

# Patient and Carer Experience Annual Report (2020/2021) including Complaints and Feedback



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## Executive Summary

The Patient and Carer Experience Annual Report (Apr 2020 to March 2021) including the Complaints and Feedback service provides an overview of the work carried out across the organisation over the twelve month period 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. In order 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.

### Patient and Carer Experience

Earlier this year saw the beginning of Covid-19. This has meant that the Trust has had to change the way it engages and involves our patients, service users, carers, staff and partners in Trust activities. We continue to host regular forums albeit virtual to enable patients, service users, carers, staff and partner organisations to be actively engaged with the Trust. We continue to host our Patient and Carer Experience forums, Humber Co-Production Network, Veterans forum and Staff Champions of Patient Experience forum. The current virtual climate has enabled us to introduce a new patch wide forum. In the past patch wide forums did not happen because of the large geography of the Trust and travel time for individuals to access a central meeting.

A number of initiatives have been implemented over the past year to help our patients and service users stay connected to their loved ones and families when staying in our community hospitals. Comfort pebbles provided patients in our community hospitals with a hand-decorated pebble containing a message from their family member, friend or loved one, which could be kept with them and held during their period of separation. Care Mail was a similar keep in touch initiative where written messages were sent to our patients from their loved ones and friends.

Spring 2020 saw the launch of our refreshed Friends and Family Test survey forms. The forms are available to complete online (via the Trust's website) or by hard copy. There are two versions of the form; one is in an easy read format. All of our GP practices are now signed up to MJOG text messaging service which enables practices to collect patient feedback on experiences of their appointment.

The Trust's Friends and Family Test (FFT) dashboard has evolved since its introduction in April 2018 where staff can now see feedback from our patients and service users separate to family members, loved ones and carers. In the past FFT feedback was grouped together so you couldn't differentiate between patient feedback and carer feedback.

Earlier this year our Patient and Carer Experience (PACE) team worked with several teams across the Trust, to produce three short films about the impact of COVID-19 on their services. NHS England and Improvement invited the Trust to participate in their national storytelling initiative; to share stories of our journey since the pandemic started. We thought it was important to show the stories of individuals and our teams, which is why we worked with three teams from around the Trust: Voluntary Services, Social Mediation and Self Help Services (SMASH) and Chaplaincy.

The films highlighted the positive experiences the current climate has brought as well as the challenges. And focused on the way we have united and been brought together as a collective, and the way in which we continue to lift one another up during difficult times. To reach out to our communities, the Trust Chaplain (Eve Rose) has had to work differently to bring people together for a traditional church service. Eve has hosted a number of virtual services over the past few months to bring people together for spiritual and pastoral support. Patients and members of the public have openly shared their lived experiences, poems and readings; many are written by patients, service users and carers. November saw the Lord Mayor of Hull awarding Eve with the Lord Mayor's Civic Crown Award, for the work she has been doing with virtual services and chaplaincy. During the past year Trust events have not taken place in their usual face to face format. Therefore the Trust has hosted a series of virtual event weeks to reach out and engage and involve individuals and communities. These events have included training sessions, lived experience talks and clinical and corporate team talks to support a variety of awareness weeks including; Armed Forces Awareness fortnight, Pride in Humber week and Dementia Awareness Week. We continue to offer many opportunities for individuals to get involved with the Trust including; sharing patient/carer/staff stories at a Trust board meeting, participation in transformation programmes and Quality Improvement initiatives, getting involved with research and development, being part of an interview panel for a post within the organisation, involvement with our Recovery College, volunteering, supporting our Trust charity Health Stars or by becoming a Trust member. Earlier this year saw the publication of NICE Guideline (NG150) 'Supporting Adult Carers'. The Trust carried out an audit to identify compliance with the guidance. Of the nine key areas outlined in the guidance it is good to see that the Trust is compliant with the majority of actions.

## **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.

At the beginning of Covid- 19 formal complaints were paused; this was a national and local decision. During this period the Complaints and Feedback team tried to resolve as many complaints as possible through an informal process to help facilitate a timely outcome for the complainant. This new process has proven very successful and the Trust has since formalised the complaints process to triage complaints to an informal process were appropriate.

## **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:

Patient and Carer Experience Priorities		Humber Teaching NHS Foundation Trust Goals
<b>Priority One:</b> Actively listening to patient, service user and carer feedback so we can learn from, act and improve	 <b>Goal 1</b> Innovating quality and patient safety	
<b>Priority Two:</b> Continuing to engage patient and carer champions across the organisation to make real change happen		
<b>Priority Three:</b> Continue to strengthen our involvement with patients, service users and carers in decisions about their care	 <b>Goal 2</b> Enhancing prevention, wellbeing and recovery	
<b>Priority Four:</b> Further involvement with patients, service users and carers in Trust activities and influencing the organisation		
<b>Priority Five:</b> Ensuring that at all times we provide information that is accessible	 <b>Goal 3</b> Fostering integration, partnership and alliances	
<b>Priority Six:</b> Working and collaborating with other organisations to share learning and best practice		
<b>Priority Seven:</b> To expand our staff knowledge and understanding of patient, service user and carer experience and how that influences their practice	 <b>Goal 4</b> Developing an effective and empowered workforce	
<b>Priority Eight:</b> Making patient and carer experience the business of all Trust staff		
<b>Priority Nine:</b> Hold an annual patient and carer experience event to share achievements and future aspirations	 <b>Goal 5</b> Maximising an efficient and sustainable organisation	
<b>Priority Ten:</b> Patients, service users and carers will be at the centre of all our quality improvement and transformation work		
<b>Priority Eleven:</b> Continue to collaborate and work in partnership with other organisations to benefit our patients, service users and carers	 <b>Goal 6</b> Promoting people, communities and social values	
<b>Priority Twelve:</b> Raising the profile of patient and carer experience whenever we can		

## Achievements over the Past 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.

## Trust Goal One: Innovating Quality and Patient Safety

**Priority One: By actively listening to patient, service user and carer views we can learn and act upon them to help improve the quality and safety of the services we provide**

**and**

**Priority Two: Continuing to engage patient and carer champions across the organisation to make real change happen**

### Trust Forums

Due to Covid-19 the Trust has had to adapt to different ways of engaging and involving patients, service users, carers, staff and partner organisations. Virtual meetings commenced in May of this year to enable our forums to continue to meet safely. A positive result from virtual meetings is the creation of 'patch wide' Patient and Carer Experience (PACE) forum (where all three PACE forums have joined together for regular meetings). Forums include:

- Hull & East Riding Patient and Carer Experience Forum (PACE)
- Hull & East Riding Staff Champions of Patient Experience (SCOPE)
- Whitby & District Patient and Carer Experience Forum
- Patch wide Patient and Carer Experience Forum
- Scarborough & Ryedale Patient and Carer Experience Forum
- Humber Co-Production Network
- Veterans Forum

### Positive Outcome

As a result of the virtual forums, a patch wide PACE forum has been established; this has created a platform for our patients, service users, carers and partner organisations to network and build relationships. In the past patch wide forums did not happen because of the large geography of the Trust and travel time for individuals to access a central meeting. Please find below reasons why people attend this forum.



### New Design of the Trust's Friends and Family Test (FFT) Survey Forms

Refer to appendix 1 which illustrates the Trust's co-produced and redesigned survey forms including mandated changes as per September 2019's national guidance. The Trust held

a workshop in 2019 to co-produce the two newly designed forms of which one is in an easy read version.

### **Friends and Family Test (FFT) Survey Dashboard**

The Trust's FFT dashboard has had a refresh and has been redesigned to incorporate the new FFT survey form which went live in the Trust from 1st April 2020. Previously the FFT dashboard information did not differentiate between the patient and carer. In line with the new form, the dashboard shows figures for both patients and carers. Refer to appendix 2 which highlights the Trust's dashboard results at March 2021.

#### **Positive Outcome**

Prior to the dashboard refresh all feedback was integrated into the one dashboard so you couldn't separate patient feedback from carer feedback.

### **Mental Health Community Service User Survey (2020)**

Each year, a national study takes place across the NHS to gather patients' experiences of using community-based mental health. This latest survey was sent to a basic sample size of 1250 service users; an increase of 400 service users compared to last year (an increase of 32%). The 2020 response rate was 30% (372 usable responses from a usable sample of 1224). On comparing the Trust to other organisations, results highlighted that we scored above the highest 80% threshold for 19 questions and the remaining questions scored in the mid-range. No questions scored below the lowest 20% threshold. The Trust is extremely pleased with this year's results; many scores have improved since the last survey.

The Mental Health Services division continues to work in partnership with the Patient Experience Team and facilitated a co-produced workshop in September 2020 to facilitate group discussions around next steps for the coming year, including; what has worked well, what hasn't worked so well and identification of work required to further enhance and embed existing actions. A Community Mental Health Service User Survey working group has been introduced to support clinical teams to make the survey more meaningful. Any improvements will be identified through the action planning process and this will be monitored on a regular basis.

For further information on this survey including the Trust's results, please visit:

<https://www.cqc.org.uk/publications/surveys/community-mental-health-survey-2020>

#### **Positive Outcome**

The Trust has developed a co-produced action planning process for the annual mental health community service user survey including service users, carers and staff.

Previously, the action planning took place following the embargo lifting; December. The new co-produced process is proactive and timely to enable time for actions to be initiated, implemented and embedded in time for the following year's survey to start; February.

## **Mental Health Inpatient Survey**

This survey was conducted to gather patients' experiences of their stay in our inpatient mental health units between 1 January 2020 and 30 June 2020 and was sent to 356 adults who had a stay of at least 48 hours with 80 of our patients providing a response. The response rate was 23% (80 usable responses from a usable sample of 355). Patients were asked a total of 49 questions across six domains which included Covid- 19, the ward, ward staff, care and treatment, your rights and leaving hospital.

Consideration should be given to the unprecedented pressure across the NHS in 2020 due to Covid- 19 and how this may have impacted scores. There were a total of eleven Trusts who participated in the survey and a degree of caution should be applied to the findings identified in the report, due to the relatively low response rate, which can contribute to unexpected fluctuations in scores. Just under half of the Trust scores were in the top 20%, one fifth were in the bottom 20% and the remaining scores were in the mid-range.

Results included:

- The Trust has made significant improvements from 2019 to 2020; staff providing service users with all the help that they needed with home situation (+43%)
  
- The Trust scored exceptionally well in the following areas:
  - Felt able to discuss your concerns about Covid19 with staff
  - Felt safe on the ward during the pandemic
  - Made to feel welcome on arrival by staff
  - Treated with respect and dignity by staff
  - Discharge not delayed for any reason
  - Received all the help needed from staff with home situation
  - Staff acted in good time to any concerns
  
- Areas for improvement include:
  - Staff knew about previous care
  - Told completely about the side effects of the medication
  - Enough activities available
  - When sectioned, rights were explained completely
  - Definitely involved as much as wanted in decisions about care and treatment

The Mental Health Services division is sharing the findings from the report with the Acute Care forum (Clinical Network sub group for Inpatients) and at the Charge Nurses meeting so that all aspects of inpatient and acute care can review and reflect on the findings and identify any areas for further work. A new Mental Health Inpatient Survey working group has been implemented and membership includes; staff, service users and carers. This group will provide support and assurance around implementation of identified priorities.

Over the past year the inpatient units have been working to improve safety on the wards by introducing personal alarms for all patients. They have also been concentrating on improving person centred carer planning and family inclusion with a focus around understanding the home situation also (and the improvement is demonstrated by the improved score of (+43%) in 2020 compared with 2019. Due to this very challenging year quality improvement initiatives have been challenging with the very difficult year that our services have experienced.

## 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. This year's survey took place from January to March 2020. The results are on the following website: <https://www.gp-patient.co.uk/>.

Refer to appendix 3 which provides an overview of the Trust's GP Patient survey results for 2020 in comparison to 2019. Overall, for our surgeries this year's results are not as positive as the previous year. Each practice manager has met with their team to review the survey feedback and plan the next steps. This information has also been fed into the regular practice managers' team meetings where actions and shared learning are taking place and are linked to the Friends and Family Test learning.

### Positive Outcome

Over the past year the Trust's Primary Care services have introduced a number of initiatives to improve access and as a result NHS Digital have asked the Primary Care Service Manager to be involved in showcasing their work on digital as an example of best practice. The national GP survey results are not reflecting this work, therefore the Service Manager for Primary Care is now working with the national team for the GP Patient survey as the survey questions have not been updated to including digital transformation, care navigation and clinical skill mix.

## Analysis of Covid-19: Patient, Carer and Service User Survey

To respond to the Covid-19 pandemic the Trust has had to change the way in which it delivers many of the services it provides. We sought the views of our patients, service users and carers through an online survey to find out how or if individuals have been affected by these changes; for example, what it is like going from face to face appointments to digital appointments, such as video consultations. The purpose of this survey was to help us to learn and understand how people have been affected and make plans and decisions about how to provide the best care possible in these new circumstances.

A short online survey was carried out between 1st and 21st June 2020, to gather views from patients, service users and family members or friends who help to look after someone using our services. The survey focused on:

- The different ways in which people had contact with our services/care provided
- The changes to the actual care provided
- Whether people felt that the changes had a positive or negative impact on their health and wellbeing

Six teams participated in the survey covering a range of Trust services identified a combined sample size of 171. There were 51 completed surveys; therefore the response rate was 30%.

The survey included demographical data including; age, gender and residence.

Positive Themes	Negative Themes
More regular/increased contact with services	Isolation and loneliness due to not seeing people face to face
Assessments without leaving the house are so valuable	Some patients/service users/carers did not feel that they had adequate IT equipment to access virtual appointments
Virtual technology is very efficient	Missing face to face appointments
Keep virtual technology post Covid-19	Missing face to face groups
Virtual technology has prevented isolation and loneliness	

The following recommendations have been identified:

- (i) To enhance face to face contact with the choice of virtual technology; this choice should be an enhancement to face to face appointments/groups and not instead of.
- (ii) To ensure patients, service users and carers are provided with adequate IT equipment to support their appointments.
- (iii) To ensure patients, service users and carers are given the right level of training to support them in accessing appointments.

For a detailed breakdown of the survey results please contact the Patient Experience Team.

### Positive Outcome

The Trust's analysis of Covid-19 survey contributed towards a report led by the Humber, Coast and Vale (HCV) Partnership in collaboration with the Yorkshire and Humber Academic Health Science Network (AHSN). The report was commissioned to capture and evaluate all the innovative health and care service changes made across HCV in response to the coronavirus pandemic to ensure they could continue to operate in a safe and secure manner. The full report can be accessed here:

<https://humbercoastandvale.org.uk/wp-content/uploads/2020/09/Understanding-our-response-to-COVID-19-report-singles.pdf>

### Whitby Hospital

The Trust held two workshops in October 2020 to invite the local community to get involved and have their say in the enhancements of the hospital. Following the workshops four task and finish groups were created; Garden and Landscaping, Naming the Wards, Artworks and Fundraising. The groups have members from many different backgrounds and all members have a common interest to help enhance the hospital and gardens. The Trust's Health Stars charity is leading the task and finish groups and progress is reported to the Whitby and District Patient and Carer Experience forum.

### Hospital Managers Survey

Through collaboration with the Mental Health Legislation (MHL) Team, Patient Experience Team, Hospital Managers and Service User groups, a patient experience survey feedback

form was developed for completion by the patient following all Hospital Managers reviews/Hearings. In the three month period following launch of the survey (September – November 2020) the Trust received five completed surveys. Where comments suggested discussion with particular panels was necessary, the MHL Managers met with those Hospital Managers to discuss the issues and identify any possible learning opportunities. Key learning outcomes were in relation to the need for a crib sheet/checklist for the Chair to ensure the patient and their family have all the relevant information prior to the Hearing and that the process is structured to reduce any possible disruption to the meeting. A reminder was also sent out to all teams/units of the need to ensure they give all patients a Hospital Managers patient information leaflet prior to the Hearing and to discuss the content with them and their family, where appropriate.

### Patient and Carer Stories at Trust Board 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. The following stories were presented to the Board during this period:

Month	Title	Overview
May 2020	The Use of Video Consultations in Primary Care	To provide an insight into what it feels like from both a clinical and patient perspective of using video consultations in a primary care setting.
June 2020	Accessing volunteer support amidst Covid-19	To inform Board members of Richard's experiences of the support he received from our Voluntary Services Team during COVID-19.
July 2020	Alcohol can affect anyone, look around, is it you?	To inform Board members of how: <ul style="list-style-type: none"> <li>• Alcohol can affect anyone.</li> <li>• The help the Trust services have provided.</li> <li>• Becoming a volunteer within the Trust has benefits for a number of other services users.</li> </ul>
September 2020	Journey to Healthy Living on Swale Ward	<ul style="list-style-type: none"> <li>• How the healthy weight CQINN, helped to initially encourage Neil.</li> </ul>
October 2020 - Staff Story		
November 2020	The Impact of a Dementia Diagnosis on a Family	<ul style="list-style-type: none"> <li>• To inform Board members of a carer's experiences in supporting and caring for her husband who lives with dementia.</li> </ul>
January 2021	From Patient to Peer Support Worker	<ul style="list-style-type: none"> <li>• To inform Board members of an individual's journey of being in the Trust's services to becoming employed by the Trust.</li> </ul>
February 2021	My Involvement Journey	<ul style="list-style-type: none"> <li>• To inform Board members of a carer's experience of becoming involved in Trust activities.</li> </ul>

### **Patient and Carer Experience (PACE) Champions**

Patient and Carer Experience Champion volunteers attend quarterly forums and are recognised through purple lanyards and identity badges. Individuals actively engaged in each of our forums are as follows:

### **Staff Champions of Patient and Carer Experience (SCOPE)**

The Trust currently has **179** Staff Champions of Patient Experience; the majority of the Trusts clinical and corporate teams now have an identified champion. Our champions attend bi-monthly meetings to share best practice around all aspects of patient and carer experience.

At the February 2021 SCOPE forum we asked staff to tell us why they attend the forums. Please see feedback below:



## **Trust Goal Two: Enhancing Prevention, Wellbeing and Recovery**

**Priority Three: Continue to strengthen our involvement with patients, service users and carers in decisions about their care and**

**Priority Four: Further involvement with patients, service users and carers in Trust activities and influencing the organisation**

### **NICE Guidance (NG150) Supporting Adult Carers**

NICE Guideline (NG150) 'Supporting Adult Carers' was published on 22nd January 2020. The guideline covers support for adults (aged 18 and over) who provide unpaid care for anyone aged 16 or over with health or social care needs. It aims to improve the lives of carers by helping health and social care practitioners identify people who are caring for someone and give them the right information and support. It covers carers' assessments, practical, emotional and social support and training, and support for carers providing end of life care. This guideline covers general principles that apply to all adult carers.

Recommendations about supporting carers of people with specific health needs can be found in NICE guidance on those conditions.

An audit was carried out to identify if the Trust is compliant with the guidance. This included identification of non-compliant areas where actions have been identified to work towards compliance. It must be noted that some recommendations highlighted in the guidance are not applicable to our staff but are for local authority staff and carers support organisations.

A template was developed including three key areas for discussion:

- (i) Recommendations outlined in the NICE Guideline (NG150)
- (ii) High level guidance outlined in the NICE Guideline (NG150)
- (iii) Identification of the support for carers taking place across the Trust aligned to the Patient and Carer Experience Strategy (2018 to 2023)

The template was shared with relevant staff involved in supporting adult carers (clinical and corporate workforce) who populated the document where they included detailed assurance where the Trust is complying with the recommendations and high level guidance. Of the nine key areas outlined in the guideline the Trust is compliant with the majority of recommendations.

The following key findings highlight areas where improvement is required and have been included in an action plan (refer to appendix 4).

- (i) The CQC has identified that in several of their Mental Health Act visits, a lack of carer involvement in the care planning process.
- (ii) Not all care professionals are identifying carers at every opportunity.
- (iii) Additional support is required to allow more flexibility where staff have a caring role outside of their professional role.

#### **Positive Outcome**

Maister Lodge's care plan including a section on carers involvement and their carers offer of support was flagged up as an area of good practice by the CQC at the last inspection.

time and hope that the booklet will help people to understand what can be expected from the Trust. The booklet aims to explain what happens next, including additional information and services that are available for additional support.

The booklet is available online by visiting <https://www.humber.nhs.uk/Services/new-information.htm> or by hard copy by contacting the Patient Experience Team on email [hnf-tr.patientandcarerexperience@nhs.net](mailto:hnf-tr.patientandcarerexperience@nhs.net) or telephone 01482 389167.

#### **Patient Information Platform**

In collaboration between the Communications Team, Patient Experience Team and University of Hull Students Computer Science Masters Students the Trust is developing a Patient Information Platform. The platform will create a single online repository of patient information resources on the Trust's website in a searchable, accessible and supportive way for patients and their families. It aims to improve patient communication and ensure that everyone has access to a range of useful health and wellbeing information resources,

ensuring consistency of patient information across services, improves accessibility and allowing staff to share patient information across services. The Trust held a workshop in January 2021 to invite patients, service users, carers, staff and partners to provide feedback on a number of initial platform prototypes. The platform will be ready for use later this year.

### **Involvement in Trust Activities**

There are a number of ways in which patients, service users and carers can get involved in Trust activities. Please refer to appendix 5 for a refreshed 'Involvement in Trust Activities' information poster.

### **Panel Volunteers**

The Trust continues to work towards a consistent approach to recruitment across clinical services and senior roles that involve patients, service users and carers in the recruitment process. A training programme is in development and on completion will be available to access on the Trust's Recovery College platform. The training programme will support Panel Volunteers and staff to provide everyone with valuable information when Panel Volunteers are included on an interview/stakeholder panel.

Over the past twelve months a large number of interviews have included Panel Volunteers. Please find feedback from a Consultant where a service user participated in the recruitment process: "I was extremely impressed with the idea of having a service user panel interview as part of the recruitment process as it was a new thing for me having worked in NHS Scotland where it is not usually practised. Interview itself was a nice experience and all were very nice and asked all relevant questions from their perspective. It clearly shows how committed this Trust is in involving service users in any future recruitment and development processes." Quotes from Panel Volunteers who have been involved in the recruitment process include:

"It was great to be involved in the stakeholder panel interview because it demonstrates that the Trust is committed to involving all stakeholders."

"It felt inclusive and empowering to be part of such important decisions for the Trust and knowing that my input can really make a difference".

"A fantastic opportunity to see how a Psychiatrist views their job role and we had some really great clinicians who I would be excited to either work with or have as my Psychiatrist."

"Being involved in a stakeholder interview made me feel valued and that service users are being given consideration and a voice."

### **Veterans**

The Trust is proud to announce that it has been awarded Veterans Aware Hospital Status. This means that we have been accredited as an exemplar organisation of the best care for veterans, helping to drive improvements in NHS care for people who serve or have served in the UK armed forces and their families. Veterans Aware trusts are leading the way in improving veterans' care within the NHS, as part of the Veterans Covenant Healthcare Alliance (VCHA).

The Trust celebrated this achievement by hosting a series of events over a fortnight (in conjunction with National Armed Forces day which was Saturday 27th June 2020). The events included a Veteran and a Veteran's wife sharing their lived experiences.

We are implementing three priority areas across our services:

### **Priority One**

To develop the role of the Veteran Experience Champion and this will then lead on to identification of a champion within each of our teams; this can be a member of staff who is a veteran, family member of a veteran, family member of service member currently serving, veteran ally or veteran. A Veterans' forum has been established in the Trust where individuals attend to network, share experiences and offer support to each other.

### **Priority Two**

To offer front line staff training in areas where first contact with ex service personnel may be needed and additional levels of training will be offered dependant on role and requirements.

### **Priority Three**

To provide ex-service personnel with job opportunities for employment in the Trust. We have signed up to Step into Health (NHS scheme to increase the number of ex-service (and reservists) into NHS employment.

## **Trust Goal Three: Fostering Integration, Partnership and Alliances**

**Priority Five: Ensuring that at all times we provide information that is accessible and**

**Priority Six: Working and collaborating with other organisations to share learning and best practice**

### **Equality Diversity & Inclusion (EDI) and Inequalities Operational Group**

The operational group commenced November 2020. The purpose of the group is to provide operational support and guidance to the EDI and inequalities agenda by assisting the Trust in meeting its statutory obligations regarding its duty under the Equality Act (2010). The group also supports and provides guidance to assist the Trust in advancing equalities in access, experience and outcomes for groups facing inequalities. The group reports into the Trusts Equality, Diversity and Inclusion Working Group.

### **Equality, Diversity and Inclusion (EDI) Priorities for Patients, Carers Service Users 2020/21**

The Trust held an event 'Identification of Equality, Diversity and Inclusion Priorities 2020/21 workshop' on Monday 9th March 2020. The purpose of the event was to work together with patients, service users, carers, staff and partner organisations to gather their views for the patient, service user and carer EDI objectives for the coming year. Refer to appendix 6 which highlights the four priorities identified and the progress made over the past twelve months.

## Interpretation and Translation Services

The Trust recognises the importance of providing interpretation and translation services for all individuals who have English as their second language, if required. Refer to appendix 7 which includes graphs showing the interpretation and translation activity accessed by the Trust over the last twelve months.

## Browsealoud

The Trust has approved another three year contract for Browsealoud software to be on the Trust's website. Browsealoud is a solution for making information accessible to patients, service users and carers with learning difficulties, dyslexia, mild visual impairments and those with English as a second language.

## Virtual Services

Since Covid-19 our Trust Chaplain Eve Rose has had to work differently to bring people together for a traditional church service. Eve started hosting church services from the Spring of this year. The purpose of the services is to bring people together for pastoral and spiritual support. Each themed service is hosted by Eve where faith leaders, patients, carers, service users and our partner organisations come together to support the service. Patients and members of the public share their lived experiences and poems and readings are shared with the congregation; many are written by our patients, service users and carers. On reflecting on the services Eve highlights "The role of a Chaplain is to walk alongside people and our virtual services have enabled me to walk alongside more people than I ever have been able to before. And they have helped me to call out to a lot of our patients and staff in the community and the harder to reach groups of people". Eve's aim is use the services to look at things from a new perspective and in different ways. They are about meeting people and offering hope and support to those who need it in that moment; to bring Church and faith to all kinds of people and cultures and bring everyone together as one.

### Positive Outcomes

At the end of our first church service one of the congregation emailed the Patient Experience Team to pass on her thanks to Eve for a lovely service and spoke highly of Eve's kind and compassionate manner. Subsequently the team connected Eve to this lady and since then regular befriending phone calls and meetings take place. This member of the congregation had recently lost her son and was reaching out for some spiritual support.



On 16th November, the Lord Mayor of Hull awarded our Trust Chaplain, Eve Rose, with the Lord Mayor's Civic Crown Award, for the work she has been doing with virtual services and chaplaincy. The Lord Mayor learned of the brilliant work Eve has undertaken in recent months, not only within our Trust but throughout the city of Hull, as he was personally invited to join the services and mark important events such as the NHS' Birthday, Freedom Festival and Pride.

## Virtual Awareness Weeks

Since the start of Covid-19 events have not taken place in their usual face to face format. Therefore the Trust had to think about how it could reach out and support individuals and communities differently. One way to engage, involve and support local events was to host virtual events. Some topics were so big that they couldn't be given justice by just one event and that is where the events week or fortnight derived from. The Armed Forces Fortnight saw the first of our series of events weeks. Following on from this was 'Pride in Humber' which included a grand opening service by our Trust Chaplain Eve Rose, followed by a series of events across a week in alignment with what would have been the annual Hull Pride. We hosted training sessions, shared lived experiences and listened to the great work taking place in the Trust to support our Lesbian, Gay, Bi-sexual and Transgender (LGBT) staff through the Trusts LGBT staff network. The Trust strengthened its relationship with partner organisations and individuals, in particular the Lord Mayor of Hull.

### Positive Outcome

At the summer Patient and Carer Experience Forum (Hull and East Riding) a Patient and Carer Experience (PACE) champion asked if we could have dementia on the following PACE forum agenda. Because dementia is such a large subject for conversation the Trust created a dementia awareness week which coincided with World Alzheimer's Day (21 September). The week included a number of small virtual events where people with lived experience talked about their experiences of living with dementia (patients and families), clinicians raised awareness of the Trust's dementia services and the Butterflies Memory Loss Support Group spoke about the work they carry out to support families living with dementia in Hull and East Riding.

Due to the sessions being held virtually; details of the sessions were shared far and wide. Family members living in countries where information about dementia is not very easily accessed attended some of the sessions.

### Two Companions

One was my twin's husband,  
The other was my father.  
One was a past prop-forward,  
The other a past scrum-half.

One was a giant at 6ft 5" inches,  
The other was a diminutive 5ft 6".  
One was a healthy 74 year old,  
The other a very sick man of 94.

One was as sharp as a button,  
The other, the brain confused.  
One wore tailored shorts & sandals,  
The other jogger-bottoms & slippers.

One moved in to gently lift the frailer man  
The other - "What's happened to your trousers?"  
"Nothing", said the gentle giant with a twinkle,  
"I have borrowed yours!....both laughed.

## Befriending and Signposting for Black, Asian and Minority Ethnic (BAME) Communities



The Trust's Health Stars charity together with the Health Tree Foundation (Northern Lincolnshire and Goole NHS Foundation Trust Charitable Funds) were successful in receiving funding from NHS Charities Together Covid-19 grants scheme to fund a fixed term contract post to support BAME communities. The post is hosted by the SMILE foundation and has been created to; enhance the physical and mental wellbeing of BAME our communities, reduce health inequalities by improving access to services and to be a friendly resource of support.

### **Trust Goal Four: Developing an Effective and Empowered Workforce**

**Priority Seven: To expand our staff knowledge and understanding of patient, service user and carer experience and how that influences their practice and**

**Priority Eight: Making patient and carer experience the business of all Trust staff**

#### **Global communications**

Communications are cascaded to all staff on a regular basis to provide updates on the patient and carer experience agenda; this includes a regular update in the Quality newsletter.

#### **Peer Support Workers**

During the past year the Trust has recruited 17 Peer Support Workers (PSW) to work across inpatient units and community teams across the East Riding. A further 6 PSW have been recruited and are being hosted by MIND to support Hull Mental Health services. The PSWs are drawing upon their own personal lived experience of mental illness and recovery to provide authentic engagement and support for people accessing our mental health care services.

#### **Positive Outcome**

A number of the Trust's Patient and Carer Experience Champions were successful in getting some of the Peer Support Worker posts.

Please refer to appendix 8 for an illustration of the strategy ‘plan on a page’. Monitoring and review of the strategy continues to take place through the delivery and implementation of the year 2 and 3 action plan where assurance is provided to the PACE strategy working group. Members of the group include; patients, service users, carers, staff, carers support services and Healthwatch. Bi-annual reports are presented to the Quality and Patient Safety group and Quality Committee. The annual report is presented to the Trust Board. Patient and carer experience is also captured in the Trust’s quality dashboard which is presented at Trust Board on a monthly basis.

**Positive Outcome**

Patients on the Ouse Ward requested TV aerials for their rooms and this wish was added to the service’s PACE Development Plan. Since then funding has been awarded for the TV aerials by the Trust’s Chief Executive.

**Staff Survey**

In September 2020, all NHS Trusts in England were required to participate in the National NHS National Staff. The survey was undertaken to collect the views of staff about their work and the healthcare organisation they work for. The overall aim of the survey was to gather information that would help improve the working lives of NHS staff and so provide better care for patients. The survey was distributed in October 2020 with a closing date of 27 November 2020. Capita Surveys and Research processed and validated 1,216 completed survey questionnaires from the Trust’s employees; giving a response rate of 43% based on 2,823 staff invited to participate.

On analysing the survey results, there was a significant improvement where feedback directly correlated to patient experience, compared to the previous year. A number of actions were addressed following last year’s survey results. Corporate teams have identified Staff Champions of Patient Experience and they are invited to the SCOPE forum meetings so that they can get involved in the PACE agenda. The staff survey patient experience data was shared with the Trust’s SCOPE and each champion was given a Patient and Carer Experience Development Plan to complete (information below).

**Patient and Carer Experience (PACE) Development Plans**

The majority of clinical and corporate teams have a Staff Champion of Patient Experience and have been given a PACE Development Plan (appendix 9) to complete. Teams have been asked to identify a minimum of three patient and carer experience actions to implement. The plans will be enablers for the clinical Divisions’ Quality Improvement Plans (QIP).

A summary of the staff survey findings correlating to patient experience are highlighted in the table below.

Question	2020 Score	Increase from 2019
Q38a In my experience when patients / service users ask a nurse an important question, they get answers that can be clearly understood	81%	4%
Q37a In my experience patients / service users have confidence and trust in the nurses working in this organisation	78%	2%
Q38c In my experience when patients / service users ask an allied	78%	3%

health professional an important question, they get answers that can be clearly understood		
Q38d In my experience patients / service users are given enough information about their condition/treatment by staff	76%	5%
Q37c In my experience patients / service users have confidence and trust in the allied health professionals that are treating them	75%	1%
Q37f In my experience patients / service users receive enough emotional support from staff in my organisation	75%	2%
Q38e In my experience patients / service users receive consistent information about their treatment from different staff members	68%	7%
Q32d Patient / service user feedback is taken into consideration when evaluating ways to improve safety	65%	10%
Q38b In my experience when patients / service users ask a doctor an important question, they get answers that can be clearly understood	65%	1%

## **Trust Goal Five: Maximising an Efficient and Sustainable Organisation**

**Priority Nine: Hold an annual patient and carer experience event to share achievements and future aspirations and**

**Priority Ten: Patients, service users and carers will be at the centre of all our quality improvement and transformation work**

### **Annual Event**

Due to Covid-19 the Trust's Annual Members meeting was held virtually this year. The Patient Experience Team continues to host regular virtual forums and events to ensure everyone is kept engaged and involved with the agenda.

### **Always Events**

In September 2020 NHS England and NHS Improvement invited PHSYPER and the Patient Experience Team to jointly present their Always Events journey to 250 Health and Social Care Students at Sheffield University. Patient and Carer Experience Champion/Peer Support Worker (Tom) shared his lived experience and this included his participation in various involvement and engagement activities with the Trust. Tom received some lovely feedback from the session including:

*"So heart-warming, thank you Tom"*

*"It's wonderful to hear a service users perspective and the involvement of someone who has actually been through what the patients are experiencing something that I am an avid supporter of in healthcare."*

*"Tom, this is great! I've had the pleasure of working with peer support workers. It's really important that we have peer support workers in every trust. I found that most of the patients I supported actually reached out more to the peer support workers. Great initiative."*



### **Patient Experience to Inform Quality Improvement**

The Quality Improvement agenda continues to strengthen its alignment to patient and carer experience, as follows:

- A Quality Improvement training session is to be developed for patients, service users and carers to attend.
- A Patient and Carer Experience Development Plan for Quality Improvement is in development and will sit inside the existing Quality Improvement work plan.
- Patients, service users and carers attend the regular Quality Improvement forums
- Of the 142 completed Quality Improvement charters 54% have a main theme of improving patient and carer experience and a further 34% would indirectly improve patient care. Of the charters, 39 (28%) have highlighted that patients/carers are included in the planning/project implementation.
- The Trust's Quality Improvement Consultancy continues to meet on a monthly basis and patient and carer experience is a standard agenda item.
- The Trust is planning a Quality Improvement event with the Trust's Patient and Carer Experience champions to refresh the co-produced Quality Improvement strategy.

### **Redesigning Mental Health Inpatient Services Programme**

A Communications, Engagement and Co-Production plan has been developed to set out how the Trust will listen, support and work together and communicate with our patients, service users and carers to formulate and redesign our mental health inpatient services. Co-production workshops have taken place to actively listen to and engage with our patients, service users, carers, communities, partner organisations and staff to inform the development of the clinical model, unit design and Outline Business Case (OBC).

### **Community Mental Health Redesign Programme**

The Programme has successfully recruited to the Patient and Carer Experience Co-ordinator post. A reference group of over 40 service users and carers has been created and the group is engaging with various work streams across the programme. An Engagement and Co-production plan has been developed.

## **Trust Goal Six: Promoting People, Communities and Social Values**

**Priority Eleven: Continue to collaborate and work in partnership with other organisations to benefit our patients, service users and carers**

## and Priority Twelve: Raising the profile of patient and carer experience whenever we can

### **Head of Patient Experience (HOPE) Network and Platform**

The HOPE network and platform enables patient experience leads from across the country to connect. Best practice is shared either on the platform or by attendance at regular meetings. The platform provides an opportunity to reach out to patient experience leads across the country to find out what other areas are doing; you can reach out to the wider NHS to learn from others to prevent reinventing the wheel. The Trust has contributed to the platform on a number of occasions to either share ideas or to reach out to other Trusts for information.

### **Humber Co-production Network**

The Humber Co-production network meets every six months to help to build stronger relationships our partners. At present we have 71 organisations signed up to the network. Each meeting includes either a presentation or workshop from a partner organisation and an update or workshop from a service within the Trust.

Patient and Carer Experience Films about COVID-19  
<https://www.humber.nhs.uk/news/?postid=136369>

## **Complaints and Feedback**

Due to the Covid-19 pandemic, formal complaints were placed on hold from 23 March 2020; this was both a local and national decision. During this period, all complaints were recorded and where possible, and with the agreement of the complainant, some were dealt with informally (via PALS at that stage). All complainants were informed of the action taken by the Trust.

The Trust re-opened its formal complaint process on 15 June 2020; formal complaints were re-opened nationally on 1 July 2020.

Following the success of the informal approach to resolving some complaints, when formal complaints re-opened the Trust introduced a new approach with all complaints being triaged on receipt to determine if they could be handled informally in the first instance. All complex complaints, or where there are a large number of issues or complaints raising issues involving risk, or where the complainant wishes a formal complaint investigation, these are automatically processed via the formal complaint route.

### **Informal Complaints**

When a complaint is received it is triaged and if appropriate it is sent to the team/service for an informal resolution. The service manager is copied into all complaints received so that they are aware of the issues being raised. Once the issue has been resolved the Complaints and Feedback team are informed of the discussion/action taken, this is recorded on Datix and the case is closed.

### **Formal Complaints**

All complaints where the issues are complex, multiple or involve risk are automatically recorded formally. In addition, complaints from the Care Quality Commission (CQC),

Clinical Commissioning Groups (CCGs), Parliamentary and Health Service Ombudsman (PHSO) are automatically formal complaints. Any complainant who does not wish to use the informal process or where there has been an informal approach and it has been unsuccessful; these will also be handled as formal complaints with the agreement of the complainant.

## Formal Complaints

### Formal complaints received

For the period 1 April 2020 to 31 March 2021, the Trust received 142 formal complaints which compares to 235 for the period 1 April 2019 to 31 March 2020.

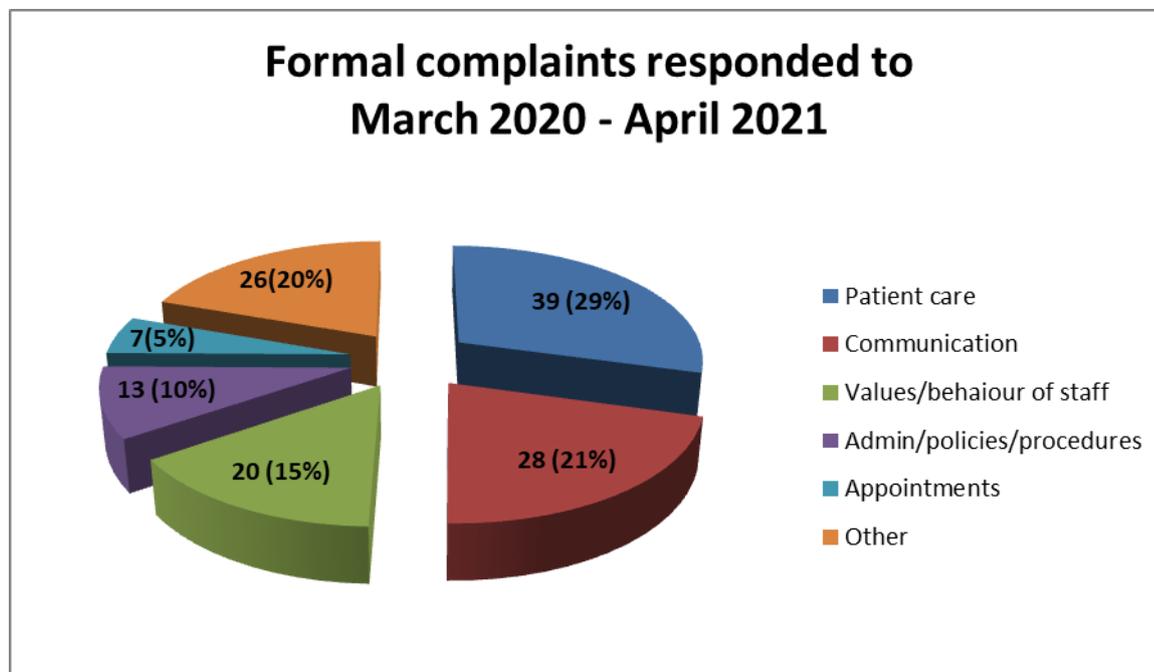
### Formal complaints responded to

The Trust responded to 133 formal complaints for the period 1 April 2020 to 31 March 2021 which compares to 243 for 1 April 2019 to 31 March 2020.

The number of formal complaints received and the number of formal complaints responded to figures differ due to the investigation period (40 or 60 working days) for each complaint. Therefore some formal complaints received prior to 1 April 2020 will have been responded to in this period and some received towards the end of this period will still be under investigation.

### Top primary subjects for formal complaints received April 2020 to March 2021

Of the 133 formal complaints responded to during this period, the top 5 subject areas were as follows:



Subjects are recorded on the issues raised within the formal complaint and do not necessarily reflect the findings from the investigation.

Patient care is primarily where the patient has a different expectation to the care and treatment that has been offered/provided and them feeling their needs have not been met.

Communication continues to be a key reason why people raise formal complaints; e.g. patients/carers not feeling listened to; calls not being returned and letters not being sent as agreed.

Values and behaviours of staff include complaints about how patients/carers feel they were spoken to during telephone conversations/appointments and/or comments allegedly made by staff.

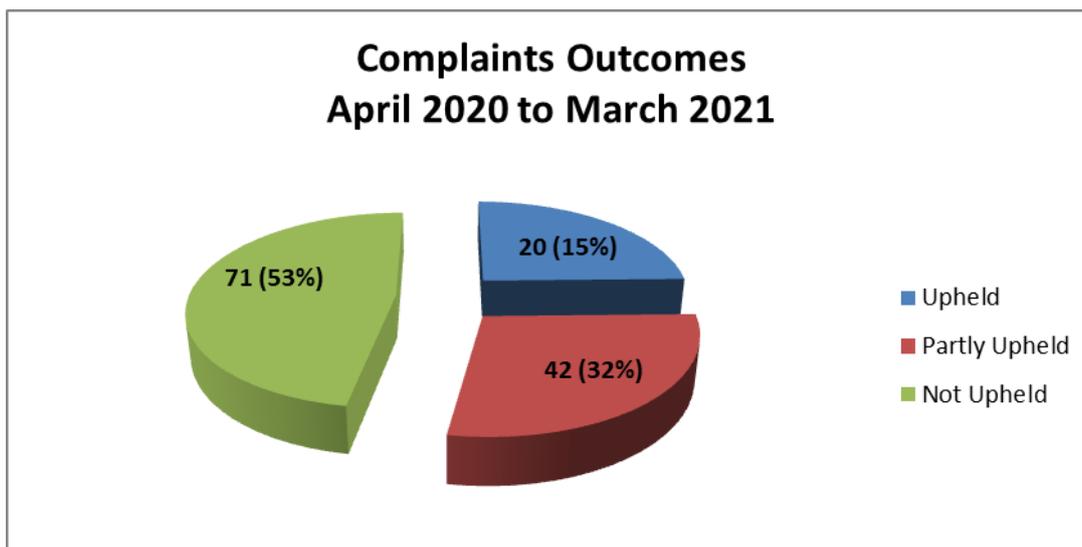
Trust administration/policies/procedures include complaints regarding accuracy of health records, documentation issues and smoking policy.

Appointments are primarily when the patient has been waiting for an appointment and there has been a delay.

Other relates to the remaining categories that fall outside of the top five primary subjects.

### **Formal Complaint Outcomes from 1 April 2020 to 31 March 2021**

Of the 133 formal complaints, 20 (15%) were upheld, 42 (32%) were partly upheld and 71 (53%) were not upheld. For the previous year, the Trust responded to 243 formal complaints of which 60 were upheld (25%), 68 were partly upheld (28%) and 115 were not upheld (47%).



Upheld complaints are those that when investigated, it is found that all of the issues raised were well founded. Partly upheld complaints are where some of the issues raised were well founded. Not upheld complaints are where the issues raised could not be substantiated through investigation.

A review of all upheld and partly upheld complaints has been undertaken and there is no team or service where a high number of complaints have been upheld or partly upheld; these will continue to be monitored and any areas of note will be highlighted to the appropriate General Manager.

### **Actions taken by Divisions as a result of formal complaints responded to**

All actions identified from formal complaints are monitored by the Complaints and Feedback team and for each action; confirmation/evidence is requested from the lead person identified for that action that the action has been completed by the specified time. Where the action plan has been developed at the time of the response, these actions are included in the letter of response to the complainant. A tracker for all actions for upheld and partly upheld formal complaints is continually monitored/checked and shared with the Divisions.

The following are some examples of actions/learning from complaints responded to this year. Patient specific actions have been excluded:

- GP practice – The GP did not ensure the most up to date BMI was used at consultation – all clinicians to be reminded to use up to date readings – the use of Arden’s templates will ensure this is implemented.
- GP practice – Create a step by step guide to requesting, accepting, delivering urine samples. Process needs to include communications to the patient and colleagues. Staff should ask what date the sample was brought in when giving out results to guarantee the correct test is being discussed. Clinicians to annotate on the record if the test has been sent off and contact the patient to advise.
- Community Hospital – Staff to familiarise themselves with the disabled people exempt from wearing face coverings under the new Government guidance
- Adult Mental Health Community – There had been a lack of clarity regarding the review and discharge process from group interventions – The invitation letter to make the clinical decision making processes explicit to avoid confusion.
- Adult Mental Health, Inpatient - Staff to be considerate of the number of people in the room for a clinical review meeting and to discuss this with the patient before the meeting; the discussion to be documented in the patient’s notes.
- Mental Health Response Service – To clarify with the staff team around referrals and reinforce that time frame for first contact should be discussed and done in collaboration with referrer and service user.
- Older Peoples Mental Health Team – Staff to have more regular contact with care the home that the patient is to be discharged to. On day of discharge, staff nurse to contact the home and give a verbal handover as well as ensuring that an up to date care plan is sent.
- Child and Adolescent Mental Health Service (CAMHS) core team Hull: All Attention Deficit Hyperactivity Disorder (ADHD) referrals to come through the Special Education Needs Coordinator (SENCO) accompanied by a completed neurodevelopmental checklist and ADHD screening triage; thereafter the ADHD clinicians accept the referrals from Contact Point for triage and assessment on a weekly basis. This process has been designed to identify accurate referrals and ensure nothing is overlooked.

## **Informal Complaints and PALS (Patient Advice and Liaison Service)**

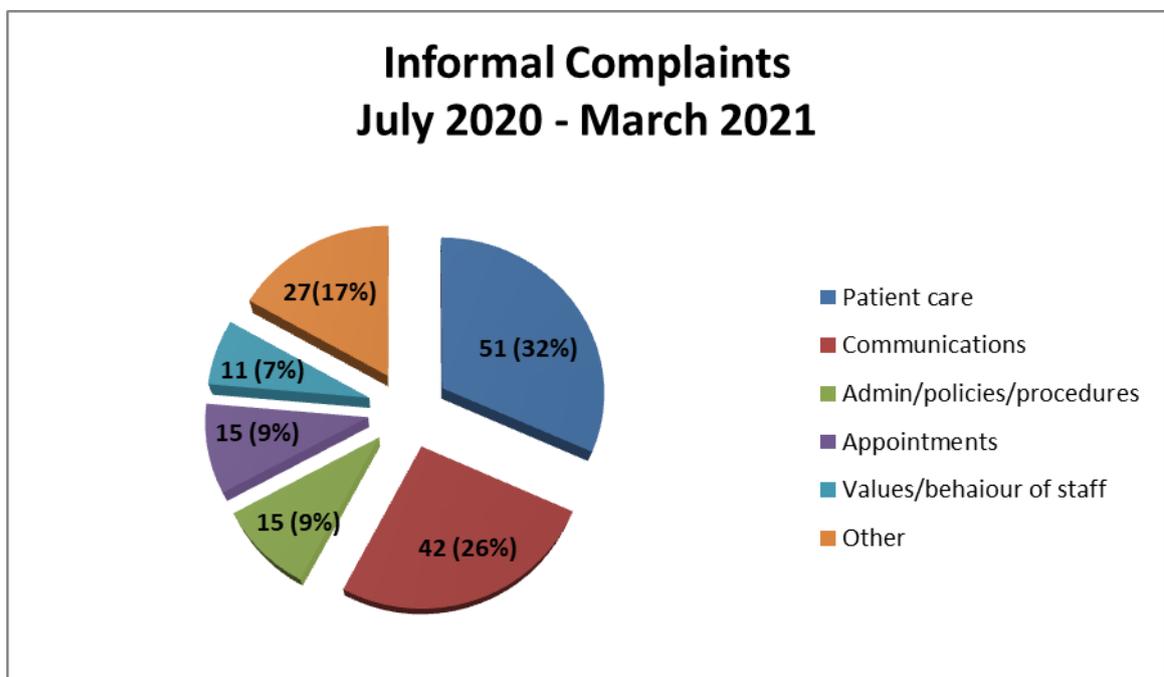
As described above, when the Covid-19 pandemic commenced, all formal complaints were placed on hold and all complaints were dealt with informally during this period, where possible and with the agreement of the complainant. This proved to be successful. As a result of this, it was agreed that the Trust would triage all complaints received to see if

some could be resolved informally; making this a much quicker response for patients/relatives and carers. It was also agreed that we would use the term 'informal' complaint as opposed to 'PALS contact' as this was clearer for patients, relatives and carers as well as staff who have welcomed this approach. All complaints are now logged on one database and are now recorded with the same subjects as formal complaints.

For the period 1 April 2020 to 30 June 2020, the Trust responded to 50 PALS contacts; 43 of these were concerns/complaints and 7 were queries, comments or suggestions.

The new process commenced in July 2020 and therefore for the period, 1 July 2020 to 31 March 2021, the Trust responded to 161 informal complaints, in addition, there were 18 queries, comments and suggestions.

Of the 161 informal complaints responded to, the primary subjects/themes were as follows:-



The following are examples of issues which have been resolved through the informal process:

- GP – Mother of patient had been given conflicting information on how her son, who is asthmatic, could get his flu vaccination – the Practice Manager determined that the practice should provide it and booked an appointment for the patient.
- Secure Services – Patient was upset he had no curtain rail around his bed. This had been discussed with the patient due to his ligature attempts; the Trust was seeking a source for Velcro curtains.
- Mental Health Response Service (MHRS) – Daughter of a patient was concerned about the delay in being able to contact the service. MHRS staff contacted the daughter to discuss the case and clarify the support available and how this could be accessed.
- Emotional Wellbeing Service (EWS) – Patient had complained about a member of staff and requested an alternative therapist, however the original member of staff

had contacted her. The service contacted the patient and apologised and arranged an alternative therapist for ongoing treatment.

- Child and Adolescent Mental Health Service (CAMHS) – Mother of patient was upset as her daughter had been discharged due to the family not responding to contacts from the service, but mother said that the family had not received them. The service contacted the mother and agreed to re-open the case and offer a family triage; it was agreed that this would be done urgently.

## Enhancements to process

In addition to being able to raise a complaint via telephone, email or letter, the Trust has developed an online form which complainants can use to submit a complaint and it is sent directly to the Complaints and Feedback Team for both informal and formal complaints.

In addition to this, each letter of response includes a link so that complainants can provide feedback on how their complaint has been handled; for those who do not wish to fill in a form online, they are advised that a paper copy can be obtained from the Complaints and Feedback team.

## Compliments

The Trust received 207 compliments for the period 1 April 2020 to 31 March 2021, as follows:

- 71 (34%) were for the Mental Health Division
  - 41 for Planned Care
  - 29 for Unplanned Care
  - 1 for Mental Health Services Central
- 87 (42%) were for the Community Services and Primary Care Division
- 42 (20%) were for the Children's and Learning Disability Services Division
- 5 (3%) were for the Secure Services Division
- 2 (1%) were for Corporate Services

The Trust continues to look at ways to strengthen the process for capturing compliments.

## Parliamentary and Health Service Ombudsman (PHSO)

Of the formal complaints responded to from 1 April 2020 to 31 March 2021, one complainant took their case to the Parliamentary and Health Service Ombudsman. The Trust was asked to further explain the learning from the complaint and to pay compensation; both of these actions were completed.

There is currently one case being considered by the PHSO however, this formal complaint was responded to in 2019.

## Priorities for 2021/22

**Over the next twelve months we will demonstrate improvement based on patient, service user and carer involvement and will achieve this by continuing to deliver the priorities set out in our coproduced five year PACE strategy (2018 to 2023).**

We will continue to deliver on the initiatives that were implemented as a result of Covid-19, e.g. virtual church services and awareness weeks and will pay particular attention to the following key priorities:

- We will capture the views of young people by introducing a Youth Board (Humber Youth Action Group). *Source; national networking*
- We will continue to seek new and innovative ways to collect feedback to inform service redesign and improvements. *Source; Patient and Carer Experience Strategy (2018 to 2023)*
- We are listening and we want you to know that you are being heard; we will continue to let you know how your feedback has shaped the services we currently deliver and influence future service provision
- We will strengthen our approach to involving carers, families and loved ones in service redesign and improvement by introducing a Carers Involvement forum. *Source; Staff Champions of Patient Experience forum*
- We will support our approach to values based recruitment so that we employ the right staff by continuing to implement the framework to involve patients, service users and carers in recruitment. *Source; Quality Accounts Priority 21/22*
- We will actively listen to people from all backgrounds to ensure that the voices of our wider communities are heard to inform service redesign and improvements. *Source; Equality, Diversity and Inclusion priority*
- We will commence implementation of the Patient Safety Strategy Partners role in line with the National and Trust Patient Safety Strategies *(July 2019)*
- We will develop a Patient and Carer Experience training package to be hosted on the Trust's Recovery College platform to equip individuals with knowledge and information to support them when getting involved in Trust activities. *Source; Patient and Carer Experience Strategy (2018 to 2023)*

This annual report is available in alternative languages and other formats *including Braille, audio disc and large print*. Or, if you would like any further information relating to this annual report, please contact the Patient Experience Team as follows:

**Humber Teaching NHS Foundation Trust**  
**Trust Headquarters**  
**Willerby Hill**  
**Beverley Road**  
**Willerby**  
**East Riding of Yorkshire**  
**HU10 6ED**

**Tel: 01482 301700**

**Email: [hnf-tr.contactus@nhs.net](mailto:hnf-tr.contactus@nhs.net)**

**Twitter: @humbernhsft**

**Facebook: @humbernhsft**

**Tel: 01482 389167**

**Email: [hnf-tr.patientandcarerexperience@nhs.net](mailto:hnf-tr.patientandcarerexperience@nhs.net)**

## Appendix 1: New Design of the Trust's Friends and Family Test (FFT) Survey Forms

### Generic Version: Front/Back Cover

#### Patient and Carer Experience Forum

**Would you like to improve our services?**

If so, join our Patient and Carer Experience forum or find out how you can get involved in various Trust activities.



#### WE WANT YOU!

If you or someone you care for accesses our services and you would like to have your say about the care provided to you we would like to hear from you.

We are striving to have a representative mix of patients, carers and staff of all ages, gender identities, backgrounds and nationalities to join our Patient and Carer Experience Forum.

**The group will have the opportunity to:**

- Help raise the profile of patient and carer experience in our services.
- Give our members and other patients the opportunity to make positive and constructive suggestions about our services.
- Participate in improving and developing services within the Trust.

If you would like to get involved, please call our team on

**01482 389167**

or email [hnf-tr.patientandcarerexperience@nhs.net](mailto:hnf-tr.patientandcarerexperience@nhs.net)



#### Friends and Family Test Survey

### How are we doing?



You can complete this survey online at [humber.nhs.uk/friendsandfamilytestonline.htm](http://humber.nhs.uk/friendsandfamilytestonline.htm) or please ask a member of staff how to return this form.

Team Code:

## Generic Version: Inside

### How are we doing?

Are you a

Patient  Other \_\_\_\_\_   
(Please specify)

What is your age?

0 to 11 months  12 to 17 years  60 to 79 years   
 1 to 4 years  18 to 39 years  80 years plus   
 5 to 11 years  40 to 59 years

1. Thinking about the service we provide, overall, how was your experience of our service?

Very Good | Good | Neither good nor poor | Poor | Very Poor | Don't know

2. Please can you tell us why you gave your answer?

3. Did you feel that we were friendly and helpful?

Yes Sometimes No

4. Did you feel that you received the correct level of information?

Yes Sometimes No

5. Did you feel safe and confident in our service?

Yes Sometimes No

6. Did we see you in a place that worked well for you?

Yes Sometimes No

7. Did you feel that we showed you privacy, dignity and respect?

Yes Sometimes No

8. Did you feel that you were involved in making decisions about the care being offered?

Yes Sometimes No

9. Did you feel that we listened to you and that you were understood?

Yes Sometimes No

10. Did you feel that we gave you enough time?

Yes Sometimes No

11. Please tell us what we did well.

12. Please tell us what we can do better.

Thank you for completing the survey.

For questions about the NHS Friends & Family Test, please email us at [hnf-tr.friendsandfamily@nhs.net](mailto:hnf-tr.friendsandfamily@nhs.net).

Please tick here if you do not wish for your comments to be made public

## Easy Read Version: Front/Back Cover

### Patient and Carer Experience Forum

#### Can you help us make things better?

Come and join our group.



#### Help us by:

-  Telling us what's gone well.
-  Telling us what's not gone well.
-  Telling us how to make things better

#### Contact us by:

 Telephone: 01482 389167

 Email us at:

[HNF-TR.patientandcarerexperience@nhs.net](mailto:HNF-TR.patientandcarerexperience@nhs.net)



### Friends and Family Test Survey

## How are we doing?



 Please ask a member of staff how to return this form.

 This form can be filled out online:  
[humber.nhs.uk/friendsandfamilytestonline.htm](http://humber.nhs.uk/friendsandfamilytestonline.htm)

Team Code:

## Easy Read Version: Inside

### How are we doing?

Are you a

Patient  Other \_\_\_\_\_   
(Please specify)

#### What is your age?

0 to 11 months  12 to 17 years  60 to 79 years   
 1 to 4 years  18 to 39 years  80 years plus   
 5 to 11 years  40 to 59 years

1. Think about all the times we have seen you. Were we:

Very Good | Good | Neither good nor poor | Poor | Very Poor | Don't know

2. Think about your answer in question 1. Why did you give us that answer?

3. Were we friendly and helpful?

 Yes  Sometimes  No

4. Did we give you all the information that you needed?

 Yes  Sometimes  No

5. Did we make you feel safe when we saw you?

 Yes  Sometimes  No

6. Did we see you in a place that worked well for you?

 Yes  Sometimes  No

7. Did we treat you the way you wanted to be treated?

 Yes  Sometimes  No

8. Did you feel you were a part of making choices about your care?

 Yes  Sometimes  No

9. Did you feel like we listened and understood you?

 Yes  Sometimes  No

10. Did we give you enough time?

 Yes  Sometimes  No

11. What did we do well?

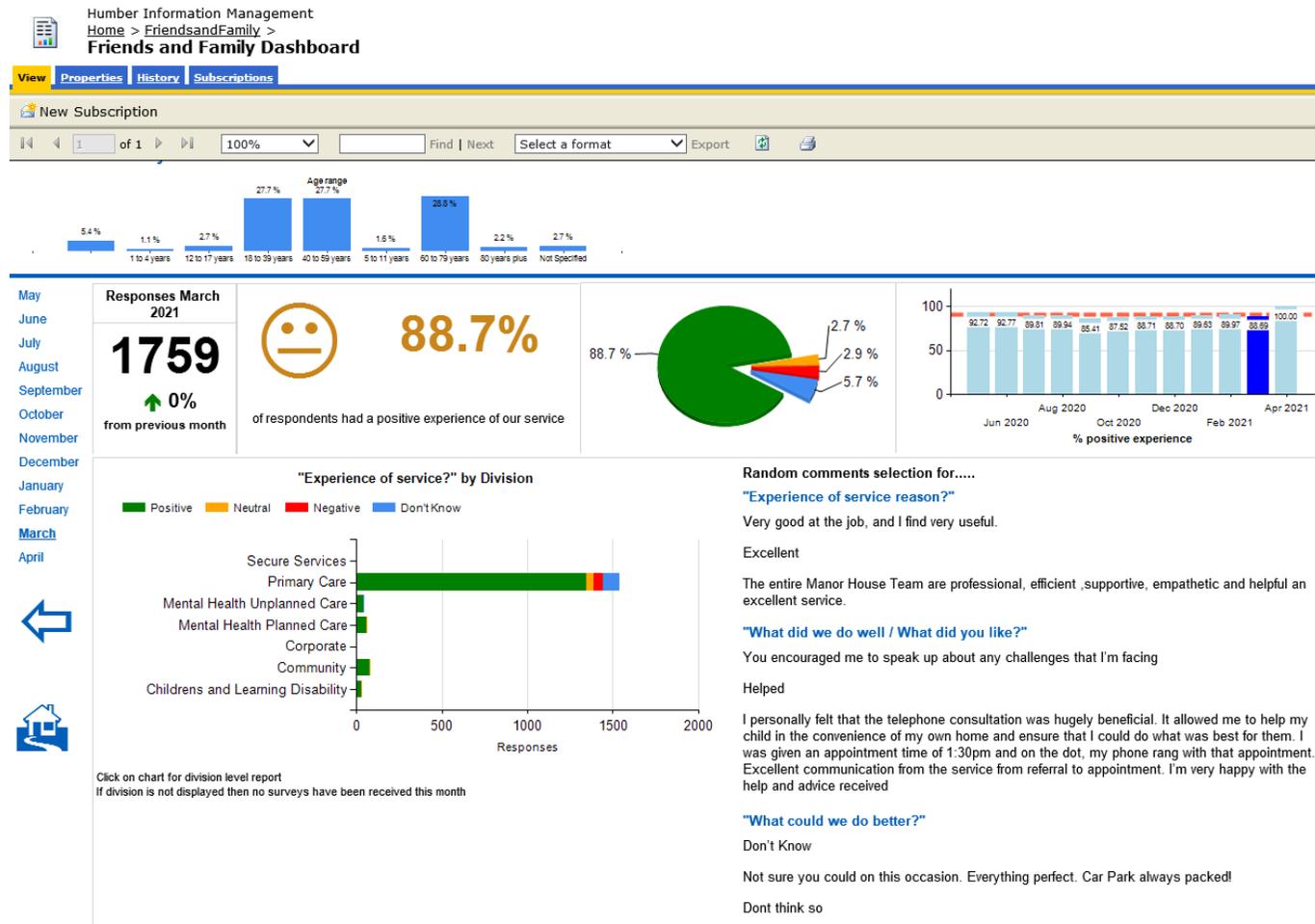
12. What could we do better?

Thank you for completing the survey.

For questions about the NHS Friends & Family Test, please email us at [hnf-tr.friendsandfamily@nhs.net](mailto:hnf-tr.friendsandfamily@nhs.net).

Please tick here if you do not wish for your comments to be made public

## Appendix 2: Friends and Family Test Dashboard Overview March 2021



## Appendix 3: National GP Survey Results: 2019/2020 Comparison

Questions	National Average		Chestnuts and Hallgate Surgery		Fieldhouse		Manor House		Market Weighton		North Point		Peeler House		Princes Medical Centre	
	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019	2020	2019
% of patients who describe their experience of making an appointment as good	65%	67%	52%	81% Chestnuts 76% Hallgate	54%	55%	54%	61%	45%	42%	57%	56%	75%	76%	58%	68%
<b>Your last appointment</b>																
% of patients who say the healthcare professional they saw or spoke to was good at listening to them during their last general practice appointment	88%	89%	84%	95% Chestnuts 92% Hallgate	73%	79%	92%	91%	86%	86%	90%	89%	84%	84%	87%	90%
% 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	87%	89%	81%	95% Chestnuts 92% Hallgate	76%	79%	91%	91%	82%	83%	92%	96%	83%	83%	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	93%	93%	87%	97% Chestnuts 100% Hallgate	81%	86%	97%	99%	91%	92%	94%	90%	89%	90%	93%	95%
<b>Overall experience</b>																
% of patients who describe their overall experience of this GP practice as good	82%	83%	72%	90% Chestnuts 83% Hallgate	72%	70%	82%	91%	65%	70%	82%	84%	83%	86%	80%	87%

## Appendix 4: Nice Guidance (NG150) Supporting Adult Carers Action Plan

Item No.		Action	Status	Responsible Lead	Open/Closed	Due Date
<b>1. Not all teams/clinicians are identifying carers at every opportunity. The Patient Experience team to continue to raise awareness of the importance of identifying carers.</b>						
	1.1	Recirculate the Practice Notes to all staff which highlight the importance of identifying carers and when they are in stress.	Both Practice notes were circulated during carers week (w/c 8.6.20)  MD to circulate to all staff on an ongoing basis	MD	Open	Ongoing
	1.2	Discussion at Staff Champion of Patient Experience Forum	Agenda item on 25.8.20 SCOPE Forum	MD	Open	25.8.20
	1.3	Discussion at Matrons meeting	MN to arrange for MD and MN to attend future Matrons meeting	MN	Open	30.9.20
<b>2. The Trust needs to do more to support staff who have caring responsibilities alongside their role.</b>						
	2.1	The HR team to implement the Carers Passport Scheme which will enable carers to self-identify		HL	Open	31.10.20

<b>3. The CQC has identified that in several of their Mental Health Act visits, there is a lack of carer involvement in the care planning process.</b>						
3.1	The Mental Health Act Clinical Manager to raise issue and have a discussion about how carer involvement can be strengthened in the carer planning process in the following meetings; Mental Health Legislation Steering Group, Mental Health Services/Forensic Services/CAHMS Divisional Clinical Governance Groups/Clinical Networks, Quality & Regulations Group, Mental Health Legislation Committee and Matrons meetings.	MN to arrange to attend meetings	MN	Open	31.10.20	
3.2	To attend the Audit and Effectiveness Group to have a discussion about how carer involvement can be strengthened in the care planning process and link to the CQC KLOE and MHA findings.	MN to attend the 1 <sup>st</sup> July 2020 Audit and Effectiveness Group and feedback discussion to MD. MD and MN will then discuss feedback findings in the August 2020 QPAS meeting.	MN/MD	Open	31.8.20	
3.3	The Mental Health Act Clinical Manager to attend the August 2020 SCOPE forum to raise awareness to care professionals of the importance of involving carers in the	Agenda item on 25.8.20 SCOPE Forum	MN	Open	25.8.20	

		care planning process				
	3.4	New care plan is being developed by staff in the Mental Health Services Division (Adult I/P)	Matron (Adult IP services) in process of developing new care plan. MN to confirm when new care plan is implemented and how affective it is to ensure improved involvement of carers in the care planning process.	JS/MN	Open	tbc
	3.5	Where issue is raised at CQC visit, the Mental Health Act Clinical Manager to audit care plans and provide feedback as a result of findings	Audit and feedback process is already established and will continue	MN	Open	Ongoing
<b>4. To implement the carers pack (developed in the Goole Community Mental Health Teams) across all CMHTs.</b>						
	4.1	To discuss the importance of implementing the Goole carers pack at the Mental Health Division Clinical Network meeting.	To attend MH Division Clinical Network meeting on Thursday 23 <sup>rd</sup> July.	MD/MN	Open	23.7.20

## Appendix 5: Involvement in Trust Activities Poster



Humber Teaching  
NHS Foundation Trust

# Involvement in Trust Activities

Here are some of the ways that you can get involved in activities that take place across our Trust:

### Patient & Carer Experience Forums

- Help raise the profile of patient and carer experience in our services.
- Have the opportunity to make positive and constructive suggestions about our services.
- Participate in improving and developing services within the Trust.

**Email:**  
hnf-tr.patientandcarerexperience@nhs.net  
**Tel:** 01482 389167  
**For Quality Improvement initiatives, please contact:**  
hnf-tr.qimprove@nhs.net  
Twitter: @HumberQI

### Recovery College

- Get hands-on by becoming a member of our team – you could utilise your lived experience in a supportive peer volunteer role
- Share knowledge, skills and lived experience as a volunteer guest tutor by developing and delivering a course
- Take control your own mental wellbeing and develop new skills by enrolling onto our workshops and courses yourself!

**Email:**  
hnf-tr.recoverycollege@nhs.net  
**Tel:** 01482 389124

### Sharing my Story

- Your story is a very valuable learning tool for staff
- Share positive or negative experiences to help drive improvement in the organisation
- Your story could prove a good support tool for others in similar situations

**Email:**  
hnf-tr.patientandcarerexperience@nhs.net  
**Tel:** 01482 389167

### Recruitment

- You could meet the applicants as part of a patient and carer panel
  - Be part of the interview panel
  - Take part in an activity such as a group discussion with the applicants
- The way you want to be involved will be determined by you.

**Email:**  
hnf-tr.patientandcarerexperience@nhs.net  
**Tel:** 01482 389167

### Health Stars

Health Stars contributes to a thriving healthcare environment for NHS teams and their patients, by embracing generosity & investing in innovation. We promote the development of exceptional healthcare, which goes above and beyond NHS core services

- The Circle of Wishes is the place where you can tell us about the things you feel would make a real difference to Humber Teaching NHS Foundation Trust services. The things that would bring real "sparkle" to our services our patients and the wider community.

**Website:** healthstars.org.uk

### Research

- You, and/or those close to you, could help us try out new treatments, complete questionnaires or provide samples for genetic testing. (Just some examples)
- Become a Research Ambassador and help us promote research across our Trust and community
- There may be opportunities to help guide new research ideas

**Email:**  
hnf-tr.researchteam@nhs.net  
**Tel:** 01482 301726

### Volunteering

- Use your valuable skills, knowledge and life experience to enhance our services
- Improve your own health and wellbeing through helping others
- Receive training and develop new skills

**Email:**  
hnf-tr.voluntaryservices@nhs.net  
**Tel:** 01482 477862

### Trust Member: What does it mean to be a Member?

Being a member of our Trust gives you the opportunity to become involved and have a say in how our services are developed. Membership is free and you can be involved as much or as little as you would like.

If you are interested in knowing more about being a Trust member please contact the membership office.

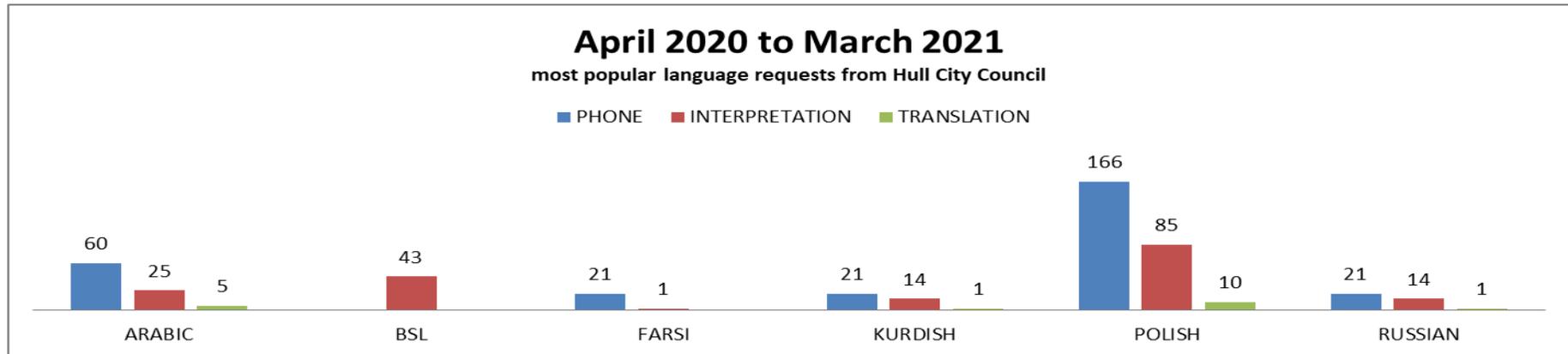
**Email:** hnf-tr.members@nhs.net  
**Tel:** 01482 389132

## Appendix 6: Equality, Diversity and Inclusion Priorities for Patients, Service Users and Carers (2020/21)

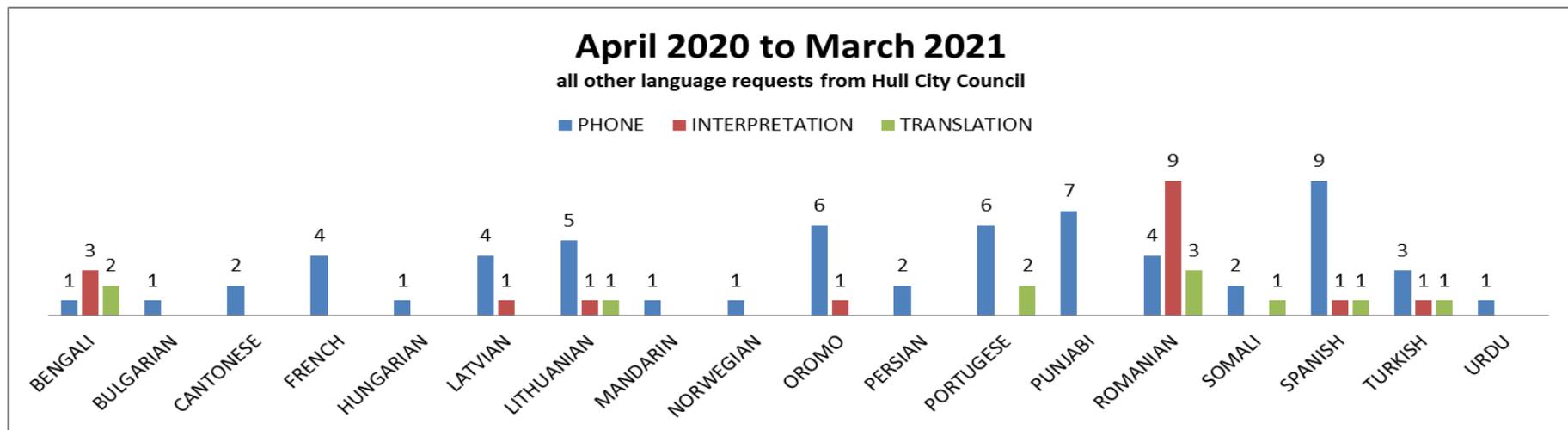
Priority	Progress
<p><b>To improve access to digital technology in particular for hard to reach groups</b></p>	<p>A working group meets regularly to look at a digital offer for deaf people in crisis.</p> <p>Due to Covid- 19 digital platforms (in particular MS Teams) were introduced and this is helping some of our patients, service users and carers access meetings in particular where they find it difficult to leave the house to get to a meeting.</p> <p>The Trust has made significant improvements to the website, including enhancements for usability, including content, accessibility, marketing, mobile, social, speed, and legal compliance. To this end it has been scored number 4 out of 211 NHS Trusts nationwide for website accessibility.</p> <p>The Patient Information Project commenced in the Autumn 2020 and will create a single online repository of patient information resources on our Trust website in a searchable, accessible and supportive way for patients and their families. It aims to improve patient communication and ensures that everyone has access to a range of useful health and wellbeing information resources, ensuring consistency of patient information across services, improves accessibility and allowing staff to share patient information across services. The project is a collaboration between the Communications Team, Patient Experience Team and University of Hull Students Computer Science Masters Students who are completing the project as part of their course. It has been done at no cost to the Trust and is due for completion in May 2021. There has been patient, carer and stakeholder engagement through a workshop and a future plan is in place for a panel of testers once the second phase of development has taken place.</p>
<p><b>To co-produce a variety of training packages with people from a diverse background so that it is representative of the protected characteristics</b></p>	<p>The Patient Experience Team is working with patients, service users, carers and staff to develop a Patient and Carer Experience (PACE) training package. Work is underway to develop PACE training modules which will be hosted on the new Recovery College platform.</p> <p>The Trust has been working with local Carers Support organisations to develop a training package to support staff and carers. The Carers Champion training is now available for our staff to access on ESR and soon our patients, service users and carers will be able to access the training on our Recovery College platform. The training has been designed to help identify unpaid carers, raise awareness in our services, families or community and be fully equipped to signpost a carer to the support available from local carers support service organisations. By undertaking this training individuals and teams are able to help carers access the right support to improve their wellbeing and those who they are caring for.</p>
<p><b>To continue to develop</b></p>	<p>The Trust continues to provide these services to our patients; Hull City Council provide Interpretation and Translation services for people living</p>

<p><b>interpretation and translation services for people who speak English as their second language</b></p>	<p>in the Hull and East Riding area and The Big Word for individuals living in the Whitby, Scarborough and Ryedale region. Language Line provides video interpreters to the teams who have the highest volume of patients who speak English as their second language. At the start of Covid- 19 the Trust rolled out Language Line’s three way telephone Interpretation service to all teams across the Trust.</p>
<p><b>To further develop systems and processes to better understand our data on people accessing our services with a protected characteristic</b></p>	<p>An Equality, Diversity, Inclusion and Inequalities Operational Group was created in November 2020 and has representation from all four Divisions and Corporate Services and has a patient/carer representative . A task and finish group has been created to develop strengthened reporting processes for collecting demographical data including protected characteristics and inequalities personal information on people accessing our services. A co-produced patient information leaflet is in the design phase to support patients, service users, carers and staff to help inform people as to why we collect this information.</p>

## Appendix 7: Interpretation and Translation Activity (April 20 to March 21)



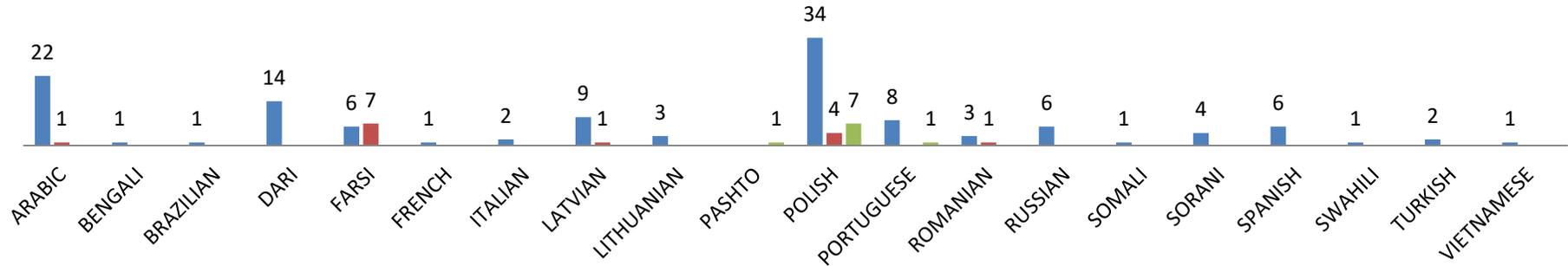
The above shows the most popular languages requested by Hull City Council, and below details all other languages requested.



## April 2020 to March 2021

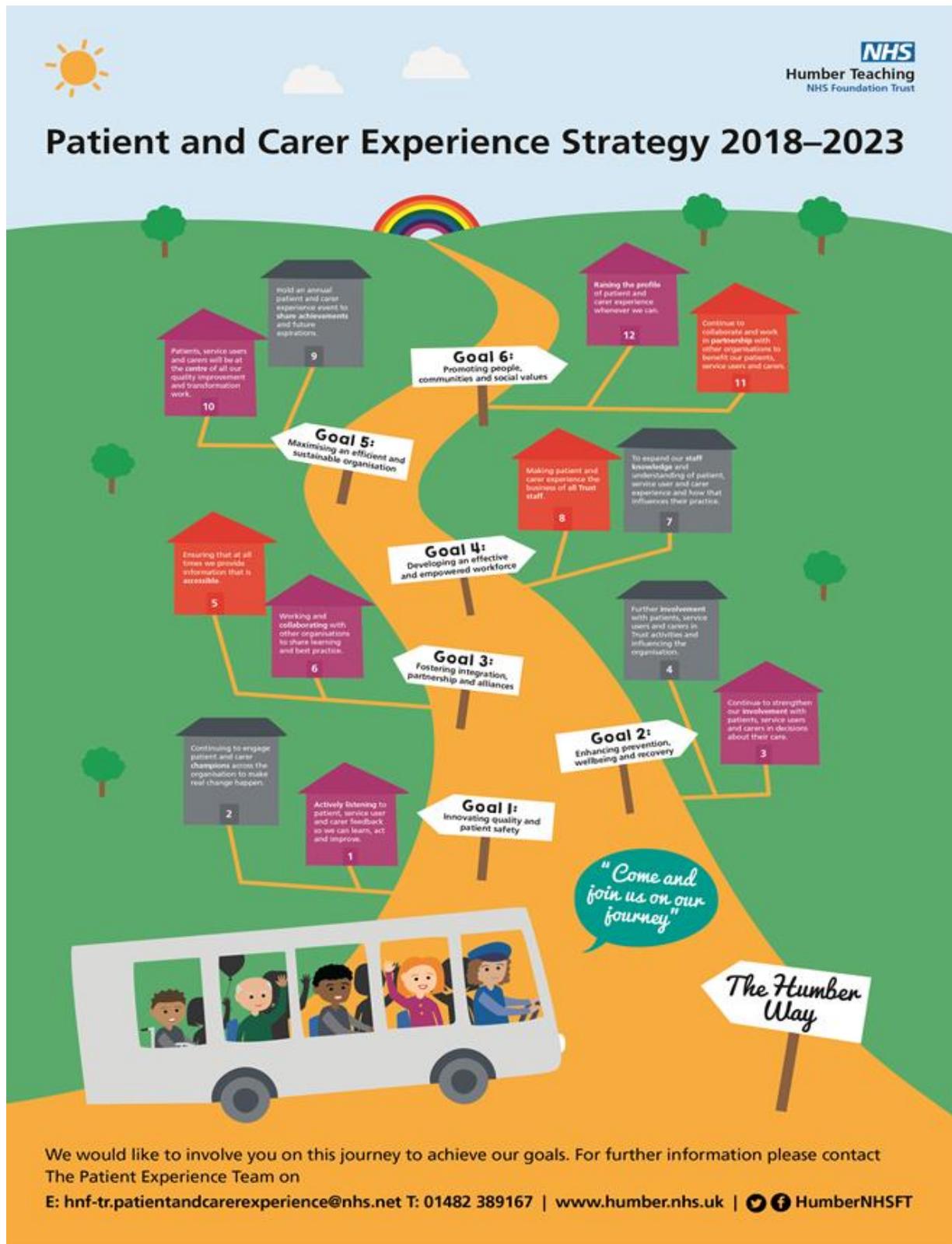
### Alternative organisations interpretation record

■ Language Line   
 ■ Key Language   
 ■ Language is Everything



LANGUAGE LINE	KEY LANGUAGE	LANGUAGE IS EVERYTHING
All interpretation by telephone	All interpretation by video call	All interpretation by telephone, except 2 written 1 x Polish and 1 x Pashto

# Appendix 8: Patient and Carer Experience Strategy 2018-2023 (Plan on a Page)



If you would like the full strategy please contact the Patient Experience Team as above.

## Appendix 9: Patient and Carer Experience Development Plan

**Team Name:**

Item No.	Action	Status (Update)	Responsible Lead	Due Date
1.	To develop a process to ensure all feedback is discussed in the team meetings and acted upon (e.g. <i>Friends and Family Test dashboard, national patient experience surveys, complaints and compliments</i> ).			
2.				
3.				
4.				