NHS
Hull University Teaching Hospitals
NHS Trust

NHS
Humber Health
Partnership

QUALITY ACCOUNTS 2025/26

United by Compassion:
Driven by Excellence

Working in partnership:
Hull University Teaching Hospitals NHS Trust
Northern Lincolnshire and Goole NHS Foundation Trust

Contents

Part 1: Introducing our Quality Account

1.1 Group Chief Executive Statement

Welcome to the quality account for Hull University Teaching Hospitals NHS Trust.

This report provides an open and transparent overview of the quality of care we deliver as part of the NHS Humber Health Partnership, highlighting both our achievements and the areas where we must continue to improve for the benefit of our patients, families and staff.

The past year has continued to present significant challenges across the NHS, with sustained pressure on urgent and emergency services, workforce capacity and patient demand. Despite this, I am proud of the commitment, compassion and professionalism demonstrated by our staff, who continue to deliver high-quality care in often complex and demanding circumstances.

Throughout 2025/26, we have maintained a clear focus on our core quality priorities: keeping patients safe, delivering effective and timely care, and ensuring that every patient is treated with kindness, dignity and respect. This report outlines the progress we have made against our key priorities, including improvements in end-of-life care, earlier recognition of deteriorating patients and sepsis, medication safety, and the application of the Mental Capacity Act.

We have also continued to strengthen our patient safety culture. Increased reporting of patient safety incidents, alongside a reduction in the proportion that result in harm, reflects a more open and learning-focused environment. We are committed to embedding the Patient Safety Incident Response Framework and ensuring that learning from incidents and mortality reviews leads to meaningful, sustained improvement.

Listening to our patients, families and staff remains central to how we improve services. Feedback from the Friends and Family Test, national surveys and complaints continues to shape our priorities. While overall patient feedback remains positive, we recognise that improvements are still required in areas such as communication, care delivery and the care environment, and targeted work is underway to address these themes.

We recognise that there is more to do. Our current Care Quality Commission rating of “Requires Improvement” reinforces the importance of maintaining momentum in our improvement journey. We remain fully committed to working collaboratively across the Group and with our system partners to address these challenges and deliver consistently high standards of care.

As we look ahead to 2026/27, our focus will remain on reducing harm, improving outcomes and addressing unwarranted variation. This includes a continued focus on sepsis, infection prevention, safer surgery, insulin safety and reducing deconditioning, alongside strengthening patient experience and workforce engagement.

Finally, I would like to thank our staff, volunteers and partners for their continued dedication, and our patients and communities for their valuable feedback and support.

Signed Declaration;

It is important that our Quality Report is accurate and presents an honest picture of our care. We seek to foster an open and transparent culture so we can understand where improvements are needed. Group Chief Executive of Hull University Teaching Hospitals NHS Trust, I can confirm that the information used and published in the Quality Report is, to the best of my knowledge, accurate and complete.

Lyn Simpon,

Group Chief Executive

1.2 About Us

Hull University Teaching Hospitals NHS Trust (referred to as 'the Trust' throughout this report) consists of two hospitals and community services in Hull and East Yorkshire. The Trust employs 11,016 staff and provides acute hospital services and community services to a population of people across Hull and East Riding of Yorkshire and has approximately 1,305 beds across two hospitals. The site locations are:

- Hull Royal Infirmary (also referred to as HRI)
- Castle Hill Hospital (also referred to as CHH)

Our secondary care service portfolio is comprehensive, covering the major medical and surgical specialties, routine and specialist diagnostic services and other clinical support services. These services are provided primarily to a catchment population of approximately 600,000 and 1.25 million extending from Scarborough in North Yorkshire to Grimsby and Scunthorpe in North East and North Lincolnshire respectively.

We provide specialist and tertiary services to a catchment population of between 1.05 million and 1.25 million extending from Scarborough in North Yorkshire to Grimsby and Scunthorpe in North East and North Lincolnshire respectively. The only major services not provided locally are transplant surgery, major burns and some specialist paediatric services.

We are designated as a Cancer Centre, Cardiac Centre, Vascular Centre and a Major Trauma Centre. We are a university teaching hospital and a partner in the Hull York Medical School.

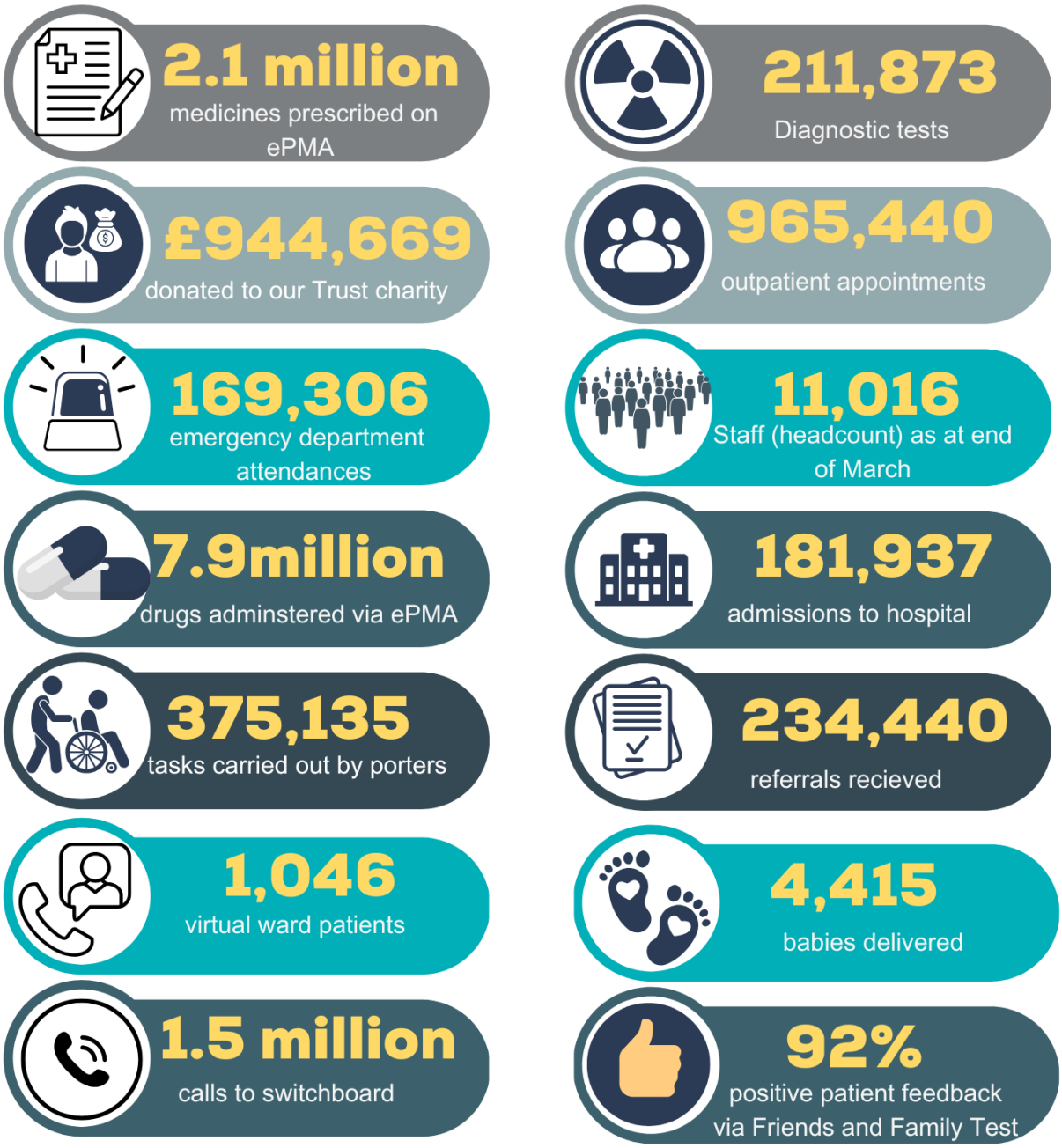
The Trust is now part of a Group – NHS Humber Health Partnership – as we work more closely with our colleagues at Northern Lincolnshire and Goole NHS Foundation Trust.

The Group manages five main hospitals sites: Hull Royal Infirmary, Grimsby Diana Princess of Wales Hospital, Scunthorpe General Hospital, Castle Hill Hospital and Goole Hospital. It provides a wide range of community services across North and North East Lincolnshire, including district nursing, physiotherapy, psychology, podiatry and specialist dental services.

NHS Humber Health Partnership employs over 19,000 staff, sees more than 1,000,000 patients each year and has a budget of £1.4bn.

2025/2026
A YEAR IN NUMBERS

NHS
Hull University Teaching Hospitals
NHS Trust



Figures from 1 April 2025 to 31 March 2026 where available. Emergency department figures include Urgent Treatment Centre attendances. Diagnostic activity is based on DM01 data which include 15 different diagnostic tests

1.3 What our Patients said in 2025/26

The Trusts have continued to work with Healthcare Communications to collect Friends and Family Test (FFT) feedback from patients and relatives. In June 2026, the HUTH element of the contract ended, and from July 2025 FFT data for HUTH has been collected in-house. As a result, responses via text message reduced following the cessation of this service. During 2025/26, Humber Health Partnership (HHP) received 52,995 FFT responses, representing a significant increase compared to 23,000 responses in 2024/25. The Partnership is grateful to patients and families who took the time to provide feedback to support service improvement.

At Northern Lincolnshire and Goole NHS Foundation Trust (NLaG), the externally commissioned FFT service has continued and remains aligned to the Group structure. Patients and relatives are able to provide feedback through multiple channels, including SMS text messaging, interactive voice messages (IVM), a webpage, QR codes and paper forms. Volunteers are available to support patients who may not have access to a smart device, using iPads or paper forms to improve accessibility and response rates.

FFT processes at HUTH have been redeveloped to improve data submissions and strengthen feedback loops to ward and service areas, enabling tangible improvements in patient experience. Updated materials, including posters and paper forms, are now available across patient areas. Handheld electronic tablets are being piloted with volunteer support, including access to translated surveys in other languages, to enable a wider range of patients to participate.
Overall response rates remain broadly consistent with the previous year, and the Trust continues to achieve an overall FFT rating of 4.5 out of 5, with some improvement noted. While the volume of negative feedback has reduced, further work is required to drive sustained improvements in patient experience.

Feedback themes identified during the year are set out below. The most frequently reported areas for improvement relate to staff attitude, implementation of care, the care environment, patient mood or emotional wellbeing, and communication.

Top 5 positive themes	Top 5 negative themes
Staff attitude	Staff attitude
Implementation of care	Waiting time
Environment	Environment
Patient mood/feeling	Implementation of care
Communication	Communication

Whilst we have received fewer negative elements of feedback, with over half of our responding patients taking the time to positively feedback, there is significant work for us to drive forward and improve our experience for patients.

1.4 Patient Surveys

The national survey programme provides a year-on-year review of person-centred validated questions and responses. This data allows the Trust to monitor internal progress and benchmarking. During 2025/26 the Trust implemented a comprehensive action plan based on the 2025 national surveys of which the headlines are detailed below.

Children and Young People Survey:

A total of 98 questions were asked to people that had a child as a day case or inpatient at the Trust, 68 of which were positively scored. The sample was taken between March and May 2024 and published in May 2025. The survey results demonstrate that the Trust performs broadly in line with comparable organisations overall, with positive scores achieved in 68 of the 98 survey questions. However, 6 questions were rated as significantly worse than the national comparator, highlighting specific areas for targeted improvement.

1250	1238	21%	22%	NA
Invited to complete the survey	Eligible at the end of survey	Completed the survey (265)	Average response rate for similar organisations	Your previous response rate

94%	P44. Parent felt child was looked after in hospital
97%	P46. Parent or carer was treated with dignity and respect by the staff
82%	P48. Parent's overall rating of their child's experience in hospital (being 7/10 or more)

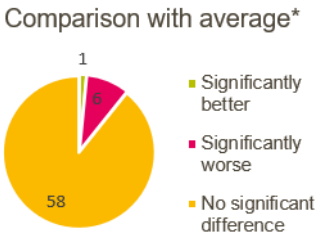


*Chart shows the number of questions that are better, worse, or show no significant difference

Top 5 scores vs Picker Average	Trust	Picker Avg
C2. Child was around people their own age	74%	65%
C3. Child was not prevented from sleeping	38%	32%
C25. Staff informed the child whom to talk to if they had any worries when they got home	94%	89%
C4. Child felt the ward to be suitable for someone their age	99%	94%
C1. Child felt that the hospital Wi-Fi was sufficient	90%	86%

Bottom 5 scores vs Picker Average	Trust	Picker Avg
C7_2. Staff played games and did activities with the child while in hospital	45%	57%
P21. Parent felt their child could speak to staff about their worries and fears	74%	85%
P16. Parent did not feel staff gave them conflicting information	57%	68%
P20. Parent felt that staff played with their child	52%	62%
C20. Child was not bothered whilst they were in the waiting area	24%	32%

Care Groups develop local plans for improvement and progress will be measured in our monthly performance meetings.

Inpatient Survey:

A total of 63 questions were asked to people that had hospital admissions at the Trust, 45 of which were positively scored. The sample was taken November 2024 and published September 2025. , Survey results indicate stability in performance, with no areas demonstrating a statistically significant deterioration compared to historical data. Overall, the Trust performed broadly in line with peer organisations, although three questions were identified as significantly below the national comparator. These areas have been prioritised for further review and improvement.

1250	1137	**45%**	41%	48%
Invited to complete the survey	Eligible at the end of survey	Completed the survey (516)	Average response rate for similar organisations	Your previous response rate

83%	Q48. Rated overall experience as 7/10 or more
98%	Q47. Treated with respect and dignity overall
98%	Q18. Had confidence and trust in the doctors

Historical comparison*

Comparison with average*

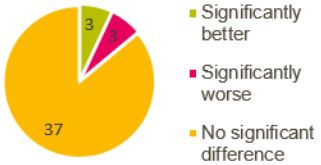


*Chart shows the number of questions that are better, worse, or show no significant difference

Top 5 scores vs Picker Average	Trust	Picker Avg
Q31_5. Hospital staff took into account dietary needs (Excluding respondents who answered using a smartphone)	87%	79%
Q5. Did not have to wait too long to get to a bed on a ward	77%	72%
Q15. Able to get food outside of meal times	81%	76%
Q13. Able to take own medication when needed to	92%	87%
Q25. Was involved in decisions about care and treatment	86%	82%

Bottom 5 scores vs Picker Average	Trust	Picker Avg
Q10. Staff explained reasons for changing wards at night	73%	80%
Q41. Given information about medicine at discharge	80%	87%
Q34. Enough information given about care and treatment while on a virtual ward	81%	86%
Q37. Staff discussed need for additional equipment or home adaptation after discharge	78%	82%
Q39. Given information about what they should or should not do after leaving hospital	76%	79%

Most improved scores	Trust 2024	Trust 2023
Q14. Got enough help from staff to eat meals	90%	76%
Q25. Was involved in decisions about care and treatment	86%	78%
Q8. Not prevented from sleeping at night	47%	40%
Q4. Quality of information given while on waiting list to be admitted was very or fairly good	81%	75%
Q44. Staff discussed need for further health or social care services after discharge	77%	72%

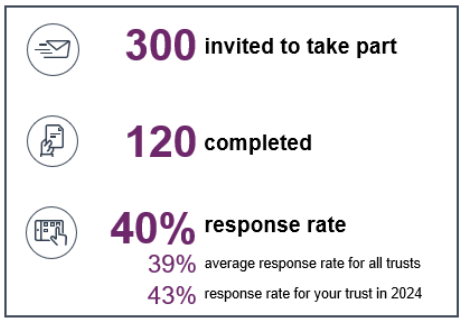
Most declined scores	Trust 2024	Trust 2023
Q34. Enough information given about care and treatment while on a virtual ward	81%	90%
Q41. Given information about medicine at discharge	80%	84%
Q17. Doctors answered questions in a way patient could understand	94%	96%
Q19. Doctors included patient in conversation	95%	97%
Q43. Staff told patient who to contact if worried after discharge	75%	77%

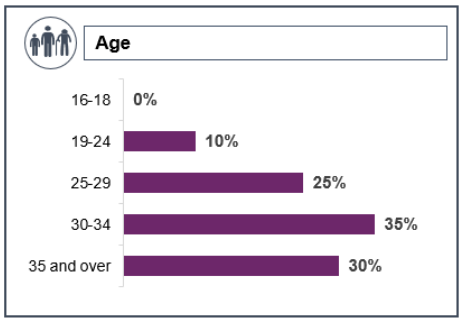
Care Groups develop local plans for improvement and progress will be measured in our monthly performance meetings.

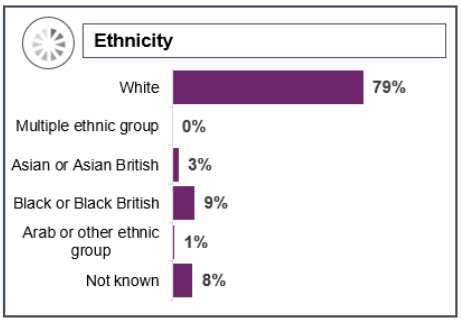
Maternity Survey:

An alternative provider was used to gather the Maternity data and therefore data is presented differently.

A total of 57 questions were asked to people that gave birth at the Trust. The sample was taken February 2025 and published in December 2025. Results show that there were no statistically significant differences for many questions where historical comparisons were available, and that the Trust performed broadly in line with other organisations across most areas. However, four questions were identified as significantly worse, indicating specific areas for targeted improvement.





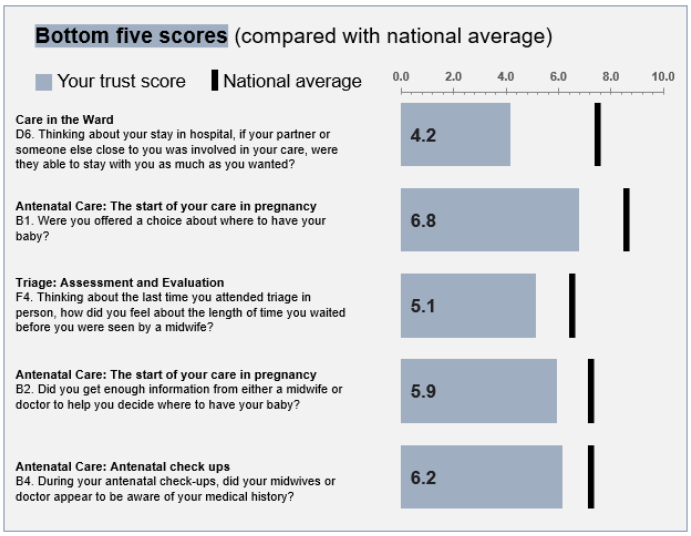


Comparison with other trusts

The **number of questions** at which your trust has performed better, worse, or about the same compared with all other trusts.

Comparison with last year's results

The **number of questions** at which your trust has performed statistically significantly better, significantly worse, or no different than your result from the previous year, 2025 vs 2024.



Care Groups develop local plans for improvement and progress will be measured in our monthly performance meetings.

1.5 Celebrating Success and Innovation

The Trust had yet another difficult year in 2025/26, much like many NHS providers nationwide. Even though the Trust has faced many challenges, staff members continue to rise to the occasion, as seen by the numerous instances of incredible successes and accomplishments they have made during the year. The NHS Humber Health Partnership also hosts annual staff awards known as Golden Stars. Below are a few of this year's accomplishments:

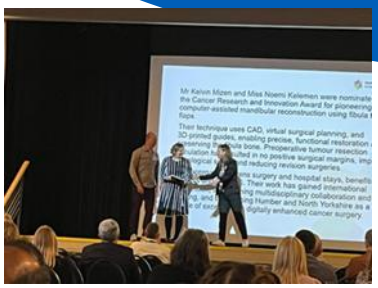
Born and Bred In Hull - The Born and Bred in (BaBi) Hull and East Yorkshire study celebrated its first anniversary, having far exceeded recruitment expectations with 2,115 participants signed up, including 1,455 mums and 660 babies. The original target of 400 participants was surpassed early, with numbers continuing to rise rapidly throughout the year. Recruitment has been supported by a growing group of trained staff, with particular recognition given to the highest recruiters for their contribution

"Game-changing" drug to treat haemophilia - Hull University Teaching Hospitals NHS Trust became the first Trust in the UK to treat a patient with severe haemophilia using Marstacimab, a new weekly injection that is easier to administer and significantly reduces bleeding. The treatment replaced previous intravenous therapy, enabling home administration and improving adherence and comfort, particularly for a patient with complex needs. Successful outcomes from this case have been shared nationally and internationally, with the lead consultant presenting at major conferences and contributing to the UK launch of the drug, highlighting the Trust's role in clinical innovation and leadership in haemophilia care.

National recognition for Immunology and Allergy Unit - The East Yorkshire Regional Adult Immunology and Allergy Unit at Castle Hill Hospital has achieved national QPIDS accreditation, with assessors recognising its strong operational planning, effective teamwork and highly positive patient feedback. The accreditation reflects years of work by the team, positions the service to access advanced treatments, and provides reassurance to patients about care quality. As part of a continuous improvement process, the unit will undergo ongoing reviews and is now progressing towards accreditation for its Allergy specialty to further strengthen services for patients across East Yorkshire.

Local work adopted by national epilepsy charity - The paediatric epilepsy nursing team in Hull has been nationally recognised after their transition support materials were adopted by Epilepsy Action. The team's work informed a new suite of nine easy-read 'Transition' leaflets to help young people with epilepsy move from paediatric to adult services, as well as resources for parents and carers. Covering topics such as stress, driving, alcohol, EHC plans and medication impacts, the materials have been digitally re-styled for national use and are now freely available https://www.epilepsy.org.uk/living/transition.

Head and neck surgeons putting us on the map - A pioneering head and neck surgery team within NHS Humber Health Partnership has gained international recognition after presenting innovative work at a major European conference. By using computer-assisted design alongside 3D-printed surgical guides and reconstruction plates, the team has transformed the treatment of head and neck tumours. This approach has improved surgical precision, supported complex reconstruction, and achieved a 100% success rate in removing cancer from the bone in around 60 patients. As a result, patients have benefited from timely treatment within NHS cancer targets while minimising damage to healthy tissue. In recognition of this work, the team also won the **"Cancer Research and Innovation"** category at the Humber and North Yorkshire Cancer Alliance's Excellence in Cancer Awards.



Patients with endometriosis to benefit from national accolade – Patients with endometriosis across the region continue to benefit from nationally recognised specialist services. Endometriosis centres at Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) and Hull University Teaching Hospitals NHS Trust (HUTH) have been successfully re-accredited by the British Society of Gynaecological Endoscopy (BSGE), confirming the continued delivery of high-quality care. Endometriosis is a complex condition which can cause severe pelvic pain and other significant symptoms, and surgery for deep endometriosis should only be provided in accredited specialist centres.

Haemophilia service receives full accreditation - Congratulations to the team involved with the recent review of haemophilia services in Hull. Hull's haemophilia service at the Queen's Centre, Castle Hill Hospital has been upgraded to a full Comprehensive Care Centre (CCC) following a successful peer review by the UK Haemophilia Centre Doctors' Organisation. The service provides care for adults and children across Hull and the wider region, supporting 472 registered patients. Inspectors highlighted several areas of good practice, including a robust inter-site blood sample transport system and an effective family buddying scheme to support transition from paediatric to adult services.

Radiotherapy Service certificate for quality standard success - The Radiotherapy Service based at the Queen's Centre, Castle Hill Hospital has been awarded a certificate for successfully completing a four-year accreditation cycle against the BS70000:2017 MPACE quality standard. This service is one of only three nationally to achieve this accreditation, alongside two Radiotherapy Physics services and one Clinical Engineering service. This relatively new standard provides external, peer-reviewed assessment by the United Kingdom Accreditation Service (UKAS) and confirms that the service is technically competent to deliver the work it undertakes.

Part 2: Priorities for Improvement

2.1 Quality Priorities 2025/26

End of Life:

Background

The End-of-Life Care Quality Priority is vital for ensuring that patients receive personalised palliative and end-of-life care, allowing patients to have a dignified and peaceful death. This initiative supports the delivery of Key Quality Priorities and aligns with national NHS recommendations. The focus is on improving health outcomes and reducing inequalities by providing high-quality care to patients.

A number of key workstreams were identified to support and drive improvements for the End-of-Life Quality Priority including comfort observations and recognition of the dying patient.

Key Achievements in 2025/26

Comfort observations: improve the End-of-Life care that is delivered

- A new Comfort Observations approach was introduced to improve how staff regularly check and respond to pain, agitation or distress, and breathing difficulties for patients in the last days of life.
- Comfort Observations were rolled out across all hospital sites, using different models to reflect local needs, with full implementation completed by March 2026.
- Standard guidance was developed to support consistent use of Comfort Observations, with a strong focus on dignity, comfort, and personalised care.
- Digital recording of Comfort Observations was built into existing clinical systems to make it easier for staff to record checks and actions in real time.
- Staff engagement was supported through link nurses and specialist palliative care teams, helping teams understand why Comfort Observations matter and how to use them well.
- Use of Comfort Observations improved the reliability of symptom review and documentation for patients at the end of life, aligned to national audit standards.
- The workstream helped teams identify comfort needs earlier and act more consistently, supporting better day-to-day care for dying patients.
- Feedback from wards was positive, with teams reporting clearer prompts to review comfort and take appropriate action.
- Ongoing audit arrangements are now in place to monitor quality and sustain improvements as part of routine practice.

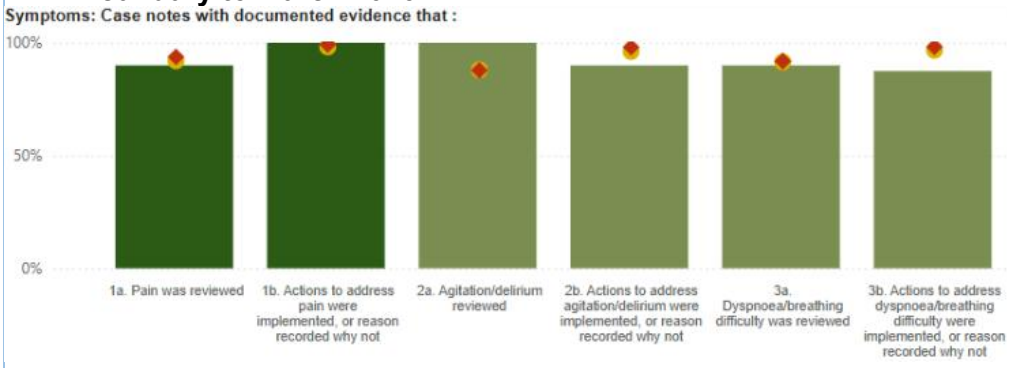
Comfort Observations

The graphs below show how each symptom (pain, agitation/delirium, and dyspnoea/breathing difficulties) were reviewed and actions were implemented:

CHH – January to December 2025

- Benchmarking against acute and regional peer averages shows HUTH is performing in line with or above benchmarks for most Comfort Observation measures.
- Reviews of agitation/delirium and breathing difficulties are consistently strong compared with peers.

CHH – January to March 2026



HRI – January to December 2025

HRI – January to March 2026

Key:

Sample (%) is average of all data for the **Acute site type**

Peer group (%) is average of the data in the **Acute site type** in **the North East & Yorkshir**

- Reviews of agitation/delirium and breathing have improved.
- Comfort Observations will be reviewed regularly to improve consistency, quality and follow-through.
- Ongoing oversight will be provided through End-of-Life Committee meetings.

Recognition of the dying patient - Improve the recognition and escalation of patients in the last days of life

- There has been a pilot ongoing at SGH to implement an identification tool, along with processes and frameworks to support clinical teams on an End-of-Life pathway. Once this pilot has concluded, there will be an aim to expand this pilot to further wards including a variety on the North bank

Moving Forward

Looking ahead, achievements for the End-of-Life Quality Priority will be integrated into standard operations and will continue to support ongoing improvements – moving towards business as usual. Comfort Observations will be regularly reviewed to enhance their frequency, quality, and the implementation of actions, ensuring alignment with the SOP. Oversight will be maintained through bi-monthly End-of-Life Committee meetings. Additionally, the expansion of the End-of-Life Identification Tool pilot will facilitate earlier identification of patients approaching end-of-life, enabling timely initiation of the End-of-Life Pathway with all necessary support provided and clearly communicated.

Deteriorating Patient and Sepsis:

Background

This quality priority is about spotting when a patient is becoming more unwell and responding quickly, including recognising and treating sepsis. Sepsis is a life-threatening reaction to infection that can damage the body's organs. Early recognition and prompt treatment can save lives and reduce harm.

To support this work, we focused on: staff training, introducing Martha's Rule (a way for patients and families to raise urgent concerns), reducing infections linked to urinary catheters, and improving how we screen for and treat sepsis.

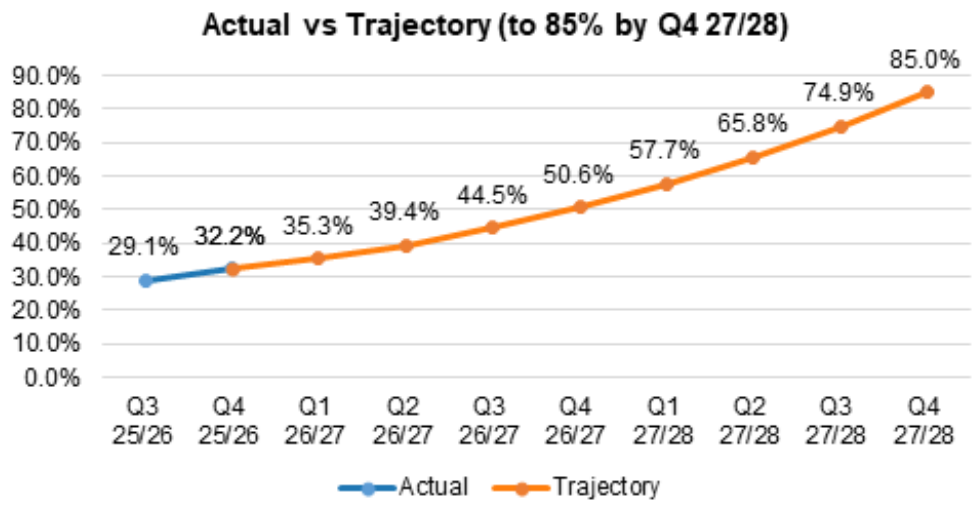
Key Achievements in 2025/26

Education and training: consistent training on sepsis and deterioration

- We introduced one education programme for sepsis and deteriorating patients across the Group, to reduce differences between sites and services.
- We created role-specific training, so staff receive learning that matches what they do in practice.
- Core training on sepsis and deterioration was made mandatory, with the same expectations across the organisation.
- We used a "train the trainer" approach so teams can deliver training locally and staff can access it more easily.
- Training was built around real clinical risks, focusing on early cognition, escalation and timely response when patients deteriorate.
- We set up oversight arrangements and regular reporting to monitor progress and address gaps.
- Training records and reporting were improved so we can see completion levels more clearly and follow up where uptake is low.
- Staff are increasingly trained to the same standard, supporting more consistent and reliable care for patients across the Group.
- This work has established a consistent approach that we will continue to build on as part of our wider patient safety work.

Group compliance of 85% for completion of ATHENS training

The graph below shows actual versus trajectory completion rates for the training module (ATHENS) on sepsis and deteriorating patients:



- By the end of 25/26, **32.2%** of staff had completed the training.
- A three-year plan is in place to reach and sustain an 85% training completion rate by April 2028 as demonstrated b y the trajectory on the graph.
- The Trust will continue to monitor compliance ra tes to ensure the target of 85% is met.

Martha's Rule: helping patients and families raise concerns quickly

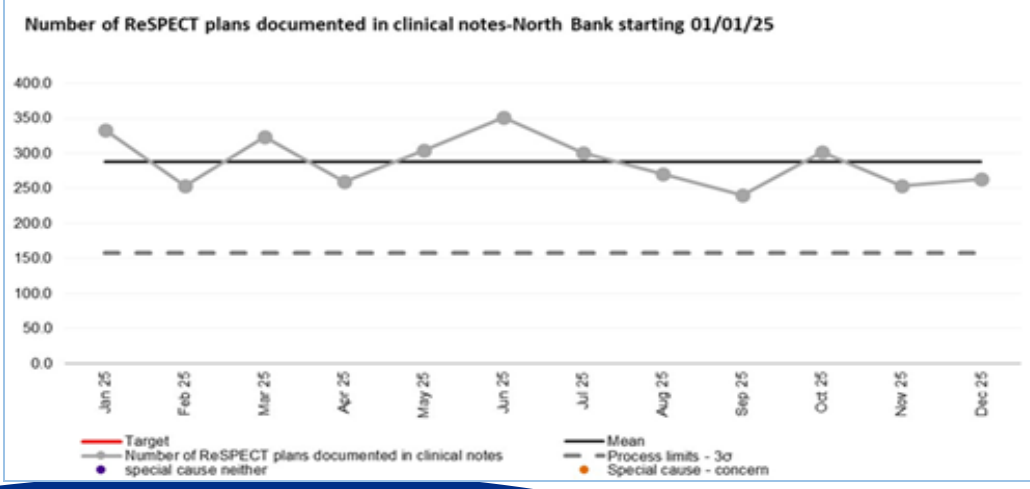
- We introduced Martha's Rule, so patients, families and carers have a clear way to raise urgent concerns if a patient seems to be getting worse in hospital and feel their concerns are not being listened to or acted upon.
- The Patient Wellness Questionnaire (PWQ) is now used on all wards to help staff check how patients are feeling each day and identify concerns earlier.
- Staff feedback suggests the questionnaire fits with day-to-day ward routines and supports earlier conversations and opportunities for escalation when a patient may be deteriorating.
- Clear escalation routes were agreed so concerns raised by patients or families are reviewed promptly by the right clinical teams.
- We developed a Group-wide standard operating procedure to support consistent and safe use of Martha's Rule.
- We have started to co-produce patient information leaflets and ward posters to explain Martha's Rule in clear, accessible language, with lots of communication made available to staff to raise awareness around Martha's Rule.
- We started developing a dashboard to help monitor how often the PWQ is completed, what actions are taken when concerns are raised and identify themes for improvement or further training.
- Training and awareness sessions supported staff confidence and understanding.
- Overall, this work strengthens how we listen to and act on concerns about deterioration, supporting safer care for patients.

Recommended Summary Plan for Emergency Care and Treatment (ReSPECT): improving emergency care plans and recording what matters to patients

- We focused on improving how well ReSPECT emergency care plans are introduced, completed and recorded, starting in Oncology and Haematology services in the Queen's Centre at Castle Hill Hospital.
- Teams used a structured improvement programme and agreed what "good" ReSPECT documentation looks like and continue to work towards improving the quality of ReSPECT plans.
- More patients were supported to have earlier, clearer conversations about their preferences for emergency care and treatment in order to aid clinical decisions.
- We introduced patient-friendly leaflets, posters and badges to explain what ReSPECT is and why it matters.
- As a result, awareness of ReSPECT improved and plans continue to be available more often in clinical records when needed.
- We addressed myths and misunderstandings about ReSPECT and reinforced that it supports personalised care, not the withdrawal of treatment and the requirement for plans to be in place prior to an emergency admission.
- We are using learning from this pilot to plan the next phase in other specialties, including Cardiology where work has commenced focusing on patients diagnosed with heart failure.

ReSPECT plans documentation in electronic clinical notes

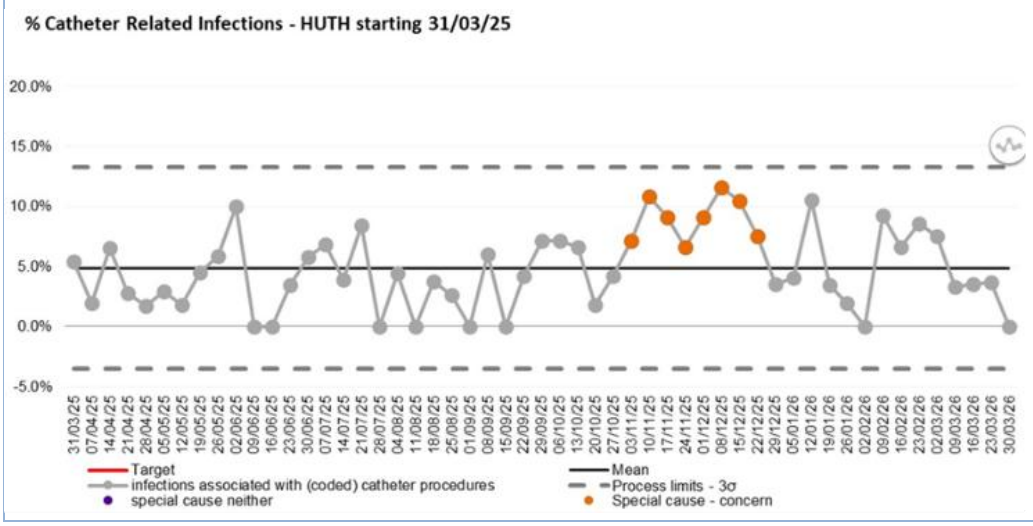
The graph below shows the number of ReSPECT plans documented in the patient's electronic record over time:



- Documented ReSPECT plans have been broadly steady across the year, with an average of 280 entries each month.
- It is expected that the number of ReSPECT plans documented in the patient's electronic care record will increase following the rollout of changes made across the Trust.

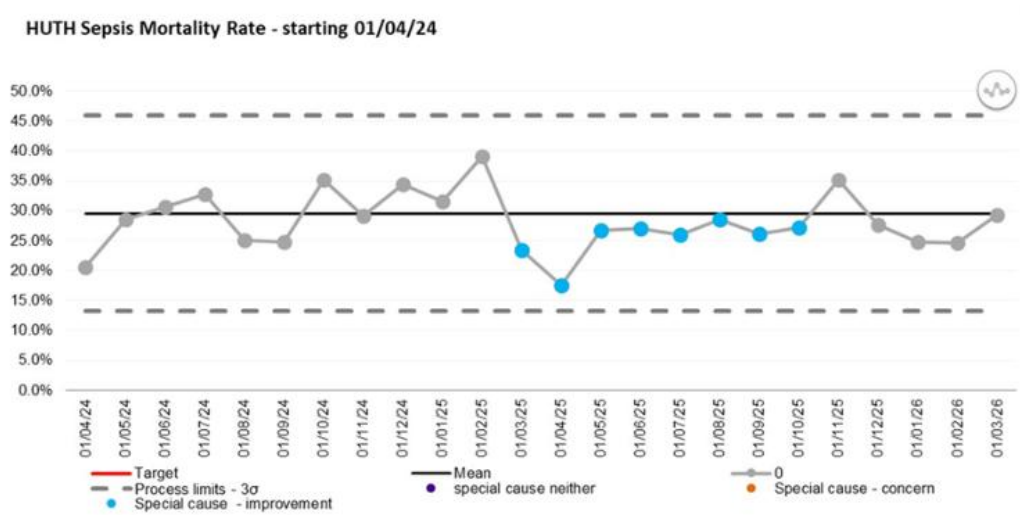
Infection Reduction: reducing catheter-associated infections

- We focused on reducing infections linked to urinary catheters, which can cause harm and may contribute to deterioration or sepsis.
- We agreed an improvement plan with clear aims, measures and actions across hospital and community care.
- We improved how we collect and report data so catheter-related infections can be identified more reliably and acted on earlier.
- We reviewed why catheters are used, how they are cared for, and how quickly they are removed, to reduce unnecessary catheter use.
- We started aligning policies and clinical guidance across services to reduce variation and improve consistency of care.
- Multi-professional groups were set up to focus on staff training, catheter care standards and safer discharge arrangements.
- Education materials were updated so staff have clearer, more consistent guidance on safe catheter care.
- We began work to standardise catheter equipment and take-home supplies, helping to reduce confusion when care transfers between settings.
- We strengthened links between acute and community teams to support safer handovers and continuity of care after discharge.

Infections associated with (coded) catheter procedures	
The graph below shows the percentage of infections associated with catheter use over time:  	• The average rate of catheter related infections is **5%**. • The foundations laid during 25/26 will further enable improvements and ensure any improvements made will sustain over time. • We will continue to monitor data and use the information to identify further improvement opportunities.

Sepsis: improving screening and timely treatment

- We introduced standard tools and pathways to help staff recognise possible sepsis and know what action to take next.
- We developed new databases to provide more reliable and more automated information on screening, treatment and outcomes at ward and site level.
- We progressed work to better understand outcomes from sepsis, including data on how common it is and how it affects mortality, to target improvement and support learning from deaths.
- We delivered targeted ward-based teaching in response to audits and staff feedback, to improve confidence in recognising and treating suspected sepsis.
- We strengthened learning from patient safety incidents by involving the Sepsis Team in investigations and improvement actions.
- Work continues to improve digital prompts and documentation so clinicians consider sepsis earlier and we can monitor care more accurately.

Mortality Rates	
The graph below shows the Sepsis Mortality Rate:  	• Since April 2024, the Trust's sepsis mortality rate has remained broadly in line with the average of **30%**. • During spring/summer 25, there was a short period where mortality fell below the usual level, suggesting improvement. • Overall, the data indicates a stable position over time, with no evidence of a sustained increase in sepsis mortality. • The Trust continues to monitor sepsis outcomes closely as part of its ongoing focus on patient safety.

Moving Forward

Going forward, we will further develop the progress achieved by integrating training, ReSPECT, catheter-care and Martha's Rule into daily care practices and standard business operations. We remain committed to assisting wards and services in applying these methods consistently, enabling them to become established components of safe care and routine procedures.

Quality Priority Aims for 2026/27

In 2026/27, we will uphold our commitment to quality by continuing the sepsis screening and infection reduction workstreams as part of the 2026/27 Quality Accounts. Our efforts will remain concentrated on ensuring timely sepsis screening and treatment with the aim of enhancing patient safety and improving outcomes.

Medication Safety:

Background

Medication safety is about making sure medicines are used as safely and effectively as possible. This includes preventing avoidable errors and harm, supporting staff to learn from incidents, and using antibiotics appropriately.
In 2025/26 we focused on three areas: ensuring adult patients are weighed so weight-based medicines can be prescribed safely; switching suitable patients from intravenous (IV) to oral antibiotics in a timely way; and improving insulin safety.

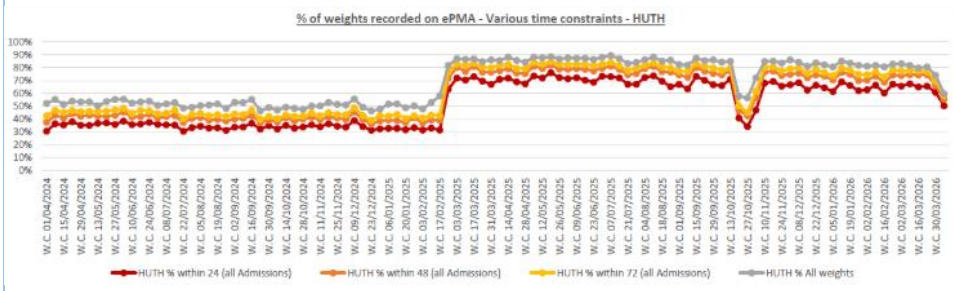
Key Achievements in 2025/26

Weighing patients: safer prescribing of weight-based medicines

- We worked to ensure adult patients are weighed promptly so medicines that depend on weight can be prescribed and given safely.
- We improved digital links between systems so recorded weights can flow into electronic medication charts, reducing manual entry and the risk of error.
- This helped staff record weights more reliably at the point of care.
- By 2025/26, performance improved, with around nine in ten adult inpatients having a weight recorded during their admission.
- Some services improved quickly once the digital changes went live.
- Progress was monitored through routine medication safety reporting.
- As recording became more stable, the work moved into routine monitoring to help sustain safe practice.
- These changes support safer prescribing of weight-based medicines.

Weights recorded in electronic Prescribing and Medicines Administration (ePMA)

The graph below shows the percentage of weights recorded in the electronic Prescribing and Medicines Administration system within 24, 48 and 78 hours of admission:



- Timely recording of patient weights on ePMA improved significantly in early 2025 and has been sustained since, supporting safer and more accurate weight-based prescribing.
- With brief, isolated dips and rapid recovery, this improvement reduces the risk of dosing errors and strengthens medicines safety for patients on admission.
- Performance continues to be monitored as part of the Trust's ongoing patient safety and digital medicines programme.

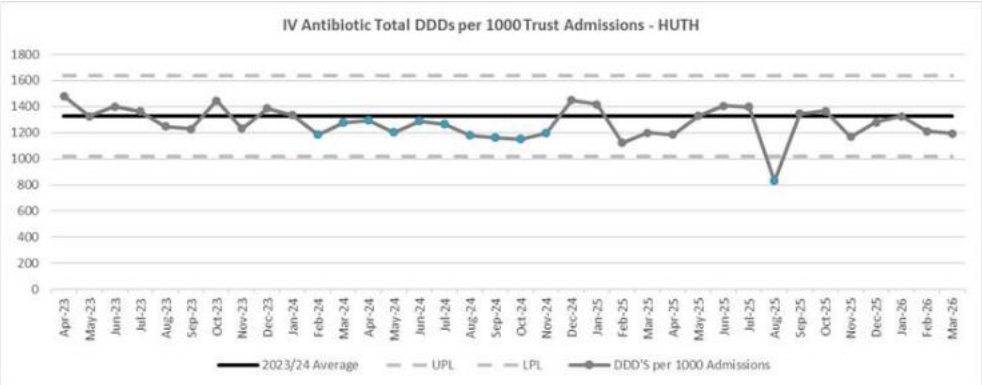
Switching from IV to oral antibiotics: reducing unnecessary IV use

- We worked to switch suitable patients from intravenous (IV) to oral antibiotics sooner, where clinically appropriate.
- A multi-professional group (pharmacy, nursing and medical teams) agreed priorities and supported consistent practice.
- We developed clear clinical messages to support timely review, aligning with existing safety communications.

- Training materials were refreshed and simplified so they can be used easily in ward briefings and team discussions.
- Pharmacy teams played a stronger role in prompting IV-to-oral review during ward rounds and medicines reviews.
- Updates were shared through established staff channels to maximise reach.
- This work supports safer antibiotic use by reducing unnecessary time on IV treatment.

IV antibiotic use measured as Defined Daily Doses (DDDs) per 1,000 admissions

The graph below shows the number of defined daily doses per one thousand admissions for IV antibiotics:



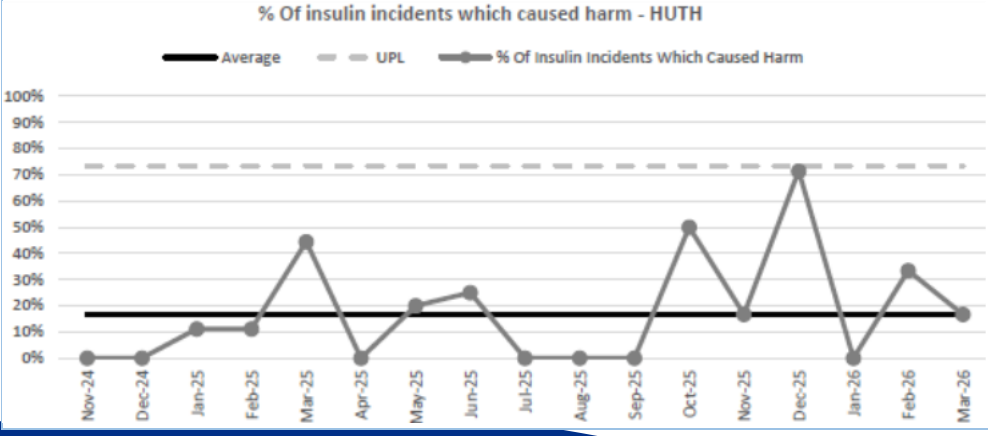
- IV antibiotic use remains above target averaging around 1,350 DDDs per 1,000 admissions.
- This measure has not yet improved as work continues to align processes across the Group.
- To support a sustained reduction, an SOP for switching from IV to oral antibiotics is being developed and is awaiting approval.

Insulin safety: reducing insulin-related harm

- We made insulin safety a key focus because insulin is a high-risk medicine and mistakes can cause serious harm.
- After an early pause due to pharmacy capacity pressures, we restarted the work with clear oversight.
- We reviewed insulin risks and the main causes of insulin errors and set out a clear improvement plan.
- Incorrect insulin-related equipment was identified and removed from wards to reduce the risk of errors.
- We introduced hypoglycaemia treatment boxes (“hypo boxes”) on wards to support faster and safer treatment of low blood sugar.
- We began developing a consistent approach to insulin safety training across hospital sites.
- We agreed clear aims to reduce insulin-related harm and to eliminate insulin-related “Never Events” (serious incidents that should not happen).
- We strengthened awareness through planned activity linked to national Insulin Safety Week (May) and Hypoglycaemia Awareness Week (November).
- This work set the foundations for further improvement in 2026/27, with a focus on safer insulin use, the right equipment, staff learning, and a positive culture of reporting and learning from incidents.

Insulin incidents reported causing harm

The graph below shows the percentage of insulin reported incidents that caused harm:



- The percentage of insulin incidents causing harm has varied month to month.
- A few short-term increases were seen in 2025, followed by improvement.
- More recently, levels have reduced and are more stable.
- Insulin medicines safety will continue to be monitored.

Moving Forward

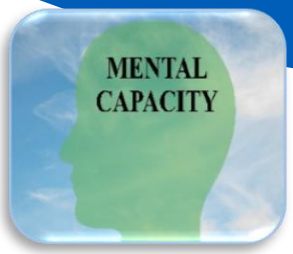
Moving forward, we will continue to advance the integration of patient weighing and IV-to-oral antibiotic transition into routine care processes and standard operational protocols. Our ongoing commitment is to support wards and services in implementing these practices consistently, ensuring they become integral to safe care and established procedures.

Quality Priority Aims for 2026/27

In 2026/27, we will continue to prioritise quality by advancing the insulin safety workstream as part of our 2026/27 Quality Accounts. Our approach will remain focused on the following key areas:

- Increasing staff awareness of safe insulin prescribing and administration through the introduction of a targeted training package and engagement with teams across the Group.
- Ensuring wards and departments are equipped with the appropriate tools for insulin administration to minimise avoidable incidents.
- Supporting safer insulin practices during Insulin Safety Week (May) and Hypoglycaemia Awareness Week (November), in alignment with national campaigns.
- Developing a decision support algorithm for community teams to maintain high standards of insulin safety for patients at home and in community settings.
- Encouraging staff to report any insulin-related incidents to foster a just and transparent reporting culture throughout the Group.

Mental Capacity:



Background

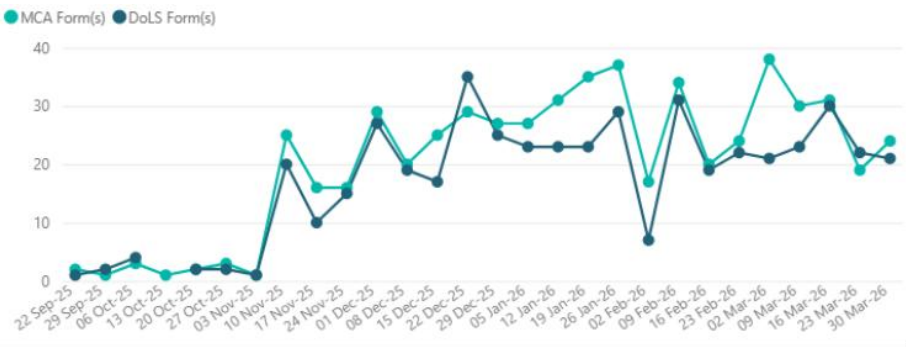
All patients should be involved in health care decisions, aligning with the Mental Capacity Act (2005). If a patient has impaired decision-making capacity, reasonable adjustments must enable patients to make decisions. For those lacking capacity, health professionals must document assessments and follow the best interest process, balancing patient wishes and professional actions.

Two key workstreams were identified to support and drive improvements for the Mental Capacity Quality Priority including digitising paper documents, and training and education to improve the quality of assessments.

Key Achievements in 2025/26

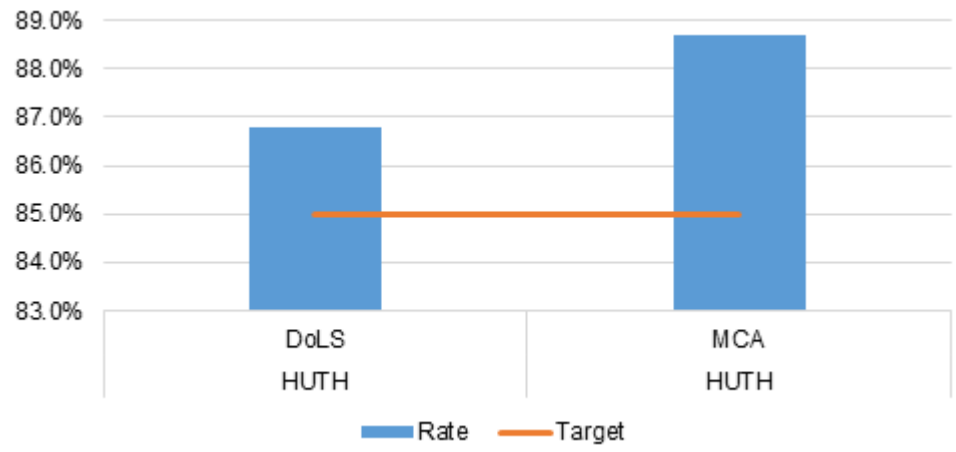
Digitisation of Mental Capacity assessments and Best Interest Documentation: improve the accessibility for staff to complete documentation and support patients in line with the legal requirements of the Mental Capacity Act:

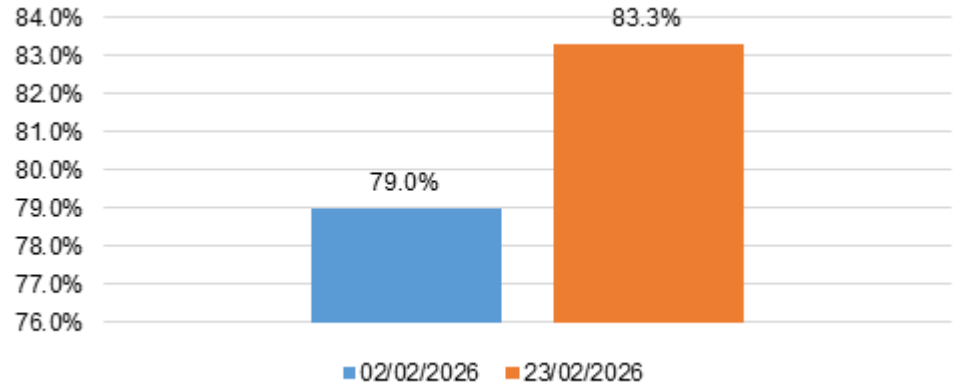
- Digital Mental Capacity Act (MCA) assessments, best interest decision records, and Deprivation of Liberty Safeguards (DoLS) forms were developed and introduced, replacing paper-based processes.
- The digital forms were piloted on selected wards before wider rollout, helping to test usability and ensure they met legal requirements.
- Following successful pilots, full rollout took place in November 2025, embedding digital mental capacity documentation into routine practice.
- Early audit evidence showed a clear increase in completed mental capacity and best interest records compared with the pre-digitisation baseline.
- Digital documentation has improved clarity and completeness, making it easier for staff to demonstrate that decisions are lawful, well-reasoned and patient centred.
- Local authority partners reported fewer follow up queries, indicating better quality information and more efficient DoLS processes.
- The digital approach supports more timely reviews of restrictions, helping to reduce unnecessary or prolonged limitations on patients' liberty.
- Mental capacity training was updated to include the digital approach, focusing on good decision making and legal responsibilities rather than system use alone.
- Ongoing monitoring of data is now built into existing governance and quality reporting, supporting sustained improvement.

MCA and DoLS activity	
The graph below shows the MCA and DoLS activity and completed documents over time:  	• Completion of MCA and DoLS forms has increased over time, with some expected week-to-week variation. • Overall activity levels have remained broadly stable in recent months, reflecting routine clinical need rather than a defined performance threshold.

Training and education: improve the quality of mental capacity assessment and best interest documentation

- A single, unified Mental Capacity Act training programme was developed across the Humber Health Partnership, reducing variation and setting clear expectations for staff.
- The training focuses on how to apply the law in practice, not just theory, helping staff make and record clear, lawful decisions in real clinical situations.
- A train-the-trainer approach was introduced, building local expertise and enabling learning to be delivered closer to clinical teams.
- Bite-size, case-based learning materials are being developed to improve confidence, particularly around what to write and how to evidence decisions.
- The programme recognises that mental capacity assessment is everyone's responsibility, challenging the view that it is role-specific.
- Training content is being designed to support different roles and settings, including therapy teams and staff working with people who have communication difficulties.
- Workshops and focus groups helped identify common myths and gaps, shaping training to address real risks seen in audits and incidents.
- A proportionate approach to measuring impact was agreed, using audits, feedback and confidence checks rather than relying on training completion rates alone.

Compliance rate for staff identified as required to complete MCA training	
The graph below shows the training compliance for Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act (MCA): 	• The Trust continues to achieve the 85% compliance rate for staff to complete MCA and DoLS training. • Compliance rates will continue to be monitored through the appropriate governance routes.

Compliance for Mental Capacity and Best Interests process	
The graph below shows the compliance rates for the mental capacity and best interests process: 	• A new recurring audit has been established to monitor compliance with the mental capacity and best interests' process. • A target for compliance with the process is to be confirmed. • Continuing the development of the train-the-trainer approach to support application of the MCA in practice.

Moving Forward

Moving forward, the accomplishments related to the Mental Capacity Quality Priority will be incorporated into routine operations, ensuring ongoing improvement and continued progress in assessment quality and application of the Mental Capacity Act through the Mental Capacity Leads as standard practice.
This objective will be achieved by expanding the train-the-trainer programme from its pilot phase to a full-scale rollout and implementation throughout the Group.

2.1.1 Quality Priorities 2026/27

Sepsis – prevention, identification and treatment:

Background

SHMI for Septicaemia is higher than expected for both Trusts meaning there are more than expected deaths with this condition. We aim to improve reliability in recognising and treating patients presenting/admitted with infections at the earliest opportunities to reduce harm. Prevent infection and recognise development of sepsis for inpatients.

Key Aims in 2026/27:

- SHMI for sepsis reduction of 20%.
- Reduced number of deaths from sepsis by 10%

Infection Control Alert Organism rate reduction for Clostridium difficile, MRSA BSI and E.Coli BSI:

Background

National benchmarking shows higher rates and National Outcomes Framework scores for Clostridium difficile and blood stream infections for MRSA and E.Coli. We aim to reduce hospital acquired infections for Clostridium difficile cases, MRSA Blood Stream Infections and E.Coli Blood Stream Infections.

Key Aims in 2026/27:

Improve the National Outcomes Framework scores for each infection from 2025/26 rates and working towards Quartile 1 benchmarking rather than Quartile 3 or 4.

Ensuring Safer Surgery and Interventions:

Background

There have been 19 Never Events identified since HHP commenced in April 2024. The majority relate to surgery and interventions. Both Trusts were jointly 6th nationally for number of Never Events cases in April – September 2025. We aim to improve reliability in all surgical and clinical interventions, reducing never events.

Key Aims in 2026/27:

- Reduce the number of never events in a 12 month rolling period.

Safe care for patients prescribed insulin:

Background

Insulin safe practice has been identified as a theme nationally and locally, with HSSIB reports and PSII and AAR proportional learning responses. We aim to reduce harm caused to patients who are treated with insulin, in respect of prescribing, administration and monitoring the effect of treatment.

Key Aims in 2026/27:

- Reduced incidents of harm to patients.

Preventing deconditioning:

Background

Patients with longer length of stay carry additional risks of harm associated with hospital care and loss of independence. This can be impacted by their reduced mobility when unwell or recovering from illness, nutrition, hydration and delays to discharge, including NCTR. We aim to reduce harm from deconditioning as a consequence of hospitalisation.

Key Aims in 2026/27:

Reducing:

- Length of stay (non-elective)
- Length of stay (elective)
- Malnutrition/ excessive weight loss incidence
- Acute Kidney Injury
- Patient falls (per 1000 bed days)
- Pressure Ulcers (per 1000 bed days)

2.2 Performance against other Quality and Safety Indicators

2.2.1 Performance Against Key National Priorities

Performance against indicators that form the Oversight Framework (not already reported on within this document) are shown as follows for 2025/26.

Indicator	Quarter 1 25/26 (Percentage)			Quarter 2 25/26 (Percentage)			Quarter 3 25/26 (Percentage)			Quarter 4 25/26 (Percentage)			Target	Full year average
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate - patients on an incomplete pathway	56.8%	57.8%	59.0%	57.9%	56.7%	56.7%	56.5%	56.0%	55.5%	54.9%	54.6%	56.3%	**92%**	56.6%
A&E: Maximum waiting time of four hours from arrival to admission/transfer/ discharge	56.4%	56.2%	56.6%	58.9%	61.9%	58.5%	55.8%	57.2%	60.1%	57.0%	60.3%	64.0%	**78%**	58.6%
All cancers: 62- day wait for first treatment from referral/screening	52.8%	46.3%	48.6%	54.9%	48.8%	50.2%	55.5%	57.4%	53.7%	52.0%	51.6%	56.0%	**85%**	52.3%
Maximum 6-week wait for diagnostic procedures	18.1%	21.8%	25.7%	26.2%	32.4%	30.0%	31.3%	34.5%	40.2%	42.8%	35.9%	33.8%	**1.0%**	31.3%

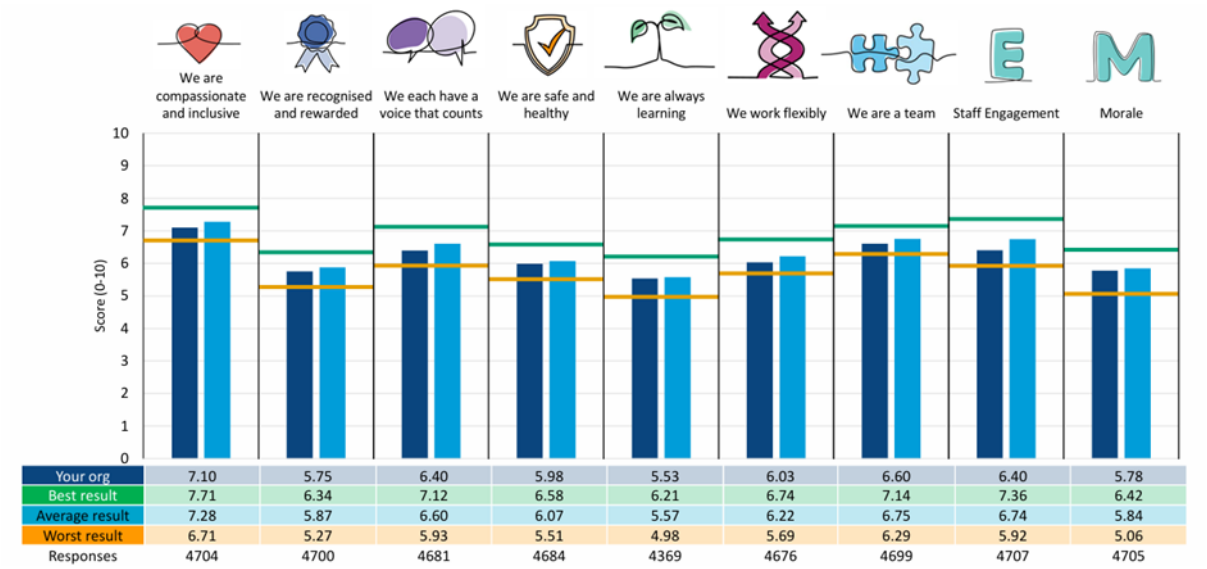
2.2.2 NHS Staff Survey Results

Results of the 2025 Staff Survey for HUTH

All NHS trusts are required to survey their workforce annually using the National Staff Survey. A total of 124 questions were asked in the 2025 survey, of these, 110 can be compared to 2024 and 101 can be positively scored. The NHS England benchmark reports are themed in line with the seven NHS People Promise areas.

The National Staff Survey ran between September and December 2024. Picker is commissioned by 50 Acute and Acute Community Trusts organisations to run their National Staff survey, including HUTH.

HUTH's completion rate increased from 46% to 47% (4709 staff responded compared to 4,464 last year).



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Your org	7.10	5.75	6.40	5.98	5.53	6.03	6.60	6.40	5.78
Best result	7.71	6.34	7.12	6.58	6.21	6.74	7.14	7.36	6.42
Average result	7.28	5.87	6.60	6.07	5.57	6.22	6.75	6.74	5.84
Worst result	6.71	5.27	5.93	5.51	4.98	5.69	6.29	5.92	5.06
Responses	4704	4700	4681	4684	4369	4676	4699	4707	4705

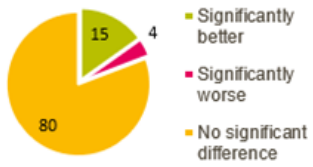
The National Staff Survey measures organisations against key themes, seven of which are based on the national People Promise indicators. Each indicator is a score out of 10.

HUTH has remained the same across many elements of the People Promise.

People Promise elements	2024 score	2024 respondents	2025 score	2025 respondents	Statistically significant change?
We are compassionate and inclusive	7.09	4448	7.10	4704	Not significant
We are recognised and rewarded	5.69	4449	5.75	4700	Not significant
We each have a voice that counts	6.40	4429	6.40	4681	Not significant
We are safe and healthy	5.97	4434	5.98	4684	Not significant
We are always learning	5.49	4148	5.53	4369	Not significant
We work flexibly	5.85	4426	6.03	4676	Significantly higher
We are a team	6.53	4442	6.60	4699	Not significant
Themes					
Staff Engagement	6.47	4449	6.40	4707	Not significant
Morale	5.74	4450	5.78	4705	Not significant

The table below shows comparison scores for HUTH in 2025.

47%	q25c. Would recommend organisation as place to work	Comparison to 2024**	Comparison with average**
50%	q25d. If friend/relative needed treatment would be happy with standard of care provided by organisation		
59%	q25a. Care of patients/service users is organisation's top priority		



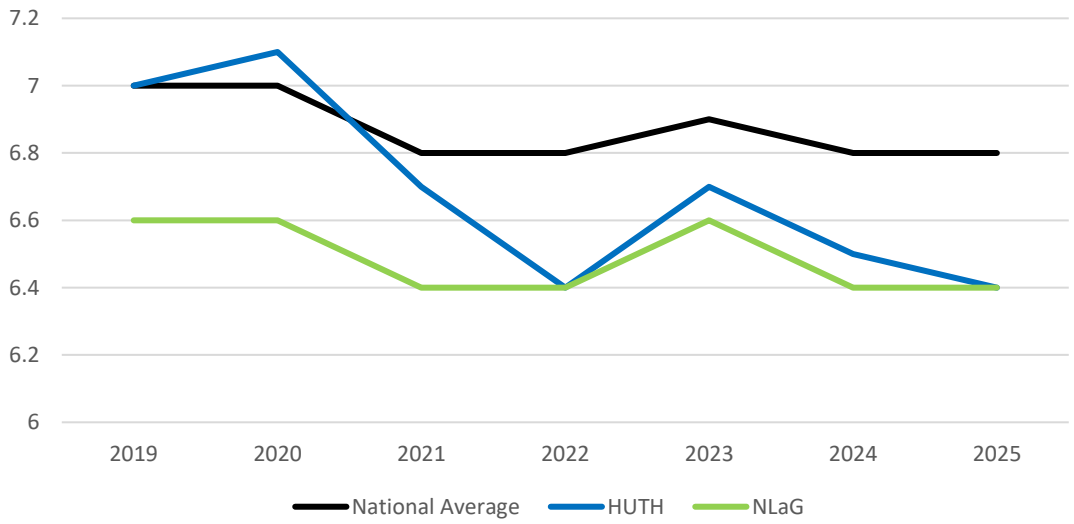
*Bank worker survey results are presented via separate reports for those organisations who took part
**Chart shows the number of questions that are better, worse, or show no significant difference

Staff Engagement

One of the key measures in the National Staff Survey is that of staff engagement, which is seen as a strong indicator of cultural health in an organisation. HUTH has seen a slight decline in staff engagement in the 2025 survey.

Our Group People Strategy 2025-2028 deals with the basics of enabling a solid psychologically safe environment, whilst pushing the boundaries and practicalities of what a positive and healthy staff experience should look and feel like. The partnership has focused on the key element of our People Strategy – Putting People First. This has been our byline for improving the culture of our group and creating a working environment where everyone is supported to deliver high quality care and services as well as generate ideas for improvement and deliver on those ideas.

A chart showing staff engagement trend data for the past seven years is below. HUTH maintained from a score of 6.47 in 2024 to a score of 6.4 in 2025. Whilst this remains below the national average, the Trust is seeking through its improvement journey to return ahead of national average as it was prior to the pandemic.



Care Groups and Directorates have been asked to develop local plans for improvement and progress will be measured in our monthly performance meetings. A set of corporate actions have been developed to address issues in the key areas – Communication, Health and Wellbeing, Reward and Recognition and Essential (CARE) needs. The below table provides an overview of the actions that have been developed.

Putting People First	Key Themes	Actions
Communication	**Staff engagement**	Managing change well, involving people in decisions about them, intradepartmental communication, raising concerns, Just Learning Culture/accepted responsibility, staff networks, team meetings, FTSU, Bridget, ATCE
Action	**Health and wellbeing**	Managers proactively checking in – daily activity, staff support services, wellbeing events and activities, physio4staff, coaching, mentoring, mediation, Occupational Health, support with challenging events work/personal
Recognition	**Reward and recognition**	Long service, Golden Stars, Shining Lights, national awards, King's honours, training and development, progression, talent development, appraisal, lottery and events, staff benefits
Essentials	**Foundations**	Staff rest areas, parking, hot and healthy food provision, IT and digital inclusion, work/life balance, flexible working, working environments

2.2.3 Freedom to Speak Up

Freedom to Speak Up (FTSU) is core to the delivery of the People Strategy, supporting the development of our culture at HUTH and reinforcing the values and behaviours. FTSU processes are in place to support patient safety and improve staff experience and provides an additional route to raise workplace concerns in a confidential manner. Freedom to speak up supports the NHS People Promise which states:

"We all feel safe and confident when expressing our views. If something concerns us, we speak up, knowing we will be listened to and supported. Our teams are safe spaces where we can work through issues that are worrying us. If we find a better way of doing something, we share it. We use our voices to shape our roles, workplace, the NHS, and our communities, to improve the health and care of the nation. We take the time to really listen – beyond the words – to understand the hopes and fears that lie beneath them. We help one another through challenges, during times of change, and to make the most of new opportunities".

The Freedom to Speak Up Guardian (FTSUG) role at HUTH is undertaken by the Head of Freedom to Speak Up, Frances Moverley and the role is supported by both an Executive Sponsor and a Non-Executive Director sponsor. The FTSUG attends and reports directly to the Group Trusts Boards-in-Common (held in public), and various committees and includes presenting a high level summary of the types of concerns being raised through this role, any learning and the proactive activities undertaken by the FTSUG to promote and raise awareness of speaking up.

As a result of continued and promotion and the support of the Speak Up Champion Network during 2025/2026, the Trust has successfully increased the number of referrals to the FTSUG to 306, a 13% increase from the 2024/2025 reporting year.

2.2.4 Duty of Candour

Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires healthcare providers to respond to patient safety incidents that result in moderate or severe harm or death. This includes informing people about the incident, providing reasonable support and providing truthful information and a timely apology.

The CQC assessed the Trust most recently in December 2022 against the Duty of Candour requirements. The CQC found that staff understood Duty of Candour and were aware of their responsibilities under the Duty of candour requirements.

When a notifiable safety incident is reported, there is a Trust expectation that:

- Verbal apology is provided within 10 working days of being reported,
- Written apology is provided within 10 working days of being reported,
- Where further enquiries or investigations are needed, their outcomes are shared within 10 working days of being completed.

In 2025/26 work has been undertaken to strengthen the oversight of Duty of Candour Compliance. A dashboard has been created to support the Care Groups to easily identify where a written apology is outstanding and to support in adherence to meet the expected timescales in delivering all three elements of the Duty of Candour.

The quarter four figures for duty of candour demonstrates 99% completed for the Trust. During 2025/26 a significant amount of work has been undertaken to improve the timeliness of duty of candour and this will continue into 2026/27.

2.2.5 Guardian of Safe Working

The Exception Reporting process was introduced as part of the Terms and Conditions of Service for Doctors and Dentists in Training 2016 to ensure that overtime, changes to working pattern, lack of service support, and missed educational opportunities are recorded, for both doctors in training and locally employed doctors.

In 2025, NHS Employers announced an overhaul of the Exception Reporting process, the first since the 2016 contract was introduced. As part of the Exception Report Reform, which went live in February 2026, supervisors were removed from the process, and the focus shifted to maintaining doctor's confidentiality and minimising detriment because of exception reporting.
Although these changes became contractually effective on 4th February 2026, Humber Health Partnership implemented them ahead of schedule, in October 2025. This early adoption resulted in strong local delivery outcomes, and the team received national recognition from NHS Employers for being the first trust in the country to implement the changes within the updated terms and conditions.

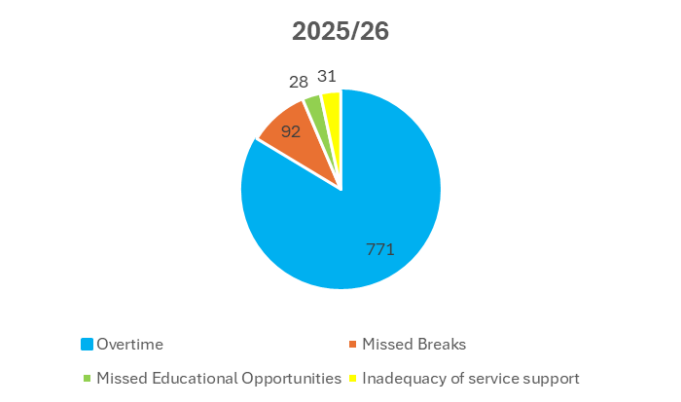
Exception reporting is a valuable instrument that provides up to date information regarding pressure points in the system. It ensures safe working hours and improves the morale of doctors in training, the quality of medical training and patient safety. It is also the agreed contractual mechanism for ensuring that trainees are paid for all work done.

The Trust continues to achieve a high fill rate for doctors in training, exceeding 90%. This has had a positive impact on rota resilience, compliance with working hour requirements, and access to educational and training opportunities.

Number of deanery appointed doctors and dentists in training currently in post at Hull University Teaching Hospitals: **720.8**

- Establishment: **756**
- Vacancies: **35.2**
- Fill rate: **95.3%**

Between 1st April 2025 – 31st March 2026, 922 exception reports were submitted at Hull University Teaching Hospitals.
The exception reports were submitted for a wide range of themes, detailed in the chart.



Of the 922 exception reports, 94 of those were identified as breaching the rota rules set out in the Terms and Conditions, resulting in £86,830.02 of fines issued to departments due to safe working breaches.

Care Group:	**Total fines levied:**
Family Services	£76850.69
Specialist Surgery	£7563.18
Specialist Cancer and Support Services	£1562.69
Acute and Emergency Medicine	£440.65
Community, Frailty and Therapy	£200.21
Cardiovascular	£123.16
Head and Neck	£89.44
Total	**£86,830.02**

Care groups heavily affected by safe working breaches are continuing to pursue business cases to obtain further funding for increased staffing.

Supporting the progression of the Paediatric Surgery business case must be a priority for the Trust to ensure a safe and compliant rota.

2.3 Statements of Assurance from the Board

2.3.1 Review of Services

During 2025/26 Hull University Teaching Hospitals NHS Trust provided and/or subcontracted 5 service categories. The 5 service categories are taken from the Trust's standard contract with the ICB as the "categories of service which the Provider is commissioned to provide under this contract". These are:

- A&E Services
- Acute Services
- Cancer Services and Radiotherapy Services
- Diagnostic, Screening and/or Pathology Services
- End of Life Care Services

The Trust has reviewed all the data available to them on the quality of care in 5 of these relevant health and care 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 and care services for 2025/26.

2.3.2 Clinical Audits and National Confidential Enquiries

Participation

During 2025/26 68 national clinical audits and 4 national confidential enquiries covered relevant health services that Hull University Teaching Hospitals NHS Trust provides.

During that period Hull University Teaching Hospitals NHS Trust participated in 97% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Hull University Teaching Hospitals NHS Trust were eligible and/ or 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.

National Audits

Programme / Workstream	Participated	Participation Rate
BAUS - British audit Of the investigatiOn and referral of woMen with rEcurrent uRinary trAct infectioN using recent Guidance (BOOMERANG)	✓	100%
BAUS - Evaluating the Management Pathway for Suspected Testicular Cancer Referrals (EMPAST)	✓	100%
Breast and Cosmetic Implant Registry	✓	100%
British Spine Registry	✓	100%
Case Mix Programme (CMP)	✓	100%
Emergency Medicine QIPs: Care of Older People	✓	100%
Emergency Medicine QIPs: Mental Health Self Harm	✓	100%
Emergency Medicine QIPs: Time Critical Medications	✓	96%
Epilepsy12: National Clinical Audit of Seizures and Epilepsies for Children and Young People	✓	100%
National Audit of Inpatient Falls (NAIF)	✓	100%
National Hip Fracture Database (NHFD)	✓	100%
Learning from lives and deaths – People with a learning disability and autistic people (LeDeR)	✓	100%
MBRRACE-UK: Perinatal Mortality Surveillance	✓	100%
MBRRACE-UK: Saving Lives, Improving Mothers' Care	✓	100%

Programme / Workstream	Participated	Participation Rate
National Audit of Dementia	Data collection paused Nationally for 2025/26	Data collection paused Nationally for 2025/26
National Diabetes Core Audit	✓	100%
National Diabetes Footcare Audit (NDFA)	✓	Data submitted by City Healthcare Partnership
National Diabetes Inpatient Safety Audit (NDISA)	✓	100%
National Pregnancy in Diabetes Audit (NPID)	✓	100%
Transition (Adolescents and Young Adults) and Young Type 2 Audit	✓	100%
Gestational Diabetes Audit	✓	100%
National Audit of Care at the End of Life (NACEL)	✓	100%
National Bariatric Surgery Registry	✓	100%
National Audit of Metastatic Breast Cancer (NAoMe)	✓	100%
National Audit of Primary Breast Cancer (NAoPri)	✓	100%
National Bowel Cancer Audit (NBOCA)	✓	100%
National Kidney Cancer Audit (NKCA)	✓	100%
National Lung Cancer Audit (NLCA)	✓	100%
National Non-Hodgkin Lymphoma Audit (NNHLA)	✓	100%
National Oesophago-Gastric Cancer Audit (NOGCA)	✓	100%
National Ovarian Cancer Audit (NOCA)	✓	100%
National Pancreatic Cancer Audit (NPaCA)	✓	100%
National Prostate Cancer Audit (NPCA)	✓	100%
National Cardiac Arrest Audit (NCAA)	✓	100%
National Adult Cardiac Surgery Audit (NACSA)	✓	100%
National Heart Failure Audit (NHFA)	✓	100%
National Audit of Cardiac Rhythm Management (NACRM)	✓	100%
Myocardial Ischaemia National Audit Project (MINAP)	✓	100%

Programme / Workstream	Participated	Participation Rate
National Audit of Percutaneous Coronary Intervention (NAPCI)	✓	100%
UK Transcatheter Aortic Valve Implantation (TAVI) Registry	✓	100%
National Child Mortality Database (NCMD)	✓	100%
National Comparative Audit of Blood Transfusion: 2025 Major Haemorrhage Audit	✓	100%
National Early Inflammatory Arthritis Audit (NEIAA)	✓	100%
National Emergency Laparotomy Audit (NELA) - Laparotomy	✓	100%
National Emergency Laparotomy Audit (NELA) - No Laparotomy	X	0%[1]
National Joint Registry	✓	100%
National Major Trauma Registry	✓	100%
National Maternity and Perinatal Audit (NMPA)	✓	100%
National Neonatal Audit Programme (NNAP)	✓	100%
National Obesity Audit (NOA)	✓	100%
National Ophthalmology Database (NOD): Age-related Macular Degeneration Audit	✓	100%
National Ophthalmology Database (NOD): Cataract Audit	✓	100%
National Paediatric Diabetes Audit (NPDA)	✓	100%
National Perinatal Mortality Review Tool (PMRT)	✓	100%
National Pulmonary Hypertension Audit	✓	100%
NRAP: COPD Secondary Care	✓	100%
NRAP: Adult Asthma Secondary Care	✓	100%
NRAP: Children and Young People's Asthma Secondary Care	✓	100%
National Vascular Registry (NVR)	✓	100%
Paediatric Intensive Care Audit Network (PICANet)	✓	100%
Perioperative Quality Improvement Programme (PQIP)	X	Non-participation is due to data collector resource issues
Sentinel Stroke National Audit Programme (SSNAP)	✓	100%

Programme / Workstream	Participated	Participation Rate
Serious Hazards of Transfusion (SHOT): UK National Haemovigilance Scheme	✓	100%
UK Cystic Fibrosis Registry – Adults	✓	All submissions are via York
UK Interstitial Lung Disease (ILD) Registry	✓	100%
UK Parkinson's Audit	✓	100%
UK Renal Registry Chronic Kidney Disease Audit	✓	100%
UK Renal Registry National Acute Kidney Injury Audit	✓	100%

[1]Note: It is not possible to identify cases retrospectively as the cases for inclusion do not undergo any procedure to help identify them, which makes submitting to the audit challenging. There is not an agreed process to identify cases prospectively.

National Confidential Enquires (NCEPOD)

Programme / Workstream	Participated	Participation Rate
Acute Illness in People with a Learning Disability	✓	100%
Stabilisation of the Critically Ill Child	✓	100%
Pleural Procedures	✓	100%
Rib Fractures	✓	Ongoing

National Clinical Audits Actions

The reports of 22 national clinical audits were reviewed by Hull University Teaching Hospitals NHS Trust in 2025/26 and Hull University Teaching Hospitals NHS Trust intends to take the following actions to improve the quality of healthcare provided:

National Audit Programme	Summary of some actions taken
Emergency Medicine QIPs: Care of Older People	• To explore Nervecentre as a possibility to include delirium screening as a mandatory requirement • To provide education/refresher on Frailty Scores calculation accurately and consistently • To integrate Nervecentre and Lorenzo systems to ensure that screening, assessment and care provided are consistently transferred and documented, improving audit compliance and patient care
Emergency Medicine QIPs: Mental Health Self Harm	• To implement a comprehensive Emergency Department nurse-led triage for all mental health patients. • To establish a Mental Health Hub within the Emergency Department.
Emergency Medicine QIPs: Time Critical Medications	• To increase awareness and training among nursing staff in initial assessment to ensure they ask about and document Time-Critical Medications (TCM) during

National Audit Programme	Summary of some actions taken
	triage. • To explore the possibility of integrating TCM documentation into the electronic triage system (Nervecentre) to ensure consistent recording and prompt action. • To encourage patients or their carers to self-administer TCM when appropriate, to avoid delays in medication administration.
Myocardial Ischaemia National Audit Project (MINAP)	• To provide a breakdown of discharge medications (e.g. ACE inhibitors, beta blockers, statins) to support a review of prescribing compliance.
National Audit of Percutaneous Coronary Intervention (NAPCI)	• To review all complex procedures – excluding ACS – to analyse the ICI rate. Educate operators on the expectation of ICI of this cohort and for this to be documented. • To share data relating to newer antiplatelet drugs with relevant stakeholders to promote awareness and emphasise the importance of accurate documentation.
National Vascular Registry (NVR)	• To escalate identified resource gaps to the Executive Team – formally raise capacity and resourcing concerns through Executive-level governance channels to secure appropriate support for pathway improvement. • To develop a SOP.
National Lung Cancer Audit (NLCA) 2025	• To review the local screening implementation including local uptake rates and referral processes. • To review the local rate of Non-small Cell Lung Cancer having surgery and develop plans to increase surgical capacity including MDTs, clinics, theatre time and post-operative hospital stays. • To review the National Optimal Lung Cancer Pathway (NOLCP), identifying and addressing any local delays.
National Early Inflammatory Arthritis Audit (NEIAA)	• To initiate and monitor DMARDs and review the impact on patient outcomes. Consider a local audit to assess the pressure on the service and pharmacy
National Bowel Cancer Audit (NBOCA)	• To undertake a deep dive of major resections in terms of 90 day and 2 year mortality, to ensure the data is accurate. • To review the pathway for ileostomy reversal to identify ways to reduce the waiting time
National Pancreatic Cancer Audit (NPaCA)*	• To complete an audit evaluating compliance with performance status documentation in MDT meetings. • To complete a review on the number of days from referral to patient's first treatment.
National Prostate Cancer Audit (NPCA)	• To continue to check with Clinical Nurse Specialists when performance status is not recorded on clinic letters.
National Emergency Laparotomy Audit (NELA) - Laparotomy*	• To ensure the lack of a Geriatrician post is still on the risk register. • To complete a review of cases which have returned to theatre to determine why
Case Mix Programme (CMP)*	• To add the lack of ICU beds at HRI to the risk register. • To complete a casenote review of the notes of patients at HRI with a unit-acquired blood infection. • To liaise with the Outreach team to review how staff can document the 'decision to admit' timings. • To investigate the high-risk admissions on GICU1. • To liaise with the sepsis team and investigate high-risk sepsis admissions on CICU1.
National Hip Fracture Database (NHFD)*	• To carry out a review of the peri-operative pathway. • To review current theatre efficiency. • To provide training on recording and documenting of pressure ulcers.
National Audit of Care at the End of Life (NACEL)*	• The Palliative Care Team to encourage holistic documentation in existing care plans as all existing nursing documentation is now in Nervecentre, in addition to the comfort observations.

National Audit Programme	Summary of some actions taken
	• To maximise education opportunities around the recognition of dying, managing the dying patient and communication skills
Sentinel Stroke National Audit Programme (SSNAP)*	• To recruit to the vacant Psychologist post. • To change how the data is collected for vision screening. • To investigate if nurses can contribute to the 180 minute physiotherapy target and how to correctly document and collect that data.
National Comparative Audit of NICE Quality Standard QS138 (Blood Transfusion)	• To liaise with pre-assessment and clinical specialist leads regarding the use of iron pre-operatively in the first instance. • To ensure risks, benefits and alternatives are documented on the transfusion care pathway. • To communicate with surgical leads regarding the use of Tranexamic Acid to be inserted into the checklists.
National Neonatal Audit Programme (NNAP)	• To develop a more stable staffing structure, such as appointing Advanced Neonatal Nurse Practitioners (ANNPs) and to secure funding for a Band 7 trainee post within the team. This metric also directly affects the incidence of Bronchopulmonary Dysplasia (BPD), which, in the longer term, may lead to increased paediatric admissions and associated health issues. • To review environmental concerns regarding pathogens within the NICU and current Infection Prevention and Control (IPC) measures should be reassessed accordingly.
Epilepsy12: National Clinical Audit of Seizures and Epilepsies for Children and Young People*	• To continue to work with schools to increase compliance with individual health plans.
NRAP: Children and Young People's Asthma Secondary Care	• To put together a business case for recruiting a Paediatric Audit Clerk. • To liaise with the Emergency Department consultant about the timing of steroid administration. • To remind doctors about the smoking documentation requirement at the next doctors induction.
National Ovarian Cancer Audit (NOCA)	• To liaise with the Medical Examiner's office to become informed of any women with known ovarian / fallopian tube / PPC who are reported deceased. • To develop a fast track pathway for biopsy in patients presenting in the Emergency Department with imaging suggestive of advanced ovarian cancer/PPC. • To develop a fast track MRI/CT for patients presenting with ovarian mass/cyst based on IOTA/RMI assessment.
MBRRACE – Perinatal Mortality Surveillance	• Ensure all families have contacts and written information surrounding Perinatal Mortality Review Tool (PMRT)with request for feedback letters being sent out within 4 weeks post-natally. • To create a slide deck for every case that goes through the PMRT process to ensure a robust review is conducted. • To use the local PMRT summary report and the national report as the basis to prioritise resources for key aspect of care. To monitor regularly at the PMRT meetings. • To register two quality improvement projects initiated through the PMRT review process – Aspirin and Test results.

Local Clinical Audits Actions

The reports of 13 local clinical audits were reviewed by the provider in 2025-26 and Hull University Teaching Hospitals NHS Trust intends to take the following sample of actions to improve the quality of healthcare provided.

Local Audit	Summary of some actions taken
Antibiotic Prescribing in Surgical Wards	• To deliver a short teaching session (5–10 minutes) during the junior doctor induction on documenting antibiotic duration.
Management of Sudden Sensorineural Hearing Loss (SSNHL) in Emergency ENT Clinics	• To conduct a teaching session on SSNHL urgent referral criteria at primary care level.
Rate of Inpatient Manipulation of Forearm/Wrist Fractures in Children at HRI	• To organise dedicated teaching sessions for Orthopaedic registrars, incorporating an introduction to the poster and highlighting key audit findings.
Re-audit: Starting Direct Oral Anti-coagulants for VTE Prophylaxis Postoperatively in Orthopaedic Patients	• To attach QR codes to surgeons' computers in theatres for quick access to the Trust Protocol to serve as a reminder and allow reference to detailed instructions.
Re-Audit: Audit on Patient Information and Consent in Breast Services	• To investigate pre-populated proformas in collaboration with doctors who would like to trial in-clinic consenting.
Total Hip Replacement Implant Selection and GIRFT Compliance Audit	• To write a protocol and standardise implant use across the Trust.
Key Assessment and Documentation in Paediatric Patients Presenting with Syncope	• To conduct departmental teaching about syncope in paediatric patients. • To create a new proforma which includes all red flags and necessary information for high-quality documentation and clinical assessment for paediatric patients presenting with syncope.
Gentamicin Monitoring in Children Admitted Under the Paediatric Surgery Team on Acorn Ward	• To incorporate education into the Trust's guidelines for the safe prescribing and monitoring of Gentamicin.
Saving Babies Lives Element 1 Reducing Smoking in Pregnancy	• To ensure Midwifery and Obstetric Symposium Training (MOST) is captured via a database to track compliance more accurately. • To ensure new starters attend an induction with the public health midwife face to face in addition to MOST training
Audit on Brain Imaging as Part of Metastatic Work-Up in Lung Cancer Patients	• Maintain current MDT practice regarding brain imaging for staging in stage II–III lung cancer, as the re-audit demonstrates high compliance and improved consistency following MDT feedback. • To ensure clear documentation of clinical reasoning when brain imaging is not performed, to support transparency and future audit. • To continue MDT-level discussion of staging decisions, particularly in borderline stage II cases where imaging decisions may be individualised. • To continue current practice of reiterating at MDT about need for brain imaging
Timeliness of Consolidation Durvalumab Following Completion of Chemoradiation in Stage III NSCLC	• To introduce planned post-chemoradiation review point.
Audit of Prescribing, Dosing and Monitoring of Teicoplanin for Patients Receiving Therapeutic Drug Monitoring	• To add updated glycopeptide guidance to the Eolas platform • To explore if a more detailed order set is feasible within Lorenzo. Meeting with EPMA team to be arranged. • To undertake an awareness campaign around glycopeptide prescribing
A Retrospective Audit to Assess the Waiting times in ED for Patients Registered with a Bleeding Disorder	• To ensure all the eligible patients have a "bleeding disorder" card and carry it with them all the time • To ensure teaching about managing patients with bleeding disorders is included within the haematology section of the Trust induction package for doctors and nurses

2.3.3 Clinical Research

Participation in Clinical Research

The number of patients receiving NHS services provided or sub-contracted by Hull University Teaching Hospitals NHS Trust (HUTH) in 2025/26 that were recruited during that period to participate in research approved by a research ethics committee or Health Research Authority was **12,986*** (*as at 17/04/2026*).

Clinical Research Network – National Institute Health Research portfolio

The 2025-26 Annual Report highlights areas of success and notable outcomes in line with the 3 core pillars of our Humber Health Partnership (HHP) Group Research and Innovation Strategy.

Key points to note are:

- Recruited nearly 13,000 participants to NIHR Portfolio research across 159 studies – ranked 2nd for volume in Yorkshire)
- Recruited 154 participants to commercial trials since 1st April 2025 (ranked 4th in Yorkshire) and recruited at least one new patient to 33 new commercial studies since 1st April 2025 (ranked 3rd in Yorkshire).
- Delivered feedback from 87 research participants as part of the annual NIHR Participant Research Experience Survey (PRES).
- HUTH is expected to adhere to the government expectation of supporting trial setup within 150 days (if sponsor) or within 90 days of site selection (hosted studies) to first participant consented (as measured as median days). The baseline position for HUTH in 2025-26 was 96 days (for those studies that recruited the first participant).
- Humber Health Partnership HHP (HUTH and NlaG) continues to support research delivery activities to over 700 projects at any one time.
- HHP provides a range of research study opportunities across 27 research active specialties.
- Staff development opportunities in research have been supported across a range of staff groups and disciplines (PhDs, fellowships, internships).
- Academic and commercial partnerships remain strong and are expanding, attracting funding, recognition and highlighting areas of research excellence.
- Grant award success (specifically NIHR) continued to be strong.
- HHP has produced over 700 publications from the HUTH and NLaG in 2025/26 (Medline and Embase).
- The Innovation pipeline is emerging in HHP with a number of early-stage discussions on projects that we will aim to pursue in 2026/27 with support from our partner Innovation Hub – Medipex.
- The Humber Alliance for Health and Care Innovation has been established and infrastructure developed with the appointment of a designated Programme Manager.

In 2025-26 the Group leadership and management model is stimulating increased research awareness and appetite amongst our staff. It is anticipated that this will increase the volume of our research activity overall. This can then stimulate an upsurge in research income for reinvestment and growth. In turn, this will enhance opportunities for more of our patients to take part in research and benefit from the adoption of innovative healthcare delivery.

The impact some of our strategic initiatives has delivered in 20250-26 is seen by recognition of the growing number of staff across professional groups and levels being recognised internally and externally, nationally and internationally for endeavours in research and innovation activities.

Furthermore, our research and innovation activities continue to drive highly successful academic, commercial and network collaborations that seek to address population health and healthcare access inequalities. In turn, this is yielding ever-increasing opportunities for our patients, carers and staff to take part in ground-breaking research. We have seen another year of the tireless efforts of all staff (research and non-research) in ensuring all possible opportunities to participate have been made available for our patients, staff and carers.

Research Activity Performance Summary

The following tables detail the research activity performance as of 17th April 2026:

FY by Trust
Recruitment in FY2526

Trust	Large Observational (1)	Observational (3.5)	Large Interventional (Individual)	Interventional (11*)	Commercial (0)	Total Recruitment
Total	**35,826**	**13,724**	**37,641**	**11,882**	**1,721**	**100,794**
Bradford Teaching Hospital...	10,914	1,050	1,108	1,002	119	14,193
Hull University Teaching Ho...	2,514	946	8,379	993	154	12,986
Leeds Teaching Hospitals N...	3,528	2,804	2,502	3,124	793	12,751
Mid Yorkshire Teaching NH...	3,435	144	6,789	507	63	10,938
Sheffield Teaching Hospital...	293	3,108	5,079	1,813	212	10,505
York and Scarborough Teac...	2,636	173	1,827	716	61	5,413
NIHR RDN: Yorkshire and ...	3,030	705	516	792	189	5,232
Humber Teaching NHS Fou...	3,755	170	805	110	0	4,840
The Rotherham NHS Foun...	254	92	2,832	195	0	3,373
Calderdale and Huddersfiel...	20	50	2,905	241	38	3,254
Harrogate and District NHS ...	864	221	1,638	98	11	2,832
Doncaster and Bassetlaw T...	2,028	248	66	116	14	2,472
Barnsley Hospital NHS Fou...	52	33	1,676	114	7	1,882
Airedale NHS Foundation T...	27	182	1,311	275	0	1,795
Northern Lincolnshire and ...	1,372	8	148	124	5	1,657
Other	0	661	19	500	0	1,180
Leeds Community Healthca...	0	788	0	214	5	1,007
South West Yorkshire Partn...	130	538	0	128	0	796
Sheffield Children's NHS Fo...	99	329	0	246	39	713
Primary Care	702	0	0	1	0	703
Rotherham Doncaster and ...	95	299	0	258	8	660
Leeds and York Partnership...	25	380	0	76	0	481
Bradford District Care NHS ...	36	372	0	58	2	468
Yorkshire Ambulance Servic...	0	315	41	65	0	421
Sheffield Health Partnershi...	17	108	0	45	1	171
NIHR CRN: Yorkshire and ...	0	0	0	71	0	71

Trust	Recruitment FY2526	Target	YTD Target (Mar)	Recruitment against YTD Target (Mar)	Weighted Recruitment
Hull University Teaching H...	12,986	4,800	4,800	271%	93147

Celebrating Research Success in 2025-26

There are a number of notable initiatives and achievements that are currently supporting the delivery of research and innovation activities across the NHS Humber Health Partnership:

1. We will build the infrastructure to deliver excellent clinical research and innovation.

a) Research and Innovation Strategy: Work has continued to implement the Group R&I Strategy with a particular focus on supporting the uptake of research and innovation opportunities for staff across professional groups (Clinical, Nursing, Midwifery and Allied Health Professionals), building collaborations with academia, industry and regional and national research and innovation networks.

Our attention has also centred on building an infrastructure platform from which to grow our innovation ambition and this annual report outlines the progress made in 2025-26.

b) New NMAHP Research Strategy launched: The new Nursing, Midwifery and Allied Health Professional (NMAHP) Research Strategy 2026–2029 was launched in late 2025. The strategy strengthens pathways for NMAHP colleagues to engage in, develop and lead research, ensuring research becomes an embedded part of everyday practice across Humber Health Partnership. It outlines priorities across building a research aware workforce, enabling research active staff and strengthening research leadership.

This strategy is an invitation to every colleague, no matter their role, to be part of a thriving research culture that can advance our professions, empower our patients, and build a healthier future for our communities.

A significant number of NMAHP initiatives were launched in 2025-26 including:

- **NMAHP Research and Innovation Strategy Group** – to steer colleagues on the direction of the strategy and progress and to ensure all voices are heard and considered in shaping future workstreams and initiatives.
- **SORT Tool & Baseline Engagement Work**: The NHS England Self-Assessment of Organisational Readiness Tool (SORT) has been completed and provides a baseline measure of current research activities and personnel.
- **Research Workforce Survey** has been distributed to gather data on staff levels of research interest and experience.
- **Enhanced PDR – Integration of Research**: The 4 Clinical Pillars of Practice (Clinical, Education, Leadership, and Research) are being embedded into the appraisal process. The RDI Matron has developed notes and guidance for both appraisers and appraisees within the HHP draft appraisal guide.
- **Engagement with Schools and Higher Education Institutions:** The RDI Matron has been invited to run regular sessions at Ron Dearing College.
- **Volunteer Engagement Programme**: Work is underway to involve young volunteers (aged 16–25) with an interest in research. Four pilot placements have been identified, based at HRI and CHH; Academic Diabetes, Endocrine & Metabolism Unit, HRI Trauma Hub, Academic Oncology Trials Unit, Cardiology Research Department.
- **Research Training & Education:** The ‘Support, Deliver, Lead’ (SDL) Training Pathway has been fully developed and tested.

- **Research Champions Initiative**: Over 80 research-active clinical areas have been identified across the Group. Managers in these areas are being contacted to nominate a 'Research Champion'. The Research Champion role will operate as a link role, mirroring existing link models in other domains.

- **Newly Qualified Staff Engagement**: Research Awareness Training has been incorporated into the 'Keep In Touch' days for all newly qualified nurses since September 2025. A dedicated training package has been developed

c) **NLaG and HUTH research delivery integration:** 2025/26 has involved ensuring activities across NLaG are focussed on generating income, where possible. Emergency Department (ED), Hepatology and Gastroenterology, reproductive health, paediatrics and Clinical Trials Pharmacy Teams have continued to work on plans to integrate research delivery and support services across the Group. These areas have provided peer support and are now routinely assessing new studies to open at all hospital sites where possible.

d) **Aligned Digital Sponsorship Request Process:** In 2025-26 we implemented a digital Group study sponsorship request process which is ensuing a consistent approach across the Group. This has already stimulated more 'in-house' research projects being submitted from HUTH and NLaG staff. The standardised approach builds in a risk assessment of the research governance and oversight processes required and helps the Quality Assurance Team to allocate proportionate and pragmatic monitoring plans.

e) **Aligned Digital Study Setup Process:** The use of the Monday.com (MDC) platform in HHP to conduct study set-up reviews has continued to see a 40% improvement in study approvals timelines. Furthermore, the feedback from both commercial and non-commercial study sponsors has been overwhelmingly positive.

f) **Streamlining Clinical Trial Set-Up:** As announced by the Prime Minister in April 2025, the UK government is committed to reducing the time it takes to get a clinical trial set up from over 250 days, down to 150 days, by March 2026. This commitment is a headline action of the Life Sciences Sector Plan and is reinforced in the 10 Year Health Plan for England.

The 150-day metric measures the time taken in calendar days for a single study **from application for regulatory approval through to recruitment of first study participant**.

It is important to note that uncertainties and discrepancies in definition and interpretation of these metrics is still being discussed across the R&D community, regulatory bodies and networks, making it difficult to use current data for purposes of our HHP baseline position and our position relative to other providers. This is further compounded by factors outside of the control of R&D Offices (i.e. the time taken for external partners to allow recruitment activities to commence) as well as variances in study complexity and volume.

With the caveats above, current data for 2025-26 shows **HUTH has a median days of 96** days (against a target of 90) from site approval to recruitment of the first participant.

g) **NIHR funding:** HHP will soon benefit from two NIHR funded mobile research units, due to arrive in April 2026. This investment stems from an earlier national NIHR programme designed to strengthen research capacity across the NHS, including the introduction of mobile units to widen access to studies and support participation within our communities.

Following confirmation of funding, extensive planning and coordination across both Trusts has been underway in 2025 to progress the procurement and ensure the units will be ready for deployment as soon as they arrive.

These mobile units will support research delivery across both Trusts within HHP, helping us take studies closer to participants and strengthening our joint research capability.

Other NIHR funding success commencing in 2025-26:

- STEPFORWARD: A randomised controlled trial and economic evaluation of the impact of a hydraulic self-aligning ankle-foot on quality of life for patients with a below-knee amputation who have limited mobility (£2.3m over multiple years)

h) Other Grant funding: Over £3m grant funding was received by the Group in 2025/26 (including NIHR funding).

i) Molecular Imaging Research Centre (MIRC): The Daisy Appeal brought together key stakeholders including scientists, academics and NHS Consultants in Oncology, Radiotherapy, Cardiology, Infectious Diseases and Respiratory Medicine from Hull University Teaching Hospitals NHS Trust (HUTH) for a vital engagement meeting at the Daisy Appeal Building in November 2025. This gathering focused on recent updates at the Molecular Imaging Research Centre (MIRC) since its inauguration in September 2024. The Chair of Daisy Appeal Board of Trustees, Professor Nick Stafford and David Haire, Trustee for the Daisy Appeal, highlighted the efforts that the charity has put into setting up the centre, contributing more than £20 million so far. MIRC is scheduled to become functional in 2026 and will be producing radiotracers on-site for PET scanning for NHS and research use.

2. We will align our research and innovation efforts to the big challenges facing our population

a) Academic Respiratory Research Team: The Respiratory Trials Unit were the winners of the highly competitive Excellence in Research, Development and Innovation category at the Golden Stars Awards that took place in September. They continue to achieve great success and receive recognition both nationally and globally as a leader in their sector.

The team are continuing to build on a foundation of clinical and academic collaboration with AstraZeneca to lay the foundations of a longer-term 'Partnership in Care Network' that will enable a concerted strategy to deliver a programme of agreed clinical trials activities across respiratory conditions affecting our local population.

b) Infection Research Group: the team have been supporting the BiVista study, whose concerted efforts to recruit eligible participants have paid off. The study, led by Dr Patrick Lillie, is a challenge study, which means healthy volunteers are exposed to a pathogen such as a virus or disease - in this case, typhoid and paratyphoid fever - to understand more about the diseases and investigate potential vaccines or treatments. Hull is second only to Oxford in terms of numbers of participants vaccinated to date.
Dr Nicholas Easom and the Infection Research Group at HUTH successfully randomised the 100th participant into the Staphylococcus aureus Network Adaptive Platform Trial (SNAP). This is a major milestone and a testament to the team's sustained commitment and high-quality delivery. HUTH continues to lead nationally as the top recruiting UK site, and we have enrolled more participants into the oral switch intervention arm than any other centre.

c) Academic Oncology and Haematology Research Team: In 2025-26 we were proud to shine a spotlight on the decades of innovative and life-changing work led by our Oncology and Haematology Research team at Castle Hill Hospital. Their dedication has made a lasting impact in advancing treatments and improving patient care.

d) **Phase III clinical study of AL8326 tablets in patients with advanced or recurrent small cell lung cancer after at least prior second-line treatment:**
Dr Annet Pillai and the research team at Diana, Princess of Wales Hospital recruited the first European participant to the Phase III AL8326 small cell lung cancer study.

The NIHR Research Delivery Network recognised this as a significant achievement, demonstrating strong feasibility, rapid study set up and exceptional teamwork.

A Phase 2a, open-label, multi-centre study of Tafasitamab in adult participants with primary autoimmune blood cell disorders:
Prof David Allsup and the Oncology & Haematology research team at the Queen's Centre screened the first European participant for this global clinical trial. The study sponsor highlighted that this is only the third subject screened globally, the other two being from the US.

e) **HNY Cancer Alliance:** Following an initial 'Strengthening Partnership Research Event' in June, HHP became pivotal partners in establishing a Steering Committee for a Humber and North Yorkshire Cancer Research Collaborative. This seeks to bring together regional academic, clinical, delivery and managerial expertise to prioritise projects to tackle the population challenges aligned with earlier diagnosis, faster diagnosis, treatments and pathways as well as living well beyond cancer.

HHP has been awarded funding for 7 research and innovation projects via the Humber and North Yorkshire Cancer Alliance Research and Innovation Awards. The projects focus on using A.I. in MRI imaging, effective management of the Breast Cancer MDT and chest x-ray in suspected lung cancer. In addition, a project will further develop research work already established at HHP to develop a blood test for earlier diagnosis of pancreatic cancer. The projects commenced in 2025 and hope to see results from 2026 onwards.

f) **Academic Vascular Research Team:** Sean Pymer, Senior Clinical Exercise Physiologist and Chief Investigator for the MAXIMISE HTA study presented an early preview of the MAXIMISE results at the Palace of Westminster on 4 November 2025. The dissemination is helping to raise national awareness about the limited delivery of Supervised Exercise Programmes (SEPs), the first-line treatment for intermittent claudication. Early MAXIMISE findings provide vital insights into the optimal exercise prescription for SEPs.

The Vascular Unit secured a PhD cluster in partnership with HYMS for three PhD students; Bharat Ravindhran, Jon Prosser, and Arthur Lim, with their respective research projects, all centred on the theme Interdisciplinary Innovations in Wound Care: Prediction and Prevention. The cluster will investigate three fundamental aspects of wound care:

1. Harnessing AI for remote diagnosis and sustainable clinical practice (BR).
2. Automated assessment of wound perfusion (JP); and
3. Exploration of novel surgical site infection (SSI) prevention interventions (AL).

Each of these projects also addresses multiple research priorities identified by the Vascular James Lind Alliance Priority Setting, ensuring strong alignment with national clinical and patient priorities.

Academic Clinical Fellow Bharadhwaj Ravindhran has been awarded the BMA Foundation J Moulton Grant (£65,000) to support his research into artificial intelligence (AI) innovations in healthcare and their potential to deliver new treatments and improve disease management.

g) **Reproductive Health:** Researchers in Hull joined one of the world's leading genetic screening studies for newborn babies. The team based at Hull Royal Infirmary, led by obstetrics and gynaecology consultant and principal investigator, Dr Uma Rajesh, have joined more than 40 other NHS Trusts and organisations in recruiting to the Generation Study, led by Genomics England in partnership with NHS England.

This pioneering study seeks to screen newborn babies for more than 200 rare genetic conditions by offering whole genome sequencing using blood samples normally taken from the umbilical cord shortly after birth.

j) **BaBi study:** Launched in the area in February 2024, the team working on the BaBi study celebrated another incredible milestone in November 2025 in terms of recruiting participants into the study. Within just 21 months, more than 4,000 people had signed up to take part, comprising 2,462 women and 1,579 babies. The sustained high level of interest among the families we work with shows that people really do care about the things that happen around them and how they could be impacting on their own family's health.

k) **Academic Diabetes, Endocrinology and Metabolism Research:** Driven by the health needs of our local population and public health priorities, the ADEM team have committed to establishing a new centre of excellence in obesity research in 2025-26. This ambitious initiative will not only enhance our regional, national, and international reputation but also firmly position Hull as a beacon of research excellence in the fields of diabetes, endocrinology, and metabolism.

l) **Cancer Vaccine Launch Pad (CVLP) update:** In 2025/26 HUTH and NLaG continued to support the NHS Cancer Vaccine Launch Pad (CVLP). CVLP is a platform that will speed up access to personalised cancer vaccine clinical trials for people diagnosed with cancer. It will also accelerate the development of cancer vaccines as a form of cancer treatment. Through the CVLP, eligible people with cancer who are receiving treatment in the NHS in England can join a cancer vaccine clinical trial.

HHP is the current joint top recruiter to the BNT113-01 Head and Neck Cancer Vaccine study with 4 enrolled and 4 referred.

In 2025/26 we continued to support 6 cancer vaccine trials in collaboration with pharmaceutical company BioNTech as part of the CVLP across lung, breast and colorectal tumour sites and endometrial and head and neck cancer. We continue to establish a Humber and North Yorkshire Cancer Alliance footprint to accept patient referrals from neighbouring Trusts, including York, Scarborough and NLaG under the CVLP arrangements.

3. We will equip our people to innovate and transform:

a) **The Humber Alliance for Health and Care Innovation:** As part of the HHP R&I Strategy focussed on 'challenge-led innovation', the Humber Alliance for Health and Care Innovation is an emerging collaborative structure between the Humber Health Partnership, the University of Hull, Hull York Medical School, and the Humber and North Yorkshire NHS Integrated Care Board. The Alliance, led by HHP, aims to support and enable innovation activity across the Group and wider region.

During the year, the Research, Development, and Innovation (RDI) Department recruited a Programme Manager, who took up post in November 2025. The role has been established to support the delivery of existing innovation projects within respiratory medicine and to develop frameworks that will enable future growth in innovation activity.

Work has begun to develop a clear identity for the Alliance, formalising workflows, and strengthening partnerships so that innovation becomes fully embedded in health and care delivery across the Humber region.

Streamlined data, governance and contractual processes will increase the region's capacity for innovation, moving it beyond reliance on individual expertise and towards an established operational model where the necessary infrastructure and support are accessible across disciplines and care settings.

b) **Medipex Service Level Agreement and Group Intellectual Property Rights Policy:** Working with our local NHS Innovation Hub, Medipex, we secured a revised Service Level Agreement ensuring colleagues at NLaG will have access to membership benefits of expert advice and hands-on support to individuals and teams that are developing novel healthcare interventions designed to deliver patient benefit. Medipex's experienced multi-disciplinary team can help innovators assess, develop and commercialise their ideas.

c) **Allied Health Professionals (AHP) Fellowships:** As part of a strategic ambition to increase the number of NMAHP staff delivering research, an internal call for AHP staff to bid for 0.2 WTE for 12-month research placements was facilitated.

We have appointed four successful staff that commenced specific research projects from April 2025 including work on the pathway for facial palsy patients - exploring the impact on the person, their clinical outcomes, cost effectiveness and potential to save clinic/ theatre time.

d) **Clinical Research Fellowships:** The 2025/26 cohort of fellows commenced from August 2025. Fellowships at ST3 level were awarded in Plastics, Vascular and Renal with a fellowship at CT1-2 level in Infectious Diseases. The post holders have clear research objectives with mentorship from both clinical and academic supervisors and are expected to secure additional research funding to allow their activities to expand beyond the initial 12 months. All have been successful in securing limited external funding to support the delivery of their respective projects.

e) **Network partnerships:** 2025-26 has seen the start of new relationships as a Group:

- **Y&H Regional Research Delivery Networks (RRDN)** – main funding route, hosted by Leeds Teaching Hospitals NHS Trust proving core funding for research delivery, contingency funding to increase research delivery capacity in our support services as well as strategic funding in year.

- **Health Improvement Yorkshire and Humber** – supporting the adoption of innovation and strategic development – now routinely part of communications within HHP linking up innovators and companies wishing to test and deploy innovations within our Group.

- **The Northern Health Science Alliance (NHSA)** – working to establish the concept of an 'Institute for Preventative Health Research' as well as leading shared interest groups (of which HHP is a member) aiming to agree tariff costing models for the use of patient data in research involving commercial parties.

- **Humber and North Yorkshire Innovation, Research and Improvement System** – representing the Groups in Innovation and Research Communities of Practice – focussing on large cohort study delivery (BaBi) and the utilisation of Secure Data Environments (SDE).

- **Humber and North Yorkshire Cancer Alliance** – supporting the uptake of cancer vaccine study roll-out across a number of tumour sites and establishing as a lead for patient referrals across York, Scarborough, Harrogate and NLaG. HHP is represented on the steering group and has been awarded several funding awards through this alliance in 2025.

f) **Commercial Partnerships:** We continue to build on our commercial partnerships. We remain an IQVIA Northern Prime site, which has given us access to increased research opportunities.

Our 'Prime Site' status has also afforded us access to 'Patient Finder'. The Patient Finder Solution will harness the data contained within our Electronic Medical Records to help staff undertake accurate feasibility and easily identify eligible participants. Patient Finder commenced senior user training and testing in Q2 2025-26.

We have also been recognised as a key site by both Novartis and AstraZeneca who are working closely with us to build collaborative links.

g) **Academic Partnerships:** The University of Hull is establishing a £48m internationally leading translational wound research centre in East Yorkshire. In 2025, HUTH was privileged to support the University of Hull, Hull York Medical School and their commercial partners on this journey. HUTH and NLaG hope to play a significant role in supporting this programme of research.

h) **Publications:** Between April 2025 and March 2026 there has been 728 publications from the HUTH and NLaG search of Medline and Embase.

Of particular focus is the National Institute for Health and Social Care Research (NIHR) funded research led by consultant vascular surgeon, Prof Ian Chetter and his team that has cast doubt on the effectiveness of negative pressure wound therapy (NPWT) as a treatment for open surgical wounds. Recently published in The Lancet, the five-year study involving 686 patients found no significant evidence that NPWT improves wound healing, reduces infections, or enhances patient outcomes when compared to standard wound dressings. The research team also found that NPWT was substantially more expensive, costing £1,323 per month versus £441 for standard dressings.

i) **Group Research Events:** On 20 May 2025, we proudly celebrated International Clinical Trials Day, with research teams from across HUTH and NLaG coming together to showcase the outstanding work being carried out across the group. It was a fantastic opportunity to highlight the vital role research plays in advancing patient care and innovation.

Allam Lecture 2025: "The causes and consequences of obesity; lessons from the extremes" this year's Endowed Allam Lecture, took place both online and at Middleton Hall, University of Hull. This year's keynote speech was delivered by Professor Sir Stephen O'Rahilly FRS, a Professor of Clinical Biochemistry and Medicine at the University of Cambridge and Director of the MRC Metabolic Diseases Unit.

In June and July 2025, HHP proactively supported the 'Be Part of Research' annual campaign led by the National Institute for Health and Care Research. It seeks to raise awareness of the important role health and care research plays, as well as drive participation in research studies.

Be Part of Research is an NIHR flagship initiative that makes it easier for more people to participate in health and care research, supporting recruitment activity across the sector.

The campaign aims to:

- Encourage more people to volunteer and participate, or get involved in research
- Significantly increase the number of people signed up to the Be Part of Research service, including more people from underrepresented groups.

j) Research Staff Recognition and Awards:

- **Professor Alyn Morice** was awarded the Prestigious **British Thoracic Society Medal** - one of the highest honours in respiratory medicine. The BTS Medal is presented annually to individuals who have made an exceptional and sustained contribution to respiratory science or clinical care, inspiring peers and advancing patient outcomes.

- In 2025, our **Research Matron, Helen Birks** and **Research Midwife, Sarah Collins** were both shortlisted for awards at the recent NIHR Reproductive Health and Childbirth Research Champions Symposium, held in Manchester.

  Sarah, whose successes have included recruitment to the Born and Bred in (BaBi) Hull and East Yorkshire study, was **nominated for the Research Midwife/Nurse of Year** award.

  Helen was shortlisted for the prestigious **Inspirational Colleague of the Year** award after being nominated by colleagues for the support, encouragement and positive influence she provides to others.

- **Pharmacy Research NIHR Internships:** The Pharmacy team celebrated successes in securing Integrated Clinical Research Internship funding through the National Institute for Health and Care Research (NIHR). The scheme provides up to £10,000 to support project delivery and up to £1,200 for supervisory support.

  - **Elena Kryzanovskyte**, Clinical Pharmacist, successfully completed the programme with Sheffield Hallam University in December 2025. Elena's project explored enablers and barriers to pharmacists' participation in multidisciplinary team ward rounds. The work has already been presented at the Clinical Pharmacy Congress North in Manchester (November 2025), with further dissemination planned. Funding for a follow-up project is currently in progress.
  - **Cheryl Tan**, Clinical Pharmacist, has also been awarded funding to undertake an **NIHR Health and Care Professions (HCP) Internship** with the Yorkshire and Humber Community of Research Practice.

- **Physiotherapy Research NIHR Internship: Dawn Dellow**, Lead Specialist Pelvic Health Physiotherapist, was successful in being awarded a NIHR Health and Care Professional Research Internship, which she hopes to begin in early 2026-27.

- **Jill Snape**, Highly Specialist Speech and Language Therapist has been successful in her application for an **NIHR predoctoral fellowship**.

- National recognition for rehab research: **Tony Cosgrove, Lead Physician Associate and Physician Associate in Rehabilitation Medicine** earnt HHP 'highly commended' in Data-Driven Public Sector Champion Awards run by the UK workforce strategic skills partner Corndel.

m) Academic Vascular Surgical Unit HSJ Award acknowledgement: **Ross Lathan, NIHR Academic Clinical Fellow**, has recently been awarded the prestigious **NHSE Sustainability Fellowship** by the National Chief Sustainability Officer. He developed and delivered an innovative project 'remote-first recovery: cutting carbon, not care' initiative, which has seen them reduce the carbon footprint by up to 89 per cent per patient. The project team received the accolade 'highly commended' at the HSJ Awards ceremony in November 2025.

n) **Bharadhwaj Ravindhran**, Academic Vascular Surgery Clinical Research Fellow won the **Medipex 2025 Award – 'Using artificial intelligence to improve patient services/safety'** category with the 'Tailored risk assessment and forecasting in intermittent claudication' (TRAFIC) project.

o) Having already secured NIHR RfPB and HTA funding, **Sean Pymer** was recently awarded an **NIHR Development and Skills Enhancement Award**, further highlighting his exceptional trajectory. The unit is thrilled to see his rapid development from one of our PhD students just a few years ago to now leading high-impact research.

p) **Professor Ian Chetter**, in his role as President of the Vascular Societies of Great Britain and Ireland, hosted this year's Annual Scientific Meeting here in Hull, a major four-day event from 25–28 November that welcomed over 1,000 delegates to share the latest advances in vascular research. Many of our team members contributed by presenting abstracts, posters, or chairing sessions and we're pleased to share that our team was strongly represented in the conference awards:

- **Louise Hitchman**, NIHR Doctoral Research Fellow, won the poster prize for 'An early trial based cost-effectiveness analysis of extracorporeal shockwave therapy for diabetes related foot ulcer healing'.
- **Arthur Lim** was selected for the BJS Prize Session for the DRESSINg Trial, a national multi-centre RCT, comparing dressings for the prevention of surgical site infection.
- **Hannah Dasley**, ACF won Rouleaux Club second place prize pre-registrar category essay completion. Essay title: How can we achieve more timely revascularisation in patients with CLTI?

q) **The Academic Oncology and Haematology Research team** was recognised by the Cancer Alliance Network in 2025-26 after being **shortlisted in the Outstanding Care category**. This is a fantastic achievement that reflects the dedication, passion, and impact of the team's work.

r) **Dr Dimitri Marantos**, was recognised by the **British Irish Association of Stroke Physicians** with the **Local Clinical Research Investigator Award**. The honour was presented at the UK Stroke Forum in Aberdeen and celebrates outstanding contributions to stroke research.

2.3.4 What others say about the Trust: Care Quality Commission

Statement of compliance with the Care Quality Commission

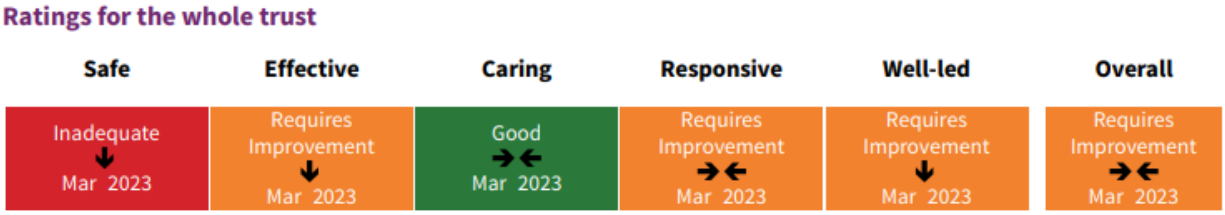
Hull University Teaching Hospitals NHS Trust remains registered with the Care Quality Commission (CQC). During 2025/26, the Trust's registration included two additional conditions under a Section 31 Notice relating to Maternity Services. These conditions were actively addressed, and an application for their removal was submitted to the CQC in March 2026. No enforcement action was undertaken by the CQC during the reporting period.

The conditions on registration for maternity services require the Trust to:

i. implement an effective system for managing and responding to patient risk to ensure all mothers and babies who attend Hull Royal Infirmary are cared for in a safe and effective manner and in line with national guidance. The registered provider must operate an effective clinical escalation system to ensure every woman attending the hospital are triaged, assessed, and streamlined in a timely manner by appropriately skilled and qualified staff.
ii. implement an effective risk and governance system, with individual prompts covering oversight, incident management and shared learning.

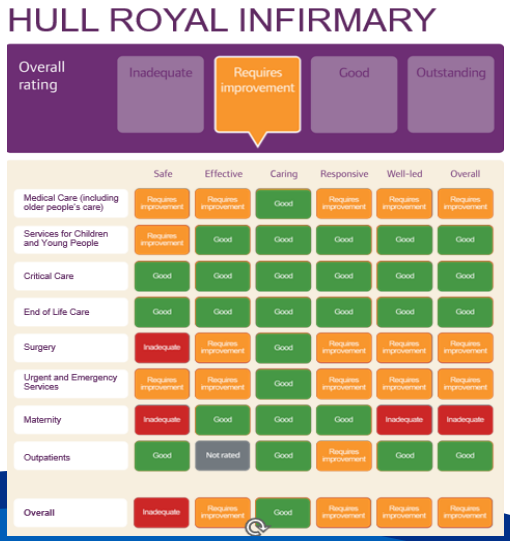
Hull University Teaching Hospitals NHS Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

Current CQC ratings



Service-level inspections of Urgent and Emergency Services (September 2025) and Medicine (November 2025) were undertaken by the CQC. The Trust's overall CQC rating remains **Requires Improvement**. The Urgent and Emergency Services report was published in November 2025, and the Trust continues to engage proactively with the CQC in anticipation of the Medicine report. [HUTH CQC Reports]

The following details the ratings against each of the core services that take place at individual sites.



2.3.5 Information on Quality of Data

Hull University Teaching Hospitals NHS Trust submitted records during 2025/26 (as of March 2026) to the Secondary Users service for inclusion in the Hospital Episode Statistics, which are included in the latest published data.

The percentage of records in the published data (as of March 2026):

Which included the patient's valid NHS Number was:

- **99.57%** for admitted patient care
- **99.09%** for outpatient care
- **99.28%** for accident and emergency care.

Which included the patient's valid General Medical Practice Code was:

- **100%** for admitted patient care
- **100%** for outpatient care
- **100%** for accident and emergency care.

2.3.6 Information Governance

Data Security & Protection Toolkit

The Information Governance Data Security and Protection Toolkit (DSP Toolkit) is part of the Department of Health's commitment to ensuring the highest standards of information governance. It allows organisations to measure their compliance against legislation and central guidance and helps identify any areas of partial or non-compliance.

It remains Department of Health policy that all organisations that process NHS patient information provides assurance via the IG Toolkit and is fundamental to the secure usage, sharing, transfer, storage and destruction of data both within the organisation and between external organisations. The Information Governance Assurance Statement is a required element of the DSP Toolkit and is re-affirmed by the annual submission to demonstrate that the organisation has robust and effective systems in place to meet statutory obligations on data protection and data security. The submission deadline for the 2025/26 DSP Toolkit Assessment is 30th June 2026 and updates can be accessed via the NHS Digital website: https://www.dsptoolkit.nhs.uk/OrganisationSearch/RWA.

The current status for Hull University Teaching Hospitals NHS Trust following submission of the 2024/25 DSP toolkit is **Approaching Standards**. The Trust has developed an improvement plan which is monitored by NHS England.

2.3.7 Payment by Results Clinical Coding Audit

Clinical Coding Audit

The Coding Department operates as a shared service across the Humber Health Partnership, and each Trust within the group has an individual audit produced for the Data Security and Protection Toolkit.

A programme of internal speciality and individual coder audits have been conducted by the Group's NHS England approved auditors throughout 2024/25. A sample of audited FCEs (Finished Consultant Episodes) for each Trust has been taken and summarised below.

Percentage Correct			
Primary Diagnosis	**Secondary Diagnosis**	**Primary Procedure**	**Secondary Procedure**
97.63%	95.49%	95.7%	95.59%

Department Priorities 24/25

Priority	Level	Progress Update	Status
Maintain data quality and meet local and national deadlines.	High	Coder audits and spot checks have surpassed DSPT level of attainment score for Standards Exceeded. Coding depth remains high, and all deadlines have been met.	Complete
Have a robust internal training programme for new starters.	High	Three new starters have completed foundation training this year and are progressing through next stages of career pathways.	On-going.
Expand RPA solutions to Endoscopy.	High	Remains a work in progress, aim for roll out in Q1 26/27.	On-going
To improve efficiency and workload flexibility. Decrease number of areas reliant on casenotes as the primary documentation source.	Moderate	Several areas have moved away from casenotes to electronic sources.	On-going
Raise recruitment and retention rates of qualified and experienced clinical coders.	High	Coding structures and recruitment and retention strategies continually under assessment and review.	On-going
Standardise Coding Department's policies, documentation and training and support materials across the Group.	Moderate	Group wide shared platform created for all Department's polices, documentation and training materials.	Complete

2.3.8 Learning from Deaths

This section provides an update against the NHS England prescribed information for learning from deaths, as well as an update on other key areas of work that have taken place to identify quality improvement both within the Trust and across the wider, more complex system of health care providers.

During 2025/26, **2,402** Hull University Teaching Hospitals NHS Trust patients died within the hospital as an inpatient. This comprised the following number of deaths, which occurred in each quarter of that reporting period:

- **551** in the first quarter
- **521** in the second quarter
- **665** in the third quarter
- **665** in the fourth quarter.

In addition to this, a further 267 deaths occurred within the ED or were declared dead on arrival.

As of 1st April 2025, 2,564 non-coronial hospital deaths have been reviewed by the Medical Examiner, 105 have had a Structured Judgement Review (SJR).

In 2025/2026, there were a total of 15 deaths declared as Patient Safety Incident Investigations (PSIIs) in line with PSIRF. 2 of these investigations have been completed, and 13 are ongoing. In relation to each quarter, this consisted of:

- 5 deaths for the first quarter (1 completed).
- 2 deaths for the second quarter.
- 6 deaths for the third quarter (1 completed).
- 2 deaths for the fourth quarter.

A further 8 investigations, related to patient deaths were concluded in 2025/2026. This includes PSIIs that were reported in a previous reporting period. In relation to each quarter, this consisted of:

- 0 investigations closed in the first quarter.
- 3 investigations closed in the second quarter.
- 3 investigations closed in the third quarter.
- 2 investigations closed in the fourth quarter.

A Patient Safety Incident Investigation (PSII) does not assess the avoidability of death.

Any SJR completed that identifies that further understanding is needed is subject to a second independent review. This process links into the Trust's Serious Incident process. This data is not a measure of deaths that were avoidable, but as an indicator to support local review and learning processes with the aim of helping to improve the standard of patient safety and quality of care.

Summary of what the Trust has learnt from case record reviews and investigations conducted in relation to the deaths identified during 2025/26

And,

Description of the actions which the Trust has taken and those proposed to be taken as a consequence of what has been learnt during 2025/26

And,

An assessment of the impact of the actions taken by the Trust during 2025/26:

The Medical Examiner Service now has a full establishment with 11 Medical Examiners and 5 Medical Examiner Officers, who collaborate closely with the community, including General Practitioners. Issues that arise are discussed and rectified in a manner that is beneficial for all parties involved, whilst maintaining focus on providing an excellent service that puts the patient's families at the centre of the process. Ongoing work with both the ICB and LMC has allowed for a greater and more efficient workflow, allowing for clear and transparent communication, which was praised by both Regional and National ME offices.

The AMAT system, used for completing Structured Judgement Reviews (SJR) continues to be well received and supports the learning from deaths framework.
The Trust is committed to continuously learning from deaths to improve the quality of care provided to patients, their families, and carers. A key area of improvement is Sepsis, which is underlined by the current higher-than-expected SHMI.

As a result, a Groupwide Sepsis improvement plan was developed, which provides a comprehensive list of actions designed to improve the care given to patients with sepsis. These actions include:

- Implementing and embedding a unified Group Sepsis Guideline across services.
- Enforce mandatory sepsis e-learning, including inclusion within staff induction
- Establishing and operating a new Sepsis Task & Finish Group under enhanced senior oversight
- Launching a targeted sepsis improvement pilot in ED, AMU and Frailty (HUTH)
- Improving sepsis screening compliance, with a focus on high-risk patients and early identification
- Reviewing the current sepsis screening tool against the National Tool to simplify and improve usability
- Developing and launching ward-level Sepsis QI dashboards to monitor screening compliance, time-to-antibiotics and reliability of escalation and response
- Strengthening data quality and reporting through a new Sepsis QI BI dashboard to reduce reliance on manual reviews
- Reinforcing compliance with 1-hour sepsis treatment protocols, including timely antibiotic administration
- Improving repeat observation and monitoring reliability, particularly for patients with NEWS 5–6
- Using staff feedback, questionnaires, and data to identify and test new PDSA cycles for sepsis improvement
- Defining and confirming Sepsis outcome, process, and balancing measures to support ongoing monitoring and assurance
- Agreeing a realistic target and timeframe for achieving the 95% sepsis screening standard within pilot wards

Historically, the Trust had a higher-than-expected SHMI for fracture of neck of femur, and as a result of this, a detailed Neck of Femur fracture action plan was developed, designed to improve outcomes for this patient cohort. Key elements from the neck of femur action plan include:

- Improving the pathway from ED to Theatre, identifying a "golden patient" who will be first on the surgery list for the day.
- Assigning a "neck of femur" theatre to be available five days a week.
- Improving orthogeriatric review
- Improved effective panning of trauma lists, with trauma coordinators having full access to Consultant rotas.
- Exploring the possibility and benefits of a fracture of neck of femur assessment area on the 12th floor.
- Specific training for ED and Orthopaedic Registrars and Senior House Officer doctors to be developed in respect of pain blocks
- Improving supplementary imaging, development of an x-ray protocol for suspected #NOF patients and the requirement for concurrent chest x-rays.

The Trust also saw an elevated SHMI for Secondary Malignancies, first triggering as "higher than expected" in November 2023. After a thorough deep-dive review, it was discovered that this was caused by a change in the way day patients were coded as elective day case patients, which had a direct effect on the SHMI. This change in coding was reverted, which saw the SHMI once again return to "as expected" levels. Another key focus area included a deep dive review into Urinary Tract Infections (UTI), because of two spells of "higher than expected" SHMI in August 2024 and October 2024. Key findings identified that 40% of the patients within the UTI review were incorrectly assigned a primary SHMI diagnosis of UTI. Key actions from this deep dive review included:

- A Specialty driven plan to deliver the Group-wide antimicrobial stewardship plan, with particular attention to Intravenous to oral switch, prescribing according to guidelines, access/watch/reserve usage.
- Every specialty should have a plan to reduce device related and transmissible Healthcare Associated Infections (HAI).
- Rationalisation of catheter use, to improve catheter care, to document the reason for insertion and to reduce delays in removal. Catheter-associated infections are mostly preventable, yet data shows increased variation and decline in catheter care reliability across sites in late 2025. Standardising insertion and maintenance guidelines, accelerating the digital TWOC referral process, and using real-time infection data for targeted training are essential to minimise harm and stabilise outcomes. This forms part of the overarching infection reduction strategy.

The Emergency Department plays a pivotal role in recognising deterioration in critically ill patients and has seen several positive improvements. Some of these key improvements include:

- Introduction of a new SOP- "Recognition and Management of the Deteriorating Adult Patient in the Emergency Department". Allowing for a standardised approach to the recognition and management of the deteriorating adult patient in the Emergency Department has been developed and distributed to all relevant staff.
- Vasopressor guideline (NICE-aligned): Work has commenced on embedding NICE-recommended guidance for the use of vasopressors in the ED setting, addressing escalating septic shock management.

- QIP — Sepsis Screening in ECA: A Quality Improvement Project has been initiated to improve the rate and accuracy of sepsis screening within the Emergency Clinical Area (ECA). Baseline data collection is underway.

Several other key actions, across a broad range of Specialities include:

- Quality of care assessments, undertaken via the Structured judgement Review (SJR) methodology, in key areas where SHMI/HSMR/RAMI is higher than the mean value for seven consecutive months.
- Coding validation sessions taking place to ensure that patients who attend with Sepsis are captured accurately by the clinical coding, which will have an impact on SHMI statistics.
- Documentation reviews in key areas to determine effects on clinical coding.
- A full assessment of how the Trust learns from mortality and morbidity at a Specialty level, allowing for full gap analysis and identification of replicable excellent practices.
- Development of a fully digital SJR training package, accessible via the online portal.
- Development of a regular learning from deaths bulleting that is shared across the Trust.
- Development of an SOP to ensure patient transfers from other hospitals are recorded correctly, in regard to “elective” or “emergency” admissions, as this can have a negative impact on the SHMI statistics.
- The ReSEPCT process is also a key area of focus for improvement. A workstream was developed that focuses on appropriate, quality, and timely conversations to support patient preferences where possible and clinically appropriate and to reduce avoidable harm. Pilots within Oncology and Haematology improved documentation, patient awareness, and early care discussions, resulting in safer choices and fewer unwanted interventions. While overall activity remains steady, specialty pilots demonstrate clear advantages. Next steps are to create a unified Group policy and expand adoption to ensure consistency and integrate learning into routine practice.
- More consistent Consultant-led supervision for long-stay acute Gastro-Intestinal surgery patients through identification of a single named Consultant where appropriate, along with clear nursing–Consultant escalation at ward level, prompted at nursing handover, to review ongoing care needs for long-stay patients.
- Improved continuity of care for patients with subspecialty complications by enabling transfer under a named subspecialty Consultant at Castle Hill where appropriate
- Explicit clarification and documentation of nutritional plans for complex long-stay patients within the Gastro-Intestinal specialty, in addition to more reliable completion and recording of RESPECT forms and escalation ceilings where transfer is planned.
- A theatre dedicated to acute Gastro-intestinal surgery list introduced within the last 12 months for acute surgery, resulting in delays to theatre being much less common.

2.3.9 Reporting Against Core Indicators: NHS Digital

Since 2012/13 Hull University Hospitals NHS Trust has been required to report on performance against a core set of indicators using data made available by NHS Digital. The core set of indicators are prescribed in the NHS Outcomes Framework (NHS OF) developed by the Department of Health and Social Care to monitor the health outcomes of adults and children in England. The framework provides an overview of how NHS Trusts are performing and uses comparative data against the national average and other NHS organisations with the lowest and highest scores.

The Hull University Teaching Hospitals NHS Trust considers that this data is as described because performance information is consistently gathered and data quality assurance checks made as described in the next section.

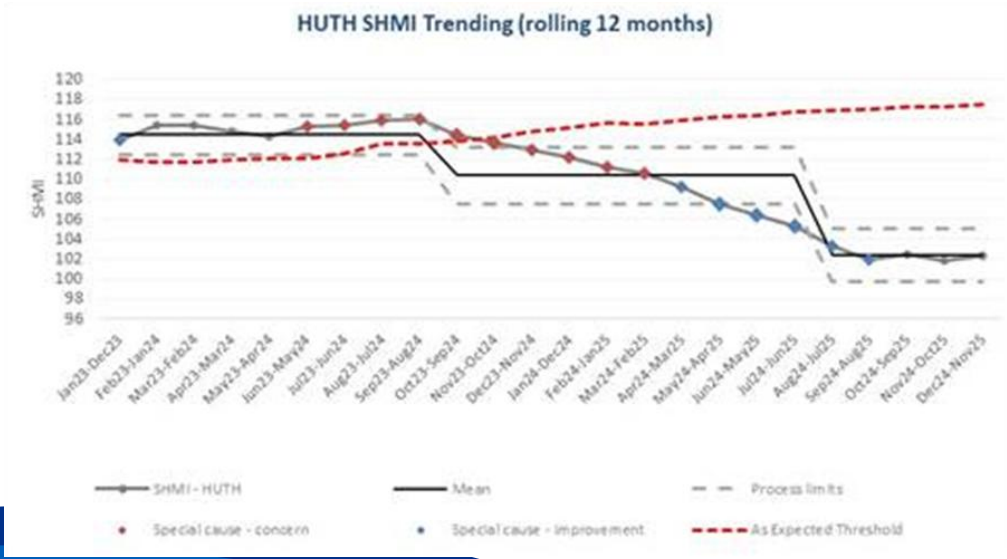
Domain 1 – Preventing people from dying prematurely.

Summary Hospital Mortality Indicator (SHMI)

The table below details performance against the Summary Hospital-level Mortality Indicator (SHMI):

Prescribed Information	Trust Value Jan – Dec 2024	Trust Value Jan – Dec 2025	National Average	National Highest	National lowest
The value of the SHMI for the Trust for the reporting period*	1.12	1.02	1.0	1.33	0.71
The banding of the SHMI for the Trust for the reporting period*	2 (as expected)	2 (as expected)	2 (as expected)	1 (higher than expected)	3 (lower than expected)
The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period*	37%	33%	45%	70%	17%

Source: NHS Digital Quality Account Indicators Portal (https://digital.nhs.uk/data-and-information/areas-of- interest/hospital-care/quality-accounts). *Reporting period January 2025 to December 2025



The above chart illustrates the Trust's sustained improvement against the Summary Hospital Mortality Indicator (SHMI), which is 1.1221, "as expected", for 12-month rolling period January 2025 to December 2025. The SHMI is a Standardised Mortality Ratio (SMR). SHMI is the only SMR to include deaths out-of-hospital (within 30 days of hospital discharge). The SHMI is a measure of observed deaths compared with 'expected deaths', derived statistically from the recording and coding of patient risk factors.

NHS Digital Guidance on SHMI interpretation states that the difference between the number of observed deaths and the number of expected deaths cannot be interpreted as 'avoidable deaths'. The 'expected' number of deaths is not an actual count but is a statistical construct which estimates the number of deaths that may be expected based on the average England figures and the risk characteristics of the Trust's patients. The SHMI is therefore not a direct measure of quality of care.

- Palliative care coding is a group of codes used by hospital coding teams to reflect palliative care treatment of a patient during their hospital stay. There are strict rules that govern the use of such codes to only those patients seen and managed by a specialist palliative care team.

- The SHMI does not exclude or make any adjustments for palliative care. Other Standardised Mortality Ratios (SMRs) like the Hospital Standardised Mortality Ratio (HSMR) adjust for palliative care.

- The Trust continues with the processes to improve the quality and accuracy of the data that underpins statistical mortality calculations like the SHMI and improving the consistency of the learning from deaths programme of work.

The Trust SHMI demonstrates sustained improvement and is currently "as expected". However, the Trust has demonstrated a sustained higher than expected SHMI for Septicaemia. As part of the Trusts response to this, a robust plan of action has been formulated. The action plan, which is covered in detail in the main "Learning from Deaths" Section of this Quality Account, includes realistic and achievable targets, driven by the implementation of a unified Group Sepsis Guideline. The plan aims to put strong emphasis on training, including e-Learning, improving sepsis screening tool usability and utilising available data via dashboards to further improvement opportunities, whilst improving data quality. A key metric for measing improvement is compliance with 1-hour sepsis treatment protocols, including timely antibiotic administration. Another key area for improvement for Sepsis relates to documentation, which in turn influences the clinical coding, which drives SHMI. After a deep dive review, it was evident that a notable number of patients were not coded as Sepsis, which can negatively affect the SHMI. As a result, a coding validation review is now being undertaken on a sample of infection related deaths to ensure Sepsis is being captured accurately.

Historically, the Trust had a higher-than-expected SHMI for fracture of neck of femur, and because of this, a detailed Neck of Femur fracture action plan was developed, designed to improve outcomes for this patient cohort. The action plan focusses on ensuring a "golden patient" is identified and first on the list for surgery, with nominated operating theatres specialising in neck of femur fractures as main priority, five days a week, whilst improving the pathway from the ED to theatre. Specific training is also being developed in regard to nerve blocks, as well as improving supplementary imaging, development of an x-ray protocol for suspected fracture Neck of Femur patients and the requirement for concurrent chest x-rays

The Trust also saw an elevated SHMI for Secondary Malignancies, first triggering as "higher than expected" in November 2023. After a thorough deep-dive review, it was discovered that this was caused by a change in the way day patients were coded as elective day case patients, which had a direct effect on the SHMI. This change in coding was reverted, which saw the SHMI once again return to "as expected" levels.

Domain 3 – Helping people to recover from episodes of ill health or following injury

Patient Reported Outcome Measures (PROMS)

The table below details performance against the Patient Reported Outcome Measures (PROMs):

The data detailed in the table below was made available to the Trust by NHS Digital with regard to the Trust's patient reported outcome measures scores for:

a) Hip replacement surgery
b) Knee replacement surgery

The PROMs is a national initiative designed to enable NHS trusts to focus on patient experience and outcome measures. The table shows the adjusted health gain reported by the patient reported using the EQ-5D index, following their surgery. EQ-5D index collates responses given in 5 broad areas (mobility, self-care, usual activities, pain/discomfort, and anxiety/depression) and combines them into a single value. The single value scores for the EQ-5D index range are from -0.594 (worse possible health) to 1.0 (full health). As participation is voluntary, patients can choose not to participate in PROMs.

Type of surgery	Sample time frame	Trust adjusted average health gain	National average	National highest	National lowest
Hip replacement (Primary)	April 2023 – March 2024	Not published in national data set	0.458	0.581	0.352
	April 2024 – March 2025	Not published in national data set	0.451	0.544	0.268
Knee replacement (Primary)	April 2023 – March 2024	Not published in national data set	0.323	0.405	0.231
	April 2024 – March 2025	Not published in national data set	0.320	0.497	0.231

Source: NHS Digital Quality Account Indicators Portal, Primary data used, EQ-5D Index used (https://digital.nhs.uk/data-and-information/areas-of-interest/hospital-care/quality-accounts)

NHS digital has stated that the April 2024-March 2025 data has been released as management information, rather than as an official statistic and whilst investigations continue, the findings should be treated with caution.

Hull University Teaching Hospitals NHS Trust has taken the following actions to improve patient questionnaire submission:

From 2021 the Trust changed their PROMs provider to move from paper questionnaires to electronic. This unfortunately led to a reduction in post-operative questionnaires issued. Work continues with the pre-assessment and theatre team to strengthen current processes to ensure the relevant information is uploaded to the external PROMs provider to trigger the patients being sent the 6month post op questionnaire.

Patients readmitted to a hospital within 30 days of being discharged

The table below details performance against the Readmission rate into hospital within 30 days of discharge:

Prescribed Information	Trust (April 2024 to March 2025)	Trust (April 2025 to February 2026)	National average	National Highest	National Lowest
The percentage of patients aged 0 to 15 readmitted to a hospital which forms part of the Trust within 30 days of being discharged from a hospital which forms part of the Trust during the reporting period*	10.32%	11.77%	9.56%	20.52%	0.41%
The percentage of patients aged 16 or over readmitted to a hospital which forms part of the Trust within 30 days of being discharged from a hospital which forms part of the Trust during the reporting period*	9.15%	9.81%	7.13%	18.86%	0.21%

Source: CHKS https://icompare.chks.co.uk/ : GIRFT – Readmissions within 30 days (April 25 – Feb 26)

Hull University Teaching Hospitals NHS Trust considers that this data is as described for the following reasons:

- The Trust is above the national average for readmissions.

Hull University Teaching Hospitals NHS Trust intends to take the following actions to improve this score, and so the quality of its services:

- The Trust continues to monitor its readmission rates on a monthly basis (from locally available data) and compares these to the national rates in order to benchmark our performance.
- The Trust works with GIRFT across five workstreams, including one that focuses on readmission reasons and identifying improvements.
- Patient flow and discharge workstreams continue in order to achieve national targets with a full Patient Flow Campaign being embedded throughout the organisation. This incorporates all aspects of patient flow and discharge involving a programme of back to basics a fundamental aspect of planning discharge from admission which will improve discharge planning, improve patient experience and reduce incidents around discharge safety.
- Discharge lounge is now in a purpose-built building, has a substantive team and good leadership, open between 7am and 9pm daily.

Domain 4 – Ensuring people have a positive experience of care

Responsiveness to the personal needs of patients

Humber Health Partnership

Humber Health Partnership is committed to ensuring that people have a positive experience of care, delivered with compassion, dignity and respect and shaped by what matters most to our patients, families and carers.

Understanding patient experience

The Group uses a range of intelligence to understand how well it is meeting the personal needs of patients, including their involvement in decisions, emotional support, privacy, medicines information and clarity about who to contact following discharge.

The most recently published National Inpatient Survey data (2024), released in June 2025, demonstrates strong performance across key patient experience indicators.

The Group however does not rely solely on national benchmarking to understand patient experience.

Hull University Teaching Hospitals

		Historical					External	
		2020	2021	2022	2023	2024	Average	Trust
Q46	Treated with kindness and compassion	-	-	-	98%	98%	98%	98%
Q47	Treated with respect and dignity overall	99%	98%	98%	98%	98%	98%	98%
Q48	Rated overall experience as 7/10 or more	87%	83%	84%	83%	83%	83%	83%

Source: NHS Digital Quality Account Indicators Portal (https://digital.nhs.uk/data-and-information/areas-of- interest/hospital-care/quality-accounts).

Real-time and locally collected feedback forms the cornerstone of our assurance and improvement activity. This includes:

- Group review and action planning of all surveys from the National Survey programme, supporting alignment to all national patient experience questions
- Friends and Family Test (FFT) feedback collected across wards and services
- Direct feedback received through PALS, complaints, compliments and concerns
- Development of a new quality assurance tool for wards, services and departments which will include patient experience

These sources are triangulated to provide a more comprehensive and timely understanding of patient experience and emerging themes.

Learning from feedback and complaints

The Group places strong emphasis on learning from patient and family feedback. PALS and complaints services provide person-centred responses, alongside clear signposting and timely resolution wherever possible. Continued work to improve complaint pathways has supported responses and learning outcomes. Themes identified from complaints, PALS concerns, FFT and surveys are reviewed regularly and shared with clinical and operational teams to support service level improvements. Learning is also escalated through clinical governance structures to ensure organisational oversight and assurance.

Board Stories & the Lived Experience

Patient stories and lived experiences are shared at Board level to support oversight of the current and ongoing pressures within services. Patient stores are also presented at the Patient Experience Learning Meeting and Care Group Governance meetings, Ensuring that the patient voice is heard and responded to by both the Executive team and wider staff groups.

Improving involvement, communication and support

Feedback continues to highlight the importance of compassionate communication, feeling listened to and being supported by people who matter most during times of illness. In response, the Group has embedded a number of initiatives to improve experience, including:

- Flexible visiting arrangements, recognising the positive impact of family presence
- The ongoing development of a care partner, enabling patients to identify people who can support them during their hospital stay
- Continued focus on staff engagement, recognising the link between staff experience and patient experience

The Group recognises that access to emotional support and trusted individuals can have a significant impact on patient wellbeing and recovery.

Using feedback to improve care in 2026–27
During 2026–27, the Group will continue to strengthen how patient experience data is used to drive improvement by:

- Enhancing triangulation of feedback across FFT, surveys, PALS and complaints
- Supporting services to use local feedback to inform quality improvement initiatives
- Embedding learning into Care Group and Group-wide governance
- Ensuring patient experience insight informs service redesign, Quality Improvement programmes and assurance processes

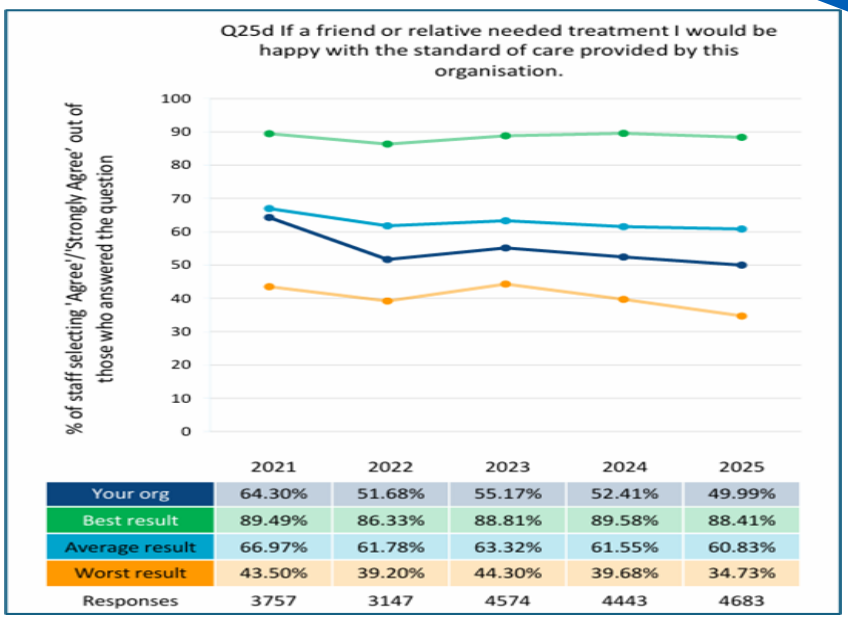
The Group remains committed to listening to patients and families, acting on what they tell us, and using that learning to continuously improve the quality, safety and care patients receive.

Staff recommending Trust as a provider to friends and family

The table and graph below, from the National Staff Survey 2025, detail performance against the Friends and Family Test for staff – would staff recommend the Trust as a provider of care to their family and friends:

Prescribed Information	2024	2025	National Average	National highest	National lowest
The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends*	52.41%	49.99%	60.83%	88.41%	34.73%

*Most recent staff survey data – 2025 (Source https://cms.nhsstaffsurveys.com/app/reports/2025/RWA-benchmark-2025.pdf



Hull University Teaching Hospitals NHS Trust considers that this data is as described for the following reasons:

- The data is collected from our staff as part of the latest National Staff Survey.

Hull University Teaching Hospitals NHS Trust intends to take the following actions to improve this score, and so the quality of its services:

- The Group has developed and launched its Group People Strategy 2025-2028.
- The Group has identified 4 key actions to focus on corporately and within care groups.
- The work will be monitored through the Workforce, Education and Culture Committee in Common.

Domain 5 – Treating and caring for people in a safe environment and protecting them from avoidable harm

Risk assessed for Venous Thromboembolism (VTE)

The national compliance rate target for patients 16 and over to have a VTE risk assessment within 14 hours of admission to hospital is **95%**.

The following table demonstrates the compliance rates for the HUTH each quarter during the reporting period alongside comparative data both regionally and nationally:

% of patients risk assessed for VTE within 16 hours of admission*	Q1 24/25	Q2 24/25	Q3 24/25	Q4 24/25
HUTH	92.3%	92.3%	90.7%	90.7%
North East and Yorkshire Average	88.4%	89.4%	89.2%	89%
National Average	91%	91.6%	91.6%	92%
National Highest	99.7%	100%	99.9%	99.8%
National Lowest	14.5%	15.4%	14.9%	15.1%

*Source: Statistics » VTE risk assessment 2025/26

Hull University Teaching Hospitals NHS Trust considers that this data is as described for the following reasons:

- Following clarification in the calculation rates from NHS England, the average compliance rate for HUTH over 25/26 is **91.7%** but remains higher than the national average of **91.4%** and the regional average of **89%**.

Hull University Teaching Hospitals NHS Trust has taken the following actions to improve the VTE compliance rate:

- Implemented the national requirement for VTE risk assessment to be completed within 14 hours of admission, in line with NICE guidance, and updated Trust reporting arrangements accordingly.
- Simplified the VTE risk assessment process to support timely completion and reduce variation in practice.
- Enhanced business intelligence reporting, including ward-level dashboards and corrected cohorting logic, to allow targeted support in areas with lower compliance.
- Delivered a programme of targeted engagement and communications, including ward visits, MDT discussions and intranet resources, to reinforce the importance of timely VTE assessment.
- Identified and escalated digital system risks affecting VTE assessment reliability, with issues formally recorded and managed through digital and clinical governance routes.

Hull University Teaching Hospitals NHS Trust intends to take the following actions to further improve the VTE compliance rate:

- Continue to strengthen real-time monitoring and escalation arrangements to support earlier identification and response where VTE assessments are overdue.
- Sustain and refine targeted improvement support for services with lower compliance, informed by regular performance reporting and SPC analysis.
- Further embed digital prompts and workflow integration to support timely VTE risk assessment and prescribing of prophylaxis.
- Maintain strong clinical and executive oversight through established governance forums to support sustained compliance with the national 95% standard.

Clostridium Difficile infection reported within the Trust

The table below details performance against the C. Difficile infection rate, per 100,000 bed days:

Prescribed Information	2024/25	2025/26	National Average (England)	National Highest	National Lowest
The rate per 100,000 bed days of cases of C Difficile infection reported within the Trust amongst patients aged 2 or over during the reporting period*	10.41	18.66	Not published	42.15	7.47

(**Source**- Most recent data published by https://publicview.health/Auth/MetricDetail/RWA/19 Feb 25 - Jan 26 Metric - C.difficile cases per 100k bed days (Hospital Onset))

Hull University Teaching Hospitals NHS Trust considers that this data is as described for the following reasons:

- There has been a national and regional increase in the rates of c.difficile, which is also reflected in the Trust rates. This has also been driven by an increased rate of Norovrius and subsequent increased screening and higher prevalence noted.

Hull University Teaching Hospitals NHS Trust intends to take the following actions to improve this score, and so the quality of its services:

- Enhanced environmental cleaning protocols including terminal cleaning and equipment decontamination, including daily environmental cleaning with a sporicidal disinfectant to reduce environmental contamination.
- Review of screening policy for C. difficile at admission to identify colonised patients early, including diagnostic stewardship to ensure appropriate testing and reduce false positives or unnecessary tests.
- Robust antimicrobial stewardship to minimise unnecessary antibiotic exposure, aligned to the revised antimicrobial formulary.
- Appropriate use of barriers to cross infection including handwashing, bare below the elbow, personal protective equipment, isolation protocols, environmental and equipment containment controls.
- Monitoring of effectiveness of barriers, including hand hygiene through audit.
- Ensuring all patients receive the assistance needed for daily patient bathing or hygiene support with soap and water to reduce skin contamination.
- Interprofessional collaboration and accountability processes to ensure consistent implementation of prevention measures.
- Infrastructure and systems to support CDI prevention, including rapid communication of test results and isolation protocols.
- Oversight of process and controls by the Strategic Infection Reduction Committee.

Patient safety incidents

The table below details performance against the number of patient safety incidents reported and the level of harm:

Time period	Trust number of patient safety incidents reported	Trust rate of patient safety incidents reported per 1,000 bed days	Trust number of patient safety incidents reported involving severe harm or death	Trust rate of patient safety incidents reported involving severe harm or death per 1,000 bed days	Percentage of safety incidents that resulted in severe harm or death
April 2023 – March 2024	20,722	47.6	113	0.27	0.55%
April 2024 – March 2025	23,296	54.4	100	0.23	0.43%
April 2025 – March 2026	24,211	55.8	86	0.20	0.36%

Source: From April 2022 there has been no data published nationally therefore this has been calculated internally by the Trust

The patient safety incident reporting rates have increased year on year demonstrating a positive patient safety reporting culture (high volume, low harm)

The Hull University Teaching Hospitals NHS Trust intends to/has taken the following actions to build on the patient safety reporting culture increasing learning opportunities and so the quality of its services:

- The Trust has maintained a positive patient safety reporting culture with patient safety incident reporting rates increasing again year on year (high volume, low harm).

- The Trust actively promotes and encourages staff to report all patient safety events especially near miss incidents as part of an open and transparent culture designed to support learning and improvement, recognising that high levels of reporting indicate a high level of safety awareness.
- The Trust intends to promote the reporting of good care event as a positive learning opportunity from care events that have gone well whilst delivering care to and for patients.
- The Trust will continue to respond to patient safety incidents for a third year in line with the Patient Safety Incident Response Framework (PSIRF), focusing on effective learning and improvement, compassionate engagement, and embedding a patient safety culture.
- The Trust will continue to use a range of proportionate learning responses to respond to patient safety incidents, focusing on areas where improvement will have the greatest impact as outlined in the Trust's Patient Safety Investigation Response Plan. Findings from these learning responses are used to identify themes and trends across the organisation for learning and improvement purposes.
- Continued oversight at a Weekly Multidisciplinary Learning Response Panel will ensure learning from immediate actions from events and will identify any additional appropriate learning response is undertaken in line with the PSIRF and Patient Safety Incident Response Framework Policy and Plan.
- Learning from completed learning responses including Patient Safety Incident Investigations (PSIIs) are presented at the PSIRF Oversight Group to ensure they are conducted to the highest standard, that there has been effective engagement with patients, families and staff, and the safety actions will lead to improvements.
- The learning from completed learning responses is shared throughout the Trust via Speciality and Care Group Governance meetings.
- The Trust will continue to engage with those affected by patient safety incidents including patients, families and staff, promoting a compassionate and systematic approach to our learning responses to gain insight and improved understanding of what happened when a patient safety event occurs.

ANNEXES

This section includes:

Annex 1: Stakeholder Feedback

This section includes:

Statements from Key Stakeholders

Statement from NHS Humber and North Yorkshire Integrated Care Board (ICB)

The NHS Humber and North Yorkshire Integrated Care Board (ICB) welcomes the opportunity to review the 2025/26 Quality Account for Hull University Teaching Hospitals NHS Trust. We would like to take this opportunity to thank all staff for their continued dedication and commitment to improving quality, patient safety and the experience of those who use its services.

The ICB acknowledges this has been another challenging year, with significant operational pressures particularly across urgent and emergency care and especially over the winter period. We acknowledge the work of the Trust and regular assurances provided to the Quality Improvement Group, as the Trust progresses its improvement journey.

The ICB acknowledges the key achievements against the 2025/26 quality priorities including sepsis, deteriorating patients, medication safety, end of life care and mental capacity. We note the progress having been made through structured improvement programmes and training. We note the implementation of Martha's Rule and digital documentation.

Humber and North Yorkshire ICB recognise the Trusts continued efforts in implementing the Patient Safety Incident Response Framework (PSIRF), including the use of proportionate learning responses, strengthened oversight arrangements and continued high levels of incident reporting that reflects a growing safety culture. We look forward to hearing more on the impact of learning, on reducing repeated harm and the priorities within the Patient Safety Incident Response Plan. We are particularly interested to learn how these are aligned to the Trust's 2026/27 quality priorities; supporting clear links between PSIRF insights and quality improvement priorities and timely implementation of learning and safety actions in evidencing sustained improvement.

The ICB further looks on with interest to hear of the progress made across the coming year as the Trust embarks on the Safer Surgery priorities with the ambition of reducing Never Events. We welcome hearing more on these priorities over the coming months and as we prepare for Winter 2026/27 how the Trust implements the plans in reducing and to eradicate the use of Corridor Care and Temporary Escalation Spaces.

We welcome the continued partnership working between the Trust and the ICB, including collaborative working with Medical Examiners to improve the learning from deaths processes, and enhance communication and workflow across organisational boundaries.

The ICB acknowledges the ambitions and momentum in this improvement journey, including plans to improve upon the Trusts current Care Quality Commission rating which is currently "requires improvement". We look forward to further hearing of the targeted improvements and particularly relating to Maternity and the outcome of the survey results as outlined within the Account.

Humber and North Yorkshire ICB acknowledge the commitment of the Trust in working to achieve its 2026/27 quality priorities; in that these align with priorities nationally and across our system. These priorities being sepsis, infection prevention, safer surgery, insulin safety and the prevention of deconditioning.

The ICB highlight the aims for 2026/27 in relation to infection prevention and control and recognise the Trust's focus on work to reduce catheter-associated infections, strengthen antimicrobial stewardship and improve consistency of IPC practices across services. The development of system-wide improvement plans and enhanced data collection are positive steps towards reducing avoidable harm. The ICB would have been interested to hear the specific work related to reducing gram-negative bloodstream infections.

We welcome the Trust's continued commitment to improving services for children and young people and in the continual training offered to staff in supporting this. We were pleased to hear about the success story of the Paediatric Epilepsy Team developing transition materials adopted nationally – an example of good practice and innovation by the team that will support young people, and their families prepare for adulthood. We also recognise that the Trust is a key partner in local area arrangements for children and young people with Special Educational Needs and Disabilities (SEND) and contribute to the strategic improvement plans.

It is positive to note that young people with an interest in research are being encouraged to participate in the Volunteer Engagement Programme. This is a timely and forward-looking initiative, particularly considering the recent publication of the Young People and Work Report: Call for Evidence, supporting efforts to increase opportunities for young people and encouraging them to live and work within their local communities.

We acknowledge the Trust's participation in 97% of National Clinical Audits and 100% National Confidential Enquiries and welcome the information within the Account that includes the actions, particularly those pertaining to Emergency Medicine for older people, mental health self-harm and time critical medicines.

We note this year's Account places a strong emphasis on research successes, detailing the notable outcomes against the 3 core pillars aligned to the Humber Health Partnership Group Research and Innovation Strategy. The Trust is demonstrating leadership in research and innovation, with high levels of patient recruitment and contribution to national programmes, alongside several specialist services achieving national accreditation.

The ICB would like to formally congratulate the Trust on marking the one-year anniversary of the Born and Bred in Hull (BaBi) study. This important programme will provide vital insight into improving the health and wellbeing outcomes for families across the locality.

Humber and North Yorkshire Integrated Care Board confirm, to the best of our knowledge, the 2025/26 Quality Account is an accurate reflection of the quality of care delivered by Hull University Teaching Hospitals NHS Trust, and we look forward with interest to see the progress and impact of the Trust's Quality Priorities across 2026/27. The ICB remains committed to working in partnership with Hull University Teaching Hospitals NHS Trust and the wider Humber Health Partnership to support delivery of sustainable improvements in quality, safety and patient experience, to ensure our population across Humber and North Yorkshire receive consistently high standards of care.

Joint Statement from Healthwatch Kingston upon Hull and Healthwatch East Riding of Yorkshire

Healthwatch was invited to provide a statement for inclusion within this report but did not provide a response within the reporting timeframe.

Trust response to Stakeholder Statement

The Trust would like to thank all stakeholders for their considered feedback on our Quality Account for 2025/26.

The Trust welcomes and values the feedback provided by our key stakeholders in relation to this Quality Account. We are encouraged that our continued focus on patient safety, quality improvement and a strengthening learning culture has been recognised, alongside our sustained commitment to priority areas including end of life care, medication safety and mental capacity.

We acknowledge the areas for improvement highlighted, particularly in relation to performance against national standards and staff experience. In response, we are progressing a range of targeted actions through our Group People Strategy and quality improvement programmes, with a continued emphasis on improving engagement, communication and outcomes for patients.

We remain committed to working collaboratively with our partners across the Humber Health Partnership to deliver measurable improvements in quality, safety and patient experience over the coming year.

Annex 2: 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 England has issued guidance to NHS trust boards on the form and content of the annual quality accounts (which incorporate the above legal requirements) and on the arrangements that NHS Trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

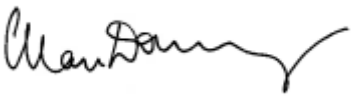
- The content of the Quality Account meets the requirements set out in the supporting guidance published by NHS England for 2024/25
- The content of the Quality Account is not inconsistent with internal and external sources of information including:
    - Board minutes and papers for the period April 2025 to March 2026
    - Papers relating to quality reported to the board over the period April 2025 to March 2026
    - Feedback from commissioners
    - Feedback from Local Healthwatch organisations
    - Feedback from Overview and Scrutiny Committees
    - Latest national inpatient survey 2025
    - Latest national maternity survey 2025
    - Latest national urgent and emergency care survey 2025
    - Latest national child and young people survey 2025
    - Latest national staff survey 2025
    - CQC inspection report published March 2023, August 2023 and November 2025

- The Quality Account presents a balanced picture of the NHS Trust's performance over the period covered.
- The performance information reported in the quality account is routinely quality checked to ensure it is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, 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 routinely quality checked to ensure it is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review.

- The Quality Account has been prepared in accordance with NHS England's supporting guidance and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Account.

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

By order of the Board

Group Chair:		**Date:**	29/06/26
Group Chief Executive		**Date**	29/06/26

Annex 3

This section includes:

Abbreviations and Definitions

The below table is a list of abbreviations and definitions used throughout the Quality Accounts:

Abbreviation	Definition
AAR	After Action Review forms part of the Patient Safety Incident Response Framework.
AMaT	Audit Management and Tracking System used across the group to manage clinical audit, ward/area audit, QI, service evaluation, inspections and NICE compliance.
Audit	Audit is a process of assessing compliance with standards and specific criteria that help to provide assurance that policies, procedures and guidelines are followed. They generate opportunities to take action to improve practice.
Care Groups	Clinical Services are managed through sixteen Care Groups that operate across HHP. The Care Groups are: Acute and Emergency Medicine and Major Trauma (North) and Acute and Emergency Medicine (South), Family Services, Pathology Network, Neuroscience Specialist Care, Specialist Medicine, Community, Frailty and Therapy, Specialist Surgery, Site Management and Discharge, Cancer Network, Digestive Diseases, Head and Neck, Theatres, Anaesthetics and Critical Care, Cardiovascular Care, Specialist Cancer and Support Services and Patient Services. These Care Groups are headed by a triumvirate consisting of a Chief of Service, Director of Nursing and an Operations Director.
CAS	The Central Alerting System (CAS) is a web-based cascading system for issuing patient safety alerts, important public health messages and other safety critical information and guidance to the NHS and others, including independent providers of health and social care.
CHCP	City Healthcare Partnership Community Interest Company, operates in the Hull and East Riding area providing some health services.
CHH	Castle Hill Hospital.
Clinical Audit	This is the same process as Audit but focused on clinical care activities and supports assurance and improvement of clinical care.
Clinical Research	Clinical research is a branch of medical science that determines the safety and effectiveness of medication, diagnostic products, devices and treatment regimes. These may be used for prevention, treatment, diagnosis or relieving symptoms of a disease.
CQC	Care Quality Commission (CQC) regulates and monitors the Trust's standards of quality and Safety.
Data Quality	Ensuring that the data used by the organisation is accurate, timely and informative.
DPOW	Diana, Princess of Wales Hospital in Grimsby.
Duty Of Candour	Involves explaining and apologising for what happened to patients who have been harmed or involved in an incident as a result of their healthcare treatment.
ED	The Emergency Department (ED) assesses and treats people with serious injuries and those in need of emergency treatment. Its open 24 hours a day, 365 days of the year.
Engagement	This is the use of all resources available to us to work with staff, patients and visitors to gain knowledge and understanding to help develop patient pathways and raise staff morale. It also means involving all key stakeholders in every step of the process to help us provide high quality care.
ePMA	Electronic Prescribing and Medicines Administration.
Friends and Family Test	The Friends and Family Test (FFT) is a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care.
GDH	Goole & District Hospital.
Health and Wellbeing Boards	Health and wellbeing boards are statutory bodies whose role is to promote integrated working among local providers of healthcare and social care.

Abbreviation	Definition
Healthwatch	Healthwatch is an independent national champion for people who use health and social care services.
HUTH	Hull University Teaching Hospitals is a Group member alongside Northern Lincolnshire and Goole NHS Foundation Trust in the NHS Humber Health Partnership.
HRI	Hull Royal Infirmary Hospital.
ICB	Integrated Care Board.
LFPSE	Learn from Patient Safety Events is a national patient safety incident reporting system, with a direct connection form the organisations incident reporting system.
Lorenzo	Patient administration system across the partnership and electronic patient record at HUTH.
National Patient Safety Alerts	NHS England and the UKHSA issue safety notices through the Central Alerting System which relevant organisations use to review and update patient safety control measures. This is monitored for timely completion.
Near Miss	A Near Miss is an incident that had the potential to cause harm, loss or injury but was prevented. These include cyber, clinical and non-clinical incidents that did not lead to harm, loss or injury, disclosure or misuse of confidential data but had the potential to do so.
NerveCentre	An electronic patient record system which provides the electronic capture of patient information, via handheld devices, at the bedside, enabling timely and accurate data collection.
Never Event	These are defined as 'serious, largely preventable, patient safety incidents that should not occur if the available preventative measures have been implemented by healthcare providers.
NEWS2	National Early Warning Score (NEWS) is based on a simple scoring system in which a score is allocated to six physiological measurements already taken in hospitals – respiratory rate, oxygen saturations, temperature, systolic blood pressure, pulse rate and level of consciousness. NEWS2 is the latest version of the National Early Warning Score (NEWS), first produced in 2012 and updated in December 2017, which advocates a system to standardise the assessment and response to acute illness.
NHS	National Health Service.
NHS England	NHS England acts as a direct commissioner for healthcare services, and as the leader, partner and enabler of the NHS commissioning system.
NHSI	NHS Improvement (NHSI) is a non-departmental body in England, responsible for overseeing the National Health Service's foundation trusts and NHS trusts, as well as independent providers that provide NHS-funded care.
NICE	The National Institute for Health and Care Excellence (NICE) provides national guidance and advice to health and social care organisations to ensure the service provided is safe, effective and efficient.
NIHR	The National Institute for Health Research commissions and funds research in the NHS and in social care.
NLAG	Northern Lincolnshire and Goole NHS Foundation Trust is a Group member alongside Hull University Teaching Hospitals in the NHS Humber Health Partnership.
NMC	The Nursing and Midwifery Council (NMC) are the professional regulator for nurses and midwives in the UK, and nursing associates in England.
PSII	A Patient Safety Incident Investigation (PSII) is a structured investigation carried out when a patient safety incident (or near miss) indicates significant risk or opportunity for learning. Its purpose is to understand what happened, explore why it happened, identify how systems and processes contributed and drive improvements to prevent recurrence
PSIRF	Patient Safety and Incident Response Framework.
QIP	Quality Improvement Plan/Project (QIP) - The purpose of this plan is to define, at a high level; the overall continuing quality improvement journey the Trust is making and the improvement goals that the trust will work towards over the next 12 months. The plan includes all of the MUST DO and SHOULD DO recommendations in the CQC Quality Reports and detailed plans are

Abbreviation	Definition
	being developed for each project/work area. However, the plan is broader than those actions and includes longer-term pieces of work that the trust is pursuing to improve overall quality and responsiveness across the organisation, for example in relation to Quality Accounts.
RCEM	The Royal College of Emergency Medicine (RCEM) is an independent professional association of emergency physicians in the United Kingdom which sets standards of training and administers examinations for emergency medicine in the United Kingdom and Ireland.
ReSPECT	A Recommended Summary Plan for Emergency Care and Treatment (ReSPECT) provides a summary for a person's clinical care and treatment in a future emergency in which they do not have capacity to make or express choices.
Sepsis	Sepsis is a life-threatening condition that arises when the body's response to an infection injures its own tissues and organs, with the immune system going into overdrive.
SGH	Scunthorpe General Hospital.
SHMI	Standardised Hospital Mortality Indictor - is a hospital-level indicator which measures whether mortality associated with hospitalisation was in line with expectations.
Stakeholders	People and organisations that have a vested interest in the organisation functions and delivers services. This can include partner organisations, regulatory organisations, and patient and public representative groups.
SystmOne	An electronic patient record system.
Tissue viability	Tissue viability is a speciality that primarily considers all aspects of skin and soft tissue wounds including acute surgical wounds, pressure ulcers and all forms of leg ulceration.
Trust Board	The Trust's Board of Directors, made up of Executive and Non-Executive Directors.
Ulysses	Ulysses is the Group wide incident reporting system.
VTE	Venous thromboembolism (VTE) is a condition in which a blood clot forms most often in the deep veins of the leg, groin or arm (known as deep vein thrombosis, DVT) and travels in the circulation, lodging in the lungs (known as pulmonary embolism, PE).
WEB-V	The WebV system is a clinical portal and electronic patient record used at Northern Lincolnshire and Goole NHS Foundation Trust.

How to provide feedback

We would like to hear your views on our Quality Account

The Quality Account gives the Trust the opportunity to tell you about the quality of services we deliver to our patients. We would like your views to help shape our report so that it contains information, which is meaningful to you and reflects, in part, the aspects of quality that matters most to you.

If you have any feedback regarding the Quality Account, please e-mail your comments to: hyp-tr.quality.accounts@nhs.net

However, if you prefer pen and paper, your comments are welcome at the following address:

The Compliance Team Quality Governance and Assurance Department
Medical Education Centre
Hull Royal Infirmary
Anlaby Road
Hull
HU3 2JZ

Other formats

This document can also be made available in various languages and different formats including Braille, audio tape and large print.

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