

Patient and Carer Experience

Annual Report (2025/2026) including Complaints and Feedback



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1.0 Executive Summary

As Medical Director for Humber Teaching NHS Foundation Trust, I'm pleased to share our Patient and Carer Experience (PACE) Annual Report (including Complaints and Feedback) for 2025/26. This report shows our ongoing commitment to putting patients, service users, carers and local communities at the centre of everything we do. It also highlights how listening to feedback and learning from it helps us improve the quality and safety of our care.

Over the past year, we have made good progress in delivering our PACE Five-Year Forward Plan (2023–2028). This plan focuses on three key areas: Our Care, Our Partnerships, and Our Workforce and Organisation. Together, these guide our aim to provide care that is personalised and shaped with the people who use our services.

Our Care: Listening and Acting on What Matters

We have improved how we gather and respond to feedback from patients. More people are sharing their views through the Friends and Family Test (FFT), with 19,591 responses this year – an increase of 3,182 completed surveys compared to the 16,409 received last year. We are pleased to share that over 91% of the respondents told us that they had a positive experience.

Just as important, we are using this feedback to make changes. Teams use our live FFT dashboard to identify themes to make improvements. We are strengthening our approach to act upon the feedback received using “You Said, We Did” ways of working; your feedback is leading to real improvements, such as better environments, more visible staff, and more involvement for patients in planning their care.

The Experts by Experience initiative has also grown significantly, with more than 60 people contributing to 36 projects. This means people with lived experience are increasingly helping to design, deliver and review our services.

We've also improved how we hear people's stories. Our updated and strengthened Patient Stories Framework helps us collect experiences in a way that is structured and person centred. This allows us to celebrate what works well and clearly identify where we need to improve.

Our Partnerships: Working Together to Reduce Inequalities

Working with partner organisations continues to be a strong part of our approach. Through programmes such as Veterans Aware, Equality, Diversity and Inclusion (EDI) work, and partnerships with community organisations, we are helping to reduce health inequalities and improve access to care.

Our engagement with different communities through forums, outreach and partnerships has helped us better understand the challenges people face. This has led to improvements such as more accessible information and resources that better reflect different cultural needs.

Our Workforce and Organisation: Supporting a Positive Culture

There is a strong link between staff experience and patient experience. Our 2025 staff survey shows continued improvements, including more staff feeling that patient care is the organisation's top priority.

We continue to perform well compared to similar organisations across NHS People Promise areas, reflecting a caring and supportive culture. Our Staff Champions of Patient Experience also play an important role in encouraging engagement and co-production across teams.

Quality Improvement work is closely linked to patient experience. More than half of our projects now involve patients and carers, showing that working together is becoming part of everyday practice which is leading to cultural change.

Complaints, Feedback and Learning

In 2025/26, the Trust responded to 509 complaints. The main themes were around patient care, communication and appointments. While the number of complaints has remained consistent compared with previous years, the feedback we receive provides valuable learning.

We are pleased to share that we have received a 63% increase in compliments, rising to 718 (compared to 440 received for the previous year), which reflects the kindness and dedication of our staff.

We have strengthened how we learn from feedback by putting clearer action plans in place, improving how we track progress and linking learning with patient safety data. Key areas we are focusing on include improving wait times, communication, and better co-ordination of care.

Looking Ahead

While we are proud of the progress we've made, we know there is more to do. We will continue to focus on strengthening co-production and clearly demonstrating outcomes as a result of "You Said, We Did" ways of working, reducing differences in experience between services

- improving timeliness, communication and coordination of care
- making services more inclusive and accessible
- embedding personalised and trauma-informed approaches

This report shows that listening to patients, service users, carers and communities is essential to providing safe and high-quality care.

Finally, I would like to thank our patients, service users, carers, partner organisations and staff for their ongoing support and commitment. Your continued dedication helps us to celebrate what is working well and where we need to continue to learn and improve to deliver better care.

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

The Patient and Carer Experience 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 during 2025-26

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 Patient and Carer Experience 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](#)

In March 2026, a review of our forums was carried out to ensure that they were still meeting their purpose. "Your Voice Matters: Patient and Carer Experience Forum Marketplace and Event" sessions were held in Hull and East Riding, Scarborough and Ryedale and Whitby and District. Current forum members, along with members of the public who are not currently signed up to our forum membership, were invited to attend. Through varying forms of engagement including electronic surveys, tabletop discussions and paper-based feedback exercises, feedback determined that people felt that the forums would benefit from an update in terms of the strategic vision for the meetings, how they would operationally run moving forwards, what information is provided and how often the meetings are held.

During 2026/27, changes to how the forums are delivered will be made based on the feedback received from all engagement activities.

Why This Matters (Positive Impact) ...

The forums ensure that community voices are not only heard but acted upon. They help us deliver services that are shaped by real experiences, aligned with community needs, and provide opportunities for individuals to get involved with Trust activities.

2.1.2 Friends and Family Test

The Trust continues to collect feedback about all the services it provides using the Friends and Family Test (FFT) survey. The feedback we gather through our FFT offers valuable insight into people's experiences of our services. Our teams review the feedback to understand what is working well and to identify areas where improvements can be made.

A total of 19,591 completed surveys were received during this year, an increase of 3,182 completed surveys compared to the 16,409 received last year. Of the surveys completed this year, 91.3% confirmed they were happy with the overall service they received. 93.9% of respondents thought staff were friendly and helpful, 91.4% thought they were involved in their care and listened to, and 91.1% felt staff gave them enough information. The mode for completing the FFT survey was predominantly digital, with 92% of individuals completing the survey via the Trust website, and the remaining 8% completing a hard copy survey form.

All staff are able to access live FFT data for their teams through the FFT dashboard which 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 which are thematically analysed into one of ten themes and also divided into positive and negative sentiments.

Friends and Family Test Zero Reporting

The Trust continues to produce zero response reports for Friends and Family Test (FFT) every 6 months for each Division, asking for action updates for every zero-reporting team. This continues to provide assurance that an FFT approach for collecting feedback is embedded Trust wide.

The latest FFT zero reporting overall Divisional figures for the period October 2025 to March 2026 can be seen in the table below and highlights the continued improvement across the Trust in collecting FFT feedback.

Division	Number of Teams	No. of teams with zero FFT	% of teams with zero FFT responses
Children and Young People's Services	48	6	13%
Learning Disability Services	7	4	57%
Mental Health Services	69	7	10%
Community and Primary Care Services	36	6	17%
Forensic Services	12	3	25%
Trust wide	172	26	15%

During this latest reporting period of October 2025 to March 2026, there were only **26 teams out of 172 (15%)** who received no FFT response within that time period.

For the original pilot period of FFT zero reporting, which took place January to March 2024, of 176 teams with an FFT code, 93 teams (53%) did not receive any survey form responses. This means that in comparison to the pilot period, there has been a significant reduction of 38% in teams receiving zero responses to the FFT survey.

Work has now begun with each Division to ensure that access of the FFT dashboard is taking place across teams on a regular basis and that this is being utilised to identify Quality Improvement (QI) initiatives where negative themes are emerging.

Examples of QI projects because of FFT feedback include:

Addictions Services (East Riding Partnership):

- **You Said** "When I finish the Community Rehabilitation Programme, it would be nice to have extra after care with a Peer Mentor." **We Did:** We re-opened 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.

- **You Said** “Can you write a supporting letter for me? I am struggling to get to my current pharmacy for my prescription.” **We Did:** Arranged dispensing at other pharmacies for the service user’s convenience.

The examples above have led to positive change for individuals using our services including improved continuity of care through peer mentoring support after programme completion and increased flexibility in accessing medication through alternative pharmacy arrangements. These changes are helping to improve accessibility, support recovery, and respond more effectively to individual needs.

Why This Matters (Positive Impact) ...

This work has strengthened how teams use patient feedback to make improvements. Regular use of the FFT dashboard is helping services identify issues more quickly and turn feedback into meaningful QI activity.

2.1.3 Mental Health Inpatient Survey

Last year, the Mental Health Division and the Patient and Carer Experience (PACE) team worked together to launch a new Mental Health Inpatient Care Services Survey. The aim of the survey is to gather views from those who have been cared for on our Mental Health inpatient units. The original Trust survey underwent significant review by a working group which consisted of Experts by Experience, Peer Support Workers, staff members from the Division and staff members from the PACE Team.

Since its launch in October 2025, the survey has seen a significant increase in response rates, with 26 responses being received during the first 3 months. For the first 6 months of the new survey being live, 42 responses to the survey have been received (in comparison to 7 responses received for the old survey for the previous 6 months). Since the new survey went live, the inpatient units have done a significant amount of work to act upon the feedback received, ensuring that the patient voice is heard and that improvements are made on the back of it.

Here is some of the positive feedback received through the Mental Health Inpatient Care Services Survey:

- Most patients said that staff were friendly, respectful and easy to talk to
- Patients felt that staff listened to them, understood them and took their concerns seriously
- Patients said the explanations were clear and staff kept them updated about care
- Many people felt involved in planning their care and making decisions

Here are some of the areas for improvement identified by the Mental Health Inpatient Care Services Survey:

You Said	We Did
Feedback was received about Avondale around the bookshelf in the small lounge and the books that were available.	A new, larger, bookshelf was ordered and a communications request for any unwanted books lead to many books being dropped off at Miranda House.
Feedback was received about Mill View Lodge around Allied health professionals not always being visible on the ward.	Occupational therapies team and the activities workers have moved their base on to the ward rather than having an office off the ward, making them more accessible and visible to patients.
The STaRS Community team received some feedback from a patient that they didn't feel our care plan was created collaboratively enough.	A care planning session has taken place in a key worker meeting, it has been discussed in business meetings and supervision has been updated to include more effective case load management.
Feedback was received about Mill View Lodge around a request for a safe and calming space for activities and therapies.	A new summer house is being built in the garden, this will be a fully decorated and furnished, space where staff and patients can have therapy sessions and it can also be used as a quiet space away from the ward.
Patients felt the food at Mill View Lodge was bland and uninteresting.	Meetings have been held with Hotel Services within our Trust and with staff at Castle Hill Hospital. Castle Hill are reviewing the meals they provide. It has been agreed that for a trial, on speciality food nights (such as Eid), food will be prepared at the Trust's Humber Centre and brought to the ward.
Feedback was received from one patient on Avondale for some self-help books.	A wish was requested and granted through the Trust's Health Stars for a self-help book which was ordered and received.
Patients didn't feel that they got appropriate debriefs following incidents.	A co-produced debrief model has been created (Supportive Engagement – Post Incident Reflection) to support in ensuring patients get a person centred debrief whether involved or witness to incidents.



Co-produced debrief model for patients following incidents.

Why This Matters (Positive Impact) ...

The actions taken in response to patient feedback have delivered measurable improvements across our mental health inpatient services. Enhancements to ward environments, increased staff visibility, and more partnership care planning have strengthened the overall quality of care and improved patient experience.

Patients now benefit from more therapeutic spaces, better access to staff, clearer post-incident support, and more culturally appropriate food options. These changes have contributed to a safer, more responsive, and more person-centred service.

For the organisation, this work has reinforced a culture of listening and continuous quality improvement, strengthened patient engagement, and supported more effective multidisciplinary working. The “You Said, We Did” approach continues to demonstrate our commitment to acting on what matters most to the people who use our services.

2.1.4 Community Mental Health Service User Survey

Listening to and acting on feedback from people who use community mental health services remains central to the Trust’s approach to quality improvement. The NHS Community Mental Health Service User Survey continues to provide the main source of nationally benchmarked patient experience data.

The 2025 results indicate ongoing challenges in how services are experienced. While some aspects of care remain in line with national findings, areas for improvement include access, continuity of care, and support for wider wellbeing needs. Feedback also suggests that some people do not feel fully informed or involved, with variation in experience across services.

Actions following the 2024 survey focused on improving care planning, involvement in decision making and communication. Some improvement has been seen, but this has not yet been experienced consistently.

An example of an action is as follows:

You said: You were not always asked for your views about the quality of your care.

We did: As part of action planning, we introduced regular pulse surveys, available in digital and hard copy formats, to provide more frequent opportunities for feedback.

Why This Matters (Positive Impact) ...

This will enable more timely feedback and support services to respond more quickly, helping people feel listened to and involved in shaping their care.

Plans for 2026/27 focus on a continuation of action planning, to strengthen access, continuity, crisis support and wider wellbeing support, with progress monitored through routine feedback, including pulse surveys, and Trust governance processes.

2.1.5 Sharing of Patient, Service User and Carer Stories

This year we refreshed our Sharing of Patient, Service User and Carer Stories Framework, creating a clearer and more comprehensive toolkit to support staff and teams in listening to, understanding and learning from lived experience across the Trust.

The framework provides a structured and flexible approach to collecting and sharing experiences of care. By capturing both positive and challenging stories, it helps us identify what works well and where improvements can be made, supporting the Trust's involvement and engagement culture. The revised framework has been fully co-produced with people who have previously shared their stories, the staff who supported them, and teams who reflected on those experiences. Their experiences have helped create clearer guidance and stronger support processes for everyone involved in sharing or hearing stories. The framework embraces a wide range of ways people may choose to share their experiences. Its design ensures the approach is inclusive, trauma-informed and person-led, allowing individuals to choose what feels right and safe for them. All contributors are offered the chance to provide further feedback, such as testimonies or case studies, and are encouraged to take part in future involvement opportunities with the Trust.

Why This Matters (Positive Impact) ...

Nikki's story – 18 months on

Nikki attended Trust Board in September 2024 to share their experience as a service user. Eighteen months later, Nikki returned to Trust Board to describe their progression, demonstrating the impact of sustained patient and carer involvement.

Following initial involvement as an Expert by Experience, Nikki has progressed into a Lived Experience and Co-production Lead role within the Mental Health division. This reflects both personal recovery and the benefits of structured involvement opportunities. Through contributions to initiatives such as culture of care and trauma-informed practice, lived experience has been further embedded within service development and decision-making.

Nikki's story provides a clear example of how lived experience involvement can support service improvement, strengthen the workforce, and ensure services are shaped by those who use them.

2.1.6 Experts by Experience

The Trust has continued to strengthen its commitment to meaningful involvement through the Experts by Experience (EbE) initiative, enabling individuals to contribute to service development in line with national guidance and with appropriate recognition of their time and expertise.

Over the past year, our EbE database has grown to include **61** Experts by Experience, with **41** individuals being reimbursed for **1,162** hours of work across **36** projects and activities Trust wide.

EbEs played a key role in the co-produced redesign of strategic frameworks, including the Panel Volunteer framework and the approach to sharing patient stories. Their input ensured processes are accessible, inclusive and grounded in real experience, resulting in clearer guidance and a more consistent approach across services.

This work has also supported staff to better understand the value of lived experience and increased confidence in co-production, particularly in relation to involving individuals appropriately and ethically.

Working with Experts by Experience

April 2025 – March 2026

Over the past 12 months, our Experts by Experience (EbE) programme has grown significantly, strengthening how we involve our communities in shaping Trust services.



Just having EbEs in the service challenges the culture on inpatient wards. Staff begin to see EbEs as people rather than just patients, with skills and attributes outside of their current problems. This creates a recovery focussed environment where service users are given back choice and autonomy at a time when often this has been taken away
~ Staff member, Forensics



This year, 41 Experts by Experience were paid for a combined 1,162 hours of contribution, recognising and valuing the essential insight they bring to shaping and improving Trust services



Across the Trust, 36 projects, activities and pieces of work were approved this year for Expert by Experience involvement, highlighting our continued commitment to embedding lived experience in service development and improvement



My involvement gave me a sense of purpose and empowerment, knowing that my experiences could contribute to improving services for others. It also helped build my confidence and strengthened my ability to communicate my perspectives effectively. For the Trust, incorporating lived experience helps ensure that services are more person-centered, inclusive, and responsive to real needs ~ Expert by Experience



We continue to evaluate the impact of lived experience involvement through internal and external surveys, gathering rich qualitative and quantitative feedback that highlights the value and positive influence of working with Experts by Experience across the Trust.



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Experts by Experience infographic

Why This Matters (Positive Impact) ...

Three Humber Youth Action members, acting as Experts by Experience, supported a sensory audit at Inspire, the Children's Inpatient Unit. Using their lived experience, they assessed the building and suggested improvements across areas including classrooms, communal spaces, kitchen, bedrooms, and visiting areas.

"The three Experts by Experience had lived experience of neurodiversity, including ADHD and autism spectrum disorder, alongside varied experiences of CAMHS services across both community and inpatient settings. The Experts by Experience demonstrated strong passion and commitment throughout the process, with a shared dedication to improving services for young people. It is hoped that this work will contribute to meaningful improvements to the inpatient environment, making it more inclusive, supportive and therapeutic for young people with sensory processing differences, including those who are neurodiverse." – **Lydia, Advanced Occupational Therapist**

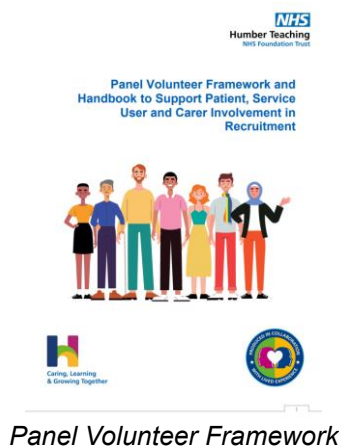
'Going on to inspire to do the sensory audit was a big step for me and something I feel really proud of. I feel thankful to have been given the opportunity to go back onto inspire after being a patient there to help the ward and make positive changes' – **Expert by Experience**

2.1.7 Panel Volunteer Framework

Within the last year we have refreshed our Panel Volunteer Framework, to ensure that staff are provided with the right tools to fully support patients, service users and carers when they volunteer to be involved in Trust recruitment activities. The revised framework provides a more comprehensive guide for staff to support Panel Volunteers through the process and also includes additional tools and resources that staff can use to ensure that our Panel Volunteers are as best informed as possible.

The revised framework, along with its new resources, have been fully co-produced with existing Panel Volunteers. Feedback was also sought from staff who have experience of supporting Panel Volunteers through the process. By co-producing with existing Panel Volunteers and listening to our staff, we have been able to strengthen the framework and produce a much clearer and concise guide.

The revised Panel Volunteer Framework was awarded the Co-production Logo Stamp in March 2026.



Why This Matters (Positive Impact) ...

By providing staff with clearer guidance and improved tools, we are better equipped to support patients, service users and carers who volunteer to take part in recruitment activity. Co-production with existing Panel Volunteers and feedback from staff has ensured the framework is practical, accessible and aligned with real experience. As a result, volunteers are better informed and more confident in their role, and staff are supported to deliver a more structured, transparent and values-based recruitment process. This work reinforces our commitment to meaningful involvement and ensures that lived experience continues to shape how we recruit our workforce.

2.1.8 Co-production Stamp

The co-production stamp first launched in 2021; since then 145 pieces of work have been awarded the stamp across the Trust. The stamp demonstrates the tremendous effort staff put in to ensure that work is developed alongside patients, service users, carers and those with lived experience. The stamp is a fantastic way to add value and recognition, and to showcase where co-production has taken place. During the past 12 months there have been 58 pieces of work awarded the stamp. Pieces of work that are awarded the stamp are then entered into a prize draw that takes place three times a year during our Staff Champion of Patient Experience Forums.

The Trust's Social Prescribing Team for NHS England and NHS Trust trainees were awarded the co-production stamp for online drop-in sessions and podcast material produced to support the wellbeing of doctors in training (and their families) who arrive to the UK from overseas. The team support with a myriad of challenges that can include help with finding accommodation; overcoming loneliness and isolation; adjustment to language, culture and communication; feelings of anxiety and overwhelm, and much more. Following the success of the sessions, consent has been given by all who attended for the group to be made into a stand-alone episode of the team's podcast series. This will be shared amongst existing clients and stakeholders as well as being used to promote the service going forward. Debbie Blake, Project Officer and Senior Social Prescriber within the team, said "Due to the nature of the funding process, our service is commissioned on a 12 month fixed term contract. Therefore, it is fundamental that we do everything we can to strengthen our offer and to strive for innovation and development in order to secure this essential support for our service users. Having the endorsement of the co-production stamp helps to support future contracts and the longevity of the service."

Why This Matters (Positive Impact) ...

The co-production logo stamp strengthens the credibility of projects, increases transparency, and demonstrates our commitment to embedding lived experience in service design. The stamp also supports teams by adding recognised value to their work by reinforcing a culture of meaningful involvement across the Trust.

2.1.9 Evaluating the Impact of Lived Experience Involvement

Internal and external surveys, co-produced with Experts by Experience, have been introduced to better understand the impact of lived experience involvement across the Trust. Feedback is gathered from staff, volunteers and service users involved in EbE activity, panel volunteering and the sharing of personal stories.

Why This Matters (Positive Impact) ...

Findings indicate a positive impact across staff practice, patient and carer experience, and organisational development. Staff report increased understanding of lived experience and greater confidence in co-production. In inpatient settings, this is reflected in a shift towards more recovery-focused approaches, with one staff member noting:

"Just having EbE's in the service challenges the culture, staff begin to see EbE's as people rather than just patients. This creates a recovery focussed environment where service users are given back choice and autonomy."

Patients and carers involved in EbE activity and panel volunteering report feeling listened to, valued and able to influence change. This is reflected in feedback from a panel volunteer:

"It was good to be a part of the process and to see how inclusive it was. Everyone had an equal voice in the room."

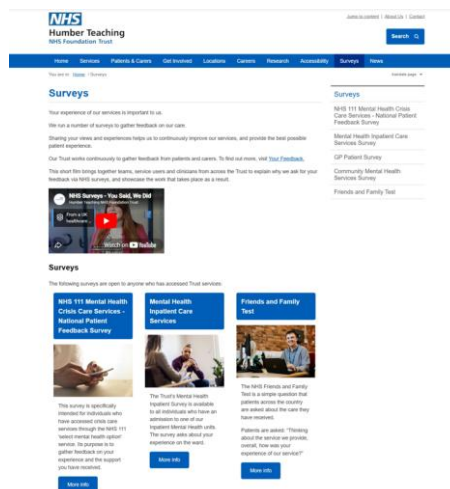
At an organisational level, lived experience has informed the development of key frameworks, improving clarity and consistency in practice and embedding patient voice within governance and service improvement. As one Expert by Experience reflected:

"The framework was truly co-designed and co-produced throughout..."

2.1.10 Survey Landing Page

The Trust continues to maintain and promote its Survey Landing Page, which provides a central, easy-to-navigate hub for all patient, service user, and carer surveys. This established resource supports our ongoing commitment to gathering meaningful feedback that informs service development and enhances the overall experience of those accessing our care.

By bringing all current surveys together in one accessible location on the Trust website, the Survey Landing Page helps individuals understand the purpose of each survey and how their views contribute to continuous improvement. Its ongoing use supports consistent collection of valuable insights, enabling teams across the Trust to identify areas for development and ensure services remain responsive to the needs of our communities. The Survey Landing Page remains a routine and vital tool in our approach to listening, learning, and improving care in partnership with patients, service users, and carers.



Survey Landing Page on Trust website

2.1.11 Experience of Care Framework

The Experience of Care Framework is a national NHS tool that helps organisations understand how people experience care and where improvements can be made. It focuses on listening to patients, service users, carers, staff and communities. The framework includes 88 questions across key areas such as leadership, organisational culture, feedback and learning, helping the Trust to reflect on what is working well and where changes are needed to improve experiences.

Over the past year, the Trust carried out a detailed review of all 88 questions, assessing how well we are doing in each area. This showed that we are performing strongly in most areas, with around 80 areas assessed as achieving or excelling. We identified 8 key areas where further improvement is needed, and these have become our priority actions. To ensure a joined-up approach, we are bringing together this work with our Improving Patient Care Together (IMPACT) programme within our new Quality Improvement (QI) Five Year Plan. We will take forward a detailed workplan aligned to six pledges, with the 8 priority Experience of Care actions fully embedded to drive meaningful improvements for patients, service users, carers and our communities.

Why This Matters (Positive Impact) ...

This work will help us continue to improve the care and support people receive by making sure we listen carefully to what matters most to patients and carers. By looking closely at feedback and experiences, we can better understand where we are doing well and where we need to make changes. The areas we have identified for improvement will help us focus on making care more inclusive, responsive and joined-up.

By bringing this work together into one clear improvement plan, we will be able to make changes more effectively and show how feedback is leading to real improvements. Over the next few years, patients, service users and carers should see continued improvements in how we listen, involve people in decisions about their care, and ensure everyone's experience is consistently positive and person-centred.

Outcome 2 – Our Partnerships

2.1.12 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.

In 2025, we are proud to have achieved Silver accreditation with the Armed Forces Employer Recognition Scheme, and have begun working towards achieving Gold.



Armed Forces Covenant Silver Award Ceremony October 2025 at York Racecourse

Why This Matters (Positive Impact) ...

Maintaining our Veteran Aware status through the VCHA ensures that attention remains focussed on this important community of patients, service users, carers, staff and the wider community, and provides additional drive to quality improvements for the cohort. The VCHA process requires executive-level oversight, which comes from our Medical Director.

Being part of the Veteran Aware programme helps us recognise and support veterans and Armed Forces families more effectively across our Trust. It makes sure their needs are understood and considered when we plan and improve services. This work helps us provide fairer, more personalised care by listening to veterans and their families and involving them in shaping services. It also means our staff are better trained and more confident in supporting people from the Armed Forces community. We are committed to being a supportive employer for veterans and their families, creating an inclusive culture where they feel valued. Overall, this helps us improve care, experience and support for both patients and staff, while showing our commitment to the Armed Forces community.

2.1.13 Accessible Information Standard

The Accessible Information Standard (AIS) Guidance aims to ensure people who have a disability, impairment or sensory loss can access information in a format they can understand and receive any communication support they need to access Trust services. The AIS has been updated and republished in June 2025, to incorporate statutory changes since its initial publication in 2016. The Trust AIS guidance has been reviewed and updated in line with AIS June 2025.

One of the key changes in the guidance is the requirement that patient communication needs are reviewed, to recognize that these may fluctuate, or change over time.

For the period April 2025 to March 2026, the Trust received and responded to 1 formal complaint, 0 informal complaints, and 0 compliments relating to people with a communication need under the AIS.

2.1.14 Equality, Diversity and Inclusion Priorities for Patients, Service Users and Carers (April 2025 to March 2027)

The Trust held the Equality, Diversity and Inclusion (EDI) Event in May 2025. The keynote speaker was Sarah Regan of the Hull and East Yorkshire Centre for the Deaf, who spoke and signed about some of the work carried out at the centre which has been empowering the local Deaf British Sign Language-using community for 170 years. She gave the audience a fascinating glimpse into the life, needs and challenges faced by this community, and shared some guidelines on communicating with Deaf people.

The audience were treated to a performance by the Hull Visual Choir, a signing adult choir aimed at bringing the Deaf and hearing community together which uses a mixture of British Sign Language and artistic license to make beautiful songs accessible to the Deaf people who have never experienced the power of song.



Hull Visual Choir Performing at the EDI Event

The Trust has made good progress to deliver on our four EDI priorities which were co-produced with patients, service users, carers, staff and partner organisations in a workshop in May 2023. The table below highlights a few examples of work undertaken.

You Said Your Priority from April 23 to March 25 was	We Did in 2025/26
1. To strengthen patient demographic 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. This includes a more visual dashboard to highlight where information is not complete.
2. To further enhance our faith offer to ensure inclusivity.	- Trust Chaplain, Reverend Eve Rose, continues to host services throughout the year, bringing people together virtually and physically for spiritual and pastoral support. - The Chaplain participated in the Lord Mayor's Celebration of Interfaith Working across Hull and the East Riding, at Hull's Guildhall. This supported the aim of strengthening relationships with other faith leaders and was a wonderful opportunity to learn more about community support offered in the area. - The chaplain has invited faith leaders to record podcasts discussing faith and spirituality. The first of these can be accessed through the Recovery Club Podcasts via the Recovery College which is open to anyone (free account login required). Topics covered to date include the Chaplain's path into her role, and a conversation with Imam Abid Salik which explored life as a Muslim and the importance of Ramadan. - From January 2026, a Faith and Spirituality Calendar of Events booklet is available to complement the Caring for People of Different Faiths booklet. This outlines key festivities and observances to support inclusivity and cultural awareness.
3. To continue to build and sustain relationships with our diverse communities to fully understand the challenges people face	The Patient and Carer Experience (PACE) Team have been building links with the Humber All Nations Alliance (HANA) to improve understanding of the needs of communities who form part of this alliance.

and how we can support to overcome them.	- The PACE team has attended events such as the HANA International Fashion Show, the Peel Project Health Fair, and the Lord Mayor's Celebration of Interfaith Working across Hull and the East Riding as part of this work. - The Trust has worked to improve service for British Sign Language users and other Deaf people by working closely with the Hull and East Yorkshire Centre for the Deaf. This work continues into 2025/26.
4. To introduce cultural celebration weeks to educate and support people to understand cultural differences.	Podcasts are now being recorded (see 2) with a range of interviewees. This will provide a bank of resources for reference as needed.



Faith and Spirituality Calendar 2026



Why This Matters (Positive Impact) ...

Priority 1 - The change has moved the Trust from inconsistent and incomplete demographic data to a more standardised, visible, and actionable system, enabling better insight, more equitable care, and stronger decision-making.

Priority 2 - This work has strengthened the Trust's approach from a traditional chaplaincy offer to a more visible, inclusive, and community-connected faith and spirituality service, helping ensure care is respectful, culturally aware, and responsive to diverse needs.

Priority 3 - This work has moved the Trust from limited engagement to a more proactive, relationship-based approach, resulting in better insight, improved accessibility, and services that are increasingly shaped around the needs of diverse communities.

Priority 4 - This work has started to shift the approach from planned cultural events to a more sustainable, accessible learning model, helping build ongoing awareness, cultural competence, and a more inclusive culture across the Trust.

At the Equality, Diversity and Inclusion Event in May 2025, participants co-produced new priorities for the period 2025 - 2027.

Priority	We Did in 2025/26
Priority 1: Demonstrate how the Trust incorporates feedback and co-production, with increased use of “you said, we did”	We co-produced our Equality, Diversity and Inclusion (EDI) priorities at a Trust-wide event in May 2025, ensuring people with lived experience directly shaped our priorities. Experts by Experience were actively involved in developing key policies, including the Reasonable Adjustments policy, with a draft produced and further materials in development. These activities strengthen how feedback and co-production are embedded and visible across the Trust.
Priority 2: Increase co-production, particularly with minoritised groups	We strengthened co-production by working in partnership with diverse communities and people with lived experience. This included ongoing engagement with groups such as Humber All Nations Alliance, Hull and East Yorkshire Centre for the Deaf, Peel Project and Bora Shabaa, helping us better understand barriers to care. We reviewed and refreshed key resources (such as the “Why Ask?” booklet) with input from Experts by Experience and applied health literacy principles. We supported the procurement of improved interpretation and translation services, reflecting service user feedback. We promoted co-production across the organisation through events, conferences and targeted outreach, and expanded resources through the Recovery and Wellbeing College, including podcasts and materials on faith and cultural awareness. Work to improve support for people with communication needs included Deaf awareness resources, strengthened links with the Centre for the Deaf, and embedding these considerations into the Reasonable Adjustments policy.
Priority 3: Inclusive trauma-informed policies and training	We expanded trauma-informed practice by providing access to training through our Electronic Staff Record (ESR) and targeted programmes within services. The Trust’s Culture of Care programme delivered significant trauma-informed training across inpatient wards and more widely. Additional learning opportunities were introduced, including sessions addressing identified gaps such as understanding shame. This work has strengthened staff awareness and supports more compassionate, inclusive care for patients who have experienced trauma.

Why This Matters (Positive Impact) ...

Co-producing our EDI priorities and involving Experts by Experience in policy development has ensured our work is informed by lived experience meaning that the policies put in place meet the needs of the people using our services.

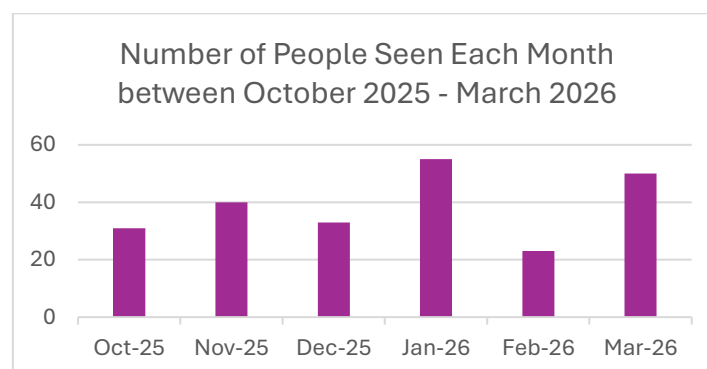
Strengthening co-production with diverse communities and Experts by Experience has improved understanding of barriers to care and led to more accessible, culturally appropriate resources and services. This includes better interpretation support, improved health information, and stronger recognition of communication needs.

Expanding trauma-informed practice through targeted training and the Culture of Care programme has increased staff awareness and understanding of trauma, enabling more compassionate and responsive care. This supports staff to better recognise and meet the needs of patients who have experienced trauma.

2.1.15 Chaplaincy at Fitzwilliam Ward – Malton Community Hospital

On 1st August 2025 an enhanced chaplaincy service offer began its provision by York and Scarborough Teaching Hospitals NHS Foundation Trust. The service aims to provide pastoral, spiritual and religious care services to our patients, carers and staff at the Fitzwilliam Ward, Malton Hospital. This service is an enhancement to the Trust's current chaplaincy offer, and feedback from staff since the service went live is that the service is being very well received.

During the six-month period of October 2025 to March 2026, **89 new referrals** were received into the Chaplaincy service at Fitzwilliam Ward, **201 visits were made to referred patients**, and **232 people were seen in total** (including family members). Activity levels fluctuated month-to-month but demonstrated an ongoing demand for chaplaincy presence within the ward.



Across the six-month period, chaplaincy support consistently focused on:

- **Pastoral listening and emotional support**
- **Prayer and blessings**
- **Support for families**, often alongside patient visits
- **Sacramental ministry**, including Holy Communion
- **Occasional end-of-life support**

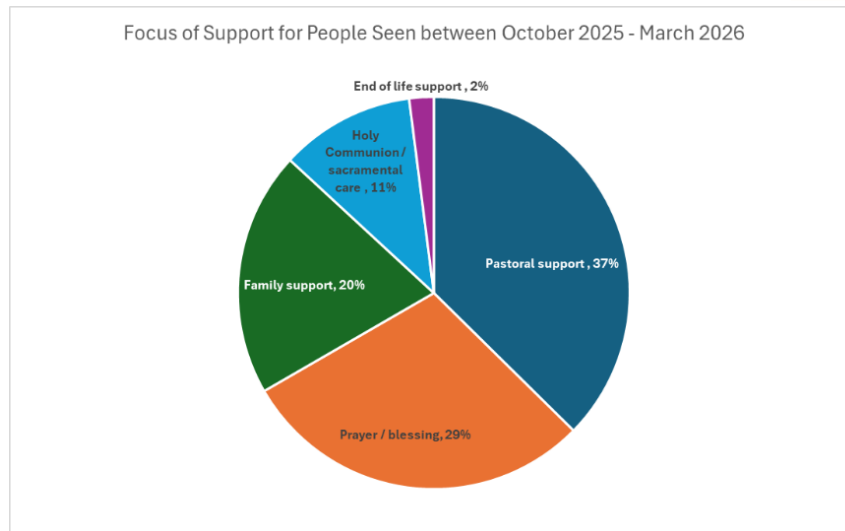


Chart - Focus of Support for People between Oct 2025 and March 2026

Why This Matters (Positive Impact) ...

The introduction of this chaplaincy provision on Fitzwilliam Ward at Malton Hospital has strengthened the Trust's existing chaplaincy services by offering consistent pastoral, spiritual and emotional support to patients, their families and, where appropriate, staff. The service supports individuals from a wide range of faith and belief backgrounds and makes an important contribution to addressing emotional and spiritual needs alongside clinical care.

There is clear evidence of a sustained and significant demand for chaplaincy support on Fitzwilliam Ward, with high levels of engagement throughout the reporting period and the number of visits frequently exceeding the number of referrals received.

"A Chaplain now comes onto the ward every Friday and goes round the patients, completing a form about what and who they have seen. The patients appreciate their input, some just like someone to talk to and some want specific chaplaincy support. We have good reports about them; very understanding and helpful and show a lot of patience. They have also seen patients on request and spoken to relatives (some lengthy conversations). Previously, the ward did not have any input from a chaplaincy service and it was difficult to access anyone to come. Now this is not a problem and they are available 24/7."

Nurse Manager – Malton Ward

Outcome 3 – Our Workforce and Organisation

2.1.16 Staff Champions of Patient Experience

The Trust has an established network of around 200 Staff Champions of Patient Experience (SCoPEs) across all services, whose role is to ensure the voices of patients, carers, and service users are heard and to promote good practice in patient experience.

Following feedback gathered at a SCoPE Forum in October 2024, a working group was formed in 2025 to review and strengthen the role. Through positive discussions, the group clarified expectations, benefits, and

commitments, explored whether the role name reflects its purpose, and began shaping future training offers in collaboration with SCoPEs.

This work has resulted in the development of a new promotional poster to better define the role, support recruitment, and improve understanding among existing members, with further co-produced improvements planned.



SCoPE Poster

Why This Matters (Positive Impact) ...

The work carried out has made the following difference to SCoPEs:

- **Clearer and more consistent SCoPE role** – Discussions clarified expectations, responsibilities, and benefits, leading to a more consistent understanding of the role across the Trust.
- **Stronger engagement and co-production** - Involving SCoPEs in shaping the role increases ownership, motivation, and alignment with what staff need to be effective champions.

2.1.17 Staff Experience alongside Patient Experience

There is an intrinsic link between colleagues' workplace experiences and the direct impact on patients and the standard of care they receive. If colleagues enjoy a positive work experience, 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.

Delivering outstanding patient care is always our top priority. We are particularly pleased that our 2025 score for the question, "Care of patients or service users is my organisation's top priority", has improved again and is now at its highest level to date. Although our scores on these measures have improved, scores across our benchmark group of similar trusts nationally have declined. This has strengthened our relative position and means we are now outperforming many comparable organisations. We are proud to be a leading Trust and we recognise that this is built on commitment and professionalism of our colleagues every day.

Building on these results, it's important to recognise just how strongly we continue to perform compared with other Trusts in our region. This year, we scored higher than other providers in our ICS region across every NHS People Promise theme and sub theme, at a time when the overall national picture has declined in almost every area. Our Advocacy score, which reflects whether colleagues feel patient care is the organisation's top priority, would recommend us as a place to work, and would be confident in the care provided to friends and family, remains one of our greatest strengths. When looking across the wider Northeast and Yorkshire region, including all ICS, Humber and North Yorkshire, North East and North Cumbria, South Yorkshire and West

Yorkshire, our overall Advocacy score placed us third out of 31 Trusts. These results underline the pride colleagues take in the care we provide and the confidence you have in the work we do together every day.

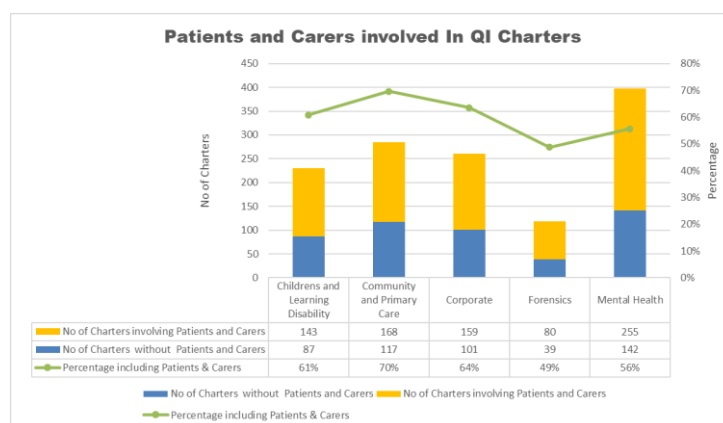
Question/Statement	2018	2019	2020	2021	2022	2023	2024	2025
Q6a. I feel that my role makes a difference to patients/service users	84.7%	87.8%	88.8%	86.87%	87.35%	88.25%	87.68%	88.30%
Q25a. Care of patients/service users is my organisation's top priority	64.1%	65.7%	75.6%	73.87%	75.58%	80.14%	80.87%	81.71%
Q25b. My organization acts on concerns raised by patients/service users	67.4%	66.4%	72.7%	74.5%	73.44%	77.50%	79.04%	80.72%
Q25c. I would recommend my organisation as a place to work	47.6%	49%	61%	59.45%	62.83%	66.98%	68.99%	70.45%
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%	71.66%	72.95%

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 tracking of patient and carer involvement within QI activities across the Trust. The Trust achieved 54% for all teams and 70% for operational teams to co-produce activities with patients and carers - a 6% increase for all charters across the Trust.

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, 97% of open and completed activities have indicated that the activity would benefit our patients, service users and carer

Why This Matters (Positive Impact) ...

Here are some examples of the difference made:

Innovate Brand and Hub Development

A number of our Patients and Carers supported the development of our Innovate brand and what they would like to see on the Innovation Hub.

Improvement Training

To raise awareness of the importance of including patients and carers in improvement activities, A short video of Staff, Peer Support Worker and an Expert by Experience talking about the benefits of including the Patient and Carer Voice in QI initiatives. This will form part of the new training offer that will be available in Quarter 1 of 2026-27. We currently have a working group supporting the development of a new animated film for Outcomes, Outputs and Benefits that will be available on both the Trust Innovation Hub and the Recovery College. A full review of all the QI training will be undertaken in Quarter 1 of 2026-27 and will include Patients and Carers.

Service User Expert by Experience Reps Forensic Services, Forensics

The project was established to develop a consistent process for identifying which service users are able to support different pieces of work. A task-and-finish group, made up of service users, designed the initial pilot and the documentation required to recruit the first cohort of representatives. This included the Service User Involvement Authorisation Form, which is used when an involvement opportunity is advertised at Humber Voices (the patient council meeting). The form enables service users to take ownership of their involvement by outlining why they wish to be involved, any potential difficulties they may experience, and how these could be managed. Service users then take the completed form, which includes full details of the opportunity, to their MDT meeting. This allows clinical staff to assess and manage any risks associated with the proposed involvement and formally sign off the activity.

Co-production of training for the Sensory Outreach Service, Childrens and Learning Disability

An expert by experience collaborated with the Outreach Service team to co-produce and deliver a comprehensive training package and create accompanying materials to educate school staff about understanding and supporting sensory differences in students. Our expert will provide lived experience of sensory differences at school and share strategies which have supported them.

2.2 Children's and Young People's Services

Outcome 1 – Our Care

2.2.1 Dynamic Support Register Animation, in collaboration with the Humber and North Yorkshire Dynamic Support Keyworker Service

Our Humber and North Yorkshire Dynamic Support Keyworker Service received feedback from service users who said that they often struggled to understand how the Dynamic Support Register (DSR) works, who is eligible and how it supports children, young people and their families. Keyworkers, together with three Humber Youth Action Group (HYAG) members recruited as Experts by Experience co-produced an animation for the Connect website that explains how the DSR works for children, young people and their families.

The animation is now publicly available on the Connect website, improving understanding for children, young people and their families. Service users now have a clearer, more engaging resource that supports informed involvement in their care and the DSR process.



Dynamic Support Register Logo

Why This Matters (Positive Impact) ...

Feedback identified that children, young people and families did not clearly understand the Dynamic Support Register (DSR). In response, the Humber and North Yorkshire Dynamic Support Keyworker Service co-produced an animation with Experts by Experience to explain the DSR.

The animation being available on the Connect website, has improved understanding of the DSR, reduced confusion, and enabled service users to feel more informed and confident in engaging with their care and the DSR process.

"I really like the new animation. It seems to hit just the right balance of realism, emotion and practical information. Congratulations to all involved." - **Lived Experience co-worker Health Improvement Team NHS England**

2.2.2 Co-produced Humber Youth Action Group Logo and Visual Identity and Values

In January 2025 the Humber Youth Action Group shared that they would like to review the groups' visual identity and formulate some shared values. During the year, a new logo and set of values was co-produced for the group which better reflects the group's current identity. A new induction process has also been created to provide stronger support for young people joining the group, this involves a one-to-one meeting with the group's facilitator to better understand each young person's individual needs and lived experience helping to better match them to meaningful projects.



Humber Youth Action Group Logo

Why This Matters (Positive Impact) ...

The new logo and values have given the group a clearer identity and helped young people feel more connected and included. The new induction process means young people get better support when they join, helping them feel understood and matched to projects that suit them. Overall, this has made the group more welcoming, supportive and engaging for its members.

2.2.3 Domestic Abuse Information Resources for Children and Young People

Feedback from young people told us that they would like more inclusive resources to support them to recognise the signs of unhealthy and abusive relationships. The Humber Youth Action Group (HYAG) co-produced along with our Trust's Safeguarding Team a set of posters that was shared within the community. Community Vision secured funding in 2025 to print the digital resources, enabling wider distribution across local schools, colleges, youth groups and Trust waiting areas.

In addition, HYAG members shaped the design and content of online resources on "The Help Hub", a resource on the Connect website, to ensure the webpage is accessible, relevant and young-person-friendly.



Information resource poster

Why This Matters (Positive Impact) ...

Young people now have clearer information to help them recognise unhealthy and abusive relationships. The posters, shared in schools, colleges and community settings, have reached more young people and raised awareness. The online Help Hub resources are now more accessible and relevant because they were shaped by young people themselves.

Overall, this work has improved awareness, made support easier to understand, and ensured resources better meet young people's needs.

2.2.4 Connect website – Help-Hub

When developing the Connect Website, which hosts our Children's and Adult Learning Disability Services, service users told us it was important to support our community in finding the right service and/or resource at the right time. Service users helped design the "Help Hub," which is a unique digital tool on the Connect website that provides signposting to a wide range of health topics. The resource includes links to Trust

services, information hosted on Connect, and external websites and online support tools. From June 1st 2025 to January 31st 2026, The Help Hub has had 1983 sessions and 1639 active (unique) users. Training has been provided to teams across the division so they can confidently signpost service users to this resource.

Why This Matters (Positive Impact) ...

The Help Hub has made it easier for people to find the right support when they need it, all in one place. It has been widely used, with nearly 2,000 visits and over 1,600 individual users, showing strong engagement. Staff training has also helped ensure more people are signposted to the resource. Overall, this has improved access to information, helped people get support more quickly, and made it easier to navigate services.

Outcome 2 – Our Partnerships

2.2.5 Humber NHS Cadet Programme

The Humber NHS Cadet Programme which is run in partnership with St John's Ambulance, gives young people the opportunity to access a tailored programme which aims to reach a diverse range of young people who have barriers to entering volunteering and/or a career in healthcare. As NHS Cadets, young people develop key skills, boost their self-confidence, and get to explore careers in the healthcare sector.

Why This Matters (Positive Impact) ...

Thirty young people graduated the third cohort in December 2025, many reporting that they feel more prepared and motivated to pursue a career in the NHS after engaging with staff and guest speakers from our Children's and Learning Disability Division.

"I thoroughly enjoyed Humber NHS Cadets, it was very interesting and highlighted topics such as manual handling that you wouldn't usually think about much but are quite important. Personally, I enjoyed learning about the variety of carers in the NHS and having the guest speakers join sessions and feel this really helped when exploring my options in further education. It was also excellent to meet the others participating in the sessions and the coordinators. In fact, I feel just working in this group helped me to develop my skills as I was able to see how others dealt with situations for example how the coordinator managed their time in a session. Overall, it is a fantastic programme and I would recommend it to anyone thinking of a career in healthcare or anyone who is unsure about what they would like to do after leaving education." - **Humber NHS Cadet Graduate**

"I want to thank every guest speaker who has attended, as their presence on our NHS Cadets Programme session is inspiring to the young people makes a significant impact. They're currently considering various roles within NHS, and having a good variety of backgrounds provides versatility on the roles across many fields. For example, having two different speakers covering mental health gave young people an insight that no role is fixed, but can have various people doing similar work. In addition to this, by having a Volunteer Manager, it highlighted that there are non-clinical roles within NHS England and can go for other roles if the clinical field was not an interest. Furthermore, the attendance of a Career Development Specialist will be even more impactful. Therefore, I would like to send the whole team's gratitude to the Trust for being proactive and supporting us on the NHS Cadet Programmes." - **Regional Lead - Humber NHS Cadet Programme**

2.2.6 Hull University Teaching Session with Humber Youth Action Group

Hull University invited the Humber Youth Action Group (HYAG) to support the delivery of training for third-year mental health nursing students. The session focused on sharing young people's experiences of accessing Child and Adolescent Mental Health Services (CAMHS) and wider mental health services and explored how nurses can adapt their practice to better support young people and their families.

Having the HYAG supporting the delivery of the training gave nursing students direct insight into young people's experiences of CAMHS and mental health services, improved students' confidence and skills in engaging with young people and helped students identify practical ways to adapt their practice to better support young people and families.

The collaboration also helped to build a stronger partnership between HYAG and Hull University and supported members to develop confidence, facilitation and co-design skills.



Photos from the teaching session

Why This Matters (Positive Impact) ...

Having the HYAG supporting the delivery of the training gave nursing students direct insight into young people's experiences of CAMHS and mental health services, improved students' confidence and skills in engaging with young people and helped students identify practical ways to adapt their practice to better support young people and families.

The collaboration also helped to build a stronger partnership between HYAG and Hull University and supported members to develop confidence, facilitation and co-design skills

"I really can't understate how much of an impact (positively!) days like today have. Knowing that I can use what happened to me to try to reduce the likelihood of other young people being impacted in the same way has quite honestly done more for me than any therapy ever has. It allows me to chip away at the narrative that my head has formed around the intentions of professionals and gives me back my voice so that even if I couldn't speak then, I can now and I know that I will be heard. That is a hugely liberating, hugely impactful thing. Thank you for facilitating that and for allowing me the time to build up to feeling able to give my thoughts and opinions without fear of being wrong or speaking out of turn." – **Humber Youth Action Group Member.**

Outcome 3 – Our Workforce and Organisation

2.2.7 Sensory Processing Service- Outreach Service

The Sensory Outreach Service is an extension of the Sensory Processing Service and is aimed at supporting students and staff in schools with sensory differences.

Grace (Expert by Experience) has been working with the service since September 2025 and has co-designed and co-produced Sensory Champions Training and Whole School Training and has provided guidance to the service on the recommendations they can make for young people with sensory processing differences. Whole School Training Sessions are a 1 hour session to give staff a practical overview of sensory processing and how it can shape the way children experience school. Sensory Champions Training is a more in-depth, 6-hour training for staff who will take on the role of “Sensory Champion” within their school. Champions will develop a deeper understanding of sensory processing and how it affects children’s learning, behaviour, and wellbeing.



Grace presenting

Why This Matters (Positive Impact) ...

“I am an Expert By Experience with the Sensory Outreach Team. As an Expert By Experience, my role is to support the service and bring ideas based on situations that I have personally experienced. This allows for the support to be specific and helpful, as it focuses on real difficulties that other students may face in schools. I personally think that the Outreach Service will support numerous children who struggle with sensory difficulties in schools. it also allows me to gain valuable experience and learn more about sensory processing. I really enjoy advocating for others based on my experiences and am hopeful that I can make a significant difference to children in schools.” – Grace, Expert by Experience

“Working with an Expert by Experience has been brilliant for the Sensory Processing Service and Sensory Outreach. Grace has been working with us to review website content, and to deliver our training packages to teachers. She has reviewed the content of our Sensory Champions training and has also presented at some of the training sessions.

Having an expert by experience makes our training so much more powerful; teachers are able to directly ask Grace about her school experience, which helps them to understand sensory differences. Grace also sheds light on how simple adjustments can have a tangible impact for pupils, which hopefully inspires teachers to leave our training motivated to make their learning environments as inclusive as possible. Our co-production work with Grace is ongoing. She is currently developing an animation to illustrate the impact of sensory differences in school, which will be published on the Connect website. We are also planning to co-produce resources specifically for teenagers and to collaborate with Grace on environmental support. This will involve Grace visiting schools alongside Occupational Therapists to help identify practical ways to make learning environments more sensory-friendly. It has been a pleasure working with Grace. She has provided many insights that have strengthened the work delivered by the Sensory Services and enriched our understanding of how sensory differences affect pupils.” – Staff Member – Sensory Outreach Team

2.2.8 Fundraising for Health Stars

The Humber Youth Action Group (HYAG) expressed an interest to start fundraising for Children's Services to help improve health outcomes and care for children, young people and their families. There are seven HYAG members registered as charity champions who co-produce fundraising initiatives with the Charity Manager and Engagement Lead to support our children's services. Since August 2025 we have hosted two fundraising events which have raised over £1500 for the Trust's Children's Services. These funds will support the redesign of Rivendell House, our East Riding Core Children and Adolescent Mental Health Services (CAMHS) building which is currently undergoing a major transformation which the HYAG are supporting alongside Experts by Experience.

Why This Matters (Positive Impact) ...

Young people are now more actively involved in raising funds to improve children's services. The fundraising events have generated over £1,500, which is helping to improve environments like Rivendell House. By working alongside staff as charity champions, young people have had a real say in how funds are raised and used.

Overall, this has increased young people's involvement, supported service improvements, and helped create better spaces and care for children and families.

"It was such a fun and meaningful experience, meeting new people while supporting a good cause that really matters. It was both enjoyable and rewarding, it felt great to have a good time while making a difference, with so many people willing to give and hear about what it was for." – **HYAG Member**

2.3 Community Services and Primary Care

Outcome 1 – Our Care

2.3.1 GP Practice Patient Information Booklets

Patient Participation Groups (PPGs) fed back that some patients needed a non-digital way to access information about GP services. In response, the Patient and Carer Experience Lead worked with practice staff and PPG members to update and improve a practice information booklet at Market Weighton, making it more detailed and tailored to local needs. This approach was then used to create similar booklets for other practices.

Although GP services are transferring to new providers, editable versions of the booklets will be shared so practices can continue to adapt them with their new teams.

Why This Matters (Positive Impact) ...

Patients who are not online now have a clear and accessible way to find information about their GP services. The booklets provide more detailed, locally relevant information, helping patients better understand what support is available and how to access it.

By involving PPGs, the resources better reflect patient needs and experiences.

2.3.2 Sharing a Patient Story – “A Message of Hope”

East Riding Partnership service user Karl was invited by the Trust’s senior management team to present his story to the Board in September 2025.

In his presentation, Karl reflected on his life, care experience and journey—from living with addiction to becoming a dedicated Peer Mentor. His story highlights that addiction can affect anyone and that recovery is always possible with the right support, determination and willingness to seek help. He shared his experience to inspire others and to showcase the vital work of the Drug and Alcohol Service.

Why This Matters (Positive Impact) ...

Karl is now an active volunteer Peer Mentor with the Trust, providing hope, encouragement and recovery support to people using Drug and Alcohol Services. He raises awareness of available support by sharing his lived experience and is exploring work with the Recovery and Wellbeing College, including developing podcasts for a wider audience.

2.3.3 East Riding Partnership – Peer Mentorship

The following feedback was received from service users of the East Riding Partnership:

“When I finish the Community Rehabilitation Programme it would be nice to have extra aftercare with a peer mentor.”

Why This Matters (Positive Impact) ...

In response, the Addictions team reopened a building to provide weekly one-to-one peer support sessions for those completing the 12-week programme.

The East Riding Partnership “You Said... We Did” initiative shows our commitment to listening to service users, valuing their feedback and making meaningful improvements. It ensures services are shaped by user views and continue to evolve based on what matters most to the public.

2.3.4 Scarborough Stroke Warriors

The Stroke Warriors Support Group was launched in September 2025 by Andrea, a patient of the Community Stroke Team. After experiencing a number of strokes, Andrea was determined not to let the experience define her. She sought to create a new focus after her stroke which meant she was no longer able to work. She identified a gap in local peer support in Scarborough. With guidance from the team, and in collaboration with the Divisional Patient and Carer Experience and Involvement Lead, Andrea established a local stroke support group. This included development of branding, promotional materials, a social media presence, and securing a venue.

Why This Matters (Positive Impact) ...

“In 2024, at the age of 52, I had four mini-strokes and an MCA infarct stroke, which affected my ability to communicate. Recovery was frightening and isolating, and I often felt self-conscious trying to speak to others. When I couldn’t find a local support group, I realised one was needed. With the support of the Community Services Stroke Team and the Patient and Carer Experience and Involvement Lead, I set up a group to support other stroke survivors who are facing the same challenges.”

Outcome 2 – Our Partnerships

2.3.4 Market Weighton Practice Patient Participation Group Health and Wellbeing Awareness Event

The division piloted a printed information booklet with Market Weighton Practice, which was then co-produced with the Patient Participation Group Action Planning Group to better meet local needs. This approach was extended to other practices, with editable, unbranded versions shared so they can continue to be adapted during the transition to new providers.

As an extension to the production of the information booklet, a community event attracted over 200 attendees, who explored local health and wellbeing services and took part in activities for all ages. Workshops and digital support were offered, including help with using the NHS App, accessing online consultations, and the launch of the updated booklet.

Overall, the event brought together services and the community to promote health, wellbeing and awareness in a welcoming, inclusive way.

Why This Matters (Positive Impact) ...

More patients can now access clear, useful information about their GP services. The booklet and event helped people better understand what support is available and how to access it, including digital options like the NHS App. The event brought together services and the community, increasing awareness of local health and wellbeing support and encouraging people to take a more active role in their health.

“The hosts were exceptionally friendly and welcoming. We attended with our two children and found everyone incredibly accommodating. The Cress Heads craft activity was a wonderful addition, keeping the children happily engaged while we explored the health and wellbeing stalls. It was a fantastic event that truly brought the whole community together.” – Event Attendee

2.3.5 Safer Inhalation Devices Awareness Project

The Safer Inhalation Pipes and Devices Awareness Project was launched with dedicated funding to promote safer inhalation practices. Free safer inhalation kits are provided through Addiction Services keyworkers, supporting safer substance use and reducing the risk of respiratory infections and blood borne viruses linked to shared or unsafe equipment. The initiative also acts as an engagement tool, encouraging access to health advice, support and treatment pathways. Staff have received specialist training in harm reduction, safe distribution and brief interventions, including safer use guidance, respiratory awareness and overdose prevention. Patients are also offered optional health checks, Blood Borne Virus (BBV) testing and referrals.

Equipment is issued on a one-per-person basis to minimise sharing risks, improve engagement, and strengthen connections with harder-to-reach groups. The project collects non-identifiable data on distribution, demographics, staff and patient feedback—already showing increased engagement.

Following evaluation, the project will work with service users and peer volunteers to co-produce awareness materials to encourage wider engagement with

Why This Matters (Positive Impact) ...

This project has made people safer by reducing injuries and the spread of infections. It has helped more people access support, especially those who may not have used services before, and allowed staff to offer advice, testing and referrals earlier. It has also built trust with harder-to-reach groups. Feedback has been positive, and what people have said is helping shape future improvements and awareness work.

Addiction Services.

Outcome 3 – Our Workforce and Organisation

2.3.6 Enhancing our Lived Experience Workforce

Across the division, Experts by Experience and volunteers are actively contributing to service design and improvement through co-produced projects, forums and community partnerships. At the same time, staff are being supported to lead this work through dedicated engagement leadership, structured quality improvement approaches and practical tools to gather and act on feedback.

Initiatives such as the Friends and Family Test quality improvement programme and the consistent use of “You Said, We Did” highlights how staff across the division are embedding patient experience into everyday practice, strengthening partnership working and supporting a culture where co-production is everyone’s responsibility.

Why This Matters (Positive Impact) ...

Involving people with lived experience compliments our workforce and brings another dimension to enable the organisation to be more person-centred. Having a dedicated Senior Patient and Carer Experience Involvement Lead enables staff to feel more confident and supported to listen to feedback and act on it, which has improved how services respond to patients and carers. Overall, this has led to improved patient experience, stronger relationships with our communities, and a more engaged and motivated workforce.

2.4 Forensic Services

Outcome 1 – Our Care

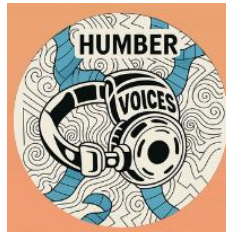
2.4.1 Service User Expert by Experience Ward Rep Pilot

Service users told us that they would like to refresh the role of the Service User Rep by developing a safe and supported paid Service User Rep role with clear responsibilities and role description. To support this they also wanted to include a fair interview process and T-shirts to identify reps when attending external events and carrying out the role within the service. As well as the development of the role, service users also told us that they would like more paid opportunities within the service.

In response to the feedback, we have now developed and implemented a fair and safe recruitment process, training and support structure. There are now nine paid Service User Reps across our forensic inpatient wards who are supporting the Humber Voices co-production group and bringing service user feedback from

ward to board. Our Health Stars charity have enhanced the role through providing reps with T-shirts and notepads which help to identify them.

An induction and training session was delivered to the first cohort of paid reps, one of whom is now paid to deliver the training to newly recruited Service User Rep



Humber Voices logo

Why This Matters (Positive Impact) ...

This has made the role clearer, fairer and paid, giving service users real opportunities to be involved. The nine paid reps receive training, support and are easier to recognise, which helps them feel more confident and valued. It has also created more chances for service users to develop, including helping to train new reps. Some service users told us how they feel about the refresh of the role:

"I feel more confident and less paranoid"

"It's helpful to keep busy rather than sat in my room ruminating"

"This seems to be just what I need"

"Being a rep allows me to reintegrate into the wider community and gain contacts with services that can help me in the future"

"It keeps me busy at times when there's 'nowt to do'"

"I'm getting used to getting involved with other people"

2.4.2 Ward Entrance Project

Service users told us that they would like to make the entrance to the Humber Centre look more inviting. As a result of this feedback, a service user with artistic skills was paid as an Expert by Experience to paint ward entrances making their living space feel less clinical and improving their experience of care.



Artwork from The Humber Centre

Why This Matters (Positive Impact) ...

This has made the environment feel more welcoming and less clinical, improving the look of ward entrances and helping service users feel more comfortable in their living space. It has also given a service user the chance to use their skills and be paid for their contribution, helping them feel valued and involved.

2.4.3 Implementation of Service User Involvement Authorisation Form

Feedback from service users told us that they wanted a better system in place for taking involvement opportunities through Multi-Disciplinary Team (MDT) meetings. As a result, a new form has been created to support the authorisation of service user participation in involvement opportunities ensuring involvement is supported and safe for all.

Why This Matters (Positive Impact) ...

This process is providing service users some autonomy where they can take opportunities that they would like to participate in, such as attending an external event to their MDT for approval. These opportunities are building confidence and supporting recovery.

Outcome 2 – Our Partnerships

2.4.4 Service User Led Events Group

During this year, a service user led events group was launched as a result of service user feedback showing that service users wanted to be involved in improving their seasonal events. The events group brings together staff and service users who work together to deliver fun engaging events across the service.

Service users have hosted an Armed Forces Appreciation Day which included a sponsored step challenge, a 10k sponsored walk to Risby Park and are working on a 'Humber's Got Talent' Event for Summer 2026. These fun and engaging events are improving service user experience, providing social opportunities and boosting morale across the service while raising money for our Health Stars charity.



Armed Forces Charity Event Poster

2.4.5 Humber Voices Newsletter

Why This Matters (Positive Impact) ...

This has improved service users' experience by giving them a voice in planning and running events they enjoy. It has created more social opportunities, helped people feel more connected, and boosted morale across the service. It has also supported teamwork between staff and service users, while raising money for charity.

Based on what service users told us they would like, a monthly newsletter, which is co-produced by services users and staff, is now distributed across the service.

Service users now feel better informed about involvement opportunities, events and service updates, such as new staff members in our recent addition of a 'meet the staff' section. The co-production group allows service users extra time to socialise with others while being creative. Each month they find a theme, jokes, facts and puzzles to include.



Humber Voices Newsletter

Why This Matters (Positive Impact) ...

This helps service users feel more informed about what is happening across the service, including events, opportunities and new staff. It has also created a space for people to come together, be creative and socialise, which supports wellbeing. By working together with staff, service users feel more involved and have a stronger voice in shaping the newsletter.

Outcome 3 – Our Workforce and Organisation

2.4.6 Refresh of the Staff Champion of Patient Experience role in Forensic Services

A Staff Champion of Patient Experience Relaunch Event was held and we have recruited nine additional staff members to the role to support with Involvement and Co-production across the service. This strengthens links to the strategic Patient and Carer Experience Team and helps to ensure that involvement, engagement and co-production are properly embedded in the service.

Why This Matters (Positive Impact) ...

This has strengthened involvement and co-production by increasing the number of staff supporting this work. It has improved links with the Patient and Carer Experience Team, helping to ensure that engagement and co-production are a consistent and embedded part of the service.

2.5 Learning Disabilities Services

Outcome 1 – Our Care

2.5.1 Experts by Experience

The Learning Disability service is placing co-production at the centre of its work, ensuring people with lived experience help shape services. This includes introducing a trust-wide approach to reasonable adjustments, working with children's services to create accessible infant feeding resources, and co-producing and delivering sign language training.

So far, eleven Experts by Experience have supported seven projects, contributing nearly 100 hours. This has strengthened inclusive practice, improved accessibility, and ensured services better meet the needs of people with learning disabilities and their families.

Why This Matters (Positive Impact) ...

This has helped to make services more inclusive and better tailored to people's needs by putting co-production at the centre. Because of collaborative work on specific projects there are now more usable resources for parents with learning disabilities, and better communication through sign language training. Involving Experts by Experience has ensured services are shaped by real insight, leading to more practical and meaningful improvements for service users and their families.

2.5.2 Co-production Group for Learning Disabilities Division

A weekly Patient Voice Group and a Community Co-Production Group have been set up in response to feedback from inpatients and the Learning Disability service. These groups provide a safe and supportive space for people to share their views, contribute ideas and work with staff to improve services.

Together, they have helped establish clear group values, agreements and a standard way of working. Around eight people with learning disabilities are now involved, taking part either one-to-one or in group depending on their needs. This has strengthened co-production, ensuring service users feel heard, involved and able to influence changes in their care.

Why This Matters (Positive Impact) ...

This has given people with learning disabilities a safe and supportive space to share their views and feel listened to. It has increased confidence and involvement, helping service users have a real say in their care and how services are run. The groups have strengthened co-production with staff, leading to clearer ways of working and more service improvements shaped by patient feedback.

Outcome 2 – Our Partnerships

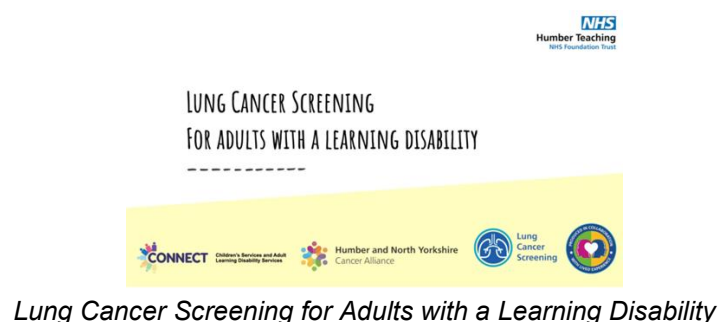
2.5.3 Learning Disabilities Cancer Screening Project

Patients with learning disabilities are less likely to attend important health screenings, increasing their risk of poor health outcomes. In response, this project created four accessible, co-produced videos on bowel, breast, cervical and lung screening, alongside awareness sessions for staff and resources to reduce anxiety at appointments.

Why This Matters (Positive Impact) ...

Since launching in October 2024, screening uptake in Bridlington has significantly improved, with bowel screening rising from 7 to 43 participants, breast from 0 to 26 participants, and cervical from 2 to 19 participants by September 2025.

The project has been widely recognised for its impact, including a Health Service Journal (HSJ) Award shortlist, a high commendation for championing the patient voice, a partnership award at the Humber NHS Staff Awards, and selection as a case study by the Humber and North Yorkshire Cancer Alliance.



Outcome 3 – Our Workforce and Organisation

2.5.4 Staff Champions of Patient Experience

Seventeen staff members have been recruited as Staff Champions of Patient Experience within the Learning Disability (LD) division, with representatives from each team. A survey helped shape how the group runs,

including meeting times, topics and frequency. The group meets every two months, led by the engagement lead, and focuses on co-production, sharing ideas, learning from guest speakers and offering peer support. Staff have also co-produced the group's values, helping to create a supportive and collaborative network across the service.

Why This Matters (Positive Impact) ...

This has created a stronger network of staff who are more confident and skilled in co-production and involvement. It has improved communication and sharing of ideas across teams, ensuring more consistent approaches within the LD service. Regular meetings and peer support have helped staff feel more connected and supported, leading to better engagement with service users and more meaningful involvement opportunities.

2.6 Mental Health Services

Outcome 1 – Our Care

2.6.1 Inpatient Voices Group and Inpatient Survey

Patients accessing care on our inpatient units wanted clearer processes for providing feedback. We developed a new inpatient survey that would be easier for patients to complete, reducing the number of questions whilst continuing to gather meaningful feedback about aspects of care that are important to our patients. The survey is adapted from one of the Culture of Care surveys which were co-produced with those with lived experience.

We also launched a new inpatient voice group, running once a month with participation encouraged from all wards across unplanned care.

Feedback received through the inpatient survey has increased with a plan in place to promote engagement with the survey across all wards in the division.

The inpatient voices group was launched in February 2026 with attendance from 5 wards at the first meeting. Direct feedback was heard from patients currently accessing care, enabling actions to be taken where possible.

Why This Matters (Positive Impact) ...

It is now easier for patients to give feedback by introducing a simpler survey that focuses on what matters most to them. As a result, more feedback is being collected and used to improve care. The new inpatient voice group has also given patients a direct way to share their experiences. Overall, it has strengthened patient voice and made it easier for services to listen and respond.

2.6.2 Culture of Care Initiative

The NHS England Culture of Care initiative aims to improve the environment on mental health inpatient wards for patients, carers and staff. Two wards have taken part in a quality improvement project, where staff are working with patients and Experts by Experience to develop and test ideas for change. Feedback has been collected through surveys, with positive responses to the changes being made.

Why This Matters (Positive Impact) ...

The Culture of Care initiative is strengthening trauma-informed practice by increasing staff knowledge, confidence, and consistency in responding to trauma. This is leading to more compassionate, person-centred care, improved patient experience on inpatient wards, and a more supportive and reflective staff culture that recognises and responds to the impact of trauma.

2.6.3 Support Groups – Homeless Mental Health Team

The Peer Support Worker in the Homeless Mental Health Team identified the need for a space for service users to come together and receive support from each other based on feedback from those known to the service. The individuals felt that more informal support in a group setting may be beneficial outside of clinical appointments.

As a result, two support groups have been set up; one for pre/post discharge support and one for housing sustainment support, running monthly. These groups are facilitated by Peer Support Workers currently supported by the Lived Experience Co-ordinator.

Why This Matters (Positive Impact) ...

Feedback from those accessing the groups have shared that attendance is enhancing their recovery, building confidence and social skills as well as supporting new connections.

The pre-post discharge group started out with only a few attendees and now has consistently high attendance. Those accessing the group have also been keen to get involved in other activities e.g. sharing an experience of care.

Outcome 2 – Our Partnerships

2.6.4 Hull University Teaching Sessions for Clinical Psychology Doctoral Students

Feedback received from students on the DClinPsych (doctoral degree to become a qualified clinical psychologist) was that by including Experts by Experience (EbEs) in teaching supported their learning. Three teaching sessions led by the Complex Emotional Needs Service (CENS) were co-delivered by those with lived experience. Feedback received on the teaching was very positive and specifically referenced the benefit of involving those with lived experience to bring the topics to life.

Why This Matters (Positive Impact) ...

Feedback shared by students included:

“EbEs were really helpful to make a tricky topic appear more ‘real’ and accessible.”

“I found it really helpful having the experts by experience in for this session and felt that their insights into how these things feel in practice were really important to consider.”

“Lived-experience perspectives as well as clinical insight were brilliant and provided a rich understanding.”

Outcome 3 – Our Workforce and Organisation

2.6.5 Trauma-informed Communications Guide for Staff

Staff asked for support to embed trauma-informed principles within written communications with patients, service users and carers. Workshops were held with patients, service users and carers to discuss their experiences of when communication felt safe/unsafe and to make suggestions for how staff can be more trauma-informed in their communication.

Why This Matters (Positive Impact) ...

The outcome of this project is a communications guide for staff covering suggestions for written and verbal communication accompanied by real experiences. The guide is still in the final stages of being developed.

3.0 Complaints and Feedback

During the past year (1 April 2025 to 31 March 2026), the Trust has responded to a total of 509 complaints: 166 formal complaints and 343 informal complaints. For the previous year, the Trust responded to a total of 502 complaints: 188 formal complaints and 314 informal complaints.

Of the 166 formal complaints responded to, 31 (19%) were upheld, 55 (33%) were partly upheld and 80 (48%) were not upheld. For the previous year, the Trust responded to 188 formal complaints of which 43 (23%) were upheld, 70 (37%) were partly upheld and 75 (40%) were not upheld.

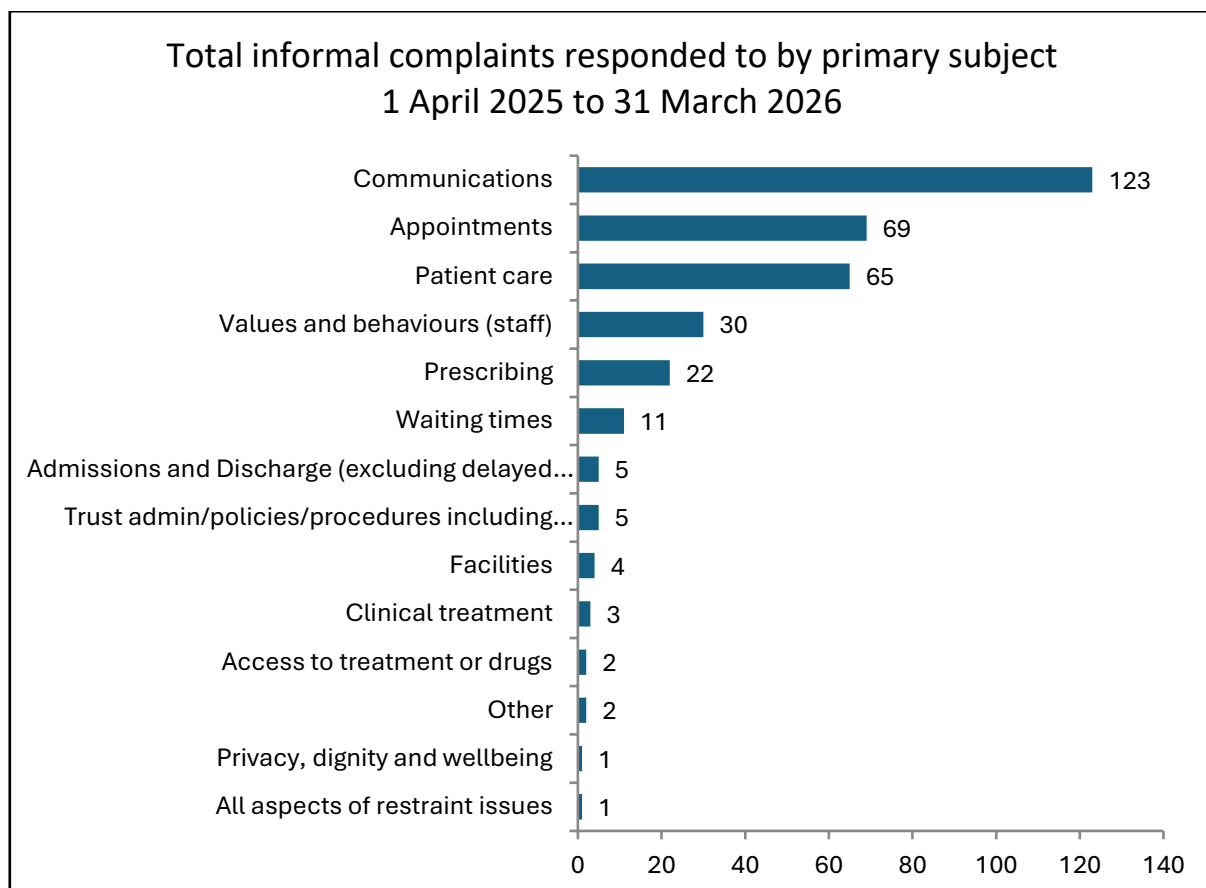
On comparing the 2 years there has been an overall increase of 7 complaints (formal and informal complaints) and communications and patient care are the top primary subjects.

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

3.1. Informal Complaints

For the period 1 April 2025 to 31 March 2026, the Trust responded to 343 informal complaints. The primary subjects/themes are highlighted in Graph 1. For the previous year, the Trust responded to a total of 314 informal complaints.

The primary subjects/themes for informal complaints responded to for the period 1 April 2025 to 31 March 2026 are highlighted in Graph 1.



Graph 1

3.1.1 Informal Complaints Escalated to Formal Complaints

For the period 1 April 2025 to 31 March 2026, a total of 8 informal complaints have been escalated to formal complaints. For the same period last year, an identical total of 8 informal complaints were also 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 their mother's medication being stopped by the practice without prior warning. Following the sad death of their mother, the complainant escalated this to a formal complaint along with numerous other concerns regarding her care and treatment over an 18 month period.

Planned Care Mental Health Services – Hull Community Mental Health Team

Primary subject: **Waiting times**

Reason for escalation: The complainant originally raised concerns regarding the lack of allocated care coordinator support for their mother from the service, for which she had been waiting 18 months to date. Following a lack of acceptable response and resolution from the service, the complainant requested escalation to a formal complaint.

Unplanned Care Mental Health Services – PICU Ward

Primary subject: **Values and behaviours of staff**

Reason for escalation: The complainant originally raised concerns regarding their care and treatment on the ward, including the behaviour of multiple staff members. The service was subsequently unable to resolve these issues informally to the complainant's satisfaction, and they requested escalation to formal complaint.

Unplanned Care Mental Health Services – PICU Ward

Primary subject: **Prescribing**

Reason for escalation: The complainant originally raised concerns regarding the timely administration of medication while on the ward. The service was subsequently unable to resolve these issues informally to the complainant's satisfaction, and they requested escalation to formal complaint.

Planned Care Mental Health Services – PSYPHER

Primary subject: **Values and behaviours of staff**

Reason for escalation: The complainant originally raised a concern that their family member was informed of their discharge from the service when they had not given their consent for this information to be shared. 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 – King Street Medical Practice

Primary subject: **Communications**

Reason for escalation: The complainant originally raised concerns regarding their recent interactions with the practice, including the attitude of a staff member towards them, a delay in receiving test results and an alleged breach of their confidentiality. Following receipt of a letter sent directly from the practice, the complainant did not feel the issues had been sufficiently resolved and wished to escalate to a formal complaint.

Community Services and Primary Care – Market Weighton Practice

Primary subject: **Prescribing**

Reason for escalation: The complainant originally raised a concern that their medication had been stopped by the practice without prior warning. Although the issue was initially addressed by the practice and the

complainant was happy to close the complaint as informal, they subsequently requested escalation to a formal complaint as the promised resolution had not happened.

Planned Care Mental Health Services – Hull Community Mental Health Team

Primary subject: **Communication**

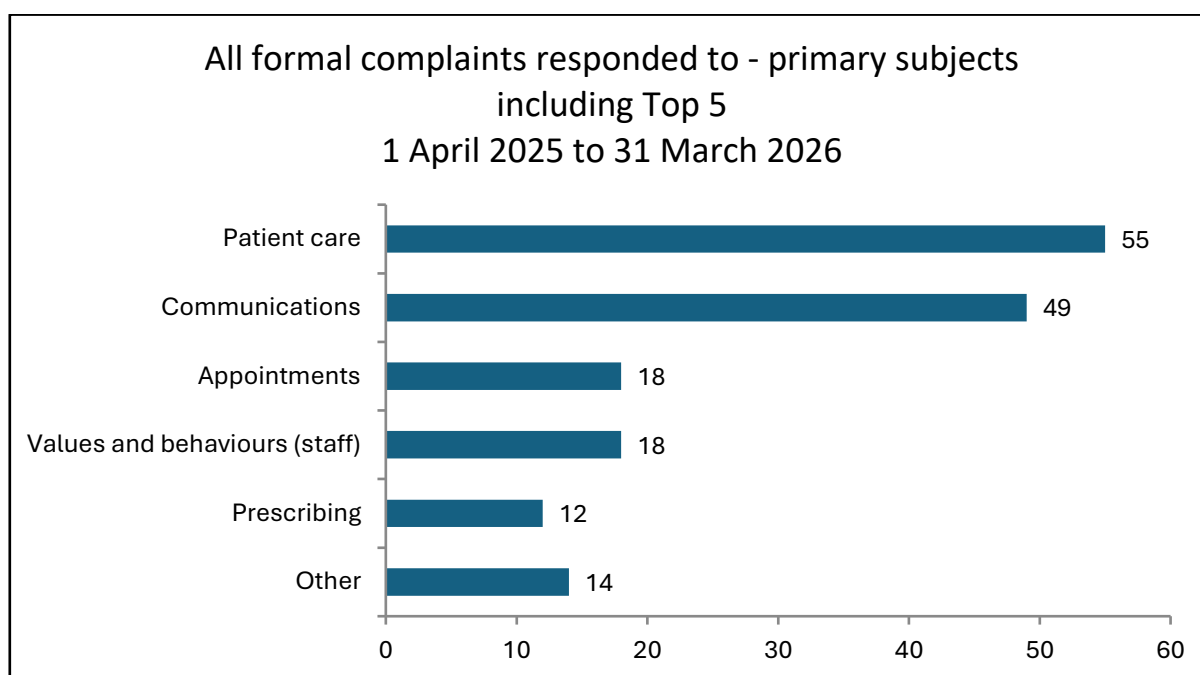
Reason for escalation: The complainant originally raised concerns over a lack of communication from the service. The service was unable to resolve the issues to the complainant's satisfaction on an informal basis, and they requested escalation to a formal complaint.

3.2 Formal Complaints

During the past year (1 April 2025 to 31 March 2026), the Trust received 204 formal complaints compared to 193 for the previous year.

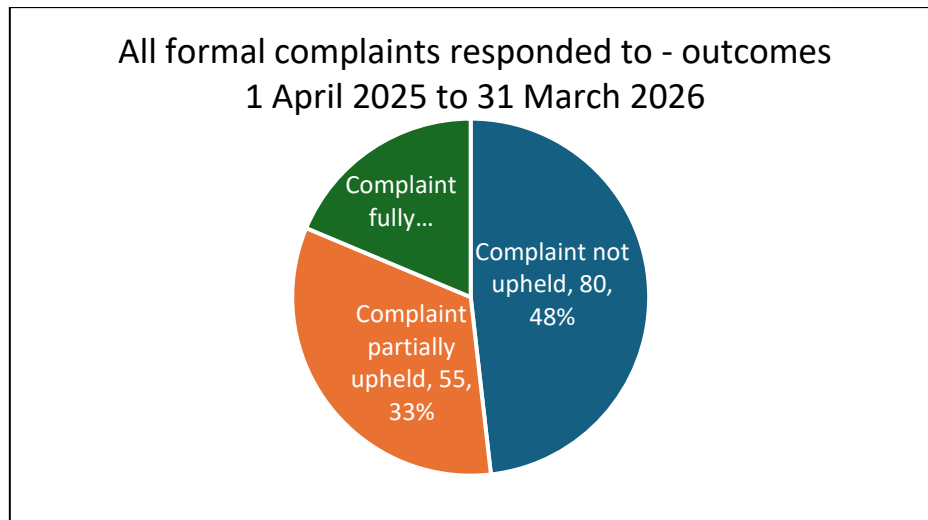
The Trust responded to **166** formal complaints which compares to **188** for the previous year (a decrease of **22** formal complaints). The Complaints and Feedback Manager considers that this position is due to both a continued overall reduction in complaints for Primary Care, and challenges in meeting the demand of an increase in complaints for the Mental Health Division, which have resulted in a backlog of complaint responses for approval.

The primary subjects/themes are highlighted in Graph 2.



Graph 2

Of the **166** formal complaints responded to, **31 (19%)** were upheld, **55 (33%)** were partly upheld and **80 (48%)** were not upheld. For the previous year, the Trust responded to **188** formal complaints of which **43 (23%)** were upheld, **70 (37%)** were partly upheld and **75 (40%)** were not upheld. The outcomes are highlighted in graph 3.

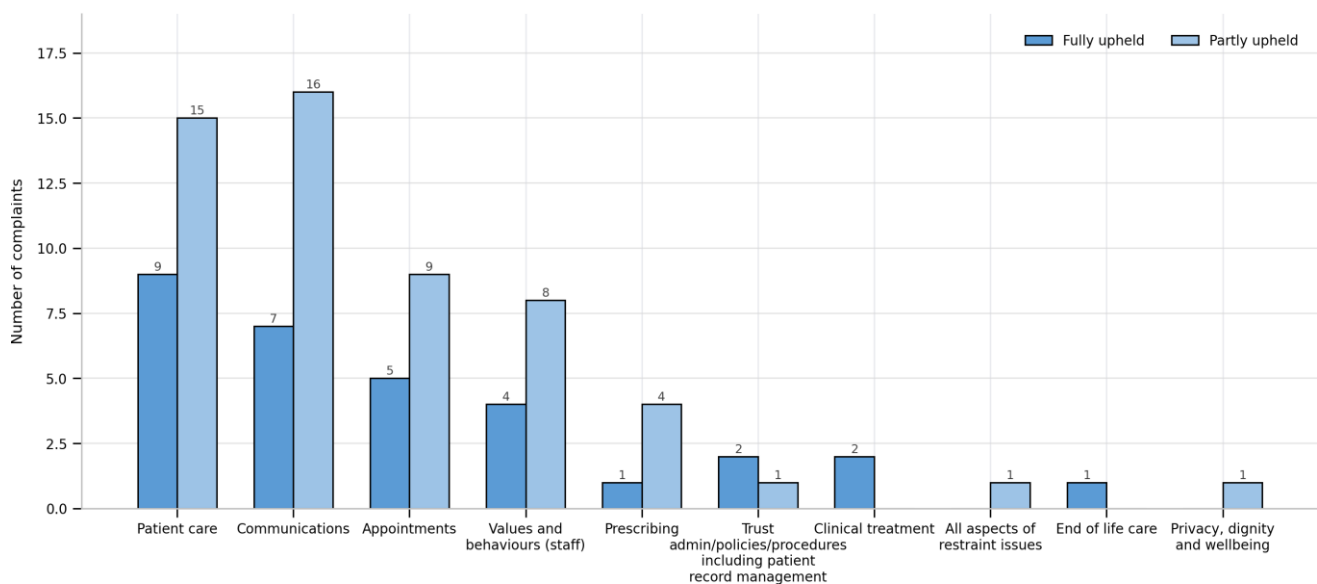


Graph 3

3.2.1 Themes and Trends

On analysis of the total number of formal complaints responded to during the twelve-month period from 1 April 2025 to 31 March 2026 where the outcome was either upheld or partly upheld, Graph 4 shows that patient care is the highest complaint subject for the Trust, followed by communications and then appointments.

Formal complaints responded to, fully upheld and partly upheld,
for 1 April 2025 to 31 March 2026

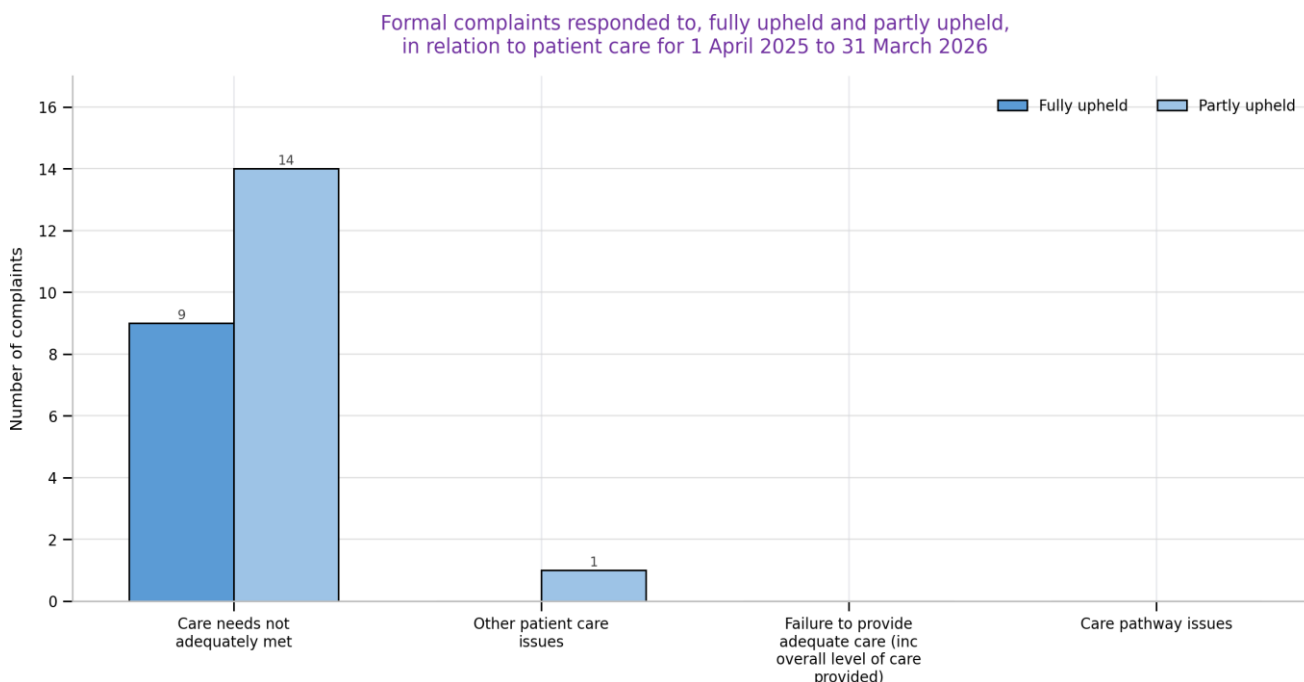


Graph 4

Analysis: Patient care: On closer review of the leading subject of patient care, Graph 5 (below) shows that care needs not adequately met continues to be the dominant sub-subject for the Trust. During the twelve-month period, there were 55 formal complaints responded to with patient care recorded as the primary subject. Of these, 9 were fully upheld and 15 were partly upheld following investigation, with the remaining 31 not upheld.

Of the 24 complaints that were fully or partly upheld, 9 (38%) related to Planned Mental Health Services, 6 (25%) to Community and Primary Care, 5 (21%) to Unplanned Mental Health Services, and 4 (17%) to Children's and Learning Disabilities Services.

Of these 24 fully and partly upheld complaints, 23 related specifically to care needs not adequately met. The strongest recurring issues within this group concerned delays in follow-up or review, uncertainty about who was responsible for ongoing care, and concerns that the level of support or intervention provided did not fully meet need. There was one further upheld complaint recorded as other patient care issues; therefore, no additional trend was identified from that complaint on its own.



Graph 5

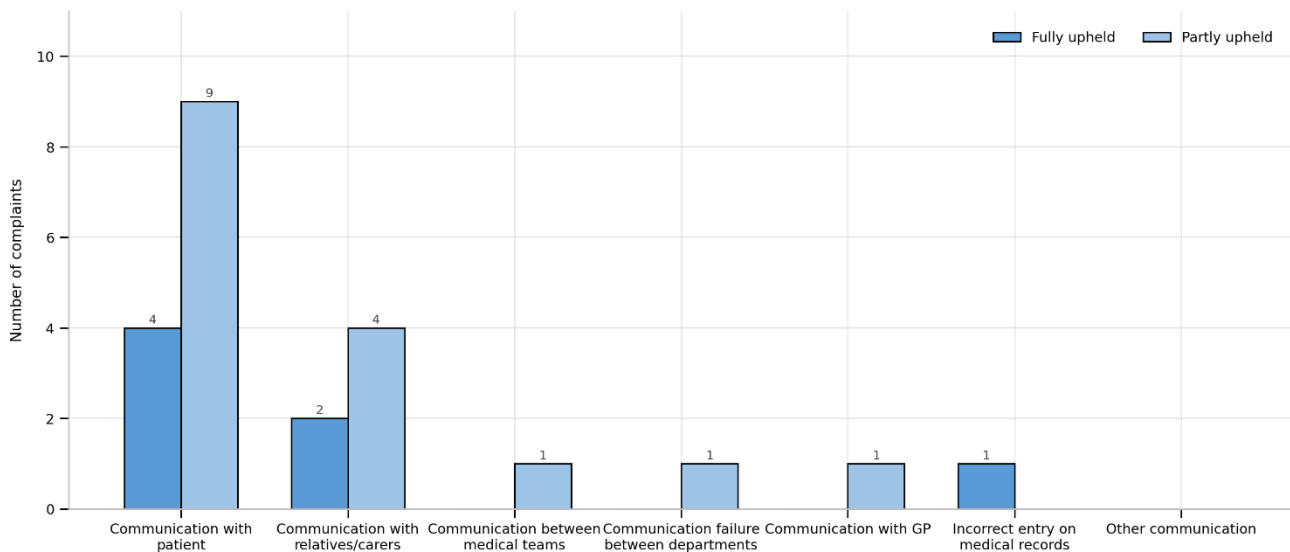
Analysis: Communications: On closer review of the second highest subject of communications, Graph 6 shows that communication with patient is the main sub-subject within this category, followed by communication with relatives/carers. During the twelve-month period, there were 49 formal complaints responded to with communications recorded as the primary subject. Of these, 7 were fully upheld and 16 were partly upheld following investigation, with the remaining 26 not upheld.

Of the 23 complaints that were fully or partly upheld, 10 (43%) related to Planned Mental Health Services, 5 (22%) to Unplanned Mental Health Services, 4 (17%) to Community and Primary Care, 3 (13%) to Children's and Learning Disabilities Services, and 1 (4%) to the Medical Directorate.

The main sub-subject trends show that 13 complaints had a sub subject of **communication with patient**, with common concerns about lack of timely updates, unclear explanations of care or next steps, and calls or messages not being returned promptly. A further 6 complaints related to **communication with relatives/carers**, most often where families felt they had not been kept informed or had difficulty obtaining clear, timely information.

The remaining upheld complaints were isolated across communication between teams, communication failure between departments, communication with GP, and incorrect entry on medical records, so no further consistent trend was observed.

Formal complaints responded to, fully upheld and partly upheld,
in relation to communications for 1 April 2025 to 31 March 2026



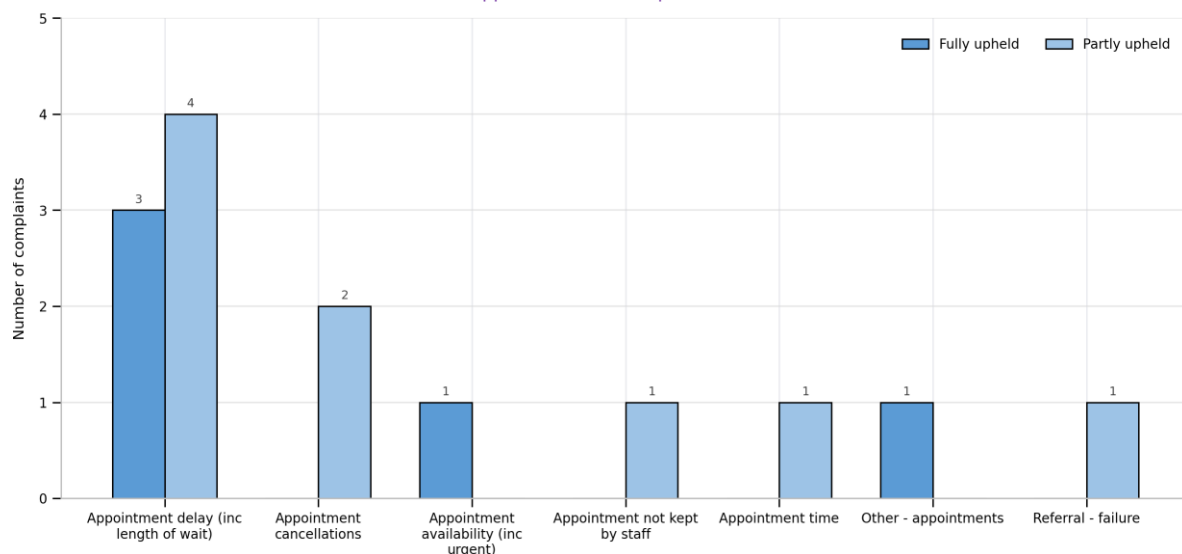
Graph 6

Analysis: Appointments: On closer review of the third highest subject of appointments, Graph 7 shows that **appointment delay (including length of wait)** is the leading sub-subject for the Trust, followed by appointment cancellations. During the twelve-month period, there were 18 formal complaints responded to with appointments recorded as the primary subject. Of these, 5 were fully upheld and 9 were partly upheld following investigation, with the remaining 4 not upheld.

Of the 14 complaints that were fully or partly upheld, 7 (50%) related to Planned Mental Health Services, 6 (43%) to Community and Primary Care, and 1 (7%) to Unplanned Mental Health Services.

The main sub-subject trends show that 7 complaints related to **appointment delay, including length of wait**. These complaints most often concerned long waits for assessment, treatment or follow-up appointments. A further 2 complaints related to **appointment cancellations**. The remaining upheld complaints were spread across isolated issues relating to appointment availability, appointments not kept by staff, appointment time, other appointment concerns and referral failure; therefore, no additional pattern was evident.

Formal complaints responded to, fully upheld and partly upheld,
in relation to appointments for 1 April 2025 to 31 March 2026



(Graph 7)

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
Planned Mental Health Services – The complainant did not receive clear follow-up after completing a 12-week programme and requests for medication review and therapy updates were not progressed, leaving uncertainty about next steps and available support.	The service has implemented an MDT tracking system for medication review requests, with urgent reviews flagged to the Consultant, Non-Medical Prescriber or Pharmacist. Service users also now receive written confirmation of waiting list placement and anticipated timescales.
Unplanned Mental Health Services – The complainant raised concerns that basic care needs, including support with personal hygiene, were not consistently reflected in care planning and that family concerns were not documented clearly enough.	The service has strengthened care planning standards so that personal hygiene needs and required staff actions are clearly documented. Where there are concerns about capacity in relation to personal care, mental capacity assessments are completed and recorded clearly, with the learning reinforced through team business meetings and documentation reviews.
Planned Mental Health Services – The complainant experienced delay and uncertainty because clinic correspondence was not uploaded in a timely way and referral tracking did not consistently identify a named clinician or clear pathway for follow-up.	The service has reinforced mandatory timescales for completion and upload of clinic letters, supported by administrative tracking and escalation for overdue correspondence. Referral tracking systems have also been strengthened so that a named clinician and pathway status are recorded on the electronic patient record for all active cases.

Theme 2: Communications

Issues upheld	Learning responses
Children's and Learning Disability Services – There was an inconsistent level of communication with the complainant from the service, particularly around the allocation of keyworkers and updates regarding changes to the external partner.	The service has developed and implemented a new multi-agency escalation process to support with the management and communication of clinically complex cases.
Planned Mental Health Services – The complainant's family repeatedly raised concerns about deterioration in mental health, but communication and handover arrangements were not robust enough when the allocated worker was absent.	The service has reviewed the structure and recording of its safety huddles to ensure continuity of discussion and action for patients presenting with risk or relapse concerns. The standard operating procedure for staff absence and caseload review has been reinforced to improve handover, monitoring and communication with families.

Unplanned Mental Health Services – The complainant felt that the practical implications of attending specialist psychotherapy, including access arrangements and treatment expectations, had not been clearly communicated at referral and acceptance stage.	The service has developed clearer patient and carer information about treatment options, practical access considerations and what the service offers. Updated information for referrers has also been introduced so that expectations and practical implications are discussed fully before a referral is accepted.
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Theme 3: Appointments

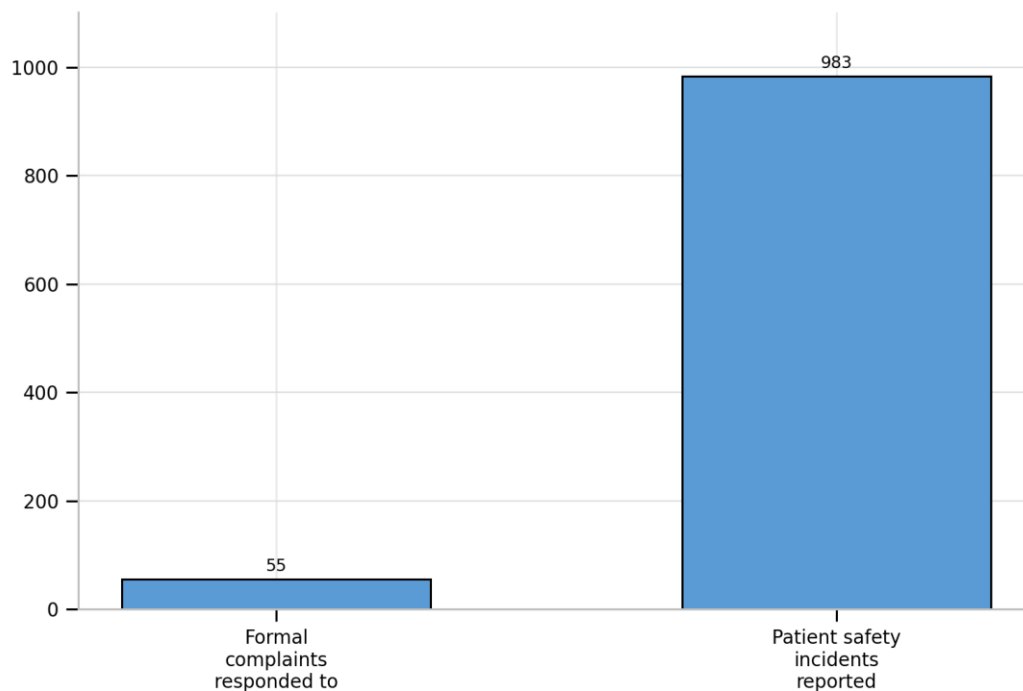
Issues upheld	Learning responses
Planned Mental Health Services – The complainant experienced delay in completion of assessment and diagnosis because a radiology re-report request had not progressed efficiently and patients were not kept clearly informed about the next step in the pathway.	Requests for imaging re-reporting are now reviewed at a scheduled weekly meeting between the Consultant Psychiatrist and Clinical Lead, with the request completed by a clinician. A patient letter is issued following formulation to explain the next stage in the diagnostic pathway, and an action tracker has been added to meeting agendas and notes to monitor outstanding actions.
Unplanned Mental Health Services – The complainant attended for an appointment only to find there was no record of it, following cancellation and rearrangement issues which had not been communicated clearly.	To improve reliability of appointment management, the service now contacts patients by telephone as well as by post when planned appointments are rearranged. The cancellation process and associated learning has been reviewed through the service business meeting, and the service's written and online information has been updated to explain the referral journey, service offer and appointment arrangements more clearly.
Primary Care – The complainant's child's vaccination appointments were delayed and repeat delays were not escalated quickly enough within the practice workflow.	The practice has strengthened oversight of time-critical appointments by adding any vaccination delays to the daily workflow and reminding the administration team of the urgency attached to childhood immunisation appointments. This is designed to support earlier escalation and reduce the risk of avoidable delay when clinic capacity changes at short notice.

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”.

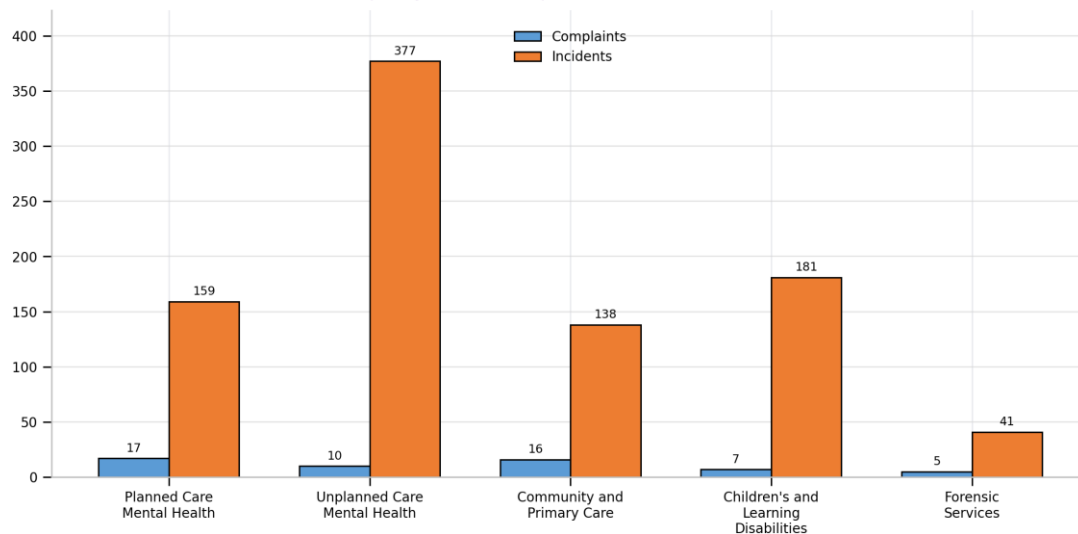
The total number of formal complaints responded to and incidents reported against the theme of patient care for 1 April 2025 to 31 March 2026 are compared in Graph 8 below, whilst Graph 9 demonstrates this split by clinical division.

Formal complaints responded to and incidents reported against the theme of patient care
1 April 2025 to 31 March 2026



(Graph 8)

Formal complaints responded to and incidents reported with a primary subject of patient care,
split by Division, 1 April 2025 to 31 March 2026



(Graph 9)

Analysis

Formal 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 23 formal complaints upheld or partly upheld. There was 1 other upheld complaint across the category, which was **other patient care issues**.

Of the 23 formal complaints upheld or partly upheld with the sub-subject of care needs not adequately met: 16 complaint narratives related to a lack or omission of care, follow-up or support provided by the services in question. 18 complaint narratives related to a delay in accessing care, review or support. 20 complaint narratives related to a care decision, pathway decision or discharge/treatment planning issue which the complainant was unhappy with. It must be noted that some formal complaints include more than one theme.

Patient safety incidents with a primary subject of patient care – On critiquing the top subject of patient care, **Delay in Patient Care / Treatment** is the highest sub category for the Trust during the period, with 177 incidents reported, followed by **Care Problem/Error - Other** with 111 incidents reported.

Of the 111 patient safety incidents with the sub-subject of Care Problem/Error - Other: 11 related to a delay in follow-up, monitoring or review; 43 related to missed appointments, referrals, visits, allocation or tasking processes; and approximately 7 were concerns raised by services regarding patient risk, behaviour or safeguarding issues rather than direct care provision. A number of incidents included more than one of these themes.

Of the 177 patient safety incidents with the sub-subject of Delay in Patient Care / Treatment: 16 related to shorter-term delays in review, follow-up or response; 10 related to longer-term waits, waiting list pressures or backlog themes; and approximately 5 referred to delays where contact, capacity or patient factors also affected progression of care. It must be noted that some incidents include more than one theme.

Summary

On comparing complaints and incidents against the theme of patient care more closely, two trends emerge consistently across both; a lack or omission of care, follow-up or support from the service(s) involved and/or a delay in receiving care, treatment or review. Although the totals of each are different, the broad themes remain closely aligned.

The Mental Health Division (Planned and Unplanned Care) accounts for the majority of formal complaints responded to and incidents reported on this theme. Within the complaints dataset, these two divisions account for 49% of patient care complaints. Within the incident dataset, using the amended Care Group field and excluding Corporate records from the clinical division comparison shown in Graph 9, the same two divisions account for 60% of patient care incidents.

The majority of complaints and incidents regarding delays in care continue to relate to mental health pathways, particularly around follow-up, allocation, review, community response and progression through treatment or assessment processes. Community and Primary Care Services also account for a significant proportion of activity, particularly where appointment, visit or referral processes have led to avoidable delay.

There remains a significant difference between the overall number of complaints responded to (55) and incidents reported (983) on this theme. This appears to be due in part to the fact that the incident dataset includes operational patient safety events across all care groups, including 87 incidents recorded under Corporate, whereas the complaint dataset relates only to complaints responded to.

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. The survey is provided in a variety of formats including web link, hard copy and SMS text message.

During 2025/26, 26 responses were received to the survey (13 for formal complaints and 13 for informal complaints). This compares to 43 responses received during 2024/25 (22 for formal complaints and 21 for informal complaints), which is a decrease of 17 responses (40%).

Formal complaints:

- **77%** of respondents felt that making their complaint was a simple process.
- **38%** of respondents felt that their complaint was taken seriously and handled fairly.
- **54%** of respondents felt that the response was personal to them and specific to the nature of their complaint.
- **46%** of respondents felt that the response was clear and understandable and addressed their concerns, even if they did not agree with the outcome.
- **31%** of respondents felt that the learning/actions identified were appropriate to the outcome of their complaint.

Informal complaints:

- **77%** of respondents felt that making their complaint was a simple process.
- **54%** of respondents felt that their complaint was taken seriously and handled fairly.
- **62%** of respondents felt that the service listened to them and took their personal preferences into account.
- **69%** of respondents felt that the service addressed their concerns appropriately, even if they did not agree with the outcome.

Feedback during 2025/26 suggest that respondents valued ease of access to the process, prompt follow-up and personalised responses where these were provided. The main areas of challenge remained timeliness, clarity about outcomes, visible evidence of learning, and confidence that concerns would lead to meaningful change. All but one of the results across both surveys show improvement compared with last year's results; however, this should be interpreted in the context of a lower response rate.

We will continue to draw on this feedback to inform service improvement, complaints training and the ongoing development of the complaints process.

**A further question was introduced into the survey this year, which asks respondents whether they felt the response was compassionate and respectful of their viewpoint, regardless of the outcome. The data for this question has not been included due to being only a partial data set.*

3.3 Parliamentary and Health Service Ombudsman (PHSO)

Of the 166 formal complaints responded to from 1 April 2025 to 31 March 2026, 1 of the complainants have, to date, had their case considered by the Parliamentary and Health Service Ombudsman.

There are currently 2 further cases being considered by the Ombudsman which were closed during 2024/25.

1 detailed investigation by the Ombudsman, relating to a complaint from 2022, was closed during 2025/26 with the concerns not upheld following investigation. There are currently no other cases under detailed investigation by the Ombudsman.

3.4 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 2025 to 31 March 2026) is 52 (40%) (out of 129 teams in scope). For the same period last year, 47 teams out of a possible 133 teams in scope (35%) did not receive any formal or informal complaints. This is an increase of 5% on the previous year.

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	40	23	58%
Community and Primary Care	28	12	43%
Corporate	4	1	25%
Forensic Services	8	3	38%
Mental Health Planned Care	24	4	17%
Mental Health Services Central	1	0	0%
Mental Health Unplanned Care	24	9	38%
Total	129	52	40%

3.4.1 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 3.6), 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 and participated in the Trust Patient and Care Experience Forums. 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.

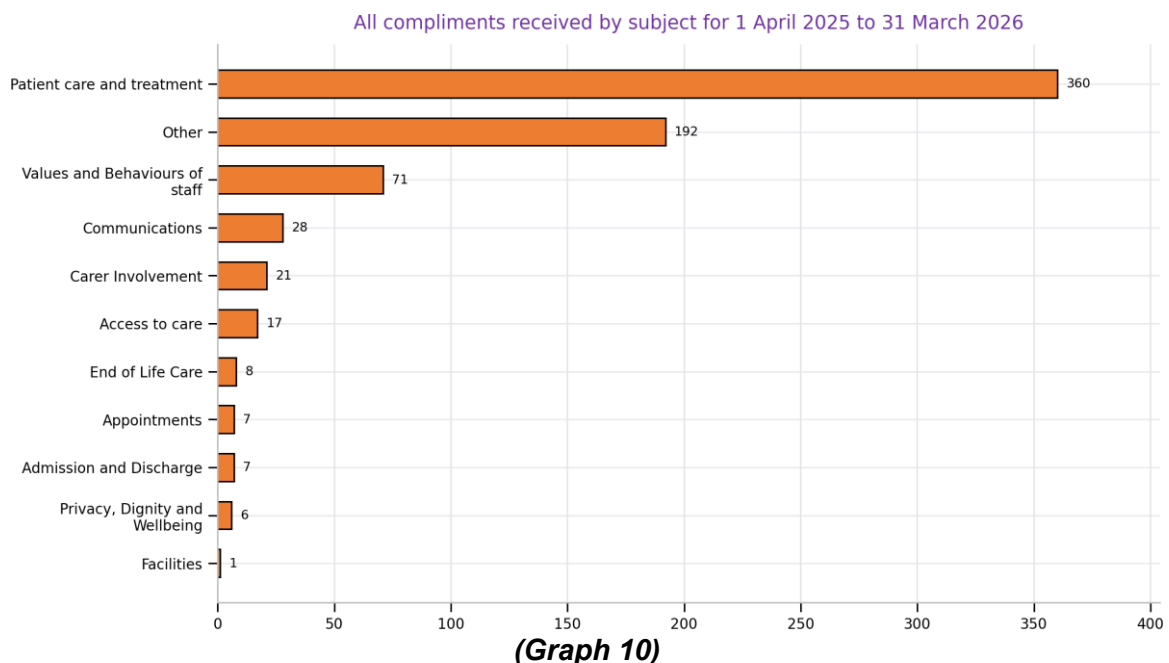
Peer reviews – Complaints are one of 8 performance indicators in peer reviews relating to stakeholder feedback and there is a question regarding complaints information for patients (environment/site visit), staff, team leaders and as part of the closed culture metrics. An estimated 105 reviewers have responded to these in last year's peer review cycle.

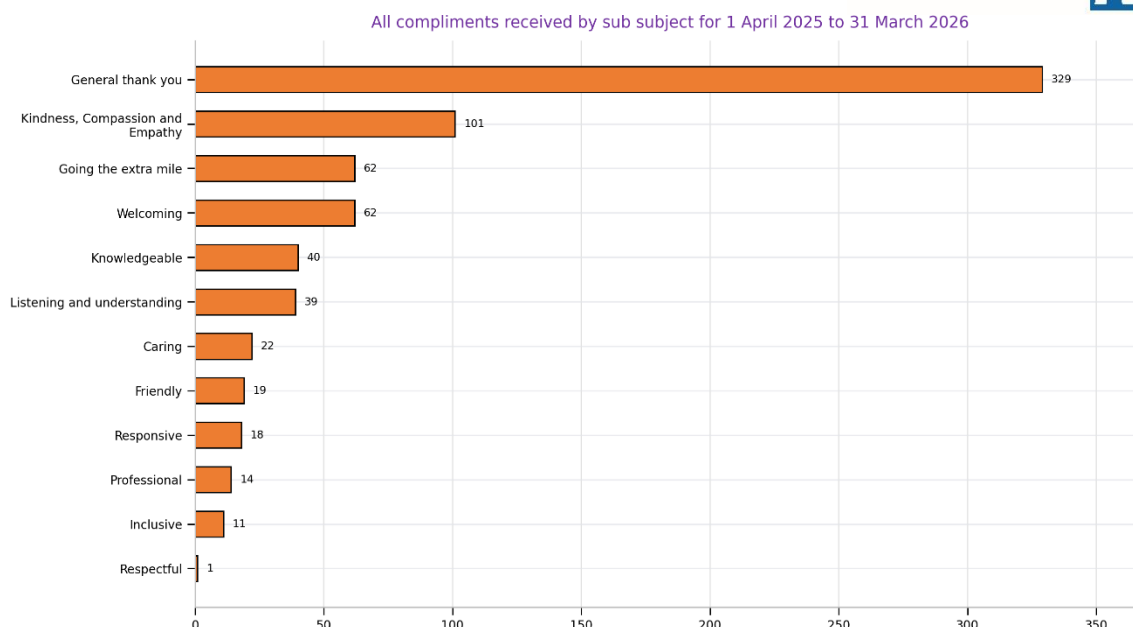
Accessible literature – The Complaints and Feedback Manager has received assurance from the Learning Disabilities division that easy read leaflets for making a formal complaint to the Trust are currently available within the Learning Disabilities community and inpatient settings. The division employs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

3.5 Compliments

Patients, service users, carers and families sometimes compliment our staff offering their gratitude and thanks for the wonderful services they provide. The Trust received 718 compliments for the period 1 April 2025 to 31 March 2026, which compares to 440 compliments received for the previous year – an increase of 278 compliments. Graph 10 below informs on the type of compliment received and Graph 11 demonstrates this further by compliment sub subject.

The Complaints and Feedback Manager attributes this significant increase in compliments received to improvements made to the systems for recording and reporting feedback across the Trust, as well as continuing to encourage the recording of compliments amongst staff, including publicity material, internal communications, and training resources.





(Graph 11)

Analysis

Patient care and treatment is the highest compliment subject for the Trust during the period, with 360 compliments received. This is followed by Other with 192 compliments, then Values and Behaviours of staff with 71 compliments.

On reviewing compliment sub subjects, General thank you is the highest recurring theme for the Trust with 329 compliments received. This is followed by Kindness, Compassion and Empathy with 101 compliments. Going the extra mile and Welcoming were the next most common sub subjects, each with 62 compliments.

By division, Planned Mental Health Services received the highest number of compliments with 189 recorded, followed by Children's and Learning Disabilities with 146 and Unplanned Mental Health Services with 140. The Humber Recovery and Wellbeing College, which now sits under the Patient and Carer Experience Team within the Medical Directorate, also received a high volume of compliments with 125 recorded, reflecting the sustained positive feedback for the service's activity throughout the year. Compliments relating to the Recovery and Wellbeing College particularly emphasised inclusivity, confidence building, skill development and a welcoming atmosphere.

Across the compliment narratives, the strongest recurring themes are compassion, emotional support, staff listening and understanding, and practical help that made a meaningful difference to patients, carers and families. There is also a notable trend of compliments recognising staff who went above and beyond, alongside consistent feedback about welcoming and inclusive environments.

A number of compliments highlighted specific staff by name, often recognising continuity of care, person centred support, teamwork and the positive impact of tailored interventions.

Overall, the 2025/26 compliment dataset shows a marked increase of 278 compliments compared with the previous year (63%), with especially strong themes around patient care and treatment, kindness and compassion, and staff going the extra mile.

3.6 Complaints and Feedback Training Offer

The Complaints and Feedback Team are now offering an enhanced two-tier staff training package, designed to ensure that staff are informed with regular and up-to-date information about the complaints

process, and to ensure they are equipped with the necessary knowledge and skills to handle complaints and concerns as they arise.

The **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 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.

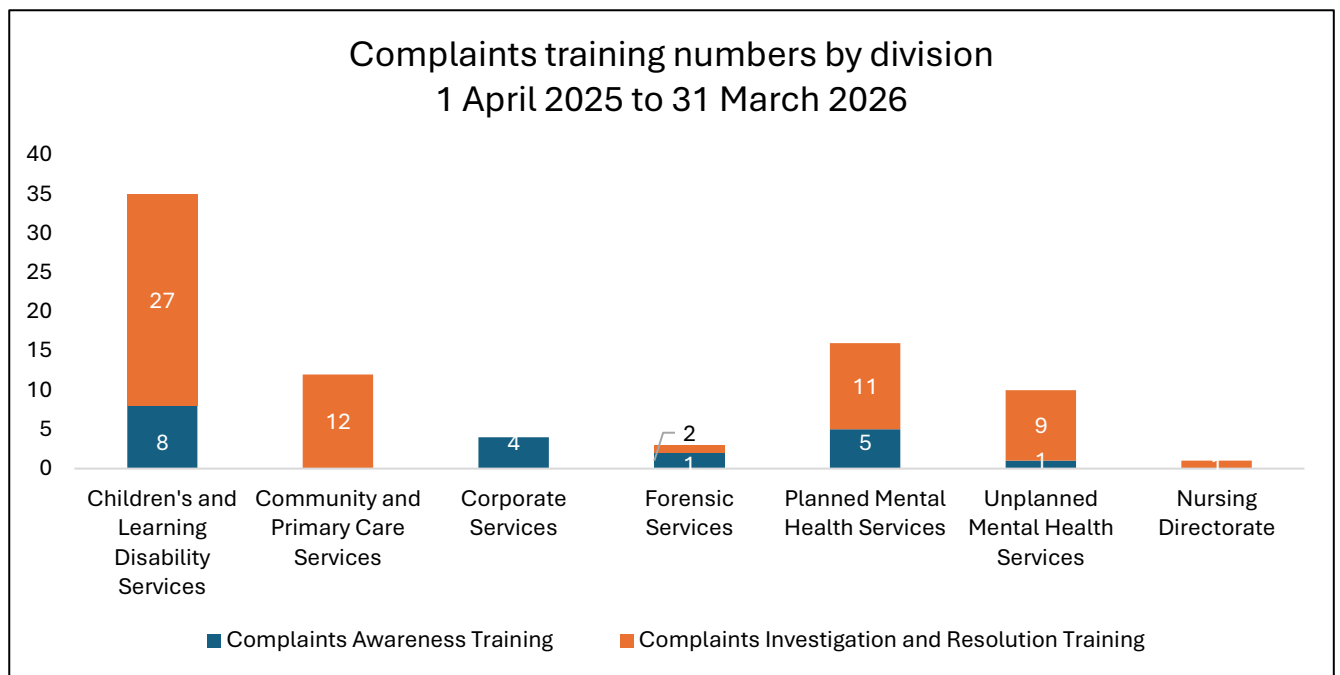
To strengthen the Complaints Awareness Training session, in accordance with the Zero Complaints actions (see 3.4.1) around ensuring patients and carers know how to make a complaint or raise a concern, the session now also includes a section on Zero Complaints and appropriate dissemination of complaints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

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

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.

Our complaints training courses were accessed by a total of **81** staff during the year. Graph 12 informs on the number of staff per division who accessed the training.



(Graph 12)

4.0 Priorities for 2026/27

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	
Trustwide	We will review and redesign our Patient and Carer Experience (PACE) forums approach.		We will continue to support the wider Integrated Care System (ICS) and attend the Humber and North Yorkshire ICB (Integrated Care Board) Experience of Care Group to network and share Place and provider-based intelligence and insight across the system to inform quality improvement and share learning.		We will continue to strengthen our PACE training modules on the Recovery and Wellbeing College platform to reflect the evolving landscape.	
	We will continue to grow our Expert by Experience database.		We will continue to work in partnership with York and Scarborough Teaching Hospitals NHS Foundation Trust to deliver the joint Scarborough and Ryedale PACE Forum.		We will put robust measures in place to ensure staff identify carers and offering support where required.	
	We will increase the number of Quality Improvement Charters as a result of Friends and Family Test thematic analysis.		We will increase membership from our wider communities to our Trust Forums/Networks.		We will strengthen our approach to ensure every corporate and clinical team have an identified Staff Champion of Patient Experience	
	We will continue to support divisions with national survey action planning.		We will work towards renewing our Veterans Covenant Healthcare Alliance re-accreditation.			
	We will strengthen the process for evaluating qualitative feedback when people have been involved in Trust activities.		We will implement and embed the Trust's new interpretation and translation provision contract.			
	We will gather feedback to inform the next PACE Five Year Forward Plan 2028-2033					

	We will strengthen the approach for the You Said, We Did process across the Trust.		
Children's and Young People's Services	We will create a visual graphic of our Children's Services to provide a tool for understanding how our services work together and their care values.	We will continue to involve young people with Health Stars fundraising for our Children's Services.	We will increase young people's volunteering opportunities within the division.
	We will co-produce a PINS (Partnerships for Inclusion of Neurodiversity in Schools) video on the reasonable adjustments schools can make to support young people with Special Educational Needs and Disabilities	We will continue to work in partnership with Community Vision to support our Humber Youth Action Group members.	We will implement reasonable adjustments to children's therapy spaces to ensure they are welcoming, friendly and inclusive.
	We will launch a series of co-produced videos regarding postural care which will be released across services and with partner organisations and schools.		
	We will launch the Inspire Family Day Service to provide children and young people an alternative to inpatient admission and crisis services.		
Primary Care, Community Services and Addictions Services	We will work to increase the number of Patient and Carer Experience (PACE) Champions who attend all Trust PACE Forums.	We will develop new working relationships with Primary Care GP Practices and their relevant PPGs across the North Yorkshire region in order to enhance membership for the PACE forums for Scarborough and Ryedale and Whitby.	We will increase the number of Volunteers working in community hospitals and in community services.
	We will increase the number of Quality Improvement Charters completed.	We will develop quality improvement initiatives with Addictions Services and involve patients/service users in co-produced projects.	We will ensure that Staff Champions of Patient Experience are embedded in all teams and actively involved in the PACE agenda.
	We will increase the membership of the "Voice" forum in addictions services.		We will develop and increase the number of peer mentors and volunteers across Addictions services.

			Working with staff and patients/service users to develop involvement opportunities.
			We will ensure that panel volunteers are involved in shortlisting during staff recruitment processes as well as being involved and briefed in the interview process.
Forensic Services	We will establish a working group to explore improving The Dining Experience to ensure better use of the space for socialising during and outside of mealtimes.	We will partner with our Research team to conduct semi structured interviews across the service to understand where we are in relation to EDI across the service and what more can we do to improve.	We will complement our inpatient workforce through embedding Volunteering Roles for inpatient service users to improve experiences of care
	We will refresh and enhance our booklet for family, carers and service users to ensure the booklet is more accessible, up to date and incorporating safe and caring cultures ethos.	We will enhance our provision to include an onsite Barbers, co-producing the design alongside service users	We will embed a charter which has been co-produced which holds a shared vision and ethos of the service with involvement and co-production at the centre.
		We will implement an Involvement Mailing list to improve the communication of involvement opportunities and service user involvement updates.	
		Further exploration will have taken place to improve partnerships with friends, family and carers.	
Learning Disability Services	We will embed the Community Learning Disability Co-production Group and Townend Court patient voice group as standard practice by integrating it into governance, service development, and quality improvement processes ensuring a robust feedback loop with the management team	We will work in partnership with patients, carers, clinical teams and system partners to co-design and implement a Trust-wide approach to reasonable adjustments, ensuring that the needs of people requiring additional support are recognised, recorded and acted upon consistently across services.	We will strengthen the learning disability workforce by embedding expert-by-experience input into training packages such as speech and language training and Occupational Therapy Sensory Processing Animation, ensuring learning is informed by lived experience.

Mental Health Services	We will launch a campaign highlighting and celebrating ways that service users and carers can get involved in Adult Mental Health services	We will embed co-production within the Reducing Restrictive Interventions agenda.	We will scope the staff support needed across the division to develop a new co-production toolkit.
	We will develop divisional co-production branding and re-launch the adult mental health co-production group.	We will continue to support increased engagement with community partners around health inequalities and the impact these have on Mental Health.	We will continue to support the recruitment, retention and wellbeing of our Lived Experience workforce including Peer Support Workers
	We will embed co-production in the Community Mental Health Service User Survey action planning.		

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

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If you would like any further information on how to get involved with the Trust, please contact the Patient and Carer Experience Team as follows:

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