



QUALITY ACCOUNT

2025-2026





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Executive Statement

This Quality Account outlines the commitment of Impact on Teesside to delivering safe, effective, caring, responsive, and well-led services. It provides an overview of our performance, key achievements, and areas for improvement over the past year, as well as our priorities for the year ahead.

Across the service, we are committed to ensuring that clients can access timely support, receive high-quality, evidence-based care, and achieve positive outcomes that make a meaningful difference to their lives. We continually monitor our performance against national and local standards to ensure that care remains safe, effective, and responsive to the needs of our population.

Through our Talking Therapies pathways, we offer evidence-based psychological therapies in line with national guidance and NICE recommendations. Alongside this, our Foundation and Recovery Service supports individuals who may not benefit from structured talking therapies, through providing flexible outreach support and access to a Recovery College to promote wellbeing, independence, and recovery.

Over the past year, we have maintained a strong focus on improving communication, accessibility, and service user experience. We have exceeded national targets for reliable recovery and reliable improvement and have made measurable progress in reducing waiting times. Feedback from service users, staff, and partner organisations is routinely reviewed and used to inform service development, quality improvement initiatives, and clinical practice.

We have also strengthened our governance and leadership arrangements through the restructuring of meeting frameworks and targeted changes to the senior leadership team, including the introduction of new roles and refinement of line management structures. These changes have enhanced oversight, accountability, and decision-making, improving alignment with pathway leads and supporting more consistent communication and engagement across the wider team.

This report demonstrates our ongoing commitment to transparency, accountability, and continuous quality improvement. As we approach the final stages of achieving APPTS re-accreditation, we continue to embed robust governance processes and reflect on our practice to ensure we meet and sustain high standards of care. We remain dedicated to delivering compassionate, inclusive, and responsive services that effectively meet local need in Teesside.

David Carter
Head of Adults

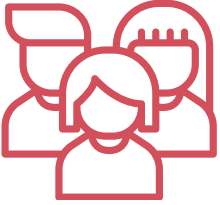
Laura Timms
Clinical Lead



Glossary of Terms

CBT	Cognitive Behavioural Therapy
IPT	Interpersonal Therapy
EMDR	Eye Movement Desensitisation and Reprocessing
TTAD	Talking Therapies for Anxiety & Depression
IAPT	Improving Access to Psychological Therapies
CfD	Counselling for Depression
PTSD	Post-Traumatic Stress Disorder
PWP	Psychological Wellbeing Practitioner
HSSCP	Hartlepool & Stockton-on-Tees Safeguarding Children Partnership
LTHC	Long Term Health Conditions
MHSW	Mental Health Support Worker
VYP	Vulnerable Young People
ADSM	Anxiety Disorder Specific Measure
CAMHS	Child and Adolescent Mental Health Service

Values



We are Human – We care passionately about the work we do



We'll keep going – Breaking down barriers, endeavouring to get you the right support



We are pioneering – We know that one size does not fit all, creativity and innovation is at the core of what we do



We have integrity – Ensuring quality and transparency in everything we do

Mission

Using our local knowledge to make a difference to the mental health and wellbeing of the people on Teesside



Our Year on a Page



17767 referrals



43,072 sessions delivered



51.0% Reliable Recovery Rate

National Target - 48%



69.8% Improvement Rate

National target - 67%





Achievement and Progress Towards Targets

Client experience

Aim: To reduce waiting times for access to treatment across our service

We work constantly and proactively to improve the waiting time to begin treatment. The service is participating in a national clinical trial for a step 3 transdiagnostic CBT treatment group based on the Unified Protocol. We offer a variety of options to engage in clinically robust interventions ahead of - or where appropriate instead of individual therapy, developed to meet local need, including offering employment support coaching via our integrated Employment Advice service.

We are further developing and enhancing our 'Waiting Well' support, including through the deployment of the Wysa app, which offers personalised AI-driven emotional wellbeing support, available any time, including on-demand access to CBT-informed resources to help manage a wide range of emotions, thoughts and life events. Clinical Pathway leads and clinical service managers work to review and target specific areas of waiting list pressure to ensure waiting lists are actively managed and reduced as a central ongoing component of service management and performance

Within the service, we are seeing improvements. Notably, the total number of clients waiting for Step 3 treatment has reduced by almost 20% over the course of the year. Whilst this progress is encouraging, it is not always fully reflected in specific national KPI measures. This is primarily because, although the overall wait time for Step 3 therapy is decreasing, the current reporting continues to be influenced by a cohort of longer-waiting clients (over 90 days). As a result, these metrics do not yet accurately capture the improvements being made. It is expected that, as this cohort is gradually reduced, the positive impact of these changes will become more evident within national KPI reporting over time.

KPI	Target	25/26	24/25
Second appointment within 90 days of first	90%+	53%	63%
Average wait in days step 2	info	94	79
Average wait in days step 3	info	177	165
Average wait in days full service	info	156	135

As outlined above, the progress achieved in reducing waiting times is not yet fully reflected in these reports due to the limitations in how the data is currently captured and reported.

Achievement and Progress Towards Targets

Specifically to our step 2 pathways, our wait for a second appointment for the first 6 months of the year was less than 90 days. However, staff leaving the service and difficulties in replacing have led to a slight increase. We currently have a number of trainees working to qualification and envisage this to improve and for these pathways to return to within target again by July/August 2026.

Overall, we are proud of the work that has gone into improving waiting times but acknowledge that it is difficult to see this within the reports above and wait times for a second appointment are above where we would like them to be. Waiting times are always a focus in the service and will be a goal for the next year again.

Clinical effectiveness

Aim 2: Achieve or Exceed the National Recovery Based Targets

We are pleased to confirm that we achieved this target, over the course of the year we regularly exceeded both of the national recovery-based targets.

A significant amount of effort has gone into this achievement including line management support, performance reviews, CPD targeted at specific presenting problems and working with the clinical team to ensure a shared understanding of the use of ADSM's and the use of standard MDS measures.

As shown below, we met Reliable Recovery every month during the past 12 months and only failed to meet Reliable Improvement on one occasion, short by just 1% in July 2025. The table also highlights that not only did we exceed these targets across the course of the year, but also improved on our own performance the previous year.

KPI	Target	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Year AVG	24/25 AVG
Reliable Recovery	48%	48%	53%	51%	48%	49%	51%	51%	55%	48%	49%	50%	49%	50%	49%
Reliable Improvement	67%	71%	70%	72%	66%	68%	68%	71%	76%	71%	67%	70%	69%	70%	68%

We believe this performance puts us in a strong position with the anticipated increase to these targets nationally and we are prepared for this moving into the next year.

Achievement and Progress Towards Targets

Client Experience

Aim 3 : Enhance Future Communication and Accessibility.

Over the year we believe that we have made good progress with this goal in improving communication and accessibility across the service for clients, carers, partner organisations, and professionals. We have taken active steps to improve telephony performance by reviewing and reorganising the admin team duties and introducing specific call handling roles. We have promoted easier access through a range of digital communication channels. Through the year we have continued strengthening links with partner organisations by sharing clear information about the service and its scope, including the mental health conditions treated within NHS Talking Therapies, to support awareness, improve access, and encourage clinically appropriate referrals.

Alongside this, we are carrying out an ongoing review of all standard client letters to ensure our written communication is clear, accurate, supportive, accessible, and helpful. We also have plans in place to redesign our website based on gathering client and stakeholder feedback, to make it easier to navigate and access key information. We are introducing new client communications incorporating Waiting Well principles, including offering enhanced self-help advice and wellbeing information for clients awaiting treatment and following assessment for clients who do not enter the service. We are beginning work to develop information resources specifically tailored for family members and carers.

In reviewing this goal, we have made significant progress in improving communication and accessibility. Given the nature of the service, these processes continue to be regularly reviewed to ensure we consistently deliver high-quality, accessible support.

Effective



**50.1% Reliable
Recovery Rate**



**69.8% Improvement
Rate**

Teesside NHS Talking Therapies for
Anxiety and Depression Pathway



**99% improvement
on at least 1
Recovery Star
measure**



**474 clients accessed
the service**

Foundation and Recovery Pathway

Counselling and Wellbeing Pathway

Effective

Talking Therapies for Anxiety and Depression

Reliable Recovery & Reliable Improvement

This was the second year following the introduction of new targets for all TTAD services nationally, with a move from standard Recovery to Reliable Recovery and Reliable Improvement.

We are pleased to report that over the year we managed to improve on last year's performance and exceed both of targets by 2 percentage points.

Recovery based Target	Target	Impact Performance	Change from Previous Year
Reliable Recovery	48%	50.1%	1.1% improvement
Reliable Improvement	67%	70%	2% improvement

Reliable Improvement:

- A referral is considered to have shown reliable improvement if there is a significant positive change in their condition after completing a course of treatment.
 - This improvement is measured by comparing their initial scores on tailored questionnaires (specific to their anxiety or depression) with their scores at the end of treatment.
 - The goal is to demonstrate a meaningful improvement in symptoms.
- Reliable Recovery:
 - A referral is deemed to have reliably recovered if they meet both the criteria for recovery and reliable improvement.
 - Specifically, they must:
 - Transition from being a clinical case (i.e., meeting the criteria for anxiety or depression) at the start of treatment to not being a clinical case at the end of treatment.
 - Show a significant improvement in their condition.
 - Essentially, reliable recovery combines successful symptom reduction with sustained positive change

Effective

Talking Therapies for Anxiety and Depression

To monitor effectiveness of the interventions we offer we use a variety of measurements across all pathways. Within the NHS Talking Therapies pathway we utilise outcome measures in line with national guidance. These include Patient Health Questionnaire (PHQ9) for depression, Generalised Anxiety Disorder (GAD7) for anxiety and the Work and Social Adjustment Scale (W&SAS) to measure functioning and impact of mental health difficulties. For specific presenting problems we also use Anxiety Disorder Specific Measures (ADSM). We always report a high percentage of appropriate use of these measures, this is likely linked to our reliable recovery and improvement rates.

Presenting Problem	Specific Measure
Agoraphobia	Mobility Inventory Assessment (MIA)
Social Phobia	Social Phobia Inventory (SPIN)
OCD	Obsessive Compulsive Inventory (OCI)
PTSD	Patient Checklist DSM-V (PCL-5)
Health Anxiety	Health Anxiety Inventory (HAI)
Panic Disorder	Panic Disorder Severity Scale (PDSS)



Effective

Counselling and Wellbeing Pathway

With our Counselling & Wellbeing Pathway, it is difficult to provide comparable improvements using NHS Talking Therapies for Anxiety and Depression measures. This pathway is in place for clients who do not meet clinical caseness on the NHS Talking Therapies for Anxiety and Depression minimum data set (PHQ9 & GAD7). Therefore, a reduction in scores and measures of recovery and improvement are not always achievable due to the low clinical scores at the start of treatment.

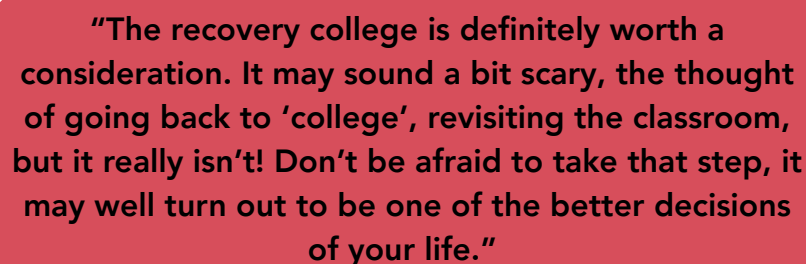
In addition to quantitative data, we also collect qualitative information to provide a more contextual overview in how our services have impacted the lives of those accessing them. This includes collecting feedback from patient experience questionnaires as well as feedback obtained from complaints and dissatisfaction. This helps us to form a picture of what is going well and what is not, so we can make adjustments to improve the services we deliver.

Foundation and Recovery Pathway

The Recovery Outcome Star- for mental health and well-being is a widely used and well evidenced tool for supporting and measuring change for those with both short and long-term mental health difficulties.

There are 10 areas of a person's life on the Star

- 1.Managing mental health
- 2.Physical health
- 3.Living skills
- 4.Friends and community
- 5.Use of time
- 6.Relationships
- 7.Addictive behaviour
- 8.Home
- 9.Identity and self-esteem
10. Trust and hope

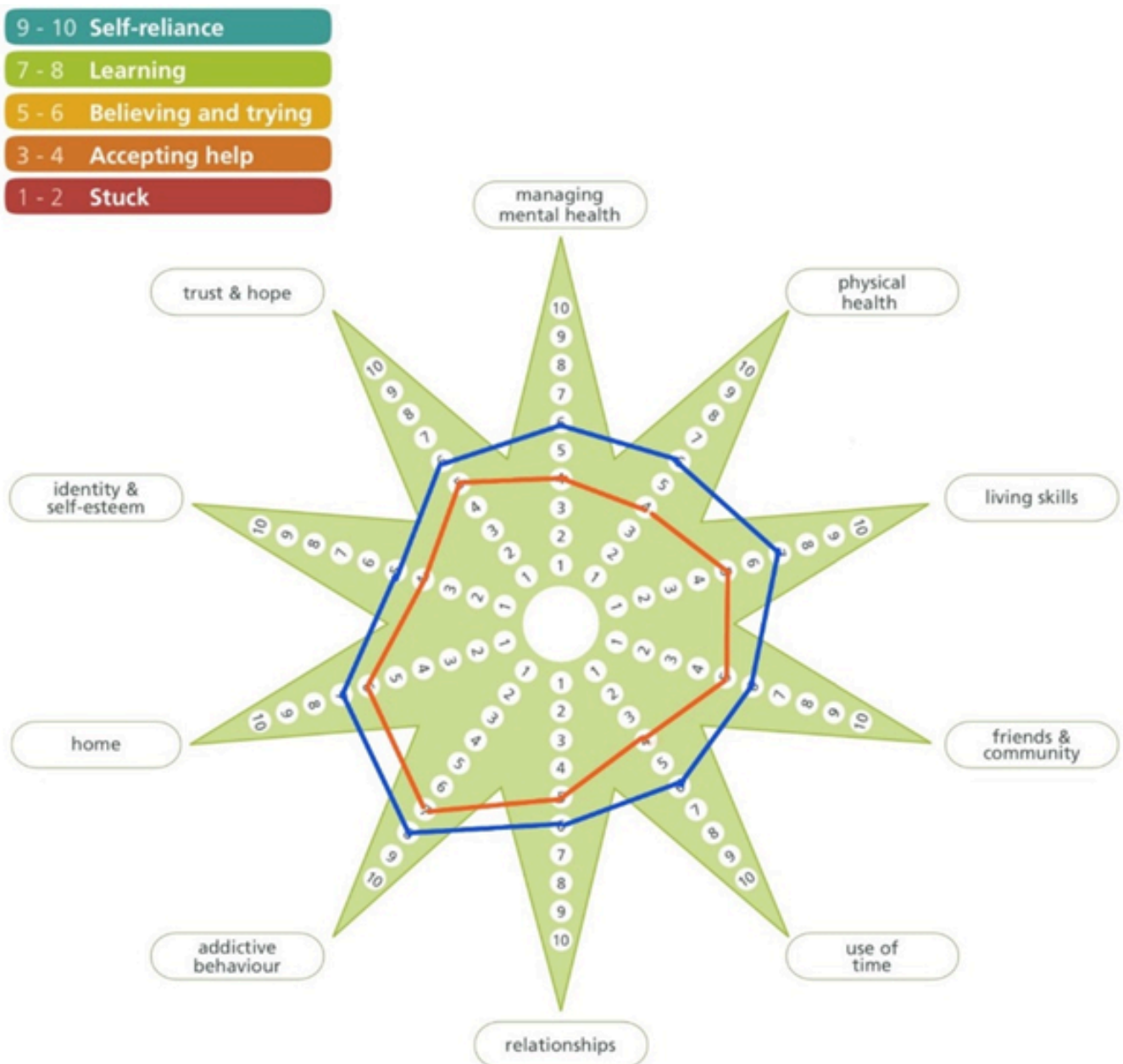


"The recovery college is definitely worth a consideration. It may sound a bit scary, the thought of going back to 'college', revisiting the classroom, but it really isn't! Don't be afraid to take that step, it may well turn out to be one of the better decisions of your life."

Effective

We use the Star as a basis for the work we do by creating an action plan with an individual. The focus of our work is looking at how people's circumstances and experiences affect their mental health.

We use SMART goal setting to create stability and support the person to make sustainable changes within the 10 areas of the star.



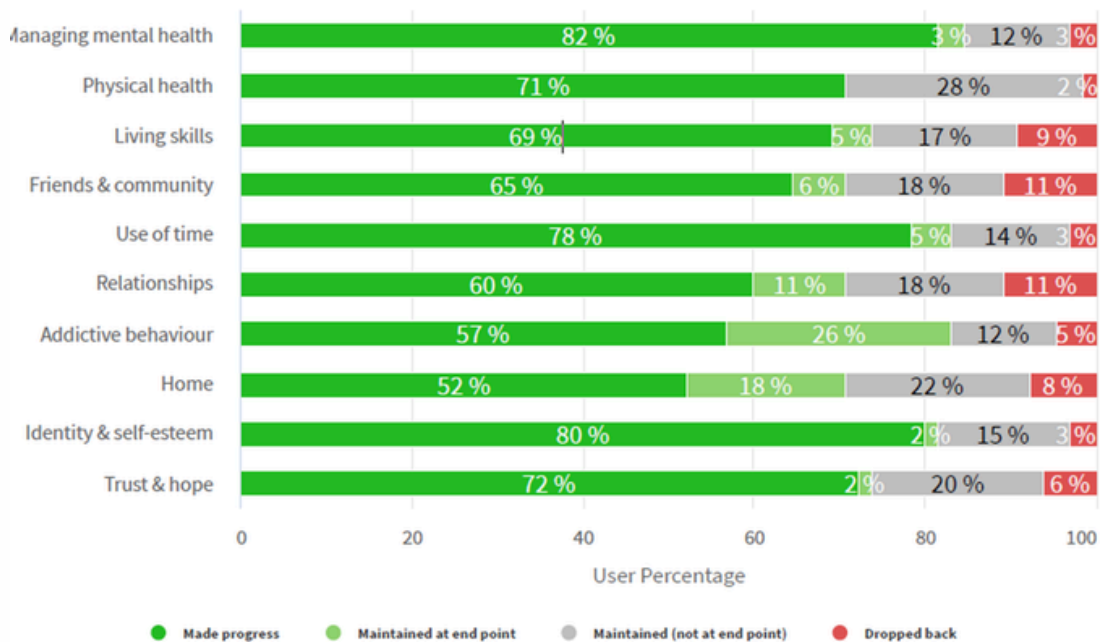
Effective

Data below shows the progress of people who completed support and completed a 2nd measure from 1st April 2025 to 31st March 2026.

Are people making progress?			
In 1+ outcome areas Percentage of people making progress in at least one outcome area	In 2+ outcome areas Percentage of people making progress in at least two outcome areas	In 3+ outcome areas Percentage of people making progress in at least three outcome areas	Outcome areas showing progress Average number of outcome areas in which someone is making progress
98%	97%	95%	6.9

Star Online Distance-travelled Report

How much progress are people making in each outcome area?



793 Referrals

126 Recovery College Courses delivered

3606 Sessions delivered

94% attendees improved in 3+ Recovery Star areas



Effective

Employment Advice Team

My Story: A case study from the Employment Advisors in NHS Talking Therapies

I was put in contact with the Employment Service while waiting for counselling.

I left my job due to poor mental health, which eventually led to an ADHD diagnosis. At first, I didn't know what support I needed, but it quickly became clear that confidence-building was essential.

I was struggling with feelings of worthlessness, believing I had no purpose and nothing to offer. I'd applied for a few jobs and got interviews but kept getting 'pipped' at the post. Each rejection knocked my confidence further, and I believed that my mental health and ADHD would hold me back from working again.

My employment advisor helped me see that I do have a lot to offer. He let me talk things through, explore how I felt, and recognise my strengths. He was always positive, full of good advice, and nudged me in the right direction. This led to two really positive interviews and a job offer. This rebuilt my confidence and reminded me that others can see my value. I wouldn't have approached those interviews the same way without this support.

Ultimately, I learned that I am still employable. That realisation gave me confidence, confidence not only to go for opportunities, but also to recognise when something isn't right. For some people the goal might be getting a job, but for me the goal was building confidence, and with Michael's help, I achieved that



Effective

Employment Advice Team

My Story: A case study from the Employment Advisors in NHS Talking Therapies,

“In November 2025 I was signed off with work-related stress.

I wasn't sleeping, the impact of this, anxiety and overwhelm made even simple tasks feel impossible. I was emotionally very low, and my employer's behaviour only made things worse. My concentration was almost non-existent, and the thought of dealing with them felt daunting and isolating. My anxiety spiralled, and the smallest tasks became too much.

My Employment advisor was patient and supportive, and made sure I knew I wasn't alone. I needed guidance on how to respond to my employer, but I also needed to feel seen and heard. My confidence was low. Normally I'm resilient and upbeat, but I had become someone I barely recognised. CBT workshops helped me begin my path to recovery, and I'm now waiting for CBT 1-to-1 support.

The offer of Employment support came at exactly the right time. From our first conversation, his compassion and warmth put me at ease. I don't believe I could have started my recovery without his support. He believed in me and with his help, I slowly began to regain who I was.

Together we drafted a Wellness Action Plan, this gave me something clear to share with my employer. My advisor also supported me with my Occupational Health report, my CV, and helped make sense of emails when my mind felt foggy. Nothing was ever too much trouble.

Through this experience I've learned that I am resilient, but also vulnerable, and that asking for help is invaluable. I'm making slow progress and focusing on my mental health and wellbeing. I now know I have something to offer, and I can see how much I had started to doubt my worth when everything felt so low. My future may feel uncertain, but I know the steps I need to take and have the courage to take them thanks to the support I've received.”

Effective

Data Quality

Data quality is a vital part of ensuring the services we deliver are effective.

**84.5% of Appropriate
Anxiety Disorder
Specific Measures used**

Against a target of 65% and showing a further service improvement of 1.5% on last year

**97.2% of problem
descriptors recorded**

a decrease of 2.6% on last year

**99.7% NHS
Numbers Recorded**



Effective

Quality Assurance

The service underwent revalidation of the Accreditation Programme for Psychological Therapies (APPTs) status in February 2026. We await formal announcement of our status by the Royal College of Psychiatrists.

Audits

We carry out regular clinical audits to check the effectiveness of the interventions we offer. This includes audits of referrals, assessments, records and notes, data completeness, risk, waiting lists, outcomes and feedback.

Pathway Leads & Seniors also complete audits specific to their pathways, this includes checks on presenting problem matching the waiting list they are allocated to, clients who have experienced a reduction in clinical scores following an introduction group, engagement levels (especially those who flag as regularly missing appointments), suitability and those who have a priority label to ensure this has been appropriately added.

We use the information taken from these audits to provide feedback to the team, make service changes to help improve upon areas such as performance or processes and regularly review our audit schedule.

"I can't express how much my group therapy has helped me. I was a bit anxious and reluctant at first about how a group therapy would benefit me? But I have been beyond impressed at how much my anxiety has improved. I would recommend anyone to give it a go".

"I had [Name] as my councillor and honestly she has changed my life. As I had current life issues during my sessions, I think without her I would not have been able to get through it as well as I did without her."

Caring



96% report that they felt listened to and taken seriously most or all of the time



84% reported the service helped them to understand their difficulties better

of 1355 respondents



91% reported being involved in the choices about their treatment and care



96% reported they got the help that mattered to them

Caring

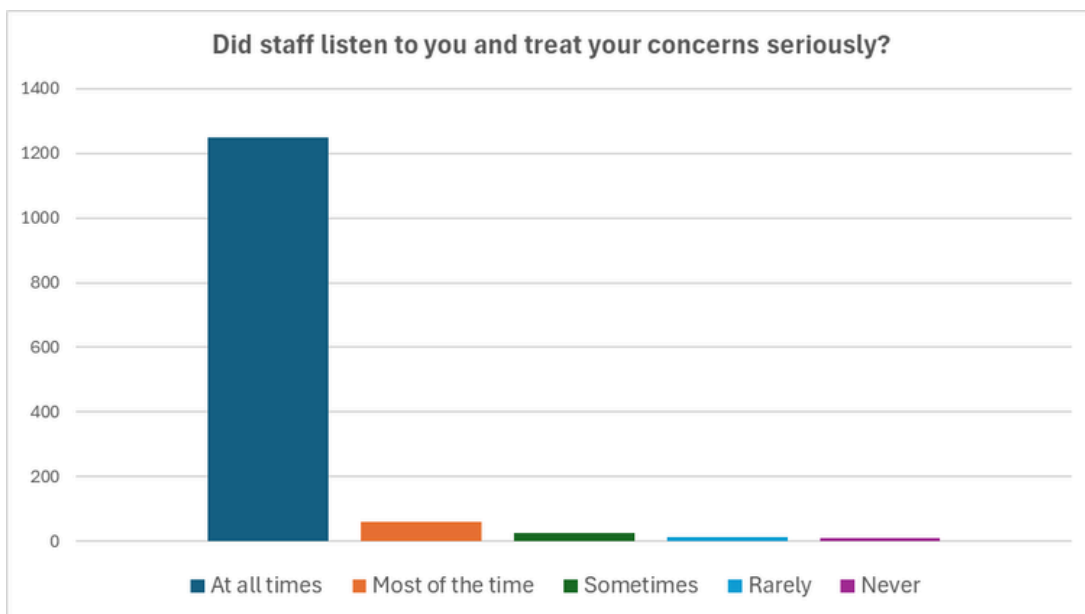
Feedback

Impact utilises NHS Talking Therapies standard patient experience questionnaires (PEQs). The PEQs are issued after assessment and after treatment is complete and provides the space for clients to provide honest feedback on the service they have received.

We received 1355 completed questionnaires.

We also repeated the questionnaire that we sent out to clients previously as part of the APPTS accreditation process

PEQs

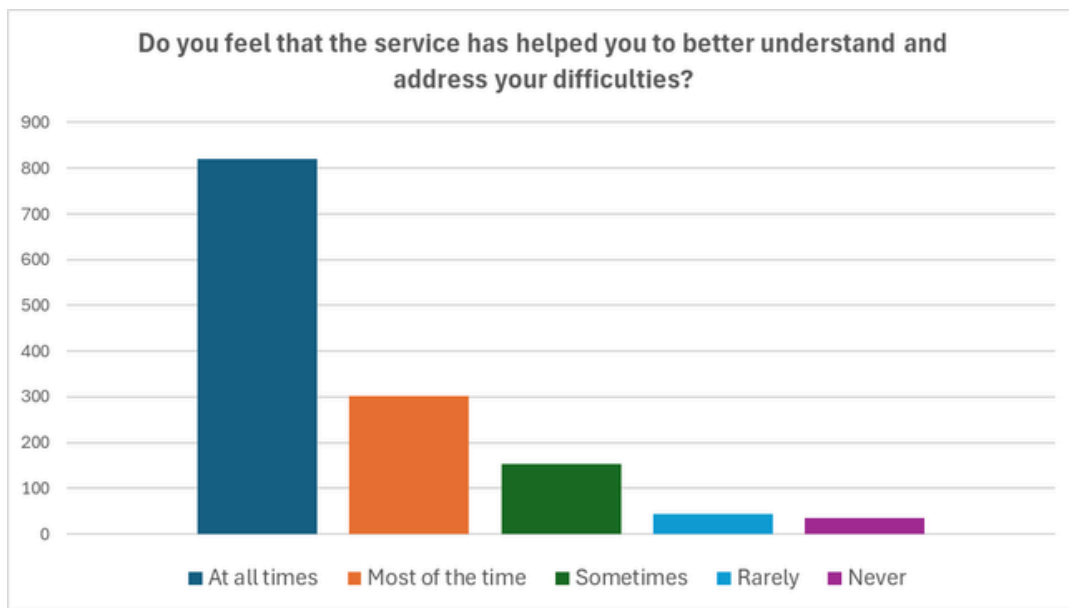
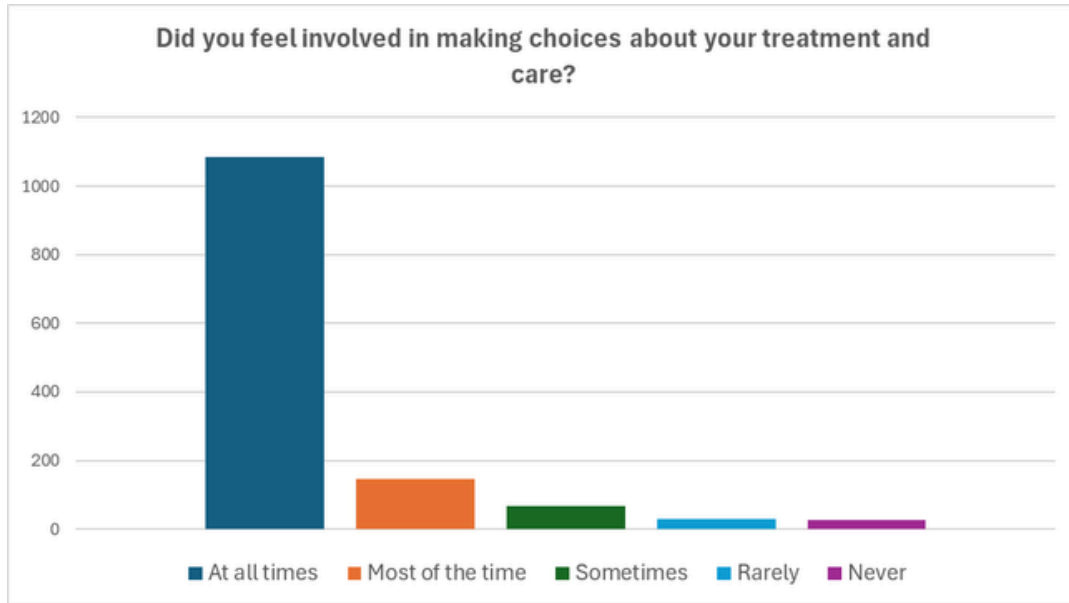


"Being able to see the same counsellor helped a lot. He knows me and can challenge me when needed. I don't feel scared or uncomfortable to discuss what is needed."

"I was always made to feel like I was in a safe space and could talk about my feelings without judgement. My treatment was always catered around my specific needs."

Caring

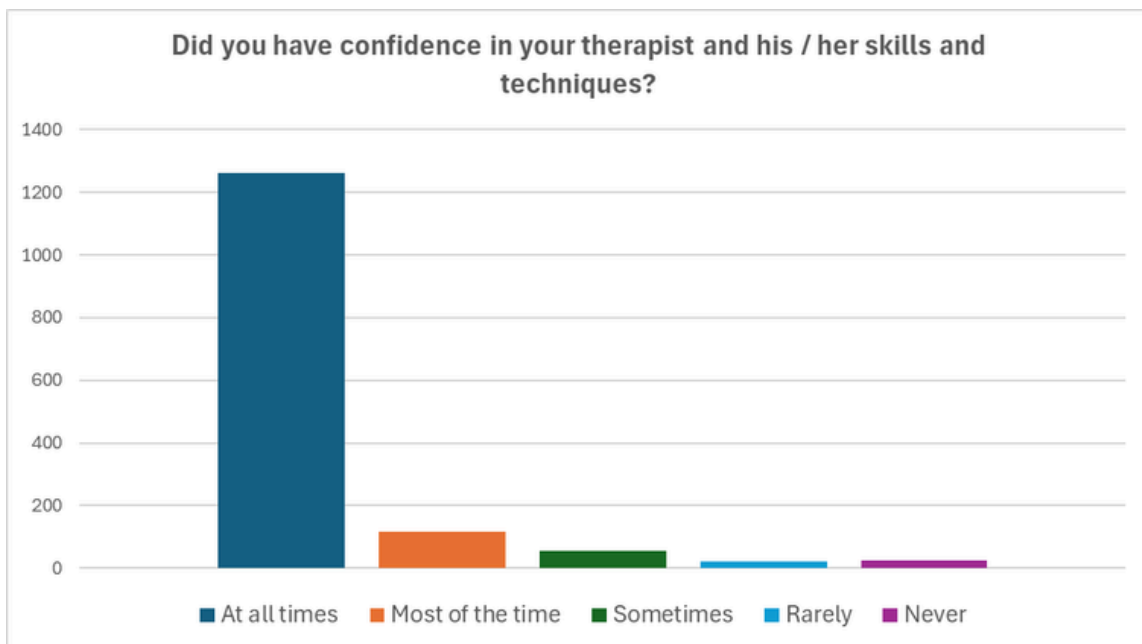
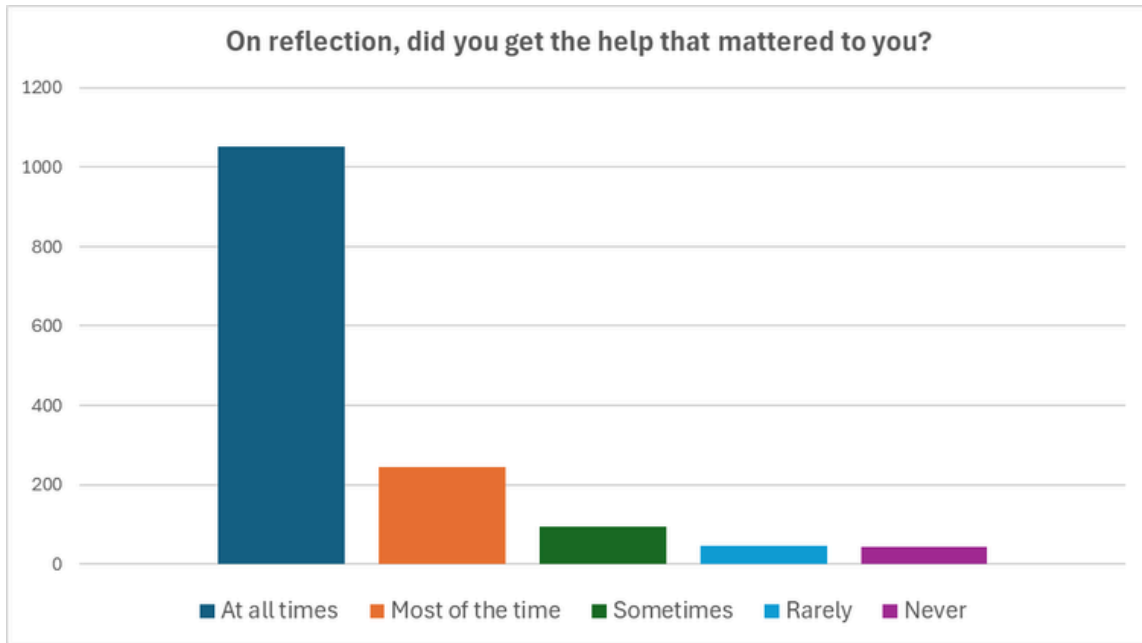
PEQs



"I am extremely thankful to this service and my therapist in particular. She went above and beyond to make me feel comfortable, valued and understood. My mental health is at the best it's been thanks to the amazing service I received."

Caring

PEQs

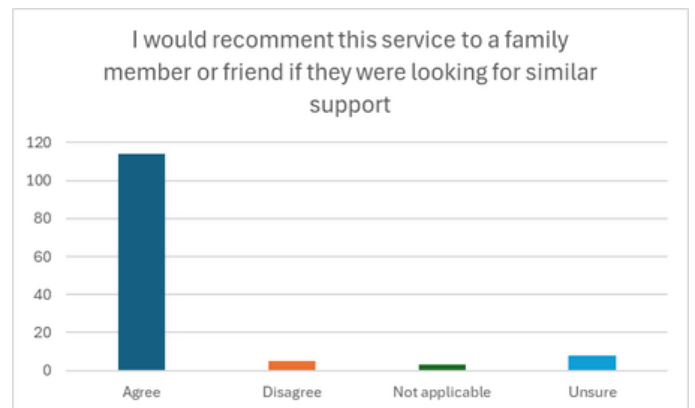
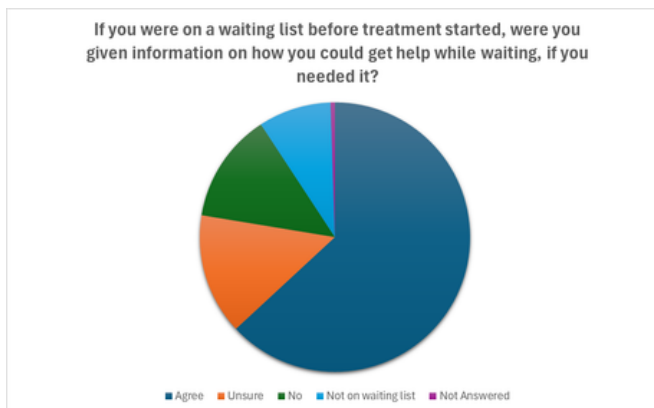
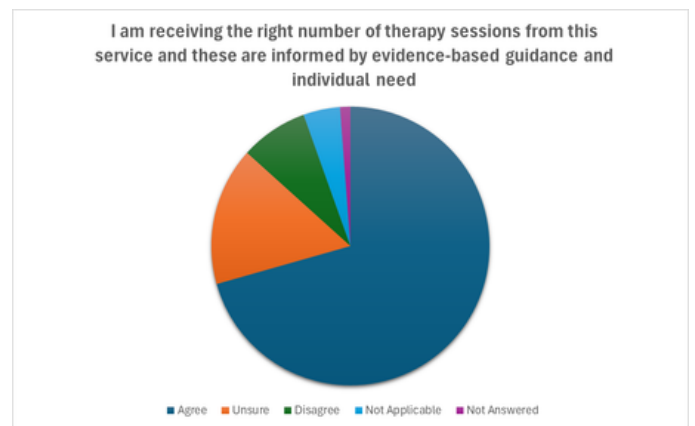
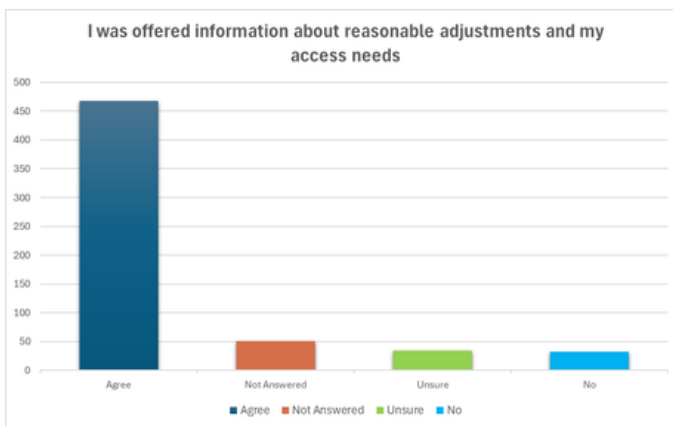


“The group CBT workshops helped me understand my anxiety a lot better, and it was also great to know other people shared the same issues I have, which we are able to talk about in a safe space.”

Caring

APPTS Questionnaire

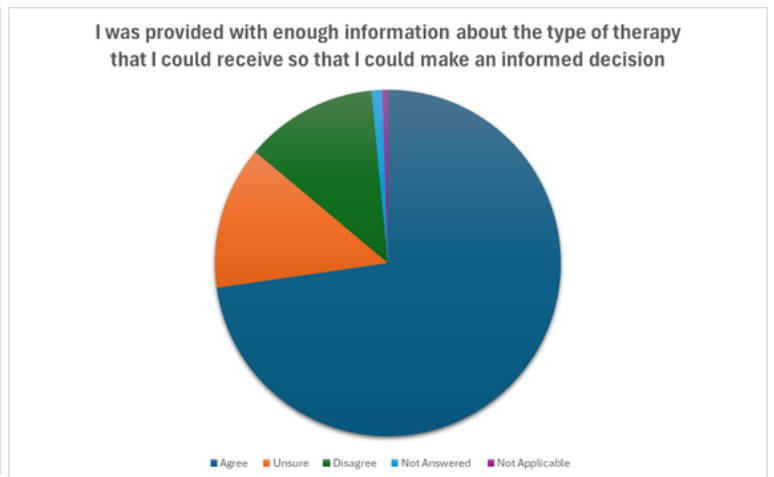
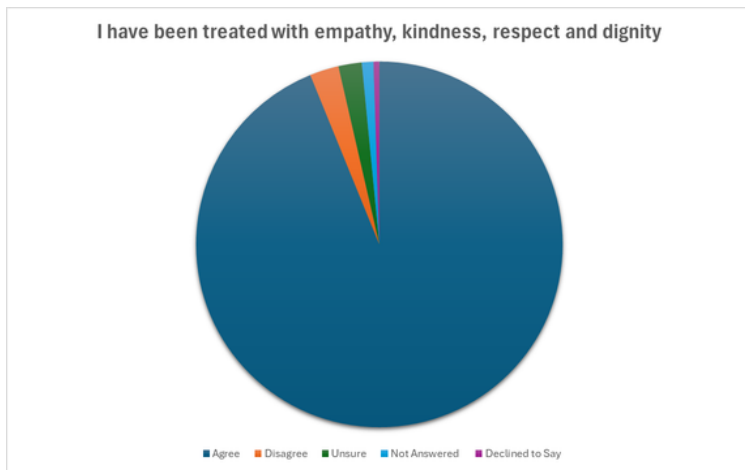
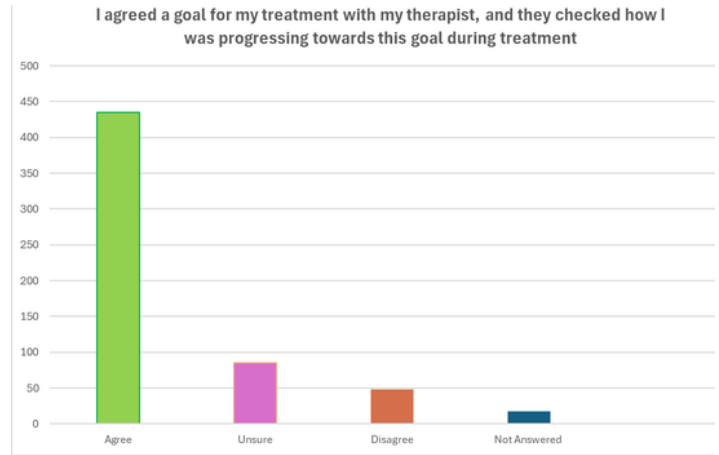
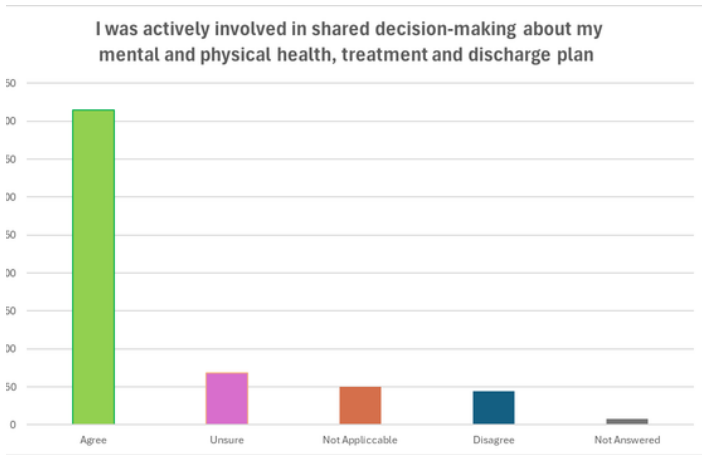
As part of the APPTS re-accreditation exercise, we contacted current and recent service users for their views on the service. We received 585 responses.



'It was really helpful to be in a group with people with similar experiences. I have completed the courses now and feel well equipped to use what I've learned to look after my wellbeing. I know it's not an easy fix, but I know what to do to overcome the challenges I may face.'

Caring

APPTS Questionnaire Outcomes



“Very nice and calm atmosphere and able to adjust appointments to fit in with my therapists and my schedules, i.e., Emergency meetings, school runs etc.”

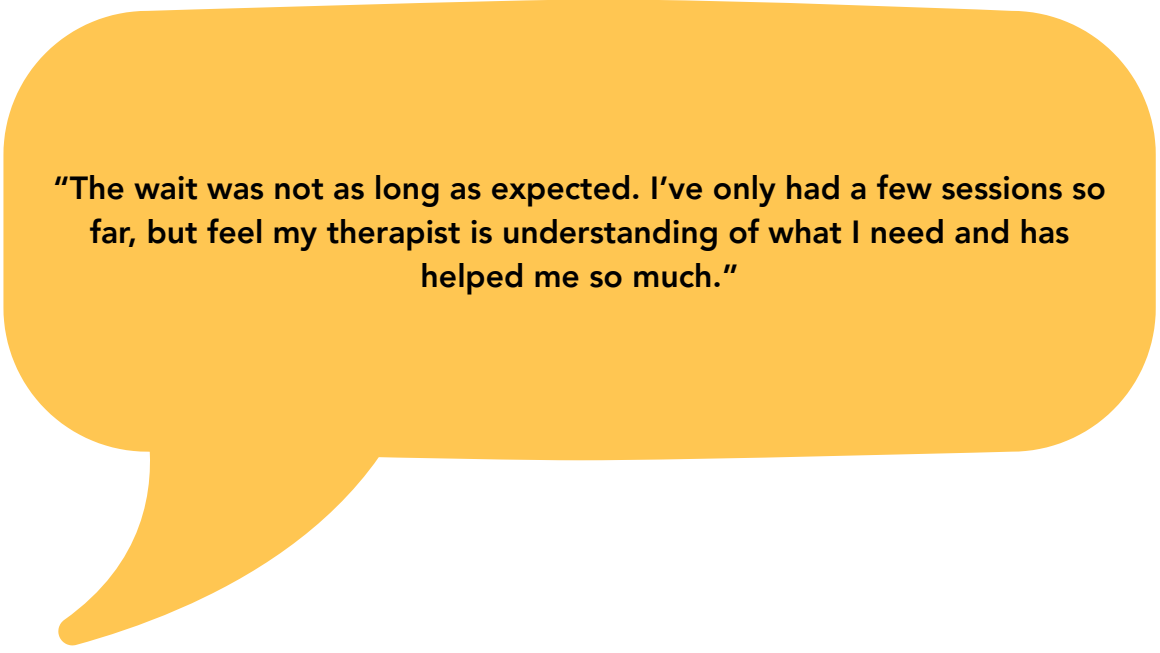


Responsive

We are committed to continuously developing and improving the services we provide, and a key part of that process is listening to feedback from a wide range of sources. This includes clients who use our services, therapists who deliver them, professionals who refer individuals to us, our leadership team, and other important stakeholders.

We gather feedback in various ways; through questionnaires, complaints, conversations during sessions, and input from partner organisations we work closely with. Every piece of feedback is reviewed and considered.

By taking the time to reflect on this input, we're able to make meaningful changes and enhancements to our services. This ensures that what we offer remains relevant, effective, and aligned with the evolving needs of the local communities we serve.



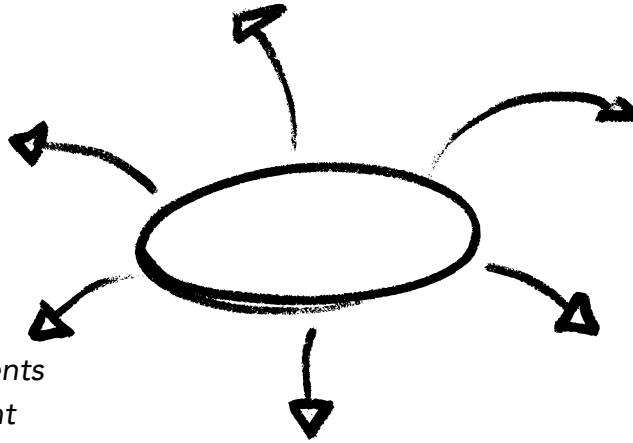
"The wait was not as long as expected. I've only had a few sessions so far, but feel my therapist is understanding of what I need and has helped me so much."

The next few pages details some of the excellent work, innovation and positive changes taking place across the service

Responsive

Waiting list audits showed that clients requiring an interpreter experienced longer waiting times for Low Intensity CBT. PWP staff have shared the case management load equally for these clients and have reduced waiting times. These will continue to be audited to ensure equity with these client groups.

Regular huddles are held with secondary care colleagues. These collaborative identify the most appropriate service for a client and improve access to the care they need



Regular feedback from PEOs is given to staff. This enables service improvement through identifying themes and trends from the client comments.

We continue to aim to see clients within the 10-day assessment time frame and have increased capacity in the front end to help towards achieving this target.

When a professional referral is declined by the service, we make recommendations to the referrer for sourcing more appropriate support for the client's needs.

If a client discloses safety concerns within a Wysa self-referral, The CCC team make contact immediately to address any urgent support needs, prior to booking-in an assessment

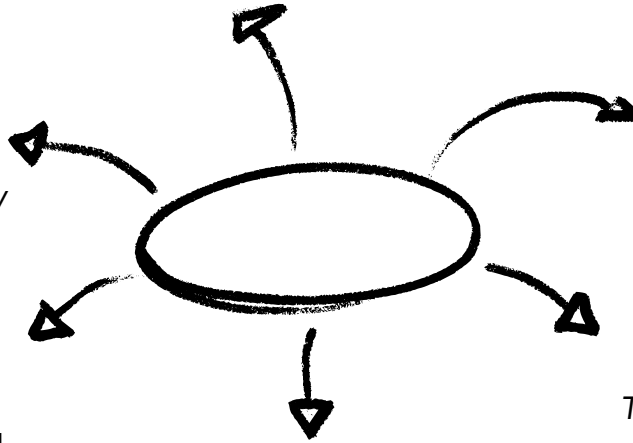
"They have generally been incredible, making sure that I am safe when I needed it most and have been understanding of my situation."

"I am very happy with the therapy received which has always been respectful, encouraging and practical."

Responsive

New pathways have been introduced for senior clinical review of complex referrals, including those clients with ongoing children's social care involvement. This allows the appropriate senior lead to ensure the client's appropriateness for the service, or facilitating onward referral.

Lessons learnt from incidents are fed-back to staff. Recent examples include data breaches and Responding to Disclosures of Illegal Activity by a Third Person



Changes made in assessing, documenting and recording safety concerns in line with the NHS Staying Safe from Suicide guidance

Guidance for clinicians has been developed for working with clients where there is civil or criminal court involvement or criminal justice system involvement.

Training was provided to the admin team to speed up information requests from social care colleagues

The service has appointed a neurodivergence champion who delivers training and awareness sessions for all clinical staff

"This service is the first ever professional service that has shown empathy, patience and kindness towards me and my recovery."

"My therapist has made me feel at ease so I could open up my feelings and be able to get everything out."

Well Led



All clinical staff have appropriate clinical supervision on a regular basis.



90% feel able to challenge decisions and to raise concerns about standards of care

From repeated APPTs Staff Survey - 86 staff responded



93% reported that the service actively supports their health and wellbeing



98% believe that the service supports their professional CPD requirements



Well Led

Strategic Leadership

Alliance Psychological Services (the lead provider for Impact on Teesside) recently undertook a restructure of the Senior Leadership Team. Three assistant directors have been appointed to ensure business resilience and continuity. In addition, a new assurance framework, based upon NHS best practice, has been adopted.

Staffing

We constantly review our staffing structure, skills mix and wellbeing initiatives to ensure we have a qualified and skilled workforce to deliver interventions to the people of Teesside. We remain focused on the quality and quantity of training, development and progression opportunities for staff. This is reflected in the feedback we receive from staff in line management and supervision, but also during the staff survey we conducted for our APPTs review.

The service structure is made up of a variety of staff with diverse roles and skills sets to enable us to provide a range of support.

Management and Leadership Team	Clinical Team	Core Support Team
Clinical Lead	High and Low Intensity CBT Therapists	Admin Leads and Seniors
Head of Adults	EMDR Therapists	Admin Team
Service Managers	Counselling Team	Specialist Pathway Leads
Operations Manager	Recovery and Foundation Team	(Perinatal, Long Term Health
Data Protection Manager	Recovery College Tutors	Conditions, Vulnerable young
Quality and Governance Manager	Employment Advisors	People, Peer Support and
Digital Development Lead		Volunteers)
Individual Pathways Leads & Seniors		Champions (Veterans,
		Neurodiversity, Older Adults,
		Diverse Communities,
		Domestic and Sexual Abuse)
		Referral & Assessment
		Co-ordinator
		Clinical Care & Intake
		Coordinators

Well Led

Wellbeing

We have many wellbeing initiatives for staff which include:

- Themed activity weeks for wellness
- Staff health & wellbeing packages
- Facilitated time for team and individual training and CPD
- Paid time off for personal and charitable activities .

In addition to Impact wide initiatives, each partner also has their own employee wellbeing strategies

“
A busy service with high demand on your time as a practitioner, with a focus on meeting recovery - however line managers are supportive of protecting your wellbeing.
”



**Better Health
at Work Award**
Bronze Award



“
The service has a strong emphasis on patient care and puts them at the heart of decisions. I feel valued as a member of staff.
”

Safe



**100% of staff have
a DBS Check**



**All staff have
completed
safeguarding adults
training to the
correct level. This is
mandatory training.**



**All staff have
completed
safeguarding children
training. This is part of
mandatory training.**



**Partners are
compliant with the
NHS Data Security
and Protection Toolkit**



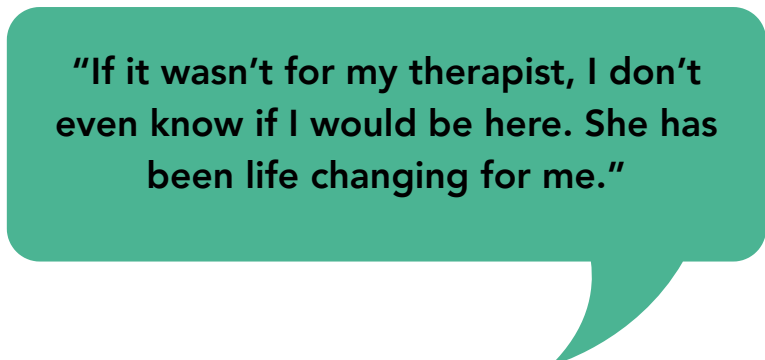
Safe

Complaints and Incidents

Supporting our clients to raise their concerns is important to us. This feedback helps us to inform improvements and helps to educate and inform staff to support change and continuous improvement. All informal complaints and reports of dissatisfaction within the service are investigated and responded to.

Some examples are listed below:

- A service user complained after being discharged from the service after failing to attend two consecutive appointments without notice. The DNA policy for the service was reiterated to the client. Complaint not upheld.
- A client complained that a letter was sent by Impact to their GP, without their consent. Upon investigation it was found that a letter had been sent in error. An apology was made to the client and the GP was asked to record the error in the client's record. Complaint upheld.
- Concerns raised regarding the conduct of a staff member towards a client following discharge from the service. A full investigation was conducted and the complaint was not upheld.
- Client complained regarding two points, firstly their assessment appointment was changed to a senior clinician without their permission. We contacted them and explained that this was to better determine suitability for the service. Secondly they were dissatisfied that they were sent written communication and struggled due to dyslexia. We apologised for this but explained that some written communication is essential to the running of the service.



"If it wasn't for my therapist, I don't even know if I would be here. She has been life changing for me."



Safe

RADAR - Our new Incident Reporting System

We have procured the RADAR governance system for the organisation. RADAR allows staff to report patient safety incidents, data breaches, complaints and access requests, as well as the ability to manage organisational risks. The system rollout has commenced and will be completed by the summer of 2026 and will allow a more structured approach to learning from incidents.

Data Protection and Confidentiality

The Data Security and Protection Toolkit is an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards. All organisations that have access to NHS patient data and systems must use this toolkit to provide assurance that they are practising good data security and that personal information is handled correctly. Organisations must make an annual submission supported by appropriate evidence to demonstrate that they are working towards or meeting the required standards. The deadline for the DSPT 2025/26 submission is 30 June 2026. Impact partners continue with their preparations for submission. In June 2025, Alliance and Teesside Mind submitted a 'Standards Met' return.

Information governance is overseen by the Quality and Governance Manager and the Data Protection Officer to ensure continued compliance. Staff are required to refresh their mandatory IG training annually, with additional in-depth training delivered by the Quality and Governance Manager and the Data Protection Officer.

Staff Training and Continuous Professional Development

Staff are provided with clinical supervision and regular line management to support their development and professional standards. All clinical supervisors have received training in providing supervision which enables them to monitor ethical practice and adherence to NICE guidance and therapeutic standards.

All staff delivering therapy and counselling have received, or are currently receiving, formal accredited training in the interventions being offered. All qualified staff are also members of an appropriate professional body which provide ethical standards that the therapist must adhere to maintain membership. Each service area has a detailed plan to ensure staff stay abreast of their development and to ensure that the interventions being offered are following the latest evidence.



Safe

As well as mandatory training completed by all staff, this year staff have developed their skills by attending CPD in the following areas:

- Adaptive Behavioural Activation for Adults
- Adult Sexual Exploitation
- Advancing and Maintaining Supervisory Skills for PWP Supervisors
- Baby Loss Virtual Training
- Beyond Sleep Hygiene: The Science of Sleep
- Birth Trauma Resolution Practitioner Training
- CBT Supervision
- clinical safety management
- Counselling Team Away Day
- Criminal Exploitation and Country Lines
- Cultural Competency Training
- Domestic Abuse and Intimate Partner Violence
- Eating Disorders Training
- EMDR Training
- Families and Partners workshop
- GP and Primary care workforce sessions
- Group Facilitation Training
- Group work training
- Harm Outside The Home Conference
- IPT Brief Workshop
- IPT Tools for Counsellors
- Multi-Agency Risk Assessment Conference (MARAC) - Single Point of Contact
- Neurodevelopment e-conference
- Neurodiversity
- Peri-Natal Loss Workshop
- Perinatal Mental Health Training
- Perinatal Mental Health Training
- Preterm Antenatal Counselling Education Webinars
- PTSD Inhouse course
- PWP Supervision
- Responding to attachment issues
- Safeguarding The Unborn Baby Procedure Update Briefing
- Solution Focused Therapy
- Therapist Training Workshop
- Unconscious Bias
- Update on Exposure Therapy: Mechanisms, Moderators, and Methods for strong Clinical Outcomes.
- Wellbeing and Self-Care
- Working with low self esteem & confidence at step 2
- Working with Neurodiversity Step 2

Our Clinical Lead regularly attends Local Authority safeguarding thematic audits and multi-agency reviews to participate in effective partnership working to promote the safety and wellbeing of children, young people and vulnerable adults.



Quality Improvements for 2026/ 27

Goal One - Reduced Waiting Times

As in the previous year, a key priority for the service remains the reduction of waiting times for therapy. This reflects a wider challenge across psychological therapy services, where demand continues to increase alongside the need to ensure timely access to care.

Over the past year, we have actively utilised additional funding from the Autumn Statement to expand capacity within our CBT pathway. This has included the recruitment of additional staff, and we are beginning to see early signs of improvement. Further gains are anticipated over the coming months as our first cohort of trainees qualify, alongside a new cohort due to commence training.

While progress to date has been measured, there are clear reasons for optimism. We will continue to monitor performance closely, with a particular focus on increasing the proportion of clients receiving a second appointment within 90 days. We expect the foundations established this year to support continued improvement, as reflected in our performance data.

Goal Two – Sustaining and increasing Recovery Outcomes

Over the past three years, our service has consistently exceeded national recovery targets, demonstrating our commitment to delivering high-quality, person-centred care. Nationally, recovery expectations have increased, and we recognise the importance of continuing to respond to this shift while maintaining strong performance. We are well positioned to work towards these enhanced targets, supported by our established outcomes and ongoing service improvements.

Over the coming year, we will focus on sustaining and further strengthening recovery outcomes across all pathways. Our pathway leads will continue to monitor outcomes and provide updates and actions within their monthly performance meetings.

A key component of achieving positive recovery outcomes is ensuring that individuals are appropriately matched to the service and to the most suitable pathway at the point of entry. We remain committed to delivering high-quality assessments that ensure clients are aligned with the Talking Therapies service where appropriate, supporting effective interventions and improving the likelihood of positive outcomes. Following the recent completion of a three-part assessment training programme for the full clinical team, we are confident that we are well placed to support consistent, high-quality assessments that will link to positive client outcomes.

Goal Three – Strengthening Communication and Governance

Over the past year, we have identified the importance of strengthening communication and information flow across all levels of the service to support effective, well-led care. Clear and consistent communication is essential to ensuring that performance, quality, and clinical priorities are understood and acted upon across teams.

We have recently introduced a revised meeting structure, including the establishment of monthly Senior Management Team (SMT) meetings. These are supported by a clear framework that links SMT discussions with pathway performance meetings and clinical forums, ensuring alignment between strategic oversight and day-to-day service delivery.

This structured approach supports a more consistent flow of information between meetings, with clear expectations for how key messages, performance insights, and actions are communicated through pathway leads and line management structures to the wider team. This ensures that staff are informed, engaged, and able to contribute to service development and quality improvement.

Over the coming year, we will continue to embed this approach, with a focus on strengthening governance, improving transparency, and ensuring that communication supports safe, effective, and responsive service delivery.

Commissioner statement from NHS North East and North Cumbria Integrated Care Board for Impact on Teesside Quality Account 2025/26

NHS North East and North Cumbria Integrated Care Board (NENC ICB) is committed to commissioning high quality services from Impact on Teesside. NENC ICB is responsible for ensuring that the healthcare needs of patients that they represent are safe, effective and that the experiences of patients are reflected and acted upon. The ICB welcomes the opportunity to review and provide comment on this 2025/26 Quality Account.

Overview

The ICB would like to thank Impact on Teesside for the openness and transparency reflected in this year's Quality Account. The ICB would like to commend all staff for their commitment and dedication demonstrated throughout these challenging times and for striving to ensure that patient care continues to be delivered to a high standard.

Achievements

The ICB would like to congratulate Impact on Teesside and its staff on the achievements made during this period. The ICB recognises the attainments detailed within the quality account, which include:

- Working proactively to improve the waiting times to begin treatment and participation in the national clinical trial for a step 3 transdiagnostic CBT treatment group based on the Unified Protocol.
- The progress made in improving communication and accessibility across the service for clients, carers, partner organisations and professionals, including steps to improve telephony performance with the introduction of specific call handling roles, strengthening links with partner organisations by sharing clear information about the service and its scope.
- Further development and enhancement of the 'Waiting Well' support, including deployment of the Wysa app which offers AI-driven emotional wellbeing support.
- Improvements within the service, notably the total number of clients waiting for Step 3 treatment.
- The move from standard Recovery to Reliable Recovery and Reliable Improvement, the ICB notes the improvement on last year's performance.
- Revalidation of the Accreditation Programme for Psychological Therapies (APPTs) status in February 2026, and the ICB awaits the formal announcement of status by the Royal College of Psychiatrists.
- All staff receiving necessary training and clinical supervision specific to their roles to ensure compliancy.
- Continued aim to see clients within the 10-day assessment time frame and the increased capacity that has been put in place to help towards achieving this target.
- Appointment of a neurodivergence champion to deliver training and awareness sessions for all clinical staff.
- Compliance with the NHS Data Security and Protection Toolkit (DSPT).
- The ongoing roll out of the new incident reporting system (RADAR) which is anticipated to be complete by the summer of 2026. This will enable staff to report patient safety

incidents, data breaches and complaints, allowing for a more structured approach to learning from incidents.

- Participation in effective partnership working with Local Authorities which promotes the safety and wellbeing of children, young people and vulnerable adults.

Areas for Further Development

The ICB recognises the additional work required which has been identified within the Quality Account. In particular, the work to improve the wait times for second appointment, noting that the wait time for second appointment for the first six months of year was less than 90 days. We acknowledge that staff vacancies and difficulties in recruitment have led to a slight increase in wait times. It is reassuring to hear that a number of trainees are working to qualification and envisage this to improve the wait times to return within target in the coming months and this will continue to be a focus for the next year.

Future Priorities

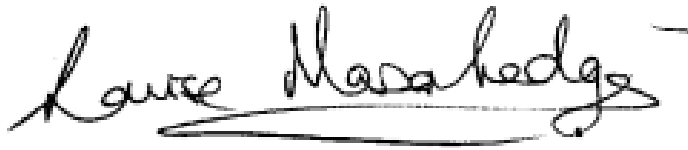
The ICB is fully supportive of the identified Quality Priorities for 2026/27. The ICB welcomes the following priorities:

- **Goal 1 - Reduced Waiting Times.** The ICB acknowledges the progress in reducing the waiting times for therapy and it is positive to hear that additional funding from the Autumn Statement has supported in the recruitment of additional staff to expand capacity within the CBT pathway. The ICB welcomes the continuation of this trajectory into 2026/27 with a particular focus on increasing the proportion of clients receiving a second appointment within 90 days.
- **Goal 2 - Sustaining and increasing Recovery Outcomes.** It is positive to hear that over the past three years, Impact on Teesside has consistently exceeded national recovery targets whilst responding to the increase in recovery expectations nationally. Looking ahead we support Impact on Teesside's focus on sustaining and further strengthening recovery outcomes across all pathways. The ICB looks forward to hearing about positive client outcomes in the coming year.
- **Goal 3 - Strengthening Communication and Governance.** The ICB recognises the progress in strengthening communication and information flow across the service to support effective and well-led care. The ICB is pleased to hear that the recently introduced meeting structure has supported the flow of information between meetings with key messages, performance insights and actions to the wider team. It is positive to hear that Impact on Teesside will continue to embed this approach with a focus on strengthening governance, improving transparency and ensuring that communication supports safe and effective service delivery. The ICB looks forward to hearing about the progress in the coming year.

The ICB can confirm that to the best of their ability the information provided within the annual Quality Account is an accurate and fair reflection of Impact on Teesside performance for 2025/26. It is clearly presented in the required format, contains information that accurately represents Impact on Teesside quality profile and aspirations for the forthcoming year.

NENC ICB remain committed to working in partnership with Impact on Teesside to assure the quality of commissioned services in 2026/27.

Yours sincerely,

A handwritten signature in black ink that reads "Louise Mason-Lodge". The signature is written in a cursive style and is underlined with a single horizontal line.

Louise Mason-Lodge

Director of Nursing

NHS North East and North Cumbria Integrated Care Board