patient safety	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
PACE Themes	Our Care		Our Partnerships		Our Workforce and Organisation	
Trust wide	We will strengthen our approach when developing actions in response to all surveys and will co-produce actions with people who use our services and those who care for people who use our services.		We will continue to support and contribute to the Humber and North Yorkshire Integrated Care Board (ICB) engagement project 'A Good Experience' to help inform the development of a Communications Engagement Charter.		We will continue to work with staff across Corporate and Clinical divisions to maximise engagement and involvement to ensure feedback from surveys is understood, acted upon and affectively communicated to all relevant stakeholders.	
	We will strengthen the recruitment process for the Experts by Experience opportunity where we pay people with lived experience for their time and commitment in supporting service developments and specific projects.		We will continue to support the wider Integrated Care System (ICS) and attend the Humber and North Yorkshire ICB Experience of Care Group to network and share Place and provider based intelligence and insight across the system to inform quality improvement and share learning.		We will continue to recruit Panel Volunteers to support the Trust's recruitment process.	
	We will strengthen the Trust's Friends and Family Test (FFT) process by monitoring response rates across all divisions and teams with low/no feedback will implement actions to address.		We will (divisional engagement leads and the Patient and Carer Experience team) continue to align annual Patient and Carer Experience Development plan priorities to the Patient and Carer Experience Five Year Forward Plan divisional and Trust wide milestones for year 2.		We will continue to market the Patient and Carer Experience Training programme to raise the profile of involvement in Trust activities.	
	We will launch a new Power BI FFT dashboard which will be accessible for all staff to review thematically analysed feedback. This will enable teams to celebrate positive feedback and implement Quality Improvement Charters where improvements are required.					

Goals	Enhancing prevention wellbeing and recovery	Innovating for quality and patient safety	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
Trust wide	We will strengthen our Patient and Carer Experience forums membership.					
Children's and Young People's Services	We will improve the space used by children, young people, and their families, taking into consideration reasonable adjustments to ensure they are welcoming, friendly, and inclusive in (Walker Street/West End Waiting Room Improvements).		We will co-produce a Children's and Learning Disability Divisional Website that is highly accessible and inclusive.		We will deliver Connect and Share sessions to promote shared learning, innovation and good practice across the children's and Learn Disability Division.	
Forensic Services	We will ensure the patient council "Our Voice" is heard and is part of the division's governance structure.		We will continue to develop links and partnerships with external education and training facilities.		We will continue to develop the recruitment process ensuring service users are involved in all recruitment and interviews for new staff in the division.	
Primary Care, Community Services and Addictions Services	We will increase the number of service users involved in co-production and will discuss progress at the Clinical Network meetings.		We will attend regular (bi-monthly) Partnership meetings led by the Public Health team, East Riding of Yorkshire Council.		We will develop a process to ensure every new volunteer/peer mentor receive the Trust's Trust activities information poster to strengthen our engagement and involvement offer.	
	We will act upon patient feedback received from the 2024 GP survey.		We will continue to attend Patient Participation Groups (PPGs) across all three Trust Practices, to ensure there are effective PPGs in place to support the wider patient population, contributing to a better overall experience.		We will work with volunteers to co-produce a refreshed and strengthened website for our 3 GP practices.	
Mental Health Services	We will embed patient stories within Mental Health services through case study, video and in person options for key meetings such as Crisis Care Concordat, Community Mental Health Team Transformation and Clinical Governance.		We will design a Carers Information Card for Carers (somebody who the patient/service user/child or young person relies on for emotional support and/or to support with daily activities).		We will develop and promote a co-production toolkit for the Mental Health Services division.	
Learning Disabilities	We will work with people with a learning disability and families to continue to develop a range of processes, to collect and collate feedback to ensure that experiences and expertise shape service delivery.		We will collaborate with the Partnership and Strategy team to support the Health Inequalities project (the Learning Disabilities Community Hub).		We will introduce a process to ensure all teams have co-production awareness sessions delivered as part of their training requirement.	

# Appendix 1:

## Overview of the Trust's GP Patient Survey Results for 2023

DOMAINS												
	1		2		3		4		5		6	
	Good overall experience of this practice		Easy to get through to this practice by phone		Good overall experience of making an appointment		Satisfied with the general practice appointment times available		Helpfulness of receptionists at this GP practice		Offered a choice of appointment when last tried to make a general practice appointment	
	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
<b>National</b>	72%	71% ↓	53%	50% ↓	56%	54% ↓	55%	53% ↓	82%	82% ↔	59%	59% ↔
<b>ICS</b>	76%	74% ↓	55%	52% ↓	60%	57% ↓	58%	54% ↓	85%	85% ↔	62%	61% ↓
HTFT Practices												
<b>MWP</b>	42%	51% ↑	23%	27% ↑	35%	33% ↓	38%	33% ↓	64%	80% ↑	59%	51% ↓
<b>KS</b>	57%	66% ↑	20%	38% ↑	32%	45% ↑	32%	43% ↑	83%	88% ↑	53%	41% ↓
<b>HPC</b>	68%	56% ↓	28%	6% ↓	32%	26% ↓	79%	28% ↓	79%	77% ↓	59%	39% ↓

DOMAINS													
7		8		9		10		11		12		13	
Patients satisfied with the appointment offered		The healthcare professional was good at giving the patient enough time		The healthcare professional was good at listening to the patient		The healthcare professional was good at treating the patient with care and concern		The patient was involved in decisions about their care and treatment		The patient had confidence and trust in the professional they saw or spoke to		The patient's needs were met	
2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023	2022	2023
72%	72% ↔	83%	84% ↑	85%	85% ↔	83%	84% ↑	90%	90% ↔	93%	93% ↔	91%	91% ↔
75%	75% ↔	86%	86% ↔	87%	87% ↔	86%	87% ↑	91%	92% ↑	94%	94% ↔	93%	92% ↓
HTFT Practices													
55%	54% ↓	66%	72% ↑	72%	67% ↓	78%	75% ↓	93%	78% ↓	85%	86% ↑	88%	91% ↑
55%	63% ↑	67%	80% ↑	89%	84% ↓	90%	82% ↓	87%	95% ↑	95%	91% ↓	92%	92% ↔
64%	62% ↓	88%	81% ↓	86%	86% ↔	85%	84% ↓	92%	87% ↓	92%	89% ↓	92%	86% ↓

This forward plan is available in alternative languages and other formats including Braille, audio disc and large print by contacting us in the following ways:


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If you would like any further information relating to the implementation of this forward plan please contact the Patient and Carer Experience Team as follows:

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