

UNIVERSITY HOSPITALS TEES



QUALITY ACCOUNT 2025/26

South Tees Hospitals NHS Foundation Trust

North Tees & Hartlepool NHS Foundation Trust



Caring
Better
Together

University Hospitals Tees



- This year marks our second full cycle since the formal creation of University Hospitals Tees as a hospital group—uniting the strengths of our two trusts to harness shared opportunities, enhance operational resilience and improve population health outcomes.
- University Hospitals Tees has produced a single Quality Account reflecting our shared quality priorities, and performance and achievements across South Tees Hospitals NHS Foundation Trust and North Tees & Hartlepool NHS Foundation Trust.
- A single Quality Account supports greater consistency, transparency and collaboration across the UHT.

Purpose

- To provide assurance on quality, safety and experience
- To summarise performance in **Middlesbrough, Redcar and North Yorkshire (South Tees)** and **Stockton and Hartlepool (North Tees & Hartlepool)**
- To highlight progress, challenges and next steps

Context

- Single Group Quality Account
- Maintains **local accountability and site-specific transparency**



Caring
Better
together

Our Local Services

South Tees Hospitals NHS Foundation Trust

- James Cook University Hospital
- Redcar & Cleveland community hospitals
- ~1.5 million patient contacts annually
- CQC overall rating: **Good**



North Tees & Hartlepool NHS Foundation Trust

- University Hospital of North Tees
- Lawson Street Health Centre
- Tees Valley Community Diagnostic Hub (Stockton)
- Serving ~500,000 residents
- CQC overall rating: **Requires Improvement**



Shared Quality Priorities 2025/2026



Patient Safety	Clinical Effectiveness	Patient Experience
<p>**New QP 25/26**</p> <p>We will reduce the risk of acquiring healthcare associated infections in line with NHS England standard contract objectives such as Clostridioides Difficile, Meticillin Resistant Staphylococcus Aureus, Gram-Negative Blood Stream Infections (ECOLI, Klebsiella, and Pseudomonas) alongside other infections to improve outcomes for our patients whilst embedding IPC practices.</p>	<p>**Carried forward from 24/25**</p> <p>We will ensure continuous learning and improved patient outcomes following implementation of best clinical practice, using data from clinical audits of compliance against evidence-based standards.</p>	<p>**Carried forward from 24/25**</p> <p>We will develop and implement a Group Mental Health Strategy to improve care and share learning for our patients who are experiencing difficulties with their mental ill health.</p>
<p>**Carried forward from 24/25**</p> <p>We will continue to optimise the Trust's ability to respond to and learn from incidents, safeguarding concerns, claims and inquests to improve outcomes for our patients and reduce the risk of reoccurrence.</p>	<p>**Carried forward from 24/25**</p> <p>We will review and strengthen the mortality review processes, ensuring that learning from deaths is used to improve patient outcomes.</p>	<p>**Carried forward from 24/25**</p> <p>We will proactively seek patient feedback and ensure there is continuous improvement in care and treatment because of the feedback we receive</p>
<p>**Carried forward from 24/25**</p> <p>We will improve medication safety and continue to optimise the benefits of ePMA and evaluate the impact on learning from medication incidents</p>	<p>**Carried forward from 24/25**</p> <p>We will develop and implement shared decision making and goals of care.</p>	<p>**Carried forward from 24/25**</p> <p>We will respond in a timely way to complaints, supporting patients and families through difficult circumstances and implement quality improvements as a result of the learning.</p>

Patient Safety & Learning from Incidents



South Tees

- Full implementation of Patient Safety Incident Response Framework (PSIRF)
- 8 out of 16 PSIRF evaluation recommendations delivered
- Incident reporting dip in March 2026 linked to system change, now recovering

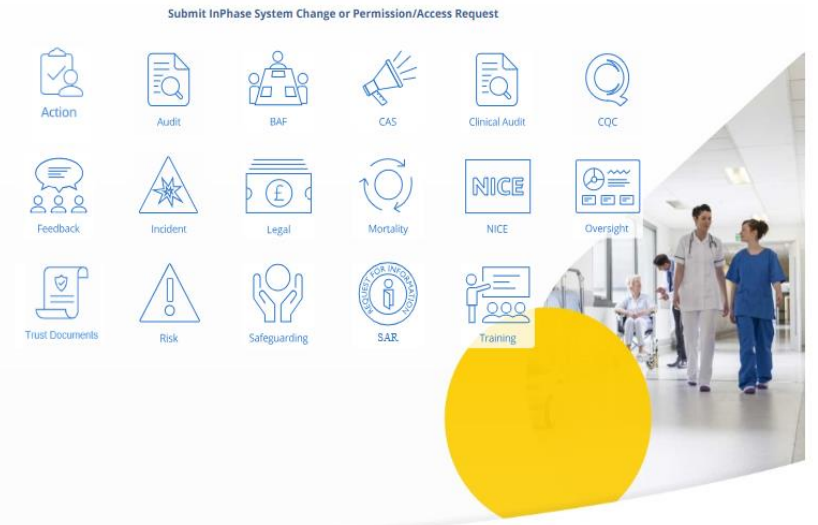
North Tees and Hartlepool

- Medication incident rate ~6.2%
- No medication-related never events
- 50% reduction in time-critical medication omissions

Assurance:

- Unified incident reporting system (Healthcare Guardian) now live across UHT

Oversight



Medication Safety & ePMA



South Tees

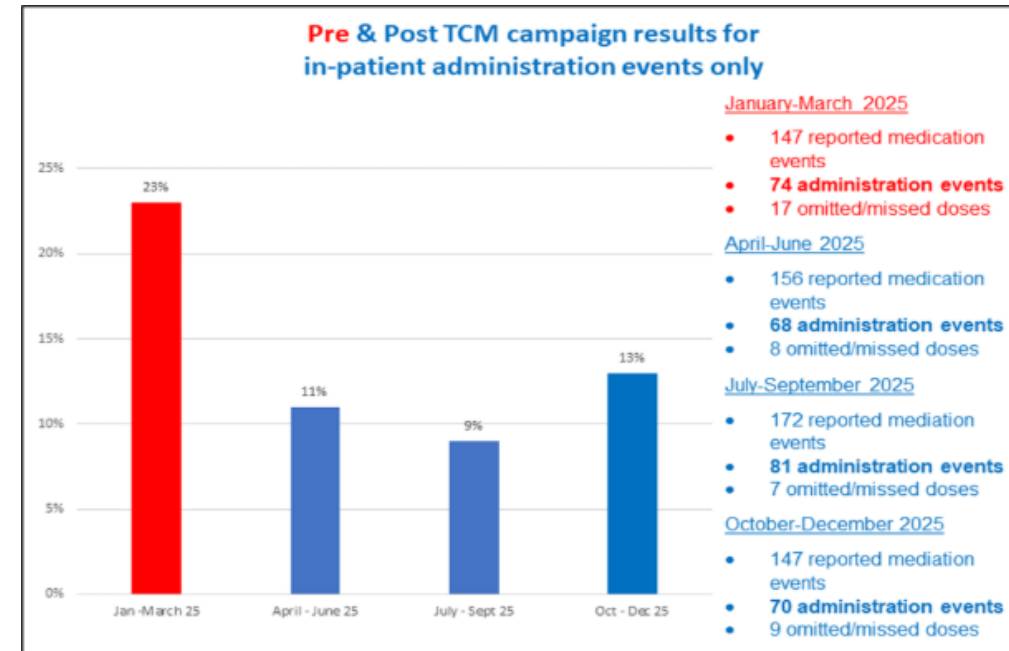
- 17 million medication doses via electronic prescribing (ePMA)
- Lowest regional antibiotic consumption (January 2026)
- Innovative penicillin de-labelling service (national recognition)

North Tees and Hartlepool

- EPMA 2.0 including IV medications
- Antibiotic use increased by 8.2% vs baseline
- Access antibiotic use: 60.2%

Next steps:

- UHT-wide medicines dashboards and benchmarking



Learning from Deaths and Mortality



South Tees

- 1,835 deaths
- 208 case record reviews completed
- 0.01% judged more likely than not due to care issues

North Tees and Hartlepool

- 1,198 deaths
- 53 case record reviews
- 0% judged more likely than not due to care issues

Improvement focus:

- Increased SJR coverage at North Tees
- Single UHT Learning from Deaths framework

Clinical Effectiveness & Audit



NICE Guidance Compliance

- South Tees: 74.7% compliant
- North Tees and Hartlepool: 99.4% compliant

Local Audit Activity

- South Tees : 369 audits reviewed
- North Tees and Hartlepool: 112 audits reviewed

Assurance:

- New GIRFT & Audit Panel providing stronger oversight



Patient Experience and Complaints

South Tees

- FFT scores above national average
- Response timeliness improving, but long open complaints remain a challenge

North Tees and Hartlepool

- FFT scores above national average
- Improved oversight through Clinical Service Unit (CSU) dashboards

Action Taken:

- Unified UHT complaints policy
- Family Liaison Officers embedded
- External audits completed (PwC / Audit One)



Mental Health & Vulnerable Groups



Across Trusts:

- Joint UHT Mental Health Strategy live
- Suicide prevention plan endorsed locally
- 1,267 staff trained in mental health awareness
- Right Care Right Person implemented
- Trauma-informed care programme launched



Urgent and Emergency Care

South Tees

- UTC at JCUH: ~60,000 patients/year
- 94% seen within 4 hours

North Tees and Hartlepool

- Emergency Assessment Suite: 55 patients/day
- ~70% discharged same day

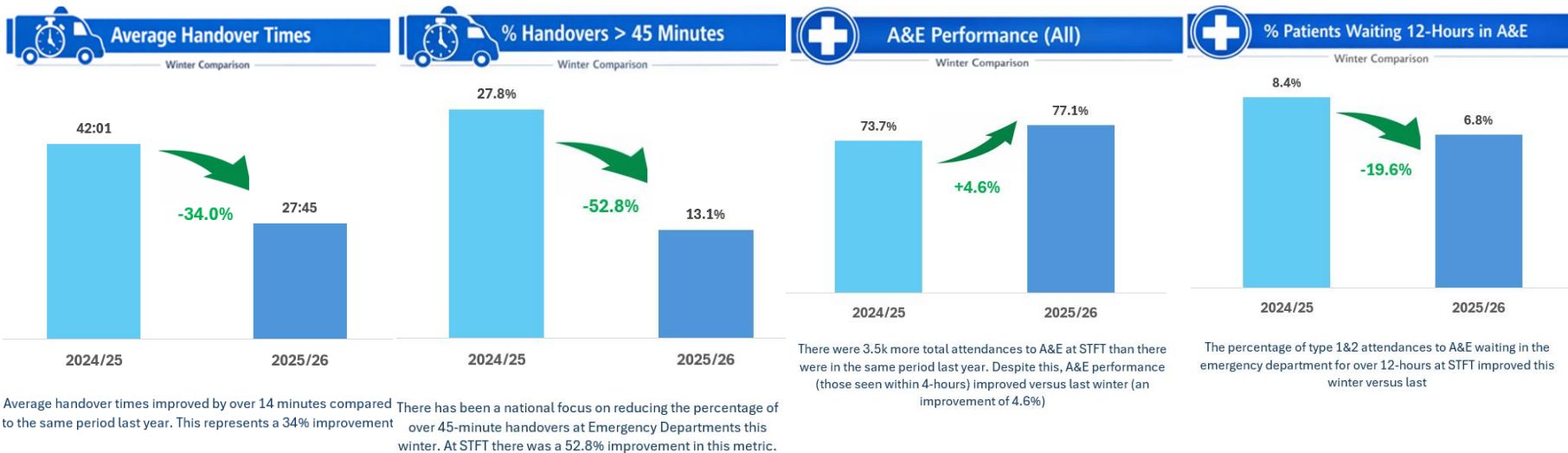
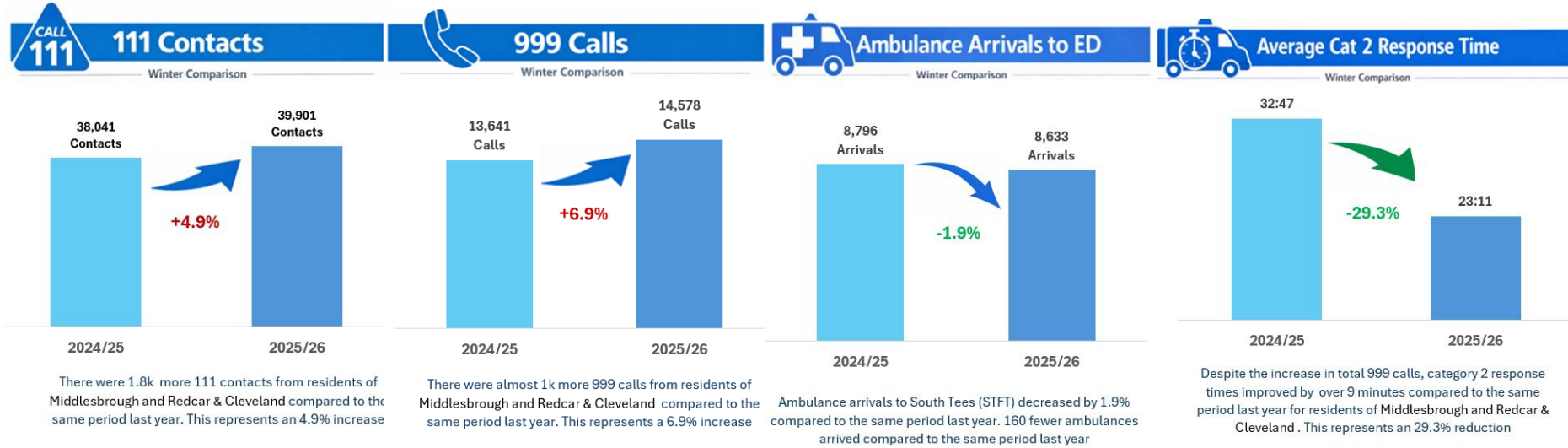
Winter 2025/26:

- Ambulance handover delays reduced
- Flow improvements across both sites



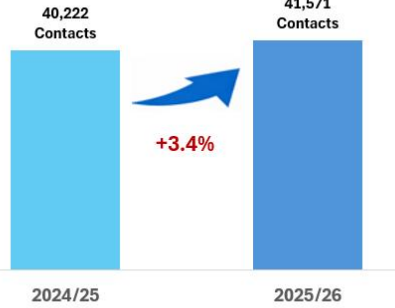
Comparison to last winter... South Tees

14-Week Winter Comparison: Mon 03/11/2025 to Sun 08/02/2026 (vs same period last year)

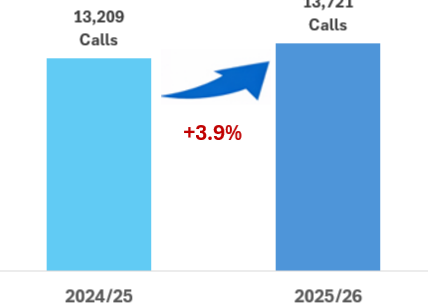


Comparison to last winter... North Tees

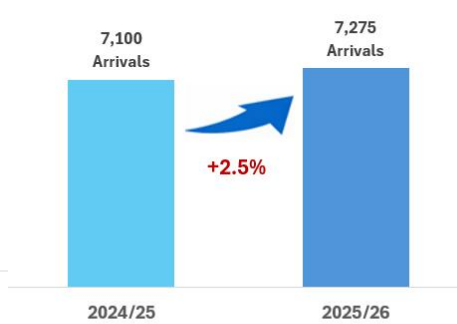
14-Week Winter Comparison: Mon 03/11/2025 to Sun 08/02/2026 (vs same period last year)



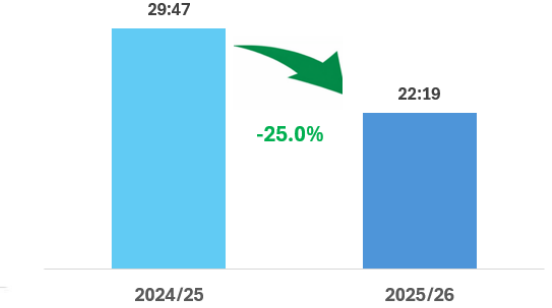
There were 1.3k more 111 contacts from residents of Stockton-on-Tees and Hartlepool compared to the same period last year. This represents a 3.4% increase



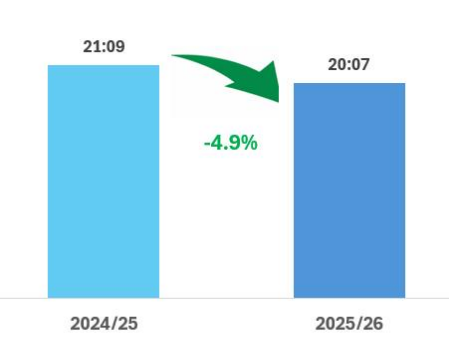
There were over 500 more 999 calls from residents of Stockton-on-Tees and Hartlepool compared to the same period last year. This represents a 3.9% increase



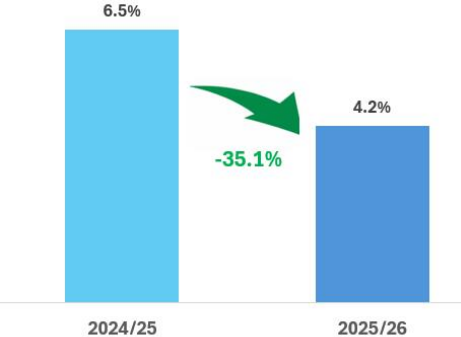
Ambulance arrivals to North Tees & Hartlepool (NTHFT) increased by 2.5% compared to the same period last year. Over 150 more ambulance arrivals than last year.



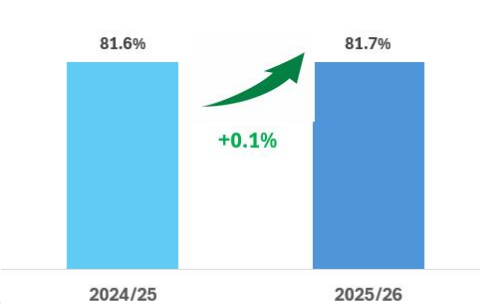
Despite the increase in total 999 calls, category 2 response times improved by over 7 minutes compared to the same period last year for residents of Stockton-on-Tees and Hartlepool. This represents a 25.0% reduction



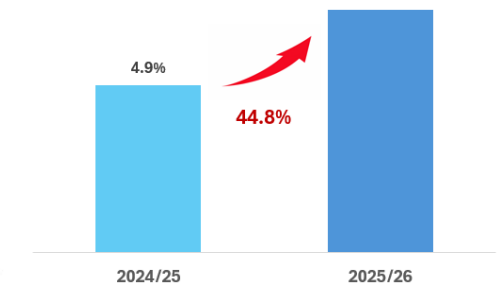
Despite this increase in arrivals to NTHFT Emergency Departments, average handover times improved by 1 minute compared to the same period last year. This represents a 4.9% improvement



There has been a national focus on reducing the percentage of over 45-minute handovers at Emergency Departments this winter. At NTHFT there was a 35.1% improvement in this metric.



There were 400 more total attendances to A&E at NTHFT than there were in the same period last year. Despite this, A&E performance (those seen within 4-hours) improved slightly versus last winter (an improvement of 0.1%)



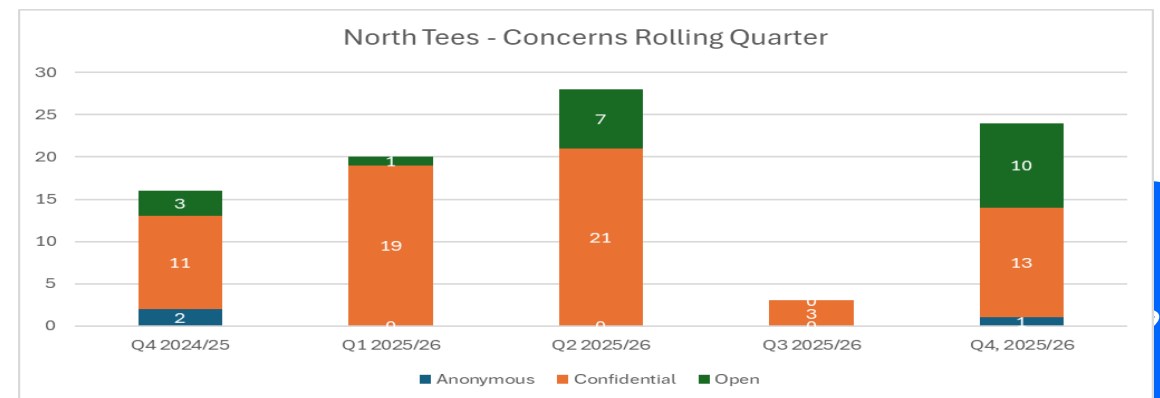
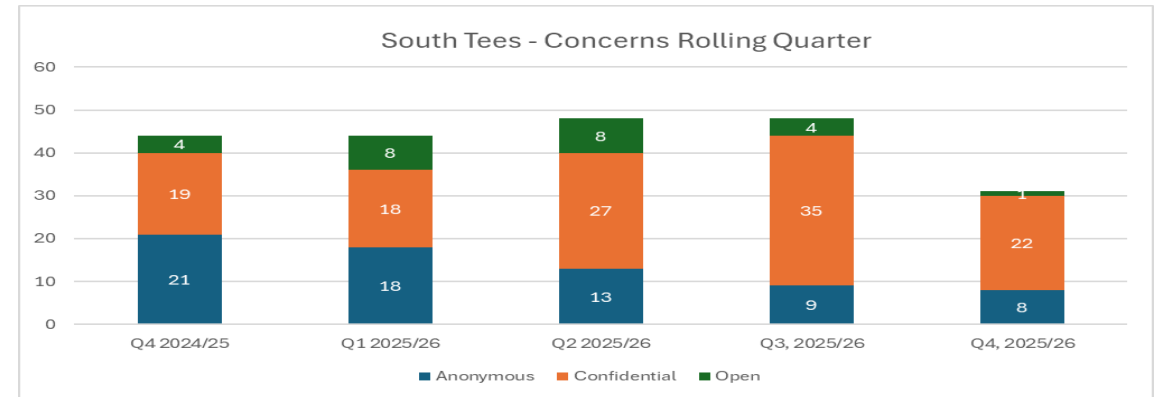
The trend over NENC is that the percentage of patients waiting over 12-hours in A&E reduced versus last winter. At NTHFT, the percentage of patients waiting over 12-hours in A&E actually increased compared to last winter.

Staff and Culture

- Freedom to Speak Up concerns increased (positive reporting culture)
- Highest theme: inappropriate behaviours

Next steps:

- Clinical Service Unit (CSU) level people plans
- Visible leadership and engagement

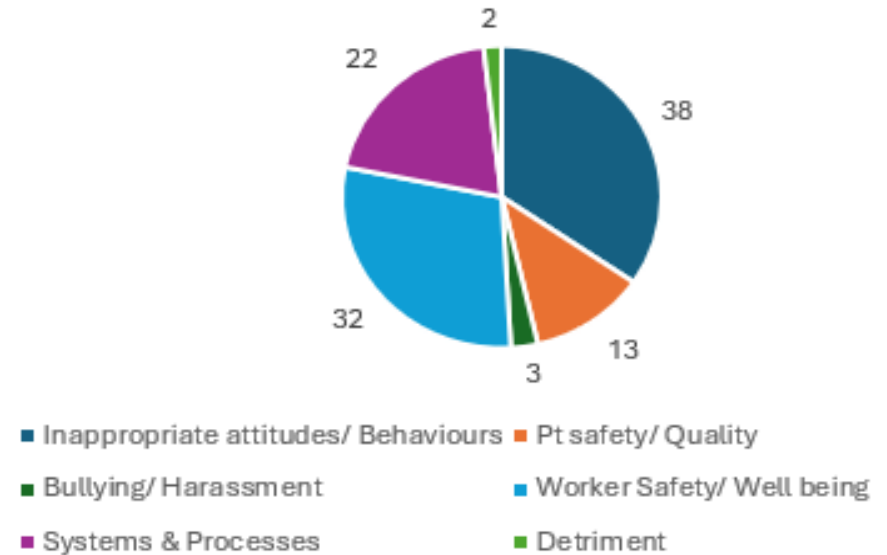


Staff and Culture – themes

High Level Themes - South Tees - 2025/26



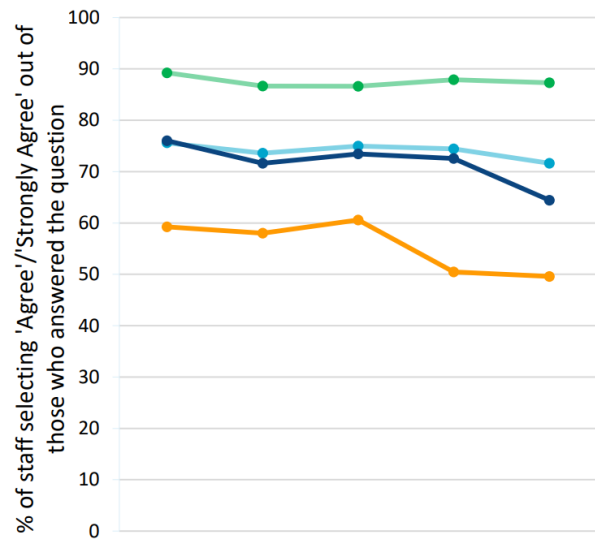
High Level Themes - North Tees - 2025/26



Staff Friends and Family Test – STHFT

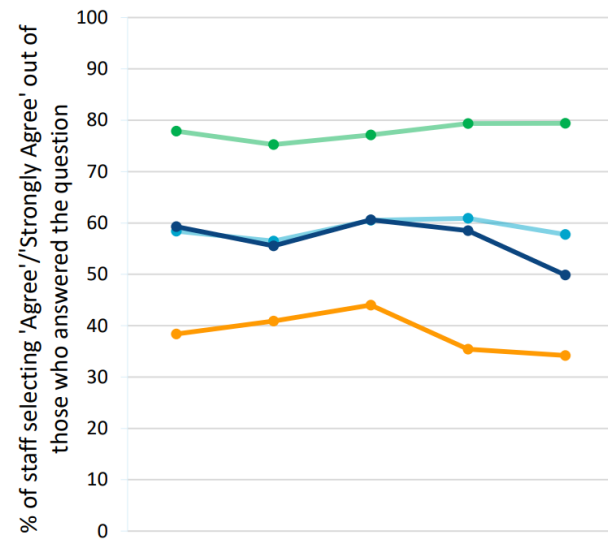


Q25a Care of patients / service users is my organisation's top priority.



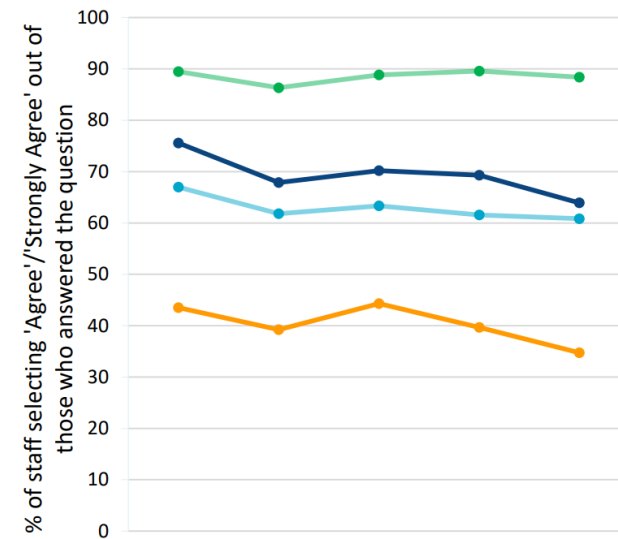
	2021	2022	2023	2024	2025
Your org	76.01%	71.64%	73.44%	72.53%	64.43%
Best result	89.24%	86.64%	86.62%	87.88%	87.31%
Average result	75.58%	73.58%	74.95%	74.42%	71.63%
Worst result	59.25%	57.99%	60.58%	50.48%	49.59%
Responses	2846	3324	3455	3036	2992

Q25c I would recommend my organisation as a place to work.



	2021	2022	2023	2024	2025
Your org	59.31%	55.56%	60.61%	58.49%	49.86%
Best result	77.86%	75.26%	77.14%	79.37%	79.40%
Average result	58.41%	56.47%	60.52%	60.89%	57.77%
Worst result	38.40%	40.90%	44.01%	35.43%	34.20%
Responses	2851	3321	3456	3030	2988

Q25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.

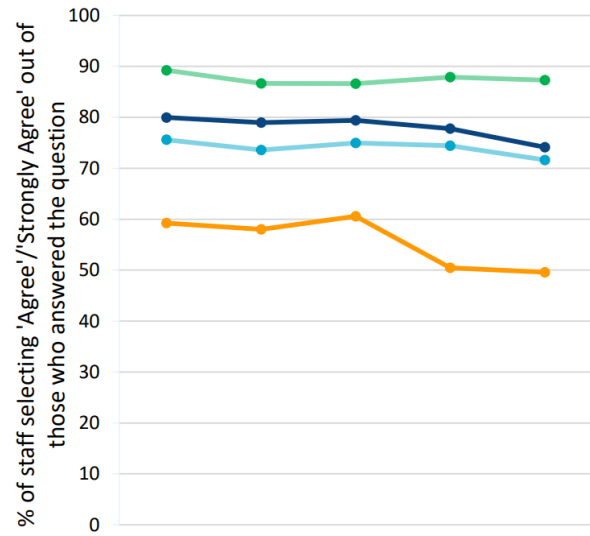


	2021	2022	2023	2024	2025
Your org	75.57%	67.89%	70.20%	69.30%	63.90%
Best result	89.49%	86.33%	88.81%	89.58%	88.41%
Average result	66.97%	61.78%	63.32%	61.55%	60.83%
Worst result	43.50%	39.20%	44.30%	39.68%	34.73%
Responses	2847	3322	3456	3030	2981

Staff Friends and Family Test – NTHFT

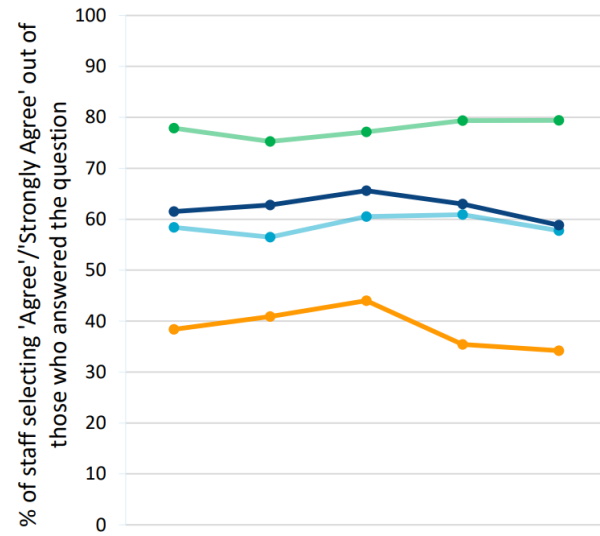


Q25a Care of patients / service users is my organisation's top priority.



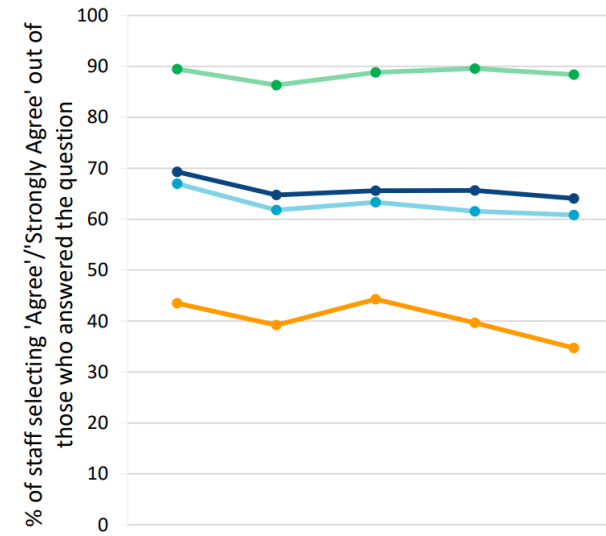
	2021	2022	2023	2024	2025
Your org	79.97%	78.94%	79.39%	77.79%	74.13%
Best result	89.24%	86.64%	86.62%	87.88%	87.31%
Average result	75.58%	73.58%	74.95%	74.42%	71.63%
Worst result	59.25%	57.99%	60.58%	50.48%	49.59%
Responses	2399	2348	2435	2325	2100

Q25c I would recommend my organisation as a place to work.



	2021	2022	2023	2024	2025
Your org	61.50%	62.79%	65.60%	62.99%	58.83%
Best result	77.86%	75.26%	77.14%	79.37%	79.40%
Average result	58.41%	56.47%	60.52%	60.89%	57.77%
Worst result	38.40%	40.90%	44.01%	35.43%	34.20%
Responses	2403	2348	2432	2326	2098

Q25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.



	2021	2022	2023	2024	2025
Your org	69.30%	64.74%	65.59%	65.67%	64.08%
Best result	89.49%	86.33%	88.81%	89.58%	88.41%
Average result	66.97%	61.78%	63.32%	61.55%	60.83%
Worst result	43.50%	39.20%	44.30%	39.68%	34.73%
Responses	2394	2342	2431	2325	2099

What does this mean?

Middlesbrough, Redcar and North Yorkshire

- Medication safety
- Mortality review maturity
- UEC performance
- Complaints timeliness

Stockton and Hartlepool

- UEC flow improvement
- Antibiotic Access usage
- Mortality review capacity
- Antimicrobial consumption



Looking forward to 2026/2027 Quality Priorities



- It is proposed that the following 3 Quality Priorities from 2025/26 are discontinued;
 - We will ensure continuous learning and improved patient outcomes following implementation of best clinical practice, using data from clinical audits of compliance against evidence-based standards
 - We will develop and implement shared decision making and goals of care
 - We will develop and implement a Group Mental Health Strategy to improve care and share learning for our patients who are experiencing difficulties with their mental ill health
- 5 Quality Priorities have been revised and carried forward into 2026/27 to allow for further embeddedness and completion of actions.



Quality Priorities 2026/27

Patient Safety		
<p>Revised Quality Priority 26/27</p> <p>We will optimise learning from incidents, claims, and inquests to strengthen recognition and response to the deteriorating patient, improving patient safety outcomes and reducing avoidable harm.</p>	<p>Revised Quality Priority 26/27</p> <p>We will improve medication safety by optimising the use of the ePMA, and strengthening antimicrobial stewardship.</p> <p>We will achieve this by evaluating and embedding learning from medication incidents to reduce avoidable harm and improve the quality of prescribing against national and local standards.</p>	<p>Revised Quality Priority 26/27</p> <p>We will reduce risks of C. difficile, MRSA, GNBSIs (E. coli, Klebsiella, Pseudomonas) and other infections, embedding IPC good practice.</p>
Patient Experience		
<p>Revised Quality Priority 26/27</p> <p>We will utilise patient and carer feedback as part of our continuous improvement methodology, with a specific focus on improving experience in the Emergency Department and eliminating corridor care.</p>	<p>Revised Quality Priority 26/27</p> <p>We will meet national Parliamentary & Health Service Ombudsman complaint standards</p>	
Clinical Effectiveness		
<p>Carried forward from 25/26</p> <p>We will review and strengthen the mortality review processes, ensuring that learning from deaths is used to improve patient outcomes.</p>		

Quality Priorities 2026/27 ‘in plain English’



Patient Safety

Learning from mistakes and improving care

We will learn from things that go wrong (like incidents and complaints) so we can spot when patients are getting worse sooner and act quickly to keep them safe.

Making medicines safer

We will make sure medicines are used safely and correctly by improving how they are prescribed and learning from any medication errors to prevent harm.

Reducing infections

We will work to prevent infections such as C. diff and MRSA by following good hygiene and infection control practices.

Patient Experience

Listening to patients and improving care

We will use feedback from patients and carers to improve services, especially in A&E, and work to stop treating patients in corridors.

Handling complaints properly

We will make sure complaints are dealt with fairly, quickly, and in line with national standards.

Clinical Effectiveness

Learning from deaths to improve care

We will carefully review deaths and use what we learn to improve care and outcomes for future patients.



Quality Priorities mapped to strategic objectives

Quality Priority	Strategic Objectives Aligned
Reducing HCAIs	Consistent high-quality care; Using our resources well; Excellence as a learning organisation
Learning from incidents, claims, coroners in relation to recognition and response to the acutely ill patient.	Excellence as a learning organisation; Consistent high-quality care; Outstanding experience for our people
Medication Safety, ePMA, Antimicrobial Stewardship	Consistent high-quality care; Reforming models of care; Using our resources well
Mortality Review & LfD	Consistent high-quality care; Excellence as a learning organisation; Working with partners
Patient/Carer Feedback with a focus on 'Corridor Care'.	Consistent high-quality care; Excellence as a learning organisation; Outstanding experience for our people
Complaints Handling (PHSO)	Consistent high-quality care; Excellence as a learning organisation; Outstanding experience for our people

Proposed Quality Priorities 2026/2027



Each Quality Priority can be measured through:

1. Outcomes

Reduction in harm, variation, inequality, mortality, HCAs, and medication errors.

2. Processes

Audit compliance, timeliness (reviews, complaints), ePMA uptake, PSIRF methodology application.

3. Experience

Patient-reported outcomes and experience, FFT, complaints quality, equity in feedback.

4. Workforce Capability

Inclusive practice training, QI involvement, safety culture.

5. Population Health

Access equity, diagnostic uptake, prevention outcomes, reduction in health inequalities.



Clinical Service Unit achievements

JAG (Joint Advisory Group (on Gastrointestinal (GI) Endoscopy) Accreditation

The North Tees and Hartlepool Hospital Endoscopy Service was reaccruited by the Joint Advisory Group on Gastrointestinal Endoscopy (JAG) for its highest standard of achievement.

The reaccruitation follows a recent annual review and highlights the dedication of the endoscopy team.

Northern Endoscopy Training Academy (NETA) Academy Awards 2025

The North Tees and Hartlepool Endoscopy Team achieved notable success at the Northern Endoscopy Training Academy (NETA) Academy Awards 2025, winning the “***The Team of the Year***” award in recognition of the outstanding teamwork, high-quality patient care, and contribution to endoscopy training across the region. In addition, two of our Advanced Clinical Endoscopist were individually honoured with the “***Clinical Trainer of the Year Award***”, reflecting excellence in training, mentorship, and workforce development.



Clinical Service Unit achievements



The introduction of a Community Thoracic Service and a Day-1 Discharge Programme (D1DP) enables patients to recover safely at home with timely specialist review, rather than remaining in an acute hospital setting unnecessarily.

The D1DP demonstrates that early discharge following lung resection can be delivered safely and efficiently with high patient satisfaction when supported by a dedicated specialist community thoracic service. The programme has achieved significant reduction in LOS, increased POD1 discharges, safe management of complex patients at home, maintained low readmission rates, high patient-reported satisfaction and meaningful financial and capacity benefits.



Clinical Service Unit achievements

A new estate for the Emergency Assessment Suite at University Hospital of North Tees

Urgent Emergency Care standards aim to reduce clinical risk through a shared responsibility and enhance patient experience through more timely assessment and appropriate clinical pathways

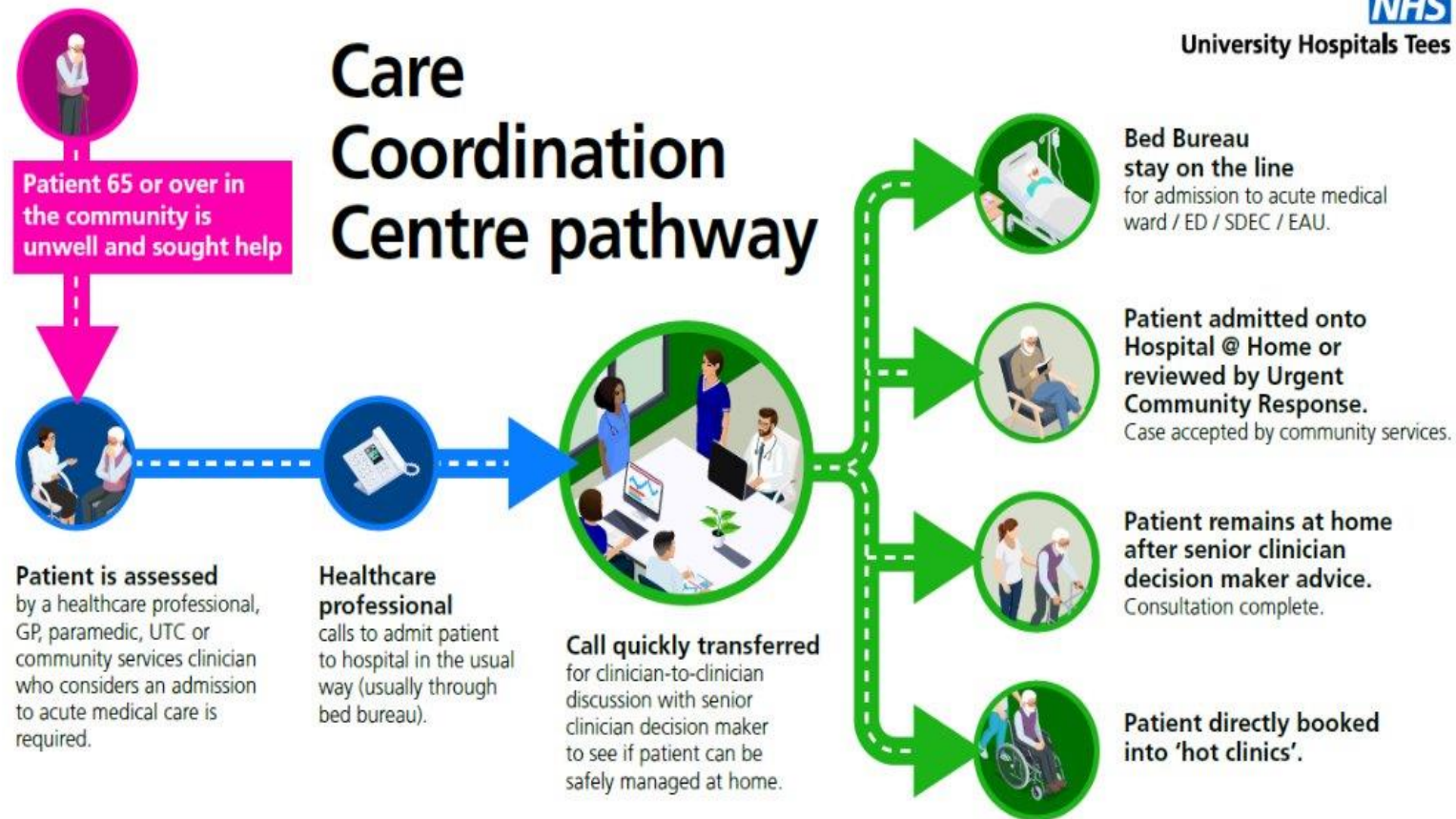
Based on consistent compliance against these standards we received national UEC incentive funding which allowed us to develop a bespoke emergency assessment environment designed to overcome previous challenges with patient flow and clinical capacity.

The new Assessment Suite reviews on average 55 patients per day and takes direct ambulance arrivals through paramedic pathways, bypassing ED. This shared responsibility for emergency pathways has led to consistent high achievement of the 4-hour standard and 70% of patients reviewed are discharged home within the same day without a hospital admission.



Clinical Service Unit achievements

The Care Co-ordination Centre (CCC) pilot saw more than 1,000 calls from ambulance and primary care providers relating to older people screened before admission, leading to more than 300 receiving care at home or in a community venue thus avoiding admission to the acute site





**We welcome your
questions**



**Caring
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