

# Patient and Carer Experience Annual Report (2021 /2022) including Complaints and Feedback



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## **1.0 Executive Summary**

The Patient and Carer Experience Annual Report (Apr 2021 to March 2022) 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 service 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 albeit virtual to enable patients, service users, carers, staff and partner organisations to be actively engaged with the Trust. April saw the introduction of our Carers Involvement forum where teams and carers support organisations are engaging to share good practice, knowledge, experience and resources. This will strengthen our approach to involving carers, families and loved ones in Trust activities.

Work continues to support the Armed Forces Covenant; this year the Trust launched a new champion role called the Armed Forces Community Navigator. Staff who have a passion for advocating and championing the needs of serving personnel, veterans and their families are taking on this extremely valuable responsibility to enhance their job role and support their team.

This year saw the introduction of the Humber Youth Action Group (HYAG), which has been developed to bring together young people between the ages of eleven and twenty-five to get involved in Trust activities. The Trust has been working with young people to co-produce the design of the group from creating the vision to developing the ways of working. The young people are developing an understanding of our Children's and Young People's services and the Trust and are starting to be active participants in improving and shaping these services. We now have eighteen young people involved in the HYAG.

On the 1 March 2022 three initiatives were launched, including; the Panel Volunteer initiative to support the organisation to employ the right staff by including patients, service users and carers on interview panels, 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 and the Making Every Member Count initiative where the Trust is delivering a standardised approach to make 'Every Member Count' when individuals are getting involved in Trust activities. A qualitative survey is in development and will be sent out to individuals who participate in Trust activities six months following their first contact with the Trust. The survey will be designed to gain a better understanding of what impact getting involved in Trust activities has on an individual.

The Trust is supporting the development of a system-wide Integrated Care System (ICS) Engagement strategy which will build on the strong established networks in place and utilise existing relationships and good practice to support engaging with people and communities across the ICS footprint.

## 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:

Patient and Carer Experience Priorities	Humber Teaching NHS Foundation Trust Objectives
<b>Priority One:</b> Actively listening to patient, service user and carer feedback so we can learn from, act and improve	Innovating for 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	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	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	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	Optimising 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	Promoting people, communities and social values

**Priority Twelve:**

Raising the profile of patient and carer experience whenever we can

## 2.0 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.

<b>Priority One:</b> <i>Actively listening to patient, service user and carer feedback so we can learn from, act and improve</i>	<b>Trust Goal:</b> <i>Innovating for quality and patient safety</i>
<b>Priority Two:</b> Continuing to engage patient and carer champions across the organisation to make real change happen	

**2.1 Trust Forums:** The Trust continues to actively engage and involve the community by hosting virtual Trust forums across the geographical patch.

**2.2 Humber Youth Action Group (Youth Board):** This year saw the introduction of the Humber Youth Action Group (HYAG), which has been developed to bring together young people between the ages of eleven and twenty-five to get involved in Trust activities. The Trust has been working with young people to co-produce the design of the group from creating the vision to developing the ways of working. The young people are developing an understanding of our Children's and Young People's services and the Trust and are starting to be active participants in improving and shaping these services. We now have eighteen young people involved in the HYAG.

The Children's Services division has a dedicated engagement lead and because of the post there has been an increase in staff from the division encouraging young people with lived experience to join the HYAG. Also, staff are identifying more projects for co-production. As a result, the division is creating more opportunities for young people to meaningfully contribute and shape services to make sure they are right for young people.

The members meet every four to six weeks. Some workshops involve guest speakers at the request of the young people, to expand their knowledge and understanding, and others bring opportunities to contribute to research, Trust activities and service improvements/development. Three members have had social media training via the Trust's Communications Team and are starting to contribute to the running of the HYAG Instagram account to engage other young people interested in joining the group and sharing positive health messages that resonate with young people.

### **Charlie's Story: Becoming a member of the HYAG has led Charlie to a week's work experience in the Trust**

Both of Charlie's parents work in the NHS and he hopes to have a career in health too. He plans to join the military and gain some health-related qualifications and experience, and then utilise these skills within the NHS. Attending the HYAG has helped Charlie to gain a better understanding of Children's and Young People's health services and how an NHS organisation functions. He is keen to make a difference, however, wants to learn more and is looking forward to his work experience with the Trust. Charlie will be spending two days with YOURhealth/ Health Trainers where he will have an opportunity to learn about the support they offer to the fishermen in Whitby and Bridlington, as well as participate in the Sewerby Park Health walks. Charlie will also spend two days with SMASH to gain a better understanding of the support they offer young people in schools and will also join a SMASH Young Evaluator Session. His last day will be spent with Estates to gain an understanding of their role.

### **Izzy's Experience: Izzy is a member of the HYAG**

I've really been enjoying being a part of Humber Youth Action Group because it's such a positive group of people and the workshops we have help me learn so many things which I can apply to myself or my friends. My motivation to join Humber Youth Action Group was to have a platform to voice my opinions and see some progress within the help young people receive. I've had great insight in what the Trust stands for from the meetings we have - it's a great opportunity to learn about the Trust and the care for young people as a whole. It has given me chance to develop my skills in creating posts which will help others. My hope is to see the difference HYAG will make in the NHS services. To see the ideas/suggestions we bring up and watch them to come to life."

**2.3 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 21,946 completed surveys received during the year, 88% of patients had a positive experience of or services. Other scores include 88% of patients thought our staff were friendly and helpful, 87.8% of patients thought they were involved in their care and listened to and 93.6% of patients felt they receive sufficient information. From the thousands of comments received over the past 12 months here is a snapshot of some of the feedback:

- **Primary Care Services:** "Reception staff fantastic! Care, wellbeing service excellent, mental health excellent."
- **Mental Health Planned Services:** "My worker is kind and helpful, does so much to help me and make sure I have all the support I need. She never judges, I can be honest all the time."
- **Mental Health Unplanned Services:** "Listened to me, understanding."
- **Community Services:** "Listened. I was never rushed. All the team a great credit to helping a stroke patient."

- **Children’s and Learning Disability Services:** “Named staff member was reassuring and warm, knowledgeable, and left me feeling confident.”

**Improvements made in Primary Care following FFT feedback:**

Two-way text service has been introduced across surgeries to improve call waiting times, online consultations (Engage Consult) introduced, and patients can access these 24/7, to reduce Did Not Attends (DNAs), all GP surgeries’ website home pages include the number of people who DNA their appointment to highlight the number of missed appointments.

- **2.4 Community Mental Health Service User Survey (2021):** Each year, a national study takes place across the NHS to gather patients’ experiences of using community-based mental health services (CMHT). The survey was sent to 1,250 service users. The 2021 response rate was 31% (372 usable responses from a usable sample of 1215). Five questions scored in the top 20% of Trusts surveyed, most of the scores sat in the intermediate range and three questions scored in the bottom 20%. Due to the pandemic several questions that scored in the top 20% of Trusts surveyed in 2020 are in the intermediate range this year. This is in line with the national picture which has seen a similar change because of Covid- 19. The Trust’s Community Mental Health Service User Survey working group continues to meet on bi-monthly and includes service users, carers and staff to make the survey more meaningful. A workshop has taken place to develop an action plan to address areas where improvements can be made. Particular attention has been made to the questions where the Trust scored in the lowest 20% threshold compared to the national picture, the Trust’s bottom five scoring questions and specific targeted questions of concern and these are discussed at each working group meeting where an action tracker is updated, to note any changes or developments.

**Positive impact experienced by a Service User following the action planning process**

**“Did the person you saw understand how your mental health needs affect the other areas of your life?”**

A Service user was identified as requiring Dialectical Behaviour Therapy (DBT) as an intervention but did not feel confident in going to the base where the interventions were being held due to past history. The Service user had no access to the internet at home, so the CMHT arranged for a room at their base and gave her a pre-loved laptop for her to access the intervention.

**Positive outcome:** The service user was able to engage in the intervention and it had a positive impact on her recovery and has reduced her attendance at the Accident and Emergency (A&E) Department.



**2.5 Primary Care Feedback:** 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 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. The table below informs on the number of FFT responses received from patients accessing the Trusts GP practices and their overall experience of the service received.

Month	FFT %	Total No. of responses	Total Number of 'Positive' Responses	Total Number of 'Don't Know'	Total Number of 'Negative'
Dec 21	88%	1028	919	59	50
Jan 22	92%	1575	1451	52	72
Feb 22	93%	1372	1275	58	39
Mar 22	91.4%	1305	1194	44	67

90% and Above

85% and Above

**2.5.1 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 2021. The results are on the following website: <https://www.gp-patient.co.uk/>.

Refer to appendix 1 and appendix 2 which provide an overview of the Trust's GP Patient survey results for 2021 in comparison to 2020 and local results in comparison with national results. Overall, the Covid- 19 pandemic has been very influential on the the results because access to see GPs and primary care clinicians was significantly affected.

On comparing the percentage of patients who describe their overall experience of our GP practices as good; all but two of our practices score higher and the remaining 2 are on par with the national picture. This information has been discussed in operational meetings



where actions and shared learning are taking place and are linked to the Friends and Family Test learning.

**As a result of this year's national GP Patient Survey our surgeries want to answer telephone calls faster. Improvements include:**

- On ringing the surgery, before the patient gets through to the reception team, the automated voice has been altered to introduce more signposting options. It is hoped that these additional messages of support will offer additional information to signpost individuals to the relevant service. where the GP receptionist is not the correct person to deal with the call, it is hoped that this will reduce the wait time on the telephone line.
- The Trust has introduced a new Customer Service training course aimed at primary care staff when managing enquiries. The training explores; the virtual platform (e.g., video chats, instant messaging), using the 'Humber tone' in communications and interactions, efficient ownership of an enquiry and focuses on the bedside manner at a reception desk.
- Monitoring of telephone performance is now included in Primary Care level 3 reports.

**2.6 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.

**Graham's Story: Trust Board, September 2021**

Graham has been in receipt of our Learning Disability services for a number of years. He felt alone until he started receiving care from the Community Learning Disabilities Team. When with the nurses he didn't feel alone anymore, and they support boosted his confidence. Previously Graham lacked confidence, felt intimidated and he didn't understand medical terms. He was given a 'My Health Action Plan' and since then everything fell into place. Graham says, "If you get your health right, you can get the rest of your life sorted out." He was asked what he wanted to do with his life which led to him to learning to read and write. Graham went to college to gain qualifications in English and Maths and won best student award! Since then, Graham has joined the Trust PACE forum and is an active PACE champion. He speaks to carers to get their views about services and sits on interview panels. He has also shared his story on various occasions so more people can understand what it is like to be a patient. "I now help supporting others as a thank you to everyone that has helped me."

## 2.7 Co-Production Stamp:

### Co-production Stamp Quarterly Draw:

Every time the co-production stamp is approved, the team is entered into a draw and the winner is randomly selected at the Staff Champion of Patient Experience forum. The first ever draw winner was Gavin Hamilton and the Yorkshire, Coast and Wolds Primary Care Mental Health Network who won a £25 voucher. Gavin works alongside people with lived experience to produce the monthly Beat the Blues magazine which is a fantastic read and supports those on their recovery journey.

Gavin says “It was a huge surprise winning the prize draw and I am on behalf of Beat the Blues very grateful.” [hnf-tr.beattheblues@nhs.net](mailto:hnf-tr.beattheblues@nhs.net)

The Trust has developed a Co-production Stamp to demonstrate work that has been co-produced in partnership with patients, service users and carers. This is a great way to add value and recognition to the hard work and support that goes into co-produced work.



**2.8 Hospital Managers Survey:** The survey is completed by the patient following Hospital Managers reviews/hearings. During the past year the Trust received eight completed surveys. Few comments have been received to date and Hospital Managers have raised concerns that the feedback is generally negative due to patients not being discharged from their detention.

### Key Learning Outcomes include:

- All teams/units reminded to ensure they give all patients a Hospital Managers' patient information leaflet prior the hearing and to discuss the content with them and their family, where appropriate to do so.
- To remind staff to take into consideration the diverse needs of people in respect to additional support they might need to help them to read and understand the leaflet and what is written about them.
- Hospital Managers reminded of the need to ensure they ask the patient if they would like to speak with them privately before the hearing/review.

**2.9 Feedback from the Covid Vaccination Hub:** From March 2021 to February 2022 the Trust delivered Covid- 19 vaccinations to staff, partner organisations and volunteers. The vaccination hub was a huge success and realised excellent qualitative and quantitative feedback. Key highlights include:

Refer to appendix 3 which includes additional data and feedback on the successful vaccination programme led by the Trust.

**Excellent feedback from the Trust led vaccination programme:**

- 7,840 staff hours and 8,278 volunteer hours were worked
- 50,000 (plus) vaccinations were given
- 102 staff and 126 volunteers supported the vaccination programme
- 94.09% positive feedback was received for the month of January 2022
- “Thank you. Very fast, friendly and really pleased to have been offered the vaccine.”
- “Thank you for making me feel safe and relaxed.”
- Thank you very much. Very well organised from start to finish. Great, polite and friendly team.”
- Excellent job guys – professional and friendly. Thanks.”

<p><b>Priority Three:</b> Continue to strengthen our involvement with patients, service users and carers in decisions about their care</p>	<p><b>Trust Goal:</b> <i>Enhancing prevention, wellbeing and recovery</i></p>
<p><b>Priority Four:</b> Further involvement with patients, service users and carers in Trust activities and influencing the organisation</p>	

**2.10 Carer Involvement:** As part of their Quality Improvement Plan, the Mental Health Services division is strengthening its approach to involving carers. A Carers Involvement task and finish group has been brought together to oversee this work. A number of actions are being addressed to improve carer involvement across all teams within the division.

The Trust has a Carers Dashboard where all divisions review monthly at team level. Refer to the Carers Dashboard overleaf, which provides a snapshot of data for each division at April 21, October 21 and March 22 including; number of patients on caseload, with a carer identified, who have been screened, offered a carers assessment, and have a plan in place.

It is anticipated that numbers of carers identified, screened, and offered a carer’s assessment where appropriate will increase over the forthcoming months due to this strengthened governance process.

## Carers Dashboard 2021/22

Division	Month	Caseload	With Carer	Screened	Offered	Plan in Place	With Carer as % of Caseload	Screened as % of With Carer	Offered as % of Screened	Plan in Place as % of Offered
Children & Learning Disability Services	Apr-21	4514	1684	20	6	4	37.3%	1.2%	30.0%	66.7%
	Oct-21	4625	1734	18	4	2	37.5%	1.0%	22.2%	50.0%
	Mar-22	4638	1685	17	3	2	36.3%	1.0%	17.6%	66.7%
Community Services	Apr-21	13505	443	180	3	3	3.3%	40.6%	1.7%	100.0%
	Oct-21	14192	389	179	2	2	2.7%	46.0%	1.1%	100.0%
	Mar-22	14394	379	176	2	2	2.6%	46.4%	1.1%	100.0%
Mental Health Planned Services	Apr-21	5386	2542	839	529	127	47.2%	33.0%	63.1%	24.0%
	Oct-21	6119	2562	736	488	99	41.9%	28.7%	66.3%	20.3%
	Mar-22	6744	2451	670	459	98	36.3%	27.3%	68.5%	21.4%
Mental Health Unplanned Services	Apr-21	1038	647	53	30	9	62.3%	8.2%	56.6%	30.0%
	Oct-21	987	638	50	33	9	64.6%	7.8%	66.0%	27.3%
	Mar-22	959	607	53	27	8	63.3%	8.7%	50.9%	29.6%
Secure Services	Apr-21	178	146	111	6	4	82.0%	76.0%	5.4%	66.7%
	Oct-21	199	159	106	6	4	79.9%	66.7%	5.7%	66.7%
	Mar-22	200	162	102	8	1	81.0%	63.0%	7.8%	12.5%
<b>Total</b>	<b>Apr-21</b>	<b>24621</b>	<b>5462</b>	<b>1203</b>	<b>574</b>	<b>147</b>	<b>22.2%</b>	<b>22.0%</b>	<b>47.7%</b>	<b>25.6%</b>
	<b>Oct-21</b>	<b>26122</b>	<b>5482</b>	<b>1089</b>	<b>533</b>	<b>116</b>	<b>21.0%</b>	<b>19.9%</b>	<b>48.9%</b>	<b>21.8%</b>
	<b>Mar-22</b>	<b>26935</b>	<b>5284</b>	<b>1018</b>	<b>499</b>	<b>111</b>	<b>19.6%</b>	<b>19.3%</b>	<b>49.0%</b>	<b>22.2%</b>

**2.11 Making Every Member Count Initiative:** Historically, members of the public who participate in a Trust activity are not always aware of other involvement opportunities within the Trust. This Quality Improvement initiative was launched in March to standardise the approach which includes a dedicated pathway to ensure that members of the public are informed of all the different involvement opportunities available in the Trust from their initial contact with our services. Therefore, when any of the following teams sign up a new member, they send a welcome letter with details of all the involvement opportunities on offer, including volunteering, getting involved in research, participating in a quality improvement initiative, joining patient and carer experience forums, becoming a member of the Trust or supporting the Trust's Recovery College by either becoming a Tutor or signing up for a training module/class.

**2.12 Panel Volunteer:** The Patient Experience Team has been working with our patients, service users, carers and staff to standardise how the Trust involves patients, service users and carers in the recruitment process. From 1 March 2022 there is a standardised approach whereby any member of staff can access a Panel Volunteer database to invite individuals who have consented to sit on interview panels to support the Trust's recruitment process. Panel Volunteers are existing or former patients, service users, carers and members of the public, who are willing to volunteer to sit on Trust staff interview panels. They play an active role in the recruitment process by assisting the recruitment panel. Their involvement in the recruitment and selection process benefits both patients and the Trust; the Panel Volunteer's perspective positively influences recruitment and selection decisions, which is crucial to the delivery of high-quality services. Whilst qualifications, experiences, knowledge and professional skills are imperative to effective care and treatment, of equal importance is the demonstration of how the candidate possesses the values, positive behaviours and personal qualities that would enhance the patient experience. Patient involvement in recruitment and selection activity offers an invaluable perspective on this.



**2.13 Patient Safety Partners (PSPs):** NHSE/I have published a draft framework for involving patients in patient safety in line with the strategic intentions outlined in the national patient safety strategy published in 2019. 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. The organisation has made a commitment to recruit a minimum of two PSPs and have them in post by September 2022.

**2.14 Improving the uptake of Covid- 19 vaccinations:** Patient’s, service users and carers were involved in a discussion around improving the uptake of Covid- 19 vaccinations for people with Severe Mental Illness (SMI). Utilising the Peer Support Worker role to provide peer support throughout the process as well as providing clear information about the vaccine so that people can feel supported and make a more informed decision was suggested through this work, which is ongoing to improve the uptake of the Covid- 19 vaccine for people with SMI.

Staff have learned through the feedback the importance of language and how this can impact upon those experiencing SMI. For example, referring to vaccines and vaccination rather than ‘jabs and injections’ which can raise anxiety.

<p><b>Priority Five:</b> Ensuring that at all times we provide information that is accessible</p>	<p><b>Trust Goal:</b> <i>Fostering integration, partnership and alliances</i></p>
<p><b>Priority Six:</b> Working and collaborating with other organisations to share learning and best practice</p>	

**Equality, Diversity, and Inclusion:** There are several initiatives either underway or have been launched, as follows:

**2.15 Research animation:** A co-produced animation to increase opportunities for patients, carers and service users to be given the opportunity to benefit from participation in research has been developed. In the virtual world we increasingly find ourselves operating in, this animation is one of the tools that can be used to reach out to and encourage greater participation amongst more underserved communities. Existing animations and national research campaigns tend to be designed with hospital patients in mind. Those accessing mental health, primary care and community services are often not treated in hospital settings and more medicalised images can be off-putting. ‘My Research Journey’ was co-produced with research champions with lived experience, patients, carers and clinical staff.

The film has been translated into Polish and Urdu and soon Arabic. Further work is underway to co-produce an Afghan and African character for an alternative version of the film including different language options.

Existing animations and national research campaigns tend to be designed with hospital patients in mind. Those accessing mental health, primary care and community services are often not treated in hospital settings and more medicalised images can be off-putting. 'My Research Journey' was co-produced with research champions with lived experience, patients, carers and clinical staff. Alternative versions with different characters and sub-titles are also being designed.

This 3 minute animation helps staff to start a conversation about participating in research. It can be played in waiting areas, included as a link in letters, emailed out, played during an appointment, etc.

<https://www.youtube.com/watch?v=EuVukYWF6pE>

*"Being a Research Champion is fantastic; it gives me the opportunity to contribute to the broader mental health profession by being a part of the research process. My patients often say they enjoy participating in studies as it allows them to help others too!"* Staff Research Champion (Adult Mental Health)

**2.16 Armed Forces Community Navigator (AFCN):** The Trust has committed to the Armed Forces Covenant and to support this, the Trust's Veterans forum continues to meet on a regular basis. Over the past few month's forum members have developed the AFCN role and during the next few months there will be a communication campaign to ask teams across the Trust to identify members of staff to take on this 'champion' role. Anyone who has a passion for advocating and championing the needs of service, ex-service personnel and their families would be an ideal person. They would encourage patients, carers and families to get involved in Trust activities and work to improve experiences for those in receipt of our services who fall under the umbrella of the Armed Forces Covenant. To date we have eight navigators signed up across Primary Care and Mental Health services.

**The Armed Forces Covenant** is a promise by the nation ensuring that those who serve or who have served in the armed forces, and their families, are treated fairly.

**2.17 Demographical data collection:** To help us to understand who is accessing our services and their needs an enhanced data collection template is in development and will be supported by a patient/staff information leaflet. The demographical data (including protected characteristics and health inequalities 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.

**2.18 Accessible Information Standard (AIS):** The Trust is strengthening its reporting approach to provide assurance that the AIS requirements are met. A plan has been developed which includes a series of actions to be delivered to ensure the AIS guidance is being met.



The Trust has not received any formal or informal complaints where individuals have a communication need.

**2.19 Collaborating with other organisations to share learning and best practice:** Refer to item 2.30 which highlights how the Trust is collaborating with other organisations to share best practice and learning.

<p><b>Priority Seven:</b> To expand our staff knowledge and understanding of patient, service user and carer experience and how that influences their practice</p>	<p><b>Trust Goal:</b> <i>Developing an effective and empowered workforce</i></p>
<p><b>Priority Eight:</b> Making patient and carer experience the business of all Trust staff</p>	

**2.20 The Trust continues to engage and involve staff as equal partners in the Patient and Carer Experience agenda as follows:**

- Internal Presentations to Staff - the Patient 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
  - Trust wide awareness sessions

**2.21 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. This can be from volunteering, participating in research or quality improvement initiatives, attending a patient and carer experience forum, or sharing your story when accessing the Trust’s services. The course is made up of eight modules and on completion of one or more of these modules’ individuals will be equipped with the knowledge about the opportunities available and how to take the next step to get involved. When engaging in trust activities, people can discover what it means to work for the NHS and how to truly make a difference to people’s lives.

**2.22 Peer Support Workers (PSWs):** Peer Support Workers are individuals with personal lived experience of mental health challenges, built on shared experiences and empathy, who support those services working towards the individual’s wellbeing, giving hope, and supporting recovery. The Trust has 18 Peer Support Worker posts; 13 in East Riding and 5 in Hull (through MIND). Current areas of focus include:

- To continue to develop PSWs based within specialist services throughout the Trust with the implementation of referral pathways, role clarification and effective risk management
- To develop a robust recruitment, induction and training plan for all future generation of PSWs
- To develop a PSW competency and career framework – utilising PSW Apprenticeship, accredited learning and ongoing personal development to ensure a pathway for progression
- To extend the implementation of peer support throughout other areas of the Trust

**PSW Feedback:** “I wanted to be in the role because I know from personal experience how powerful validation can be. I did not realise I would be involved in so many clinical meetings it is inclusive and is a good thing. Initially I didn’t expect this but makes me feel treated as an equal and listen to and I feel valued.”

**Service User Feedback:** “Alex was there to listen to me, encourage me in my small successes and provide validation when I found things hard. I am now in recovery and receiving counselling and I honestly believe I would not have come this far without Alex’s help.”

<p><b>Priority Nine:</b> Hold an annual patient and carer experience event to share achievements and future aspirations.</p>	<p><b>Trust Goal:</b> <i>Optimising an efficient and sustainable organisation</i></p>
<p><b>Priority Ten:</b> Patients, service users and carers will be at the centre of all our quality improvement and transformation work.</p>	

**2.23 Annual Members Meeting (AMM):** The Patient Experience team presented at this year’s AMM in the marketplace, including achievements over the past twelve months and the 21/22 priorities for the PACE agenda.

**2.24 Patient Experience to Inform Quality Improvement:** The Quality Improvement strategy was refreshed this year. Patients, service users and carers contributed towards the process and developed the purpose of Quality Improvement for the Trust: “Quality Improvement will support our patient and carer centred vision for a holistic person-centred approach, which will offer seamless, consistent services and ensure patient involvement in all decisions around care.”



Coproduction with our patients and carers was identified as one of the key parts of the QI programme and so it was important that a member of the group supported creating the strategy. Our patients and carers remain an important part of the delivery of the strategy and provide assurance that the work is being completed.

The following objectives are linked to the patient and carer experience agenda have been identified:

- Staff, patients, service users and carers to feel empowered to identify an idea and engage in the activity – develop a clear process
- Ensure patients, service users and carers are offered opportunities to be involved in the Quality Improvement Programme
- Develop bespoke training session for PACE involved in Quality Improvement activities
- QI methodology to support teams to undertake improvement activities identified via Friends and Family Test

At the end of March 2022, 83 (44%) of activities underway or complete indicated that they have included patients and carers in the planning and delivery of the work and 87% of the charters would benefit Patients/Service Users/Carers. The charters which were supported by patients and carers include supporting the development of training sessions, advising on short videos to introduce services, designing new services and ways of working, and even optimising the covid-19 vaccination clinic.



One Quality Improvement activity was to Reduce Anxiety and Improve Appointments for our Learning Disability Patients by increasing the quality of productive time whilst undertaking an Annual Learning Disability Health Checks in our GP Practices. Using funding provided by Queens Nursing Institute and Burdett Trust for Nursing, the Primary Care Matron worked with Service users to create a Sensory/fidget bag for GP Waiting Areas and gathered feedback from Service Users as to their success.

There are intrinsic links between patient and carer experience (PACE) and quality improvement (QI) and a joint PACE and QI strategies working group has been developed which will replace the PACE strategy working group. The purpose of the working group is to ensure the effective delivery of the Patient and Carer Experience and Quality Improvement strategies.

**2.25 Community Mental Health Transformation (CMHT) Programme, Adult Mental Health co-production forum:** Brings together people with lived experience of mental health difficulties and provides a platform for individuals to get involved in activities to support the Mental Health Services division.

Service users and carers wanted a regular meeting to receive regular updates on the developments across adult mental health, receive opportunities to get involved in service developments and have a space where they could hear feedback around activities that group members have been involved in. Members have had the opportunity to shape projects that they wouldn't have known about unless attending this forum. Co-production opportunities include; shaping the role of a mental health social worker, supporting the development of a 'hearing voices group' and supporting a Green Social Prescribing project. Through the forum, service users and carers have also supported the CMHT Transformation through discussing the developments within the Primary Care Mental Health Networks.

“I found it very interesting and informative. It was great to listen to committed professionals again that are implementing schemes, projects and endeavouring to improve their services. All with inspiring ideas. Although I am retired and have many hobbies I have lost that sense of purpose many times. Although I know I am only a patient with lived experiences of mental illness, I enjoyed being involved in this meeting.” *Primary Care Mental Health Network, Service User*

**2.26 Community Mental Health Transformation (CMHT) Programme, The Crisis Involvement and Action Group:** This group has been created to support the development of the Crisis services. The initial focus of the group included the improvement of feedback routes for the crisis services by the Trust and Hull and East Yorkshire Mind working together to facilitate focus groups across Hull and East Riding. The group provides a platform so that the voices of service users and carers are heard, and the staff can implement improvements based upon patient experience where possible.

- “I have been on my mental health journey for 26 years now. I love to learn and I want to be involved in improving the Crisis service because I have grandchildren and I want the service to be right should they ever require the service in the future. When I don't feel that I have been listened to and when I feel dismissed, because if my mental health difficulties, I turn that inwards and that can result in sabotaging myself and my mental health deteriorates. This group allows people to feel that they are being heard.” Person with lived experience of mental health services
- “I joined the group to see if I could make a difference. I found myself warmly welcomed and my ideas taken into account and thought about. As a result I feel fully included and can see where my ideas have been adapted and adopted. It is wonderful to be able to make a positive impact. The meetings are positive and focuses on what can be done to make things better.” Person with lived experience of mental health services

<p><b>Priority Eleven:</b> Continue to collaborate and work in partnership with other organisations to benefit our patients, service users and carers</p>	<p><b>Trust Goal:</b> <i>Promoting people, communities and social values</i></p>
<p><b>Priority Twelve:</b> Raising the profile of patient and carer experience whenever we can</p>	

**2.27 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:

- **National Co-production event:** On 26 April 2021 the Trust was one of three organisations to present at the national co-production webinar for Experience of Care Week where we shared an insight into our co-production journey over the past four years.
- **Sheffield University:** Over the past year the Patient Experience Team has supported NHS England and Improvement on a few occasions to present to students on our patient and carer experience journey including how we engage and involve patients, service users and carers in Trust activities.
- **National Carers event:** The Trust presented at a national lunch and learn webinar in November 2021 about how we are working to improve the identification and support for carers. The Patient Experience team together with the Family Therapy and Interventions team delivered a joint presentation on our work to date to create a carer friendly culture. The lunch and learn webinars aim to bring together carers and professionals from across the country in an informal atmosphere to collaborate, learn and drive the NHS Long Term Plan commitment to carers.
- **National Head of Patient Experience (HoPE) Quarterly meeting:** The Patient Experience team and Business Intelligence team shared our Friends and Family Test data dashboard at the national HoPE quarterly meeting in November 2021.
- **National Digital Storytelling Event:** The Patient Experience team and Recovery College team shared the Trust's three storytelling training courses; telling your story, digital storytelling and sharing your story hosted on the Recovery platform at a national event in March 2022.

#### National Award:

Each year the Head of Patient Experience (HoPE) Network hosts a Patient Experience for Improvement Conference in March. As part of this conference, HoPE members recognise colleagues from the Network who have shown leadership or who have developed positive practice to resolve solutions members face in day-to-day practice. This year, the Trust's Head of Patient Experience and Engagement won the 'Triangulation' category as a result of a number of nominations including;

- leading work on listening to lived experience and developing the Trust's work around collecting and using stories to co-produce solutions
- always willing to share best practice and to listen to and learn from others
- great presentation on developing the FFT dashboard, including showing the difference the use of the dashboard has made to improving services

## 3.0 Complaints and Feedback

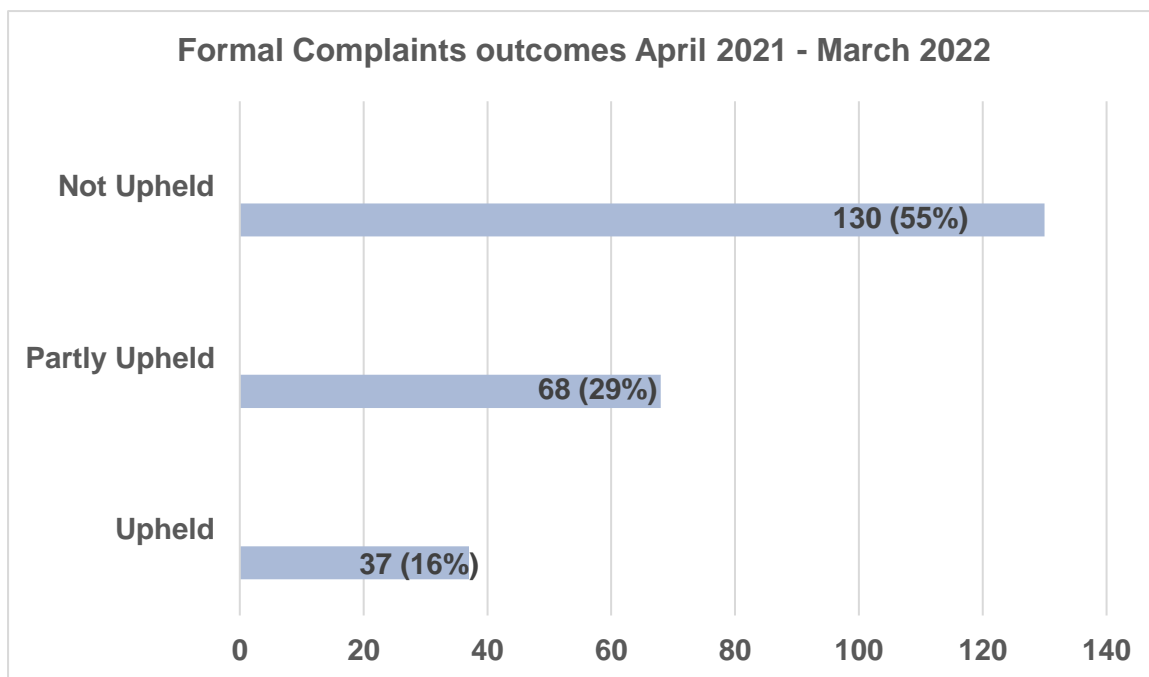
### 3.1 Complaints

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 535 complaints: 235 formal complaints and 300 informal complaints. For the same period last year (2020/21) the Trust responded to a total of 344 complaints: 133 formal complaints, 161 informal complaints (1 July 2020 to 31 March 2021) and 50 PALS contacts (1 April 2020 to 30 June 2021).

Of the 235 formal complaints responded to, 37 (16%) were upheld, 68 (29%) were partly upheld and 130 (55%) were not upheld. For the previous year, the Trust responded to 133 formal complaints of which 19 were upheld (14%), 42 were partly upheld (32%) and 71 were not upheld (54%).



On comparing the 2 years, there has been an overall increase of 102 formal complaints and 89 informal complaints; this is due to the restrictions lifting regarding the Covid-19 pandemic and has returned the Trust to the expected level of complaints.

The top two primary subjects for both formal and informal complaints are patient care and communications.

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

- Market Weighton Practice received an exceptionally higher number of complaints compared to previous years. This was mainly due to pressures on the practice due to Covid- 19 and staffing. Key themes include; access to appointments including appointment availability and access to face to face appointments.
- Adult Community Mental Health Teams (Hull) received several complaints around access to the service and communication.
- Child and Adolescent Mental Health Services (CAMHS) Hull and East Riding received several complaints around waiting times to access the service.
- Swale Ward (Humber Centre) received a few complaints from three patients in total and there were no themes and no areas of concern.



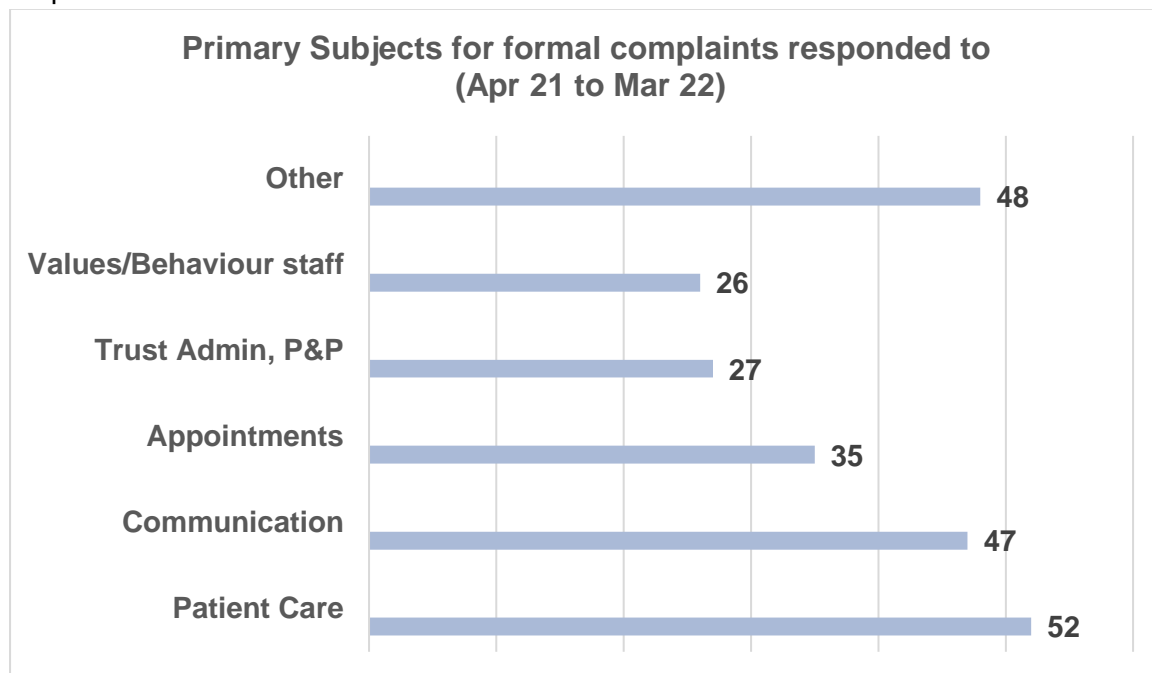
The Trust continues to implement actions to address formal complaints responded to where the outcomes are upheld/partly upheld, and lessons are learnt from the feedback. A robust governance process is in place to ensure actions are addressed and closed.

**Some of the lessons learnt include:**

- Family had not been made aware of a home visit for a patient with dementia - staff were reminded of the importance of informing family members of such visits.
- The clinician had referred a patient for an x-ray for a blood clot which was the incorrect service to refer to - this was discussed at the practice meeting for all staff to be aware.
- The procedure for purchasing an item had not been followed - the procedure was to be reconsidered in consultation with patients and the staff team.

**3.1.1 Formal Complaints**

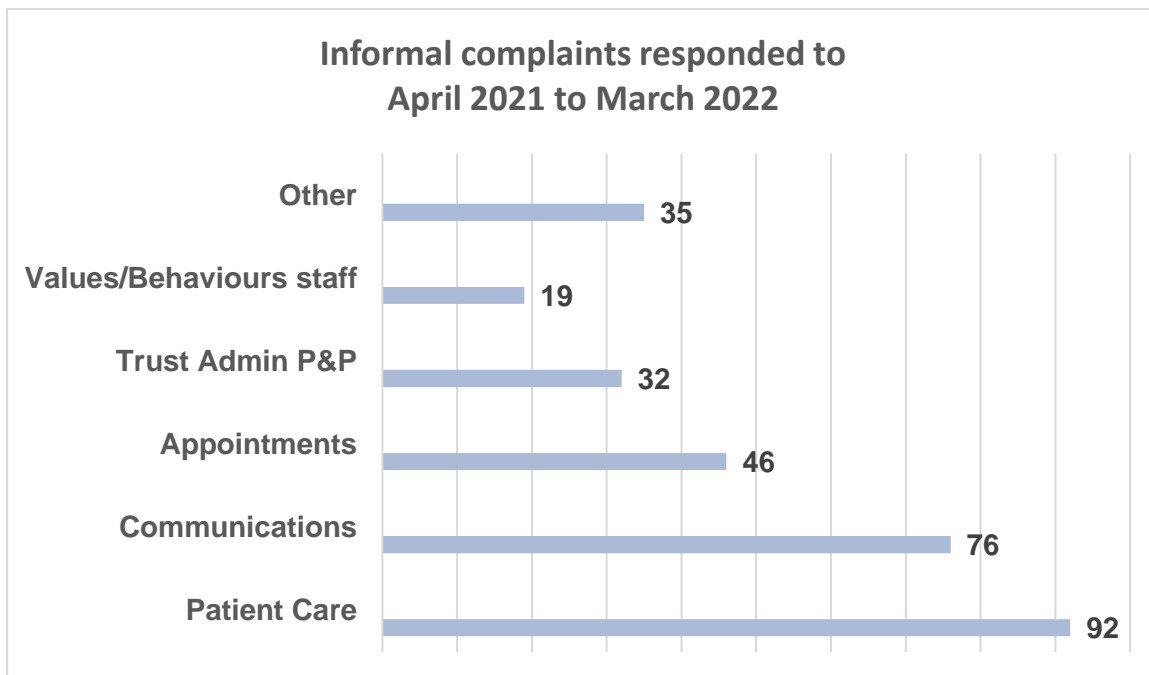
For the past six months the Trust received 131 formal complaints compared to 60 for the previous year. The graph below includes the top 5 primary subjects for formal complaints responded to.



**3.1.2 Informal Complaints**

For the period 1 April 2021 to 31 March 2022, the Trust responded to 300 informal complaints, in addition, there were 28 queries, comments and suggestions.

Of the 300 informal complaints responded to, the primary subjects/themes are highlighted in the graph below.



### 3.1.3 What we have learnt because of feedback:

#### Formal complaints

- Community Nursing Services: There had been a miscommunication around the offer of Rapid Response for a community nurse visit - All staff were reminded to provide the information leaflets so that families and patients are better informed.
- Mental Health Services: Patient had not been sent the paperwork he needed - Staff were reminded of the importance of doing this and documenting it in the record.
- Older Peoples Mental Health Services: Family had not been made aware of a home visit for a patient with dementia - Staff were reminded of the importance of informing family members of such visits.
- Primary Care Services: The clinician had referred a patient for an x-ray for a blood clot which was the incorrect service to refer to - This was discussed at the practice meeting for all staff to be aware.
- Secure Services: The procedure for purchasing an item had not been followed - The procedure was to be reconsidered in consultation with patients and the staff team.
- Mental Health Services: A new team did not seek the correct advice in regard to the possible detention of a patient under the Mental Health Act - Training for the staff had been arranged to ensure this did not happen again.

#### Informal complaints

- Children's Services: Mother had been offered a telephone consultation but wanted a face-to-face appointment - She was contacted and her concerns were listened to; she was then offered a face to face appointment which was further for her to travel to due to availability, which she accepted.

- Mental Health Services: Patient had missed an appointment due to the letter arriving late - Apologies were given and the appointment was rearranged.
- Mental Health Services: Delay in the patient getting medication for arthritis (there has been a short delay due to a new prescription being prepared) - Staff had met with the patient and explained what had happened and reassured her.
- Secure Services: Mother of a patient was concerned that her son was being transferred to High Secure services and requested a second opinion - This was agreed and arranged.
- Community Hospital Nursing: A family member was unhappy that only one person could visit the patient - The ward had organised for a second visitor to be able to visit the patient. Staff had explained the visitor policy and local increase in Covid 19 and explained that visiting could change if infections rise further. The lady understood this rationale regarding patient and staff safety.
- GP: Repeat prescriptions were incorrect - The patient was contacted by the Practice Manager who arranged for him to have a full review

### **3.2 Parliamentary and Health Service Ombudsman (PHSO)**

Of the formal complaints responded to from 1 April 2021 to 31 March 2022, none of the complainants have to date taken their case to the Parliamentary and Health Service Ombudsman. One further case from 2020 was considered but this was closed by the PHSO with no further action for the Trust.

There are currently 2 cases being considered by the PHSO.

### **3.3 CQC Guidance around Receiving and Dealing with Complaints**

This guidance has been updated by the CQC in direct response to the Paterson Inquiry as follows:

#### **• Recommendation 6a**

*'We recommend that information about the means to escalate a complaint to an independent body is communicated more effectively in both the NHS and independent sector'.*

#### **• Recommendation 6b**

*'We recommend that all private patients should have the right to mandatory independent resolution of their complaint'.*

The Trust advises the complainant on the PHSO in an information leaflet that accompanies the acknowledgement letter and this information is also included in the final response should the complainant be dissatisfied with the outcome. The information is also available on the Trust's website. In regard to 6b, the Trust does not offer private healthcare, therefore this does not apply to us.

### **3.4 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 **304**

compliments for the period 1 April 2021 to 31 March 2022, which compares to **212** compliments received for the same period during 2020/2021.

## 4.0 Priorities for 2022/23

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 co-produced five-year PACE strategy (2018 to 2023). Please refer to the milestones which can be found on pages 19 to 30 (years 4 and 5) of the PACE strategy by clicking on the Trust’s website: [Patient and Carer Experience \(humber.nhs.uk\)](http://humber.nhs.uk).

Over the next twelve months we will refresh our PACE strategy (to involve patients, service users and carers in Trust activities 2023 to 2028). This will be achieved by working together in partnership with everyone to capture their thoughts and opinions on how the Trust can effectively engage and involve our communities in Trust activities such as volunteering, research and attending Patient and Carer Experience forums, to what services we provide, how they are delivered and how we can improve them in the future. There will be several ways in which individuals will be able to have their say to inform the next chapter of patient and carer involvement and engagement across all our services to really make a difference.

We will continue to deliver on the initiatives identified within the current PACE strategy (2018 to 2023) and will pay particular attention to the following key priorities:

Patient and Carer Experience Priorities (Patient and Carer Experience Strategy 2018 to 2023)	Humber Teaching NHS Foundation Trust Objectives	Priorities for 2022/23
<p><b>Priority One:</b> Actively listening to patient, service user and carer feedback so we can learn from, act and improve</p>	<p>Innovating for quality and patient safety</p>	<ul style="list-style-type: none"> <li>• Refer to pages 19 &amp; 20 of the PACE strategy 2018 to 2023, years 4 &amp; 5 milestones.</li> <li>• We will continue to engage with and involve everyone in Trust forums.</li> <li>• We will continue to capture the views of young people through the Humber Youth Action Group.</li> <li>• We will continue to seek new and innovative ways to collect feedback to inform service redesign and improvements.</li> </ul>
<p><b>Priority Two:</b> Continuing to engage patient and carer champions across the organisation to make real change happen</p>		

<p><b>Priority Three:</b> Continue to strengthen our involvement with patients, service users and carers in decisions about their care</p>	<p>Enhancing prevention, wellbeing and recovery</p>	<ul style="list-style-type: none"> <li>• Refer to pages 21 &amp; 22 of the PACE strategy 2018 to 2023, years 4 &amp; 5 milestones.</li> <li>• We will continue to recruit Panel Volunteers to sit on Trust interview panels</li> <li>• We will continue to support with the implementation of the Patient Safety Partners role.</li> <li>• We will roll out the Patient and Carer Experience training package on the Recovery College platform <i>(also aligns to priorities 7 and 8)</i></li> </ul>
<p><b>Priority Four:</b> Further involvement with patients, service users and carers in Trust activities and influencing the organisation</p>		
<p><b>Priority Five:</b> Ensuring that at all times we provide information that is accessible</p>	<p>Fostering integration, partnership and alliances</p>	<ul style="list-style-type: none"> <li>• Refer to pages 23 &amp; 24 of the PACE strategy 2018 to 2023, years 4 &amp; 5 milestones.</li> <li>• We will continue to implement Equality, Diversity and Inclusion and Health Inequalities priorities.</li> <li>• We will continue to promote virtual services and awareness weeks</li> </ul>
<p><b>Priority Six:</b> Working and collaborating with other organisations to share learning and best practice</p>		
<p><b>Priority Seven:</b> To expand our staff knowledge and understanding of patient, service user and carer experience and how that influences their practice</p>	<p>Developing an effective and empowered workforce</p>	<ul style="list-style-type: none"> <li>• Refer to pages 25 &amp; 26 of the PACE strategy 2018 to 2023, years 4 &amp; 5 milestones.</li> <li>• We will roll out the Patient and Carer Experience training package on the Recovery College platform <i>(also aligns to priorities 3 and 4)</i></li> </ul>
<p><b>Priority Eight:</b> Making patient and carer experience the business of all Trust staff</p>		









































<p><b>Priority Nine:</b> Hold an annual patient and carer experience event to share achievements and future aspirations</p>	<p>Optimising an efficient and sustainable organisation</p>	<ul style="list-style-type: none"> <li>Refer to pages 27 &amp; 28 of the PACE strategy 2018 to 2023, years 4 &amp; 5 milestones.</li> </ul>
<p><b>Priority Ten:</b> Patients, service users and carers will be at the centre of all our quality improvement and transformation work</p>		
<p><b>Priority Eleven:</b> Continue to collaborate and work in partnership with other organisations to benefit our patients, service users and carers</p>	<p>Promoting people, communities and social values</p>	<ul style="list-style-type: none"> <li>Refer to pages 29 &amp; 30 of the PACE strategy 2018 to 2023, years 4 &amp; 5 milestones.</li> </ul>
<p><b>Priority Twelve:</b> Raising the profile of patient and carer experience whenever we can</p>		



## Appendix 1 – National GP Patient Survey: 2020 v 2021

Questions	National Average		Fieldhouse		King Street Medical Centre		Manor House		Market Weighton		North Point		Peeler House		Practice 2 - Bridlington(aquired surgery during 20/21)		Princes Medical Centre	
	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021	2020	2021
% of patients who describe their experience of making an appointment as good	65%	↓ 46%	54%	↑ 57%	52%	↓ 38%	54%	↑ 66%	45%	↑ 46%	57%	↑ 73%	75%	↓ 72%		63%	58%	↑ 65%
<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%	73%	↑ 90%	84%	↔ 84%	92%	↑ 94%	86%	↓ 82%	90%	↓ 89%	84%	↑ 88%		86%	87%	↑ 89%
% 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%	↑ 88%	76%	↑ 90%	81%	↑ 83%	91%	↑ 93%	82%	↑ 83%	92%	↓ 89%	83%	↓ 82%		83%	85%	↔ 85%
% 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%	81%	↑ 91%	87%	↑ 90%	97%	↓ 92%	91%	↑ 93%	94%	↓ 90%	89%	↓ 86%		86%	93%	↓ 90%
<b>Overall experience</b>																		
% of patients who describe their overall experience of this GP practice as good	82%	↓ 58%	72%	↑ 78%	72%	↓ 58%	84%	↓ 65%	65%	↓ 58%	82%	↑ 85%	83%	↔ 83%		82%	80%	↑ 83%

## Appendix 2 – National GP Patient Survey: Local 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
	2021		2021	2021	2021	2021	2021	2021	2021	2021
% of patients who describe their experience of making an appointment as good	46%		 57%	 38%	 66%	 46%	 73%	 72%	 63%	 65%
<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	89%		 90%	 84%	 94%	 82%	 89%	 88%	 86%	 89%
% 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	88%		 90%	 83%	 93%	 83%	 89%	 82%	 83%	 85%
% 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%		 91%	 90%	 92%	 93%	 90%	 86%	 86%	 90%
<b>Overall experience</b>										
% of patients who describe their overall experience of this GP practice as good	58%		 78%	 58%	 65%	 58%	 85%	 83%	 82%	 83%



## Appendix 3 Vaccination Hub Feedback

**83** dedicated vaccination days between January 2021 and February 2022

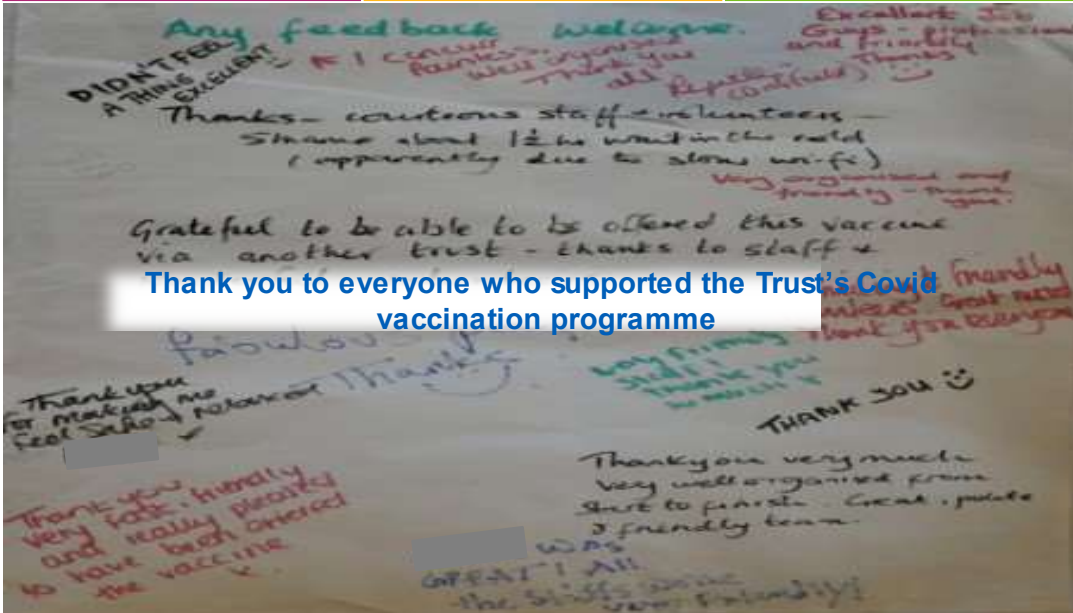
**1,098** 12-15 year olds were vaccinated

**126** volunteers supported the vaccination programme

**7,840** total hours worked by volunteers



**6,000** (appx.) health and social care staff from other organisations were vaccinated by our teams



**8,278** total hours worked by Trust staff

**82** other health and social care service providers were supported

**721** doses were administered in one day (20<sup>th</sup> August 2021)

**220** Friends and Family test responses received in January 2022

**90** years was our oldest patient



**94.09%** positive feedback received in January 2022

**50,000** (plus) vaccinations were given

**102** staff supported the vaccination programme

**53** vaccinations per hour (on average)