



Humber Teaching
NHS Foundation Trust

Quality Account 2024-25

Humber Teaching NHS Foundation Trust



**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 2024/25. 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 One 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 Charlotte, about her journey with our OpCourage team, and how the support she has received over the years has had a positive impact on her life.

This section concludes with a celebration of our successes in 2024/25 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 during this financial year was the successful migration of all Trust divisions from the legacy Lorenzo system to the new SystemOne Electronic Patient Record (EPR). This complex transition, completed with the final Mental Health division go-live in February 2025, represents a major step forward in standardising and modernising patient record management and has been a key milestone in digital transformation across the Trust, improving access to clinical records across the Trust and enabling time to care.

Part Two opens with a quality improvement story and highlights the quality improvement projects across the Trust. We outline the progress we have made during 2024/25 in relation to the quality priorities set in our last Quality Account. The Trust identified three quality priorities for 2024/26 which run over a two year period due to their transformational nature: The delivery of these priorities has progressed well, and positive impacts are being achieved. These priorities are:

1. Strengthen our approach to physical health to maximise the best possible physical health and wellbeing outcomes for our patients and service users: The Trust has developed a Physical Health Strategy which aligns to the vision set by the NHS as well as our national and regional partners. There is a key focus on tackling health inequalities in our communities that experience poorer health outcomes and earlier mortality.
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. Streamline the information we gather to ensure it is relevant, accurate, up to date and accessible and avoids unnecessary repetition for service users and is aligned to person centred planning review process and the introduction of the Dialog+ as our patient reported outcome measure (PROM): Consultation events and process mapping has taken place, training plans have been developed and valuable insights has been gained from the findings of the CLEAR (Clinically-Led workforcE and Activity Redesign) programme to further inform the project plan.
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. Six

ward areas are now participating within the Culture of Care Programme. Each ward area has identified a number of Quality Improvement (QI) projects.

The Trust has a comprehensive programme of national and local audits in place and participated in 92% of national audits and 100% of National Confidential enquiries that we were eligible to participate in as well as undertaking 39 local clinical audits across four divisions. In addition, just over 8,800 assurance audits were undertaken by the divisions on the InPhase system. This is an increase of over 2000 from last year. In April 2024 the Trust moved to a new digital platform for audits called InPhase and this system is now embedded fully.

In October 2023 the Trust moved from the national Serious Incident framework to the Patient Safety Incident Response Framework (PSIRF). Throughout 2024/25 we have continued to strengthen and embed PSIRF across the organisation with a continued focus on learning from patient safety incidents and quality improvement. We continue to work together with our internal and external partners, growing and developing a restorative just culture where people feel supported and psychological safe to speak up. Part Two concludes with our progress against our Patient Safety Priorities, including compliance with NICE guidance related to management of head injuries, significant improvement with undertaking timely Venous Thromboembolism (VTE) assessment, and a reduction in missed seclusion reviews. In this section we share examples of the learning and improvements from our patient safety reviews and investigations which we share through learning events and 'Learning from' briefings to ensure system wide learning and continuous improvement.

Part Three includes a report on key national indicators from the Single Oversight Framework (SOF) including:

- Mental Health Delayed Transfers of Care (Clinically Ready for Discharge)
- Out of Area Placements
- Admission of Young People Under the Age of 16 to Adult Facilities
- Referral and waiting lists

We recognise the continued challenges in relation to Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) referrals and waiting lists and the ongoing work with the ICB.

In Part 3 also we also share performance in relation to other indicators monitored by the Board including:

- Clinical supervision
- Statutory and mandatory training compliance
- Patient complaints and feedback
- Patient and Carer Experience
- Safeguarding.

This section also provides an overview of the staff survey results from 2024, noting the Trust has improved across all People Promise themes compared to 2023 and reports a better than average score across all People Promise and sub themes than the benchmark group.

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. The report concludes with the Trust's Strategic Goals (Annex 3) and a Glossary (Annex 4).



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If you require any further information about the Quality Account, please contact the Trust Communications Team via email hnf-tr.communications@nhs.net



Part One: Welcome to the Quality Account

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 2024/25, as well as some of the challenges we have faced along the way.

This document is divided into three sections:

Part One: Provides an overview of Humber Teaching NHS Foundation Trust and a welcome from our Chief Executive, Michele Moran.

This section then includes a patient story and concludes with a celebration of our successes in 2024/25.

Part Two: Outlines the progress we have made during 2024/25, in relation to the quality priorities set in our last Quality Account. We also share the priorities we have set for the coming year (2025/26), which have been agreed with our patients, carers, staff, and stakeholders.

This section then goes on to share our performance against several mandatory performance indicators identified by NHS Improvement.

Part Three: Includes a report on key national indicators from the Single Oversight Framework (SOF) and shares performance, in relation to other indicators monitored by the Board.

We also share with you the comments we received in relation to the Quality Account from our Commissioners and other key stakeholders. This section concludes with a glossary of terms used within the document.

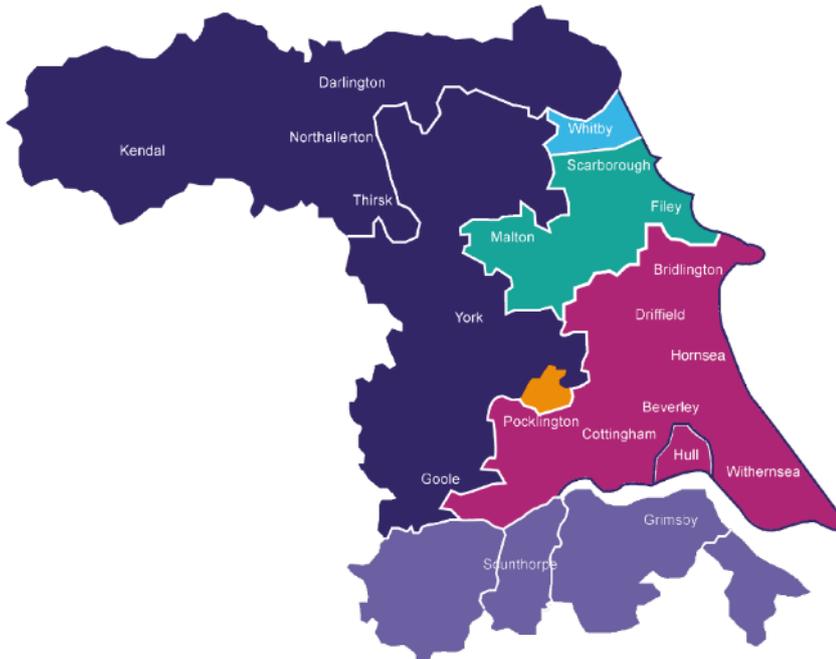
The purpose of Quality Accounts is to enable:

- Patients and carers to make better informed choices
- Boards of providers to focus on quality improvement
- The public to hold providers to account for the quality of NHS healthcare services they provide

About the Trust

We are a leading provider of integrated healthcare services across Hull, the East Riding of Yorkshire, Whitby, Scarborough, and Ryedale. 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 79 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 Services

We provide community and therapy services, primary care, community and inpatient mental health services, learning disability 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 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.

Our Values

Caring for people while ensuring that they are always at the heart of everything we do.

Learning and using proven research as a basis for delivering safe, effective, integrated care.

Growing our reputation as a provider of high-quality services and a great place to work.

These values shape the behaviour of our staff and are the foundation of our determination to:

- ✓ Foster a culture in which safe, high-quality care is tailored to each person's needs and which guarantees their dignity and respect.
- ✓ Achieve excellent results for people and communities.
- ✓ Improve expertise while stimulating innovation, raising morale, and supporting good decision-making.
- ✓ Unify and focus our services on early intervention, recovery and rehabilitation.
- ✓ Engage with and listen to our patients, carers, families and partners so they can help shape the development and delivery of our healthcare.
- ✓ Work with accountability, integrity, and honesty; and
- ✓ Nurture close and productive working relationships with other providers and our partners.

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



For further information on our strategic goals, please see Annex 3.

1.1 Chief Executive's Statement

I am pleased to present our 2024/2025 annual Quality Account, which offers a detailed overview of our achievements and milestones over the past year. In this report, we also reflect on the challenges we've faced and highlight the key areas we've identified for focused improvement, supporting our ongoing commitment to excellence.

Over the 12 months, our inspiring teams have faced challenges with remarkable determination. It has been a true privilege to work alongside these talented and resilient individuals, who continually prioritise high-quality patient care, no matter the pressures we face.

As a Trust, we are incredibly proud of the accomplishments over the past twelve months and find inspiration in the exceptional work carried out by our dedicated teams. The continuous improvement of our services is driven by innovation and action, with the adoption of best practices making a lasting, positive impact on our communities. Below are some key highlights from this year.

We prioritise the physical and mental wellbeing of our staff through much of our work, which is underpinned by our Being Humber behavioural framework. This framework received a refresh this year to further instil with our teams that positive behaviours are creating an inclusive and high-performing culture across the Trust. The Being Humber framework remains central to how we align with our organisational values and support each other in our everyday work. This is also supported by our work in enhancing the Your Plus offer for our staff, providing greater flexibility in how they can use their annual leave and work around their lives.

Our Children's division has been making significant strides forward for the families in our local communities. Our Hull 0-19 service were delighted to have been involved in the pilot for Health Visitors trialling the Alarm Baby Distress Scale (ADBB), the hugely positive results from the trial has now led them to being involved in the broadening of the study moving on to the second phase. By focussing on crucial infant social cues during health visitor engagements, our teams have equipped themselves with greater understanding to support early intervention and quality improvement.

The innovative work in infant feeding has seen both our Hull and East Riding teams achieve the UNICEF Baby Friendly Gold Award this year. This was an incredible accomplishment for the services, particularly in Hull which is indexed as the fourth most deprived city in England.

A key improvement in the quality of service delivered by our mental health teams has been displayed in the creation of an Emergency Department streaming pathway. This pathway was uniquely designed to support patients presenting with mental health issues in an acute setting.

This year we shared how art and creative therapy can support the mental health and wellbeing of our patients and staff by celebrating World Mental Health Day with an art exhibition. The exhibition displayed artwork from across all the Trust's inpatient services, including adults and forensic secure units, as well as archived pieces from past service users of the Trust. The exhibit showcased the work of our services in supporting patients' mental health with creativity, whilst at the same time sharing more publicly the message that art and creative pursuits can positively affect us all.

This year, a key innovation was the successful introduction of a single electronic patient record (EPR), rolled out individually across each division within the Trust. This step forward has improved the management of patient information, ensuring that every team now has quick and accurate access to vital data, enhancing both care quality and efficiency using one unified platform.

Throughout 2024/25, we were proud to be shortlisted for a variety of local and national awards. This includes the prestigious HSJ Awards, where we were highly commended for our 'Humbelievable Recruitment' in the category of NHS Communications Initiative of the Year. For the

second year running, our staff won the Gold award at the Social Worker of the Year awards. There were also further wins at the HSJ Patient Safety and HSJ Digital Awards. Additionally, teams were recognised by being featured on a number of shortlists including the Nursing Times Awards and NHS Parliamentary Awards.

Coproduction is central to our approach for quality, as we recognise the value of involving those with lived experience in shaping our services to better meet the needs of our service users. A key project we completed this year was the development of the Connect website. In collaboration with young people, we co-created a platform designed to engage and resonate with them, ensuring it serves theirs and their family's needs in the most effective way possible.

Our work to tackle closed cultures has been significant and continues. Our goal is to be a leader in creating an environment where our staff feel valued, safe, and empowered. Through initiatives like our Freedom to Speak Up, we actively promote a culture of openness that encourages staff to raise concerns and contribute to ongoing improvements. We are committed to ensuring that our people feel confident, supported, and encouraged every day in their work.

We continue to take learnings from the national picture and remain agile to implementing improvements accordingly. Following the CQC's special review of Mental Health Services in Nottingham, our Trust has self-assessed ourselves against the recommendations and produced an action plan to address our findings. This has also been evidenced in our response to the Southport incident which led us to review our Prevent policy for safeguarding. The review evidenced a high level of compliance with some areas for learning which we are addressing.

One area where we are continuing to see challenges has been in addressing waiting lists. Demand on our services remains consistently high and we are addressing the needs of our service users across the breadth of our Trust. Adult and Children's neurodiversity services have seen a significant increase in demand which is mirrored by the national picture. To address this, work continues on improving patient "flow" through services, ensuring service users are admitted to the right bed for their needs and discharged in a timely way, with the care package they need.

The accomplishments across our Trust continue to inspire me and the dedication to prioritising our communities is clearly reflected in these successes. As we look ahead to the next financial year, I am excited for the ongoing progress, resilience, and the positive difference we will continue to make in people's lives.

This Quality Account showcases examples of quality improvements achieved across all of our services throughout 2024/25. Our teams consistently work hard to improve, both in their individual roles and as part of their service. I would like to extend a thank you to our teams for all for the Humblebelievable work that they do.

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

In this section, we are honoured to share with you a patient case study from Charlotte about her journey with our OpCourage team, and how the support she has received over the years has had a positive impact on her life.

Please note: the patient story has been added exactly as written and consented by the service user.

Charlotte's story

I was first diagnosed with PTSD in 2006 after my first operational tour as a combat medic. Subsequently, I underwent various treatment methods under DCMH and deployed on a further four operational tours of Iraq and Afghanistan.

During this time, I battled with my personal demons and found it very difficult to discuss my feelings with anyone connected to the military because of the stigma attached to mental health and the supposed weakness that was connected to mental health conditions.

In 2013, whilst working in a recruitment role, I sought further help from DCMH and was placed on sick leave. In 2014, I got married to my husband who is still serving. Due to the medication that I was taking, my wedding day wasn't the fairytale that I had imagined but was devoid of emotion and feeling.

A few months later, a medical board deemed me to be unfit for further service and recommended that I be medically discharged from the Army, which happened in mid-2015. In the run up to my discharge I was offered one last round of EMDR. I was also pregnant with my first child. Throughout the first six months of the pregnancy, I was on medication for PTSD. I was assured by a military doctor that the medication was safe during pregnancy.

Whilst pregnant I had become quite unwell mentally and was having thoughts of harming myself. My husband was away multiple times during this time, causing me to spiral further into my depression. I eventually found myself as an in-patient at a mental health hospital where I was removed from my medication cold turkey.

In 2016, my husband was posted to Cornwall where I couldn't have been any further from my support network. When we first arrived, my son was 6 months old and we were housed in the middle of nowhere. This didn't help with the PND (later diagnosed) or the PTSD.

As soon as we arrived and unpacked my husband was sent away for 6 weeks leaving me alone in a new place with our young son with no support or help from the military. Whilst in Cornwall I had approached the GP for help with my mental health. I was told just take these pills and you will be ok. I walked out of the GP a little confused. I knew the services were out there but was being given meds and sent on my way. I spoke with the welfare team at the unit voicing my concerns about my mental health. I was told to leave my husband and go live up North. He can come home once a month. I approached the GP again because I didn't want to leave my husband or take medication, and the Doctor told me if I didn't take them he couldn't refer me to the specialists that I needed help from.

In 2018, the thoughts of suicide started to creep back. I was functioning well outside the home at work and holding it together for the outside world but the minute I walked back through the doors at home fell apart completely. Trying desperately hard to stay alive for my son, I didn't want to die. I wanted the darkness, the nightmares and the guilt to stop. My husband told me to speak with a welfare officer. I messaged them on social media whilst watching my son play at a soft play centre. We were moved 8 weeks later, but in the process they had responded, asking if I wanted help and if she could refer me to a veterans mental health service. I was very grateful for any help I could get. I am still in touch with them to this day.

We moved to Catterick and that is where I met Rebecca from Humber Teaching NHS Foundation Trust.

She became a solid part of our lives for 3 years. Together, we worked closely on my goals and what I wanted to achieve. I just wanted to be better and happy without meds. We met monthly to begin with, each time Rebecca gave me homework to work on. I was evaluated for EMDR treatment again mid-2019. This was until I found out I was pregnant again with my daughter.

Rebecca helped me access help and support for the pregnancy related mental health, which I was very anxious about due to issues I had experienced with my son. We began to meet more regularly, building up my coping mechanisms for upcoming anniversaries and challenging dates such as bonfire night and remembrance. Rebecca instructed me not to hide away from fireworks, but to embrace them. So, we went all out and went to an organised display. I personally thought she was crazy for suggesting this as did my husband. It worked though. There were no flashbacks. I cried silent tears that night watching the fireworks. It caused me to remember my fallen friends rather than fall to the ground in fear or cause weeks of nightmares and flashbacks. Watching my son enjoy them and me being able to enjoy fireworks with my son and my husband had seemed like an unlikely event. Yet there I was in a field with hundreds of other people giving it ooooooo aaaaaaaa at all the colours.

Rebecca told me that I didn't need to attend any remembrance parades and I should remember my colleagues how I wanted to rather than how society and the forces and ex-forces community expected me to remember them. This relieved the pressures that November usually brought with it. Soon there were the details of the birth of my daughter to deal with. Rebecca helped with smoothing out the wrinkles in my very strict birth plan. Helping me put rules in place to allow me to feel in control. She helped me learn to advocate for myself. She attended perinatal meetings in regards to my mental health during my pregnancy and birth.

Just before I was due to give birth to my daughter the country closed. We were locked in our houses and only allowed out for essentials. My daughter was born 5 days into a global pandemic and a national lockdown. I was home-schooling my son with a new-born.

I received continued support from Rebecca through weekly phone calls for the first couple of months. She had become able to read the tone in my voice and was able to tell when I was doing well and when I wasn't. When the world started opening up again, I received at home, socially distanced visits fortnightly and phone calls on the weeks I didn't have a visit.

It had been arranged that I would start EMDR treatment with the perinatal team in September 2020; this was done online. This was done at a time my husband had been sent away somewhere for weeks. I was left at home with two children trying to sort my mental health without my biggest supporter. I didn't have any childcare for my daughter due to me not being a key worker or being able to afford childcare on my maternity pay. To enable the treatment to take place while my husband was away, a friend had to come stay in the garden with my daughter. This continued until December. When my husband wasn't away, he was unable to be home to look after our daughter whilst I went through the EMDR because of his work commitments. On the rare occasion he was able to get home, he was usually late, by which time I had called my friend to have her looked after. My EMDR treatment finished at the start of December, and we were moving again in January 2021 for another posting.

Rebecca had always been at the end of the phone throughout my treatment. She visited us in our new home, much closer to where she was based, right up until September 2021. Being a constant in our lives and helping me overcome the little hurdles I would encounter. They would seem small and minimal to regular people, however, there was part of my brain that would blow them up much bigger than they were. Rebecca had always encouraged me to follow my hopes and dreams. Nothing was impossible. I had come too far to give up. I applied to university not long after moving and I was offered a place on the degree that will lead me to the job I have dreamed of for 10 years.

I am going to be an Operating Department Practitioner and I have now almost finished my first year of my degree. I wouldn't be here if I hadn't been referred to Humber's OP Courage. I am forever grateful that OP Courage and Rebecca came into our lives when they did.

I am proof that PTSD doesn't define who you are or a label that needs to be worn. Scars show where you have been, they do not dictate your future.

Outcome of support from the Trust

Whilst on my first operational tour of Iraq, I was written up to receive a Queens Commendation for Valuable Service. I was presented a huge picture frame with my citation, the commendation, a copy of the London Gazette I was named in and a small ribbon with the Oak leaf on. This used to hang in my mum's hallway. She was immensely proud of it. I wasn't. It just reminded me of my failings as a medic. I had failed to bring 3 guys home safe. They were returning to the UK in boxes.

When I got married my mum thought we should have it. For years it moved with us moving between every quarter. I didn't want it to be up, but my husband insisted. He would hang it. I would take it down.

After treatment with Rebecca, the picture frame and its contents hang proudly by our front door. It is the last thing I see before I head upstairs in an evening, reminding me what I have been through and what I have overcome to be at the point I am at now.

Patient and Carer Experience

Our communities (patients, service users, young people, carers, family and friends) are at the centre of everything we do. There is no better or more important way of improving services than by listening to what individuals think, feel and experience throughout their care journey and beyond.

Involving our communities in all that we do has become an integral part of our culture and everyday thinking. To embrace a broad perspective, we actively listen to people from all parts of the community with equality and diversity as the golden thread, which is woven throughout the patient and carer experience agenda.

Due to the range of diverse services we provide, we believe there is an immense wealth of knowledge and experience that we can access from our communities, to help us with our improvement journey and transformation plans.

We aim to involve patients, carers and the public in as many areas as possible – from what services we provide, to how they are delivered and how we can improve them in the future – and we consistently provide opportunities for patients, carers and families to share their experiences and tell their stories.

You can find out more about our Patient and Carer Experience team and the work that they do and how you can get involved, [here](#).

Our Development and Success Highlights for 2024/2025

2024	
April	<ul style="list-style-type: none"> ✓ Results of Alarm Baby Distress Scale (ADBB) trial study which our Health Visitors participated in announced 'overwhelmingly positive results'. ✓ Our second Shared Care Record Summit was held in Birmingham ICC with our Yorkshire and Humber Care Record (YHCR) and Interweave teams working together with Birmingham and Solihull Mental Health NHS Trust and NHS England. ✓ Trust brought Health Stars charity in-house to be managed by internal staff.
May	<ul style="list-style-type: none"> ✓ Trust launched staff wellbeing event – 100k your way – to challenge staff to walk 100k individually and in teams to promote health and wellbeing. ✓ Trust hosted its 7th Annual Humber Research Conference sharing innovation across the Trust and through our partners. ✓ Small Grants Event celebrated £150,000 being donated to 33 organisations who have worked with over 3300 people, as part of the community mental health transformation project. ✓ Our Speech and Language Therapy team partnered with Hull Maritime Museum to make it more accessible to visitors with learning disabilities. ✓ Milk Trail in Hull launched by our Infant Feeding team to highlight breastfeeding friendly places as well as raising awareness of breastfeeding.
June	<ul style="list-style-type: none"> ✓ Our Neurodiversity diagnostic team and The Owl Therapy Centre have been awarded the Optimising Clinical Pathways through Digital Award for their Hybrid Neurodiversity Assessments project at the HSJ Digital Awards. ✓ The Yorkshire & Humber Care Record (YHCR) was Highly Commended in the Digital Clinical Safety Award at the HSJ Digital Awards. ✓ New sensory garden area was officially opened at our Inspire CAMHS unit for patients and their visitors to enjoy.
July	<ul style="list-style-type: none"> ✓ Trust was shortlisted for five Nursing Times Awards 2024 ✓ Michele Moran, CEO, raises over £8,000 for Trust Charity Health Stars in Half Marathon CEO Challenge. ✓ Trust holds first Summer Showcase event to promote the outstanding work of our services across the Trust.
August	<ul style="list-style-type: none"> ✓ Trust is shortlisted for two HSJ Awards 2024 ✓ East Riding and Hull Infant Feeding teams both receive UNICEF Baby Friendly Gold Accreditation – a first for Hull. ✓ Trust held first Summer HumberFest Event for staff and their families to celebrate best ever NHS Staff Survey results. ✓ Our Hotel Services Waste Management Team was shortlisted for the Waste Management Team of the Year at The Awards for Excellence in Waste Management for the NHS in England 2024 ✓ Humber Wellbeing Recovery Employment Service Re-Launched to Support People the East Riding.
September	<ul style="list-style-type: none"> ✓ Trust Chair, Caroline Flint, received Royal College of General Practitioners (RCGP) Honorary Fellowship. ✓ Trust is shortlisted for two NHS Parliamentary Awards ✓ Trust commissions AccessAble to provide patient accessibility information. ✓ Our first cohort of Humber NHS Cadets celebrated their graduation. ✓ Our GP surgeries implemented a new callback function to simplify patient calls into

October	<ul style="list-style-type: none"> the practices. ✓ Trust held first ChariTea event to raise money for Charity Health Stars ✓ Trust held Annual Members Meeting with stalls from services across the Trust and guest speaker Lucy Beaumont. ✓ Trust appointed two new Non-Executive Directors to its Board. ✓ Our Preceptorship Academy received the 'Highly Commended' award in the category of Patient Safety in Education and Training at the 2024 HSJ Patient Safety Awards.
	<ul style="list-style-type: none"> ✓ Forensics Division went live with the new Electronic Patient Record platform ✓ Cancer Alliance awards Trust with grant to enable implementation of a specialist nurse to support patients with learning disabilities with cancer checks. ✓ Trust held first Art Exhibition 'Inner Reflections' for World Mental Health Day 2024 to showcase how creativity can support our mental health. ✓ Our Facilities Team win the Silver Award for Waste Management Team of the Year at the inaugural Awards for Excellence in Waste Management for the NHS in England
	<ul style="list-style-type: none"> ✓ Children & Learning Disabilities division went live with new Electronic Patient Record platform ✓ Staff Celebration Event recognises 'Humblebelievable' staff and teams. ✓ Fran Ashton, Head of Social Work, receives Gold at Social Worker of the Year Awards 2024. ✓ Trust 'Humblebelievable' Recruitment campaign is awarded Highly Commended in the category of NHS Communications Initiative of the Year. ✓ Trust launches Your Flex Plus and Your Health and Wellbeing Plus to support staff flexible working and wellbeing. ✓ No Excuse for Abuse Framework launched to support staff who have been subjected to abuse from patients in their care.
December	<ul style="list-style-type: none"> ✓ Trust partnered with University of Hull to develop Centre for Addiction and Mental Health Research in Hull

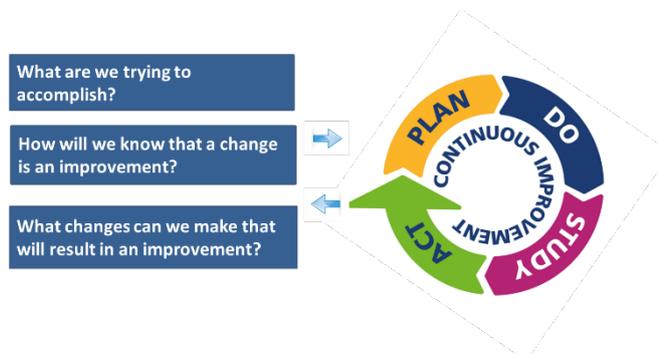
2025	
January	<ul style="list-style-type: none"> ✓ Trust celebrates 685 years of combined experience at its Long Service Awards ceremony to recognise and reward staff for their loyalty and service in the Trust. ✓ Miles For Smiles launched by the Mental Health Support Teams (MHST) delivering wellbeing kits to local schools and fundraising for Health Stars.
February	<ul style="list-style-type: none"> ✓ Trust GP Practices announce that all have received Veteran Friendly Accreditation to support patients who have experience in the armed forces. ✓ Trust launches its Menopause Collective and Menopause Advocates to support staff through menopause and raise awareness. ✓ Trust's Humber Youth Action Group wins Special Recognition Award at Special Educational Needs and Disabilities (SEND) Best Practice event ✓ Trust implements the final main phase of the EPR roll out in adult mental health services.
March	<ul style="list-style-type: none"> ✓ Trust launches Safer Sleep Week campaign in partnership with local services across Hull and the East Riding, to provide welcome to the world card to new parents. ✓ Trust's hosts first ever Caring Together PACE event ✓ Interweave shortlisted for HSJ Digital Award in the category of Connecting Health and Social Care through Digital ✓ Trust celebrates NHS Staff Survey results with 69% of staff saying they would recommend us as a place to work.

Part Two: Priorities for Improvement and Statements of Assurance from the Board

2.1 Priorities for Quality Improvement

Our Executive Lead for continuous Quality Improvement (QI) is the Medical Director.

Our QI approach is based on the principle that our staff, patients and carers are best placed to identify and undertake continuous change activities to improve the quality of care and outcomes for our patients. The 'Model for Improvement' is our preferred methodology for undertaking QI as it offers a systematic approach based on iterative change, continuous testing and measurement, and the empowerment of frontline teams, patients and carers. In



February 2025, we celebrated our first joint Caring Together Event with Patient and Carer Experience to celebrate some of the continuous improvement work that has been supported by our Patients and Carers.

Co-production with our patients and carers is central to our approach and, to achieve this, the QI team works closely with representatives from our patients and carer groups. To support the delivery of our Quality Improvement Strategy 2021-2026 we have established a Joint Strategy Group which includes representatives from staff, patients and carers to support delivery and ensure the strategy delivery maintains its focus.

Quality Improvement Story
<p>Phlebotomy clinic for people with learning disabilities – Hull Community Learning Disability Team Project Leads: Emily Wallace and Laura Derving.</p> <p>Background: Some patients with a learning disability and/or autism can find it extremely overwhelming to have health investigations carried out – this may lead to associated behaviours of concern/avoidance and raised anxiety. Due to this we found that patients were not having blood tests carried out as part of their annual health checks, which would potentially identify any underlying health issues.</p> <p>What we did: Members of the team received phlebotomy training to enable them to take patients' bloods. We worked with the DMI team to ensure best and safe practice relating to clinical holding/restraint. We set up a dedicated phlebotomy clinic which runs monthly to support our patients in receiving routine blood tests in a clinical environment such as Townend Court or within their own homes, as appropriate to the needs of the patient.</p> <p>Criteria to access the specialist phlebotomy clinic</p> <ul style="list-style-type: none">• Patients diagnosed with a learning disability/accessing a learning disability service.• Patients usually lacking capacity to consent to blood testing.• Patients are unable to access mainstream services, even with the use of reasonable adjustments. <p>Quality improvement outcomes</p> <ul style="list-style-type: none">• Improved involvement of the patient/family/carers

- Desensitisation work carried out prior to attending the clinic.
- Individualised care planning to consider reasonable adjustments, mental capacity assessment and best interests.
- Use of appropriate and proportionate least restrictive interventions – therapeutic holding, use of medication.

Impact

- Positive feedback from service users - Improved patient and family experience demonstrated.
- Reduced health inequalities for adults with a learning disability, by using a person centred approach.
- Positive impact that collaborative working with primary and secondary care has on patient care.
- Enabled the continuous profession development of clinicians in the LD team.
- Using evidence-based practice, the clinic has improved patient safety for adults with a learning disability.
- We were finalists for the HSJ Patient safety award – Learning Disability Team of the year 2024.

Quality Improvement Projects within the Trust

At the end of March 2025, there were 574 QI ideas registered (to date). 351 charters have been completed, 152 are in progress and 71 were deemed not viable.

- 98% - identified as benefitting patients and carers.
- 42% - support patient and carer experience and wellbeing
- 13% - the main theme was safety of staff, patients and carers.

From Q4 we have begun gathering data under the CQC domains, whilst data for this year is limited (based on 28 charters) the current year end position is as follows.

CQC Quality Standards					
	Safe	Caring	Effective	Responsive	Well-Led
No of charters meeting standard	25	24	27	25	25
Percentage	89%	86%	96%	89%	89%



Of the completed QI projects from our teams, 9 charters have received the co-production logo. QI charters undertaken in partnership with other organisations stands at 32%.

We continue to recognise that developing a culture of continuous Quality Improvement takes time, effort and persistence. To support the development of a culture of continuous QI, we have invested in training for our staff and volunteers. From April to March 2024/25, there were 338 training places provided bringing the overall training places to 1880. In 2024/25 training on QI was included as part of the Mental Health and Community and Primary Care nurse development programmes, the Preceptorship Academy, the Humber Talent programme and junior doctors' induction.

The Trust continues to support the national NHS IMPACT (Improving Patient Care Together) programme. This is a new, single, shared NHS improvement approach which aims to create the right conditions for continuous improvement and high performance to enable organisations to respond to today's challenges, deliver better care for patients and give better outcomes for communities. In April 2024, the Trust approved its IMPACT Development Plan following a local self-assessment, that outlines how the Trust will continue its improvement approach and sets out the delivery of 184 actions across the five components of IMPACT which are:

1. Building a shared purpose and vision
2. Investing in people and culture
3. Developing leadership behaviours
4. Building improvement capability and capacity
5. Embedding improvement into management systems and processes

60% of the actions have been completed so far.

For more information about our Quality Improvement work please refer to the Quality Improvement Annual report which can be found on our website.

Priorities for 2025/26 include:

- IMPACT - delivery of action plan
- Patient, Service Users and Carers involved across all aspects of Quality Improvement
- Maximise continuous quality improvement and patient safety, as part of learning from patient safety incidents
- Volunteering joint working
- Networking with other local NHS Quality Improvement Leads
- Develop a Quality Improvement Toolbox
- QI Strategy Review and Next Steps including Review of key messages.
- Build relations with stakeholders.
- Development of the Innovation Hub

Quality Governance

The Board ensures a robust approach to quality governance through the Quality Committee which is a subcommittee of the Board.

The Quality Committee is chaired by a Non-Executive Director. It meets five times a year and its purpose is to:

- Oversee and support quality improvement to support the journey of the Trust becoming a 'high-performing organisation' that delivers excellence in patient care.
- Provide assurance to the Board that appropriate processes are in place to give confidence that quality and patient safety performance and research and quality improvement work are

monitored effectively, and that appropriate actions are taken to address any deviation from accepted standards to maximise quality and manage identified risks.

Each clinical division has established quality governance arrangements to address the key elements of quality and safety improvement. These are outlined in divisional Standard Operating Procedures (SOPs). Divisional Clinical Networks report directly to the Divisional Clinical Governance Meetings to ensure the clinical voice is driving improvements. The overarching divisional clinical governance groups report to the Quality and Patient Safety Group (QPAS) which reports directly to the Quality Committee.

Each clinical division is required to provide assurance to the Quality Committee against its quality improvement plans. Formal accountability reviews are held regularly with each division where quality priorities, performance and developments are discussed.

The Trust has embedded a range of Quality Improvement approaches to support effective Quality Governance. These are as follows:

- Audit module on InPhase that clinicians use to audit their practice and care environment. Results are immediate, identifying good practice and ensuring any required improvements can be actioned instantly.
- Team level DATIX dashboards enable teams to review patient safety incidents in 'real time' allowing teams to discuss their main safety issues for discussion in team meetings and the established team safety huddles.
- Established methodologies to review and learn from patient safety incidents aligned to the Patient Safety Incident Response Framework, (PSIRF).
- A robust risk management process and risk registers to capture, manage and escalate risks.
- Access to staff training and development opportunities including an in-house skills laboratory with support from our learning centre.
- InPhase, a data software system to support the management of policies, patient safety alerts, and NICE guidance and clinical audit compliance and monitoring.
- Utilisation of a range of approaches to gather patient, service user and carer real-time feedback and engagement to inform service improvements.
- Review, analysis and implementation of the Health Services Safety Investigation Body (HSSIB) patient safety investigation reports and recommendations.
- Quality Standards Group with the purpose of ensuring compliance with regulatory and CQC quality statements including self-assessment against the 5 key questions: Safe, Effective, Caring, Responsive and Well-led.

Audit of Quality Governance systems

During 2024-25 the following audits have been undertaken by Audit Yorkshire to provide assurance to the Board in respect of quality and clinical governance across the Trust. The Trust has a strong internal process to ensure that all Audit Recommendations are completed with the appropriate evidence, and this is reported to Operational Delivery Group, Executive Management Team and Audit Committee. A sample check by Audit Yorkshire of 29 closed recommendations between October and December 2024 confirmed that appropriate evidence was in place to support all recommendations in the sample tested.

Audit and Objective	Planned Timing	Overall Opinion	No of Recs		
			Major	Moderate	Minor
Divisional Clinical Governance- to provide assurance that overarching clinical governance arrangements are sound	August 2024	 Limited	0	5	10
Nursing revalidation- to provide assurance that the Trust's arrangements for supporting nurse revalidation process is adequate	August 2024	 Significant	0	1	2
Complaints- to provide assurance that management is complying with the Trust's policy	October 2024	 Significant	0	2	8
National Cost Collection- to provide assurance over the accuracy and completeness of the National Cost Collection Exercise data in line with the Department of Health and Social Care requirements	October 2024	 High	0	0	1
Recruitment- Probation- to provide assurance that managers are following all procedures relating to the probation arrangements for new starters, including probationary period extensions	October 2024	 Low	2	3	2
Sickness absence- to provide assurance that sickness is being managed in line with Trust policies. The audit will consider how well the newly introduced sickness toolkit is understood and working to support managers.	October 2024	 Low	1	7	4
Data Security and protection toolkit 2023/2024-a) to satisfy the annual requirement for an independent assessment of the DSP toolkit. b) to understand and help address data security and data protection risks and identify opportunities for improvement	August 2024	 High	0	0	1
Cyber Security Business Continuity Readiness- Electronic Systems (Telephony)- To gain assurance that the Trust has considered all elements necessary to support the continued operation of services to meet inpatient, financial and regulatory expectations during unplanned IT. telephone events and service interruptions	February 2025	 Significant	0	4	2

Closed Cultures

A closed culture is a poor culture in health or care services, that can result in harm occurring to individuals and breaches of their Human Rights. This was highlighted in the Panorama programme into Edenfield Centre Prestwich, in September 2022 and other health and care settings. CQC guidance issued in 2022 identifies the signs of closed cultures.

Humber Teaching NHS Foundation Trust has undertaken significant work with all staff in relation to the prevention, identification, and management of closed cultures. This includes:

- Delivering Freedom to Speak up sessions for all newly qualified nurses, AHP's and social workers enrolled in the preceptorship academy.
- Running specific training on recognising closed cultures and speaking up, for all newly qualified nurses, AHP's and social workers, to enable our frontline staff to understand what acceptable and unacceptable care and behaviour is early on in their careers and speak out if something does not seem appropriate.
- Sessions on preventing closed cultures for all staff are offered on a quarterly basis, alongside training on psychological safety, which was highly commended in the HSJ Awards 2025.
- Reviewing and re launching Humber Behavioural Standards across the Trust which represent clear expectations on acceptable and unacceptable behaviour and conduct. In addition, ensuring these values are reviewed as part of individuals annual appraisal.
- Senior leaders' visibility through a programme of visits by Board members across clinical services to see how services are being delivered. Feedback from these visits is captured in the Chief Executives report to the Board.
- Continuing to enhance and embed the peer review process, which is used to measure CQC quality statements and closed culture indicators.
- Ensuring that co production is embedded across the organisation to maintain patient voice and experience is informing our service delivery and development.
- A strong focus on patient safety, through robust governance structures to ensure intelligence is reported, assessed, and reviewed to either provide assurance of patient safety or flag where we need to investigate something further.
- A visible and approachable Safeguarding Team who provide extensive advice and guidance to staff.
- Supporting family/ carer engagement and inclusive practice and ensuring that there are measures in place to gather feedback from patients/families and their carers.
- Focus and oversight of restrictive interventions to confirm the least restrictive options are utilised for patients in our care.
- Monitoring that staffing arrangements operate in line with safer staffing requirements to mitigate against fatigue, burnout, and compassion fatigue.
- Workforce development to support retention and the delivery of high standards of care by a consistent, skilled, and experienced workforce.
- Encouraging independent reviews of our services through the development of a peer review process with other mental health providers.

We strongly recognise organisations cannot be complacent in respect of closed cultures developing. At Humber we continue to focus on ensuring that we work to mitigate against closed cultures through supporting a skilled, empowered, valued, and respected workforce, to deliver safe care to the people we work with.

Review of the Quality Priorities

The Trust Board approved three new quality improvement priorities identified for delivery over 2024/26. The quality priorities will run over a two-year period due to their transformational nature. The Board noted the work that had been undertaken to complete the previous quality priorities and embed them as business as usual.

The delivery of the three quality priorities has progressed well and positive impacts are being achieved which are outlined below along with the steps we will take during 2025/26 to continue to enhance the quality of care we are delivering.

Priority One: Strengthen our approach to physical health to maximise the best possible physical health and wellbeing outcomes for our patients/service users.

We said we would do in 2024-2025:

Develop and implement a Trust wide Physical Health Strategy

What we did:

Our Trust's 3-year Physical Health Strategy has been produced in collaboration with our key stakeholders and has been approved by the Quality and Patient Safety group, Executive Management Team, Quality Committee and the Trust Board.

The Physical Health Strategy 2024-2027 aligns to, and complements the vision set by the NHS as well as our national and regional partners and is underpinned by key national drivers. There is a key focus on tackling health inequalities in our communities that experience poorer health outcomes and earlier mortality.

The strategy has four broad goals:

- Goal 1 – Keep well and achieve the best possible physical health.
- Goal 2 – Patient centred care.
- Goal 3 – Recognise and respond to a person's changing health needs.
- Goal 4 – Tools, knowledge and skills to manage physical and mental health.

An action plan has been developed to support the delivery of the Physical Health Strategy, over the next 2 years and underpinned by the use of quality improvement methodology. A strategy group, with diverse membership, is driving the implementation of the strategy and reports on a quarterly basis to the Quality and Patient Safety group.

Over 2024-2025 the following has been achieved:

- Physical health template to be completed on admission:
 - this has been piloted at PICU (Psychiatric Intensive Care Unit). Following completion of the physical health template, risks and/or concerns have been identified with a care plan (including escalation) being generated, this increased from 0% to 60%.
- Physical health management plan:
 - a working group has been formed to develop the plan and this includes a review of all relevant policies and procedures.
- Review of all clinical skills training and resources available to staff:
 - full review is underway.
 - the introduction of Cambridge Diabetes Education Programme (CDEP) is being rolled out for all clinical staff to access via ESR (Electronic Staff Record), this is an online module-based training package which covers all aspects of diabetes care and management. The latest figures show that 553 out of 1100 staff have accessed the training.
 - Simulation based training for the deteriorating patient has been piloted at Malton and 90% of the staff involved finding this a positive learning experience.
 - Annual administration of medicines competency assessment has increase from 17% to 78% compliance trust wide following a review of the programme.

- Nutrition Matters training has been reviewed and is to be launched as e-learning to improve access for more staff.
- Equipment:
 - Competencies have been developed and approved to be rolled out to all staff who prescribe equipment for patients to ensure safe and best practice. Training is in development to support this.
 - A rollout of equipment bags has been issued to the community teams to ensure that the staff are able to monitor vital signs, 85% of all teams now have these.
- Other progress:
 - Accreditation of UNICEF's Baby Friendly gold award - which supports optimum health and development.

What we will do in 2025-26

Focus on the delivery of the 6 key priorities for 25/26 as outlined in the Physical health strategy action plan, which are:

- Rollout of the physical health template to be completed on admission across all inpatient areas.
- Development of a physical health management plan to be completed at the start of an episode of care, to be used for patients with long-term conditions and under-lying health conditions.
- Complete a review of all clinical skills training and resources available to staff and identify any gaps.
- Development of a physical health intranet page
- Incorporate a standardised checklist of expected screening and health checks within the annual review.
- Introduction of the St Andrew's Nutritional Screening Instrument (SANSI)

Priority Two: Maximise quality of care through roll out of a strengthened approach to assessment and formulation in mental health, learning disability, CAMHS (Children and Adolescent Mental Health Services) and forensic services. Streamline the information we gather to ensure it is relevant, accurate, up to date, accessible and 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)

We said we would in 2024-2025:

Establish and deliver a project plan to review and update the approaches we take to assessment and formulation including local and divisional standard operating procedures (SOPs) for gathering and recording core information, aligned to the PROM and articulate how this will support collaborative safety and care and intervention planning with service users and carers. Review and streamline the clinical forms and templates as part of the move to the new Electronic Patient Record.

What we did:

The Learning Disability, addictions and forensic services have all reviewed their local standard operating procedures and have made amendments in light of the outcome from their consultations. These are progressing through divisional governance processes and implementation and training plans have been developed where required.

Due to the number of individual teams impacted in Adult Mental Health a project plan has been approved with support from the project management team and included within the service planning and transformation group. This has included process mapping the service user journey within and across services and has identified points of duplication in information gathering and also the potential overlap of screening, triage and assessment processes. The findings from the CLEAR programme (Clinically-Led workforcE and Activity Redesign) also provide valuable insights about the most effective use of the workforce, including the optimal use of skill mix and

processes to ensure the right information is available to the right practitioner in a timely manner. A planned workshop with the clinical and operational leads in the service will enable the different workstreams to be dovetailed into the next stage of the project plan. This approach will also be adopted with the CAMHS services who have also completed the CLEAR programme and have a similar number of elements across their service pathway.

The use of Dialog+ has been reviewed across the divisions and due to different commissioning arrangements and key performance indicators, where it is not being adopted a comparable PROM has been identified and incorporated into local SOPs. DIALOG+ is a person-centred, patient-led approach to care planning in mental health services

All services have now gone live on SystemOne and as part of the optimisation work the building of any new documents/clinical forms will be prioritised over the next 6 months.

Person centred planning approach (Care Programme Approach replacement) has been paused nationally but links have been maintained with the trust/ICB lead to ensure that we will continue to reflect the national guidance and requirements.

What we will do in 2025-26

- Project Plan for Adult Mental health to be progressed and to include outcomes/recommendations from the CLEAR programme and review of screening; triage; assessment approaches.
- Project Plan for CAMHS to be approved and commenced.
- Revised SOPs to be implemented in Learning Disabilities, Forensics and Addictions
- New clinical forms to be built in SystemOne as part of optimisation work.

Priority Three: 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.

We said we would 2024-2025:

Working with partners to embed the national 'Cultural Change Transformation Programme for Adult Mental Health and Learning Disabilities'.

Specifically:

- Explore and accelerate different therapeutic offers, including community-based alternatives to admission and a culture within inpatient care that is safe, personalised and enables patients and staff to flourish.
- Have a clear oversight and support structure that is sustainable and transparent, where issues are identified early. Services that are challenged will have timely, effective, and coordinated recovery support.

What we did:

Six ward areas are now participating within the Culture of Care Programme. Each ward area has identified a number of Quality Improvement (QI) projects which are being worked through. The ward teams are actively engaging with the QI coaches from the national programme and participating in action learning sets with other inpatient providers across the region.

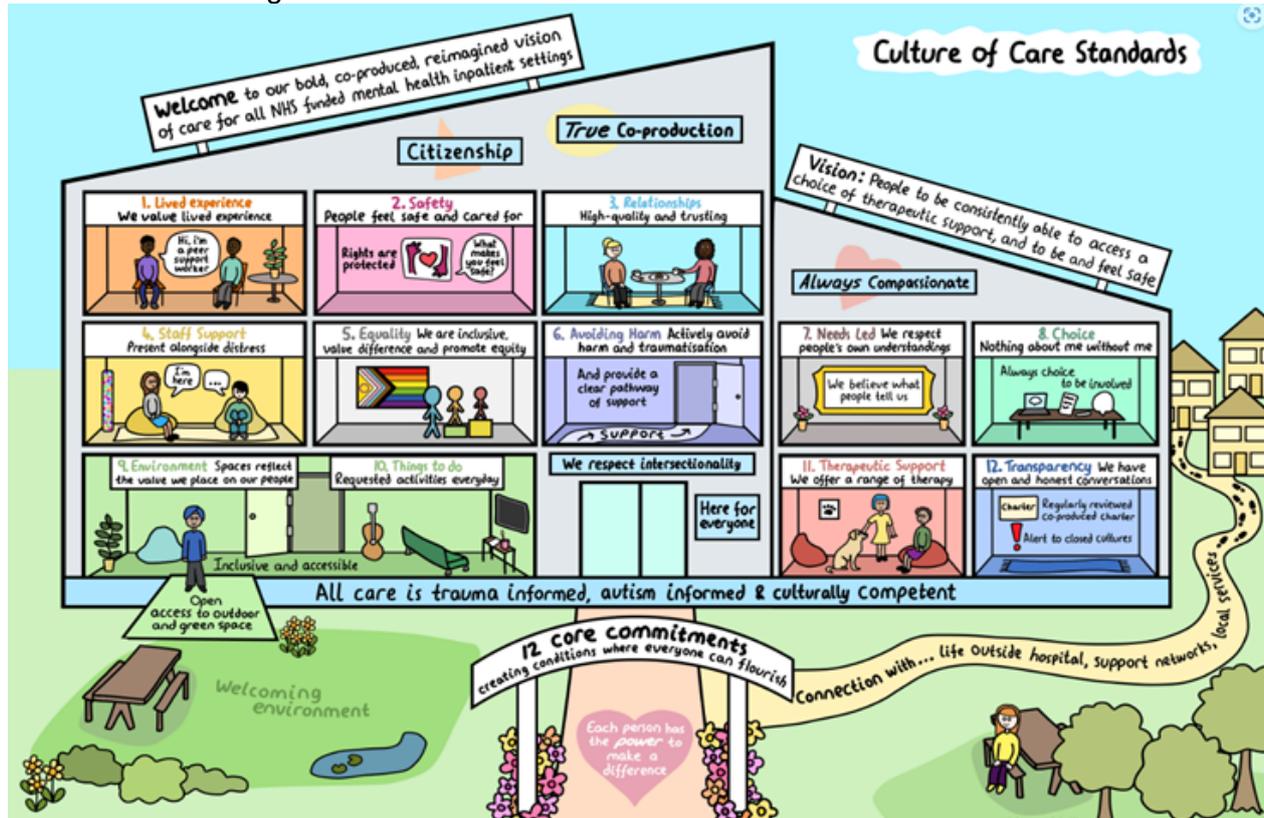
The wards are developing their understanding and approaches to the four key areas of the Culture of Care Programme. These key areas are coproduction, trauma informed, anti-racist, and autism informed care.

The wards have been receiving training on the principles underpinning the 12 standards and these underpin the co-produced QI initiatives over a two-year period.

The quality improvements include:

- Redesigning the welcome pack for new patients at Avondale
- Setting up a patient forum at Townend Court
- Developing systems for supporting carers and families at Westlands, including an information pack for carers and one-to-one support sessions led by a peer-support worker.
- Developing better understanding of Equality, Diversity and Inclusion issues for patients and staff on Swale

Over the next six months the wards will be supported by Public Service Consultants (PSC) via a Staff Care and Development offer to coproduce effective support for their ward staff, with the same aim of creating the culture described in the model of care below:



A culture of care sharing event is being planned for May 2025, this event will aim to educate and spread the understanding of the culture of care standards and to share some of the QI initiatives that have made a difference within inpatient care. This will also give an opportunity to share the learning wider than inpatient care to the community mental health service and beyond.

What we will do in 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 coproduction at the centre.
- Participate in phase two of the culture of care programme and extend 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.

2.2 Statements of Assurance from the Trust

In this section of the Quality Account, the Trust is required to provide statements of assurance in relation to a number of key performance indicators as follows:

- Services and sub-contracts provided by the Trust.
- Freedom to Speak Up
- Annual report on rota gaps and vacancies: Doctors and dentists in training
- Progress made in bolstering staff in adult and older adult CMHT services following additional investment.
- Emergency Preparedness, Resilience and Response
- Clinical Audit
- Research and Innovations
- Commissioning for Quality and Innovation (CQUIN)
- Care Quality Commission (CQC) registration.
- Data quality and coding
- Information Governance
- Learning from deaths

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

During 2024/25, Humber Teaching NHS Foundation Trust provided or subcontracted 112 relevant health services.

Working with our ICB/Place colleagues and providers, our Trust leads on the provision of a range of services, delivered either directly by the Trust or on behalf of the Trust by our subcontractors.

A programme of work is underway to update Service Specifications across Children and Young People and Mental Health Services. A programme, with Board oversight has been developed between HTFT and Place colleagues to oversee this. A governance structure for approval and sign off of the specifications has been developed internally and externally and all documents will be stored in a central location with a plan to review on an annual basis.

The most significant services provided during 2024/25 are as follows:

- East Riding Health and Care Partnership – Mental Health, Learning Disability, Primary Care and Therapy Services
- Hull Health and Care Partnership – Mental Health, Learning Disability, Primary Care and Therapy Services
- North Yorkshire Health and Care Partnership – Community Services
- NHS England – Medium and Low Secure Mental Health Services, Child Health Information Service, Children's and Adolescent Inpatient Mental Health Services. Primary Care Services
- Tees, Esk and Wear Valleys NHS Foundation Trust – HMP Full Sutton and HMP Millsike going live 01/04/25 – Mental Health Services.

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

The income generated by the relevant health services reviewed in 2024/25 represents 100% of the total income generated from the provision of relevant health services by Humber Teaching NHS Foundation Trust for 2024/25.

In other developments, the Trust's Contracting and Procurement Team successfully implemented new systems and processes governing the award of health care contracts as required under the Provider Selection Regime (PSR). Also, during 2024/25, our Trust adopted a new e-commercial

system called Atamis which enables NHS organisations to replace the large variation in sourcing and contract management and tendering systems across the health family, with one platform. It has a widespread take-up across the NHS and the use of a single e-tendering tool across the NHS will create efficiencies not only within the NHS but the supplier side.

Freedom to Speak Up

In its response to the Gosport Independent Panel Report, the Government committed to legislation requiring all NHS Trusts and NHS Foundation Trusts in England to report annually on 'staff who speak up' (including whistle blowers).

Ahead of such legislation, NHS Trusts are asked to provide details of ways in which staff can speak up (including how feedback is given to those who speak up), and how they ensure staff who do speak up do not suffer detriment.

Response

Our updated Freedom to Speak Up Strategy (2024-2027) is supported by the Freedom to Speak up Policy and Procedure and includes changes made by the National Guardian's Office.

Our Freedom to Speak Up strategy and vision supports our Trust strategy and is underpinned by our Trust values, caring, sharing and learning.

We have identified four key areas as our priorities:

- Continuing to improve awareness of speaking up
- Improving confidence for our staff in raising concerns
- Providing training and support to all our leaders and managers
- Improving our data collection and governance processes

Our vision is to work together to provide an open and transparent culture across our Trust, to ensure that all members of staff feel safe and confident to speak out and raise concerns.

The Trust's Executive Lead for Freedom to Speak Up (FTSU) is Michele Moran, Chief Executive, who is supported by a named Non-Executive Director. The Freedom to Speak Up Guardian is Alison Flack, Programme Director for Humber and North Yorkshire Health and Care Partnership and the Deputy Freedom to Speak Up Guardian is Nikki Titchener. The Guardians have completed the National Guardians Office (NGO) training and participate in the regional networking meetings.

Freedom to Speak Up Ambassadors

Staff have reported that in some instances, they feel more comfortable speaking in confidence to a familiar individual for help and support, we have therefore appointed a number of speak up ambassadors to increase the number of ambassadors across our operational areas.

Division/Directorate	In post
Children and Learning Disabilities	1
Forensics	1
Mental Health	2
Community and Primary Care	1
Medical	1
Corporate	1

There are several ways in which staff can contact the Guardians to raise their concerns, including using the confidential speak up email address and direct phone contact. Staff can also use the

Guardians NHS email addresses. In addition, the FTSU Guardians attend the monthly new staff induction training, where the role of the Guardian and the importance of raising concerns and speaking up is explained and staff are provided with contact details. The Level 1 National Freedom to Speak up training module is now a mandatory training requirement for all staff to complete.

The Guardians and ambassadors visit Trust bases and team meetings and speak to staff directly, both formally and informally, to explain the role of the Guardian, respond to any issues that are raised and also attend a range of staff meetings to raise the profile of speaking up. Staff are kept updated on a regular basis regarding the role of the Guardian and the learning from individual cases via the Trust's internal communication processes.

An annual Speak Up report is presented to the Trust Board.

During the period 1 April 2024 until 31 March 2025, we received 31 speak up concerns. This is a reduction on the numbers during 2023/24 when 39 speak up concerns were received. The number of staff contacting the Guardian has also increased since the introduction of the mandatory speak up training. A recent comparison against similar size mental health trusts/community trusts regionally using quarter 3 information highlighted that our numbers are in the mid-range. We will be continuing to raise the profile of speaking up through the Trust's communication channels, our ambassadors and by attending team meetings.

Number of Speak Up Concerns Received

	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
TOTAL	58	24	27	23	39	31

Types of Concerns

During 2024/25 the speak up concerns raised fell into the following categories:

- Staff seeking support for issues relating to their own terms and conditions, these staff are signposted to the HR team for support and advice. The introduction of the Trust's Respect campaign has also helped to reduce the number of staff contacting the Guardian.
- Allegations of bullying and harassment.
- Care and treatment of a patient.
- Staffing levels.
- Systems and processes relating to specific service areas.
- Team working.
- Relationships with line managers.
- Waiting list management.
- Employment processes.

	2021/22	2022/23	2023/24	2024/25
Children's & Learning Disability Services	8	2	12	6
Community & Primary Care Services	3	3	3	9
Corporate Services	4	3	2	0
Forensic Services	1	0	1	0
Mental Health Services	11	15	21	16
TOTAL	27	23	39	31

Staff Groups reporting concerns

	2021/22	2022/23	2023/24	2024/25
Administrative Staff	3	3	2	6
Allied Health Professional	0	2	3	2
Hotel Services Staff	3	1	1	-
Medical Staff	3	0	3	6
Qualified Nurse	6	10	16	8
Social Worker	1	2	3	1
Unqualified Nurse	10	4	7	1
Not Known/Other	1	1	4	7
TOTAL	27	23	39	31

Future reports will also contain details of individuals ethnicity, gender and age. This will enable us to identify if underrepresented groups are disadvantaged by our internal processes and to ensure our processes are fully inclusive and widen participation and accessibility. The Trust Board also holds development sessions to measure progress against the NHSE/I FTSU Board self-assessment, and regular updates are provided to the Trust's Workforce and Organisational Development Committee which is a sub-committee of the Trust Board.

Throughout the FTSU process, staff who have raised concerns are kept informed about the progress of the concerns they have raised and are also offered, if appropriate, a confidential meeting with an Executive Director of the Trust. When the concerns have been investigated, feedback is offered and provided to the staff member. On occasions, it is difficult to provide feedback on any actions the Trust has taken, for example, if the concern was raised anonymously or if it concerns another member of staff. Generally, however, the investigator assigned by the Guardian will meet with the staff member who raised the concern and provide feedback on what action has been taken.

At the conclusion of a speak up concern being investigated and an outcome report, staff receive a letter from the Chief Executive to thank them for raising their concerns and asking for their feedback on the process by completing an anonymous questionnaire.

It is pleasing to see in the staff survey results for 2024 that the Trust positions better than the national average across all People Promise theme areas with improvements across a range of indicators. The response rate of 56.23% is also an improvement compared to 2023 when the response rate was 55.62%.

Below are the results of the indicators closely aligned to demonstrating a positive FTSU and patient safety culture.

Indicator	National	Humber	Benchmark
Manager listens.	71.23	79.59	78.78
Manager takes effective action.	68.11	76.07	74.09
Feel secure raising concerns about unsafe clinical practice	71.53	78.92	76.27
Confident that their organisation would address their concern	56.83	65.24	61.06
Feel safe to speak up about anything that concerns them	61.82	70.95	66.58

Annual Report on Rota Gaps and Vacancies: Doctors and Dentists in Training

This report focuses on safe working hours for doctors in training. The two reports cover April 2024 to January 2025. There are an average of two rotations of Resident Doctors per year.

The report on safe working hours for doctors in training reviewed the period from 1st of May 2024 to 31 January 2025.

As of April 2024

- Full-time Core Trainees: 17
- LTFT Core Trainees: 2 (two at 80%)
- Full-time LAS Doctors: 0
- FY1s: 9
- FY2s: 6
- 6-month GP Trainees: 6
- 4-month GP Trainees: 0
- Higher Trainees: 11

These numbers include a Core Trainee on long-term sick leave.

As of December 2024, there were:

- Full-time Core Trainees: 14
- Less Than Full Time Core Trainees: 3 (all at 80%)
- Full-time LAS Doctors: 0
- Foundation Year 1 doctors: 10 (1x 60%)
- Foundation Year 2 doctors: 7
- 6-month GP Trainees: 6 (2 at 80% and 1 is an ITP post)
- 4-month GP Trainees: 0
- Higher Trainees (HT): 12 (4x 80% and 1 x 60%)

These numbers include a Core Trainee on long term sick leave.

Summary of Exception Reports (01/05/24 – 31/01/25)						
Quarter	Total Reports	Hours of Work	Patient Safety	Pattern of Work	Educational Opportunities	Service Support
May–July 2024	5	5	0	0	0	0
Aug–Oct 2024	28	28	0	0	0	0
Nov–Jan 2025	7	7	0	0	0	0

Key Points:

- All **40 exception reports** were related exclusively to **hours of working**.
- There were **no reports** concerning:
 - Immediate patient safety
 - Work pattern
 - Educational opportunities
 - Service support
- The number of reports **peaked significantly** in the August–October quarter.

There was a notable reduction in the number of exception reports raised this quarter, with a total of 7 compared to 28 in the previous quarter.

Resident doctors were encouraged to document exceptions to contracted working hours, clearly stating the reasons while ensuring that patient demographic information was excluded. Collaboration with clinical supervisors to provide additional support for identified trainees has led to an improvement in the quality of exception reports compared to the last quarter.

It was observed that the Allocate software does not consistently capture all overworked hours during shifts. To address this, a trainee representative will deliver teaching sessions for incoming trainees, aimed at supporting accurate and effective completion of exception reports.

Rota monitoring was agreed upon as a mechanism to identify and implement adjustments that enhance trainee well-being and workload management.

There were no delays in the distribution of work schedules. Trainees received their personal rotas eight weeks prior to the start of their rotation, with access to a “live” version on the Trust’s network drive available ten weeks before the December rotation commenced. There have been no significant issues related to the rota with rotas received a minimum 8 weeks before the rotation.

Safer Staffing

The Trust is committed to caring, learning and growing and we’re equally passionate about supporting our staff to be healthy, engaged and empowered to make a difference.

We continue to respond positively and proactively to national workforce challenges and the Trust has further strengthened its approaches to attracting new staff and retaining our existing workforce. These include.

- An annual workforce planning cycle with all divisions
- Recruitment and Retention Task & Finish group monthly monitoring and annual forecasting
- We continue to promote apprenticeships, nurse associate to degree top-up, and return to practice.
- As part of the Trust’s work to support nurse recruitment and retention, the professional development team, Human Resources, and the Divisions developed a joint initiative to support student nurse recruitment.
- To ensure that the Trust is seen as an employer of choice, we focused on supporting students who study with us before qualification and then providing award winning preceptorship support in their first 6 months post qualification.
- We developed an annual recruitment drive, to attract, interview and recruit students to positions when they have successfully completed their 3rd year in the September of the same year. Last year, via this route we recruited 42 out of 50 students.
- We continue our marketing and communication plan including a Join Humber page and New Year New job campaign.
- During 2024 the Trust continued to embed our Trust People Strategy, which is guided by our values of caring, learning and growing. It aims to attract and keep our Humbelievable people by harnessing their talents, supporting meaningful development and ensuring positive workplace experiences throughout their employment journey.
- We undertook a deep dive into our sickness/absence resulting in enhanced support to those teams with rising sickness rates, with a focus on staff health and well-being and the experience of people returning to work.
- The rollout of HR Divisional Sickness Clinics across the Trust as part of our ongoing commitment to supporting staff wellbeing and absence management.
- In February we celebrated National Apprenticeship Week, bringing together managers, apprentices, and staff exploring their career progression.

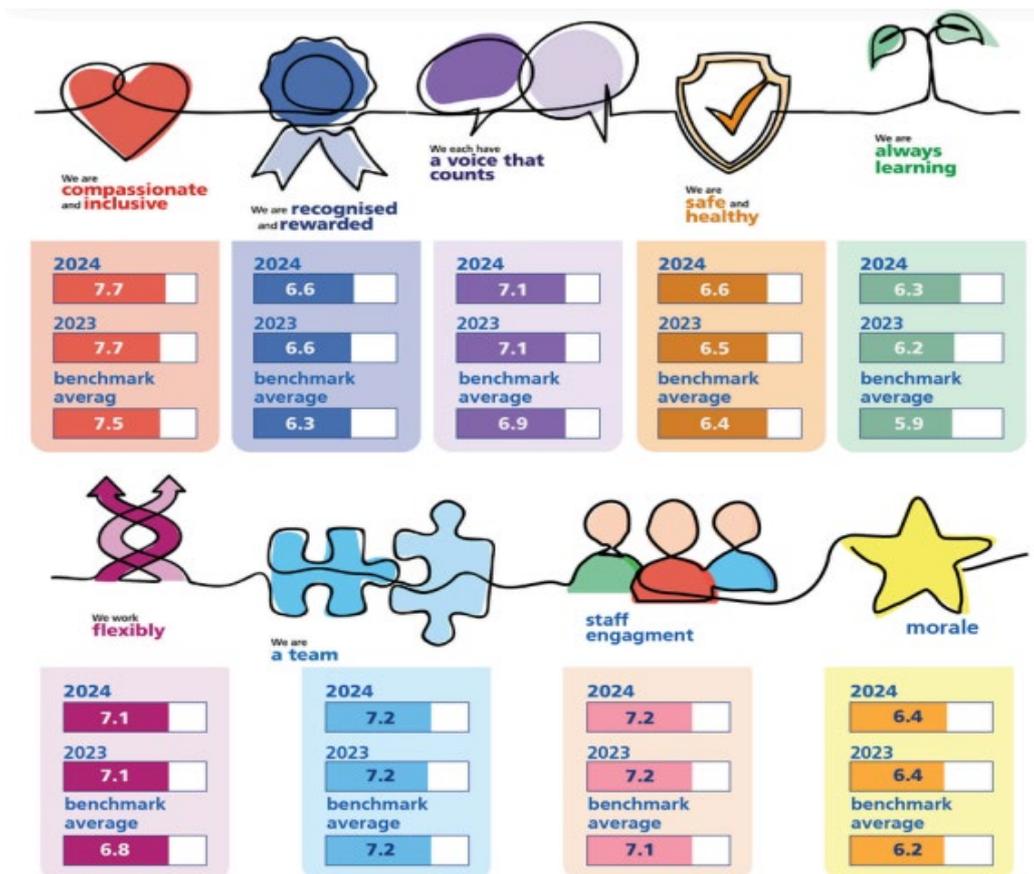
- Working with our people we have refreshed and evolved the Trust's 'Being Humber Behavioural Standards' with a number of key enhancements to ensure we foster a respectful, safe, inclusive and restorative culture at all levels:

- Restorative Just Culture
- Sexual Safety
- Equality, Diversity, and Inclusion
- Health Inequalities
- Learning from Incidents
- Compassionate Leadership
- Preventing Closed Cultures
- Freedom to Speak Up



In March 2025 we celebrated our 2024 staff survey results noting:

- Improved response rate compared to 2023, and better response rate compared to benchmark and national figures.
- Humber Teaching NHS Foundation Trust reports better than average scores across all people promise theme areas and sub themes compared to benchmark and national results and an improved position across our own scores of 2023 across each core people promise area.
- Our results are the best across our Integrated Care System



We also have a range of Recruitment and Retention Initiatives available to staff who work for the Trust.

Nursing vacancies have reduced through the year and are now at 6.41% and have improved consistently. There are 878.05 full-time equivalent (FTE) Nurses in the Trust compared to 860.57 FTE 12 months ago.

Consultant vacancies remain challenging with the current position being 15.5% or 10.23 FTE vacancies and all of these are covered by agency locums.

Safer staffing in our inpatient areas is reported monthly to the Board with a full report produced every six months. Whilst there are challenges, we are consistently above the national benchmark for Care Hours Per Patient Day (CHPPD). All 19 inpatient wards demonstrated good assurance (where 2 or less indicators are below the minimum target). Metrics included Care Hours Per Patient Day, Registered Nurse and overall fill rates, occupied bed days, staff sickness, Friends and Family Test (FFT) percentage scores, clinical supervision and statutory/mandatory training compliance. Other nurse sensitive measures were also reviewed and reported including, pressure ulcers acquired in our care, cancelled section 17 leave, violence and aggression, medication, falls and self-harm incidents.

Adult and Older Adult Community Mental Health Services – Transformation

The aims of the Transformation are to rebalance mental health pathways, reducing over reliance in Crisis and Acute care through earlier identification by aligning multidisciplinary integrated teams at Neighbourhood level and closing the gap between primary care, secondary care and Talking Therapies.

The scope of Community Mental Health Transformation has increased since the national roll out and now covers:

- A core model spanning primary and secondary care.
- A service for those with a Personality Disorder
- A rehabilitation service.
- Access to Individual Placement Support.
- Early Intervention in Psychosis
- Annual health checks for those who have a severe mental health condition.

“X was excellent, gave me hope and ideas, made me think more positively too” Beverley PCMHN

“Always had time to listen and was flexible to meet my needs” Marmot PCMHN

The transformation has been underpinned by co-production. There are 230 people signed up to the Adult Mental Health Involvement mailing list. There are 125 people with lived experience, 56 staff and 29 additional contacts who are receiving regular co-production updates and opportunities to get involved. The Adult Mental Health Co-production group provides a platform for those with lived experience to have their say. The Lived Experience and Involvement Tool kit is used to bring consistency to co-production across Mental Health Services. Those with Lived Experience are now being paid to work in equal partnership alongside staff. We have also coproduced a coproduction stamp – which is used to certify that pieces of work have been co-produced.



Nationally to support improvement, a 'Road Map' is in place to guide the elements needed to fully transform services. The last evaluation showed 77% compliance in the ER and 80% in Hull with the roll out of the core service. Plans are in place for areas of partial compliance.

Primary Care Mental Health Networks

“Helped to develop my coping strategies before making an onward referral I feel more ready to engage in this work”

The extended core model spans Primary and Secondary Care across Hull and the East Riding of Yorkshire. This has meant an increase in clients receiving mental health support and treatment across Hull and the East Riding of Yorkshire. At the end of September 2024, performance against the base line set in Q4 2021/22 showed an increase of 16%. With 50% being seen within four weeks.

Our Complex Emotional Needs service for people who may meet the criteria for a diagnosis of a Personality Disorder service has been working to support carers, families and friends by offering the Family Connections programme as well as refining their offer for care leavers and for those transitioning from Child and Adolescent services and now offer DBT, EMDR therapies and Care Coordination, and an increased consultation offer to colleagues across the Trust and statutory partners.

Complex Emotional Needs Service
16 responses – 88.9% positive in all areas

DBT – 21 responses
95.2% positive experience

Our Rehabilitation team offers support, treatment and recovery services (STaRS) and deliver a community-based rehabilitation model with a flexible in reach and outreach approach with 5 beds to support transition from inpatient/longer term care placements to community-based care. This approach is seen as an exemplar.

Individual Placement support – for the target for Service Access we achieved at year end a total of 228 against a target of 209 for 2024/25 people supported (109%).

In our Early Intervention in Psychosis service, we continue to work to improve timely access and quality of care for people experiencing their first episode of psychosis. Meeting of the standard is determined on demand, which is variable. Physical Health Monitoring has also been established in the service as well as a new team model for Family Therapy. The service has commenced using the nationally recommended Patient Reported Outcome Measures. The National Clinical Audit of Psychosis (NCAP) has been completed this year and was awarded a level 2 (needs improvement). Physical Health Checks were the main area for improvement and work is underway to address this aspect.

We continue to improve physical health for those with a severe mental illness in the East Riding of Yorkshire by delivering an annual comprehensive physical health check delivered by Health Trainers, working in partnership with GP practices to improve uptake. In 2021/22 we made a huge improvement in the uptake of health checks and identified many treatable health conditions. This continued to improve in 23/24 achieving a 66% success rate at year end, Final 24/25 figures will not be available until July 2025 but a comparison of performance for Q3 22/23 (48.7%), Q3 23/24 (54.3%) and Q3 24/25 (59.5%) indicates a year-on-year improvement.

Small Grants Scheme – As part of the Transformation programme £150,000 was made available (non-recurrently) to support 'grassroots organisations' to support the development of individual and community mental health resilience. Thirty-four projects have been supported across Hull and The East Riding of Yorkshire targeting 133,464 individuals and a diverse range of communities. Evaluation shows positive outcomes. The successes were acknowledged with a Celebration event in the autumn of 2024.



Since the start of the transformation, not only has there been an increase in the number and type of services offered but also in the diversity of roles.

Mental Health Coaches who work closely with Primary Care improving individual health and wellbeing and coping strategies using the Recovery Star, Peer Support Workers, Nursing Associates, Mental Health Practitioners, Employment Advisors, Health Trainers and CAPS Workers are all new roles that expand the skills of the workforce and the support that can be offered to individuals. There has also been an increase in the number of social workers and the range of therapies that can be offered.

**Mental Health & Wellbeing Coaches
Friends and Family Test**

96.97% thought staff were friendly and helpful
 94.8% felt involved in their care and listened to
 90% felt they had enough information
 "My coach gave a clear explanation understanding
 and attitude was good at listening and was non
 judgemental"

Peer Support Workers (Hull)
 Peer Support Workers across Hull received 24 FFT
 responses
 95.79% thought staff were friendly and helpful
 91.67% felt involved in their care and listened to
 91.67% felt they had enough information
 " Really beneficial, real-world problem solving and sharing
 experiences"

Emergency Preparedness, Resilience and Response (EPRR) Assurance 2024/25

The annual EPRR core standards self-assessment for 2024-25 was again undertaken by the Trust using the new process and compliance requirements previously introduced in 2023-24.

The number of core standards applicable to each organisation type is different, Humber Teaching NHS Foundation Trust had 58 applicable core standards to self-assess against. The overall EPRR assurance rating is based on the percentage of core standards the organisation is compliant with outlined in the table below:

Compliance Level	Definition
Fully	The organisation is fully compliant against 100% of the relevant NHS EPRR Core Standards
Substantial	The organisation is fully compliant against 89-99% of the relevant NHS EPRR Core Standards
Partially	The organisation is fully compliant against 77-88% of the relevant NHS EPRR Core Standards
Non-Compliant	The organisation is fully compliant up to 76% of the relevant NHS EPRR Core Standards

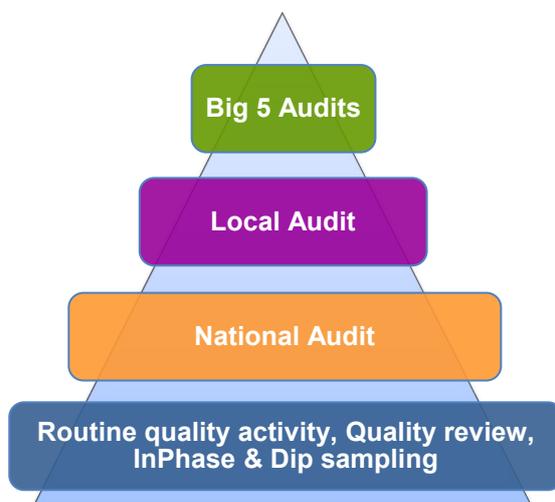
On completion of the check and challenge process by the Humber and North Yorkshire ICB the compliance rating had increased from 24% in 2023/24 (non-compliant) to 60% in 2024/25, although this means the Trust remained non-compliant, this is a significant uplift from the 2023/24 position. The Trust has a comprehensive action plan in place to address the assurance gaps and is anticipated with continued improvement to reach the benchmark for partially compliant in the 2025/26 submission. This information will be presented in detail in the EPRR Annual report.

The Trust continues to improve care and service safety, resilience, and response through a programme of training, testing, learning from incidents internally and through work with partners and external networks. Through this work the Trust will increase its compliance with the core standards for the next assurance round for 2025/26.

The Trust's compliance rating was signed off by the Trust Board on 27 November 2024.

Improving Care through Clinical Audit

Clinical Audit enables the Trust Board, our service users, and our regulators to determine whether the care we are providing is in line with recognised standards. The clinical audit framework provides the structure for all audit activity in the Trust:



We undertake a programme of clinical audits across our services to include the use of the National Institute for Clinical Excellence (NICE) clinical guidelines and quality standards and Care Quality Commission (CQC), Quality Statements. We also audit learning from Patient Safety Investigations and complaints to fully inform our programme of clinical audit.

Each division is expected to complete a minimum of 5 clinical audits across the financial year and contribute to national audits and the Prescribing Observatory for Mental Health UK (POMH-UK) audits.

Proposals for new clinical audits and service evaluations are reviewed by the Divisional Clinical Network Groups and priority and relevance agreed. Completed project reports are also presented and approved and planned actions reviewed. The Quality Standards Group provides oversight and tracking of agreed audit and other improvement activity with six monthly reporting to the Quality and Patient Safety Group and thereafter the Quality Committee.

Audits undertaken during 2024/25

During 2024/25, 13 national clinical audits and 1 national confidential enquiry covered relevant health services that Humber Teaching NHS Foundation Trust provides.

During the same period, Humber Teaching NHS Foundation Trust participated in 92% 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 confidential inquiry the Trust participated in was the National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH). All mental health trusts across the UK provide data to the confidential inquiry, which enables themes and trends to be investigated on a national level.

National audits during 2024/25

The national clinical audits and national confidential inquiries that Humber Teaching NHS Foundation Trust was eligible to participate in during 2024/25 are as follows:

Eligible National Clinical Audits 2024/25	Completed	Progress update
POMH 21b: The use of melatonin	√	Audit complete, awaiting publication of national report
POMH 24a: Opioid medications in mental health services	√	Data collection completed. Report will be published in April 2025
Rapid Tranquilisation - POMH	√	Report published October 2024. Reviewed at Drug and Therapeutic Group meeting in November 2024.
National Audit of Dementia – Spotlight Audit Memory Assessment Services (NAD)	√	Audit complete, report published in September 2024.
Mental Health Clinical Outcome Review Programme Suicide (and homicide) by people under mental health care	√	Audit complete, awaiting publication of national report
Mental Health Clinical Outcome Review Programme – Suicide by people in contact with substance misuse services	√	Audit complete, awaiting publication of national report
National Adult Diabetes Audit (NDA) – National Core Diabetes Audit	√	Data extracted by NHS Digital - Report published December 2024
National Adult Diabetes Audit (NDA) – National Integrated Specialist Survey	√	Data extracted by NHS Digital
National Respiratory Audit Programme (NRAP)	√	Data extracted by NHS Digital
National Audit of Care at the End of LIFE (NACEL)	√	Audit complete, awaiting publication of national report
Learning Disability Mortality Review Programme (LeDeR)		Data collection ongoing
Falls and Fragility Fracture Audit Programme (FFFAP)		Data collection ongoing
National Audit for Eating Disorders (NAED)		Data collection ongoing to July 2027

Eligible National Confidential Inquiries 2024/25	Progress update
National Confidential Inquiry into Suicide and Safety in Mental Health (NCISH)	On-going data collection – HTFT submitted 18 cases from April 2024 to March 2025

The reports of 6 national clinical audits were reviewed by the provider during 2024/25 and Humber Teaching NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

National Clinical Audits Reports reviewed 24/25	Actions
Rapid Tranquilisation - POMH	Audit complete, one action identified. The Principal Pharmacist for Mental Health, Learning Disabilities and CAMHS Services is working with the Clinical Digital Team to create a single template for recording rapid tranquilisation on SystmOne.
National Audit of Dementia – Spotlight Audit Memory Assessment Services (NAD)	Audit complete, one action identified. The data sheet requesting unrecorded ethnicity is sent out with appointment letters and returned at appointment. This action is still ongoing with an increase in referrals but a push to complete pathways in a shorter time.
POMH 22a: Use of medicines with anticholinergic (antimuscarinic) properties in older people’s mental health services	Audit findings presented at Drug and Therapeutics Group, May 2024. One action was identified for Deputy Chief Pharmacist to work with the digital team to see if Medichech or ABCCalc can be added to SystmOne. Pharmacy have confirmed this action under development with a focus on uploading the new templates onto SystmOne.
POMH 7g: Monitoring of patients prescribed lithium	Audit finding presented and discussed at Drugs and Therapeutics Group, Jan 2023. Two actions were identified: The Chief Pharmacist and Deputy Chief Pharmacist to be included in the Lithium Care Plan follow up. The second action to include further discussions around the findings of the audit. This action is under development with a focus on uploading the new templates onto SystmOne.
National Diabetes Audit (NDA)	Based on data from 2021-23 in England and Wales Tabled at Primary Care Clinical Network Group. Summary provided of key overall findings and recommendations. Guidance provided on how to access local practice-specific data/results.
The 2024 National Audit of Inpatient - Falls (NAIF) report on 2023 clinical data. Don’t stop moving - Optimising safety while staying active in hospital	As part of the Trust wider falls quality improvement plan and following review of the audit findings actions to address improvements in compliance with vision assessments, lying and standing blood pressure, also includes review of the risk assessment to align with optimising safety and reducing risk of hospital acquired deconditioning. Work is being delivered by the falls working group, reporting to Quality and Patient Safety Group and Executive Management Team (EMT).

Local audits during 2024/25

In 2024/25 a total of 39 local clinical audits were completed across the four divisions. Of these, 20 actions plan have been completed with 5 action plans currently in progress, 9 audits on schedule for completion and 5 audits overdue. The actions from clinical audits are monitored by the clinical networks, overseen by the divisional governance groups.

Over the year, the Trust has identified areas for targeted audit work across the organisation. These have been selected as areas of potential risk or to support a strategic aim. Clinical audit over the past 12 months has covered a broad range of topics. An example of this year's audit themes include:

- Physical health monitoring
- Bed rails risk assessment.
- Falls prevention.
- Record keeping.
- Venous Thromboembolism (VTE) risk assessment
- Medication

In addition to clinical audits, the Trust has completed a number of compliance and assurance audits on InPhase as follows:

Compliance and assurance audits	Number completed	Overall compliance score
Record keeping audits	4411	≥70%
Patients audit	512	≥91%
Mental Capacity and DoLs Safeguards	223	≥72%
Seclusion audits	165	≥85%
Ward based dispensing	94	≥84%
Controlled drugs audit	166	≥89%
IPC – hand hygiene	128	≥98%
Mental Health Legislation audit	72	≥85%
IPC quarterly inpatient practice compliance	43	≥94%
Long term segregation	46	≥86%

For 2024/25 there was overall good compliance across the divisions for completed compliance audits. For 2025/26 we are now requesting that the divisions provide feedback and analysis of the data, this will state what is being reviewed and actioned with the information from the audits and for the teams with low compliance there is an expectation to demonstrate what is being completed to improve this and to provide context for any anomalies.

As part of the clinical audit framework and plan for 2025/26 we have introduced the 'Big 5 Audits'. These are qualitative audits which have been developed and are based on national and local learning following reviews undertaken and relate to key areas of clinical practice to be reviewed and evidenced, and how our systems and processes impact on the experiences of patients. They will be undertaken by the divisions in 2025-26 and include the five priority areas:

- Patient and Family Engagement
- Quality of Care Planning
- Medication Compliance and Support
- Clinical Supervision of Decision Making under the Mental Health Act
- Quality of Discharge Arrangements

The focus of these areas provides increased support to the divisions and facilitates a greater level of analysis and monitoring of compliance against the actions. The benefits of this approach create consistency and highlight the quality in these priorities.

Research and Innovation

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.

“ By being involved in research I have learned a lot about my condition and feel I am making a contribution to the future of our NHS. The researchers are lovely people, so supportive and helpful.”

The number of patients receiving relevant health services provided or sub-contracted by Humber Teaching NHS Foundation Trust in 2024-25, that were recruited during that period to participate in research approved by a research ethics committee, was 1658.

Of these, 1631 patients were recruited to NIHR Portfolio studies and 27 were recruited to local studies. In total, there were 52 Portfolio studies and 12 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 recruited into research studies during 2024-25. Approximately 40% of Portfolio studies have involved the evaluation of novel treatment interventions. Further information about research studies in the Trust is available at <http://www.humber.nhs.uk/research/>.

In 2024-25 the Trust continued to provide core funding for a small number of key research posts, as well as receiving external research funding, including from the Yorkshire and Humber Regional Research Delivery Network (RRDN) to support delivery of NIHR Portfolio studies, grant funding for staff named as co-applicants in research, research grant awards where the Trust is the lead NHS organisation and DHSC Research Capability Funding to support clinicians working with academic colleagues to develop new research opportunities. The Trust was also funded to host various regional posts as part of the Yorkshire and Humber Clinical Research Network (now replaced by the RRDN).

The Research department also continues to ensure the Trust operates in accordance with the statutory guidance of the UK Policy Framework for Health and Social Care Research (2017). A refreshed Trust Research Strategy for 2024-26, considering changes in national policy, in the way research is delivered and in how we collaborate regionally and nationally is available at [109 14-20 Aug](#).

Work is ongoing to strengthen research collaborations and to bring studies to the Trust in fields where we have had limited previous involvement, such as artificial intelligence (AI), for example, the CognoSpeak study which is looking at an AI tool as a way to speed up dementia diagnosis in the future. New collaborations in 2024-25 with Chief Investigators we have not previously worked with, e.g. at Loughborough University, Birmingham Community Healthcare NHS Foundation Trust and Imperial College London, demonstrates we are a site that national experts want to collaborate

with. Some of our successes and breadth of research we are involved with can be found in our quarterly research newsletters available at [Research News and Publications | Humber Teaching NHS Foundation Trust](#).

People who have taken part in research during 2024-25 have provided overwhelmingly positive feedback; they enjoy the experience, have developed positive relationships with the researchers and can see the impact of the research.

‘Appreciated the personal touch by the research practitioner.’

‘I was put at ease, it made me feel that someone knows what we go through.’

In autumn 2023 we were the first pilot site for a national project to embed research into mental health student nurse training, such that research becomes an integral part of the clinical placement and students view research as a core part of their clinical role. Since then, we have trained four cohorts of student nurses and now also include Allied Health Professional students. This national pilot is backed by Professor Ruth Endacott, NIHR Director of Nursing and Midwifery and feedback from students continues to be really positive, as shown by our internal evaluation whilst this project is being formally evaluated as part of the national pilot. Introducing research as part of clinical placements helps to achieve Priority 1 of our Trust Research Strategy, i.e. ‘*Research embedded as a core component of clinical services*’, and for more people accessing our services to be offered the opportunity to participate.

‘I will definitely become a research champion when I qualify as a nurse and carry forward the value of research.’ *(Student mental health nurse)*

The Trust’s seventh research conference took place in May 2024. Every year the numbers have increased, with over 400 registered from more than 90 organisations in 2024; a mix of in-person and online as the conference was run as a hybrid event. As well research-active clinicians in the Trust the presentations (see [Humber NHS 7th Annual Research Conference Highlights](#)) 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.

‘Just wanted to say it was an incredible day. I feel so proud to be HUMBER. The speakers were all amazing and I was blown away with the primary care team you have in GP surgeries.’

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 2024-25 we took part in research involving multiple professions and health conditions, from diabetes self-management for people with serious mental health issues, to music therapy for dementia, new exercise interventions in primary care, forest school intervention for primary school children, genetics research in eating disorders and so much more.

‘Enjoyable and something different on the ward.

It allowed me to talk about my experience, share my thoughts both negative and positive.

I feel happier and less anxious now.’ *(Research participants)*

Commissioning for Quality and Innovation (CQUINs)

CQUIN is an annual scheme where commissioners and providers agree on which areas need more focus for improvement and payments are made for evidencing those improvements. The scheme is refreshed every 12 months, and each scheme may be different from preceding years.

A consultation on [Proposed Amendments 2023/25 NHS Payment Scheme](#) was published by NHS England on 22/12/2023. It proposed that the nationally mandated CQUIN scheme was paused for 2024/25, with providers and commissioners having the option to agree CQUINs locally if they choose.

NHS England published CQUIN indicators as a non-mandatory list that providers and commissioners might choose to use locally. This list comprised the 2023/24 indicators, along with those that were shortlisted but not used in 2023/24. The Trust monitored all in scope CQUINs from that guidance, but no income was conditional upon their achievement.

Further details of the goals for 2024/25 are available electronically on the [Trust's website CQUIN page](#).

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
- Personal Care
- Surgical procedures (Primary Care only)
- Transport services, triage and medical advice provided remotely.
- Treatment of disease, disorder or injury

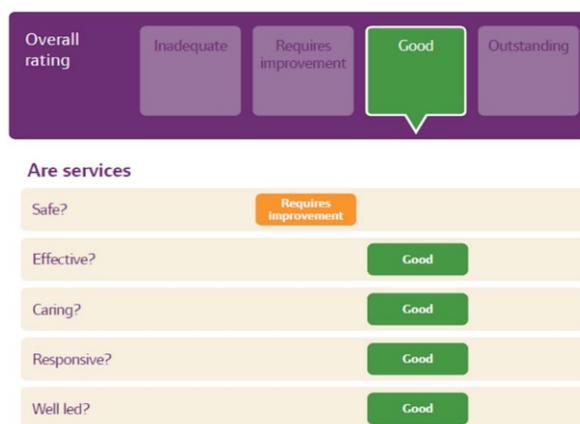
Humber Teaching NHS Foundation Trust has no conditions on registration. The Care Quality Commission has not taken enforcement action against Humber Teaching NHS Foundation Trust during 2024/25.

Humber Teaching NHS Foundation Trust practices have all been routinely inspected within the last five years and are all rated overall 'Good' by the CQC.

In February 2025, the CQC inspected our CAMHS Inpatient Unit, Inspire. This was the first inspection under the new Single Assessment Framework, where a selection of core services will be inspected over a period, culminating in a well-led inspection with the Trust. Positive verbal feedback was received at the time of inspection, the draft report has been received and is undergoing a factual accuracy check by Humber Teaching NHS Foundation Trust before being returned to CQC. Once this has been reviewed by CQC, the final report will be published on their website.

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.

CQC Rating from the last inspection in February 2019



All of the 'must' and 'should do' actions arising from the 2019 inspection were delivered. As a Trust we continually strive to improve, therefore we continue to undertake a series of peer reviews and audits, across the organisation, from which we have developed additional quality improvement plans aligned to the CQC key lines of enquiry.

Following changes made by CQC to the inspection process and the move to using a single assessment framework Humber Teaching NHS Foundation Trust have introduced the following to support this:

- Formation of Quality Standards Group (QSG) – to provide leadership and is responsible for ensuring that Humber Teaching NHS Foundation Trust is compliant with all CQC processes.
- Self-assessment – a proforma completed by the divisions to measure our confidence rating in meeting the CQC quality statements, providing evidence and assurance of how we are achieving the statement, and what we are going to do to improve this. This are to be reviewed every six months.
- InPhase – all self-assessments and evidence are uploaded to the CQC module on InPhase to monitor compliance.
- Formation of the Humber Confidence and Assurance Panel (HCAP) – review the divisional self-assessments against the CQC quality statements and rate the level of confidence in meeting these. The panel will undertake a planned audit cycle on InPhase to ensure that the self-assessment review compliance is being achieved 6 monthly.
- Mock inspections – these unannounced visits are carried out Trust-wide by the senior leadership team using the CQC format. Following an inspection a report will be provided to the team/service and an improvement action plan agreed.
- Peer reviews – these continue to take place bi-annually and focus on the CQC's five domains.
- Communication and Resources – regular communication is sent to staff to support readiness for an inspection, resources have been developed to guide staff through an inspection and increase knowledge of the quality statements and core domains.

BeDigital

BeDigital has demonstrated significant success over the past year, achieving key milestones in digital transformation across the Trust. A central achievement is the successful migration of all Trust divisions from the legacy Lorenzo system to the new SystmOne Electronic Patient Record (EPR). This complex transition, completed with the final Mental Health division go-live in February 2025, represents a major step forward in standardising and modernising patient record management. The migration involved meticulous planning, including data migration strategies using Robotic Process Automation (RPA) and manual input, extensive staff training, and robust governance. Post-

migration optimisation plans are underway to further enhance system functionality based on user feedback.

Beyond the core EPR implementation, the BeDigital Programme has driven wider investment in digital systems. This includes the rollout of voice recognition software (Lexacom) to improve clinical documentation efficiency and the piloting and expansion of the Accurx patient communication platform in several services.

Crucially, the programme has strengthened the Trust's digital foundations and cyber security posture. Key initiatives include the successful implementation of Multi-Factor Authentication (MFA) for all NHSmail accounts, the rollout of an Always-On VPN, and preparations for the migration to Windows 11. The programme continues to be managed effectively, remaining within budget while delivering substantial digital advancements.

Data Quality and Coding

Humber Teaching NHS Foundation Trust submitted records during 2024/25 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.

The source is [NHS England's Digital](#) DQMI published report as of November 2024.

Data quality also forms part of the Trust's Internal Audit programme.

Clinical Coding

Data Quality checks are undertaken to provide assurance that data is accurate and ready for migration to national systems. An action plan had been identified to improve data quality.

A clinical coding audit was performed on discharged patient records in December 2023. The results from the audit were excellent. The percentage of records that had a correctly coded primary and secondary episode were:

Overall:

- 100% primary
- 100% secondary

These results are above the mandatory level set in the Data Security Standard 1 and Standard 3 and would meet a 'Standards Exceeded' attainment level.

Humber Teaching NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2023/24 by the Audit Commission.

Actions to improve data quality

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

- Better recording of patient protected characteristics.
- Increase the use of SNOMED coding.

Information Governance

Information Governance Assessment Report

Information Governance (IG) refers to the way in which organisations process or handle information in a secure and confidential manner. It covers personal information relating to our service users and employees and corporate information, for example finance and accounting records.

In September 2024 the CAF Aligned Data Security and Protection Toolkit (DSPT) changed to adopt the National Cyber Security Centre's Cyber Assessment Framework (CAF) as its basis for cyber security and IG assurance.

The CAF-aligned DSPT submission date for 2024/25 is 30 June 2025. For the 24/25 submission, the DSPT will be split into a number of contributing outcomes, each of which are supported by indicators of good practice grouped into levels of achievement – 'Not Achieved', 'Partially Achieved' or 'Achieved'.

IG provides a framework in which the Trust can deal consistently with, and adhere to, the regulations, codes of practice and law on how information is handled, for example the Data Protection Act 2018, UK General Data Protection Regulation, the Freedom of Information Act 2000 and the Confidentiality NHS Code of Practice.

This year has seen the development of a 'health and care CAF overlay' for NHS Trusts, which extends the 39 contributing outcomes of the CAF with a further 8 contributing outcomes in a custom section on 'using and sharing information appropriately', to ensure that data protection, confidentiality, and other information governance disciplines such as clinical coding are covered. The 'health and care CAF' presented in the DSPT therefore consists of 47 contributing outcomes.

The Trust's submission for the 2024/25 DSP Toolkit is expected to be standards met. Further information will be issued in the Information Governance Annual Report for 24/25.

Key areas of development in the year 2024/25 have been:

Information Governance Awareness Raising

The IG team launched a campaign to raise awareness of all things IG as follows.

- **IG Communications and Training Plan**
A rolling 18-month plan of comms and training to provide focus to the IG Team's goals.
- **IG Awareness Survey**
Test of understanding to support current IG Training needs analysis. Results have informed IG training topics, global communications, policy and guidance.
- **IG Newsletter**
A bi-monthly IG focused newsletter is produced, updating staff on local and national changes, policy updates, breaches, IG facts and ICO fines and a 'how to' topic box.
- **NHS Digital short video campaign**
Short videos circulated to all staff bi-monthly on relevant IG issues, videos are part of a national campaign. The first short was on Phishing, and others on Tailgating, Social engineering, Protecting NHS data and Messy files followed through the year in line with the team Training and Communications Plan.
- **Desktop messages/Posters/IG Intranet Banners**
Wallpaper on risks from phishing, how to spot them and what to do if you receive a suspicious message, was added to every staff desktop. IG banners on key contacts within IG and 'check and double check' were added to the Trust homepage intranet banner.

- **IG Training**

Short interactive IG training sessions to all new starters to support the online Data Security Awareness Training. The IG Team have delivered bespoke training sessions on specific information governance topics, The essentials of confidentiality in line with the duty of confidence, sanctions and breach of duty and Safe Haven Practices.

Cyber Security Awareness

The IG Team has ensured that a Cyber Security awareness campaign has been undertaken. The campaign has included issuing guidance to alert staff on the risks posed by phishing emails and tips to spot them. Information on cyber security and scams has been provided to staff via the IG newsletter *Data Matters*, a specific newsletter for Data Privacy Day in line with the theme 'take control of your privacy', Counter Fraud newsletters, and a podcast-style Q&A session with the Counter Fraud team.

As part of the Communication and Training Plan and in agreement with the IG Group, the IG Team supported another 'phishing' exercise in July 2024 to identify continued weakness in our staff members cyber security awareness. Post exercise the IG Team ensured;

- Dissemination of a targeted video for the staff who entered their credentials,
- Dissemination of a targeted video for all staff who clicked the link but did not enter credentials,
- Continued and strengthened cyber security communications and IG awareness raising.

A further phishing exercise is planned for 2025/26.

Cyber Security and Information Governance Learning Platform

The IG Team have continued to use the MetaCompliance software to launch training programmes in response to Information Governance incidents and phishing test simulations. The campaigns include a range of activities including videos, quizzes, and general communications. The software provides excellent evidence to demonstrate compliance with CAF Objective B - Protecting against cyber-attacks.

CareCERT provides cyber security threat notifications to the Trust. The IT Service review and act upon these notifications and take action, where necessary, to ensure Trust systems and protected and vulnerabilities cannot be exploited. The CareCERT notifications and actions taken to protect the Trust are monitored through the IG Group and BeDigital Group.

Accountability and Transparency

Privacy Notices

To maintain transparency and accountability, the IG team review and maintain the Privacy Notice ensuring patients are specifically informed how their information is used, and the lawful basis for this. Information has been added to the patient privacy notice regarding the National Screening Programmes our GP practices take part in.

A privacy notice has been developed for HealthStars to ensure transparent gathering of information from donors and supporters.

The IG Team have also updated the Interweave privacy notice to include new additions to the Interweave product stack.

The staff privacy notice has been updated to include Asset Tracking added under use of third-party companies.

Subject Access Requests

The Trust supports the right of data subjects to have access to their personal data and to understand how that is used within the organisation and regularly receives Data Protection Subject Access Requests. The statutory timeframe to respond is one calendar month. Performance against the statutory timescales is monitored and reported to the IG Group.

In 2024/25 1,009 patient Subject Access Requests have been processed by the Trust. 21 (2%) of these were outside of the statutory one-month timescale.

Supporting New Ways of Working

The IG team has supported the introduction of MS Teams Premium which includes collaborative AI tools such as CoPilot. The IG Team also attend the new AI Oversight Group to support the use of AI tools within healthcare and ensure that this is carried out in a safe and secure way.

New Systems/Data Protection Impact Assessment (DPIA)

When new services begin, new information processing systems are introduced or there are significant changes to existing information processes involving personal confidential information. The Trust ensures that it remains compliant with legislation and NHS requirements. This process is a mandated requirement on the DSP Toolkit and in data protection legislation. The full suite of DPIAs carried out throughout 2024/25 can be found in the Information Governance Annual Report.

Information Sharing Agreements

Good work has continued in 2024/25, with the development of information sharing agreements between the Trust and partner organisations across the Humber region.

The full list of Information Sharing Agreements entered into in 2024/25 is available within the IG Annual Report, however some highlights are below:

- Recording in TEWV SystemOne for Prison Mental Health Contract
- City of York Safeguarding Children Partnership.

Information Assets

The Trust reviews its information assets regularly. Its key information assets have been identified and approved by the IG Group. Each key asset has an Information Asset Owner assigned.

The Information Asset Register is reviewed twice a year by the IG Group. The Information Asset Register and the Records of Processing Activities have been strengthened and amalgamated as advised in the 203/24 DSPT.

Freedom of Information (FOI)

The Trust supports the principle that secrecy should not be the norm in public life and wants to create a climate of openness. The Freedom of Information Act 2000 provides individuals with a general right to access all types of recorded information by public authorities. The right is subject to certain exemptions. The aim of the Act is to promote openness and accountability within the public sector.

The Trust received 305 requests for information under the Freedom of Information Act in 2024/25. This is a decrease of 23.9% compared to the previous year. 96 requests (31.5%) were not answered within the statutory 20-day timescale due to the increase in requests which is a 16% increase in comparison to 2023/24.

Registration Authority (RA)

Humber Teaching NHS Foundation Trust is established as a Registration Authority. The Registration Authority for the Trust is part of the Clinical Systems team and has continued to

provide ongoing RA support. The RA team works closely with Human Resources and IG, together with other relevant organisations externally. For all staff requiring a Smartcard the relevant ID checks are undertaken by either the HR RA staff, the RA Officer or, as necessary, an RA Manager. Once a member of staff's identity is confirmed they are issued with a Smartcard.

The RA Officer performs audit checks to ensure staff have followed registration procedures for identity checks and that the correct role is assigned. The audits also ensure that when someone leaves the organisation their role is removed from the Smartcard.

How We Measure Performance – Meeting Framework Targets

Humber Teaching NHS Foundation Trust reports via various platforms for NHS England (NHSE) and Mental Health Services Data Set (MHSDS).

Key Performance Indicators (KPIs) are mapped via the Trust Performance Report (TPR) and Integrated Quality and Performance Report (IQPT) to the NHSI Single Oversight Framework (SOF).

Our Trust uses Statistical Process Control (SPC) charts to monitor and track its performance data at Trust Board Level. Any data point which sits outside of the control limits will require further investigation by the Executive Director responsible for that indicator.

Our internal reporting is split into three levels:

Level 1 (Board Level):

Monthly Statistical Process Control charts (SPCs) via the IBR to the Trust Board and monthly IQPT dashboards to the Operational Delivery Group (ODG) and Executive Management Team (EMT).

Level 2 (Divisional Level):

Monthly Divisional and Service Line Reports via a Dashboard to the Divisional Group Leads and their General Managers.

Level 3 (Team Level):

Monthly performance reports at team level to Directors, Service Managers, Team Leaders and staff members with an interest in performance and enhancement.

Level 2 & 3 uses a 'traffic list' or 'RAG Rating' system to report on performance and quality against our selected priorities and KPIs, e.g., Red – Weak, Amber – Fair and Green – Good. This is translated to reflect the performance of the Trust on these initiatives.

Oversight of all Framework targets takes place at the monthly Performance & Productivity Group that reports to the Organisational Delivery Group. Divisions are required to advise of remedial actions in place to improve against these targets.

We also report externally to our commissioners using the following:

Contract Activity Report (CAR)

This is completed monthly by the Business Intelligence Department (BI Hub). The metrics/KPI's which are included in schedule 4 and 6 of the respective contracts.

This system ensures that we can:

- Monitor critical clinical processes and activities using measures of clinical and corporate performance that trigger alerts when potential problems arise.
- Analyse the root cause of problems by exploring relevant and timely information from different sources and at various levels of detail.

- Steer the organisation by supporting the management of people and processes to improve decisions, be more effective and subsequently enhance performance.

These reports are reviewed as part of the Trusts ODG (Organisation Delivery Group) governance arrangements before being circulated to the respective commissioners.

Internal and external audits are undertaken to ensure our methods of calculation and delivery meet the national and local guidelines.

Data Quality Improvement Plans

Data Quality Improvement Plans (DQIP) is designed to highlight where gaps in reporting and any identified/known data issues that require attention within clinical services. These are reviewed as part of the Data Quality Group which meets quarterly.

Indicators we are not able to provide data against for differing reasons will also be included in the DQIP. Action plans are developed to encourage improvement and progression to meet measures within set timescales.

Benchmarking

Each year the Trust participates in national benchmarking data collections projects. This consists of Adult and Older Adult Mental Health Service, Community Services (Physical Health), CAMHS (Children and Adolescent Mental Health Services), Corporate Services, Learning Disabilities and Perinatal, as an example.

The benchmarking projects allow for comprehensive benchmarking of activity, finance, workforce and quality metrics. Service quality, safety and outcomes against the rest of the NHS can be explored within the toolkit. This is the largest set of physical and mental health intelligence available in the NHS, including a dataset of over 5,000 indicators provided by each statutory provider in England and Wales and several large independent sector providers.

The Trust utilises several outputs from the data collection, such as:

- Access to the benchmarking toolkit, allowing you to compare your service nationally across several thousand metrics.
- A high-level bespoke report tailored to our organisation, outlining key messages and metrics.
- The opportunity to attend the various conference to hear from national speakers and member good practice sites.

The findings are shared with the respective Divisions for their review and plans are action are developed and monitored via the Service Planning and Transformation Group. Any identical indicators in the Trusts IBR and IQPT will also include national benchmarking results for a direct comparison where possible.

Finance

Financial information is linked and presented to the Board of Directors who are provided with a breakdown of income and expenditure in the monthly finance report. This information is also linked to the monthly board performance report that is also provided to the Board every month and includes several of the performance measurements.

Risk Register

Where performance is not where it is expected and/or there is significant risk this is logged as a risk for the Trust which dependent upon its risk score appears on the divisional and the Corporate Risk Register and the Board Assurance Framework (BAF).

Performance during the year

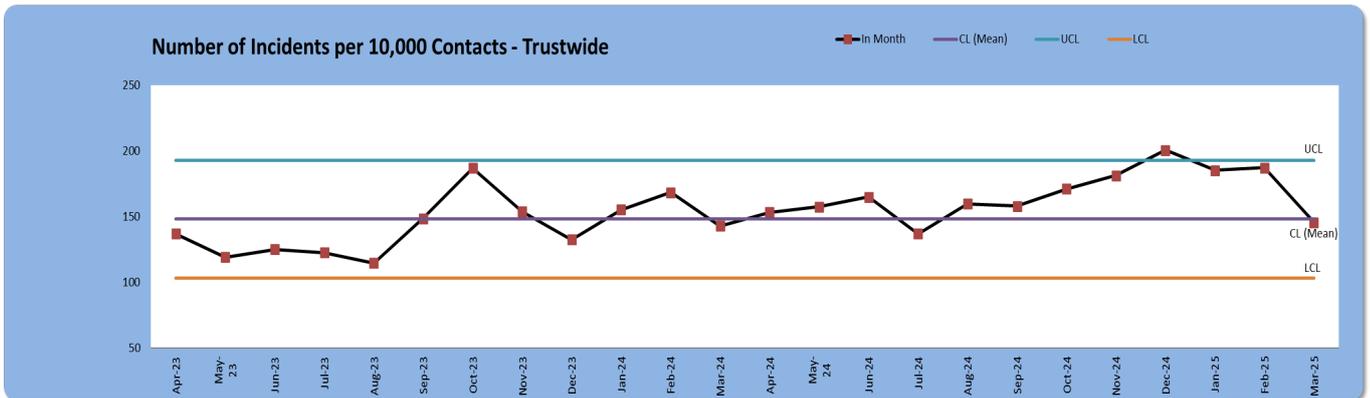
Information continues to be presented using Statistical Process Charts for several key indicators, mapped against each of the Trusts Strategic Goals. The use of Statistical Process Charts allows key performance data to be analysed over a period to establish trends in performance, Upper and

Lower statistical thresholds are utilised to analyse performance and identify where movements in performance are within normal ranges (Common cause variation) or require further investigation/understanding (Special cause variation).

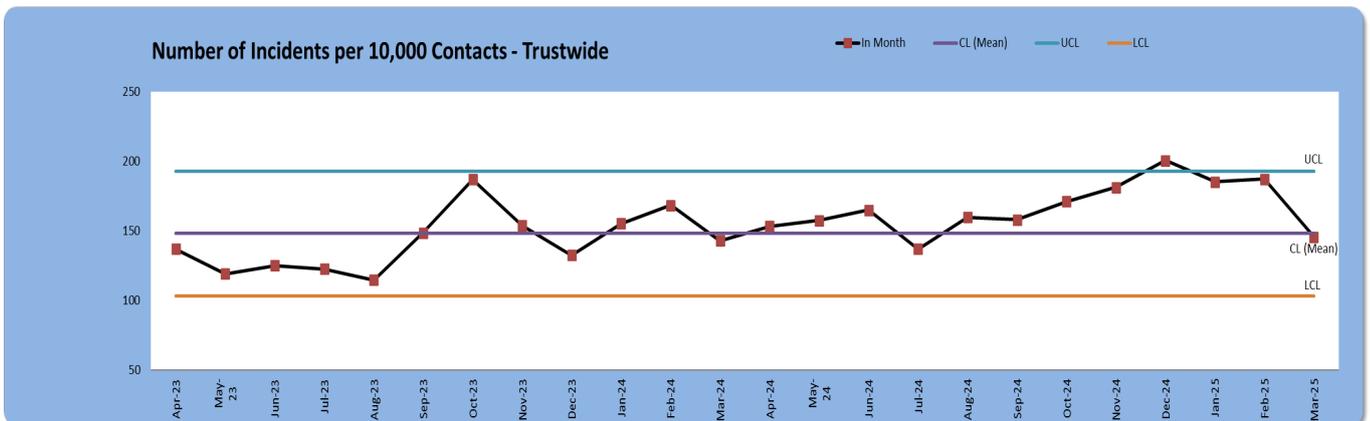
Our performance is reported monthly to the Trust Board and the comprehensive report is provided within our Board papers and available on our website.

Key Performance Indicators 2024/25

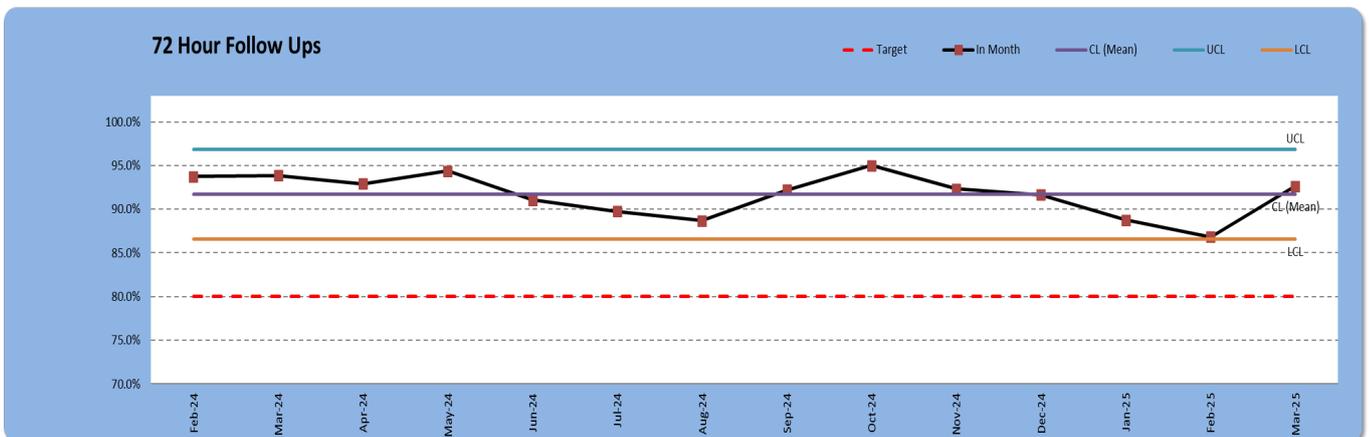
Patient Safety



Patient experience/feedback



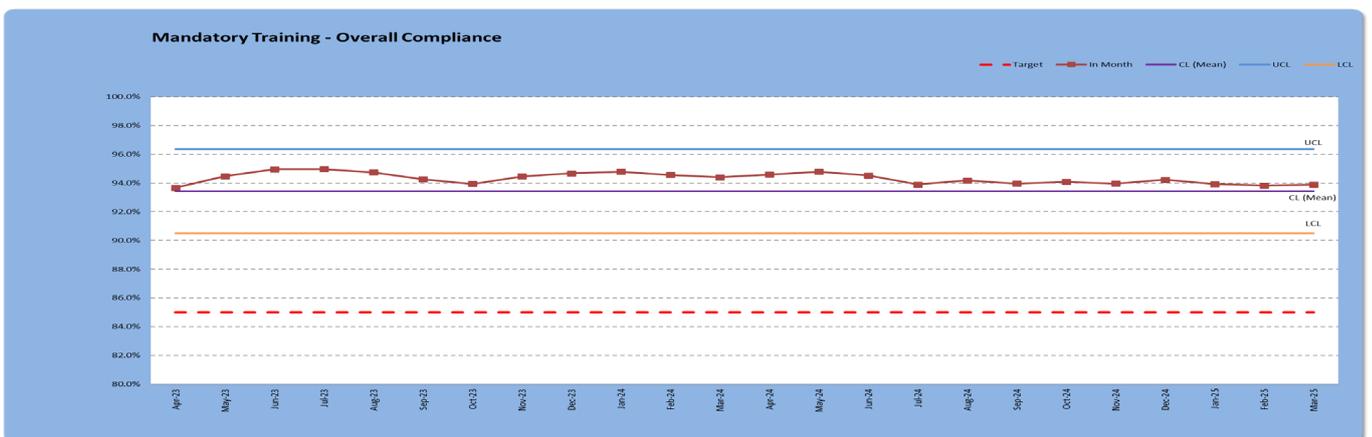
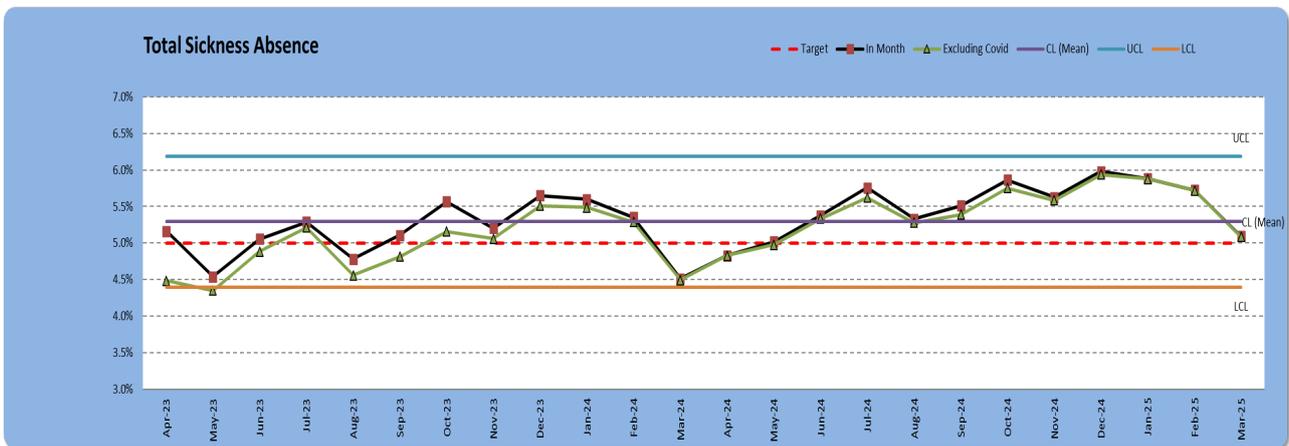
72 hour follow -ups



Access to services



Workforce



2.3 Mandatory Quality Indicators

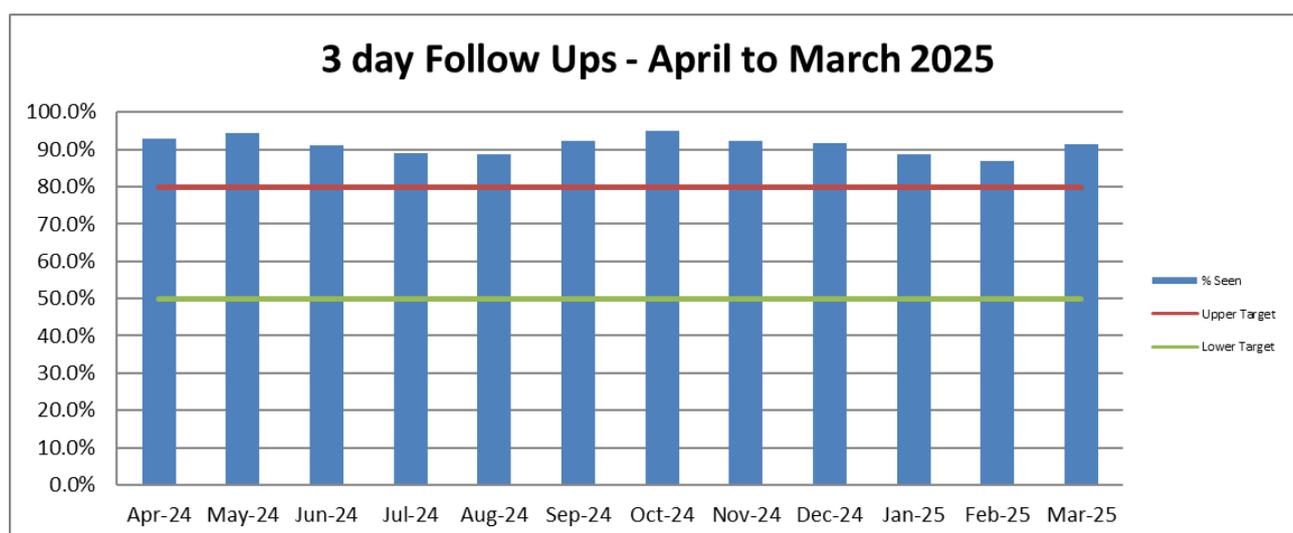
In this section, we report against a national core set of quality indicators, which were jointly proposed by the Department of Health and Social Care and Monitor for inclusion in Trusts' Quality Accounts from 2012-13.

72-hour follow up

The National Suicide Prevention Strategy for England recognises that anyone discharged from inpatient care should be contacted by a mental health professional within 72 hours of discharge. The Trust has set a local performance standard of 80% of all patients should be seen face to face within 72 hours of discharge. However, phone contact is acceptable where face to face is either not geographically viable or safe.

Our aim is to ensure everyone discharged from a mental health inpatient unit is followed up within the criteria. Our goal is to ensure at least 80% of all patients are contacted within 72-hours of discharge each quarter. Exceptions to the national target are:

- People who die within seven days of discharge
- Transfers to other psychiatric units
- Where legal precedence has forced the removal of a patient from the country
- Patients discharged or transferred to other NHS hospitals for psychiatric treatment.



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 (SystemOne) and is governed by standard national definitions.
- It is reported to the Trust as part of the Trusts 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.

Humber Teaching NHS Foundation Trust has taken the following actions to improve this percentage and the quality of its service by:

- Reporting on patients who are discharged out of the area for continuing community care.
- The role of the assessment unit is reviewed to ensure there is a robust procedure in place for assigning patients to the Care Programme Approach as part of the discharge process and continued future treatment.
- Follow ups are monitored daily and teams are notified of each discharge via email as an additional reminder of their obligations to carry out a 72-hour follow up contact. The Trust

Divisional General Managers and Service Managers also receive a regular Potential Breach Report which identifies those patients who are at risk of not being seen within timescale.

- A daily timescales report is now available to support the monitoring of follow ups carried out within 1-3 days.
- The Trust reviews all failed 72-hour follow ups with a focus on whether the reason for no contact was avoidable and applying any available learning or understanding because of an unavoidable set of circumstances preventing contact. If a patient is not follow-up within 72-hours the clinical teams will continue with their attempts to contact the patient and provide support.

Re-admissions (Community Hospitals)

The Trust has two Community Hospital sites, Whitby Community Hospital and the Fitzwilliam Ward in Malton Community Hospital.

Whitby Community Hospital

For April 2024 to March 2025, there were 202 discharges at Whitby. Of these, 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.

Fitzwilliam Ward, 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'.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of Patients Stepped up to Acute Bed - 22/23	10	2	2	4	3	4	2	2	1	3	1	6
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

The monthly average number of patients stepped up to acute hospital has increased to 5 from 4 in 2023/2024.

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

- 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.

Recommending our Trust as a Provider of Care

The National Quarterly Pulse Survey (NQPS) was implemented in July 2021, replacing the Staff Friends and Family Test (SFFT). The NQPS is implemented in all NHS Trusts providing acute, community, ambulance, and mental health services in England.

The NQPS supports the Trust's strategy most notably 'Innovating for quality and patient safety' and 'Developing an effective and empowered workforce'. The NQPS also supports the newly refreshed

People Strategy and contributes towards delivering the NHS People Promise, notably giving our staff 'a voice that counts'.

Alongside the annual NHS Staff Survey, the NQPS provides a more regular insight into the working experience of our people. Allowing us to adapt according to what our staff are saying.

Key metrics for 2024/25

Quarter	Month (survey open for 4 weeks)	Response Rate	% of staff that say care of patients and service users is my organisation's top priority	% of staff that say they would recommend the organisation as a place to work	% of staff that say if a friend or relative needed treatment I would be happy with the standard of care provided by this organisation
Q1	Apr-24	11%	74%	63%	64%
Q2	Jul-24	15%	81%	63%	71%
Q3	Survey is not undertaken as this is the period the National Survey 2024 is live.				
Q4	Jan 25	7.6%	80%	69%	68%

The analysis of Q1, Q2 and Q4 NQPS indicates that an average of 68% of our staff would be happy with HTFT as a provider of care to friends and family, and 65% would recommend our Trust as a good place to work. We have undertaken a number of activities in 2024 in order to enhance engagement with the NQPS, particularly given the sustained engagement with the National Staff Survey.

We have taken the following actions to improve workforce experience:

- Refresh of the Trust People Strategy to define our People objectives for the next 4 years.
- Continued to develop the Trust estate to include improvements to outside areas for staff and provision of food and rest areas.
- Further development of the Health and Wellbeing proposition at the Trust that includes the continued focus on physical and emotional wellness checks, 14 days of wellbeing and support to access wellbeing activities.
- 2024 saw the launch of Your Health and Wellbeing Plus, Your Leave Plus and a refresh of Your Leave Plus as well as the launch of the Menopause Collective.
- Bespoke programmes of work developed to respond to workplace sickness absence.
- Continued focus on developing Equality Diversity and Inclusion networks to maximise voice, involvement and representation of BAME, Disabled and LGBTQ+ groups.
- The Trust launched 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 2985 hours of work experience offered to young people, with 28 staff completing apprenticeships and 57 new apprenticeships commenced.
- Refreshed the Humber Talent Programme and launched the PROUD Alumni programme.
- Refreshed and re-launched our Being Humber Behavioural Framework
- Mentoring scheme including a mentoring hub for mentees and mentors.
- Programme of work developed to support working Carers within the Trust
- Continued to develop our work to increase awareness of and meet our statutory duties relating to workplace sexual safety.
- Implemented the E-Roster across all clinical teams as well as launching the Loop app to support managing rosters and employee time more effectively.
- We are working together across corporate and clinical teams to strengthen the offer to our staff following an incident at work to ensure they receive the support they need; helping to reduce the impact of vicarious trauma, taking proactive steps to reduce staff burnout and fatigue and promote the safety of both our staff and patients. Optimising our workforce well-

being in response to patient safety incidents has been identified as Patient Safety Priority in 2025 and this quality improvement work will run over the next two years.

The NHS Community Mental Health Service Users Survey

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

This year's survey was sent to 1,250 service users and 236 completed questions were returned with a 2024 response rate of 19.36%. 26 patients were excluded from the sample because they had either moved/not known at this address (13), or deceased (13). Humber Teaching NHS Foundation Trust considers that the data is collected nationally from a randomly selected sample. The Trust does not introduce any selection bias into the sample selection. We are therefore confident that the sample is as reflective of our patient population as possible.

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

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

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

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

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

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

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

- Q23: In the last 12 months, has your NHS mental health team asked you how you are getting on with your medication? – the Trust's score has increased from 7.31 in 2023 to 7.62 in 2024.

- Q34: Have NHS mental health services involved your family or someone else close to you as much as you would like?” – The Trust scored in the highest 80% threshold in the 2024 survey.

Healthcare Associated Infections

Healthcare Associated Infections (HCAs) pose a serious risk to patients, staff and visitors. They can incur significant costs for the NHS and cause significant morbidity to individuals infected. The Trust has maintained a focus on reducing the incidence of and enhancing the management of HCAs this year. Please refer to the Trust Annual Infection Prevention and Control Report 2024-2025 for full details of the Trust Performance against our key objectives. The Trust webpage for [Infection Prevention and Control](#) provides further information and the annual report will be available to view once published later in the year.

The Infection Prevention and Control (IPC) Team have been instrumental in ensuring all Trust produced IPC guidance have been reviewed and is in line with the National Infection Prevention and Control Manual (NIPCM).

The NHS Standard Contract 2024/25 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 HCAs reported in 2024-2025, however individual HCAI cases continue to be monitored and reviewed as part of our focus to reduce the risk of the infection across the ICB and maintain patient safety.

Clostridioides difficile Infection (CDI)

The IPC team undertake the following for each *Clostridioides difficile* toxin positive case identified at any stage in the patient admission within Trust inpatient services:

- Each CDI case is reviewed to determine the level and significance of Trust and previous healthcare exposure in accordance with the exposure group definitions e.g. Hospital-onset healthcare associated (HOHA), Community-onset healthcare associated (COHA) as outlined within the NHS Standard Contract 2024/25.
- Any areas of improvement and learning are identified utilising the Patient Safety Incident Response Framework (PSIRF) methodology. In 2024/25 the IPC team, alongside the clinical teams, have commenced the implementation of an ‘After-Action Reviews’ (AARs) following each incident.
- Every opportunity to work collaboratively across the health economy to prevent and control CDIs is maximised.
- Antimicrobial prescribing is reviewed in accordance with the Trust Antimicrobial Stewardship Policy and Plan 2024-2027.

For the reporting period 01 April 2024 to 31 March 2025, there have been a total of six CDI cases which have been reviewed. All patients were noted to have had exposure to secondary acute care prior to their admission to Trust inpatient services. All cases recovered satisfactorily and were discharged to their usual place of residence.

The reporting and review process locally for CDI cases remains under review with the IPC team and the Humber and North Yorkshire ICB to ensure a robust approach is adopted to reduce the risk of infections and to support early diagnosis and appropriate treatment to enhance both patient outcomes and service demand.

Methicillin-resistant *Staphylococcus aureus* (MRSA) Bacteraemia

For the reporting period 01 April 2024 to 31 March 2025, there have been zero MRSA Bacteraemia cases.

Methicillin-sensitive Staphylococcus aureus (MSSA) Bacteraemia

For the reporting period 01 April 2024 to 31 March 2025 there have been zero MSSA Bacteraemia cases.

Escherichia coli (E. coli) Bacteraemia

For the reporting period 01 April 2024 to 31 March 2025, there have been zero *E. coli* Bacteraemia cases.

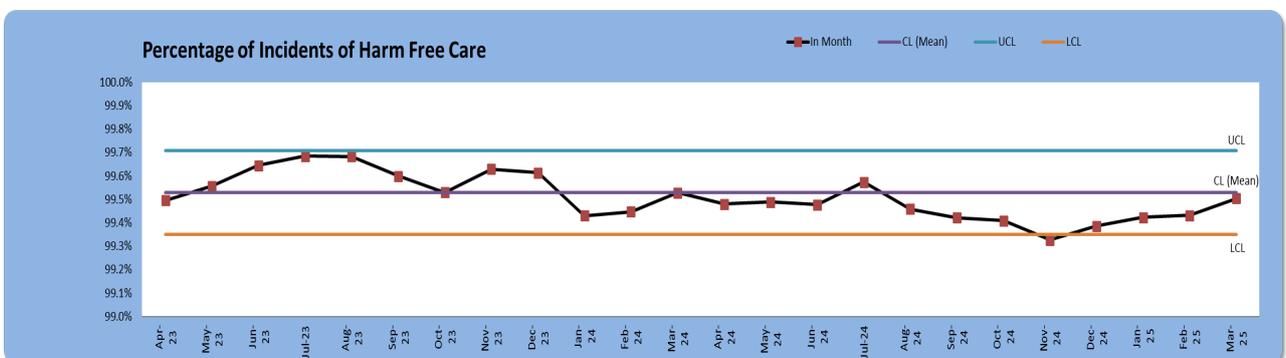
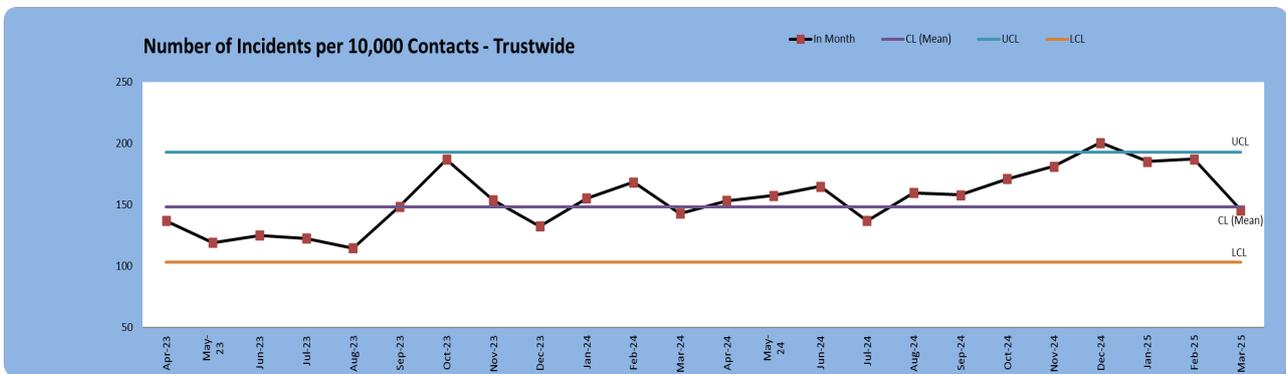
December 2024 saw the development and approval of the antimicrobial stewardship policy and plan (2024-2025) which set out the Trust's plan for sustaining the on-going progress towards achieving the government's vision and ambition for optimising the use of antimicrobials. It provides a framework to ensure that antimicrobials are used appropriately, responsibly and prudently throughout the Trust. This is overseen and monitored by the Trust's Drug and Therapeutic Group reporting to the Quality and Patient Safety Group and Quality Committee.

Patient Safety

Incident Reporting

From June 2024 the National Reporting and Learning System (NRLS) was replaced by the Learning from Patient Safety Events System (LFPSE). National reporting arrangements are still under development so the Trust is currently unable to undertake a comparison against other reporting NHS providers, but it is anticipated that this information will be made available in Q1 2025/26.

For Q1 – Q4 reporting (April 2024 – March 2025) 73.3% of the Trust's reported patient safety incidents resulted in no harm and 24.3% of the total incidents resulted in low harm. This confirms a positive patient safety culture in that we can demonstrate high reporting and low/no harm.



All incidents are reviewed in the daily Corporate Safety Huddle which is attended by a range of professionals, which include safeguarding, pharmacy, matrons, senior managers, and senior clinicians. Within this meeting, the record and category of each incident is reviewed to ensure it is

correct in line with national patient safety reporting guidance and further investigation is directed as applicable. Incidents that require additional review in the form of an Initial Incident Review (IIR) are escalated to the Deputy Director of Nursing, Allied health and Social Care Professionals.

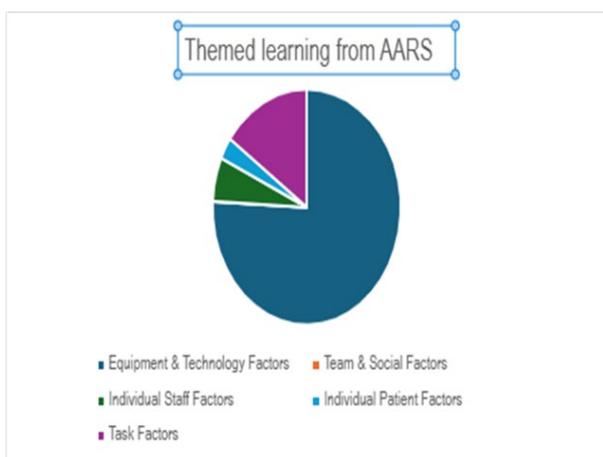
Learning from Patient Safety Incidents

In October 2023 the Trust moved from the national Serious Incident framework to the Patient Safety Incident Response Framework (PSIRF). The framework represents a fundamental shift in the way the NHS responds to patient safety incidents and is a major step towards establishing a safety management system across the NHS. It is a key part of the [NHS patient safety strategy](#).

Throughout 2024/25 we have continued to strengthen and embed PSIRF across the organisation with a continued focus on learning from patient safety incidents and quality improvement. In addition to Patient Safety Incident Investigations (PSIIs) and Patient Safety Incident Analysis (PSIA) introduced in 2023, 2024 saw the introduction of additional learning response tools as outlined in the Trust's Patient Safety Incident Response Plan, including After Action Reviews. We have also carried out a number of thematic reviews.

After Action Reviews

In September 2024 we introduced After Action Review (AARs). These rapid reviews are undertaken on no harm incidents or near misses, such as medication errors. In addition, the Infection Prevention and Control Team have adopted this methodology to use when an outbreak has been declared. Learning from After Action Reviews are reported through our Clinical Risk Management group for oversight and assurance. 37 AARs have been completed and analysis of the themes are as presented in the table below:



An example of learning from an AAR

A bank member of staff was allocated the task of supporting a patient to access cooking equipment from the unsupervised treatment kitchen. The staff member opened the cupboards and drawers needed by the patient and did not lock the cupboards after the patient retrieved the items required. It was not until the following morning when the security check was completed that it was identified that some cupboards and drawers had been left unlocked. As a result of the learning from this incident a checklist now in place which includes

ensuring that appropriate security measures are adhered to, and this is covered with all staff new to the unit.

Thematic reviews

Under the Patient Safety Incident Framework, a thematic review can identify patterns in data and supports us to gain additional insight and identify gaps and safety issues.

A number of thematic reviews have been conducted in 2024/25 including:

- Falls incidents (Nov 2023 – Oct 2024)
- Mental Health thematic analysis – learning from Patient Safety Incident Investigations (PSIIs), Patient Safety Incident Analysis (PSIAs) and Initial Incident Reviews.

Falls thematic review

Following an increase in falls resulting in moderate and above harm a thematic review was commissioned, and the findings presented to the Executive Management Team.

The review identified a number of positive assurances:

- The Trust has a falls policy and procedure which reflects the updates from the National Audit of Inpatient Falls and Royal College of Physician's Best and Safe Practice Guidelines and aligns with the NICE guidance and quality standards.
- We have a falls clinical competency assessment tool and assessor guidance in place which is one of the trust core clinical competencies undertaken on a 3-year basis by our clinical staff.
- The Trust has a bespoke falls training package in place.
- Our falls working group meets quarterly which has representation from nurses, Allied Health Professionals, medic and the patient safety team – the group reports into our Physical Health and Medical Devices Group which is a sub-group of the Quality and Patient Safety Group.
- Multifactorial falls risk assessment is available on our electronic patient record and there is a high compliance with completion of risk assessments.
- Appropriate lifting equipment is available in our inpatient setting and training is provided.
- All falls are reviews by our corporate safety huddle.
- Datix has been updated to capture incident which meet the expansion criteria for the revised National Audit of Inpatient falls requirements from 1st January 2025.

Following the review a number of additional quality improvement actions were identified.

This has resulted in the development of a quality improvement plan linked to:

- Optimising safety while staying active in hospital.
- Strengthening of safeguarding oversight when a fall results in harm.
- Improving compliance with duty of candour requirements
- Increased focus on the clinical model to focus on rehabilitation and mobility.
- Review of our clinical environment to risk environmental risk factors.
- Increased focus on falls incidents and risk through our team safety huddles.

Mental Health Thematic Analysis

A comprehensive review of the learning from Mental Health division's safety actions has led to the development of thematic action plan which outlines some transformational quality improvement projects and key workstreams. The quality improvement plan includes the following key areas:

- Safe transition from child to adult MH services
- Good practice in relation to discharge and transfer principles.
- Recognition and escalation of deteriorating patients
- Consent to share information.
- Strengthening of the supportive engagement policy
- Workforce planning and safe use of temporary staffing

The Care Quality Commission special review of mental health services at Nottinghamshire Healthcare NHS Foundation Trust.

Following the CQC special review and the Independent Investigation published by NHSE in February 2025 in response to the Nottingham homicides a number of recommendations were made. The review highlighted failures at Nottinghamshire Healthcare NHS Foundation Trust it also warned that they were not unique to the Trust and the need for high quality and safe care existed across all community mental health services. Humber Teaching NHS Foundation Trust has conducted a local review against the recommendations and whilst a number of strengths were identified, an action plan has been developed to further strengthen our approaches in other areas. This work is being reported to the Executive Management Group and Trust Board with regular progress updates to the ICB.

Following the initial immediate review of recommendations a more in-depth review will be undertaken involving wider stakeholders, including people with experience of using services to ensure we have a clear understanding of our position, and any further work required.

Patient Safety Priorities 2023/2024

The Trust's Patient Safety Annual Report 2023/2024 was presented to our Quality Committee in November 2024 and highlighted the improvement work in relation to the Trust's Patient Safety Priorities. Key highlights from this work include:

Priority 1: Self-harm and falls related head injuries will be managed as per NICE guidance and local policy/procedures.

What we did:

- Introduced Glasgow Coma Scale training into Immediate Life Support Training to support our staff in undertaking neurological observations alongside ABCDE assessment and NEWS2.
- Head injury 'red flags' are built into Datix to support improved reporting.
- Head injury guidance working group was set up to develop local guidance on management of head banging incidents, this work continues to be overseen by the Physical Health and Medical Devices group.
- Following recent baseline assessment NICE guidance Self-harm: assessment, management and preventing recurrence (NG225) and Head injury: assessment and early management (NG232) we have demonstrate that we are fully compliant.
- We refer all moderate harm falls incidents to the safeguarding team for review.

What we achieved:

- Following review of the incident reporting data there was significant assurance that staff are reporting, assessing, and escalating potential head injuries in line with NICE guidance.

What we will continue to do:

- All self-harm incidents and falls incidents are reviewed by the corporate safety huddle and escalated as per local policy and procedure.
- Falls data is reviewed monthly by the patient safety and risk team to ensure incidents that meet the threshold for inclusion in the national audit of inpatient falls as related to the NAIF expansion criteria (including head injury) are identified.
- Falls working group reviews and updates policies and procedures in relation to relevant NICE guidance including Head injuries guidance and emerging learning from national audit data.
- We will continue to deliver the falls quality improvement plan, reporting to QPaS and EMT.

Priority 2: Venous Thromboembolism (VTE) assessment to be undertaken within 14 hours of admission to our inpatient units.

What we did:

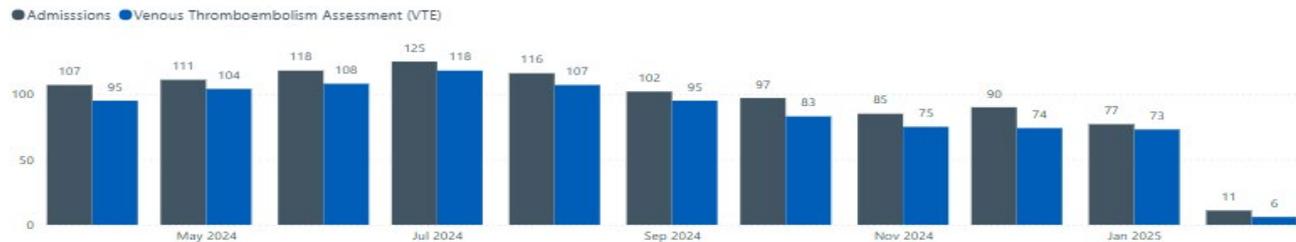
Working with our Business Intelligence team and clinical teams we significantly improved compliance with VTE risk assessment (within 14 hours of admission) from 59% in April 2022 to 81% in July 2024 (as reported in the annual report). Overall VTE risk assessment compliance was 96% for July 2024.

What we achieved:

Percentage of VTE completed within 14 hours of admission.

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2022/23	57	58	57	66	71	83	73	74	84	75	89	85
2023/24	79	79	76	84	74	80	80	77	73	81	81	66
2024/25	88	80	84	81	Not reportable as Trust level compliance % due to changes with data sources following transition to new EPR							

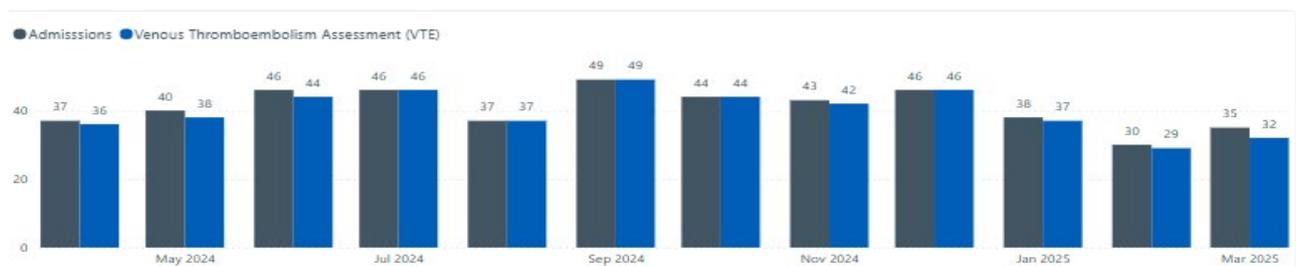
VTE risk assessments completed (overall) - Data from Power BI for Mental Health, Learning Disability, CAMHS and Forensic Inpatient Units



This report uses data sourced from Lorenzo, extracted from Power BI and which ceased following the services migration from Lorenzo to SystmOne. Replacement reports are being developed and are in progress to support the Trust in meeting the reporting requirements as outlined in the NHS Standard Contract 24/25. The reduction in the number of admissions (as recorded on Lorenzo) reflects the transition to the new Electronic Patient Record (EPR) from Q2 2024 onwards. Over the reporting period these services demonstrated a good level of compliance with the completion of VTE risk assessments overall.

VTE risk assessments completed (overall) – Malton and Whitby

Data from Power BI for Malton and Whitby inpatient units demonstrates good level of assurance throughout the reporting period 24/25.



What we achieved:

- A review of 11 incidents reported within our community wards identified access to clinical systems by GPs and delays in assessments over weekends and bank holidays as causing delays in VTE assessments, however actions to address this ensured that by the end of July 2024 both Malton and Whitby community wards had achieved 100% overall compliance with 95% at Whitby and Malton 88% within 14 hours.
- There have been no reported incidents of patients developing VTE whilst inpatients during 2023/24 or 2024-25.

What we will continue to do:

- Monitor VTE compliance as part of the annual audit plan reporting through to our Physical Health and Medical Devices Group and Clinical Networks.

- Develop the Power BI system to accurately capture VTE assessment on admission following transition of mental health, CAMHS, Learning Disability and Forensic services to new EPR system.

Priority 3: Seclusion reviews to be undertaken in line with the Mental Health Act Code of Practice

What we did:

- Recovery action plans to address areas of concern monitored via the Reducing Restrictive Intervention group.
- Improvements in reporting and recording of missed seclusion reviews on Datix with no batch reporting.
- Additional guidance for crisis team in relation to seclusion and the S136 suite.

What we achieved:

Over the three-year period we have seen a 50% reduction in the number of missed seclusion reviews from 320 in 2022/23 to 163 in 2024/25 (noting also the 2022/23 was only Q2-Q4) as demonstrated in the table below:

	22/23	23/24	24/25*
Total number of missed	320	265	163
Nursing reviews	220	183	83
Medic reviews	76	38	38
Internal MDT	15	32	30
Independent MDT	9	12	12

*NB Accurate as of April 2025 – additional data may be available following the completion of final audits for Q4 24/25 upon completion of the seclusion episode.

What we continue to do:

- Report all missed seclusion reviews via Datix with review and oversight by the Mental Health Act Clinical Manager.
- Conduct seclusion audits at the end of each seclusion episode.
- Seclusion reviews reports continue to be reviewed by the Clinical Risk Management Group weekly for oversight and assurance.
- Missed seclusion reviews and exceptions are reported via the Mental Health Legalisation Committee
- Monthly seclusion reports are reviewed at the Reducing Restrictive Interventions Group.

Priority 4: Families and carers to be involved in discharge planning (where consent has been given by the patient)

What we did:

During the reporting period 2023-24 as noted in the Patient Safety Annual Report 23/24 presented to Quality Committee in November 2024 there were no patient safety incident investigations, patient safety incident analysis or initial incident reviews completed between September 2023 and April 2024 where there has been a failure to involve families or carers in discharge planning (where consent had been given). There were however incidents prior to this reporting period (Sept – Mar) which suggested this may be an emerging theme.

Whilst this patient safety priority specifically relates to family's involvement in discharge planning (where consent has been given), following review of concerns raised by families involved in the investigation or review process the following additional themes relating to family involvement have since emerged:

- Communication with family
- Contact with the family whilst patient was under our care.
- Contact by the team following the death of a patient.
- Sharing of information, including information about diagnosis and how to recognise risk or deterioration.
- Involvement of the family in care planning
- Family raising concerns and not feeling listened to.
- Concern raised regarding the decision to discharge or not detain patient.
- Difficulty accessing services when they were concerned about a family member.

In order to address these concerns, we:

- Developed and distributed practice notes on the importance of checking contact details with patients and families.
- Development and circulation to families of suicide awareness training and a leaflet on suicide awareness is available online.
- Audited the involvement of carers and families in admission.
- Developed and disseminated a practice note on the rights of the nearest relative to request a mental health act assessment.
- Developed and disseminated a practice note on information sharing with families and carers.
- Access to MH support through NHS111 (Option 2) for support advise and triage by MHASt – fully launched in April 2024.
- Reviewed and updated Engaging and Involving Patient, Families and Staff following a Patient Safety Incident Policy and Procedure – Sept 2024

What we will continue to do:

We recognise the importance of involving and engaging with families throughout the care journey as and such will continue this work as one of our key priorities. Additional quality improvement work is being carried out as part of our continued priorities.

Priority 5: Medication to be administered to the correct patient (community and inpatient settings)

What we did:

- Reviewed and updated Patient Identification Policy
- Practice note issued outlining the safety procedures for checking patient identity.
- Correct identification of patients included in 'Pharmacy Focus'
- Medicine safety quality improvement project initiated at Westlands.

What we achieved:

- There were 7 incidents in this reporting category: 3 resulting in no harm and 4 in low harm. This is in the context of over 50,000 medication administration per month demonstrating a high proportion of harm free care.
- Themes identified were related to the safe and secure handling of medication process and patient identification process.

What we will continue to do:

- All incidents will continue to be reviewed by the Medicines Safety Officer with attendance at the corporate safety huddle.
- Any incidents relating to medicines administration errors/safety are considered for an After-Action Review or an Initial Incident Review under the Patient Safety Incident Response framework in order to identify learning and improvement.

Priority 6: Ensure we have systems and processes in place to action onward referrals for patients in our care.

What we did:

During the reporting period 23 incidents were identified where onward referrals were not followed through or actioned which resulted in delays in patient care and treatment.

We conducted 6 local reviews, 14 Initial Incident reviews (IIRs), 1 Patient Safety Incident Analysis, and 1 After Action Review (AAR) which identified the following learning themes

- Patients being discharged from services prior allocated on to a new caseload.
- Referral being rejected and not communicated back to the referrer.
- Reliance on digital systems and lack of direct communication between teams.
- Adopting workarounds or not following process.
- System issues – clinical systems, allocation boards.

Actions to address have been delivered through the Clinical Risk Management Group, divisional governance and corporate review structures.

What we achieved:

- Improved processes in place for checking waiting lists and open referrals which support teams to identify when referrals have not been actioned.
- Hull CMHT Standard Operating Procedure has been reviewed following several patient safety reviews and processes have been strengthened around the interface between services, transitions between services, allocation, and responsibilities. Approved May 2024.
- Practice note issued to eliminate system work arounds.

What we will continue to do:

We recognise the importance of safe transfers of care and joint working practices, and we will continue this work as one of our key patient safety priorities. Additional work is being carried out to further strengthen this work as part of continuous learning and improvement.

Patient Safety Priorities for 2025-27

During Q4 of 2024/25 in line with our PSIRF arrangements a thematic review was undertaken from a number of sources including learning from patient safety incidents, complaints and feedback, safeguarding reviews, inquests, legal claims and other relevant sources including learning from national inquiries and special reviews. This data is being used to support us in identifying our new Patient Safety Priorities for 2025-2027 and will be presented for approval at our EMT meeting during Q1 25/26.

Humber Culture of Learning – how we learn from patient incidents.

A positive patient safety culture is essential in reducing the harm to patients. Cultures underpinned by fear and blame have consistently demonstrated the detrimental impact they have on learning and improvement and patient safety. During 2024/25 we have continued to work together with our internal and external partners, focusing on growing and developing a restorative just culture where people feel supported and psychological safe to speak up. We will continue to develop this work using the following elements:



In addition to learning from incidents, we recognise the importance of learning from what we have done well, this is known as 'Safety II'. To capture instances of excellent practice and share the learning more broadly we introduced "GREATix". Each month we recognise the team or individual of the month who has gone above and beyond in terms of maximising safety for our patients/ service users and their families and/or carers, culminating in an overall winner in the patient safety annual staff awards.

Learning from Deaths

Humber Teaching NHS Foundation Trust remains committed to embedding a culture of continuous learning. Throughout 2024/25, we have continued to strengthen our approach to learning from deaths. All incidents (including all deaths) that occur within our services are reported via our Datix incident management system and are reviewed in the daily Corporate Safety Huddle.

A quarterly Patient Safety report is produced which is reviewed by the Quality and Patient Safety group. This provides an overview of any Patient Safety Incident Investigations/reviews that are underway or complete. Any issues that may have the potential to impact on the delivery of the organisational objectives are escalated to the Executive Management Team via the appropriate risk register.

An Initial Incident Review (IIR) report is completed within 72 hours for deaths deemed by the daily Corporate Safety Huddle as where a potential for further learning is identified. All Datix reports related to deaths are reviewed in the weekly Clinical Risk Management group (CRMG) along with all Initial Incident Review reports. Following an IIR, as per our Patient Safety Incident Response Plan, further exploration may be required at which point an appropriate investigation/review will be commissioned in line with our PSIRF policy.

Learning from all deaths is disseminated across the organisation through the weekly Clinical Risk Management group (CRMG), divisional governance processes, and via the Quality & Patient Safety Group.

During 2024/25, 699 Humber Teaching NHS Foundation Trust patients died. Of the total number of deaths, 89.70% were from natural causes. This comprised the following number of deaths occurred in each quarter of that reporting period:

- 182 in the first quarter
- 149 in the second quarter
- 203 in the third quarter
- 165 in the fourth quarter

By 1 April 2025, no mortality reviews and 26 investigations (PSII and PSIAs) have been carried out in relation to 699 of the deaths included above. Under the Patient Safety Incident Response Framework and our Patient Safety Incident Response Plan, where required, we conduct Patient Safety Incident Investigations and Patient Safety Incident Analysis, which includes case record reviews. We are committed to learning from deaths and these reviews enable us to identify areas for learning and improvement, supporting us to continually improve the quality and safety of the services we provide. The number of deaths in each quarter, for which a case record review or an investigation was carried out, was:

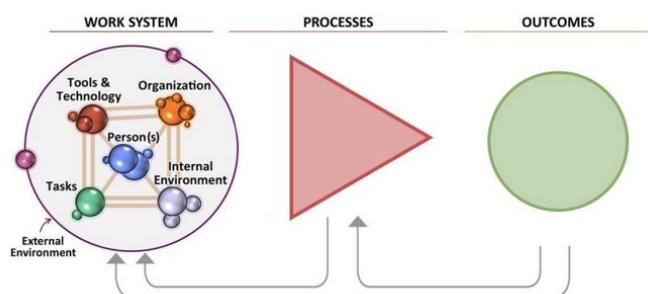
- 6 in the first quarter
- 2 in the second quarter
- 13 in the third quarter
- 5 in the fourth quarter

Additional detail can be found within the Mortality Dashboard which is presented to the public board and is available on the Trust internet.

Learning from all incidents

As a result of patient safety investigations/reviews completed during 2024/25 under the Patient Safety Incident Framework (PSIRF) the Trust has identified a number of opportunities for learning and improvement. Under PSIRF, learning from incidents (including learning from deaths) supports trusts to focus on a 'systems based' approach using frameworks such as the System Engineering Initiative for Patient Safety (SEIPS) to help us understand outcomes within complex systems, taking a proportionate and considered approach to maximise learning.

Overview of the SEIPS framework:



Whilst we seek to learn from when things don't go as planned, we also seek to learn from when things go well.

What went well:

As part of our review of patient safety incidents we explore what went well so this learning can be shared across the organisation. Some examples from recent reviews and investigation include:

- Collaborative working between CMHT and other agencies.
- Good multi-disciplinary team working specifically between Clinical Decision-Making unit and the Complex Emotional Needs Service.
- Multiagency risk management plan created in collaboration with patients.
- Examples of prompt mental capacity assessments.

- Positive feedback from patients involved in the review process regarding care and treatment received.
- Collaborative working supporting robust care planning.
- Patient centred, therapeutic relationships with patients – example included joint visits with care-coordinator to support patient post discharge.
- Comprehensive assessments by Mental Health Liaison Service
- High quality post fall assessment and management, appropriate use of lifting equipment – safe and prompt transfer to the acute hospital – patient was treated with care, compassion and dignity.
- Thorough assessment and support from Speech and Language Therapist to support patient with significant language barriers to enable to patient's voice to be heard.
- Responsiveness of the Mental Health Advice and Support team at the point of initial referral

Examples of improvements made following reviews and investigations using various learning response tools:

- Review of the trusted assessor model and guidance by the mental health division
- Pathway for escalation from MIND to the MH Crisis intervention team
- Review of the search policy to ensure it is trauma informed.
- High priority picks up within community teams to prevent delay in allocation following transition from CAMHS to adult service.
- Falls risk assessment and completion of lying and standing blood pressure and vision checks.
- Local arrangements for post incident duty of candour and contact with patients and families.
- Senior oversight of complex patients within community teams – complex case management and complex care planning
- Embedding of safety huddle in community service nursing teams
- Hour of hours contacts reviewed daily by clinical staff not admin and improved follow-up following discharge from the crisis pad.
- Family and carer involvement in the MDT process
- Development of a triage tool to improve oversight of referral processes with Community Mental Health Teams
- Attendance by the CMHT team at ward CPA meetings if care-coordinator not available
- Improvements in recording of MDT discussions on the patient electronic patient record
- Ensuring patient who have increasing risk are discussed at weekly MDT.
- Involvement of medication optimising team in discharge meetings to ensure there is a plan for safe storage and use of medication upon discharge.
- Identifying and responding to safeguarding concerns

Part Three: Other information on Quality Performance 2024/25

In this section, we report on key national indicators from the Single Oversight Framework (SOF). This section will also share performance in relation to other indicators monitored by the Board, and not already reported in Parts 2 or 3 of the Quality Account.

We also share some highlights of our successes throughout 2024/25 and the comments received from our stakeholders.

3.1 Key National Indicators

There are three domains which the Key National Priorities fall under for the Trust to report on in Part 3. This is explained in the table below.

Please note: some of these indicators have already been included in Part Two of the report. Where this is the case, reference is made to Part Two.

Some of the Q4 performance data has been impacted by the change to the new electronic patient record, this was expected and work is taking place to restore reporting fully in the first quarter of 2025/2026.

The Three Domains for Key National Indicators

Domain	Indicator
Patient Safety	Seven day follow up (Part Two)
	Clostridium Difficile (Part Two)
	Admissions of Young People under the age of 16 to Adult Facilities
Clinical Effectiveness	Mental Health Delayed Transfers of Care (Clinically Ready for Discharge)
	Percentage of Patients Seen for Treatment within six and 18 Weeks of Referral
	Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral
	Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway
	CAMHS eating disorders
Patient Experience	Percentage of patients seen and discharged/transferred within four hours for minor injury units
	Percentage of Patients Seen for Treatment within six and 18 Weeks of Referral
	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)

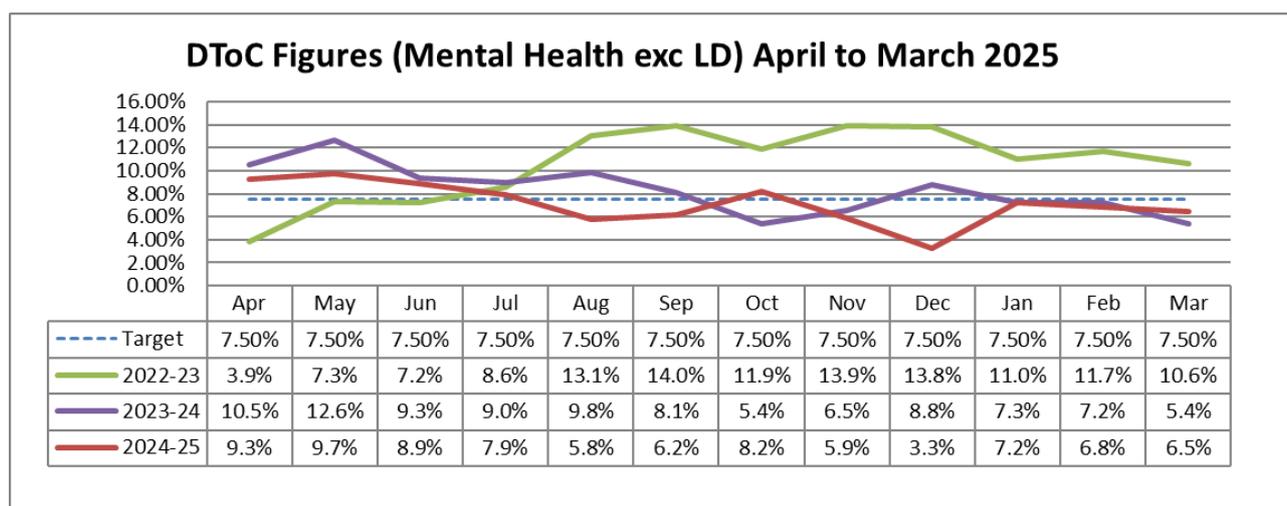
This indicator measures the impact of community-based care in facilitating timely discharge from a hospital and the mechanisms in place to support this. The aim is to ensure people receive the right care, in the right place, at the right time.

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.

Summary of Progress

At the end of March 2025, the Trust reported a percentage of 6.5% delayed transfers which is an increase on the same period last year, 5.4%.

The number of occupied bed days is reported through the Trust's patient administration system (Lorenzo). The number of patients effected, and the number of days delayed by are monitored via weekly system updates. The data is governed by standard national definitions. The OBDs are subject to constant refresh.



The graph above compares data for three years by month up to the current year.

The table below highlights the number of occupied bed days and the number of patients delayed days per month for the current year.

	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
MH OBDs	4249	4397	4176	4257	4151	4404	4514	4234	4365	4628	4153	4617
MH DToC	395	427	372	338	239	272	370	249	142	334	284	299
	9.3%	9.7%	8.9%	7.9%	5.8%	6.2%	8.2%	5.9%	3.3%	7.2%	6.8%	6.5%

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

- Both the Care Quality Commission and NHSI measure delayed discharges for patients whose transfer of care was delayed due to factors which were the responsibility of Social Care/NHS or both.

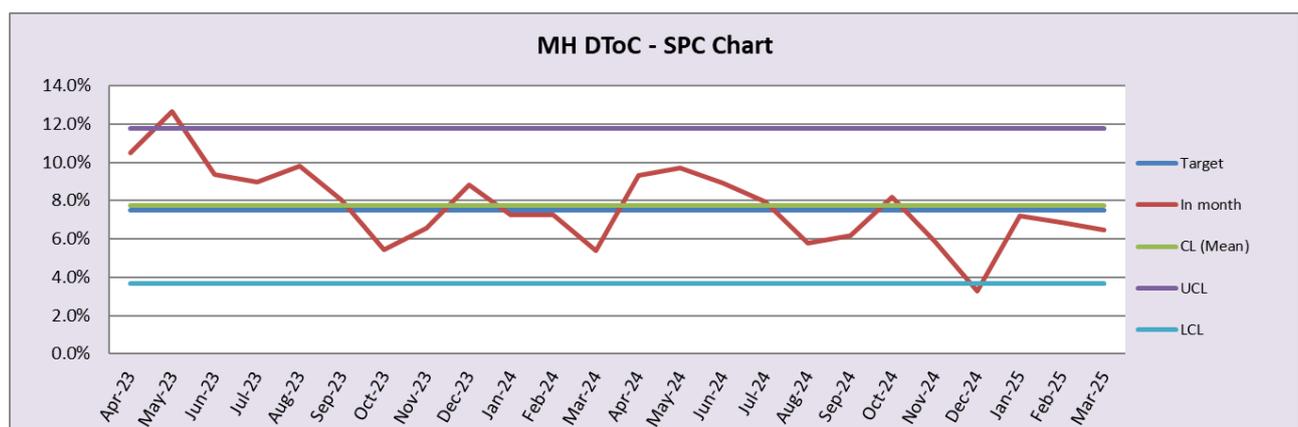
Our patients who are delayed transfers of care are waiting for residential accommodation, packages of care or NHS hospital provision not provided by the Trust. Working with our system partners is key to addressing delays.

The Trust has taken the following actions to improve this percentage and the quality of its service:

- Introduced weekly Multi Agency Discharge Events (MADE) that take place weekly, that are led by the Mental Health Division where every patient is reviewed, confirming the estimated discharge date and understanding the likely discharge needs of the patient. The local authority, social workers and housing are involved in these meetings.
- Super MADE Escalation meetings have been introduced for patients who are beyond their discharge date and the MADE representatives have ascertained that a discharge plan has not been developed. The Super MADE is Director led and includes representatives from Kingston Upon Hull City Council and East Riding of Yorkshire Council and representatives from Hull and East Riding Place.
- A review has commenced of the daily allocation/assessment of patient actions taking place to support timely discharge.
- A Complex Care Group has also been established to be stood up to review any patient identified as requiring a greater multi organisational focus to agree the discharge plan.
- Liaising with families, carers and housing providers. Regular liaison also takes place with residential homes to give support/advice and ensure patients settle in well.
- Validation meetings to cross-reference electronic recording and reporting.
- Weekly and monthly automated reports to senior clinical leads identifying current patient delays.
- The MADE concept has now been rolled out to the Learning Disability service and Community hospital wards.
- A review of the Forensic Pathway has been commissioned to reduce delays for patients on this pathway.

Patients who are delayed discharges from our learning disability beds have oversight from the system-wide Transformation Programme Board.

The chart below shows the mean results with upper and lower control limits over the last two years. Achieving timely discharge is a key indicator of both the quality of care and effective patient flow and utilisation of our beds. Reducing the number of patients who are clinically ready for discharge or delayed correlates with reducing the need to use out of area beds



Out of Area Placements

An out of area placement is 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 run by the patient’s home mental health care provider, regardless of distance travelled or whether the admitting unit is run by an NHS 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.

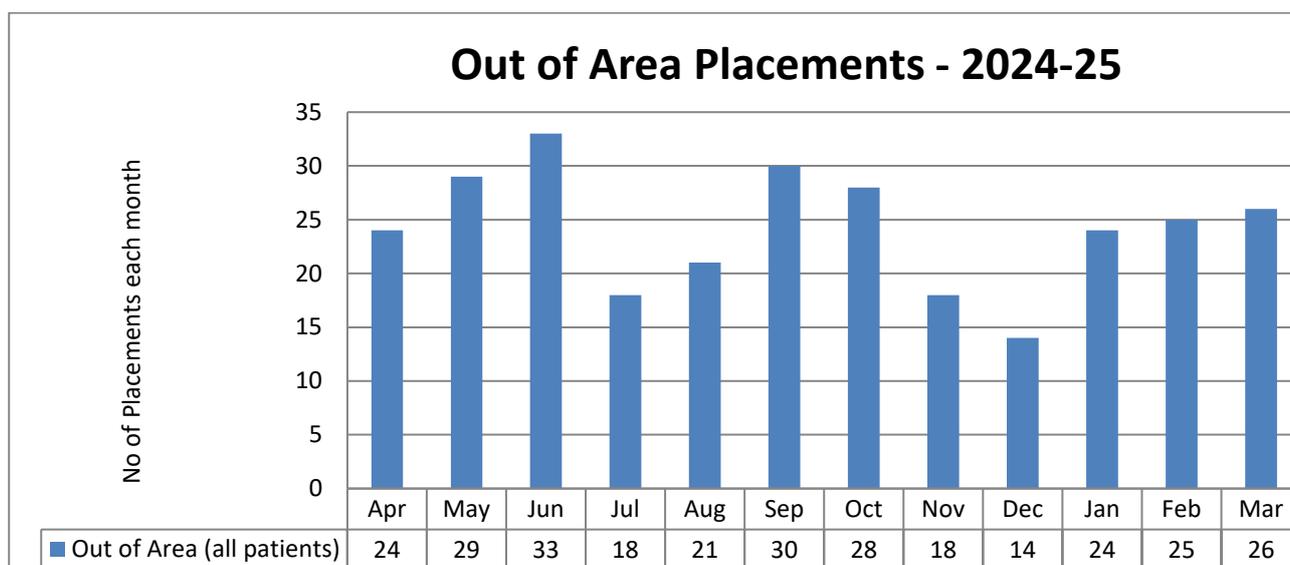
For 2024-25, the results of Out of Area Placements are documented in the Trust Performance Report (TPR). Graph 1 below shows the number of patients who were in an out of area placement per month. Graph 2 shows the number of days out of area, both appropriate and inappropriate. This SPC graph is plotted over a 24 month period.

- It was the Trust’s intention that there will be zero inappropriate out of area placements for the year 24/25, however, this was not achieved with pressures in two key areas which includes older adult functional bed availability and specific challenges with PICU and the forensic pathway.
- Service Development Funding (SDF) has been secured to develop older adult step up/down beds and increased Community Intensive Treatment for Older People (CITOP) and Adult Community Service (ACS) provision to reduce admissions/enable step down.
- A proposal for the redevelopment of the Psychiatric Intensive Care Unit has been completed and a bid submitted for funding to increase bed availability and develop separate female/male provision to reduce the reliance on Out of Area beds
- The Forensic pathway is being reviewed to address those patients delayed from PICU to low/medium secure facilities.

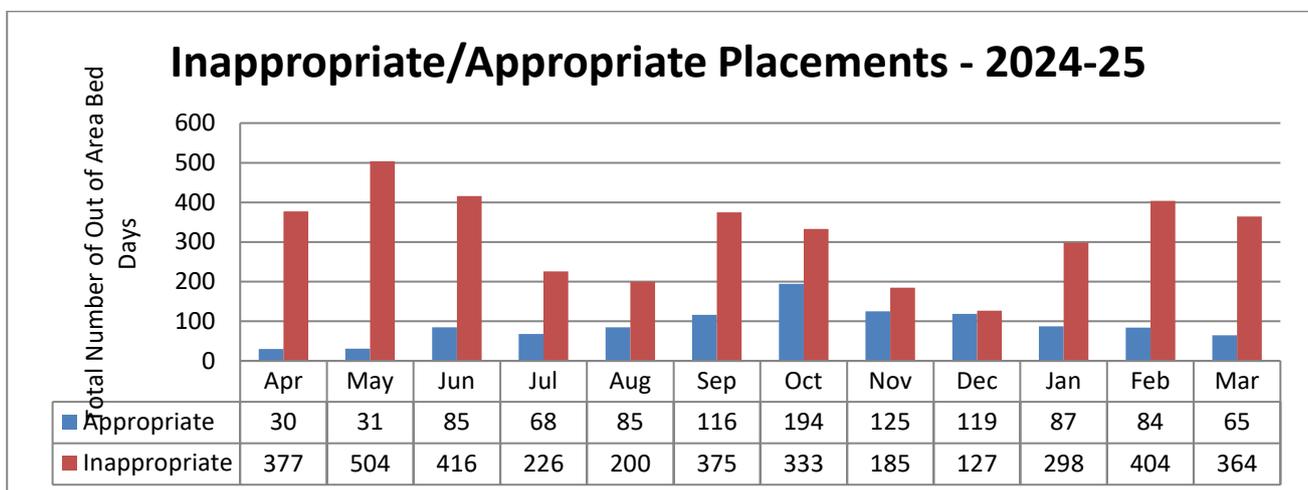
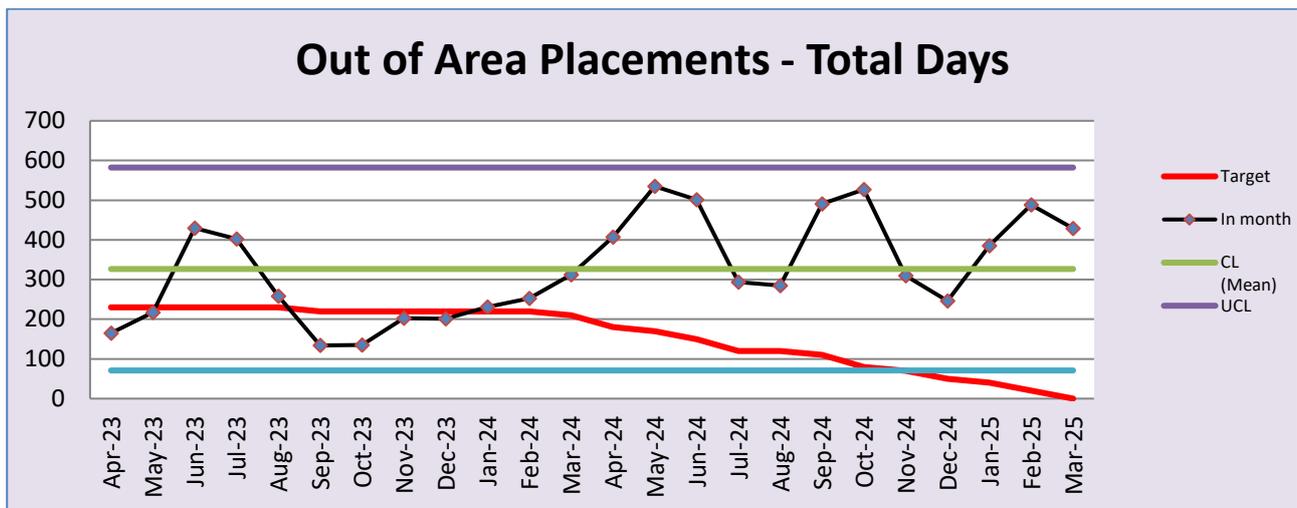
Summary of progress

Reporting mechanisms are in place to ensure the best care is received and that the service user is returned as safely and quickly as capacity allows. The closer someone is to their home Trust, the more beneficial this is for family and enable on-going care needs to be met. During 2024/25 we have included a review of out of area patients at the MADE event to review if their needs are being met and to speed up discharge, this will be supported by the review which is commencing into daily ward monitoring of actions to support discharge

Number of patients placed out of area



Number of bed days out of area



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

- Total number of out of area placements and new placements within each month
- Split of inappropriate and appropriate placements – inappropriate in this instance relates to those patients that have had to be placed out of area due to there being no bed available on Trust wards
- There are no interim percentage targets set, and the results are based on the number of placements and days out of area
- The local community mental health team is the Trust catchment area (Hull, East Riding and North Yorkshire)

Improving Access to Psychological Therapies (IAPT)

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

IAPT access times and goals

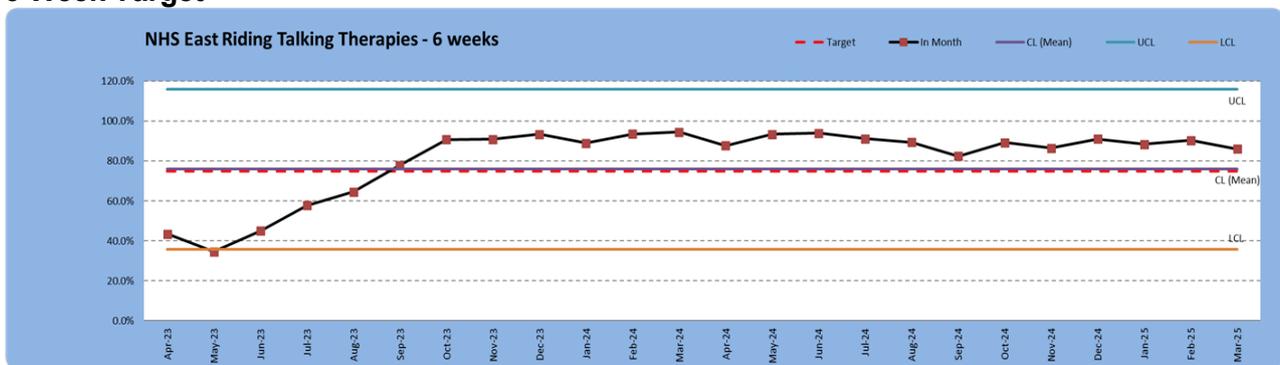
The waiting time standard requires that 75% of people with common mental health conditions referred to the Improved Access to Psychological Therapies (IAPT) programme will be treated within 6 weeks of referral, and 95% will be treated within 18 weeks of referral. The standard applies to adults.

Summary of progress

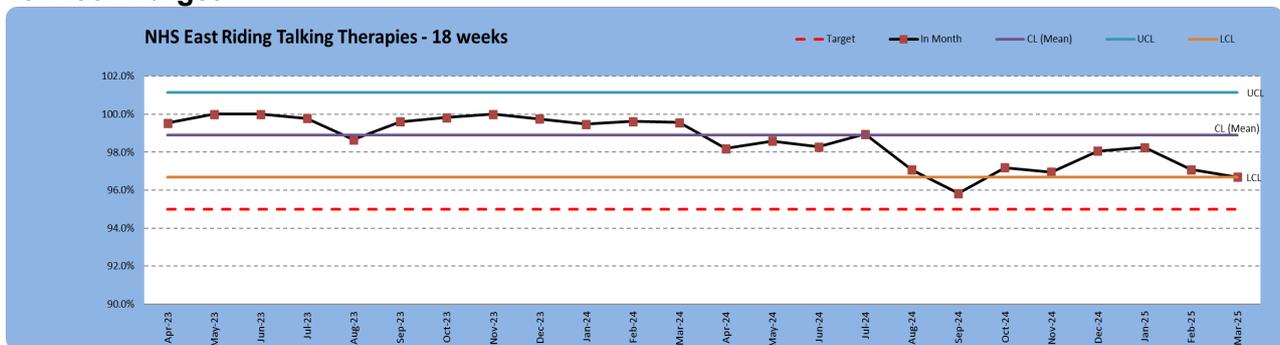
The Talking Therapies team has been measured against this standard for the East Riding catchment area throughout 2024/25. 6 week performance had improved since Sep-23 and has remained consistent over the last 12 months.

18 week compliance has been above target for the past 2 years.

6 Week Target



18 Week Target



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

- monthly reporting from the Trusts PCMIS system.

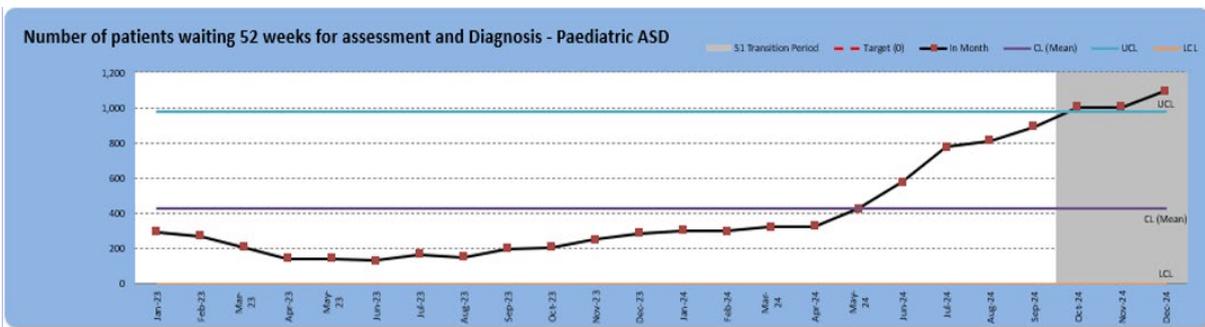
Neurodiversity waiting lists

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.

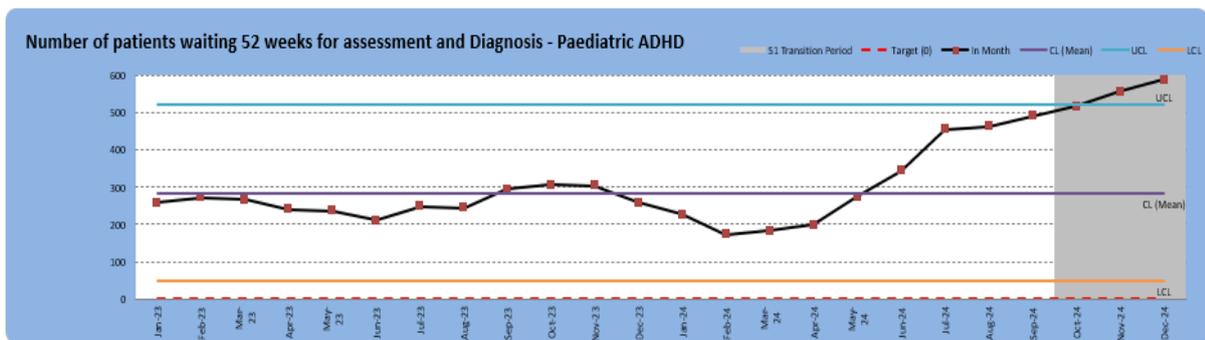
Whilst this is challenging, Humber Teaching NHS Foundation Trust continues to work closely with its partners and the ICB to tackle this increasing demand on services. The ICB are currently leading the work in developing a new delivery model in order to better match the available capacity in services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

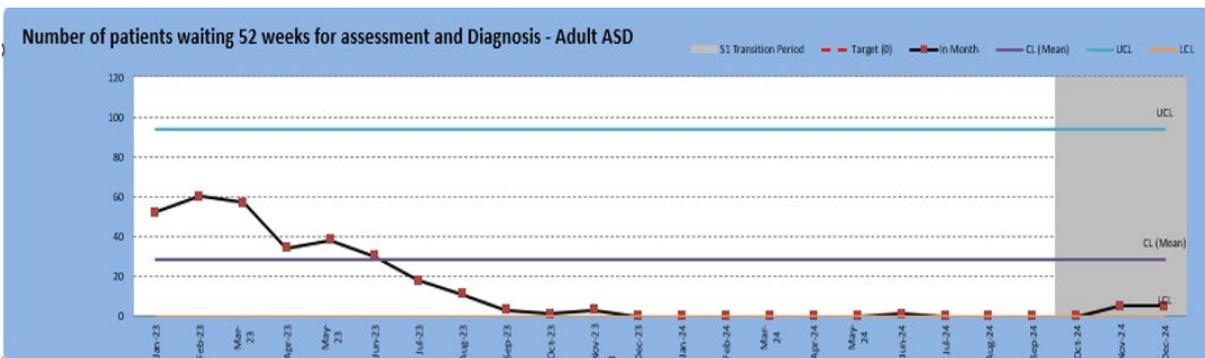
Children’s Autism Spectrum Disorder (ASD)



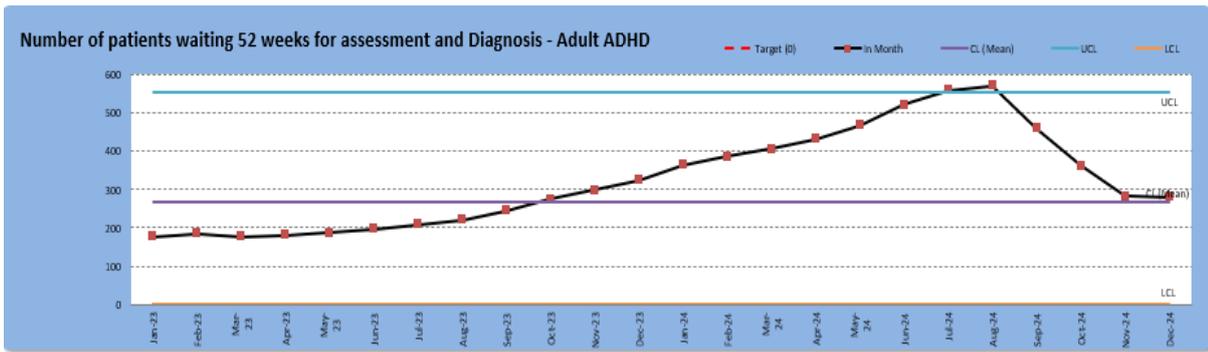
Children’s Attention Deficit Hyperactivity Disorder (ADHD) Assessments



Adult Autism Spectrum Disorder (ASD)



Adult Attention Deficit Hyperactivity Disorder (ADHD)



Percentage of Patients Seen for Treatment within 14 Days of Referral

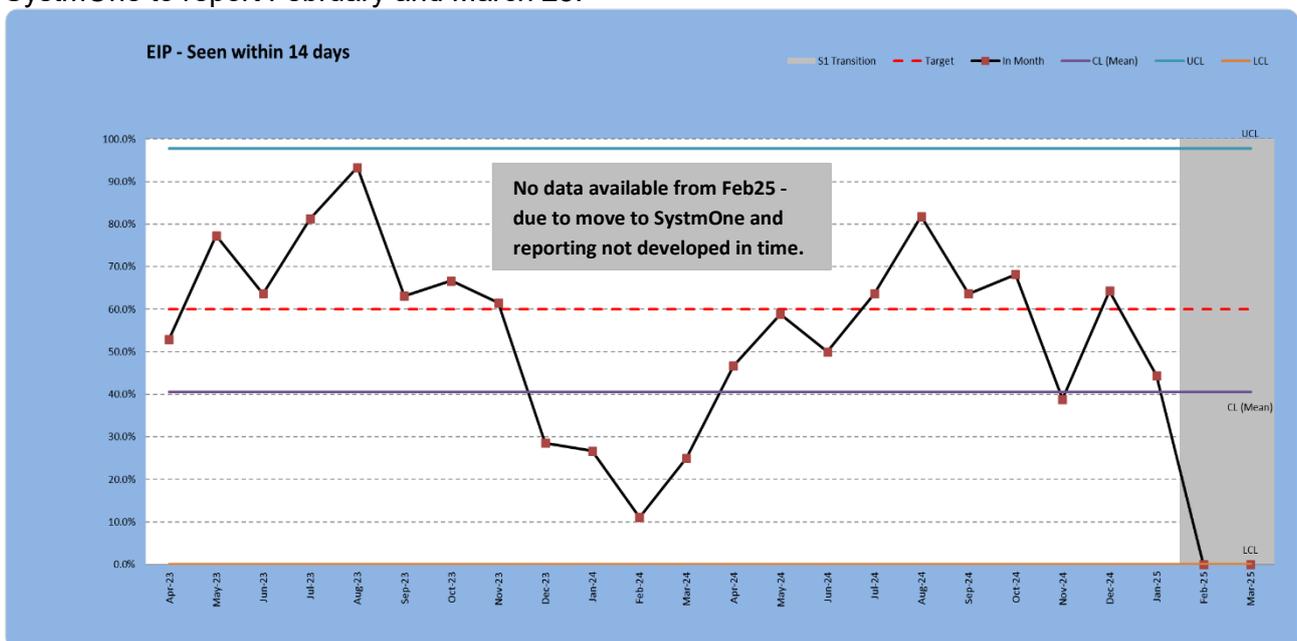
From April 2016, NHS England introduced a series of standards for Early Intervention for Psychosis teams to meet in the delivery and shaping of services with these being measured and Teams working towards achieving national accreditation. The access and waiting time standard for early intervention in 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.

Summary of progress

From April 2016, the Psychosis Service for Young People in Hull and East Riding (PSYPHER) team has been measured against this standard. The service continues to support the aged range of 14-64. The year to date performance of 67% is above the nationally mandated target of 60%. The challenges associated with this target are as follows:

- Variation in referral levels in a low volume service
- Recruitment and retention
- Absence of investment

Performance levels have been inconsistent over the last 24 month due to regular changes to the workforce. Since the change of clinical system (Feb25) reporting is yet to be developed from SystmOne to report February and March 25.



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

- Monthly reporting from the Trust Electronic Patient Record system
- Weekly multidisciplinary meeting for feedback on assessments in progress
- Daily morning meeting where referrals are discussed and allocated

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.

Summary of progress

There is no national target set for this indicator, but the Trust aims to have no admissions of children into adult wards. During April 2024 to March 2025 there were no admissions of Under 16's to adult inpatient units.

We achieved this in the following ways:

- The Service developed the inpatient skill and workforce to manage eating disorder conditions which has been a significant improvement for the service and its users.
- The introduction of the Eating Disorder Intensive Treatment Team were introduced to manage patient effectively in a community setting where possible and to provide support to the inpatient provision.
- The Service has worked with the Provider Collaborative to review the use of its commissioned beds and workforce to meet the needs of the regional usage. NHS England has previously commissioned the number of general and PICU beds based on an audit of the regional usage.
- The service continues supports young people from Hull, East Yorkshire, North and North East Lincolnshire.
- The service offers a shift from the traditional approach to CAMHS inpatient provision to one that supports the ongoing transformation of young people's Mental Health services locally.
- Access to services is key, keeping young people close to the systems of support that aid recovery.
- The Division ensure that early intervention, crisis and inpatient services work closely together to minimise inpatient admission.

CAMHS Eating Disorders

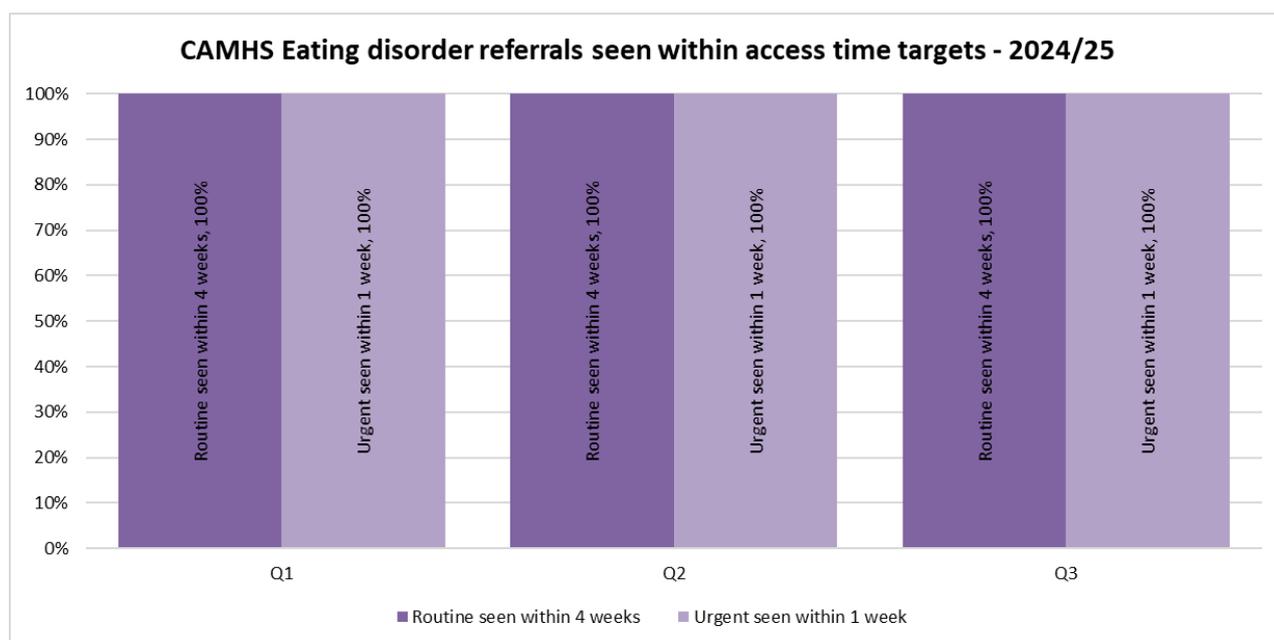
From April 2016, NHS England introduced a requirement for all children and young people's mental health service providers to establish a dedicated eating disorder team and introduced national access time targets for Children and Young People with an Eating Disorder (CYP ED).

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 terms 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.

Summary of progress

The Trust has a dedicated team in place covering the Hull and East Riding 0-19 populations. This team became operational in October 2016.



The chart above shows data for April 2024 to October 2024. Data is not available since the SystmOne go-live in November 2024. The Business Intelligence Team are in the process of re-building metrics following the change in clinical system and data platform.

As of 31st October 2024, 23 children and young people started treatment following an urgent referral for a suspected eating disorder, of which 23 (100%) did so within one week of referral. Urgent referrals are prioritised, and the service investigates each breach of this target, all breaches are followed up to ensure that the young person receives a service at the earliest opportunity.

As of 31st October 2024, 53 children and young people started treatment following a routine referral for a suspected eating disorder, of which 53 (100%) did so within four weeks of referral.

Numbers of referrals are small compared with other CAMHS pathways such as anxiety, but patients with eating disorders tend to remain on the caseload for longer (often up to two years) and

require more intensive/frequent intervention than other conditions. Because of the intensity of intervention, especially at the start of the pathway, the volatility of the referral rate presents a challenge, as even five or six more referrals than usual in a quarter places a much greater demand on the team.

The Trust considers that this data is as described for the following reasons:

- Weekly reporting from the Trust Lorenzo system
- Weekly team meeting for caseload management
- Daily morning meeting where referrals are discussed and allocated

The Trust has taken the following actions to improve this percentage and the quality of service by:

- Close monitoring of referral numbers and access times, and recruitment to vacancies

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

The national target for other Accident and Emergency departments, including Urgent Treatment Centres (UTC) and Minor Injury Units (MIU), is for at least 95% of patients attending to have a total time in the service less than 4 hours from arrival to discharge or transfer.

Underlying of the 4-hour target, is the principle that patients should receive excellent care without unnecessary delay. The target focuses on patients requiring treatment which can be accessed without an appointment for treatment as a minor injury or illness. To be a part of the reporting, the service must have an average weekly attendance of more than 50 people, which is calculated over a quarter.

The Trust provides one UTC, in Whitby, which has seen 14022 patients in the year April 2024 to March 2025 (an average of 1168 patients a month). The service was designated as a MIU from April 2021 to August 2021 when it changed its status to UTC offering increased opening hours for the local community.

The National Standard requires that a minimum of 95% of patients attending an A&E department should be admitted, transferred, or discharged within 4 hours of their arrival. We can report an achievement of 99.2% for April 2024 to March 2025 at Whitby UTC. This data is sourced via the SystemOne patient administration system.

3.2 Performance in Relation to other Indicators Monitored by the Board

In this section, we share other key performance indicators monitored by the Board that have not already been mentioned within the mandated indicators included in this account.

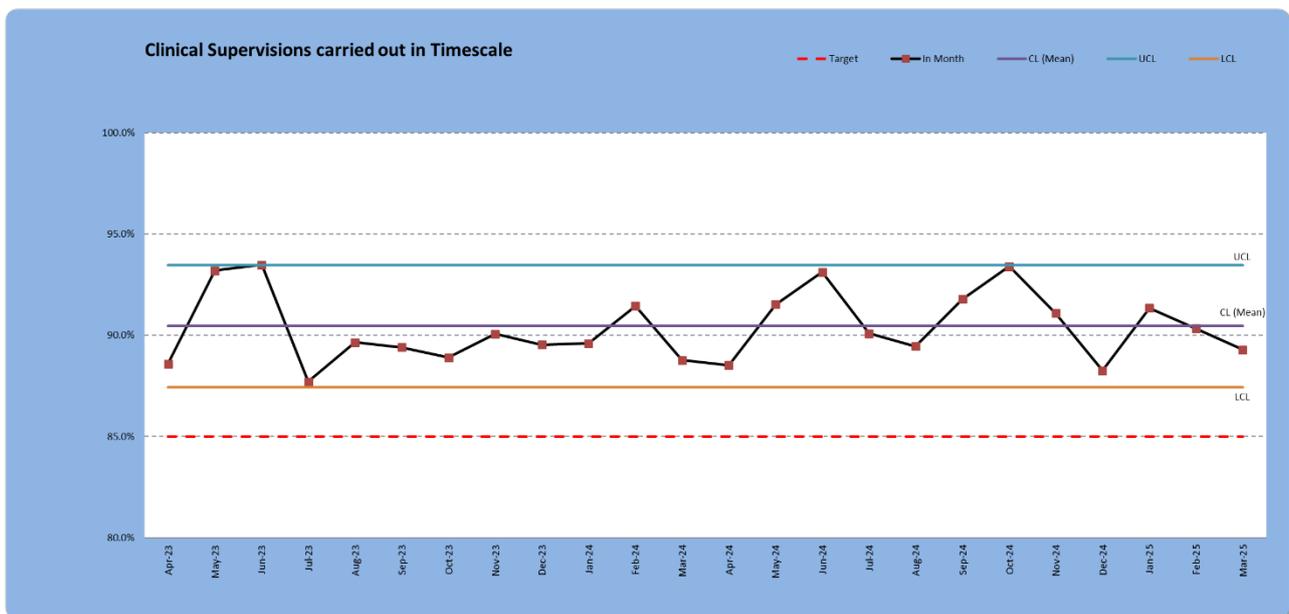
Clinical Supervision

Clinical supervision is essential to the delivery of safe and effective care as it provides a safe environment for clinicians to actively engage with each other to reflect on their clinical practice and improve standards of care. The process of supervision facilitates the individual to develop knowledge and competence and link theory and research to practice.

The Trust supervision policy requires all clinical staff to receive clinical supervision from an appropriate professional as a minimum frequency of six-weekly. Throughout 2024/25 individual teams have been required to achieve compliance with a target of 85% of their staff receiving clinical supervision within the month. This target allows for sickness absence and other factors that impact on supervision. Compliance is monitored via several governance groups throughout the organisation and is reported monthly through to the Trust Board and Quality Committee via the Integrated Quality and Performance Tracker.

The SPC chart below shows clinical supervision compliance for the Trust over the past 24-months which, as can be seen, has been consistently meeting and exceeding the Trust target of 85% over the past 2 years.

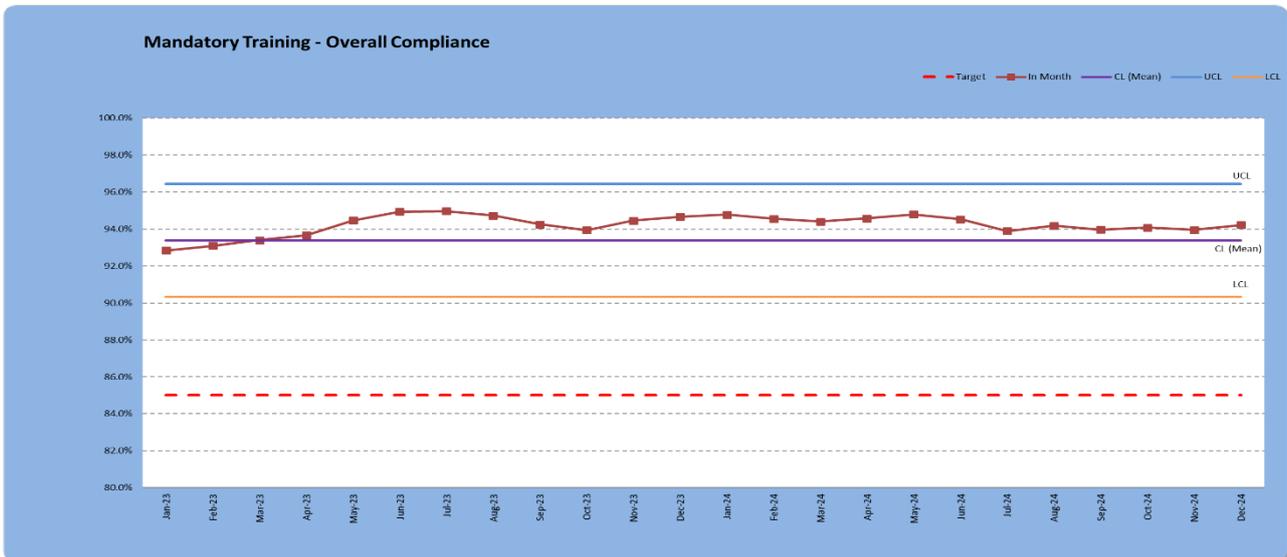
Trust-level Clinical Supervision Compliance



The reasons behind non-compliance with supervision standards are explored by divisions and action is taken to address areas of concern. Factors impacting on supervision compliance are in the main due to staff sickness.

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 March 2025, overall statutory and mandatory training compliance stands at 94.16%.



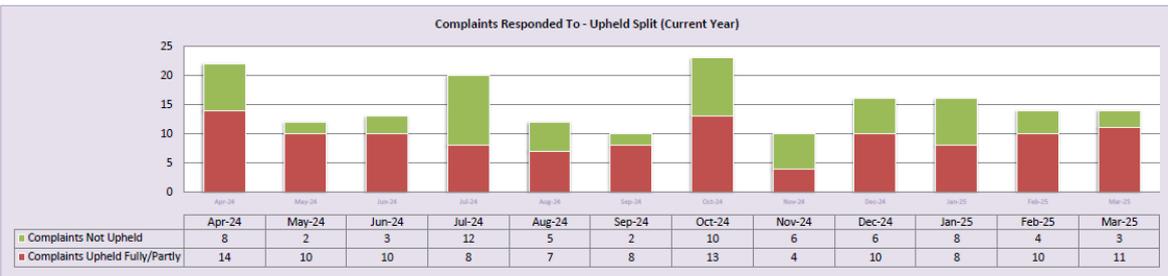
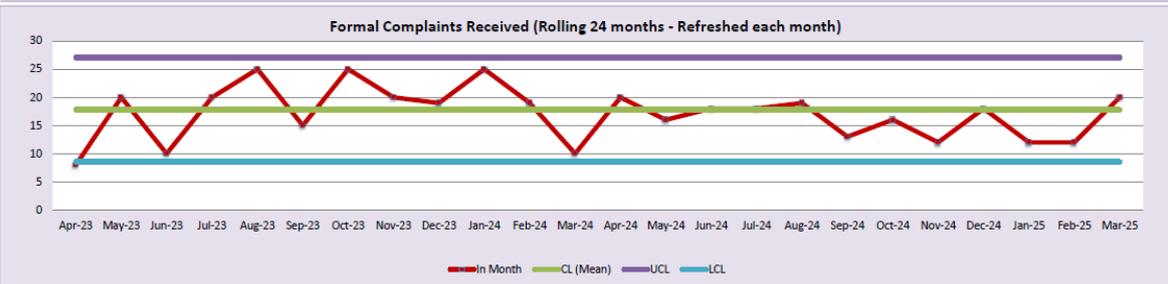
Patient Complaints and Feedback

Formal Complaints

For the period 1 April 2024 to 31 March 2025, the Trust received 194 formal complaints, which compares to 216 for 2023-24 and 197 for 2022-23.

Quality Dashboard

Domain: Section 1.3.1 Patient / Carer Experience Overall Trust Position

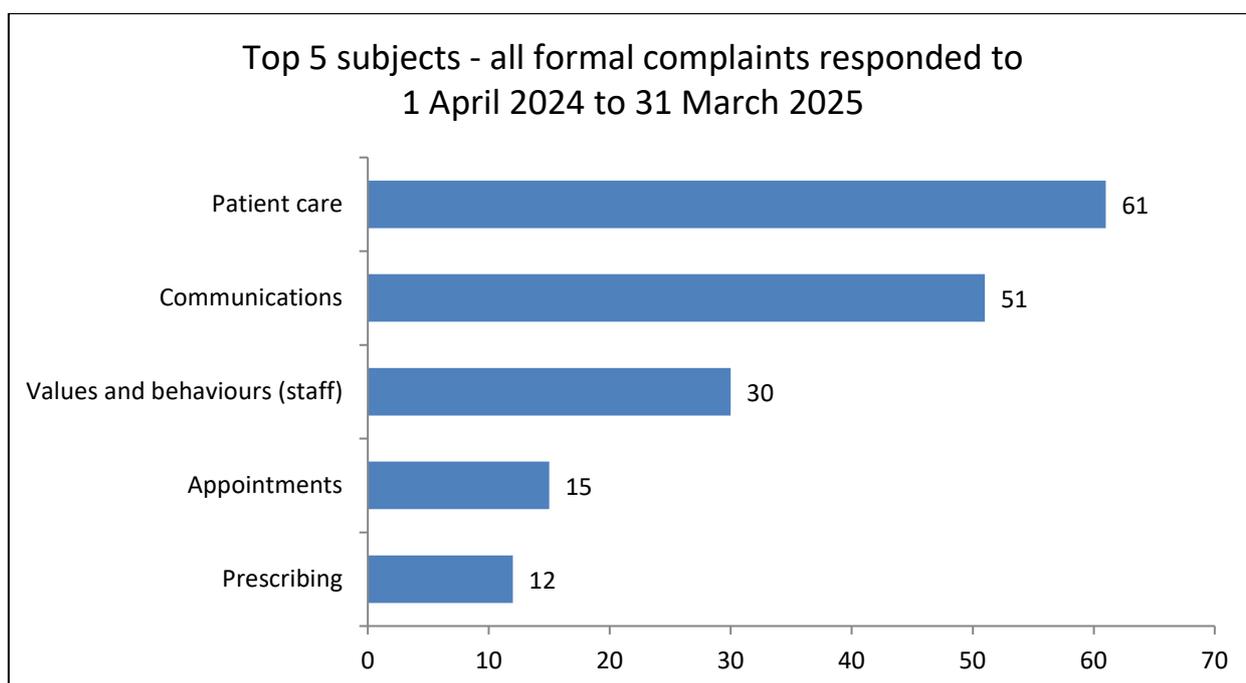


Each complaint is treated individually. Although the issue raised may be similar to others, the circumstances are often different for the individual concerned. The Trust aims to respond to formal complaints within 40 working days; occasionally, this timescale is extended to 60 working days dependent on the complexity and nature of the complaint, and the number of issues raised. If the timescale cannot be achieved, the complainant is informed of when they may expect their response.

For the period 1 April 2024 to 31 March 2025, the Trust responded to 188 formal complaints which compares to 201 for 2023-24 and 195 for 2022-23.

Of the 188 responded to, 2 of the complainants have, to date, requested their case is reviewed by the Parliamentary and Health Service Ombudsman. There are also 3 older cases closed in 2023 for which the complainant has made this request.

One older case that was closed in 2022 is currently under investigation by the Ombudsman.



The actions resulting from upheld and partly upheld formal complaints are monitored by the Complaints and Feedback Team and for each action, evidence is requested from the lead person identified for that action that it has been completed by the specified time.

Informal Complaints

The informal complaint process gives complainants a swift response to their issue(s). All complaints are triaged on receipt and where appropriate, are recorded as informal in the first instance. If a complainant remains unhappy following the informal process, they have the right to have their complaint investigated via the formal complaint process.

For the period 1 April 2024 to 31 March 2025, the Trust responded to 314 informal complaints. This compares to 353 informal complaints in 2023-24 and 388 informal complaints in 2022-23.

Patient and Carer Experience

In 2023 the Trust launched our Patient and Carer Experience Five Year Forward plan (2023 to 2028). This plan identifies three outcomes aligned to the Trust Strategy's six organisational goals and highlights what we will achieve over the five year period across patient and carer experience, involvement, engagement, equality, diversity and inclusion. To view the full plan please visit [Patient and Carer Experience](#).



Outcome 1 – Our Care

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

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

Outcome 2 – Our Partnerships

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

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

Outcome 3 – Our Workforce and Organisation

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

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

Forums

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

Hull and East Riding and Whitby & District and Patient and Carer Experience Forums (PACE)

– our patients, service users and their carers are invited to attend these forums to provide them with a public voice by bringing lived experiences and individual perspectives. We also have representatives from patient and carer support groups on the forum.

93.5%
of respondents find our
staff friendly and helpful

Joint Scarborough and Ryedale PACE Forum (with York and Scarborough Teaching Hospitals NHS Foundation Trust)

– to maximise engagement and involvement with our patients and carers in the Scarborough and Ryedale area, the Trust works in partnership with York and Scarborough Teaching Hospitals NHS Foundation Trust to host joint forums to listen to patients, service-users, carers, and members of the public who use our services.

Staff Champions of Patient Experience (SCoPE)

Forum – staff attend this forum to share best practice and provide a voice of experience on behalf of their teams. The forum also reviews survey findings and complaints to identify key themes to help inform the Patient Experience Team’s work plan. The Trust currently has 213 Staff Champions, and most of our teams are represented.

90.1 %
feel they received sufficient
information

Humber Co-production Network – to build stronger relationships and partnerships with third sector, public sector, commissioners and hard to reach groups by ensuring they all have the opportunity to provide a voice on behalf of the communities and groups they serve.

Veterans Forum - to provide a meeting place for veterans and serving members of the forces, their friends and family members, and staff with an interest in supporting veterans or who currently have/have had friends and family members serving in the forces.

Humber Youth Action Group - to bring those aged 11-25 together, with the goal of helping our organisation improve its services for children and young people. Young people have an important part to play in improving NHS services. The group meets virtually every 3 weeks for approximately 1.5 hours, as well as face-to-face workshops across different locations in Hull and East Riding throughout the year.

Patient Safety Partners Forum

During 2023 saw the introduction of the Involving Patients, Families and Carers Sub Group of the Patient Safety Incident Response Framework (PSIRF) steering group. The group was instrumental in providing a patient/carers voice to help inform the Trust wide approach to supporting the patient safety agenda and has had an active role in supporting the development of the PSIRF policies and procedures. During 2024 the former Involving Patients, Families and Carers Sub-Group morphed into the Patient Safety Partners Forum, to provide a safe space for the Trust’s Patient Safety Partners to meet and continue to contribute to the Trust’s patient safety agenda.

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

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

hours over the past few years to support the Patient and Carer Experience and Continuous Improvement agendas.

Co-production Logo Stamp

New work which has been developed alongside patients, service users, carers and individuals with lived experience can display the co-production logo to add value and recognition to the hard work that goes into co-produced work and to showcase where co-production has taken place. We are delighted to share that since its launch in 2021, 89 pieces of work have been honoured with the co-production logo stamp and during the past 12 months there have been 36 pieces of work awarded.

Experts by Experience (EbE)

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

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

In April, the Trust launched its new Friends and Family Test (FFT) dashboard, which displays the results of FFT Surveys from patients, service users, and carers. Accessible to all staff, the dashboard provides performance insights at the organisational, divisional, and team levels. All feedback is now thematically analysed into ten themes, divided into positive and negative sentiments, highlighting good experiences and identifying quality improvement opportunities.

Surveys Landing Page

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

Children's and Adult Learning Disability Services Connect website

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

Equality, Diversity and Inclusion Priorities for Staff

The Trust is dedicated to attracting, nurturing, and retaining a workforce that mirrors the local demographics and fostering an environment of equal opportunities for all staff members. We have seen a year-on-year improvement to underrepresentation across the workforce. Our efforts in implementing the Respect Campaign and No Excuse for Abuse Toolkit support this commitment.

The Trust is a public sector body and has an obligation to adhere to the Public Sector Equality Duty (PSED). In order to fulfil this duty, the Trust has published its Equality, Diversity, and Inclusion (EDI) Annual Report, outlining its goals and objectives for the coming year. Similarly, the Trust publishes annual reports for the Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), EDS22 and the Gender Pay Gap Report. We have also introduced a new Ethnicity Pay Gap analysis in 2024 in line with expectations of the national NHS England EDI Improvement Plan. These reports are available on the Trust's public-facing website, ensuring that information is transparent and easily accessible to the public. By consistently reporting on these key areas, the Trust demonstrates its commitment to promoting equality, diversity, and inclusion within the workforce and the organisation as a whole.

Collaboration and coproduction between the Assistant Director of Patient and Carer Experience and Co-production and the Equality, Diversity and Inclusion Workforce Partner continues to drive forward advocacy for the work diversity and inclusion can do, to ensure the Trust has a motivated, included, and valued workforce to help deliver high quality patient care, increased patient satisfaction and better patient safety. This can be seen through key engagement with programmes of work such as the Patient and Carer Race Equality Framework (PCREF), Culture of Care and Trauma informed Care programmes.

In working towards EDI objectives set for 2024/25, the Trust successfully developed local targeted action plans. Inclusivity has come from collaborating and coproducing the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES) action plans with lived experience.

The EDI Workplan report is taken to the Trust's EDI Steering Group and has allowed improved challenge and support for operational areas to address local equality issues. The introduction of the Respect Campaign and No Excuse for Abuse Guidance Toolkit underpin inclusive employment practices and further enhances leaders to support positive culture and embrace diversity.

Mandatory training on Equality, Diversity and Human Rights through the Trusts e-learning package continues to ensure staff are equipped with an understanding of inclusive practice with a completion rate of 98%, above the Trust target rate. Non-compliance with training is taken to operational areas via the workforce scorecard into the Workforce & OD Committee, to ensure completion in a timely fashion.

The Trust is an active member of local and regional EDI committees or working groups such as the ICB led Inclusion Academy, the Hull and East Riding LGBTQ+ Forum and the Humber Equality and Diversity Network, a group for EDI practitioners from all public sector organisations in the Humber region.

The Trust continue to build links with EDI teams across the Humber and North Yorkshire ICB system such as with NLAG, HUTH and York and Scarborough Trust. The Trust continues to work with local groups who represent people with Protected Characteristics within communities such as Trans Peer Support Group, Corner House LGBTQ charity, MESMAC, the Disability Action Group and the Humber All Nations Alliance (HANA).

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

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 2023/24 the Trust contributed to 27 statutory reviews, in addition to supporting non statutory reviews such as Line of Sight reviews for Children, and internal reviews such as PSiAs and PSiIs. The most common statutory reviews supported by the Trust were DARDs and S42 Enquiries. Learning themes identified across Board and Partner agencies include:

- Challenges when patients are unable, or do not, engage with interventions
- Information sharing across services using different systems
- Listening to the voice of the person as well as the carer
- Professional curiosity around what is happening with an individual or their family
- The importance of safeguarding supervision to clinical and non-clinical staff
- Confidence in applying the Mental Capacity Act key principles, and carrying out mental capacity assessments

In 2024/25 the Trust continues to support safeguarding enquiries and reviews, with a total of 40 declared/supported in the year. This is an increase from the previous year which is in line with reporting across all three SABs and SCPs. The most common statutory reviews supported so far are DARDs and SARs. Non statutory reviews continue to increase across the year, with a large number of Line of Sight reviews and audits across Hull and East Riding Partnerships taking place, the reviews and audits look at safeguarding themes/topics agreed by members of the Partnership, with a view to identify best practice and learning. This includes Joint Targeted Area Inspections (JTAI), which looks at the multi-agency response to the needs of a child in our area, and the Named Nurse for Safeguarding Children has taken the lead on to ensure the Trust supports these processes across Hull and East Riding. When a non-statutory review or JTAI is declared, the Trust engages in the process by collating information, often a chronology, and completing an analysis against an agreed terms of reference. Any learning for the Trust identified through audits are fed into the Safeguarding Learning & Development Forum.

The Named Professional for Adult Safeguarding and Named Nurse for Safeguarding Children attend partnership meetings across all areas on behalf of the Trust, not only to identify and share learning, but to work together to develop policies, procedures, multi-agency training and protocols that support the delivery of an effective safeguarding service to our community. Safeguarding Practitioners attend and support Partnership sub-group meetings on behalf of the Trust, this includes sub-group meetings for statutory safeguarding reviews, sub-groups with specific focusses such as child neglect and exploitation, audits of safeguarding activity across the local authority area and training and development groups.

Prevent requires healthcare organisations to work with partner organisations to help prevent terrorism, and to safeguard and protect vulnerable individuals. The Safeguarding team supports staff who are working with patients who are vulnerable to radicalisation, this includes providing guidance for staff making Prevent referrals. The team, and clinicians across the Trust where a patient is open to Channel Panel, attend monthly Prevent meetings across the Humber and often contribute to complex case discussions for high-risk patients, working closely with Humberside Police, Probation and other relevant agencies. The Trust is represented on Prevent Boards for Hull and East Riding and submits regular returns to NHSE on its Prevent data, to reflect its compliance with Prevent duty.

The Trust also actively participates in other multi-agency safeguarding process, such as the Multi agency risk assessment conference (MARAC – Domestic Abuse) and the Multi agency child exploitation meeting (MACE) and Multi Agency youth violence and exploitation meeting (MAYVE), across Hull and East Riding. In 2023/24 two new multiagency partnership meetings were introduced; firstly the Multi agency tasking and coordination (MATAC) group which focusses on perpetrators of domestic abuse, and more recently the Multi agency cuckooing advisory panel (MACAP) which brings professionals together to reduce harmful behaviour associated with cuckooing. The Trust are represented at both Hull and East Riding MATAC, and in 2024/25 recently started to attend the MACAP meeting. Due to cuckooing becoming an increasing safeguarding concern, the safeguarding intranet page has been updated to include a section on this where staff can find guidance and resources on the subject. The Safeguarding Team has also started to record when contacts are made because of this, to better understand the level of challenge faced by staff and patients with regards to this.

Alongside the Boards and Partnerships, the Named Professional and Named Nurse meet on a quarterly basis with Designated Leads of Safeguarding Adults and Children for the Humber and North Yorkshire Integrated Care Board, in all three places, to discuss safeguarding activity across the Trust and provide assurances that the Trust is meeting its statutory safeguarding responsibilities.

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. Progress against the Plan this year include:

Priority Area	Progress 2024/25	Plans for 2025/26
Domestic Abuse	<ul style="list-style-type: none"> • Co-production of safeguarding resources • QI work has started on experience of domestic abuse support for specific patient groups in the Trust • Continued delivery of White Ribbon action plan 	<ul style="list-style-type: none"> • Domestic Abuse and Sexual Violence conference June 2025 • Audits on use of Routine Enquiry • Domestic Abuse to be recorded on Trust wide safeguarding template supporting better evidence of experience of domestic abuse and support given
Child Neglect	<ul style="list-style-type: none"> • Child Neglect awareness sessions delivered to teams across the Trust • Co-delivery of multi-agency child neglect tool training for Hull and East Riding Safeguarding Children Partnerships 	<ul style="list-style-type: none"> • Audit on Child Neglect tool use planned • Child Neglect training session to be developed and delivered in person to services across the year
Self-Neglect	<ul style="list-style-type: none"> • Delivery of in person self-neglect training across the Trust, co-delivered with Humberside Fire Service 	<ul style="list-style-type: none"> • Further sessions planned due to demand • New MARM process to be introduced across services working in Hull and East Riding, with a MARM template introduced on System One to capture use of process and actions taken to safeguard individuals
Think Family	<ul style="list-style-type: none"> • Working Group set up to consider how we share information and work with colleagues to support the full family, when they may be known to both adult and child services • Move to SystmOne and information sharing across services means that professionals are able to when a patient is open to another Trust service 	<ul style="list-style-type: none"> • QI project on experience of child patient transitioning through to adult services planned

Increasing Visibility of Safeguarding Team	<ul style="list-style-type: none"> Increasing visibility of the team via in person training sessions, working from clinical areas and completing seclusion/LTS reviews and visits in person Increasing involvement and engagement with Workforce & Corporate colleagues to ensure safeguarding processes are considered in non-clinical work areas as well as clinical Support of PSIRF process including contribution to internal reviews and leading SWARM Huddles/MDTs 	<ul style="list-style-type: none"> Safeguarding Drop-In sessions to be implemented across services, focussing on a small number of inpatient units as a pilot before expanding
Safeguarding Empowered Workforce	<ul style="list-style-type: none"> Safeguarding Link Worker Quarterly Forums delivered, providing learning opportunities and the forum to discuss complex cases Bespoke sessions provided on areas such as self-neglect, mental capacity and safeguarding supervision 	<ul style="list-style-type: none"> Review of Safeguarding Link role and effectiveness/impact of quarterly forums Review of safeguarding training program, to include compliance and how learning is embedded in practice
Efficiency and Effectiveness across systems	<ul style="list-style-type: none"> New MCA and Best Interest templates created Trust wide safeguarding template created so that there is a single use template for all services across all electronic systems 	<ul style="list-style-type: none"> Implementation of templates on Systems to take place in the Optimisation stage of SystemOne program

These priorities are delivered through a Safeguarding Development Plan which is monitored at the bi-monthly Safeguarding Business meeting and quarterly Safeguarding Learning and Development Forum.

Training

The safeguarding training package was reviewed in March 2022 and a refresh of the Level 3 packages is in place. In 2024/25, particularly in Q3 and Q4, training compliance for Level 3 safeguarding training reduced due to acuity within teams meaning training was not always able to be attended, and a number of services arriving at the 3 year refresher period at the same time. In response to this and in anticipation of further demand due to the 3 year refresher period of a large service area approaching, the Safeguarding Team reviewed the number of staff due to expire in Q4 and put on an additional 6 sessions (360 places) to offer some flexibility and ensure all staff could attend and are working closely with the Learning Centre to support staff through the training.

Compliance for March 2025 is:

Safeguarding Adults Level 1	Safeguarding Adults Level 2	Safeguarding Adults Level 3	Safeguarding Children Level 1	Safeguarding Children Level 2	Safeguarding Children Level 3
98%	95%	72%	98%	93%	77%

Given the compliance for both Level 3 packages are under the required 85%, and despite additional places being offered above what is required on an annual basis, a review will take place to look at areas of non-compliance and where the challenges are within the training package (it is blended with e-learning and taught sessions). The review will inform an improvement plan.

In July 2024 the Royal College of Nursing released the new Intercollegiate Document for Adult Safeguarding Training, this changed the competency requirements of staff and introduced a higher standard of training for non-registered clinicians working with patients. A review is underway to understand the impact of this and introduce a new training program to meet the needs of this new staff group, the Safeguarding Team will work closely with Divisions, Learning Centre and Business Intelligence to monitor the delivery of this and the Trusts compliance.

The safeguarding team are also responsible for the development and delivery of Mental Capacity Act and Prevent training, compliance for these areas consistently remains above 90% across all areas of the Trust. There is a training needs analysis underway for the Prevent training program following a review of the Trusts Prevent Policy and recent learning review into the Southport incident in 2024.

Sexual Safety

In 2024/25 the Trust has continued to deliver its Sexual Safety Plan. The Head of Safeguarding co-chairs the Sexual Safety Group alongside the Head of People Experience, ensuring a joined up approach to this important area across staff and patient groups. In 2024 NHSE introduced several resources including a framework for the implementation of a Sexual Misconduct Policy. This is due to final approval and ratification at Board in April 2025, the policy will be launched across the Trust. The Sexual Safety Group continues to meet on a bi-monthly basis to deliver this and a suite of other pieces of work within the Action Plan, which includes the creation of a sexual safety dashboard for patients and staff, and the implementation of a risk assessment and assurance framework. All sexual safety incidents are reported through the Trusts incident reporting system, Datix, and responded to or signposted to appropriate services. There is a six monthly sexual safety report that feeds into QPAS and details incidents and actions taken to reduce risk of sexual harm to staff and patients. The Trust works closely with external organisations where staff and patients have been harmed, this includes working with organisations such as Police and ICB to provide access to mobile applications to prevent and respond to stalking, domestic abuse and sexual harassment – Hollie Guard. The Safeguarding Team and Security Lead for the Trust are currently working with Divisions to ensure all patients and staff have access to resources to prevent and respond to sexual harm.

Mental Health Act, Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DOLS), Mental Capacity (Amendment Act) Act 2019 – Liberty Protection Safeguards (LPS)

The Mental Health Legislation Committee meets quarterly to undertake its delegated function on behalf of the Trust Board, in relation to the discharge of duties and responsibilities under the Mental Health Act (MHA), Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Health Steering Group reports into the committee and MCA 2005 audits are reported into this group, reviewed and any areas for learning shared.

The Safeguarding Team is currently undertaking a in depth MCA audit, considering the Trusts compliance with the MCA's five core principles. This audit will be presented and discussed at the Safeguarding and Learning Development Forum and includes the recommendation that new mental capacity and best interest templates are implemented on electronic patient systems as part

of the SystemOne optimisation period, to increase the quality of mental capacity assessments and best interest decisions across the Trust.

The Implementation of the Liberty Protection Safeguards – Mental Capacity (Amendment) Act 2019

There has been an indefinite delay in the implementation of the LPS due to the Covid-19 pandemic and a new date has not yet been set. The Trust continues to work with ICS colleagues and local authority partners to monitor this and ensure a smooth facilitation of the change process.

Celebrating Success – our 2024/25 highlights

In this section, we are pleased to share some of our key successes across 2024/25.

Health Stars Charity brought into the Trust

Health Stars is the official charity for Humber Teaching NHS Foundation Trust. The charity aims to provide patients and staff with some added sparkle, to enhance their health service journey. Charitable funds which are raised and donated are used to pay for items, equipment and services which are over and above what core NHS funding can provide.

In April 2024 we took over the running of Health Stars and relaunched it both internally and externally. Since bringing the management in-house, Health Stars have improved the wish and dream making process and launched a diverse programme of fundraising events.

Recruitment

To effectively address recruitment across the Trust we have identified a consistent yet agile approach to promote recruitment opportunities and position ourselves locally as a desirable place to work. Our 'New Year, New Job' campaign is an excellent example of how a targeted approach not only improves quality but also delivers results. Significantly it achieved 39,000 sessions on the Join Humber website, which exceeded the previous year's total by 30%.

A secondary objective of the campaign was to increase subscribers to the Jobs Bulletin email list, which was launched in early 2024. Subscriber numbers are now beyond 2,000 and offer a captive audience to share roles with. Activity has included billboard advertising, social media and email marketing, to diversity the audience we are reaching with our job opportunities.

The Join Humber website has been optimised to target the search terms people use when looking for NHS jobs in the region. This means it achieves far more consistent levels of traffic even outside of key campaign periods.

World Mental Health Day Art Exhibition

This year the Trust held an art exhibition in a local art gallery to showcase the work of past and current patients and staff to celebrate the annual World Mental Health Day. The exhibition provided a unique opportunity to publicly share how art and creativity can positively support mental health as well as raise awareness for how services can support patients with art therapy.

Artwork was collated from Trust archives to show the long-standing use of art therapy in our services. These pieces were joined by new creations from units across the Trust made by current patients and staff members. Members of the public were also asked to produce art to share their own journeys with mental health.

The project facilitated a wider conversation about art in achieving positive mental health, whilst also giving patients an outlet for their creativity on a wider stage.

Your Flex Plus and Your Health and Wellbeing Plus

Following on from the introduction of Your Leave Plus in 2023, which provides staff with more options to purchase and gain additional leave where a need arises. This year we launched two further programmes for our staff - Your Flex Plus and Your Health and Wellbeing Plus. Your Flex Plus champions our robust flexible working approach, aiming to enable and support better flexible working conversations.

Your Health and Wellbeing Plus brings together everything we offer to support our team to be happy and healthy at work. This diverse range of support includes our health and wellbeing MOTs through to wellbeing activities and menopause support.

These two new packages strengthen the support we provide our staff and break down the elements that ensure a happy and productive workforce. Initiative like these allow staff to deliver the best possible patient care.

Annual Members Meeting

Our Annual Members Meeting invites staff, members and public to share and learn what the Trust has achieved that year. The event began with market stalls where attendees could learn more about our services and teams could exhibit the work they were doing in our local area, highlighting the innovative work that is improving the quality of service we provide across the Trust. Whilst being a very well attended in-person event, it was also live streamed to improve accessibility and to allow more attendees to join.

In 2024 we welcomed TV personality Lucy Beaumont to attend and meet teams from services across the Trust. Lucy took part in a question-and-answer session with our Trust Chair Caroline Flint to share more about her own experiences of growing up in the local area and how mental health and neurodiversity has shaped her focus.

Chief Executive, Michele Moran, and Trust Chair, Caroline Flint spoke about highlights from 2023/24, how the Trust performed against our key targets, and future challenges that lie ahead.

Connect Website

This year a brand new and innovative children's and learning disability website was launched. The website, Connect, was created to host all our services online in one place, providing a single point of contact for service users.

The site, designed for children, young people, adults with learning disabilities, and those who care for them, features a range of accessible information, resources, engaging and informative animations and walk-through video tours of our estates. By prioritising accessibility, the site aims to enhance the quality of service we provide and ensure a consistent experience for all users.

It was an exceptional collaborative piece of work to develop the website. Approximately 70 young people were involved in the development; of which 19 had direct involvement in the creation of the building tours and animations. Their valuable contributions helped us to understand the importance of creating an informative website that is easy to access, navigate and understand.

UNICEF Baby Friendly Gold Accreditation

We are proud of the work in our infant feeding services and this year both teams, Hull and East Riding, received the UNICEF Baby Friendly Gold Accreditation. This year was the first year that Hull were awarded Gold, which is particularly significant as it currently sits at the 4th most deprived city in England.

UNICEF UK's Achieving Sustainability standards are designed to help services to embed Baby Friendly care for the long term. When services are assessed as not only meeting all of the criteria, but demonstrating them being truly embedded within their practice, they can be accredited as a Gold Baby Friendly service. Gold is the highest level of accreditation and celebrates excellent and sustained practice in the support of infant feeding and parent-infant relationships.

100K YOUR WAY

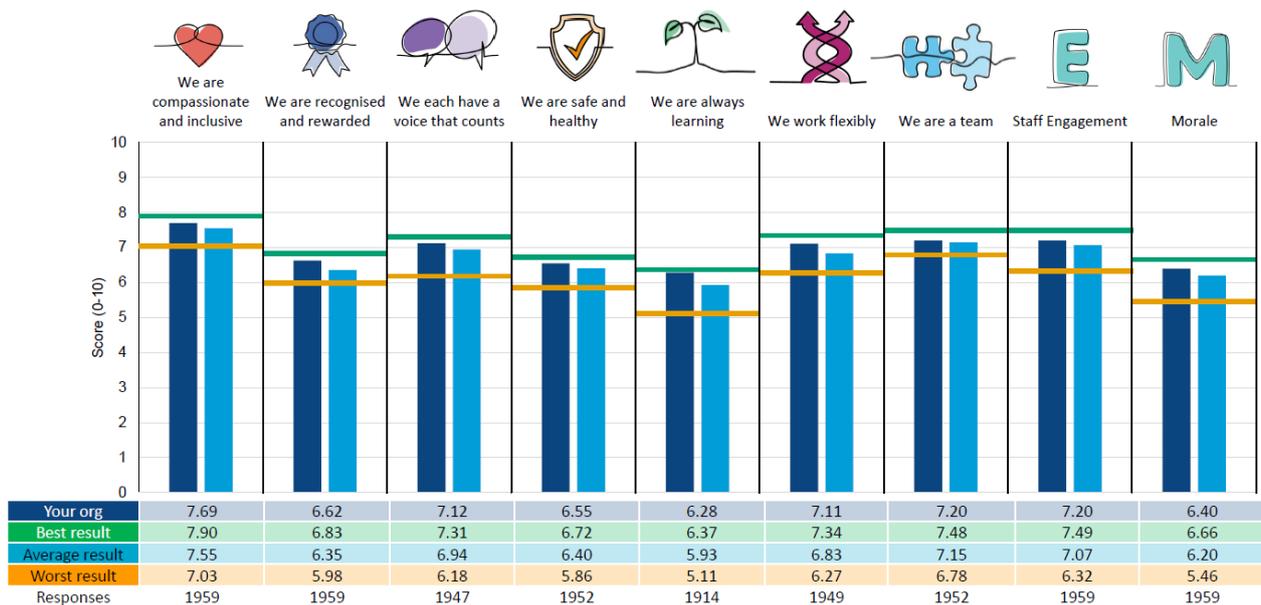
The Trust places a great deal of emphasis on supporting the health and wellbeing of its staff. As part of our commitment to providing this support our Communications team, along with the Workforce Wellbeing team, provide a range of ways to improve wellbeing.

Our 100k Your Way initiative ran throughout May 2024, which brought teams together with a united aim to walk more and compete against colleagues in a fun way. Our staff walked an incredible total of 88,176.6km which included a total of 9547 activities. This year's total kilometres exceeded the distance achieved in the previous year by over 54%. The achievement shows an appetite for our staff to engage with physical activity which we know supports positive mental health and fitness, improving overall wellbeing. Members of our Executive Management Team and Non-Executive Directors also participated in the event.

Staff Survey Results 2024

The Trust achieved a response rate of 56.23% overall which represented 1,959 responses from a sample of 3,558. This is a 0.61% increase from 2023 response rate.

People Promise Themes Overview



The Trust has improved across all People Promise themes compared to 2023 and reports a better than average score across all People Promise and sub themes than the benchmark group. The greatest improvements were in *We are Safe and Healthy* and *We Work Flexibly*, with the associated sub scores for those themes also showing the most significant improvements.

Work will continue during 2025/26 to continue to take action to continually improve both the response rate and the results to ensure Humber Teaching NHS FT remains an employer of choice, attracting and developing great staff who deliver great care.

Annex 1: Statement from Commissioners, Local Healthwatch Organisations and Overview and Scrutiny Committees

Hull City Council Health and Wellbeing Overview and Scrutiny Commission

Hull City Council Health and Well Being Overview and Scrutiny Commission notes the work of the Humber Teaching NHS Foundation Trust and welcomes the production of the Trust's 2024/25 Quality Account. The monitoring of delivery and resultant aims and priorities will support strengthening of service delivery and improved patient care. The Commission is keen to see more timely production of the 2025/26 Quality Account to enable the full consideration of it at a formal Overview and Scrutiny meeting, to ensure the inclusion of informed comments and recommendations in the associated consultation.

Fiona Harbord

Hull City Council Health and Wellbeing Overview and Scrutiny Commission - Scrutiny Officer

28th April 2025

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 welcome the opportunity to make a statement on the Humber Teaching NHS Foundation Trust Quality Account. It is encouraging to see patient stories and quotes from patients, friends and family embedded throughout the Quality Account. Co-production and the involvement and value of involving people with lived experience is clearly shown throughout. It is encouraging to see Quality Improvement work is progressing and the QI IMPACT (Improving Patient Care Together) actions are progressing with 60% of 184 actions are completed. A positive Freedom to Speak Up culture is evidenced by being above benchmark in all areas.

The Quality Account reflects the positive progress the Trust made towards the 2024/2025 quality priorities identified including the accreditation of UNICEF's Baby Friendly Gold Award, a physical health template to be completed on admission has been piloted at PICU and that six ward areas are participating within the Culture of Care Programme. Clear priorities are set out for 2025/26.

The NHS Community Mental Health Service Users Survey offers mixed results, whilst it is positive to see that certain aspects scored in the highest 80% threshold, it is disappointing to see other areas fell into the bottom 20% of all Trusts surveyed especially around questions such as 'Do you feel in control of your care?' and 'Do you feel the support provided meets your needs?'

A learning culture in the Trust is evident from the accounts, the Trust highlights how they learn from incidents and learn from deaths. It is encouraging to see that the Trust continues to maintain above the 85% target compliance. However, the Level 3 Safeguarding training compliance is lower than expected, however it is encouraging to note an improvement plan is in place. A continued focus on the patient experience is evident, with patient flow through the services being a priority.

On a local level Healthwatch Kingston Upon Hull have received generally positive feedback, people state they feel they have been treated well and supported effectively. However, a concern remains around access to mental health services and neurodiversity services due to long waiting lists.

Furthermore, Healthwatch East Riding of Yorkshire are pleased to be observing the positive changes and collecting feedback from the trust in relation to GP services improvement. Seeing that all trust GP practices have received Veteran friendly accreditation is very positive and we look forward to gathering feedback from veterans that use the service.

The new callback function on offer to GP patients is a welcomed addition, following historic trends of patients being unable to contact the practices. Healthwatch East Riding of Yorkshire look forward to seeing how this new system effects overall patient experience.

We are pleased to see that Hull and East Riding residents are being given the opportunity to take part in research projects with universities and research teams.

Ellie Whitfield (Kingston upon Hull) and James Dennis (East Riding of Yorkshire)
Healthwatch Hull and East Riding of Yorkshire - Delivery Managers
29th April 2025

Healthwatch North Yorkshire

No response received from consultation

Humber & North Yorkshire Integrated Care Board (ICB)

Firstly, Humber and North Yorkshire Integrated Care Board (ICB) would like to thank all at Humber Teaching NHS Foundation Trust, for their continual commitment and dedication to our local population, partners and the local health system throughout the year.

We once again welcome the opportunity to review the Humber Teaching NHS Foundation's Trust Quality Account, which as with previous years is reflective of the Trust's values, vision and ambitions for the future. The account illustrates the significant progress made and in the continuous commitment to improving patient safety and quality outcomes, above all in meeting the needs of the population we serve.

Its pleasing to find that once again the Trust's Quality Accounts began with a patient story, upholding the ethos of the Trust and in ensuring people and patient experience is central. The story provides an excellent insight into the services offered by the Trust and continuous efforts to engage and hear the voice of patients, carers and the public. This is applauded as evidence of how the Trust actively listened to people from all parts of the community with "equality and diversity as the golden thread", an ongoing commitment to maintain a robust patient and carer experience focus.

The ICB note how the Trust have progressed and embedded the Quality Priorities identified for completion during 2024-2025, furthermore the ambition to continue to strengthen these further during the forthcoming year in using Quality Improvement methodology. We note the Trust's participation in local and national clinical audits. We congratulate the Trust which remains rated as 'Good' by the Care Quality Commission and supported by strong governance processes and leadership that continues to drive improvement.

The ICB recognise the significant work the Trust has completed, in transitioning to and in implementing the Patient Safety Incident Response Framework (PSIRF). The Trust have embraced the new approaches and embedded process to support how patient safety events are both reviewed and investigated, and in ensuring a robust approach to learning and improvement is upheld both within the service and across the wider system. The Trust take an active part of the membership of the ICB Safety Improvement through Learning Outcomes Group (SILOG) and have presented opportunities for system learning and improvement identified from patient safety incident investigations (PSII) and other learning responses. We are pleased to see involvement and engagement of staff, service users, family members and carers are evident in learning responses.

We thank the Trust for the significant work the Trust has undertaken with all staff in relation to the prevention, identification, and management of closed cultures. This work is key in ensuring the provision of safe, high-quality care to those receiving care.

The ICB note the positive, proactive, preventative approach taken to safeguarding within the Trust, in providing visible leadership, extensive advice and guidance to staff and in working collaboratively with 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.

We were pleased to read about the introduction of GREATix and the Trust's patient safety annual staff awards, celebrating the excellent work that your staff have achieved. The approach to how Quality Improvements across the Trust are developed in collaboration with staff, patients and carers was inspiring to read and the ICB look ahead with interest following the success of the February 2025 first joint Caring Together Event. We note the Trust's work to develop the 2021-2026 Quality Improvement Strategy and welcome the potential opportunities for System wide learning as we hear about the outcomes of the Trust's Joint Strategy Group.

The ICB would like to congratulate the Trust on the work undertaken by the Patient and Carer Experience Team, acknowledging the active engagement with a range of community forums across the partnership. We note the launch of the Trust's new Friends and Family Test dashboard and the opportunity for this to be viewed across divisions and teams.

The ICB note the key improvements made in the quality of service delivered by the Trust's Mental Health teams and in particular note the creation of the Emergency Department streaming Pathway which has improved the experience of people presenting with mental health needs within the acute hospital setting. The ICB welcome the ongoing work the Trust are undertaking to ensure all patients discharged from inpatient care are contacted by a mental health professional within 72 hours and applaud the local performance standard of 80%, set by the Trust to ensure where possible this contact is face-to-face contact with patients to ensure and maintain patient safety.

In the community services we acknowledge the work of the Trust in further enhancing the delivery of community care, through the Trust's community provision and in-patient facilities. The integrated step up and step-down approach to the management of individual episodes of need and long-term conditions and the work of the Trust relating to Virtual Wards, Frailty, Urgent Crisis Response, and Intermediate Care provision.

Furthermore, and in supporting the wider system, we therefore acknowledge the work of the Humber IPC Team; in ensuring Trust produced IPC guidance has been reviewed and is in line with the National Infection Prevention and Control Manual (NIPCM). With IPC continuing to be a key risk for the system we acknowledge the work of the Trust in this area, and in ensuring HCAI cases continue to be monitored and reviewed as part of our focus to reduce the risk of the infection across the ICB and maintain patient safety.

The support provided by the Trust to keep care "closer to home" is to be congratulated through the provision of the UTC, in Whitby as an example, with support to an average of 1168 patients a month. It is also with the acknowledgement that since re-modelling from a Minor Injuries unit to an UTC the support offer has increased to support the local communities it serves. We also note and congratulate the Trust on the achievement against the national standard that a minimum of 95% of patients seen in an urgent situation are admitted, seen, transferred, or discharged with the Trust reporting an achievement of 99.2% for April 2024 to March 2025 at Whitby UTC.

The Integrated Care Board recognise the positive approaches taken by the Trust to strengthen the existing approaches to attract new staff and retain the existing workforce, underpinned by the Being Humber behavioural framework. The Trust's ongoing commitment to ensure safer staffing is recognised and we congratulate the Trust for the approach taken regarding the recruitment and retention of the workforce, in particular note the success for the Trust in securing the workforce of the future during the annual recruitment drive of recruiting students into the organisation.

The ICB congratulate, once again, the Trust in being shortlisted for a variety of local and national awards. This includes the prestigious HSJ Awards and for being highly commended for our

'Humblebelievable Recruitment' in the category of NHS Communications Initiative of the Year. Also, for the second year running winning the Gold award at the Social Worker of the Year awards.

Humber and North Yorkshire ICB confirm that to the best of our knowledge, the report is a true and accurate reflection of the quality of care delivered by Humber Teaching NHS Foundation Trust and that the data and information contained in the report is accurate. The Quality Account is an honest and really positive document which demonstrates the Trusts continued commitment to co-production and quality improvement.

The Humber & North Yorkshire Integrated Care Board remain committed to working with the Trust and its regulators to improve the quality and safety of services available for the population of each of our places in order to improve patient care, patient safety and patient outcomes. We note the transformational nature of the Quality Priorities identified and look forward to seeing the outcomes of this work.

Deborah Lowe

Humber and North Yorkshire ICB - Director of Nursing (Quality, Safety and Patient Experience)

1st May 2025

Humber & North Yorkshire Provider Collaborative

From the 1st October 2021, the Humber and North Yorkshire Specialised Provider Collaborative (HNY PC) took forward the responsibilities for quality assurance, planning and contracting of inpatient services for Adult Secure Care based at the Humber Centre and for Children and Adolescence 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 PC and the Collaborative Planning and Quality team (CPaQT) undertake quality assurance, planning and contracting on behalf of HNY PC.

The CPaQT would like to take this opportunity to congratulate Humber Teaching NHS Foundation Trust on their successes as an organisation during 2024/25 and highlight the work being progressed by the Trust within the CAMHs and Secure Care services especially with;

- The roll out of the CAMHs Connect Website
- Forensics division went live with new Electronic Patient Record platform
- The new sensory garden area was officially opened at our Inspire CAMHS unit for patients and their visitors to enjoy.
- Outcomes from the Quality Improvement Workstreams especially work progressed in the support of effective Quality Governance.
- The work that the Trust has undertaken in the prevention, identification, and management of closed cultures.
- The role out and embedding of PSIRF into patient safety activity and subsequent thematic review and action planning.
- Improvement in compliance with the seclusion reviews undertaken in line with the Mental Health Act Code of Practice
- Update that during April 2024 to March 2025 there were no admissions of Under 16's to adult inpatient units.
- Trust launches Your Flex Plus and Your Health and Wellbeing Plus to support staff flexible working and wellbeing.
- The Trusts NHS Staff Survey results with 69% of staff saying they would recommend us as a place to work.
- The continued collaborative working with the HNY PC and its partner organisations.

The HNY PC and the C-PaQT welcomes and supports the Trust's 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 and remains a key

component in the Trust's quality improvement approach. We look forward to working in collaboration with the Trust to enable this to be embed into enablement practice.

The HNY PC supports the Trust's three new quality improvement priorities identified for delivery over 2024/26.

- Priority One: Strengthen our approach to physical health to maximise the best possible physical health and wellbeing outcomes for our patients/service users.
- Priority Two: 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 and 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)
- Priority Three: 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.

The HNY PC notes the work that had been undertaken to complete the previous quality priorities and embed them as business as usual.

HNY PC 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
HNY PC Assistant Clinical and Quality Director
25th April 2025

Annex 2: Statement of Directors' Responsibilities for the Quality Report

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 for the year 2024/25 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 2024 to March 2025
 - papers relating to quality reported to the board over the period April 2024 to March 2025
 - feedback from commissioners during April 2025
 - feedback from governors
 - feedback from local Healthwatch organisations, during April 2025
 - feedback from overview and scrutiny committee during April 2025
 - 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 2024
 - the national staff survey 2024
 - CQC inspection report dated 14 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 25/06/2025



Caroline Flint (Chair)

DATE 25/06/2025



Michele Moran (Chief Executive)

Annex 3: Our Strategic Goals

Strategic Goal One: Innovating for Quality and Patient Safety

How we will achieve this

We will:

- Use patient experience and best available evidence to inform developments;
- Work collaboratively with stakeholders;
- Attain an 'Outstanding' CQC rating;
- Continually strive to improve access to our services;
- Shape the future of health services with research studies.

How will we know we have achieved it

We will demonstrate:

- An 'Outstanding' CQC rating
- Measure health outcomes and inform continuous service improvements
- Access to our services will be in the top quartile in our region
- High quality research opportunities will increase
- Evidence that research and audit are used to promote change.

Strategic Goal Two: Enhancing Prevention, Wellbeing and Recovery

How we will achieve this

We will:

- Focus on putting recovery at the heart of our care
- Embed a trauma informed approach to supporting the people who use our services
- Empower adults, young people, children and their families to become experts in their own self-care
- Work in partnership with our stakeholders to co-produce integrated services.

How will we know we have achieved it

We will demonstrate:

- A recovery focused approach in our policies and procedures
- Dedicated resources allocated to transformative projects
- Shared decision making embedded in all services
- Involvement of people with lived experience in all new or changing services
- Expanded availability of volunteer roles, including Patient Safety Partners

Strategic Goal Three: Fostering Integration, Partnership and Alliances

How we will achieve this

We will:

- Work alongside our partners and stakeholders to develop integrated services
- Take a collaborative approach to the provision of modern innovative service
- Work closely with all six place-based partnerships to empower local systems
- Empower our staff to work with partners across organisational boundaries
- Use our system-wide understanding of our local population's health needs.

How will we know we have achieved it

We will demonstrate:

- A maximised role in leading and supporting provider collaboratives.
- Our ambitions and service delivery aligned with local health and wellbeing strategies.
- System wide solutions to long-term problems.
- A strong ICS and leadership role.
- Data from across the partnership used to inform effective services.

Strategic Goal Four: Promoting People, Communities and Social Values

How we will achieve this

We will:

- Take action to address health inequalities.
- Work collaboratively with partners in the voluntary sector.
- Strengthen our relationship with statutory partners.
- Celebrate increasing cultural diversity in our teams.
- Ensure our investments benefit local communities.
- Offer simplified routes into good employment for local people.
- Provide opportunities to people with lived experience.

How will we know we have achieved it

We will demonstrate:

- A strong understanding and awareness of the principles of health inequalities.
- Strong relationships with voluntary sector organisations and networks.
- A wide range of statutory partners involved in strategic decision making.
- Our organisation will represent the diversity of the communities we serve.
- Information will be gathered about the views of our workforce.
- Our Social Values Report will continue to demonstrate the value our work generates.
- Help people facing barriers to access employment to entry level roles.

Strategic Goal Five: Developing an Effective and Empowered Workforce

How we will achieve this

We will:

- Attract, recruit and retain the best people.
- Grow a community of leaders and managers.
- Maximise a diverse and inclusive workforce.
- Enable new ways of working and delivering care.
- Prioritise the health and wellbeing of our staff.
- Engage with schools, colleges and universities to create a highly skills and engaged workforce who want to grow and develop high quality care.
- Create a great employer experience.
- Develop a culture of learning, high engagement, continuous improvement and high performance.

How will we know we have achieved it

We will demonstrate:

- Score above average for each of the People Promise themes in the NHS National Staff Survey.
- 80% or more staff recommending us as a place to work.
- Positions filled increase to 95% and retention rate to 92%.
- Number of disabled, black and ethnic minority, and LGBTQ+ staff in leadership roles equivalent to the communities we service.
- Sickness rates lower than the ICS average.

Strategic Goal Six: Optimising an Efficient and Sustainable Organisation

How we will achieve this

We will:

- Empower staff to contribute to our decision making about the efficient use of resources.
- Work with partners to optimise efficiency.
- Continue to develop our estate.
- Embrace new, safe and secure technologies.
- Work with partners to minimise our effect on the environment.

How will we know we have achieved it

We will demonstrate:

- A financial position in line with targets set by NHS England.
- In the top 25% for efficiency and sustainability nationally.
- A leader provider role for an increased number of services.
- Score above the national domain for 'Condition Appearance and Maintenance'.
- Achieve the Government backed Cyber Essentials accreditation.
- Data Quality Maturity Index (DQMI) scores maintained above the national average.
- Meet our Green Plan Target to reduce CO2 by 25% by 2024/25.

Annex 4: Glossary and Further Information

Term	Definition
136 Suite	A registered health-based place of safety where Police can take an individual under a Section 136 of the Mental Health Act for their own safety.
AAR – After Action Review	Learning response tool used for rapid reviews of patient safety incidents under the Patient Safety Incident Response Framework
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 a 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.
CTO – Community Treatment Order	A legal order made by the Mental Health Review Tribunal or by a Magistrate. It sets out the terms under which a person must accept medication and therapy, counselling, management, rehabilitation and other services while living in the community.
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
DHSC – Department of Health and Social Care	Responsible for Government policy on health and social care in England.
DoLS – Deprivation of Liberty Safeguards	Part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.
DToC	Delayed transfer of care
<i>E. coli</i> – <i>Escherichia coli</i>	<i>Escherichia coli</i> (abbreviated as <i>E. coli</i>) are bacteria found in the environment, foods, and intestines of people and animals. <i>E. coli</i> are a large and diverse group of bacteria.
E-Roster	An electronic rostering system to ensure staff are appropriately allocated to provide high quality and efficient services.
EMDR	Eye Movement Desensitisation and Reprocessing is a type of psychotherapy
EMT	Executive Management Team
EPRR	Emergency Preparedness, Resilience and Response
EPR	Electronic Patient Record
ESR	Electronic Staff Record
FFT – Friends and Family Test	A patient feedback survey used throughout the NHS asking whether patients would recommend services to their friends and family.
FTE	Full Time Equivalent
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.
HR	Human Resources
HSJ	Health Service Journal
IBR	Integrated Board Report
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.

Term	Definition
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
IQPT	Integrated Quality Performance Tracker
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
Lorenzo	An electronic health record for patient records.
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 <i>Staphylococcus aureus</i>	A bacterial infection, resistant to a number of anti-biotics.
NEWS2	National Early Warning Score – used for monitoring clinical observations/vital signs.
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, 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.
PACE	Patient and Carer Experience
PICU	Psychiatric Intensive Care Unit
PND	Post Natal Depression
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 incidents under the Patient Safety Incident Response Framework.
PSIRF	Patient Safety Incident Response Framework
PTSD	Post Traumatic Stress Disorder
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
RA	Registration Authority.
SOF – Single Oversight Framework	Sets out how NHSI oversees NHS trusts and NHS foundation trusts, helping to determine the level of support they need.
SOP	Standard Operating Procedure
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
SystemOne	An electronic health record for patient records.
UTC	Urgent Treatment Centre