Humber Teaching
NHS Foundation Trust

Humber Teaching NHS Foundation Trust
Quality Account 2025–2026

Caring, Learning
& Growing Together

Executive Summary

As outlined by NHS England “A Quality Account is a report about the quality of services offered by an NHS healthcare provider… Quality Accounts are an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders.”

Humber Teaching NHS Foundation Trust are proud to present the Quality Account for 2025/26. The report provides a comprehensive overview of the Trust’s successes and achievements made over the last financial year, as well as challenges experienced, and action being taken to ensure continuous improvement.

Part 1 provides an overview of Humber Teaching NHS Foundation Trust and a welcome from our Chief Executive, Michele Moran. In this section we are honoured to share with you a patient case study from Karl, about his experience of care and journey with East Riding Partnership.

This section concludes with a celebration of our successes in 2025/26 and contains many examples where the Trust has demonstrated an ongoing commitment to quality improvement, to further develop services delivered to our patients.

A central achievement for 2025/26 has been the Trust’s move into Segment 1 of the NHS Oversight Framework, reflecting sustained improvement and strong performance against quality, safety and governance measures.

In **Part 2** we outline the progress we have made during 2025/26 in relation to our quality priorities set in our last Quality Account. The Trust identified three quality priorities which ran over a two-year period due to their transformational nature:

- **Priority 1:** Strengthen our approach to physical health to maximise the best possible physical health and wellbeing outcomes for our patients and service users.
- **Priority 2:** Maximise quality of care through roll out of a strengthened person-centred approach to assessment and formulation in mental health, learning disability, CAMHS and forensic services.
- **Priority 3:** Roll out the national Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme (2022) to support cultural change and a new model of care across all NHS-funded mental health, learning disability and autism inpatient settings.

In **Part 2** we also present our three priorities for improvement for 2026/27 which build on the work of our current priorities, with the aim of embedding sustainable and meaningful change.

Part 2 includes our Statements of Assurance from the Board and reporting against core indicators.

Part 3 includes a report on key national indicators from the NHS Oversight Framework and other performance indicators monitored by the Trust Board.

In **Annex 1** we share with you the comments we received in relation to the Quality Account from our Commissioners and other key stakeholders. In **Annex 2** you will find the Statement of Directors.

Contents

Part 1: Welcome to the Quality Account 2025/26

Welcome to the Humber Teaching NHS Foundation Trust Quality Account.

All providers of NHS care are required to produce an annual Quality Account, showcasing the work undertaken during the year to continuously improve the quality of our services, based on national policy drivers and patient, staff and stakeholder feedback. We are proud to be able to share with you the brilliant work that our staff, patients, and carers have achieved together throughout 2025/26, as well as some of the challenges we have faced along the way.

This Quality Account sets out how Humber Teaching NHS Foundation Trust (the Trust) has performed against nationally mandated indicators, local priorities, and statutory statements. It reflects our commitment to patient safety, clinical effectiveness, and patient/service user experience across the services we deliver.

We are a leading provider of integrated healthcare services across Hull, the East Riding of Yorkshire, Whitby, Scarborough, and Ryedale.

Our Services

We provide community and therapy services, primary care, community and inpatient mental health services, learning disabilities services, healthy lifestyle support and addictions services. We also provide specialist services for children including physiotherapy, speech and language therapy and support for children and their families who are experiencing emotional or mental health difficulties.

Our wide range of health and social care services are delivered to a population of **765,000 people**, of all ages, across an area of over 4,700 square kilometres.

We employ approximately 3,600 staff working across 73 sites and covering several geographical areas, including Hull, the East Riding of Yorkshire, Whitby, Scarborough and Ryedale and parts of North and North East Lincolnshire.

Our specialist services, such as forensic support and offender health, support patients from the wider Yorkshire and Humber area and further afield. Inspire, our Children and Adolescent Mental Health in-patient unit, serves the young people of Hull, East Yorkshire and North East Lincolnshire.

The Trust also runs Whitby Hospital, a community hospital providing inpatient, outpatient and community services to Whitby and the surrounding area, and three GP practices in the East Riding of Yorkshire.

As an NHS Foundation Trust, Humber Teaching NHS Foundation Trust have a Trust Board and Council of Governors. The Trust Board are responsible for overall strategy and management, ensuring the organisation's performance, while the Council of Governors holds the board accountable for its actions.

Overall rating for this trust	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive?	Good
Are services well-led?	Good

The Trust operates under a single, overarching **Trust Strategy** which sets out our vision, our values and strategic goal and long term objectives for delivering high-quality, safe and compassionate care.

Delivery of the Trust Strategy is supported by a suite of enabling strategies and plans. They provide a clear line of sight from the Trust's strategic objectives to operational delivery and measurable improvement. Together, the enabling strategies provide a coordinated approach to quality, safety, workforce and patient experience, directly supporting delivery of the Trust's overarching strategic goals. Alignment between the Trust Strategy and its enabling strategies and plans is maintained through established governance and assurance processes, ensuring strategic coherence, clarity of accountability and sustained focus on improving outcomes for patients, carers, staff and communities.

Our Values

Caring | Learning | Growing

Our Vision

We aim to be a leading provider of integrated health services, recognised for the care, compassion and commitment of our staff, and known as a great employer and valued partner.

Our Strategic Goals

Being Humber

Delivery of the Trust's strategic objectives is dependent on a skilled, compassionate and supported workforce and a culture that consistently puts quality and safety first. Our staff are our greatest asset, and the experiences of patients, carers and communities are directly shaped by how our people feel supported, valued and empowered in their work.

A positive, inclusive and learning-focused culture enables staff to speak up, learn from incidents, work collaboratively and continuously improve care. This is fundamental to achieving sustainable improvements in patient safety, quality outcomes and experience, and is a core enabler of the Trust Strategy.

Our **Being Humber Behavioural Framework** describes the values, behaviours and cultural expectations that underpin how care is delivered across the Trust and how colleagues work together. It provides a clear and consistent framework that supports delivery of the Trust Strategy and strengthens our focus on quality, safety, patient experience and staff wellbeing.

Being Humber is rooted in the Trust's mission, vision and values and is aligned to our strategic goals, including innovating quality and patient safety, reducing health inequalities, developing an empowered workforce and promoting partnership working. The framework sets out a small number of core behavioural characteristics – such as putting patients first, prioritising safety, acting with integrity, communicating effectively and working together, which define the standards of behaviour expected across all roles and settings.

The framework promotes a compassionate, inclusive and restorative culture, supporting openness, learning from incidents, safeguarding, Freedom to Speak Up and continuous quality improvement. Being Humber is embedded into recruitment, induction, leadership development and everyday practice, helping to create the cultural conditions necessary to deliver safe, high-quality and person-centred care for patients, carers and communities.

1.1 Statement on quality from the Chief Executive

Chief Executive's statement:

It is my pleasure to present our 2025/2026 annual Quality Account, offering a comprehensive overview of our progress, achievements and key developments over the past year. This report also provides an honest reflection on the challenges we have encountered and outlines the priority areas we have identified for continued improvement, reinforcing our commitment to delivering excellence across all our services.

Throughout the year, our teams have demonstrated exceptional resilience and dedication. Their ability to navigate ongoing pressures while consistently prioritising high-quality patient care has been nothing short of inspiring. It remains a privilege to work alongside such talented and determined colleagues who embody our values every day.

As a Trust, we remain immensely proud of what has been accomplished over the last twelve months. The impact of our collective efforts is evident in the innovation, collaboration and continuous improvement that drives our services forward. By embracing best practice and championing new ways of working, we continue to make a meaningful and lasting difference to the communities we serve.

We recognise that over the past year there has been a level of uncertainty across the wider NHS network, with the announcement of NHS England being brought into the Department of Health and Social Care and spending cuts announced nationally. The Trust continues to put our staff and patients first throughout this period of change. The health and wellbeing of our staff is prioritised through internal campaigns, including '14 Days to a Humbelievable You' and this year the Trust came second nationally for flu vaccine uptake which supports our staff to stay well and protects our patients.

In the year that the National Oversight Framework was introduced for categorising providers, we were pleased to enter Segment two immediately and in quarter three (October – December 2026) we moved into segment one. This is an important milestone and reflects the dedication of our staff and the continued improvements across our services.

Our NHS Staff Survey results have also shown that the Trust ranked highest in every People Promise area within our ICS region, marking us as the most highly regarded organisation by our staff within the Humber and North Yorkshire area.

The introduction of the NHS 10-year plan has provided additional focus on quality for our organisation, yet I am pleased to say we have aligned our goals ahead of its release and have therefore already made great progress in achieving them. In particular, I would like to highlight the work in our Trust to move towards a digital focus, which has been exemplified by our BeDigital programme bringing digital innovations into services and notably our Interweave team who work towards the national goal of joined-up care and data. In line with the transition of hospital care to community, our virtual wards and community-based services are well placed to support this move. Finally, our organisational focus on early prevention which can be seen throughout our children's and young people's services, but also in how we use non-clinical services to support people before they need clinician involvement, for example our Recovery and Wellbeing College offer.

We have been pleased to see our teams being recognised multiple times over the past year through national awarding body shortlists, including our Connect website which won a Highly Commended award at HSJ Patient Safety Awards. Recognition has not been limited to awards

either, for example our Scarborough, Ryedale and Whitby Community Pulmonary Rehabilitation Service achieved Pulmonary Rehabilitation Accreditation this year.

Our 0-19 Infant Feeding teams have made huge strides in quality with both Hull and East Riding now recognised as UNICEF Baby Friendly Gold. Hull have now built on their success and have achieved a significant milestone in breastfeeding rates across the city. Figures now show Hull is achieving 52% of babies being breastfed at 6 weeks and can now be considered a predominantly breastfed city, supporting the health of our future generations and their families.

Pressures on our neurodiversity services remain high, but this year the Trust launched our Autism Mental Health Support Service to work with autistic individuals to help improve mental health, reduce the need for hospital admissions and support timely, well-planned discharges. The team which includes occupational therapists, psychologists and nurses supports patients, their families and staff working with them to achieve better outcomes.

The accomplishments across our Trust continue to inspire me, and the dedication to prioritising our staff and patients is clearly reflected in these achievements. As we look to navigate the year ahead, I am energised by the progress we have already made and the solid foundations we are building for the future.

This Quality Account highlights examples of quality improvements achieved across all our services throughout 2025/26. Our teams consistently strive to improve, both within their individual roles and collectively as part of their services. I would like to extend my sincere thanks to all our teams for the truly Humbelievable work they do every day.

To the best of my knowledge, the information contained in this Quality Account is accurate.

Michele Moran
Chief Executive
Humber Teaching NHS Foundation Trust

1.2 Patient Story

This year, Karl attended Trust Board to share his life, his experience of care and his journey with East Riding Partnership, from a person suffering addiction to a proud and dedicated Peer Mentor with the Drug and Alcohol Service.

Karl's story is a powerful reminder that substance misuse can affect anyone, regardless of background or circumstance. It shows that recovery begins with a single step and that with the right support, determination and willingness to seek help, it is always possible.

Karl shares his story as a means of hope and inspiration for others and is hopeful that by sharing to Trust Board he will highlight the work taking place within our Drug and Alcohol service, alongside promoting increased awareness of the support available to those battling addiction.

Please note: the story has been added exactly as written and consented by Karl.

"It truly is an honour to stand here today and share my story with you. My hope is that by opening up about my past, I can shine a little light for anyone who is still struggling and show that recovery is possible, no matter how far down you go.

I grew up in a loving home. My parents worked hard, my siblings had their own paths, and on the outside life looked normal. But even from a young age I carried something heavy inside me - nightmares, anxiety, a deep fear of abandonment. Those shadows followed me into adulthood.

When my parents moved us to Spain to run a family business, that was when my life really began to unravel. My mental health, which had always been fragile, slipped from manageable to unmanageable. One night, after heavy drinking and drugs, I reached a point where I felt I couldn't go on. I attempted to take my own life.

I woke up in hospital from a coma. My brother had found me and saved my life. I'll never be able to repay that. But instead of finding healing, I turned to alcohol. I thought it would numb the pain. In truth, it only deepened it.

Alcohol became my best friend and my worst enemy. I married, I became a father - and my daughter is still my proudest achievement, but my drinking consumed me. I lied. I hid bottles. I pretended everything was fine while I was slowly destroying myself and hurting the people who loved me most.

The years passed in this fog. I worked to provide a home for my daughter, but inside I was falling apart. My marriages broke down. My daughter went to live with family because both her mother and I were trapped in alcoholism. Gambling joined alcohol as another addiction. I lied to employers, to doctors, and most of all to myself. I remember lying on my parents' living-room floor, shaking with withdrawal, desperate for it all to stop, yet unable to stop drinking.

In 2020 my body finally gave in. I went on a binge like no other — over eight bottles of wine a day, and my body collapsed. I was rushed to Hull Royal after I began fitting. I lay there, medicated and terrified. And then something extraordinary happened. A man from Renew came to my bedside and asked me one simple question: *Do you want help?*

For the first time in my life, I said yes.

That yes was the turning point. The detox was brutal. The early days of sobriety were dark. Every day I thought, *They've taken away my alcohol, how will I live now?* But in those hard days, people came into my life who would change it forever.

I want to say their names, because gratitude is at the heart of my recovery. Belinda was the first person who reminded me that the world could still be beautiful, even when I couldn't see it. You showed me hope when I hated my life. At SMART Recovery online, I met Martin Wood, who completely changed the way I thought about addiction and taught me to challenge my old thinking. And Dave, who followed with the same wisdom and care, helping me to keep putting one foot in front of the other. My friend Ben a giant man, introduced me to spirituality, to meditation, and to gratitude. He taught me how to sit quietly with myself, instead of running from myself. That has been one of the greatest gifts of my recovery. And then there is Lynne my partner, who I owe so much to who welcomed people into our front room spirituality circle with kindness, tea, coffee, and delicious cakes that we started and set up. That simple circle of sharing and healing gave me community and showed me how powerful compassion can be.

Slowly, I began to climb out of the darkness. I worked on gratitude every single day. I learned that where alcohol lives, negativity thrives — so I chose light, positivity, and service. I started helping others, just as people had helped me. And then one day, when I had finished a smart circle in Beverly Martin Wood asked me to mentor.

My first reaction was, *No, I can't do that.* But my higher self spoke up and said, *Yes you can, and you will love it.* And today, I am proud to be a peer mentor with ADS, working alongside incredible people — Kirsty, Amy, David and Martin, who I now consider my soul family.

Recovery has taught me that healing isn't about perfection. It's about persistence. It's about the small choices: saying yes to help, attending a meeting, picking up the phone, or choosing to sit with a feeling instead of drowning it in drink.

I stand here now, not as a man who is ashamed of his past, but as a man who is grateful for his second chance at life. Addiction tried to break me. It nearly killed me. But recovery gave me something stronger than alcohol ever could: peace, purpose, and the chance to help others.

To anyone listening who is struggling — please know this: no matter how dark it feels, no matter how many times you've fallen, there is a way forward. Recovery isn't about reaching perfection— it's about getting back up, again and again, learning to live with who you are and remembering that your life is worth saving.

I am living proof. And I am deeply grateful — to my family, my daughter, my brother, to Belinda, Martin Wood, Dave, Ben, Lynne, to my ADS colleagues, and to everyone who has walked this road with me.

Thank you for listening and thank you for giving me the chance to stand here today."

1.3 Highlights from 2025/26

April 2025

- Trust nurse awarded prestigious Queens Nurse title
- 26 students graduated from the 2024-25 Humber NHS Cadets Programme

May 2025

- Trust's Children & Young Peoples Mental Health Unit rated as Good by Care Quality Commission
- Trust held first Culture of Care Celebration event to share how the programme has supported patients and staff to mutually achieve better outcomes.
- Professor Marks and Dr Levy met Medical Education team to provide insights and support development

June 2025

- Community Event held for people with Learning Disabilities and their families in Bridlington
- Trust Chief Information Officer (CIO) Lee Rickles elected on to the 2025-2027 CIO Advisory Panel
- Trust Shortlisted for Four HSJ Patient Safety Awards 2025

July 2025

- To celebrate the NHS's 77th birthday, our Chief Executive Michele Moran visited the Community Mental Health Team in Beverley.
- Chief Information Officer (CIO) Lee Rickles announced as a finalist in the category of CIO of the Year at the Digital Health Awards 2025.
- Forensic Psychologists attend Division of Forensic Psychology annual conference to share work on Phoenix Programme.
- Trust received the KLAS Breakthrough Recognition Award highlighting fantastic results from the EPR (Electronic Patient Record) usability survey
- Shortlisted in two categories for the Nursing Times Awards 2025
- Awarded the National Multi-professional Preceptorship Quality Mark

August 2025

- Pulmonary Rehabilitation Accreditation achieved by Scarborough, Ryedale and Whitby Community Pulmonary Rehabilitation Service
- Trust Shortlisted in Three Categories at HSJ Awards 2025
- Health Stars launched new initiative for Malton Community with the 'Seeds of Support' Donor Wall.

September 2025

- Trust staff took part in sky dive to raise funds for Health Stars
- Trust achieved segment 2 in National Oversight Framework
- New Autism Mental Health Support Service Launched in Hull and East Riding
- Whitby Community Hospital Health Kiosk opened for blood pressure testing
- Trust's Learning Disability Connect website wins Highly Commended award at HSJ Patient Safety Awards
- Trust held Annual Members Meeting with special guest Dean Windass.
- Inpatient Co-produced EDI project shortlisted for Lived Experience Awards
- Trust's Speech and Language Therapy team launched new collaboration with TCAT to raise awareness of stammering across schools

October 2025

- £200,000 Community Fund launched to enhance adult mental health and wellbeing locally
- World Mental Health Day Art Exhibition event held in Hull with best ever attendance
- Trust's Medical Education Conference held focusing on Children and Young People

November 2025

- Christmas Gift Appeal launched to deliver gifts to all inpatient units in the Trust
- Trust positioned 2nd nationally for frontline staff flu vaccine uptake
- Breastfeeding animations launched with voices of local children
- Trust held first ever Volunteers Awards event
- Annual Staff Awards events recognising staff across the Trust

December 2025

- 8th annual Research Team Conference event
- Interweave won Delivering Value with Digital Technologies award at HFMA Awards
- Themed Christmas Trees displayed at Beverley Minster
- CIO Lee Rickles won Innovation in Action Award at CIO Awards
- Interweave won Digital Adopter award at CIO Awards
- Research on Violence Against Women and Girls presented at SAPHNA Awards
- School Nurse leader won Leader of the Year at SAPHNA Awards

January 2026

- 29 students graduated from Humber NHS Cadets
- EPR project shortlisted for Outstanding Achievement in EPR Implementation
- Interweave shortlisted for Interoperability and Standards Through Digital

February 2026

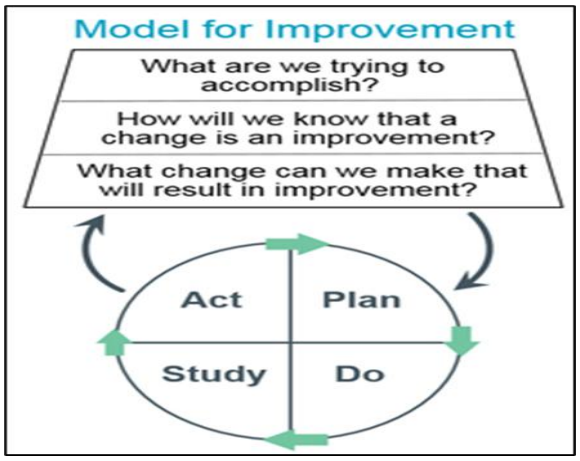
- The Trust marked Mental Health Nurses' Day on 20 February, with messages from Executive Director of Nursing, Quality and Professions, Sarah Smyth and newly appointed Mental Health Head of Nursing, Sian Johnson, recognising the work of mental health nurses across inpatient, community and CAMHS services
- Humber highlighted a public health milestone that more than half of local babies in Hull were now being breastfed, linked to ongoing infant feeding and family health support work
- During Children's Mental Health Week, the Trust promoted campaigns focused on helping young people "belong" and encouraging conversations around mental health through Time to Talk Day activities

March 2026

- The CQC inspected Townend Court on the 11- 12th November 2025 and rated the service **Good** overall
- Health Stars' Community Grant Scheme reaches £100,000 milestone
- Trust hosted 6th Form Psychology Students for interactive learning event
- The Trust achieved NHS Oversight Framework Segmentation 1 status for Quarter 3

Part 2: Priorities for improvement and statements of assurance from the Board

Quality improvement (QI) is a core component of how the Trust delivers safe, effective and person-centred care. We use a structured Quality Improvement methodology, underpinned by the Plan–Do–Study–Act (PDSA) cycle, to support teams to test changes in practice, measure impact and embed sustainable improvements. This approach enables staff to make small, evidence-based changes, learn quickly from data and feedback, and scale successful interventions across services.



The Trust currently has 214 quality improvement projects underway. This includes 205 QI projects and 9 Innovate Projects.

To support this work, 1970 staff have received formal QI training, with 121 staff receiving training in 2025/26 building capability and capacity across the organisation to lead and participate in improvement activity.

A significant proportion of these projects (82), are directly linked to the Trust's Patient Safety Priorities, ensuring that improvement efforts are focused on areas of greatest risk and opportunity for harm reduction.

In 2025 the Trust strengthened its ability to align quality improvement activity with the Care Quality Commission (CQC) domains. There are currently 239 (Q4) Quality improvement charters (92% of the total) which are aligned to the Safe domain, demonstrating a strong organisational focus on improving safety and reducing harm. This structured alignment supports clear governance, assurance and oversight, while enabling teams to see how their improvement work contributes to wider Trust objectives and regulatory expectations.

Quality Improvement Story

Humber Autism Assessment and Diagnostic Service (HAADS) 7-Day Post-Diagnostic Follow-Up Calls

Aim

To improve patient experience and safety following an adult autism diagnosis by introducing a routine telephone follow-up within seven days, enabling timely wellbeing checks, risk identification, and appropriate signposting to post-diagnostic and mental health support.

Why this was needed

Adults receiving an autism diagnosis often experience emotional adjustment after the initial appointment. While many feel relief or validation, this can later be followed by anxiety, low mood,

or grief linked to late diagnosis. It was identified that patients frequently had no questions at the diagnostic appointment but developed concerns afterwards. The absence of routine follow-up represented a potential gap in support and risk assessment.

What was implemented

A 7-day post-diagnostic telephone call was piloted and delivered by specialist Autism Associate Practitioners. A standardised process and documentation were developed. The call focused on emotional wellbeing, opportunity for reflection and questions, identification of post-diagnostic priorities, and signposting to appropriate services, prioritising wellbeing, meaningful occupation and community-based support.

Outcomes and impact

- Increased Friends and Family (FFT) feedback and patient engagement.
- Improved patient experience and feeling supported after diagnosis.
- Identification of key priorities including employment support, reasonable adjustments, sharing diagnosis with others, and accessibility of reports and environments.
- Early identification of risk factors enabling safe signposting to mental health and wellbeing services.
- Demonstrated added value of Autism Associate Practitioners within HAADS.

Learning and patient involvement

Patients frequently raised questions and concerns during follow-up that had not been apparent at diagnosis. Feedback highlighted the importance of timely contact and compassionate communication. Themes were shared with an Expert by Experience group and informed further service development and future quality improvement work.

Sustainability and spread

Following a successful three-month pilot, the 7-day post-diagnostic follow-up call has been embedded as business-as-usual practice within HAADS. The principles of timely post-diagnostic contact and proactive after-care may be applicable to other diagnostic services

Quality Priorities

During 2025/26 we continued to embed and spread our three **Quality Priorities**. In this section, you can see the progress and impact made in relation to our three current priorities and the new priorities for 2026/27.

Review of Quality Priorities

Our Quality Priorities reflect a strategic commitment to delivering sustained, organisation-wide improvement. These priorities are underpinned by established Quality Improvement methodology and collaborative design, ensuring change is delivered in a structured, evidence-based and measurable way. By focusing on programmes that can be effectively scaled, spread and embedded, the Trust is strengthening its organisational maturity and directing effort towards areas where long-term transformation will provide the greatest benefit to patients, communities and staff, moving beyond short-term transactional goals.

We began scoping and planning our current priorities in 2024/25 and have continued to scale and spread during 2025/26.

Quality Priority 1:

Strengthen our approach to physical health to maximise the best possible physical health outcomes for patients and services users.

The Trust's three-year Physical Health Strategy 2024-2027 was co-produced with key stakeholders. The strategy sets out four overarching goals

Quality improvement methodology and clear outcome measures underpin delivery and evidence the impact of the programme.

Progress against key priority areas identified for 2025/2026

What we said we would do 2025/26:

- Following the development of the Physical Health Strategy in 2024/25 we identified 6 key priorities for delivery in 2025/26 as outlined in the Physical Health Strategy action plan.

What we did in 2025/26:

1. Rollout of the Physical Health Assessment Template
Clinical teams reviewed and refined the new assessment template, which was presented to the Physical Health Medical Devices Group in February 2026. It will now be incorporated into SystmOne as part of wider digital enhancement work. A request for digital visualisation has been approved.

2. Development of a Physical Health Management Plan
The management plan for individuals with long-term or underlying physical health conditions has been reviewed and endorsed by clinical staff and Physical Health and Medical Devices Group. Transfer to SystmOne has been agreed with support from BeDigital.

3. Review of clinical skills training
Scenario-based physical health training has continued at Whitby Hospital and Mill View Lodge with positive feedback. Key staff have begun "train the trainer" preparation to support future simulation-based training. Falls and Deteriorating Patient training is being updated in line with NICE guidance, and a standalone vital signs course has been developed. The PIER (Prevention, Identification, Escalation and Response/Recovery) framework has been approved for incorporation into policies, procedures and training.

4. Development of a Physical Health intranet hub
A draft intranet page hosting guidance, training resources and referral information has been produced and is pending approval of the final content ahead of the Trust-wide launch.

5. Standardised screening and health check checklist
A proposal to strengthen awareness and uptake of NHS screening programmes was approved in December 2025. Work is now underway to co-produce a standardised checklist for use within annual reviews.

6. Introduction of the St Andrew's Nutritional Screening Instrument (SANSI)
Whilst work on this priority area was initially delayed, progress on this workstream is planned to resume once specialist dietetic support is in place. The Nutrition and Hydration Group will review requirements to ensure implementation is supported by the appropriate expertise.

A comprehensive programme of work is now in place, and the progress achieved to date has significantly strengthened our organisational capability to deliver consistent, high-quality physical healthcare across services.

Although full implementation is still underway, the development and early rollout of the physical health improvement programme has already had meaningful impact. Clinically endorsed tools which have been piloted in several clinical areas, such as, the physical health assessment template, management plan, and screening checklist, have strengthened the foundations for consistent, high-quality practice, with feedback from staff involved in the pilot stating it has increased their confidence in managing patients with known physical health conditions and supported their care.

Simulation training activity has improved staff confidence and capability, supported by positive feedback from clinical staff and leaders within the Trust, with evidence of improved escalation and management of the deteriorating patient through datix reporting. The creation of a centralised intranet hub will enhance access to guidance and resources, allowing staff to access this in a timely way, ensuring that this is up to date information while strengthened governance arrangements have increased organisational oversight and alignment with national standards. These early indicators demonstrate that the programme is building the conditions required for sustained improvement in physical healthcare across the Trust.

Quality Priority 2:

Maximise quality of care through roll out of a strengthened approach to assessment and formulation in mental health, learning disability, CAMHS and forensic services. Streamline the information we gather to ensure it is relevant, accurate, up to date, accessible, avoids unnecessary repetition for service users and is aligned to person centred planning, and the introduction of the DIALOG+ as our patient reported outcome measure (PROM).

What we said we would do 2025/26:

- Project Plan for Adult Mental health to be progressed and to include outcomes and recommendations from the CLEAR programme and review of screening; triage; assessment approaches.
- Project Plan for CAMHS to be approved and commenced.
- Revised Standard Operating Procedures (SOPs) to be implemented in Learning Disabilities, Forensics, and Addictions services.

What we did in 2025/26:

Mental Health Division:

The Mental Health division continues to strengthen trauma-informed and formulation-based assessment across services. A standardised formulation tool and training plan are in development to support a consistent, multidisciplinary approach. Senior Psychologists in Unplanned Care are leading work to embed this practice across teams, ensuring it informs care planning, dynamic risk management and patient pathways. Regular multidisciplinary formulation meetings and reflective practice are being introduced to support staff wellbeing, improve confidence, and enhance clinical decision-making. This work will inform the development of a unified assessment model aligned to the wider divisional transformation and Front Door programme.

Learning Disabilities Services:

Risk and Formulation Assessments have been fully rolled out across all our services including our Inpatient service and Granville Court following the implementation of SystmOne in November 2025. An InPhase audit has been completed, and findings are being analysed. The assessment template has been refined, and a dedicated working group is developing outcome measures to strengthen consistency and evaluation.

CAMHS (Children and Adolescent Mental Health Services):

Work was paused earlier in the year due to the CLEAR programme and waiting list recovery, but work has now resumed with staff engagement and a review of risk documentation. CAMHS will adopt a tiered assessment model, with core risk questions at first contact and broader assessment within a defined timeframe. Risk formulations and safety plans will be centrally held to support consistency. A supporting SOP is in draft and will be reviewed at the CAMHS Clinical Network by the end of the financial year.

Forensic Services:

Forensic Services continue to follow the Assessment and Formulation SOP and are contributing to Trust-wide work on the ‘Modern CPA’ and Personalised Care Framework. Implementation of ReQOL and HoNOS-secure is underway, supported by a baseline audit and new Power BI reporting to monitor compliance. Work continues to identify a PROM suitable for patients with a Learning Disability. A PREM (Patient Reported Experience Measure) developed by the Yorkshire and Humber Involvement Network, has been piloted and will be evaluated for future use.

Next Steps: While meaningful progress has been made across Mental Health, Learning Disability, CAMHS and Forensic services in strengthening our approach to assessment and formulation, this remains an area of significant strategic importance. Further work is required to ensure a consistently high-quality, person-centred model is optimised and embedded across all relevant services. To consolidate the progress achieved and maintain effective oversight, it is proposed that this priority is continued into 2026/27, enabling the Trust to fully embed the strengthened approach and ensure it delivers the intended benefits for service users and staff.

Quality Priority 3:

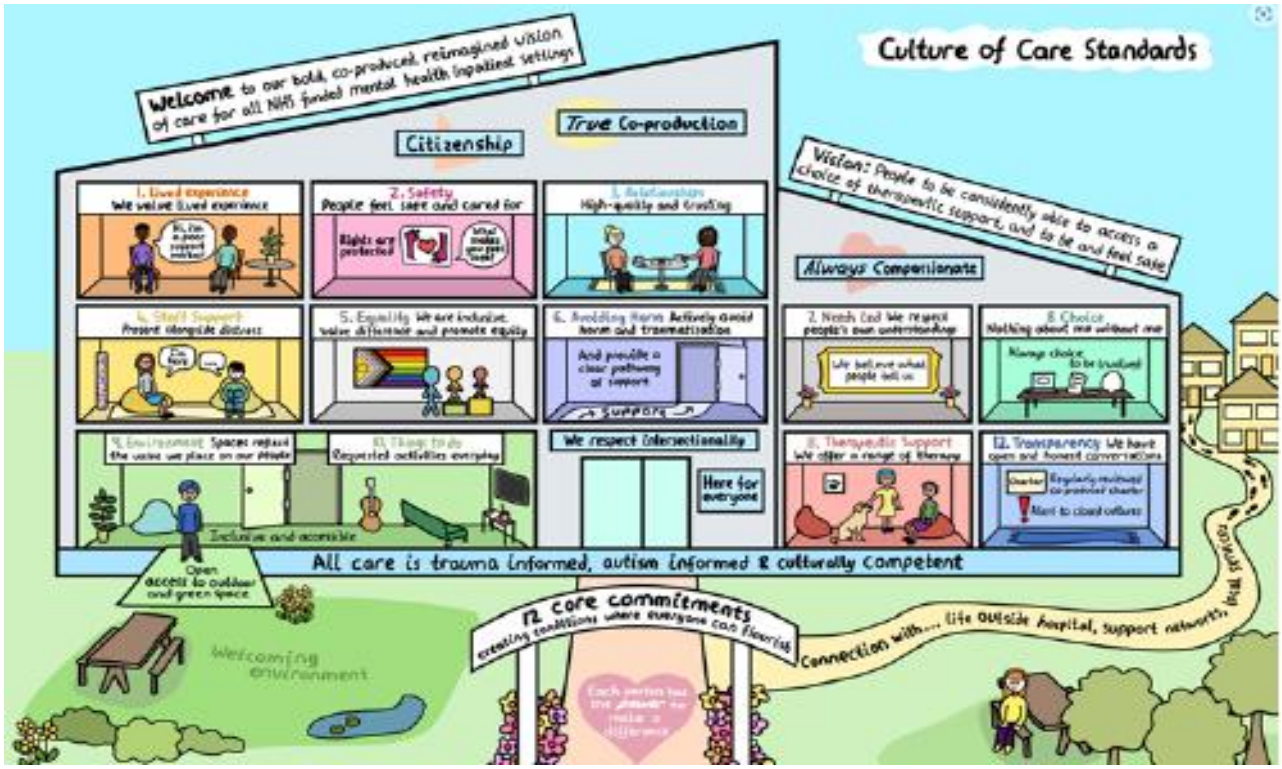
Roll out the Mental Health, Learning Disability and Autism Inpatient Quality Transformation Programme (2022) to support cultural change and a new model of care for the future across all NHS-funded mental health, learning disability and autism inpatient settings.

What we said we would do 2025/26

- Continue to develop and undertake quality improvements within the national culture of care programme and to use QI methodology to support changes within our ward areas which have lived expertise and co-production at the centre.
- Participate in phase two of the Culture of Care programme and extend it to two further ward areas to undertake the staff care and development programme. The programme aims to develop team culture and systems, so people on the wards feel safe and cared for.
- Share the learning beyond the participating ward areas to all inpatient areas and to wider trust services.

What we have done:

The Trust has been progressing the Culture of Care programme in partnership with national support offers and aligning this work with key organisational priorities, including the Patient and Carer Race Equality Framework (PCREF), Trauma informed approaches and Health Inequalities.



Activity has focused on strengthening compassionate leadership, improving staff experience and embedding co-production across inpatient services.

The Trust has actively participated in all National Collaborating Centre for Mental Health (NCCMH) learning and networking events, with staff and experts-by-experience learning together.

Four wards receiving NCCMH coaching have delivered or are progressing over 50 co-produced quality-improvement projects.

Organisational-level support from NCCMH began in November, with online and face-to-face sessions attended by staff from across the Trust, including those with lived experience. The February session focused on Autism-Informed and Anti-Racist Practice.

Four wards have completed the PCS & VMI Staff Care and Development Programme, each implementing a project aligned to the Culture of Care Standards.

Seven ward managers have commenced or completed the Foundation of Nursing Studies (FoNs) leadership development programme.

75 staff attended externally facilitated workshops on Cultural Competence and Anti-Racist Practice, leading to a new QI project supporting ward-level anti-racism work.

The Trust continues to submit proxy data to measure impact, supporting wards to use real-time information in their improvement work.

Data from the four NCCMH-supported wards demonstrates significant positive impact, including:

- Improved patient experience, as reflected in the Patient Care Survey.
- Reductions in restrictive practice, supporting safer and more therapeutic environments.
- Reductions in bank and agency usage, indicating improved staffing stability and team cohesion.

These improvements show early evidence that a strengthened culture of care enhances patient outcomes and staff wellbeing.

Good progress is being made against key milestones:

- Communication: Work is underway to develop a unified communication strategy for Trauma-Informed Approaches, Culture of Care, Health Inequalities and PCREF. A suite of written and audio-visual materials is being produced; the first two podcasts were recorded in January and are in editing.
- Forward Plan: A co-produced Forward Plan is in development. Consultation across wards is complete, and learning from national partners is informing the final design. An early structure was reviewed by the Care Culture and Equity Steering Group in January. Task and finish groups are now preparing for wider rollout of the Culture of Care approach across all wards from Summer 2026

The Culture of Care programme has established strong foundations across the organisation, with significant progress achieved through co-production, national partnership working, and the successful delivery of both ward-level and organisational improvement activity. Early outcomes show clear benefits for patient experience, staff wellbeing, and reductions in restrictive practice, demonstrating the positive impact of a strengthened culture across participating wards.

Priorities for improvement (2026/27)

We are continuing with our three existing priorities for 2026/27 which enables sustained focus on embedding change, ensuring improvements are fully adopted, and deliver lasting benefits.

Quality Priority 1: Strengthen our approach to physical health to maximise the best possible physical health outcomes for patients and service users.

As we move into **2026/27**, the Trust will continue with this 'Priority for Improvement' for a third consecutive year, recognising that sustained focus is essential to fully embed the improvements initiated to date. The Trust has established strong foundations for the delivery of the Physical Health Strategy, supported by clear priorities, robust governance, and well-embedded quality improvement methodology.

Why this priority matters

In line with the national ambition set out in the NHS Long Term Plan to shift from sickness to prevention, physical health will remain a central strategic priority. Ongoing oversight and quality monitoring will ensure that the work is consolidated, that emerging priority areas for the coming year are progressed, and that services continue to strengthen their capability and confidence in delivering high-quality physical healthcare.

What we aim to achieve 2026/27

A comprehensive programme of work is in place, and the progress achieved to date has significantly strengthened our organisational capability to deliver consistent, high-quality physical healthcare across services.

The focus for 2026/27 will be:

- Equipment competency – checks, calibration and maintenance to ensure compliance and safety.
- Physical health digitalisation i.e. Physical Health tab on SystmOne.
- Deteriorating patient training and competencies – including simulation training / PIER.
- Focus on Healthcare Food and Drink Standards.
- Physical Health Resources on the Trust intranet and internet.

The continued focus on physical health in 2026/27 will directly improve the safety, quality, and consistency of care that patients receive across the Trust. By strengthening prevention, early detection, and staff capability, these priorities will help ensure that physical health needs are recognised promptly, responded to effectively, and supported with the right equipment, skills, and resources.

Priority	Benefits	Impact for Patients
Equipment competency – *safer, more reliable care*	Patients will benefit from: • More accurate observations and assessments due to properly calibrated and well-maintained equipment. • Reduced risk of harm linked to equipment failure or incorrect use	• Safer monitoring. • Earlier detection of deterioration. • More reliable clinical decision-making.

	• Greater confidence that staff are trained and competent in using all physical health devices.	
Physical Health Digitalisation – *better coordination and continuity of care*	The introduction of a dedicated Physical Health tab on SystmOne will: • Give clinicians a clearer, more complete view of each patient's physical health needs. • Reduce duplication and missed information. • Support more consistent documentation and follow-up.	• Smoother care transitions. • Fewer delays. • More joined-up physical and mental healthcare.
Deteriorating Patient Training and PIER – *faster, safer responses*	Enhanced training and simulation will: • Improve staff confidence in recognising early signs of deterioration. • Standardise escalation through the PIER framework. • Reduce variation in how physical health concerns are managed.	• Quicker intervention. • Reduced risk of avoidable harm. • Improved outcomes in urgent situations.
Healthcare Food and Drink Standards – *better nutrition and recovery*	A stronger focus on food and drink standards will: • Improve the quality, choice, and nutritional value of meals. • Support patients with specific dietary needs. • Reduce risks associated with malnutrition and dehydration.	• Better energy. • Improved wellbeing. • Enhanced recovery, especially for those with long-term conditions.
Physical Health Resources on Intranet and Internet – *clearer information and easier access*	Improved resources will: • Give staff quick access to up-to-date guidance, pathways, and referral information. • Support more consistent physical health practice across all services. • Provide patients and carers with clearer information about physical health support.	• More consistent advice. • Better-informed staff. • Improved patient understanding of their own physical health needs.

Quality Priority 2: Maximising Quality of Care Through a Strengthened Approach to Assessment and Formulation

The Trust will continue to enhance and embed a consistent, person-centred approach to assessment and formulation across Mental Health, Learning Disability, CAMHS and Forensic services. This work builds on progress made in 2025/26 and remains essential to enabling safe, personalised and therapeutically informed care.

Why this priority matters

A strengthened, shared approach supports improved understanding of need, clearer risk formulation, more collaborative care planning and reduced duplication. Streamlining the information we gather ensures assessments are relevant, accurate, accessible and aligned to person-centred planning. Continued adoption of DIALOG+ will further embed co-produced outcome measurement across services.

What we aim to achieve 2026/27

- Consistent use of formulation-driven assessment frameworks.
- Reduced duplication and improved information flow across teams.
- Clearer, personalised care planning and risk management.
- Full integration of DIALOG+ as a standard PROM.
- Improved service user experience through more collaborative, streamlined processes.

Quality Priority 3: Further strengthen, embed and spread the Culture of Care model across mental health, learning disability and autism inpatient settings.

The Trust will maintain this improvement priority for a third year to ensure that the learning, improvements, and cultural shifts already achieved are fully embedded and extended.

Why this priority matters

Continued organisational oversight will ensure that the Culture of Care is consistently applied, sustained, and aligned with wider strategic initiatives. This ongoing commitment will enable the Trust to embed compassionate, equitable, and therapeutic care practices across all settings, supporting our ambition to create environments where culture, quality, and safety are intrinsically linked and where both patients and staff can thrive. This priority aligns directly with the Trust's Being Humber framework, which provides the organisational foundation for how care is delivered, experienced, and led. The Culture of Care model operationalises Being Humber, by translating its values into everyday behaviours, leadership practices, and care processes that promote compassion, respect, safety, and accountability.

What we aim to achieve 2026/27

Fully develop a co-produced Forward Plan, informed by extensive ward-level consultation and learning from national partners and peer trusts involved in the two-year support programme. An initial draft has been reviewed by the Care Culture and Equity Steering Group, and task-and-finish groups are now preparing for the spread of the Culture of Care approach to all wards from summer 2026 with further adaptation planned for community services.

Summary

The 2026/27 Quality Priorities represent the areas where targeted improvement will deliver the greatest benefit for quality of care, safety and patient experience. They build on strong foundations established in previous years while ensuring continued alignment with national frameworks and the Trust's strategic goals.

These three priorities will be monitored through agreed metrics, overseen by our Quality and Patient Safety Group, EMT, and the Quality Committee and reported through the Quality Account in line with statutory requirements.

Quality Governance

The Trust maintains robust quality governance arrangements through the Quality Committee, a subcommittee of the Board. The Committee is chaired by a Non-Executive Director and meets five times per year. Its purpose is to oversee and support quality improvement activity and to provide assurance to the Board that effective systems and processes are in place to monitor quality, patient safety, research and quality improvement. This includes ensuring that deviations from expected standards are identified promptly and that appropriate actions are taken to manage risk and improve quality of care.

Humber Teaching NHS Foundation Trust has applied the principles of the "Insightful Board" approach to strengthen how the Board uses its Board Assurance Framework (BAF). This has involved ensuring that the BAF is clearly aligned to the Trust's strategic goals and underlying objectives, presents well-defined risks to their achievement, and provides meaningful information on assurances and gaps. The BAF is now used more actively by the Board and its committees to support focussed discussion, constructive challenge, and informed decision-making. This approach enhances the Board's ability to maintain a clear and dynamic understanding of the Trust's most significant risks and the effectiveness of the assurances in place.

Other improvements to our governance and oversight functions includes the addition of a Complex Cases Oversight meeting, chaired by the Executive Director of Nursing, Quality and Professions and attended by the Chief Operating Officer and Medical Director and strengthening of our Environmental Risk in Clinical Areas group (previously Clinical Environmental Risk Group) to ensure a more clinically led and patient safety focus.

Each clinical division has established quality governance arrangements, set out within divisional Standard Operating Procedures. Divisional Clinical Networks report into Divisional Clinical Governance Meetings, ensuring that clinical leadership and frontline insight drive quality and safety improvement. Divisional governance groups report to the Quality and Patient Safety Group (QPAS), which in turn provides assurance to the Quality Committee.

Clinical divisions are required to provide regular assurance to the Quality Committee against their quality improvement plans. Formal accountability reviews are held with each division to review quality and safety priorities, performance, risks and progress against agreed improvement actions.

The Trust has embedded a range of quality improvement approaches to support effective quality governance. These include the use of the InPhase audit module to support clinical audit, team-level DATIX dashboards to enable real-time review of patient safety incidents and discussion within team meetings and safety huddles, and established processes for learning from patient safety incidents in line with the Patient Safety Incident Response Framework (PSIRF).

Robust risk management arrangements are in place, supported by risk registers to capture, manage and escalate risks appropriately. InPhase is also used to support the management of policies, patient safety alerts, NICE guidance, and compliance with clinical audit requirements.

The Trust actively gathers real-time feedback from patients, service users and carers to inform service improvement. National learning is embedded through the review and implementation of Health Services Safety Investigation Body (HSSIB) reports and recommendations. Oversight of regulatory compliance is provided through the Quality Standards Group, which supports assurance against Care Quality Commission (CQC) quality statements and the five key questions: Safe, Effective, Caring, Responsive and Well-led.

Audit of Quality Governance systems

During 2025–26, a programme of audits were undertaken by Audit Yorkshire to provide independent assurance to the Board regarding the effectiveness of quality and clinical governance arrangements across the Trust. The Trust has robust internal processes in place to ensure that all audit recommendations are implemented in a timely manner and supported by appropriate evidence. Progress against audit actions and assurance of completion is reported through the Operational Delivery Group, Executive Management Team and Audit Committee.

A review is undertaken by Audit Yorkshire on all closed recommendations. As of the last Audit Committee, all 63 closed audit recommendations closed off by the Trust were confirmed that appropriate evidence had been provided to demonstrate that actions had been fully implemented and embedded.

Audit and Objective	Status or Opinion	No of Recs			Target: Reported to Audit Committee	Comments
		Major	Moderate	Minor		
Board Assurance Framework; Risk Management; Corporate Governance						
Lone Workers - To ensure that the Trust has processes in place to ensure lone workers are protected.	Fieldwork				Feb-26	Fieldwork delayed pending approval of the Lone Worker Policy. The final report is expected at the May 2026 Audit Committee.
Clinical Governance and Quality - Nursing						
Patient Safety Incident Response Framework - To provide assurance that key requirements of the new framework are being met, that staff are following all policies and that appropriate investigations are being undertaken.	 Significant	0	3	6	*Aug-25*	6 recommendations are complete. 3 outstanding - all have updates against them.
NICE Guidance Implementation – To provide assurance that the implementation of NICE (National Institute for Health and Care Excellence) Guidance and the monitoring of impact and outcomes are in line with Trust policy.	 Limited	1	4	8	Nov-25	All 13 recommendations have been implemented.
Clinical Governance and Quality - Medical						
Clinical Stock Management and Efficiency - To review the processes within ward areas for levels, selection and ordering of stock, maintenance of agreed stock levels, the controls for approving changes to products and the recording and training provided to ward staff when new products are added to stock.	 Significant	0	2	7	Feb-26	1 recommendation has been completed, the remaining 2 due 31st July 2026.
Prescribing Arrangements in place for prescribing medicines to patients on discharge from the Trust. The audit will include a review on the timeliness of discharge letters as well as the processes followed should a pharmacist be unavailable.	 Limited	1	1	1	Nov-25	1 recommendation completed in March 2026. 2 recommendations due 31st July 2026.
Medical Examiner – To provide assurance that the Trust is compliant with the new national guidance.	 Significant	0	2	0	May-26	Both recommendations are due July 2026.

Financial Sustainability						
Cost Improvement Programme (Budget Reduction Strategy) / waste reduction - Confirmation of CIP / Waste Management programme for 2025/26 including benchmarking against other Trusts.	 High	0	0	1	Feb-26	The recommendations have been implemented
Income and Debtors – to provide assurance on the controls for ensuring income due is identified, invoiced and collected in full on a timely basis and is correctly accounted for.	 Significant	0	2	1	Aug-25	All 3 recommendations have been implemented
Performance Monitoring and Management						
Service Users Money and Property – to provide assurance that Service Users Money and Property is managed and held securely at two inpatient units.	 Significant	0	4	2	Feb-26	All 6 recommendatoins are currently not due
Core Standards for Emergency Preparedness, Resilience and Response (EPRR) - To provide assurance that the Trust has suitable arrangements in place to achieve the minimum standards required.	 Significant	0	2	4	Aug-25	5 recommendations have been implemented, the remaining is currently not due
Workforce and Organisational Development						
Use of Agency – To provide assurance that the Trust has robust processes in place to monitor and manage agency spend and that no area of the Trust is using off-framework agency workers.	 Significant	0	1	4	Nov-25	All 5 recommendations have been implemented
Digital, Information Management and Technology						
DSPT - to satisfy the annual requirement for an independent assessment of the DSP Toolkit.	Very low/High	0	0	0	Aug-25	No recommendations put forward
System Working						
Discretionary Spend - Assurance on the processes in place to ensure that discretionary spend is at a minimum and in line with other Trusts within the ICS. Audit will include a review on the quality of coding expenditure.	 Limited	0	5	4	Nov-25	7 recommendations have been implemented, with 2 being overdue, but have updates
Benchmarking						
Freedom to Speak Up Benchmarking Report July 2025.	Final				Aug-25	HTFT 04/2026
Data Security & Protection Toolkit Thematic Review August 2025	Final				Nov-25	HTFT 05/2026
Salary Overpayments Benchmarking Report November 2025	Final				Nov-25	HTFT 10/2026

Statements of Assurance

Review of Services Provided or Subcontracted by Humber Teaching NHS Foundation Trust

During 2025/26 Humber Teaching NHS Foundation Trust provided and/or subcontracted 104 relevant health services.

Humber Teaching NHS Foundation Trust has reviewed all the data available to them on the quality of care in all of these relevant health services.

The income generated by the relevant health services reviewed in 2025/26 represents 100% of the total income generated from the provision of relevant health services by Humber Teaching NHS Foundation Trust for 2025/26.

Clinical Audit

During 1st April 2025 and 31st March 2026 (Q4) 14 national clinical audits and 1 national confidential enquiry covered relevant health services that Humber Teaching NHS Foundation Trust provides.

During that period, Humber Teaching NHS Foundation Trust participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Humber Teaching NHS Foundation Trust was eligible to participate in during 2025/26 are as follows:

- Falls and Fragility Fracture Audit Programme (FFFAP)
- National Audit of Cardiovascular Disease Prevention in Primary Care (CVDPrevent)
- National Audit of Care at the End of Life (NACEL)
- National Respiratory Audit Programme (NRAP) Pulmonary Rehabilitation
- Child Health Clinical Outcome Review Programme (NCEPOD)
- National Clinical Audit of Psychosis (NCAP)
- POMH 24a Opioid medication in inpatient mental health
- POMH 18C Use of clozapine
- POMH 20c The quality of valproate prescribing in
- People with a Learning Disability and Autistic People (LeDeR)
- National Audit for Eating Disorders (NAED)
- National Adult Diabetes Audit (NDA) – National Core Diabetes Audit
- National Adult Diabetes Audit (NDA) – National Integrated Specialist Survey
- National Respiratory Audit Programme (NRAP)
- The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)

The national clinical audits and national confidential enquiries that Humber Teaching NHS Foundation Trust participated in during 2025/26 are as follows:

- Falls and Fragility Fracture Audit Programme (FFFAP)

- National Audit of Cardiovascular Disease Prevention in Primary Care (CVDPrevent)
- National Audit of Care at the End of Life (NACEL)
- National Respiratory Audit Programme (NRAP) Pulmonary Rehabilitation
- Child Health Clinical Outcome Review Programme (NCEPOD)
- National Clinical Audit of Psychosis (NCAP)
- POMH 24a Opioid medication in inpatient mental health
- POMH 18C Use of clozapine
- POMH 20c The quality of valproate prescribing in adult mental health services
- People with a Learning Disability and Autistic People (LeDeR)
- National Audit for Eating Disorders (NAED)
- National Adult Diabetes Audit (NDA) – National Core Diabetes Audit
- National Adult Diabetes Audit (NDA) – National Integrated Specialist Survey
- National Respiratory Audit Programme (NRAP)
- The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)

The national clinical audits and national confidential enquiries that Humber Teaching NHS Foundation participated in, and for which data collection was completed during 1st April 2025 and 31st March 2026, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Audit title	Cases submitted	% of cases required
The National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)	20 questionnaires sent to the Trust with 16 returned	80%
National Audit for Eating Disorders (NAED)	Sample provided: 1	No fixed number of cases
National Audit of Care at the End of Life (NACEL)	Sample provided: 16	No fixed number of cases
POMH 18C – Use of clozapine	15 Teams and 147 cases	100% cases of eligible cases met the audit criteria were submitted
POMH 24a: Opioid medications in mental health services	23 cases submitted	100% cases of eligible cases met the audit criteria were submitted
POMH 20c Improving the quality of valproate prescribing in adult mental health services	90 cases submitted	100% cases of eligible cases met the audit criteria were submitted

The reports of 5 national clinical audits were reviewed by the provider from 1st April 2025 to 31st March 2026 and Humber Teaching NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

National Clinical Audit Reports reviewed 25/26	Actions
Falls and Fragility Fracture Audit Programme (FFFAP)	Reviewed by the Falls working group. Consideration of learning from national audit to be included in the review of the Fall policy in 2026.

National Audit of Care at the End of Life (NACEL)	Roll out end-of-life care plans/templates with Digital support. Train nurses on completing end-of-life documentation. Provide communication training for discussions with patients and families
POMH 18C Use of clozapine	SystmOne clinical monitoring template has been implemented
POMH 24a: Opioid medications in mental health services	Review benzodiazepine use alongside opioid substitution therapy; document rationale and deprescribe where appropriate Offer and record ECGs for all patients co-prescribed methadone and antipsychotics; document refusal
National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH) 2025	Recent findings from the 2025 NCISH provide vital insights into suicide trends across the UK and Jersey between 2012 and 2022. These findings help shape our local Suicide and Self Harm Prevention strategy 2026-2028 by identifying key risk factors and opportunities for intervention.

The reports of 16 local clinical audits were reviewed by the provider from 1st April 2025 to 31st March 2026 and Humber Teaching NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

Local Audit	Focus	Key Learning and Improvement Actions
Audit of Physical Restraint Practice Townend Court (Learning Disability Inpatient Service)	Safety, appropriateness, and documentation of restraint in line with NICE NG10/NG11 and local protocols.	Strengthen documentation quality. Embed effective post-restraint debriefing. Maintain regular audit cycles.
School Nurse Referral Audit	Safety, timeliness, and consistency of referral handling.	Improve clarity on crisis support. Strengthen timeliness of first contact. Ensure robust triage at point of receipt Reinforce adherence to the referral flowchart.
Prescriber Review Compliance within East Riding Partnership	Improving adherence to best practice for scheduled prescriber reviews.	Proactive caseload management. Strengthen leadership oversight. Promote consistent practice through policy circulation. Explore digital solutions to improve attendance. Develop a structured audit and coding system.
Consent to Treatment Audit Medium and Low Secure Forensic Units	Compliance with Mental Health Act requirements and high-quality documentation.	Enhance MDT documentation. Ensure timely Second Opinion Appointed Doctor. (SOAD) processes. Maintain regular Consent to treatment audits.
FACE Risk Assessment Documentation Audit Holderness CMHT (Older People's Services)	Completeness, timeliness, and consistency of FACE risk assessments.	Reinforce full completion at initial assessment. Improve same-day documentation. Provide ongoing training and mentoring. Embed learning through team discussions. Appoint FACE Assessment Champions. Gather staff feedback to inform improvement.
Dementia–Medicines Shared Care Protocol Audit	Documentation quality, ECG monitoring pathways, and shared care governance.	Improve documentation of patient information. Clarify rationale for deviations from ECG pathways. Strengthen shared care governance.

Review of GP Notes – East Hull CMHT (Feb–Apr 2025)	Quality of clinic letters and completeness of investigation documentation.	Reinforce the importance of documenting clinical investigations. Share learning across the medical team.
Falls (re-audit) Community Services – Fitzwilliam Ward	Improve the safety and quality of falls prevention and post-fall care to reduce avoidable harm, standardise practice, ensuring patients receive safe, evidence-based care.	Improve compliance with Bedside Vision Checks. Strengthen moving and handling practice. Ensure consistent patient information. Improve documentation and assessment for falls sensor equipment.
Falls (re-audit) Mental health – Maister Lodge	Improve the safety and quality of falls prevention and post-fall care to reduce avoidable harm, standardise practice, ensuring patients receive safe, evidence-based care.	12 audits conducted with 92% compliance overall. Areas of focus for improvement: • Compliance with bed side vision checks. • Completion of exploration of fall form.
Monitoring prolactin levels for patients on antipsychotics in Psychiatric intensive care unit	To strengthen and standardise prolactin monitoring for patients on antipsychotic medication by increasing staff awareness, embedding testing into admission processes, ensuring follow-up, and monitoring compliance.	Raise staff awareness of audit findings and the importance of monitoring. Include prolactin testing as standard in admission bloods. Ensure consistent follow-up monitoring. Implement ongoing compliance monitoring to sustain improvements.
Prescriber Review Compliance within ERP: Evaluating and Improving Adherence to Best Practice Guidelines	To improve compliance with 3-monthly prescriber reviews across the ERP hubs and to reduce non-attendance, by strengthening proactive care coordination, improving communication with patients, and ensuring robust recording and oversight of review activity.	Reactive booking of prescriber reviews increases risk of overdue reviews, keyworkers to book 3-monthly prescriber reviews proactively, ideally one month in advance (minimum two weeks before due date unless urgent). Missed reviews can occur without regular caseload oversight, team leaders to support keyworkers to routinely review caseloads and plan prescriber reviews early. Inconsistent understanding of the Non-Attendance policy affects attendance management, circulate and reinforce the most up-to-date Non-Attendance policy across all three ERP hubs. Unclear appointment format or venue contributes to non-attendance, explore SMS appointment confirmations with relevant teams to improve clarity, flexibility, and patient experience. Limited visibility of compliance due to inconsistent recording, implement a structured audit and clinical coding process to track prescriber review status (completed, pending, DNA).
Antipsychotic prescribing in dementia in Holderness OP CMHT	To standardise and strengthen prescriber review practice through education and clear guidance, providing clinical governance	Variation in prescriber review practice identified, develop a bite-size teaching session to provide clear, consistent guidance. Need for improved understanding of expectations among medics, present teaching session to

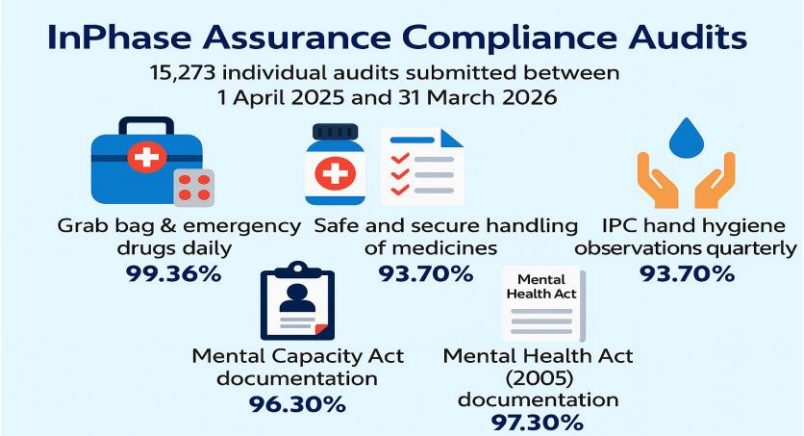
	assurance while supporting medics to deliver consistent, safe and compliant reviews using a simple, practical checklist.	Holderness medics to reinforce standards and responsibilities. Risk of omissions without structured support, develop a standardised prescriber review checklist to support safe, consistent practice. Governance oversight required to ensure safety and consistency, liaise with Clinical Governance to review and approve the checklist and teaching materials. Tools are most effective when embedded into practice, implement and routinely use the approved checklist within prescriber reviews to support compliance and quality improvement.
An Audit on physical health monitoring in accordance with NICE guidelines for patients currently open to Hull CMHT and prescribed depot antipsychotics	Improve the safety, consistency and governance of antipsychotic and depot prescribing, with particular emphasis on monitoring, documentation, and continuity of care.	Variation in antipsychotic monitoring practice identified, reinforce prescriber responsibility, improve use of the monitoring template, and escalate gaps to GPs. Missed opportunities to check monitoring at depot appointments, embed monitoring checks within depot clinics and care-coordinator reviews. System and access limitations identified, improve GP record access, update IT templates, and integrate monitoring prompts. Risks relating to prescribing continuity and missed doses, strengthen clinical oversight, improve documentation, and support timely prescribing. Ongoing governance required, maintain MDT depot meetings and undertake a 12-month re-audit with targeted QI focus.
Audit of Personality Disorder Specific Interventions in Forensic Psychiatry for Medium Secure Inpatient Services	Improving the consistency and clarity of clinical documentation relating to medication changes and inpatient psychological input, with strengthened governance oversight.	Inconsistent documentation identified, clinicians to clearly record the rationale and intended duration of any antipsychotic or sedative medication changes in progress notes. Psychological input not always clearly recorded, ensure psychological initial assessment dates and self-directed status are explicitly documented in SystmOne and MDT/CPA records. Variation in inpatient psychological therapy commencement, complete a 12-month re-audit and consider a Quality Improvement Project to develop and embed local guidance.
Retrospective Case Notes Review of Clinical Letters to GPs in East Hull General Adult Community Mental Health Service, The Grange Over Three Months from February to April 2025	To ensure comprehensive physical health monitoring is consistently requested and documented in clinic letters, particularly investigations needed to identify metabolic and cardiovascular risks associated with psychotropic medication.	Clinic letters to GPs were generally high quality with most assessment components completed. Physical health investigations were less consistently requested, likely due to the unit being a non-test centre. Investigations should be prioritised and routinely documented to support effective monitoring of metabolic side effects and cardiovascular risk associated with psychotropic medication.
An Audit on the Consent to Treatment within the Medium and	To strengthen legal compliance, documentation quality, and governance	Inconsistent Consent to Treatment documentation identified, ensure T3 forms are consistently completed for all patients lacking capacity and that

Low Secure Forensic Inpatient Unit at Humber Centre and Pine View (re-audit)	oversight of Consent to Treatment processes under the Mental Health Act (MHA).	Consent to Treatment reviews are clearly recorded in CPA or MDT documentation. Need for ongoing governance assurance, continue regular audits of Consent to Treatment (CTT) to maintain compliance with the Mental Health Act and high standards of practice. Potential delays in SOAD processes noted, audit the time from SOAD request to actioning to identify delays and improve timeliness and oversight.

To strengthen the governance and impact of clinical audit across the Humber Teaching NHS Foundation Trust, the next phase of development will focus on establishing a clear and consistent audit assurance grading framework, enabling services to understand audit outcomes in real time and use this insight to influence appropriate re-audit timescales.

Classification	
 High Assurance	High assurance indicates that the clinical audit demonstrates a well-designed, consistently applied process with strong evidence that practice is safe, effective, and aligned to required standards. Only minimal, low-impact gaps are identified, giving confidence that the service is reliably meeting expected clinical quality outcomes.
 Significant Assurance	Significant assurance indicates that the clinical audit shows a generally sound and reliable system with controls that are largely effective and aligned to expected clinical standards. Some moderate gaps or inconsistencies may be present, but these do not materially compromise patient safety or overall quality of care and can be addressed through targeted improvement actions.
 Limited Assurance	Limited assurance indicates that the clinical audit identifies notable weaknesses or inconsistencies in practice, with controls not reliably applied or only partially effective. These gaps present a risk to achieving expected clinical standards and require prompt, focused improvement to restore confidence in the quality of care.
 Low Assurance	Low assurance indicates that the clinical audit identifies significant weaknesses in practice, with controls poorly designed, inconsistently applied, or not functioning effectively. These gaps pose a material risk to meeting clinical standards and require urgent, comprehensive improvement to ensure safe and reliable care.

Embedding this approach will support earlier identification of risk, improved triangulation with quality and safety intelligence, and more responsive quality improvement cycles. In addition, every audit will include a structured learning summary which will be aligned to the principles of PSIA/PSII methodology to articulate the ‘so what’ of the findings, demonstrating the improvements, changes in practice, and actions taken as a direct result of the audit. This will ensure that learning is visible, measurable, and meaningfully linked to improved patient care.



Research

We continue to recognise the importance of investing in research, enabling our staff to be at the cutting edge of new treatments and our community to participate in health improvement. There is evidence that people perform well in organisations that focus on research, therefore ensuring provision of research opportunities for people accessing our services is core business for the Trust.

> The staff at the Humber research team are inspiring, professional, easy to talk to and make you feel valued. Taking part in research gives me purpose and makes me feel I am a part of a process to improve knowledge and patient care in the future.
>
> I truly felt like I was making a difference!

The number of patients receiving relevant health services provided or sub-contracted by Humber Teaching NHS Foundation Trust in 2025-26, that were recruited during that period to participate in research approved by a research ethics committee, was 4858.

Of these, 4841 patients were recruited to NIHR Portfolio studies and 17 were recruited to local studies. In total, there were 54 Portfolio studies and 13 non-Portfolio/local studies running in the Trust. Patients accessing Trust services have been offered a breadth of research opportunities spanning numerous health conditions and many types of study design. All of our Trust GP practices have been recruited into research studies during 2025-26. Approximately 40% of Portfolio studies have involved the evaluation of novel treatment interventions.

The Research department continues to ensure the Trust operates in accordance with the statutory guidance of the UK Policy Framework for Health and Social Care Research (2017).

For more information and to view our Research Plan for 2024-2026 see our Trust's webpage Research | Humber Teaching NHS Foundation Trust

Our Research Team is constantly adapting and finding new ways to help reach out to more of our community, to promote the benefits of being involved in research and to change lives. During 2025-26 we took part in research involving multiple professions and health conditions, from a virtual reality treatment for people with psychosis, an at home urine testing for cervical cancer screening in older women, a coaching intervention for carers of people with dementia, to a nature-based intervention for children with ADHD.

The Trust's eighth research conference took place in November 2025 and was run as a hybrid event, enabling people to attend in person or online. As well research-active clinicians in the Trust the presentations (see Research Conferences | Humber Teaching NHS Foundation Trust) included service users who had participated in research and high-profile speakers from across the country; a fantastic opportunity to share learning and showcase the wide variety of research our Trust is involved in and the opportunities that brings to our communities.

Research in Numbers 2025-26

54 studies running

- 26 Mental Health
- 17 Community and Primary Care
- 6 Children's and Learning Disability
- 2 Forensic services
- 3 Across multiple divisions

Plus 13 local/non-NIHR studies

4,841 People took part in (national) NIHR Portfolio studies

Plus 17 in local/non-NIHR studies

NIHR – National Institute for health & Care Research

29 Local Principal Investigators (14 new)

£1.275m extra funding into the Trust due to involvement in research

93% agreed they would take part in research again

88% surveyed felt valued taking part in research

Involved in studies across the UK

2907 followers on social media

3,454 interactions
177,721 impressions

LinkedIn Instagram X

Impact of Research 2025-26

Shared Learning

400 delegates from **100+** organisations registered for our Research Conference

'Humber really is a shining beacon for research'

'I felt captivated and inspired throughout'

New Treatments

40% of studies included novel interventions that people would not have had access to otherwise

Enhanced Clinical Skills

56 staff trained as part of research involving new interventions

Training clinicians of the future

12 students/newly qualified clinicians completed 'Introduction to Research' day.

'I'm more capable than I thought and it's accessible to absolutely everybody!'

Embedded research and raised awareness

67 Research Champions across our services and community

64 staff, **3** volunteers with 'Lived Experience'

Changed Lives

'It gave me a sense of motivation, that I can actually reverse my diabetes.'

'I don't need to be in the frontline of medicine to make a difference! When you have a life-limiting condition you assume every day is going to be the same, that there's never any hope of getting better. Research opens the doors that we thought could never be opened .'

Contributed to evidence

17 publications included authors from our Trust

4 more related to research involving our Trust

Commissioning for Quality Improvement

Humber Teaching NHS Foundation Trust income in 2025/26 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because nationally mandated CQUIN schemes remain paused for this financial year, see NHS England » Revenue finance and contracting guidance for 2025/26

Care Quality Commission (CQC)

Humber Teaching NHS Foundation Trust is required to register with the Care Quality Commission, and its current registration status is registered to provide the following regulated activity

- Accommodation for persons who require nursing or personal care.
- Assessment or medical treatment for persons detained under the Mental Health Act 1983.
- Diagnostic and screening procedures.
- Family planning (Primary Care only).
- Maternity and midwifery services (Primary Care only).
- Nursing care.
- Surgical procedures (Primary Care only).
- Transport services, triage and medical advice provided remotely.
- Treatment of disease, disorder or injury.

Humber Teaching NHS Foundation Trust has no conditions on registration.

The Care Quality Commission has not taken enforcement action against Humber Teaching NHS Foundation Trust during 2025/26.

The Care Quality Commission carried out its first inspection of **Inspire**, part of Humber Teaching NHS Foundation Trust, on 4–5 February 2025. Inspire provides inpatient mental health care for young people aged 13–17. At the time of inspection, only Orion Ward, a 9-bed general adolescent admissions unit was operational. Nova Ward, previously commissioned as a psychiatric intensive care unit, was no longer in use and was undergoing review for potential repurposing within the acute care pathway.

The service was rated **Good**. Inspectors found a safe, purpose-built environment with skilled staff delivering a broad range of therapeutic interventions. Care records were comprehensive and demonstrated strong involvement of young people and their carers in decisions about care and treatment. Staffing levels were appropriate to maintain safety and support consistent therapeutic work. Governance arrangements were clear, multidisciplinary working was well embedded, and policies ensured safe and effective transitions and discharges. Use of restraint was minimal.

Young people and carers provided consistently positive feedback. Young people described staff as kind, caring, and available when needed. They felt involved in their care planning, participated in ward meetings, and reported feeling safe on the ward. They also said staff were skilled in supporting them during periods of distress and that they knew how to raise concerns.

Carers reported good communication, felt included in care discussions, and valued the ward's carer support group. They felt listened to and highlighted good access to education for young people. Discharge planning was described as collaborative and focused on ensuring safety.

The CQC inspected **Townend Court** on the 11- 12th November 2025. Townend Court is an inpatient service providing assessment and treatment for individuals with learning disabilities.

The service was rated **Good** overall, with strengths in safety, effectiveness, caring and leadership. Responsive was rated Requires Improvement due to environment, flow and person-centred practice concerns. A single regulatory breach was issued relating to Regulation 9 – Person-centred Care.

There were a number of strengths noted which included a strong alignment with Right Support, Right Care, Right Culture; staff demonstrated compassion, dignity and respect; positive safety culture with good incident reporting and learning; strong MDT working and evidence-based practice; effective governance, leadership visibility and an improvement culture.

Key areas of ongoing focus for the service are care plans and behavioral strategies not always consistently implemented; environmental limitations including damage, sensory unsuitability and poor maintenance, length of stay increased significantly with barriers to discharge; inconsistencies in communication with families.

People and families reported kindness, trust and involvement in care planning, with good access to advocacy and meaningful activity. However, concerns included care plan inconsistencies and variable communication.

The CQC has requested an action plan including embedding consistent person-centred practice, accelerating environmental redesign, strengthening family communication pathways and improving system flow for discharge. Work is already underway to ensure that the actions needed are implemented swiftly and sustainably, building on the strong foundations highlighted in the rest of the inspection.

Townend Court provides safe, effective and compassionate care but requires focused improvement in person-centred consistency, environmental suitability and responsiveness to sustain its Good rating.

Humber Teaching NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

Overall, the Trust continues to remain rated as “Good” with the CQC rating the Effective, Caring and Well-led domains as Good. The Safe domain was rated as ‘Requires Improvement’ at the last inspection in 2019. The Trust continues to make good progress against the requirements of the safe domain, with current work focusing on the self-assessments against the Safe and Well-led domain in preparation for future inspections.

The Trust’s Quality Standards Group (a subgroup of Quality and Patient Safety Group) has strengthened its proactive approach to CQC readiness through a comprehensive programme of internal assurance and learning. Alongside routine self-assessments against CQC domains, the group has coordinated a rolling schedule of mock inspections to test compliance, identify gaps, and support services with targeted improvement actions. Learning from other Trusts’ CQC inspection reports has been systematically reviewed and shared to ensure early adoption of best practice and avoidance of known pitfalls. Oversight of Mental Health Act visits and associated action plans has been enhanced, ensuring timely follow-up and clear accountability for improvements. The group has also maintained robust governance of CQC notifications and enquiries, ensuring responses are timely, accurate, and reflective of strong organisational oversight. In addition, learning from

HSSIB reports has been embedded into quality governance processes, enabling the Trust to anticipate system-level risks and strengthen safety practices. Collectively, this proactive and intelligence-led approach supports continuous improvement and sustained alignment with CQC expectations across all services.

Data Quality and Coding

Humber Teaching NHS Foundation Trust submitted records during 2025/26 to the Secondary Uses Service, for inclusion in the Hospital Episode Statistics which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS number was 100% for admitted patient care.

The percentage of records in the published data, which included the General Medical Practice Code was 100% for admitted patient care.

Humber Teaching NHS Foundation Trust Information Governance Assessment Report overall score for 2025/26 was Standard Met.

Humber Teaching NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2025/26 by the Audit Commission.

Humber Teaching NHS Foundation Trust will be taking the following actions to improve data quality

- Continuous monitoring highlighting any deficiencies and taking remedial action where required.

Learning from Deaths

During 2025/26, 804 of Humber Teaching NHS Foundation patients died. This comprises the of the following number of deaths which occurred in each quarter of that reporting period:
189 in the first quarter
194 in the second quarter
194 in the third quarter
227 in the fourth quarter.

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total for 2025/26
Total Number of Deaths	189	194	194	227	804
Total Number of Natural Deaths	161	175	178	212	726
Proportion of Natural Deaths	85.19%	90.21%	91.75%	93.39%	90%
Total Number of Deaths by division					
Community and Primary Care	92	97	83	108	380
Mental Health - Planned	55	64	78	84	281
Mental Health - Unplanned	25	19	23	22	89
Children and Learning Disabilities	16	13	9	12	50
Forensics	1	1	1	1	4

By 1st April 2026, 0 case record reviews and 19 investigations have been carried out in relation to 804 deaths. Deaths were reviewed using a proportionate approach aligned with the Patient Safety Incident Response Framework (PSIRF). All reported deaths are subject to review at the Trust's daily corporate safety huddle and then by the Clinical Risk Management Group

meeting via a weekly mortality report with the majority being expected natural deaths within our community services. All deaths are reviewed in line with the Trust's Patient Safety Incident Response Framework (PSIRF) Policy and Incident Reporting Policy to ensure learning is identified and improvements to care continue to be made. Oversight and assurance is provided through senior Complex Case Oversight Group.

In 0 cases a death was subjected to both a case record review and an investigation.

The number of deaths in each quarter for which a case record review or an investigation was carried out was:
10 in the first quarter
3 in the second quarter
2 in the third quarter
4 in the fourth quarter.

Under the Patient Safety Incident Response Framework (PSIRF) the Trust's primary focus is on learning and improvement rather than attributing causation. Reviews are designed to understand how systems, processes and conditions may have contributed to patient harm, enabling meaningful learning and service improvement. This approach provides assurance that incidents are considered proportionately and in line with the national PSIRF methodology.

At Humber Teaching NHS Foundation Trust, we also conduct structured, clinician-led, retrospective reviews following a patient death, using a standardised templates to identify problems in care, assess quality, and support organisational learning and improvement. These are referred to as **Initial Incident Reviews**.

The number of deaths that occurred in each quarter for which in initial incident review (IIR), Patient Safety Incident Investigation or a Patient Safety Incident Analysis was commissioned are as follows:

	Q1	Q2	Q3	Q4
Initial Incident review	25	16	24	21
Patient Safety Incident Investigation (PSII)	1	1	0	1
Patient Safety Incident Analysis (using Swarm methodology)	9	2	2	3

Summary, actions and impact of learning

Where opportunities for learning and improvement were identified, additional learning reviews and investigations were undertaken in line with the Trust's Patient Safety Incident Response Plan and the requirements of the Patient Safety Incident Response Framework (PSIRF).
Key themes emerging from reviews included the need for clearer escalation pathways, timely triage and assessment, strengthened clinical decision making, and more effective information sharing across teams. Learning also highlighted the importance of recognising and responding to clinical deterioration, enhancing therapeutic and supportive engagement, improving communication with patients and families at key transition points, and addressing challenges associated with continuity of care where staffing gaps affected access to services.

Good practice

Trauma informed, compassionate and person-centred care: Across multiple reviews and investigations, staff demonstrated trauma-informed practice, compassionate engagement, and flexibility in adapting interventions to meet patients' needs.

Effective Multi-Disciplinary and Multi-Agency collaboration: There was consistent evidence of strong MDT working with timely escalation to senior clinicians, proactive case reviews, coordinated

handovers, and joint working with Dual Diagnosis, ReNew, NACRO, supported housing providers, and children's services where appropriate.

Safe and timely clinical response: Services demonstrated adherence to national standards and internal operational procedures. 111 Option 2 crisis line now staffed by registered practitioners; internal calls routed directly to avoid delays.

Holistic, high-quality assessment and record review: Clinicians reviewed historic and current records across systems during assessments and transitions, used evidence-based relapse prevention techniques, and delivered comprehensive care planning and risk assessment.

Areas of learning

Safeguarding recognition and escalation, information sharing across systems and agencies
Several investigations identified missed opportunities to initiate or follow through safeguarding due to limited access to information, inconsistent documentation of safeguarding concerns, and lack of liaison with external agencies (children's services, police, probation). Staff confidence and clarity around safeguarding responsibilities were also variable. The use of different clinical systems and limited cross-agency communication led to incomplete understanding of patients' histories, domestic abuse risk, and contextual safeguarding issues. Poor information flow resulted in risk not being fully appreciated in several cases. In several cases, social determinants (domestic abuse, harassment, trauma history) were either underexplored or missing within assessments, affecting formulation and risk planning.

Improvement summary:

- Introduction of shared electronic record access (SystmOne) across ERP and adult mental health services to improve access to historical and risk-related information.
- Enhanced MARAC linkage and safeguarding communication routes.
- Plans for cross-service trauma and domestic abuse learning events focusing on coercive control and trauma impact.

Inconsistencies in MDT governance and clinical decision-making structures
There were some gaps in MDT functioning with unclear thresholds for MDT discussion, actions not followed through, and decisions not consistently recorded or shared. Safety huddles did not always prioritise immediate risks, and escalation processes varied.

Improvement summary:

- Clarified criteria for MDT and safety huddle discussions, with new prompts, action tracking, and routine agenda structures.
- Daily MDT meetings implemented in crisis pathways.
- Duty processes reviewed to improve responsiveness and oversight.

Documentation quality and rationale for clinical decisions:
Documentation of declined assessments, capacity decisions, risk signs, and care plans was not always sufficiently robust or clear. On occasions, missing or inconsistent record-keeping led to gaps in understanding and decision-making.

Improvement summary:

- Reinforcement of defensible documentation training and Trust record-keeping guidance.
- Emphasis on documenting capacity assessments, rationale for declined assessments, and inclusion of safeguarding considerations.

Limited exploration of social, environmental and relational factors:

In several cases, social determinants (domestic abuse, harassment, trauma history) were either underexplored or missing within assessments, affecting formulation and risk planning.

Physical health oversight not consistently embedded:
Clinicians did not always escalate physical health concerns appropriately, and physical health was sometimes insufficiently integrated into mental health assessments or depot clinic reviews.

Improvement summary:

- Rollout of the Physical Health Assessment Template.
- Development of a Physical Health Management Plan.
- Review of clinical skills training.
- Development of a Physical Health intranet hub.
- Standardised screening and health checklist.

The Trust has taken system-wide action, using these findings to strengthen governance, develop a strategic plan, improve processes, and support a more proactive, safety culture.

Suicide and Self-harm prevention strategic plan was developed

The plan emphasises cross-sector collaboration data driven learning, and a whole-system approach to suicide prevention. Work is being driven by the Suicide Prevention Group. We have identified 6 priority areas

- Priority 1: Strengthen Crisis and Post Discharge Support.
- Priority 2: Establish Clear Protocols for Treatment, reducing access to means and methods of suicide.
- Priority 3: Improve Long-Term Follow-Up and Engagement providing effective crisis support across sectors for those who reach crisis point.
- Priority 4: Provide Tailored Support to Priority Groups.
- Priority 5: Promote Online Safety and Responsible Media Content.
- Priority 6: Annual Suicide Data Review and Learning.

This strategic plan represents a vital and compassionate commitment to reducing suicide and self-harm across Humber Teaching NHS Foundation Trust and its wider communities. Grounded in national evidence, lived experience, and local insight, it sets out a clear and actionable framework to improve safety, care quality, and outcomes for those at risk.

Strengthened governance and oversight arrangements for learning from deaths, ensuring learning is identified, shared, and embedded into practice.

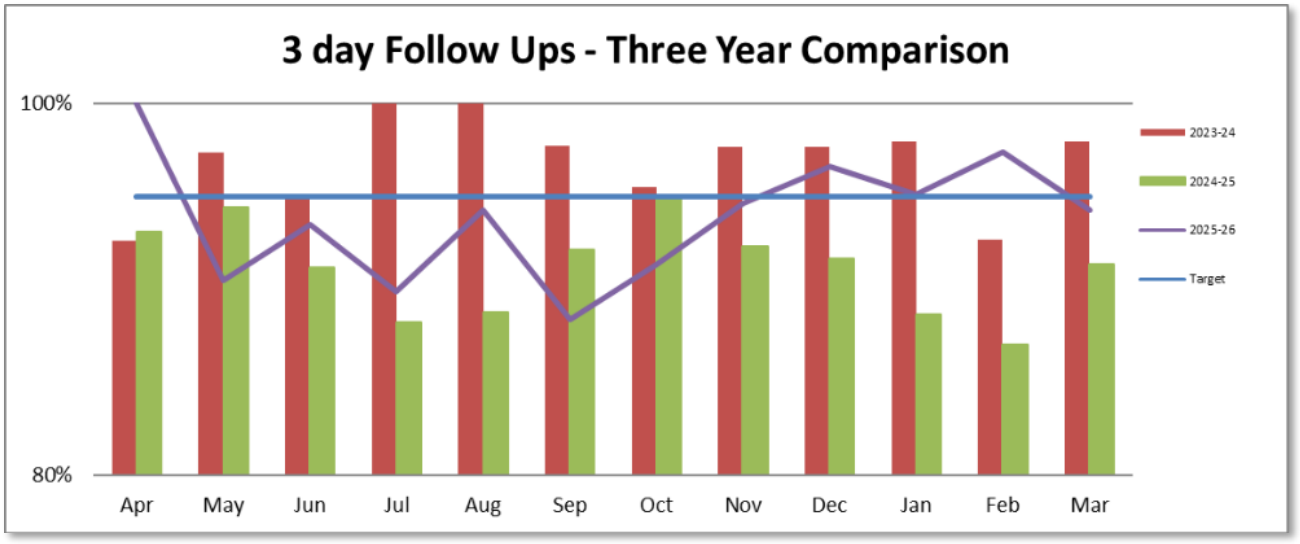
Learning from deaths has translated key quality improvement projects as identified in our **Patient Safety Priorities** and our **Quality Priorities.**

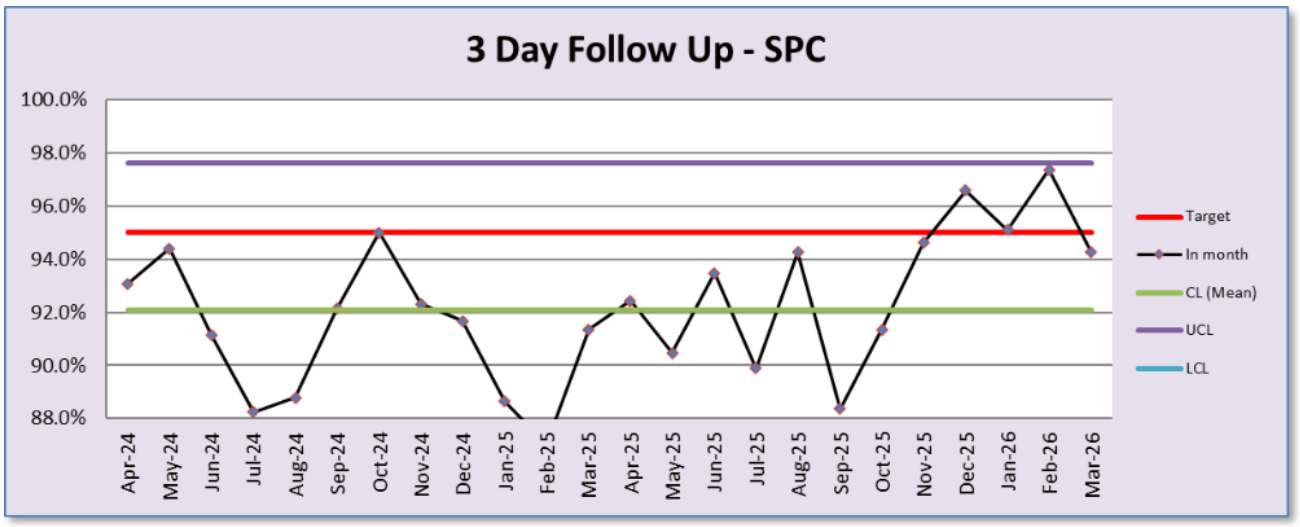
Actions arising from Learning from Deaths during 2025/26 demonstrates a maturing patient safety learning system and are contributing to more consistent clinical decision making, information sharing, earlier senior and multidisciplinary involvement, safer transitions of care, improved family engagement, better recognition of deterioration and more reliable escalation practices. Additional monitoring processes have been put in place through our Big 5 Audits which will provide additional assurance relating to key areas of learning including Patient and Family engagement, quality of care planning, medication support and discharge arrangements.

Reporting against mandatory core indicators

The percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric inpatient care during the reporting period.

All patients are followed up within 3 days regardless of their CPA status. Although the graph titles are “7 day follow ups” the data within is patients seen within 3 days as per the national guidance.





All patients are discharged with a plan in place to complete a 72-hour follow-up review. Where this is not possible, or where plans fail, a risk assessment is completed and appropriate liaison with system partners is undertaken to ensure the patient’s safety.

A Datix is submitted for every failed 72-hour follow-up, providing full details of the reason for the failure. These exceptions are regularly reviewed by the Mental Health Clinical Leads to ensure that all actions taken remain in line with the Standard Operating Procedure.

Between April 2025 and March 2026, there were 1133 discharges, of which 75 did not receive a 72-hour follow-up.

- The 75 cases have been validated and have either received a follow up later than day 3, either by Humber services or via liaison with other services as appropriate or did not receive a follow-up due to legitimate mitigating circumstances. In all cases, attempts were made to contact the patient and escalate concerns appropriately.

Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- This indicator is closely monitored daily. The data is recorded and reported from the Trust's patient administration system (SystmOne) and is governed by standard national definitions.
- It is reported to the Trust as part of the Trust's Performance Report. It is also reported to Clinical Directors and clinical leads at individual team level.
- Reported contractually to Commissioners as part monthly contract reports.

Readmissions

Humber Teaching NHS Foundation Trust are unable to provide Mental Health readmission data due to transition from Lorenzo to SystmOne. The reporting will be developed during 2026/27.

All patients admitted to Malton and Whitby wards are over 18.

Malton Community Hospital

For the Fitzwilliam Ward, we do not record an Emergency Re-Admission rate. Instead, we identify and measure how many patients are re-admitted back to an acute setting, otherwise 'stepped back up'.

The monthly average number of patients stepped up to acute hospital has remained at 5 between 24/25 and during 25/26 to date. The monthly average for 20203/24 was 4.

MALTON IPU	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of Patients Stepped up to Acute Bed - 23/24	6	0	2	6	1	5	0	6	5	7	5	4
Number of Patients Stepped up to Acute Bed - 24/25	5	6	9	5	2	3	6	6	2	4	3	5
Number of Patients Stepped up to Acute Bed - 25/26	2	2	9	3	5	7	6	7	4	2	5	9

Whitby Community Hospital

There were zero patients with an unplanned re-admission within 30 days of their previous discharge, which equates to 0%. The calculation is based on the number of non-planned (i.e. emergency) readmissions within a month, divided by the number of discharges within the same month.

Whitby Discharges	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2023-2024	20	14	14	14	20	22	15	19	21	19	14	21
2024-2025	17	12	17	19	16	21	15	23	17	14	16	15
2025-2026	15	15	19	16	17	21	13	10	17	16	19	16

Whitby Unplanned Readmissions	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2023-2024	0	0	0	0	0	0	0	0	0	0	0	0
2024-2025	0	0	0	0	0	0	0	0	0	0	0	0
2025-2026	0	0	0	0	0	0	0	0	0	0	0	0

Humber Teaching NHS Foundation Trust considers that this data is as described for the following reasons:

- A community bed provides short term (usually no longer than 3 weeks) 24-hour clinical care and rehabilitation for individuals whose clinical care needs cannot be supported at home but do not require acute level care.

  Evidence suggests that patient outcomes are enhanced by robust delivery of community care, including a step-up and step-down approach to the management of individual episodes of need and long-term conditions. This, together with flexible and accessible community beds within community hospitals, have been shown to deliver beneficial outcomes for patients nationwide.

Patient experience of community mental health services

Listening to and acting on feedback from people who use community mental health services remains central to Humber Teaching NHS Foundation Trust's approach to quality improvement. Patient experience information, including people's experience of contact with health and social care workers, is considered alongside safety, effectiveness and workforce intelligence to provide assurance regarding the quality of care delivered and to inform improvement activity.

The Trust's primary indicator for patient experience of community mental health services is the NHS Community Mental Health Service User Survey. This nationally delivered survey provides validated and benchmarked data, enabling comparison with other providers and assessment of change over time.

The Community Mental Health Survey 2025 was undertaken between August and November 2025. A nationally generated random sample of 1,250 people who had used community mental health services during April and May 2025 were invited to take part. A total of 221 completed surveys were returned, resulting in a validated response rate of 18.7 per cent. This is consistent with the Trust's response rate in the 2024 survey and remains within the upper national response-rate range.

All scores presented below are measured on a scale from 0 to 10, where 10 represents the best possible experience.

For the 2024 survey, the Trust's overall patient experience score for community mental health services was slightly higher than the national average. However, in 2025, the Trust's score dropped slightly below the national average where all section-level scores were below benchmark and no questions were positioned within the highest national performance quintile, indicating ongoing challenges in how services are experienced.

Table 1 summarises the Trust's overall scores for both surveys.

Table 1: Overall patient experience scores (score out of 10)

Survey Year	Trust Score	National Average
2024	6.73	6.66
2025	6.5	6.86

Overall, this year's results are consistent with the national picture where the majority of scores remained within the middle national performance range. These include privacy during therapy sessions, knowing who to contact in the event of a crisis, being given a diagnosis, and clarity about who to contact with questions or concerns about care or treatment. These findings indicate that where contact occurs, many service users experience respectful interactions, appropriate privacy and clear information.

Several questions relating directly to service users' experience of contact with services remained within the lowest national percentile in 2025, areas include support for physical health needs, employment, finances and social participation, alongside aspects of access and continuity of care.

Table 2 highlights key areas of deterioration or continued low performance.

Table 2: Selected lowest-scoring areas in the 2025 survey (score out of 10)

Question Area	2024 Score	2025 Score
Support for physical health needs	4.60	2.00
Help or advice with finding or keeping work	1.95	1.88
Help or advice with joining groups or activities	4.12	3.52
Overall perception that support meets needs	4.85	4.37

An increase in "do not know" responses across several questions suggests that some service users do not feel sufficiently informed or involved in their care. Variation between services and teams continues to indicate inconsistency in how contact with community mental health services is experienced.

Actions implemented following the Community Mental Health Survey 2024 focused on care planning, involvement in decision-making, medication discussions and family and carer involvement.

In the 2025 survey, modest improvement was evident in aspects of communication, including discussion of medication and clarity regarding diagnosis. However, the results indicate that these improvements have not yet been experienced consistently across all service areas, particularly in relation to access, continuity and wider wellbeing support.

In response to the 2025 survey findings, refreshed improvement plans are in place for 2026/27, with oversight through the Community Mental Health Survey Steering Group and established Trust governance arrangements.

Priority areas include; to improve proactive contact while people are waiting for care, to strengthen continuity and regular care reviews, to improve crisis support including family and carer involvement, and to address gaps in support for physical health and wider social needs.

Progress is monitored through service-level action plans, routine PULSE surveys and Quality Committee oversight. Experts by Experience continue to be involved in improvement activities to support co-production.

The Trust is assured that validated national survey data, robust governance arrangements and clear improvement plans are in place to address the issues identified through the Community Mental Health Surveys. While areas of strength are evident, the 2025 results confirm that further improvement is required to ensure positive change is consistently experienced by people using community mental health services. Improving patient experience will remain a priority during 2026/27.

Recommending our Trust as a Provider of Care

Question: If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation

The National Quarterly Pulse Survey (NQPS) continues to provide the Trust with valuable insights into staff experience throughout the year. Alongside the annual Staff Survey, the NQPS enables us to monitor advocacy, confidence in care, and how well our services reflect the NHS People Promise, particularly ensuring that our staff have *"a voice that counts".*

Understanding whether staff would recommend the Trust as a provider of care to their family and friends is a key indicator of the quality and safety of our services. The question, *"If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation,"* forms a core part of our National Staff Survey and People Pulse advocacy measure.

Performance Summary 2025/26

Across 2025/26, the Pulse Survey results show that a consistent majority of staff remain confident in the care delivered by the Trust. Agreement levels ranged from 65.3% to 70.1% throughout the Pulse Survey periods, with the 2025 Annual NHS Staff Survey reporting the highest level of advocacy at 73.0%, exceeding the 2024 response, comparators and our benchmark group.

Although Pulse Survey response rates are lower than the annual survey (ranging between 6.3% and 11.8%, compared with 64% for the annual survey), trends across the data show stability and sustained staff confidence.

Quarterly and Annual Results

Survey Period	Response Rate	% of staff who would recommend our Trust as a provider of care
2025-26 Q1	7.5%	70.1%
2025-26 Q2	11.8%	67.1%
2025 – Q3 Annual NHS Staff Survey	64%	73%
2025-26 Q4	6.3%	65.3%

Comparison with other Trusts

Where benchmarking is available, our Trust continues to perform above the average of all Trusts using the same Pulse Survey provider, with scores between 11.7% and 16.5% higher than national comparators. Our results also remain 8.8% to 13.6% higher than the Mental Health & Learning Disability/Community Trust benchmarking group.

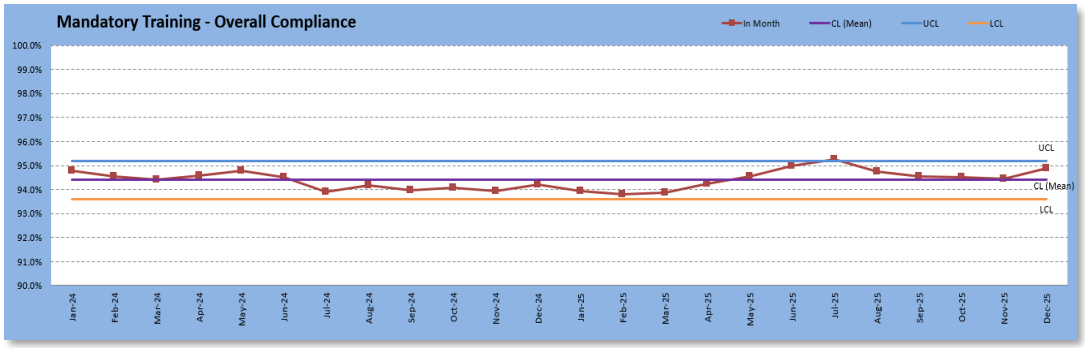
We have taken the following actions to improve workforce experience:

- Review and refresh of the Trust People Strategy in line with the 10-year health plan and National Oversight Framework.
- Further development of the Health and Wellbeing proposition at the Trust that includes the continued focus on MSK and Psychological support.
- Continued focus on developing Equality Diversity and Inclusion networks to maximise voice, involvement and representation of ethnically diverse, Disabled and LGTBQ+ groups.
- The Trust refreshed and relaunched the Respect and No Excuse for Abuse frameworks, which seek to create a safe environment to report Bullying, Harassment and Abuse from colleagues and patients.
- Continued focus on existing talent and recruiting new with apprenticeships, with over 4187 hours of work experience offered to young people, with 145 individuals undertaking apprenticeships since March 2025.

- Refreshed the Humber Talent Programme and celebrated the successful completion of all 10 delegates and delivering tangible outcomes including internal promotions, external qualifications, apprenticeships, extensive mentoring and coaching support, cross-team shadowing, QI project development, personalised PDPs, and progression into further leadership pathways. This programme continues to enhance talent retention, capability building and leadership readiness across the Trust.
- Ongoing participation within the PROUD Alumni program, creating an active development community of over 330 leaders and aspiring managers. Over the past year the Alumni has delivered targeted leadership workshops, introduced a biannual newsletter, and co-created a bespoke Change Model, helping to sustain leadership momentum, strengthen cross-divisional networks, and embed our leadership behaviours beyond formal programmes.
- Strengthened our organisational approach to workforce safety and experience by implementing a comprehensive sexual safety programme. This includes clear executive and operational leadership, strengthened governance, Trust-wide sexual safety risk assessments, a revised Sexual Misconduct Policy with a centralised reporting route, supported by trained specialist triage, dedicated resources and extensive staff communications.
- Implemented the 'Towards a Healthier Workforce' multi-disciplinary team approach to addressing sickness absence. Embedding the Rapid Response Sickness Intervention Model across 38 teams and establishing a focused working group to strengthen sickness management (including a new policy, manager training and enhanced psychological support), resulting in early positive improvements in sickness rates, reductions in long-term cases, targeted action in hotspot areas, and strengthened oversight of cases nearing half/nil pay to improve staff wellbeing and workforce sustainability.
- Strengthened our employee relations case management through the consistent utilisation of the NHS Being Fair tool, alongside learning undertaken through the Trust's Reducing Avoidable Harm Group to explore staff experience. This approach supports fair, proportionate decision-making improves consistency and uses insight from staff experience, themes and contributory factors to inform preventative actions, early resolution and the reduction of avoidable harm to staff and patients.
- Launched the Everyday Skills Hub, improving access to high-quality learning resources that support staff to develop essential skills for the modern healthcare workplace. The Hub strengthens capability in areas such as communication, collaboration, digital confidence and personal effectiveness, supporting staff development, engagement and the delivery of safe, high-quality patient care.

Statutory and Mandatory Training Compliance

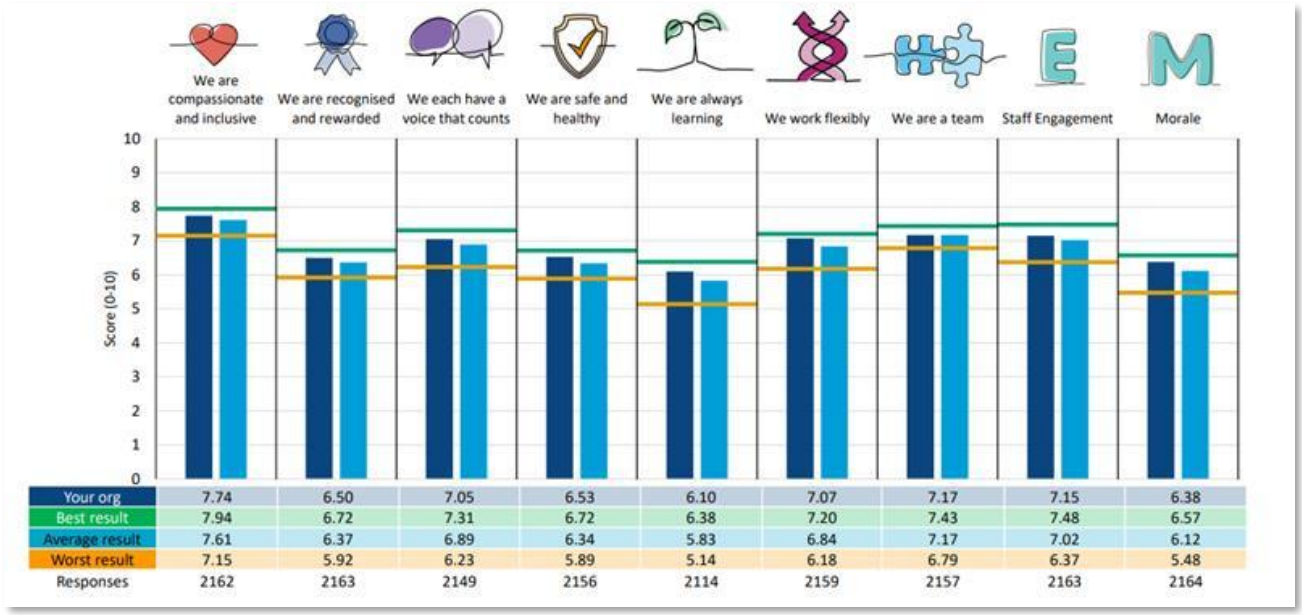
The Board places great importance on statutory and mandatory training compliance, recognising its direct link to safe, high quality patient care and positive clinical outcomes. The Trust continues to lead the way in this area, maintaining consistently high levels of compliance that exceed national benchmarks. Each area of the Trust receives a monthly compliance report, and managers have access to self-service dashboards to monitor performance and take timely action where gaps emerge. Our focus on ensuring that every role receives the right level of training at the right time has enabled this strong and sustained performance. As of December 2025, overall statutory and mandatory training compliance stands at 94.9 percent.



Alongside maintaining high compliance, the Trust is now placing greater emphasis on understanding and addressing the reasons behind non-attendance and suboptimal learner behaviours. This includes targeted interventions for staff who do not attend booked sessions, refining training delivery models, and improving the learner experience to encourage full engagement. These actions aim to strengthen the quality and impact of training, ensuring it is meaningful, accessible and applied in practice.

This combined approach supports our commitment to delivering safe, effective, person-centred care and ensures that colleagues remain confident, competent and well equipped in their roles.

Staff Survey Results 2025
People Promise Themes Overview



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.74	6.50	7.05	6.53	6.10	7.07	7.17	7.15	6.38
Best result	7.94	6.72	7.31	6.72	6.38	7.20	7.43	7.48	6.57
Average result	7.61	6.37	6.89	6.34	5.83	6.84	7.17	7.02	6.12
Worst result	7.15	5.92	6.23	5.89	5.14	6.18	6.79	6.37	5.48
Responses	2162	2163	2149	2156	2114	2159	2157	2163	2164

The 2025 National Staff Survey provides a comprehensive and reliable assessment of colleagues' experience across Humber Teaching NHS Foundation Trust. Participation increased significantly to 64%, the highest response rate the Trust has achieved, enhancing the robustness of the findings and giving a clear and representative picture of what it feels like to work at Humber.

Overall, the Trust continues to perform above the national average across all seven People Promise themes, as well as the overarching themes of Staff Engagement and Morale. This places the Trust in a high performing position when compared with similar organisations. Five year trend data demonstrates sustained strength in areas such as compassionate culture, inclusion, teamworking and flexible working.

While the Trust remains comparatively strong, the 2025 results also highlight areas that require renewed focus. Of the 108 scored questions, 39 improved and 69 marginally declined compared with 2024. The most notable deteriorations relate to colleagues feeling valued, the perceived quality of appraisal conversations, indicators associated with burnout, and musculoskeletal health. These themes align with national NHS workforce pressures and reflect where colleagues are experiencing the greatest strain.

Despite these challenges, a number of positive indicators remain consistently high. 88% of colleagues report that their work makes a difference to patients, 82% agree that patient care is the

Trust's top priority, and 70% would recommend the Trust as a place to work. The Trust's performance on equality, diversity and inclusion continues to exceed national comparators, with lower reported levels of bullying, harassment and discrimination than seen in similar organisations.

Following detailed analysis of the full dataset, the Trust has agreed four organisational focus areas to guide the next phase of improvement activity:

1. Quality of appraisals, improving the consistency, value and developmental focus of appraisal conversations.
2. Health and wellbeing, with targeted action on musculoskeletal health and burnout, recognising the notable decline in these measures.
3. Raising concerns and speaking up, strengthening psychological safety and addressing small declines in confidence to speak up.
4. Feeling valued, supported by a Trust wide listening exercise to understand what most influences colleagues' experience and to prioritise the actions that matter most.

These focus areas will be monitored through the People and OD Committee and Executive Management Team, with progress reported through the Quality Accounts in 2026.

Annual reporting on rota gaps and vacancies

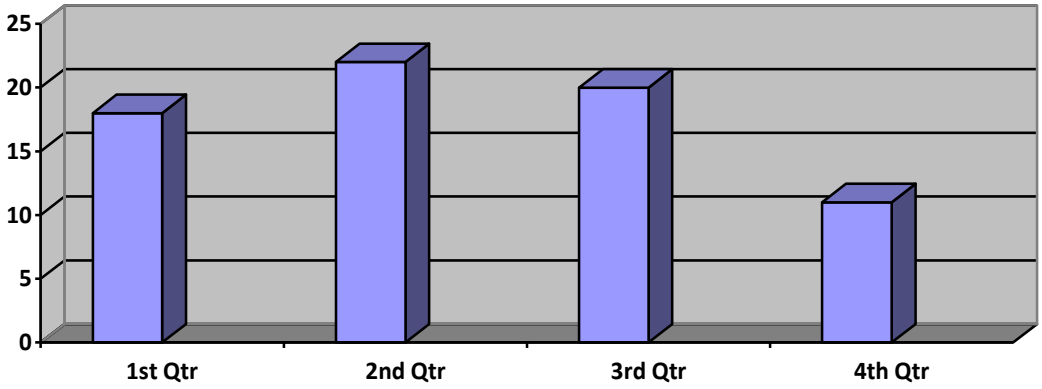
Annual Reporting on Rota Gaps and Vacancies
In line with national contractual requirements, the Trust has continued to produce quarterly reports on rota gaps, vacancies and safe working hours for doctors in training. This consolidated annual summary draws together workforce data, exception reporting trends and actions taken during the reporting period to mitigate rota gaps and improve rota resilience.

Workforce Establishment and Rota Coverage
Across the year, resident doctor numbers remained broadly stable, with planned fluctuations linked to rotation changes, maternity leave, long-term sick leave and trainee progression. The Trust supported a mix of full-time and less-than-full-time (LTFT) trainees across Foundation, Core, Higher and GP training grades. Periods of reduced capacity were primarily attributable to maternity leave (up to three Core Trainees and one Higher Trainee concurrently), long-term sickness absence, and the expected exit of a Higher Trainee at completion of training.

Generic work schedules and individual rotas were issued in a timely manner, with all work schedules sent at least eight weeks in advance of placements. Access to live rotas was maintained throughout the year, supporting transparency and forward planning. Transition planning was undertaken ahead of the introduction of the new electronic rota system.

Rota Gaps and Exception Reporting
Exception reporting was used as the primary mechanism to identify pressure points related to workload and rota gaps. Over the 12-month period, the number of exception reports reduced across successive quarters (from 18–22 reports earlier in the year to 11 in the most recent quarter). The majority of reports related to hours of working and workload intensity during on-call periods, particularly out-of-hours admissions. A small number of reports raised immediate patient safety concerns earlier in the year; none were reported in the final quarter.

No exceptions relating to missed educational opportunities or inadequate service support were reported, and no fines were issued during the year.



Contributory Factors

Periods of increased pressure coincided with known workforce constraints, industrial action by the British Medical Association, and higher clinical demand. Despite these challenges, oversight from the Guardian of Safe Working confirmed that patient safety was maintained throughout the year.

Actions Taken and Improvement Plan

The Trust has implemented and strengthened the following measures to reduce rota gaps and their impact:

- Proactive workforce monitoring, including regular review of maternity leave, LTFT (Less Than Full Time) working patterns and trainee exits.
- Timely work schedules and improved rota visibility through shared systems and transition to a new rota platform.
- Ongoing Guardian of Safe Working oversight, with regular engagement through the Resident Doctor Forum.
- Clear escalation routes for workload pressures and payment concerns, with encouragement of exception reporting where training or safety may be compromised.
- Preparation for updated exception reporting processes, including enhanced monitoring tools, to support more responsive rota management.

Conclusion

The Trust recognises the ongoing challenges posed by rota gaps and workforce pressures and remains committed to reducing these through robust monitoring, early planning, active trainee engagement and continuous improvement of rota management processes. Progress over the year is demonstrated by reduced exception reporting and the absence of patient safety concerns in the latter part of the reporting period. Oversight from the Guardian of Safe Working confirmed that patient safety was maintained throughout the year.

Patient Safety

For reporting period 1st April 2025 – 31st March 2026, 8859 patient safety incidents were reported (data based on reported date and marked as a patient safety event for LFPSE upload / national reporting).

- [5841 and 65.93%] reported as no harm.
- [2762 and 31.18%] reported as low harm.
- [221 and 2.49%] reported as moderate harm.
- [5 and 0.06%] reported as severe harm.
- [30 and 0.34%] reported as death.

When compared with the most recent national dataset of patient safety events uploaded to the Learn From Patient Safety Events (LFPSE) service, the Trust is a higher reporter of both low and no harm incidents, and a lower reporter of incidents resulting in moderate harm or above.

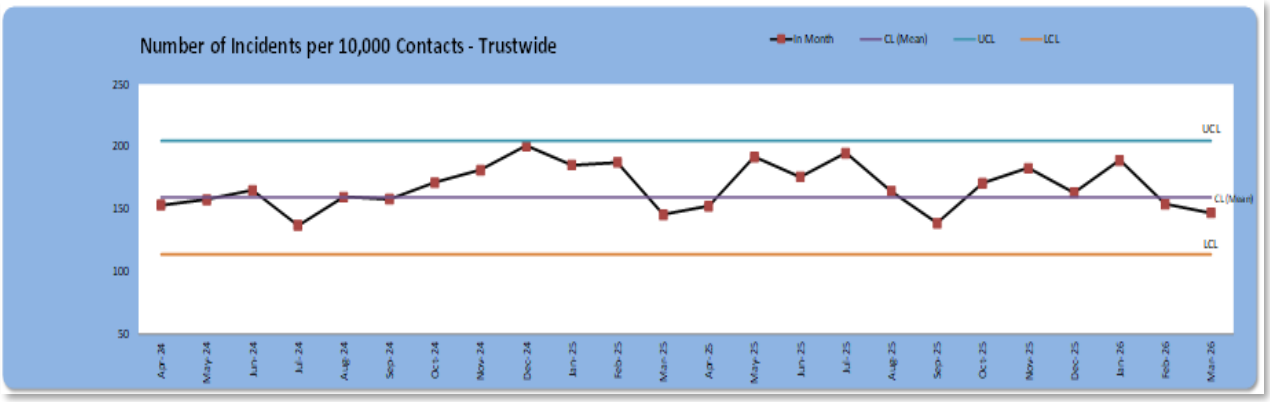
This is widely accepted as a marker of a mature safety culture in the NHS:

- Higher reporting of low and no harm incidents suggests staff feel psychologically safe to report issues, near misses, and minor events without fear of blame.
- Lower reporting of moderate harm or above may indicate:
    - earlier identification of risk,
    - effective controls and escalation,
    - harm is being prevented before it becomes serious.

National patient safety guidance (including NHSE and the former NRLS/LFPSE analysis) regularly interprets this combination as consistent with a learning-oriented, transparent reporting culture, rather than under-reporting.

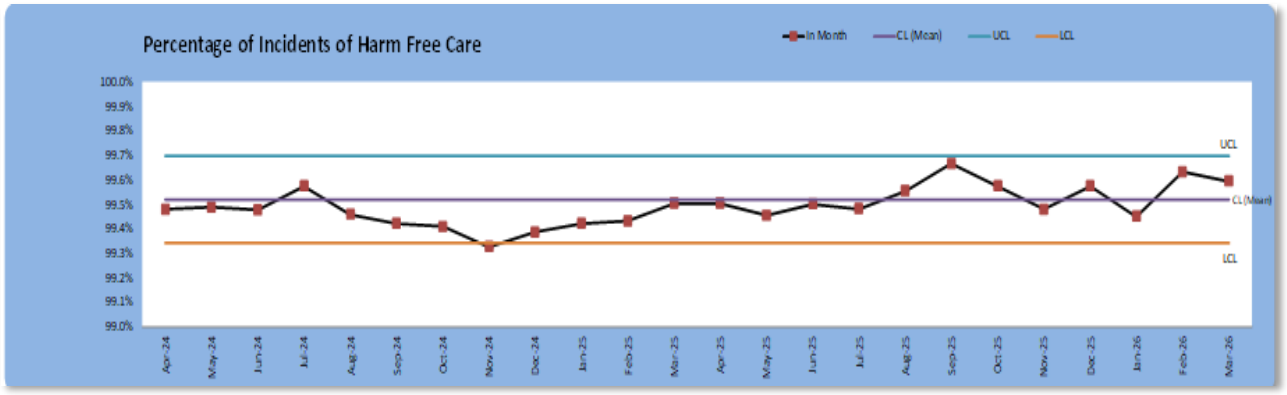
The LFPSE data for Q3 (October - December) is included below:
Q3 2025/26 National Patient Safety Incidents by Severity (latest available data)

- No harm – 64.19%
- Low harm – 29.88%
- Moderate harm – 4.92%
- Severe Harm – 0.51%
- Death – 0.5%



The Trust's incident reporting rate has remained stable throughout 2024–2026, with all monthly incident rates falling within upper and lower control limits. This demonstrates a consistent level of reporting. There were some month-to-month fluctuations, however, none represent significant variation and do not indicate any underlying deterioration in safety performance. The stability of the

chart suggests a mature and reliable reporting culture, with incident rates remaining close to the Trust's long-term mean of approximately 150 incidents per 10,000 contacts.



The percentage of harm-free care delivered across the Trust has remained consistently high and statistically stable between April 2024 and March 2026. All monthly values remain within control limits. Harm-free care consistently sits between 99.3% and 99.6%. This demonstrates a reliable level of safe care delivery and reaffirms that the Trust continues to maintain strong clinical governance and effective safety processes.

How we learn from Patient Safety Incidents

At Humber Teaching NHS Foundation Trust, learning is embedded through our Patient Safety Incident Response Plan (PSIRP), which outlines how we prioritise patient safety events, undertake system-based reviews, and ensure learning leads to sustainable improvement. During 2025/26, both our Patient Safety Incident Response Policy and Plan were reviewed and updated to maintain alignment with national PSIRF requirements and strengthen our responsive, transparent approach to safer care.

We are committed to an open, collaborative learning culture grounded in system-based review methodology, restorative just culture, and psychological safety. This enables staff, patients, service users, and families to speak up confidently, knowing their concerns will be listened to and acted upon.

Compassionate, inclusive, and collaborative leadership is central to sustaining this culture. Evidence shows that compassionate leadership is key to delivering high-quality care and addressing long-standing cultural challenges across the NHS (Kings Fund, 2022), making leadership a significant driver of safety culture.

A strong patient safety culture is essential in reducing harm. Environments shaped by fear or blame undermine learning and improvement, whereas a systems-based approach, focused on understanding what goes well and where outcomes differ from intent, supports meaningful and sustained safety progress.

Whilst full details of our learning from patient safety incidents can be found in our Patient Safety annual reports here is a summary of some key achievements from 2025/26

Learning from deaths: A suicide and self-harm prevention strategic plan has been developed, alongside strengthened governance and oversight arrangements for learning from deaths, ensuring learning is identified, shared, and embedded into practice.

Workforce capacity, training, and support have been enhanced through ongoing training (including physical health, autism, triage and suicidality), bespoke supervision, peer support, new clinical and support roles, and clearer duty and supervision.

We reviewed of our arrangements under the Patient Safety Incident Response Framework and updated our **Patient Safety Incident Response Plan (2026-2029)**.

Service delivery has been strengthened through pathway reviews, allocation of key workers, clearer role definitions, improved MDT working, structured handovers, safety huddles, clarified escalation processes, and strengthened governance and audit activity.

PSIRF Internal Audit (Oct 2025) provided significant assurance that key requirements of the new Patient Safety Incident Response Framework (PSIRF) are being met.

Risk management has been reinforced with clearer triage thresholds, consistent use of the UK Mental Health Triage Tool, improved risk formulation and safeguarding tab on SystmOne, strengthened referral and screening processes, and better continuity of care through personalised contact information.

Continued to strengthen our approach to continuous learning and improvement through the development of our new **Patient Safety Priorities** for 2025-2027 based on organisational insight and learning, underpinned by Quality Improvement methodology.

We collated and responded to feedback gathered from a series for consultation events with our staff on our patient safety learning response tools and patient safety processes.

Information sharing and documentation have improved through the continued development of a single EPR system (SystmOne), clearer care plans and assessments and improved communication and information sharing across services.

The Trust uses the PDSA continuous improvement model to guide all quality improvement activity arising from incident learning and reviews, ensuring that improvements are tested, embedded, and sustained.

In March 2025 the Quality and Patient Safety Group and EMT approved our **Patient Safety Priorities** set for delivery during 2025- 2027. Our three priorities are based on insight from a variety of sources including learning from patient safety events and incident reporting, inquests, family feedback, complaints and feedback, safeguarding reviews, and key learning from inquiries and are aligned to our Trust's strategic goals.

Priority 1: Optimising our workforce well-being in response to patient safety incidents

Innovating quality and patient safety

Developing an effective and empowered workforce

Purpose

At Humber Teaching NHS Foundation Trust, we recognise the significant impact incidents can have on our staff while providing care for our patients. The Trust is committed to the well-being of our staff and to a trauma informed culture. We recognise that our staff can be affected by trauma in the same way our patients and service users may be.

Priority 2: Ensuring safe transfers of care and effective joint working practices

Innovating quality and patient safety

Enhancing prevention, wellbeing and recovery

Purpose

At Humber Teaching NHS Foundation Trust, we recognise the importance of continuity across a patient's care journey. Having a joined-up approach within our organisation and across partner organisations ensures risks are identified and managed and the transition of care is seamless. Care that is planned, organised and coordinated with people working together promotes positive experiences for our patients, their families and carers and improves patient outcomes.

Priority 3: Involving patients' families and carers in their care journey

Fostering integration, partnership and alliances

Promoting people, communities and social values

Innovating quality and patient safety

Purpose

At Humber Teaching NHS Foundation Trust, we recognise the importance of engaging and involving families, carers and significant others to help support their loved ones throughout their care journey. When a patient's family raises a concern, they will be listened to; they will be taken seriously and treated with compassion. Patient families and carers will be given the opportunity to actively participate, as appropriate, in planning and shared decision making.

Progress against our Patient Safety Priorities is reported to our Quality and Patient Safety Group, EMT and Quality Committee.

Healthcare Associated Infections (including C-difficile)

The NHS Standard Contract 2025/26: Minimising *Clostridioides difficile* and Gram-negative bloodstream infections outlines the quality requirements for acute NHS Trusts and Integrated Care Boards (ICBs) to minimise Clostridioides difficile (C. difficile) and Gram-negative Bloodstream Infections (GNBSIs) rates to threshold levels set by NHS England. The Trust currently has no contractually agreed thresholds in place for the number of HCAI's reported in 2025-2026, however individual HCAI cases continue to be monitored and reviewed as part of our focus to support the actions to reduce the risk of the infections and patient outcomes across the ICB. For 2025-2026, C.diff infection (CDI) cases are reported and subject to an After Action Review (AAR) when a stool specimen yielding a toxin positive C.diff result is taken on or post day 3 of admission.

Surveillance of Clostridioides difficile infections

Table 1 highlights the number of toxin positive C.difficile results yielded on or post day 3 within the Trust for the period highlighted. This is an improved position from 01 April 2024 to 31 March 2025, where a total of five CDI cases were reported and reviewed.

Clostridioides difficile Infections 2025-2026

	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	YTD
C.diff	0	0	1	0	1	0	0	0	0	1	0	0	3

The strengthening of effective antimicrobial stewardship, improved environmental cleaning, and enhanced isolation practices are deemed to have played a significant role in this reduction.

An AAR was completed for each CDI case and the learning included:

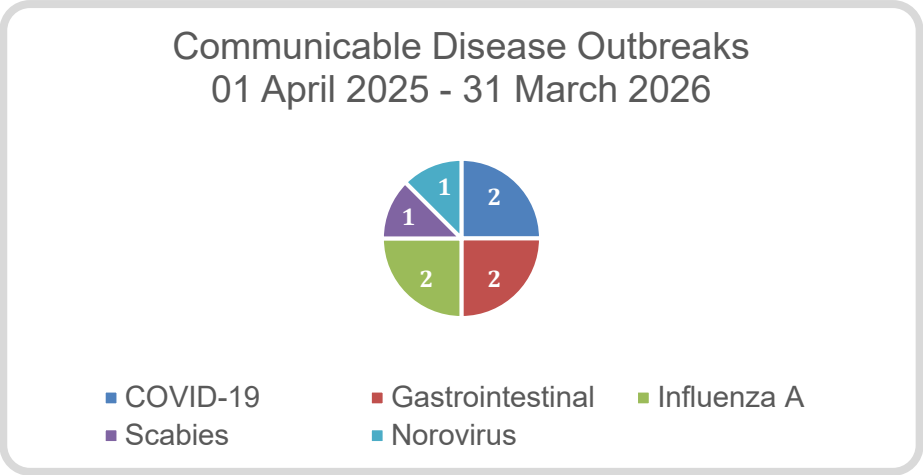
- Patients were managed in accordance with policy and guidance when experiencing diarrhoea, demonstrating strong adherence to safe care pathways and timely implementation of IPC measures.
- The need to improve information sharing when Trust Community Services are involved with a patient prior to step up admission.
- Patients had received multiple courses of antibiotics during an acute Trust admission before transferring to the Trust Community Ward.
- Trust antimicrobial prescribing was found to be appropriate and in line with stewardship principles.
- A lack of accurate clinical information provided prior to the patient transferred to a community ward (stool consistency and antibiotics) despite referral processes, this has been escalated back to the referring Trust for their learning.

In quarter 4 the IPC team commenced bespoke training for the management of patients with gastrointestinal symptoms and C.diff targeted for the community inpatient wards.

Bloodstream Infections

For the reporting period 01 April 2025 to 31 March 2026, there have been zero MRSA, MSSA and E. coli Bloodstream Infection (BSI) cases. This is a maintained position for the previous 2024-2025 reporting period.

Communicable Disease Outbreaks



Each outbreak is subject to an AAR, learning included:

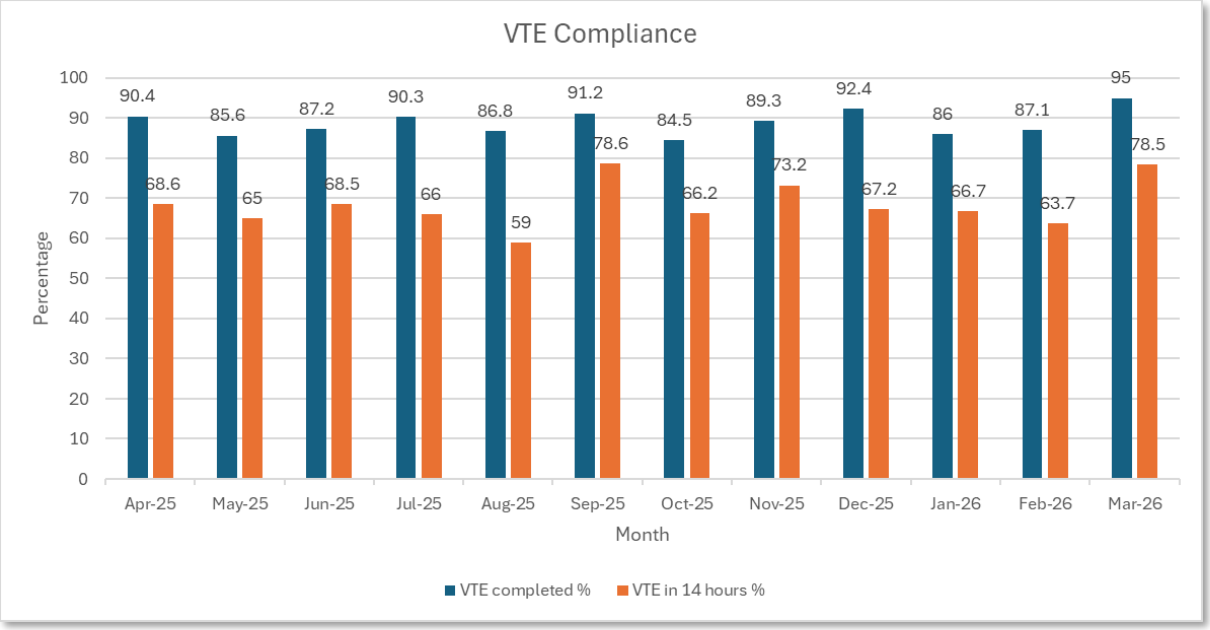
- Deteriorating patients were managed in accordance with policy and escalated appropriately, demonstrating adherence to safe care pathways.
- Prompt implementation of enhanced cleaning and IPC measures including universal mask wearing, helping to limit transmission and maintain safe environments.
- Effective communication demonstrated between ward and domestic staff and wider with staff supporting inpatient areas enabling coordinated responses.
- The management of staff displaying symptoms of a respiratory illness not always managed in accordance with Trust guidance. Managers and teams reminded of expectations to ensure consistent application of IPC protocols.
- Availability of swabs for wider respiratory screening not always readily available. Revised monitoring processes put in place to ensure improved stock oversight and timely access to testing materials.
- Food Hygiene elements reviewed including the management of takeaway food and staff training attendance and compliance.
- The challenges of differential diagnosis and access to specialists for advice in the management of scabies have been escalated via the regional ICB IPC Huddle, with partner organisations sharing similar experiences regarding the challenges in practice, highlighting a wider system learning need.
- The Unplanned Care - Mental Health Services Division has experienced seven outbreaks. The divisional Bed Escalation Process has been reviewed and approval processes underway to strengthen the outbreak response and patient flow management.
- Patient fed back thanks to the staff for their support during an Influenza outbreak.
- No suggestions received for future patient management from a patient perspective, patient feedback will continue to be sought to inform ongoing improvement.
- Work commenced in quarter 4 to develop a patient feedback mechanism through co-production to capture patient experience when required to isolate.
- A new Trust Transmission Based Precautions interactive learning resource using Artificial Intelligence (AI) to follow the scenario of *Doris*, an inpatient, and her journey as she becomes unwell with acute respiratory symptoms was developed and approved in Q4.

IPC Mandatory Training

Level 1 and Level 2 training compliance has consistently exceeded the baseline compliance target of 85% for the reporting period 01 April 2025 to 31 March 2026.

Venous Thromboembolism (VTE)

As a mental health, learning disability and community healthcare provider, Humber Teaching NHS Foundation Trust is not subject to the mandatory national VTE reporting requirements set out for acute NHS trusts. National VTE metrics in the NHS Standard Contract apply specifically to acute inpatient services, where the clinical risk of venous thromboembolism is significantly higher. Although our patient population is typically lower-risk, the Trust continues to apply NICE NG89 risk-assessment principles proportionately and ensures that patients who may be at risk of VTE are appropriately identified and managed.



Whilst overall compliance with VTE risk assessment was consistently high over the reporting period (84-95%), it did not meet the NHS Standard Contract threshold of 95% consistently. Performance on completing VTE assessments within 14 hours, which is the recommendation set out in the NICE guidelines, ranged from 59% to 78.6%.

There were challenges in monitoring VTE compliance during the transition to the new Electronic Patient Record which has now been rectified. However, during this time compliance has reduced when compared to the previous years.

At the end of the reporting period overall VTE compliance was 95% with VTEs completed within 14 hours at 78.5%.

This is an area of priority improvement for 2026-27 and a quality improvement project has been commissioned which will be overseen by the Executive Medical Director and reported to the Quality Committee.

Part 3: Other information on Quality Performance 2025/26

Part Three of this Quality Account provides an overview of the Trust's position within the NHS England National Oversight Framework (NOF), our performance against key national key indicators under the domains of patient safety, clinical effectiveness and patient experiences as well as other indicators monitored by the Board.

The National Oversight Framework was introduced by NHS England in **June 2025** to establish a consistent and transparent approach to assessing the performance of NHS Trusts and Foundation Trusts. Its purpose is to strengthen public accountability, support improvement and determine the level of oversight, autonomy and support required by individual organisations, based on performance against a defined set of national metrics aligned to NHS priorities.

Under the framework, providers are assessed and placed into performance segments, with segmentation informing NHS England's approach to oversight and improvement support. Trusts are also ranked within national league tables to enable benchmarking against peer organisations delivering similar services.

Humber Teaching NHS Foundation Trust is currently positioned in **Segment One** of the **non-acute provider league table,** this is based on Q3 data. The Trust has continued to improve its ranking from 22nd to 19th and is **currently positioned 7th nationally** among mental health, learning disability and community trusts. This placement reflects strong performance against the national oversight metrics and positions the Trust as the highest-performing organisation within the Humber and North Yorkshire Integrated Care Board area.

For **non-acute providers**, including mental health, learning disability and community trusts, performance is assessed across a focused set of operational, quality, workforce and financial metrics. These include:

- **Access and waiting times**, including delivery against national standards for mental health services.
- **Quality and safety indicators**, including patient experience and safety-related measures.
- **Workforce metrics**, such as staff sickness absence and retention.
- **Operational performance**, including productivity-related measures.
- **Financial performance**, with a financial override applied where organisations are in deficit or receiving deficit support.

The Performance and Productivity Group continues to focus on the Access and Productivity domains and has updated based on local metrics.

Within the Access domain, the percentage of patients waiting over 52 weeks for community services remained at 0% at the end of December. Local data for CYP Access shows an 18.5% increase in young people accessing mental health services; however, the nationally reported NOF position under-represents this activity due to the requirement for two data submissions during the phased implementation of SystmOne. NHS England has declined the request to merge these datasets, and this discrepancy will remain until April 2026. The Urgent Community Response (UCR) 2-hour metric continues to perform strongly, consistently exceeding 95% compliance since April 2024 and achieving a metric score of 1.05 based on a performance value of 98.12%, the highest among Trusts. UCR referrals have shown steady improvement, reaching 159 in December against a target of 150 per month. For Crisis services, 70% of in-scope patients received a face-to-face contact within 24 hours at the end of Q3, improving to 77.3% by the end of January and 93.5% as of 16 February 2026; the national average for Q2 was 69.1%, though more recent national data was unavailable.

Within the Productivity domain, Implied Workforce Productivity Growth—measuring output growth against workforce input—was most recently reported at 16.9% for September 2025, up from 13.0% in August, and above both the peer median (12.9%) and national median (3.9).

All services with a National Cost Collection Index score above 105 are being reviewed to identify where costs can be reduced or where output can be increased, ensuring that improvement opportunities are fully explored and acted upon.

	Q1	Q2	Q3
Segment Score	2	2	1
Access Domain Score	3.27	2.82	1.48
Effectiveness & Experience Domain Score	1.39	1.35	1.35
Patient Safety Domain Score	2.23	2.1	1.89
People and Workforce Domain Score	2.35	2.46	2.32
Finance & Productivity Domain Score	2.25	2.76	2.76

The Three Domains for Key National Indicators

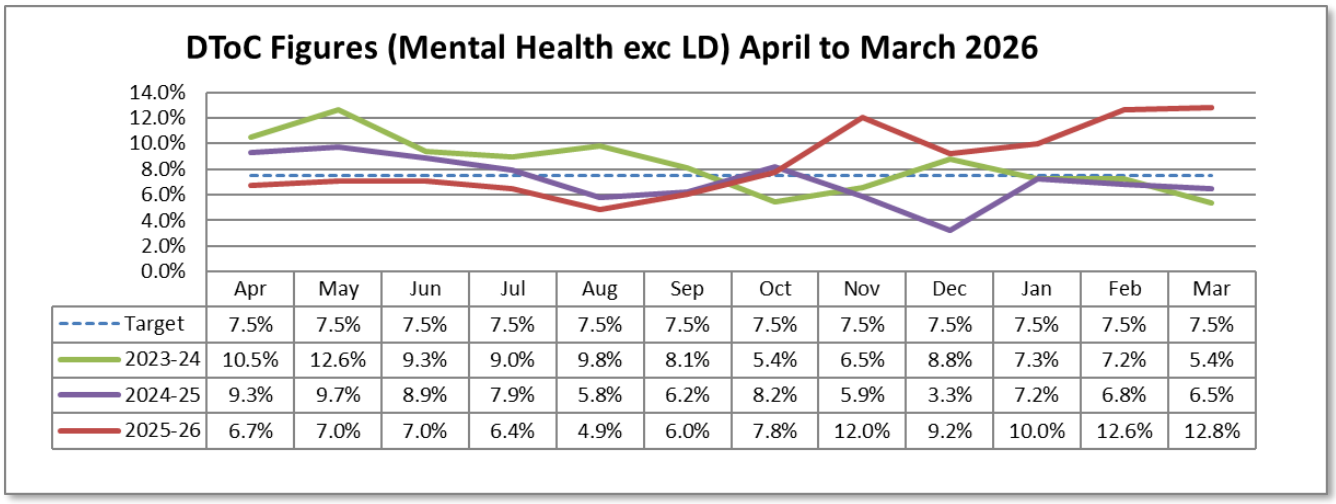
In this section we report on the key national indicators from the Single Oversight Framework (SOF) under the domains of patient safety, clinical effectiveness and patient experience. We are required to report a minimum of three for each domain. Where these have been included in Part 2 of the Quality Account, this is noted in the table below.

Domain	Indicator
Patient Safety	Seven day follow- up **(Part 2)**
	Clostridium Difficile (**Part 2**)
	Admissions of Young People under the age of 16 to Adult Facilities.
Clinical Effectiveness	Mental Health Delayed Transfers of Care (Clinically Ready for Discharge).
	Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral.
	Neurodiversity waiting lists.
	CAMHS eating disorders.
Patient Experience	Percentage of patients seen and discharged/transferred within four hours for minor injury units.
	Inappropriate out of area placements for adult mental health services.
	Improving access to psychological therapies (IAPT).

Mental Health Delayed Transfers of Care (Clinically Ready for Discharge)

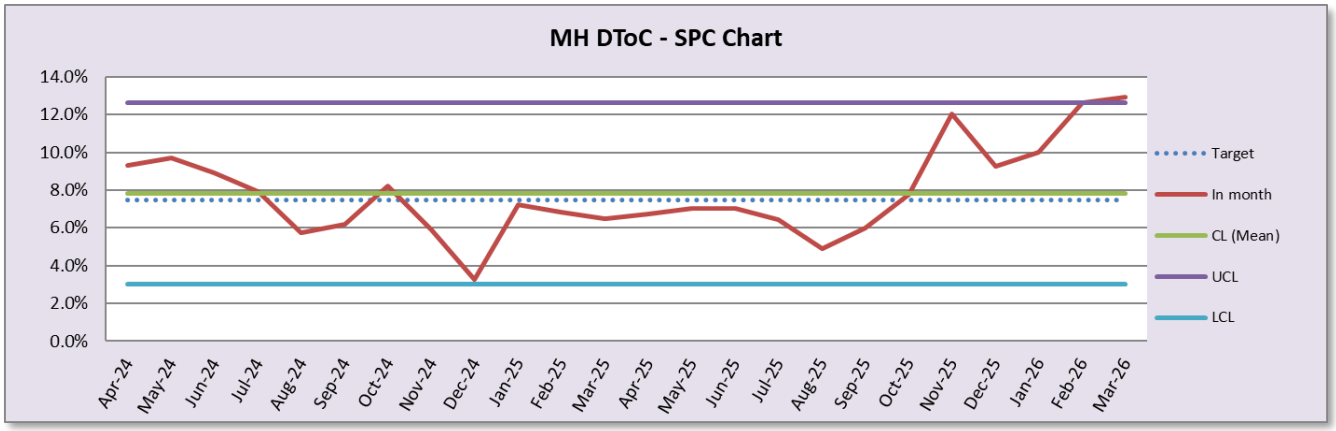
This indicator measures the impact of community-based care in facilitating timely discharge from a hospital and the mechanisms in place to support this. The aim is to ensure people receive the right care, in the right place, at the right time.

The target is to show less than 7.5% of delayed transfers. This figure compares the number of days delayed as the numerator against the number of occupied bed days (OBDs) as the denominator. In accordance with NHS Improvement (NHSI), the Trust only records mental health inpatient delayed discharges for patients aged 18 and over.



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Target	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%	7.5%
2023-24	10.5%	12.6%	9.3%	9.0%	9.8%	8.1%	5.4%	6.5%	8.8%	7.3%	7.2%	5.4%
2024-25	9.3%	9.7%	8.9%	7.9%	5.8%	6.2%	8.2%	5.9%	3.3%	7.2%	6.8%	6.5%
2025-26	6.7%	7.0%	7.0%	6.4%	4.9%	6.0%	7.8%	12.0%	9.2%	10.0%	12.6%	12.8%

	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
MH OBDs	***4196***	***4405***	***4023***	***4467***	***4449***	***4359***	***4251***	***4193***	***4351***	***4272***	***3999***	***4409***
MH DToC	282	310	283	288	217	262	330	504	402	427	505	570
	6.7%	7.0%	7.0%	6.4%	4.9%	6.0%	7.8%	12.0%	9.2%	10.0%	12.6%	12.9%



What the data is telling us

The charts indicate that an overall improvement in discharge delays was evident up to Q3 25/26, this was as a direct impact on the introduction of weekly Multi Agency Discharge meetings.

There has been a subsequent increase in discharge delays with increasing number of patients requiring care packages and housing. Patient vulnerability and complexity is adding to the challenges for social care and local authority housing.

What we have done

Weekly multi-agency discharge meetings continue with good attendance. Further work is underway to improve discharge planning with earlier input of social care particularly for patients on the older adult pathway.

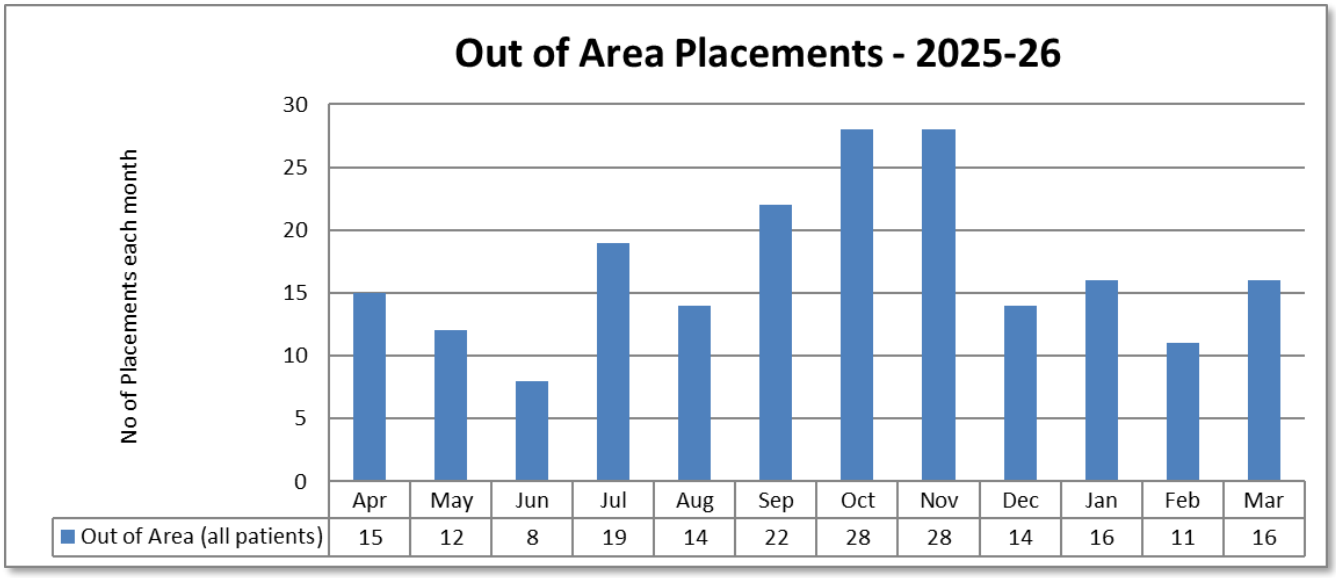
Impact and Outcomes

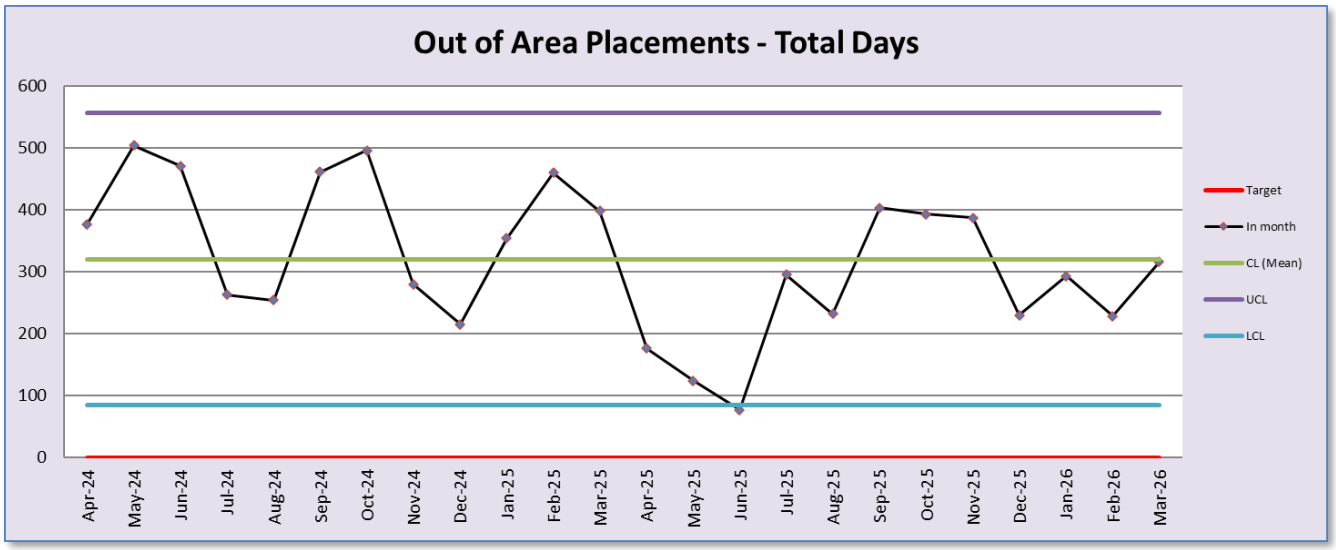
The introduction of the multi-agency discharge meetings has demonstrated a positive and strengthened coordination between partners and enhanced the timeliness of decision-making around discharge pathways. However, increasing challenges remain for patients with complex discharge needs, where multifaceted care requirements and limited pathway capacity continue to create delays despite the improved oversight processes.

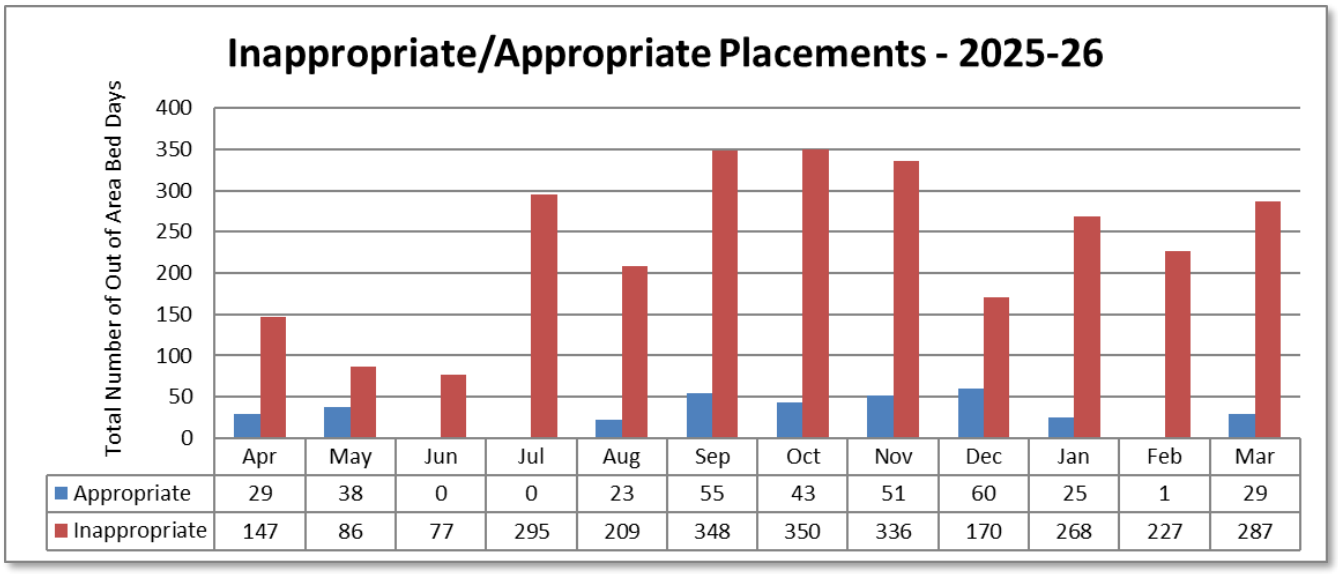
Out of Area Placements – including inappropriate placements

An out-of-area placement occurs when a patient with assessed acute mental health needs who requires non-specialised inpatient care, is admitted to a unit that does not form part of the usual local network of services. This includes inpatient units that:

- Are not operated by the patient's usual local mental health care provider, regardless of distance travelled or whether the admitting unit is run by an NHS organisation or Independent Sector Provider (ISP).
- Are not intended to admit people living in the catchment of the person's local community mental health team (CMHT).
- Are located in a place where the person cannot be visited regularly by their care coordinator to ensure continuity of care and effective discharge planning.







	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Appropriate	29	38	0	0	23	55	43	51	60	25	1	29
Inappropriate	147	86	77	295	209	348	350	336	170	268	227	287

What the data is telling us

Out of area bed days reduce in Q1 25/26 as to mitigate the pressure, older adults were temporarily placed in local adult acute beds; this approach has now ceased, and all current out-of-area placements relate solely to older adult services or PICU, both areas with recognised local capacity constraints.

What we have done

Investment has already been committed to two schemes to expand PICU and Older Adult bed capacity. An extension of PICU and the development of a female High Dependency Unit has commenced with project completion due by September 2026. PICU clinical pathways and the model of care is being redesigned to support the PICU development.

To support admission avoidance, the Trust has secured funding for the creation of four older adult step-up beds, supported by enhanced community provision, with an extension of both the Adult Crisis Support (ACS) and Crisis Intervention Team for Older People (CITOP). Suitable accommodation is being identified for the four step up beds, once found these initiatives will support admission avoidance.

Impact and Outcomes

Upon completion of the PICU/HDU development and pathway improvement, it is anticipated that inappropriate out of area placements will be reduced to zero. Similarly with the introduction of the step-up beds for older adults, the effectiveness of the community service provisions, to include Crisis Care In reach to Care Home services, ACS and CITOP, the need for out of area placements for this patient group will cease.

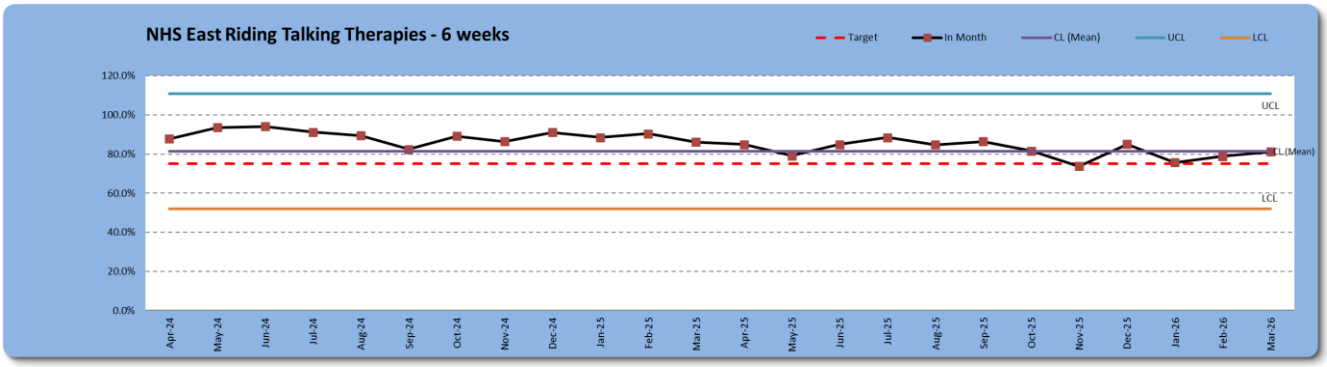
Improving Access to Psychological Therapies (now known as Talking Therapies)

The percentage of patients seen for treatment within 6 and 18 weeks of referral.

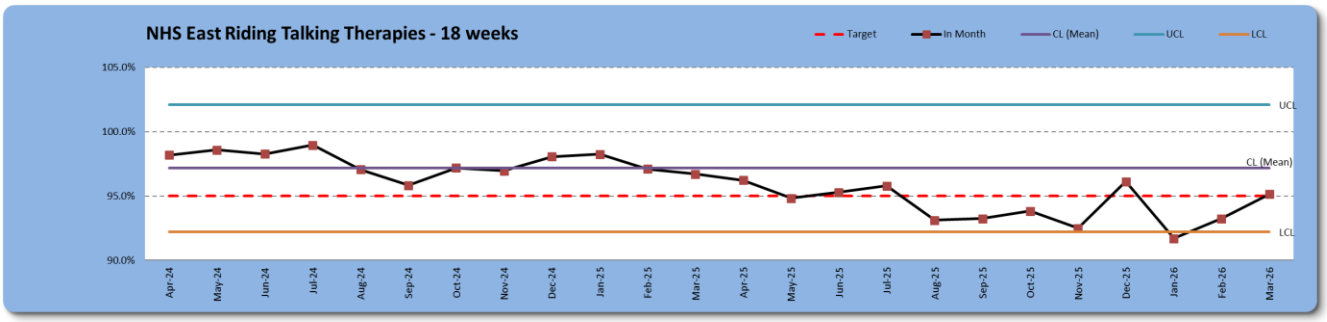
Talking Therapies access times and goals

The waiting time standard requires that 75% of people with common mental health conditions referred to the Improved Access to Psychological Therapies (IAPT) programme will be treated within 6 weeks of referral, and 95% will be treated within 18 weeks of referral. The standard applies to adults.

6 Week Target



18 Week Target



What the data is telling us

The graphs indicate that the 6-week waiting time standard remains above target with some deterioration over time.

The service is however facing increasing difficulty maintaining 18-week wait compliance due to changes in the service offer, together with rising complexity and demand, which has not been matched with additional funding.

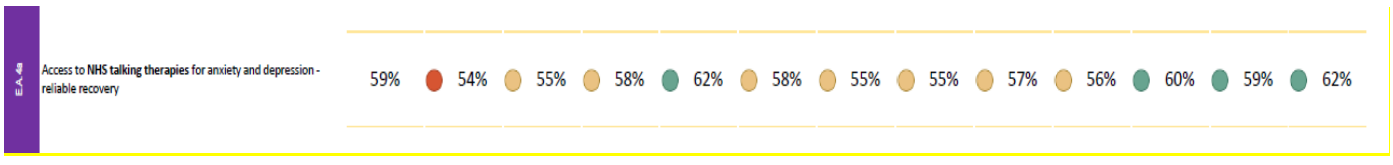
What we have done

The service has increased the number of sessions offered to patients in line with NICE guidance. This has reduced overall capacity and affected both 18-week and 6-week wait times. Workforce pressures, including sickness, maternity planning, reduced hours, and seasonal leave are compounding the challenge. A comprehensive plan is underway, covering productivity improvements, Did Not Attend (DNA) analysis, referrer and discharge-planning education, better leave management, and updates to the booking process.

Impact and Outcomes

The impact of the improvement plan is already being demonstrated in performance in Q4 with targets for the 6 week and 18 week standard being met. Despite these pressures, the service performed strongly in the 2024/25 National Cost Collection with a score of 93.92.

There is a stronger national focus on reliable recovery (expected to be included as part of the scored NOF in the future).



The national target for reliable recovery for 25/26 is 50% and the service have continued to achieve beyond this since January 2025.

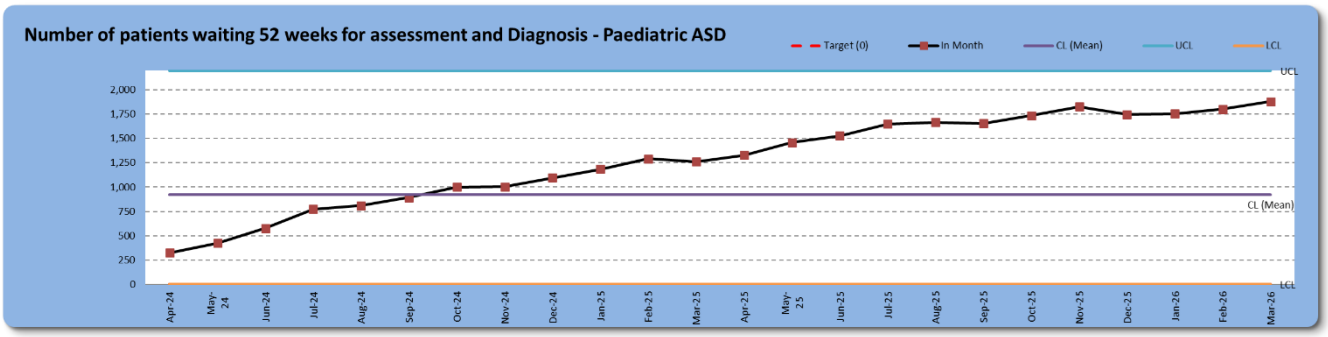
Neurodiversity waiting lists

Patients on a waiting list for Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) reflects the national picture due to a significant surge in referrals over recent years. This is considered to be in part due to increased public awareness of ASD and ADHD and other neurodivergent conditions.

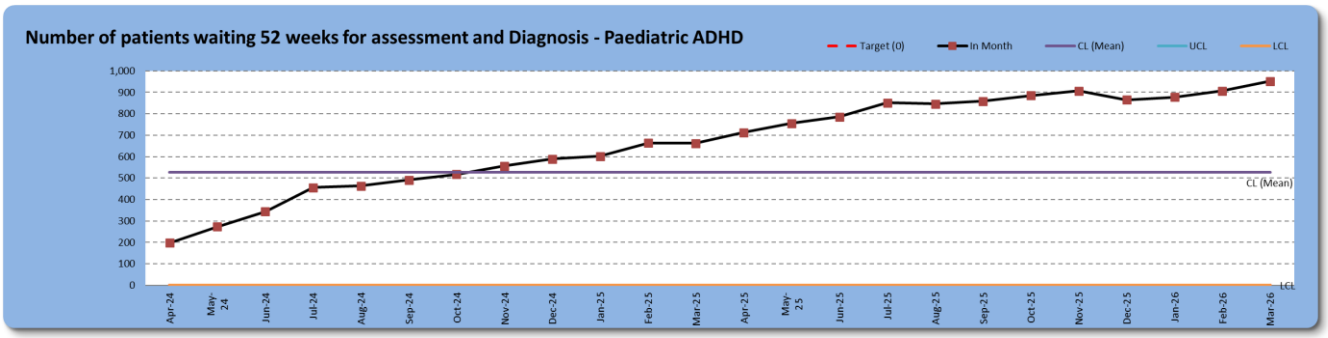
Whilst this is challenging, Humber Teaching NHS Foundation Trust continues to work closely with its partners and the ICB to tackle this increasing demand on services. The ICB are currently leading the work in developing a new delivery model in order to better match the available capacity in services with the rise in demand.

Waiting times for Adult and Children's ASD and ADHD are being closely monitored by the Trust with plans in place to support the Trust in managing the growing risk.

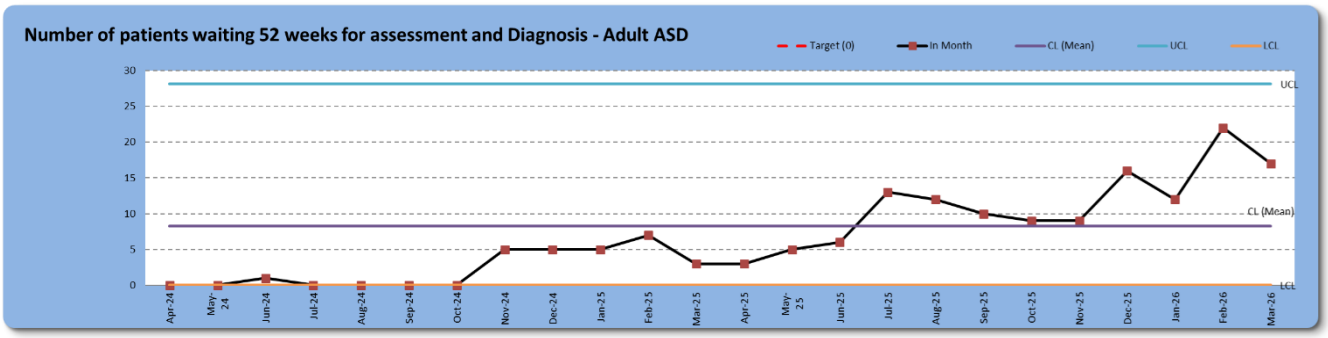
Children's Autism Spectrum Disorder (ASD)



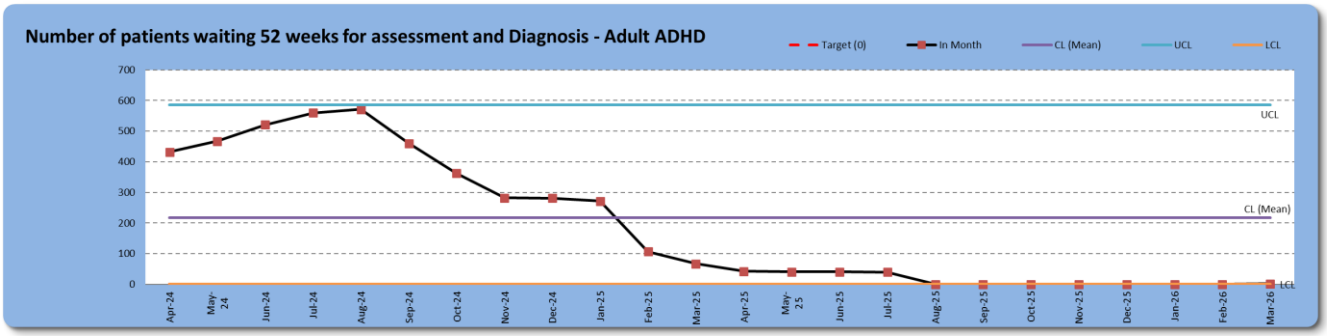
Children's Attention Deficit Hyperactivity Disorder (ADHD) Assessments



Adult Autism Spectrum Disorder (ASD)



Adult Attention Deficit Hyperactivity Disorder (ADHD)



What the data is telling us

Children's Neurodiversity Services

- 54% of the waiting list has exceeded 52 weeks, with waits of 130–143 weeks, but significant pathway improvement work is underway, including digital tools, school-based early intervention pilots, and strengthened post-diagnosis support.
- The Core Needs Pilot is showing strong early impact, reducing diagnostic referrals by around 50% in participating schools.

Adults' Neurodiversity Services

- The number of patients waiting over 52 weeks has begun to fall as the workforce is now fully established, with further reductions expected as transition processes are streamlined.
- New initiatives such as the Do-It Profiler, waiting list validation, and wellbeing contacts are expected to reduce unnecessary full assessments and improve flow.

What we have done

Collaborative work across the six ICB places is focused on streamlining and standardising assessment pathways, developing a needs-led model, and addressing gaps in provision, though investment is required to deliver the full redesign. In the meantime, local initiatives are helping to increase throughput and improve support, including the Core Needs Pilot in schools, enhanced post-diagnosis support via Matthews Hub, digital developments such as the Do-It-Profiler, refined ADHD intervention criteria, the PINS programme, strengthened mental health access pathways, "Well-Being While Waiting" resources, SEND Hub project management support, and additional MIND input into the ADHD duty service.

More recently, a local ADHD Taskforce Implementation Group has been set up to provide strategic oversight, co-ordination, and advice on the implementation of ADHD-related actions set out in Parts 1 and 2 of the NHS England Independent ADHD Task Force Report.

The Group will support consistent, high-quality, and equitable ADHD services across Hull and East Riding with a focus on reducing waiting times, improving care pathways to meet functional needs, strengthening workforce capacity, and ensuring continuity of care across the lifespan. The group will oversee implementation of the recommendations of the Independent ADHD taskforce working collaboratively to improve outcomes for children, young people, and adults with ADHD through joined-up policy, service design, and delivery.

Impact and Outcomes

Children's ASD and ADHD

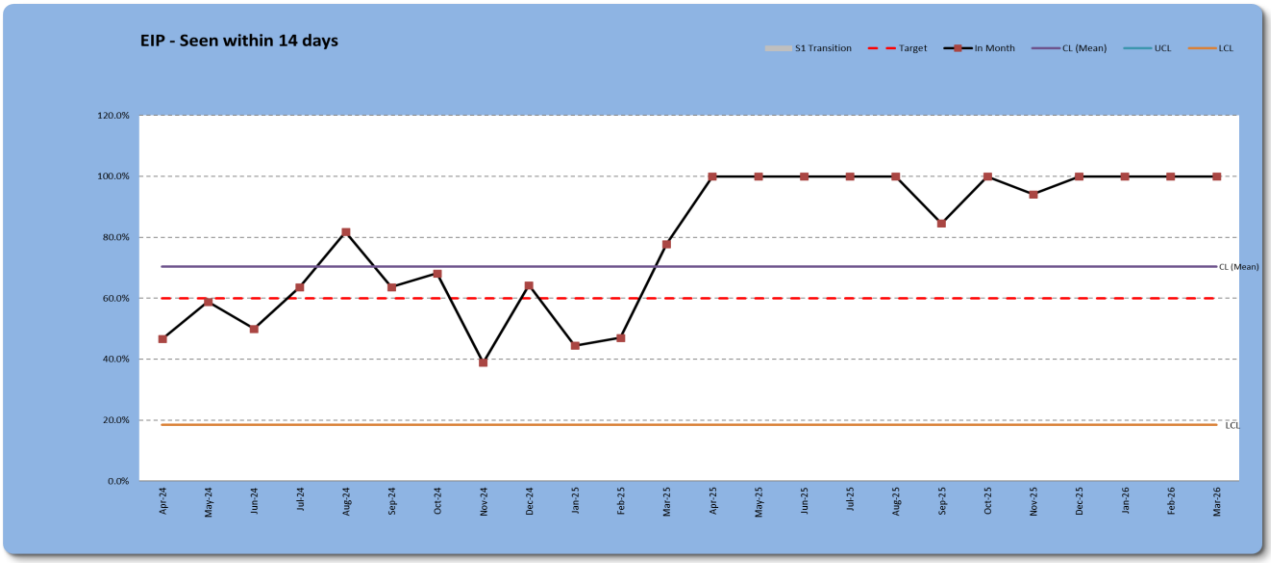
Children's neurodiversity services continue to face significant pressures, with 59% of the waiting list now exceeding 52 weeks and current waits for ASD and ADHD assessments range up to 160 week wait.

Adults' ASD and ADHD

In Adult Services, the number of patients waiting over 52 weeks remains relatively static and is influenced by patients transitioning from the children's service who have already incurred a long wait, this is supported by a fully established and trained workforce. The overall waiting list size is reducing overall. Work is underway to streamline transitions and minimise delays through early information gathering and the introduction of booking planned ring-fenced appointments in adult services in advance of the transition. Excluding transitions, current demand and capacity modelling indicates that waits could reduce to 38 weeks by May 2027. Further initiatives include implementation of the Do-It Profiler to improve triage and diagnosis, full waiting-list validation, a wellbeing/waiting-well pilot, and improvements to risk-assessment processes to ensure appropriate use of assessment slots while maintaining a clear and patient-centred route back into the service.

Early Intervention for Psychosis - Percentage of Patients Seen for Treatment within 14 Days of Referral

From April 2016, NHS England introduced a series of standards for Early Intervention for Psychosis teams to meet in the delivery and shaping of services with these being measured and teams working towards achieving national accreditation. The access and waiting time standard for early intervention in psychosis (EIP) services requires that more than 60% of people experiencing first episode psychosis will be treated, with a NICE-approved care package, within two weeks of referral. The standard is targeted at people aged 14-65.



What the data is telling us

Strong and sustained performance continues against the 14-day standard, expected to remain stable as the redesigned pathways embed.

What we have done

A three-year Recovery and Quality Improvement Plan was established to support the implementation of the new model. Recent performance improvements are driven by stabilised referral levels, improved workforce stability, strengthened clinical leadership, enhanced screening, and better cross-service collaboration. A new age-range criteria came into effect on 23 February 2026, with a phased transition over three years as existing patients remain on caseload.

Impact and Outcomes

The new age-range criteria went live on 23 February 2026, with existing patients over 35 remaining within the service, meaning the full impact of the redesigned model will phase in gradually over a three-year period—mirroring the typical duration that patients remain on caseload. This transition underpins the newly established three-year Recovery and Quality Improvement Plan. Performance against the 14-day standard continues to be strong and is expected to remain stable as the new model embeds and pathways become more streamlined, supporting timely referral allocation and effective caseload management. Recent improvements reflect a positive combination of factors, including stabilised referral volumes, improved workforce stability, strengthened clinical leadership, enhanced referral screening processes, and increasingly collaborative working across services, all contributing to better and more sustainable outcomes.

Admission of Young People Under the Age of 16 to Adult Facilities

Inpatient Child and Adolescent Mental Health Services (CAMHS) General Adolescent Services deliver tertiary level care and treatment to young people with severe and/or complex mental disorders (12 to 18 years), associated with significant impairment and/or significant risk to themselves or others, such that their needs cannot be safely and adequately met by community CAMHS. In January 2020, we opened a CAMHS inpatient unit in Hull. The unit, named Inspire, has reduced the need for young people to be admitted to adult inpatient units, however, there are occasions when a bed or other CAMHS alternatives are not available, and an adult bed has had to be used.

The revised Code of Practice (2015) states if a young person is admitted in crisis, it should be for the briefest time possible.

There are some 17-year-olds who prefer to engage with adult mental health services and have a preference for being admitted to an adult ward environment when the need arises. However, even in these circumstances, there remains an obligation to ensure that safeguards are in place for someone under 18, in line with their status as a minor.

There is no national target set for this indicator, but the Trust aims to have no admissions of children into adult wards. During April 2025 to March 2026 there were **no admissions** of Under 16's to adult inpatient units.

What the data is telling us

Zero admissions of under 16s to adult inpatient facilities

What we have done

The Trust has strong governance arrangements and effective collaboration between children's and adult services to ensure that no young person under 16 is ever placed in an adult inpatient bed.

Impact and Outcomes

Robust system-wide processes and close partnership working mean that, in circumstances where an admission is required, an appropriate adolescent bed will always be sourced as a safe and suitable alternative.

CAMHS Eating Disorders

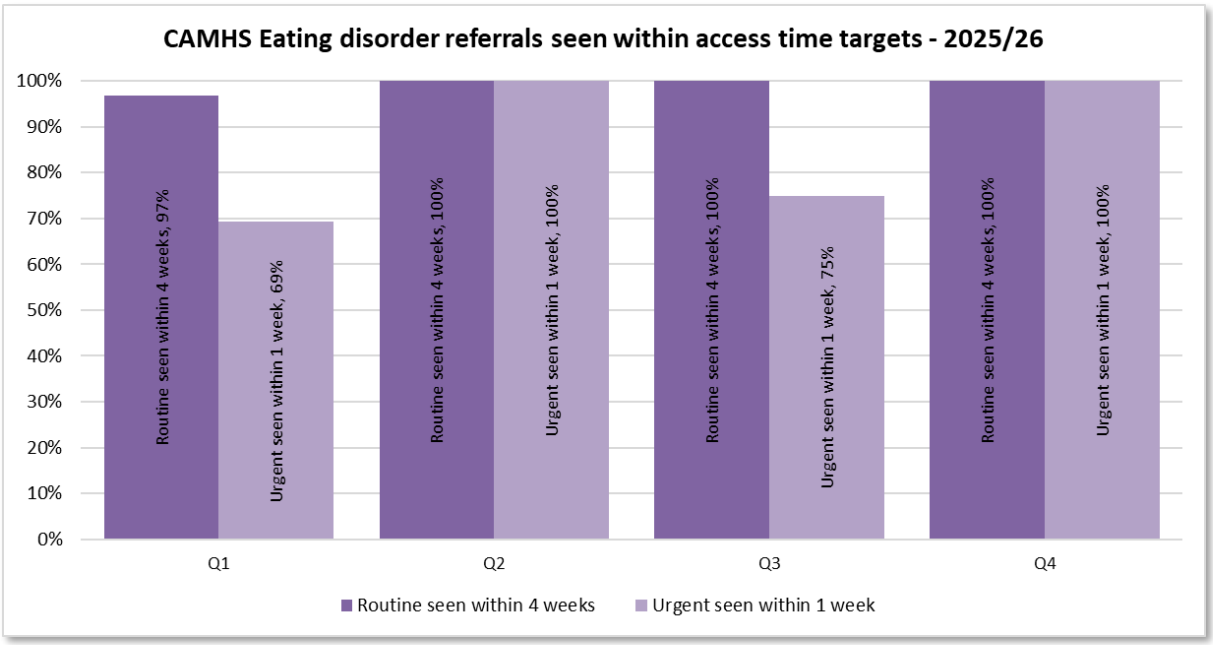
From April 2016, NHS England introduced a requirement for all children and young people's mental health service providers to establish a dedicated eating disorder team and introduced national access time targets for Children and Young People with an Eating Disorder (CYP ED).

The indicators look at the number of children and young people who have accessed, or are waiting for, treatment following a routine or urgent referral for a suspected eating disorder. Eating disorders present both an immediate risk to life and long-term health risks due to the pressure placed on internal organs by a severely restricted diet. For this reason, the access time targets for CYP ED are tighter than most other mental health conditions.

Children and young people (up to the age of 19) referred for assessment or treatment for an eating disorder should receive NICE-approved treatment with a designated healthcare professional within one week for urgent cases and four weeks for every other case. The standard includes all children and young people up to the age of 19 years in whatever setting (community or inpatients) the young person is receiving care.

From 2025, the service has also been commissioned to offer a limited targeted provision for young people presenting with ARFID (Avoidant/Restrictive Food Intake Disorder). Although the initial plan was to establish a dedicated Band 7 ARFID Practitioner role, it was later agreed that a team-based model would be more effective. This approach supports shared skill development, ensures service continuity during staff absences, and prevents gaps in ARFID expertise.

The provision is designed to deliver intervention for up to six high-risk ARFID cases, provide consultation to partner agencies, participate in a multi-agency feeding and eating difficulties MDT chaired by a Paediatrician, and deliver training.



What the data is telling us

The CAMHS Eating Disorder Team continues to maintain steady referral numbers and remains responsive within the required timeframes. While the performance tables show a number of apparent breaches, these relate primarily to data quality issues rather than delays in clinical practice. Work is already underway to strengthen referral processes and improve the accuracy of recorded pathways. The ED team have a positive track record of compliance with NHSE waiting time directives. This is still noted in today's reports.

What we have done

Alongside core Community Eating Disorder activity, the service is experiencing a sustained increase in referrals related to Avoidant and Restrictive Food Intake Disorder (ARFID). Nationally, ARFID is recognised as a relatively new diagnostic category encompassing a wide range of feeding difficulties driven by sensory features, low interest in food, or fears about adverse consequences such as choking or vomiting. The breadth and complexity of ARFID presentations mean that pathways are still developing across the UK, and specialist services are required to focus on high-risk cases where physical safety or significant deterioration is evident. The team are reviewing this issue with a focus on social determinants of health and causation. This allows for a preventative and more upstream and trauma informed model of practice to be implemented.

Over the last year we have embedded the Eating Disorder Intensive Treatment Team (EDITT) service to the acute pathway, and this service continues to make valuable contributions to the reduction of admission and out of area placements. We were selected as part of an NHSE good practice 'think tank' in April 2026 due to the exceptional performance this service achieves and to share this with NHSE who were looking for good practice.

Impact and Outcomes

Community Eating Disorder teams (including EDITT) receive excellent feedback and as mentioned above consistently good performance metrics.

Service Activity and ARFID Demand

Although the team is commissioned to carry a caseload of six ARFID patients, they are currently supporting approximately ten complex, high-risk ARFID cases. This reflects both the level of acuity and the need for specialist clinical oversight. These cases are monitored weekly to ensure safe care planning and prioritisation. Acceptance of ARFID referrals continues to be based on assessed clinical risk, and the team displays a clear, shared understanding of the threshold for intervention.

ARFID Consultations

The team provides both general consultations and ARFID-specific consultations to wider professionals. These consultations are requested in situations where schools, paediatrics, or Early Help colleagues feel stuck, unsure how to proceed, or concerned about risk.

In some high-risk or highly complex family circumstances, the Eating Disorder Team steps in directly to provide assessment and intervention. In others, the focus is on stabilising risk, offering guidance, and equipping the wider system to deliver consistent support.

A key message from the team is that ARFID-related work is particularly resource-intensive and requires sustained, skilled therapeutic involvement. This includes both direct family work and ongoing support to professional networks.

Regular multi-disciplinary ARFID meetings chaired by a Paediatrician are attended by senior clinicians within the eating disorder service. Approximately five cases are discussed each month, providing valuable cross-specialty oversight.

Training and Workforce Development

To strengthen organisational confidence in responding to ARFID, a pilot training initiative began in January. The training includes joint work with three families and practical skill development for staff across the 0–19 Team and Early Intervention services. This is delivered by Clinical Psychologists, drawing on learning from existing high-risk cases.

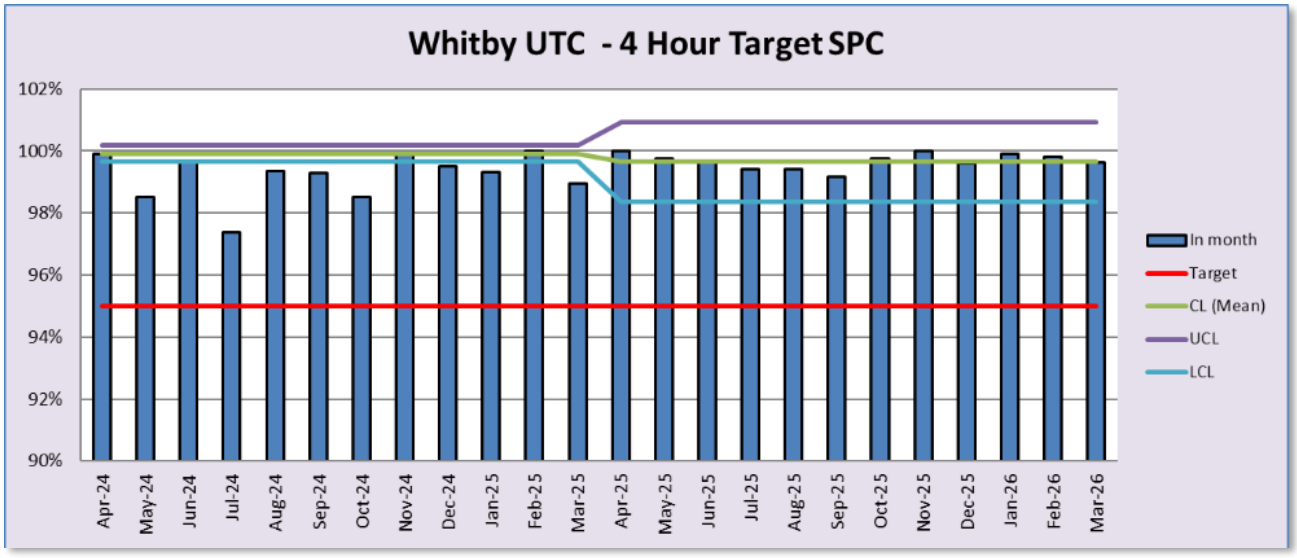
Percentage of patients seen and discharged or transferred within four hours for Urgent Treatment Centres

The national four-hour standard for Type 3 Accident and Emergency services, including Urgent Treatment Centres (UTCs) and Minor Injury Units (MIUs), requires that at least 95% of patients are admitted, transferred, or discharged within four hours of arrival.

Underlying the four-hour standard is the principle that patients should receive timely, high-quality care without unnecessary delay. The measure applies to patients who access unscheduled care without an appointment for the treatment of minor injuries or illnesses. For services to be included in national reporting, they must have an average weekly attendance of more than 50 patients, calculated across a quarterly reporting period.

The Trust operates one Urgent Treatment Centre, located in Whitby. Between April 2025 and March 2026, the service recorded 14,561 attendances, equating to an average of 1,213 patients per month. The service initially operated as a Minor Injury Unit from April 2021 until August 2021, after which it was redesignated as a UTC, with extended opening hours to better meet the needs of the local community.

In line with national requirements, a minimum of 95% of patients attending A&E services should complete their episode of care within four hours of arrival. For the period April 2025 to March 2026, Whitby UTC achieved a performance of 99.7% against this standard. Performance data is derived from the SystmOne patient administration system.



3.2 Performance in Relation to other Indicators Monitored by the Board

Clinical Supervision

At Humber Teaching NHS Foundation Trust, we recognise the important role regular and high-quality clinical supervision plays in supporting safe, effective, and person-centred care. It provides practitioners with protected, structured time to reflect on their clinical practice, discuss complex cases, and consolidate skills that support high-quality decision-making.

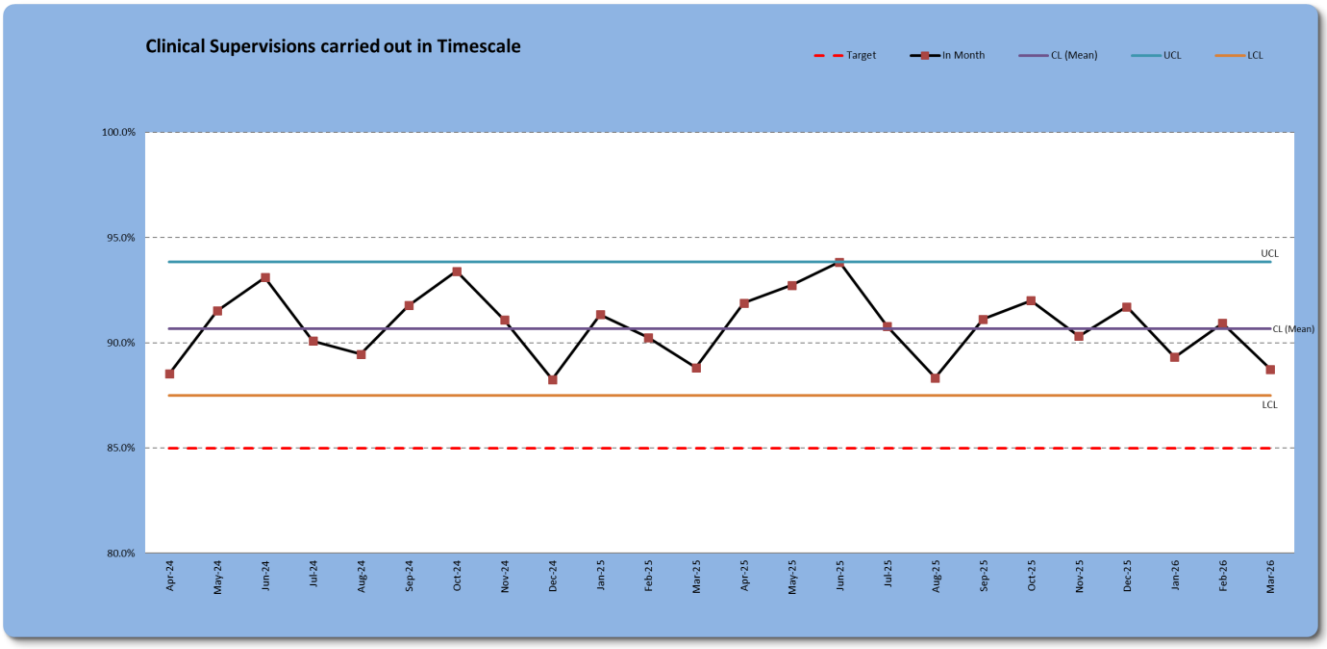
The Trust maintains a clear expectation that all clinicians' access supervision at least once every six weeks. Compliance with this requirement is monitored monthly, with a minimum performance standard of 85%. This metric forms part of the Trust's governance framework and is reported routinely through divisional and corporate governance structures, the Quality Committee, and the Trust Board.

Across the past 24 months, Trust-wide performance has remained strong, with overall compliance consistently meeting or exceeding the 85% target. This sustained delivery reflects ongoing efforts by clinical leaders to embed high-quality supervision as a core component of professional practice and to ensure that staff are supported in maintaining reflective, safe working environments.

Where compliance dips below the expected threshold, divisions undertake a review of contributory factors and implement targeted actions to restore performance. Recurrent themes identified through these reviews highlight staff sickness and unplanned absence as the primary factors affecting delivery.

Divisions continue to monitor trends closely, adjusting capacity, supervision arrangements, and local processes where needed to maintain compliance and uphold the Trust's commitment to robust clinical oversight and professional development.

Trust-level Clinical Supervision Compliance



Statutory and Mandatory Training Compliance

The Board places great importance on statutory and mandatory training compliance. Each area of the Trust receives a monthly compliance report, while managers have access to self-service dashboards to monitor and address any declines within their teams. Our commitment to ensuring that the right roles receive the appropriate level of training has helped us maintain consistently high compliance levels. As of end of Quarter 4, overall statutory and mandatory training compliance stands at 94.9%.

The following table outlines the training compliance for each of the elements of the statutory and mandatory training requirements. The Trust target for statutory and mandatory training is 85%. Overall compliance has remained strong and above 90% throughout the reporting period.

	Compliance Rate											
Course	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Adult Basic Life Support	87.8%	87.5%	88.2%	87.5%	86.9%	85.8%	85.7%	84.5%	85.2%	84.9%	82.6%	79.4%
Conflict Resolution	97.6%	97.9%	98.1%	98.2%	97.9%	97.9%	97.7%	97.7%	97.7%	97.6%	97.5%	96.0%
Crisis Risk	77.5%	78.6%	81.2%	82.6%	82.4%	84.0%	82.3%	83.7%	85.2%	84.0%	84.5%	88.1%
CRT/Disengagements (DMI)	79.9%	75.3%	76.8%	76.5%	74.7%	75.8%	69.4%	78.6%	80.3%	72.7%	75.1%	80.3%
DMI/MAPA Inpatient	87.8%	87.9%	88.4%	90.2%	91.7%	86.7%	88.5%	89.5%	88.6%	89.3%	90.9%	91.1%
Emergency Preparedness Resilience & Response						95.3%	96.1%	96.3%	96.6%	97.1%	97.4%	97.7%
Equality, Diversity and Human Rights	97.9%	98.3%	98.2%	98.2%	97.9%	97.3%	97.2%	97.5%	98.0%	97.5%	98.0%	98.2%
Fire Safety Level 1	95.6%	95.6%	95.8%	95.8%	95.3%	94.5%	94.3%	93.6%	94.6%	94.5%	94.9%	95.5%
Fire Safety Level 2	96.2%	96.1%	96.8%	96.9%	97.3%	96.4%	96.3%	96.3%	96.4%	96.5%	97.1%	97.5%
Freedom to Speak Up	96.7%	97.0%	97.5%	97.7%	97.4%	97.1%	97.3%	97.3%	97.2%	97.4%	97.7%	97.7%
Health and Safety	97.7%	97.8%	98.0%	98.0%	97.7%	97.7%	97.8%	97.8%	97.9%	97.5%	98.0%	98.2%
Immediate Life Support	81.9%	81.8%	81.7%	82.0%	81.1%	81.0%	80.0%	79.2%	77.8%	81.8%	80.1%	77.7%
Infection Control - Level 1	98.7%	98.5%	98.5%	98.8%	98.1%	98.2%	98.6%	98.5%	98.4%	98.0%	89.8%	94.4%
Infection Control - Level 2	96.0%	95.8%	95.8%	96.1%	95.2%	94.3%	94.7%	94.9%	95.8%	95.2%	88.1%	91.4%
Information Governance	95.3%	95.5%	95.2%	95.5%	94.4%	94.9%	94.3%	94.2%	94.7%	95.6%	96.2%	96.5%
Mental Capacity Act - Level 1	99.1%	98.5%	97.8%	97.4%	97.4%	96.6%	96.0%	95.7%	96.2%	97.1%	97.0%	97.5%
Mental Capacity Act - Level 2	90.7%	92.2%	92.7%	92.5%	91.7%	90.8%	91.0%	90.9%	91.2%	90.6%	90.8%	90.8%
Mental Health Act	86.3%	89.4%	88.9%	91.1%	91.5%	87.5%	90.6%	85.9%	85.0%	81.8%	87.1%	85.7%
Moving and Handling Level 1 - 3 Years	97.5%	97.8%	97.4%	97.9%	97.1%	96.4%	96.6%	96.7%	97.6%	97.7%	97.1%	97.5%
Moving and Handling Level 1 - No Specified Renewal	98.5%	98.4%	98.7%	98.8%	98.7%	98.5%	98.6%	98.9%	98.9%	99.0%	98.9%	98.9%
Moving and Handling Level 2	87.9%	88.2%	87.5%	89.5%	87.9%	86.9%	81.5%	79.0%	81.1%	85.3%	87.2%	84.6%
Oliver McGowan Learning Disability and Autism	97.0%	97.2%	97.4%	97.6%	97.4%	97.2%	97.3%	97.2%	97.3%	97.2%	97.5%	97.7%
Paediatric Basic Life Support	89.0%	88.7%	89.0%	89.1%	88.9%	87.1%	85.7%	84.5%	86.8%	87.6%	88.1%	83.9%
Paediatric Immediate Life Support	70.4%	69.0%	69.0%	86.2%	82.8%	82.8%	89.7%	88.9%	89.7%	96.4%	96.4%	72.4%
Prevent Awareness	98.6%	98.4%	98.9%	99.2%	98.8%	98.6%	98.8%	98.3%	98.8%	98.8%	98.1%	98.6%
Prevent WRAP	93.6%	93.7%	94.1%	94.3%	94.4%	93.8%	93.0%	93.2%	93.6%	93.5%	94.2%	94.4%
Safeguarding Adults Level 1	98.8%	98.8%	98.8%	98.8%	98.2%	97.7%	97.9%	97.6%	97.5%	98.1%	98.1%	98.4%
Safeguarding Adults Level 2	95.7%	96.9%	97.2%	97.2%	97.8%	97.8%	97.8%	98.0%	98.2%	97.5%	97.7%	98.0%
Safeguarding Adults Level 3	73.8%	76.0%	80.0%	83.2%	79.2%	82.2%	84.4%	83.6%	88.3%	91.6%	90.9%	91.0%
Safeguarding Children Level 1	98.9%	98.6%	98.7%	99.0%	98.7%	99.1%	98.9%	98.6%	98.6%	98.3%	97.8%	98.2%
Safeguarding Children Level 2	93.4%	94.6%	95.1%	95.2%	95.2%	94.7%	95.3%	94.7%	95.3%	95.7%	95.4%	95.5%
Safeguarding Children Level 3	82.2%	84.5%	88.6%	89.1%	86.6%	90.4%	90.4%	90.7%	90.6%	92.3%	89.9%	89.7%
OVERALL TRUST COMPLIANCE	94.3%	94.6%	95.0%	95.2%	94.8%	94.5%	94.5%	94.5%	94.9%	94.9%	94.4%	94.8%

Key areas of focus are Level 3 Safeguarding Adults and Immediate Life Support and Basic Life Support training.

Immediate Life Support and Basic Life Support training

Adult and Paediatric Basis Life Support (BLS) was consistently above the Trust target of 85% however there was a notable reduction with Adult BLS towards the end of the reporting period (March = 79.4%).

Paediatric Immediate Life Support maintained a strong position from Quarter 2 but this had reduced to under Trust target of 85% by the end of Quarter 4 (March = 72.4%). There have been challenges with Adult Immediate Life Support compliance over the reporting period due to non-attendance linked to clinical pressures, with staff often unable to leave busy areas for

scheduled training. Higher sickness absence further reduced staff availability and short-notice cancellations also contributed to reduced compliance with ILS and BLS training. These pressures collectively made it difficult to sustain consistent training coverage across all services.

We will continue to expand the availability of training sessions, including increased delivery within clinical areas where possible to reduce time away from practice. Scenario-based training has commenced and will be enhanced to better reflect real-world situations and support staff confidence and reflect the learning from recent patient safety events, offering bespoke and targeted support for areas of lower compliance.

In 2026/27, the Trust will continue to strengthen compliance with Immediate Life Support (ILS) and Basic Life Support (BLS) training by making training more accessible, flexible and clinically relevant. These actions aim to ensure all staff maintain the skills required to respond effectively to clinical emergencies.

Safeguarding training

The Safeguarding Team holds responsibility for the delivery, oversight and monitoring of Mental Capacity Act (MCA), Prevent and Safeguarding training across the Trust. MCA training is delivered at two levels, and compliance for both has remained consistently above the agreed target throughout the reporting period.

Prevent training is also provided at two levels, with compliance similarly remaining above target. A review of Prevent training is currently underway to ensure the Trust's provision is aligned with national guidance. At present, the Prevent WRAP course is completed once by practitioners upon joining the Trust. The review will consider recently issued Government guidance and determine whether a three-year refresher cycle should be implemented going forward.

Safeguarding training for Adults and Children is delivered across three levels. Compliance for both Adults and Children Levels 1 and 2 remains consistently above target. Adults Level 3 compliance has also improved and now exceeds the target, reaching 91%. This improvement follows a review of the training provision, increased support and engagement with clinical divisions, and the streamlining of internal processes. Enhancements included the introduction of additional taught sessions and increased flexibility in delivery times and dates to facilitate attendance. Children's Level 3 training compliance also remains above target standing at 89.7% at the end of the reporting period 2025/26.

Patient Complaints and Feedback

We view complaints as a vital source of learning and an opportunity to improve the care and experience we provide. We aim to respond to every complaint openly, compassionately and in line with Trust policy, ensuring concerns are fully explored, answered and used to strengthen our services. By listening to people's experiences and acting on what they tell us, we continue to drive improvements in safety, quality and transparency across the organisation.

Formal Complaints

For the period 1 April 2025 to 31 March 2026, the Trust responded to **166** formal complaints, which compares to **188** for 2024/25 and **202** for 2023-24. During the same period, the Trust received **204** formal complaints, compared to **193** for 2024/25 and **216** for 2023/24.

The two areas that received the most complaints are GP practices and CMHT. The largest theme are patient care and communications. The number of patient care complaints received has marginally decreased since the previous year 2024/25; however, communications complaints received have increased by around 40%.

As a result of the findings from formal complaints during 2025/26, we have made the following improvements:

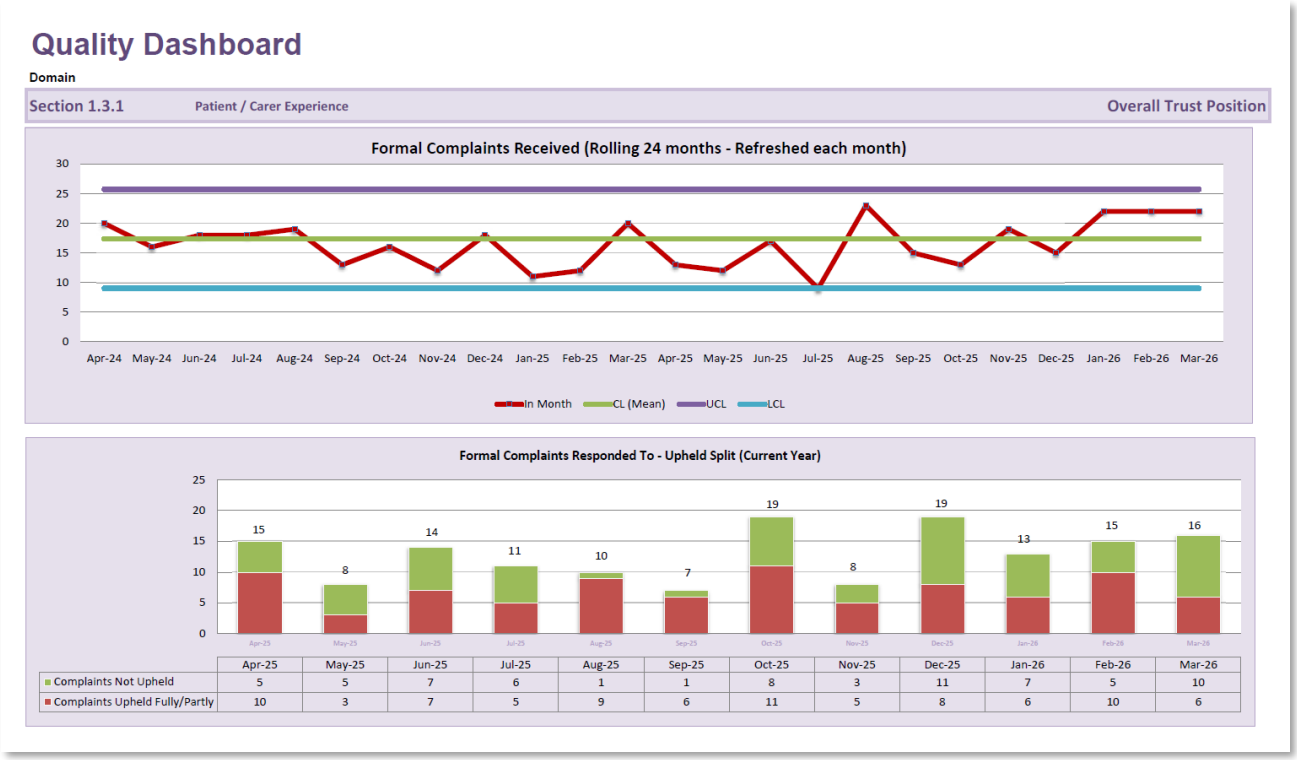
Issues upheld	Learning responses
Planned Mental Health Services – The investigation found that the screening clinician was not aware of a private provider's eligibility criteria when assessing the most appropriate pathway for the patient, including the financial threshold that affects access to this means-tested service.	The service has implemented a new procedure wherein all incoming referrals are to be screened/triaged in consultation with the patient by way of telephone call, so that all pathway decisions can be jointly agreed prior to further action.
Community Nursing Services – The investigation found that the standard of care for the patient fell short in multiple areas, and the absence of a palliative care lead in post at the time was felt to have contributed to a gap in training.	The service has developed and provided bespoke training sessions for staff through the Trust's refreshed Palliative Care Training programme, which include symptom management and palliative care emergencies.
Unplanned Mental Health Services – The implications of requiring the complainant to attend appointments in person were not fully explored with them during the referral process.	The service has developed and introduced new standard information for both patients/carers and referrers, which will clearly outline the approaches/treatments offered and the practical considerations needed for appointment attendance.
Children's & 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.
Primary Care – The complainant should have been sent a message confirming an appointment booking following clinical triage and they were not contacted in a timely manner as their request was moved into a mailbox that is not routinely monitored.	The service Standard Operating Procedure has been updated to ensure that all clinicians involved with clinical triage send out a confirmation message template when moving the request into the appropriate mailbox.

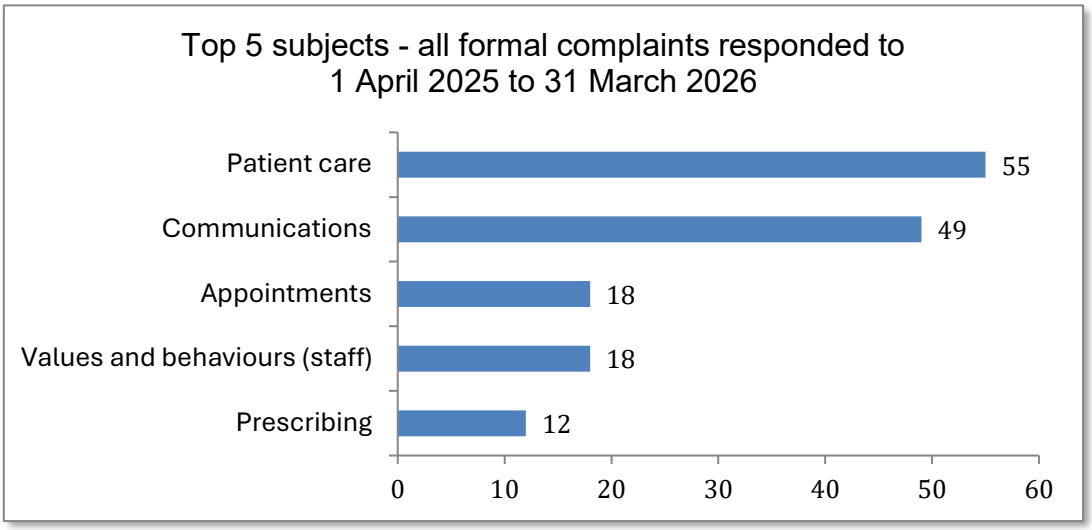
Informal Complaints

As part of the Trust commitment to restorative just culture and in line with the NHS Complaint Standards set out by the Parliamentary and Health Service Ombudsman, we endeavour to respond to patients, carers and their families who have informally complained promptly, addressing issues to negate the need for people to make formal complaints.

For the period 1 April 2025 to December 2025 (Q3), the Trust responded to **257** informal complaints. This compares to **246** in 2024/25 and **257** formal complaints in 2023-24.

Of the informal complaints **responded to** since 1st April received, only **3%** (end of Q3) became a formal complaint; **97%** of those complaints were successfully addressed through our local resolution process.





In response to an increased volume of complaints, particularly those relating to patient care and communication, the Trust has implemented a series of targeted measures aimed at improving responsiveness, strengthening staff communication skills, and embedding learning at service and organisational level. These actions focus on early resolution, transparency, and sustained improvement.

- Services have been encouraged to proactively explain care plans, decision-making, and next steps to patients and carers to reduce anxiety and prevent misunderstandings that can escalate into formal complaints.

- Bespoke complaints training has been delivered to clinical and non-clinical staff focusing on effective communication, empathy, and early resolution of concerns. This includes practical guidance on managing expectations, responding to distress, and providing clear explanations to patients and families.

- A greater emphasis has been placed on the quality of complaint responses with the increased of trauma informed language and approaches within our investigations, response writing, and communication with complainants. This includes the introduction of three new response letter templates which correspond to our three complaint outcomes, ensuring they are clear, compassionate, and fully address the concerns raised. Responses aim to demonstrate learning, provide meaningful apologies where appropriate, and outline actions taken to prevent recurrence.

- The Complaints and Feedback Team works closely with services who receive a high volume of complaints, offering targeted support to address hotspot issues. These include weekly meetings with the CMHT to review, allocate, track and close complaints, and increased assurance reporting within all divisions including at subgroup, clinical network, and divisional clinical governance level, to ensure services fully understand their complaints data and any areas for improvement.

- On a six-monthly basis, complaints data is triangulated with other sources of patient feedback, including Friends and Family Test data, compliments, and incident reporting, to provide a comprehensive understanding of patient experience and identify systemic issues.

- The team works with colleagues across the organisation to support timely investigations, reflective learning, and meaningful responses to complainants. Emphasis is placed on ownership, accountability, and improvement rather than blame. Services are supported to develop and monitor action plans arising from complaints; including the recommendation that all action plans are co-produced with the complainant.

Humber Teaching NHS Foundation Trust's Continued Commitment to Patient and Carer Experience

Humber Teaching NHS Foundation Trust remains committed to delivering high-quality, compassionate and person-centred care shaped by the voices of patients, service users and carers. The most recently published Patient and Carer Experience Annual Report (2024/2025) highlight the Trust's continued progress in embedding meaningful engagement across services.

The Trust emphasises the importance of listening to individuals' experiences and involving them in shaping how services are designed and delivered, ensuring feedback directly informs improvement.

The Trust has advanced its Five-Year Forward Plan for Patient and Carer Experience (2023–2028), achieving several milestones that strengthen co-production. Patients, carers and communities have influenced developments across mental health, community, addictions and primary care, children's and learning disability services, helping ensure care is responsive to local needs. Targeted work has also addressed feedback themes, such as the need for improved carer involvement and more consistent co-production, supported by tools including a new Co-production Toolkit to improve staff confidence and standardise practice.

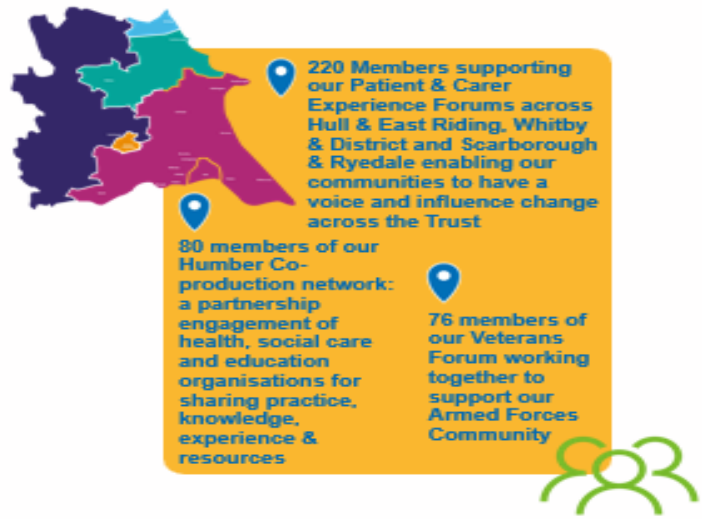
Key frameworks to support with embedding lived experience throughout the Trust have undergone full codesigned and coproduced refresh, with this being used to underpin the development of other pieces of work, including a supportive framework for working with those with lived experience of accessing services as Experts by Experience.

The Trust continues to broaden the ways feedback is captured, including the launch of a survey to evidence the impact of lived experience involvement through the Panel Volunteer, Sharing of Stories and Expert by Experience initiatives. Participation in a range of local and national surveys,

alongside a new Survey Landing Page, has made it easier for patients and carers to share their experiences and for staff to act on them. Work continues to support teams and services throughout the Trust to gather relevant feedback, identify themes for improvement and plan accordingly. Engagement forums across Hull, East Riding, Whitby, Scarborough and Ryedale also provide regular opportunities for people to discuss their experiences directly with Trust teams.

Training and staff development remain core to enhancing experience. Initiatives such as enriched DMI training using lived-experience content help strengthen empathy and improve therapeutic care. Positive staff survey results further demonstrate a supportive culture that contributes to better experiences for patients and families.

The Trust's commitment is clear: to listen, learn and continuously improve through strong partnerships with the communities it serves. For more details, please see [Patient and Carer Experience | Humber Teaching NHS Foundation Trust]



Safeguarding and Working with Adult and Children's Safeguarding Boards and Partnerships

Safeguarding is firmly embedded across Humber Teaching NHS Foundation Trust. Responsibilities for safeguarding are enshrined in legislation and guidance which the Trust must adhere to, including the Children Act 2004, Working Together to Safeguard Children 2023, the Mental Capacity (Amendment) Act 2019, the Prevent Strategy 2011 and Prevent Duty Guidance: England (2023), the Mental Health Act 2007, the Care Act 2014, Care and Support Statutory Guidance 2016 and the Safeguarding Accountability and Assurance Framework 2022. Under the requirements of Section 11 of the Children Act 2004 the Trust completes annual Section 11 audits and submits them to the local safeguarding children's partnerships to provide assurances on how we are meeting the duties.

The statutory function for the Trust is held by the Executive Director of Nursing, Allied Health, and Social Care Professionals, who is the executive member for the Trust at the Hull and East Riding Safeguarding Boards and Partnerships. The Trust actively participates in the Boards, Partnerships and Subgroups to ensure safeguards are in place across all our services.

Humber Trust Safeguarding Plan 2023-2026

The Safeguarding Plan for 2023-2026 was approved by the Board in 2023, highlighting our priorities for the next three years. These are:

- Recognising and responding appropriately to those who are at risk of or are experiencing or perpetrating domestic violence and abuse.
- Recognising and responding appropriately to children and young people who are at risk of or are experiencing child neglect and abuse.
- Recognising signs of self-neglect and responding appropriately whilst adopting a preventive approach.
- Thinking about the whole family when working with a service user and understanding how trauma can impact families.
- Increasing the safeguarding team's visibility across our patient and staff group.
- Empowering our workforce to prevent, recognise and respond to safeguarding issues confidently and with our patients at the heart of this process.
- Improving efficiency and effectiveness across safeguarding systems and introducing a Trust wide safeguarding information template.

These priorities are delivered through a Safeguarding Development Plan and Safeguarding Audit and Quality Improvement Plan which is monitored at the bi-monthly Safeguarding Business meeting and quarterly Safeguarding Assurance Group.

Some of our successes against these plans this year are:

Continued delivery of the Trust's White Ribbon Plan, this year focusing on engaging men and boys and developing a closer alignment with the Trusts Sexual Safety work.

Implementation of Trust wide safeguarding template for all SystmOne users.

Sharing safeguarding information across services, now with the majority of clinical services using SystmOne, our information can be seen by safeguarding colleagues in multi-agency safeguarding hubs to aid timely decision making and protection planning.

Continued support of an increasing number of statutory safeguarding reviews across all 3 Board and Partnership areas.

Working alongside Patient Safety, Legal and Complaints colleagues to align relevant safeguarding reviews with these processes.

Delivery and monitoring of mandatory safeguarding training programs – with compliance now above the set target in all areas.

Increased visibility across services including the piloting of the Safeguarding Drop In service at our Learning Disability Inpatient unit.

Co-delivery of multi-agency child neglect tool training.

Bespoke training course and campaigns focusing on specific areas of our Safeguarding Plan, such as self-neglect, mental capacity, domestic abuse and sexual violence.

Completion of audits on safeguarding adult referrals, safeguarding children referrals, mental capacity act compliance and domestic abuse.

Safeguarding supervision template implemented for all SystmOne users meaning adult practitioners can now record in the same way that children practitioners can.

Partnership Working

The Humber Safeguarding team works alongside the Safeguarding Children Partnerships and Safeguarding Adult Boards in three local authority areas, supporting statutory processes to enable the team and wider Trust to identify and share learning. These processes include statutory reviews such as Safeguarding Practice Reviews, Safeguarding Adult Reviews (SARs) and Domestic Abuse Related Death Reviews (DARDs). In 2024/25 the Trust contributed to 36 statutory reviews, in addition to supporting non statutory reviews such as Line-of-Sight reviews for Children, and internal reviews such as Patient Safety Incident Investigations and reviews.

The Trust continues to support reviews, and this year has seen a further increase; at the end of Quarter 4 2025/26 there were 41 active reviews and 9 that had been completed and closed (*note this method of recording was introduced midway through year so figure of 9 completed lower than actual). A number of the reviews are statutory and are carried out over a period of months, this includes DARDs which are completed and approved by the Home Office, meaning these reviews run for longer than others.

There are a number of non-statutory child review processes in place across Hull and East Riding, fewer for North Yorkshire due to the limited child footprint. Although they are non-statutory, they do reflect the principles of statutory guidance (DfE 23) These include Line of Sight reviews (HSCP) and Safeguarding Assurance Group reviews and Joint Targeted Area Inspection practice reviews (JTAIs) (ERSCP).

These are all multi agency reviews that form part of the Partnership's learning and quality assurance frameworks. They occur monthly with nominations for cases taken from all partners. Learning and best practice from the reviews is taken through the Partnership's governance structures and actions are monitored for assurances from providers. Outcomes are also shared with divisions and relevant teams and where possible, clinical workers from the cases are invited to attend the reviews along with the safeguarding team. All actions are recorded on the safeguarding investigations tracker, overseen in the safeguarding learning and development forum, they are also reflected in the safeguarding development plan.

Some of the themes arising from recent reviews include:

- Domestic abuse.
- Impact of substance misuse on mental capacity.
- Injuries to babies and young children.
- Neglect and limited use of assessment tools.
- Use of Multi Agency risk management meetings.
- Supporting families and carers.
- Mental health – child and adult.
- Communication between Trust services and external information sharing.

Where the Trust participates in a statutory safeguarding review or learning review agreed by the Local Safeguarding Board and Partners, the final report with findings and recommendations is formed into an action plan. Every concluded review is presented at the Safeguarding Assurance Group which reports into EMT (Executive Management Team), and a position statement is also presented which summarises the issue, the recommendations and implications for the Trust.

Where recommendations and actions are identified for the Trust, this is monitored on an Action Tracker via the Business Meeting, and assurance is given on a quarterly basis to SAG on the progress of these actions.

Learning is presented in a number of ways; via SAG and dissemination to clinical teams, through safeguarding training which uses cases of learning, through Safeguarding Spotlight sessions or newsletters and through the safeguarding intranet page and Global mail. The learning leads to change; this could be through policy reviews and changes, audit completion, through changes to internal safeguarding team processes, creating new QI projects to drive change which ultimately improves the quality of safeguarding practice across the Trust.

Training

At the end of Quarter 4 2025/26, training compliance across the Trust was:

Safeguarding Adults L1	98.40%
Safeguarding Adults L2	98.02%
Safeguarding Adults L3	89.29%
Safeguarding Children L1	98.19%
Safeguarding Children L2	95.54%
Safeguarding Children L3	88.15%
Mental Capacity Act L1	97.52%
Mental Capacity Act L2	90.77%
Prevent Basic Awareness L1	98.64%
Prevent L2	94.41%

Annex 1: Statements from commissioners, Local Healthwatch, and Overview & Scrutiny Committee

Hull City Council Health and Wellbeing Overview and Scrutiny Commission

No response received from consultation.

East Riding Health and Wellbeing Overview and Scrutiny Commission

No response received from consultation.

Healthwatch Hull and East Riding of Yorkshire - Joint Response

Healthwatch Kingston Upon Hull and Healthwatch East Riding of Yorkshire jointly welcome the opportunity to comment on the Quality Account for 2025-26.

The Quality Account highlights that the Trust is currently performing well with an overall score of “good”. This good rating included questions around - are services effective, caring, responsive and well led. One question regarding are services safe, was marked as “requires improvement” it will be good to see the improvements made for this in 2026/7.

There are clear quality priorities in place for 2026/7 and the service was rated “good” by the CQC.

The inclusion of the patient story was really engaging, and very inspirational, and really highlights a lot of the great work that is being done in the area.

The Quality account contains a focus on Patient and Carer experience, and how service user voice impacts upon service development and delivery with a framework for working with those with a lived experience or accessing services as Experts by Experience.

It is encouraging to see how the trust is broadening the ways feedback is completed, including the launch of surveys through the Panel Volunteer and sharing of stories and Expert by Experience initiatives.

The patient complaints data is useful and appears to show good progress.

The updates of Standard Operating Procedures in this area should help improve patient care and communications.

It was impressive to see the progress and success around Breastfeeding, having achieved 52% of babies being breastfed at 6 weeks and means that Hull can now be considered a predominantly breastfed City.

Was very encouraging to see the launch of the Autism Mental Health Support Service, this will help significantly across the Hull and East Riding area.

54% of the children’s Neurodiversity waiting list has unfortunately exceeded the 52-week target with wait times of 130-143 weeks, this highlights the challenges faced by the trust. The trust has significant pathway improvement work underway, including digital tools, school-based early intervention pilots, and strengthened post-diagnosis support.

The Quality Accounts show that there is a real focus on learning from deaths in the trust, there has also been the development of a Suicide and Self-Harm Prevention Strategic Plan. There is still the opportunity to do more especially around Safeguarding, Recognition and Escalation, this will hopefully be a focus for 2026/7.

Talking Therapies targets were achieved in December 2025, after a period of non-compliance, work has been put into the service to make these improvements and it's great to see the results of this work.

Good progress has also been made on the early prevention of psychosis.

There were some challenges around the metrics for eating disorders, but hopefully now the data issues have been resolved, performance should improve in 2026/7.

Good performance was highlighted around Statutory and Mandatory Compliance training, especially promising was the safeguarding training compliance.

The Quality Account reinforces that The Trust is committed to listen, learn and continuously improve through partnerships and the community, as well as the importance of listening to individuals' experiences and ensuring feedback directly informs improvement. We look forward to continuing to work with The Trust to help highlight the service user experience.

Donna Campbell,
Healthwatch Manager, Kingston Upon Hull.
Dated 27th May 2026.

Healthwatch North Yorkshire

No response received from consultation.

Humber & North Yorkshire Integrated Care Board (ICB)

The Humber and North Yorkshire Integrated Care Board (ICB) would like to thank Humber Teaching NHS Foundation Trust for the opportunity to feedback on this Quality Account 2025/26. We applaud the continued dedication to our local population, partners and the wider health and care system.

As with previous years, the Quality Account is reflective of the Trust's values, vision and ambitions for the future. It demonstrates significant progress and a sustained commitment to improving patient safety, quality outcomes and the experience of those who use services, particularly within the Trust's core mental health, learning disability and children's services.

The continued inclusion of a patient story provides a powerful reminder of the impact of high-quality, compassionate care. The story illustrates the transformative effect of timely, person-centred support in the journey through addiction, recovery and into advocacy. The ICB welcomes the continued use of lived experience to shape and inform the Quality Account.

The ICB notes the progress made against the Trust's three transformational Quality Priorities for 2024–26 and welcomes the continued use of Quality Improvement methodology to embed and

strengthen these priorities during 2025/26. We applaud the Trust's Physical Health Strategy 2024-27, co-produced with key stakeholders and recognising the importance of the Trusts commitment to strengthened trauma-informed and formulation-based assessment in mental health services. Furthermore, the ICB note the reference to the Trust's suicide and self-harm prevention strategic plan, with suicide prevention as a core business.

We applaud the Trust's strategic initiatives and the significant progress, including over 50 coproduced quality improvement projects. We also note the approach to robust quality governance and assurance to Board on improvement activity and outcomes.

Following the Trust's implementation of the new national Patient Safety Incident Response Framework (PSIRF), we welcome the work during 2025/26 to embed this new approach to learning from patient safety incidents. This has included the evolution of Learning from Deaths processes and the Trust's commitment to a restorative Just Culture, and the monitoring of learning themes and clear improvement actions demonstrate a maturing safety culture.

The ICB note the work of the Trust in relation to Infection, Prevention and Control (IPC), particularly the new Trust Transmission Based Precautions interactive learning resource using Artificial Intelligence (AI). We would be delighted to share as a Quality Improvement example and include in the Antimicrobial Resistance, IPC collaborative forums and Programme Board. We further note and acknowledge the Trust's mandatory IPC training with good overall percentage compliance.

We applaud the strong reference to safeguarding throughout and includes the Trust's established contribution to partnership working, there is clear reference to safeguarding as part of learning from reviews and articulation of themes learnt from statutory reviews which is positive.

The ICB recognises the Trust's commitment to improving patient and carer experience, including reductions in formal complaints, strengthened early resolution processes and increased co-production. Furthermore, the development of new feedback mechanisms and the expansion of lived-experience involvement.

We welcome the Trust's work to embed its Five-Year Forward Plan for Patient and Carer Experience and look forward to seeing outputs from Engagement Forums as the ICB works with the Trust and the wider System across 2026-27. We are always please to read about how patients are actively involved in their own care, highlighting positive experiences and through effective communication, feeling meaningfully included and in valuing the support provided through the ward's carer support group.

The ICB notes the reflections within the Account relating to the 2025 National Staff Survey results with increased participation to 64% and the continued performance above the national average across all 7 People Promise themes. The ICB note the 4 organisational focus areas in improvement activity and ambition to build upon the Trust's work in supporting staff.

HNY recognise the achievements of the Trust in performance and operational delivery, namely the Children and Adolescent Mental Health Services Eating Disorder Team and commitment in managing continued pressures for autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) services. As part of the Trusts Community and Primary Care Services offer, we congratulate the Trust on its performance at Whitby Urgent Treatment Centre,

consistently exceeding the 95% four-hour response standard throughout 2025/26. This is a significant achievement given the sustained pressures on urgent care services.

Humber and North Yorkshire Integrated Care Board confirm, to the best of our knowledge, the 2025/26 Quality Account is an accurate reflection of the quality of care delivered by Humber Teaching NHS Foundation Trust. The document is honest, comprehensive and demonstrates the Trust's continued commitment to co-production, quality improvement and the delivery of safe, effective care. Looking ahead, the ICB supports the Trust's decision to continue all three transformational quality priorities into 2026/27.

We look forward to the next year, working with Humber Teaching NHS Foundation Trust - learning more about your quality improvement initiatives and your progress against the transformational Quality Priorities for 2026/27.

Deborah Lowe
Director of Nursing, Quality Assurance
Dated 29th May 2026

Humber & North Yorkshire Provider Collaborative

From the 1st of October 2021, the Humber and North Yorkshire Specialised Provider Collaborative (HNY SPC) took forward the responsibilities for quality assurance, planning and contracting of inpatient and community services for Adult Secure Care based at the Humber Centre and for Children and Adolescences Mental Health Services based at the Inspire Services in Hull from NHS England. Humber Teaching NHS Foundation Trust is the host provider within the HNY SPC, and the Collaborative Planning and Quality team (CPaQT) undertake quality assurance, planning and contracting on behalf of HNY SPC.

The CPaQT would like to take this opportunity to congratulate Humber Teaching NHS Foundation Trust on their successes as an organisation during 2025/26 and highlight the work being progressed by the Trust within the CAMHs and Adult Secure Care services especially with:

- Trusts Children's and Young Peoples Mental Health Unit rating as Good by the Care Quality Committee
- The Trusts shortlisting for several national awards across several disciplines
- Forensic Psychologists attending the Divisional Forensic Psychology Annual Conference to share their work on the Phoenix Programme
- The Trusts achievement in attaining segment two in the National Oversight Framework
- The Trusts 2nd position for front line staff flu vaccine uptake
- The strengthened in the Trusts ability to align quality improvement activity with the Care Quality Commission (CQC) domains.
- The work progressed within the CAMHs service with staff engagement, review of risk documentation and the planned adoption of a tiered assessment model. The strengthening of documentation through risk formulations and safety plans is supported to aid consistency. The Specialist Provider Collaborative looks forward to the publication of the supporting Standard Operating Protocol in the following months.

- The work being progressing within the Forensic Services with the services contributing to Trust-wide work on the 'Modern CPA' and Personalised Care Framework. We commend the implementation of ReQOL and HoNOS-secure which is supported by a baseline audit and new Power BI reporting to monitor compliance. We would like to commend the service with the work underway in the development of a service user led PROM suitable for patients with a Learning Disability and the PREM pilot developed by the Yorkshire and Humber Involvement Network.
- CPaQT would like to give recognition of the work conducted within services in line with the Culture of Care programme including the Patient and Carer Race Equality Framework (PCREF), Trauma informed approaches, and Health Inequality initiatives.

The HNY SPC and the C-PaQT welcomes and supports the Trusts building upon its values and maintaining the drive for the individuals needs to remain central in the Trust vision and direction. The development of co-production with patients and carers is evidenced through the Quality Report and remains a key component in the Trusts quality improvement approach. We look forward to working in collaboration with the Trust to enable this to be embed into enablement practice.

The HNY SPC supports the Trusts quality improvement priorities identified for delivery over 2025/26 and support the planned expansion and embedding them as business as usual during across into 2026/27.

Quality Priority 1: Strengthen our approach to physical health to maximise the best possible physical health outcomes for patients and service users.

Quality Priority 2: Maximising Quality of Care Through a Strengthened Approach to Assessment and Formulation

Quality Priority 3: Further strengthen, embed, and spread the Culture of Care model across mental health, learning disability and autism inpatient settings.

HNY SPC look forward to our continued collaboration with HTFT and their dedication to the delivery of high-quality care, as they build upon the newly identified priorities and improvements set for the coming year.

Gareth Flanders
Assistant Clinical and Quality Director.
Dated 20th May 2026.

Annex 2: Statement of Directors' responsibilities for the Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- The content of the quality report meets the requirements set out in the NHS foundation trust annual reporting manual 2019/20 and supporting guidance Detailed requirements for quality reports 2019/20
- The content of the quality report is not inconsistent with internal and external sources of information including:
    - Board minutes and papers for the period April 2025 to March 2026
    - papers relating to quality reported to the board over the period April 2025 to March 2026
    - feedback from commissioners dated 29th May 2026
    - feedback from governors
    - feedback from local Healthwatch organisations, dated 27th May 2026
    - feedback from overview and scrutiny committee dated – not received
    - the trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, which will be submitted to the September Trust Board
    - the national patient survey 2025
    - the national staff survey 2025
    - CQC inspection report dated 14th May 2019

- the quality report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the quality report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the quality report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the quality report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the quality report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the quality report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the quality report.

By order of the Board:

DATE 4 June 2026  Caroline Flint (Chair)

DATE 4 June 2026  Michele Moran (Chief Executive)

Annex 3: Glossary

Term	Definition
AAR – After Action Review	Learning response tool used for rapid reviews of patient safety incidents under the Patient Safety Incident Response Framework.
BeDigital	BeDigital supports, acknowledges and promotes digital transformation across the Trust.
CDI – Clostridioides Difficile Infection	A type of bacterial infection affecting the digestive system.
CAMHS	Children and Adolescent Mental Health Services.
Care Co-ordinators	A health care worker who is assigned a caseload of patients and is responsible for organising the care provided to them.
Care Plan	A document which plans a patient's care and can be personalised and standardised.
Community Hospital	The Trust has two Community wards providing short term 24-hour clinical care and rehabilitation – Whitby Community Hospital and Fitzwilliam Ward, Malton Community Hospital.
CLEAR programme	CLEAR Programme supports clinicians and organisations to deliver transformation and workforce redesign projects to enhance patient care.
CMHT	Community Mental Health Team.
CPA – Care Programme Approach	A multi-agency system used to assess, plan and co-ordinate care for patients receiving mental health services.
CQC – Care Quality Commission	The independent regulator of health and social care services in England. The CQC monitors services by way of setting standards and carrying out inspections.
CQUIN – Commissioning for Quality and Innovation	A framework rewarding excellence in healthcare by linking achievement with income.
Datix	Datix Limited is a patient safety organization that produces web-based incident reporting and risk management software for healthcare and social care organisations.

Term	Definition
Dialog+	DIALOG+ is a person-centred, patient-led approach to care planning in mental health services.
Do-It-Profiler	Web-based modular screening and assessment system.
E. coli – Escherichia coli	*Escherichia coli* (abbreviated as *E. coli*) are bacteria found in the environment, foods, and intestines of people and animals. *E. coli* are a large and diverse group of bacteria.
EMT	Executive Management Team.
EPR	Electronic Patient Record.
ERP	East Riding Partnership.
FFT – Friends and Family Test	A patient feedback survey used throughout the NHS asking whether patients would recommend services to their friends and family.
FTSU - Freedom to Speak Up Guardian	Freedom to Speak Up (FTSU) guardians in NHS trusts were recommended by Sir Robert Francis, following his review and subsequent report into the failings in Mid-Staffordshire. FTSU guardians have a key role in helping to raise the profile of raising concerns in their organisation and provide confidential advice and support to staff in relation to concerns they have about patient safety and/or the way their concern has been handled.
HDU	High Dependency Unit.
HoNOS Secure	Health of the Nation Outcome Scale for Users of Secure and Forensic Services.
HSJ	Health Service Journal.
ICB	Integrated Care Board.
IG	Information Governance - a framework for handling all information, particularly sensitive patient and employee data, in a legal, secure, ethical, and efficient manner.
InPhase	An app-based, real time inspection and reporting tool for healthcare inspections. It eliminates administration by capturing results directly and provides automated reporting.
IPC	Infection Prevention and Control.

Term	Definition
KPI – Key Performance Indicator	Indicators which help an organisation to measure progress towards goals.
LeDeR – Learning Disability Mortality Review Programme	The programme aims to make improvements to the lives of people with learning disabilities. It clarifies any potentially modifiable factors associated with a person's death and works to ensure that these are not repeated elsewhere.
LD	Learning disability.
MCA – Mental Capacity Act	Designed to protect and empower individuals who may lack the mental capacity to make their own decisions about their care and treatment. It is a law that applies to individuals aged 16 and over.
MDT – Multi-disciplinary Team	A group of health care workers who are members of different disciplines (professions e.g. Psychiatrists, Social Workers, etc.), each providing specific services to the patient.
MH	Mental Health.
MHA – Mental Health Act	The main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder.
MRSA – Methicillin-resistant *Staphylococcus aureus*	A bacterial infection, resistant to a number of anti-biotics.
NHSE – NHS England	NHS England is an executive non-departmental public body of the Department of Health and Social Care.
NHSI – NHS Improvement	Supports foundation trusts and NHS trusts to give patients consistently safe, high quality, and compassionate care within local health systems that are financially sustainable.
NICE – National Institute for Health and Care Excellence	Produces evidence-based guidance and advice for health, public health and social care practitioners. Develops quality standards and performance metrics for those providing and commissioning health, public health and social care services. Provides a range of information services for commissioners, practitioners and managers across the spectrum of health and social care.

Term	Definition
NIHR – National Institute for Health Research	Funds health and care research and translate discoveries into practical products, treatments, devices and procedures, involving patients and the public in all our work.
OP CMHT	Older Peoples Community Mental Health Team.
PACE	Patient and Carer Experience.
PICU	Psychiatric Intensive Care Unit.
PINS	Partnerships for Inclusion of Neurodiversity in Schools.
POMH-UK – Prescribing Observatory for Mental Health (UK)	Helps clinical services maintain and improve the safety and quality of their prescribing practice, reducing the risks associated with medicines management.
PROMS – Patient Reported Outcome Measures	Assess the quality of care delivered to NHS patients from the patient perspective.
PSIA (using Swarm methodology)	Patient Safety Incident Analysis - Learning response tool used for undertaking reviews of care following a patient safety incident under the Patient Safety Incident Response Framework.
PSII	Patient Safety Incident Investigation - Learning response tool used for undertaking investigations following a patient safety incident under the Patient Safety Incident Response Framework.
PSIRF	Patient Safety Incident Response Framework.
QI	Quality Improvement - focuses on continuously enhancing the quality of care and patient outcomes by using methods and tools to identify and address areas for improvement.
QPAS	Quality and Patient Safety Group.
ReQOL	Recovering Quality of Life is a patient reported outcome measure (PROM).
SPC	Statistical process control (SPC) is an analytical technique that plots data over time. It helps us understand variation and in so doing guides us to take the most appropriate action.

Term	Definition
SystmOne	An electronic health record for patient records.
Trauma informed	Trauma-informed care is a whole system approach that recognises, understands and responds to both the prevalence and impact of trauma (and adversity) in a way that seeks to cause no further harm (NHS England).
UTC	Urgent Treatment Centre.