

Patient and Carer Experience

Annual Report (2024/2025) including Complaints and Feedback





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1.0 Executive Summary

The Patient and Carer Experience Annual Report (April 2024 to March 2025) including the Complaints and Feedback service provides an overview of the work carried out across the organisation over the past twelve months to support the patient and carer experience and co-production agenda.

Involving our communities continues to be our priority at Humber Teaching NHS Foundation Trust (HTFT). Our commitment to ensure our patients, service users, their carers and partner organisations voices are heard in all that we do has become an integral part of our culture and everyday thinking. Our inclusive commitment to listening to valuable feedback continues to support our innovation and transformation plans reflecting diverse community needs.

There is an intrinsic link between staff satisfaction and the direct impact on patients and the standard of care they receive. If staff love their job, feel part of a trusted and safe team and work together with patients to make a real difference, we know we have the right culture and that the Trust is a great place to work. A compassionate culture makes a real difference to how our patients, service users, their families and loved ones perceive the care we provide, and our staff survey is a meaningful way for us to measure whether we are getting this right and to frame our actions to be even better in the future. The Trusts 2024 staff survey results share a very positive picture of staff experience, which directly enhances patient care and satisfaction, ultimately highlighting a supportive and effective healthcare environment.

Over the past year we have made significant progress in delivering the Patient and Carer Experience Five Year Forward Plan (2023 to 2028) where a number of milestones have been achieved. This report shares some of the great co-production work taking place across the Trust where involving our communities has made significant enhancements to our services.

We continue to strengthen our patient, service user and carer involvement offer in decision-making processes, ensuring their voices are heard and valued. The Trust participates in various surveys to support with the collection of feedback from patients, service users and carers, aiming to enhance the quality of care and patient experiences. These efforts help the Trust identify areas for improvement and ensure the provision of the best possible care. To help those individuals who access our services navigate the different surveys available, we have created a Survey Landing Page on our Trust website. We have also strengthened our approach to developing actions in response to surveys and have patients, service users and carers on working groups offering their valuable feedback to support with this process.

The organisation has started working on the Patient and carer race equality framework (PCREF), which all providers of NHS mental health services must use to support their organisations to become anti-racist organisations. This is needed because national and international data shows that both access to mental health services, and the treatment people receive, can vary by ethnicity.

The Trust continues to actively engage and involve the community by hosting face to face and virtual Trust forums across the geographical patch.

In April, the Trust launched its new Friends and Family Test (FFT) dashboard, which displays the results of FFT Surveys from patients, service users, and carers. Accessible to all staff, the dashboard provides performance insights at organisational, divisional, and team levels. All feedback is now thematically analysed into ten themes, divided into positive and negative sentiments, highlighting good experiences and identifying quality improvement opportunities. Over the past twelve months, from a total of 16,409 completed surveys received during the year, 90.4% of respondents confirmed they are happy with the overall service they received, 93.5% thought staff were friendly and helpful, 91% of respondents thought they were involved in their care and listened to and 90.1% felt staff gave them enough information.

In July we introduced a more streamlined process for recruiting Experts by Experience (EbE). Our EbE are people with experience of using services as either a patient, service user or a carer and once registered on our EbE database, will be remunerated for undertaking activities with the Trust. During the past twelve months 32 EbEs have been involved in 28 Trust projects and initiatives where they have been paid for their contribution.

February saw the Patient and Carer Experience and Continuous Improvement Teams host the Trust's first "Caring Together" event, celebrating how patient and carer experiences have driven continuous improvements. With over 150 attendees both in-person and virtually, the event featured presentations from staff and patient representatives across the Trust. A special recognition section honoured four Patient and Carer Experience Champions and the Humber Youth Action Group for their dedicated support.

We are delighted to share that since its launch in 2021, **89** pieces of work have been honoured with the co-production logo stamp and during the past 12 months there have been **36** pieces of work awarded. The logo demonstrates the tremendous effort that goes on behind the scenes to co-produce work.

October saw the launch of the Children's and Adult Learning Disability Services Connect website, which hosts 28 children's and learning disability services into one platform. It offers easy access to important information and features animations co-produced by service users and the individual services. The website was designed and developed in partnership with service users, system partners, commissioners, and staff to ensure its effectiveness and relevance.

During the past year the Trust has responded to a total of 502 complaints: 188 formal complaints and 314 informal complaints. For the previous year, the Trust responded to a total of 554 complaints: 198 formal complaints and 356 informal complaints. Of the 188 formal complaints responded to, 43 (23%) were upheld, 70 (37%) were partly upheld and 75 (40%) were not upheld, of which 6 were withdrawn. For the

previous year, the Trust responded to 198 formal complaints of which 60 were upheld (30%), 56 were partly upheld (28%) and 82 were not upheld (42%). On comparing the 2 years there has been an overall decrease by 52 complaints (formal and informal complaints) and communications and patient care are the top primary subjects.

Over the past year 47 of the Trust's 133 clinical teams (35%) have not received any formal or informal complaints. For the same period last year, 34 out of a possible 97 teams in scope (35%) did not receive any formal or informal complaints.

Over the past 12 months the Trust received 432 compliments, which compares to 303 compliments received for the previous year. This year we have expanded the number of compliment themes and have aligned them more closely with our complaints theme categories. We have also introduced a new range of sub-themes; these are aligned with the Trust's 'Being Humber' values and behaviours framework and will enable us to gather and triangulate rich data regarding our positive feedback.

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

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



Outcome 1 – Our Care

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

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

Outcome 2 – Our Partnerships

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

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

Outcome 3 – Our Workforce and Organisation

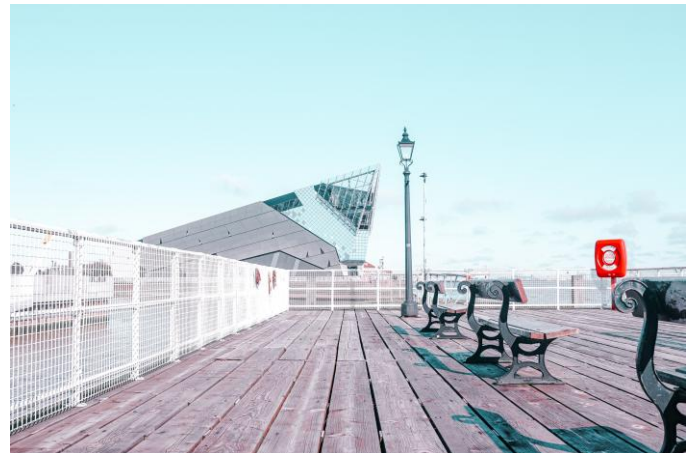
Our staff are supported to involve our communities in all aspects of our work.

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

2.0

Achievements over the past year

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



2.1 Trust-wide

Outcome 1 – Our Care

2.1.1 Trust Forums

The Trust continues to actively engage and involve the community by hosting face to face and virtual Trust forums across the geographical patch. The forums share the work taking place across the Trust and invite members to get involved with Trust activities. Forum members are given the opportunity to co-produce the agendas for each meeting. Please refer to our website for details of all our forums taking place: [Patient and Carer Experience | Humber Teaching NHS Foundation Trust](#)

Forum Name	Staff	Partner Organisations	Patients, Service Users & Carers	Total
Hull & East Riding	49	33	18	100
Whitby & District	27	28	19	74
Scarborough & Ryedale	45	43	15	103
Veterans	42	32	6	80
Staff Champion of Patient Experience	215	0	0	215
Total Forum Members	378	136	58	572

Here is a snapshot of where we have listened to feedback from members of the Patient and Carer Experience forums and how we have acted upon it.

Hull and East Riding Patient and Carer Experience Forum

Patient and Carer Experience Forum Members Said	In Response, The Trust Did
Older people's health inequalities are not referenced in the Trust's Health Inequalities Plan.	The Trust Health Inequalities lead has included older people in the definition of health inequalities.
Older people's voice has not been heard in development of the Trust Health Inequalities Plan.	The Health Inequalities lead for the Trust has met with the Patient and Carer Experience forum member to discuss identified areas of the plan which support older people.
Would like to know more about the complaints and feedback process and see some examples of feedback relating to Primary Care.	Complaints and Feedback Manager was invited to a forum to deliver a presentation.

Whitby and District Patient and Carer Experience Forum

Patient and Carer Experience Forum Members Said	In Response, The Trust Did
Meetings to provide the opportunity for regular open group discussions.	Open group discussion is now a standardised item on all agendas.
Would like the opportunity to share feedback about services outside of the Trust's provision.	Members to share feedback in the open group discussion at each meeting and Trust to discuss in the Whitby Hospital Building User Group meetings.

Scarborough and Ryedale Patient and Carer Experience Forum

Patient and Carer Experience Forum Members Said	In Response, The Trust Did
Would like the contact details for the virtual ward in the Bridlington area.	We shared the link to the information on the City Health Care Partnership website and information leaflet.
To make the information shared in forums more accessible.	All forum documents are printed in A3 on each table in a large font.
To increase membership of the forum.	All members were asked to share and market the forum poster.

2.1.2 Friends and Family Test



Humber Teaching
NHS Foundation Trust

The Trust continues to collect feedback about all the services it provides using the Friends and Family Test (FFT) online and hard copy survey forms. From a total of 16,409 completed surveys received during this year, 90.4% confirmed they are happy with the overall service they received. 93.5% of respondents thought staff were friendly and helpful, 91% thought they were involved in their care and listened to and 90.1% felt staff gave them enough information. The mode for completing the FFT survey was predominantly digital (90% of individuals completed the survey via the Trust website) and the remaining 10% completed a hard copy survey form.

The FFT feedback provides a valuable insight into what people are saying about the services we provide. Our teams look at the feedback to identify where we have got it right and where there is room for improvement.

When asked 'Please tell us what we did well', here are some examples of the positive FFT feedback we have received over the past year.

Addictions Services: *"The appointment didn't feel cold and judgemental, I felt at ease and could be honest without worry."*

Children's Services: *"Was very patient, was gentle, coaching to engage with my son, very friendly, calm gave lots of information and tips."*

Community Services: *"Always warm, friendly and empathetic to my health needs. Calm, professional, engaging service received by both was excellent."*

Forensic Services: *"Always feel supported and offered help if I need it."*

Learning Disability Services: *"That you listened to me and went above and beyond. really went out of your way to help us."*

Mental Health Planned Services: *"Everything. They got me out and about and helped with my confidence. To me it is like having a family member being with me."*

Mental Health Unplanned Services: *"Miranda has changed and changed for the better, the team you have are brilliant "not all heroes wear capes" your team in my eyes are heroes, I now feel worthy as a human and I feel valued. I cannot thank you all enough. Outstanding set of heroes."*

Primary Care Services: *"A warm welcome. understood my problems and undertook a sound examination, then onward referrals made."*

Here are some examples of where we have listened to the FFT feedback and have made changes as a result.

Humber Primary Care Patients Said	In Response, Humber Primary Care Did
More appointments required at the surgery.	The practice's clinical meeting has been moved to an evening to free up more appointment slots.
Waited in the queue for 10 minutes whilst the receptionist completed an online consultation for someone.	The practice has attached an iPad to the wall in the waiting room so patients can complete their own online consultations to avoid being held up in the queue.

King Street Medical Centre Patients Said	In Response, King Street Medical Centre Did
Private space to be able to have a conversation with the reception team if required.	Room 9 has been made accessible for private and confidential conversations with the reception team when patient requests privacy.
Develop customer service skills further.	All admin staff were booked on Care Navigation training.

Market Weighton Practice Patients Said	In Response, Market Weighton Practice Did
More availability of appointments in Market Weighton would be good.	Working with the Primary Care Network, the practice has been able to secure further Musculoskeletal appointment availability in the practice from January 2025.
It was not clear that samples should be handed back into the practice by 2pm.	A new sign has been put up in the waiting room and a slip is now handed out by the receptionist to confirm the cut off time.

2.1.2.1 Friends and Family Test Zero Reporting

Where teams are not receiving Friends and Family Test (FFT) responses, they have developed action plans to help to strengthen their approach to disseminating FFT survey forms to their patients, service users and carers as well as collect responses.

- For the pilot period January to March 2024, of the 176 teams with an FFT code, 93 teams (53%) did not receive any survey form responses.
- For the second reporting period, April to September 2024, of the 174 teams with an FFT code, 51 teams (29%) did not receive any survey form responses. **This is a reduction of 42 teams (24%).**

The Trust will continue to produce a six monthly zero response report for each division and will compare and contrast divisional reporting data against the previous reporting periods. This information will be shared with each division every six months, where they will be asked to provide feedback on the work taking place in every zero reporting team. This will provide assurance that an FFT approach for collecting feedback is embedded across the Trust.

Moving forwards, the Trust will continue to conduct targeted interventions with teams who have consistently received zero FFT responses. Teams will also be supported to analyse the feedback received and identify areas for quality improvement.

2.1.3 Launch of the Trust's New Friends and Family Test Dashboard:

April 2024 saw the launch of the Trust's new Friends and Family Test (FFT) dashboard which shows the results of the FFT Surveys received from patients, service users and carers who have accessed our services. The dashboard is accessible to all staff and shows how we are performing at an organisation, division and team level and includes:

- Number of survey forms received.
- Percentage of people who are satisfied with our services.
- Breakdown of positive, neutral, 'don't know' and negative responses.

- Qualitative feedback comments including; main reason for saying you are satisfied with our services/or not, what we did well and what we could do better.

All feedback is now thematically analysed into one of ten themes and is also divided into positive and negative sentiments. Positive themes confirm good experience, and negative themes inform where there is a potential quality improvement opportunity.

2.1.4 Caring Together “Celebrating Continuous Improvement with our Patients and Carers”

The Patient and Carer Experience and Continuous Improvement Teams hosted the Trust’s first “Caring Together” event in February of this year. The event showcased how patient and carer experience has informed continuous improvements across the Trust. Over 150 people attended the event in person as well as people attending virtually. The audience listened to excellent presentations from staff who in some instances were supported by our patients, service users and carers from teams across the Trust. A special recognition section rewarded four of the Trust’s Patient and Carer Experience Champions and the Humber Youth Action Group who have all dedicated numerous hours over the past few years to support the Patient and Carer Experience and Continuous Improvement agendas.

Feedback from the event:

“Thank you for a really informative and positive day. All the presenters have done a fantastic job. I was grateful there was a link to join online, but didn’t expect it to run so smoothly and be so high tech! It’s made it easy to stay engaged.”

“Thank you so much it’s been a such a great and informative day.”

2.1.5 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 meetings to share their experiences of either using our services or caring for someone who has used our services.



2.1.6 Co-production Logo Stamp:

Since its launch in 2021, **89** pieces of work have been honoured with the co-production logo stamp and during the past 12 months there have been **36** pieces of work awarded. The logo demonstrates the tremendous effort that goes on behind the scenes to co-produce work.

The Trust's Quality Improvement Manager was awarded the Co-production Logo for a Continuous Quality Improvement patient information leaflet, and said *"Our Patient and Carer Continuous Improvement Information Leaflet was co-produced by our Patients and Carers for the Caring Together showcase event but will be used more widely at future events. The process was easy to complete, and it was wonderful to be awarded the co-production logo to display on the leaflet. The addition of the logo not only demonstrates that it was co-produced but provides the additional assurance to anyone thinking about getting involved in our improvement journey that their voice is listened to and they can make a difference."*



Congratulations to staff from the Learning Disability Cancer Screening Project who were the lucky winners of the March 2025 Staff Champion of Patient Experience Forum's Co-production Logo Stamp draw for their cancer screening video with Expert by Experience feedback on screening support materials. The Learning Disability Service Engagement Lead, Danni Wolverson, collected the award presented by the Patient and Carer Experience team.

2.1.7 Experts by Experience

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

During the past twelve months 32 EbE have been involved in 28 Trust projects and initiatives where they have been paid for their contribution.

Review of the Expert by Experience Process

This year the Trust has reviewed and updated the process for individuals to become Experts by Experience (EbE) to make it easier for people to participate in paid for activities.

Case Study: Learning Disability Service

Views from adults with a learning disability were collected and shared to highlight the barriers of the application process for becoming EbE within the Trust. The service has only had the opportunity to work with one EbE since the launch of the initiative nearly two years ago. The feedback supported the review and development of the new EbE process which went live in July 2024. To support the review, there was also collaboration with people with lived experience to review the current easy read application form and changes were made to make this more accessible. Between July and September 2024 there has been an increased awareness in the Learning Disability service and subsequently a demand for EbE to support project work in the division. The Learning Disability service currently has 5 individuals who have commenced their new EbE roles in various projects. The team look forward to working alongside people with lived experience to strengthen services and care provision in the future.

2.1.8 Bereavement Booklet

The Trust’s bereavement booklet has undergone a review and refresh to ensure it includes current and up to date information. As well as reviewing the bereavement booklet, the Trust has also developed a ‘Survey of the Bereaved.’ This survey is for those who have experienced the death of someone close to them and feel able to provide feedback around the care our Trust provided for their loved one. The survey links are on the back page of the new bereavement booklet and feedback received will help the Trust to continue to learn and improve our care.

You Said (Trust Staff)	We Did
The Trust’s current bereavement booklet included out of date information including medical certification of death.	The Patient and Carer Experience team worked together with the Trust’s Professional Lead for Palliative and End of Life Care to refresh the bereavement booklet to ensure that all information is now accurate and up to date. This included reaching out to our patients and carers for their feedback on the booklet to further strengthen the content.



Patients have fed back positive feedback about the updated booklet including:

“Just wanted to say what a very informative and easy to read the booklet is. The addition of bluebells make it a calm pretty pictures.”

*“Not a lot of people are aware of the **tell us once** and it is so welcome when you are in grief and can’t think straight.”*

Outcome 2 – Our Partnerships

2.1.9 Veteran Aware Healthcare Alliance:



The Trust is a Veteran Aware Healthcare organisation. We were originally accredited in May 2020 and were re-accredited in 2023 where we met standards laid down by the Veterans Covenant Healthcare Alliance (VCHA). We continue to support the Armed Forces Community by working towards our Veteran Aware Principles to enhance career opportunities and support for the Armed Forces Community, and increase awareness and understanding within the Trust of the needs and contributions of the Armed Forces Community. Our principles demonstrate the Trust’s strong commitment to making a positive difference to fulfilling the Armed Forces Covenant and supporting the wider Armed Forces Community.

You Said Co-produced Veteran Aware Principles (developed with our Veteran's Forum members)	We did
To be an employer who supports the Armed Forces Community by offering programmes such as 'Step into Health' to develop careers in the NHS.	The Trust has introduced an Armed Forces Covenant Working Group to oversee the work taking place to deliver on the four Veteran Aware Principles. An action plan is in place to provide regular updates on progress made for assurance. One example of work the Trust is progressing – we are working towards silver accreditation with the Armed Forces Employer Recognition Scheme. We attended a Hull4Heroes Employers Day in February 2025 to showcase job roles in the Trust to the Armed Forces Community. The Trust's interim Recruitment and Resourcing Manager said <i>"it was an absolute privilege to meet the serving personnel, veterans and families. It really helped me to put the works in our policy into context."</i>
To continue to promote the flexible working opportunities and roles available in the Trust to meet the needs of the individual and the Trust through existing Trust opportunities including the Veterans Forum, Armed Forces Community Navigator, Reservists and 'Step into Health'.	
To ensure staff undertake training to raise awareness of the specific needs of the Armed Forces Community and requirements of the Armed Forces Covenant.	
To continue to identify the Armed Forces Community at first point of contact and staff are able to signpost individuals to relevant services.	

2.1.10 A Good Experience Integrated Care System Engagement Project:

A Good Experience is a project from the Humber and North Yorkshire Integrated Care System (ICS), that will give an agreed and expected standard of communication for everyone accessing any services from organisations within the ICS and will also support staff from all organisations within the ICS. The end product will be a Communications Charter. It is hoped that the initiative will realise the following benefits:

- **Improved Communication:** Enhanced communication between health and care organisations, patients, and staff.
- **Enhanced Patient Experience:** Improved patient experience through better communication practices, therefore a reduction in concerns, complaints and other negative feedback.
- **Staff Engagement:** Increased staff satisfaction and engagement by addressing communication barriers and facilitating better interactions.

Over the past year York St John University has partnered with the Humber and North Yorkshire ICS and is supporting with the project. First, the university carried out a literature review which summarised the necessity for tailored communication approaches for different individuals with diverse needs and identified barriers and enablers in the communication process. It also concluded that as the development of the Communication Charter progresses, it is crucial to consider the impact for the different participants and to create support frameworks and templates to support frontline communication efforts.

2.1.11 Accessible Information Standard

For the period April 2024 to March 2025 the Trust did not receive and respond to any formal or informal complaints or compliments relating to people with a communication need under the Accessible Information Standard (AIS).

The Trust produces reports for assurance that staff are identifying people with a communication need. For the period April 2024 to March 2025, 56 individuals were flagged as having a communication need on their Electronic Patient Record.

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

2.1.12 Healthwatch Annual Reports

The Trust continues to strengthen our relationship with local Healthwatch organisations across the geographical area. Healthwatch organisations attend all of the Trust's Patient and Carer Experience forums and support the agenda by contributing to a range of Trust activities.

Healthwatch East Riding, Hull and North Yorkshire Annual Reports 2023/24 all showcased a number of initiatives dedicated to ensuring that service delivery is equitable and responsive to the diverse needs of the community. Notably, the following projects align closely with the Trust's services and/or areas of focus:

2.1.12.1 Healthwatch East Riding

- **Engagement with Underserved Communities:** Healthwatch East Riding reached out to wider communities, including those using food banks and elderly residents in remote coastal areas, to gather feedback on health and social care issues.
- **Neurodiversity Support:** Healthwatch East Riding focused on addressing challenges faced by young people with neurodiversity, ensuring their voices were heard and their needs met. Due to the feedback received, the Healthwatch East Riding Manager meets on a regular basis with the Trust's Complaints and Feedback Manager to share intelligence and help mitigate ongoing concerns, including updates and useful information for patients, service users and carers.
- **Rural and Coastal Access:** Healthwatch East Riding worked on improving access to services in rural and coastal communities, which often face unique challenges. This helped to identify specific needs and barriers to access such as healthcare facilities, transportation issues and social isolation.
- **Cost of Living Crisis:** Healthwatch East Riding addressed the impact of the cost of living crisis on health and social care, advocating for better support and resources for affected individuals. They gathered feedback to help understand how the cost of living crisis was affecting peoples' access to healthcare services – these included issues such as avoiding NHS appointments and prescriptions due to costs. Resources were shared with the public such as travel reimbursement schemes and ensuring freephone access to healthcare services.

2.1.12.2 Healthwatch Hull

- **Access to Yorkshire Ambulance Service for Homeless Individuals:** This project focused on improving access to ambulance services for people experiencing homelessness. It aimed to address the challenges faced by this vulnerable group and ensure they receive timely and appropriate care.
- **Recommissioning of Housing Related Support with Hull City Council:** Healthwatch Hull partnered with Hull City Council on the recommissioning of housing-related support services. This project aimed to enhance the support provided to individuals in need of housing assistance, ensuring their voices were heard in the decision-making process.
- **Engagement with Marginalised Groups:** Healthwatch Hull continued to engage with the most vulnerable and marginalised groups in the community. By gathering public feedback and analysing trends, they highlighted issues to service providers and worked towards reducing health inequalities. The project involved reaching out to groups including the elderly, people with disabilities, and ethnic minorities to gather their feedback on health and care services. Healthwatch Hull used this feedback to highlight issues and advocate for changes that would reduce health inequalities and improve access to services for these groups.

- **Volunteering and Community Involvement:** The report emphasised the importance of volunteering and community involvement. Healthwatch Hull's engagement work ensured that the community were at the heart of all activities, making a significant impact on health and care services in the area. Volunteers played a role in gathering the feedback from the community by conducting surveys and participating in the engagement events.

2.1.12.3 Healthwatch North Yorkshire

- **Continence Care:** This project aimed to address the stigma associated with continence care and improve access to support for individuals facing continence issues. Healthwatch North Yorkshire highlighted the struggles people face in accessing continence care and worked to raise awareness and advocate for better services.
- **Accessible Information Standard:** Healthwatch North Yorkshire called upon partner NHS organisations (including our Trust) to review and update the Accessible Information Standard to ensure that everyone receives the care they need in formats that are accessible to them. This project aimed to improve the quality of information provided to patients and ensure that it meets their needs.
- **Rural Healthcare Access:** Healthwatch North Yorkshire listened to feedback from people in rural areas about the challenges they face in accessing healthcare. The project aimed to break down the barriers of rurality and ensure that people in rural areas receive the care they need. A major issue identified was the difficulty in accessing healthcare services due to limited transportation options, around having to travel long distances, sometimes involving multiple changes in transportation to reach healthcare facilities. On occasions individuals had to book overnight accommodation if their appointments were late in the day.
- **Aids and Equipment Services:** Healthwatch North Yorkshire gathered feedback about the service provided by Medequip, which supplies aids and equipment on behalf of the NHS and North Yorkshire Council. The feedback was used to ensure that these services work better for people who rely on them. A number of recommendations were identified, including reviewing the suitability of equipment, improving communication and customer service, ensuring timely and efficient delivery and collection of equipment, and being open to ongoing feedback from individuals to help shape improvements.

2.1.13 Equality, Diversity and Inclusion Priorities for Patients, Service Users and Carers (2023 to 2025)

The Trust has made good progress to deliver on our four Equality, Diversity and Inclusion (EDI) priorities which were co-produced with patients, service users, carers, staff and partner organisations in a workshop in May 2023. As a result, the Trust has a strengthened offer to accommodate religious practices because of the "Caring for People of Different Faiths" booklet refreshed by the Trust Chaplain last year, and the pastoral and spiritual services she hosts. The awareness days and weeks hosted by the Trust has enabled our patients, service users, carers and staff to have a greater understanding of the cultural differences including beliefs, behaviours and practices unique to ethnicity and race.

You Said (Priorities Co-produced in EDI Workshop May 2023)	We Did
1. To strengthen patient demographical data collection to tailor care that meets individual needs.	• The Trust has implemented a new Electronic Patient Record across all areas which has enabled more consistent data collection and refreshed reporting processes. • The “Why Ask” booklet has been re-circulated to managers attending the Trust’s Senior Leadership Forum for sharing with their teams. The booklet provides information to help us to understand demographical data questions (including protected characteristics and health inequalities) so that staff can better personalise interactions and conversations with patients. • Work is under way to refresh the “Why Ask” booklet through co-production.
2. To further enhance our faith offer to ensure inclusivity.	• Trust Chaplain, Eve Rose, continues to host virtual services over the year, bringing people together virtually and physically for spiritual and pastoral support. Patients, members of the public and staff openly share their lived experiences with poems and readings; many of which they have written themselves. • The Chaplain has been strengthening relationships with other faith leaders through her membership of the Hull and East Riding Inter Faith group, which gives her access to a wide range of faith and spiritual practitioners to further strengthen the offer to individuals from a diverse range of beliefs and traditions. • The “Caring for People of Different Faiths” booklet has been produced in hard copy (supported by Health Stars) so staff and patients can refer to it easily. This was shared at the Humber Centre Equality, Diversity and Inclusion launch event in March 2025 as a more accessible format for patients and was very well-received.
3. To continue to build and sustain relationships with our diverse communities to fully understand the challenges people face and how we can support to overcome them.	• During 2024/25, staff have attended sessions at the Peel Street Women’s Friendship group. A number of Trust teams attended the Peel Street Health Fair in August 2025, including Humber Youth Action Group, Research, and Patient and Carer Experience (PACE). In response to last year’s racist riots targeting the local area, the PACE team took leaflets to the fair on accessing mental health services in a range of languages targeted at those preferred by service users from the HU3 area. • Also, in response to the racist riots, the Chaplain and a PACE team representative participated in the community meeting held in Spring Bank with faith leaders, elected representatives, and other community leaders to discuss what the community had recently experienced. • A PACE representative met with members of the Humber All Nations Alliance in November 2024 to better understand their experiences of accessing healthcare, and other services.
4. To introduce cultural celebration weeks to educate and support people to understand cultural differences.	• In response to patient feedback, a co-produced EDI group has formed to improve information and awareness of equality, diversity and inclusion in the Humber Centre. Activities are planned for 2025, and the first of these - the Humber Centre EDI Launch Event was held in March 2025. It was well-attended by patients, carers

and staff, who engaged with the PACE and EDI stalls. A range of information was available, including the “Caring for People of Different Faiths” booklet in hard copy for this audience, which will be available for subsequent distribution.

- Education around cultural differences is supported by the Recovery College, with the production of an online course based on the information within the “Caring for People of Different Faiths” booklet.
- Preparation for a series of podcasts has been underway in 2024/25, which will result in a series of podcasts investigating faith, belief, and cultural differences to be produced in 2025/26. This will provide a bank of resources for reference as needed.



2.1.14 Patient and Carer Race Equality Framework

Humber Teaching NHS Foundation Trust (HTFT) has started working on the Patient and carer race equality framework (PCREF), which all providers of NHS mental health services must use to support their organisations to become anti-racist organisations. This is needed because national and international data shows that both access to mental health services, and the treatment people receive, can vary by ethnicity.



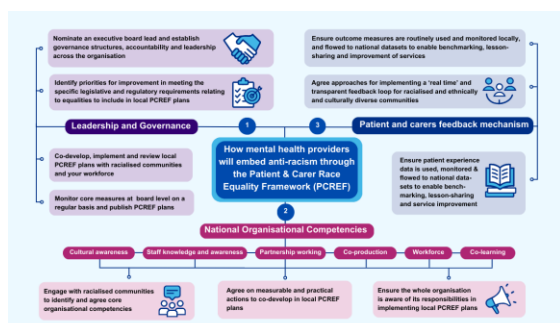
To ensure that all patients are treated appropriately, we will be co-producing and embedding concrete actions alongside people who have lived experience of mental health issues and their wider communities. Together we can better understand how we can improve our services for communities whose needs may not currently be met, to reduce racial inequalities within them.

The framework looks at key elements of improving services:

- **Leadership and Governance**

Our Board will be leading on establishing and monitoring concrete plans of action to reduce health inequalities.

- **Data**
New data on improvements in reducing health inequalities will be published, along with details on ethnicity in existing data collection.
- **Feedback Mechanisms**
New visible and effective ways for patients and carers to feedback will be established, as well as clear processes to act and report on that feedback.



The framework itself has been co-produced and is a core part of the Advancing Mental Health Equalities Strategy. Although the title refers to patients and carers, the framework also directly relates to staff, and to wider communities.

Work carried out in 2024/25 has ensured the appropriate leadership and governance is in place. We have developed an understanding of the reporting requirements, which has emphasised the need to ask all service users questions about their personal characteristics. Work on the PCREF links with health inequalities work taking place across the organisation, as well as the work underway to deliver the Culture of Care initiative within four of the Trust's inpatient units. Staff are working closely together to share lessons learned and reduce potential duplication.

The Trust has been developing relationships with community groups serving diverse communities and will be doing more of this to strengthen co-production of our action plan over the coming year. A co-production forum will be introduced in 2025/26 where patients, service users, carers, staff and partner organisations will work together to contribute to the delivery of the Trust's PCREF implementation plan.

2.1.15 Survey Landing Page:

The Trust participates in various surveys to support with the collection of feedback from patients, service users and carers, aiming to enhance the quality of care and patient experiences. These efforts help the Trust identify areas for improvement and ensure the provision of the best possible care. To help those individuals who access our services navigate the different surveys available, we have created a [Survey Landing Page](#) on our Trust Website.



Benefits of the Survey Landing Page

The introduction of the Survey Landing Page on the Trust Website will help patients, service users, and carers navigate the various surveys available, enhancing the collection of valuable feedback. This feedback is crucial for identifying areas of improvement and ensuring the provision of the best possible care. By making it easier to participate in surveys and actively involving those who access services in the process, the Trust can continuously improve and tailor its services to better meet the needs of our communities.

We have also strengthened our approach to developing actions in response to surveys and have patients, service users and carers on working groups offering their valuable feedback to support with this process.

Outcome 3 – Our Workforce and Organisation**2.1.16 Staff Champions of Patient Experience**

The Trust has a network of Staff Champions of Patient Experience (SCoPEs). The role of the SCoPE was first introduced within the Trust in 2017 and currently has over 200 members from across all Trust divisions and services. The main role of a SCoPE within our organisation is to ensure that patients, service users and carers are always listened to and that their voice is heard. SCoPEs share information, good practice, knowledge and experience to ensure that this can happen, and they promote and celebrate the importance of patient and carer involvement.

At the SCoPE Forum in October 2024, a workshop was held to discuss people's experiences and expectations of being a SCoPE. It was decided to form a task and finish group to strengthen the SCoPE role. The first task and finish group meeting took place in January 2025, where positive discussions were held about SCoPE expectations, benefits, and commitments. A new poster will be created to promote the role to potential and current SCoPEs.

2.1.17 Staff Experience linked with Patient Experience

All staff at the Trust contribute to improving care, which includes our corporate services as well as clinical staff. We continue to develop a positive, inclusive and compassionate culture in accordance with our newly refreshed 'Being Humber' Behavioural Framework, which sets out our cultural and values driven expectations, setting out the characteristics we expect and those that we will not accept; in other words how we can truly identify as 'Being Humber.' These characteristics empower staff to foster a respectful, safe and inclusive culture at all levels across the Trust. Please watch this short video to learn more about the [Being Humber Framework](#).

There is an intrinsic link between staff satisfaction and the direct impact on patients and the standard of care they receive. If staff love their job, feel part of a trusted and safe team and work together with patients to make a real difference, we know we have the right culture and that the Trust is a great place to work. A compassionate culture makes a real difference to how our patients, service users, their families and loved ones perceive the care we provide, and our staff survey is a meaningful way for us to measure whether we are getting this right and to frame our actions to be even better in the future.

The national staff survey sets out a number of questions to help us gauge staff experience and satisfaction, with five questions specifically focussed on staff impact on patient care. The organisations improvement journey is apparent across these questions with a 16.9% increase between 2018 and 2024 for the question 'Care of patients/service users is my organisations top priority,' a 21.7% improvement for the question 'I would recommend my organisation as a place to work' and a 11.3% increase for the question 'If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation.' Whilst the Trust will continue its efforts to provide the very best care and to be recognised as the very best

employer, we are proud of the progress made so far and the difference we know this makes to those receiving care.

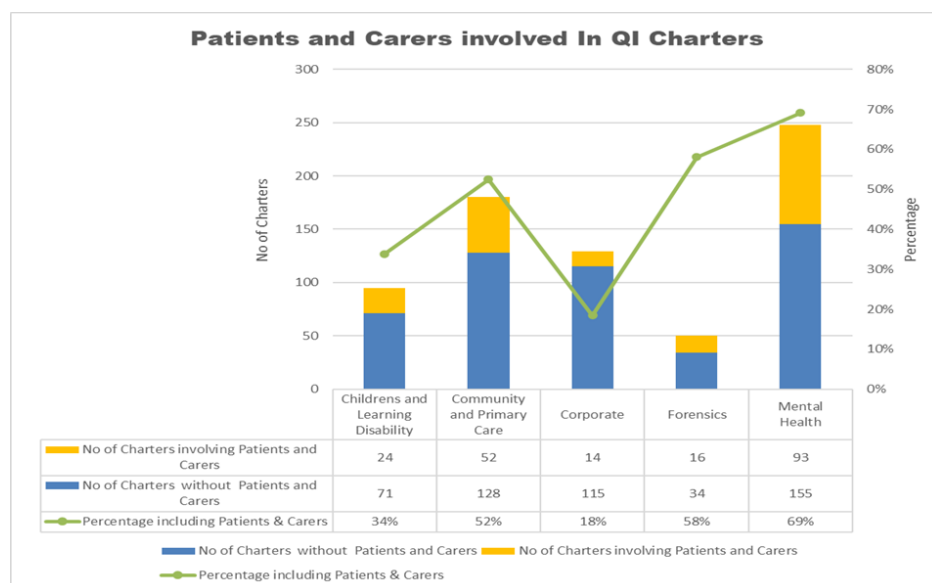
Question/Statement	2018	2019	2020	2021	2022	2023	2024
Q6a. I feel that my role makes a difference to patients / service users	87.4%	87.8%	88.8%	86.87%	87.35%	88.25%	87.4%
Q25a. Care of patients / service users is my organisation's top priority	64.1%	65.7%	75.6%	73.87%	75.58%	80.14%	81%
Q25b. My organisation acts on concerns raised by patients / service users	67.4%	66.4%	72.7%	74.5%	73.44%	77.50%	79%
Q25 c. I would recommend my organisation as a place to work	47.6%	49%	61%	59.45%	62.83%	66.98%	69.3%
Q25d. If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	60.5%	58.4%	66.8%	65.41%	65.25%	69.64%	71.8%

2.1.18 Patient Experience to Inform Quality Improvement

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

The QI charter continues to provide the tracking of patient and carer involvement within QI activities across the Trust. The Trust has achieved 48% for operational teams to co-produce activities with patients and carers, which has dropped by 16% during the year against a 75% target by March 2026.

The chart below breaks down the charters for each Division and Corporate Services into those activities which were developed with our patients and carers and those which were not.



In contrast, 98% of open and completed activities have indicated that the activity would benefit our patients, service users and carers.

The fall in the percentage/number of improvement activities including patients and carers has been raised with the Operational Delivery Group, the Engagement Leads and central Patient and Carer Experience for support but may, in part, be linked to changes in staffing.

To raise awareness of the importance of including patients and carers in improvement activities, a number of approaches will be undertaken during 2025/26:

- Patient and Carer Voice to be included in QI Training.
- Liaison with the Trust Lived Experience Lead to ensure QI Charters are completed where appropriate.
- Request a slot at the Clinical Networks to raise awareness.

Here are a few examples of how our patients and carers have been listened to:

Market Weighton Practice Health and Wellbeing Day

The Market Weighton Practice were asked to facilitate a Health and Wellbeing Day alongside the Patient Participation Group. This event took several months to organise and was held in the Community Hall in Market Weighton to raise patient awareness of organisations who can support their Health and Wellbeing, and the practice received positive feedback.

"It was a useful event, and I found out about some services I didn't know could help me. I will tell my friends about it for next time. " (Patient)

"I visited the Health and Wellness event and was pleasantly surprised to find so many different organisations, charities and support groups in attendance. They varied from Market Weighton Surgery, Cohens, The Acorns, Dementia Awareness, Health Watch and many more. There were people to talk to about anything from Diabetes and caring for your feet to loneliness and mental health awareness. I stayed for a lot longer than I imagined I would and gathered lots of useful information and contacts for an event I was planning at St John's later in the year." (Patient)

"Even though the weather was atrocious, I felt that the people who braved the storm felt that the event was good and informative. I spoke to all the stall holders, and they said that they had some interesting conversations and would be pleased to attend next year's event." (Market Weighton Patient Participation Group, Co-chair)

Continuous Improvement Patient Information Leaflet

The wish to create a patient and carer information leaflet was identified by our patients and carers as part of the Quality Improvement Strategy 2021-2026 to raise awareness of the continuous improvement programme and provide opportunities for patients and those with lived experience to get involved. A small team of patients and those with lived experience developed the leaflet with the QI Manager which was shared with Healthwatch for a plain English review and with the Trust's Communications team to ensure branding was adhered to. The leaflet was finally shared with the members of Patient and Carer Experience Forums for final comment before it was finalised in January 2025. It was used for the first time as part of the Trust's Caring Together Event in February 2025.

"I believe that the leaflet is an essential aid to give Patients/Carers the information they need to feel confident that they are receiving the right care at the right time. It also allows them to feel they can be involved in their care to their benefit." (Market Weighton Patient Participation Group, Co-chair)

Animated Film

For the animated film, we undertook step-by-step discussions and feedback to build a storyboard. It was decided the film's example project would be to improve a drab, unused sensory room. A meeting was arranged with the film staff who put together our agreed choices, followed by choosing a voice and then the film making went ahead. The next step was a preview to make any changes needed and check on any safety issues such as lighting. The final check gave a relaxing calming space. The animated video was presented at the Caring Together conference.

One of the Trust's Patient and Carer Experience Champions who supported the animated film and patient and carer information leaflet projects said "Quality improvement is important in all areas of service. It may be a small change or project which must be planned and carried out methodically. Recently I was able to gain experience and be part of the animated film and patient and carer information leaflet projects."

2.2 Children's and Young People's Services

Outcome 1 – Our Care

2.2.1 Humber Youth Action Group Youth Board

The Humber Youth Action Group (HYAG) currently has 31 young people on its membership and continues to actively engage young people between the ages of 11 and 25.



The group enables young people to safely share their thoughts, ideas, and experiences and provides a platform for people to learn about important health topics, voice their opinions, and work in partnership with Trust staff to enhance the care provided to young people. The group also provides an insight into how the Trust works, provides the opportunity for valuable work experience, and engagement with other organisations and youth groups on broader topics of importance.

2.2.1.1 Humber Youth Action Group Demographics

Gender: 26 female, 1 gender fluid and 4 males

Ethnicity: 1 British Indian, 25 White, 1 Pakistani, 1 Igbo (African) and 3 Asian

Special Education Needs: 2 Learning Disability and 7 Neurodivergent

Locality: 19 East Riding and 12 Hull

2.2.2 Connect Website



October saw the launch of the Children's and Adult Learning Disability Services Connect website, which combines 28 children's and learning disability services into one platform. It offers easy access to important information and features animations co-produced by service users and the individual services. The website was designed and developed in partnership with service users, system partners, commissioners, and staff to ensure its effectiveness and relevance.

The website design and development has realised numerous benefits including:

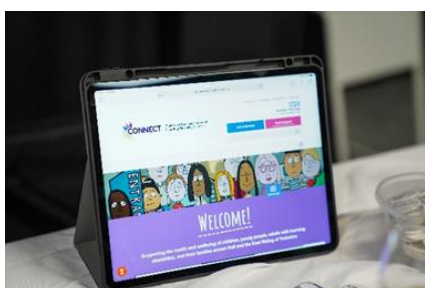
- Single Point of Access which provides a centralised platform for important information, making it easier for individuals to find the information they need.
- Tailored content specifically designed to individual needs, ensuring relevance and ease of use.
- Animations featuring 28 bespoke animations co-produced with service users, enhancing the user experience and making the content more engaging.
- Collaborative design whereby service users, system partners, commissioners, and staff were involved in all stages of design and development, to ensure the website meets the needs of everyone accessing it.

- The co-production process has provided opportunities for those involved to improve their communication skills and boost their confidence.
- Engaging service users in meaningful roles, such as voiceovers, has helped individuals to develop new skills and contribute to the project.

Feedback

“Co-producing the website has offered me so many fascinating opportunities. Working with various services and professionals to develop photography and animations has been amazing for my communication and confidence. I am so proud of what we have created and hope it will be easier for more young people across the region to access the service they need.” Expert by Experience

“These are fantastic, I love that they have got young people to do the voiceovers. What an amazing job they have done. I hope they are proud of themselves” Child and Adolescent Mental Health Services (CAMHS) Service Manager



2.2.3 Clinically-Led workforce and Activity Redesign (CLEAR) Programme

The **Clinically-Led workforce and Activity Redesign (CLEAR)** programme is a Health Education England supported quality improvement tool for addressing unwarranted clinical variation in service access and outcomes. It is led by clinical staff and aims to redesign clinical pathways and facilitate workforce redesign.

The Trust has been invited to participate in a pilot of which is a 26 week programme targeting Core Child and Adolescent Mental Health Services (CAMHS) and the Adult Mental Health Crisis service.

The programme aligns to strategic priorities in the NHS Long Term Plan and the Humber and North Yorkshire Integrated Care Board (ICB) Mental Health, Learning Disability and Autism Strategic Plan.

The CLEAR project is designed to improve outcomes for young people and their families by:

- Streamlining the model.
- Reducing waiting times.
- Ensuring family involvement is central to the work.
- Improving communication.
- Introducing a keyworker for everyone.

Co-production

There were 11 recommendations made by the Humber Youth Action Group to the CLEAR Project team.

2.2.4 East Riding 0-19 Health Visiting and School Nursing Service

There was a need to improve the attendance of the 3-4 month health development contacts, as attendance of second time mothers was reducing. This included understanding peoples' experiences and ways to improve their attendance.

The Engagement team worked in collaboration with the service to create a bespoke survey where a cohort of 51 service users that qualified for a 3-4 month review completed the survey. From the survey feedback, a thematic analysis was completed.

You Said	We Did
Parents wanted their babies weighed at this appointment.	Self-weigh stations are now available at our 3-4 month group sessions.
Parents shared that they felt the appointment letter did not make it clear it was for an appointment.	The letter was amended to be clearer in its language.
Families shared that they wanted partners to be able to attend appointments.	A line was added to the letter stating partners are welcome.

Overall, the changes have made a significant difference to parents. Firstly, the convenience of being able to weigh their babies, helping them feel more confident about their babies' growth and health. Clearer communication in the letters means parents better understand the purpose of the appointments, likely reducing confusion and missed appointments, leading to better engagement and utilisation of the service. Finally, allowing partners to attend appointments offers additional support to parents, making them feel more comfortable and supported, enhancing their overall experience.

Outcome 2 – Our Partnerships

2.2.5 Humber NHS Cadets Programme in Collaboration with St Johns Ambulance

The first cohort of young people graduated July 2024. The cadets shared how the programme has inspired them to think about a career in the NHS and has helped them think about the different career routes into the organisation.

Wyke College shared *“This has been an amazing programme for our young people. The work experience and skill development this programme provides are invaluable.”*

September saw the second launch of the Humber NHS cadet programme. The Engagement team have focussed on promoting the programme through their children's services and encouraging staff to come and talk at the sessions. We expect 22 Humber cadets to graduate from this year's programme on Wednesday 9th April 2025.

You Said	We Did
Young people said they wanted more opportunities to learn new skills, gain further knowledge and experience, and explore a career within the NHS.	The programme, which runs in partnership with St John's Ambulance, gives young people the opportunity to access an 11-month programme. It aims to reach a diverse range of young people who have barriers to entering health volunteering and/or a health care career. As NHS Cadets, young people develop key skills, boost their self-confidence, and get to explore careers in the healthcare sector.

Outcome 3 – Our Workforce and Organisation

2.2.6 Anna Freud Training

Young people who took part in the **Clinically-Led workforceE and Activity Redesign (CLEAR)** Project suggested that staff should undertake training to better understand young people who are neurodivergent and the impact this has on their mental health. Understanding neurodiversity means professionals can understand and communicate better with neurodiverse young people using strategies that work for them. This will improve the quality of care that is delivered to our service users and their families.

Two young people have now completed the Anna Freud Child and Adolescent Mental Health Services (CAMHS) Community Settings Training. Over 2025 this training will be delivered to our Core, Looked After Children, Early Intervention and Eating Disorder CAMHS staff. The young people will deliver this training in partnership with trained staff.

Feedback from Young People

“This training is so important so that children and young people can receive the correct care suited to their needs and so that professionals feel more equipped to give their patients the best possible care.”

“The Anna Freud autism training is so important as it is going to help all practitioners to support their autistic young people better. And for autistic individuals in the CAMHS system to feel that their needs and wishes are seen and granted.”

2.2.7 Children's and Adult Learning Disability Engagement Team Annual Report 2024/25

The Children's and Adult Learning Disability Engagement Team have created a new annual report to celebrate those we have worked alongside over the last year and their amazing accomplishments. They have been pivotal in shaping and improving our care. If you would like to read the full report, please contact Bethia Dennis by emailing hnf-tr.hyag@nhs.net.

2.3 Community Services and Primary Care

Outcome 1 – Our Care

2.3.1 National GP Survey

The National GP Patient Survey, conducted independently by Ipsos for NHS England, gathers insights from around 2.56 million individuals aged 16 and over who are registered with GP practices in England. The survey ran from January 2024 to March 2024, and achieved a national response rate of 27.3%, with 699,790 patients completing the questionnaire. This is a slight decrease from the previous year by 1.3%.

The questionnaire was redesigned for 2024 to better capture the current state of primary care services and patient experiences. It addresses local GP practice services, recent interactions, quality of care, overall practice experience, after-hours services, pharmacy services, NHS dentistry, and current health conditions.

Due to the redesign, trend analysis is not feasible this year, as changes in survey methodology have introduced variations in results unrelated to actual shifts in patient experience.

The Trust has 3 GP practices all who discuss the feedback from the survey at their Patient Participation Groups (PPGs) where action plans are co-produced to address the lower scoring question areas.

2.3.1.1 Humber Primary Care



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The practice's Patient Participation Group (PPG) is actively involved in the development of actions to address the lower scoring question areas.

During the year the practice introduced Health Promotion days including staff from the practice, Healthwatch East Riding, the Trust's Research team, Social Prescribers and Patient and Carer Experience.

This year the Practice Manager attended a six-month General Practice Improvement Plan programme run by NHS England, informing on how to implement a modern General Practice.

The table below highlights two areas for improvement identified from the National GP survey.

You Said	We Did
13% of patients said they find it easy to contact the GP Practice using their website. This compares to the national result which is 48% and the regional result (Humber and North Yorkshire Integrated Care System (ICS)) which is 52%.	The practice website has been reviewed and redesigned involving feedback from over 1600 patients. As a result, the website has a new layout and better functionality to make it easier to navigate. The new design website went live May 2024. It is hoped that listening to patients and making their recommended changes will see an improvement in the overall patient experience when contacting the practice using the website, and that this will be reflected more positively in the National GP Patient Survey 2025 results.
37% of patients describe their overall experience of this GP Practice as good. This compares to the national result which is 74% and the regional result (Humber and North Yorkshire Integrated Care System (ICS)) which is 75%.	The practice has an active PPG who are involved in the development of action/improvement plans. The practice's online consult is available 24 hours per day, 7 days per week for administration queries. This can include retrieving information for test results, requesting a GP letter, information about sick notes/fit notes, follow up on referral information etc. NHS England representatives visited the practice to look at best practice and are planning a revisit.

2.3.1.2 King Street Medical Centre

The practice has an active Patient Participation Group who act as a catalyst to support with improvements around the communication flow to patients within the practice.

There is a drive towards educating those who are more confident with technology to make use of the digital platforms, which will help the practice to free up phone lines for those patients who rely on the more traditional telephone method for contacting the surgery.

The table below highlights two areas for improvement identified from the National GP survey.

You Said	We Did
23% of patients said they find it easy to get through to the GP Practice by phone. This compares to the national result which is 50% and the regional result (Humber and North Yorkshire Integrated Care System (ICS)) which is 51%.	A new phone system went live in June 2024. There is a call back option within the new system, and this has been extended so it covers the hours of 8am to 4pm, so patients can request call backs throughout the day. Since the call back system went live, the practice has noticed abandoned call rates have reduced as patients are becoming more confident in using the call back feature without losing their place in the queue.
47% of patients felt they waited about the right amount of time for their last GP appointment. This compares to the national result which is 66% and the regional result (Humber and North Yorkshire Integrated Care System (ICS)) which is 67%.	The practice continues to educate patients on the different ways to book appointments – reception staff, care navigators and practice volunteers have supported with awareness and education. The practice online consult administration section is now open 24 hours per day, 7 days per week for administration queries (this includes but is not an exhaustive list) test results information, requesting a GP letter and follow up referral letters. The practice has increased capacity on Mondays where the demand is highest.

2.3.1.3 Market Weighton Practice

The practice continues to work with the Market Weighton Patient Participation Group to discuss areas where improvements can be made to systems, processes and methodologies relating to patient and carer experience, e.g. the practice website, the practice newsletter and the practice information booklet.

Healthwatch is invited into the practice to talk to patients about their experiences of the surgery.

This year the Practice Manager and Assistant Practice Manager attended a six-month General Practice Improvement Plan programme run by NHS England, informing on how to implement a modern General Practice.

The table below highlights two areas for improvement identified from the National GP survey.

You Said	We Did
18% of patients said they find it easy to get through to the GP practice by phone. This compares to the national result which is 50% and the regional result (Humber and North Yorkshire Integrated Care System (ICS)) which is 51%.	A new phone system went live on 1 August 2024. Staff have all received training and patients have started to make use of the call back facility now available. The practice is running weekly review meetings to discuss set up access and overall performance with the system service provider 'The One Point'.
11% of patients said they usually get to see or speak to their preferred healthcare professional when they would like to. This compares to the national result which is 40% and the regional result (Humber and North Yorkshire Integrated Care System (ICS)) which is 40%.	As part of improving the patient experience when completing and submitting an on online consultation form on the practice website, reception staff and volunteers have been supporting patients to inform them that they can add a note highlighting their preferred healthcare professional.

2.3.2 Patient Feedback Received about Addictions Services



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The table below highlights how we have listened to and acted upon feedback about our East Riding Partnership Addictions Service.

You Said	We Did
<i>"An updated waiting room would be helpful for my treatment."</i>	Added new posters and resources relating to treatment, with a view to install an informational screen.
<i>"I would like to learn more about the medication you prescribe."</i>	Developed detailed information packs about prescriptions that our prescribing doctors can issue.
<i>"I am struggling to get to my current pharmacy for my prescription"</i>	Arranged swift dispensing at other pharmacies for the patient's convenience.
<i>"The waiting room is too hot/cold."</i>	Carried out maintenance on air conditioning and heating units which allow for a comfortable waiting room.
<i>"It would be nice to have a hot drink whilst being in the waiting room. (Bridlington Hub)."</i>	Service manager contacted Health Stars charity, and a hot drinks machine was awarded to the Bridlington Hub.

2.3.3 East Riding Partnership Addictions Service: Patient Community Rehabilitation Programme

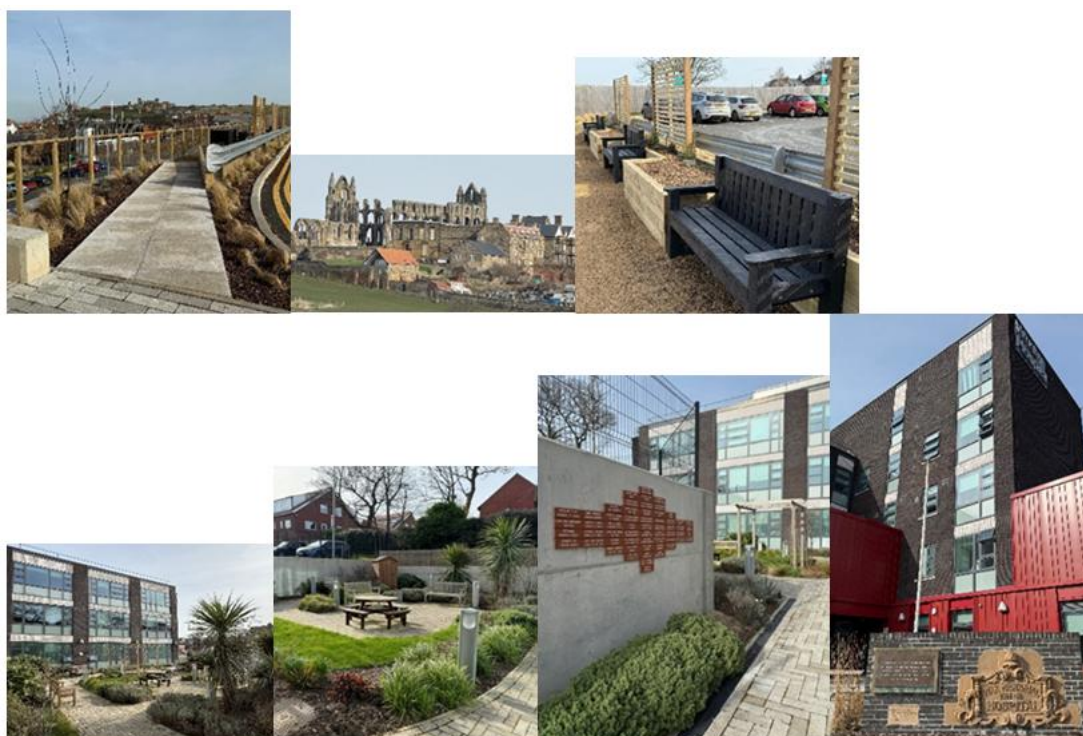
The Community Rehabilitation Programme was evaluated to see where any potential improvements could be made. Patients valued seeing how far they had come and felt hopeful about a happy future. They appreciated the supportive and respectful environment that helped them express themselves freely. Hearing open and honest stories about real-life experiences inspired patients by showing how recovery can lead to a better life—stronger families, healthier relationships, improved health, financial stability, and overall happiness. These shared stories helped patients feel connected and motivated by real examples of positive changes and life improvements.

You Said	We Did
<i>“When I finish the Community Rehabilitation Programme it would be nice to have extra aftercare with a Peer Mentor.”</i>	We reopened a building that gave us the opportunity to offer one-to-one peer support sessions that occur weekly for people leaving the programme after 12-weeks.

Outcome 2 – Our Partnerships

2.3.4 Whitby Hospital Dementia Sensory Gardens and Landscaping Projects

Funding was secured to develop the surrounding areas of the hospital where private landscaped spaces have been created for patients and staff. Seating and viewing platforms overlooking the town centre with views of the Abbey have also been created. Dementia Sensory gardens are being utilised by staff, patients and visitors so they can have quiet reflection time. Families can request a memorial plaque on the garden memorial wall to commemorate those they have loved and lost. The Hospital War Memorial stands proud with a flagpole to celebrate Poppy Day and the sounding of the last post for those lost in combat. The flag is hung at half-mast as a mark of respect when a patient or member of staff passes.



2.3.5 Market Weighton Practice Patient Participation Group Wellbeing Event



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The practice worked in partnership with the Market Weighton Patient Participation Group to hold an event to engage with the local community to share the different health and wellbeing services available from the practice and partner organisations.

The event was a success and as a result, the next event will also hold workshops including; an NHS App awareness session, how to complete online consultations and how to navigate the practice website. This is hoped to encourage a greater public footfall at the next session.

2.3.6 GP Practice Newsletters

The GP practices are working in partnership with their Patient Participation Groups to co-produce the practices' newsletters around design and content.

Patient feedback on the new design:

"Much better information and content. Better layout. More informative and less of just a practice corporate newsletter. Gives opportunity for PPG to promote their groups and specific articles they want to talk about to the patient community."

Examples of our new style practice newsletters.

Outcome 3 – Our Workforce and Organisation



Humber Teaching
NHS Foundation Trust

2.3.7 Whitby Hospital Artworks

The story of healthcare in Whitby stretches back nearly a millennium, with its first hospital dating to the 11th century. The more recent War Memorial Hospital, established in the 1920s was gifted and commissioned many significant artworks, that celebrate the dedication of staff and the gratitude of its patients and community. In 2020 the hospital was refurbished and volunteers from the Whitby community along with staff from the Trust catalogued artwork that once adorned the corridor walls of the War Memorial Hospital and curated a new digital display in the hospital, preserving them as reminders of the past. The artwork is giving patients and staff the opportunity to view and learn about the history of the hospital and surrounding area. There are framed photographic images displayed on walls throughout the hospital. Other commissioned works of art are displayed within walled gardens around the exterior grounds of the hospital. QR codes displayed with the framed artwork links to website pages and are also displayed on the electronic screen in the hospital reception area.



2.4 Forensic Services

Outcome 1 – Our Care

2.4.1 Equality, Diversity and Inclusion, “Where Are You?”

A patient has played a key role in supporting the Equality, Diversity and Inclusion (EDI) agenda at the Humber Centre by giving a presentation to the senior leadership team at the divisions Operational Delivery Group meeting. During the presentation, the patient shared his observations and put forward recommendations for improving the information available for service users about EDI. The recommendations were well-received and fully supported by the meeting attendees. As a result, a task and finish group has been established, with the service user appointed as the lead. This group was tasked with addressing the concerns and implementing the recommendations made in the presentation.



EDI-Where are you?

A Planned Proposal

Equality
Diversity
Inclusion

You Said	We Did
A patient raised concerns in the Your Voices group about the lack of information and support for service users about EDI.	Invited the patient to present his concerns to the senior leadership team at the division's Operational Delivery Group meeting. As a result, a new task and finish group has been established where the patient is the lead. Since the start of the group, it has; co-produced an information card "Speak Up, Speak Out", created an easy read EDI survey for staff, patients, family and friends to complete, organised an EDI awareness event which took place on 25 March 2025 and has ran an art competition to develop a logo to represent EDI in the Forensic Services division.

2.4.2 National Mental Health Act Quality Improvement Programme

The Ullswater Ward is participating in the National Mental Health Act Quality Improvement (QI) Programme with support from the Trust's Executive Medical Director.

As part of the Ullswater Ward's participation on the National Mental Health Act QI Programme, two projects have been implemented.

2.4.2.1 Working Together to Deliver Meaningful Activity



You Said	We Did
To promote a more inclusive, community based ward culture and develop better therapeutic relationships with an understanding of patients by supporting ward-based staff to provide more enrichment activities for patients?	Staff and patients from the Ullswater Ward and patients are meeting weekly in a "coffee and chat group" to move the project forward. The meetings have led to increased engagement and meaningful activities on the ward and the group have received training on the active support model.

2.4.2.2 Review of Multi-Disciplinary Team Working and Access to Digital Translation Services

This project was introduced to review and improve the working practice and patients' experiences of the multi-disciplinary team (MDT) meetings.

Since the project commenced, the following benefits have been realised:

- Increased direct face-to-face interactions between patients and the medical team before the full MDT meeting.
- Patients are now being asked how they would like the meeting to be conducted and who attends.

Outcome 2 – Our Partnerships

2.4.3 Culture of Care Initiative

The Culture of Care initiative adopts a Quality Improvement (QI) approach, with staff teams and patient groups working together on 20 QI projects over a two-year period. The primary objectives of these projects are to enhance the ward culture and to celebrate and invest in co-production. Additionally, the initiative aims to create an enabling environment for both staff and patients.

Overall, the focus is on fostering positive change, promoting partnership working, and building a supportive and inclusive atmosphere within the ward.

Outcome 3 – Our Workforce and Organisation

2.4.4 Developing Vocational Opportunities for Patients in Forensic Services

The project initially involved several patients working in the Forensic Services division shop. Their contributions and the success of this initiative have paved the way for extending the project further. Working with Voluntary Services, there are plans to develop registered volunteer roles within the Forensic Service. This expansion aims to integrate more service users as volunteers, enabling them to contribute meaningfully and gain valuable experience within the Forensic Service.

It is great to see how the success of the shop has led to broader opportunities for patients within the Humber Centre.

You Said	We Did
Patients asked if there could be more vocational opportunities available for them.	Work experience initiative implemented for patients to work in the on-site shop.

2.4.5 Level 2 Food Hygiene Training

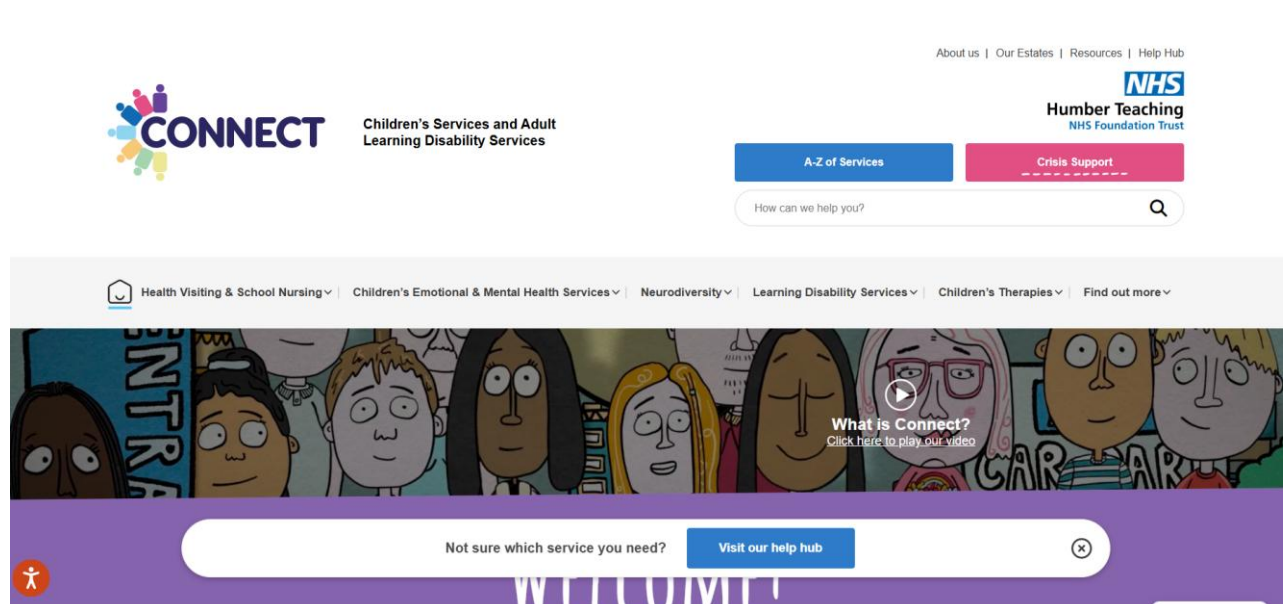
Staff and patients are undertaking their Level 2 Food Hygiene training so they can prepare and cook food independently and together in the Humber Centre.

You Said	We Did
Both service users and staff asked at the Patient Council if they could access level 2 food hygiene training.	In partnership with the Trust's Hotel services, we compiled a list of staff and service users who wanted to complete the training. 59 staff and 30 patients came forward. An external provider was contacted, and a series of bespoke in-house training days are now being organised.

2.5 Learning Disabilities Service

Outcome 1 – Our Care

2.5.1 Connect Website (Refer to item 2.2.2)



Outcome 2 – Our Partnerships

2.5.2 Learning Disability Community Hub

The project originated from discussions at the Hull Health Inequalities Innovation Hub. During these discussions, there was a call for proposals that emphasised a preventative, neighbourhood-based, and strengths-based approach to addressing health inequalities faced by adults with learning disabilities.

The project aims to support people with a learning disability to benefit from a range of support to help them live their lives to the fullest. As well as breaking down barriers for people accessing services to get the help they need, it also aims to support people before they reach crisis point.

There is evidence that people with a learning disability experience barriers to accessing health care and or receive poor quality health care. Mencap uses the term 'avoidable death' for deaths that could have been avoided by the provision of good quality healthcare. The Confidential Inquiry into premature deaths of

people with learning disabilities (CIPOLD) reviews showed the lack of reasonable adjustments provided to people with a learning disability (especially in accessing clinic appointments and investigations) as a contributory factor in a number of avoidable deaths.

In October 2024, the Learning Disability service attended the first pilot event of the community hub. This event brought together various health, social care, and voluntary services in one place, allowing people to learn more about available support in their local area.

Feedback from staff members:

“Nice informal set up. Great range of organisations and good networking opportunity.”
“Very relaxed and comfortable setting. Good range of support available.”

Feedback from visitors

“Enjoyed coming to the event as I find it easier to talk face to face rather than phone call.”
“Staff and people here are open and friendly.”
“There were interactive sessions with lots of resources to read through.”

2.5.3 Cancer Screening Project

Patients with learning disabilities are less likely to attend or take up appointments for vital checks, putting them at greater risk of poor health and negative outcomes. The local and national annual Learning Disability Mortality Review (LeDeR) Programme was commissioned to improve the standard and quality of care for people with a learning disability. Their reports show that cancer is one of the top 3 most common reported deaths.

The aim of the project is to improve access and engagement with crucial cancer screening programme, focusing on screenings for cervical, breast and bowel.

Three Experts by Experience are supporting the Trust to share their experiences; they will identify barriers, create a video resource, advise on reasonable adjustments and support with the training of staff members.

Quotes from Experts by Experience

“I want to try a new opportunity. It’s important for people with a learning disability to look after their health. I am good at talking to people and listening. I am open and honest and happy to share my own experiences. I am a good advocate for people with a learning disability as I understand the challenges they face.”

“I am passionate about helping people. I want to help the NHS as they need to improve. Cancer is an important topic to me. I have the skills to be an expert by experience. I am able to explain in a way that people can understand.”

Outcome 3 – Our Workforce and Organisation

2.5.4 Interview Panel Volunteers for the Learning Disability Service

This project commenced to create a clear process for interview panel volunteers (clients/carers) to support the Learning Disability Service interview panels including accessible resources.

The Trust has a system in place and promotes its commitment to work in partnership with its patients, service users and carers. The Trust acknowledges that the involvement of interview panel volunteers benefits both patients and the Trust; their perspective positively influences recruitment and selection decisions, which is crucial to the delivery of high-quality services. The Learning Disability Service did not have a standardised accessible and inclusive approach in place. Two clients co-produced an easy read booklet for interview panel volunteers together with resources.

Feedback from Client

"I like being helpful, busy and keeping my mind active. I liked learning from listening to what people said to each question. It's important to me, to pick someone who is good for the job, is reliable, shows up on time each day and make sure they can meet people's needs."

2.6 Mental Health Services

Outcome 1 – Our Care

2.6.1 De-escalation, Management and Intervention (DMI) Training

This training has been enhanced by the introduction of lived experience films.

You Said	We Did
Patients often say that unless someone has gone through a similar experience, they can't fully grasp what it's like, and this has an impact on the delivery of patient care. Understanding the patient perspective is especially important when a patient has restrictions placed upon them.	We identified patients and service users who had experienced restrictive interventions while in receipt of mental health care and recorded films of them sharing their experiences. These films were incorporated into DMI training to improve the training by making it more meaningful which will enhance the care provided.

Since the introduction of the films, the quotes below are from staff who have benefited from the new lived experience films:

"Great to hear from a patient's perspective."

"Really interesting especially when staff have to apply restrictive interventions."

"Even though they have been in hospital for a long time they seem to really respect the staff and the care they get."

"Brilliant videos."

"Great to have a different outlook from different services."

2.6.2 Community Mental Health Service User Survey (2024)

Each year, a national study takes place across the NHS to gather patients' experiences of using community-based mental health services. This year the survey took place between August and December 2024.

This year the survey was sent to a basic sample size of 1250 service users receiving services in the Trust and 236 completed questionnaires were returned. 26 patients were excluded from the sample because they had either moved/not known at this address (13), or deceased (13). The survey response rate was

19.36% compared to last year's response rate of 18%, therefore the Trust has seen a 1.36% increase in responses this year.

Key highlights from the survey are as follows:

The Trust scored above the highest 80% threshold in comparison to all Trusts surveyed for four questions as follows:

- Q15: To what extent did your NHS mental health team involve you in agreeing your care plan?
- Q26: Thinking about the last time you received therapy, did you have enough privacy to talk comfortably?
- Q27: Would you know who to contact out of office hours within the NHS if you had a crisis?
- Q34: Have NHS mental health services involved a member of your family or someone else close to you as much as you would like?

The Trust scored in the bottom 20% of all Trusts surveyed for the following four questions:

- Q14: Do you have a care plan?
- Q19: Do you feel in control of your care?
- Q30: Thinking about the last time you contacted this person or team, how do you feel about the length of time it took you to get through to them?
- Q38: Do you feel the support provided meets your needs?

The Trust scored in the intermediate 60% threshold for 27 questions.

The Trust has a Community Mental Health Service User Survey working group (including 2 Experts by Experience) which meets monthly to review the survey results, identify areas of concern, and oversee implementation of the actions to address areas where improvements are required. The working group carries out focused work paying particular attention to; the questions where the Trust scored in the lowest threshold compared to the national picture, the Trust's bottom five scoring questions and specific targeted questions of concern i.e. areas that have been targeted for improvement in the past and actions have been implemented to address however improvements have not been realised in the current survey results, therefore, further work is required.

As a result of the last twelve month's targeted action planning, improvements highlighted in the 2024 survey have been realised as follows:

- NHS Mental Health Workers checking to see how service users are getting on with their medicines (of which is one of the top five questions where the Trust improved year on year – compared with the 2023 score).
- NHS Mental Health Services involving a family member or someone else close to the service user as much as they would like (of which the Trust scored in the highest 80% threshold of all organisations surveyed in the 2024 survey).

The information below shares some of the work the Trust has carried out in response to feedback received from the 2023 survey.

You Said	We Did
73% of service users said that they were happy with the support they received regarding their medication.	We are increasing access to consultation regarding medication by pharmacy technicians.
24.8% of service users who responded to the survey stated that their mental health team had given them advise or support with finances or accessing benefits.	Individual Placement and Support (IPS) team to offer briefing videos, drop-in sessions and information sheets about accessing support for finances and benefits for services who do not have direct IPS access.

21.9% of respondents said that they had been asked to provide views about the quality of their care in the past 12 months.	The Friends and Family Test (FFT) now includes a thematic analysis, and the Mental Health Services division has developed action plans in teams where there are little or no FFT responses received in a six month period.
19.4% of service users said that their mental health team had given them advice or support with finding or maintaining employment.	To effectively signpost service users to cost-of-living and other support areas, we are upskilling staff through Making Every Contact Count (MECC) training, to foster a confident culture for vital health and wellbeing conversations.

A survey landing platform has been introduced on the Trust's website for all Trust surveys with details of the surveys and what we do with the results/benefits of completing the survey (refer to item 2.1.14).

Over the forthcoming months the Trust will co-produce actions to address the feedback received in the 2024 Community Mental Health Service User survey where feedback suggests improvements are needed.

2.6.3 Mental Health Inpatient Survey

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

Looking ahead, we will further focus on the survey approach and increasing response rates. We will work closely with the Mental Health Services Division to support teams to offer the survey to all service users and also to strengthen the support given to service users to complete the survey. Any consistent areas of concern which repeatedly appear in the survey results will be addressed with an action plan to resolve.

You Said	We Did
Westlands Inpatient Unit received feedback via the Mental Health Inpatient Survey around how they engaged with carers. Some felt that the contact with family members could have been better, that there weren't always enough updates, and that sometimes communication was provided last minute.	Westlands offer carers weekly contacts with a Peer Support Worker. Peer Support Workers are staff members with unique lived experience who can help alleviate carers' stress by providing simple updates regarding their loved one's care with one-to-one sessions offering information and guidance. This helps carers feel supported and involved in the care process, giving them a platform to express any concerns and discuss available support for carers, including signposting. As well as these weekly contacts, carers are also offered additional in-person support sessions; these are offered either before or after patient visits. To enhance information accessibility and transparency, Westlands have also co-produced a carers booklet. It serves as a clear outline and reference for families, providing them with a better understanding of the inpatient unit and what both carers and patients can expect from our services. It also contains key information about other parts of the Trust carers can explore such as Complaints, Patient and Carer Experience and how to get involved.

Positive feedback received following the implementation of Peer Support Workers at Westlands:

"Having someone to help us support us through this has been such help, my mother has been in an inpatient setting a few times and I have never before had contact from a peer support worker with this in place now it's helped me massively and helps me feel supported and informed." Patients Daughter (Carers Contact)

"I've been having contact with Peer Support weekly since when mum was admitted, this has happened before, and it has been really useful." (Inpatient Survey)



Publication Date: Feb 2025
Review Date: Feb 2026



Image of the Carers booklet which contains essential information about the unit, including daily activities such as timetables, protected times, meetings, and sectioning.

Outcome 2 – Our Partnerships

2.6.4 Carers Card

A Carers Card has been designed to connect carers and families to support available within our communities. By having a business sized card including relevant information to hand when needed will encourage more individuals to access support services.

You Said	We Did
Adult Mental Health Co-production Group members told us that information for carers' support services needs to be easily accessible. They said that having information on a business sized card, so they can it to hand when needed, would make them more likely to use the support services available.	A working group was brought together to design a Carers Card. Members from Hull, East Riding and North Yorkshire Carers Support Services, the Carers Advisory Group, Adult Mental Health Co-production Group, Patient Participation Groups and Trust staff generated ideas to develop the card.



Feedback received on the Carers Card includes:

"That looks fantastic! Well done to all involved." Service User

"I think the information is clear and precise. The layout is warm, and the overall look is appealing. Very well designed, in my opinion." Carer

Outcome 3 – Our Workforce and Organisation

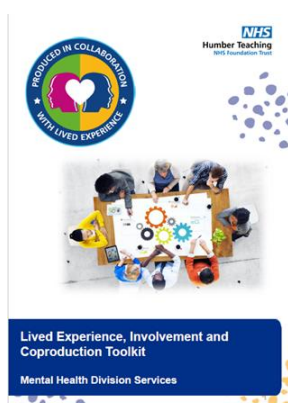
2.6.5 Co-production Toolkit

To standardise the framework for involving individuals in Trust activities across the Mental Health Services division, a Co-production Toolkit has been developed. Providing a consistent approach for involvement is enabling staff to efficiently access co-production tools and techniques without reinventing the wheel each time. The clear guidelines and procedures are strengthening their ability to engage in co-production activities effectively, helping them to develop skills and knowledge in engagement and involvement activities.

You Said	We Did
Members of the Adult Mental Health Co-production Group shared that the quality of co-production was inconsistent across Mental Health Services.	The division pulled together all the tools and techniques relating to involvement and co-production into one document to improve knowledge and understanding bringing consistency to the delivery of co-production activities across the Mental Health Services division.

Feedback from a member of staff on using the new toolkit:

“As a service we are always keen to think about how we can more actively involve individuals and their family members/carers so that we can develop the service in a way that suits the needs of those accessing it. The co-production toolkit helped us in thinking more about how we could do this and enabled us to start this process in a collaborative and helpful way.”



3.0 Complaints and Feedback

During the past year (1 April 2024 to 31 March 2025), the Trust has responded to a total of 502 complaints: 188 formal complaints and 314 informal complaints. For the previous year, the Trust responded to a total of 554 complaints: 198 formal complaints and 356 informal complaints.

Of the 188 formal complaints responded to, 43 (23%) were upheld, 70 (37%) were partly upheld and 75 (40%) were not upheld, of which 6 were withdrawn. For the previous year, the Trust responded to 198 formal complaints of which 60 were upheld (30%), 56 were partly upheld (28%) and 82 were not upheld (42%).

On comparing the 2 years there has been an overall decrease by 52 complaints (formal and informal complaints) and communications and patient care are the top primary subjects.

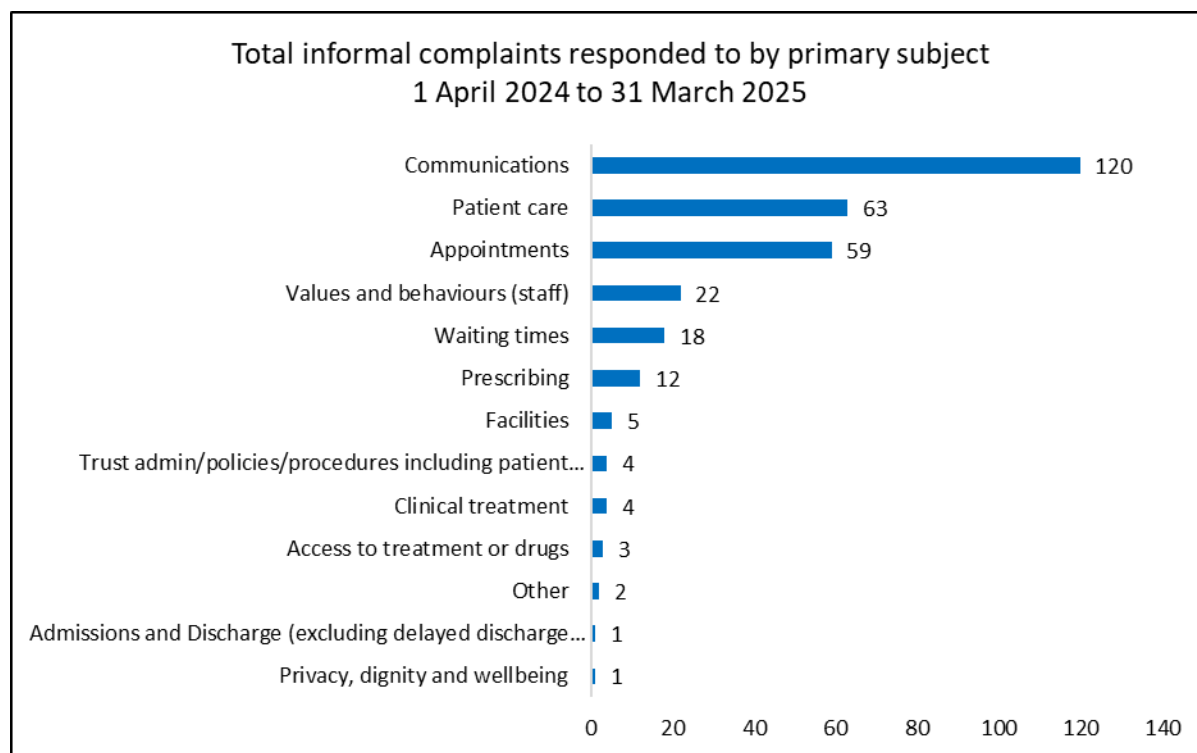
The Trust implements actions because of formal complaints responded to which are upheld/partly upheld and lessons are learnt from the feedback.



3.1 Informal Complaints

For the period 1 April 2024 to 31 March 2025, the Trust responded to 314 informal complaints. The primary subjects/themes are highlighted in Graph 1. For the previous year, the Trust responded to a total of 356 informal complaints.

The primary subjects/themes for informal complaints responded to for the period 1 April 2024 to 31 March 2025 are highlighted in Graph 1.



(Graph 1)

3.1.1 Informal Complaints Escalated to Formal Complaints

For the period 1 April 2024 to 31 March 2025, a total of 8 informal complaints have been escalated to formal complaints. For the same period last year, a total of 9 informal complaints were escalated to formal complaints.

Here is a detailed analysis of informal complaints escalating to formal complaints for the past year.

- Community Services and Primary Care – Humber Primary Care Practice
Primary subject: Prescribing
Reason for escalation: The complainant originally raised concerns regarding the practice's alleged refusal to supply them with medication unless a further health check was carried out. As the

complainant felt they did not receive a timely response to this on an informal basis, they requested escalation to a formal complaint.

- Community Services and Primary Care – Market Weighton Practice
Primary subject: Appointments
Reason for escalation: The complainant originally raised concerns regarding the practice's lack of timely response to both their own care needs and those of their child. The complainant felt that the practice did not offer an urgent or compassionate response to the informal complaint and confirmed that they wished to escalate to a formal complaint.
- Community Services and Primary Care – Humber Primary Care Practice
Primary subject: Prescribing
Reason for escalation: The complainant originally raised concerns regarding difficulty obtaining medication from the practice for their mother. Although the medication issue was resolved, the complainant subsequently confirmed that they wanted a formal investigation into the cause of the issue.
- Children's and Learning Disabilities Services – Learning Disability Intensive Support Team
Primary subject: Patient care
Reason for escalation: The complainant originally requested a formal complaint around multiple issues relating to their son's care with the team. After an initial conversation with the complainant, the service reported the complainant was happy with the proposed way forward and it was felt that the complaint could be resolved on an informal basis. However, the service was subsequently unable to resolve these issues informally to the complainant's satisfaction, and they requested escalation to formal complaint.
- Community Services and Primary Care – Humber Primary Care Practice
Primary subject: Values and behaviours of staff
Reason for escalation: The complainant originally raised a concern regarding the attitude of a reception staff member towards them on the telephone. Although the issue was initially resolved informally, the complainant subsequently requested a formal complaint as they felt the issues had resulted in them and their family not receiving the care they needed.
- Planned Care Mental Health Services – Mental Health Triage and Assessment Team
Primary subject: Communications
Reason for escalation: The complainant originally raised a concern regarding the Trust's use of a contracted provider. The issue was initially addressed via an informal written response at the complainant's request; however, the complainant was not satisfied with this response and requested escalation to formal complaint.
- Corporate Services – Medical Records Team
Primary subject: Trust admin/policies/procedures including patient record management
Reason for escalation: The complainant originally raised a concern regarding a subject access request for medical records that they had yet to receive. They were subsequently informed that the records had been sent to a third party on their behalf without sharing with themselves first as requested, and they requested escalation to a formal complaint.
- Planned Care Mental Health Services – Psypher
Primary subject: Patient care
Reason for escalation: The complainant originally raised concerns over the alleged lack of care they had received from the service. The service was unable to resolve the issues to the complainant's satisfaction on an informal basis, and they requested escalation to a formal complaint.

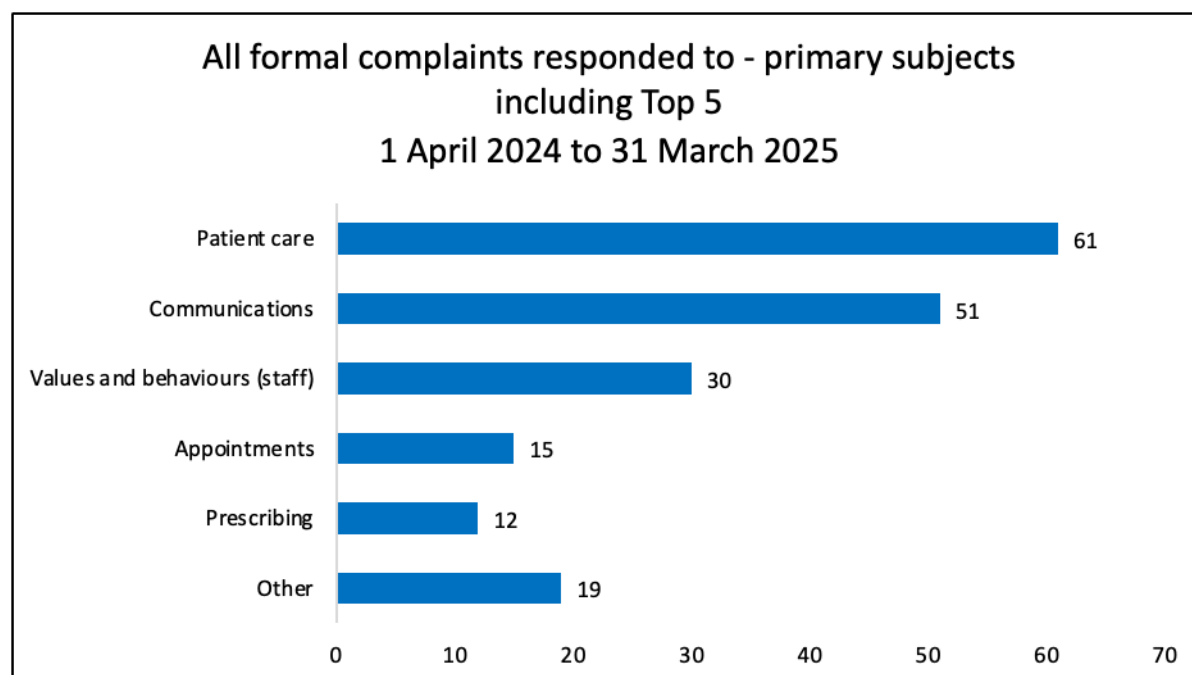
3.2 Formal Complaints

During the past year (1 April 2024 to 31 March 2025), the Trust received 194 formal complaints compared to 216 for the previous year.

The Trust responded to 188 formal complaints which compares to 198 for the previous year (a decrease of 10 formal complaints). The Complaints and Feedback Manager considers that this position is due to the

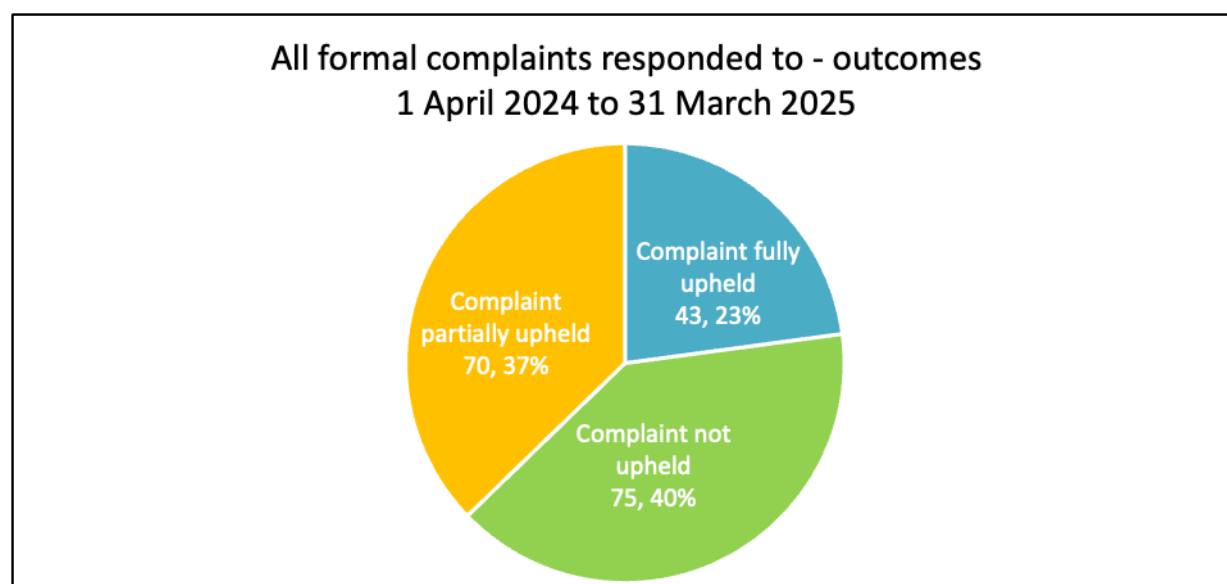
combination of an overall reduction in complaints for Primary Care compared with the previous year, and a smaller overall increase in complaints for the Mental Health Division, across both Planned and Unplanned Care.

The primary subjects/themes are highlighted in Graph 2.



(Graph 2)

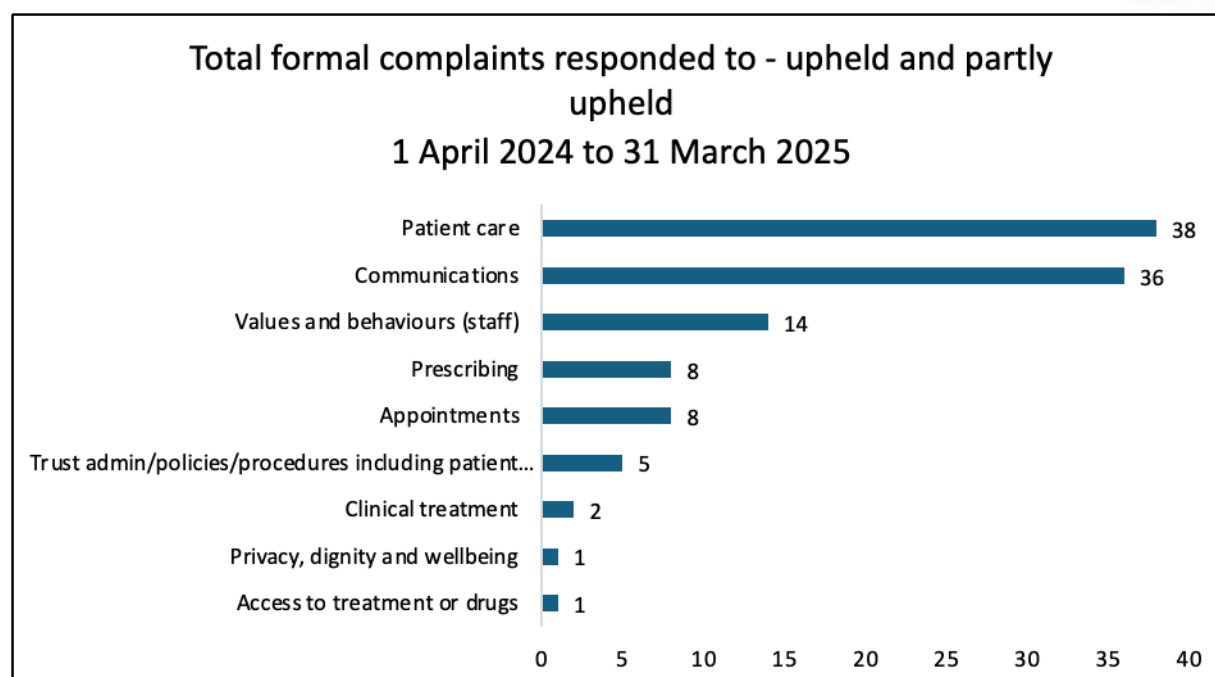
Of the 188 formal complaints responded to, 43 (23%) were fully upheld, 70 (37%) were partly upheld and 75 (40%) were not upheld. For the previous year, the Trust responded to 198 formal complaints of which 60 were upheld (30%), 56 were partly upheld (28%) and 82 were not upheld (42%). The outcomes are highlighted in graph 3.



(Graph 3)

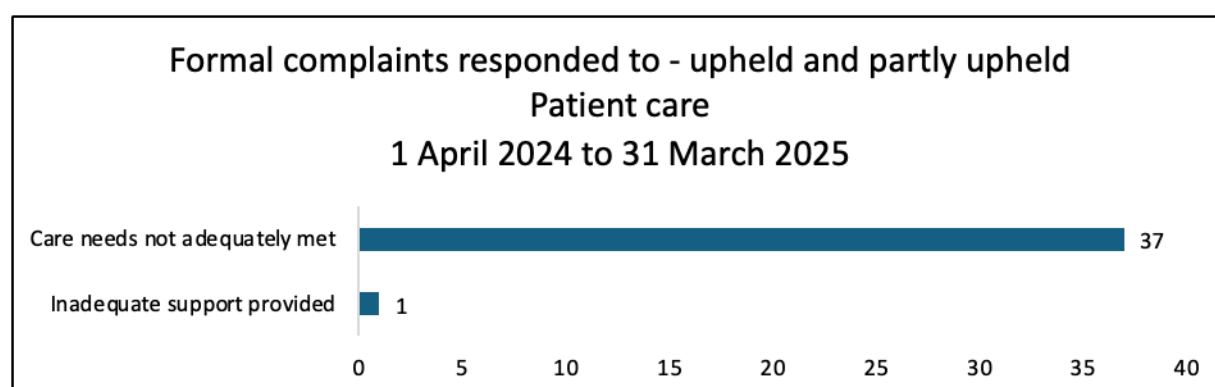
3.2.1 Themes and Trends

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



(Graph 4)

Analysis: Patient Care: On critiquing the top subject of patient care, further analysis (Graph 5) confirms that **care needs not adequately met** is the highest sub subject for the Trust, and also the sub subject for all complaints apart from 1, for inadequate support provided. There was a total of 61 formal complaints responded to with patient care as the primary subject during the twelve month period. Of these, 12 were fully upheld following investigation and 26 were partly upheld, with the remaining 23 not upheld.



(Graph 5)

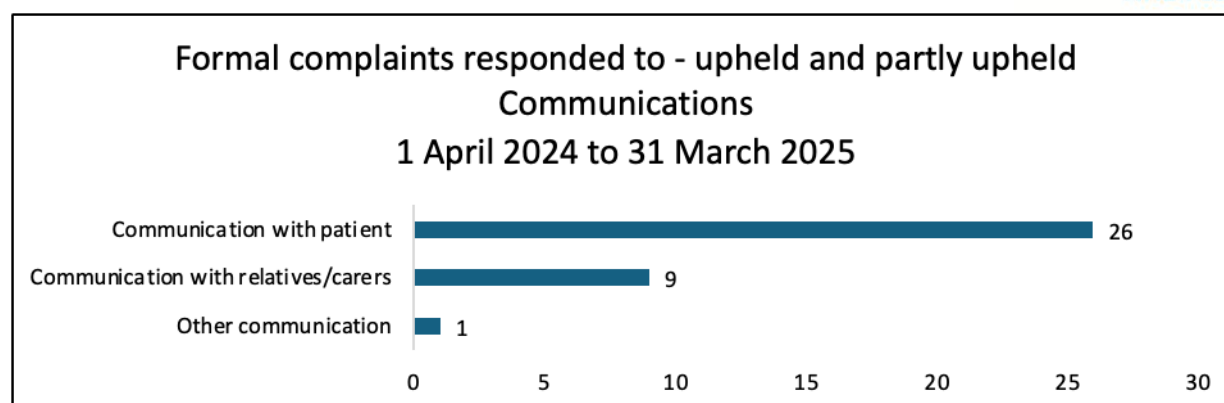
Of the 38 complaints that were fully and partly upheld, 18 (47%) were for the Mental Health Division across both Planned and Unplanned Care, and the majority of complaints for this division resulted in a partly upheld outcome, including all complaints for Unplanned Care.

Of the 37 complaints which had a sub-subject of 'care needs not adequately met', 15 related to an overall lack of care provided by the services in question, whilst 12 related to a delay in accessing care and support.

As there was just 1 complaint with a different sub-subject of 'inadequate support provided', there were no further trends to observe.

Analysis: Communication: On critiquing the second highest subject of communication, further analysis (Graph 6) confirms that communication with patient is the highest sub subject in this category; followed by communication with relatives/carers, then other communication. There was a total of 51 formal complaints

responded to, with communication as the primary subject during the twelve-month period. Of these, 15 were fully upheld following investigation and 21 were partly upheld, with the remaining 15 not upheld.



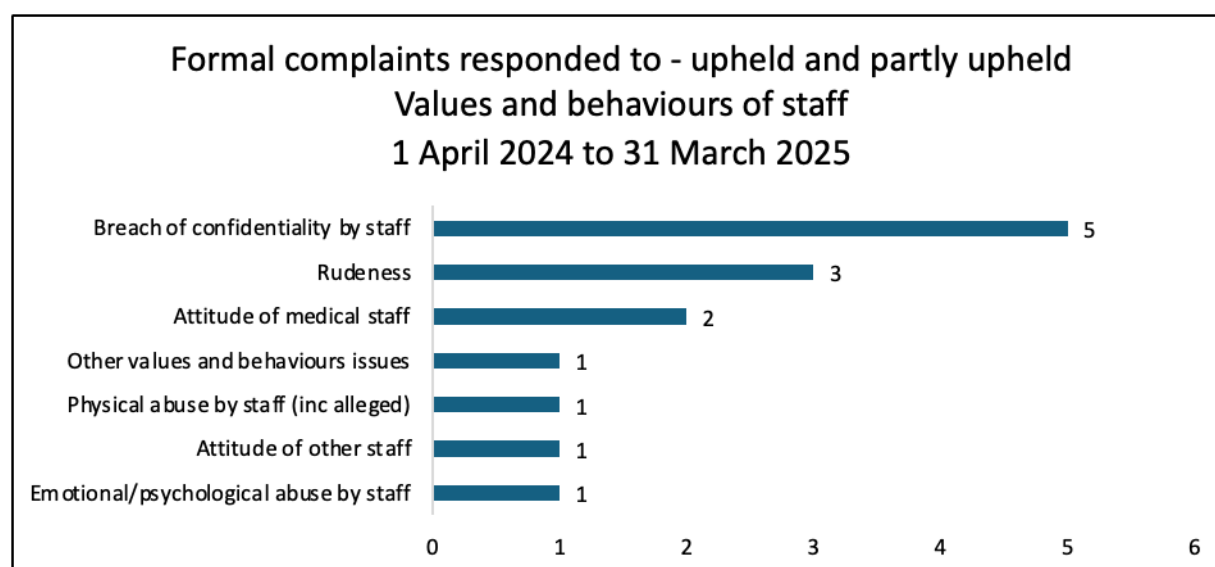
(Graph 6)

Of the 36 complaints that were fully and partly upheld, 16 were for Community Services and Primary Care, 11 were for Planned Care Mental Health Services, 6 were for Unplanned Care Mental Health Services, 2 were for Children's and Learning Disabilities Services, and 1 was for Corporate Services.

The top three sub-subject themes highlight:

- 26 had a sub-subject of 'communication with patient', and of those, 11 were fully upheld and 15 were partly upheld. 15 of these complaints related to an overall lack of contact from the service. Of the 11 complaints for Primary Care with this sub subject, 5 related to a lack of contact around test results.
- 9 had a sub-subject of 'communication with relatives/carers', and of these, 6 related to an overall lack of contact from the service.
- There was 1 complaint for 'other communication'; therefore no notable trend to observe.

Analysis – Values and behaviours of staff: On critiquing the third highest subject of values and behaviours of staff, further analysis (Graph 7) confirms that breach of confidentiality by staff is the highest sub subject for the Trust, followed by rudeness, then attitude of medical staff. There was a total of 30 formal complaints responded to, with values and behaviours of staff as the primary subject during the twelve month period. Of these, 7 were fully upheld following investigation and 7 were partly upheld, with the remaining 16 not upheld.



(Graph 7)

Of the 14 complaints that were fully and partly upheld, 7 were for Planned Care Mental Health Services, then 2 each for Community Services and Primary Care, Unplanned Care Mental Health Services and Children's and Learning Disabilities Services, with a further 1 for Corporate Services.

The top three sub-subject themes highlight:

- 5 had a sub-subject of 'breach of confidentiality by staff', and of these, 4 related to information being shared or disclosed to third parties without the patient's consent.
- 3 had a sub-subject of 'rudeness', and there were no notable trends to observe.
- 2 had a sub-subject of 'attitude of medical staff', and there were no notable trends to observe.

3.2.2 Learning Responses

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

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

Theme 1: Patient care

Issues upheld	Learning responses
Primary Care – The complainant had been given a telephone appointment with the practice, but they were not given a specific timeslot and experienced difficulty with being available to answer the call as a result.	The practice will ensure that patients are given a 2 hour window for the telephone consultation to ensure they have time to answer the call for the appointment.
Learning Disability Services – The complainant requested crisis support from their child's community team, but were told that the team could not help with this and they would need to speak to the Crisis team instead.	As part of their service provision, the team will develop a locally agreed protocol for responses to patients who may be in distress or a crisis.
Planned Care Mental Health Services – The complainant experienced significant impact on their care and treatment planning due to being passed between multiple different teams, which protracted the length of time taken and caused them significant distress.	The services will develop a direct extraordinary meeting and/or escalation process including involved clinicians where a pathway cannot be established for a patient within our current forums.

Theme 2: Communications

Issues upheld	Learning responses
Primary Care – Due to human error, the referral for the patient was sent to the Medical Examiner two days later than the undertaker was advised.	The division will ensure there is at least two staff at each GP site that are competent in undertaking the Medical Examiner process to ensure there are no delays.

Planned Care Mental Health Services – The complainant was telephoning the service consistently but was not contacted by them within 24 hours of their call as appropriate.	To ensure patients receive telephone follow-up in a timely manner, the service will revise and clarify the duty and shift coordinator role, including a new role description and process for tackling pressures.
Children's Services – The complainant received inadequate communication from their child's clinical team whilst the child was in crisis.	The service will review the documented response plan for supporting the patient during a crisis, originally developed from an interaction with crisis services, alongside the patient and family to help further embed this into patient centred care.

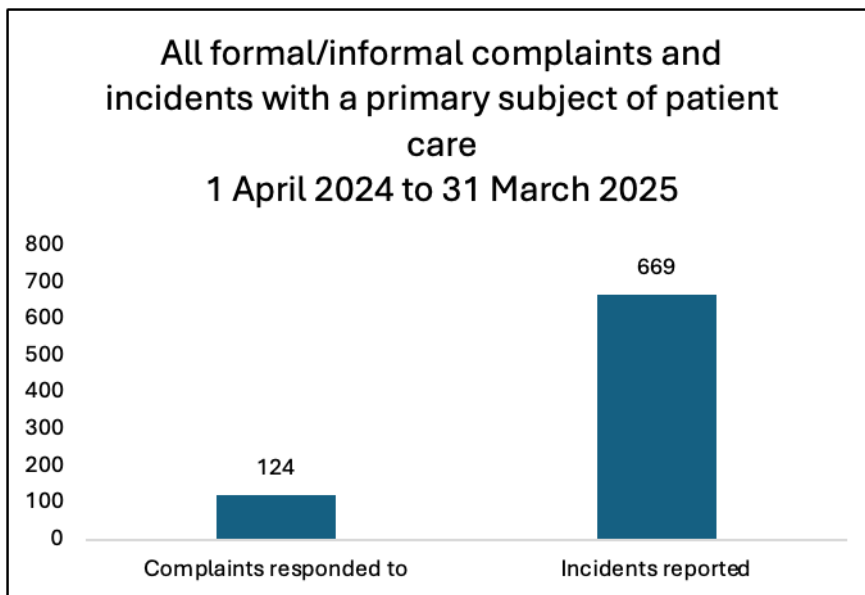
Theme 3: Values and behaviours of staff

Issues upheld	Learning responses
Planned Care Mental Health Services – The complainant had requested on several different occasions for their information not to be shared with their GP; unfortunately, this was not recorded on the 'active alerts' section on the electronic patient record.	Information will be circulated to all staff via email to utilise the patient alert section when documenting and accessing information around data sharing.
Unplanned Care Mental Health Services – The staff's communication around the complainant's care did not demonstrate a person centred or compassionate approach whilst they were in distress.	All service staff will be undertaking Trauma Informed Care principal training to improve knowledge of staff and experience of those using the service.
Children's Services – The complainant attended a course for parents accompanied by their adult aged child; the course does not allow offspring (including adults) to attend, and the reasons for this were not explained adequately to the complainant on the day of the session.	- The service will add to the group intervention letter for the workshop/ course that offspring are not allowed and explain why, along with contact details for parents to raise concerns. - Staff will discuss at the initial assessment whether group intervention is subsequently required. - The service will review group intervention to consider access and reasonable adjustments.

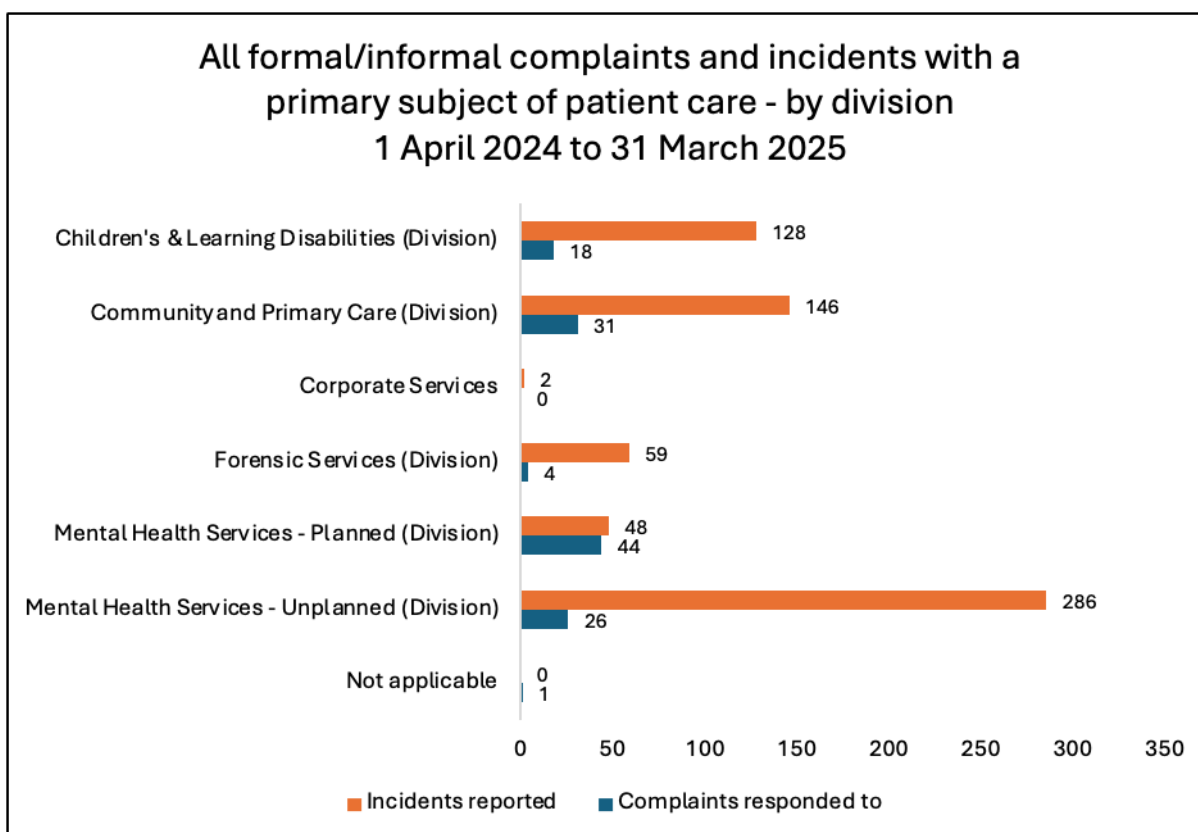
3.2.3 Thematic Review of Patient Care Aligned to Patient Safety Incidents

To gain a more joined-up understanding of the top theme of patient care, we have undertaken a closer look at these complaints alongside patient safety incidents received for the same theme. This category is recorded for incidents as '**Patient Care Problem**' and it is the 4th highest recurring theme for patient safety incidents in 2024/25.

The total number of formal and informal complaints responded to and incidents reported against the theme of patient care for 1 April 2024 to 31 March 2025 are compared in Graph 8 below, whilst Graph 9 demonstrates this split by clinical division.



(Graph 8)



(Graph 9)

Analysis

Formal and informal complaints with a primary subject of patient care – On critiquing the top subject of patient care, **care needs not adequately met** is the highest sub subject for the Trust during the period, with 37 formal complaints (upheld or partly upheld) and 63 informal complaints. There was 1 other sub subject across either category, which was 'inadequate support provided' for a formal complaint.

Of the 37 formal complaints upheld or partly upheld with the sub-subject of 'care needs not adequately met':

- 24 formal complaints related to a lack or omission of care provided by the services in question
- 15 formal complaints related to a delay in accessing care and support
 - *Within the above, 11 formal complaints related to both these themes*
- 9 formal complaints related to a decision in care and support which the complainant was unhappy with.

It must be noted that some formal complaints include more than one theme.

Of the 63 informal complaints with the sub-subject of 'care needs not adequately met':

- 41 informal complaints related a lack or omission of care provided by the services in question
- 20 informal complaints related to a delay in accessing care and support.
 - *Within the above, 16 informal complaints related to both these themes*
- 18 informal complaints related to a decision in care and support which the complainant was unhappy with.

Patient safety incidents with a primary subject of patient care – On critiquing the top subject of patient care, **Care Problem/Error - Other** is the highest sub category for the Trust during the period, with 97 incidents reported, followed by 'Delay in Patient Care/Treatment' with 82 incidents reported.

Of the 97 patient safety incidents with the sub-subject of '**Care Problem/Error - Other**':

- 32 related to an overall lack of care provided by the services in question
- 16 related to a delay in accessing care and support.
 - *7 incidents reported related to both these themes*
- 3 were related to missed appointments or referrals.
 - *2 incidents reported relate to all 3 of the above themes*
- 8 related to various concerns about the services in question – no trends to observe.
- 47 were out of scope as they were concerns raised by the service regarding patients themselves, rather than Trust care provision.

Of the 82 patient safety incidents with the sub-subject of 'Delay in Patient Care/Treatment':

- 44 related to a delay of less than 2 weeks
- 27 related to longer-term delays in accessing care and support.
- 11 were out of scope as they were concerns raised by the service regarding patients themselves, rather than Trust care provision.

Summary

- On comparing complaints and incidents against the theme of patient care more closely, two trends emerge consistently as the top subcategories across both; a lack or omission of care from the service(s) involved and/or a delay in receiving care and treatment. Although the totals of each are somewhat different, the proportions are relatively balanced.
- The Mental Health Division (Planned and Unplanned Care) accounts for the majority of formal/informal complaints responded to and incidents reported on this theme, and there are similar totals for both – 56% of complaints and 49% of incidents.
- The majority of complaints and incidents regarding longer term waits or delays in care relate to patients awaiting support from the Community Mental Health Team.
- There is a significant difference between the overall numbers of complaints responded to and incidents reported by the clinical divisions. This appears to be mostly due to the fact that unlike complaints, incidents may also include concerns raised by the services regarding their patients. The exception to this is Planned Care Mental Health, against which only 4 more incidents were reported than complaints responded to on the theme of patient care.

3.2.4 Complaints and Feedback Complainant Survey

Following the closure of each complaint, the Complaints and Feedback Team send out a feedback survey to all formal and informal complainants. This anonymous questionnaire gives complainants an opportunity to comment on their experience of the complaint process and to provide insight into how we are doing from

a patient/carer/public perspective. As of April 2024, the survey is provided in a variety of formats including web link, hard copy and SMS text message. Last year the Trust introduced SMS text message where we have seen an increase in the response rate to the survey. For 2023/24 the response rate was 6, compared to 43 responses received during 2024/25 (22 for formal complaints and 21 for informal complaints), this is an increase of 37 responses (717%).

Formal complaints:

- **55%** of respondents felt that making their complaint was a simple process.
- **27%** of respondents felt that their complaint was taken seriously and handled fairly.
- **50%** of respondents felt that the response was personal to them and specific to the nature of their complaint.
- **41%** of respondents felt that the response was clear and understandable and addressed their concerns, even if they did not agree with the outcome.
- **9%** of respondents felt that that the learning/actions identified were appropriate to the outcome of their complaint.

Informal complaints:

- **81%** of respondents felt that making their complaint was a simple process.
- **52%** of respondents felt that their complaint was taken seriously and handled fairly.
- **57%** of respondents felt that the service listened to them and took their personal preferences into account.
- **52%** of respondents felt that the service addressed their concerns appropriately, even if they did not agree with the outcome.

We have taken the above feedback into consideration during our policy refresh and have made changes to address some of the areas of challenge (see 3.3). We will further draw on this feedback when we update our complaints training offer (see 3.7) in line with the recent policy changes.

3.3 Complaints and Feedback Policy Review

A full review of the Trust's Complaints and Feedback Policy has been undertaken in 2024/25 and a significant number of changes have been implemented, following consultation with our staff, patients, service users and carers. As part of this process, the policy was assessed to ensure compliance with the Parliamentary and Health Service Ombudsman (PHSO) NHS Complaints Standards Summary of Expectations 2022; the majority of the policy was found to be compliant with the standards and identified gaps have now been incorporated into the document.

- Based partly on feedback from the complainant survey (see 3.2.4), the refreshed policy provides the opportunity for complainants to co-produce formal complaint action plans as part of the investigation process.
- The refreshed policy recognises the significance of both operational and clinical assurance in the complaints process by proposing that all formal complaints should receive division level assurance by both the General Managers and the divisional Clinical Leads.
- Following the conclusion of the formal complaint investigation process, meetings will be offered to all complainants to discuss the early findings of the complaint.
- The content has been strengthened to reflect the current operational procedures carried out on a day-to-day basis.

3.4 Parliamentary and Health Service Ombudsman (PHSO)



Humber Teaching
NHS Foundation Trust

Of the 188 formal complaints responded to from 1 April 2024 to 31 March 2025, 2 of the complainants have, to date, taken their case to the Parliamentary and Health Service Ombudsman.

There are currently 3 further cases being considered by the PHSO which were closed during 2023/24.

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

3.5 Zero Informal and Formal Complaints

The total number of teams across the Trust where no formal or informal complaints were received during the reporting period (1 April 2024 to 31 March 2025) is 47 (35%) (out of 133 teams in scope). For the same period last year, 34 teams out of a possible 97 teams in scope (35%) did not receive any formal or informal complaints.

The table below provides a further detailed analysis of the number of teams last year which received no formal or informal complaints.

Division	Teams in scope	No. of teams with zero complaints	% of teams with zero complaints
Children's and Learning Disabilities Services	44	21	48%
Community Services and Primary Care	25	13	52%
Forensic Services	17	4	24%
Planned Care Mental Health Services	24	3	13%
Mental Health Services - Central	1	1	100%
Unplanned Care Mental Health Services	22	5	23%
Total	133	47	35%

3.5.1 Actions to Address Zero Complaints

To ensure our teams are communicating the complaints process to everyone as effectively as possible, whilst acknowledging an effective local resolution, here are some of the actions taken by the organisation during the past year to address where teams may have received zero complaints.

Working with services – The Complaints and Feedback Manager meets regularly with senior divisional and clinical staff as part of the oversight and approval processes for complaints and suggestions for improvements are identified and acted upon.

Training and presentations – As part of the Trust's complaints training package (see 3.7), staff are made aware of the zero complaints reporting process and the importance of the Trust complaints process being visible to patients and the public. The Complaints and Feedback Team has also given presentations on the complaints process at Trust stakeholder meetings including the Governors Development Day and the Hull and East Riding Patient and Care Experience Forum, both of which included executive management in attendance. The team is scheduled to present at further meetings into the future.

Posters and leaflets – The Complaints and Feedback Team have worked directly with clinical teams and services to ensure that the Trust's complaints posters are available and on display across community and inpatient sites. The posters are designed to strengthen the local resolution process, ensure that positive feedback is also encouraged, and provide clear contact details for the different ways in which people can

make a complaint, as well as signpost free and confidential support available from Independent Health Complaints Advocacies.



Peer reviews – Complaints are one of 8 performance indicators in peer reviews relating to stakeholder feedback and there is a question regarding complaints information for patients (environment/site visit), staff, team leaders and as part of the closed culture metrics. An estimated 103 reviewers have responded to these in last year’s peer review cycle, including the Trust’s Patient Safety Partners.

Accessible literature – The Complaints and Feedback Manager has received assurance from the Learning Disabilities division that easy read leaflets for making a formal complaint to the Trust are currently

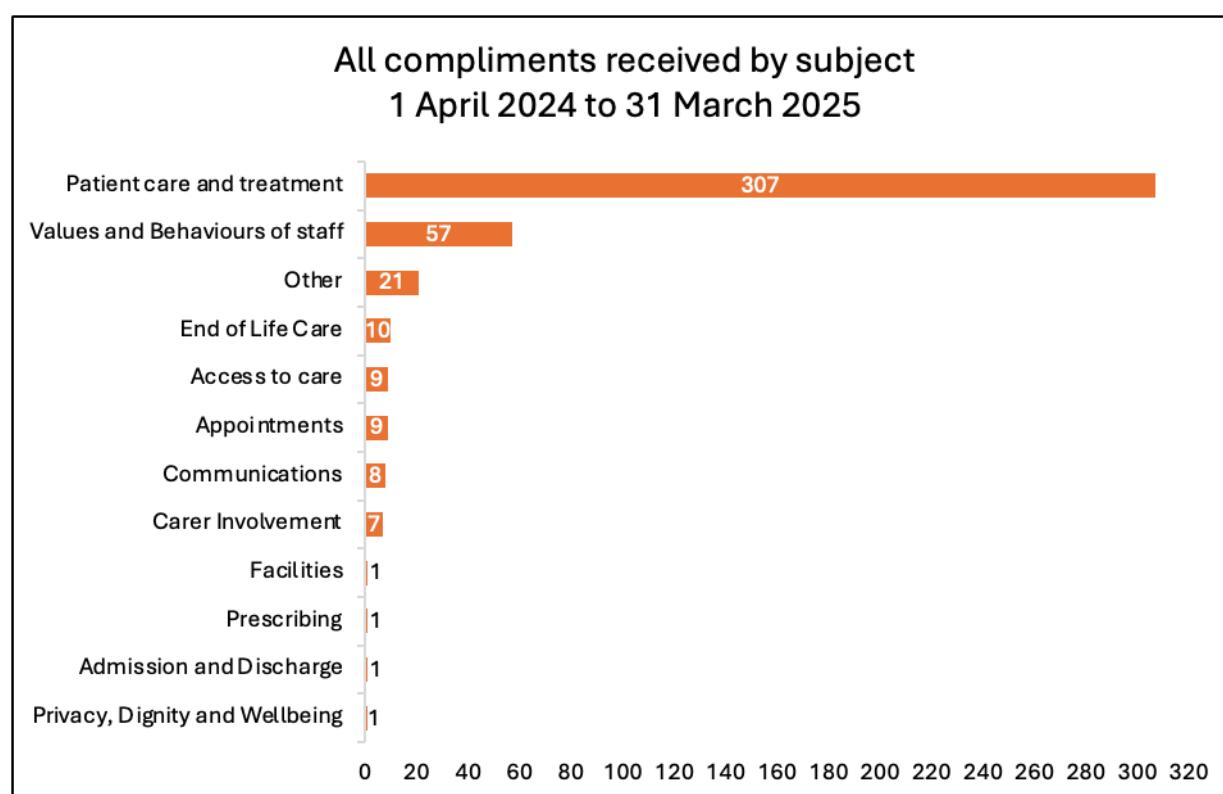
available within the Learning Disabilities community and inpatient settings. The division employs an Engagement Lead with a clinical background in Learning Disabilities who is working with patients and families to ensure they have a good understanding of the complaints process and to assist with resolving issues locally.

3.6 Compliments

Patients, service users, carers and families sometimes compliment our staff offering their gratitude and thanks for the wonderful services they provide. The Trust received 432 compliments for the period 1 April 2024 to 31 March 2025, which compares to 303 compliments received for the previous year. Graph 10 below informs on which division the compliment relates to and the type of compliment received.

This year we have expanded the number of compliment themes available to align these more closely with our complaints theme categories. We have also introduced a new range of sub-themes; these are aligned with the Trust’s Being Humber values and behaviours framework and will enable us to gather and triangulate rich data regarding our positive feedback.

To assist staff to record as many compliments as possible, a short training video has been developed by the team which demonstrates how quick and simple it is to record a compliment on our internal Trust system.



*Please note that the expanded theme categories were first introduced in Q3 2024/25, which means only a partial data set is reflected here for these categories.

3.7 Complaints and Feedback Training Offer

The Complaints and Feedback Team are now offering an enhanced two-tier staff training package, designed to ensure that staff are informed with regular and up-to-date information about the complaints process, and to ensure they are equipped with the necessary knowledge and skills to handle complaints and concerns as they arise.

The Complaints Awareness Training course is a 30-minute session held over Microsoft Teams which was launched in September 2023 and runs on a bi-monthly basis. It is aimed at all staff in the organisation and is bookable via the Trust's e-learning system. The objective of the course is to provide staff with a good awareness of the following:

- The different types of complaint.
- The different ways in which individuals can make a complaint.
- The complaints investigation process and how this works, including The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.
- The importance of local resolution, wherever this is possible.

To strengthen the Complaints Awareness Training session, in accordance with the Zero Complaints actions (see 3.5.1) around ensuring patients and carers know how to make a complaint or raise a concern, the session now also includes a section on Zero Complaints and appropriate dissemination of complaints information to patients and colleagues.

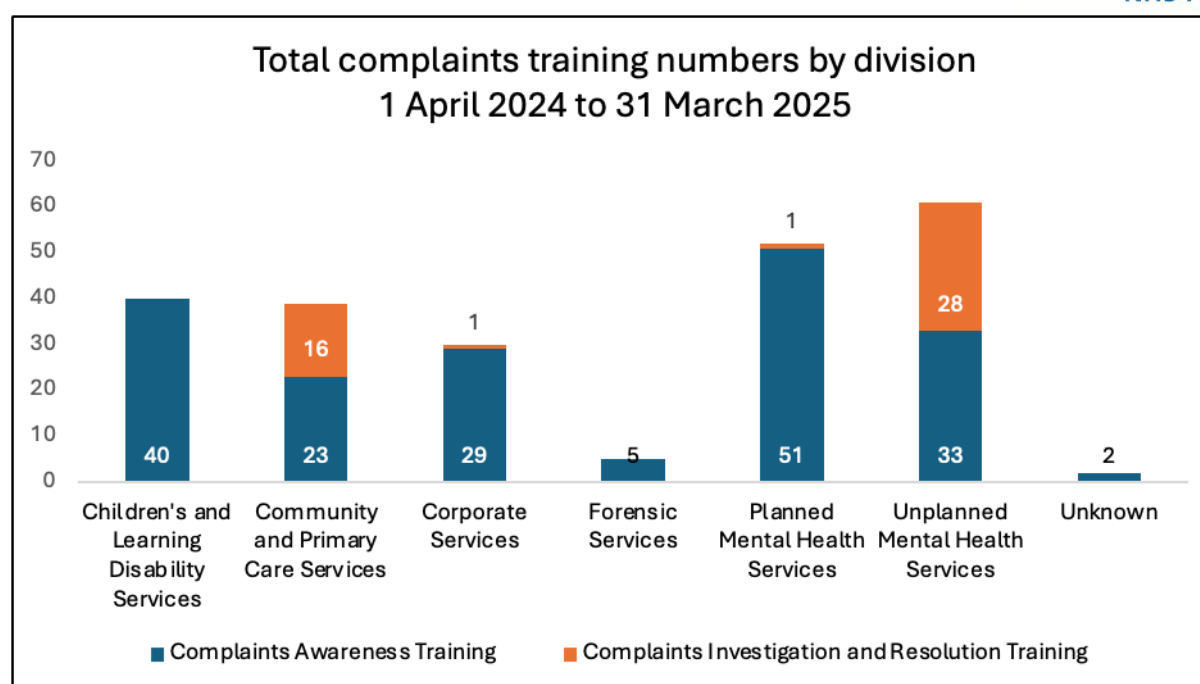
Also, to strengthen the recording of compliments in our reporting, there is a section around what constitutes a compliment and a video on how to record a compliment.

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

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

Both courses will receive a comprehensive update in 2025/26 in line with the recent changes to the Complaints and Feedback Policy (see 3.3) and additionally taking into account the feedback we have received from the complainant survey (see 3.2.4).

Our complaints training courses were accessed by a total of 229 staff during the year. Graph 11 informs on the number of staff per division who accessed the training.



(Graph 11)

4.0 Priorities for 2025/26

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

Goals	Enhancing prevention wellbeing and recovery	Innovating for quality and patient safety	Fostering integration, partnerships and alliances	Promoting people, communities and social values	Developing an effective and empowered workforce	Optimising an efficient and sustainable organisation
PACE Themes	Our Care		Our Partnerships		Our Workforce and Organisation	
Trust wide	We will further strengthen the Trust's Friends and Family Test (FFT) process by monitoring response rates across all divisions and teams with low/no feedback and will implement actions to address.		We will continue to support and contribute to the Humber and North Yorkshire Integrated Care Board (ICB) engagement project 'A Good Experience' to help inform the development of a Communications Engagement Charter.		We will strengthen the resources and support for our Staff Champions of Patient Experience.	
	We will strengthen our approach to addressing feedback received from		We will continue to support the wider Integrated Care System (ICS) and attend the Humber		We will further develop our Patient and Carer Experience Training	

	FFT survey responses by ensuring positive feedback is celebrated and negative themes are followed up with Quality Improvement Charters.	and North Yorkshire ICB Experience of Care Group to network and share Place and provider based intelligence and insight across the system to inform quality improvement and share learning.	modules to reflect the evolving landscape.
	We will review and refresh the Patient Stories Framework to strengthen our approach when supporting individuals to share their stories of accessing Trust services.	We will continue to build and sustain relationships with partner organisations including diverse communities to ensure everyone has the opportunity to have a voice, to be heard and to be listened to.	We will continue to work closely with the Quality Improvement team to ensure that the patient, service user and carer voice informs continuous quality improvement initiatives.
	We will strengthen our Patient and Carer Experience forums' membership through regular communications and marketing.		We will review and refresh the Panel Volunteers Framework to strengthen our approach when supporting individuals who choose to be part of the Trust's recruitment process.
	We will evaluate the effectiveness of our Experts by Experience initiative by analysing the impact of their involvement in Trust activities.		
Children's and Young People's Services	We will ensure therapy spaces used by children, young people, and their families, are welcoming, friendly, inclusive, and reasonable adjustments have been made. We will work closely with staff on the Inspire Inpatient Unit to ensure the voice of young people is heard and actioned, shaping the care delivered on the unit and their experiences.	We will review the Humber Cadets programme to add further enhancements, as we plan for the commencement of the 3rd cohort and ensure the programme is fully embedded as a consistent annual offer for the young people across Hull and the East Riding of Yorkshire.	We will seek feedback from our staff, service users and stakeholders regarding the Connect website. This feedback will help us measure its impact, ensure it is meeting the needs of our community and services, and to action improvements if required. We will review the Humber Youth Action Group (HYAG) which will be steered by the HYAG members and will take into consideration how it operates, the recruitment and promotion processes, future goals, training required and opportunities to deepen its ability to improve care received by children, young people, and their families. The HYAG will also grow its relationship with Health

			Stars, helping to raise target funds for key projects chosen by the young people.
Forensic Services	We will increase family and friends' engagement in the division.	We will continue to develop the inpatient service user volunteer pathway/registration and vocational opportunities.	We will develop the full time Involvement and Engagement role within the division.
	We will identify the needs for engagement and involvement within the Forensic Community Teams and provide support where needed.	We will continue to use the Secure Quality Involvement (SEQUIN) tool and benchmarking information to improve practice standards.	We will strengthen the role of Peer Support within the division.
		We will continue to develop the physical health/ primary care service with a focus on reducing levels of obesity and diabetes and increasing awareness and access to services around health and wellbeing for all patients within Forensic Inpatient services.	
Primary Care, Community Services and Addictions Services	We will create a child friendly waiting room area in the Whitby Urgent Treatment Centre.	We will create both a dementia-friendly and a calming, public reflective area in the Fitzwilliam Ward, Malton Hospital.	We will expand the involvement of Experts by Experience and Panel Volunteers across Community Services and Addictions services to strengthen partnership working.
	We will work in partnership with patients to co-produce information posters and leaflets on Opioid Substitution Therapy to promote shared understanding of information available.	We will continue to strengthen our relationships with external partners who support our patients, their families and carers.	We will expand the number of Staff Champions of Patient Experience across the division to support with the co-production agenda.
	We will continue to develop action plans with our GP practices' Patient Participation Groups based on findings from the GP National Survey 2025.		

Mental Health Services	We will continue to progress with the Culture of Care programme which is one of our clinical programmes underpinning the division's Patient Safety priority. Continuing to develop a positive and supportive environment for patients and staff leading to better patient outcomes and experiences. (Linked to Mental Health Division Patient Safety Culture priority)	We will support the exploration and development of neighbourhood models bringing care back into the heart of communities including a real focus on partnership working within these hubs. (Linked to Mental Health Division Clinical Pathways priority)	We will continue to support the development of staff in relation to developing, supporting, and managing staff with lived experience ensuring trauma informed consistent approaches to the management of this to standardise the process when they are involving people with lived experience of Mental Health Services. (Linked to Mental Health Division Recovery and Sustainability priority and Our People priority)
	We will continue to focus on family and carer inclusivity in care delivery when working with our patients. This will include each service area identifying improvements needed for family engagement, an increase in family and carer link workers across the division and service specific information for family and carers when accessing care of their loved one. (Linked to Mental Health Division Patient Safety Culture priority)		We will encourage, as standard, people with lived experience to work for the Trust by creating an environment which is inclusive for all including supporting the review of workforce recruitment processes to ensure language and communication is inclusive of people with lived experience. (Linked to Mental Health Division Recovery and Sustainability priority and Our People priority)
	We will support the division in their clinical pathway's priority ensuring the patient and carer voice is modelled within service reconfiguration work. (Linked to Mental Health Division Clinical Pathways priority)		
	We will ensure collaboration from our patients and carers to inform remodelling of assessment and formulation project. (Linked to Mental Health Division Patient Safety Culture priority)		

Learning Disabilities	We will explore Expert by Experience opportunities to ensure patient and carer experience informs projects and initiatives across the service.	We will continue to deliver ongoing projects including the Culture of Care and Cancer Screening projects.	We will explore opportunities to develop training packages alongside Experts by Experience across the service. We will continue to connect with staff members across the service to ensure Patient and Carer Experience is embedded across the division.
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5.0 Conclusion

A significant amount of work is taking place across the Trust to ensure individuals are being heard and listened to. Involving our patients, service users, carers and our diverse communities is helping us to address health inequalities and ensure that care is accessible and equitable for all. Listening to and respecting everyone's views is helping us to deliver care that meets the unique needs and preferences of our communities to enhance the quality of care delivered.

Patient, service user and carer feedback is fundamental for identifying areas for improvement in healthcare services. This continuous feedback loop ensures that services evolve to meet the needs of those we support, leading to even better care delivery and outcomes. There are numerous opportunities for individuals to get involved in Trust activities and have a voice, and we will continue to empower our communities to share their experiences, opinions and suggestions to deliver responsive, inclusive and patient-centred services.

Our Experts by Experience have contributed valuable insights to support with time sensitive projects and their input enriches the conversation when working with staff to ensure that services are relevant and effective.

The refreshed Friends and Family Test (FFT) Dashboard has brought a new dimension to analysing feedback by providing thematic analysis at the touch of a button. The feedback is helping to identify positive and negative sentiments, driving quality improvements and enhancing patient experiences.

The co-production logo stamp has become a beacon to demonstrate where projects have been co-designed with patients and carers, ensuring their voices are integral to work taking place across the Trust. It's excellent to see staff looking for the co-production logo stamp on documents they receive. The stamp is becoming a cultural norm.

All these initiatives demonstrate how active involvement and engagement of patients, service users and carers lead to better healthcare experiences, improved outcomes, and a more inclusive and responsive organisation.

A compassionate culture makes a real difference to how our patients, service users, their families and loved ones perceive the care we provide. Our 2024 staff survey results share a very positive picture of staff experience, which directly enhances patient care and satisfaction, ultimately highlighting a supportive and effective healthcare environment.

The Trust is committed to actively engaging, involving, hearing, listening to and acting upon feedback and we hope this report demonstrates the significant strides we are making to involve everyone so we can provide the best outcomes possible for our patients, service users, their carers and families.

