

Patient and Carer Experience

Annual Report (2022/2023) including Complaints and Feedback





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1.0

Executive Summary

The Patient and Carer Experience Annual Report (Apr 2022 to March 2023) including the Complaints and Feedback service provides an overview of the work carried out across the organisation over the past year to support the patient and carer experience and engagement 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.



1.1 Patient and Carer Experience

We continue to host regular forums to enable patients, service users, carers, staff and partner organisations to be actively engaged with the Trust. Over the past year there has been a significant increase in the number of involvement and engagement groups that our communities can access to share their experience and get involved in Trust activities.

Last year saw the launch of the Patient and Carer Experience Training programme where individuals are now able to access several training resources to develop their knowledge when getting involved in Trust activities. The Trust held a celebration event in October 2022 to present a certificate and hamper of gifts to members of the public and staff who have completed the full training programme.

The Trust continues to invest in the Patient and Carer Experience agenda. The strategic Patient and Carer Experience team is supported by operational engagement and involvement leads who are embedded in the Trust's four clinical divisions.

In January of this year the Trust launched the Expert by Experience (EbE) opportunity. 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.

During this year the Trust has participated in two national surveys; the GP Patient Survey 2022 (from January 2022 to April 2022) and the Community Mental Health Service User Survey 2022 (from February to June 2022). Findings from the surveys provide qualitative and quantitative data to help the Trust map the previous year's scores against the current year to see where good progress is taking place and identify areas for improvement.

89.9%
of people were satisfied with the care the Trust provided



A robust governance process is in place to track action plans and associated improvements as they develop.

The national mandated Friends and Family Test (FFT) is the largest survey that the Trust asks patients, service users and carers to complete. This year the Trust received a total of 16,911 responses and of those responses 89.9% of people were satisfied with the care the Trust provided.

Earlier this year, the Trust commenced phase 2 of the Scale, Spread and Embed national project which involves digital processing of Friends and Family Test (FFT) data to drive improvements in patient experience. This is phase 2 of a 3-year project. The project builds on the Imperial College experience and aims to test and evaluate the usability of the Natural Language Processing (NLP) technology in combination with QI methodology across a range of NHS Trusts to improve patient experience. An algorithm has been built into the Trust's FFT Dashboard to show thematic analysis of the FFT feedback responses (positive and negative) at team level. The Market Weighton Practice is the Trust's pilot site for this initiative and has developed seven Quality Improvement Charters because of the thematic analysis. The Trust will roll out the initiative to the remaining GP practices in the Spring 2023 followed by all other teams later in the year.

The Humber and North Yorkshire Integrated Care System (ICS) is one of

six areas to be chosen to work with NHS England and the Kings Fund on an engagement project. The Trust is one of five organisations leading on this work and will be working with all ICS organisations across Humber and North Yorkshire to develop a shared vision for experience.

There is more evidence of inequalities in how people access healthcare, and the outcomes realised as a result. To help us to understand who is accessing our services and their needs, November 2022 saw the launch of an enhanced data collection template and supporting patient/staff information booklet. By asking demographical questions will help us to better identify what certain groups need attention and the most help. It will also help us to better personalise interactions and conversations with patients.

1.2 Complaints and Feedback

The report provides an overview of the Complaints and Feedback service for the twelve-month period. Analysis of the themes from complaints and concerns is used to identify areas for learning to improve patient experience. In addition, the information gathered is compared with other patient experience feedback. All feedback from complaints is shared with the relevant service area to enable teams to share positive feedback and consider suggestions for improvements made by patients, service users and carers.

1.3 Patient and Carer Experience Strategy (2018 to 2023)

The strategy includes twelve priorities (all of which underpin the Trust's six organisational goals) and are the focus for the Trust's five-year Patient and Carer Experience action plan. These include:



2.0

Achievements over the last year

This report includes achievements made across the organisation to support the patient and carer experience and engagement agenda over the past twelve months. The achievements have been aligned to the Trust's six strategic goals.



2.1 Forums and Groups

The Trust hosts a variety of forums and groups to enable patients, service users, carers, staff, partner organisations and members of the public to have a voice and raise awareness of patient and carer experience including the following, however this is not an exhaustive list.

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.

Humber Youth Action Group (Youth Board)

To effectively embed young people's involvement and engagement, it is vital to create a culture in which young people's opinions and contributions are recognised, valued, and acted upon. The Humber Youth Action Group provides a platform for young people between the ages of 11 and 25 in the Hull and East Riding area to get together every three weeks to share their thoughts, feelings and experiences to help improve healthcare services for themselves and others.

Here are some of the Trust activities HYAG members have been involved with over the past year:

- Co-produced a promotional animated film to encourage more young people to join the HYAG.
- Updated the HYAG induction pack which is sent to young people who are interested in joining the group.
- Co-produced a passport which is being used by Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services to support young people when transitioning between the two services.
- Supported with the development of a film for the launch of the new Trust strategy.
- Recruited the Modern Matron post for Child and Adolescent Mental Health Services (CAMHS) (Inspire and Acute services).
- Co-produced a meaningful social media campaign for Children's Mental Health Week that would resonate with other young people.
- Supported the Health Care Assistants interviews for the Inspire Inpatient Unit.
- Developed a Humber Youth Recovery College platform.
- Co-produced the new Children's Neurodiversity Front Door website.



Patients Council “Our Voice”

The Forensic Services Patients Council has been re-established and is meeting on a monthly basis.

Adult Mental Health Co-production Group

This group now has over 100 members on the network. The group 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.

Crisis Involvement and Action Group

This group has evolved, and membership now includes the Yorkshire and Humber patch to support the work of the Urgent and Emergency Care (U&EC) steering group. Moving forwards the group will be entering into discussions around specific areas of work to inform the U&EC steering group as well as working on their own initiatives.

Reducing Restrictive Interventions Co-production Group

The group has been established to provide service users, carers and staff with a space to talk about restrictive practice, examples include; the sharing of experiences, training opportunities, identification of restrictive interventions, practices and blanket rules and conflict reduction ideas to improve people’s experiences.

The Patients Council has developed and introduced a new approach to “You Said, We Did”

The “Our Voice” group has created a document which goes to the Forensic Services Clinical Network meeting following a council meeting. The council gets an immediate response to any issues/requests raised and the division is kept up to date with live feedback.

“I feel like we are getting somewhere now, management are listening.”

Patient Council member

Older People’s Feedback Groups

The Mental Health Services division engaged with those over the age of 65 to listen to their experiences of accessing older people’s mental health services ahead of any potential transformation work within the service. Through being involved in this work, service users, patients, carers and families feel that they have been heard. Feedback has been gathered from focus groups held across Hull and East Riding and through visits to support groups for those with memory loss such as the East Riders group and the Butterflies group in Hull.

Feedback from individuals involved in Trust Activities in the Mental Health Services division include:



“It’s given me the choice to do something positive rather than complaining”.

“It gives me a better understanding of what goes on in mental health services”.

“It means my opinion matters”.

“It’s useful to help shape/ influence services for the benefit of those that use them”.



“ Patient case study:

Harthill Primary Care Mental Health Network, step up to a Community Mental Health Team

Initially I had a medication review and I had to call the nurse and they said I was doing fine. After that, I took an overdose and ended up in hospital and then I was referred to the Primary Care Mental Health Network. I couldn’t get out of bed and I was struggling but I got a quick appointment with the mental health nurse from the network. I felt so listened to, I know sometimes hospital Mental Health Services can be quite abrupt but she was mint she was so mint, and she really listened. I felt so heard and she helped me get to the Community Mental Health Team (CMHT). Even through the Network wasn’t the right pace for me, and I needed more than primary care, she said she would do everything she can to get me to the right place. I have Borderline Personality Disorder (BPD) and as soon as people hear that they say it’s not my job. Before lockdown and during I called up for help, they said you can go to ‘Let’s Talk’ but they wouldn’t help me because of my BPD diagnosis.

They passed me to the Emotional Wellbeing Service and they told me to call rapid response and I got localised therapy but it was only 12 sessions. When I got to the Primary Care Mental Health Network, it was the first time in years that I’ve not been sent from pillar to post, the next day she called me and told me that I had been stepped up to the CMHT. She was a star and so human, she listens well and offers her own insight. She said that if I needed any support while I was waiting to be seen through the CMHT that I just needed to call. I live with my dad and around the same time as I was having problems, my dad had problems too and he saw the help I had through the network and now he is getting some support too. I don’t have prejudice about people who work in mental health services and I have had some positive experiences with mental health staff in the past but this is one that has changed my perspective. At a time when I was feeling really hopeless, she gave me hope.

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2.2 Surveys

The Trust gathers feedback about the services it provides by reaching out to patients, service users and carers. From the feedback received, it helps us to understand how effective our services are and identifies areas for improvement.

Friends and Family Test (FFT) Survey

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 16,911 completed surveys received during the year, 89.9% of patients had a positive experience of or services. Here is a snapshot of some of the feedback:

"Gained a well established rapport and I can feel like I can talk to you."
Addictions Services

"Everything, the care was amazing nothing was too much trouble I would like to thank everybody for putting me where I am today."
Community Services

"Because you helped me understand the problems I was having and my disabilities. You helped me understand in detail. You put me in a better place, to the point I'm more happier."
Learning Disabilities Services

"Helped me learn how to control my anxiety."
Children's Services

"Given the support I needed to recover."
Mental Health Planned Services

"Staff are nice and friendly."
Forensic Services

"Reassured that I would be safe and would receive the care that I needed."
Mental Health Unplanned Services

"Marvellous service today, as always from everybody at the practice."
Primary Care Services



Mental Health Inpatient Survey

Over the past few years the Trust has participated in a national Mental Health Inpatient survey. The survey was not compulsory and provided qualitative feedback from service users staying in our inpatient units and the Trust's results are benchmarked against all other organisations participating in the survey. More recently, the number of providers taking part in the survey has reduced, therefore the benchmarking data has become less meaningful. To this end, the Trust has embarked on developing its own version of the survey in house. A working group was implemented earlier this year to support with the development of the Trust's new survey, which has been fully co-produced with patients, service users, carers and staff. It aims to capture not only any areas of concern and importance identified through the former national survey but also areas of importance to those using and providing services.

A period of consultation and testing with the working group was completed and a pilot commenced in January for three months. The purpose of the pilot is to understand uptake, to ensure that any issues with accessibility could be addressed and that the format of the survey was user friendly. Also, to ensure that any technological issues were identified and addressed prior to the launch of the survey. The survey will be delivered in two parts, one to be completed during service users' time on a ward and the second to be completed post discharge.

The survey will launch fully in the Summer of 2023 with six monthly reporting and action tracking where issues are identified.

Community Mental Health Service User Survey (2022)

The Trust participated in the survey between February and June 2022. The report captures patient views and perceptions of the care they received whilst receiving community mental health services. The Community Mental Health Service User Survey working group continues to meet on a regular basis to identify and implement actions to address areas where improvements can be made.

In comparison to all Trusts surveyed by IQVIA, the Trust scored above the highest 80% threshold for six questions, four questions scored in the bottom 20% and most scores sat in the intermediate 60%. A presentation on the results was delivered by IQVIA at the Trust's March 2023 Board meeting.

During 2021 a pilot was conducted to analyse the feasibility of transitioning the CMH service user survey to a mixed-mode methodology. Service users were offered the option of completing the questionnaire either online or by paper. Text message (SMS) reminders were sent containing a direct link to the online survey. As a result of the pilot, the 2023 CMH service user survey will be implementing a push-to-web mixed-mode methodology. Responsibility for the coordination of the survey will be transferred to the Coordination Centre for Mixed Methods. Changing the way we ask for patient feedback will change the way people respond and will make results from the 2023

survey incomparable to previous years. Therefore, this is providing an opportunity for the Centre to review all aspects of the way the survey is run and the questionnaire will be undergoing significant revision this year.

Key work underway to make improvements on the survey feedback

- Person-Centred Care Planning.
- Changes to the ways that crisis calls are processed.
- A question has been added to the My Assure Audit tool, which will enable monitoring of the use of the 'All About my Medication' document.
- A new Family Inclusive Care Co-ordination Refresher package has been developed.
- Focus groups introduced to gain a more detailed understanding of service user experience of crisis care.
- Work is underway to provide thematic analysis for the Friends and Family Test, so that themes can be easily identified from the data (refer to the Scale Spread and Embed initiative in item 2.15.1). This information will be triangulated with the CMH Service User survey feedback to enable specific targeted actions for improvement.

National GP Patient Survey

The GP Patient Survey assesses patients' experience of healthcare services provided by GP practices, including experience of access, making appointments, the quality of care received from healthcare professionals, patient health and experience of NHS services when their GP practice was closed.

The most recent survey took place from January to March 2022. The results are on the following website: www.gp-patient.co.uk/.

At the time of the survey taking place the Trust had 8 GP practices. Refer to table (1) below which provides a quantitative overview of the Trust's GP Practices' survey results for 2022 in comparison to 2021.

Five questions are included in the table and confirm:

- 12 scores are higher than last year
- 25 scores are lower than last year
- 3 scores remain the same, year on year

Table 1: National GP Patient Survey: By Practice 2021 v 2022

Questions	ICS		National Average		Fieldhouse		King Street Medical Centre		Manor House		Market Weighton		North Point		Peeler House		Practice 2 - Bridlington*		Princes Medical Centre	
	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	2021	2022	
% of patients who describe their experience of making an appointment as good	60%	46%	56%	57%	62%	38%	32%	66%	32%	46%	35%	73%	59%	72%	84%	63%	38%	65%	56%	
Your last appointment																				
% of patients who say the healthcare professional they saw or spoke to was good at listening to them during their last general practice appointment	87%	89%	85%	90%	91%	84%	89%	94%	86%	82%	72%	89%	75%	88%	98%	86%	80%	89%	87%	
% of patients who say the healthcare professional they saw or spoke to was good at treating them with care and concern during their last general practice appointment	86%	88%	83%	90%	90%	83%	90%	93%	85%	83%	78%	89%	81%	82%	93%	83%	81%	85%	88%	
% of patients who were involved as much as they wanted to be in decisions about their care and treatment during their last general practice appointment	91%	93%	90%	91%	94%	90%	87%	92%	92%	93%	93%	90%	81%	86%	93%	86%	83%	90%	94%	
Overall experience																				
% of patients who describe their overall experience of this GP practice as good	76%	58%	72%	78%	77%	58%	57%	65%	68%	58%	42%	85%	63%	83%	91%	82%	59%	83%	74%	

12/40 higher than last year's score
25/40 lower than last year's score
3/40 same as last year's score

*acquired surgery during 20/21

Table 2: National GP Patient Survey: GP Practices v National Results

Questions	National Average	Fieldhouse	King Street Medical Centre	Manor House	Market Weighton	North Point	Peeler House	Practice 2 - Bridlington	Princes Medical Centre
	2022	2022	2022	2022	2022	2022	2022	2022	2022
% of patients who describe their experience of making an appointment as good	56%	62%	32%	32%	35%	59%	84%	38%	56%
Your last appointment									
% of patients who say the healthcare professional they saw or spoke to was good at listening to them during their last general practice appointment	85%	91%	89%	86%	72%	75%	98%	80%	87%
% of patients who say the healthcare professional they saw or spoke to was good at treating them with care and concern during their last general practice appointment	83%	90%	90%	85%	78%	81%	93%	81%	88%
% of patients who were involved as much as they wanted to be in decisions about their care and treatment during their last general practice appointment	90%	94%	87%	92%	93%	81%	93%	83%	94%
Overall experience									
% of patients who describe their overall experience of this GP practice as good	72%	77%	57%	68%	42%	63%	91%	59%	74%

21/40 - higher than national average
18/40 - lower than national average
1/40 - same as national average

Refer to table (2) which compares the Trust's GP Practices results to the national results. On comparing 2022 results to 2021, the following observations have been made;

- 21 Trust scores are higher than the national average
- 18 Trust scores are lower than the national average
- 1 score is the same as the national average

Each GP practice has developed an action plan to address questions of concern and will continue to address and implement the actions identified.

Primary Care Feedback Analysis

A critique to triangulate qualitative and quantitative analysis of feedback relating to the Trust's GP practices including Friends and Family Test (FFT) survey responses, complaints, and compliments for period December 2021 to May 2022 took place to better understand peoples' experiences when attending the Trust's GP practices.

To summarise; appointments, communication, values and behaviours of staff and patient care are dominant themes across GP practices. Issues include getting an appointment to see a clinician; from getting through on the appointments line, to receiving the type of appointment of choice (virtual or face to face), to the appointment being cancelled or not on time. There are instances where values and behaviours of staff including communication are a concern and feedback highlights that staff could improve their communications processes when people are waiting to see a clinician or are waiting for results. Once people attend their appointment, most appear happy with the service they receive and there is a lot of positive feedback (compliments and FFT responses) to confirm how friendly, warm, professional, and considerate the Primary Care staff are and what an efficient service is provided.

2.3 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.

We are honoured to share with you a patient case study from Maisy about her experience with the Humber Youth Action Group (HYAG). Maisy has accessed our Child and Adolescent Mental Health Services (CAMHS) services and joined HYAG because she wanted to make a difference and help improve young people's access to mental health support. Here, Maisy shares her views on what being part of HYAG means to her.

HUMBER YOUTH ACTION GROUP CASE STUDY

MAISY, HYAG MEMBER

Hi! I'm Maisy, a 22-year-old Psychology student at University.

WHAT WAS YOUR MOTIVATION TO JOIN THE HYAG?
I was motivated to join the group after reading about it online. As a Psychology student I have a passion for mental health and wellbeing, so I am very interested in getting involved in improving the services available to support people in any way possible! I am also very keen to improve the experiences of young people in seeking both physical and mental health support after some negative personal experiences.

WHAT HAVE YOU ENJOYED THE MOST SO FAR?
I have really enjoyed getting to speak to healthcare professionals from all different roles and getting an insight into what they do. One of my most memorable moments in the group is getting to sit on the interview panel for new Health Care Assistants at the Inspire unit, as this was a very unique opportunity that I am very grateful for.

HAS IT DEVELOPED YOUR SKILLS AND KNOWLEDGE?
Yes, it has! I have learnt a lot more about the inner workings of the healthcare system, and the different roles people do to keep it going. I have developed my skills in speaking with professionals and having the confidence in myself to volunteer for opportunities I would have been too scared to partake in previously.

HAS BEING A MEMBER OF THE GROUP HELPED YOUR STUDIES AND TO DEVELOP YOUR CAREER EXPERIENCE?
I believe it has, yes, as I am certain I want to work for the NHS, and I think that the group has given me a foot in the door that I would not have had previously.

WOULD YOU RECOMMEND THE HYAG TO OTHERS?
Yes, definitely!





HYAG IS AN INCREDIBLY SUPPORTIVE ENVIRONMENT WITH EXCLUSIVE OPPORTUNITIES

Priority three:

Continue to strengthen our involvement with patients, service users and carers in decisions about their carer.



Priority four:

Further involvement with patients, service users and carers in Trust activities and influencing the organisation.

2.4 Co-Production Stamp

Since the launch of the co-production stamp, there have been 28 pieces of work approved for the logo to be added. Every piece of work awarded the logo goes into a prize draw which takes place at every Staff Champion of Patient Experience forum and the winning team receives a £35 voucher.

Here are the winners of the past year's draws:

- Recovery Champions Resources (Engagement Lead, Mental Health Services)
- Patients Council "Our Voice" (Humber Centre)
- Trust Strategy (Partnerships and Strategy Team) – here are the goodies the team bought with their winning voucher...



New work which has been developed in partnership with patients, service users, carers and individuals with lived experience can display our Trust's Co-production logo. It 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.



2.5 Family Inclusive Care Co-ordination Refresher Training

The training is for staff who have already completed the one-day Family Inclusive Care Co-ordination workshop. The aim is to remind clinicians of the key reasons for working in partnership with families, carers, and significant others, including an understanding of the risks of not working in partnership with families, carers and significant others. Participants are invited to watch a video of the brother of a service user who took her own life being interviewed at a Trust Board meeting.

He gives a moving account of his experiences and shares his thoughts about how our services can learn, and have learned and developed, from these experiences. As they listen, staff are asked to reflect on and then discuss, how they feel, the key messages, and how their learning will influence their practice.

Here are a few of the comments received from staff attending the refresher training:

"It was very valuable to listen to the voice of a family member."

"It's difficult to hear it, but it's a learning experience and we've got to move forward from this."

"...thought provoking video..... reminding us what we do and why we do it."

"It is so sad that another life has been lost when [service user] was seeking help. We need to be honest about our contacts with relatives and document all conversations. We are sharing decisions more often and we need to take time to make quality decisions rather than rush through tasks."

"We need to be moving away from the language that we can't talk to families.... We share information much more now."

"It continuously reminds us that there's a person involved and we don't often see the aftermath for the family when something like this happens."

"It doesn't get any easier watching this video, but I don't want it to get any easier....It's a reminder to listen to families."

2.6 Carers Forum, Forensic Services

To increase positive engagement with family and friends, discussions are in place to develop a Carers Forum and this will be chaired by an independent volunteer. Letters are going out to families and friends to seek interest before the first meeting is set up.

2.7 Experts by Experience (EbE)

In January of this year the Trust launched the EbE opportunity. 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.

2.8 Patient Safety Partners (PSPs)

PSPs are patients, carers, family members or other lay people who are recruited to work in partnership with staff to influence and improve the governance and leadership of safety within an NHS organisation. Following NHS England/Improvement's framework for involving patients in patient safety in line with the strategic intentions outlined in the national patient safety strategy published in 2019, the Trust has recruited one PSP to support the patient safety agenda and is looking for more volunteers to participate in this agenda.

2.9 Research Champion as Recovery College Facilitator

One of the Trust's Research Champion's (person living with dementia) has become a Recovery College Facilitator and is leading a 'Living with Dementia' workshop which also includes the benefits of research participation with the module. The course has been delivered as part of the Recovery College Summer 2022 prospectus and is open to patients, services users and carers. At the workshop people share their experiences, knowledge and handy tips.

2.10 Forensic Services Dining Experience

Working in partnership with Hotel Services patients and staff have been working together to improve the food and dining experience. Taster sessions have been offered and agreement made for two members of staff to eat with service users free of charge. Also, agreement has been made for two DAB radios to be used during mealtimes to provide some background music.

Tablecloths and dressed tables have been introduced, as well as themed days to the dining room timetable and menu and both dining rooms are to be redecorated.

Improvements to the dining experience have brought about positive outcomes for both staff and patients

Patients reported that they feel the service has listened and actively responded to the concerns they raised. The food and experience is improving and everyone has been motivated to participate and be involved in promoting the changes.

Staff are hoping that patients will continue to want to come to the dining rooms and will continue to support the positive changes and future improvements.

"I've loved being part of this, the food has been fantastic."

Patient from the Humber Centre



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"I thought this was a fantastic session, myself and my mum who are new to the world of Alzheimer's/dementia benefitted massively, especially from hearing Wendy speak about her experiences. We took a lot of information from this and it's made us feel extremely optimistic moving forward with my dad's diagnosis. A super friendly group and lots of nice friendly faces. I was put straight a ease. Thank you for this course."

Person who attended the Living with Dementia workshop

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Priority five:

Ensuring that at all times we provide information that is accessible.

3
Fostering integration, partnerships and alliances

Priority six:

Working and collaborating with other organisations to share learning and best practice.

2.11 Equality, Diversity, and Inclusion

Over the past year the Trust has been delivering on the patient, service user and carer priorities identified in a workshop that took place on 7 April 2022. The priorities include:

- To increase the voice of individuals from all backgrounds by offering more flexibility and different approaches when engaging with the Trust.
- To improve digital inclusion methods to support individual needs.
- To further develop systems and processes to encourage young people to actively engage with the Trust.

- To continue to strengthen data collection processes to better understand the demographics of the people accessing our services.

There are several initiatives either underway or have been launched, as follows:

Demographical data collection

In November 2022 the Trust launched a clinical template for collecting demographical data including protected characteristics and health inequalities. The template has been designed to improve the quality of demographical data reported into the Trust's clinical systems. It is anticipated that this additional template will support staff to ask more qualitative questions about

an individual's protected characteristics and/or health inequalities. By asking additional questions will provide the Trust with more robust demographical data about our patients and service users which will help to inform the Trust on who our patients and service users are. This will help the organisation to engage and involve our wider community in Trust activities.

Accessible Information Standard (AIS)

The Trust has strengthened the organisation's Brand Centre by introducing guidance on writing Accessible Information, designing patient information and offering information in alternative formats. Two training films have been produced to inform staff on how to record accessible information needs in the Electronic Patient Record (EPR).

For the period April 22 to March 23 the Trust received one formal complaint where the complainant stated that their appointment letter did not provide an alternative communication option to the telephone. This complaint was upheld. As a result of the complaint the Customer Access Service (CAS) teams have added an email address onto their letters templates in compliance with AIS legislation.

Hull Pride

The Trust supported Hull Pride 2022 by facilitating a stand at the event and participating in the Pride march across the city. A few young people attended the event to represent the Trust from the Trust's Humber Youth Action Group (HYAG) and Social Mediation And Self Help (SMASH) team.



HYAG member's experience attending Hull Pride

One member of the HYAG is quite shy and has accessed Trust services for support around anxiety. She has experienced bullying in school and has limited friendships. The Engagement Lead for Children's Services has observed both her confidence and self-worth grow over the time she has been a member of the group.

Attending the Hull Pride gave her an opportunity to meet other members for the first-time face to face. Throughout the day she spent time getting to know three other HYAG members and participating in learning opportunities at the event. The whole time she had a smile on her face, and expressed how much she had enjoyed the day. She even had the confidence to talk to other young people about her positive experiences as a HYAG member.

After the event she developed a good friendship with another member of the group, and they continue to keep in touch and support one another. Her mother has also shared that she is thrilled with her daughters growing confidence and she feels that this is down to the positive experiences she is having within the group, and finally feeling that her voice is being heard and valued.

"It has been a huge privilege to see this young person's confidence grow and her become such a valued member of the group. She has embraced new projects, putting herself forward with a 'can do' attitude and is an inspiration to others."

The Engagement Lead for Children's Services

Reaching out to diverse groups for participation in research:

Work continues to connect with individuals from diverse groups to actively involve them in research initiatives.

- As part of the Yorkshire and Humber Regional Team, which is hosted by the Trust, a Research Nurse for the Eastern European community was appointed during this year.
- The Trust is a partner in 'Hull Research Ready Communities', working closely with the 'Ethnic Minority Research Inclusion' group and associated Reverse Mentoring programme led by the Yorkshire and Humber Clinical Research Network.
- The Trust's Research Team continues to connect with local communities, including the Peel Project and the Hull Afro-Caribbean Association.
- Ethnicity is recorded on the EDGE research database, where the information (as part of a regional project) enables comparison of population proportions of minority ethnic groups to the proportions of participants from these communities that are recruited into National



Institute for Health and Care Research (NIHR) portfolio research in the region.

My Research Journey: The following animations have been co-produced in different languages to reach out to more diverse groups for involvement and engagement.

- Humber Teaching NHS Foundation Trust – [My Research Journey \(English Subtitles\)](#)
- Humber Teaching NHS Foundation Trust – [My Research Journey \(Urdu Subtitles\)](#)

- Humber Teaching NHS Foundation Trust – [My Research Journey \(Urdu Audio Only\)](#)
- Humber Teaching NHS Foundation Trust – [My Research Journey \(Urdu Audio and Visuals\)](#)
- Humber Teaching NHS Foundation Trust – [My Research Journey \(Polish Subtitles\)](#)
- Humber Teaching NHS Foundation Trust – [My Research Journey \(Arabic\)](#)

Priority seven:

To expand our staff knowledge and understanding of patient, service user and carer experience and how that influences their practice.



Priority eight:

Making patient and carer experience the business of all Trust staff.

2.12 The Trust continues to engage and involve staff as equal partners in the Patient and Carer Experience agenda

The Patient and Carer Experience team continues to raise awareness of the PACE agenda by delivering presentations at;

- Trust induction days and preceptorship training sessions for new staff
- Team/directorate meetings/divisional meetings
- Divisional clinical governance meetings
- Divisional clinical network meetings
- Trust wide awareness sessions
- Annual Members Meeting

2.13 Patient and Carer Experience (PACE) Training Programme

This is the first training programme to be launched by the Patient Experience Team and is in collaboration with the Trust's Recovery and Wellbeing College. It was launched on 1 March 2022 and is aimed at patients, service users, carers, members of the public and staff to share the different opportunities that are available for everyone to get involved in. When engaging in Trust activities, people can discover what it means to work with the NHS and how to truly make a difference to people's lives. The training programme consists of modules including; Who we are (The Trust), Patient and Carer Experience Forums, Sharing my Story,

Research, Involvement in Recruitment (Panel Volunteer), Quality Improvement, Volunteering and Trust Membership. To date 43 people have completed all 8 modules.

Feedback from individuals who have completed the Patient and Carer Experience Training Programme:

"The training is really easy to complete, it's made up of short modules which you can view whenever you have a few available minutes and most are only a few minutes long. The training gives you as good overview of what is available within Humber for both the patient and the carer. It begins with a module that explains who the PACE team are then goes into the patient & carer experience forums and how you can get involved. This is followed by a module on sharing my story where you have the opportunity to listen to someone's journey through the service which takes them from patient to employee. This is followed by 5 further modules which cover research, voluntary services, panel volunteers, quality improvement and trust membership. I've recommended it to staff within my team and have had positive feedback when they have completed it."

Team Leader, Mental Health Services Division

"I completed the PACE training program on the Humber Recovery and Wellbeing college and found it a useful introduction to the involvement opportunities that take place across the Humber Teaching NHS Foundation Trust. The training program was easy to access and informative. I have encouraged colleagues to complete the training and as a team we have built the training into our local induction for new starters."

Senior Project Manager, Corporate Services

"I am new to the area after having moved from West Yorkshire, so I was pleased to be told about the PACE Training Programme. It has helped me to understand all the services that are available in Humber. I now also have a good idea of the infrastructure and area covered. As I have just become a Service User/Carer Governor I now feel able to contribute positively within that role"

Service User/Carer Governor

2.14 Recovery Champions

The Recovery Champion has been created to promote positive recovery values. Recovery is personal for each individual and it means being able to live a fulfilling life even with the symptoms or limitations that a person may have. Understanding recovery can provide people with hope, acceptance and a positive outlook on life whatever their circumstances which ultimately supports people in their recovery. Recovery Champions are identifiable by wearing a Recovery College pin badge. It is hoped that the pin badge will trigger conversations around the positive recovery values.



Service User supported by a Recovery Champion within the Primary Care Mental Health Networks



Priority nine:

Hold an annual patient and carer experience event to share achievements and future aspirations.

5
Optimising an efficient and sustainable organisation

Priority ten:

Patients, service users and carers will be at the centre of all our quality improvement and transformation work.

Priority eleven:

Continue to collaborate and work in partnership with other organisations to benefit our patients, service users and carers.

6
Promoting people, communities and social values

Priority twelve:

Raising the profile of patient and carer experience whenever we can.

2.15 Patient Experience to Inform Quality Improvement (QI)

Quality Improvement (QI) and Patient and Carer Experience have continued to work closely together in 2022/23 in line with the priorities identified as part of the QI Strategy. A Joint Strategy Group has been formed to provide assurance to both agendas, with the group made up of patients, service users, carers and staff. Patients, service users and carers have also supported the development of the QI Communications Plan.

The QI charters track patient and carer involvement within QI activities across the Trust and, at the end of March 2023, 147 or 61% of improvement activities were identified or delivered with our patients, service users and carers. This increase of 17% is a step closer to achieving our target of 75% by the end of 2025/26. In addition, 93% of open and completed activities have indicated that the activity would benefit our patients, service users and carers.

The central component of QI continues to involve patients, service users and carers with the delivery of the strategy.

2.15.1 Scale, Spread and Embed Initiative

Earlier this year, the Trust commenced phase 2 of the Scale, Spread and Embed national project which involves digital processing of Friends and Family Test (FFT) data to drive improvements in patient experience. This is phase 2 of a 3-year project. The project builds on the Imperial College experience and aims to test and evaluate the usability of the Natural Language Processing (NLP) technology in combination with QI methodology across a range of NHS Trusts to improve patient experience. An algorithm has been built into the Trust's FFT Dashboard to show thematic analysis of the FFT feedback responses (positive and negative) at team level. The Market Weighton Practice is the Trust's pilot site for this initiative and has developed seven Quality Improvement Charters because of the thematic analysis.

The Trust will roll out the initiative to the remaining GP practices in the Spring 2023 followed by all other teams across the Trust, later in the year. The thematic analysis of the Patient and Carer feedback from the Friends and Family Test will ensure that all services across the Trust can deliver improvements against the identified themes.

Market Weighton Practice is the Trust's pilot site for the Scale, Spread and Embed initiative

One fantastic example of a small-scale change that the Practice undertook in response to the feedback has improved the process for rebooking appointments. When appointments had to be cancelled due to staff absence, Patients and Carers were either having to ring the practice or use the online booking system which could be time consuming. By listening to Patient and Carer feedback, the Practice ensured that the appointments could be rebooked quickly by adding the option to text "Book" to the cancellation text message. Patient feedback and monitoring of the text booking approach will measure success.

"The Scale, Spread and Embed project is a great example of how collaboration has enabled the Trust to deliver improvement activities with the promise of more improvements to follow as the project expands beyond the pilot."

Quality Improvement Manager

2.16 Collaboration and raising our profile wherever we can

The Trust continues to work in partnership with other organisations to share best practice and learning and raise the profile of patient and carer experience whenever we can. Examples include:

- Head of Patient Experience (HOPE) Network
- NHS England/Improvement events, workshops and meetings
- Yorkshire and Humber Place Partnership Engagement
- Networking with various provider organisations across the country

2.16.1 Integrated Care System (ICS) Engagement Project

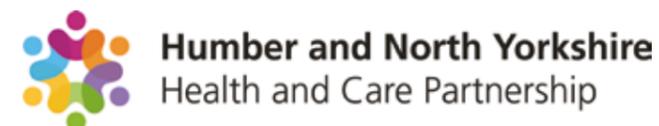
The Humber and North Yorkshire ICS is one of six areas to be chosen to work with NHS England and the Kings Fund on an engagement project. The engagement project aims to bring citizens' voices into integrated care systems. The Kings Fund is supporting our ICS with an approach and methodology drawing on the Kings Fund Understanding Integration roadmap "Understanding integration: How to listen to and learn from people and communities". Five organisations (including our Trust) are leading on this work and will be working with all ICS organisations across Humber and North Yorkshire to develop a shared vision for experience.



The five organisations have created a steering group and have identified two governors/patients from each provider Trust to work in partnership with members of the steering group to ensure the community voice influences the project. A wider ICS session will take place in the Spring of 2023 to share the premise of the project and to begin to co-produce elements. Intelligence gathering will then commence.

2.16.2 Forensic Services support NHS England with a patient story

A Patient and two staff members from Southwest Lodge have shared their story by making a film with the support of the Head of Patient Experience (HOPE) platform. The film will be shared with the Leadership team for NHS England and the national Chief Nursing Officer.



3.0

Complaints and Feedback

3.1 Complaints

When a complaint is received, it is triaged to either an informal or formal process, unless the complainant has specifically requested an informal or formal resolution to their complaint/ concerns.

- A formal complaint includes any complaint from the Care Quality Commission (CQC), Clinical Commissioning Groups (CCGs), Parliamentary and Health Service Ombudsman (PHSO), complaints where the issues are complex, safeguarding or multiple concerns. Also, any complainant who refuses an informal approach or where there has been an informal approach and it has been unsuccessful; these will also be handled as formal complaints.
- An informal complaint is when a complaint is received and triaged and if appropriate is sent to the team/ service for an informal resolution. Once the issue has been resolved the Complaints and Feedback team are informed of the discussion/action taken, this is recorded and the case is closed.

This year the Trust has responded to a total of **582** complaints: 195 formal complaints and 387 informal complaints. For the same period last year (2022) the Trust responded to a total of 535 complaints: 235 formal complaints and 300 informal complaints.

On comparing the 2 years there has been an **overall increase** of **47** complaints (formal and informal complaints) and communications, appointments and patient care are the top primary subjects. The Trust has seen an increased use of the informal process which results in a swift resolution.

An annual review of the partly and fully upheld complaints outcomes can confirm the following observations/ themes:

- GP practices have received an exceptionally higher number of complaints compared to previous years. Key themes include; getting through to the practice on the telephone, access to appointments including appointment availability and access to face to face appointments.

- Adult Community Mental Health Teams (Hull) received several complaints around the lack of communication with the team and the length of time individuals are waiting to be seen.

The Trust continues to implement actions to address formal complaints responded to where the outcomes are upheld/partly upheld, and lessons are learnt from the feedback. A robust governance process is in place to ensure actions are addressed and closed.



Some of the lessons learnt include:

- **Market Weighton GP Practice:** A significant increase in the use and number of online consultations by the practice continues to alleviate the difficulties experienced by patients when booking appointments.
- **Humber Primary Care GP Practice:** Due to long queues occurring in the practice reception area, a call button has been installed in reception to alert staff elsewhere in the building to support the capacity on the front desk.
- **Humber Primary Care GP Practice:** Due to the length of time patients are waiting to get through to the practice on the telephone, a new system is currently being reviewed for implementation and rollout.

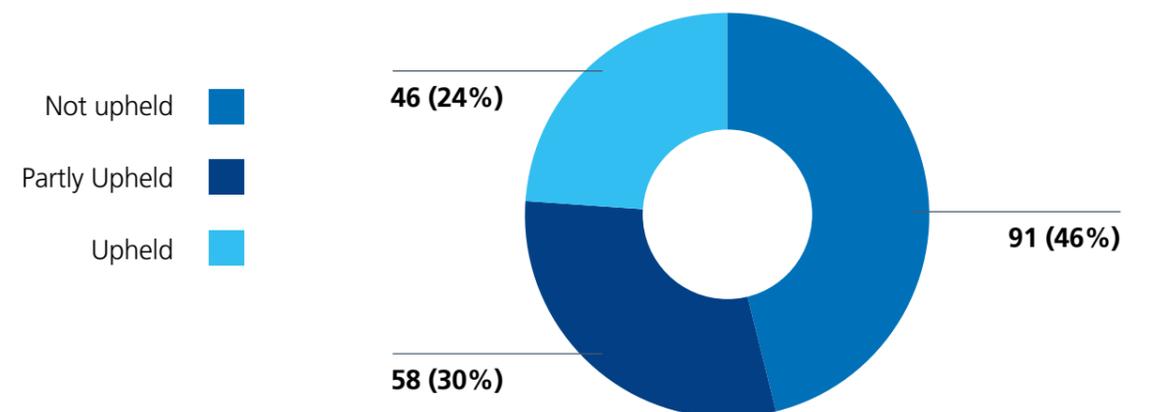
- **Community Mental Health Team (West):** As a result of the long waiting list for a first consult, the services are reviewing the content of their appointment letters to consider including the rationale for potential delays. Additionally, a weekly audit of ten random cases is being conducted to ensure that regular waiting list calls are taking place, and a patient information leaflet is in production explaining the new model of community mental health provision.
- **Community Mental Health Team (East):** As a result of issues with regular patient communication predominantly due to staff sickness/leave, all staff are ensuring that routine appointment dates are offered and received in a timely manner, and are being reinforced within Multi-Disciplinary Team (MDT)/business meetings. Staff continue to follow the waiting list protocol, contacting patients in the time agreed and care planned. Staff are requesting that patient support is offered by duty worker(s) if needed due to absence, and are ensuring that they discuss/request/recommend relevant treatment within MDT.
- **Child and Adolescent Mental Health Services (CAMHS):** In response to issues raised with seamless transfer of care between services, the service's message taking policy is getting reviewed and discussed in the MDT, along with education support which has now changed and has implications for core CAMHS services. An admission flow chart is getting created to go alongside checklist to prevent areas identified being missed, and an urgent clinic priority pathway and consultation for patients in crisis will be produced. The services are also establishing a clear pathway between the Mental Health Crisis team and Intensive Support Team for joint assessments.

3.1.1 Formal Complaints

For the past year the Trust received 196 formal complaints compared to 229 for the previous year.

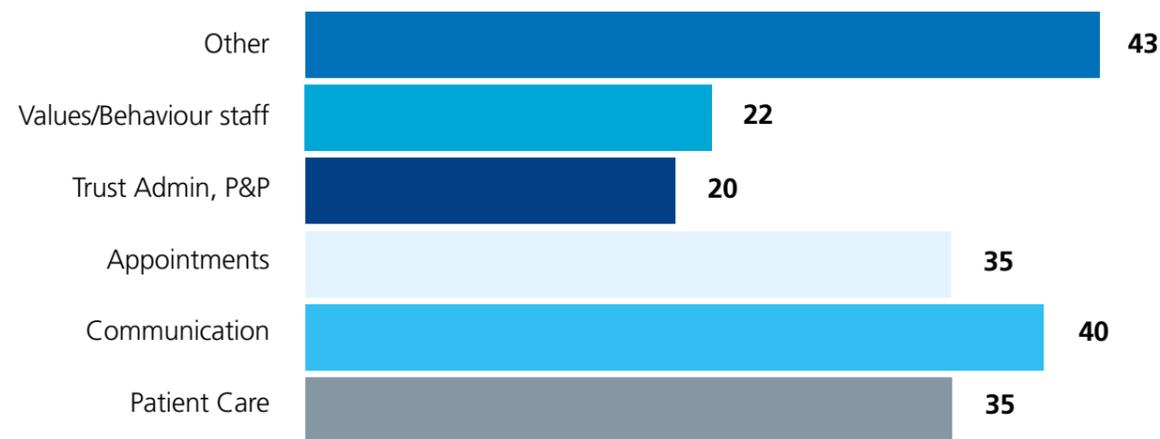
Of the 195 formal complaints responded to, 46 (24%) were upheld, 58 (30%) were partly upheld and 91 (46%) were not upheld. For the previous year, the Trust responded to 235 formal complaints of which 37 were upheld (16%), 68 were partly upheld (29%) and 130 were not upheld (55%).

Formal Complaints outcomes April 2022 – March 2023



The graph below includes the top 5 primary subjects for formal complaints responded to.

Primary Subjects for formal complaints responded to (Apr 22 – Mar 23)

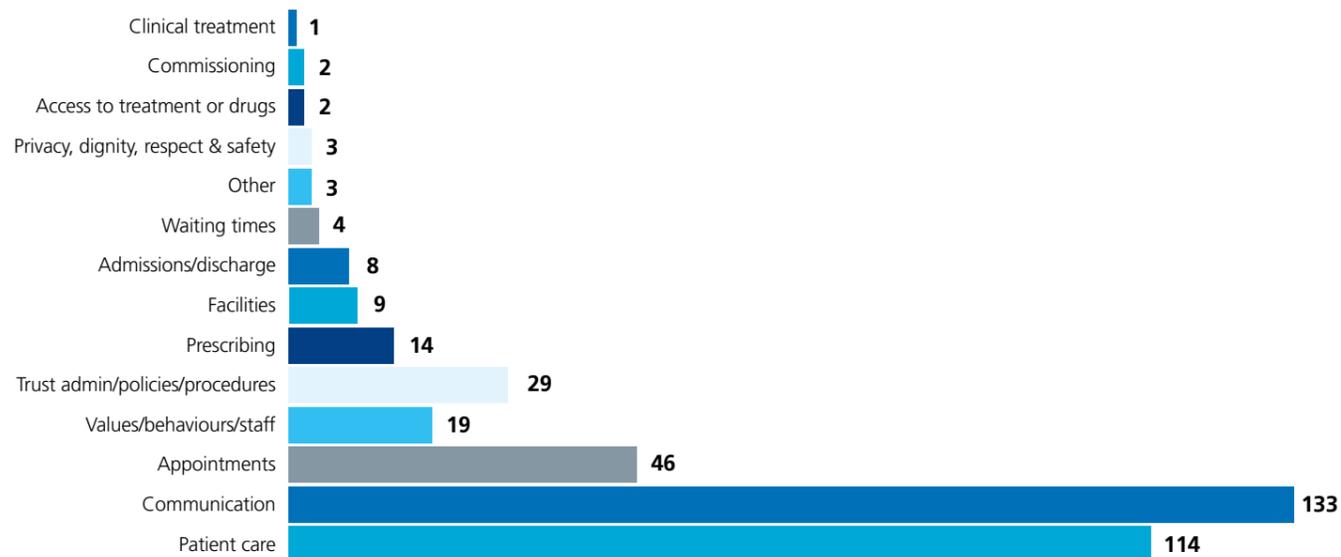


3.1.2 Informal Complaints

For the period 1 April 2022 to 31 March 2023, the Trust responded to 387 informal complaints. For the previous year, the Trust responded to 300 informal complaints.

Of the 387 informal complaints responded to, the primary subjects/themes are highlighted in the graph below.

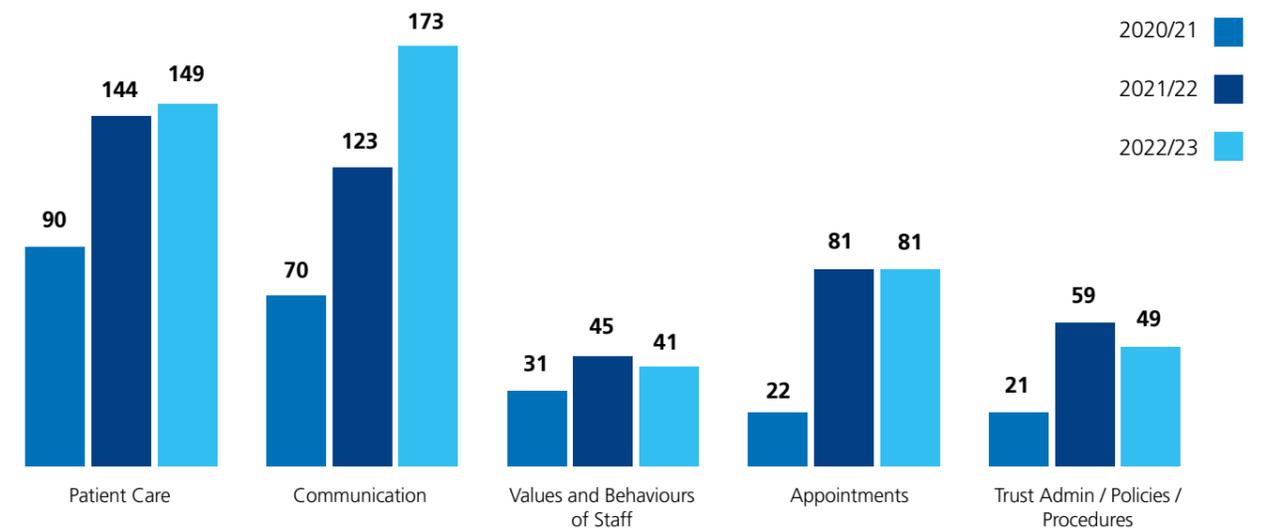
Informal Complaints Responded to (Apr 22 to Mar 23)



3.1.3 Themes and Trends:

On comparing the last three years total number of complaints responded to (including formal and informal complaints), patient care was the top theme in 2020/21 and 2021/22. However, in 2022/23 communication became the top theme which has been influenced by the volume of informal and formal complaints received for Primary Care services in particular around the long waiting times to get through on the telephone to speak to a member of staff. This correlates with the appointments theme which has seen an overall increase from 2020/21 to the subsequent 2 years by 268% (both years receiving a total of 81 complaints each year). Patient care was the highest theme in 2020/21 and it was the second highest theme in 21/22 and 22/23. This correlates with the appointments theme whereby when appointments are cancelled patients complain because they feel their needs are not being met.

Total Number of Formal and Informal Complaints Responded to by Theme (202/21 – 2022/23)



3.1.4 What we have learnt because of feedback

Formal complaints

- Child and Adolescent Mental Health Services (CAMHS) inpatient unit – The team was to develop a contract of agreement for families regarding contact.
- Community Mental Health Team – Following an unavoidable incident at the allotment group, the staff team were exploring ways in which appropriate information in care plans can be shared without compromising patient confidentiality.
- Primary Care – The practice staff had not labelled a patient’s blood tests; the practice staff were reminded to re-book an appointment with a

patient as soon as such an error is realised.

- Learning Disabilities Services – The team were not offering face to face visits during this period because of the Covid-19 pandemic, however there was no evidence of MS Teams or other platforms being offered to explore possible ways of offering the support.
- Adult Inpatient unit – All staff to follow the Patient’s Property Procedure i.e. all miscellaneous property and clothing should be listed in the property record with a copy of the entry forwarded to the next unit if the patient is transferred.
- Community Hospital Nursing – The standard of defensible documentation to be audited and monitored.

- Forensic Services – To ensure the Multi Disciplinary Team record the process and decision making around the suspension of Section 17 leave.

- Primary Care – To alleviate long queues when ringing for an appointment, the Trust is installing new telephone systems in all our GP Practices during 2023.

Informal complaints

- Primary Care – Patient stated their repeat prescriptions had errors repeatedly – A review was undertaken, and the repeat medications were amended and corrected.

- Community Mental Health Team – Patient was unhappy that her calls were not returned the same day – The Team Leader had contacted the patient and explained that this is not always possible due to capacity in the team and reiterated that her worker had planned calls with her every week.
- Forensic Services – To improve a patient’s drug screening process, the service will look into a potential management plan to allow the patient to continue being prescribed their medication, including the identification of the nearest testing laboratory and time scales for requesting and receiving results.
- Older People’s Mental Health – Daughter of a patient stated that some jewellery had gone missing whilst her mother was an inpatient – Service had confirmed to the daughter that all items had been signed for and returned to the patient on discharge.
- Mental Health Triage and Assessment Team – Partner of a patient had received an appointment for a telephone triage but was not confident on the phone – a face to face appointment was arranged.
- Community Physiotherapy – The son of a patient was concerned that no physiotherapy had been arranged for his mother following her stroke - Service had informed the son that due to limited resources there was a waiting list for input of approximately 4-6 weeks, but visit had been booked (date given) and in the meantime the service had arranged for equipment to be delivered and to be assessed at the visit.
- Corporate Services – Patient was unhappy that a warning letter had been sent regarding their behaviour and wanted evidence – A report about the incident had been emailed to the patient.

3.1.5 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 2022 to 31 March 2023).

Division	Number of Clinical Teams with Zero Complaints	Total Number of Clinical Teams	% Clinical Teams with Zero Complaints
Children’s and Learning Disabilities	20	36	56%
Community Services and Primary Care	5	15	33%
Forensic Services	4	13	31%
Mental Health Planned Care	4	22	18%
Mental Health Unplanned Care	2	20	10%
Mental Health Services Central	1	1	100%
Total	36	107	34%

34%

Although 36 of the 107 clinical teams have not received any formal or informal complaints within the last 12 months, a piece of work was undertaken to show all we are doing to provide assurance that individuals know how to raise a complaint or concern. This included making sure that teams across the Trust have complaints leaflets and posters in their areas for members of the public to access and information is available in an Easy read version. Also, complaints and feedback training is delivered to staff to ensure they are informed of the complaints and feedback process. The Trust has undertaken further work to provide assurance that people know how to complain and are offered different ways to make a complaint or raise a concern.

3.2 Parliamentary and Health Service Ombudsman (PHSO)

Of the 195 formal complaints responded to from 1 April 2022 to 31 March 2023, none of the complainants have to date taken their case to the Parliamentary and Health Service Ombudsman.

There were two cases considered by the PHSO and both have been closed during this reporting period, but do not relate to complaints responded to during 2022/23.

There is currently 1 case being considered by the PHSO which relates to a complaint from February 2022.

3.3 Compliments

Patients, service users, carers and families sometimes compliment our staff offering their gratitude and thanks for the wonderful service they provide.

The Trust received 243 compliments for the period 1 April 2022 to 31 March 2023, which compares to 304 compliments received for the same period during 2021/2022.

“Patient was very complimentary about the care she has received from one of a GP and an ANP. She was full of praise about the way she had been treated and the help she had received from both clinicians.”

GP Practice



“

“A family gave a huge thanks following the completion of an autism assessment; complimenting the clinicians in the Humber Neurodevelopmental Team who completed the assessment. They stated that the report was exactly accurate in reflecting their child, they felt heard and the feedback/ information about autism which was made accessible for the young person was helpful.”

Child and Adolescent Mental Health Service (CAMHS)

”

“

“This team helped me set a realistic course of life and a way of handling any stress that may occur. I can now handle my stress and move on with a life worth living. Helping to stay calm and look inward at my way of handling my life. It was all such a great help.”

Crisis Intervention Team for Older People (CITOP)

”



“Patient stated the support worker intervention had really help her increase her confidence and how the positive relationship they had developed had given her the encouragement she needed to try new things and meet new people. Patient stated how grateful she was for the help which had been provided.”

Hull Memory Clinic

Complaints Animation Film

The Complaints and Feedback team recognise that some formal complaints received are issues that could be resolved locally by the team which would result in complainants having their concerns resolved faster. It was decided for a short, animated film to be produced that would support staff in handling complaints at a local level. This would be easy for staff to access and would help to get the key messages across in a simple and visual way. It would help those with a concern to get an outcome more quickly and where possible would avoid issues unnecessarily escalating. Patients, service users and carers were involved at every stage of the film development. This included the implementation of a focus group to share initial ideas, write the script and develop the story board. Staff shared their feedback on the film before the final version was produced. The film has been shared through the Global and is available for staff to view on the Complaints and Feedback page of the intranet.

Complaints Animation Film benefits

Staff can easily access the film and re watch when they need to improve their knowledge and understanding of the complaints process. This will help to build their confidence in handling a complaint.

"I have just seen your animated film to support staff in handling complaints. It's absolutely brilliant! Well done to you and all involved. Really simple, clear message and I am sure this will be really helpful to staff."

Member of staff in PICU

"I think it's great for staff, its quick and to the point."

Patient Safety Manager

4.0

Priorities for 2023/24

Over the last twelve months the Trust has engaged and involved our communities in the development of our Patient and Carer Experience Five Year Forward plan (2023 to 2028). We created a working group including patients, service users, carers, staff and partnership organisations to provide us with their thoughts and views on the approach to co-producing the development of the plan and its content. This group continues to meet on a regular basis to support the planning, preparation and production of the plan.



This five year 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.

Outcome 1 – Our Care

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

Outcome 2 – Our Partnerships

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

Outcome 3 – Our Workforce and Organisation

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

The film can be viewed by clicking on the following [link](#)



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	Innovating for quality and patient safety	Enhancing prevention wellbeing and recovery	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	<ul style="list-style-type: none"> We will continue to roll out the Experts by Experience opportunity to pay people with lived experience for their time and commitment in supporting service developments and specific projects We will work towards each division recruiting to an engagement lead post who will focus on developing robust systems and process to collect, share and review feedback to support service development and celebrate successful service delivery. We will continue to shift from consultation to co-production of patient information. 		<ul style="list-style-type: none"> We will contribute to the Humber and North Yorkshire Health and Carer Partnership and the engagement agenda across Yorkshire and Humber to inform and influence joint involvement and engagement opportunities. We will support the wider Integrated Care System (ICS) to introduce an Engagement Lead network across the ICS footprint. We will create an Engagement Twitter account. 		<ul style="list-style-type: none"> We will continue to recruit Panel Volunteers to support the Trust's recruitment process. We will continue to market the Patient and Carer Experience Training programme to raise the profile of involvement in Trust activities. We will continue to identify opportunities to include people with lived experience in the design and delivery of training courses. We will ensure that Staff Champions of Patient Experience are aligning their annual Patient and Carer Experience Development plan priorities to the Patient and Carer Experience Five Year Forward Plan divisional milestones. 	
Children's and Young People's Services	<ul style="list-style-type: none"> We will establish a Youth Recovery College. 		<ul style="list-style-type: none"> We will ensure that the Humber Youth Action Group (HYAG) is supporting the development of the ICS Youth Advisory Board. 		<ul style="list-style-type: none"> We will establish a Youth Engagement, Co-production and Involvement module co-produced by young people to be hosted on the Recovery College Platform. 	
Forensic Services	<ul style="list-style-type: none"> We will ensure that every team has identified a Patient and Carer Experience (PACE) Champion and the division will be represented at every PACE forum. 		<ul style="list-style-type: none"> We will ensure that staff and service users will be attending external involvement forums either in person or virtually. 		<ul style="list-style-type: none"> We will offer family engagement training to all care coordinators across the division. 	
Addictions Services	<ul style="list-style-type: none"> We will ensure that recruitment of staff is jointly led by people with lived experience. 		<ul style="list-style-type: none"> We will develop volunteer/peer mentor roles to ensure that there are no barriers to being involved in the Addictions service delivery. 		<ul style="list-style-type: none"> We will ensure that a Staff Champion of Patient Experience (SCoPE) attends the SCoPE forums to commit to the role. 	

Goals	Innovating for quality and patient safety	Enhancing prevention wellbeing and recovery	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	
Community Services	<ul style="list-style-type: none"> We will develop and introduce a new joint Scarborough and Ryedale PACE forum (with York and Scarborough Teaching Hospitals NHS Foundation Trust). 		<ul style="list-style-type: none"> We will implement systems and processes to review regular reports and data from Healthwatch North Yorkshire to inform opportunities for Quality Improvement. 		<ul style="list-style-type: none"> We will ensure that all teams have a SCoPE who will be engaged and involved in their meaningful role. 	
Primary Care Services	<ul style="list-style-type: none"> We will ensure a wider participation of volunteers to sit on the practices' Patient Participation Groups. 		<ul style="list-style-type: none"> We will have built stronger relationships between the Senior Patient and Carer Experience Co-ordinator and the Primary Care Networks. 		<ul style="list-style-type: none"> We will have an increased number of Panel Volunteers on the Trust's Panel Volunteer database for Primary Care. 	
Mental Health Services	<ul style="list-style-type: none"> We will have a dedicated place on the Trust's website for Adult Mental Health Involvement to share co-production activities and the impact that involvement has on the care we provide. 		<ul style="list-style-type: none"> We will engage with our communities to better understand the local population and the health inequalities that exist within our communities. 		<ul style="list-style-type: none"> We will further advertise the Recovery Champion role to further increase the number of staff signing up to the opportunity. 	
Learning Disabilities	<ul style="list-style-type: none"> We will continue to use the Always Events coproduction quality improvement methodology to understand what matters most to people who use our services, their families, and carers to co-produce changes to improve experience of care. 		<ul style="list-style-type: none"> We will work in partnership with Humber Transforming Care Partnership (HTCP) and continue to deliver on the work highlighted in the HTCP Learning Disabilities and Autism Co-production Engagement and Communications Report 2021/23. 		<ul style="list-style-type: none"> We will ensure that a process is in place for all teams to have co-production awareness sessions delivered as part of their training requirement. 	

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:

Humber Teaching NHS Foundation Trust

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Beverley Road
Willerby
East Riding of Yorkshire
HU10 6ED

Tel: 01482 301700

Email: hnf-tr.contactus@nhs.net

 [@humbernhsft](https://twitter.com/humbernhsft)

 [@humbernhsft](https://www.facebook.com/humbernhsft)

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:

Humber Teaching NHS Foundation Trust

Willerby Hill
Beverley Road
Willerby
East Riding of Yorkshire
HU10 6ED

Tel: 01482 389167

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