

TEES VALLEY JOINT HEALTH SCRUTINY COMMITTEE

TUESDAY 2 JUNE 2026

QUALITY ACCOUNT 2025/26

UNIVERSITY HOSPITALS TEES
South Tees Hospitals NHS Foundation Trust
North Tees & Hartlepool NHS Foundation Trust



Caring
Better
Together



University Hospitals Tees

Approach to the Quality Account

- 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.
- Residents will continue to access services at their local hospitals however, service delivery will increasingly take place across all UHT hospital sites.



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**



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
by InPhase

Submit InPhase System Change or Permission/Access Request



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)
- EPMA implemented across all Critical Care areas
- Prescribing Pharmacist within the Discharge Lounge

North Tees and Hartlepool

- EPMA 2.0 fully embedded including IV medications
- Further recruitment into Pharmacy will support medicines reconciliation performance
- Pharmacy recruitment in Lipid Clinics
- Safety Initiatives – PharmOutcomes supporting safer discharge (Box 4)
- Guidance produced to support high quality Discharge Letters

Next steps:

- UHT-wide medicines dashboards and benchmarking
- Developing ePMA dashboards further to support availability of data to support time critical medication (Priority for 26/27)

Key Quality Points to consider for Discharge letters	
Discharge letter - Content	<ul style="list-style-type: none"> • Check you have the correct patient record. • These are letters, the wording should be structured, clear, with punctuation and all abbreviations explained. • Ensure it is written so the patient, family or carers can understand? <i>Remember the average reading age in Teesside is 7-8 years of age!</i> • Have you detailed all surgical/invasive procedures completed, if applicable - and summarised the post-op instructions? • Have you given clear, realistic information about recovery and convalescence? • Has safety netting advice has been given - state clearly, what advice was given? • Have you given the patient a "sick note" - if yes, how long for? • Clarity is key - be brief, accurate and clear without duplication. • Are instructions for other Healthcare professionals clear? • Are the follow up arrangements clear? • Patients should not be given incomplete or unapproved discharge letters
Referrals	<ul style="list-style-type: none"> • Ensure any referrals identified during the admission have been made and are in process - include in the summary with the reason for the referral and the urgency • Consultant to Consultant referrals or referrals to specialist services should be made directly through the appropriate route rather than ask the GP to refer which can impact on good communication, triage and timeliness
Outstanding tests	<ul style="list-style-type: none"> • Do not ask community colleagues to follow up outstanding Acute Trust test results • Identify what is outstanding - follow any up if available and record action taken in the records; what are the plans for any outstanding results? Don't assume they have been reviewed, acted upon and the patient is aware of them. • If a result is urgent ensure there is a mechanism in place for following it up! • Provide clear and meaningful instructions if actions are required from the results i.e. repeat in 3 months or refer if symptoms recur.
Medications	<ul style="list-style-type: none"> • Complete the Discharge medication page with current medications • Check for any transcription errors and the accuracy of timescales for medications. i.e. Tinzaparin for 3 months - is this correct against our guidance or the patients plan? • Clear instructions for GPs and Community Pharmacists about medications. If discharging the patient on OPAT - ensure the referral has been made and monitoring is arranged as outlined in the protocol. • Complete Discharge Medication questionnaire accurately to identify changes in medication i.e. stopped, held medication or new medications, dose changes & treatment length etc...
Complete	<ul style="list-style-type: none"> • Have you completed all relevant sections on the "Clinical Summary" page? • Confirm all the relevant information is updated with current information - diagnosis, treatment and co-morbidities. • Ensure Acute Kidney Injury and Palliative Care detail sections are completed appropriately. • Selecting "Clinically complete" allows the admin teams to authorise the letter ONLY once the patient is discharged off Trakcare - IT CANNOT BE AUTHORISED WITHOUT ALL BEING COMPLETED • Discharge letters can ONLY be sent electronically to GPs once the letter is authorised. These should be received within 24 hours and is critical for continuity of patient care.
Finally...	<ul style="list-style-type: none"> • If this was your discharge letter, or someone in your family, would you be happy with the content and the accuracy?

Discharge letters Key Points - Final 30.09.2025



Infection, Prevention & Control



South Tees

- Expanded FIT testing service
- Regional leadership on antimicrobial stewardship
- Ongoing deep-clean and decant programme
- Did not meet trajectory for CDI however we have seen a decrease on previous year

North Tees and Hartlepool

- Enhanced respiratory IPC support
- Improved audit and compliance structures
- Reduction in CDI – 59 against a threshold of 66

Both Trusts

- IPC Pathways and Care Plans developed within electronic patient record for CDI and MRSA
- Weekly healthcare associated infection (HCAI) reviews
- C. difficile reduction remains a priority for 2026/27



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

UHT improvement and focus:

- UHT Learning from Deaths team with increased resource
- Appointed Medical Senior Mortality Lead
- Learning from Deaths UHT Group established
- Single UHT Learning from Deaths framework
- Combined Learning from Deaths report including learning from the ME, child deaths and LEDER

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

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)



Patient Experience and involvement

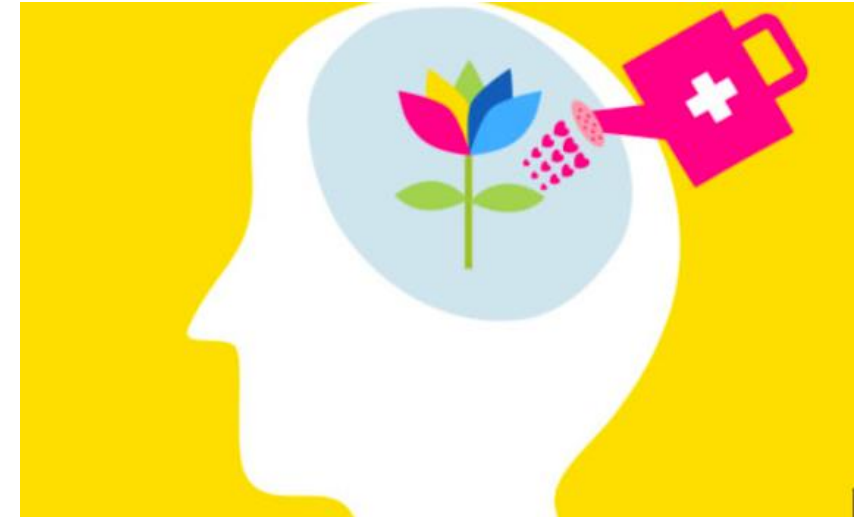
- Feedback from the National Audit of Dementia highlighted that patients at FHN did not rate the food highly
- The Patient Involvement Facilitator alongside clinical colleagues and patients produced a dementia friendly menu
- Engagement took place with various dementia community groups for feedback
- This improvement work was put forward for a UK Dementia Award which the team went on to win.



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

North Tees and Hartlepool

- Emergency Assessment Suite: 55 patients/day

Winter 2025/26:

- Ambulance handover delays reduced
- Flow improvements across both sites



Urgent and Emergency Care - UTC

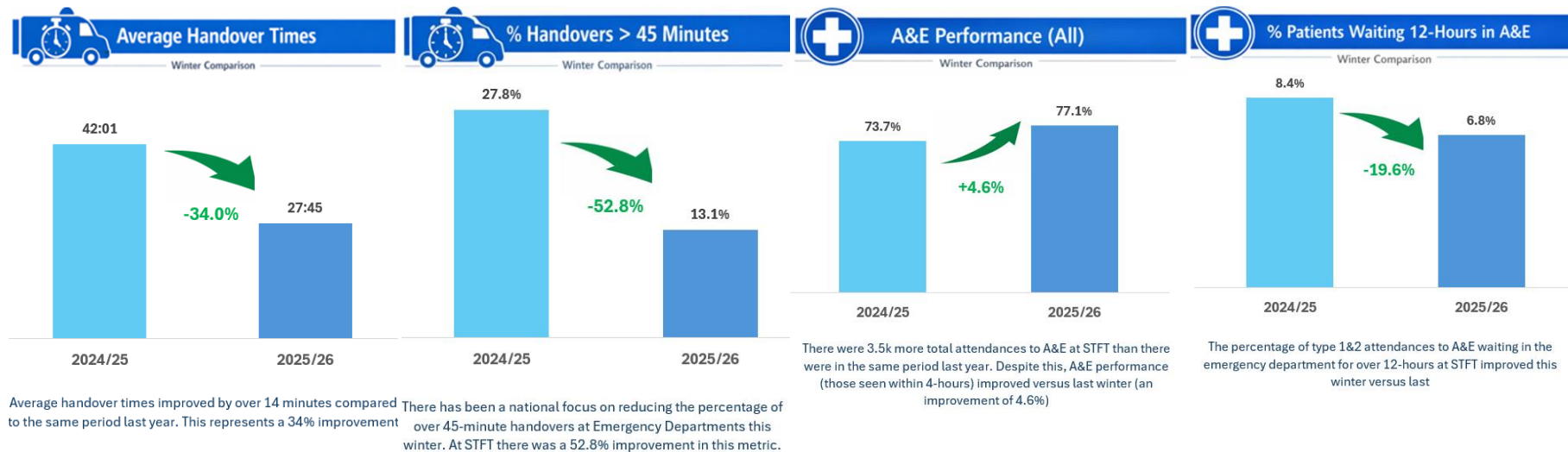
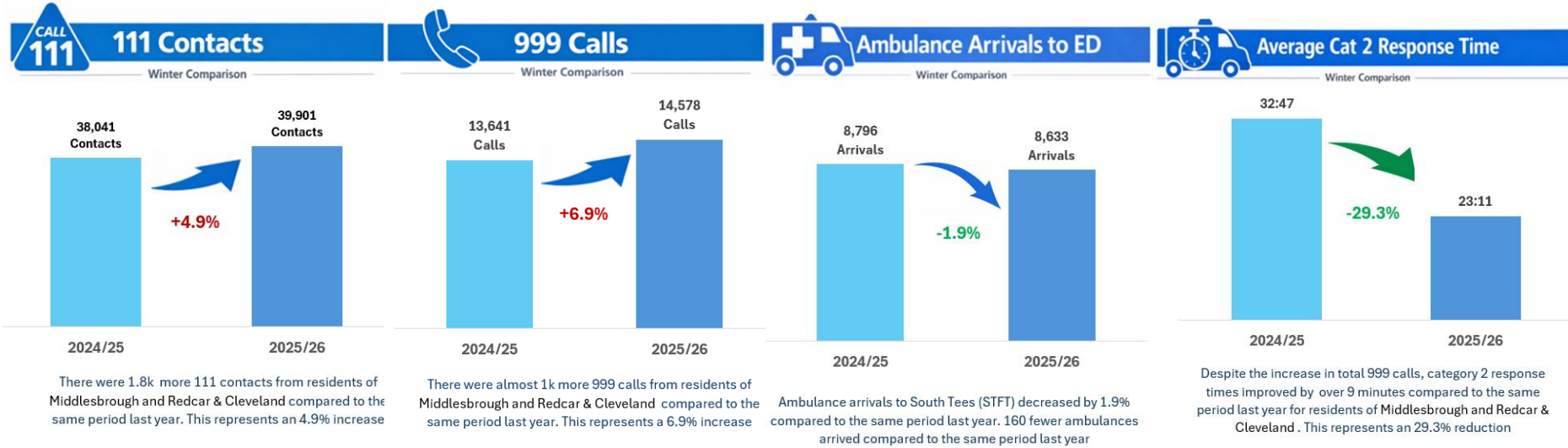
Period	Attendances						
	UHNT	UHH	JCUH	RPCH	NTH FT	STH FT	TOTAL
Apr-25	5979	5600	5340	3392	11579	8732	20311
May-25	5934	5548	4545	3530	11482	8075	19557
Jun-25	5785	5470	5136	3468	11255	8604	19859
Jul-25	5785	5579	5074	3622	11364	8696	20060
Aug-25	5445	5043	5055	3407	10488	8462	18950
Sep-25	5552	5460	5112	3276	11012	8388	19400
Oct-25	5766	5456	5254	3454	11222	8708	19930
Nov-25	5835	5644	5431	3382	11479	8813	20292
Dec-25	5933	5528	5450	3510	11461	8960	20421
Jan-26	5718	5249	5173	3432	10967	8605	19572
Feb-26	5324	4929	4545	3237	10253	7782	18035
Mar-26	6197	5870	5484	3898	12067	9382	21449
Total	69253	65376	61599	41608	134629	103207	237836

4 Hour Compliance %				
UHNT	UHH	JCUH	RPCH	Overall
99.40%	99.80%	94.62%	95.61%	97.62%
99.73%	99.96%	95.89%	98.33%	98.53%
99.40%	99.73%	95.44%	97.32%	98.10%
99.91%	99.91%	93.18%	98.51%	97.96%
99.72%	99.90%	95.79%	99.62%	98.70%
99.23%	99.82%	93.82%	98.99%	97.93%
99.74%	99.76%	95.09%	98.61%	98.32%
99.73%	99.65%	96.11%	97.84%	98.42%
99.61%	99.53%	93.98%	96.92%	97.62%
99.63%	99.81%	93.18%	98.22%	97.73%
99.74%	99.90%	94.81%	98.55%	98.33%
99.68%	99.90%	94.46%	98.36%	98.16%



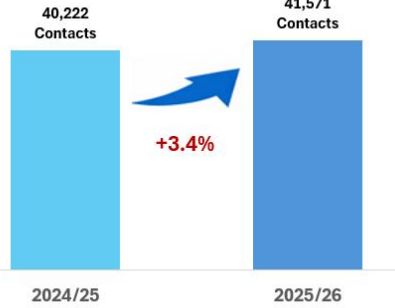
Comparison to last winter... South Tees

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

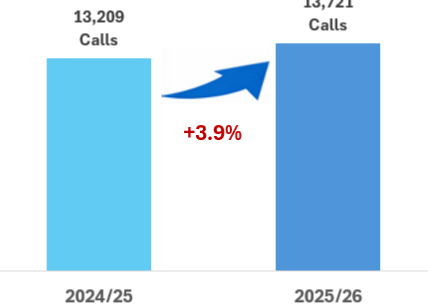


Comparison to last winter... North Tees

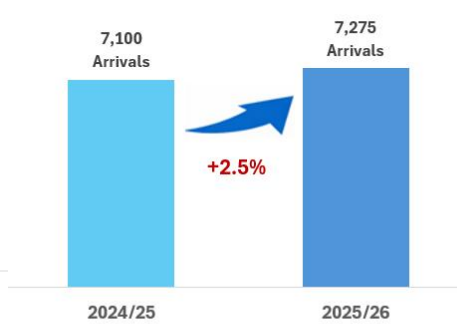
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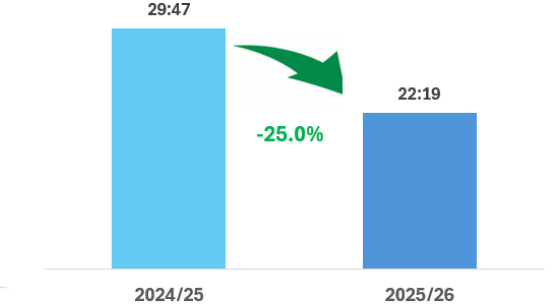
There were 1.3k more 111 contacts from residents of Stockton-on-Tees and Hartlepool compared to the same period last year. This represents a 3.4% increase



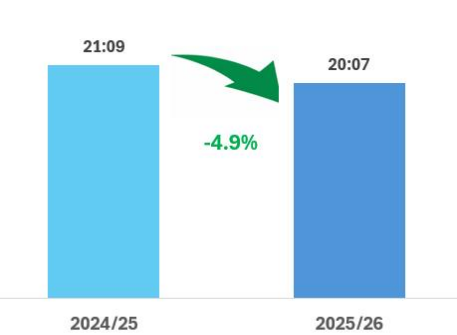
There were over 500 more 999 calls from residents of Stockton-on-Tees and Hartlepool compared to the same period last year. This represents a 3.9% increase



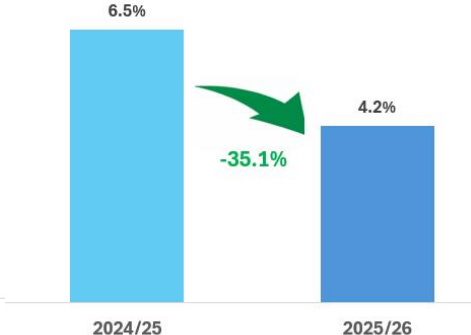
Ambulance arrivals to North Tees & Hartlepool (NTHFT) increased by 2.5% compared to the same period last year. Over 150 more ambulance arrivals than last year.



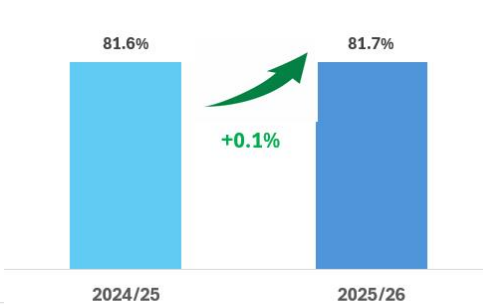
Despite the increase in total 999 calls, category 2 response times improved by over 7 minutes compared to the same period last year for residents of Stockton-on-Tees and Hartlepool. This represents a 25.0% reduction



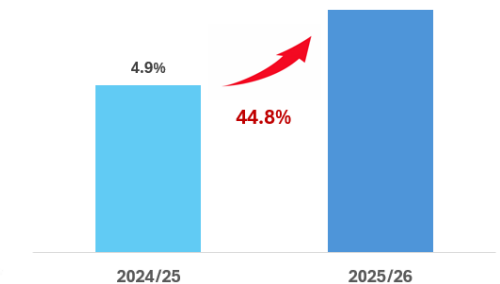
Despite this increase in arrivals to NTHFT Emergency Departments, average handover times improved by 1 minute compared to the same period last year. This represents a 4.9% improvement



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.

UHT Investment

Supporting the 10 year health plan - improved performance and patient experience (£49m for UHT)

£ Investment

<div style="text-align: center; margin-bottom: 10px;">  </div> <p>University Hospital of North Tees (£31.24m)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-right: 1px solid #0070C0; padding: 5px;"> <p>£3.5m Additional MRI scanner</p> </td> <td style="width: 33%; border-right: 1px solid #0070C0; padding: 5px;"> <p>£4m New discharge lounge</p> </td> <td style="width: 33%; padding: 5px;"> <p>£22.24m Critical Care</p> </td> </tr> </table>	<p>£3.5m Additional MRI scanner</p>	<p>£4m New discharge lounge</p>	<p>£22.24m Critical Care</p>	<div style="text-align: center; margin-bottom: 10px;">  </div> <p>The James Cook University Hospital (£17.8m)</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid #0070C0; padding: 5px;"> <p>£2m Replacement of CT scanner</p> </td> <td style="width: 50%; padding: 5px;"> <p>£5.5m Expansion of resuscitation area in urgent and emergency care</p> </td> </tr> <tr> <td style="border-right: 1px solid #0070C0; padding: 5px;"> <p>£6.75m New admissions unit - urgent and emergency care</p> </td> <td style="padding: 5px;"> <p>£107,000 Replacement of ultrasound unit</p> </td> </tr> <tr> <td style="border-right: 1px solid #0070C0; padding: 5px;"> <p>£160,000 Replacement of two ECHO machines</p> </td> <td style="padding: 5px;"> <p>£1.5m CYPED Corridor</p> </td> </tr> </table>	<p>£2m Replacement of CT scanner</p>	<p>£5.5m Expansion of resuscitation area in urgent and emergency care</p>	<p>£6.75m New admissions unit - urgent and emergency care</p>	<p>£107,000 Replacement of ultrasound unit</p>	<p>£160,000 Replacement of two ECHO machines</p>	<p>£1.5m CYPED Corridor</p>	<div style="text-align: center; margin-bottom: 10px;">  </div> <p>Community services</p> <p>£8,000 Three (Raizor2) lifting chairs for hospital at home</p> <hr style="border: 1px solid #0070C0;"/> <p>£20,000 COPD assessment at home (i-STAT point of care CRP testing)</p>
<p>£3.5m Additional MRI scanner</p>	<p>£4m New discharge lounge</p>	<p>£22.24m Critical Care</p>									
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<div style="text-align: center; margin-bottom: 10px;">  </div> <p>UHH</p> <p>£100,000 Replacement bone densitometry scanner</p>	<div style="text-align: center; margin-bottom: 10px;">  </div> <p>FHN</p> <p>£1.6m Replacement CT Scanner</p>										

STHFT Performance against key national priorities.



Single Oversight Framework Indicators	Standard / Agreed Trajectory	2025-26 Performance	2024-25 Performance	Achieved
A&E: maximum waiting time of 4 hours from arrival to admission/transfer/discharge (Mar 26)	78.1%	80.0%	75.6%	✓
Receipt of two week wait / screening referral to date patient is informed of a diagnosis (FDS) or ruling out cancer (Mar 26)	80.0%	80.1%	72.5%	✓
31-day wait from decision to treat/earliest clinically appropriate date to treatment of cancer (Mar 26)	93.1%	81.6%	82.8%	✗
62-day wait from urgent GP referral for urgent suspected cancer or breast symptomatic referral or urgent screening referral or consultant upgrade to first definitive treatment of cancer (Mar 26)	68.3%	70.5%	62.3%	✓
Maximum time of 18 weeks from point of referral to treatment in aggregate, patients on incomplete pathways (Mar 26)	65.0%	65.2%	60.3%	✓
Referral to Treatment 52 Week Waits as a percentage of overall waiting list (Mar 26)	1.0%	1.2%	2.7%	✗



NTHFT Performance against key national priorities.



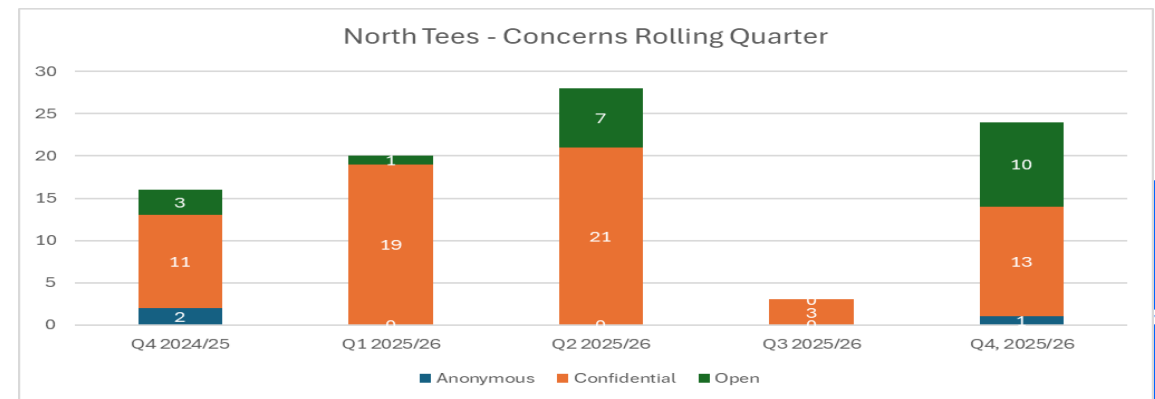
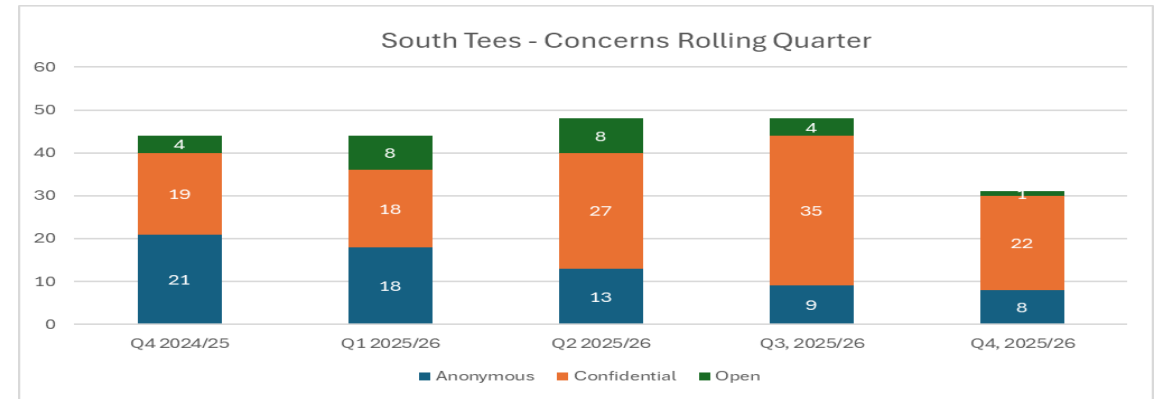
Single Oversight Framework Indicators	Standard/Agreed Trajectory	2025-26 Performance	2024-25 Performance	Achieved
A&E: maximum waiting time of 4 hours from arrival to admission/transfer/discharge (March 26)	86.05%	86.19%	85.53%	✓
Receipt of two week wait / screening referral to date patient is informed of a diagnosis (FDS) or ruling out cancer (March 26)	81.00%	75.6%	78.74%	✗
31-day wait from decision to treat/earliest clinically appropriate date to treatment of cancer (March 26)	96.00%	97.8%	96.06%	✓
62-day wait from urgent GP referral for urgent suspected cancer or breast symptomatic referral or urgent screening referral or consultant upgrade to first definitive treatment of cancer (March 26)	75.00%	66.6%	66.98%	✗
Maximum time of 18 weeks from point of referral to treatment in aggregate, patients on incomplete pathways (March)	76.48%	70.52%	75.46%	✗
Referral to Treatment 52 Week Waits as a percentage of overall waiting list (March 26)	1.00%	0.98%	0.83%	✓

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

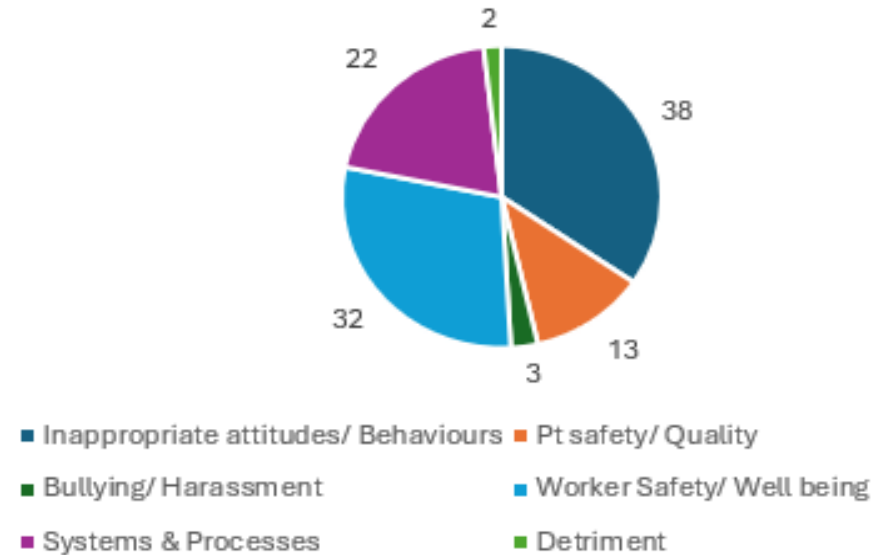


Staff and Culture – themes

High Level Themes - South Tees - 2025/26



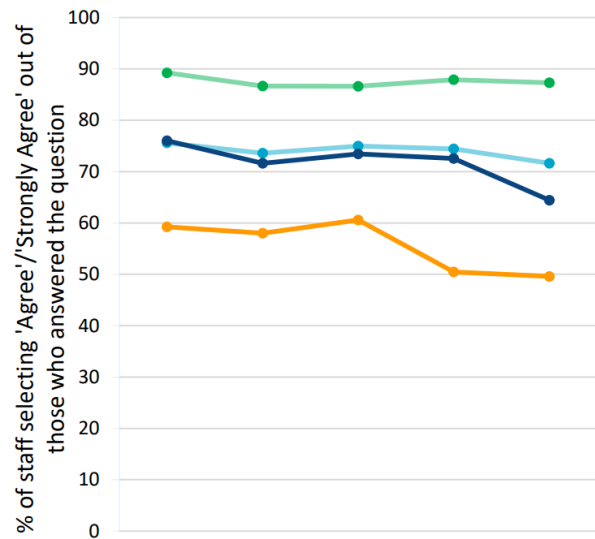
High Level Themes - North Tees - 2025/26



Staff Friends and Family Test – STHFT

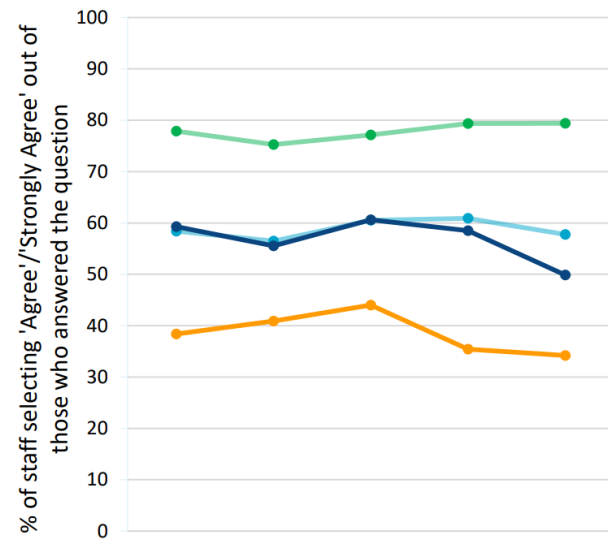


Q25a Care of patients / service users is my organisation's top priority.



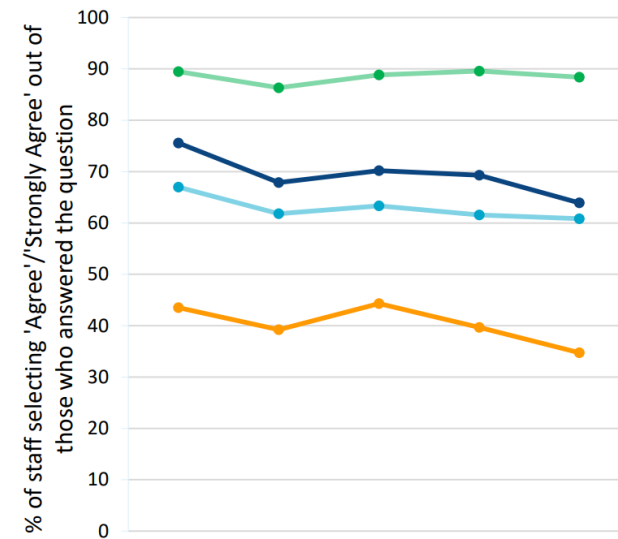
	2021	2022	2023	2024	2025
Your org	76.01%	71.64%	73.44%	72.53%	64.43%
Best result	89.24%	86.64%	86.62%	87.88%	87.31%
Average result	75.58%	73.58%	74.95%	74.42%	71.63%
Worst result	59.25%	57.99%	60.58%	50.48%	49.59%
Responses	2846	3324	3455	3036	2992

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.

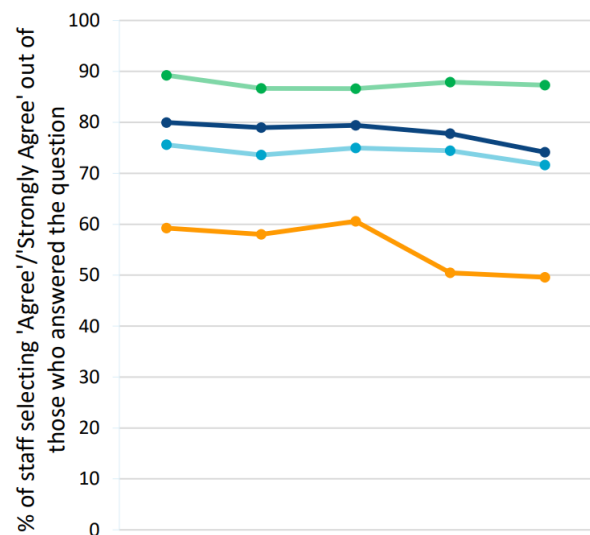


	2021	2022	2023	2024	2025
Your org	75.57%	67.89%	70.20%	69.30%	63.90%
Best result	89.49%	86.33%	88.81%	89.58%	88.41%
Average result	66.97%	61.78%	63.32%	61.55%	60.83%
Worst result	43.50%	39.20%	44.30%	39.68%	34.73%
Responses	2847	3322	3456	3030	2981

Staff Friends and Family Test – NTHFT

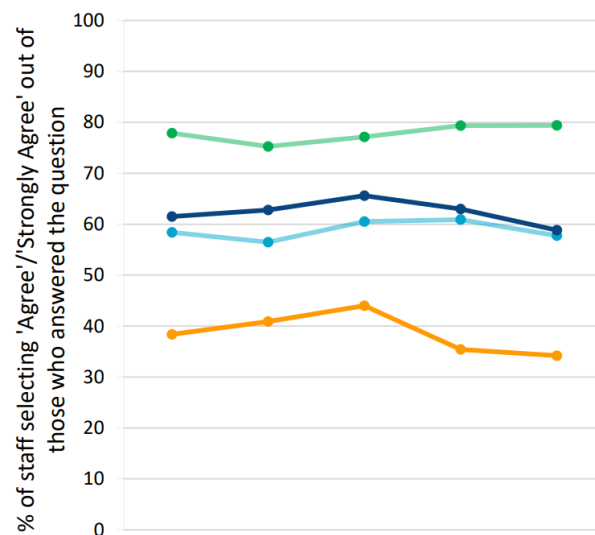


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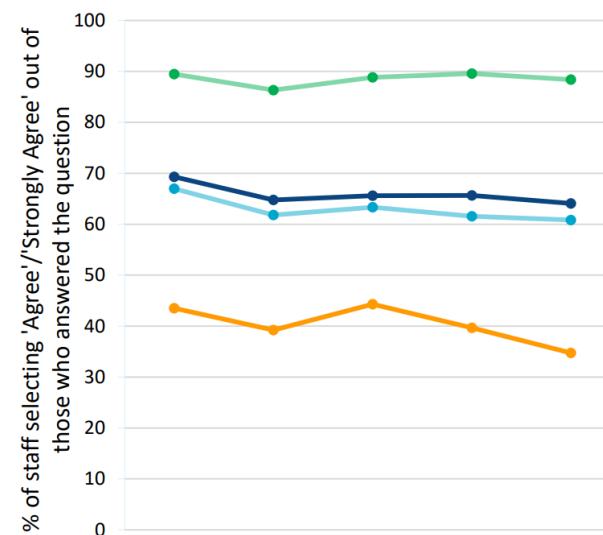
	2021	2022	2023	2024	2025
Your org	79.97%	78.94%	79.39%	77.79%	74.13%
Best result	89.24%	86.64%	86.62%	87.88%	87.31%
Average result	75.58%	73.58%	74.95%	74.42%	71.63%
Worst result	59.25%	57.99%	60.58%	50.48%	49.59%
Responses	2399	2348	2435	2325	2100

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 language'



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

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

Northern Endoscopy Training Academy (NETA) Academy Awards 2025

- North Tees and Hartlepool Endoscopy Team achieved 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.
- 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;
Early discharge following lung resection can be delivered safely and efficiently with high patient satisfaction when supported by a dedicated specialist community thoracic service.

Achievements;

- Significant reduction in length of stay
- Increased post op day 1 discharges
- Safe management of complex patients at home
- Low readmission rates
- High patient-reported satisfaction
- 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) commenced a pilot over Winter 2025/26 for patients across STHFT and NTHFT
- More than 1,000 calls were received from ambulance and primary care providers
- More than 300 patients received care at home or in a community venue avoiding admission to the acute site





**We welcome your
questions**



**Caring
Better
Together**