NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Tees, Esk and Wear Valleys NHS Foundation Trust

Quality Account 2025/26

Stakeholder Consultation

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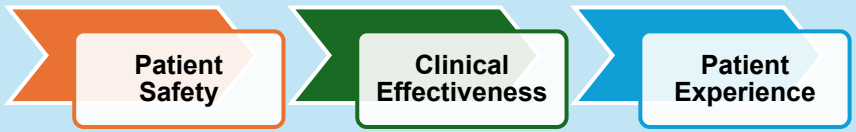
Part One: Introduction and context

1.1 Welcome to the Quality Account and its purpose

A Quality Account is an annual report describing the quality of services provided by an NHS healthcare organisation. Quality accounts aim to increase public accountability and drive quality improvements in the NHS. All NHS healthcare providers are required to produce an annual Quality Account to provide information on the quality of services they deliver.

This report aims to give a true and fair representation of the quality of our services, including information that is meaningful, relevant and understandable. We hope that the information is useful and demonstrates our commitment and intention to provide high quality and safe services, which is our trust's highest priority and at the heart of everything we do.

Like all NHS healthcare providers, we focus on three different aspects or domains of quality, patient safety, clinical effectiveness and patient experience.



The structure of this Quality Account is in line with guidance published by the Department of Health and NHS England, and contains the following information:

- **Part 1:** Introduction and context
- **Part 2:** Information on how we have improved in the areas of quality we identified as important for 2025/26, our priorities for improvement in 2026/27 and the required statements of assurance from the Board
- **Part 3:** Further information on how we have performed in 2025/26 against our key quality metrics and national targets and the national quality agenda

We would value your feedback on this document so that we can improve next year's Quality Account. If you have any comments or would like more information, please contact us using the details below:

✉ By email: tewv.communications@nhs.net

☎ By telephone: 0300 200 0010

1.2 Statement on quality from the Chief Executive

Welcome to the Quality Account for Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV). This report provides an overview of the quality of the services we deliver across our mental health, learning disability and autism services, and it sets out our commitment to providing safe, effective and compassionate care.

As a provider of specialist services across County Durham and Darlington, Teesside, North Yorkshire and York, we are dedicated to improving outcomes and experiences for people who use our services, their families and carers. Our priorities are aligned with national guidance from NHS England, our local system partners, and most importantly, the insights and feedback of people with lived experience.

Over the past year, we have focused on strengthening patient safety, improving timely access to care, addressing health inequalities and embedding a culture of continuous quality improvement. This includes work across community and inpatient mental health services and enhancing support for people with learning disabilities through personalised, recovery-focused care.

We remain committed to transparency and accountability. This Quality Account sets out what we have achieved, where we still need to improve, and how we use data, feedback and evidence-based practice to drive measurable change.

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Statement from the Chief Executive

As Chief Executive of Tees, Esk and Wear Valleys NHS Foundation Trust, I am pleased to present this year's Quality Account. It reflects the dedication, professionalism and compassion of our staff across all of our services.

This year has continued to present challenges across health and care, including rising demand for mental health services and the need to reduce inequalities in access and outcomes. Despite this,

our teams have remained focused on delivering high-quality, person-centred care, ensuring that safety, dignity and respect are at the heart of everything we do.

The announcement on 11th December of a Public Inquiry into our services was a significant and sobering moment for our organisation. We welcome it. We know that for some patients, their families, and carers, their experiences of our care have fallen short of what they deserved. The Public Inquiry gives us an opportunity - and an obligation - to listen, to learn, and to make the lasting improvements that will ensure better, safer care. Quality of care is not a measure on a page - it is felt by every person who encounters our services, and we are committed to ensuring that experience is consistently safe, compassionate, and effective. And to make the lasting improvements. We are committed to engaging with that process fully and openly.

Over the last year we have made important progress in key areas, including improving patient safety, strengthening service accessibility, and involving people with lived experience in shaping our services. We have continued to deliver our quality priorities, which were co-created with people with lived experience. We have also developed our approach to quality improvement, using data and learning from incidents and feedback to inform meaningful change.

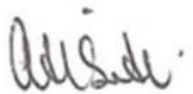
Tees, Esk and Wear Valleys NHS Foundation Trust priorities reflect the key ambitions of the NHS 10 Year Health Plan including:

- Expanding community-based care and access
- Strengthening mental health provision and parity of esteem
- Tackling health inequalities and prevention
- Embedding digital transformation and innovation
- Supporting the workforce and system integration

However, we recognise there is more to do. We are committed to reducing unwarranted variation in care, improving waiting times and continuing to strengthen the experience of people who use our services - particularly those who face the greatest inequalities.

I confirm that, to the best of my knowledge, the information contained within this Quality Account is accurate and presents a fair view of the quality of services provided by the trust.

On behalf of the Board, I would like to thank our staff, people who use our services, carers, and partners for their ongoing commitment and support as we continue our journey to deliver outstanding care.



Alison Smith
Chief executive

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1.3 About our trust and the services we provide

We are a specialist mental health, learning disabilities and autism trust serving over two million people across County Durham and Darlington, Teesside, North Yorkshire, York and Selby.

From education and prevention, to crisis and specialist care - our talented and compassionate teams work in partnership with our patients, communities and partners to help the people of our region feel safe, understood, believed in and cared for.

We provide inpatient, community, and crisis services, including child and adolescent mental health services (CAMHS), adult mental health, older people's services, forensic services, and neurodevelopmental assessment services.

We nurture the recovery journey of anyone in need of our help. In our trust, everyone has a say in how they are supported and treated because we listen to every person in our care until they feel understood. Our patients, their families and carers work together with us towards better mental health.

We're committed to new thinking that improves the wellbeing of our region. We connect with our communities and partners to get mental health care right, in areas that really need it.

We won't rest until everyone in our region has the mental health care they need, to lead their best possible life.

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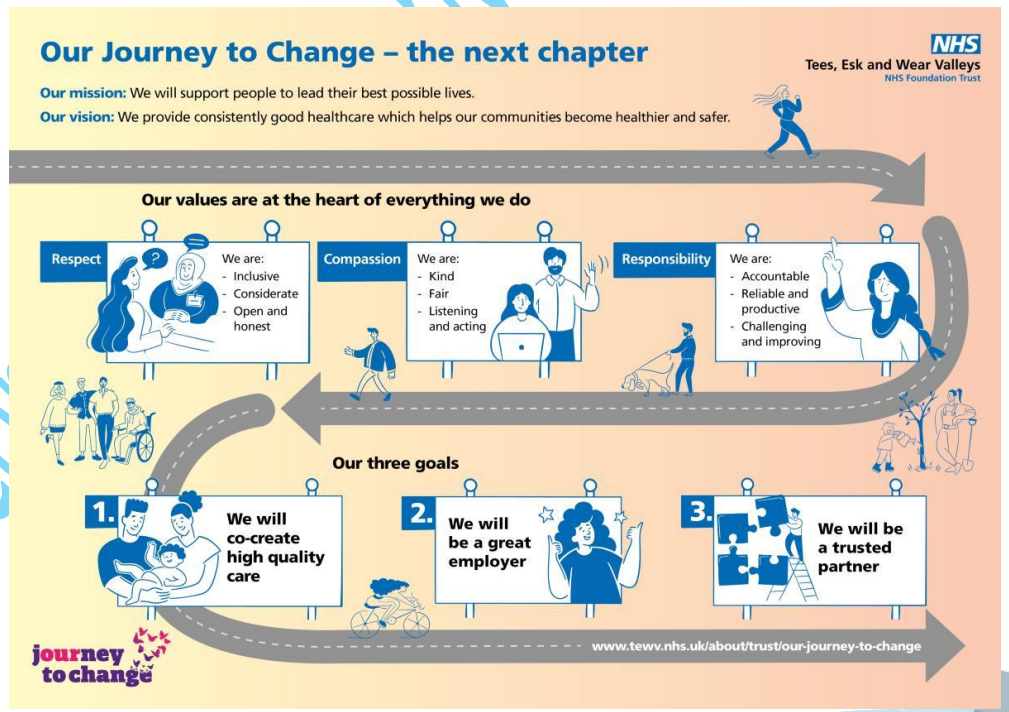
1.4 Our Journey to Change: the next chapter

Our Journey to Change is our strategy, which we initially launched in 2021 and reviewed and refined in 2025. It sets out why we do what we do, the kind of organisation we want to be and how we will get there by delivering our three goals. It also outlines how we'll do this by living our values of respect, compassion, and responsibility all the time. Importantly, Our Journey to Change was co-created with people in our care, families and carers, our colleagues, partners and people in our communities.

Our focus remains on providing safe and kind care, continuously improving, and prioritising the health of our communities, in line with the 10Year Health Plan. Whilst we've made significant progress since launching Our Journey to Change in 2021, we're committed to making changes that meet the evolving needs of our community, while keeping people at the heart of everything we do.

Following the publication of the NHS 10 Year Plan, we produced a five-year plan which sets out how we will deliver the three national shifts - hospital to community, sickness to prevention and analogue to digital. Our plan also included a section on how we will change how we work to support the shifts. A draft of the plan was submitted to NHS England in February along with our medium-term financial plan, workforce plans and our performance targets. The five-year plan will be published after our Board meeting in June 2026, although it will evolve and change over time and set out more detail on the specific planned changes.



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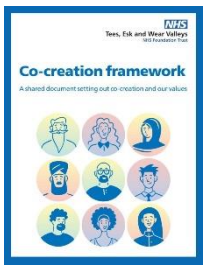
1.5 Co-creation

Co-creation is our word for working together towards shared goals. It applies to any situation where our trust works in equal partnership with people who use our services, carers, staff and partner organisations.

Throughout 2025/26 we have continued to strengthen how we listen to and work alongside our service users, carers and community partners. We have further embedded co-creation as a core part of how we design, deliver and improve our services.

Strengthening lived experience voice and leadership

We now have dedicated service user and carer groups across each of our clinical specialties. These groups work closely with services to shape everyday practice, influence our trust policies and support service redesign where needed. Over the last year, this approach has helped us continue to amplify lived experience voices and ensure they meaningfully inform how we deliver safe, compassionate and person-centred care.



Building on the launch of our co-creation framework in 2024–25, we refreshed our co-creation strategy to reflect the needs and aspirations of staff, service users and carers at different stages of their co-creation journey. This work also focused on removing barriers to involvement, including access to digital tools and support for people contributing through their lived experience. The updated strategy is now being operationalised in partnership with staff, service users, carers and system partners, supported by the co-development of new enabling structures.

Developing co-creation structures

Our co-creation boards, established in both care groups in 2023, have continued to grow and mature. We are seeing increased lived experience leadership, including service users and carers taking up roles on the Durham Tees Valley and forensic care boards. Their insight is helping shape how these boards conduct their business and strengthen their partnership approach across our geography.

Service users, carers and community partners have played a central role in major transformation programmes across our trust, including the urgent care programme, the Culture of Care work, and the implementation of LIO (formally Oxehealth). Co-produced approaches continue to underpin safety planning, and during the next year we will implement a new patient safety partner model, co-produced over the past 12 months.

Our patient experience service introduced the “I Want Great Care” platform this year, with all questions and structures co-produced with service users, carers, staff and voluntary and community sector partners.

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Key areas of progress

We have continued to make significant progress across several priority areas:

➢ **Growing lived experience roles and leadership**

We continued to expand lived experience roles, including peer support workers, supported by system leadership and collaborative training with Teesside University. Peer networks are now established across Teesside, Durham and York, working closely with voluntary, community and social enterprise organisations.

➢ **Strengthening support for our involvement community**

We developed new induction, support and reflective practice training for involvement members. Work is underway to establish enhanced structures and resources to sustain and grow this community.

➢ **Leadership in national co-production**

We co-developed a national Community of Practice for strategic co-production—the first of its kind—bringing together leaders from NHS trusts and charities. Chaired by our head of co-creation, this group shares learning and resources on areas such as evaluation, diversity in co-production and strategic infrastructure.

➢ **Embedding co-creation across our trust**

Our internal co-creation community of practice continues to thrive, supporting staff to act as co-creation champions within their services. A co-developed train-the-trainer programme has been rolled out, enabling champions to build confidence, identify barriers and embed co-creation methodologies in their teams.

➢ **Establishing the lived experience education collective**

Launched in October 2025, the collective brings together mental health education services across our footprint, including voluntary sector partners. The group is now well established and has ambitious plans to extend lived experience education models to more communities.

➢ **Co-designing future services**

Throughout 2025, we co-developed the business case and service specification for a new crisis house service using Design Thinking methodology - rooted in personal stories and experience. This was the first time that the Trust used this methodology at scale, enabling staff at all levels to work alongside service users, carers and community organisations from the earliest stage of development.

➢ **Increasing lived experience involvement in trust-wide programmes**

Major transformation projects and policy development now routinely include lived experience leadership and input. This includes the LIO policy and procedure, the Positive and Safe Strategy, and the Personalised Care Planning Policy, all of which have been co-produced.

➢ **Embedding and Growing Co-Creation Across the Organisation**

Progress this year includes:

- **515 people** remain active on the involvement register. Recruitment continues, with a focus on engaging young people, autistic service users, and people with learning disabilities, alongside carers.
- The involvement and engagement team has strengthened relationships with voluntary and community sector partners to reach more diverse communities.
- **196 involvement opportunities** were shared during this reporting period, covering a wide range of activities including interviews, service redesign, quality improvement projects and training delivery.

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1.6 Patient story

A former soldier from North Yorkshire has spoken about how ***co-creation has been life-changing*** for him.

Bob Etherton, whose artwork brings happiness to many of our patients, talked about the importance of co-creation in his wellbeing journey at an involvement event in York.

Bob, 81, a long-term involvement member with our trust, said: “Being part of TEWV has helped re-build my morale and confidence – two important aspects of human nature.

“It has made me a member of the team. I am accepted for who I am. My voice is valued, and my opinion taken into consideration. It also gives me a wider appreciation of the work involved.”

Bob was born in 1944 and served as a special operator in the Royal Corps of Signals. He retired as a major in 1992, then re-trained as a teacher – spending two decades in education.

In 2015, following a tragic experience, he became an inpatient at TEWV– but drew on his military background, the love of his family and the help of our trust staff to find a road to recovery.

“My five weeks as an inpatient were a kaleidoscope of experiences through the prism of mental illness,” he said.

Bob discovered he had a talent for art during his recovery, and his paintings now decorate the walls of Cross Lane Hospital in Scarborough and Foss Park Hospital in York.

Over the past ten years he has also worked hard to help others as an involvement member – taking part in workshops, focus groups, interview boards, recruitment drives and presentations.

“As a soldier I know how important confidence and morale are. From day one in the army these were built and reinforced into the individual and the team,” he said. “But those who have experienced mental health issues know how these aspects can fly away when we go down into the negativity of a psychotic episode or other debilitating illness.”

Bob was invited to share his story, and several of his paintings, during the community involvement day in June 2025 – and used his speech to highlight the importance of co-creation for all.
“I’ve participated in many co-creation activities, each one different and many quite mentally challenging, and this has helped to enable me to overcome my fears and apprehensions,” he said.

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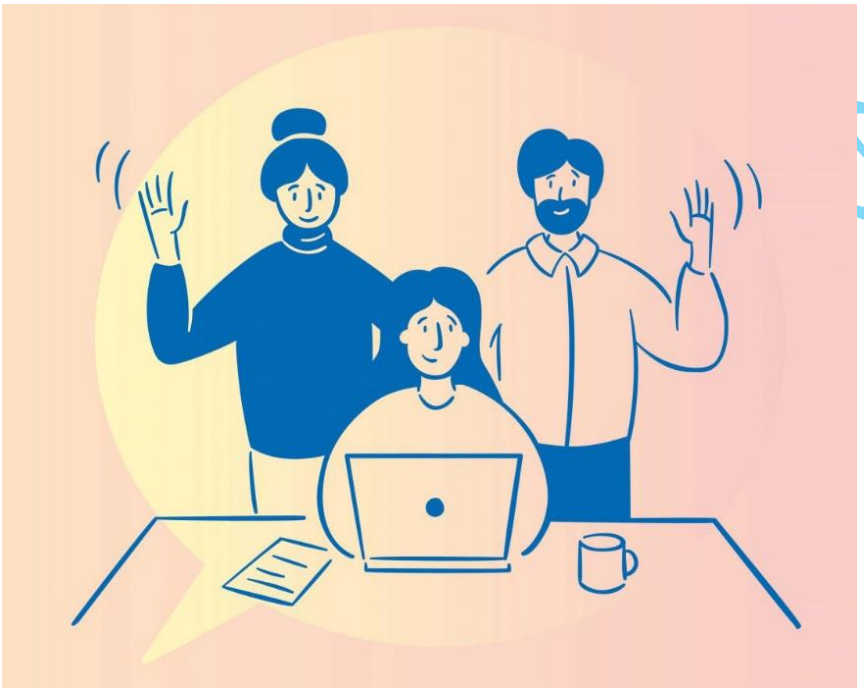
1.7 The services we provide

We deliver care under six clinical directorates across our care groups:

- Adult mental health services
- Mental health services for older people
- Children and young people's mental health services
- Learning disabilities
- Health and justice
- Secure inpatient services

There is further detail about our trust and the services we deliver in section 1.3.

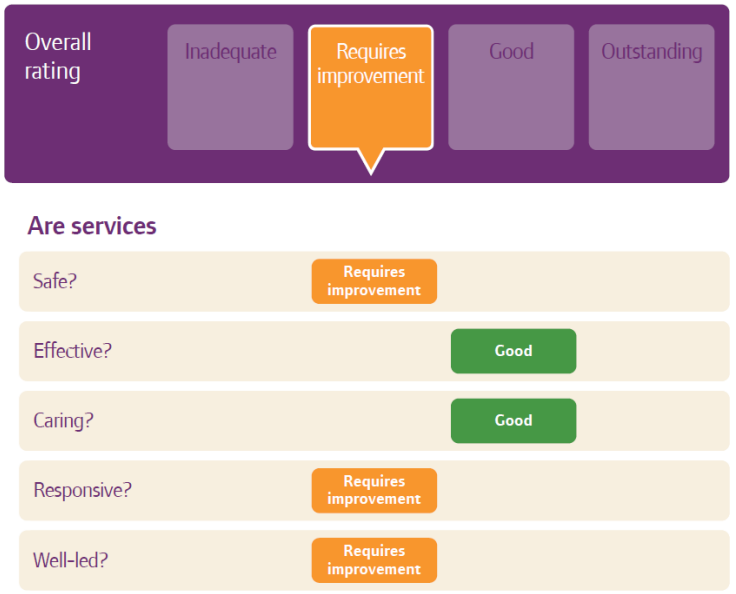


1.8 Our CQC ratings

CQC's current ratings for our Trust overall and for each key domain is as follows:

Overall rating: **Requires improvement**
For each key domain our Trust is rated:

- Safe: **Requires improvement**
- Effective: **Good**
- Caring: **Good**
- Responsive: **Requires improvement**
- Well-led: **Requires improvement**



Further information can be viewed within section 2.10: What the Care Quality Commission (CQC) says about us.

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1.9 What we have achieved in 2025/26

We are committed to putting people and communities at the heart of everything we do, working in partnership to improve access, support prevention and deliver safe, compassionate care.

Over the last 12 months, this has included:

- Continued delivery of the community mental health transformation programme across North Yorkshire, York, the Tees Valley and County Durham. For some of our services this has improved access, reduced waiting times and enhanced patient experience through closer partnership working.
- We were part of the opening of a new community wellbeing and mental health hub in York, delivered in partnership to improve access to support
- Employment support from our Individual Placement and Support (IPS) has helped 800 patients who have experienced severe and complex mental health conditions. This supported 320 patients into paid employment opportunities in the last year.
- An increase in the number of lived experience roles, including peer support workers. This has been supported by training with Teesside University.
- National recognition for the Tees crisis triage and assessment hub, which received the 2025 Seni Lewis Award from the Royal College of Psychiatrists
- Working with partners across York to open a wellbeing and mental health hub in Acomb Garth. Plans are in progress to extend the hours of the Acomb Garth hub to 24-hours a day, seven-days-a-week.
- Launching our You Matter campaign, developed in collaboration with people who have lived experience of mental health challenges to encourage others to seek support early.
- The opening of Hummingbird House, our new community base for child and adolescent mental health services, adult mental health and North Yorkshire Talking Therapies in Harrogate.
- We used our trust research capability funding to support the development of 13 new research studies.
- We opened a new state-of-the -art medical simulation suite at Lanchester Road Hospital, in Durham, designed to support workforce development and high-quality mental health training.
- In the latest GMC National Training Survey we were ranked 6th nationally for trainees and 9th nationally for trainers. This meant we were in the top 10 nationally for both categories for the first time in our trust's history.
- Our finance team supported the development of our medium-term plan and started schemes to deliver shifts of care from hospital to community, treatment to prevention, and the use of analogue to digital.
- We contributed to several successful NIHR applications, including a £1.8m NIHR Work and Health Programme Award and a Research for Patient Benefit (RfPB) programme looking at Behavioural Activation in patients undergoing haemodialysis (treatment for kidneys).

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- We were placed fifth nationally for the number of recruiting ‘interventional’ mental health research studies.
- We now have dedicated service user and carer groups across each of our clinical specialties. These groups work closely with services to shape everyday practice, influence trust policies and support service redesign where needed.
- People in our care, carers and community partners have played a central role in major transformation programmes across our trust, including the Urgent Care Programme and the Culture of Care work.
- To improve how patients can share feedback with us, we introduced the “I Want Great Care” experience platform this year. All the questions were co-produced with people in our care, families and carers, staff and voluntary and community sector partners.
- We co-developed a national Community of Practice for strategic co-production—the first of its kind—bringing together leaders from NHS trusts and charities.
- We did a research project evaluating the impact of the national NHS Talking Therapies Employment Advisors programme. The project focused on understanding how employment support integrated within mental health services can help people move closer to or into work while receiving treatment.
- We co-developed an Augmented Reality mental health crisis simulation training app with Teesside University. The project aims to enhance training through immersive technology.
- Our digital and data team was shortlisted for an HSJ Digital Award for its Centralised Asset Management Project, recognising innovation in improving back-office efficiencies through digital solutions.
- We held our second annual TEWV 10k event, encouraging community participation and fundraising
- Children and young people supported by our trust took part in interview training, helping to recruit new staff and shape services.
- We were part of a partnership approach that led to the opening of a new respite service for adults with learning disabilities at Levick Court in Middlesbrough.

Thank you to everyone involved with our trust over the last year for your important contribution.

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1.10 National Awards – won and shortlisted

In addition to our Trust achievements listed above, external bodies have recognised the work of individuals or teams through the award shortlisting, or award wins listed in the table below.

Award body	Awarding status	Category	Team / individual
Positive Practice in Mental Health National Awards	Winner (joint)	Children and Young People's Mental Health Services	The Ridings - Redcar community CAMHS
Positive Practice in Mental Health National Awards	Highly commended	Peer Support	Arch Recovery College
Positive Practice in Mental Health National Awards	Highly commended	Mental Health Rehabilitation and Recovery	Arch Recovery College
Positive Practice in Mental Health National Awards	Highly commended	Quality Improvement / Service Transformation	Wellbeing unit team - HMP Hull
Positive Practice in Mental Health National Awards	Highly commended	Older Adult Mental Health / Dementia	Woodside Dementia and Wellbeing Unit
Positive Practice in Mental Health National Awards	Winner	Special Award for Outstanding Work in Forensic Services	Ridgeway Education Team
Positive Practice in Mental Health National Awards	Highly commended	Inpatient care	Elm ward
Positive Practice in Mental Health National Awards	Highly commended	Mental Wellbeing of the Workforce	Reasonable adjustments team
Positive Practice in Mental Health National Awards	Winner	Education and Employment Services	Individual Placement & Support Service
Positive Practice in Mental Health National Awards	Winner	All Age Crisis Care Pathways	Teesside Crisis Services
Positive Practice in Mental Health National Awards	Highly commended	Suicide Prevention category	Teesside Crisis Services
Positive Practice in Mental Health National Awards	Winner (joint)	NHS Peer support	NHS Peer Support Service
PharmaTimes Nursing Industry Excellence Awards	Winner	Educator Excellence	STOMP
Healthwatch South Tees	Winner	Spotlight Award	STOMP
Carers Trust	Accreditation	Triangle of Care Star 2	Tees, Esk and Wear Valleys NHS Foundation Trust
British Psychological Society	Certified	Working with Older People for contributions to research	James Olvanhill
Lived Experience Awards	Winner	Community & Collaboration category	Borrow and Buy - Ridgeway service users
Healthcare Financial Management Association (HFMA) - Northern Branch	Winner	Northern Branch Colleague of the Year Award	Alex Pederson

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Award body	Awarding status	Category	Team / individual
Healthcare Financial Management Association (HFMA) - Northern Branch	Winner	Unsung Hero	Gill Duffield
Healthcare Financial Management Association (HFMA) - Northern Branch	Winner	Unsung Hero	Daniel Staples
Healthcare Financial Management Association (HFMA) - Northern Branch	Winner	Unsung Hero	Sarah Griffiths
RC Psych Awards 2025	Winner	Psychiatric Team of the Year: Older-age Adults	Trustwide MHSOP Clinical Network
RC Psych Awards 2026	Honoured	President Medal	Dr Krish
Inclusion North - Project Innovation Award	Won		
HPMA Excellence in People Awards 2025	Won	Health and Wellbeing category	Reasonable adjustments team
Nursing Times Workforce Summit and Awards 2025	Highly commended	Preceptee of the Year Award	Mollie Urwin
Royal College of Psychiatrists	Won	Seni Lewis Award	Tees crisis triage and assessment hub

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Part Two: Quality priorities for 2025/26 and required statements of assurance from the Board

2.1 Introduction – purpose of this section

In part two of our Quality Account, we review the progress we have made in relation to our 2025/26 quality priorities we set ourselves and provide a series of statements of assurance from the Board on mandated items as required by NHS England.

In addition, we outline our planned quality improvement priorities for the next financial year.

2.2 Our approach to quality governance and improvement

During 2025/26, we have continued to strengthen our established approach to quality governance and improvement, ensuring that safe, effective, and person-centred care remains at the forefront of everything we do. Our direction of travel builds on the foundations and progress demonstrated in previous years where we set out clear structures for monitoring quality and driving improvement across services.

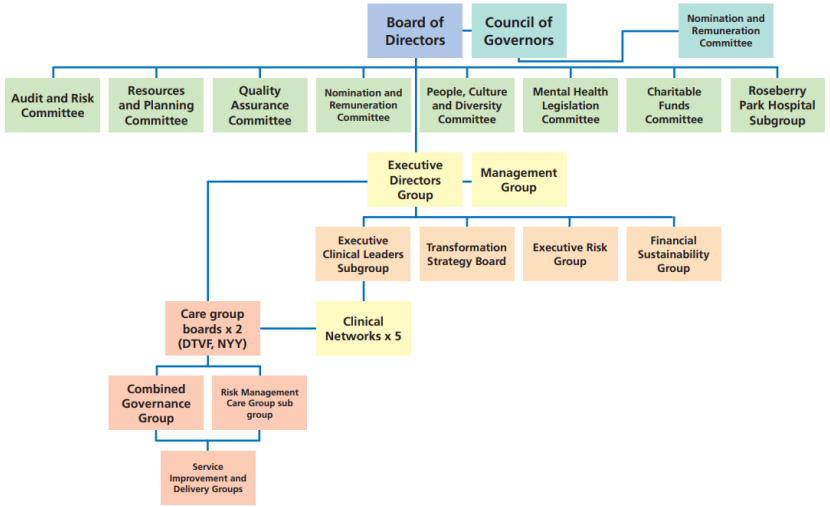
Our quality governance arrangements in 2025/26 remain underpinned by a comprehensive framework that supports transparency, accountability and consistent oversight. This includes established reporting routes through our Board of Directors, Quality Assurance Committee, Care Group Boards and clinical governance forums - mechanisms that ensure quality, risk and safety are continuously monitored and escalated appropriately. These structures were outlined and strengthened in previous reporting years and continue to evolve as part of our improvement journey. As we enter the next financial year, we are further enhancing these governance arrangements.

Our strategic direction, **Our Journey to Change,** continues to guide our 2025/26 quality governance and improvement approach. We have continued to focus on five key areas: **clinical models**, **quality and safety**, **people**, **co-creation**, and **infrastructure**, ensuring that the decisions we make support safer care, better outcomes and more positive experiences for patients, families and staff.

Our governance structure supports the delivery of Our Journey to Change by ensuring that we are:

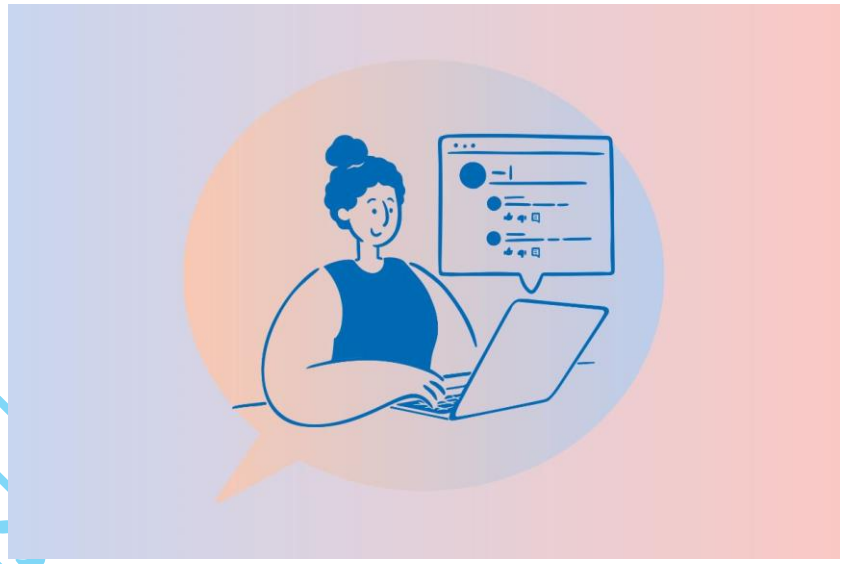
- **Clinically led and supported by strong operational systems**, so that the care we provide is shaped by clinical expertise and enabled by effective processes.
- **Well aligned with the two Integrated Care Systems we work within**, helping us respond to regional developments and work seamlessly with our partners.
- **Clear about our responsibilities**, both individually and across the wider system, so that everyone understands their role and can carry it out confidently and consistently.
- **Organised in a simpler and more straightforward way**, with patient leadership formally built into how we work, ensuring the voices of people with lived experience are central to our decision-making.

The governance structure in place during 2025/26 is shown as follows:



Our Trust Board oversees strong and effective quality governance through the Quality Assurance Committee, which is one of its key sub-committees. The Quality Assurance Committee is led by a non-executive director. Its purpose is to give the Board assurance about the quality, safety and effectiveness of our clinical and operational services. It does this by reviewing how well our systems, structures and processes are working and by highlighting where improvements are needed.

Strengthening co-creation and lived experience leadership
Co-creation remains central to our quality improvement philosophy. Co-creation boards and the development of a diverse peer workforce are just a few innovations which have continued to be a key driving force to ensure that patients, carers and families help shape priorities, policies, and service design at all levels of the organisation. In addition, the lived experience directors continue to play a critical role in embedding lived experience perspectives into governance, decision-making and quality improvement activity.



Embedding learning and improving patient safety
We use a quality governance framework aligned with PSIRF (Patient Safety Incident Response Framework), with Board oversight and quality improvement methodologies. Our new incident reporting and quality management system is working well and these represent major improvements in how we learn from incidents and have enabled faster identification of themes and strengthened learning processes.

In addition, we have an established organisational learning group which plays a central role in ensuring learning is shared effectively across the organisation, there is triangulation of information, and improvements are driven in care quality and safety. We are always building on our commitment to delivering safe, kind and clinically effective care.

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External assurance, performance monitoring and accountability

In 2025/26, we continue to engage with external regulators, including the Care Quality Commission (CQC), NHS England, Integrated Care Boards and local partners.

Quality and safety performance is monitored through a comprehensive suite of quality metrics and mandatory indicators, covering patient safety, effectiveness and experience - reflecting national priorities and ensuring transparency for all stakeholders.

Quality assurance and improvement

Our **quality assurance and improvement programme** helps us focus on key quality and safety priorities and has supported improvements such as strengthening patient care documentation. The programme uses a range of tools, such as **peer quality reviews**, **leadership walkabouts**, and **inpatient / community / prison services quality reviews** to support in the services that we deliver. These tools have been reviewed in 2025/26 to ensure that they reflect current quality and safety priorities.

The programme helps us monitor how well we meet key quality and safety standards for our patients and it provides valuable data and feedback that helps to drive sustained improvements. During 2025/26, we have successfully began integrating parts of the programme into our electronic **InPhase system**, which will continue to develop during the next year.

Progress and findings from the Programme are reported through our **Integrated Care Group Governance Group**, **Executive Directors Group** and the **Quality Assurance Committee**.

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2.3 Our progress on implementing our quality improvement priorities

In April 2024, our Quality Assurance Committee endorsed a new co-creation approach to developing quality priorities, with each priority co-led by people with lived experience. This ensures that the voice of service users, carers and families is at the heart of quality improvement. The three priorities align with the domains of quality – patient experience, patient safety, and clinical effectiveness.

Our priorities build on previous years, focusing on embedding practices over three years (2024/25, 2025/26, and 2026/27).

All three priorities have active workstreams with multidisciplinary and service-user involvement. Co-creation forums have continued to review progress and have provided further feedback to guide their direction. Work will continue to identify emerging priorities and ensure that these initiatives truly improve people's day-to-day care experiences.

Quality priority one
Patient experience: Promoting education using lived experience

Quality priority two
Patient safety: Relapse prevention

Quality priority three
Clinical effectiveness: Improving personalisation in urgent care

Key progress against the three priorities and how they are being sustained and embedded is included within this section.

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Priority one
Patient experience: Promoting education using lived experience

Why it is important:

This priority is focused on improving accessibility of services and early intervention. Through the identification and review of themes of patient feedback regarding access to services; the use of the Recovery College and patient stories, we will establish a cycle of learning, which will be shared with key partners.

What we said we would do and what we have done to deliver this quality priority since last year:

1) We will develop a programme of training that can be offered. This will include facilitating training sessions as well as some formal workshops, in addition to referring to online resources accessible via our trust intranet and other associated communications. We will ensure that the personalised care training is delivered both internally and externally.

Our peer lead for inpatient services and the Culture of Care Programme has developed, in partnership with our involvement and engagement training lead, co-creation for our inpatient wards. This training has been developed with services users and carers. Roll out of the training commenced with our inpatient wards, with three wards receiving training between December 2025 and January 2026.

Our lived experience director (in our Durham, Tees Valley and forensic, care group) and our peer co-ordinator for Ridgeway, successfully piloted Dialogical and relational training on Bilsdale and Esk Wards. This training focused on introducing skills of open dialogue and embedding reflective practice in the care and governance of the wards.

Leadership development sessions facilitated by Lived Experience Leaders from our Peer Leadership Team took place in February 2026, with Birch ward. The programme of work started to support the leadership team to approach their team development using reflective, relational and lived experience skills. An overarching evaluation and feedback work was completed which evidenced significant positive impact and experience of the team.

2) We will deliver the identified training programme throughout quarter 3 and quarter 4 to internal and external colleagues and partners (considering voluntary services).

Our peer lead for health and justice and co-production manager for Rethink, through the jointly commissioned partnership in health and justice, have established a lived experience learning network with partner organisations, Spectrum, Waythrough and Rethink.

Our lived experience director for DTVF and the head of co-creation have facilitated the establishment of a lived experience education collective with York St Johns University, Teesside Mind and Arch Recovery College.

Trustwide carers strategic exploration has commenced. Initial meetings have brought together patient safety, family liaison, the working carers network, patient experience, peer leads, allied health professionals, voluntary, community and social enterprise partners and clinical networks to map existing activity and to clarify gaps. An event took place in February 2026 to establish clearer oversight and define a strategic direction. This work will inform executive oversight and the development of a formal trust-wide carers strategy.

Further areas in progress to support delivery of this priority include:

- **The launch of the co-produced patient safety, experience and learning group**
  - The patient safety learning and experience group operates as a structured trust-wide learningforum, embedding lived experience alongside multidisciplinary leadership. The group works to a defined six-month learning cycle model (exploratory, solution and implementation phases) to ensure that learning from incidents, complaints and safeguarding activity leads to tested and implemented change.
  - Communication has been prioritised as the first theme following analysis of 102 communication-related learning themes across services. This includes communication with families and carers, confidentiality decision-making and multi-agency information sharing. Breakout sessions have identified some staff uncertainty, variability in follow-up and cultural barriers as key safety risks.
  - The group is now moving from exploratory insight to defined tests of change, with outputs feeding into our trust's organisational learning group and service governance structures. This represents a more disciplined approach to translating lived experience and safety data into improvement.
  - This provides strengthened oversight of cross-cutting safety themes. Evidence of sustained implementation will be monitored through the learning cycle and governance reporting routes.

Stakeholder Consultation Only

Priority 2
Patient Safety: Relapse prevention

Why it is important:

This priority is focused on timely and proactive access to support for patients who experience relapse in order to minimise harm, particularly through the effective use of patient's safety and care plans.

What we said we would do and what we did for this quality priority:

1) We will review how patient's safety and care plans are used for people in community services, and establish best practice standards for these plans

Work during this year has moved from review toward operational embedding of personalised relapse prevention within community services.

Roll-out of DIALOG-informed review conversations has been led by community modern matrons via our care group quality standards groups. This strengthens structured, person-centred review of wellbeing, risk and relapse prevention within routine contacts and supports shared decision-making within named worker relationships.

In parallel, a co-produced community operational framework for adult mental health services has been developed. This framework sets out a consistent model for personalised care, formulation, multidisciplinary team oversight, named worker continuity and transitions across community services. Patient, carer and staff representatives have contributed to its development and colleagues across our trust have been engaged in the working group.

2) We will co-create an audit tool to review the plans

Our quality assurance and improvement programme tools continue to include regular review of patient's safety plans and its co-production with the patient (or significant person involved in their care where they are unable to). This is where wellbeing and relapse prevention needs are documented on the electronic patient record.

Audit activity has increasingly focused on the quality and practical usability of safety and care plans, rather than solely confirming their presence. This includes consideration of whether plans are personalised, accessible and meaningful during periods of deterioration. Findings continue to demonstrate improvement across the majority of relevant metrics for both inpatient and community services, with robust oversight maintained through our governance structures.

Further areas in progress to support delivery of this priority include:

- Engagement at executive director group level regarding the personalised care framework as a behavioural quality discipline, ensuring relapse prevention is embedded within operational governance rather than treated solely as a documentation requirement.
- Continued co-creation board challenge, reinforcing the need to strengthen post-discharge continuity, carer involvement and practical accessibility of safety plans during periods of deterioration.
- Alignment with the NHS England personalised care framework (Modern CPA) has progressed from exploratory discussion to executive-level consideration. A structured session with our executive directors group (24 February 2026) reframed the personalised care framework as a behavioural quality discipline rather than a standalone programme.

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Priority 3
Clinical Effectiveness: Improving personalisation in urgent care

Why it is important:

This priority focuses on embedding personalisation in practice at urgent and inpatient interfaces, ensuring that care is relational, coordinated and safe, particularly during admission, crisis and discharge transitions. This aligns with the NHS England Culture of Care standards and supports consistent application of the “My Story Once” principles in real-world settings.

What we said we would do and what we did for this quality priority:

1) The ‘My Story Once’ principles will be incorporated into the new personalising care planning policy. This will be circulated for consultation

Delivery has progressed from policy incorporation to behavioural embedding through the Culture of Care Programme.

Six inpatient wards are actively engaged in structured Culture of Care roll-out, using a defined quality improvement methodology and PDSA cycles (Plan, Do, Study, Act).

- 37 change ideas completed
- 23 change ideas currently in testing
- 18 change ideas planned

Change ideas directly linked to urgent and inpatient personalisation include:

- Appointment slips and meeting preparation tools
- Discharge and formulation leaflets
- Sensory and reasonable adjustment tools
- Protected medication conversations
- Environmental safety improvements

These changes are co-produced and measured using both proxy safety indicators and patient-reported experience data.

2) We will review and update the associated training through ward-based Culture of Care exploration sessions and cross-organisational learning structures, including reflective spaces and leadership engagement

Rather than relying solely on online modules, embedding is occurring through:

- Ward Improvement huddles
- Defined implementation leads and improvement leads
- Regular governance reporting routes
- Executive and cross-organisational engagement structures

This strengthens accountability for behavioural change in practice.

Stakeholder Consu

3) Staff will have undertaken training and embed practice

A rapid culture of care review was undertaken on one of our Lanchester Road Hospital inpatient wards between September and November 2025. The review used structured listening, anonymised staff interviews, patient and carer feedback, ward observation and data triangulation.

Key findings identified:

- Strong therapeutic relationships as a core strength
- Some communication gaps and staffing pressures affecting continuity
- The need to strengthen psychological safety and transparency
- The importance of structured follow-through and governance clarity

The review generated defined short, medium and long-term actions and established ongoing monitoring through ward-level governance and leadership oversight.

This provides direct evidence of the Culture of Care methodology being applied as a structured, measurable improvement process rather than a conceptual framework.

Consultation Copy

2.4 Statement of assurances from our trust

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

- Review of services provided by or contracted our Trust
- Our 2025 Community Mental Health Survey results
- Our 2025 National NHS Staff Survey results
- Clinical audit: participation in clinical audits and national confidential inquiries
- Clinical research
- What the Care Quality Commission (CQC) says about us
- Information governance
- Freedom to Speak Up
- Learning from deaths
- Complaints
- Data quality
- Mandatory quality indicators

2.5 Review of services provided by or contract by our trust

During 2025/26 our trust provided and/or subcontracted 48 relevant health services. Our trust reviewed all the data available to us on the quality of care in 48 of these relevant health services.

The income generated by the relevant health services reviewed in 2025/26 represents 100% of the total income generated from the provision of relevant health services by our trust for 2025/26.

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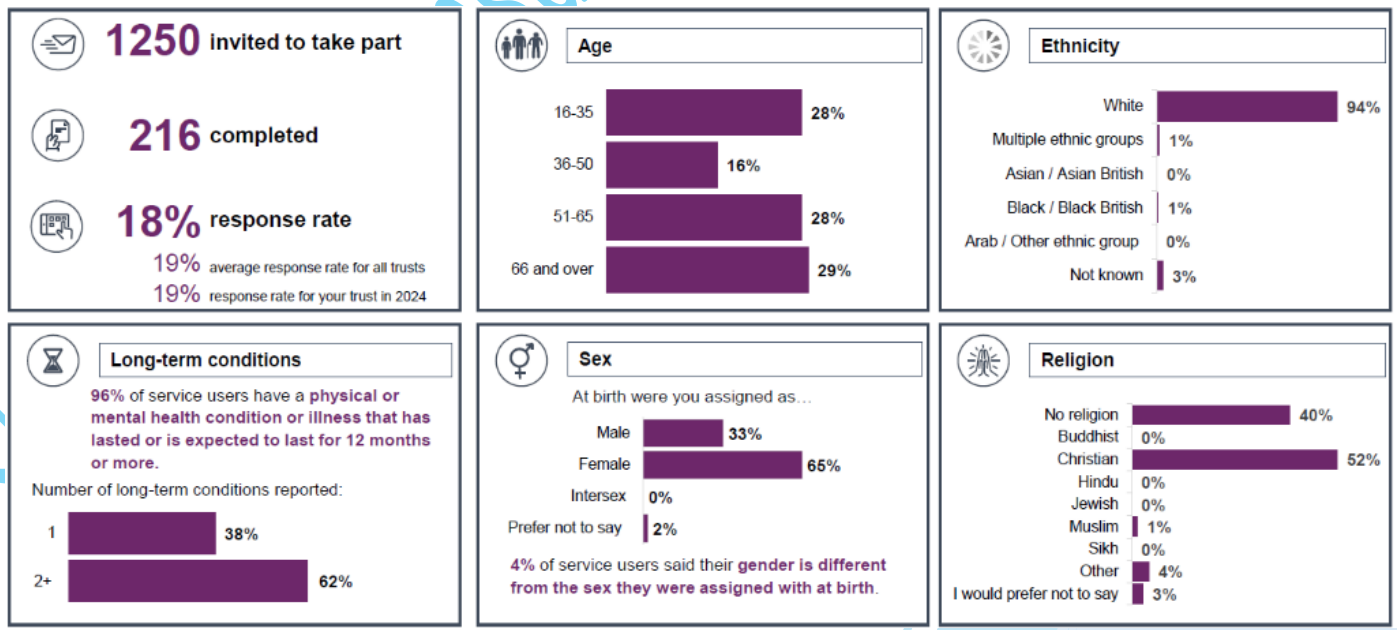
2.6 Our 2025 Community Mental Health Survey results

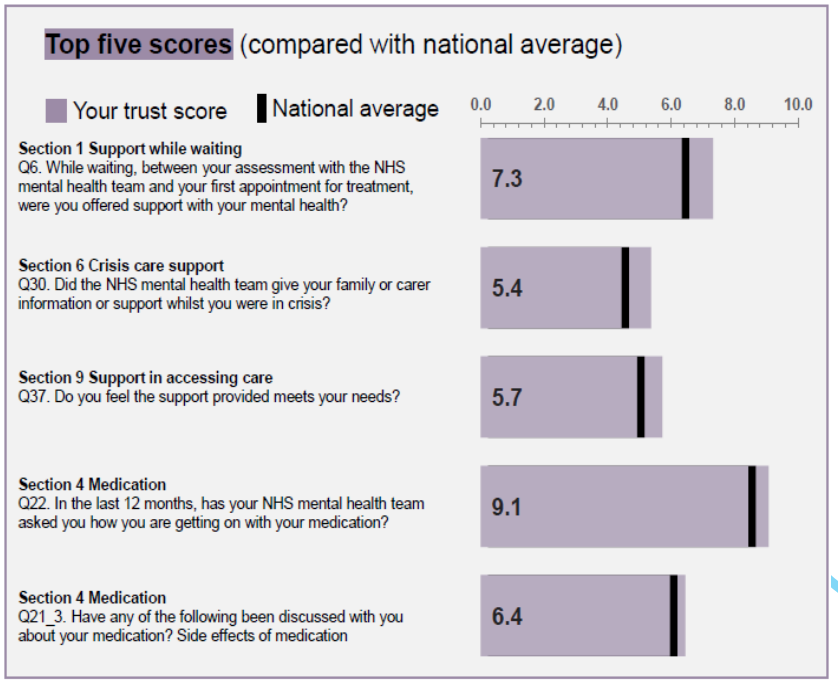
Results of the 2025 Community Mental Health Survey were published 27 March 2026. Feedback was shared from people if they were aged 16 or above at the time of drawing the sample and were seen by someone face-to-face at the trust, via video-conference (e.g. using Attend Anywhere, MS Teams, etc.) or via telephone call between 1 April and 31 May 2025 (sampling period), and had at least one other contact (face-to-face, video conference, phone or email) either before, during or after the sampling period (excluding calls to query appointment times). The survey was undertaken between 18 August 2025 and 28 November 2025 and participants were offered the choice of responding online or via a paper-based questionnaire.

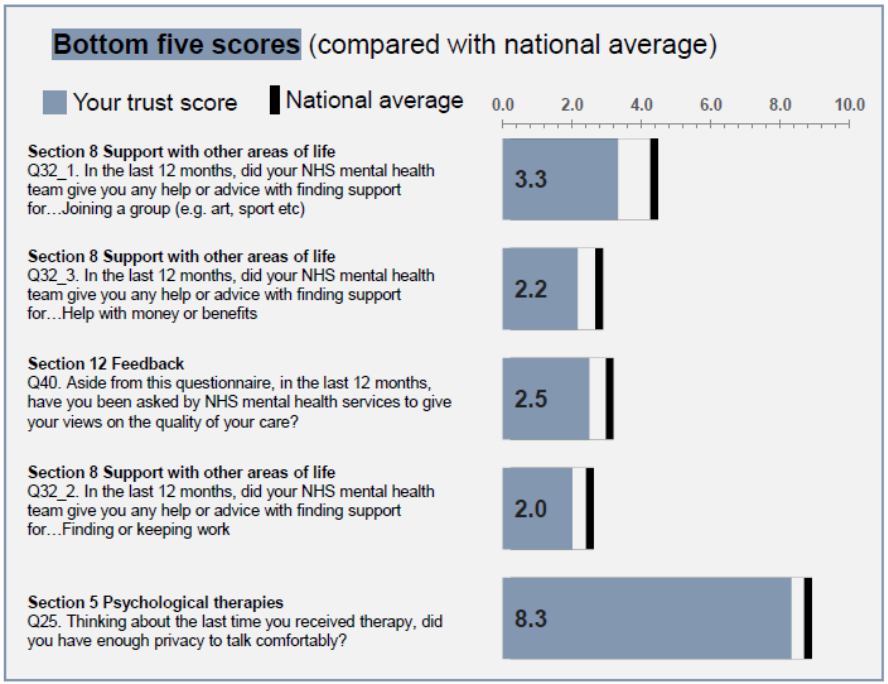
There were **216** completed surveys returned within our Trust for the 2025 Community Mental Health Survey, a response rate of 18%. This is within the same range as to the national average response rate (19%).

The following image illustrates the population of our patients who took part in the survey:



The following top five and bottom five scores (compared with the national average) are illustrated as follows:

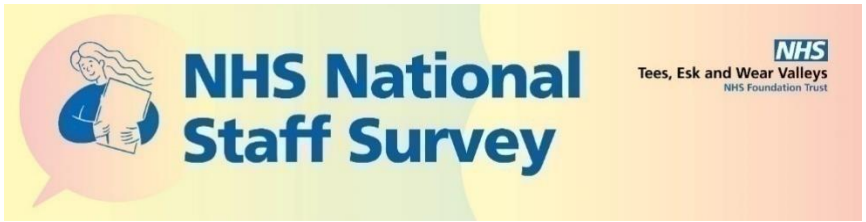




Full results of the survey for our trust can be found at: https://www.cqc.org.uk/search/site?fulltext=Mental%20Health%20Survey

Stakeholder consultation

2.7 Our 2025 National NHS Staff Survey results



The **2025 NHS National Staff Survey** results were made available on 13 March 2026, with a total of 4239 responses received from colleagues who shared their thoughts and experiences of working at our Trust.

Key highlights of the survey results:

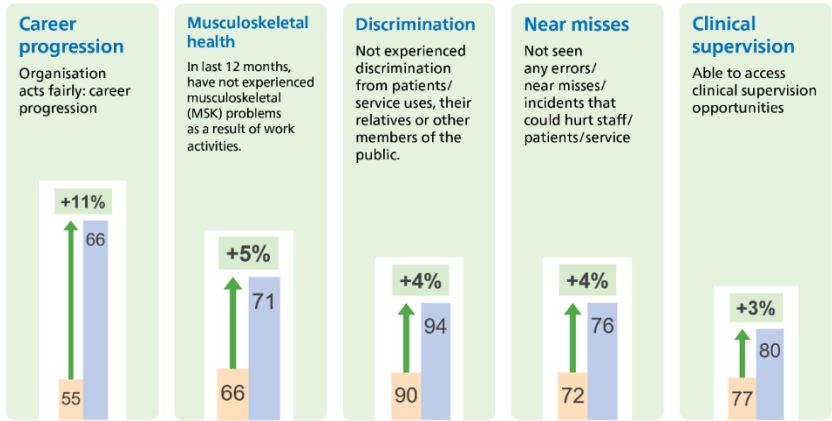
- The final response rate was 52%, compared to 44% in 2024.
- We are ranked number 11 against 19 Mental Health Trusts for overall positive score.
- We were recognised as having the second-largest positive score increase for 2025.

Where we've most improved

We've made meaningful progress in several important areas including:

- Feedback on changes after incidents
- Availability of nutritious food at work
- Ensuring errors/incidents are not repeated

Where we're performing better than the national average



We're proud to be outperforming national averages in key areas including:

- Fewer colleagues experiencing musculoskeletal issues due to work
- Fairness in career progression
- Opportunities to access clinical supervision

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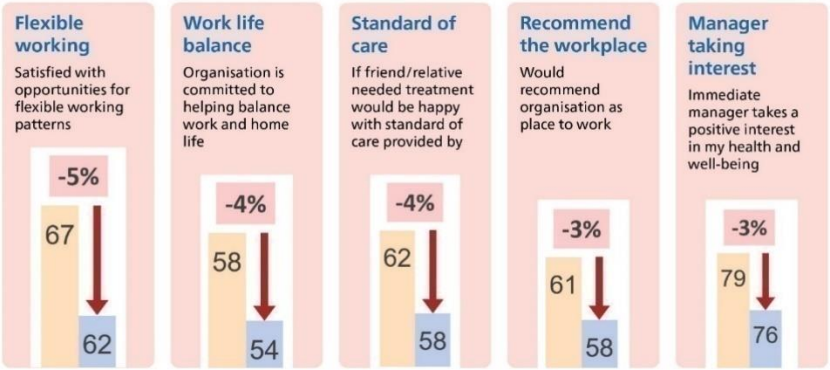
Where we need more focus

Only a single area – career development – showed a decline of more than 3% against our previous organisational average. This is a result we can be proud of.

Where we're performing lower than the national average



While we're proud of our achievements, we also recognise that there's still work to do to support our work colleagues to:

- Feel satisfied with flexible working opportunities
- Balance work and home life
- Feel involved in work-related changes and help make improvements.
- Ensure the trust is a great place to work, and that you are confident with the services we provide

What we achieved together following the results of last year's survey

We have taken significant steps to address staff feedback and make meaningful changes across our Trust. Some of our key initiatives have included:

- Developing and implementing the people management programme, to help strengthen management capability and improve staff experience
- Moving the reasonable adjustments team to be permanently funded - supporting staff and managers from the point of recruitment onwards
- Ongoing reviews of mandatory and statutory training across all staff groups to ensure we make the most of the time we commit to training
- Reviewing key HR policies around conduct/disciplinary, capability and health, and wellbeing and attendance to create a more streamlined process
- Establishing a new occupational health provider who is more responsive and tailored to our needs
- Implementing a new Freedom to Speak Up service, which is available 24/7, fully independent and offers a range of guardians to talk to if colleagues have specific needs
- Making the internal transfer scheme a permanent process rather than two 'windows' a year, making it easier to recruit internal candidates
- Continuing work on responses to violence and aggression, sexual misconduct and racism
- Holding aspiring leaders and personal/professional growth programmes

Consultation Copy

Looking to the future

Our people and culture directorate will be focusing on two key priorities over the next year:

Flexible working

Why: Concerns were highlighted relating to flexible working arrangements. While we slightly improved on the *I can approach my immediate manager to talk about flexible working* question, our scores remain below the national average.
Focus: Ensure flexible working is fair to all staff while maintaining service delivery. This includes supporting managers to have constructive conversations and embedding consistent processes across teams.

People management skills programme

Why: This is the second year we scored under the national average in all areas of *experience of my immediate manager*. We know the role of team or ward manager is a difficult one and we need to support people in these roles to do their job well.
Focus: Strengthen leaders' capability in people management skills to improve staff experience, engagement and development conversations. This programme is already underway and will be a major element of cultural change.

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2.8 Clinical audit: Participation in clinical audits and national confidential inquiries

During 2025/26, **8** national clinical audits and **1** national confidential enquiry covered NHS services that Tees, Esk and Wear Valleys NHS Foundation Trust provides.

During that period, Tees, Esk and Wear Valleys NHS Foundation Trust participated in **100%** of national clinical audits and **100%** of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiry that Tees, Esk and Wear Valleys NHS Foundation Trust was eligible to participate in during 2025/26 are as follows:

- National Audit of Care at the End of Life (NACEL)
- National Audit of Dementia (NAD)
- National Audit of Eating Disorders (NAED)
- National Clinical Audit of Psychosis (NCAP)
- POMH Topic 20c: Improving the quality of valproate prescribing in adult mental health services
- POMH Topic 18c: Use of Clozapine
- POMH Topic 22b: Use of medicines with anticholinergic (antimuscarinic) properties in older people's mental health services
- POMH Topic 17c: Use of antipsychotic medication for relapse prevention in patients with a diagnosis of schizophrenia

The national clinical audits and national confidential enquiries that Tees, Esk and Wear Valleys NHS Foundation Trust participated in during 2025/26 are as follows:

- National Audit of Care at the End of Life (NACEL)
- National Audit of Dementia (NAD)
- National Audit of Eating Disorders (NAED)
- National Clinical Audit of Psychosis (NCAP)
- POMH Topic 20c: Improving the quality of valproate prescribing in adult mental health services
- POMH Topic 18c: Use of Clozapine
- POMH Topic 22b: Use of medicines with anticholinergic (antimuscarinic) properties in older people's mental health services
- POMH Topic 17c: Use of antipsychotic medication for relapse prevention in patients with a diagnosis of schizophrenia

The national clinical audits and national confidential enquires that we participated in, and for which data collection was completed during 2025/26, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Audit Title	Cases Submitted	% registered cases required
National Audit of Care at End of Life (NACEL)	16	**100%**
POMH Topic 18c: Use of Clozapine	24	**100%**
POMH Topic 20c: Improving the quality of valproate prescribing in adult mental health services	39	**100%**

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Audit Title	Cases Submitted	% registered cases required
POMH Topic 22b: Use of medicines with anticholinergic (antimuscarinic) properties in older people's mental health services	110	**100%**
National Audit of Dementia	15 *(team level questionnaires)*	**100%**
National Audit of Eating Disorder	10 *(team level questionnaires)*	**100%**
National Clinical Audit of Psychosis	N/A *(data sourced directly from Mental Health Services Data set -MHSDS)*	**-**
National Confidential Inquiry into Suicide and Homicide by People with Mental illness (NCISH)	81 Questionnaires sent to trust clinicians with 56 returned.	**69%**

The reports of the **5** national audits were reviewed by the provider in 2025/26 and Tees, Esk and Wear Valleys NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

- Key requirements of the Trust's Rapid Tranquilisation policy will be ~~reinforced~~ emphasised through inclusion in a future Medicines Optimisation Messages of the Month (MOMM) and Medicines Matters update, including signposting to relevant Trust guidance (e.g. MSS21).
- The existing internal post-event audit process led by Modern Matrons will be maintained. This will include structured data capture via InPhase, with monthly reporting to service-level governance meetings and the Trust-wide Positive & Safe Group to ensure ongoing oversight and assurance.
- An assurance report will be submitted to the Drug & Therapeutics Committee, highlighting that the findings of this audit are contrary to outcomes identified through the internal post-event audits undertaken by Modern Matrons.
- Local formularies, prescribing algorithms, and shared care guidelines will be reviewed and updated to ensure licensed preparations are promoted as first-line treatment options.
- Prescribing algorithms and shared care guidelines will be harmonised across the Trust to ensure these requirements are clearly articulated and consistently applied.
- The Pain Assessment and Management Guidelines will be revised to strengthen pain assessment on admission, ensure documentation of the continuation and review of existing analgesia within the Electronic Patient Record (EPR), and promote timely advice from physical health practitioners.
- A Trust-wide communication will be issued regarding methadone and buprenorphine guidance, alongside the Medicines Safety Standard (MSS) for medicines reconciliation.

The reports of **111** local clinical audits were reviewed by the provider in 2025/26 and Tees, Esk and Wear Valleys NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Improving Physical Health Monitoring and Early Deterioration Recognition

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- Strengthening the consistent use of the National Early Warning Score (NEWS) across inpatient wards, including leadership oversight and multidisciplinary discussion.
- Enhancing venous thromboembolism (VTE) risk assessment processes through improved induction, policy alignment, and reassessment of mobility where clinically indicated.
- Improving pain assessment by updating Trust policy and standardising assessment on admission, particularly within older people's mental health services.
- Enhancing routine checks of emergency response equipment using an environmental checklist (e.g. defibrillators and emergency response bags) to support rapid response to physical health emergencies.
- Reviewing equipment-related risks (e.g. mattress compression and entrapment) to reduce the risks of avoidable physical harm through safer equipment use and staff training.

Safer Use of Medicines and Medicines Optimisation

- Introducing structured annual medication review checklists, including side-effect monitoring, to strengthen the safe and effective use of long-term medicines.
- Revising medicines safety standards for diabetes care to reduce the risk of omitted medication and ensure effective prescribing, including clear guidance on hypoglycaemic agents.
- Sharing learning and good practice through pharmacy-led education, supervision, newsletters, and targeted training for prescribers and data collectors.
- Promoting awareness of cardiometabolic health risks for people with serious mental illness through audit feedback, communications, and clinical engagement.

Strengthening Safeguarding, Public Protection, and Risk Management

- Improving identification and recording of multi-agency public protection (MAPPA) concerns within the electronic patient record, including staff training and clearer admission processes.
- Enhancing domestic abuse identification and response by embedding risk assessment tools into care planning, refreshing staff training, and improving clarity of documentation.
- Promoting robust safeguarding record keeping, "making safeguarding personal," and ensuring the voice of the child is considered through training, supervision and regular communications.
- Strengthening Mental Capacity Act (MCA) documentation to support clear evidence of decision-making and capacity assessments in patient records.

Improving Response to Missed Appointments and Engagement with Care

- Improving staff understanding of the Did Not Attend / Was Not Brought (DNA/WNB) policy through Trust-wide education.
- Introducing a standardised checklist to ensure risk is assessed consistently following missed appointments, supporting safer follow-up and continuity of care.

Enhancing the Quality and Consistency of Clinical Assessment Processes

- Refreshing and standardising core assessment processes such as frailty assessments and ensuring appropriate oversight and review at ward level.
- Supporting consistent use of structured assessment tools through training, supervision, and follow-up record reviews to monitor compliance and improvement.

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Promoting Health Improvement and Prevention

- Strengthening identification of smoking status on admission and ensuring timely support from tobacco dependency advisors in line with policy.
- Using audit data to inform awareness campaigns, local improvement actions and staff engagement around long-term health risks and prevention.

Learning, Assurance, and Sustained Improvement

- Using targeted record reviews and follow-up audits to assess whether changes have been embedded and are improving care quality.
- Ensuring learning from audits is shared clearly across teams and professional groups to support continuous improvement and organisational learning.

In addition to those local clinical audits reviewed (i.e. those that were reviewed by our quality assurance committee), we undertook a further **171** clinical audits in 2025/26 including clinical effectiveness projects by trainee doctors, consultants and other professionals, in addition to those by directorates/specialty groups. These clinical audits were led by the services and individual members of staff to support service improvement and professional development and were reviewed by specialties.

The clinical audit and effectiveness team continues to implement and embed a new electronic application – **InPhase** across our trust. Our quality assurance schedule for inpatient and community services, along with infection prevention and control (IPC) audits, is now fully delivered through InPhase. Audit results are available in real time via interactive dashboards, providing improved visibility of clinical quality information enabling teams to make informed changes to improve practice.

We continued to implement an extensive quality assurance and improvement schedule during 2025/26. This provides ongoing assurance that key quality and risk issues identified are addressed. Significant improvements in practice and patient safety continue to be facilitated through this programme.

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2.9 Participation in clinical research

Our trust participates in and develops research activity, given the vital role of research in providing new knowledge to help transform services and improve outcomes for patients. It is important that such research is open to critical examination and open to all that would benefit from it.

The number of patients receiving relevant health service provided or sub-contracted by our trust in 2025/2026 that were recruited during that period to participate in research approved by a research ethics committee was **627** across **28** National Institute for Health Research (NIHR) portfolio research studies. Of all NHS trusts nationwide, this year we ranked fifth place for number of recruiting 'interventional' mental health research studies.

We successfully set up and are currently recruiting to two commercial clinical trials, one in early Alzheimer's Disease and the other for adults with bipolar disorder.

The NIHR released a nationwide article recognising the team's efforts in streamlining the information governance review process to set-up studies faster, supporting the UK's drive to cut clinical trial set-up times to 150 days.

We have hosted new successful NIHR grant applications, including a £1.8m NIHR Work and Health Programme Award and a Research for Patient Benefit (RfPB) programme looking at behavioural activation in patients undergoing haemodialysis.

Our research and development department regularly collect responses to the participant in research experience survey, which shows very positive feedback regarding participants' experiences of being involved in research.

Join dementia research

We are continuing to help secure hundreds of new sign-ups to join dementia research, making our trust the leading site for most sign-ups.

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2.10 What the Care Quality Commission (CQC) says about us

The Care Quality Commission (CQC) is the independent regulator for health and social care in England. It ensures that services such as hospitals, care homes, dentists and GP surgeries provide people with safe, effective, compassionate and high-quality care, and encourages these services to improve. The CQC monitors and inspects these services and then publishes its findings and ratings to help people make choices about their care.

Tees, Esk and Wear Valleys NHS Foundation Trust is required to register with the CQC, and its current registration status is registered without conditions for services being delivered by our trust. Our trust is therefore licensed to provide services.

The CQC has not taken enforcement action against Tees, Esk and Wear Valleys NHS Foundation Trust during 2025/26.

Tees, Esk and Wear Valleys NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

2.11 Use of the Commissioning for Quality and Innovation (CQUIN) payment framework

There were no 2025/26 CQUIN requirements.

2.12 Information Governance

The NHSE Data Security and Protection Toolkit (DSPT) reporting year runs from 1st July to 30th June each year. TEWV have submitted an **Approaching Standards** DSPT-CAF submission for the period July 2024 - June 2025. We are working with NHS England (NHSE) on a submitted action plan to ensure that all indicators of good practice are met. Progress against this is monitored quarterly by NHSE.

It is confirmed that a baseline DSPT-CAF submission for the period July 2025 to June 2026 was submitted in December 2025 in line with normal practice, however, the DSPT toolkit portal has not yet been updated to reflect this at the time of reporting.

Organisation code: RX3

Address: TRUST HEADQUARTERS, WEST PARK HOSPITAL, DARLINGTON, ENGLAND, DL2 2TS

Primary sector: NHS Trust

Publication history

Status	Date Published
2024-25 (version 7) - Approaching standards	25 June 2025
2023-24 (version 6) - Standards met	28 June 2024
2023-24 (version 6) - Baseline	28 February 2024

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2.13 Freedom to Speak Up

Colleagues have multiple ways in which they can raise concerns. Most people talk to their manager or supervisor or someone else in a senior role, and all staff in management roles undertake the national training on listening to colleague concerns. We also have our staff networks, the employee support service, union colleagues, people officers and partners, and multiple colleagues in teams such as safeguarding and training who listen and support anyone with concerns about care or employment. We have intentionally increased the professional support e.g. through professional nurse advocates and coaches, so that the expectation of sharing concerns, and listening and acting become increasingly embedded in our culture.

We have also appointed a new external and completely independent **Freedom to Speak up Guardian** with **The Guardian Service**. This began from 17th November 2025, and we are very pleased to see that there has been an increase in colleagues accessing this service, building on what was already a strong provision. This service is now available 24 hours a day throughout the year. Both they, and the Guardian of Safe Working, who hears concerns from resident doctors, report directly and independently into our board of directors.

On the board is a non-executive director who is the Freedom to Speak Up Champion. We have a very rigorous process in place with their oversight to investigate any situation where someone feels they have experienced detriment as a result of speaking up. This is rare but is investigated thoroughly and reported to that non-executive director.

Stakeholder consult

2.14 Community mental health transformation

The community mental health transformation programme aims to modernise how mental health support is delivered across North Yorkshire, York, Tees Valley and County Durham. It focuses on creating services that are **easier to access**, **more joined up with other organisations** and **better aligned to the needs of local communities**. The overall vision is to provide earlier intervention, timely and joined up care without the need for multiple referrals across different organisations, and to improve experience of care and outcomes for people with severe mental illness. This is a significant challenge in light of the diversity of the many places and communities that we serve. This diversity includes urban and rural settings, and communities who don't identify with discrete geographical boundaries.

To support the aims described above, across North Yorkshire, York, the Tees Valley and County Durham, community mental health teams are at various stages of redesign. The previous split between Affective and Psychosis Teams in parts of the Trust no longer exists. We have Community Mental Health Teams that are aligned to geographical boundaries and local systems at place, and we are continuing the redesign process to reduce internal boundaries and to better integrate our services into local systems. New roles such as wellbeing practitioners, peer support workers and care navigators help people navigate services more easily.

Our trust and our partners have made strong progress in developing specialist pathways. This includes enhanced support for people with complex emotional needs and eating disorders, introducing a range of new 'system-wide' specialist roles supporting the wider system with an aim to ensure people get the help they need as quickly as possible. Collaborative work with voluntary and community organisations has strengthened access to tailored support, while evolving multi agency huddles help professionals coordinate care more effectively as part of an integrated mental health system, involving partners from social care, substance use services, talking therapies, voluntary, community and social enterprise (VCSE) support, housing and employment services. In Tees Valley and County Durham, development of community rehabilitation teams has complemented the inpatient offer and means more people are supported in their normal living environment, and when admission is required, the length of stay in hospital has decreased. Plans are underway to develop a similar service in North Yorkshire and York through service redesign. We have also worked with our partners to develop and implement a trauma informed approach across a broad range of services and organisations including the local authorities in North Yorkshire and the City Of York, North Yorkshire Police, Primary Care Networks and a range of VCSE organisations including Mind.

These changes have dramatically reduced waiting times for community services, in County Durham and Teesside from three months to 28 days, and only a small number of people now need to be stepped up to specialist care. County Durham has introduced a new "gateway" approach, ensuring people receive contact through a collaborative model with primary care and

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VCSE. Enhanced roles in GP surgeries provide more support close to home, and partnerships with voluntary sector organisations offer targeted help for older adults, younger people and those with physical health needs linked to mental illness. Waiting times in North Yorkshire and York have not decreased as dramatically but are also beginning to improve and further opportunities are evident as a result of York's further development of neighbourhood services, including the Acomb Garth Neighbourhood Mental Health Resource Centre. Acomb Garth is formally participating in the 24/7 Neighbourhood Mental Health Resource Centre Pilot (one of only six in the country) and the impacts of this development are subject to national evaluation. Neighbourhood Mental Health Resource Centres are a key component of the new 10 Year Plan for the NHS, and the evaluation of the pilot sites will inform the specification and implementation of these centres country-wide. The neighbourhood services offer same day access to a range of local authority, VCSE and mental health services. These services include not only planned care services but also seek to offer a range of crisis alternatives with the aim of supporting the 'left shifts' from hospital to community, and from sickness to prevention. The neighbourhood hubs receive very positive feedback from people using these services. There are good links with a broad range of organisations (as well as the formal delivery partners). There are plans to open similar centres across North Yorkshire, Teesside and County Durham over the next few years.

As stated, the programme has delivered significant measurable improvements. Referrals into planned care in Durham and Tees Valley have reduced, waiting lists for assessment have reduced significantly and caseloads are beginning to decrease after large increases following the COVID-19 pandemic. Average waiting times for a first appointment are reducing in North Yorkshire and York. In County Durham and Tees Valley more than 90,000 mental health appointments are now delivered each year in primary care through our specialist mental health practitioners based in GP surgeries, most people seen in their local GP practice within a week or two and not requiring a further referral to secondary care, helping reduce the flow into secondary care by 15–20%. In North Yorkshire and York more than 55,000 mental health appointments have been delivered in primary care settings with less than 5% of those contacts leading to a subsequent referral for a person into secondary care.

Patient experience remains very positive, with **94% of patients rating their care as good or excellent**. Local hubs and pop-up facilities in rural areas have increased the options for patients to access help. Lived experience forums are now active across both regions, ensuring people who use services help shape how they evolve.

There is still work to do, including simplifying communication about our new pathways, increasing access to psychological therapies, improving data sharing (in the neighbourhood developments in York all partners are now using the same electronic record), and managing financial pressures - particularly for voluntary sector partners. Ensuring suitable community spaces, supporting early intervention approaches, and improving joint working across children's, adult and older adult services are also key priorities as the programme moves forward.

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2.15 Learning from deaths

During 2025/26, **1,974** deaths were reported to Tees, Esk and Wear Valleys NHS Foundation Trust's incident reporting system, with the majority of these considered to be from natural causes. This comprised the following number of deaths which occurred in each quarter of that reporting period:

- Quarter 1 - **517**
- Quarter 2 - **503**
- Quarter 3 - **546**
- Quarter 4 - **408**

Of the 1,974 deaths, in line with the national guidance on learning from deaths, **630** deaths fit the criteria for further review, of which **434** were case record reviews or investigations. This comprised of the following number of case record reviews and investigations (after action reviews and/or patient safety incident investigations) which were completed in each quarter of the reporting period:

- Quarter 1 – **110**
- Quarter 2 – **113**
- Quarter 3 – **108**
- Quarter 4 – **103**

In mental health and learning disability services, we have a number of older people who are cared for within the community and their needs are such that they only require minimal contact with us. Many of these people who die do so through natural causes as happens in the wider population. This explains the difference between the total number of deaths (from all causes including natural causes) and the numbers we go on to investigate further. To support staff in their decision making regarding the investigation of deaths, staff have clear policy guidance, setting out criteria for categories and types of review.

During the reporting period, there were **0** deaths that were subjected to both a case record review and an investigation.

Of the 1,974 patient deaths during the reporting period 1.16% are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of 11 representing 2.12% of the number of deaths which occurred in the first quarter; 6 representing 1.19% of the number of deaths which occurred in the second quarter; 4 representing 0.73% of the number of deaths which occurred in the third quarter. There were 2 representing 0.49% deaths that occurred during quarter 4 which are judged to be more likely than not have been due to problems in the care provided to the patient.

14 case record reviews and **99** investigations (After Action Reviews and/or Patient Safety Incident Investigations) completed after 31/03/2025 related to deaths which took place during the previous reporting period. This meant we undertook a total of **547** case record reviews and investigations. This is an increase on the 492 case record reviews and investigations completed in the previous 2024/25 financial year.

Of the 14 case record reviews and 99 investigations completed after 31/03/2025 relating to deaths which took place during the previous reporting period, 12.5% are judged to be more likely than not to have been due to problems in the care provided to the patient.

These numbers have been based on the information contained within Structured Judgement Reviews, After Action Reviews and Patient Safety Incident Investigations carried out under the Learning from Deaths policy and the national Patient Safety Incident Response Framework (PSIRF).

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During 2025/26 the number of learning points identified from case record reviews and investigations were as follows:

- **126** in the first quarter
- **169** in the second quarter
- **121** in the third quarter
- **102** in the fourth quarter

All learning in the Trust is referred to as actionable learning and supports our approach towards a just and learning culture in line with Our Journey to Change and a systems-based approach to learning as advocated by PSIRF. All learning from patient safety incident investigations is themed and informs key workstreams to address any identified quality and safety issues.

Actionable learning continues to be monitored against the **12** learning themes identified during 2022/23 and 2023/24. These are:

- Clinical effectiveness/personalised care
- Communication
- Infrastructure (environment/estates/digital)
- Legislation and policy compliance
- Medicines management
- Our people and culture
- Patient safety
- Patient, carer, family involvement and experience
- Physical healthcare
- Recording keeping/care documents
- Risk assessment/management/contingency planning
- Safeguarding

Our quality assurance and improvement programme is regularly updated to reflect learning from patient safety incidents. It provides assurance that improvements are being made in relation to risk assessment, risk management, care plans and patient and carer involvement and that these improvements are being sustained in our inpatient, community and prison services. Ongoing quality assurance processes where specific learning themes have been highlighted have been presented through a monthly system wide quality meeting.

We continue to strengthen arrangements for organisational learning via the organisational learning group which has multi-disciplinary and executive level membership.
The group's role is:

- To develop and maintain processes to learn and improve after patient safety incidents, complaints, safeguarding, leadership visits, investigations etc.
- To alert our trust of systemic areas for improvement and / or safety issues.
- To ensure the group escalates or delegates concerns or issues to the appropriate forums / workstreams.
- To ensure the organisation has a structure that supports learning and improvement with strong triangulation and governance through:
- Clear collation of information
- Transparent processes to explore and investigate issues based in the PSIRF principles of Just Culture.
- Work with care groups and clinical networks to identify and theme learning opportunities.
- Ensure governance structure that will implement and monitor any identified changes.
- Disseminate learning and developments through a variety of identified solutions.
- Proactively seek out best practice and provide guidance to fundamental standards, clinical networks and care groups to

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ensure that safe high-quality care remains at the forefront of service delivery.

- To invite identified work streams to feedback areas of development and positive practice to update and share progress.
- Review and raise awareness of wider system learning from across a range of organisations or publications for discussion.

The organisational learning group now has a 12-month work plan based on the 12 themes identified. Learning and good practice identified from case record review and investigations can be discussed within the organisational learning group. Learning will be disseminated via clinical networks, quality standards meetings briefings where appropriate, to ensure that learning feeds into existing improvement work. During 2025/26, themes explored in this forum included medicines management, physical healthcare, clinical effectiveness and personalised care, our people and culture.

25 patient safety briefings have been circulated trust wide during 2025/26 as a result of learning. Examples of these briefings include:

- Recording of reasonable adjustments on CITO (our electronic patient record system)
- Automated external defibrillator (AED) pads
- Environmental risks
- Updates on the functionality of systems such as LIO (formally Oxehealth)
- Saving patient information outside of the Electronic Patient Record (EPR)
- Printed EPMA prescriptions: Stopped Titrations Appearing Active
- Empressa profiling bed frame braking mechanisms

The briefings circulated are specific about any assurance required from services. On receipt of completed actions these are documented on the trust-wide alert system. All briefings are available to all staff via the learning library which can be accessed via the trust intranet.

The environmental risk group receives information where environmental factors may have contributed to harm, as well as progression of initiatives to reduce harm. Any urgent learning identified through this group is distributed trust-wide via patient safety briefings. The annual environmental survey programme with multi professional input from estates, health and safety and clinical services continue. The ligature reduction programme is monitored through this group with assurance provided through the Trusts quality governance structures. Significant investment has been dedicated to assistive technology in the form of LIO and door sensors to make wards safer.

Suicide prevention training and being with distress workshops, continue, as well as our mandatory harm minimisation training. The training considers completion of documentation/record keeping, patient/carer involvement and the importance of multi-agency working. Bespoke training sessions in hot spot areas are available upon request.

The learning from deaths policy is aligned to PSIRF and to Our Journey to Change and will ensure carers and families receive compassionate care following the loss of a loved one. We continue to work in line with national frameworks and programmes to facilitate shared learning/good practice and valid comparisons with other trusts.

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2.16 Local resolution and complaints

All complaints are managed in accordance with national guidance, and our trust is dedicated to ensuring that patients, carers, and families have accessible avenues to seek advice, request information, raise concerns, or submit complaints regarding the services provided. Our complaints policy clearly outlines the process for doing so, enabling individuals to feel assured that their concerns will be heard and addressed with the utmost seriousness.

Our approach to complaints handling is designed to ensure an effective process for service users, delivering optimal outcomes efficiently. This approach is fully aligned with the standards set by the Parliamentary and Health Service Ombudsman (PHSO) for NHS Complaint Standards (2022).

We encourage individuals to raise any issues or concerns with staff directly involved in their care, as this often enables prompt and satisfactory resolution without the need to escalate to a formal complaint. This process, known as local issue resolution, is intended to resolve matters either immediately or within ten working days. All feedback at this level is electronically recorded via InPhase, capturing the nature of concerns, outcomes, actions taken, and any identified learning.

We acknowledge that not all concerns can be resolved immediately, and there will be occasions when a complaint is necessary. All complaints are managed through a pathway of either 'early resolution complaint' or 'formal complaint', determined locally by the complaints team. We adhere to the principle of 'investigate once and investigate thoroughly', ensuring that complainants receive an open and honest written response which details any learning and demonstrates our commitment to listening and taking their complaint seriously.

We recognise that all complaints provide essential insights into the quality of our services. Ward and team managers have full visibility of all concerns and complaints, which are utilised in governance discussions as part of our learning processes. Additionally, learning is triangulated with other sources of intelligence, such as patient safety incidents and is shared with our trust's organisational learning group to support continual improvement.

Our activity in 2025/26 can be summarised as follows:

Financial Year	Local Issue Resolution	PALS	Complaints	Total
2025/26	917	N/A	698	1,615
2024/25	748	N/A	479	1,227
2023/24	206	1,773	498	2,477

917 concerns were managed locally at ward or team level whilst the complaints were managed as an early resolution complaint (553 in total) and 145 were managed as a formal complaint. This reflects the profile that we had envisaged following our new ways of working and ensures that concerns are addressed timely.

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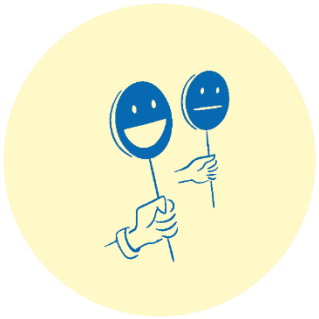

The highest reported themes from those local issue resolutions and complaints received include aspects of the individuals care and treatment, followed by medication and communication issues. This can be compared to the previous financial year whereby it was the same type of issues that were identified as the highest reported themes.

We have also seen an increase in the number of complaints that have been responded to within our originally agreed timeframes (69% in 2024/25 and 86% in 2025/26).

The complaints team has received a number of positive feedback messages following complaints handling, examples are as follows:

Thank you for the response to our complaint. I am very grateful that the Trust has responded in such detail which is appreciated and also wish to express thanks for responding so speedily. I will have some comments to feedback when I am able to. ***Family Member***

I have read through your letter this morning and have to congratulate you for a very balanced and considerate document. I'd also like to say thank you for dealing with this as you have in such a sensitive way. ***Staff Member***

It was excellent to meet yesterday – I so appreciate all the time you gave me. You were both professional and empathetic, which helps very much in my present situation. ***Patient/Carer***

A huge thank you for managing a very complex complaint recently. Not only have you listened to and given compassion to a frustrated family, but you have also been very thoughtful in listening to the team who are trying too. You have heard and had some very difficult conversations, and you are not a clinician who deals with sad and worrying cases daily. Your kindness and care has been worth noting. The response you pulled together for the family has been thorough, clear and compassionate, and you have taken considerable time in endeavouring to meet the complaint detail in full. A big thank you. ***Staff Member***

2.17 Data quality

The latest published Data Quality Maturity Index (DQMI) score is **93.4%**. This is for November 2025.

Tees, Esk and Wear Valleys NHS Foundation Trust did not submit records during 2025/26 to the secondary uses service for inclusion in the hospital episode statistics (HES) which are included in the latest published data.

Tees, Esk and Wear Valleys NHS Foundation Trust was not subject to the payment by results clinical coding audit during 2025/26 by the Audit Commission. We have had our annual external clinical coding audit for the data security and protection toolkit. The results were 87% accuracy for primary diagnosis and 88% accuracy for secondary diagnosis.

We stopped making commissioning dataset submissions that go to secondary uses service and HES approximately six years ago as the data was duplicated with the Mental Health Services Data Set. The Mental Health Services Data Set data quality for NHS number and GP practice from the Data Quality Maturity Index publication for November 2025 were 99.8% and 100% respectively.

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2.18 Mandatory quality indicators

Since 2012/13, all NHS foundation trusts have been required to report performance against a core set of indicators:

Inpatients that are discharged are followed up within 72 hours

The 72-hour measure is the percentage of people discharged from a commissioned adult mental health inpatient setting, that were followed up within 72 hours. This includes all people over the age of 18 years.

Of our commissioned services, **2995** patients were discharged between 1 April 2025 and 31 March 2026, of those:

- **2802 (93.56%)** were followed up
- **193** were not followed up within 72 hours between April 2025 and March 2026.

Patients' experience of mental health teams

For 2025, we have reported the mental health section score of the NHS Community Mental Health Survey Benchmark. Our Trust has reported a score of 6.82 which is indicated below as 'about the same' compared to all other NHS trusts.

The section score is compiled from the results of the following survey questions below.

Question	TEWV mean score 2025	National average 2025	TEWV mean score 2024	TEWV mean score 2023
Were you given enough time to discuss your needs and treatment?	**6.98**	**7.05**	6.7	6.9
Did you feel your NHS mental health team listened to what you had to say?	**6.99**	**7.18**	6.9	*Question updated from 2024*
Did you get the help you needed?	**5.99**	**6.12**	6.0	6.0
Did your NHS mental health team consider how areas of your life impact your mental health?	**6.72**	**6.68**	6.5	6.7
Did you have to repeat your mental health history to your NHS mental health team?	**4.71**	**4.71**	4.1	4.7

National patient safety incident reports

We continue to report into the National Learning from Patient Safety Incidents (LFPSE) system. and NHS England have developed a reporting dashboard. The 'Reported Data Dashboard' (RDD) draws together all of the nationally reported patient safety incident data and provides a full overview, whether at national, regional or organisational level. Whilst this is now available to organisations within the dataset, this is still being validated prior to being made available on a public website. Local validation has been undertaken to ensure organisational data is accurate to the local system records and this will continue to be undertaken periodically and as any changes are introduced. NHS England now produces a patient safety event data quarterly publication, providing a national overview of events recorded as well as some high-level summary data by organisation.

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Part Three: Further information on how we have performed in 2025/26

3.1 Introduction to part 3

Part 3 of this document contains further information which the legal guidance requires us to include. This includes statutory statements. As with Part 2, this helps to develop an overall picture of quality at our trust.

3.2 Our performance against our quality metrics

The Quality Account has been prepared in accordance with 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.

NHS Oversight Framework

Five performance domains were scored and published as part of the Quarter 3 release in March 2026, with the Trust placed in Segment 2, ranking 24th out of 61 trusts.

Domain	Quarter Units	Q3 2025/26		Q3 2025/26		Q3 2025/26	
		Metric score	Rank	Metric score	Rank	Metric score	Rank
People & Workforce	Segment	4.00		4.00		4.00	
	Score	3.68	57 out of 61	3.59	56 out of 61	3.44	54 out of 61
Patient Safety	Segment	2.00		2.00		2.00	
	Score	2.11	20 out of 61	2.44	32 out of 61	2.41	33 out of 61
Effectiveness & Experience	Segment	1.00		1.00		1.00	
	Score	1.53	3 out of 60	1.53	3 out of 60	1.57	6 out of 59
Finance & Productivity	Segment	1.00		1.00		1.00	
	Score	1.45	12 out of 61	1.45	12 out of 61	1.11	5 out of 61
Access to Services	Segment	4.00		4.00		4.00	
	Score	2.91	41 out of 59	3.35	52 out of 58	3.37	49 out of 58

For all identified areas for improvement, remedial actions are in place, supported by robust scrutiny and oversight from both Board Committees and the Board through the Integrated Performance Report.

Quality metrics:

Patient Safety indicators	Target	Whole Trust 25/26	Whole Trust 24/25	Further comments
Percentage of patients who report 'yes to the question 'do you feel safe on the ward?'	75.00%	**79.56%**	**80.66%**	In September 2025 we implemented I Want Great Care as our new Patient & Carer Experience system, and in response to service user feedback we have reduced and simplified the number of responses available on our patient and carer surveys.
Number of incidents of falls (level 3 and above) per 1000 occupied bed days (OBDs) – for inpatients	0.35	**0.12**	**0.06**	-
The number of incidents of physical intervention/ restraint per 1000 occupied bed days	19.25	**30.72**	**27.86**	-
The number of medication errors with a severity of moderate harm and above	2.5	**4**	**4**	-
The number of Patient Safety Investigation Incidents (PSII) reported on STEIS	-	**10**	**27**	In January 2024 the Trust transitioned to the National Patient Safety Incident Framework (PSIRF), which advocates a more proportionate approach to investigations.

Clinical Effectiveness Indicators	Target	Whole Trust 25/26	Whole Trust 24/25	National Benchmark
Percentage of Service Users under adult mental illness specialities who were followed up within 72 hours of discharge from psychiatric inpatient care	85%	**93.56%**	86.12%	-

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Clinical Effectiveness Indicators	Target	Whole Trust 25/26	Whole Trust 24/25	National Benchmark
Adults with a long length of stay over 60 for adult admissions	N/A	**67**	10.02%	The governed measure for 2025/26 reported the number of patients rather than reflecting that as a percentage of discharges
Older adults with a long length of stay over 90 days for older adult admissions	N/A	**46**	35.11%	The governed measure for 2025/26 reported the number of patients rather than reflecting that as a percentage of discharges

Patient Experience indicators	Target	Whole Trust 25/26	Whole Trust 24/25	National benchmark
Percentage of patients who reported their overall experience as very good or good	92%	**93.58%**	93%	England average (including Independent Sector Providers) was 89.83% as at January 2026. In September 2025 we implemented I Want Great Care as our new Patient & Carer Experience system.
Percentage of patients that report that staff treated them with dignity and respect	94%	**94.37%**	87.6%	-
Number of complaints raised	-	**698**	501	-

Additional supporting comments on areas for improvement

The number of medication errors with a severity of moderate harm and above:

Since May 2025, a coordinated programme of medicines optimisation communication and education has been implemented to strengthen staff awareness, promote safe and effective medicines use, and support consistent practice across our trust. This includes the introduction of medicines optimisation: messages of the month, a suite of monthly summary documents highlighting six key priority areas for staff. Topics include clinical guidance, medication safety, medicines procedures, EPMA updates, and medicines optimisation and cost effectiveness messages, all accessible centrally.

In parallel, a number of trust guidelines and resources have been developed or refreshed. This includes the introduction of a medication safety series document on Serotonin Syndrome; review and update of existing guidance such as the anxiety pathway and Clopixol Acuphase guideline; and an extensive review and refresh of clozapine related processes to strengthen safety and consistency of care.

To support sustained learning, medicine matters training has been developed and made available via e-learning, with nursing and pharmacy staff completing this on a rolling four monthly cycle. Any additional or emerging medicines related issues are addressed through a coordinated programme of communications via the monthly medicines management group, ensuring organisational oversight and timely dissemination of learning.

All moderate harm medication incidents are reviewed through our trust's patient safety processes, with professional guidance and specialist support provided by the medication safety team on request, ensuring clinical review, learning and assurance of appropriate individual action plans.

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3.3 Other external reviews/ publications

Tees, Esk and Wear Valleys NHS Foundation Trust Public Inquiry
On 11 December 2025 the Secretary of State announced a public inquiry into our trust, following a meeting with families who have lost loved ones in our care.

We will co-operate fully with honesty, openness, grace and kindness. It's an opportunity to hear and learn what we could have done better, how we improve the experiences for our patients, families, carers and staff and most importantly, enabling those who have been affected to hear how sorry we are.
We must keep reflecting, challenging ourselves, and holding compassion and respect alongside responsibility in our minds. This will be our approach as we plan, prepare and respond to the public inquiry.

Martha's Rule – core standards implementation
In line with the publication of NHS England's Martha's Rule core standards, our trust is progressing a programme of work to ensure full alignment with the national requirements for timely escalation and independent clinical review. Second opinion arrangements, including Martha's Rule, are being embedded within all clinical teams' operational policies and supported through amendments to the electronic patient record (EPR) system to enable consistent recording, monitoring and reporting. These changes will strengthen oversight through routine reporting via the Integrated Information Centre (IIC) and inclusion in our clinical audit programme. A second opinions procedure has been developed to ensure that there is clear and accessible guidance for patients, families, carers and staff. Trust-wide dissemination is being delivered through established line management briefings to all our employees.

3.4 External audit

Under guidance from NHS England, the Quality Account 2025/26 is not subject to review by external audit.

3.5 Our stakeholders' views

We recognise the importance of the views of our partners as part of our assessment of the quality of the services we provide and to help us drive change and improvement.

How we involve and listen to what our partners say about us is critical to this process. We continue to listen and learn from the people we support, their carers and families, our colleagues and our partners.

In line with national guidance, we circulated our draft Quality Account for 2025/26 to the following stakeholders:

- NHS England
- North East and North Cumbria Integrated Care Board
- Humber and North Yorkshire Integrated Care Board
- Local Authority Overview and Scrutiny Committees
- Local Authority Health and Wellbeing Boards
- Local Healthwatch organisations

All the comments we have received from our stakeholders are included verbatim in Appendix 3. Comments received will support our trust in achievement of its Strategic Goals and will inform delivery of the Trust's Quality Priorities for 2026/27. Stakeholder comments will also inform key learning for the development of the next year's Quality Account.

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Appendix 1: 2025/26 Statement of directors' responsibilities in respect of the Quality Account

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

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual Quality Accounts/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 Account/Report.

In preparing the Quality Account/Report, Directors are required to take steps to satisfy themselves that:

- The content of the Quality Account is not inconsistent with internal and external sources of information including:
    - Board minutes and papers for the period April 2025 to March 2026
    - Papers relating to quality reported to the Board over the period April 2025 to March 2026
    - Feedback from the Commissioners, Overview and Scrutiny Committees, and Health and Wellbeing Boards (see Appendix 3)
    - The Trust's complaints information reported to its Quality Assurance Committee of the Board of Directors, which will be published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009
    - The latest community mental health survey published 27 March 2026
    - The latest national staff survey published 13 March 2026

The Quality Account/Report presents a balanced picture of the NHS Foundation Trust's performance over the period covered. The performance information reported in the Quality Account/ Report is reliable and accurate There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account/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 Account 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 Account 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 Account/Report.
By order of the Board.

Marie Burnham
Chair
To be confirmed following stakeholder consultation

Alison Smith
Chief Executive
To be confirmed following stakeholder consultation

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Appendix 2: Glossary

Adult mental health (AMH) services: Services provided for people aged between 18 and 64 – known in some other parts of the country as 'working-age services'. These services include inpatient and community mental health services. In practice, some patients younger than 64 may be treated in older people's services if they are physically frail or have Early Onset Dementia. Early Intervention in Psychosis (EIP) teams may treat patients less than 18 years of age as well as patients aged 18-64.

Audit: An official inspection of records; this can be conducted either by an independent body or an internal audit department.

Autism: This describes a range of conditions typically characterised by social deficits, communication difficulties, stereotyped or repetitive behaviours and interests, and in some cases cognitive delays. People with autism are sometimes known as neuro-diverse. Autism cannot be cured, but the mental illnesses which are more common for people with autism can be treated.

Board/board of directors: Our Trust is run by a Board of Directors made up of the Chairman, Chief Executive, Executive and Non-Executive Directors. The Board is responsible for ensuring accountability to the public for the services in manages. It is overseen by a Council of Governors and monitored by NHS England. It also:

- Ensure effective dialogue between our Trust and the communities we serve
- Monitors and ensures high quality services
- Is responsible for our financial viability
- Appoints and appraises our executive management team

Care planning/ care programme approach: Refer to personalised care planning definition.

Care Quality Commission (CQC): The independent regulator of health and social care in England. They regulate the quality of care provided in hospitals, care homes and people's own homes by the NHS, local authorities, private companies, and voluntary organisations, including protecting the interests of people whose rights are restricted under the Mental Health Act.

Child and adolescent mental health services (CAMHS): Mental health services for children and young people under the age of 18 years old. This includes community mental health services, inpatient services and learning disability services.

Cito: An information technology system which overlays the Trust's patient record system (PARIS) which makes it easier to record and view the patient's records.

Clinical supervision: a supportive mechanism which involves clinicians meeting regularly to reflect on practice, with the intention of learning, developing practice and providing high quality, safe care to patients.

Commissioners: The organisations that have responsibility for purchasing health services on behalf of the population in the area they work for.

Commissioning for Quality and Innovation (CQUIN): A payment framework where a proportion of NHS providers' income is conditional on quality and innovation.

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Community Mental Health Survey: a survey conducted every year by the CQC. It represents the experiences of people who have received specialist care or treatment for a mental health condition within NHS Trusts in England over a specific period during the year. It measures experiences of care covering areas including crisis care, treatment, and support - to identify improvements and ensure high-quality, patient-centred care.

Confidential Inquiry: A national scheme that interviews clinicians anonymously to find out ways of improving care by gathering information about factors which contributed to the inability of the NHS to prevent each suicide of a patient within its care. National reports and recommendations are then produced.

Co-production/co-creation: This is an approach where a policy or other initiative/action is designed jointly between our staff and patients, carers, and families.

Council of Governors: Made up of elected public and staff members and includes non-elected members such as the prison service, voluntary sector, acute trusts, universities and local authorities. The Council has an advisory, guardianship and strategic role including developing our Trust's membership, appointments and remuneration of the non-executive directors including Chairman and Deputy Chairman, responding to matters of consultation from the Trust Board, and appointing the Trust's auditors.

Dashboard: A report that uses data on a number of measures to help managers build up a picture of operational (day-to-day) performance or long-term strategic outcomes.

Data protection and security toolkit: A national approach that provides a framework and assessment for assuring information quality against national definitions for all information that is entered onto computerised systems whether centrally or locally maintained.

Department of Health: The government department responsible for health policy.

Formulation: When clinicians use information obtained from their assessment of a patient to provide an explanation or hypothesis about the cause and nature of the presenting problems. This helps in developing the most suitable treatment approach.

Freedom to Speak Up Guardian: Provides guidance and support to staff to enable them to speak up safely within their own workplace.

Gatekeeper/gatekeeping: Assessing the service user before admission to hospital to consider whether there are alternatives to admission and the involvement in the decision-making processes that result in admission.

General Medical Practice Code: The organisation code of the GP Practice that the patient is registered with. This is used to make sure a patient's GP code is recorded correctly.

Guardian of Safe Working: Provides assurance that rotas and working conditions are safe for doctors and patients.

Harm minimisation: Our way of working to minimise the risks of sometimes multiple and conflicting harm to both service users and other people.

Health and wellbeing boards: The Health and Social Care Act 2012 established health and wellbeing boards as a forum where key leaders from the health and care system (i.e., local authorities and the NHS) would work together to improve the health and

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wellbeing of their local population and to reduce health inequalities. Health and wellbeing board members collaborate to understand their local community's needs, agree priorities, and encourage commissioners to work in a more joined-up way.

Healthwatch: Local bodies made up of individuals and community groups, such as faith groups and resident's organisations associations, working together to improve health and social care services. They aim to ensure that each community has services that reflect the needs and wishes of local people.

Home Treatment Accreditation Scheme (HTAS): Works with teams to assure and improve the quality of crisis resolution and home treatment services for people with acute mental illness and their carers.

Hospital Episode Statistics (HES): The national statistical data warehouse for England of the care provided by NHS hospitals and for NHS hospital patients treated elsewhere. HES is the data source for a wide range of healthcare analysis for the NHS, Government and many other organisations and individuals.

Integrated Information Centre (IIC): Our system for taking data from the patient record (PARIS) and enabling it to be analysed to aid operational decision making and business planning.

Intranet: This is our trust's internal website used for staff to access relevant information about the organisation, such as Trustwide policies and procedures.

Learning disability services: Services for people with a learning disability and/or mental health needs. We have an Adult Learning Disability (ALD) service in each Care Group and also specific wards for Forensic LD patients. We provide child LD services in Durham, Darlington, Teesside, and York but not in North Yorkshire.

LeDeR: The learning from deaths of people with a Learning Disability (LeDeR) programme was set up as a service improvement programme to look at why people are dying and what we can do to change services locally and nationally to improve the health of people with a Learning Disability and reduce health inequalities.

LIO: (formerly Oxehealth) is a vision-based patient monitoring system that enhances patient safety and improves both quality of care and patient experience on our inpatient wards. It uses an infrared sensitive camera that can measure a patient's vital signs, how active they have been and where they are in their room. LIO technology has been rolled out by several NHS Trusts across England.

Local authority Overview and Scrutiny Committee (OSC): Statutory committees of each local authority which scrutinise the development and progress of strategic and operational plans of multiple agencies within the local authority area. All local authorities have an OSC that focusses on health, although Darlington, Middlesbrough, Stockton, Hartlepool and Redcar and Cleveland councils have a joint Tees Valley Health OSC that performs this function.

Local issue resolution (LIR): A recent concern raised that can be explored together with the team or ward in a timely manner

Mental Health Act (1983): The main piece of legislation that covers the assessment, treatment, and rights of people with a mental health disorder. In most cases when people are treated in hospital or in another mental health facility they have agreed or volunteered to be there. However, there are cases when a person

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can be detained (also known as sectioned) under the Mental Health Act and treated without their agreement. People detained under the Mental Health Act need urgent treatment for a mental health disorder and are at risk of harm to themselves or others.

Mental health services for older people (MHSOP): Services provided for people over 65 years old with a mental health problem. They can be treated for functional illness, such as depression, psychosis, or anxiety, or for organic mental illness (conditions usually associated with memory loss and cognitive impairment) such as dementia. The MHSOP Service sometimes treats people less than 65 years of age with organic conditions such as early-onset dementia.

Mortality review process: A process to review deaths, ensuring a consistent and coordinated approach, and promoting the identification of improvements and the sharing of learning.

Multidisciplinary: This means that more than one type of professional is involved, for example, psychiatrists, psychologists, occupational therapists, behavioural therapists, nurses, pharmacists all working together in a multidisciplinary team (MDT).

National Institute for Clinical Excellence (NICE): NHS body that provides guidance sets quality standards and manages a national database to improve people's health and to prevent and treat ill health. NICE works with experts from the NHS, local authorities, and others in the public, private, voluntary and community sectors – as well as patients and carers – to make independent decisions in an open, transparent way, based on the best available evidence and including input from experts and interested parties.

National Institute for Health Research (NIHR): An NHS research body aimed at supporting outstanding individuals working in world class facilities to conduct leading edge research focused on the needs of the patients and the public.

National Reporting and Learning System (NRLS): A central (national) database of patient safety incident reports. All information submitted is analysed to identify hazards, risks, and opportunities to continuously improve the safety of patient care.

NHS England (NHSE): leads the National Health Service in England.

NHS Staff Survey: Annual survey of staff experience of working within NHS trusts.

Non-executive directors (NEDs): Members of the trust board who act as a critical friend to hold the Board to account by challenging its decisions and outcomes to ensure they act in the best interests of patients and the public.

North Cumbria and North East Integrated Care System: Consists of four Integrated Care Partnerships – North, South, East, and West (see Integrated Care Partnerships).

PARIS: Our electronic care record, designed with mental health professionals to ensure that the right information is available to those who need it at all times. See Cito definition also.

Patient Safety Incident Investigation (PSII): PSII's are one method to extensively review and investigate an incident. These are acts and/or omissions occurring as part of NHS-funded healthcare (including in the community), resulting in one of the following - unexpected or avoidable death of one or more people which includes homicide by a person in receipt of mental health

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care within the recent past, unexpected or avoidable injury to one or more people that has resulted in serious harm.

Patient Safety Incident Response Framework (PSIRF): sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety.

Peer worker: Someone who is trained and recruited as a paid employee within the Trust in a specifically designed job, to actively use their lived experience (as a patient or carer) to support other patients, in line with the recovery approach.

Personalised care planning: describes the flexible, responsive and personalised approach following a high-quality and comprehensive assessment means that the level of planning and co-ordination of care for patients can be tailored and amended, depending on a number of factors. Factors include the complexity of a person's needs and circumstances at any given time, the assessed and identified intervention required to meet personalised needs, what matters to them and the choices they make, the views, needs and circumstances of carers and/or other important people in their life, professional judgment and evidence-based practice. It is called 'an approach' rather than a system because of the way these elements are carried out, which is as important as the tasks themselves.

Prescribing Observatory in Mental Health (POMH): A national agency led by the Royal College of Psychiatrists, which aims to help specialist mental health services improve prescribing practice via clinical audit and quality improvement interventions.

Programme: A coordinated group of projects and/or change management activities designed to achieve outputs and/or changes that will benefit the organisation.

Project: A one-off, time limited piece of work that produces a product (such as a new building, a change in service or a new strategy/policy) that will bring benefits to relevant stakeholders. Within our Trust, projects will go through a scoping phase, and then a business case phase before they are implemented, evaluated, and closed down. All projects will have a project plan and a project manager.

Psychiatric intensive care unit (PICU): A unit (or ward) that is designed to look after people who cannot be managed on an open (unlocked) psychiatric ward due to the level of risk they pose to themselves or others.

Quality Account: A report about the quality of services provided by an NHS healthcare provider, the report is published annually by each provider.

Quality Assurance Committee (QuAC): Sub-committee of the Trust Board responsible for quality and assurance.

Quarter one/quarter two/quarter three/quarter four: Specific time points within the financial year (1 April to 31 March). Quarter one is from April to June, quarter two is from July to September, quarter three is October to December and quarter four is January to March.

Reasonable adjustments: A change or adjustment unique to a person's needs that will support them in their daily lives, e.g., at work, attending medical appointments, etc.

Research Ethics Committee: An independent committee of the Health Research Authority, whose task it is to consider the ethics of proposed research projects which will involve human participants, and which will take place, generally, within the NHS.

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Royal College of Psychiatrists: The professional body responsible for education and training and setting and raising standards in psychiatry.

Safeguarding: Protecting vulnerable adults or children from abuse or neglect, including ensuring such people are supported to get good access to healthcare and stay well.

Staff friends and family test: A feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. It helps us identify what is working well, what can be improved and how.

Statistical process control (SPC) charts: a graph used to show how a process changes over time and to see whether a situation is improving or deteriorating, whether the system is likely to be capable to meet the standard and whether the process is reliable or variable.

Steering group: Made up of experts who oversee key pieces of work to ensure that protocol is followed and provide advice/troubleshoot where necessary.

Strategic framework: primarily intended as a framework for thinking about the future and a guide to inform the investment and disinvestment decisions by those tasked with future planning.

TEWV: Tees, Esk and Wear Valleys NHS Foundation Trust.

TEWVision: The in-house built application for recording staff clinical supervision, managerial supervision, and appraisals.

Thematic review: A piece of work to identify and evaluate Trustwide practice in relation to a particular theme. This may be to identify where there are problems/concerns or to identify areas of best practice that could be shared Trustwide.

Our trust: Tees, Esk and Wear Valleys NHS Foundation Trust.

Trust board: See Board/Board of Directors above

Trustwide: The whole geographical area served by our Trust.

Unexpected death: A death that is not expected due to a terminal medical condition or physical illness.

Urgent care services: Crisis, acute liaison and street triage services across our trust.

Whistleblowing: this is a term used when a worker highlights a concern about their organisation and/or services to the Freedom to Speak Up Guardian or NHS Regulators. This will normally be regarding something they have witnessed at work.

Year (e.g., 2024/25): These are financial years, which start on the 1 April in the first year and end on the 31 March in the second year.

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Appendix 3: Stakeholders' views

To be inserted following Stakeholder consultation

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