



# Board of Directors Meeting

**Thursday, 8 January 2026 at 13:00**

Rooms 3 & 4, STRIVE, Friarage Hospital,  
Northallerton, DL6 1JG



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**MEETING OF THE BOARD TO BE HELD IN PUBLIC  
ON THURSDAY 8 JANUARY 2026 AT 1:00PM  
ROOMS 3 & 4, STRIVE, FRIARAGE HOSPITAL, NORTHALLERTON  
AGENDA**

	ITEM	PURPOSE	LEAD	FORMAT	TIME
<b>1. CHAIR'S BUSINESS</b>					
1.1	Welcome and Introductions	Information	Chair	Verbal	13:00
1.2	Apologies for Absence	Information	Chair	Verbal	
1.3	Quorum and Declarations of Interest	Information	Chair	ENC	
1.4	Minutes of the last meeting held on 6 November 2025	Approval	Chair	ENC	13:05
1.5	Matters Arising and Action Log	Information	Chair	ENC	13:10
1.6	Chair's Report	Information	Chair	ENC	13:15
1.7	Chief Executive's Report	Information	Chief Executive	ENC	13:25
1.8	Group Management Team Chairs Log: 23 October & 20 November 2025	Information	Chief Executive	ENC	13:40
1.9	UHT Strategy Deployment Update	Assurance	Chief Strategy Officer	ENC	13:45
1.10	Board Assurance Framework	Assurance	Director of Risk, Assurance & Compliance	ENC	13:55
<b>2. QUALITY AND SAFETY</b>					
2.1	Quality Committee Chairs Log: 24 November 2025	Assurance	Chair of Committee	ENC	14:05
<b>3. PEOPLE</b>					

	ITEM	PURPOSE	LEAD	FORMAT	TIME
3.1	Academic Chairs Log: 3 December 2025	Assurance	Chair of Committee	ENC	14:15
3.2	People Committee Chairs Log: 25 November 2025	Assurance	Chair of Committee	ENC	14:25
3.3	Nurse Safer Staffing Report	Assurance	Chief Nursing Officer	ENC	14:35
<b>4. FINANCE &amp; PERFORMANCE</b>					
4.1	Resources Committee Chairs Log: 17 December 2025	Assurance	Chair of Committee	ENC	14:45
4.2	Finance Report Month 8: 2025/26	Assurance	Chief Finance Officer	ENC	14:55
4.3	Integrated Performance Report	Assurance	Chief Delivery Officer	ENC	15:05
<b>5. SOUTH TEES HOSPITALS NHS TRUST UNITARY BOARD</b>					
5.1	Audit & Risk Committee Chairs Log: 7 November 2025	Assurance	Chair of Committee	ENC	15:15
5.2	Annual Members Meeting Minutes – 11 September 2025	Approval	Chair	ENC	15:20
<b>6. NORTH TEES AND HARTLEPOOL NHS TRUST UNITARY BOARD</b>					
6.1	Audit Committee Chairs Log: 7 November 2025	Assurance	Chair of Committee	ENC	15:25
6.2	Annual General Meeting Minutes – 11 September 2025	Approval	Chair	ENC	15:30
<b>7. WELL LED</b>					
7.1	Board Annual Declaration of Interests Register	Approval	Director of Corporate Affairs	ENC	15:35
<b>CLOSE</b>					
	<b>DATE OF NEXT MEETING</b>				

	ITEM	PURPOSE	LEAD	FORMAT	TIME
	The next meeting of the Board of Directors will take place on Thursday 5 March 2026 in Rooms 3 & 4, STRIVE, Friarage Hospital, Northallerton, DL6 1JG				



# Register of members interests

**Meeting date:** 8 January 2026

**Reporting to:** Board of Directors

**Agenda item No:** 1.3

**Report author:** Sarah Hutt, Assistant Company Secretary

**Executive director sponsor:** Jackie White, Director of Corporate Affairs

**Action required:** Information

**Delegation status:** Jointly delegated item to UHT Board

**Previously presented to:** N/A

## UHT strategic objectives supported:

Putting patients first ☒

Creating an outstanding experience for our people ☒

Working with partners ☒

Reforming models of care ☒

Developing excellence as a learning organisation ☒

Using our resources well ☒

## CQC domain link:

Well-led

## Board assurance / risk register this paper relates to:

All BAF risks

## Key discussion points and matters to be escalated from the meeting

**ALERT:** Alert to the matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy.

The report sets out membership of the Board interests registered by members. Conflicts should be managed in accordance to the Constitution - If a Director has in any way a direct or indirect interest in a proposed transaction or arrangement with the Trusts or UHT Group, the Director must declare the nature and extent of that interest to other Directors.

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

Careful consideration has been given to the risk that directors may have conflicts of interest due to being jointly appointed directors of both Trusts. Under Group arrangements and by delegating jointly exercised functions, there are a number of reference points permitting this to occur;

- Overall NHS legal and policy framework for collaboration
- Specific statutory provisions for managing conflicts
- NHS best practice
- Authorisation of joint director roles

**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

Robust processes are in place to provide all relevant information to support informed and robust decision making in the best interest of patients and the population the UHT Group serves.

### Recommendations:

The Board of Directors are asked to note the register of interest.

## Board of Directors Register of Interests

Board Member	Position	Relevant Dates From	to	Declaration Details
<b>Alison Fellows</b>	Non-Executive Director		Ongoing	Husband Partner at Firm – Ward Hadaway Solicitors
		December 2023	Ongoing	Board Governor, member and chair designate (from July 2026) of Audit Committee, member of Business School Advisory Board, Northumbria University
		December 2023	Ongoing	Independent Member of the Audit Committee, Newcastle City Council
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
<b>Alison Wilson</b>	Non-Executive Director	4 January 2022	Ongoing	Civil Partner – Counter Terrorism Policing North East
		September 2022	Ongoing	South Tees Healthcare Management Limited - Company number 10166808.
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
<b>Ann Baxter</b>	Non-Executive Director	April 2024	Ongoing	School Governor at Thirsk High School and Sixth Form College
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
<b>Chris Day</b>	Non-Executive Director		Ongoing	Vice Chancellor and President at Newcastle University
			Ongoing	Institutional Member at Universities UK (UUK)
			Ongoing	Board Member at The Russell Group
			Ongoing	Board Member at Sir Bobby Robson Foundation
			Ongoing	Chair at N8 Research Partnership
			Ongoing	Trustee at Foundation for Liver Research
			Ongoing	Chair of the PILOT Institutional Level PCE Panel for the Research Excellence Framework 2029 – Research England (part of UK Research and Innovation)
			Ongoing	Trustee at Newcastle University Development Trust
<b>Chris Hand</b>	Chief Finance Officer	2 July 2021	Ongoing	Director of South Tees Healthcare Management Limited - Company number 10166808
			Ongoing	Client Representative ELFS Shared Services Management Board

Board Member	Position	Relevant Dates From	to	Declaration Details
		April 2024	Ongoing	Representation on behalf of North Tees & Hartlepool NHS Trust on NTH Solutions LLP – Company Number OC419412
		June 2024	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
<b>David Redpath</b>	Non-Executive Director	1 January 2021	Ongoing	Director of DGR Consultancy - Company number 10340661
		September 2022	Ongoing	South Tees Healthcare Management Limited - Company number 10166808.
		September 2017	Ongoing	Vice President Senior Executive Partner – Gartner
		July 2022	Ongoing	Deputy Chairman – Seaton Delaval Football Club
		14 August 2025	Ongoing	Director of Optimus Health Limited – Company Number 07415246
		1 October 2025	Ongoing	Chair on behalf of North Tees & Hartlepool NHS Foundation Trust on NTH Solutions LLP – Company Number OC419412
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
<b>Emma Nunez</b>	Chief Nursing Officer	April 2025	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
<b>Fay Scullion</b>	Non-Executive Director	October 2024	Ongoing	Chief Executive, Age UK North Yorkshire & Darlington
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
<b>Jackie White</b>	Director of Corporate Affairs & Company Secretary	March 2013	Ongoing	Registered with IMAS (NHS Interim Management & Support)
		March 2023	Ongoing	Company Secretary of South Tees Healthcare Management Limited - Company number 10166808
		March 2023	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
			Ongoing	Daughter and Daughter in law employees of South Tees Hospitals NHS Foundation Trust
<b>Ken Anderson</b>	Chief Information Officer	May 2024	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
<b>Kenneth Readshaw</b>	Non-Executive Director	2016	Ongoing	Treasurer – Leyburn Community Leisure Club
		2018	Ongoing	Chair – Health Accommodation Trust
		2000	Ongoing	Chair – Horsehouse School Charity - Charity number: 513060

Board Member	Position	Relevant Dates From	to	Declaration Details
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
<b>Matt Neligan</b>	Deputy Chief Executive / Chief Strategy Officer	October 2024	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
		May 2025	Ongoing	Founding member, Evolve Collaborative (supported by NHS Confederation and Beamtree)
<b>Mark Dias</b>	Non-Executive Director	20 July 2015	Ongoing	Director of Be The Change HR Ltd – Company No. 9694576
		September 2023	Ongoing	Permanent Deacon in Formation (Voluntary Position). Roman Catholic Diocese of Middlesbrough
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
		March 2025	Ongoing	Chair of Board of Nicholas Postgate Catholic Academy Trust
<b>Michael Stewart</b>	Chief Medical Officer	April 2024	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
			Ongoing	Wife is employed at South Tees NHS FT
<b>Miriam Davidson</b>	Non-Executive Director	April 2024	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
			Ongoing	Local Government Association Associate, occasional work with English councils on Public Health Peer Reviews and facilitation of relevant workshops
<b>Neil Atkinson</b>	Chief Delivery Officer	April 2024	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
		June 2024	Ongoing	Representation on behalf of North Tees & Hartlepool NHS Foundation Trust on NTH Solutions LLP – Company Number OC419412
		October 2025	Ongoing	Director of South Tees Healthcare Management Limited - Company number 10166808
		1 November 2025	Ongoing	Trustee, Age UK
<b>Derek Bell</b>	Chair	April 2020	Ongoing	Trustee Royal Medical Benevolent Fund – no remuneration
		April 2018	Ongoing	Chair and Trustee Tenovus Scotland (Edinburgh) – no remuneration
		April 2021	Ongoing	Centre for Quality in Governance
		July 2022	Ongoing	NHS South East London Chair of SEL SEEC
		March 2024	Ongoing	Member of the Council for Newcastle University. No remuneration.
		April 2024	Ongoing	

Board Member	Position	Relevant Dates From	to	Declaration Details
				Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
<b>Rachael Metcalf</b>	Chief People Officer	December 2020	Ongoing	Role of School Governor at High Tunstall College of Science
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
<b>Ruth Dalton</b>	Director of Communications	April 2024	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
<b>Stacey Hunter</b>	Chief Executive	March 2024	Ongoing	Director, Health Innovation North East North Cumbria Limited
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
		July 2024	Ongoing	Partner, Dr Cornelle Parker, ad hoc project work within organisations of the NHS
		April 2025	Ongoing	Member of UHA Executive Steering Committee (hosted by NHS Providers)
		May 2025	Ongoing	Member of NHS Confederation Acute Advisory Panel
		May 2025	Ongoing	Founding member, Evolve Collaborative (supported by NHS Confederation and Beamtree)
		Aug 2025	Ongoing	Lead, Leadership of Planned Care, Provider Leadership Board
<b>Steven Taylor</b>	Director of Estates	April 2024	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
		1 July 2024	Ongoing	Honorary Contract as Director of Estates and Facilities for NTH Solutions LLP - Company Number OC419412
			Ongoing	Son employed by NTH Solutions LLP – ICT Project Officer/Digital Performance Coordinator
			Ongoing	Wife employed by NTH Solutions LLP – Catering Assistant
<b>Stuart Irvine</b>	Director of Risk, Assurance and Compliance	2023	Ongoing	Chair – Hartlepool College of Further Education
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
			Ongoing	Trustee of Hospitals Trust of the Hartlepool
			Ongoing	Sons (x2) are employees at Hartlepool College of Further Education

**DRAFT Minutes of a meeting of the University Hospitals Tees Board  
held in Public at 1:10pm on Thursday, 6 November 2025  
in the Boardroom, 2<sup>nd</sup> floor, Murray Building  
James Cook University Hospital**

**Present:**

Professor Derek Bell, Chair (Chair)  
Ann Baxter, Vice Chair/Non-Executive Director & Maternity Champion  
Ali Wilson, Vice Chair/Non-Executive Director  
Fay Scullion, Non-Executive Director  
Alison Fellows, Non-Executive Director  
Miriam Davidson, Non-Executive Director & Maternity Champion  
David Redpath, Non-Executive Director  
Ken Readshaw, Non-Executive Director / Senior Independent Director  
Mark Dias, Non-Executive Director  
Stacey Hunter, Chief Executive  
Matt Neligan, Deputy Chief Executive / Chief Strategy Officer  
Chris Hand, Chief Finance Officer  
Neil Atkinson, Chief Delivery Officer  
Rachael Metcalf, Chief People Officer  
Mike Stewart, Chief Medical Officer  
Emma Nunez, Chief Nursing Officer & Maternity Champion

**Directors – non-voting:**

Steve Taylor, Director of Estates  
Ruth Dalton, Director of Communications  
Stuart Irvine, Director of Risk, Assurance & Compliance  
Jackie White, Director of Corporate Affairs/Company Secretary

**In Attendance:**

Jen Little, Patient Experience Involvement and Bereavement Lead / Family Liaison Offer, STHFT for item 1 only  
Jo Sinton, Occupational Therapist, Palliative Care Team, STHFT for item 1 only  
Steph Worn, Director of Midwifery for items 2.2 and 2.23 only  
Jules Huggan, FTSU Guardian NTHFT and Samantha Sinclair FTSU Guardian STHFT for item 3.3 only  
Mike Ingram, Group Associate Medical Director (People) for item 3.6 only  
Sarah Hutt, Assistant Company Secretary (note taker)  
Gareth Lightfoot, Local Democracy Reporter, Gazette  
Angela Warnes, Lead Governor NTHFT online  
Observer

**GB25/147 Patient Story**

Emma Nunez, Chief Nursing Officer reported that the patient's story at the last board meeting had highlighted an example of when the organisation had not got it right in respect of End of Life care, however, this story positively outlined the support that had been put in place for another patient and their family.

Jo Sinton, Occupational Therapist, Palliative Care Team, STHFT involved in the patient's care was present at the meeting. A video was played relaying the experience of a patient called Cyril and his family following being placed on End of Life care. The patient ceased active cancer treatment and was



supported to receive care at home by the Specialist Palliative Care Team (SPCT). Despite initial concerns about being cared for out of hospital, the patient made positive progress and with the support of the SPCT was able to leave the house and take part in some activities including fishing and meeting other patients in a social setting. The family were grateful for the support and care they had received. It was pleasing to hear that Cyril was continuing to do well with an improved quality of life.

The Chair sought to understand whether there was anything specific the Board could do for the SPCT. It was noted that promoting the service with other colleagues and organisations would be helpful in order to reach other patients who would benefit from the support. Stacey Hunter, Chief Executive thanked Jo and the wider team for the extent of the support they had provided to the patient Cyril and his family.

**Resolved:** that, the patient story be noted.

#### **GB25/148 Welcome and Introductions**

The Chair welcomed everyone to the meeting.

#### **GB25/149 Apologies for Absence**

Apologies for absence were reported from Ken Anderson, Chief Information Officer, and Professor Chris Day, Non-Executive Director.

#### **GB25/150 Quorum and Declaration of Interests**

The meeting was confirmed as quorate.

#### **No perceived conflicts of interest**

The Chair of the meeting referred to the Trust's declaration of interest register for board members noting a number of new declarations were included. There were no perceived conflicts of interest from the agreed agenda. Should a conflict arise during the course of the meeting, affected individuals should raise the conflict and a decision would be made to ensure appropriate action was taken.

#### **GB25/151 Minutes of the last meeting held on, 4 September 2025**

The minutes of the last meeting held on, 4 September 2025 were accepted as a true and accurate record subject to a minor amendment

**Resolved:** that, the minutes of the meeting held on, 4 September 2025 be confirmed as a true and accurate record subject to a minor amendment.

#### **GB25/152 Matters Arising and Action Log**

There were no matters arising from the minutes of the previous meeting and an update was provided against the action log.

that, the verbal update be noted.

**Resolved:**

#### **GB25/153 Chair's Report**

The Chair highlighted the key points of the Chair's Report that included national, regional and local matters, taking the report as read.

- UHT was holding an Anti-Racism Day on 7 November 2025, Board members were invited to attend the event and were reminded the importance of the inclusive principles Respect, Support and Collaboration.
- Maggie's Centre was establishing well at the James Cook site, with positive feedback reported



regarding footfall into the Centre. Maggie's will have been in existence for 30 years in 2026 and celebrations were planned. Stacey Hunter, Chief Executive reported that the UHT were also working with the charity Horatio's Garden to install a garden on the James Cook site close to the Spinal Injuries Unit. The work was expected to commence in February 2026 and the charity would be attending a future board meeting to outline their work across the country.

- The UHT Arts Council established in February 2025 continued to deliver a number of initiatives to support patients including a memory wall for dementia and delirium patients on wards 41 and 42 supported by Stockton Camera Club and the Globe Theatre and the development of a Writers Nook in Café Wilbur at the North Tees site. A COVID memorial art competition supported through STHFT charitable funds was due to close at the end of November 2025, with judging taking place on 9 December 2025 and a launch event planned for 7 April 2026 in line with World Health Day.
- A joint accreditation submission on behalf of UHT for the Armed Forces Covenant was made in September 2025 with the outcome awaited. The most recent quarterly armed forces coffee morning took place at the Friarage Hospital site on 28 October 2025, with lots of positive engagement and a number of events were planned to support Armistice Day.
- The NHSE Medical Training Review: Phase 1 Diagnostic Report was published on 24 October 2025, which would be considered by the UHT Academic Committee.

**Resolved:** that, the content of the report be noted.

## **GB25/154 Chief Executive's Report**

Stacey Hunter, Chief Executive highlighted the key points of the Chief Executive's Report, taking the report as read, acknowledging it had been a busy period since the last meeting.

- The Fuller Enquiry Phase 1 and 2 were complete and UHT had undertaken a structured response to the Phase 1 Report and were in the process of responding to Phase 2. Progress was being monitored through the Executive Team and Quality Committee, with a full update scheduled for presentation to the Trust Board in February 2026.
- Planning Guidance for 2026/27 was published on 24 October 2025, setting out the requirement for organisations to submit financial plans and operational trajectories providing assurance of sustainability and improved performance for the next three years and four years for capital plans. The guidance was currently being worked through and would be overseen by the Financial Recovery Oversight Group (FROG), with any statutory requirements reported back to Board for sign off. Work with the new Clinical Support Units (CSUs) would commence in early November 2025.
- As part of the National Oversight Framework, organisations were required to undertake a self-assessment of organisational capability, aligned to the six domains of the Insightful Provider Board framework. The Board undertook a structured review of each domain during a development session held on 2 October 2025 with a follow up session on 7 October 2025 enabling further triangulation of the initial assessments. The final submission was agreed by the Chief Executive and Chairman on behalf of the Board and submitted on 22 October 2025. Thanks were placed on record to the Company Secretary for coordinating the response.
- A further period of strike action had been announced by the BMA Resident Doctors, for a period of 5 days, commencing at 7:00am on 14 November 2025. The Chief Medical Officer and Chief Delivery Officer were working with clinical and operational teams to plan for the strikes to ensure emergency cover and review elective activity. The Secretary of State for Health was continuing dialogue with the BMA.
- There had been system level meetings of the NENC ICB System Recovery Board, NENC Provider Collaborative Leadership Board, Strategic Approach to Clinical Services Board as well as the NENC Mid-Year Finance and Performance Delivery Workshop with input and support from providers across the region through various workstreams.
- A significant amount of work had taken place to establish a new target operating model within the organisation to reflect the University Hospitals Tees (UHT) Strategy, which was supported

by an accountability framework. Thanks was placed on record to all those involved and to the staff affected by the changes to the structure of the organisation.

- There had been a number of positive events in the organisation since the last meeting, including the UHT Stroke Conference on 9 September, the launch of Maggie's Charity on 15 September, as well as a celebratory event for Allied Health Professionals (AHPs) and a Love Admin Awards event.
- Members were invited to attend the organisations' Anti-Racism conference taking place on 7 November 2025, timely with a clear message from the Secretary of State regarding a zero tolerance towards abuse of NHS staff verbally or physically.

**Resolved:** that, the content of the report be noted.

### **GB25/155 Chair's Log – Management Team Meeting**

The Chief Executive presented the Chair's Logs for the meetings of the Management Team (GMT) held on 21 August & 18 September 2025 for noting, with no issues of alert.

**Resolved:** that, the content of the Chair's Log be noted.

### **GB25/156 Board Assurance Framework**

Stuart Irvine, Director of Risk, Assurance and Compliance presented the Board Assurance Framework (BAF) Update to the period 31 August 2025 and highlighted the BAF is reviewed on a monthly basis.

For NTHFT:

- 30 strategic risks
- 9 strategic risks outside the approved risk appetite, with 6 red/high risks
- No changes to risk appetite
- Reduction of an R&I red strategic risk relating to over-reliance on external income, now amber (reduction from 16 to 12) following review
- 104 planned mitigating actions
- No reported completed actions, 6 action timescale extension requests. Planned action timescale range September 2025 – October 2027

For STHFT:

- 31 strategic risks
- 11 strategic risks outside the approved risk appetite, with 8 red/high risks
- Increase in one strategic risk relating to Digital (improved alignment across UHT), red rated risk (data protection – DSPT Report), which identified improvement opportunities in policies, processes and controls. Action plan in place to be completed by December 2025
- Reduction of an R&I red strategic risk relating to over-reliance on external income, now amber (reduction from 16 to 12) following review
- 114 planned mitigating actions
- 5 actions marked as complete, 12 action timescale extension requests. Planned action timescale range August 2025 – April 2035 (this included planned timescales linked to PFI exit strategy, 2033 and eradicating RAAC, 2035)

The establishment of the new Clinical Support Units (CSUs) would prompt a review of Risk Management policies and there was a planned internal audit review scheduled for Quarter 4: 2025/26.

Mike Stewart, Chief Medical Officer highlighted that there were risk management arrangements within the CSUs and reported that in Neuroscience there was a risk regarding the inability to be able to offer 24/7 mechanical thrombectomy. An alternative model was being explored with Newcastle Hospitals NHS Foundation Trust to deliver 24/7 access for patients with a sustainable rota.

It was noted that the CSUs would be given area specific risk registers to manage.

**Resolved:** that, the content of the report be noted.

## **GB25/157 Quality Committee Chairs Log**

Fay Scullion, Non-Executive Director presented the Quality Committee (QAC) Chairs Log for the meetings held on 22 September and 27 October 2025.

- 5 Quality Priority workstreams had some actions off trajectory affecting the overall outcome (medication safety, IPC, patient feedback, clinical outcomes, learning from deaths), however, noting some of the actions were small and positive progress had been made in the nine quality priority areas.
- Learning from Deaths Report identified that a lack of resource within the mortality teams had resulted in the learning from deaths being delayed. There was a business case pending to facilitate a more robust and resilient Learning from Deaths process across UHT.
- A number of high operational risks linked to Quality and Safety remained high, which could impact the strategic objectives (patient safety, patient experience and clinical effectiveness). Work was underway to regularly review the risk and mitigations against UHT quality priorities.
- PSIs completion across UHT were taking longer than the advised six months in NHSE Guidance, which was impacting on the implementation of learning, noting not all cases were of the same complexity.
- There was a rise in HCAs across the organisation, in particular C. difficile reporting 46 cases against a threshold of 45. MRSA had a threshold of zero and year to date a total of 3 cases had been reported. E Coli was reporting 80 cases against a threshold of 57. The reduction of cost for cleaning remained a concern and had identified additional costs when there was an outbreak at STHFT, which had been escalated.
- Maternity services reported 6 events to Maternity and Newborn Safety Investigation (MNSI) with 3 events meeting the eligible criteria for investigation. All reporting standards for MIS compliance had been met. The NTHFT still birth rate had reported higher than the national comparator, however, following due diligence and proactive work the rates were identified to be within tolerance and not a concern.
- The Health Inequalities projects funding was due to end in March 2026 and concern was raised regarding these services having to cease, which focused on preventative measures. Awaiting detail on the Better Care Fund and other sources of funding support.
- There were no open legacy serious incidents and the three outstanding actions were now closed.
- An improved dataset for monitoring NICE guidance across UHT was being developed. There were 10 national clinical audits currently posing a risk of non / reduced submission. Work was underway to scope a UHT Clinical Effectiveness Group, incorporating existing site-based groups.
- Service provision at the Rowan Suite remained suspended with an extension of this to January 2026 due to workforce pressures. There was planned meaningful engagement with stakeholders and the workforce regarding service provision. The Birth Centre at the Friarage Hospital had been closed on a number of occasions due to staff pressures and the same planned engagement with workforce and stakeholders would take place.
- The national rapid review of maternity services had been published with UHT not included in the 14 trusts cited. Further information was awaited. The North East and Yorkshire regional team were being proactive and had developed a Heatmap tool to support the oversight of services. The ST site had voluntarily entered the Maternity Support Scheme with some actions already completed.

Miriam Davidson, Non-Executive Director / Maternity Champion welcomed the triangulation throughout the Board reports with a focus on cancer standards and it was affirming to receive the response from the Cancer Patient Experience National Survey Results for 2024 at the Quality Committee (QAC).

It was noted that a designated decant ward had been identified, which would have an impact on cleaning in respect of IPC rates. The clinical leadership group was actively looking at antimicrobial processes and a Triumvirate had been developed including pharmacy representation and the IPC

team. The IPC dashboard under development would allow areas of hotspots to be identified and focused activity in the areas of concern. In addition, the organisation was working with the NENC ICB regarding determinants of HCAI in the community. Mike Stewart, Chief Medical Officer reported that the next stage of the new CSU structure was clinical leadership across the sites and it was planned to formally appoint from existing resource to oversee the work around mortality reviews and antimicrobial processes.

Ken Readshaw, Non-Executive Director highlighted that within the Quality and Safety domain of the BAF, the risks were rated amber and sought to understand whether the QAC would monitor progress to return to the agreed risk appetite score or should it be discussed as part of a board development session, prompting discussion. It was agreed that it would be useful for the board to understand the range of issues and various levers required to rectify the situation, including setting some strategic context nationally.

**Resolved:** (i) that, the content of the report be noted; and  
(ii) that, a future board session be arranged to have oversight of the quality and safety domains of the BAF and risk appetite scores currently reporting as amber.

#### **GB25/158 Perinatal Quality and Safety Report, Quarter 2: 2025/26**

Steph Worn, Director of Midwifery presented the Perinatal Quality and Safety Report for Quarter2: 2025/26 and highlighted the key points.

The Intrapartum Service, at University Hospital of Hartlepool (UHH) temporary suspension due to workforce pressures had been extended to January 2026 and meaningful engagement was taking place with the local population to feed into a workforce model and service provision going forward. All other antenatal and postnatal services remained operational at UHH.

Maternity Incentive scheme year 7 continued to be monitored with an action plan in place at both trusts to recover the training trajectory, which due to the medical staff rotation in August had led to new staff members temporarily coming out of compliance. Saving Babies' Lives Care compliance demonstrated an improved position for both NTHFT; 75 -94% and STHFT; 87-99%. The Quarter 2 position would be reviewed by the LMNS in November.

NTHFT and STHFT continued to meet the required perinatal safety champion standards; to include engagement sessions, agenda meetings and frequency. An updated claims scorecard was received and culture improvement actions remain a work in progress and monitored at the safety champions meetings. STHFT were to establish a perinatal staff council as offered by NTHFT. In addition, STHFT were making progress on the Maternity Safety Support Programme, with positive comments received from the Maternity Improvement Advisor.

**Resolved:** that, the content of the report be noted.

#### **GB25/159 Perinatal Staffing Report, Quarter 2: 2025/26**

Steph Worn, Director of Midwifery presented the Perinatal Staffing Report for Quarter 2: 2025/26and highlighted the key points.

As reported previously, there had been sustained periods of pressure in the obstetric workforce at NTHFT, with no gaps in the obstetric consultant emergency rota. Active recruitment was currently underway. Both organisations met full compliance with the national standards on obstetric locum doctors.

In the Midwifery workforce both organisations were compliant with BR+ recommended establishment and Ockenden roles. Both organisations were in the process of reviewing the BR+ recommendations with a plan to develop a report within Quarter 4: 2025/26.

STHFT were progressing with the Trust Board approved action plan for neonatal medical workforce against British Association Perinatal Medicine (BAPM) standards, as were NTHFT for the Trust Board approved action plan for neonatal nursing workforce against BAPM standards.

It was noted that maternity support workers at the Friarage Hospital had been commended for their work in relation to smoking cessation in pregnancy.

Ann Baxter, Vice Chair / Non-Executive Director & Maternity Champion highlighted that there was now a new Maternity Voices Partnership (MVP) Chair for NTHFT and it would be useful for them to support the engagement with the local population regarding maternity services and current suspension of the midwifery led unit at UHH. In addition, it was evident from undertaking regular walkabouts that the 24-hour triage service at NTHFT was now well embedded, with shared learning applied from STHFT. Mike Stewart, Chief Medical Officer highlighted the embedded quality improvement research at NTHFT, which was emphasised at the recent Research and Development (R&D) conference.

Matt Neligan, Deputy Chief Executive / Chief Strategy Officer sought to understand what external service pressures could be solved with the UHT long-term ambition, prompting a brief discussion considering the needs of the population and what was available as part of the hospital estate.

The Chair suggested that the two MVP chairs be invited to attend a future meeting.

- Resolved:**
- (i) that, the content of the report be noted; and
  - (ii) that, consideration be given to the two Maternity Voices Partnership Chairs being invited to attend a future board meeting.

#### **GB25/160 NTHFT Critical Care Service Delivery Model**

Emma Nunez, Chief Nursing Officer presented the revised NTHFT Critical Care Service Delivery Model Business Case, reporting it had been presented to both the Quality and Resources Committees for detailed discussion.

The current critical care model at NTHFT was not compliant with GPICs standards for the provision of intensive care services (GPICS v2.1), which was highlighted during peer reviews in 2021 and 2023, with the nursing skill mix being identified as an outlier. The latest GPICs standards (v.3), Nursing Alliance Critical Care Workforce Optimisation Plan and Staffing Standards 2024 – 2027 and Adult Critical Care National Census highlighted further shortfalls in the required workforce model. In addition, a number of risks were identified from an estates point of view. It was noted that in 2019 there was a similar issue highlighted at STHFT following a Care Quality Commission (CQC) inspection, resulting in breach of CQC regulation 18 and improvement work was undertaken. An estates task and finish group, led by the Director of Estates, had been established to address the risks associated to this area and to review existing plans regarding either to renovate existing estate or a new build.

A phased approach over a 3-year period had been developed with option 3 of the phased plan recommended following discussion at Committee, involving the reduction of one level 3 bed. The proposed plan would see Phase 1 commencing in 2025/26 with a required investment of £607k. The associated funding had been planned within the operating plan agreed for 2025/26. This would support the uplift and correct workforce skill mix required to comply with GPICs standards. Additionally, there was a requirement to standardise the workforce across the organisation in line with national recommendations.

It was noted that current bed occupancy supported the reduction of a level 3 bed and the unit had escalation processes in place for those occasions when demand may be over funded capacity. Also, the paper outlined the investment over a 3-year period to be GPICS compliant with the staffing model in line with national standards. A change to the proposed plan was to defer the medical model to provide Consultant cover during the afternoon/ early evening shift to Phase 2, to allow time to recruit and in consideration of the required collaborative work. Once agreed, the operational team would commence the phased implementation of GPICs standards commencing in Quarter 3: 2025/26. A robust discussion ensued amongst members with a number of questions posed and answered

particularly in respect of required investment and affordability. It was highlighted there were no concerns regarding the care being delivered, thanks to the staff.

It was clarified that the business case had not been discussed at Resources Committee following its initial discussion as it was escalated to the Board in respect of a discussion regarding investment to seek board approval, it had however been discussed in Quality Assurance Committee and a session with the Non-Executive Directors. Following discussion the business case was supported.

- Resolved:**
- (i) that, the content of the report be noted; and
  - (ii) that, Option 3 of the Critical Care Service Delivery Model business case be agreed in principle, subject to confirmation of funding.

## **GB25/161 People Committee Chairs Log**

Mark Dias, Non-Executive Director presented the People Committee Chairs Log for the meetings held on 23 September and 28 October 2025 and took the report as read.

Areas of alert included progress noted regarding medical job planning compliance against the 95% target, with an extension requested to 31 December 2025. There were ongoing discussions regarding autism and disability training, which had been added as a risk and escalated to Board in respect of the financial implications. In response to the Supreme Court's ruling clarifying the legal definition of 'sex' there was a statutory obligation to provide both single-sex and unisex facilities. The organisation had initiated policy revisions and business case for capital investment and the Committee were assured by the actions taken. Mandatory training topics delivered face to face particularly resuscitation, continued to pose a challenge.

For advise, safe staffing reported average percentage of shifts filled against planned nurse staffing increase to 99% [NT] 98% [ST] (July 2025). Registered staff sickness fell to 3.8% (below 4% target). Updates were provided regarding the actions to address cultural and leadership concerns and external feedback from Simon Mehigan, National Maternity Improvement Advisor was positive, indicating confidence in the progress made to date. A deep dive was scheduled for November. A UHT Anti-Racism Day was scheduled for the following day on 7 November and all were invited to attend.

The Chair sought clarity regarding the issue of resuscitation training, which was largely due to the capacity of the trainers, other solutions were being explored including a single service across the Group to provide greater resilience.

The current flu vaccination uptake was reported at 29.1% for STHFT and 30% for NTHFT. Stacey Hunter, Chief Executive reiterated the seriousness of flu, prompting a brief discussion regarding the campaign to encourage staff to be vaccinated.

- Resolved:** that, the content of the report be noted.

## **GB25/162 Nurse Safer Staffing Report**

Emma Nunez, Chief Nursing Officer presented the Nurse Safer Staffing Report for the period August 2025 and highlighted the key points, noting aspects of the report had already been discussed.

It was noted that work remained ongoing to align the establishment review processes at both trusts, with a statutory requirement for a bi-annual report to be presented to Board. For STHFT, the bi-annual nurse establishment review would be presented to Board in January, to determine any requirements to adjust the existing nursing workforce model. The data was a triangulation of the SNCT findings, professional judgement and actual base establishments. For NTHFT, the next bi-annual nurse establishment update would be presented to Board in January 2026, which would be a review paper reiterating the requirement for investment into several nursing workforce models as per the bi-annual review carried out in 2024/25. That update would support the completion of the annual nurse establishment review that would be presented to Board in February 2026 using three cycles of the

current SNCT data across adult, Paediatrics, ED and Community. A repeat review was planned for early 2026 once the newly formed Clinical Support Units (CSUs) were established.

It was noted that there remained a continued reliance on temporary staffing at NTHFT to safely staff in patient areas at night to meet the enhanced care requirements. A review of the service and its ability to deliver the required demand remained ongoing. Stacey Hunter, Chief Executive highlighted that until a more permanent solution was found, deferral to bank staff in order to meet necessary staffing levels would continue at NTHFT.

**Resolved:** that, the content of the report be noted.

#### **GB25/163 Freedom to Speak Up Report, Quarters 1&2: 2025/26**

Jules Huggan and Samantha Sinclair, Freedom to Speak Up Guardians, presented the Freedom to Speak Up Report, Quarters 1&2: 2025/26 and highlighted the key points.

There were no areas of alert. In respect of items to advise, it was requested that a 'FTSU Reflection and Planning Tool' be reviewed, given the significant and ongoing organisational change, which would be completed at a future board development session and would support the FTSU implementation plan with the new Clinical Service Units moving forward.

At the end of June 2025, notification was received that the National Guardians Office (NGO) would be formally disbanded. The Board should note the change and consider the strategic and operational implications for speaking up culture, staff engagement and assurance framework. The NTHFT Freedom to Speak Up Guardian (FTSUG), had been selected as part of a small group of regional FTSUG Chairs, to meet with the Department of Health and Social Care, NHS England and the National Guardian Office, to discuss the future vision: what a safe, open culture looks like post-NGO. The FTSU Executive Sponsor would also attend the meeting and the Board would be updated when further information was received.

From an assure perspective, FTSU policies for both trusts were being reviewed and aligned, with the Detriment Guidance included. Anonymous concerns raised at STHFT had reduced from 39.5% in Q1 2025/26 to 27.08% in Q2 2025/26. Anonymous concerns raised at NTHFT continued to follow the Q1 trend of zero cases. The issue with the FTSU System at STHFT recording 'yes' for disability status in every concern had been resolved. Data regarding concerns raised across UHT for Quarters 1 and 2: 2025/26 was provided.

Alison Fellows, Non-Executive Director reported as the newly appointed FTSU Board Champion that the level of information provided was useful. Ann Baxter, Vice Chair / Non-Executive Director highlighted that the report was considered in detail at People Committee and it was positive to note that only 3 concerns had been raised in relation to the recent organisational changes. Stacey Hunter, Chief Executive endorsed the alignment of the FTSU processes and policies to provide the same offer across the organisation. In respect of the proposed work with the Board in relation to the CSUs, this would be better placed in Spring 2026, once the new structure was embedded.

A discussion ensued regarding how to utilise the data collected from the concerns reported anonymously in the context of other intelligence gathered and acknowledgement that the FTSU guardians do signpost staff to have conversations in the right place regarding concerns they may have.

**Resolved:** that, the content of the report be noted.

#### **GB25/164 Guardian of Safe Working**

Mike Stewart, Chief Medical Officer presented the aggregated Guardian of Safe Working Annual Report for the period 1 August 2024 to 31 July 2025.

Overall positive progress was noted through developing collaboration between the two trusts. However, concerns continued to be reported relating to workload and staffing shortages, leading to

doctors working beyond their contracted hours. Regarding rostering roles across UHT, this could be a complex case for change due to current differing models at each trust.

Work continued with the resident BMA reps to ensure issues were being addressed, some of which featured in the recently relaunched 'Improving working lives of resident doctors' programme. Stacey Hunter, Chief Executive placed on record thanks to the Chief Medical Officer and team for the work being undertaken, which was being well managed.

**Resolved:** that, the content of the report be noted.

#### **GB25/165 General Medical Council (GMC) Survey 2025 Report**

Mike Stewart, Chief Medical Officer presented the General Medical Council (GMC) Survey 2025 Report and highlighted the key points noting that the survey was in reference to all doctors in training (DiT). For UHNT, a consistent position overall had been maintained over the past 3 years with some improvement in dark greens for 2025 and for STHFT, a much-improved position overall, with a significant increase in dark greens and a reduction in reds. However, the report highlighted a small number of areas where there has been adverse feedback for three sequential years or a significant deterioration. These were subject to a deeper analysis and the formation of an action plan which was submitted to the Deanery. The action plans would be worked through as part of the newly established Clinical Support Units (CSUs) reiterating the importance of delivering training to DiT and the Academic Committee had requested an update be presented at the March 2026 meeting.

**Resolved:**

- (i) that, the content of the report be noted; and
- (ii) that, an update be presented to Academic Committee at the March 2026 meeting.

#### **GB25/166 Medical Revalidation Report**

Mike Ingram, Group Medical Director (People) and Responsible Officer (RO) presented the Medical Revalidation Annual Report reporting that based upon the evidence contained within the report, the organisation had met the regulatory compliance with the Medical Profession (Responsible Officers) Regulations 2010 (amended 2013). The report had been to People Committee and was taken as read.

The Group structure provided the opportunity for further development, including a single appraisal and revalidation team and a Group policy. This would strengthen processes across UHT, develop the best practices from each Trust, and ensure a doctor had a single point of contact for medical appraisal whether working at a single site or cross sites. The RO was in discussions with the GMC Employment Liaison Advisor regarding UHT becoming a single designated body with the GMC.

Overall appraisal compliance was high, with a focus on quality of appraisal. Quality Assurance of appraisal was established at STHFT using the national framework, at NTHFT, this required resourcing and was an action incorporated in the ongoing review of CMO office funded roles. The successful roll out of an electronic appraisal system at NTHFT, standardising appraiser training to a Nationally benchmarked quality, and a cross Group peer review process highlighted the best practices at each site to embed Group development and were exemplars of outstanding practice and development in the area of medical appraisal and revalidation.

The Board were asked to accept the report as assurance against regulatory requirements and escalated via the Board. Stacey Hunter, Chief Executive placed on record thanks to the RO and team.

**Resolved:** that, the content of the report be accepted as assurance against regulatory requirements and escalation via the Board.

#### **GB25/167 Resources Committee Chairs Log**

The Resources Committee Chairs Logs for the meetings held on 24 September and 29 October 2025



were presented. Key highlights included:

- An overall net decrease of 55.89wte worked across the Group was reported at Month 5, compared to the previous month. WTEs worked in month were 168.06 lower than the average of the previous financial year and were lower by 107.39 compared to the same period the previous year (Month 6). WTEs worked remained higher than the average deployed during 2019/20 (preCovid), by 2,372.11wte.
- A deep dive around digital took place at the September meeting, noting significant improvement in reporting.
- The financial position for Month 6 2025/26 was a deficit of £5.4m for the Group, which was a favourable variance of £21k against the year-to-date plan including over-performance of ERF income of £5.1m.
- Positive progress continued to be made in the CIP programme since submitting the plan, £2.1m of the CIP programme remained defined as 'Opportunity' and £9.5m of the programme remained as High Risk.
- The continuous improvement business case had been escalated to Board.
- A cash application for £5.9m was approved.
- A joint report on procurement demonstrated good progress towards delivery of the procurement savings targets and the progress made on joint working.
- Ophthalmology Biologics Business case was not presented, it was an invest to save opportunity so important it was progressed at pace.

Mike Stewart, Chief Medical Officer highlighted that the Ophthalmology Business Case would be delayed until January 2026, however, work would continue on internal processes. A brief discussion ensued following a query by the Chief Medical Officer in respect of WTE reductions remaining as an item of alert rather than moving to advise. It was noted that reference to 2019/20 levels of activity was the required national measurement.

**Resolved:** that, the content of the report be noted.

#### **GB25/168 Finance Report: Month 6, 2025/26**

Chris Hand, Chief Finance Officer presented the Finance Report for Month 6: 2025/26 and highlighted the key issues, taking the report as read.

A deficit of £5.4m for the UHT Group was reported, which was a favourable variance of £21k against the year-to-date plan, with a plan for the 2025/26 financial year to deliver an overall deficit control total of £9.1m, a break-even plan for NTHFT and a £9.1m deficit plan for STHFT (including an allocation of £11.5m ICS deficit support for STH).

It was highlighted that the 2025/26 planning guidance included the requirement to reduce agency spend by at least 30% from the prior year and to reduce bank spend by at least 10%. At Month 6, Agency spend was reported at £0.7m (16%) less and Bank spend £2.1m (13% less) than that incurred at the same point in the previous year (adjusted for inflation). The position regarding WTE had already been reported.

Capital expenditure to the end of Month 6 amounted to £17.7m, which was a slippage of £3.7m against an overall plan for 2025/26 of £66.8m, largely due to Salix grant funded schemes at STHFT. The cash balance was £98.3m for the Group and the continued strong cash balance supported good compliance with the Better Payment Practice Code for both trusts.

Stacey Hunter, Chief Executive placed on record thanks to the leadership of the Chief Finance Officer in respect of the reported financial position which had required effort from across the whole organisation.

**Resolved:** that, the content of the report be noted.

#### **GB25/169 Integrated Performance Report**

Neil Atkinson, Chief Delivery Officer presented the Integrated Performance Report (IPR) for the reporting period to 31 August 2025 and highlighted the key points, noting a detailed review of the IPR had been undertaken through the Board Committees and updates had been provided in earlier agenda items for a number of metrics.

In respect of the items in the Alert category, there were seven metrics remaining for NTHFT, three related to HCAIs, two related to maternity, readmission rates and sickness absence. Four metrics had been regraded from advise to alert: MSSA infections, 4-Hour A&E standard, Cancer 31-day standard and Cancer 62-day standard. In respect of the 4-Hour standard, it was noted this was in relation to performance against the internal stretch target of 89% reporting at 84.6% and not the statutory target of 78%. The higher internal target had been set in support of other trusts within the system. In respect of the 31 day and 62-day cancer standards, a lot of work was being undertaken by the organisation to support breast pathways from County Durham and Darlington NHS Foundation Trust (CDDFT) and other pathways, which was contributing to the position. A cancer oversight group was being established internally.

For STHFT, there were six metrics remaining in the Alert category: two related to HCAIs, maternity, cancelled operations, diagnostic 6-week standard, and mandatory training. A further two metrics had been regraded to Alert, RTT 52 weeks and RTT time to first appointment. It was planned to set up an internal oversight group. The majority of IPR metrics remained graded Advise for both Trusts.

Following the establishment of the new CSUs, it was planned to undertake monthly performance reviews in December, in line with the accountability framework. It was noted that the period of recent industrial action was anticipated to impact performance against elective and cancer activity targets. Stacey Hunter, Chief Executive sought confirmation whether there a link to the cancelled operations reported performance for August and the period of industrial action at the end of July. It was noted there was not a correlation.

The Chair sought confirmation that the outcome of the deep dive audits into readmission rates that were scheduled to be available in October would be presented to Quality Committee. The information was not yet available.

**Resolved:** that, the content of the report be noted.

#### **GB25/170 Academic Committee Chair's Log**

Mike Stewart, Chief Medical Officer presented the Chair's Log from the Academic Committee that took place on 18 September 2025. It was the second meeting of the Committee, the Terms of Reference were agreed, however the cycle of business was still to be agreed. The Academic Strategy was discussed in detail, along with enabling strategies for research, innovation and education and challenged to included meaningful milestones.

In respect of the work around innovation, it was requested to develop a UHT Intellectual Property Policy, compared with the Code of Conduct to be shared with Counter Fraud colleagues prior to being finalised and approved. An action plan to evidence improvement would be developed, to address the findings in the GMC survey with a formal review at the Academic Committee in March 2026. Other actions included further work to be undertaken to confirm the content of Finance reports for future meetings, aligned to the Terms of Reference of the Academic Committee and to maintain ongoing evidence of the compliance across UHT regarding the University Hospitals Status, including the criteria for complying with Teaching Hospitals Status.

**Resolved:** (i) that, the content of the report be noted; and  
(ii) that, the Terms of Reference be ratified.

#### **GB25/171 Any Other Business**

There was no any other business reported.

DRAFT

**GB25/172     Date and Time of Next Meeting**

**Resolved:**            that, the next meeting be held on, Thursday, 8 January 2026 in n Rooms 3 & 4, STRIVE, Friarage Hospital, Northallerton.

The meeting closed at 16:10

Signed:

Date:

DRAFT

Board of Directors Public							
Date	Ref.	Item Description	Owner	Deadline	Completed	Notes	Action delegated to Committee
04 March 2025	GB/251	<b>Quality Assurance Committee Chairs Log</b> <i>Board Development session involving Public Health Consultants to share work regarding population health and health inequalities.</i>	Jackie White Mike Stewart	05 March 2026	Open	It was agreed it would be helpful to invite the Public Health Consultants to a future Board Development session to share with the Board current projects and progress to date regarding population health and health inequalities linked to the UHT Strategy. MS and JW to agree arrangements. It would be included on the board development schedule for 2026 linking in with the Clincial Services Strategy and SOC. The date would confirmed to board members.	
03 July 2025	GB25/068	<b>Board Assurance Framework</b> A Board session to be arranged to review risk appetite in relation to delivery of the organisation's strategic objectives.	Stuart Irvine	30 September 2025	Open	Following discussion regarding the risk appetite for each of the domains in the refreshed BAF it was agreed to have a session to fully review risk appetite to ensure it accurately reflected the ambitions and delivery of the UHT Strategy. An update was provided at September meeting, SH requested item remain open until a review of the mid-year position after Month 5 had taken place. An updated position would be reported to board after month 5 and it was agreed to hold a development session regarding risk appetite / review those risks out of tolerance. It was also agreed at the Nov meeting to hold a board session to review the amber risk appetite scores in the Quality and Safety Domains of the BAF. Session to take place prior to 31 March 2026.	
04 September 2025	GB25/100	<b>Patient Story</b> The Board to be presented with thematic actions going forward in relation to individual patient stories in order to close the loop and gain assurance regarding lessons learnt.	Emma Nunez	06 November 2025	Close	It was agreed it would be helpful for the Board to understand the thematic actions taken in relation to the individual patient stories. It was reported at Nov meeting the Nov patient story highlighted closing the loop regarding End of Life Care. Further thematic analysis from other stories would be reported to QAC had be included in Chairs Logs to Board.	
04 September 2025	GB25/109	<b>University Hospital Tees (UHT) Strategy Update</b> The UHT Strategic Outline Case be presented to Board in November 2025	Matt Neligan	08 January 2026	Open	Development of the Strategic Outline Case was in its final stages, with the expectation this would be brought to Board in November 2025 for consideration. The SOC was discussed in the In Committee November meeting and agreed in principle acknowledging further work regarding the finance case was required. It was agreed an update would be provided at January In Committee meeting and then through Resoruces Committee unless Board approval was required for any aspect.	
04 September 2025	GB25/110	<b>Board Assurance Framework</b> The high strategic risk scores in the research and innovation BAF domain be reviewed comparatively against national targets for delivery, for example delivery against 18 weeks RTT	Stuart Irvine	06 November 2025	Close	It was agreed to pick up outside of the meeting to review the higher rated strategic risks in the research and innovation domain to consider bringing them into alignment with national expectations and realistic targets e.g. delivery against 18 weeks RTT. Review had been undertaken and would be included in the BAF going forward.	
04 September 2025	GB25/114	<b>People Committee Chairs Log</b> Data in relation to the STHFT overpayment issue to be presented to Group Management Team for oversight and scrutiny	Rachael Metcalf	30 September 2025	Close	The issue regarding STHFT payroll overpayments was being monitored by People Committee and escalated to Resources Committee. SH agreed to review the information at the Group Management Team to better understand the position and increase the level of scrutiny. Update provided at Nov meeting item was on the agenda for Group Management Team being presented bi-monthly until adequate assurance obtained.	
06 November 2025	GB25/165	<b>General Medical Council (GMC) Survey 2025 Report</b> An update regarding the GMC Survey Action Plan to be presented to the Academic Committee in March 2026	Mike Stewart	31 March 2026	Open	The results of the Annual GMC Survey were presented to the November Board meeting and it was agreed that the actions being developed should be presented to the Academic Committee as a formal update in March 2026. The item was on the agenda for the meeting on 19 March.	

# Chairmans report

**Meeting date:** Thursday, 8 January 2026

**Reporting to:** Board of Directors

**Agenda item No:** 1.6

**Report author:** Jackie White, Company Secretary

**Executive director sponsor:** Derek Bell, Chairman

**Action required:**  
Information

**Delegation status:** Jointly delegated item to UHT Board

**Previously presented to:** n/a

## UHT strategic objectives supported:

Putting patients first ☒

Creating an outstanding experience for our people ☒

Working with partners ☒

Reforming models of care ☒

Developing excellence as a learning organisation ☒

Using our resources well ☒

## CQC domain link:

Well-led

## Board assurance framework references this paper relates to:

Add in BAF reference.

## Key discussion points and matters to be escalated from the meeting

**ALERT:** Alert to the matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy.

The report provides an overview of the health and wider related issues.

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

n/a

**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

n/a

## Recommendations:

The Board of Directors are asked to note the report.

## Chairmans report

### 1. PURPOSE OF REPORT

The purpose of the report is to provide information to the Board of Directors on key local, regional and national issues.

### 2. RECOMMENDATIONS

The Board of Directors are asked to note the content of this report.

### 3. DETAIL

#### 3.1 Chairs meeting with Penny Dash

The Chairs met with Penny Dash on 11 November 2025 and we discussed a number of issues including the regional chairs appointment process, new FT freedoms and application process, governors, winter planning and planning processes including funding allocations.

#### 3.2 Veteran Aware Re-Accreditation

University Hospitals Tees was notified on 15th December 2025 of the approved joint reaccreditation as a Veteran Aware Trust (2025 - 2028). The Veterans Covenant Healthcare Alliance (VCHA) recognised the significant work undertaken across University Hospitals Tees to demonstrate the commitment to the Armed Forces Covenant.

VCHA noted the robust application and supporting evidence that helps to shape and drive forward the Veteran Aware programme. University Hospitals Tees was recognised as an exemplar of the best standards of care for the Armed Forces community and objectives were agreed to be worked towards in the next 12 months to further strengthen existing arrangements.

#### 3.3 Art Council

The James Cook and Friarage Hospitals Covid memorial art competition supported through South Tees charitable funds closed at the end of November 2025. The judging panel met on the 9 December to review ninety five pieces of artwork submitted by local schools and colleges. The panel unanimously agreed one of the submissions from Rye Hills Academy in Redcar as the outright winner with a further submission from the Northern School of Arts taking second place. The group estates team are currently working to identify areas on both the James Cook and Friarage sites to showcase the artwork prior to the formal launch on 7 April 2025 in line with world health day.

The Group hosted its first successful artwork exhibition on the evening of the 9 December 2025 in the spirituality centre at the university hospital of north tees. Teachers, parents and students from Yarm School were in attendance along with member of the group arts council and clinical staff. Twenty four pieces of artwork have now been shared across the Hospital site for six months. It is hoped this is the first collaboration with local schools across the tees valley to showcase work by our local community.



The University Hospital Tees Arts Council continues to deliver a wide range of initiatives that support staff, patients and community wellbeing through arts. The project to install artwork at Peterlee Community Hospital came to a close in November 2025 with donated reproductions from Hartlepool art gallery to showcase art by highly commended regional painter John Wilson McCracken.

Thanks to Jean McLeod for her leadership in this area.

### **3.4 UHT Strategy and Community engagement**

University Hospitals Tees and Healthwatch held a public engagement event at University Hospital of Hartlepool on December 10 2025. The event co-hosted with the independent champion for health and social care aimed to support an update to delegates about our progress to date as University Hospitals Tees, and help understand what more we can do as we work to co-design our services for the future. The event had around 30 delegates in attendance who heard from both myself and the CEO, the CEO for HealthWatch and our stroke services pathway. We are running a series of these events over the coming months to ensure we dedicate to true engagement with our communities as we evolve our services for the benefits of all of our patients and staff.

### **3.5 Corporate Trustee meetings**

The Corporate Trustee of South Tees Hospitals NHS Trust Charity and North Tees & Hartlepool NHS Trust Charity met on 10 December to receive and approve the annual report and accounts for both Charities. The Corporate Trustees were pleased with progress over the last year.

### **3.6 Nomination Committee**

The Nomination Committee met in Common for both Council of Governors on 11 December 2025 and considered the reappointment of Fay Scullion and Alison Fellows which they recommended to Council of Governors on 18 December 2025. I am pleased that the recommendations were approved.

The Nomination Committee also recommended the appointment of a new Non Executive Director with a lead for Finance which the Council of Governors also supported. We look forward to welcoming out new NED in the coming weeks.

### **3.7 Board development / seminar and task and finish group for Planning**

There has been lots of Board activities during November and December in order to sign off the first draft plan and Board assurance statements for planning this coming year. The Board established a small task and finish group made up of the Chairs of Committees, Vice Chair, and myself along with the Chief Executive, Chief Nurse, Chief Medical Officer, Chief Delivery Officer and Chief Finance Officer. This group met weekly and the outputs were shared with the full Board after each meeting. In addition the Board held a Board seminar on 4 December to consider the first draft submission of the plan and had a good debate and challenge of the submission. During November the Board met for an extra ordinary Board meeting to consider

the Continuous Improvement Business Case which it welcomed and supported. More information on this will be in the Chief Executives report.

### **3.8 Walkrounds and Christmas festivities**

I was pleased to be able to undertake a number of walkrounds in November and December and thanks to all the staff who I was able to meet with during my visits. Stacey and I attended the Friarage Carol service which was lovely and I know the Executive team also attended services across the main sites.

### **3.9 Teesside University**

Stacey Hunter and I visited Teesside University on 25 November 2025 and discussed potential opportunities for joint working and the ongoing proposals for Teesside Medical School. I am pleased to announce Eitan Brizman, Consultant Oral and Maxillofacial Surgeon at UHT who has been appointed to Teesside University to support the development of the medical School.

**Derek Bell**  
**Chairman**

# Chief Executive's Report

**Meeting date:** 8 January 2026

**Reporting to:** Board of Directors

**Agenda item No:** 1.7

**Report authors:** Stacey Hunter CEO / Abigail Smith Executive Assistant to CEO

**Executive director sponsor:** Stacey Hunter, Chief Executive Officer

**Action required:**  
Information

**Delegation status:** Jointly delegated item to UHT Board

**Previously presented to:** N/A

## UHT strategic objectives supported:

Putting patients first ☒

Creating an outstanding experience for our people ☒

Working with partners ☒

Reforming models of care ☒

Developing excellence as a learning organisation ☒

Using our resources well ☒

## CQC domain link:

Well-led

## Board assurance / risk register this paper relates to:

N/A

## Key discussion points and matters to be escalated from the meeting

**ALERT:** Alert to the matters that require the board's attention or action, e.g., non-compliance, safety or a threat to the Trust's strategy.

The Board will be aware that this last period since we met at the beginning of November has been dominated by the planning and response to Flu, winter, further resident doctor 5 day strikes and the requirement to submit a draft plan for 3 years from April 26 by 17<sup>th</sup> December 2025. This has led to an intense period for the leaders and front-line teams which they have responded to excellently albeit we have seen signs of the pressure in feedback from colleagues and the flu in our own sickness levels.

The Board will be aware of the details of our draft plan submission for both North Tees & Hartlepool NHS Foundation Trust and South Tees NHS Foundation Trust. This will be followed up by the regional team with initial meetings expected early in January prior to the final submission of the plan which is expected in February 25.

The Board should be aware that Unison have submitted a grievance in relation to terms and conditions for some colleagues in NTH Solutions. Our Chief People Officer and the Interim Managing Director for NTH Solutions met with the trade union and some of the members the week before Christmas. I will ask the CPO to provide a verbal update in our private session.

The Board will want to note that the level of Tiering South Tees is subject to in respect of the RTT interim standards has increased to Tier 1 (from the middle of Nov). This is due to ongoing concern about the numbers of patients waiting beyond 65 and 52 weeks for access to specific elective pathways. Good progress has been delivered over the last 6 weeks and I will ask the Chief Delivery Officer to provide a real time update to the Board when we meet in January.

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

Board colleagues will be aware we went to market to recruit a new permanent Managing Director for NTH Solutions in November. Unfortunately, we were not able to appoint and as such I have agreed with the current Interim that he will extend this cover until August 2026. We will look to go back out to the market in Feb/March 26.

We have reported out overall financial position at month 8 as on plan across UHT. The final 4 months of the year require ongoing focus of all key priorities within the plan to ensure we are able to deliver against our commitments. This includes RTT and Cancer whereby both trusts remain in Tiering.

Whilst we are not yet at the end of the Flu vaccination period, we remain on track to deliver the required 5% increase on overall vaccination rates for staff relative to the same period last year. At the time of writing this report the last information available was from the 19<sup>th</sup> December which indicated 44% of staff had received their vaccinations. We continue to promote and encourage all eligible to receive their vaccinations.

Following a UKAS accreditation visit to Pathology at South Tees their accreditation has been suspended pending the delivery of the recommendations UKAS have made. The revisit is expected in January. We detailed this alongside other concerns re Pathology to Board colleagues in December. We continue to provide additional oversight and support to ensure we are making progress which includes agreement to some additional capacity from both an operational management perspective and to support the change programmes.

**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

The Board will be aware that over the summer and early autumn we consulted on a new target operating model for UHT that moves us to single management and leadership teams across all of our services.

The changes were implemented in November and whilst it is still early days for the newly formed Clinical Service Units overall the transition to the new arrangements has gone well. I would like to record my thanks to the Executive team who have led this work over the last 6 months and ensured we are structured to deliver the priorities in the UHT strategy.

### Recommendations:

The Board of Directors are asked to note the report.

# Chief Executive's Report

## 1. Introduction

This report provides information to the Board of Directors on key national, regional and local issues and is linked to the strategic objectives of the Trust. It covers the period since our last Board meeting on 6 November 2025.

## 2. National Priorities

### 2.1. Planning 2026/27

The draft submission plan was signed off and submitted on 17 December. The plan is designed to be affordable, realistic, and deliverable, with an appropriate level of stretch. Governance has been supported through regular Board sessions and weekly planning groups, alongside internal sense-checking processes.

The Board are aware that we have not agreed to the control total for South Tees which would have required delivery of a CIP in excess of 10%. There isn't a credible path to this in one year and I have written to the regional director indicating this and outlining a high-level opportunity to deliver financial balance for South Tees over 3 years (this still needs more work and Board agreement).

For both trusts we have agreed a significant and stretching efficiency programme of £85m which is circa 5.6% which we are progressing with the Clinical Service Units and the Corporate teams. This needs to progress with less reliance on non-recurrent schemes and triangulation with the commissioners plans prior to the final submission in February 26.

From a performance perspective we have indicated what we are confident we can deliver albeit this leaves gaps against some of the specific requirements in respect of the cancer standards and the improvements needed for RTT. We are continuing to explore with the relevant clinical teams and across NENC whether we can make any further improvements.

### 2.2. National Neighbourhood Implementation Programme

#### Stockton on Tees Neighbourhood Health Pilot Update;

Stockton is one of 43 areas chosen through a national process to pilot neighbourhood health. Pilot sites were asked to focus on residents in their population with 3 or more long term health conditions and rising health risk. The cohort agreed for the pilot is residents within the Stockton central and Portrack areas aged between 50 and 64 with three or more health conditions. These communities have the greatest inequalities and lowest healthy life expectancy in the borough.

A successful development workshop held on 18 November brought together 50 individuals with insight of the pilot are and the cohort. The workshop enabled the agreement of principles, practicalities and the environment needed to establish a proactive approach for neighbourhood health. A key output was the design of a new

integrated multi-agency team to wrap around the cohort in scope. There is agreement to establish the integrated multi-disciplinary neighbourhood team in January to work with the first 20 individuals from the cohort. The proactive approach includes case finding, structured interviews, development of support interventions and care planning. Once established the aim is to embed the approach across the remaining cohort.

As part of the programme a national coach has been allocated to Stockton to provide support along with access to national resources and opportunities to be an incubation site for trialing national tools and pathway developments. A steering group is established with key partners, primary care, local authority, University Hospitals Tees, Tees Esk and Wear Valleys NHS Trust and the voluntary, community and social enterprise sector. The steering group has established workstreams covering data and insights, model design, co-production and communication to support the work.

### **2.3. National Oversight Framework – Quarter 2 2025/26 Update**

Following the introduction of the new NHS Oversight Framework in June 2025, we confirmed Quarter 1 ratings in September. For Quarter 2, North Tees and Hartlepool NHS Foundation Trust has achieved an average metric score of 2.06 (on a scale of 1–4, where lower indicates stronger performance), improving from segment 2 to segment 1. The Trust now ranks 20th out of 134 acute NHS providers nationally, up from 22nd in Quarter 1. It should be noted that the financial override rule applies to organisations in deficit or receiving deficit support, limiting segmentation to no better than 3.

Under the new NHS Oversight Framework, South Tees Hospitals NHS Foundation Trust has maintained an average metric score of 2.50 (scale 1–4, where lower indicates stronger performance), remaining in segment 3 as in Quarter 1. The Trust's national ranking among acute NHS providers is now 86th out of 134, compared to 82nd in Quarter 1. The financial override rule continues to apply for organisations in deficit or receiving deficit support, limiting segmentation to no better than 3.

### **2.4. Advanced FT Process**

In November 2025 NHS England announced a consultation on a programme through which – subject to meeting several criteria - NHS foundation trusts and NHS trusts can apply to become Advanced Foundation Trusts (AFT). This will give them greater autonomy from central regulation and operational accountability; and greater financial freedoms. Eligible trusts will need to be in the top 2 segments of the NHS Oversight Framework for 2 successive quarters; have “good” or “outstanding” well-led assessments from CQC and have at least an amber-green Provider Capability score. There is also emphasis on how well a trust works with other organisations and within its communities and its plans to deliver the three shifts in the 10 Year Health Plan, on both of which UHT will be well-positioned.

The intention is that there will be several waves of applications starting in 2026 through which all trusts become AFTs by 2035, which if fully enacted will be a significant shift away from national and regional control in line with the reductions proposed in the size of those organisations. We are investigating the potential options for UHT in light of this proposal so that we are well-positioned to take advantage of opportunities.



## **2.5. Integrated Health Organisation Contracts**

Advanced Foundation Trust status is also a gateway towards organisations applying to hold Integrated Health Organisation (IHO) contracts, through which providers can apply to take on a wider leadership role in communities. IHOs should not be thought of as separate organisations; they are relationships in which the contract holder (an AFT) will be responsible for the whole health budget for a defined local population and work alongside other providers to deliver new models of neighbourhood care in order to improve outcomes for that population. As well as being a high performing trust, a successful applicant will need to demonstrate the ability to take on leadership to improve population health and leadership across different organisations. Those organisations initially designated as IHOs in 2026 will help to co-produce the model with the first contracts due to be awarded in 2027. As with the AFT proposals, we are investigating the options available to UHT here.

## **2.6. Industrial action**

The BMA resident doctors undertook further strike action from 7am on Wednesday 17 December until 7am on Monday 22 December 2025. Cover arrangements during this period were effective, supported by strong cross-site attendance at regular touchpoint meetings. Clinically led plans were implemented across the group to ensure safe service delivery continued and any reduction in clinical activity was kept to a minimum.

Despite the challenges, the impact was well managed. A total of 93 outpatient appointments and 13 surgical procedures at North Tees, and 232 outpatient appointments and 41 surgical procedures at South Tees, were deferred to maintain safety. Overall, disruption across both sites was minimal, reflecting robust planning and collaboration. This will have a significant impact on our finances as whilst we were able to secure appropriate cover the Board will recognise that this is expensive.

I would like to record my thanks to all of our clinical colleagues who agreed to provide cover. These strikes have gone on for an extended period of time and many of our consultants have had to change and disrupt their personal plans multiple times over this last 2 years.

## **2.7. End of the Year Message from Sir Jim Mackey**

In his end-of-year speech, Sir Jim Mackey, chief executive of NHS England, thanked staff across the NHS for their dedication during a year marked by both progress and challenge. Reflecting on his first months in the role since April, he praised the commitment, compassion, and professionalism shown by colleagues nationwide.

He highlighted significant achievements, including record levels of elective and cancer care over the summer, reductions in waiting times, and expanded access in primary care, with GP teams delivering more appointments than ever and pharmacies playing a greater role. He noted that these improvements had contributed to rising public satisfaction with primary care.

Acknowledging the difficult decisions and changes faced by staff, Jim said the progress made demonstrated what the NHS could achieve when working together. He expressed



confidence that this collective effort provided a strong foundation for the year ahead and thanked those working over the festive period.

### **3. Regional Update**

#### **3.1. NENC Provider Collaborative Leadership Board (PLB)**

PLB received an update on the Job Evaluation work that is focused on nurses in respect of Band 5 to Band 6 revisions and with Sharon Harper and Nic Morrow presenting the work completed to date. It was noted that the financial risk figures in the paper were likely underestimated and needed further work. Our Chief People Officer is linked into this work and will provide the Board with an update when there are clear recommendations.

Patrick Garner and Janine Cunliffe outlined progress on Surgical Hubs. After significant discussion, PLB supported the recommendations to maintain the community of practice, strengthen mutual support (with a clear distinction from mutual aid), and reassess the system resource model in 12–18 months.

The programme leadership and Operating Model arrangements were considered, with agreement on the need for a clear operating model for 2026/27 that reflects evolving ICB and regional positions. The ICB released their consultation on their revised operating model in December which will help PLC understand what is continuing and stopping to inform our priorities.

Further updates included progress on the infrastructure strategy refresh, MMC developments following Merit entering administration with an alternative contractor now in place, and planning positions, where consistency of approach was emphasised.

It was agreed to stand down the PLB meeting scheduled for 2 January 2026 and arrange a dedicated face-to-face development session.

#### **3.2. CEO & CPO Joint Event – Target Operating Model Session**

Myself and the Deputy Director of Education and Learning attended the CEO and CPO joint event on 12 December in Newcastle hosted by NENC Provider Collaborative.

This joint engagement session was designed to provide strategic updates and facilitate discussion on the development and implementation of the NHS England Transforming People Services Target Operating Model (TOM) within the North East and North Cumbria (NENC) region. The TOM aimed to deliver a digitally enabled, standardised, and agile People Services function aligned with the NHS 10-Year Health Plan.

Tom Simons NHS E Chief People Officer was in attendance at the session and shared progress and insights from the TOM programme, including baseline analysis, strategic workforce planning, and the preferred operating model design. It explored the Agile Delivery-Led Model as the recommended archetype for future People Services and discussed the implications for regional, system, and local delivery, governance, funding, and change management. It also enabled CEOs and CPOs to provide feedback and shape the next phase of design and implementation.

This was a useful session and we should understand more from NHS E which regions

they will go live with in the first wave in Feb 2026.

It is clear that there is a need for change and to use digital and AI as the front door for the standard information colleagues seek from our HR teams.

### **3.3. NENC Planned Care Board**

Outpatient Follow-Up Recommendations; Following on from the CEO meeting with the ICB on 6 October, a set of recommendations has been developed in collaboration with clinical leads from the ICB, clinical alliances, and Medical Directors. These recommendations have been endorsed through the Outpatient Transformation Group, and approval is now being sought to present them to PLB in January. Nicola Kenny will take PCB through the work and the proposed recommendations. This is focused on 3 key specialities with the greatest opportunities for change and aligned to the benchmarking information we have for NENC.

Further to this meeting Prof Briggs and the national GIRFT team have released some standard outpatient follow up pathways for a number of specialities. This is helpful and will need to be implemented to deliver the reduction of follow up appointments needed to increase the number of first outpatient appointments and improve RTT.

### **3.4. Next steps of the Strategy with the ICB SCAG**

The Board agreed our UHT Strategy in May 2025. Where the clinical changes it envisages impact significant numbers of people, we need to follow a statutory change process with the ICB and NHS England with defined gateways and checkpoints. That process ensures there is proper consideration of clinical and other benefits and that the views of key stakeholders including our local communities and partner organisations are incorporated. We have now set off that formal process through the NENC ICB's Strategic Change Advisory Group and attendance at scrutiny meetings in Tees Valley and North Yorkshire.

We have had positive feedback to the overall model we are proposing, with a clear recognition that joining up services across North Tees and Hartlepool and South Tees will benefit our population; as well as some helpful feedback on the importance of having a robust process with full engagement. We will continue this process through 2026 and in due course we expect to be carrying out a formal consultation on specific changes.

### **3.5. Locum Consultant Appointments**

Following a clear directive from NHSE, all trusts have been asked to review locum consultant appointments, particularly those exceeding 12 months without progression toward specialist registration. Early learning from CDDFT and the findings in the paper highlight that several specialty areas continue to face significant recruitment challenges, resulting in long-term locum arrangements. The review identified five individuals on permanent contracts for over five years, which confers full employment rights.

The Executive Team agreed to undertake a detailed review of each individual case and complete an impact analysis, with the aim of rectifying the situation. This will require HR support to manage transitions appropriately. While the risks have been assessed, the

team concluded that taking proactive steps to align with NHS guidance is the right course of action. Further work will focus on strengthening oversight and supporting locum consultants to progress toward specialist registration through the portfolio pathway.

The CMO can provide any further update in our private session in January 26.

### **3.6. True for Us Test – CDDFT governance report**

I have agreed with the Chair that we will review the CDDFT governance report which was shared in November and do a True for Us analysis. This is to ensure we benefit from any learning that has arisen due to failures in governance and to provide assurance back to the Board of our findings. We do not have reason to believe that this is the case for UHT but we are keen to be prudent given the nature of the issues.

This should be ready to report to the Board in February 26. If we discover anything significant during the review this will be escalated to the Board in a timely manner.

## **4. Local update**

### **4.1. Quality Performance Reviews**

The first round of meetings took place in December and was well received, overall coming together with the right level of escalation.

The general consensus was that the data needed to be more supportive and actionable. It was suggested that the team work closely with the BI team to review current metrics and determine what would be most helpful. There was also an emphasis on ensuring that services met expected standards, using Model Hospital as a guide for best practice. In terms of strategy development, the group agreed to create clear and actionable plans based on the direction provided by the Board. There was a discussion regarding reproductive medicine and its current position and future approach.

Finance and Cost Improvement Plans (CIP) were also discussed, with some variation noted in the level of understanding among attendees. A few inconsistencies were identified that would need to be addressed moving forward.

### **4.2. Performance Against Plan**

In line with national oversight frameworks, both NTHFT and STHFT remain under Tier 2 regional monitoring for cancer performance, while STHFT has been escalated to be monitored under Tier 1 national oversight for elective RTT performance, specifically regarding patients waiting beyond 52 and 65 weeks. Following recent organisational changes, oversight of these areas has been consolidated into a single group-wide framework.

Cancer performance at STHFT has shown positive improvement throughout the financial year, broadly delivering in line with or above the agreed plan. Elective performance at STHFT has improved significantly over the past three months, with both overall waiting list size and the number of patients waiting the longest now at their lowest levels in more than two years.

### **4.3. Flu Campaign**

Flu cases have continued to rise, and admissions to our hospitals remained high. As colleagues were aware, masks were reintroduced in several areas across University Hospitals Tees as a cautionary measure.

The campaign is focused on how it is everyone's responsibility to protect our vulnerable patients, our colleagues, and our loved ones, highlighting getting the flu vaccination is the most effective way to protect people. Flu Champions are still continuing walkabouts, drop-in clinics are ongoing, and staff can book appointments via our Occupational Health team.

### **4.4. NTH Solutions LLP**

Work continues to move forward on the target operating model for NTH Solutions. Following Board approval in November on the way forward. Work has commenced on the review of the key governance documents including the Members agreement and matters reserved which should be concluded in early January. The recruitment process for the new Managing Director was undertaken in November but unfortunately no appointment was made. The post will be readvertised in the new year with support externally provided. Management responses have been provided to the audit reports and work has commenced on implementing the recommendations.

### **4.5. Healthwatch Community Engagement Session**

University Hospitals Tees, in partnership with Healthwatch, held a public engagement event at University Hospital of Hartlepool on 10 December 2025. Co-hosted with the independent champion for health and social care, the event provided an update on progress to date as University Hospitals Tees and explored how we can further co-design services for the future. Around 30 delegates attended and heard from both myself and contributions from the Healthwatch CEO and our stroke services pathway.

This event marks the start of a series of engagement sessions planned over the coming months to ensure meaningful dialogue with our communities as we evolve services for the benefit of patients and staff. These sessions will play a key role in shaping future models of care and reinforcing our commitment to transparency and collaboration.

## **5. In other news!**

### **5.1. Volunteer Team North Tees and Hartlepool FT**

Congratulations to our volunteer team at the University Hospital of North Tees who were recognised for their contribution to improving the experiences of people and patients at the Community Stars Awards event held by Stockton-on-Tees Borough Council recently.

Volunteers Alison McNab, Mike Walmsley, Leah Wood and Paul Musson attended the special event where they gratefully accepted the award on behalf of the volunteer team.

## **5.2. Robotic Surgery University Hospital of North Tees**

Consultant surgeon Talvinder Gill has now carried out operations on more than 200 patients at the University Hospital of North Tees using the Da Vinci robot, which has been used more than 700 times in total. It has transformed how the team works, improving patient outcomes and recovery times and proving to be a vital recruitment tool for the service.

## **5.3. Maternity Support Worker – Friarage Hospital Northallerton**

Becky Eason, a maternity support worker at Friarage Hospital, was awarded a Chief Midwifery Officer (CMidO) Maternity Support Worker Award for her outstanding contribution to maternity services in North Yorkshire. The awards recognise midwives and maternity support workers across England who demonstrate excellence, innovation, and dedication to patient care.

## **5.4. Parkinson's Advanced Symptoms Unit (PASU)**

2025 marked a proud milestone for the Parkinson's Advanced Symptoms Unit (PASU) as it celebrated 10 years of supporting people living with Parkinson's and their families. Since opening in 2015 at Redcar Primary Care Hospital, the service has grown into an award-winning, highly regarded model of care, helping around 3,000 patients navigate the most complex stages of their condition.

## **5.5. Yarm School Art Work**

Art created by Yarm School pupils is helping to brighten the experience of patients, visitors and staff at the University Hospital of North Tees, as pieces ranging from expressive paintings to mixed-media collages are installed across the site. It is part of a project recognising how art can offer comfort and support wellbeing in our hospitals.

## **5.6. Walkarounds**

I joined Michelle Watson on a visit to the newly opened Care Coordination Centre recently, staff were welcoming and informative. Paul Williams has advised early data is positive, with 209 people attending in the first 14 days, mostly older individuals. Of this number, 77 did not require a hospital admission, with most needing a community response and some receiving advice and guidance. There was evidence of strong collaboration between community teams, which was very encouraging.

I was pleased to have undertaken a number of walkarounds in November and December and would like to thank all the staff I met during these visits. The Chair and I attended the Friarage Carol Service, which was a lovely occasion, and I know the Executive Team also attended services across the main sites.

## **6. Conclusion**

The Board is asked to note the contents of this report.

# Chair's Log of the Management Team Meeting on 23 October 2025

**Meeting date:** 8 January 2026

**Reporting to:** Board of Directors

**Agenda item No:** 1.8

**Report author:** Stacey Hunter, CEO & Abigail Smith, Executive Assistant to the CEO and Chair

**Executive director sponsor:** Stacey Hunter, Chief Executive

**Action required:** Information

**Delegation status:** Jointly delegated item to UHT Board

**Previously presented to:** N/A

## UHT strategic objectives supported:

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Reforming models of care ☒

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Using our resources well ☒

## CQC domain link:

Well-led

## Board assurance / risk register this paper relates to:

All Board Assurance Framework domains.

## Key discussion points and matters to be escalated from the meeting

**ALERT:** Alert to the matters that require the board's attention or action, e.g., non-compliance, safety or a threat to the Trust's strategy.

The Board should be aware it is highly unlikely that STHFT will deliver the requirement to eliminate all waits of over 65 weeks for the deadline of the 21<sup>st</sup> Dec 2025. This has been shared with NHS England and focus on a weekly review of the performance versus the trajectory is in place.

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

The ongoing work to recover and sustain cancer standards is progressing. There remain challenges in specific areas of the pathway which need ongoing focus and resolution.

**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

The Executive team have planned to new arrangements for the new structure in detail. This includes a new performance management framework, clarity re reporting arrangements and a transition plan. We are confident that we can manage this significant set of leadership changes without significant or material adverse impact in the short term.

The site leadership teams and corporate teams provided comprehensive updates against their priorities which are highlighted in the report.



## **North Tees and Hartlepool NHS FT**

The Breast Screening Quality Assurance Visit took place on 9 October, and high-level feedback has been provided. The report outlines the key areas that were raised during the visit. The team is currently developing an action plan, which will be refined further once the official report is received. It is anticipated that there will be a particular focus on improving team dynamics and fostering more cohesive working practices. Organisational Development is supporting the department in this process; however, it is recognised that additional work will be required to achieve the desired outcomes. The outputs of this work should be monitored via the quality committee.

The Ward Assurance Framework is being developed in alignment with the CQC readiness framework and will form a key component of the Accreditation Programme. A pilot is currently underway in one Community Service, the Emergency Assessment Unit, and Ward 31. All three areas are progressing through the SAFE domain with support from the Quality, Safety and Innovation Leads. The fourth cycle of quality audits is now in progress and has moved into early analytical reporting, enabling sharper insights and supporting more targeted improvement actions.

## **South Tees Hospitals NHS FT**

Performance against the 65-week wait target remains off track, with increasing pressure observed primarily in Urology and Chronic Pain during the summer months. The forecast at the end of October is a challenging 90 patients, with a continued focus on eliminating all 65-week waiters by Christmas. There is a material risk that the deadline of the 21<sup>st</sup> Dec 2025 to clear all 65-week waiters will be missed. This has been communicated to NHS England via the regional team.

The Cancer 31-day standard has shown variability since January 2025 and is now demonstrating a sustained deterioration below previous average performance. This decline is largely driven by increasing radiotherapy waits for subsequent treatments. In July, 31-day performance was stable at 82.1%, compared to a planned level of 91.1% and the national standard of 96%.

The Cancer 62-day standard remains a strategic risk within the Board Assurance Framework, as the Trust continues to benchmark poorly against the national position. Changes to the prostate pathway represent the most significant opportunity to improve performance, and initial results from July treatment data indicate progress, with the Trust exceeding its recovery trajectory. However, sustained improvement will require delivery across other pathways to consistently achieve performance above 70%.

## **SOC Update**

The Strategic Outline Case (SOC) has been developed in accordance with HM Treasury Green Book guidance and is aligned with the New Hospital Programme projects currently in progress. This represents a key milestone in advancing the UHT estates redevelopment programme, while acknowledging that further work is required, including engagement with



key internal and external stakeholders. Further work is continuing with the SOC due to be shared and discussed at the Board in November 25.

## **PFI Exit / Hand Back**

Several potential estates decant options have been scoped to create additional space within the James Cook site and enable ward decants for lifecycle works and other priority projects. The current report does not take into account staffing or revenue implications. Each option carries a capital requirement that will need to be incorporated into the STHFT capital plan going forward. The proposed programme, if approved, will enable the Trust to meet the requirements of the PFI lifecycle replacement ahead of the hand-back deadline in 2033. The trust has engaged with a specialist company who are supporting in excess of 50 trusts in a similar position. They are reviewing all of the appropriate and necessary information and will share their review and recommendations with the Board at their development session in December. The Board will then need to take some explicit action to secure the capacity and capabilities needed to deal with the day-to-day PFI work (Business as Usual) and the 7-year period running to the exit from the PFI to minimise the risks to the trust.

## **Accountability Framework and Clinical Service Unit Transition Plans**

New UHT management arrangements will be implemented from 1 November 2025, establishing 10 Clinical Support Units (CSUs) operating horizontally across UHT to deliver services to the population we serve. A Draft Accountability Framework has been developed with input from colleagues across UHT and presented twice to the Executive Team and at a Board Seminar on 2 October 2025. Feedback from these sessions has been incorporated into the attached Accountability Framework, which now requires approval. This framework will provide clarity on governance arrangements and ensure roles and responsibilities are clearly understood. Having an Accountability Framework is essential as we transition to the new CSU operating model. More importantly, it must be adopted and consistently applied by each CSU to ensure effective implementation.

In addition to the Draft Accountability Framework, it is essential that a robust transition plan is in place to ensure UHT and the CSUs can function and operate effectively under the new model. The approved transition plan will be reviewed in March 2026, alongside the Accountability Framework, to assess the effectiveness of the new arrangements and compliance. This review is expected to lead to amendments to the operating plan, informed by lessons learned from implementing the new model and feedback from UHT staff.

## **Strategy Update**

Workstreams are being supported to refresh milestones in line with UHT Strategy priorities. No new strategic risks have been identified during the reporting period. The Group Strategy Programme Board continues to meet monthly, successfully addressing issues raised through workstreams, with risks actively monitored and mitigated. Positive assurance has been received regarding staff engagement, supported by October strategy roadshows and ongoing communication activity.

## Recommendations:

The Board of Directors are asked to receive the report; acknowledge the monthly meeting of the Management Team meeting and the oversight and assurance it provides to the ExecutiveTeam for each Trust.



# Chair's Log of UHT Management Team on 20 November 2025

**Meeting date:** 8 January 2025

**Reporting to:** Board of Directors

**Agenda item No:** 1.8.1

**Report author:** Stacey Hunter, CEO and Abi Smith EA to CEO

**Executive director sponsor:** Stacey Hunter, CEO

**Action required:** Information

**Delegation status:** Jointly delegated item to UHT Board

**Previously presented to:** n/a

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## CQC domain link:

Select:

Well-led

## Board assurance / risk register this paper relates to:

## Key discussion points and matters to be escalated from the meeting

**ALERT:** Alert to the matters that require the board's attention or action, e.g., non-compliance, safety or a threat to the Trust's strategy.

Nothing to alert.

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

I would like to advise the Board that this was the first meeting under the new format and title of the UHT Management Team Meeting, with Clinical Service Units (CSUs) in attendance. This new approach is designed to strengthen collaboration, enhance clinical input to key discussions and decisions and ensure alignment across all operational and strategic priorities. As it was the first meeting and early in the transition to the new arrangements the agenda was planned to reflect this and ensure the discussions were inclusive.

**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

Nothing new to escalate to the Board re performance or finance for 25/26. Good progress is being made with the 65-week waiters albeit we will not be in a position to hit the clearance of all waiters by Dec 21<sup>st</sup> 25. This has been alerted to the Board in October.

## 2026/27 MTFP Planning Update

The group had discussions around NHSE Planning Guidance issued in October and November 2025, outlining Trust Board responsibilities, Board Assurance Statements for the first submission, the submission process and timeline, and key performance, finance, and productivity targets. The discussion also covered the underlying financial position, deficit improvement limits, and restrictions on agency and bank usage were covered in detail to ensure the new CSU Service Directors (or their representatives) had an overview of the UHT position.

### CSU Updates

**Matt Clarke** provided an update on the 65-week cancer target, confirming that significant work is underway to ensure urology patients are treated within the required timeframe. However, concerns were raised regarding delays caused by unsigned Service Line Agreements, which are holding up progress. Two agreements remain outstanding for Nuffield in Stockton and Woodlands, and CH will review the current status of these agreements. (Please note these were signed and didn't hold up any patients receiving care in the IS where that has been agreed)

**Neil Atkinson** highlighted the risk that the organisation may move from Tier 2 to Tier 1, which would result in increased scrutiny from NHSE. RTT and Cancer Oversight Board meetings are scheduled and will provide a focused approach to addressing long waits for both cancer and routine care.

There were also some discussions around the ongoing work across the ICB region and it was noted variability in input to these efforts. There is a strong focus on planned care, with commissioners expected to take a more active role in demand management. Growth in elective referrals is being observed across all trusts, particularly at South Tees and Newcastle which is challenging in respect of managing the additional demand within the waiting time standards.

### Executive Updates

**The Chief Delivery Officer** provided an update on recent industrial action by resident doctors, expressing thanks to all teams for their support and collaboration during this period. Planning was carried out on a site-by-site basis, and feedback is welcomed to inform future approaches. Reported cancellations were as follows: North Tees experienced 97 outpatient appointment cancellations and 13 theatre cases, while South Tees reported 359 outpatient cancellations, including 17 cancer cases, all of which have been rebooked. In addition, 34-day case and inpatient procedures were cancelled at South Tees, none of which were cancer-related or exceeded 52-week waits.

On vacancy control, communications will be issued outlining the expectation that each CSU establishes a vacancy control panel to review all clinical roles, subject to certain caveats. Any roles outside of establishment should be escalated to the Executive Vacancy Control Panel (VCP). Furthermore, all non-clinical or corporate roles must also be escalated to the

Executive VCP for review.

**The Chief Information Officer** provided an update on digital support for Clinical Service Units (CSUs). Each CSU is allocated a named digital lead to work collaboratively on priorities and requirements, a named information governance lead to help embed core governance standards, and an Information Asset Owner for all digital systems in use. This will enable the completion of a robust group-wide asset register.

In addition, a paper on Shadow IT will be presented at the next Board meeting to address risks and ensure compliance with governance requirements.

**The Director of Estates** advised that a risk-based approach will be adopted when replacing medical equipment. A list has already been established from a medical engineering perspective; however, a corresponding risk list from each CSU is required to ensure prioritisation aligns with clinical and operational needs.

**The Chief People Officer** referred to the Flu Campaign, and there was a clear ask for all senior managers to actively encourage staff to take up the opportunity of being vaccinated against this year's flu variant. This remains a key measure to protect staff and patients during the winter period.

**The Director of Communications** confirmed that each Clinical Service Unit (CSU) has been allocated a dedicated Communications Partner to ensure a direct line of contact and improved engagement across all areas.

**The Director of Risk, Assurance and Compliance** provided an update on risk management, noting that all operational risk reports should be reviewed as some risks are currently not compliant with the organisation's risk management policy. SI and the team have offered support to improve compliance and strengthen processes across all areas.

**The Director of Corporate Affairs and Company Secretary** confirmed that a joint board session will take place at the Friarage Hospital, Northallerton, on 8 January 2026. Invitations will be sent to CSU Tris and Quads. The purpose of the meeting is to review the past year, with each CSU group asked to prepare a standard presentation of 5–6 slides showcasing key highlights and lowlights.

**The Chief Nursing Officer** provided an update on professional standards, confirming that a listening exercise is underway for staff within the new CSUs. The exercise places emphasis on reinforcing professional standards and behaviours within clinical areas, and the importance of maintaining these standards was highlighted during discussions.

In relation to patient experience, and in line with planning guidance, the ICB has requested that patient experience be measured from a waiting-time perspective starting in March. Work is required to determine which areas should be surveyed and reviewed to meet this requirement.

Concerns were also raised regarding delays in signing off patient complaints, particularly at South Tees. Clinicians are asked to support and ensure complaints are completed and signed off in a timely manner. Work is underway to adopt a single approach across both trusts to streamline processes. SH reminded staff to be mindful of the language used in complaint

response letters to maintain professionalism and clarity.

**The Chief Strategy Officer and Deputy Chief Executive Officer** confirmed that each CSU is expected to provide a formal response to the UHT strategy following the recent launch event. The strategy team will provide support to CSUs in completing this work to ensure alignment with organisational priorities.

### Recommendations:

The Board of Directors are asked to receive the report; acknowledge the monthly meeting of the Management Team meeting and the oversight and assurance it provides to the ExecutiveTeam for each Trust.

# UHT Strategy Update

**Meeting date:** 8 January 2026

**Reporting to:** Board of Directors

**Agenda item No:** 1.9

**Report authors:** Dawn Blenkin- Strategy Programme Manager & James Bromiley- Associate Director of Group Development

**Executive director sponsor:** Matt Neligan, Deputy Chief Executive Officer and Chief Strategy Officer

**Action required:** To note and discuss any specific items as required  
**Assurance**

**Delegation status:** Jointly delegated item to UHT Board

**Previously presented to:** N/A

## UHT strategic objectives supported:

Putting patients first ☒

Creating an outstanding experience for our people ☒

Working with partners ☒

Reforming models of care ☒

Developing excellence as a learning organisation ☒

Using our resources well ☒

## CQC domain link:

Well-led

## Board assurance / risk register this paper relates to

N/A



## Key discussion points and matters to be escalated from the meeting

**ALERT:** Alert to the matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy.

N/A

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

Delivery of the priorities in the UHT strategy "Caring Better Together" continues at pace. Clinical Strategy Units are now in place and are developing their responses to the UHT strategy, building on the work of the former Clinical Boards and with responsibility for delivery of clinical change now owned by the CSUs. Progress on delivery against milestones continues to be reported to the Group Strategy Programme Board for ongoing assurance.

No new strategic risks have been identified during the reporting period. Existing risks continue to be actively monitored through established programme governance arrangements.

**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

This report provides assurance that the UHT Strategy programme is being delivered in line with agreed priorities, supported by effective governance and active risk management.

## Recommendations:

That the Board of Directors notes the summary strategy update as provided and offers feedback to inform the ongoing delivery and assurance of UHT Strategy.

## Strategy Update

### 1. PURPOSE OF REPORT

The purpose of the report is to provide the Board with a concise update on progress in delivering the UHT Strategy, highlight key areas of development since the last report, and offer assurance on governance, planning alignment, and system engagement. The report focuses on headline progress and key enablers, with detailed delivery reporting continuing through the UHT Strategy Programme Board.

### 2. BACKGROUND

The [UHT Strategy](#) was agreed by the Board in May 2025 and sets the direction for our services for the next 5-10 years. Delivery continues to be tracked and supported through an established programme structure, with the Group Strategy Programme Board (GSPB) providing oversight of delivery, risks, interdependencies, and escalations. As delivery has progressed, the focus has widened to integrated planning, assurance, and embedding sustainable ways of working across the organisation.

Since the previous update, significant progress has been made in establishing the Clinical Service Units (CSUs), strengthening system engagement on service change, and investing in core enablers such as continuous improvement capability and neighbourhood health models.

### 3. DETAIL

#### Strategy programme: headline progress and governance

Delivery of the UHT Strategy continues to progress as planned, with activity embedded across programme workstreams, Clinical Service Units (CSUs) and corporate functions.

Some key milestones since the last update:

**Clinical services transformation:** the implementation of the clinical strategy is at the core of the UHT strategy. In community services the care coordination centre pilot has been up and running since 8 November and has been successfully diverting potential patients with 130 admissions avoided up to 15 December. Business cases for horizontal integration pilots are in the final stages of development in reproductive medicine, preassessment and stroke. Other horizontal integration pilot approaches in urology and cardiology are to be finalised by new CSU leadership teams (see below).

**Estates:** the Strategic Outline Case for the redevelopment of the UHT estate is in final revision. This aims to support the reprovision of the University Hospital of North Tees as part of an integrated case for the wider estate across community and acute services. It considers options that achieve the UHT strategic ambition for an acute generalist and an acute specialist hospital and retains the most radical option of a single acute hospital for the UHT footprint. This will be taken forward through ICB and NHS England approval processes to begin the multi-year process of securing capital funding and strategic planning for our future estate.

**Digital:** digital systems across the group are being aligned, with the development of a roadmap for aligning digital infrastructure and rationalisation of contracts planned for March 2026 and the movement to a single active directory by summer 2026. The first draft outline business case (OBC) for the single electronic patient record (EPR) is in the final stages of development, aiming for full approval by July 2026.

## **CSU strategic plans**

CSUs and clinical directorates are now established, with their new leadership teams in place with responsibility for leadership of services across UHT. Each CSU is developing integrated strategic plans for the development of their services over the next one, three and five years that respond directly to the UHT strategy and build on the work of the previous Clinical Boards. These plans are being developed in close alignment with the organisational planning processes, ensuring a single coherent approach to strategy, planning, and delivery. CSU strategic plans are expected to be finalised by March 2026, with milestones providing early visibility of direction, priorities, and emerging risks.

We are in the process of appointing cross-cutting strategic clinical leads in the following areas: cancer, critical care, palliative and end of life care, children and young people, major trauma, and rehabilitation. These leaders will have responsibility for developing the group-wide strategy in their thematic area that will be embedded through each CSU.

## **Continuous Improvement Operating Model**

A strategic improvement partner has been appointed to support the development and embedding of a UHT-wide Continuous Improvement (CI) operating model. This represents a significant organisational investment and is a core enabler of delivering the UHT strategy at pace. The new approach to improvement will address fragmentation between strategic transformation, major operational improvement programmes, and continuous quality improvement by bringing these into a single, coherent improvement framework. The external partnership is expected to run for up to 15 months with a clear handover to an established internal resource in Quarter 1 of 2027.

The operating model will align strategic priorities with day-to-day improvement activity, providing consistent leadership behaviours, governance and frontline capability across UHT. It will support delivery of quality, productivity and financial sustainability objectives, including reducing unwarranted variation, improving flow and utilisation, and strengthening grip on delivery. A core focus of the approach is capability building and sustainability. The programme will embed a common improvement framework, supported by leadership development coaching and structured knowledge transfer, ensuring that improvement becomes part of how UHT operates rather than a time-limited initiative. This will enable UHT to build internal capacity to lead and sustain improvement independently over time, reducing reliance on external support while maintaining strong governance and benefits realisation.

## **Service Change Assurance Process**

Following Board approval of the Caring Better Together UHT strategy in May 2025, outlines of proposed future service changes arising from the strategy have been progressed through the appropriate statutory change processes. Plans have been presented to the ICB Service

Change Advisory Group (SCAG) and are now progressing through NHS England assurance, with a return to the ICB Executive planned for March 2026. Engagement with the North East and Yorkshire Clinical Senate is underway, which will ensure external clinical input throughout this process.

Engagement with local democratic processes and political leadership is happening through regular briefings to MPs and through the formal mechanisms in Overview and Scrutiny meetings in Tees Valley and North Yorkshire. Members of the scrutiny committees have been supportive of the overall direction and have recognised the population benefits of greater service integration across North Tees and Hartlepool and South Tees Hospitals, while emphasising the importance of robust engagement and detailed assurance ahead of any future decisions. The organisation will continue to progress this through this formal change process through 2026, with a statutory public consultation on specific service changes expected in due course where required and agreed.

## Neighbourhood Health

Stockton-on-Tees has been selected as one of the first 43 Wave 1 sites as part of the National Neighbourhood Health Implementation Programme (NNHIP). The Stockton team consists of a range of partner organisations including UHT, primary care, social care and wider local authority services, people from the local community and people with lived experience. The team joined the NNHIP North Regional Learning Event on 22 October 2025 and contributed to a range of catalyst sessions, cohort collaborations and peer discussions to bring the “All Teach – All Learn” ethos of the workshop to life and support the spreading of good practice. This is part of a broader approach taken by the NNHIP to identify a target group for all NNHIP Places to prioritise adults with multiple long-term conditions (LTCs) - or one LTC and identified as being at immediate or high risk of hospital admission - and to then assess its effectiveness, and concentrate its learning efforts, on the experience and outcomes of this group.

The Stockton application covers the whole borough but with initial focus testing in one neighbourhood; Central Stockton and Portrack, which covers the most deprived part of Stockton-on-Tees and with the poorest outcomes. The neighbourhood aligns with that of Government’s recently announced Neighbourhood Trailblazer area and the Tees Valley Care and Health Innovation Zone. This will enable us to align activity (including housing, homeless support, community safety, employment, and skills) and maximise our collective neighbourhood-based impact.

The proposed approach in this Stockton neighbourhood will build on existing foundations but will test new ways of working, focussing on early intervention and provision of a more holistic, system-wide approach to meeting the needs of the local community and to deliver on the ambitions of the NNHIP. In November, the Stockton team hosted an event to engage with partners and professionals from health, social care and the VCSE sector who work with local people. This workshop was the start of an engagement process to inform approach to supporting our local communities using our collective resource as a precursor to a clear commitment to co-produce plans with local residents. Supported by a National Coach, Stockton will continue to develop its models of care and support for its community whilst also ensuring effective learning takes place to inform good practice and manage challenges in an increasingly joined up way.

Whilst other local “places” were not formally selected as part of the NNHIP Wave 1, UHT continues to work in partnership with organisations across Hartlepool, Middlesbrough, Redcar & Cleveland, and Hambleton and Richmondshire to develop and test neighbourhood health approaches in the respective localities.

#### **4. RECOMMENDATIONS**

The Board is asked to note the progress outlined in this report.

# Board Assurance Framework Report 2025/26 (reporting to 31<sup>st</sup> October 2025) NTHFT/STHFT

**Meeting date:** Thursday 8<sup>th</sup> January 2026

**Reporting to:** Board of Directors

**Agenda item No:** 1.10

**Report author:** Stuart Irvine, Director of Risk, Assurance & Compliance

**Executive director sponsor:** Stuart Irvine, Director of Risk, Assurance & Compliance

**Action required:**  
Assurance

**Delegation status:** Matter reserved to Unitary Board

**Previously presented to:** N/A

## UHT strategic objectives supported:

Putting patients first ☒

Creating an outstanding experience for our people ☒

Working with partners ☒

Reforming models of care ☒

Developing excellence as a learning organisation ☒

Using our resources well ☒

## CQC domain link:

Well-led

## Board assurance / risk register this paper relates to:

All sections of the Board Assurance Framework for each Trust.

## Key discussion points and matters to be escalated from the meeting

**ALERT:** Alert to the matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy.

### Headlines

#### NTHFT

- There are 30 strategic risks identified relating to North Tees & Hartlepool NHS Foundation Trust.
- 9 strategic risks are outside of approved risk appetite, of which there are 6 red/high strategic risks outside of approved risk appetite.
- Mitigating actions are in place to address all strategic risks.
- There are 107 planned mitigating actions within the BAF across the 8 domains.
- There are no reported completed actions and no requested timescale extensions.
- Planned action timescale range – October 2025 – March 2030.

#### STHFT

- There are 31 strategic risks identified relating to South Tees Hospitals NHS Foundation Trust.
- 11 strategic risks are outside of approved risk appetite, of which there are 8 red/high strategic risks outside of approved risk appetite.
- Mitigating actions are in place to address all strategic risks.
- There are 101 planned mitigating actions within the BAF across the 8 domains.
- There are no reported completed actions and no requested timescale extensions.
- Planned action timescale range is October 2025 – April 2035 (this includes planned timescales linked to PFI exit strategy, 2033 and eradicating RAAC, 2035).

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

A single University Hospitals Tees Risk Management Policy is in place and was approved in June 2025. Following the formation of the CSUs from 1<sup>st</sup> November 2025, the policy will need to be updated to reflect new naming conventions and reporting processes. This will be completed by 31<sup>st</sup> January 2026.

A Board Development Session is planned for February 2026 to review and approve the risk appetite for 2026/27, in advance of the annual refresh of the Board Assurance Framework. The refresh exercise will further strengthen the standardisation and consistency that has been achieved during 2025/26 with the aim to transitioning towards reporting a single Board Assurance Framework, which is reflective of each Trust.

**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

## **Assurance Statement**

This report provides assurance that each Trust's Board Assurance Framework has been reviewed and provides a framework for the strategic risks of each Trust to be managed, mitigated and openly reported.

Mitigating actions (with timescales) are in place for all strategic risks. Full details are reported to the assurance committees of the Group Board, allowing oversight and to allow for further actions to be identified for assurance purposes. Chair Escalation Reports are the mechanism to report assurance concerns to the Group Board.

## **External Assurance**

Planned internal audits will take place on the Board Assurance Framework and Risk Management processes in 2025/26 and will be reported in due course.

## **Recommendations:**

The Board of Directors is asked to;

- Receive the report and assurance that the Board Assurance Frameworks provide for each Trust.
- Note the content of this report to 31<sup>st</sup> October 2025.
- Note the 6 red/high strategic risks for NTHFT and 8 red/high strategic risks for STHFT and the planned mitigating actions.
- Advise on any further actions to be taken.



# North Tees & Hartlepool NHS Foundation Trust/South Tees Hospitals NHS Foundation Trust – Board Assurance Framework Report (reporting to 31<sup>st</sup> October 2025)

## NTHFT – Key Headlines

- 30 identified strategic risks.
- 6 red/high strategic risks are outside of approved risk appetite (no change).
- One step from approved risk appetite.
- 107 planned mitigating actions.
- No reported completed actions.
- No changes to current risk scores.
- No action timescale extension requests.
- No new mitigating actions.
- Planned action timescale range – October 2025 – March 2030.

## STHFT – Key Headlines

- 31 identified strategic risks.
- 8 red/high strategic risks are outside of approved risk appetite (no change).
- One step from approved risk appetite.
- 101 planned mitigating actions.
- 2 actions reported as completed (P&C).
- No changes to current risk scores.
- No action timescale extension requests.
- No new mitigating actions.
- Planned action timescale range – October 2025 – April 2035.

## 1. Background

The development and maintenance of a Board Assurance Framework (BAF) has been a mandatory requirement since 2001 for NHS Trusts. The Board Assurance Framework is the key mechanism to reinforce the strategic focus of the Board of Directors to manage strategic risks. It enables the Trust to capture, reporting and monitor key risks that may prevent the delivery of strategic objectives. Operated efficiently and effectively, it provides assurance to the Board of Directors that the Trust is managing strategic risks. The BAF is the key driver to inform the agenda of the Board of Directors and Committee meetings.

## 2. Purpose

The purpose of this report is to provide assurance to the Group Board (and each Unitary Board) regarding the identification, management and mitigation of strategic risks to support the delivery of strategic objectives. Furthermore, this provides a clear and robust mechanism for Ward to Board and Board to Ward reporting (linking strategic and operational risks).

## 3. Report Detail

### BAF Arrangements

Under Group arrangements an action was to standardise and achieve consistency with Board Assurance Framework format, content and reporting. This action was implemented and reported to the committees of the Group Board from November 2024. Reporting arrangements and timing of the BAF aligns with the Integrated Performance Report to support triangulation of key performance metrics and the mitigation of strategic risks.

### BAF Format

University Hospitals Tees has 6 approved strategic objectives for 2025/26 and the Board Assurance Framework makes direct reference to them and identifies the strategic risks that may prevent the delivery of each objective.

The strategic risks are linked to a BAF domain, which reflects key areas of our business/activity and enables an understanding of the nature of the risk.

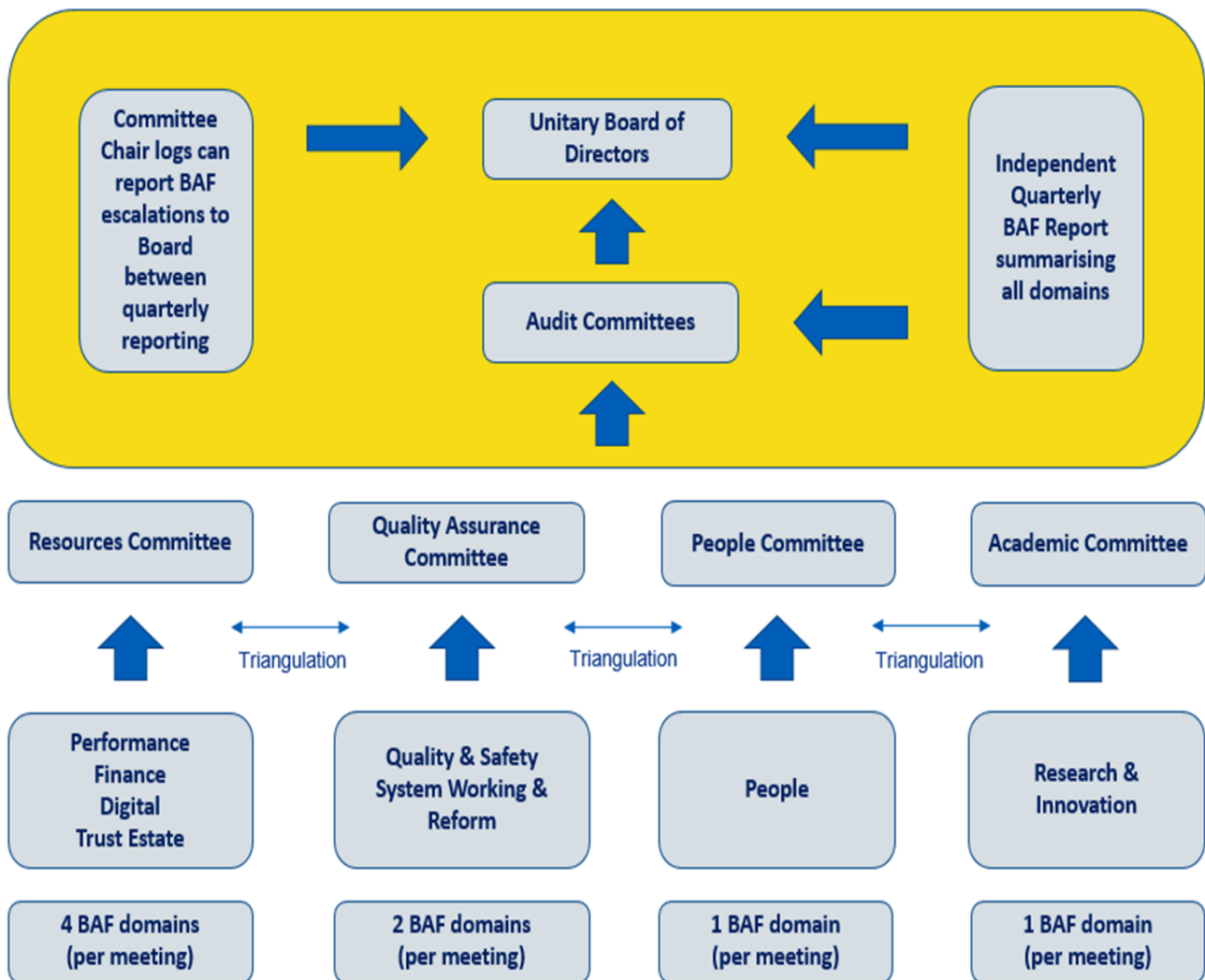
There are 8 BAF domains for each Trust. The BAF domains are informed by national best practice (Good Governance Institute) and benchmarking with regional and national NHS Foundation Trusts.

## BAF Domains

The 8 BAF domains for each Trust are Director-led, with identified BAF authors and the Board Committee that is responsible for oversight and escalation reporting to Board. The table below provides full details.

<b>BAF Domain</b>	<b>Responsible Director</b>	<b>BAF Author</b>	<b>Committee oversight</b>
<b>Quality &amp; Safety</b>	Chief Nursing Officer	Deputy Director of Patient Safety/Deputy Director of Quality	Quality Assurance Committee
<b>Performance &amp; Compliance</b>	Chief Delivery Officer	Director of Planning & Intelligence / Associate Director of Planning & Performance	Resources Committee
<b>People</b>	Chief People Officer	Deputy Director of People Services/ People Risk & Compliance Manager	People Committee
<b>System Working &amp; Reform</b>	Chief Strategy Officer	Associate Director of Group Development	Quality Assurance Committee
<b>Finance</b>	Chief Finance Officer	Deputy Chief Finance Officer/ Deputy Director of Finance	Resources Committee
<b>Digital</b>	Chief Information Officer	Interim Head of IT/ Deputy Chief Information Officer	Resources Committee
<b>Trust Estate</b>	Director of Estates	Associate Director of Estates & Capital (NTH Solutions LLP)/Deputy Director of Estates, Capital and Programmes	Resources Committee
<b>Research &amp; Innovation</b>	Group Medical Director	Associate Director, TVRA/Director of Innovation	Quality Assurance Committee

For continued illustration purposes, the reporting arrangements for the BAF are set out below, with the addition of the Academic Committee, which has now been established and meets on a quarterly basis. The benefit of this approach allow Board Committees to receive BAF reports at each meeting, to focus on their areas of expertise and reports are presented by subject matter experts who manage and mitigate the risks. Key to the management and mitigation of strategic risks is the triangulation between Board Committees.



## BAF Domain Alignment to Strategic Objectives

It is important that all strategic objectives of each Trust is aligned to at least one BAF domain to support the delivery of strategic objectives. The BAF domain template require the BAF domain to be linked to at least one strategic objective. The mapping of BAF domains to strategic objectives for 2025/26 has been presented to the Board that confirms the strategic risks are linked to the BAF and are relevant for each organisation.

## Risk Appetite

The approved risk appetites for the BAF domains for each Trust are set out in this report and reflecting the increased risk environment and challenges to deliver annual plans.

Risk domain	NTHFT Risk appetite level	STHFT Risk appetite level	Current Risk Score Range
Quality & Safety	Cautious	Cautious	4-6
Trust Estate	Open	Open	8-12
Performance & Compliance	Open	Open	8-12
People	Open	Open	8-12
Digital	Open	Open	8-12
Finance	Open	Open	8-12

Risk domain	NTHFT Risk appetite level	STHFT Risk appetite level	Current Risk Score Range
Research and Innovation	Open	Open	8-12
System Working & Reform	Open	Open	8-12

### Risk Appetite Supporting Statements

The approved risk appetites and supporting risk appetite statements of each Trust are consistent. This provides each Trust and the Boards with the ability consider future decision making against approved risk appetites by domain and supporting risk appetite statement. This maintains existing governance arrangements and ensures compliance with good governance requirements. Risk appetite is formally reviewed on an annual basis by the Board and an annual Board seminar on risk appetite is held. Attached at **Appendix A** is the approved risk appetite supporting statements.

### Strategic Risk Score Analysis

The following table shows by Trust, the number of strategic risks, number of strategic risks outside of approved risk appetite, steps away from approved risk appetite and the number of planned mitigating actions.

Domain	Number of strategic risks		Number of strategic risks adversely outside of approved risk appetite		Number of steps away from approved risk appetite		Number of planned mitigating actions	
	NT	ST	NT	ST	NT	ST	NT	ST
Quality & Safety	3	3	3	3	1	1	9	9
Performance & Compliance	3	4	0	2	0	1	8	9
Digital	4	4	0	1	0	1	17	9
People	4	4	0	0	0	0	16	16
Finance	4	4	1	1	1	1	5	5
Trust Estate	5	5	3	2	1	1	17	17
System Working & Reform	2	2	0	0	0	0	22	22
Research & Innovation	5	5	2	2	1	1	13	14
<b>Total Number</b>	<b>30</b>	<b>31</b>	<b>9</b>	<b>11</b>			<b>107</b>	<b>101</b>

NTHFT	STHFT
<ul style="list-style-type: none"> <li>The Trust has 30 identified strategic risks linked to Board Assurance Framework domains.</li> <li>The Trust has 9 strategic risks that are outside of approved risk appetite.</li> <li>All strategic risks are no more than one step from the approved risk appetite.</li> <li>Planned actions are in place for each strategic risk.</li> <li>Planned action timescale range is October 2025 – March 2030.</li> </ul>	<ul style="list-style-type: none"> <li>The Trust has 31 identified strategic risks linked to Board Assurance Framework domains.</li> <li>The Trust has 11 strategic risks that are outside of approved risk appetite.</li> <li>All strategic risks are no more than one step from the approved risk appetite.</li> <li>Planned actions are in place for each strategic risk.</li> <li>Planned action timescale range is October 2025 – April 2035.</li> </ul>

***Included in the planned timescales are the actions linked to PFI exit strategy (2033) and eradicating RAAC (2035).***

### **NTHFT Red/High Strategic Risks outside Approved Risk Appetite**

The Trust has 30 identified strategic risks linked to Board Assurance Framework domains. The table below identifies that there are 6 strategic risks that are red/high and are outside of approved risk appetite, which is static from the previous reporting period. These risks are presented to the respective Board committees noted below and will be continue to be monitored to ensure mitigating actions are robust and progressed as planned.

Strategic Risk Description	BAF Domain	Current Risk Score	Number of mitigating actions	Committee Oversight
Inability to deliver the required savings (recurrent/non-recurrent) within the annual financial plan.	Finance	4 x 4 = 16	1	Resources Committee
Failure of Trust infrastructure (including buildings).	Trust Estate	3 x 5 = 15	4	Resources Committee
Insufficient capital funding to maintain Trust estate.	Trust Estate	5 x 4 = 20	2	Resources Committee
Reduction of system capacity if the Trust is unable to provide services.	Trust Estate	5 x 3 = 15	3	Resources Committee
Innovation growth is limited by investment and resource constraints.	Research & Innovation	5 x 3 = 15	3	Academic Committee

Strategic Risk Description	BAF Domain	Current Risk Score	Number of mitigating actions	Committee Oversight
Innovation is not clearly defined or embedded in the Group and opportunities are missed to improve services, patient outcomes and culture.	Research & Innovation	5 x 4 = 20	2	Academic Committee

The reported position is illustrated and supported by the Trust's Strategic Risk Overview (See Appendix B) and the Trust Risk Radar (See Appendix C).

### STHFT Red/High Strategic Risks Outside Approved Risk Appetite

The Trust has 31 identified strategic risks linked to Board Assurance Framework domains. The table below identifies that there are 8 strategic risks that are red/high and are outside of approved risk appetite, which is static from the previous reporting period. These risks are presented to the respective Board committees noted below and will be continue to be monitored to ensure mitigating actions are robust and progressed as planned.

Strategic Risk Description	BAF Domain	Current Risk Score	Number of mitigating actions	Committee Oversight
Inability to controls costs within allocated resources	Finance	4 x 4 = 16	1	Resources Committee
Failure to protect information/data we hold as a result of non-compliance with legislation/policy	Digital	4 x 4 = 16	1	Resources Committee
Risk that the referral-to-treatment 18-week NHS Constitution standard is not met	Performance & Compliance	3 x 5 = 15	3	Resources Committee
Risk that the cancer referral to treatment 62-day NHS Constitution standard is not met	Performance & Compliance	3 x 5 = 15	2	Resources Committee
Insufficient capital funding to maintain Trust estate	Trust Estate	4 x 5 = 20	2	Resources Committee

Strategic Risk Description	BAF Domain	Current Risk Score	Number of mitigating actions	Committee Oversight
Trust estate does not allow for the provision of optimal clinical services	Trust Estate	3 x 5 = 15	1	Resources Committee
Innovation growth is limited by investment and resource constraints	Research & Innovation	5 x 3 = 15	2	Academic Committee
Innovation is not clearly defined or embedded in the Group and opportunities are missed to improve services, patient outcomes and culture.	Research & Innovation	5 x 4 = 20	3	Academic Committee

The position is illustrated by the Trust's Strategic Risk Overview (**See Appendix D**) and the Trust Risk Radar (**See Appendix E**).

### Trust Operational Risks/UHT Risk Management Group

Attached as appendices for information are the Top 10 operational risk for each Trust (**Appendix F** – NTHFT and **Appendix G** – STHFT) for information. Operational risks of each Trust are reviewed on a monthly basis by the newly formed UHT Risk Management Group, which replaces two separate meetings.

### Risk Management Policy

A single University Hospitals Tees Risk Management Policy is now in place and was approved in June 2025. Following the formation of the CSUs from 1<sup>st</sup> November 2025, the policy will need to be updated to reflect new naming conventions and reporting processes. This will be completed by 31<sup>st</sup> January 2026.

### External Assurance

Planned internal audits will take place on the Board Assurance Framework and Risk Management processes in 2025/26 and will be reported in due course.

## 4. Conclusion/Summary

The BAF continues to be regularly reported for each Trust and incorporates;

- The requirement to maintain separate BAFs for each Trust as they remain separate legal entities.
- Mapping the BAF domains to the relevant Group strategic objectives.
- Approved risk appetites for each BAF domain and supporting statement for 2025/26.
- The reporting of the BAF aligns with the Integrated Performance Report to support triangulation of key performance metrics and the mitigation of strategic risks.

- Board Committees have full oversight of the BAF report, in addition to the oversight responsibility allocation for BAF domains. A copy of the full BAF report for each Trust is placed in the Reading Library of each Committee and Board.
- Board Committees to escalate any concerns regarding the management and mitigation of strategic risks in BAF domains to the Board of Directors via the Chair's Escalation Reports.
- The medium/long term strategy/plan that each BAF domain is linking/referencing strategic risks e.g. UHT Strategy, Quality Priorities, People Plan etc.
- Ensuring strategic risks in each BAF domain are strategic in nature (they may run beyond a 12 month period).
- Ensure mitigating planned actions are strategic and will either maintain a current risk score or achieve a target risk score.
- Review of linked operational risks to ensure they are they up to date and linked to strategic risks. Work in this area remains ongoing.
- The learning from internal audit report findings.
- The reported position of 30 strategic risks relating to NTHFT and there are 6 red/high strategic risks that are outside of approved risk appetite. Mitigating actions are in place to address all strategic risks.
- The reported position of 31 strategic risks relating to STHFT and there are 8 red/high strategic risks that are outside of approved risk appetite. Mitigating actions are in place to address all strategic risks.
- Report of the BAF to respective Audit Committees.

## **Assurance Statement**

This report provides assurance that each Trust's Board Assurance Framework has been reviewed and provides a framework for the strategic risks of each Trust to be managed, mitigated and openly reported.

Mitigating actions (with timescales) are in place for all strategic risks. Full details are reported to the assurance committees of the Board, allowing oversight and to allow for further actions to be identified for assurance purposes. Chair Escalation Reports are the mechanism to report assurance concerns to the Board.

## **5. Recommendation**

The Board is asked to;

- Receive the report and assurance that the Board Assurance Frameworks provide for each Trust.
- Note the content of this report to 31<sup>st</sup> October 2025.
- Note the 6 red/high strategic risks for NTHFT and 8 red/high strategic risks for STHFT and the planned mitigating actions.
- Advise on any further actions to be taken.

## **Supporting Appendices**

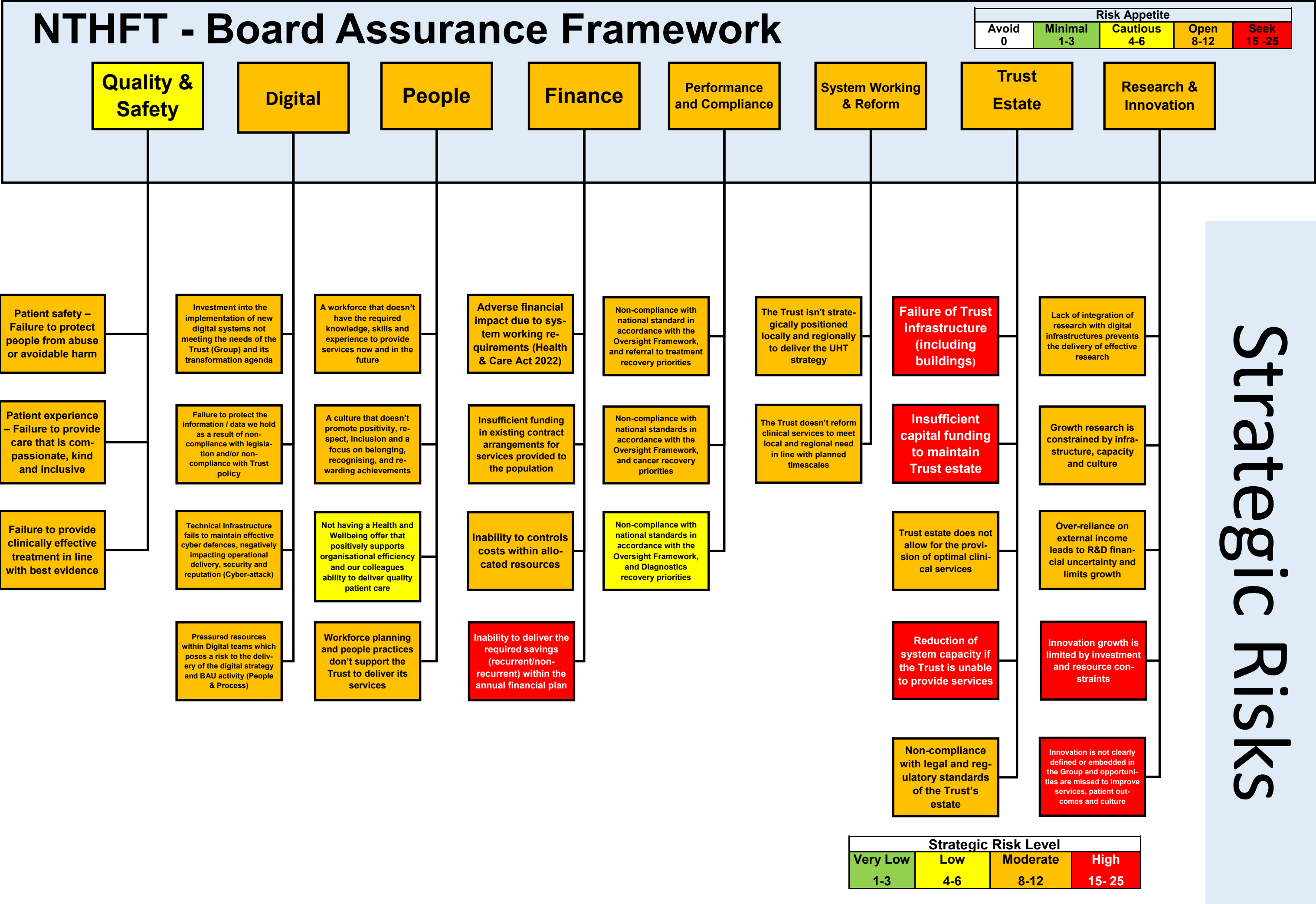
- Appendix A – Risk Appetite Supporting Statements
- Appendix B – NTHFT Strategic Risk Overview
- Appendix C – NTHFT Risk Radar
- Appendix D – STHFT Strategic Risk Overview
- Appendix E – STHFT Risk Radar
- Appendix F – NTHFT Top 10 Operational risks
- Appendix G – STHFT Top 10 Operational Risks



## Trust Risk Appetites &amp; Supporting Statements (\*)

Board Assurance Framework Domain	Proposed Risk Appetite	Proposed Risk Appetite Supporting Statement
Quality & Safety	Cautious	We have a <b>cautious</b> attitude to the delivery of the <b>Quality and Safety</b> agenda within the Trust to balance low risk against the possibility of improved patient outcomes, ensuring appropriate controls are in place. We will continue to protect the quality and safety of care with a cautious approach to the risks that may have a detrimental impact on patient safety, experience and clinical outcomes.
Performance & Compliance	Open	We have an <b>open</b> approach to <b>Performance and Compliance</b> . This will mean being willing to consider options available to support the delivery of performance targets and recognising the significant challenge to deliver Trust/System level targets and the needs to work with our system partners.
Digital	Open	We have an <b>open</b> attitude to the <b>Digital</b> agenda underpinning clinical innovation and the transformation of services to become more efficient and effective, including system collaboration. While we are prepared to accept some level of risk to implement changes for longer-term benefit, we will ensure that information governance and data security remains a priority.
People	Open	We have an <b>open</b> risk approach to our <b>People</b> challenges as we look at new and innovative ways to recruit, retain and support our people, whilst recognising the importance of a strong focus on engagement and culture.
Finance	Open	We have an <b>open</b> attitude to risk in relation to <b>Finance</b> . It is acknowledged that there are significant finance challenges across the healthcare system and options will need to be considered to support delivery of challenging financial plans and achieve favourable outcomes. The Trust will continue to apply robust financial controls and comply with governance requirements.
Trust Estate	Open	We have an <b>open</b> attitude to the <b>Trust Estate</b> due to the associated risks and need to consider all potential options to ensure the estate remains fit for purpose to deliver safe and effective care.
System Working & Reform	Open	We have an <b>open</b> approach to <b>System Working &amp; Reform</b> to ensure future safe, effective and sustainable services are provided to our population. We will explore new opportunities on an ongoing basis to deliver major reform knowing that will involve taking a measure of risk.
Research & Innovation	Open	We have an <b>open</b> approach to <b>Research and Innovation</b> in recognition of the requirement of new ways of working. In developing and delivering our clinical research and innovation ambitions we accept that these carry a higher level of inherent risk. We will seek opportunities to work collaboratively with system partners, contribute to the delivery of priorities and develop new ways of working through a range of partnerships.

(\*) The risk appetites and supporting risk appetite statements are the same for each Trust.



## Risk Ratings

### Quality & Safety

Patient safety – Failure to provide care that is compassionate, kind and inclusive  
Patient Experience – Failure to protect people from abuse or avoidable harm  
Clinical Effectiveness - Failure to provide clinically effective treatment in line with best evidence

### People

A workforce that doesn't have the required knowledge, skills and experience to provide services now and in the future.  
A culture that doesn't promote positivity, respect, inclusion and a focus on belonging, recognising, and rewarding achievements.  
A Health and Wellbeing offer that doesn't meet the needs of our workforce.  
Workforce planning and people practices don't support the Trust to deliver its services.

### Research & Innovation

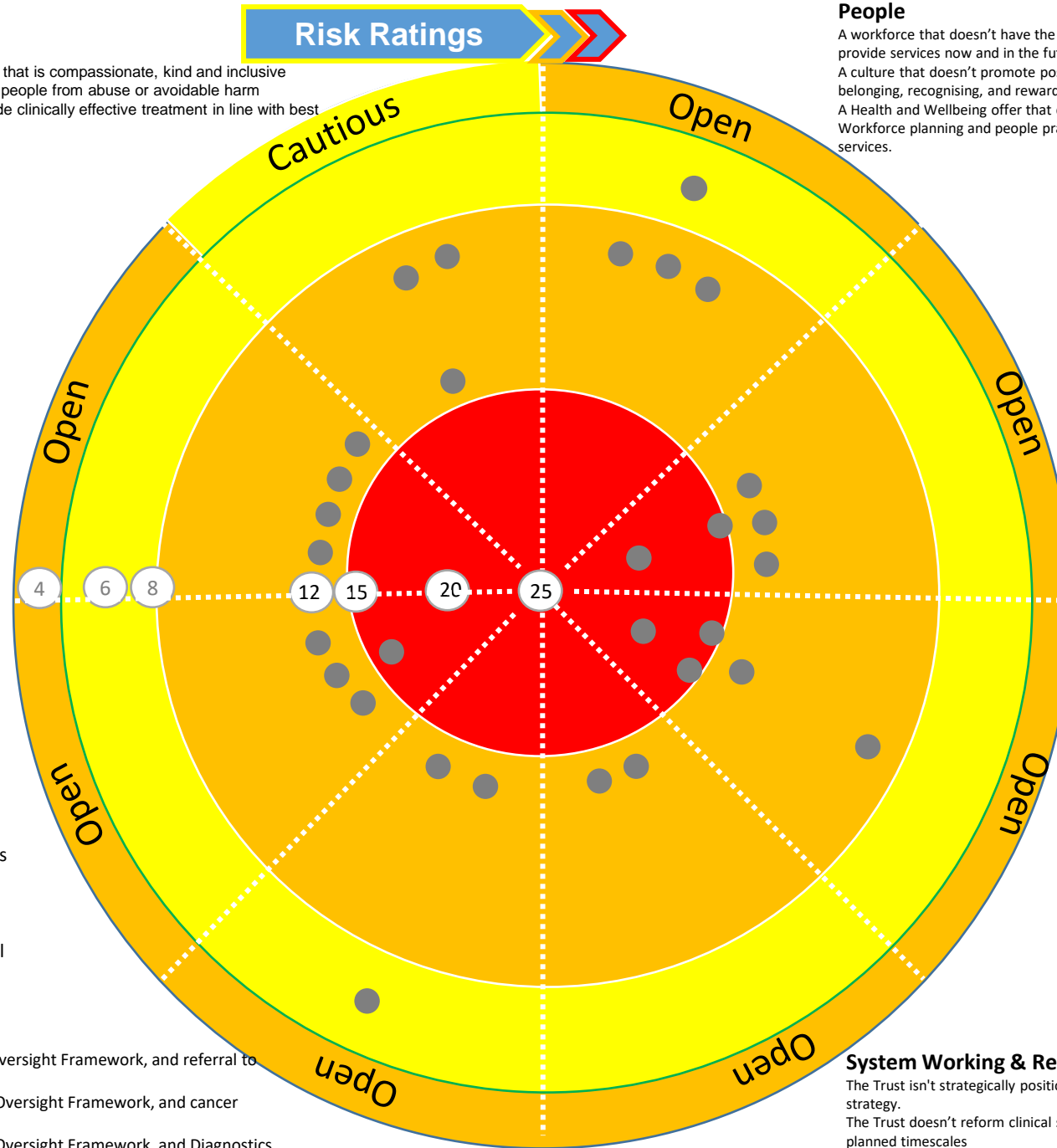
Lack of integration of research with digital Infrastructures prevents delivery of effective research.  
Growth in research is constrained by infrastructure, capacity and culture.  
Over-reliance on external income leads to R&D financial uncertainty and limits growth.  
Innovation growth is limited by investment and resource constraints.  
Innovation is not clearly defined or embedded in the Group and opportunities are missed to improve services, patient outcomes and culture.

### Trust Estate

Failure of Trust infrastructure (including buildings)  
Insufficient capital funding to maintain Trust estate  
Trust estate does not allow for the provision of optimal clinical services  
Reduction of system capacity due to the Trust being unable to provide services, impacting on reputation  
Non-compliance with legal and regulatory standards of the Trust's estate.

### System Working & Reform

The Trust isn't strategically positioned locally and regionally to deliver the UHT strategy.  
The Trust doesn't reform clinical services to meet local and regional need in line with planned timescales



**31<sup>st</sup> October 2025**  
**BAF Risk Radar**

### Finance

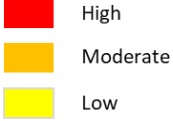
Adverse financial impact due to system working requirements (Health & Care Act 2022).  
Insufficient funding in existing contract arrangements for services provided to the population.  
Inability to control costs within allocated resources.  
Inability to deliver the required savings (recurrent/non-recurrent) within the annual financial plan.

### Performance & Compliance

Non-compliance with national standard in accordance with the Oversight Framework, and referral to treatment recovery priorities  
Non-compliance with national standards in accordance with the Oversight Framework, and cancer recovery priorities  
Non-compliance with national standards in accordance with the Oversight Framework, and Diagnostics recovery priorities

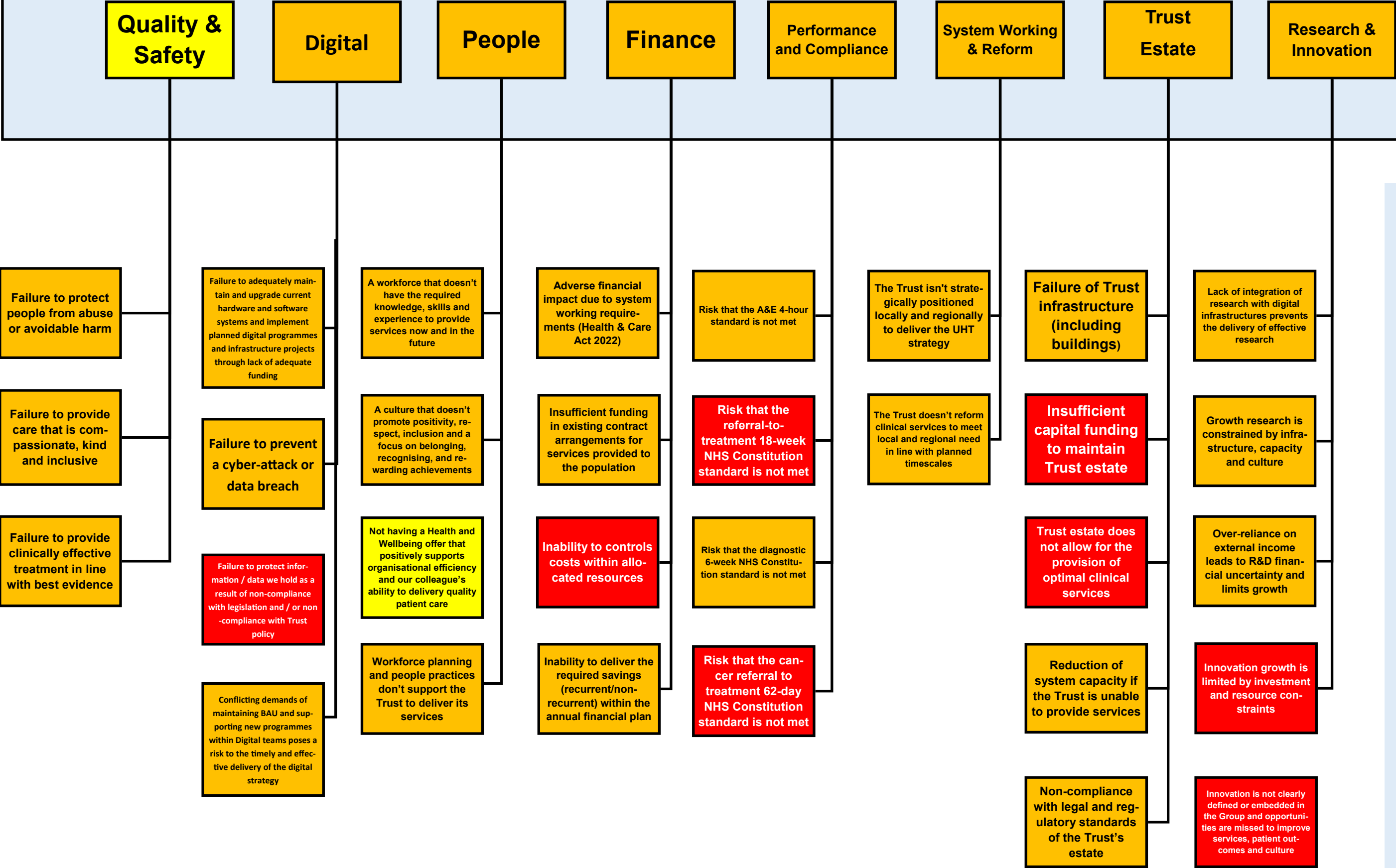
### Digital

Investment into the implementation of new digital systems not meeting the needs of the Trust (Group) and its transformation agenda  
Failure to protect the information / data we hold as a result of non-compliance with legislation and/or non-compliance with Trust policy  
Technical Infrastructure fails to maintain effective cyber defences, negatively impacting operational delivery, security and reputation (Cyber-attack)  
Pressured resources within Digital teams which poses a risk to the delivery of the digital strategy and BAU activity (People & Process)



# STHFT - Board Assurance Framework

Risk Appetite				
Avoid 0	Minimal 1-3	Cautious 4-6	Open 8-12	Seek 15 -25



## Strategic Risks

Strategic Risk Level			
Very Low 1-3	Low 4-6	Moderate 8-12	High 15- 25

**People**

A workforce that doesn't have the required knowledge, skills and experience to provide services now and in the future.  
A culture that doesn't promote positivity, respect, inclusion and a focus on belonging, recognising, and rewarding achievements.  
A Health and Wellbeing offer that doesn't meet the needs of our workforce.  
Workforce planning and people practices don't support the Trust to deliver its services.

**Research & Innovation**

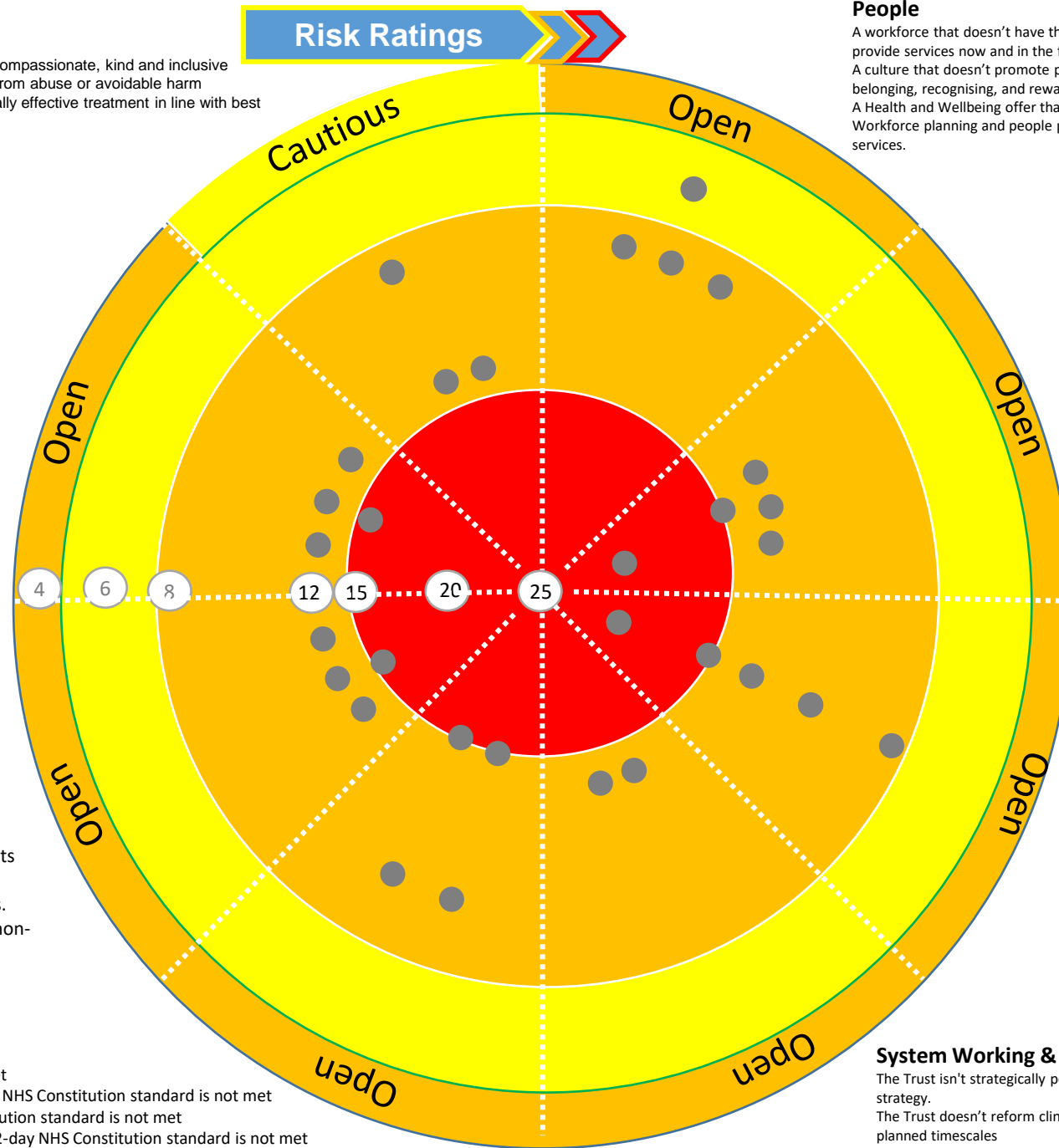
Lack of integration of research with digital Infrastructures prevents delivery of effective research.  
Growth in research is constrained by infrastructure, capacity and culture.  
Over-reliance on external income leads to R&D financial uncertainty and limits growth.  
Innovation growth is limited by investment and resource constraints.  
Innovation is not clearly defined or embedded in the Group and opportunities are missed to improve services, patient outcomes and culture.

**Trust Estate**

Failure of Trust infrastructure (including buildings)  
Insufficient capital funding to maintain Trust estate  
Trust estate does not allow for the provision of optimal clinical services  
Reduction of system capacity due to the Trust being unable to provide services, impacting on reputation  
Non-compliance with legal and regulatory standards of the Trust's estate.

**System Working & Reform**

The Trust isn't strategically positioned locally and regionally to deliver the UHT strategy.  
The Trust doesn't reform clinical services to meet local and regional need in line with planned timescales

**Risk Ratings****Quality & Safety**

Patient safety – Failure to provide care that is compassionate, kind and inclusive  
Patient Experience – Failure to protect people from abuse or avoidable harm  
Clinical Effectiveness - Failure to provide clinically effective treatment in line with best evidence

**Digital**

Failure to implement planned digital programmes and infrastructure projects through lack of adequate funding  
Failure to adequately maintain and upgrade current systems and Infrastructure  
Failure to prevent a successful cyber attack or data breach

**31<sup>st</sup> October 2025**  
**BAF Risk Radar**

**Finance**

Adverse financial impact due to system working requirements (Health & Care Act 2022).  
Insufficient funding in existing contract arrangements for services provided to the population.  
Inability to controls costs within allocated resources.  
Inability to deliver the required savings (recurrent/non-recurrent) within the annual financial plan.

**Performance and Compliance**

Risk that the A&E 4-hour standard is not met  
Risk that the referral-to-treatment 18-week NHS Constitution standard is not met  
Risk that the diagnostic 6-week NHS Constitution standard is not met  
Risk that the cancer referral to treatment 62-day NHS Constitution standard is not met

## Top 10 Operational Risks (31 October 2025)\*

InPhase Risk ID	Title of Risk	CSU/Corporate area	Risk Owner	Current Risk Score
121	Due to increasing demand for Histopathology support there is a potential for delays in results being available to support patient pathways, the patient outcome may be suboptimal.	Clinical Support Services	Sharron Pooley	20
183	Risk of suboptimal outcomes for patients due to being an outlier for the implementation of the National Wound Care Strategy Programme: Lower Limb Lower Recommendations	Corporate	Andy Brown	12
195	Service delay and potential non compliance with GDPR / DPA IG if IG team are unable to provide a full IG service due to insufficient resources.	Corporate	Kerry McLean	12
201	There is a potential that the Trust will not achieve appropriate fire safety training standards following changes to the HTM 05:03 Part A (2024) which emphasises the requirements of bespoke fire safety training, impacted by a lack of resources to deliver the increased volume of training and could lead to a sub optimal response in a fire situation.	Corporate	Stephen Cuthbert	12
223	Poor patient experience linked to unsuitable accommodation in the Wheelchair Service in Stockton	Community & Neighbourhood Health Services	Fiona Hardie	12
230	Due to high level of Dentist absence there is inadequate clinical staffing capacity to deliver the commissioned work plan impacting on patient waiting time and experience	Community & Neighbourhood Health Services	Wendy McGee	12
239	Inability to appoint more than 1 competent persons to undertake PAS-79 Fire Risk Assessment impacting on the amount of risk assessments that can be completed within a 12 month period	Corporate	Stephen Cuthbert	12
244	Due to increased number of referrals received and vacant posts, there are longer waits for Under 5 Multi-agency autism team (MAAT) assessments resulting in possible reputational damage, possible suboptimal care and unmet health needs	Family Health Services	Leanne Boyd-Smith	12
174	There is an expected reduction in newly qualified nurse availability in 2028 which affects nursing safe staffing levels impacting on patient safety, delivery of quality care and services. This will also result in reduction in associated financial tariff coming into NTH	Corporate	Emma Roberts	12

267	Due to insufficient FIT Testing provision, there is a number of staff non compliant with HSE FIT testing legislation impacting on staff and patient safety	Corporate	Victoria Hancock	12
271	workforce and skill mix deficit in critical care impacting on service delivery and patient safety	Neuroscience Services	Tom Bingham	12
280	Delivery of Aseptic Services to the Trust are at risk due to current estate provision	Clinical Support Services	Marco Picone	12
30	Fragility of Infection Prevention and Control Workforce can lead to a loss of service and affect patient outcomes	Corporate	Victoria Hancock	12
53	Sickness absence and vacancy within the Simulation service is reducing the ability to deliver a full simulation service which may impact on the quality and quantity of teaching provided to staff across the Trust	Corporate	Rachel Desilva	12
320	Due to a lack of confidence in current service delivery by the Stockton Quality Control Laboratory there is potential for service users to terminate contract therefore affecting the financial viability of the service.	Clinical Support Services	Richard Scott	12
88	Potential for delayed care and management of paediatric testicular torsion due to lack of approved regional pathway	Digestive Health, Urology & General Surgery Services	Steve Heavisides	12
246	Due increased demand there is a lack of available elective caesarean capacity to ensure timely access to theatres therefore increasing the likelihood of morbidity and mortality of the mother and fetus	Family Health Services	Gemma Gordon	12



**Top 10 Operational Risks (31 October 2025)\***

Datix Risk ID	Title of Risk	CSU/Corporate area	Risk Owner	Current Risk Score
797	RAAC - Panels - located in Women's and Children's area - James Cook - Area at risk of uncontrolled structural failure in areas where RAAC is present - Eradication required by 2035	Corporate	Paul Swansbury	20
829	There is a risk of delays in cellular pathology results being available to support patient pathways, the patient outcome may be sub optimal.	Clinical Support Services	Sharron Pooley, Karl Hubbert	20
279	Provision of critical care follow up is non compliant with the adult critical care service specification leading to a risk of patient physical and psychological harm and a proven risk of readmission to hospital because there is no dedicated critical	Theatres, Anaesthetics, and Critical Care Services	Michelle Carey	16
382	Risk of harm to patients due to a lack of access to neuropsychology treatment for neuro-rehabilitation outpatients	Neuroscience Services	Jenna Moffitt	16
857	Risk that patient privacy and dignity is compromised when trying to deliver rehabilitation psychology treatment to patients on ward 26	Neuroscience Services	Glynis Peat	16
866	Risk that complex cognitive patients on Ward 26 may come to harm and have poorer experience as they are not receiving appropriate standards of psychological specialist care according to Neuro-rehabilitation Standards due to a lack of funding for requi	Neuroscience Services	Glynis Peat	16
39	The trust is commissioned to deliver neurosurgical high dependency care, currently the service is not providing the required ICU consultant sessions in NHDU, the unit is non-compliant with the service specification.	Neuroscience Services	Michelle Carey	15
174	Risk that operational performance of critical care cannot be effectively managed due to Trust Wide Mandatory Training database is not an accurate reflection of Departmental database (2664)	Theatres, Anaesthetics, and Critical Care Services	Martin Johnson	15
278	The inability to isolate patients in a timely and effective manner, leading to potential onward transmission of infection leading to sub optimal outcomes.	Theatres, Anaesthetics, and Critical Care Services	Michelle Carey	15
777	The Flouroscopy room at JCUH has been condemned reducing capacity, the single remaining equipment has significant downtime due to age, This in impacting on Patient flow and treatment therefore patients may experience sub optimal outcomes.	Clinical Support Services	Callum Pearce	15



809	MGH numbers created by the LIMS are re-used which is not compliant with BSH Blood Transfusion IT guidelines and can lead to two different patients having the same MGH number which could compromise care	Clinical Support Services	Andrew Roberts, Helen Baxter	15
952	Loss of Radiotherapy HDR Brachytherapy Service due to loss of delivery of Ionising material by supplier as a result of Trust equipment not at the current national standard	Cancer Institute	Claire Huntley	15
86	Risk that the Trust does not meet General Provision of Intensive Care Services (GPICS) standards in neurosurgery HDU and spinal HDU	Neuroscience Services	Helen Wilson	15
905	Delayed discharges from critical care causes psychological harm to patients, who are exposed to witnessing distressing events within critical care. This increases length of hospital stay and increased healthcare costs.	Theatres, Anaesthetics, and Critical Care Services	Michelle Carey	15

# Quality Assurance Committee

**24 November 2025**

**Connecting to: Board of Directors**

**Chair of Committee: Fay Scullion**

## Key discussion points and matters to be escalated from the meeting

**ALERT:** Alert to the matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy.

For both NTHFT and STHFT there remain a number of high operational risks linked to Quality and Safety that may impact the strategic objectives (patient safety, patient experience and clinical effectiveness). Work is underway to regularly review the risk and mitigations against UHT quality priorities.

There were 2 urgent escalations to the committee. Pathology services have had a temporary suspension of accreditation and an urgent action plan is being developed. There will be a formal review at the end of January. The recent breast care services report from CDDFT was discussed and UHT are planning to undertake a self-assessment for assurance purposes.

Human Tissue Authority report shows 6 reportable incidents, and that storage capacity is a risk due to winter pressures, although alternative storage is being sourced. Recent audit showed that there were delays in patients being transferred from the ward to the mortuary, however, further work is needed to identify the reason, as there may be family reasons why there is a delay.

The Health and Safety Report shows that training remains below compliance with Moving and Handling, Infection Prevention and Control. Sharps incidents have shown a rise from 2023/2024 and this is being actioned by further staff awareness and the purchase of safer sharps to conform with Health and Safety Regulations.

There are 8 complaints across UHT that remain open longer than the legislated 6 months, with action to close. There is the development of the InPhase application to support the consistent monitoring of responses at a local level. Performance against the 80% target for compliant response timeframes falls short at 78%.

Due to lack of resources within the mortality review teams, learnings from deaths reviews are significantly delayed at NTHFT. There is a move to appoint a lead mortality reviewer to level up the offer on both sites, and their limited IT to support collection. There is no national target for reviews and an internal target has been set at 20% of mortality reviews.

UHT continues to see a rise in HCAs which are above threshold, with MRSA infections being regraded to alert with 1 case against a tolerance of zero. The IPC dashboard will allow a targeted approach to areas that fall below threshold, as well as looking at areas that are performing well to share learning. Fundamentals of IPC remain a focus and the committee suggested that a future Board Seminar focus on IPC.

The Health Inequalities projects have funding ending in March 2026 and concern was raised over the ending of these services which focus on preventative measures. Awaiting the detail on the Better Care Fund and other sources of funding support, and some decisions may need to be made on the prioritisation of service continuation.

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

There are no risks within the System Working and Reform Domain that are outside the risk appetite, with planned mitigations. Work is underway to refresh the BAF with Executive sponsors to ensure better alignment and reporting.

PSIs reporting – there are no open Legacy Serious Incidents, with only 3 actions to be closed and evidence being monitored through established governance structures.

IPC - The fit testing service at NTHFT for NTH Solutions continues to experience concerns, and reporting seems an issue. Senior leadership is supporting to address these concerns. Flu vaccination rates remain low across UHT.

Maternity services – The Rowan Suite remains suspended with an extension of this to January 2026 due to workforce pressures. There is planned meaningful engagement with workforce and stakeholders. The Birth Centre at the Friarage has been closed 12 times due to staff pressures and there is planned engagement with workforce and stakeholders. Maternity Incentive Scheme year 7 continues to be monitored with both sites having action plans to recover the training trajectory, the medical staff change in August led to non compliance.

**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

There are stronger systems in place for ongoing monitoring of patient safety activity, escalation of overdue incidents recorded and PSII reports are progressing through the Quality Oversight Group and being presented by the Medical Directors Team.

IPC – a designated decant ward has been identified which will have an impact on cleaning. The clinical leadership group is actively looking at antimicrobial processes and a Triumvirate has been developed including pharmacy representation with IPC team. The IPC dashboard development will allow areas of hotspots to be identified and then focused activity on addressing areas of concern.

The Health Inequalities report demonstrated a reduction in DNA across all groups

The Friends and Family Test percentage remains positive at NTHFT and is above the National Average at STHFT in all but maternity.

## Recommendations:

The Board utilises a development session to explore IPC in detail.

# Academic Committee

**3 December 2025**

**Connecting to: Board of Directors**

## Key topics discussed in the meeting:

Key agenda items discussed in the meeting included (not exhaustive);

- Board Assurance Framework (Research & Innovation)
- Research Update
- Innovation Update
- Education Update
- Finance Update
- Academic Centre for Surgery (ACeS) Update
- University Hospitals Association Update

## Key Points:

- **Board Assurance Framework** (Research & Innovation) there were no changes to the risk appetite or current risk scores for the 5 strategic risks. There are two red strategic risks relating to innovation growth and innovation embeddedness. Mitigation actions are in place for all strategic risks and extension requests for 3 actions were approved. The BAF report for R&I is reported at each committee meeting.
- **Innovation Update** noted a successful joint workshop with partner organisations. This provided the opportunity for invited innovators to meet academics to share and review projects. There is an appetite to continue these events with university partners. NHS England has amended guidance relating to intellectual property and an action is being taken to ensure a UHT-wide policy is compliant, with responsible officers to IP related governance requirements. The role for an Innovation Manager across UHT was being progressed.

- **Research Update** included details of changes to National Institute for Health & Care Research funding model and the requirement for UHT to remain compliant to maximise the receipt of funding, which is overseen by the Research Operations Manager. The draft TVRA structure was discussed and feedback is being received from the Academic Research Units to inform a final version. Separate reporting will be received by the Academic Committee on research development and research delivery. An update will be provided to the Academic Committee in six months with details of the advice and support CSUs will require along with the position on complex studies and impact on the financial element.
- **Education Update** was received which covered post graduate training, how the workforce has changed and the expectation of training reform. It is also expected that there will be a requirement to convert LED posts to LET posts in the future.
- **Research Finance** updates were provided and a joint research finance enabling strategy will be developed. Future finance reports to the Academic Committee will provide separate finance updates for education, research and innovation.
- **Academic Centre for Surgery (ACeS) Update** provided a comprehensive presentation from the team and the ambition to become a world leading centre for excellence for surgical pathways. Effective collaborative working is ongoing with partner universities and the Royal College of Surgeons. Updates were provided on successful studies completed to date. The current position of the estate was discussed and draft plans for a Surgical Centre of Excellence facility at the JCUH site with the intention of being the facility to provide all clinical academic research. A feasibility study will need to be undertaken and a bid from charitable funds will be made to fund the cost of the feasibility study.

## Escalated items:

- Feasibility study to be undertaken to support the plan for a Surgical Centre of Excellence at the JCUH site and to be the facility to provide all clinical academic research.

## Risks (Include ID if currently on risk register):

- No new risks identified.

# People Committee

25 November 2025

Connecting to: Board of Directors

Chair of Committee: Mark J Dias

## Key discussion points and matters to be escalated from the meeting

**ALERT:** Alert to the matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy.

**Pathology Service Accreditation Suspension (STHFT).** Temporary suspension of NEWCAST accreditation and the requirement for a professional stage two action plan. Concerns regarding staff wellbeing, sustainability of improvements, and the emotional impact on teams. Quality Committee will oversee the action plan. Triangulation with People Committee on employee relations, wellbeing, leadership and development.

**Race-related Dismissal and Potential Suspension.** Recent cases involving racist comments resulting in dismissal and a potential suspension. UHT have committed to treating all race concerns as **never events**, i.e. serious and entirely preventable. Board attention is required to ensure organisational learning, consistency, and visibility of action.

**Violence and Aggression / Martin's Law Compliance.** Updated strategy would unify existing approaches, focus on staff communication, partnership working, data-driven quality improvement and build a strong culture of speaking up about violence and aggression, with operational and security teams working closely together. Implementation of Martin's Law by April 2027 will require investment in CCTV, body-worn cameras etc [[Resource Committee triangulation on investment requirements](#)]

**Absence Management Risks.** Rising sickness absence across both trusts. UHT **6.2%** (STHFT 6.3% NTHFT 6.1%) against a plan of 4%. The trend indicates a risk of exceeding 7% absenteeism through Q1 2026. This presents a significant risk to operational delivery and staff wellbeing.

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

**Staff Turnover – Early Leavers.** High turnover among staff with less than two years' service (40.2%). Actions are in place, but this remains a risk area requiring continued monitoring.

**Staff Turnover – Healthcare Assistant.** Turnover continues to rise despite banding changes. Further work is required to understand drivers and stabilise the workforce.

**Guardian of Safe Working.** Significant increase in exception reports following removal of clinical supervisors from the process. Higher reporting in medicine, obstetrics, gynaecology, surgery, and orthopaedics. Local solutions are being developed, but the trend requires continued oversight.

**Talent Management Framework.** The proposed talent management plan comprises four stages, centred on identification through appraisal, the creation of a talent pool managed via ESR, and the alignment of clinical and leadership development with succession planning. The Committee noted potential risks, including grievances arising from process variation and challenges relating to inclusion in the talent pool, reinforcing the need for robust and consistently applied appraisal processes. A detailed action plan, incorporating these considerations, will be presented to the Committee at its next meeting.

**Violence and Aggression – Tolerance Levels and Reporting Culture.** Work is ongoing to define organisational tolerance levels and improve reporting of verbal abuse. Engagement with the Police and Crime Commissioner was suggested.

**Board Assurance Framework – Date Clarifications Required.** Dates for the antiracism plan and multi-year workforce plan require review and will return to Committee.

**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

**Medical Job Planning.** UHT job planning compliance at 96.3%, exceeding the 95% target. A new Job Planning Assurance and Consistency Panel has been established to strengthen oversight and consistency. [[Resource Committee triangulation on £55k investment for data improvements to the L2 system](#)]

**Exit Interview Completion Rates.** Completion rates have increased significantly from 7% to 39%, improving insight into reasons for leaving and supporting targeted interventions.

**Turnover Performance.** Overall turnover remains below the 10% threshold and below the national average



**Violence Prevention and Reduction Strategy Development.** A unified Group-wide strategy is progressing well, with strong links to EDI, hate crime prevention, and improved data reporting. Conflict resolution training is being standardised across both sites.

**Talent Management Framework.** A clear, structured approach is emerging, with the potential to strengthen succession planning, internal mobility, and leadership development.

## Recommendations:

**Medical Job Planning.** Thank you for the work undertaken to exceed the 95% target. The Committee received strong assurance regarding the sustainability of future delivery.

**Absence Management.** The Board is asked to review the organisational improvement requirements and cultural changes necessary to achieve a substantial reduction in the persistently high levels of absence across UHT.

# Safe Staffing Monthly Report (Sep 2025 data)

**Meeting date:** 8 January 2026

**Reporting to:** Board of Directors

**Agenda item No:** 3.3

**Report author:** Lindsay Garcia, Director of Nursing, Emma Roberts, Associate Director of Nursing and Professional Workforce, Debi McKeown, Nurse Workforce Lead

**Executive director sponsor:** Emma Nunez, Chief Nursing Officer

**Action required:** Assurance

**Delegation status:** Jointly delegated item to UHT Board

**Previously presented to:** People Committee

## UHT strategic objectives supported:

Putting patients first ☒

Creating an outstanding experience for our people ☒

Working with partner's ☐

Reforming models of care ☐

Developing excellence as a learning organisation ☐

Using our resources well ☒

## CQC domain link:

Choose an item.

## Board assurance / risk register this paper relates to:

## Key discussion points and matters to be escalated from the meeting

This report details nursing staffing levels for September 2025 for inpatient wards. The report provides assurance that arrangements are in place to provide a workforce with the right skills in the right place to provide safe, sustainable and productive staffing. Daily Safe Care Staffing meetings provide assurance that inpatient areas have been assessed, staffing levels reviewed, and staff deployed where necessary to mitigate risk to the lowest level.

This assessment is based on skill mix, patient acuity and dependency, and occupancy levels. All actions are agreed by the Safe Care Chair and escalated to Senior Nurses as required.

**ALERT:** Alert to the matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy.

At STHFT during September 2025, sickness absence increased for both registered and unregistered staff month on month:

- Registered staff: 6.35% (+1.55%)
- Unregistered staff: 9.97% (+3.78%)

While these figures reflect a month-on-month increase, shift fill across STHFT sites remained stable, demonstrating continued resilience in staffing and effective management of workforce pressures.

The following departments had the highest variance between actual and required CHPPD at STHFT:

- Ward 9
- Ward 25
- Spinal Injuries
- Ainderby

These discrepancies suggest that staffing levels in these areas may not have adequately reflected patient acuity.

The financial ledger for STHFT reports a vacancy gap of 131.57 WTE for HCSW's.

Wards and departments at STHFT with the highest recorded DATIX relating to staff shortage and skill mix were:

- Ward 9
- Ward 2
- Ward 12

At NTHFT, during September 2025, sickness absence increased slightly for both registered and unregistered staff month on month:

- Registered staff: 5.61% (+0.17%)

- Unregistered staff: 9.25% (+0.18%)

In September 2025, NHSP fill rates have reduced slightly at NTHFT sites;

- Registered staff: 78.50% (-5.00%)
- Unregistered staff: 86.80% (-0.80%)

Staff turnover increased at the NTHFT sites during September 25 for both registered and unregistered staff.

- Registered staff: 4.76% (+1.24%)
- Unregistered staff: 8.04% (+2.96%)

In September the areas highlighting a higher variance level (>1) at NTHFT, and thus, not delivering the required CHPPD were;

- Acute Cardiology Unit
- Ward 24
- Ward 25
- Ward 26
- Ward 27
- Ward 36
- Ward 40
- Ward 41

These areas have also been the focus of the most recent bi-annual nurse establishment review where the proposed nurse establishment models in line with the formal review process have been presented, indicating that establishments in these areas require investment.

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

The average percentage of shifts filled against the planned nurse staffing across STHFT for September 25 remained static at 97%.

Staff turnover at STHFT decreased during September 25 for both registered and unregistered staff.

- Registered staff: 4.54% (-0.56%)
- Unregistered staff: 8.27% (-0.34%)

Overall turnover remains significantly lower than in September 2024, indicating a positive year-on-year trend in workforce retention. **(Appendix 1).**

At STHFT, the bi-annual nurse establishment review will be presented to Board in January. This review paper is to determine any requirements to adjust the existing nursing workforce model. The data is a triangulation of the SNCT findings, professional judgement and actual base establishments.

The monthly Workforce Assurance Meetings at STHFT continue to provide a constructive forum for reviewing staffing expenditure in relation to safe staffing levels and patient quality indicators. This initiative forms a key part of the wider workforce assurance cycle, helping to determine the staffing levels required to deliver safe, effective care while reducing reliance on temporary staffing.

To further support cost improvement plans at STHFT enhanced scrutiny of workforce metrics has been introduced. There is also broader engagement from specialist nurses and nurse practitioners across each collaborative, helping to align staffing decisions with established rostering best practices within ward settings.

At NTHFT, the next SNCT update will be presented to Board in March 2026. This update will then support the completion of the next annual nurse establishment review in 2026/27. The full nurse establishment planning cycle is currently being reviewed to align and move into a University Hospitals Tees cycle.

**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

At STHFT, staff sickness across wards and departments is being actively managed, with Health Improvement Plans in place to support recovery and resilience.

Areas falling below the required CHPPD levels were predominantly affected by elevated staff sickness rates and increased patient acuity at STHFT. To address these challenges, twice-daily Safe Care reviews continue to play a critical role in workforce planning and the targeted redeployment of staff to cover unfilled shifts.

To support HCSW vacancies at STHFT, the second cohort of the centralised Care Support Worker recruitment programme has been confirmed. Interviews are scheduled for October 2025, with successful candidates expected to commence in December 2025. This recruitment process remains ongoing and is scheduled for review in April 2026.

At STHFT, a comprehensive tracking model for newly qualified nurses continues to be actively monitored to assess progress against over-recruitment plans. The financial ledger indicates an over-establishment of 25.8 WTE. This process is reviewed centrally through the monthly Workforce Assurance meetings and is aligned with all approved posts via the vacancy control panel. This approach ensures accurate tracking and recording of all posts, supporting regional and national reporting requirements for the Graduate Nurse Outcome Project.

Whilst temporary staffing levels at STHFT remain variable due to changing service demands. A focused effort continues to be made to redeploy existing staff before utilising NHSP.

Weekly prospective reviews and monthly Workforce Assurance meetings with each CSU at the STHFT site enables effective triangulation of key workforce data, including sickness absence and staff turnover rates.

To further strengthen the existing controls surrounding the use and expenditure on temporary staffing at STHFT, a new process has been implemented to enhance oversight and

accountability. Each Thursday morning, when the prospective weekly NHSP report is circulated, matrons and heads of nursing are now required to review the scheduled shifts and provide feedback to the Workforce Assurance Team. Specifically, they must identify any shifts that are no longer required and confirm their cancellation. This proactive measure not only helps reduce unnecessary spend on temporary staffing but also ensures that staffing decisions remain responsive to real-time service needs. The Workforce Assurance Team will support this process by conducting regular audits and trend analysis to identify recurring patterns in shift cancellations, which could inform future workforce planning and improve cost-efficiency.

At NTHFT, the B5 RN vacancy position in September 2025, has increased slightly to 20.31wte, with forecasting to the end of November 2025 seeing this drop to zero, moving into an over recruited position. Current and forecasted vacancies are now being filled by the NQNs from the January 2026 cohort and those being recruited into the planned over recruitment of 20wte RN will support an element of backfill of long-term sickness and maternity leave.

At NTHFT, the HCSW vacancy position continues to reduce across all in-patient services, in September 2025, to 41.84wte. Following the introduction of 55wte B2 trainee HCSW posts, the forecasted vacancy for these posts for in-patient services will reduce to approx. 6wte by end November 2025.

Data analysis continues following the STEP week in September 2025, at NTHFT. Over 5500 data sets have been collated and correlated, and an initial report of key findings/themes and proposed actions and recommendations continues to be drafted. This work will support a variety of planned or on-going work streams including the re-design of the Enhanced Care service in line with the NHSE ETOC programme.

### **Recommendations:**

Members of the Board are asked to: Note the content of this report and to note the significant work to ensure safe staffing across the nursing and midwifery workforce throughout September 2025.

## Nurse Monthly Safer Staffing Report: September 2025

This exception report provides the Board of Directors with the monthly University Hospitals Tees nurse safe staffing position across all in patient areas. The report provides the Board of Directors with the assurance that arrangements are in place to staff services with the right skills in the right place to provide safe, sustainable and productive staffing.

### 1. Safer Staffing Governance

At University Hospitals Tees (UHT), Safer Staffing is maintained through twice daily safer staffing meetings (using Safe Care Live) to address any immediate safe staffing concerns (on the day) and to ensure that suitable safer staffing arrangements are in place in line with patient acuity and dependency levels. Staff redeployment is co-ordinated to ensure patient safety is prioritised and at the forefront of decision making in line with the agreed SOPs. All staffing plans are shared through OPEL meetings and Safe Care meetings.

Across the Group, all elements of safer staffing are reviewed at the site led workforce group meetings. Any unresolved concerns are escalated to the Tactical and Strategic Group and Site Leadership Team as required. Both sites undertake a look forward exercise to the week ahead, to ensure that a plan is in place to support any gaps in the nursing workforce. The monthly workforce assurance meetings at both sites have full participation from all senior nurses including Associate Directors and Heads of Nursing, Clinical Matrons and Service Managers to ensure all decision making is appropriate.

Monthly workforce assurance and check and challenge meetings are now embedded in practice to ensure compliance with rostering and safer staffing key performance indicators. At North Tees, the current check and challenge meetings have recently been reviewed and refreshed to ensure that the required safe staffing and rostering KPIs are reviewed and required actions are agreed monthly. These meetings will now be known as monthly workforce assurance meetings and will take place monthly from September 2025, further supporting a future UHT approach.

**Table 1a and Table 1b** show overall planned versus actual fill across the group. Any areas showing less than 80% for registered nurses are highlighted and rationale provided as to why this has occurred.

During September 2025, several areas at STHFT reported fill rates below 80% for Registered Nurses, primarily due to **patient acuity levels** and **staff sickness**:

#### Day Shifts:

- Zetland - Stroke Rehabilitation
- Maternity Centre Friarage

#### Night Shifts:

- Ward 31 – Acute Assessment Unit
- Maternity Centre Friarage

In addition, the following areas reported fill rates below 80% due to a **reduced elective programme** during the reporting period:

Day Shifts:

- Ward 6 – Short Stay Elective
- Ward 27 – Elective Orthopaedics
- Ward 22 – Paediatric Surgery

There were no wards with an RN night shift fill rate below 80% during September due to a reduced elective programme.

These figures highlight the impact of clinical demand and service changes on staffing fill rates and support ongoing efforts to align workforce planning with patient care needs.

In September 2025, the following areas at NTHFT presented a fill rate of less than 80%

- Low RM and HCSW fill rate on delivery suite and ward 22 due to vacancies - filled by Sep25 NQM cohort, short term sickness and a higher level of maternity leave.
- Low HCSW fill rate on EAU Day and night due to increased vacancy and short-term sickness.
- Low HCSW fill rate on SCBU during the day due to long term sickness.
- Low HCSW fill rate on Elective care unit day and night due to reduced activity.
- Low HCSW fill rate on Ward 28 and SDU as redeployments have been made to support increased acuity within the care group.
- Low RN fill rate on Ward 26 during the day due to increased vacancy and maternity leave, which has now been backfilled.
- Low HCSW fill rate on Ward 41 during the night due to long term sickness.
- ACU, 25, 26, 27, 31, 32, 40, and 42 had an increase in HCSW fill up to 106- 158% due to the demands of enhanced care, particularly at night.

All safe staffing concerns were escalated to the daily safer staffing meetings, where appropriate redeployment was carried out based on patient acuity and dependency.

**Table 1a Trust Planned versus Actual fill – South Tees:**

Overall Ward Fill Rate		September 2025
	RN/RMs (%) Average fill rate – DAYS	90.5%
	HCA (%) Average fill rate – DAYS	91.2%
	NA (%) Average fill rate – DAYS	100%
	SNA (%) Average fill rate – DAYS	100%
	RN/RMs (%) Average fill rate – NIGHTS	93.6%
	HCA (%) Average fill rate – NIGHTS	104.2%
	NA (%) Average fill rate – NIGHTS	100%
	SNA (%) Average fill rate – NIGHTS	100%
	<b>Total % of Overall planned hours</b>	<b>97.4%</b>



**Table 1b Trust Planned versus Actual fill – North Tees and Hartlepool:**

<b>Overall, Ward Fill Rate</b>		<b>September 2025</b>
	RN/RMs (%) Average fill rate – DAYS	89%
	HCSW (%) Average fill rate – DAYS	83%
	NA (%) Average fill rate – DAYS	100%
	SNA (%) Average fill rate – DAYS	100%
	RN/RMs (%) Average fill rate – NIGHTS	97%
	HCSW (%) Average fill rate – NIGHTS	108%
	NA (%) Average fill rate – NIGHTS	100%
	SNA (%) Average fill rate – NIGHTS	100%
	<b>Total % of Overall planned hours</b>	<b>97%</b>

- **Nurse Sensitive Indicators**

At both STHFT and NTHFT, staffing was not directly referenced in any concluded PSIRF reviews in September 2025.

- **Red Flags Raised through Safe Care Live**

During September 2025, a total of **35** staffing-related red flags were raised at STHFT. These included:

- **26** flagged as *Shortfall in Registered Nurse (RN) time*
- **4** flagged as *Vital signs not assessed or recorded*
- **3** flagged as *Missed intentional rounding*
- **1** flagged as *Less than two RNs on shift*
- **1** flagged as *Unplanned omission in providing medications*

Documented resolutions are available via the SafeCare log, providing assurance that appropriate action was taken following escalation.

To support timely resolution and oversight, weekly reminders are issued by the Workforce Assurance Team to Clinical Matrons, prompting review and closure of any resolved red flags.

During September 2025, a total of 11 staffing-related red flags were raised at NTHFT. All raised for a *Shortfall in Registered Nurse time*

- **8** flagged by Critical Care  
(*Due to increased acuity and occupancy, internal escalation plans followed*).
- **2** flagged by Ward 24 and 25  
(*Due to increased acuity of SNCT level 2 patient, escalated at safe staffing and matrons working clinically to support*).

- 1 flagged by EAU  
(Due to a shortfall in HCSW to support enhanced care, escalated at safe staffing meetings)

## **Datix/In-Phase Submissions**

At STHFT during September 25, there were 106 Datix submissions relating to staffing. Staff are encouraged to Datix any staffing related issues which are reviewed and discussed as part of workforce assurance and governance meetings. The majority of Datix submissions, highlight a reduction in staffing on Ward 9, Ward 12, Ward 2. All shortages raised were managed through the Safe Care process throughout September 25.

At NTHFT, in Sept 25 there was a decrease of in-phase reports relating to nurse staffing. A total of 11 were submitted by the Care groups, which have been summarised below;

- Delivery Suite - 7 linked to RM staffing levels, short term sickness and increased acuity, internal escalation plans followed to provide safe staffing levels and non-urgent care postponed.
- Ward 40- 1 linked to RN cover and skill mix, due to short term sickness, escalated within care group, no additional staff were available to redeploy, and the ward managed the gap within their actual skill mix with oversight from the Senior Clinical Matron.
- Ward 4- 1 linked to unsafe skill mix and redeployment of staff across to North Tees, however DCP and ANP utilised within Hartlepool Hospital and safe staffing maintained.
- Ward 41 - 1 linked to reduced RN cover due to short term sickness, suitable redeployments made to safely staff department and matron supported clinically.

All staffing risks were appropriately escalated through Senior Clinical Matrons (SCMs) or Clinical Site Managers (CSM) at the time of the events and all In-Phase reports were discussed in the safer staffing meetings to ensure mitigation of any risk was put in place.

The Nursing Workforce team continues to work closely with the People Team and the temporary staffing providers (NHSP) to improve fill rates and maintain safe staffing.

### • **Vacancy & Turnover**

Across the group, the vacancy position continues to be positive. Both sites submitted a joint paper to the Full Executive Team meeting and agreement was secured to over recruit NQNs from the September cohort. This has now been completed and applicants working through the in the recruitment process

As per the STHFT financial ledger for September 2025, vacancies show as –25.8 WTE (RN and RM combined). The vacancy position as per the financial ledger indicates a vacancy of 131.57 WTE for HCSW's. Centralised recruitment of HCSW's took place in July 25 to mitigate against the vacancy / establishment gap increasing in the future. 44 WTE HCSW's were successfully recruited. Interviews for the second cohort are scheduled for October 25.

At NTHFT, the B5 RN vacancy position in September 2025, has increased slightly to 20.31wte, with forecasting to the end of November 2025 seeing this drop to zero, moving into an over recruited position. Current and forecasted vacancies are now being filled by the NQNs from the January 2026 cohort and those being recruited into the planned over recruitment of 20wte RN will support an element of backfill of long-term sickness and maternity leave. Following more recent recruitment it is anticipated that there will be a need to continue to over-recruit by an additional 12wte RN band 5 to fully recruit all Trust home NQNs in January 2026. This proposal and rationale will be presented to Board in January 2026.

At NTHFT, the HCSW vacancy position continue to reduce across all in-patient services, in September 2025, to 42.22wte. Following the introduction of 55wte B2 trainee HCSW posts, the forecasted vacancy for these posts for in-patient services will reduce to approx. 6wte by end November 2025. This pipeline programme of education will support the new trainee HCSW's to gain the required clinical experience and academic requirements to move into a B3 position within a 12-month fixed term post.

- **Care Hours Per Patient Day (CHPPD)**

CHPPD is rolling data updated monthly, to show staffing levels in relation to patient numbers on an inpatient ward. This relates to the associated variance between the required care hours to safely care for patients and the actual care hours delivered by individual ward nursing workforce models. Table 2 and Table 3 show the overall average CHPPD for the group. Most recent breakdown by ward for September 2025 can be reviewed in Appendix 2.

**Table 2 South Tees site:**

	<b>Required CHPPD (Average)</b>	<b>Actual CHPPD (Average)</b>	<b>Variance</b>
July 2025	9.22	9.69	+0.47
August 2025	9.14	9.49	+0.35
September 2025	9.26	9.39	+0.13

During September 25, data indicates that 11 inpatient areas exceeded the required average for CHPPD (>1). Areas falling below the required CHPPD levels were primarily impacted by elevated staff sickness rates and increased patient acuity. To mitigate these challenges, twice-daily Safe Care reviews continue to support the planning and redeployment of staff into unfilled shifts.

The greatest variance between required and actual CHPPD (<3) was observed in Ward 9, Ward 25, Spinal Injuries and Ainderby.

- **Ward 9** reported 2.98 WTE HCSW vacancies throughout September. Through the centralised recruitment process, 2.39 WTE have been allocated, with anticipated start dates ranging from September to October 2025. Following completion of supernumerary periods, an improvement in CHPPD is expected. While staff sickness rates decreased among unregistered staff, there was an increase among registered staff, rising to 11%, a 2% month on month increase.
- **Ward 25** experienced an increase in sickness absence among both registered and unregistered staff. Sickness rates for registered staff rose by 1.5%, reaching 9.5%, while unregistered staff saw a more significant increase of 4%, bringing the total to 17%.
- **Spinal Injuries** reported a reduction in sickness absence among unregistered staff, decreasing by 2.3% to 11.7%. Sickness absence for registered staff remained unchanged month-on-month at 12%. Additional beds were opened throughout September, and NHSP shifts were required for falls watch which may have contributed to a temporary impact on CHPPD.
- **Ainderby** experienced a significant increase in sickness absence among unregistered staff, rising from 10% to 18.5%. In contrast, there was no recorded sickness absence among registered staff, reflecting a 5% month on month reduction. Variance in CHPPD was also influenced by patient acuity, with a high number of CG47 Level 3 shifts requested throughout September.

The reasons for NHSP bookings were consistent with the staffing challenges outlined above (**Appendix 3**)

**Table 3 North Tees site:**

	<b>Required CHPPD (Average)</b>	<b>Actual CHPPD (Average)</b>	<b>Variance</b>
July 25	9.28	11.48	+2.20
August 2025	9.00	10.19	+1.19
September 2025	9.09	9.57	+0.48

In September the areas highlighting a higher variance level (>1) at NTHFT, and thus, not delivering the required CHPPD were;

- Acute Cardiology Unit
- Ward 24 - Respiratory
- Ward 25 - Respiratory
- Ward 26 - Gastroenterology
- Ward 27 - Gastroenterology
- Ward 36 - Endocrinology
- Ward 40 – Older People
- Ward 41 - Stroke

These areas have also been the focus of the most recent bi-annual nurse establishment review where the proposed nurse establishment models in line with the formal review process have been presented, indicating that establishments in these areas require investment.

All unfilled duties within rosters have been managed via the twice daily safer staffing meetings and suitable re-deployment to the areas made. The use of temporary nurse staffing continues at North Tees due to sickness levels that continues to exceed 4% (allocated within headroom) and maternity leave that has previously not been backfilled consistently.

The presentation of monthly workforce rostering KPI's and metrics now allows for more detailed correlation between various metrics and planned and actual CHPPD. These monthly reports are used in the monthly workforce assurance meetings (WAMs) to provide a clear identification of areas with low or no compliance and associated planned actions to improve positions.

### **Nurse Recruitment and Retention**

At both sites the monitoring of all nurses appointed into 'over recruited' positions continues to be an area of focus. The consistent review to move them from over recruited 12 month fixed term posts into permanent established posts by way of natural turnover is well embedded at both sites. Weekly review sessions are taking place to ensure that they are supported in their new roles in addition to the standard preceptorship programme. Unfortunately, NTHFT no longer benefit from the role of the legacy mentor as the roles were disestablished following the removal of funding from NHSE. The resource will be reviewed from a UHT perspective.

Across the UHT Group, the monthly nursing workforce assurance meetings / Professional Workforce Assurance Council (PWAC) provide a platform to fully explore all recruitment and retention issues as well as highlighting best practice for safe and effective rostering.

- **Temporary Staffing**

At STHFT, demand for nursing and midwifery bank and agency staffing in September 2025 decreased by **21%** compared to September 2024. Additionally, bank filled hours declined by **22%** over the same period. These reductions reflect improved workforce stability and may indicate a positive impact from ongoing efforts to optimise staff deployment.

Nursing agency use continues to be minimal at STHFT. In September 2025, a total of **161** nursing agency hours were booked; the use has remained static month on month. 141 nursing agency hours in September 25 were utilised within Friarage Theatres and 20 hours in Orthopaedic Theatres.

ODP agency usage remains present within the Trust. In September 2025, a total of 494 hours were utilised across the following areas:

- **Friarage Theatres:** 237 hours
- **Cardio Theatres:** 124 hours
- **Orthopaedic Theatres:** 133 hours

While this represents a marginal month on month increase, it is a reduction of 261 hours compared to the same period last year.

The continued use of agency staffing reflects a strategic approach to addressing service demands in priority areas, while maintaining a commitment to reducing reliance on external staffing solutions. All agency usage is subject to appropriate governance and has been approved through the vacancy control panel. An exit strategy is in place, aligned with the training matrix and competency progression of NQN's and ODP's.

In September 2025, bank staffing spend decreased by £182,589 (**-13%**) compared to September 2024. Similarly, agency staffing spend saw a notable year-on-year reduction of £13,013 (**-32%**).

The overall fill rate for bank and agency staffing in September 2025 was **81.7%**, consistent with the same period last year. While the fill rate remains static year on year, the reduction in demand provides a more accurate reflection of ward requirements, resulting in a more reliable and representative fill rate.

At NTHFT, all temporary staffing spends (NMAHP, Medical and Dental, Health Care Scientist and Admin and Clerical) is discussed monthly via the Temporary Staffing Focus Group (TSFG) with escalations and updates to Joint QUAD monthly.

- Agency spend YTD is £1,162k lower than previous year. Agency spend is lower than in any month last year and has reduced compared to prior months. Cell Path insourcing still makes up more than 50% of the remaining agency spend.
- Bank spend YTD is £242k higher than previous year. Bank spend in M6 was £4k higher than the same month last year. Enhanced care in M6 is now £6k higher than the average of 24/25 and £10k lower than Aug-25.
- Locum spend YTD is £136k lower than previous year. M6 spend is £34k lower than YTD average, largely due to Anaesthetics.
- Overtime spend YTD is £212k lower than previous year. M6 spend is down £20k vs Aug-25 and £14k vs average of this year.

If the current month spend is projected for the rest of the year, on a straight-line basis (no seasonality) there would be a forecasted saving of £2.9m compared to 2024/25, and an achievement of the target reduction by £192k.

## Key Priorities

At NTHFT the current key priorities are as follows:

- Continued monitoring of temporary staffing, over time use, sickness/absence & turnover
- Bi-annual nurse establishment update report to Board in Jan/Feb 2026
- Adult in-patient SNCT, ED SNCT, Paeds SNCT and Community CNSST data collection across November 2025

- Presentation of STEP data and overall recommendations
- Continued recruitment of NQNs and proposed further over-establishment to accommodate.
- Focus on nursing workforce development with multiple new career pathways – Launch of the CORE pathway across NQNs in November 2025 and February 2026.
- Impact of Legacy Mentorship – conclusion and presentation of research
- Alignment of safer staffing processes across University Hospitals Tees.

At STHFT the current key priorities are as follows:

- Revision of the redeployment charter with an additional handbook. Contributions from all levels of staff and the operational site team to ensure its relevance.
- SNCT data collection completed and validated.
- Professional Nurse Advocate (PNA) update has commenced to look at variation across clinical areas and to explore what demand is for future training places across Group.

## RECOMMENDATIONS

The Board is asked to read the content of this report and to note the progress made across both sites in relation to developing and retaining the nursing workforce.

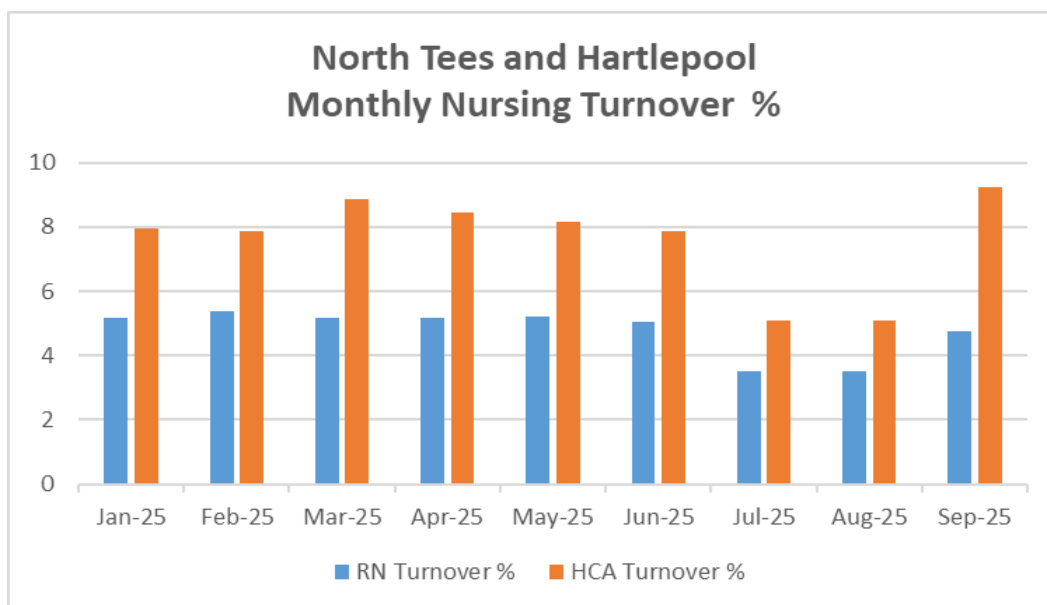
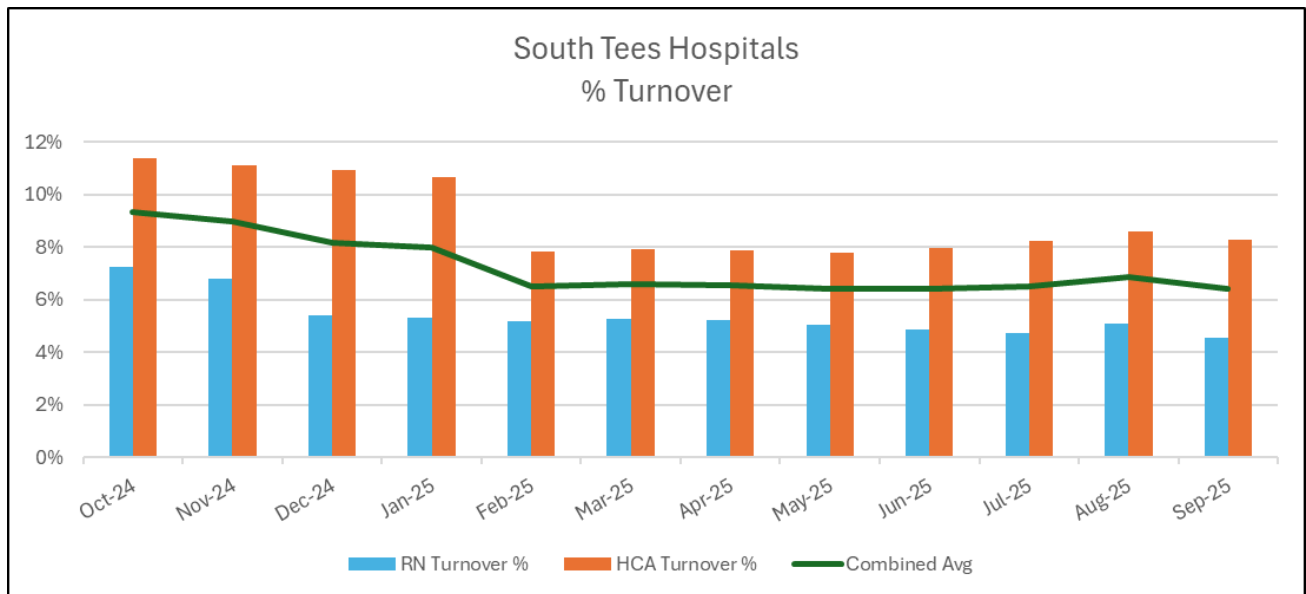
The Board are asked to note the assurance presented that arrangements are in place to monitor, support and mitigate any impact of reduced staffing levels or skill mix in relation to patient safety.

The Board are asked to acknowledge the development of this report in the coming months to ensure that the two current reporting methods across both site teams continue to align. This will provide the continued assurance that arrangements are in place to staff services with the right skills in in the right place to provide safe, sustainable and productive staffing.



## Appendix 1

### Nursing Turnover September 2025





## Appendix 2

### South Tees Average CHPPD Breakdown by Ward (September 2025):

Ward	Average of Required CHPPD	Average of Actual CHPPD	Variance
Ward 1	9.30	8.72	-0.59
Ward 31	9.14	6.42	-2.72
Ward 2	6.51	4.95	-1.57
Ward 3	7.59	4.86	-2.73
Ward 4	8.70	6.38	-2.33
Ward 5	5.14	4.91	-0.22
Ward 6	5.24	4.45	-0.79
Ward 7	5.15	4.57	-0.58
Ward 8	5.42	4.71	-0.70
Ward 9	8.69	4.23	-4.46
Ward 11	8.52	6.45	-2.07
Ward 12	8.88	5.90	-2.98
Ward 14	6.79	5.57	-1.22
Ward 24	8.95	9.52	0.57
Ward 25	9.94	6.77	-3.17
Ward 26	8.42	6.71	-1.71
Ward 27	7.86	14.53	6.67
Ward 28	8.29	5.81	-2.48
Ward 29	5.03	4.88	-0.15
Cardio MB	7.34	9.10	1.76
Ward 32	6.84	6.20	-0.63
Ward 33	8.32	6.50	-1.82
Ward 34	8.48	6.43	-2.04
Ward 35	7.90	7.38	-0.52
Ward 36	6.84	5.44	-1.41
Ward 37 - AMU	11.17	8.25	-2.92
Spinal Injuries	10.55	7.30	-3.24

CCU	14.34	11.81	-2.53
Critical Care	18.58	25.87	7.29
CICU JCUH	23.04	26.72	3.68
Cardio HDU	10.30	13.84	3.54
Ward 24 HDU	11.34	20.27	8.92
CDU FHN	8.14	7.48	-0.66
Ainderby FHN	11.38	7.90	-3.49
Romanby FHN	7.62	6.93	-0.69
Gara FHN	6.66	12.01	5.35
Rutson FHN	8.10	7.07	-1.02
Friary	8.18	7.97	-0.21
Zetland Ward	9.49	7.03	-2.46
Tocketts Ward	7.88	6.17	-1.71
Ward 21	9.25	14.14	4.89
Ward 22	13.47	14.08	0.61
Neonatal Unit (NNU)	12.81	14.21	1.40
Paediatric Critical Care (PCCU)	15.74	32.65	16.90
<b>Grand Total (Average)</b>	<b>9.26</b>	<b>9.39</b>	<b>+0.13</b>

#### North Tees Site - CHPPD by ward for September 2025

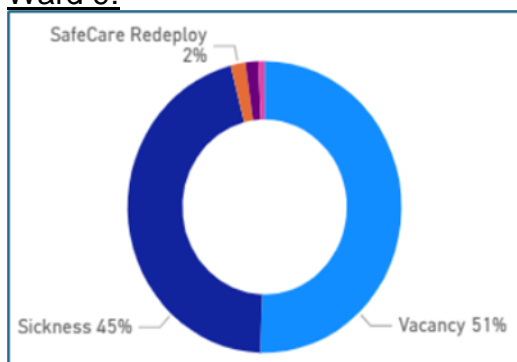
Row Labels	Average of Required CHPPD	Average of Actual CHPPD	Variance
Acute Cardiology Unit	7.09	5.67	-1.41
Critical Care North Tees	22.47	23.31	0.84
Elective Care Unit	6.18	19.57	13.39
Emergency AMB	7.50	8.38	0.88
Neonatal Unit	10.86	18.78	7.93
Paediatrics	10.09	15.80	5.71
SDU	8.83	10.81	1.98
Ward 24 (Respiratory)	9.03	6.37	-2.66
Ward 24 RSU	12.80	9.93	-2.87
Ward 25 (Respiratory)	9.03	6.59	-2.43
Ward 25 RSU	11.95	10.55	-1.40
Ward 26	7.50	5.71	-1.79

Ward 27 (Gastroenterology)	7.69	6.53	-1.16
Ward 28 (Surgery)	6.23	5.80	-0.43
Ward 31 (Surgical Observation Unit)	7.99	9.03	1.04
Ward 32 (Fragility Fracture)	8.07	7.77	-0.30
Ward 33 (Orthopaedic & Spinal)	6.36	6.02	-0.34
Ward 36	8.62	6.91	-1.71
Ward 38	6.37	5.52	-0.85
Ward 40 (Acute Elderly)	8.36	6.93	-1.43
Ward 41 (Stroke Unit)	7.58	5.59	-2.00
Ward 42 (Elderly Rehabilitation)	9.39	9.06	-0.33
<b>Grand Total</b>	<b>9.09</b>	<b>9.57</b>	<b>0.48</b>

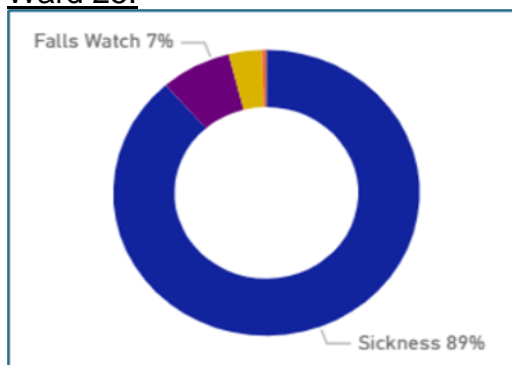
### **Appendix 3**

South Tees NHSP booking reasons for areas with highest CHPPD variance.

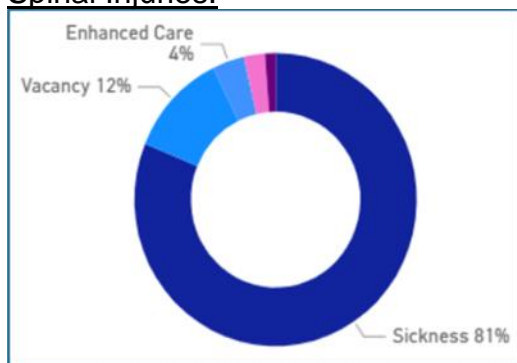
#### **Ward 9:**



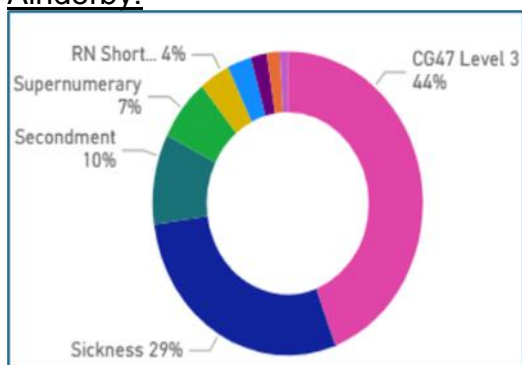
#### **Ward 25:**



#### **Spinal Injuries:**



#### **Ainderby:**



# Resources Committee

**17 December 2025**

**Connecting to: Board of Directors**

**Chair of Committee: David Redpath**

## Key discussion points and matters to be escalated from the meeting

**ALERT:** Alert to the matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy.

### Annual Plan

The committee spent time reviewing the submission and had a lengthy discussion around expectations, ability to delivery and the risk appetite of the organisation. This is an ongoing process and will be discussed in more detail during January Board

### Finance

The financial position for Month 8 2025/26 is a deficit of £7.2m for the UHT Group, which is a favourable variance of £48k against the year-to-date plan. The reported position includes over-performance of ERF income of £6.7m (at risk above commissioner affordable levels within contract mandates) and additional non-recurrent measures totalling £9.8m year-to-date across the Group.

### WTE and Agency

Month 8 shows a net overall increase of 22.64 WTE worked across the Group, compared to the previous month. WTEs worked in month were 20.61wte lower than the average of the previous financial year. Compared to the same period last year (Month 8 2024/25) WTEs were lower by 42.04wte. WTEs worked remains higher than the average deployed during 2019/20 (pre-Covid), by 2,519.56wte (19.5%). Reductions in premium pay expenditure continue, with Agency spend £0.7m (11%) less and Bank spend £3.3m (15% less) than that incurred at the same point in the previous year (adjusted for inflation)

## CIP

Positive progress continues to be made in the development and de-risking of the CIP programme since plan submission. However, at the end of the reporting period £2.8m of the CIP programme remains defined as 'Opportunity' and £8.7m of the programme remains as High Risk. Across the Group, overall year-to-date reported CIP delivery is £45.4m (98% of target). However, this position includes a number of non-recurrent schemes, and delivery of recurrent savings is £6.3m behind plan at the end of Month 8

## Performance

For NTHFT, Cancer 62 Day Standard remains as Alert. No other new metrics have been regraded to Alert this month for the Trust.

For STHFT, the following three performance metrics remain as Alert assurance:

- Diagnostic 6 Week standard
- RTT 52-week waiters (%)
- RTT time to first appointment In addition,

RTT Incomplete Pathways (%) for is regraded to Alert from Advise as the performance of the 18-week standard for October 2025 is not keeping pace with the improvement trajectory agreed with the ICB and NHSE.

Immediate actions in progress to reduce the longest waiters of 65 weeks and 52 weeks such as providing extra capacity in key specialties is expected to improve overall compliance

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

### **National Cost Collection**

The National cost collection submission was presented to the committee for approval. The 2024/25 score of 9-0 for North Tees was the first year in a decade not to show improvement from the previous year. South Tees also has an index of 90 – showing the trust is delivering its case mix of service at 10% lower cost than the national average.

### **RPA**

An update was provided (following original business case presentation in May 2025) – Good progress has been made with some good use cases, further funding has been received from the Northern Cancer Alliance. The committee agreed that a full business case was needed to proceed further than this with concern over long term contracts being signed with fuller understanding around RPA role in wider AI / digital strategy.

**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

The committee agreed to use January meeting to get a progress update and deep dive on the EPR (Digital) area as well as further work on the Annual Planning Process

# Month 8 2025-26 Finance Report

**Meeting date:** *8 January 2025*

**Reporting to:** *Board of Directors*

**Agenda item No:** *4.2*

**Report author:** *Chris Hand, Chief Finance Officer*

**Executive director sponsor:** *Chris Hand, Chief Finance Officer*

**Action required:** *Information*

**Delegation status:** *Jointly delegated item to UHT Board*

**Previously presented to:** *Resources Committee*

## UHT strategic objectives supported:

Putting patients first ☐

Creating an outstanding experience for our people ☐

Working with partners ☐

Reforming models of care ☐

Developing excellence as a learning organisation ☐

Using our resources well ☒

## CQC domain link:

Well-led

## Board assurance / risk register this paper relates to:

This report relates to the Board Assurance Framework Finance domain



## Key discussion points and matters to be escalated from the meeting

**ALERT:** Alert to the matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy.

The UHT Group plan for the 2025/26 financial year is to deliver an overall deficit control total of £9.1m, with a break-even plan for NTHFT and a £9.1m deficit plan for STHFT (including an allocation of £11.5m ICS deficit support for STHFT).

The financial position for Month 8 2025/26 is a deficit of £7.2m for the Group, which is a favourable variance of £48k against the year-to-date plan.

The reported position includes over-performance of ERF income of £6.7m year-to-date (at risk above commissioner affordable levels within contract mandates) and additional non-recurrent measures.

Continued focus on de-risking and delivery of recurrent efficiency plans along with reductions in WTE and expenditure run-rates will be essential throughout the remainder of the financial year to ensure delivery of the financial control total.

NHSE have advised of changes to the deficit support regime for 2025/26, with regional assurance of plan-delivery required to prevent funding being withheld. NHSE expect strong Board focus on delivery of agreed financial plans, with oversight of progress in de-risking plans and on delivery of efficiency plans and cost control. Deficit support funding has been confirmed and received up to Quarter 3. It is expected that Quarter 4 will be assessed based on the Month 8 system position. As a trust with a planned deficit agreed as part of system with a balanced plan, STHFT should be eligible to access revenue cash support. This is currently being explored with Regional NHSE

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

The plans for the Group include a number of risks and assumptions, which will need to be closely monitored over the course of the financial year through the Resources Committee. Significant risks at Month 8 include ERF income, industrial action, CIP delivery, expenditure run-rates and unfunded inflationary pressures.

Month 8 shows a net overall increase of 22.64 WTE worked across the Group, compared to the previous month. WTEs worked in month were 20.61wte lower than the average of the previous financial year. Compared to the same period last year (Month 8 2024/25) WTEs were lower by 42.04wte. WTEs worked remains higher than the average deployed during 2019/20 (pre-Covid), by 2,519.56wte (19.5%)

Reductions in premium pay expenditure continue, with Agency spend £0.7m (11%) less and Bank spend £3.3m (15% less) than that incurred at the same point in the previous year (adjusted for inflation).



Positive progress continues to be made in the development and de-risking of the CIP programme since plan submission. However, at the end of the reporting period £2.8m of the CIP programme remains defined as 'Opportunity' and £8.7m of the programme remains as High Risk. Across the Group, overall year-to-date reported CIP delivery is £45.4m (98% of target). However, this position includes a number of non-recurrent schemes.

**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

The Resources Committee will receive monthly assurance reports on the financial performance throughout the year.

External assurance on the year-end financial position is received from the Group's external auditors.

Following the launch of the Clinical Support Units across the Group, each CSU received a handover of their CIP schemes from predecessor Care Groups and Collaboratives. A named lead from Group's PMSIO team has been identified to support each CSU with CIP planning and delivery. The COO will continue to lead a CIP escalation and support meeting with all CSUs, with performance and escalation of CSUs monitored through Performance Review Meetings and assurance reporting into FROG. FROG is now chaired by the CEO and membership has been expanded to include wider representation from the Executive team, to ensure continued focus and prioritisation of de-risking of the efficiency programme.

## Recommendations:

Members of the Board are asked to:

- Note the financial position for Month 8 2025/26.



**Board of Directors  
November 2025**

**Month 8 2025/26 Finance Report**

**1. PURPOSE OF REPORT**

The purpose of this report is to update the Committee on the financial performance of the individual trusts and overall UHT Group, at the end of Month 8 of 2025/26.

**2. BACKGROUND**

For 2025/26, the system-based approach to planning and delivery continues, with each provider trust fully mapped to a single Integrated Care System (ICS). Both North Tees and Hartlepool NHS Foundation Trust (NTHFT) and South Tees Hospitals NHS Foundation Trust (STHFT) and are aligned to the North Cumbria (NENC) Integrated Care System (ICS).

The UHT Group plan for the 2025/26 financial year is to deliver an overall deficit control total of £9.1m, with a break-even plan for NTH and a £9.1m deficit plan for STH.

This includes non-recurrent deficit support provided by NHSE to systems with an agreed deficit plan, to deliver break-even for the 2025/26 financial year. NENC ICB received an allocation of £33.3m (reduced from £49.9m in 2024/25), which has been allocated to deficit trusts including an allocation of £11.5m for STHFT. The planned deficit excluding non-recurrent deficit support funding is £20.6m.

NTHFT and STHFT are required to plan and report to NHSE on a consolidated group basis, including the financial position of each of the trust's subsidiary companies. The financial performance in this report therefore includes the consolidated positions of OptimusHealth Ltd and North Tees & Hartlepool Solutions LLP for NTHFT and South Tees Healthcare Management Ltd for STHFT.

### 3. MONTH 8 FINANCIAL POSITION

The table below shows the revenue position for the Group as at the end of Month 8 2025/26, shown by trust:

STATEMENT OF COMPREHENSIVE INCOME	NTH			STH			GROUP		
	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000	Plan £000	Actual £000	Variance £000
Operating income from patient care activities	284,074	284,716	642	636,303	635,503	(800)	920,377	920,219	(158)
Other operating income	23,176	23,467	291	47,406	53,482	6,076	70,582	76,949	6,367
Employee expenses	(206,209)	(213,851)	(7,642)	(404,674)	(405,914)	(1,240)	(610,883)	(619,765)	(8,882)
Operating expenses excluding employee expenses	(99,501)	(94,199)	5,302	(262,989)	(268,956)	(5,967)	(362,490)	(363,155)	(665)
<b>OPERATING SURPLUS/(DEFICIT)</b>	<b>1,540</b>	<b>133</b>	<b>(1,407)</b>	<b>16,046</b>	<b>14,115</b>	<b>(1,931)</b>	<b>17,586</b>	<b>14,248</b>	<b>(3,338)</b>
<b>FINANCE COSTS</b>									
Finance income	1,504	1,958	454	1,465	2,587	1,122	2,969	4,545	1,576
Finance expense	(468)	(474)	(6)	(14,424)	(14,324)	100	(14,892)	(14,798)	94
PDC dividends payable/refundable	(2,136)	(2,136)	0	0	0	0	(2,136)	(2,136)	0
<b>NET FINANCE COSTS</b>	<b>(1,100)</b>	<b>(652)</b>	<b>448</b>	<b>(12,959)</b>	<b>(11,737)</b>	<b>1,222</b>	<b>(14,059)</b>	<b>(12,389)</b>	<b>1,670</b>
Other gains/(losses) including disposal of assets	0	833	833	0	1	1	0	834	834
Corporation tax expense	(64)	(39)	25	(8)	(19)	(11)	(72)	(58)	14
<b>SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR</b>	<b>376</b>	<b>275</b>	<b>(101)</b>	<b>3,079</b>	<b>2,360</b>	<b>(719)</b>	<b>3,455</b>	<b>2,635</b>	<b>(820)</b>
Add back all I&E impairments/(reversals)	0	0	0	0	0	0	0	0	0
Remove capital donations/grants I&E impact	0	114	114	(5,038)	(4,287)	751	(5,038)	(4,173)	865
Remove net impact of consumables donated from other DHSC bodies	0	0	0	0	0	0	0	0	0
Remove PFI revenue costs on an IFRS 16 basis	0	0	0	43,028	42,670	(358)	43,028	42,670	(358)
Add back PFI revenue costs on a UK GAAP basis	0	0	0	(48,700)	(48,339)	361	(48,700)	(48,339)	361
<b>Adjusted financial performance surplus/(deficit)</b>	<b>376</b>	<b>389</b>	<b>13</b>	<b>(7,631)</b>	<b>(7,596)</b>	<b>35</b>	<b>(7,255)</b>	<b>(7,207)</b>	<b>48</b>
Less Non-Recurrent Deficit Funding	0		0	(7,910)	(7,910)	0	(7,910)	(7,910)	0
<b>Adjusted financial performance surplus (deficit) excluding Non-Recurrent Deficit Funding</b>	<b>376</b>	<b>389</b>	<b>13</b>	<b>(15,541)</b>	<b>(15,506)</b>	<b>35</b>	<b>(15,165)</b>	<b>(15,117)</b>	<b>48</b>

At the end of Month 8 2025/26 the Group is reporting a year-to-date (YTD) favourable variance of £48k, with a variance of £13k relating to NTHFT and £35k relating to STHFT.

The main drivers of the **NTHFT Month 8 position** are:

- Clinical Income is ahead of plan by £0.6m. This is due net-neutral reclassification of income for the UTC and SALT hosted services, offset by ERF assumptions, variable drugs & devices income, and additional funding for the recently commissioned sexual health service. The YTD position assumes payment of £2.0m ERF income (including Advice & Guidance) above the affordable levels included in commissioner contract mandates.
- Other operating income (excluding donated asset income) is £0.3m ahead of plan, mainly relating to assumed education income.
- Interest receivable is ahead of plan by £0.5m, reflecting current interest rates and cash balances.
- Pay is £7.6m behind plan due to increased demand for Enhanced Care, weekend working linked to activity, industrial action, pay award pressures and slippage on CIP delivery and the allocation of targets for unidentified CIP at initial plan submission.
- Non-Pay is underspent by £5.3m, relating to hosted UTC expenditure which is offsetting increases in clinical supplies and drugs, linked to activity levels



alongside slippage on CIP delivery, and additional spend to deliver the newly commissioned sexual health service.

- The year-to-date position includes the impact of additional non-recurrent measures of £2.5m, ahead of the phased plan.

The main drivers of the **STHFT Month 8 position** are:

- Clinical Income is behind plan by £0.8m. Assumed ERF income is £4.7m above commissioner contract mandates, in line with PbR rules. However, this has been offset by the under-recovery of planned income for the FHN surgical hub, depreciation funding, and NHSE thoracic surgery expansion. The position includes the impact of net neutral reclassification of income for activity delivered under sub-contract arrangements and variable income for High-Cost Drugs and Devices.
- Other Operating Income is £6.1m ahead of plan, relating to the neutral reclassification of CDC income and favourable variances on R&D and Education income.
- Pay is overspent by £1.2m, including the YTD pay award funding pressure and the costs of industrial action. Bank staff underspends continue to offset an adverse variance on agency expenditure.
- Non-Pay is £6.0m overspent, with overspends on clinical supplies and drugs, and the impact of the net-neutral reclassification of UTC income, part offset by underspends against energy and premises.
- Interest receivable is ahead of plan by £1.1m, reflecting higher than plan cash balances.
- The position includes the impact of additional non-recurrent measures of £7.3m, ahead of the phased plan.

### Agency and Bank Expenditure

Reductions in temporary staffing and premium pay costs are a national priority set by NHSE. The 2025/26 planning guidance included requirements to reduce agency spend by at least 30% from the prior year and to reduce bank spend by at least 10%.

The tables below show the position on agency and bank expenditure for the Group to the end of Month 8, comparing the year-to-date expenditure with the same period in the previous financial year (adjusted for inflation).

Across the Group, **YTD agency** expenditure was £5.0m. This was £1.4m higher than plan, largely relating to Consultant agency (which was £0.5m over at NTH and at £0.7m over at STH), and £0.6m on Scientific staff across the Group. However, total agency expenditure was £0.7m (11%) less than the agency expenditure incurred at the same point in the previous year (adjusted for inflation), largely relating to nursing agency reductions at NTH.

Across the Group, **YTD bank** expenditure was £18.9m. This was £1.1m less than plan, largely relating to Nursing and HCA Bank at STH which was under by £1.6m overall, offset by increased usage at NTH (partly linked to agency reductions). Total bank

expenditure was £3.3m (15%) less than the bank expenditure incurred at the same point in the previous year (adjusted for inflation).

AGENCY YTD	NTH					
	Plan £000	Actual £000	Variance £000	Adj 24/25 £000	Change	
					£000	%
Nursing	703	65	-638	1,589	-1,524	-96%
AHP and Sci&Tech	217	440	223	355	85	24%
Other Clinical	0	0	0	0	0	-
Consultants	498	1,028	530	1,284	-256	-20%
Career/staff grades	0	41	41	6	35	553%
Trainee grades	0	31	31	0	31	-
Non Clinical	0	35	35	36	-1	-2%
TOTAL	1,418	1,640	222	3,269	-1,629	-50%

AGENCY YTD	STH					
	Plan £000	Actual £000	Variance £000	Adj 24/25 £000	Change	
					£000	%
Nursing	139	143	4	198	-55	-28%
AHP and Sci&Tech	166	568	402	202	366	181%
Other Clinical	29	0	-29	1	-1	-100%
Consultants	1,813	2,495	682	2,096	399	19%
Career/staff grades	0	0	0	0	0	-
Trainee grades	0	0	0	0	0	-
Non Clinical	38	199	161	0	199	-
TOTAL	2,185	3,405	1,220	2,498	907	36%

AGENCY YTD	UHT GROUP					
	Plan £000	Actual £000	Variance £000	Adj 24/25 £000	Change	
					£000	%
Nursing	842	208	-634	1,787	-1,579	-88%
AHP and Sci&Tech	383	1,008	625	557	451	81%
Other Clinical	29	0	-29	1	-1	-100%
Consultants	2,311	3,523	1,212	3,380	143	4%
Career/staff grades	0	41	41	6	35	553%
Trainee grades	0	31	31	0	31	-
Non Clinical	38	234	196	36	198	557%
TOTAL	3,603	5,045	1,442	5,767	-722	-13%

BANK YTD	NTH					
	Plan £000	Actual £000	Variance £000	Adj 24/25 £000	Change	
					£000	%
Nursing	3,139	3,573	434	3,500	73	2%
AHP and Sci&Tech	442	478	36	464	14	3%
Other Clinical	3,152	3,782	630	3,515	267	8%
Consultants	0	0	0	0	0	-
Career/staff grades	0	0	0	0	0	-
Trainee grades	0	0	0	0	0	-
Non Clinical	463	401	-62	612	-211	-34%
TOTAL	7,196	8,234	1,038	8,091	143	2%

BANK YTD	STH					
	Plan £000	Actual £000	Variance £000	Adj 24/25 £000	Change	
					£000	%
Nursing	5,916	4,977	-939	6,555	-1,578	-24%
AHP and Sci&Tech	140	127	-13	160	-33	-21%
Other Clinical	5,028	4,260	-768	5,716	-1,456	-25%
Consultants	0	0	0	0	0	-
Career/staff grades	0	0	0	0	0	-
Trainee grades	1,128	802	-326	1,016	-214	-21%
Non Clinical	580	528	-52	649	-121	-19%
TOTAL	12,792	10,694	-2,098	14,096	-3,402	-24%

BANK YTD	UHT GROUP					
	Plan £000	Actual £000	Variance £000	Adj 24/25 £000	Change	
					£000	%
Nursing	9,055	8,550	-505	10,055	-1,505	-15%
AHP and Sci&Tech	582	605	23	624	-19	-3%
Other Clinical	8,180	8,042	-138	9,231	-1,189	-13%
Consultants	0	0	0	0	0	-
Career/staff grades	0	0	0	0	0	-
Trainee grades	1,128	802	-326	1,016	-214	-21%
Non Clinical	1,043	929	-114	1,261	-332	-26%
TOTAL	19,988	18,928	-1,060	22,187	-3,259	-15%

## Workforce

Growth in workforce remains an area of significant national and regional scrutiny, linked to the reductions in productivity and growth in non-clinical roles that has been noted across the NHS.

The table below shows the WTE actual worked in Month 8 (split between Substantive, Bank, and Agency staff) compared to each of:

- the average monthly WTE worked in 2019/20 (the pre-Covid baseline),
- the average monthly WTE worked in 2023/24,
- the average monthly WTE worked in 2024/25 (the previous financial year); and
- the previous month.



WTE worked data has been used (taken directly from the General Ledger), to ensure consistency between different reporting periods and to provide the best correlation to the actual pay costs incurred.

WTE Worked	19/20 Average p.m.	23/24 Average p.m.	24/25 Average p.m.	Q1 Avg 25/26	Q2 Avg 25/26	Mth 7 25/26	Mth 8 25/26	Change from prior month	Change from 19/20 avg	Change from 23/24 avg	Change from 24/25 avg	Change from M8 24/25
<b>NTH</b>												
Agency	20.38	63.89	35.17	16.66	15.30	15.16	14.82	-0.34	-5.56	-49.07	-20.35	-12.97
Bank	186.45	234.11	247.00	240.89	248.10	248.64	240.69	-7.95	54.24	14.53	-6.31	0.64
Substantive	4,659.47	5,130.23	5,325.94	5,293.57	5,227.35	5,276.60	5,284.17	7.57	624.70	146.37	-41.77	-76.72
<b>Sub Total</b>	<b>4,866.30</b>	<b>5,428.23</b>	<b>5,608.11</b>	<b>5,551.11</b>	<b>5,490.75</b>	<b>5,540.40</b>	<b>5,539.68</b>	<b>-0.72</b>	<b>673.38</b>	<b>111.83</b>	<b>-68.43</b>	<b>-89.05</b>
<b>STH</b>												
Agency	25.51	34.62	18.73	15.84	20.35	31.58	27.32	-4.26	1.81	-7.30	8.59	8.40
Bank	198.01	393.05	347.40	275.69	293.62	294.81	267.19	-27.62	69.18	-98.23	-80.21	-47.89
Substantive	7,836.68	9,235.07	9,492.43	9,597.58	9,557.95	9,556.63	9,611.87	55.24	1,775.19	321.56	119.44	86.50
<b>Sub Total</b>	<b>8,060.20</b>	<b>9,662.74</b>	<b>9,858.56</b>	<b>9,889.11</b>	<b>9,871.92</b>	<b>9,883.02</b>	<b>9,906.38</b>	<b>23.36</b>	<b>1,846.18</b>	<b>216.02</b>	<b>47.82</b>	<b>47.01</b>
<b>UHT GROUP</b>												
Agency	45.89	98.51	53.90	32.50	35.66	46.74	42.14	-4.60	-3.75	-56.37	-11.76	-4.57
Bank	384.46	627.16	594.40	516.58	541.72	543.45	507.88	-35.57	123.42	-83.70	-86.52	-47.25
Substantive	12,496.15	14,365.30	14,818.37	14,891.14	14,785.30	14,833.23	14,896.04	62.81	2,399.89	467.93	77.67	9.78
<b>Grand Total</b>	<b>12,926.50</b>	<b>15,090.97</b>	<b>15,466.68</b>	<b>15,440.23</b>	<b>15,362.67</b>	<b>15,423.42</b>	<b>15,446.06</b>	<b>22.64</b>	<b>2,519.56</b>	<b>327.85</b>	<b>-20.61</b>	<b>-42.04</b>

Month 8 shows a net overall increase of 22.64wte worked across the Group, compared to the WTE worked reported in the previous month, largely apparent in substantive staff WTE. The in-month change in WTE was a 0.72wte reduction at NTHFT and a 23.36wte increase at STHFT

WTEs worked in month were 20.61wte lower than the average of the previous financial year. Compared to the same period last year (Month 8 2024/25) WTEs were lower by 42.04wte. WTEs worked remains higher than the average deployed during 2019/20 (pre-Covid), by 2,519.52wte (19.5%)

The table below provides an analysis of WTE worked data split by staff grouping:





WTE Worked	19/20 Average p.m.	23/24 Average p.m.	24/25 Average p.m.	Q1 Avg 25/26	Q2 Avg 25/26	Mth 7 25/26	Mth 8 25/26	Change from prior month	Change from 19/20 avg	Change from 23/24 avg	Change from 24/25 avg	Change from M8 24/25
<b>NTH</b>												
Nursing & Midwifery	1,381.12	1,607.51	1,682.30	1,698.86	1,698.04	1,715.70	1,719.99	4.29	338.87	112.48	37.69	32.49
Medical & Dental	535.14	555.47	585.95	600.51	586.73	607.46	612.96	5.50	77.82	57.49	27.01	16.24
AHP, Sci., Ther.&Tech.	540.32	588.28	603.99	562.54	566.28	568.13	567.32	-0.81	27.00	-20.96	-36.67	-41.09
HCA's & Support Staff	949.52	1,051.64	1,050.01	1,021.43	1,019.66	1,051.50	1,056.42	4.92	106.90	4.78	6.41	16.01
Non Clinical	1,460.20	1,625.34	1,685.87	1,667.77	1,620.03	1,597.61	1,582.99	-14.62	122.79	-42.35	-102.88	-112.70
<b>Sub Total</b>	<b>4,866.30</b>	<b>5,428.24</b>	<b>5,608.11</b>	<b>5,551.11</b>	<b>5,490.75</b>	<b>5,540.40</b>	<b>5,539.68</b>	<b>-0.72</b>	<b>673.38</b>	<b>111.44</b>	<b>-68.43</b>	<b>-89.05</b>
<b>STH</b>												
Nursing & Midwifery	2,506.06	2,958.13	3,095.50	3,145.89	3,151.02	3,150.05	3,171.52	21.47	665.46	213.39	76.02	68.87
Medical & Dental	1,242.76	1,318.94	1,376.28	1,392.44	1,395.16	1,407.43	1,420.46	13.03	177.70	101.52	44.18	22.93
AHP, Sci., Ther.&Tech.	1,225.20	1,484.76	1,570.58	1,574.89	1,596.20	1,615.92	1,626.00	10.08	400.80	141.24	55.42	46.53
HCA's & Support Staff	1,424.35	1,755.65	1,672.69	1,642.68	1,638.32	1,654.57	1,619.48	-35.09	195.13	-136.17	-53.21	-31.61
Non Clinical	1,661.83	2,145.27	2,143.50	2,133.21	2,091.23	2,055.05	2,068.92	13.87	407.09	-76.35	-74.58	-59.71
<b>Sub Total</b>	<b>8,060.20</b>	<b>9,662.74</b>	<b>9,858.56</b>	<b>9,889.11</b>	<b>9,871.92</b>	<b>9,883.02</b>	<b>9,906.38</b>	<b>23.36</b>	<b>1,846.18</b>	<b>243.64</b>	<b>47.82</b>	<b>47.01</b>
<b>UHT GROUP</b>												
Nursing & Midwifery	3,887.18	4,565.64	4,777.80	4,844.75	4,849.06	4,865.75	4,891.51	25.76	1,004.34	325.87	113.71	101.36
Medical & Dental	1,777.90	1,874.41	1,962.23	1,992.95	1,981.89	2,014.89	2,033.42	18.53	255.52	159.01	71.19	39.17
AHP, Sci., Ther.&Tech.	1,765.52	2,073.04	2,174.57	2,137.43	2,162.48	2,184.05	2,193.32	9.27	427.80	120.28	18.75	5.44
HCA's & Support Staff	2,373.87	2,807.29	2,722.71	2,664.11	2,657.98	2,706.07	2,675.90	-30.17	302.03	-131.39	-46.80	-15.60
Non Clinical	3,122.03	3,770.61	3,829.37	3,800.99	3,711.26	3,652.66	3,651.91	-0.75	529.88	-118.70	-177.46	-172.41
<b>Sub Total</b>	<b>12,926.50</b>	<b>15,090.98</b>	<b>15,466.68</b>	<b>15,440.23</b>	<b>15,362.67</b>	<b>15,423.42</b>	<b>15,446.06</b>	<b>22.64</b>	<b>2,519.56</b>	<b>355.08</b>	<b>-20.61</b>	<b>-42.04</b>

The Month 8 position includes a reduction of 172.41wte Non Clinical staff compared to the same period last financial year, with an in-month reduction of 0.75wte across the Group.

## Efficiency

The plan assumes delivery of an overall efficiency target for the Group of £73.1m. The table below shows the current planning position against the target:

	NTH				STH				GROUP			
2025/26 Total Plan	Plan £000	Forecast £000	(Gap) / Surplus £000	% Delivery	Plan £000	Forecast £000	(Gap) / Surplus £000	% Delivery	Plan £000	Forecast £000	(Gap) / Surplus £000	% Delivery
Fully Developed	8,756	17,659	8,903	202%	2,187	48,166	45,979	2202%	10,943	65,825	54,882	602%
Plans in Progress	2,961	4,150	1,189	140%	42,072	333	-41,739	1%	45,033	4,483	-40,550	10%
Opportunity	4,839	2,764	-2,075	57%	4,241	0	-4,241	0%	9,080	2,764	-6,316	30%
Unidentified	8,017	0	-8,017	0%	0	0	0	-	8,017	0	-8,017	0%
<b>Total</b>	<b>24,573</b>	<b>24,573</b>	<b>0</b>	<b>100%</b>	<b>48,500</b>	<b>48,500</b>	<b>0</b>	<b>100%</b>	<b>73,073</b>	<b>73,073</b>	<b>0</b>	<b>100%</b>
High Risk	12,860	3,046	-9,814	24%	24,305	5,613	-18,692	23%	37,165	8,659	-28,506	23%
Medium risk	2,426	3,468	1,042	143%	13,403	8,342	-5,061	62%	15,829	11,810	-4,019	75%
Low Risk	9,287	18,059	8,772	194%	10,791	34,544	23,753	320%	20,078	52,603	32,525	262%
<b>Total</b>	<b>24,573</b>	<b>24,573</b>	<b>0</b>	<b>100%</b>	<b>48,500</b>	<b>48,500</b>	<b>0</b>	<b>100%</b>	<b>73,073</b>	<b>73,073</b>	<b>0</b>	<b>100%</b>

There continues to be positive movement in development of schemes and de-risking of the programme since Final Plan submission in March, as schemes are progressed to completion of full PID and QEIA documentation. At the end of the reporting period none





of the CIP programme remains 'Unidentified', however £2.8m remains defined as 'Opportunity'. £8.7m of the programme remains as High Risk (which is a reduction of £28.5m since plan submission).

The table below show the year-to-date delivery against the Group's efficiency targets:

	NTH				STH				GROUP			
YTD Month 8 Delivery	YTD Target £000	YTD Actual £000	YTD Variance £000	% Delivery	YTD Target £000	YTD Actual £000	YTD Variance £000	% Delivery	YTD Target £000	YTD Actual £000	YTD Variance £000	% Delivery
Pay	10,045	7,037	-3,008	70%	9,756	11,650	1,894	119%	19,801	18,687	-1,114	94%
Non Pay	4,961	5,144	183	104%	16,755	15,880	-875	95%	21,716	21,024	-692	97%
Income	941	2,811	1,870	299%	3,858	2,840	-1,018	74%	4,799	5,651	852	118%
<b>Total</b>	<b>15,947</b>	<b>14,992</b>	<b>-955</b>	<b>94%</b>	<b>30,368</b>	<b>30,370</b>	<b>2</b>	<b>100%</b>	<b>46,315</b>	<b>45,362</b>	<b>-953</b>	<b>98%</b>
Recurrent	9,198	9,292	94	101%	24,737	18,314	-6,423	74%	33,935	27,606	-6,329	81%
Non-recurrent	6,749	5,700	-1,049	84%	5,632	12,055	6,423	214%	12,381	17,755	5,374	143%
<b>Total</b>	<b>15,947</b>	<b>14,992</b>	<b>-955</b>	<b>94%</b>	<b>30,368</b>	<b>30,369</b>	<b>0</b>	<b>100%</b>	<b>46,315</b>	<b>45,361</b>	<b>-955</b>	<b>98%</b>
Recurrent %	58%	62%	4%	-	81%	60%	-21%	-	73%	61%	-12%	-

Across the Group, overall year-to-date delivery is £45.4m (98% of target). Delivery of recurrent savings is £6.3m behind plan at the end of Month 8, constituting 61% of YTD delivery across the Group.

Following the launch of the Clinical Support Units across the Group, each CSU received a handover of their CIP schemes from predecessor Care Groups and Collaboratives. A named lead from Group's PMSIO team has been identified to support each CSU with CIP planning and delivery. The COO will continue to lead a CIP escalation and support meeting with all CSUs, with performance and escalation of CSUs monitored through Performance Review Meetings with each CSU and assurance reporting into FROG. FROG is now chaired by the CEO and membership has been expanded to include wider representation from the Executive team, to ensure continued focus and prioritisation of de-risking of the efficiency programme.

## Capital

The Group's gross capital expenditure plan for the 2025/26 financial year totalled £66.8m at the start of the financial year. The Group's ICS Capital Departmental Expenditure Limit (CDEL) for 2025/26 totals £37.9m, including ICS approved Constitutional Standards/Estates Safety schemes (that are funded through additional national PDC).

The capital programme also includes external Public Dividend Capital (PDC) of £6.5m, RAAC eradication work and replacement of Linacs. The plan includes de-carbonisation schemes, supported with further Salix grant funding of £13.9m across the Group. The plan also includes expected PFI lifecycle costs of £8.0m (the cost of which sits outside the ICS CDEL limit).

For the 2025/26 financial year there are no separate CDEL allocations for IFRS16 right of use assets, and this capital expenditure must be managed within overall system allocations.

Since plan submission, NTHFT has received an additional £4m of bonus CDEL resource in relation to urgent and emergency care performance in 2024/25; however, this is not cash-backed. The Group has also received additional national PDC funding for equipment, diagnostics and digital.

The Group is currently forecasting outturn capital expenditure in line with total CDEL and PDC allocations received to date. To support delivery of this, the Group Executive has agreed to deploy £1.9m of CDEL at STHFT (to enable further mitigation of Medical Equipment replacement risks) and will show off-setting under and overspends across the two trusts. Completion of the NTHFT UEC scheme will be prioritised within the Group's overall capital allocations in 2026/27.

The Group's capital expenditure to the end of Month 8 amounted to £29.9m, as detailed in the table below.

	NTH				STH				Group			
	Plan	YTD Plan	YTD Actual	Variance	Plan	YTD Plan	YTD Actual	Variance	Plan	YTD Plan	YTD Actual	Variance
	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000	£000
Equipment	6,066	2,285	3,298	1,013	8,012	3,448	275	-3,173	14,078	5,733	3,573	-2,160
Digital	5,117	2,496	2,908	412	2,080	1,304	450	-854	7,197	3,800	3,358	-442
Estates	10,211	3,570	3,448	-122	3,844	2,400	3,717	1,317	14,055	5,970	7,165	1,195
PFI	0	0	0	0	8,163	5,437	5,309	-128	8,163	5,437	5,309	-128
Decarbonisation	1	0	0	0	13,928	9,288	8,378	-910	13,929	9,288	8,378	-910
RAAC	1,300	455	492	37	2,900	1,500	11	-1,489	4,200	1,955	503	-1,452
IFRS 16	2,825	2,175	1,574	-601	4,313	0	0	0	7,138	2,175	1,574	-601
<b>Total Gross Capital</b>	<b>25,520</b>	<b>10,981</b>	<b>11,720</b>	<b>739</b>	<b>43,240</b>	<b>23,377</b>	<b>18,140</b>	<b>-5,237</b>	<b>68,760</b>	<b>34,358</b>	<b>29,860</b>	<b>-4,498</b>

This is £4.5m slippage against the phasing of the 2025/26 year-to-date plan, largely relating to Salix grant and PDC funded schemes at STHFT for Decarbonisation works, Linac replacement and RAAC removal.

## Liquidity

The cash balance at the end of Month 8 stood at £95.3m for the Group. The month end revenue cash balance at NTHFT was £44.0m (equating to 35.4 operating expenditure days) and £35.2m at STHFT (equating to 13.0 operating expenditure days). The current cash forecast balances are £51.3m for NTHFT and £6.4m for STHFT.

NHSE have advised of changes to the deficit support regime for 2025/26, with regional assurance of plan delivery required to prevent funding being withheld. NHSE expect strong Board focus on delivery of agreed financial plans, with oversight of progress in de-risking plans and on delivery of efficiency plans and cost control.

Deficit cash support for Q1, Q2 and Q3 has now been confirmed for NENC ICS. The Q4 deficit support funding is expected to be assessed against the Month 8 position.



This additional uncertainty relating to deficit support funding means that continued close monitoring of cash will be essential throughout the course of the financial year. Weekly meetings of the STHFT cash committee are held to monitor cash flows and managed creditor and debtor balances within forecast cash resources. As a trust with a planned deficit agreed as part of system with a balanced plan, STHFT should be eligible to access revenue cash support. This is currently being explored with Regional NHSE.

The continued strong cash balances have supported good compliance with the Better Payment Practice Code for both trusts, as shown in the tables below:

Better Payment Practice Code	NTH		STH		GROUP	
	YTD Number	YTD Value £000	YTD Number	YTD Value £000	YTD Number	YTD Value £000
Total bills paid in the year	48,307	133,053	70,588	469,329	118,895	602,382
Total bills paid within target	47,422	129,991	69,252	446,036	116,674	576,027
Percentage of bills paid within target	98.2%	97.7%	98.1%	95.0%	98.1%	95.6%

### Statement of Financial Position

The table below shows the balance sheet position for the two Trusts as at the end of Month 8:

	NTH £000	STH £000
<b>Non-current assets</b>		
Intangible assets	2,441	6,240
On-SoFP IFRIC 12 assets	0	143,120
Other property, plant and equipment (excludes leases)	148,358	170,649
Right of use assets - leased assets for lessee (excluding PFI/LIFT)	16,570	33,992
Receivables: due from NHS and DHSC group bodies	607	1,231
Receivables: due from non-NHS/DHSC Group bodies	1,379	1,778
Credit Loss Allowances	0	(2,760)
<b>Total non-current assets</b>	<b>169,355</b>	<b>354,250</b>
<b>Current assets</b>		
Inventories	6,964	15,212
Receivables: due from NHS and DHSC group bodies	2,808	24,058
Receivables: due from non-NHS/DHSC Group bodies	28,812	25,211
Credit Loss Allowances	(3,567)	(957)
Other Assets	0	3,558
Cash and cash equivalents: GBS/NLF	45,533	47,294
Cash and cash equivalents: commercial/in hand/other	30	2,410
<b>Total current assets</b>	<b>80,580</b>	<b>116,786</b>
<b>Current liabilities</b>		
Trade and other payables: capital	(856)	(13,409)
Trade and other payables: non-capital	(55,789)	(133,576)
Borrowings	(4,498)	(21,009)
Other financial liabilities	(534)	
Provisions	(1,908)	(1,220)
Other liabilities: deferred income including contract liabilities	(8,447)	
<b>Total current liabilities</b>	<b>(72,032)</b>	<b>(169,214)</b>
<b>Total assets less current liabilities</b>	<b>177,903</b>	<b>301,822</b>
<b>Non-current liabilities</b>		
Borrowings	(29,459)	(255,918)
Provisions	(1,572)	(1,318)
<b>Total non-current liabilities</b>	<b>(31,031)</b>	<b>(257,236)</b>
<b>Total net assets employed</b>	<b>146,872</b>	<b>44,586</b>
<b>Financed by</b>		
Public dividend capital	196,047	470,376
Revaluation reserve	12,937	32,808
Other reserves	0	26,475
Income and expenditure reserve	(62,112)	(485,073)
<b>Total taxpayers' and others' equity</b>	<b>146,872</b>	<b>44,586</b>
<b>Debtor Days</b>	<b>26.6</b>	<b>18.5</b>
<b>Creditor Days</b>	<b>168.5</b>	<b>144.8</b>

#### 4. RECOMMENDATIONS

Members of the Board are asked to:

- Note the financial position for Month 8 2025/26



# Integrated Performance Report (reporting to end October 2025)

**Meeting date:** 8 January 2026

**Reporting to:** Board of Directors

**Agenda item No:** 4.3

**Report author:** Lucy Tulloch, Group Director Planning & Intelligence and Lynsey Atkins, Associate Director Planning, Performance & Improvement

**Executive director sponsor:** Neil Atkinson, Chief Delivery Officer

**Action required:**  
**Discussion**

**Delegation status:** Jointly delegated item to Group Board

**Previously presented to:** Resources Committee, Quality Assurance Committee, People Committee

## UHT strategic objectives supported:

Putting patients first ☒

Creating an outstanding experience for our people ☒

Working with partners ☐

Reforming models of care ☐

Developing excellence as a learning organisation ☐

Using our resources well ☒

## CQC domain link:

Well-led

## Board assurance / risk register this paper relates to:

Quality and Safety

Finance

People

Performance and Compliance

## Key discussion points and matters to be escalated from the meeting

The UHT Integrated Performance Report (IPR) provides, within one document, a consistent presentation of key metrics for each trust, and an aggregate UHT view. The narrative highlights performance trends and where applicable the actions in hand to address variance from plan. The alert, advise and assure framework is used to provide a clear line of sight on metric performance. Whilst underpinned by a larger number of measures and other evidence used to govern, manage and improve our services, these can be viewed as the sentinel metrics for the performance of the organisations. The IPR reports on the key standards by which Trusts' performance is monitored, reflecting the NHS Operating Framework 2025/26 published June 2025.

The IPR for reporting month of October 2025 is presented for information and discussion on the metrics for which the Board is alerted, advised or assured of performance.

**ALERT:** Alert to the matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy.

The IPR uses statistical process control, and expert judgment, to identify performance exceptions / consistent under-performance against plan, to alert to the Board and Committees.

For NTHFT, the following nine performance metrics remain as Alert.

- MRSA Infections
- *E. coli* infections
- MSSA infections
- *Klebsiella* infections
- *Pseudomonas* infections
- Still birth rate
- Breast feeding at first feed
- Cancer 62 Day Standard
- Sickness Absence (%)

No new metrics have been added to the Alert category this month for NTFHT.

For STHFT, the following eight performance metrics remain as Alert assurance:

- *Pseudomonas* infections
- Breast feeding at first feed
- Diagnostic 6 Week standard
- RTT 52-week waiters (%)
- RTT time to first appointment
- Complaints Closed Within Target (%)
- Sickness Absence (%)
- Mandatory Training (%)

In addition, for STHFT three metrics have been regraded to Alert, from Advise:

- MRSA infections
- PPH  $\geq$  1500ml rate per 1,000 births
- RTT Incomplete Pathways (%)

**Healthcare acquired infections (HCAI)** trigger Alert where the number of cases year to date is 20% or more above trajectory (noting that plans can be in single figures). **MRSA infections** for STHFT have been regraded from Advise to Alert following 2 new cases reported in October against a zero-tolerance target. The IPR references the actions in hand to reduce infection cases, specific to each infection and to continuously improve infection prevention and control generally. These include behavioural interventions, antimicrobial stewardship, education, cleaning and fogging.

**PPH  $\geq$  1500ml rate per 1,000 births** for STHFT is regraded to Alert from Advise following a high outlier for the month of October against a recent history of improved performance. All PPH  $>1500$ mls are reviewed by MDT to ensure that protocols were followed and highlight any learning. Both NTHFT and STHFT participate in research studies on the effectiveness of interventions to reduce post-partum haemorrhage.

**RTT Incomplete Pathways (%)** for STHFT is regraded to Alert from Advise as the performance of the 18-week standard for October 2025 is not keeping pace with the improvement trajectory agreed with the ICB and NHSE. Immediate actions in progress to reduce the longest waiters of 65 weeks and 52 weeks such as providing extra capacity in key specialties is expected to improve the overall compliance.

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

The majority of IPR metrics remain graded Advise, for both Trusts.

For NTHFT, 2 metrics have been re-categorised from Assure to Advise this month:

Numbers of **Cancelled operations not rebooked in 28 days** have been slightly higher than usual for September and October at 3 and 4 respectively against a target of zero.

**Staff Turnover %** has been higher since April when compared to 24/25 but still consistently exceeds plan. Areas with higher-than-average turnover rates are identified and have been highlighted to the People Committee.

For STHFT, **Klebsiella infection** numbers have moved from Assure to Advise this month, following a recent sharp increase in cases in September and October, resulting in year-to-date position of 13% worse than plan.

**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

For NTHFT, assurance continues for eight metrics:

- Never Events
- *C. difficile* infections
- Summary Hospital-Level Mortality Indicator
- Discharge Delay average days
- Ambulance handover within 45 minutes
- Community 52-week waits (%)
- Feedback Acknowledged in 3 days (%)
- Annual Appraisal (%)

No new metrics have been graded as Assure this month.

For STHFT, assurance continues for five metrics:

- Discharge Delay average days
- Community 52-week waits (%)
- Outpatient Experience (%)
- Community Experience (%)
- Staff Turnover (%)

In addition, for STHFT, **Neonatal Mortality Rate (rolling 12 months, per 1,000 births)** has been regraded from Advise as the rate is consistently better than peer group average and has been within usual expected variation since August 2025.

## Recommendations:

Members of the Board are asked to:

- Receive the Integrated Performance Report for the reporting period October 2025.
- Note that separate agenda items into the Committees, as set out in the annual cycles of business, provide further detailed reporting and assurance.
- Note the performance standards on which assurance is provided; those advised for ongoing monitoring and improvement; and those alerted as exceptions or consistent under-performance against plan; and the improvement actions being taken.





University Hospitals Tees



# Integrated Performance Report (IPR)

Reporting month:  
October 2025



Caring  
Better  
Together

# Overview



The IPR reports on the key standards by which Trusts' performance is monitored, reflecting the NHS Operating Framework 2025/26. The IPR is underpinned by a broader range of metrics and evidence for clinical governance and operational management.

- **SAFE:** Patient Safety Incident Response Framework is embedded across UHT and thematic reviews are used to derive learning from incidents and near misses. NTHFT report 12 consecutive months with no Never Events. There is continued focus on reducing healthcare acquired infections across UHT, with the focus on antimicrobial stewardship and medical leadership as a priority, and cleaning with a dedicated decant cleaning programme to be established. Maternity metrics are reviewed against regional and national audit and peer group benchmarks.
- **EFFECTIVE:** Standardised mortality is 'as expected' for both Trusts. Readmissions rates differ between the two Trusts and relative to the national average, clinical audit and data quality checks are being undertaken to understand whether this variation is appropriate for the pathways of care, with oversight and monitoring via the Audit & Clinical Effectiveness Council. Better than national average performance in the Discharge delay metric for both Trusts highlights the effective processes for patient flow and providing care in the most appropriate environment. There is a focus on utilisation of Home First in cases of delays.
- **RESPONSIVE:** Whilst the NHS constitutional standards remain, each Trust has an agreed plan for recovery towards the 25/26 operational standard or improvement 'stretch' trajectory relative to 24/25 performance in each metric. This contributes to the regional performance position.
- Ambulance handover delays are reported against a 45-minute standard, with a recent significant improvement trend evident at STHFT and >98% compliance with handovers within 45 minutes at NTHFT. 4-hour standard and 12-hour breach performance are stable.
- Both Trusts are focusing on the further improvement required to tackle waiting times for elective care, diagnostics and within cancer pathways. There is ongoing focus on ensuring the very longest waiters receive their treatment, there is not yet consistent improvement/achievement across the core metrics. Productivity improvements such as driving up theatre utilisation to create more capacity for patients awaiting surgery, waiting list validation and cancer pathway action plans are in place. From November, NTHFT joined STHFT in receiving additional performance scrutiny and support for improvement in cancer treatment waiting times under the NHS England performance management regime (Tier 2). For STHFT, there is clear evidence of improvement in the cancer 62-day standard arising from planned actions in diagnostic pathways.
- **CARING:** The IPR demonstrates that both Trusts perform well in patient feedback surveys, around or above national average feedback scores across care settings. At STHFT, managing complaints to a timely closure is being addressed with senior leadership support.
- **WELL LED:** The improvement of working lives, staff retention and attendance is a focus for the People Directorate. The national People Promise will be implemented as part of the Group People Plan. Reduced staff turnover, assured below target, is embedded at both Trusts, and appraisal compliance shows recent improvement trends at both Trusts. However, sickness absence and mandatory training remain improvement priorities with early signs of improvement now evident for Mandatory Training at NTHFT. An in-depth absence plan and focus on whole time equivalent reduction (e.g. non-essential bank and agency work, scrutiny of recruitment requests) supports the Group's obligation to deliver the agreed financial position. Financial performance is on plan; papers on finance and productivity are presented to Resources Committee.

# Regulation and Compliance



North Tees & Hartlepool Hospitals NHS Foundation Trust has an overall rating of Requires Improvement. Since the 2022 inspection, the CQC recommendations have been addressed and action plan completed. Independent audit scheduled for October 2025. Further meetings have taken place with PWC to provide appropriate documentation to support the assessment.

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↓ Sept 2022	Requires improvement ↓ Sept 2022	Good ↔ Sept 2022	Good ↔ Sept 2022	Requires improvement ↓ Sept 2022	Requires improvement ↓ Sept 2022

South Tees Hospitals NHS Foundation Trust has an overall rating of Good. Since the 2023 CQC inspection 11 Must Do and 15 Should Do actions have been completed. The remaining 2 Must Do and 5 Should Do actions have seen significant progress in assurance on Resuscitation and Safeguarding training in ED, and improvements in SDR compliance across the Friarage Hospital and Community Services. These actions will now be monitored by the Group Regulation and Compliance Group.

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↑ May 2023	Good ↑ May 2023	Good ↔ May 2023	Good ↔ May 2023	Good ↑ May 2023	Good ↑ May 2023

CQC assessment ratings per hospital site and service can be found on the CQC website.

# Provider Performance Summary

4

	Urgent & Emergency Care						Elective care												Cancer				
Provider	A&E 4 hour standard	12 hour delay from DTA	% A&E Type 1 Attendances >12hrs from arrival	Ambulance handovers 30-60 mins	Ambulance handovers 45+ mins	Ambulance handovers 60+ mins	RTT - 18 week standard	RTT - 52+ ww %age of WL	RTT - Time to 1st Appt	52+ week waits	65+ week waits	78+ week waits	104+ week waits	RTT total Waiting List	OPFU - YTD growth 25/26 v 24/25	1st OP - YTD growth 25/26 v 24/25	Total elective - YTD growth 25/26 v 24/25	Diagnostic activity 25/26 v 24/25	Diagnostic 6 week waits	Cancer 62 day	Cancer 62 day backlog	Cancer treatments (first and subsequent)	Cancer 28 day FD
Data period	Oct-25	Oct-25	Oct-25	Oct-25	Oct-25	Oct-25	Sep-25	Sep-25	Oct-25	Sep-25	Sep-25	Sep-25	Sep-25	Sep-25	Sep-25	Sep-25	Sep-25	Sep-25	Sep-25	Sep-25	Sep-25	Oct-25	Sep-25
25/26 Ambition	78%	Zero	25/26 Plan				25/26 Plan	< 1%	25/26 Plan	25/26 Plan	Zero	Zero	Zero	25/26 Plan					<=5%	75%			80%
North Tees & Hartlepool NHSFT	82.0%	47	6.5%	161	35	4	73.3%	0.7%	80.5%	160	0	0	0	21,490	109%	111%	104%	87%	3.9%	56.7%	126	224	78.3%
South Tees Hospitals NHSFT	77.3%	24	5.2%	409	184	82	61.7%	2.7%	64.7%	1,522	124	7	0	56,433	106%	103%	102%	110%	14.6%	65.4%	110	782	72.7%
NENC ICS Provider level (including IS providers)	77.2%	473	5.6%	2,600	1,559	823	70.9%	1.3%	75.1%	4,956	232	8	1	370,082	102%	106%	102%	108%	14.6%	68.8%	1,127	3,865	70.2%
North East & Yorkshire	75.1%		7.0%				66.2%												20.9%	67.3%			72.8%
National	74.1%		10.8%				61.8%												22.5%	67.9%			73.9%

**Urgent and emergency care metrics** continue to show good performance for NTHFT in September compared to regional and national benchmarks. STHFT performed better than regional benchmarks but this standard remains a strategic risk for STHFT with actions reviewed weekly by the operational team. Reducing ambulance handover delays and the longest department waits are a priority, whilst improving patient experience by developing alternatives to ED pathways.

**Elective care metrics** show an RTT 18-week standard at both NTHFT and STHFT fell below plan, however noting NTHFT exceeding the national average and STHFT performing in line with the national average. Both trusts are committed to improving RTT compliance by 5% in 25/26. Achievement of this standard is a strategic risk for both trusts, with actions focusing on increasing outpatient productivity. NTHFT focus is on ensuring patients wait no longer than 52 weeks whilst STHFT services are working to eliminate waits above 65 weeks. This remains very challenging whilst demand and capacity imbalances in several specialties are addressed.

**Cancer 62-day standard** is a strategic risk for both Trusts. STHFT has been in tiering support with NHS England for the 62-day standard since February 2025. Actions and progress are discussed fortnightly, providing NHSE with assurance that all relevant actions are in hand. These focused on reducing delays in specific tumour pathways, whilst investment in cancer navigators in focus specialties helps to ensure individual cases are proactively pursued through the diagnostic and treatment steps. An improvement trend in STHFT 62-day standard is now evident. NTHFT performance shows the impact of a sustained increase in breast symptomatic referrals from the County Durham and Darlington catchment area since February 2025 on cancer standard compliance. The Trust has commenced tiering support with NHS England from November.

# Index of metrics

## SAFE DOMAIN

**Responsibility: Quality Assurance Committee**

Incidents per 1000 Bed Days  
 Patient Safety Incident Investigations  
 Never Events  
 Falls with Harm per 1000 Bed Days  
*C. difficile* infections  
 MRSA infections  
*E. coli* infections  
 MSSA infections  
*Klebsiella* infections  
*Pseudomonas* infections  
 Total births  
 Still Births Rate (Rolling 12 months, per 1000 Births)  
 Neonatal Mortality Rate (rolling 12 months, per 1,000 births)  
 Breast Feeding at First Feed (%)  
 PPH  $\geq$  1500ml Rate per 1,000 births  
 3rd/4th Degree Tear (%)

## EFFECTIVE DOMAIN

**Responsibility: Quality Assurance Committee**

Summary Hospital-Level Mortality Indicator  
 Readmission Rate (%)  
 Discharge Delays Average (days)

## RESPONSIVE DOMAIN

**Responsibility: Resources Committee**

NEAS Handovers – Over 45 mins (%)  
 4-Hour A&E Standard (%)  
 12-Hour ED Breaches Rate (%)  
 Community UCR 2 Hour Response (%)  
 Cancelled Operations Not Rebooked in 28 Days  
 Cancer Faster Diagnosis Standard (%)  
 Cancer 31 Day Standard (%)  
 Cancer 62 Day Standard (%)  
 Diagnostic 6 Weeks Standard (%)  
 RTT Incomplete Pathways (%)  
 RTT 52 Week Waiters (%)  
 Community over 52-week Waiters (%)  
 RTT Time to First Appointment (%)

## CARING DOMAIN

**Responsibility: Quality Assurance Committee**

A&E Experience (%)  
 Inpatient Experience (%)  
 Maternity Experience (%)  
 Outpatient Experience (%)  
 Community Experience (%)  
 Feedback Acknowledged in 3 Days (%)  
 Complaints Closed Within Target (%)

## WELL LED DOMAIN

**Responsibility: People Committee,  
 \*Resources Committee (Finance only)**

Sickness Absence (%)  
 Staff Turnover (%)  
 Annual Appraisal (%)  
 Mandatory Training (%)  
 \*Cumulative YTD Financial Position (£Millions)

# North Tees & Hartlepool assurance summary



## No change in assurance

## ALERT

## New ALERT indicators

- MRSA Infections
- *E. coli* infections
- MSSA Infections
- *Klebsiella* infections
- *Pseudomonas* infections
- Still birth rate
- Breast feeding at first feed
- Cancer 62 Day Standard
- Sickness absence (%)

## No change in assurance

## ADVISE

## New ADVISE indicators

- Incidents per 1000 Bed Days
- Patient Safety Incident Investigations
- Falls with Harm per 1000 Bed Days
- Neonatal Mortality Rate (rolling 12 months per 1,000 births)
- PPH  $\geq$  1500ml rate per 1,000 births
- 3rd/4th Degree Tear (%)
- Readmission Rate
- 4-hour A&E standard
- 12-Hour ED Breaches Rate (%)
- Community UCR 2 Hour Response (%)
- Cancer Faster Diagnosis
- Cancer 31 Day Standard
- Diagnostic 6 Week Standard
- RTT Incomplete Pathways (%)
- RTT 52 Week Waiters (%)
- RTT time to first appointment (%)
- A&E Experience (%)
- Inpatient Experience (%)
- Maternity Experience (%)
- Outpatient Experience (%)
- Community Experience (%)
- Complaints Closed Within Target (%)
- Mandatory Training (%)
- Cumulative YTD Financial Position (£Millions)
- **Cancelled operations not rebooked in 28 days** regraded from Assure after performance for September and October was close to the limits of expected variance.
- **Staff Turnover (%)** regraded from Assure as turnover rate has been consistently higher since April 2025 but still consistently meets plan.

## No change in assurance

## ASSURE

## New ASSURE indicators

- Never Events
- *C. difficile* Infections
- Summary Hospital-Level Mortality Indicator
- Discharge Delay average days
- Ambulance handover within 45 minutes
- Community 52-week waits (%)
- Feedback Acknowledged in 3 days (%)
- Annual Appraisal (%)

# South Tees Hospitals assurance summary



No change in assurance			ALERT			New ALERT indicator		
<ul style="list-style-type: none"> <li><i>Pseudomonas</i> infections</li> <li>Breast feeding at first feed</li> <li>Diagnostic 6 Weeks Standard (%)</li> <li>RTT 52 Week Waiters (%)</li> <li>RTT time to first appointment (%)</li> <li>Complaints Closed Within Target (%)</li> <li>Sickness absence (%)</li> <li>Mandatory training (%)</li> </ul>			<ul style="list-style-type: none"> <li><b>MRSA infections</b> regraded from Advise following 2 recorded cases in October, there have been 5 cases year to date.</li> <li>A high outlier rate for <b>PPH &gt;= 1500ml rate per 1,000 births</b> in October has triggered a regrade from Advise to Alert.</li> </ul>			<ul style="list-style-type: none"> <li><b>RTT Incomplete Pathways (%)</b> regraded from Advise as performance is relatively stable and the rising operational recovery trajectory is now beyond limits of usual variance.</li> </ul>		
No change in assurance			ADVISE			New ADVISE indicator		
<ul style="list-style-type: none"> <li>Incidents per 1000 Bed Days</li> <li>Patient Safety Incident Investigations</li> <li>Never Events</li> <li>Falls with Harm per 1000 Bed Days</li> <li><i>C. difficile</i> infections</li> <li><i>E. coli</i> infections</li> <li>MSSA infections</li> <li>Still birth rate</li> <li>3rd/4th Degree Tear (%)</li> <li>Summary Hospital-Level Mortality Indicator</li> <li>Readmission rate</li> <li>Ambulance handovers within 45 minutes</li> <li>4-Hour A&amp;E Standard (%)</li> <li>12-Hour ED Breaches Rate (%)</li> </ul>			<ul style="list-style-type: none"> <li>Community UCR 2 Hour Response (%)</li> <li>Cancelled operations not rebooked in 28 days</li> <li>Cancer Faster Diagnosis</li> <li>Cancer 31 Day Standard</li> <li>Cancer 62 Day Standard</li> <li>A&amp;E Experience (%)</li> <li>Inpatient Experience (%)</li> <li>Maternity Experience (%)</li> <li>Feedback Acknowledged in 3 Days (%)</li> <li>Annual Appraisal (%)</li> <li>Cumulative YTD Financial Position (£Millions)</li> </ul>			<ul style="list-style-type: none"> <li><b>Klebsiella infections</b> regraded from Assure following a recent sharp increase in cases in September and October, resulting in year-to-date position of 13% worse than plan.</li> </ul>		
No change in assurance			ASSURE			New ASSURE indicator		
<ul style="list-style-type: none"> <li>Discharge delay average days</li> <li>Community over 52-week Waiters (%)</li> </ul>			<ul style="list-style-type: none"> <li>Outpatient Experience (%)</li> <li>Community Experience (%)</li> <li>Staff Turnover (%)</li> </ul>			<ul style="list-style-type: none"> <li><b>Neonatal Mortality Rate (rolling 12 months, per 1,000 births)</b> has been regraded from Advise as the rate is consistently better than peer group average and has been within usual expected variation since August 2025.</li> </ul>		



**Executive lead: Emma Nunez, Chief Nursing Officer**

**Accountable to: Quality Assurance Committee**

An external evaluation of the Group's implementation of PSIRF has been completed; the report identified positive progress and made recommendations to strengthen the Group's approach to patient safety, with improvement actions developed. These form the measures within one of the Group's Quality Priorities. The reporting of incidents is seen as a positive indicator of a safety culture, with the planned move from Datix to InPhase for ST, this will be monitored closely as there is a known risk of reporting being temporarily impacted by a change in reporting systems regardless of preparation.

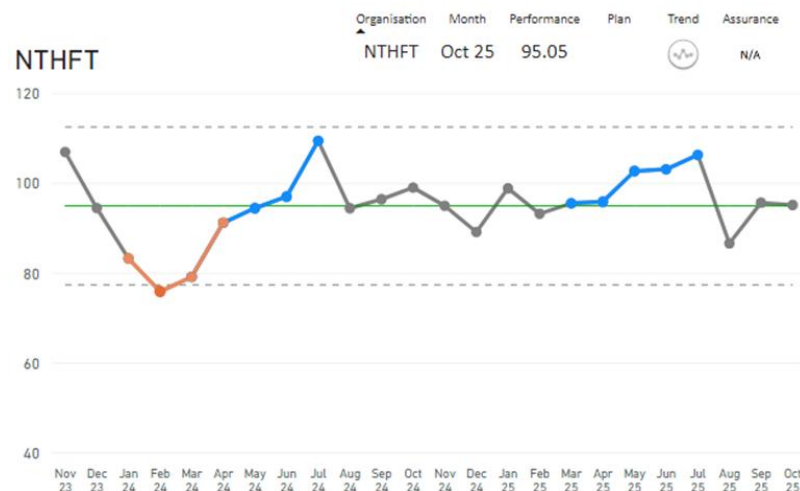
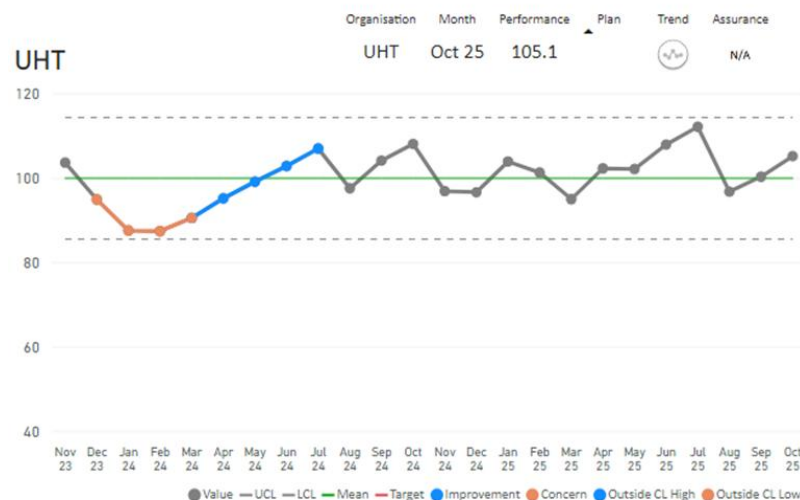
Healthcare-acquired infections (HCAI) plans are mapped against the NHS England target trajectories. HCAI continue to be closely tracked by the Infection Prevention Committee and an Improvement Plan developed and monitored, this is also aligned to the Trust Quality Priorities for 2025/26. Opportunities for reducing HCAs is centred on Antimicrobial Stewardship with the Trust Antimicrobial Working Group having a clear focus on NHS England KPIs aligned to prescribing. Identified and defined medical leadership is an organisational priority for this.

North Tees & Hartlepool NHS FT		Plan	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25
Incidents Per 1000 Bed Days			94.86	89.01	98.76	93.1	95.44	95.77	102.61	103.01	106.22	86.51	95.56	95.05
Patient Safety Incident Investigations			2	0	1	0	1	0	1	1	3	1	2	0
Never Events		0	0	0	0	0	0	0	0	0	0	0	0	0
Falls With Harm Rate (Per 1000 Bed Days)			0.27	0.14	0.19	0.37	0.27	0	0.28	0.29	0.14	0.21	0.07	0.21
C-Difficile		5	2	1	5	6	7	6	1	4	4	6	8	2
MRSA		0	1	1	0	0	0	0	0	0	0	0	1	1
E-Coli		6	5	3	6	6	4	8	10	6	12	12	10	9
MSSA		3	4	6	9	2	1	3	3	4	3	5	5	6
Klebsiella		3	2	2	1	0	5	4	4	4	2	0	2	3
Pseudomonas		1	2	2	2	0	2	4	3	1	2	0	1	0
South Tees Hospitals NHS FT		Plan	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25
Incidents Per 1000 Bed Days			98.01	101.06	106.9	105.86	94.61	106.4	101.73	110.69	115.35	102.47	102.88	110.9
Patient Safety Incident Investigations			0	1	0	0	0	1	0	1	2	1	1	0
Never Events		0	0	1	0	0	0	0	0	0	2	0	0	0
Falls With Harm Rate (Per 1000 Bed Days)			0.21	0.24	0.12	0.25	0.28	0.37	0.12	0.17	0.21	0.08	0.25	0.08
C-Difficile		10	17	11	13	15	10	13	11	11	9	8	13	13
MRSA		0	1	0	0	0	3	0	0	1	1	1	0	2
E-Coli		11	12	14	18	10	17	16	11	14	14	14	14	8
MSSA		6	4	6	5	9	11	3	10	5	8	11	6	7
Klebsiella		4	1	3	5	4	2	4	2	3	4	5	9	9
Pseudomonas		1	1	0	1	1	3	3	3	1	4	1	1	3



SAFE

## Incidents Per 1000 Bed Days



**Metric:** Incidents rate per 1000 bed days

**Plan:** n/a

**Rationale:** Overview of incident reporting.

**Data quality:** Assured. Each incident is validated.

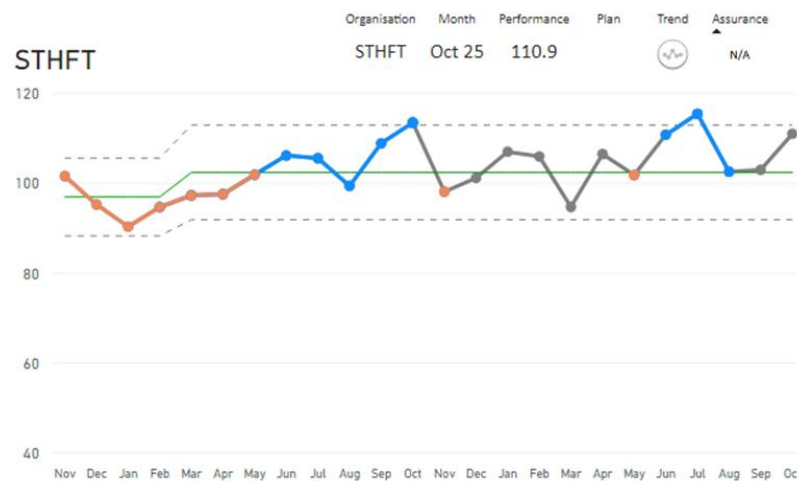
**Trend:** NTHFT: Increased from April to July consecutively, however, recent months have number of incidents reported in line with the average. STHFT: June and July had higher numbers of incidents reported, at the limits of expected variation. Rate within expected variation for both Trusts from August 2025.

**Assurance:** n/a.

**Action taken:** National data is not yet available for comparison on the Learning from Patient Safety Events platform; the national dashboard has been tested and NHSE have advised this has led to further changes but are hoping to publish in the coming months.

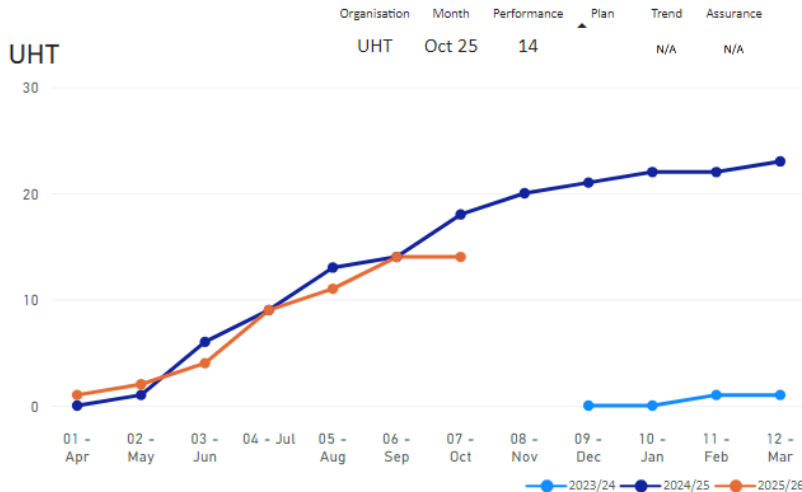
**Executive lead:** Chief Nursing Officer

**Accountable to:** Quality Assurance Committee

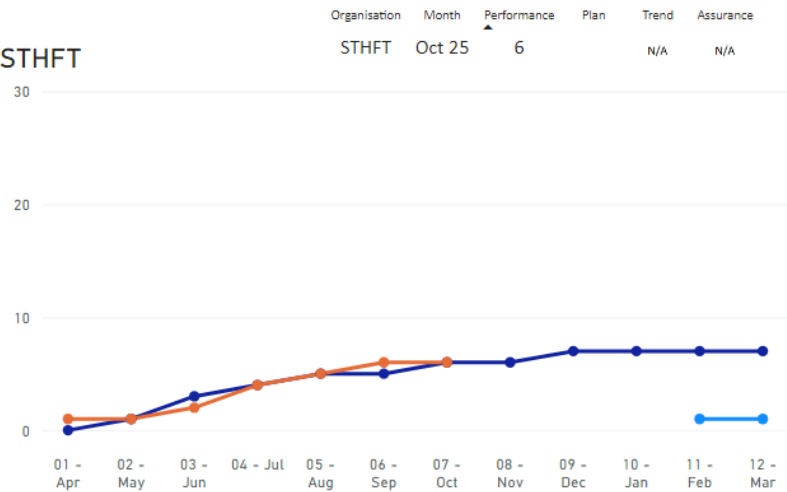
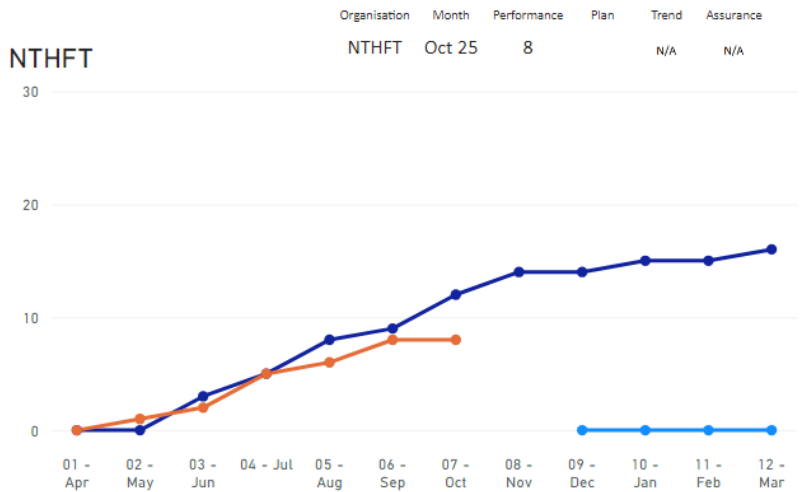


SAFE

# Patient Safety Incident Investigations (YTD)

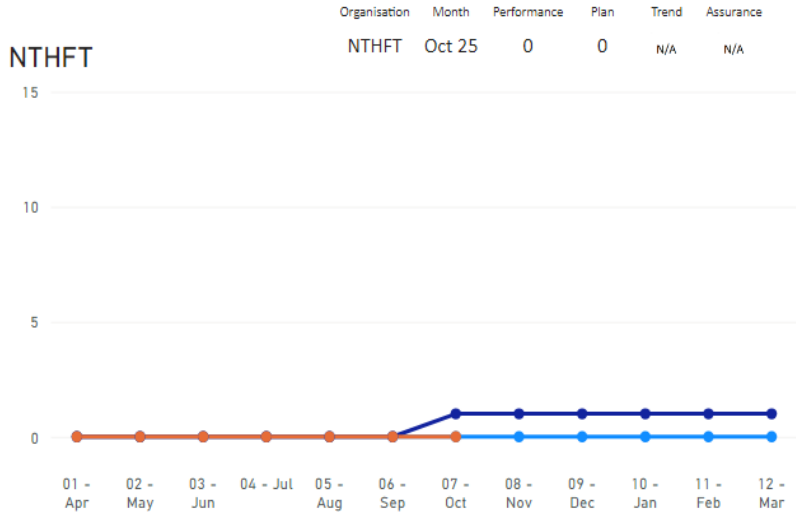
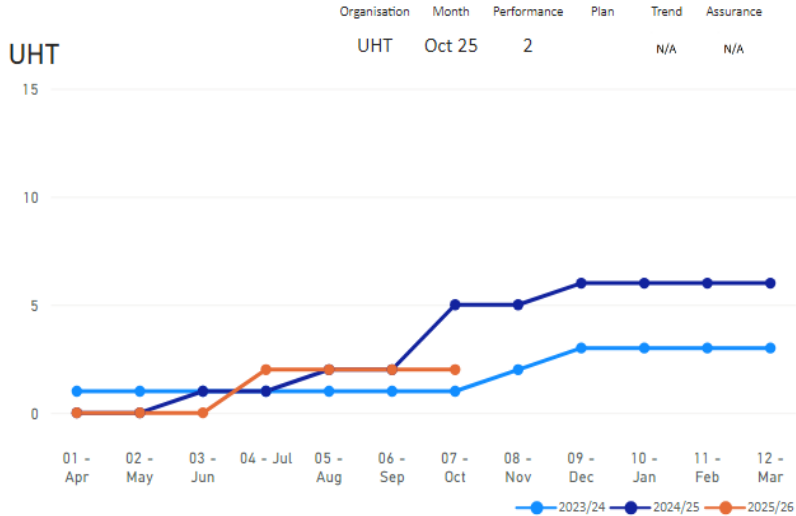


**Metric:** PSIs initiated, cumulative annually from April.  
**Plan:** n/a. An open reporting culture is encouraged.  
**Rationale:** NHS Quality Accounts regulatory indicator.  
**Data quality:** Assured. Each incident is validated.  
**Trend:** No new PSIs recorded for October at either Trust.  
 NTHFT: 8 PSIs year to date. STHFT: 6 PSIs year to date.  
**Assurance:** n/a  
**Action taken:** Incidents are reviewed at weekly group panels to determine how they are investigated under PSIRF. An external evaluation of PSIRF across UHT concluded in July 2025; and recommendations are being actioned.  
**Executive lead:** Chief Nursing Officer  
**Accountable to:** Quality Assurance Committee



SAFE

Never Events (YTD)



**Metric:** Never Events (a defined list of serious preventable errors), cumulative annually from April.

**Plan:** Zero.

**Rationale:** NHS Quality Accounts regulatory indicator.

**Data quality:** Assured. Each incident is validated.

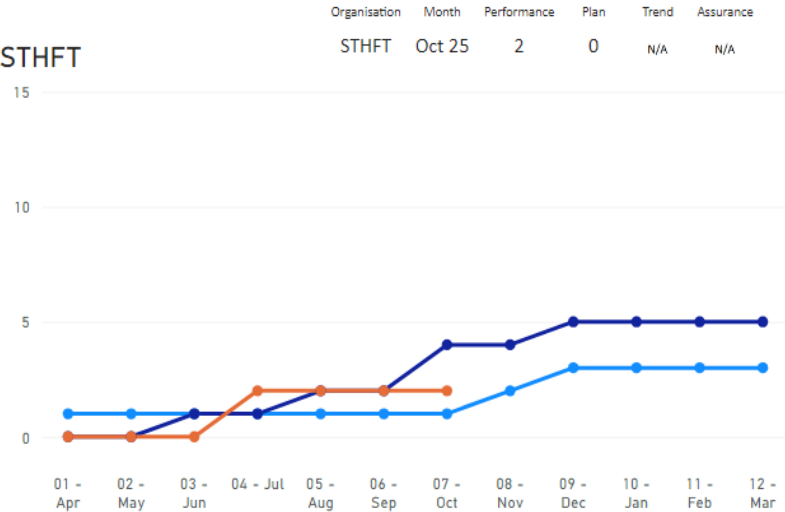
**Trend:** NTHFT: No Never Events YTD. STHFT: two Never Events YTD, both recorded in July 2025, none recorded since.

**Assurance:** NTHFT: Assure, no new events for 12 months. STHFT: Advise. Two Never Events in July 2025, no events in the last 3 months.

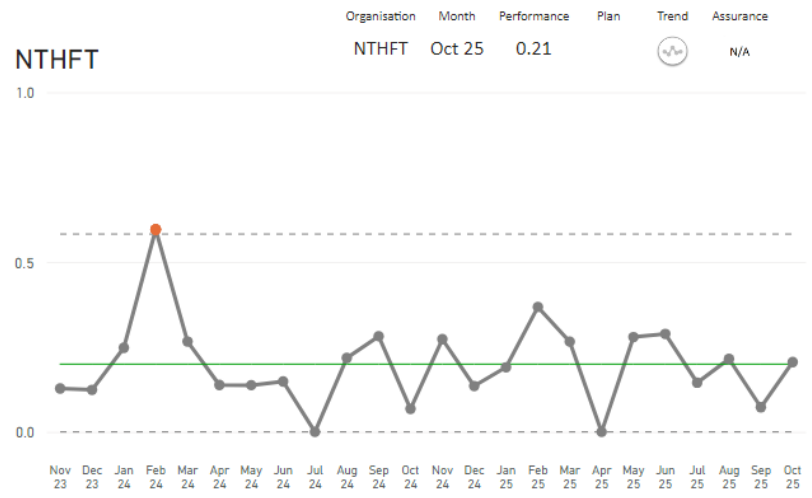
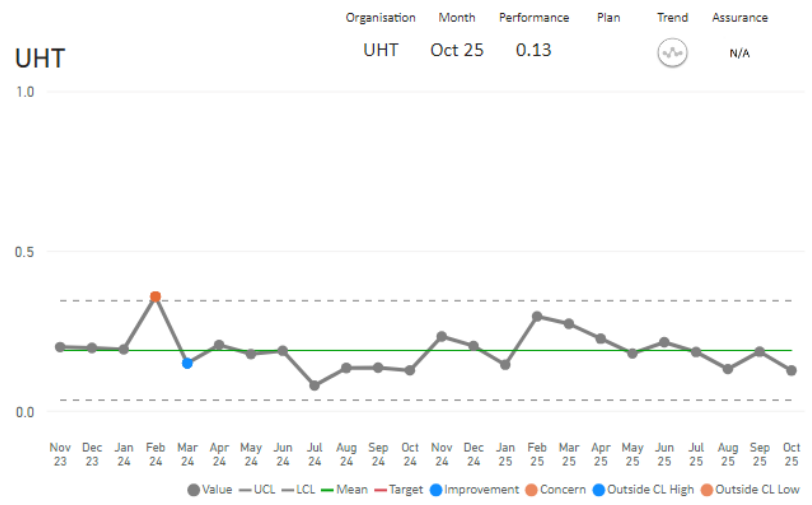
**Action taken:** Work is underway to promote the involvement of patients in safety checks prior to procedures in addition to strengthening the Group's approach to using National and local safety standards for invasive procedures. NHSE consultation has been completed; further workshops will be held in 2026 to review the future of the NE framework.

**Executive lead:** Chief Nursing Officer

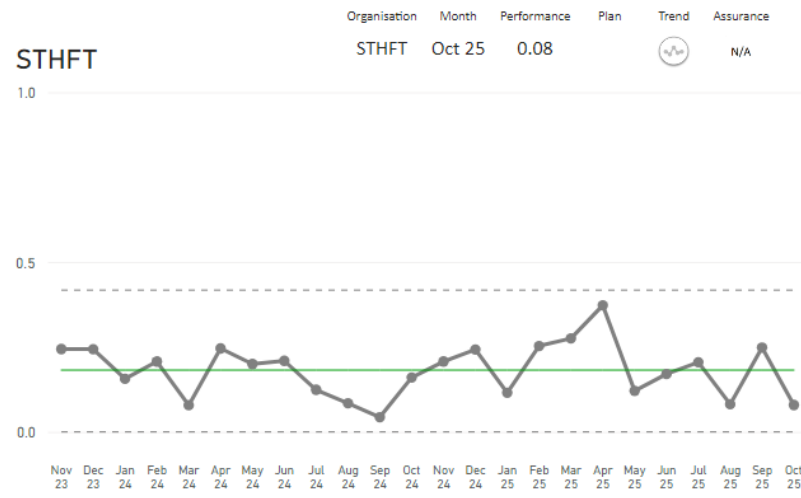
**Accountable to:** Quality Assurance Committee



**SAFE** Falls With Harm Rate (Per 1000 Bed Days)



**Metric:** Falls resulting in harm graded moderate and above, as a rate per 1000 inpatient bed-days.  
**Plan:** n/a  
**Rationale:** NHS Quality Accounts regulatory indicator. National Audit of Inpatient Falls.  
**Data quality:** Assured. Each incident is validated. A review has been completed to ensure that the calculation of falls with harm rate is standardised across UHT. This alignment has brought the reported falls with harm per 1000 bed days to comparable mean rates across UHT.  
**Trend:** NTHFT: No trend. STHFT: No trend.  
**Assurance:** n/a  
**Action taken:** The focus is on thematic learning from falls, targeted interventions and bringing together a single UHT approach to improve care for patients at risk of falls.  
**Executive lead:** Chief Nursing Officer  
**Accountable to:** Quality Assurance Committee



SAFE

## C-Difficile (YTD)

UHT

300

200

100

0

01 - Apr

02 - May

03 - Jun

04 - Jul

05 - Aug

06 - Sep

07 - Oct

08 - Nov

09 - Dec

10 - Jan

11 - Feb

12 - Mar

Organisation	Month	Performance	Plan	Trend	Assurance
UHT	Oct 25	109	108	N/A	N/A

UHT

Oct 25

109

108

N/A

N/A

● 2023/24 ● 2024/25 ● 2025/26 Plan

NTHFT

300

200

100

0

01 - Apr

02 - May

03 - Jun

04 - Jul

05 - Aug

06 - Sep

07 - Oct

08 - Nov

09 - Dec

10 - Jan

11 - Feb

12 - Mar

Organisation	Month	Performance	Plan	Trend	Assurance
NTHFT	Oct 25	31	38	N/A	N/A

NTHFT

Oct 25

31

38

N/A

N/A

**Metric:** Healthcare associated cases of *Clostridioides difficile*, cumulative annually from April.

**Plan:** NHS standard contract trajectory: 10% decrease on 2024 calendar year cases. Updated plan this month.

**Rationale:** NHS Contract indicator.

**Data quality:** Assured. Each incident is validated.

**Trend:** NTHFT: 2 new cases in October (trajectory of 5).

STHFT: 13 new cases in October (trajectory of 10).

**Assurance:** NTHFT: Assure; 18%, 7 cases, better than trajectory YTD. STHFT: Advise; 11%, 8 cases, worse than trajectory YTD.

**Action taken:** Antimicrobial working group meeting 28th October, further planned for December with defined medical leadership to be established. Hydrogen peroxide fogging continues after all *C. difficile* infections as gold standard across all sites. Appropriate decant facility now agreed.

**Executive lead:** Chief Nursing Officer

**Accountable to:** Quality Assurance Committee

STHFT

300

200

100

0

01 - Apr

02 - May

03 - Jun

04 - Jul

05 - Aug

06 - Sep

07 - Oct

08 - Nov

09 - Dec

10 - Jan

11 - Feb

12 - Mar

Organisation	Month	Performance	Plan	Trend	Assurance
STHFT	Oct 25	78	70	N/A	N/A

STHFT

Oct 25

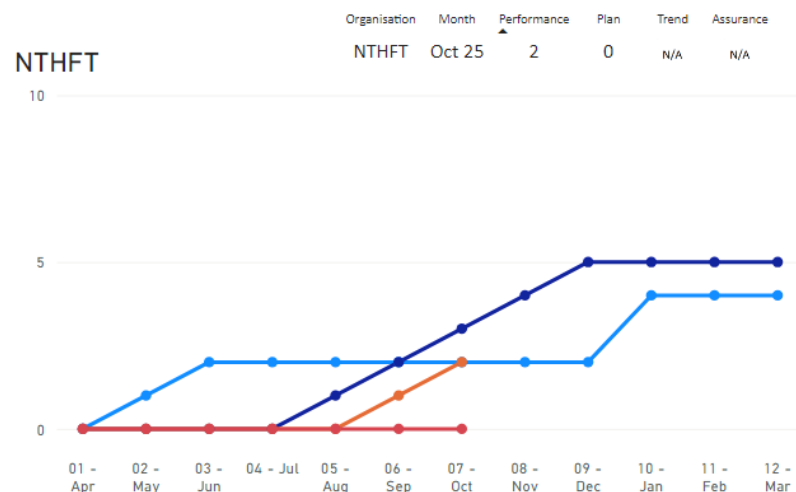
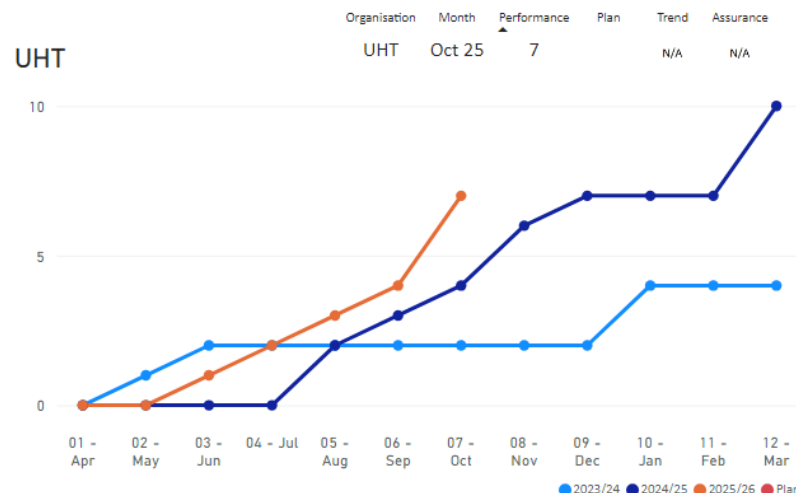
78

70

N/A

N/A

# SAFE MRSA (YTD)



**Metric:** Healthcare associated cases of Methicillin resistant *Staphylococcus aureus*, cumulative annually from April.

**Plan:** Zero tolerance.

**Rationale:** NHS Contract indicator.

**Data quality:** Assured. Each incident is validated.

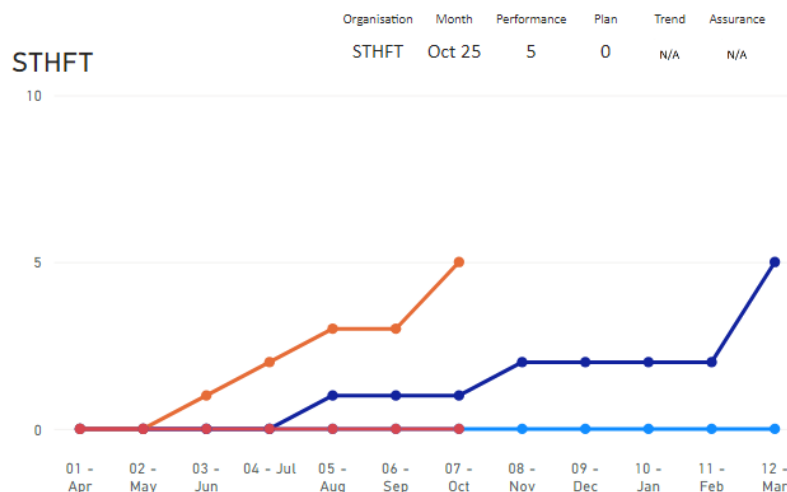
**Trend:** NTHFT: 1 new case in October 2025. STHFT: 2 new cases for October 2025.

**Assurance:** NTHFT: Alert, 2 cases YTD. STHFT: Alert, 5 cases YTD.

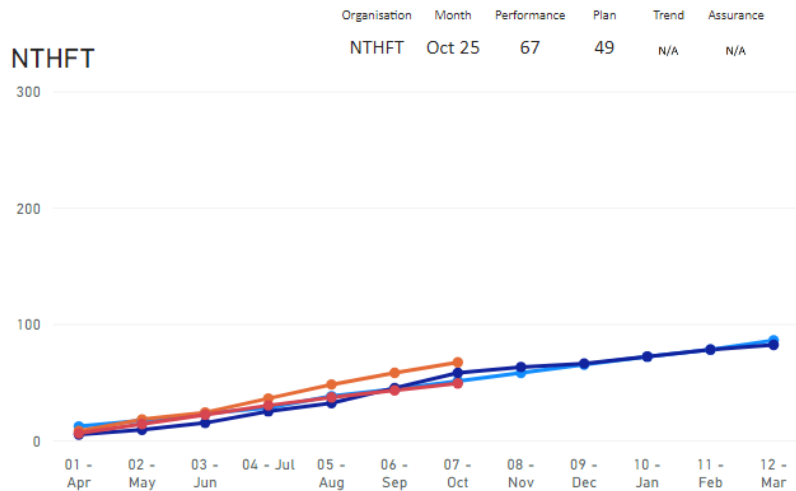
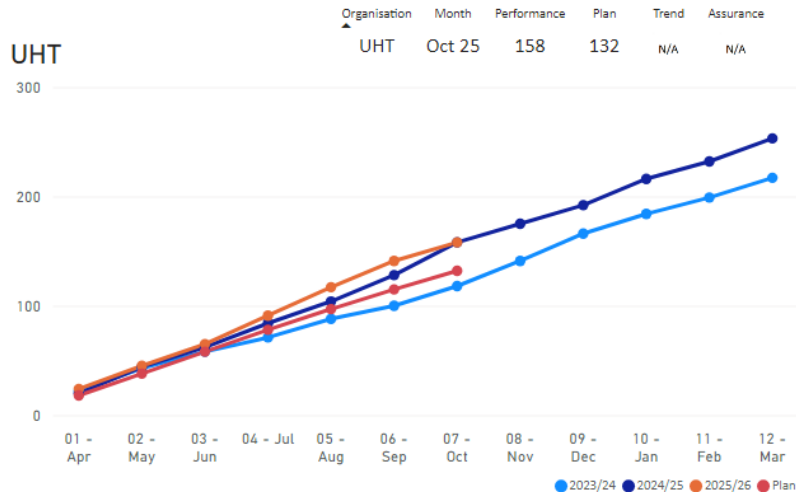
**Action taken:** Alignment of policies underway to support across UHT. Screening pathway developed and shared. All cases were complex patients, one from ST was a previous Community case discharged prior to result and did not receive treatment until readmitted.

**Executive lead:** Chief Nursing Officer

**Accountable to:** Quality Assurance Committee



**SAFE** **E-Coli (YTD)**



**Metric:** Healthcare associated cases of *Escherichia coli*, cumulative annually from April.

**Plan:** NHS standard contract trajectory: 10% decrease on 2024 calendar year cases. Updated plan this month.

**Rationale:** NHS Contract indicator.

**Data quality:** Assured. Each incident is validated.

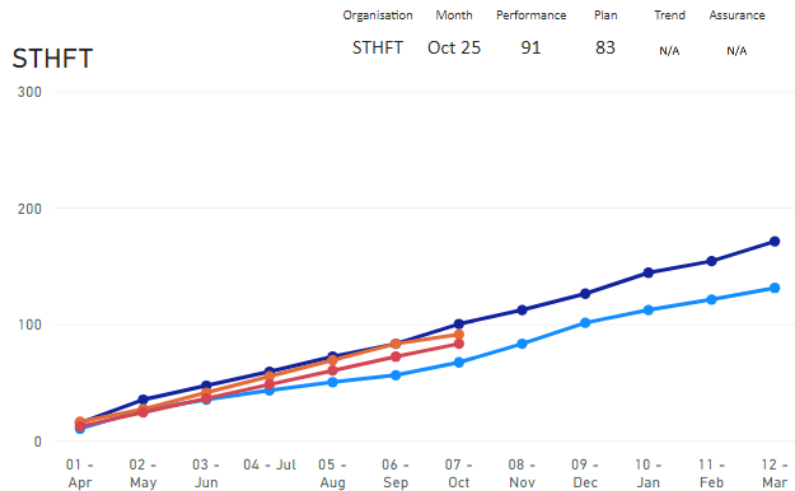
**Trend:** NTHFT: 9 cases in October 2025 (trajectory of 6). STHFT: 8 cases in October 2025 (trajectory of 11).

**Assurance:** NTHFT: Alert, 37% worse than trajectory YTD. STHFT: Advise, 10% worse than trajectory YTD.

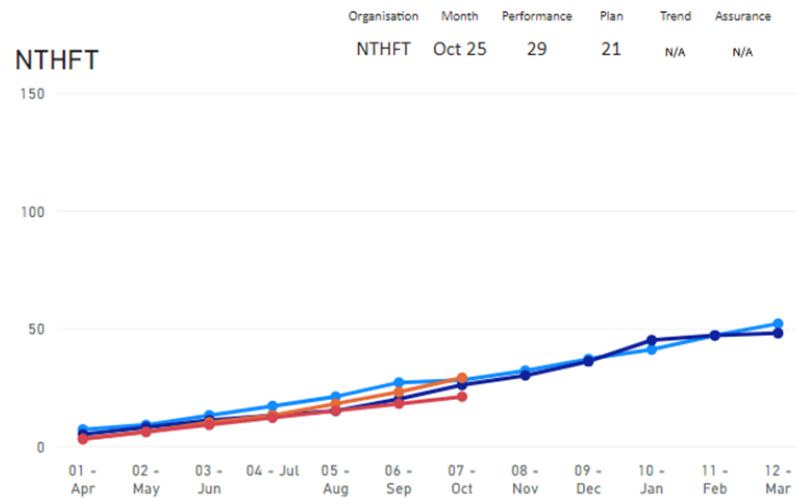
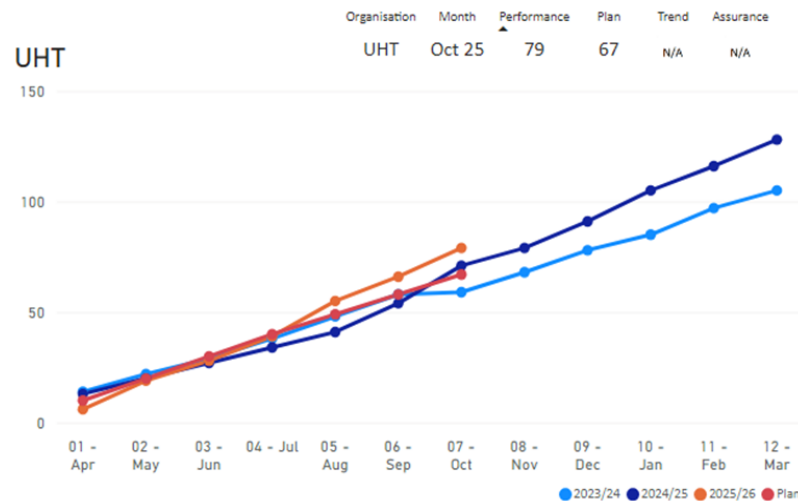
**Action taken:** Links also to the promotion of robust antimicrobial stewardship across the organisation. Regional focus with recent workshop to focus on catheter and line care.

**Executive lead:** Chief Nursing Officer

**Accountable to:** Quality Assurance Committee



## SAFE MSSA (YTD)



**Metric:** Healthcare associated cases of MSSA annually from April.

**Plan:** Local plan for 1 case fewer than 2024/25 (no contractual plan).

**Rationale:** In line with other NHS Contract indicators.

**Data quality:** Assured. Each incident is validated.

**Trend:** NTHFT: 6 new cases in October (trajectory of 3).

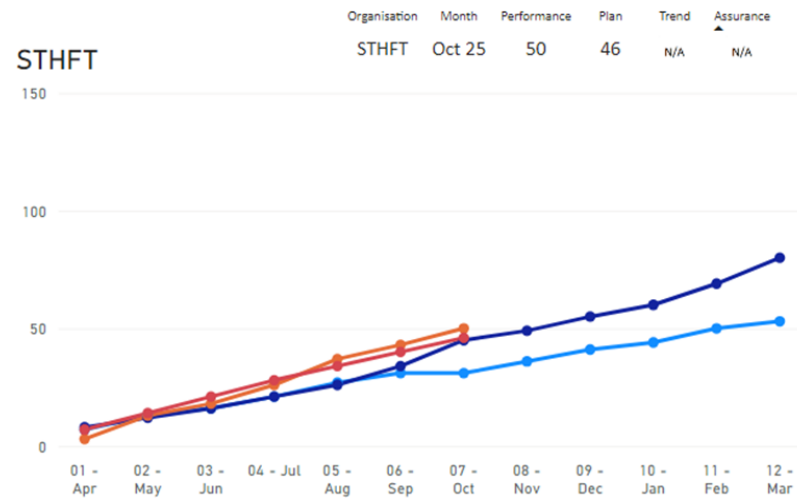
STHFT: 6 new cases in October (trajectory of 6).

**Assurance:** NTHFT: Alert, 8 cases, 38% worse than trajectory YTD. STHFT: Advise, 3 cases, 7% worse than trajectory YTD.

**Action taken:** National focus in respect of line care particularly with IV drug users. Focus on demographic data against recent rise. Implemented electronic visual infusion phlebitis chart to support best practice in line care, UHT focus group established.

**Executive lead:** Chief Nursing Officer

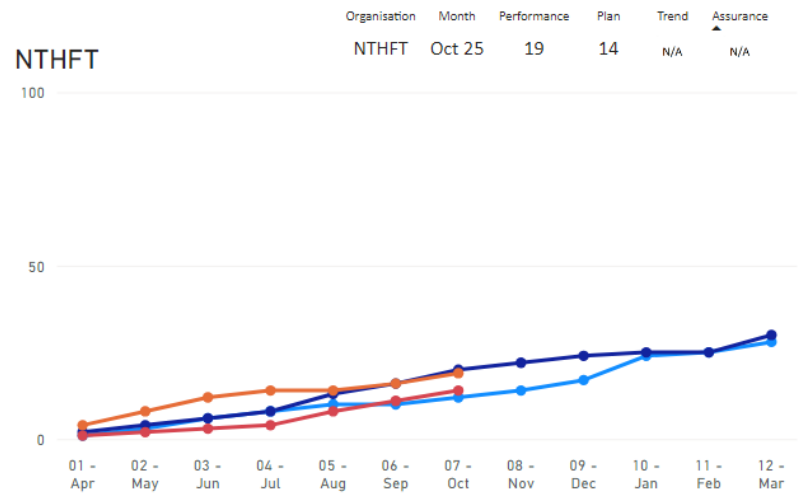
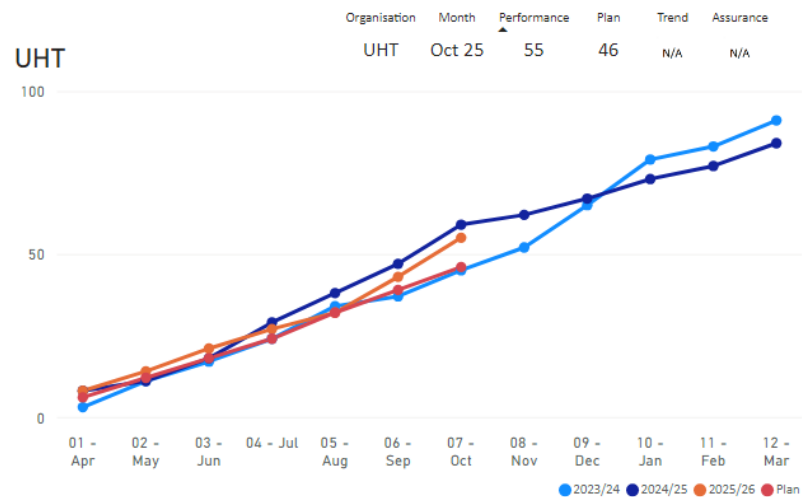
**Accountable to:** Quality Assurance Committee





SAFE

Klebsiella (YTD)



**Metric:** Healthcare associated cases of *Klebsiella* infection, cumulative annually from April.

**Plan:** NHS standard contract trajectory: 10% decrease on 2024 calendar year cases. Updated plan this month.

**Rationale:** NHS Contract indicator.

**Data quality:** Assured. Each incident is validated.

**Trend:** NTHFT: 3 new cases in October (trajectory of 3).

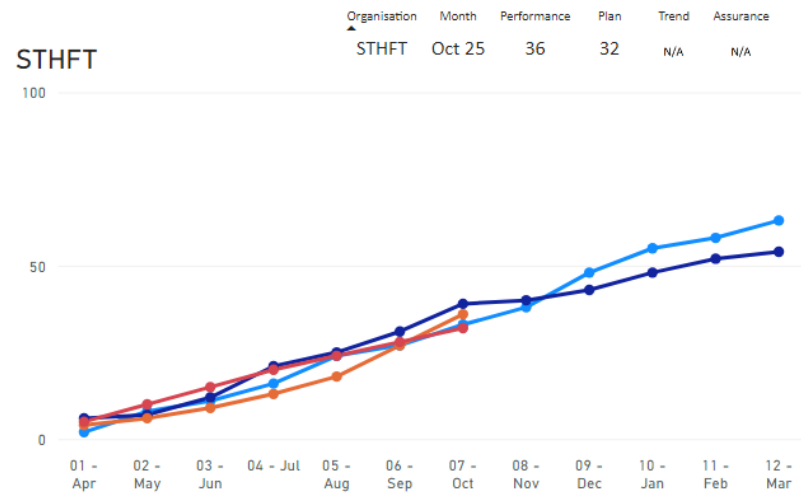
STHFT: 9 new cases in October (trajectory of 4).

**Assurance:** NTHFT: Alert, 5 cases more, 36% worse than trajectory YTD. STHFT: Advise, 4 cases more, 13% worse than trajectory YTD.

**Action taken:** Further development of the UHT 'hot' gall bladder service planned. Hepatobiliary and urinary majority of cases. Catheter associated work continues.

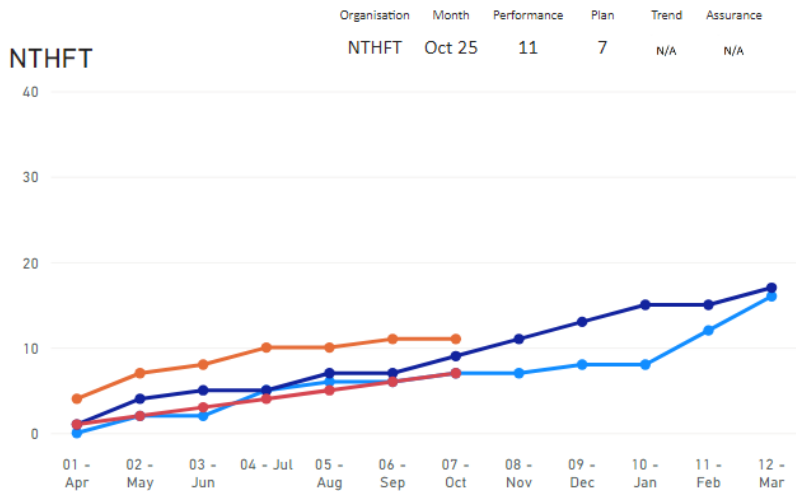
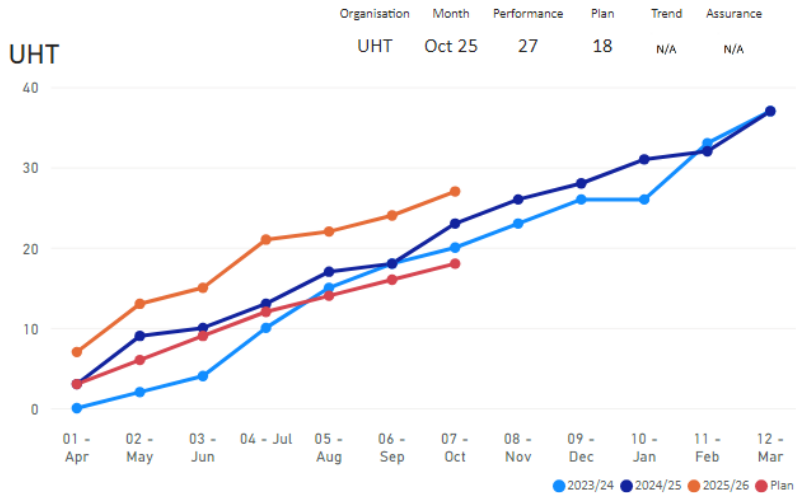
**Executive lead:** Chief Nursing Officer

**Accountable to:** Quality Assurance Committee



SAFE

# Pseudomonas (YTD)



**Metric:** Healthcare associated cases of *Pseudomonas* infection, cumulative annually from April.

**Plan:** NHS standard contract trajectory: 10% decrease on 2024 calendar year cases. Updated plan this month.

**Rationale:** NHS Contract indicator.

**Data quality:** Assured. Each incident is validated.

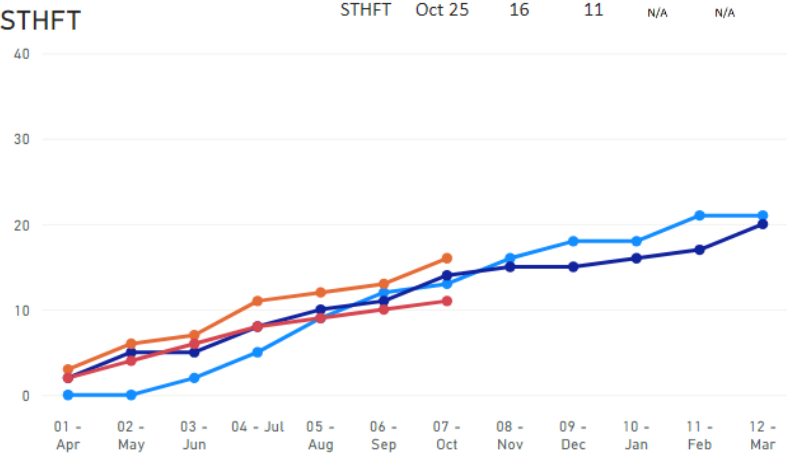
**Trend:** NTHFT: no new cases in October against trajectory of 1. STHFT: 3 new cases in October (trajectory of 1).

**Assurance:** NTHFT: Alert, 4 cases, 57%, worse than trajectory YTD. STHFT: Alert, 5 cases more, 45% worse than trajectory

**Action taken:** Focus on water safety reporting and governance. Authorised Engineer visit NT early November to support work around this with the LLP. New designs reviewed by IPC to ensure appropriate hand wash basins are included (reduction rather than increase).

**Executive lead:** Chief Nursing Officer

**Accountable to:** Quality Assurance Committee



Executive lead: Emma Nunez, Chief Nursing Officer

Accountable to: Quality Assurance Committee

Maternity services metrics reflect the different case mix at the two Trusts, with a greater proportion and the more complex of the high-risk pregnancies being cared for at the James Cook University Hospital. The stillbirth rate at NTHFT triggers Alert due to a deteriorating trend, whilst an improved rate has been seen at STHFT. Neonatal mortality rate triggers Advise at NTHFT due to recent incidence following an extended period of no mortality however provides assurance of performance compared to peers (noting that NTHST and STHFT have different case mix peer groups). Breastfeeding rates are alerted to Board for both Trusts. Infant feeding specialists are providing a continued focus to support and promote breastfeeding. Maternity service across UHT participate in simulation exercises, care bundles and research studies to identify where clinical care can be further improved. Regular in-depth reporting on maternity services takes place through Quality Assurance Committee and the Local Maternity and Neonatal System Board.

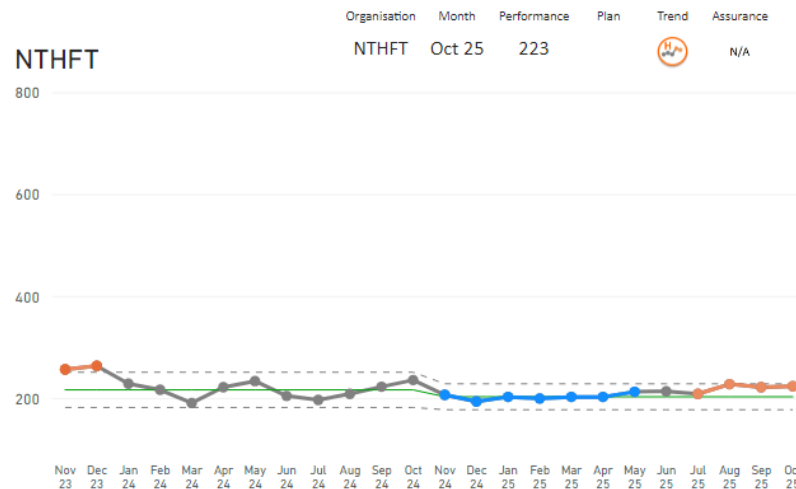
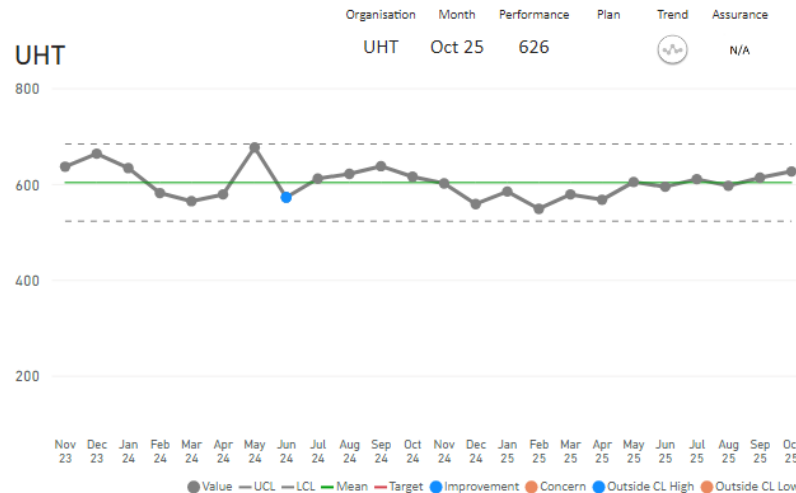
**North Tees & Hartlepool NHS FT**

North Tees & Hartlepool NHS FT	Plan	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25
Total Births		206	193	202	199	202	202	212	213	208	227	221	223
Still Birth Rate (Rolling 12 months, per 1000 births)	2.91	3.05	2.74	3.17	3.19	3.97	4	3.63	3.61	4.4	3.97	3.97	3.19
Neonatal Mortality Rate (Rolling 12 months, per 1000 births)	1	0	0	0	0	0	0	0	0	0.4	0.4	0.4	0.4
Breast Feeding at First Feed	72.3%	52.7%	53.9%	52.2%	51.5%	53%	51.5%	50.9%	46.2%	49.5%	46.3%	47.5%	47.3%
PPH >= 1500ml rate per 1000 Births	31	34.1	25.5	40	45.5	24.8	29.6	37.7	32.9	24	13.2	18.4	40.9
3rd/4th Degree Tear (%)		1.6%	2.7%	0.9%	3.4%	0.8%	2.7%	5.8%	2.9%	8.9%	3.2%	1%	3%

**South Tees Hospitals NHS FT**

South Tees Hospitals NHS FT	Plan	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25
Total Births		395	365	382	349	376	365	392	381	402	369	392	403
Still Birth Rate (Rolling 12 months, per 1000 births)	3.6	4.23	4.26	3.64	3.87	3.22	3.43	3.25	3.24	3.68	3.72	3.52	3.5
Neonatal Mortality Rate (Rolling 12 months, per 1000 births)	1.8	1.3	1.5	1.5	1.7	1.7	1.7	1.3	1.7	1.7	1.3	1.5	1.5
Breast Feeding at First Feed	77.1%	66.3%	67.8%	64.3%	63.4%	68.2%	63.9%	65.3%	64.5%	62.3%	63.5%	69.5%	65.7%
PPH >= 1500ml Rate per 1000 Births	31	36.2	30.6	26.8	32.4	29.6	28.1	28.6	32.1	25.4	27.9	28.6	50.8
3rd/4th Degree Tear (%)		4%	2.8%	0.9%	2.6%	5.7%	2.4%	1.3%	3.4%	1.3%	1.8%	2.7%	3.5%

## SAFE Total Births



**Metric:** Total births (includes all registerable live and still births) under care of each Trust.

**Plan:** n/a

**Rationale:** Context for maternity metrics.

**Data quality:** Assured, validated data.

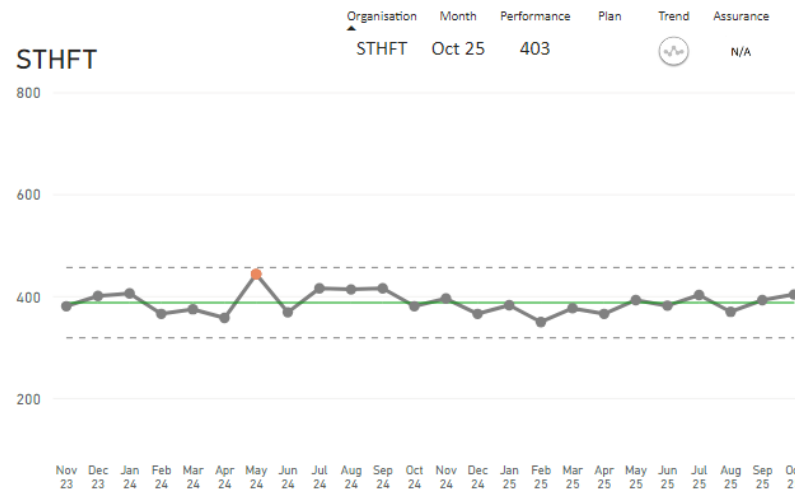
**Trend:** Number of births at NTHFT and STHFT is relatively stable over 2-year timeframe with births at NTHFT demonstrating a lower monthly average since November 2024 but the number of births in the last 3 months to October 2025 are at the higher limits of expected variation.

**Assurance:** n/a

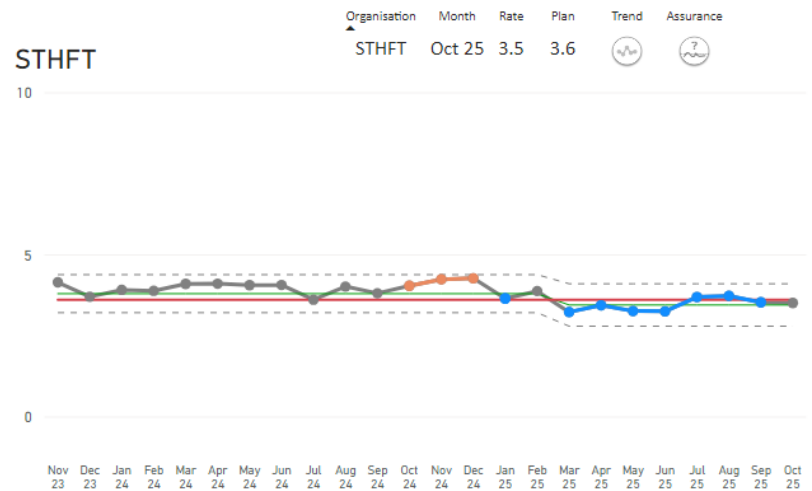
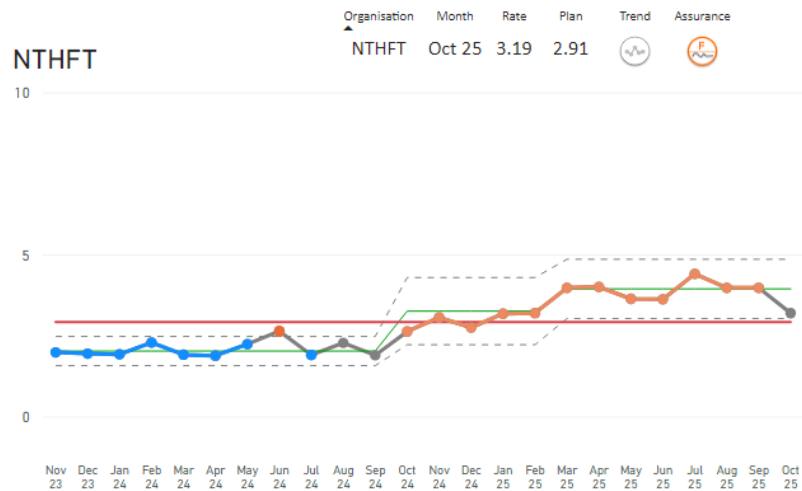
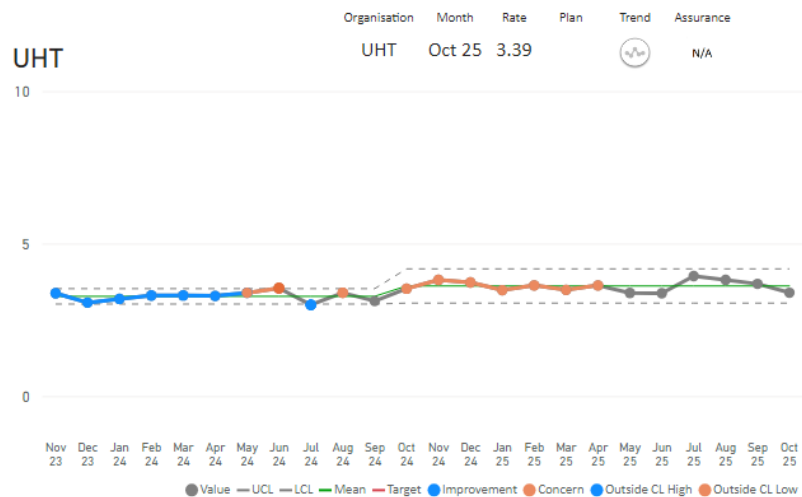
**Action taken:** n/a

**Executive lead:** Chief Nursing Officer

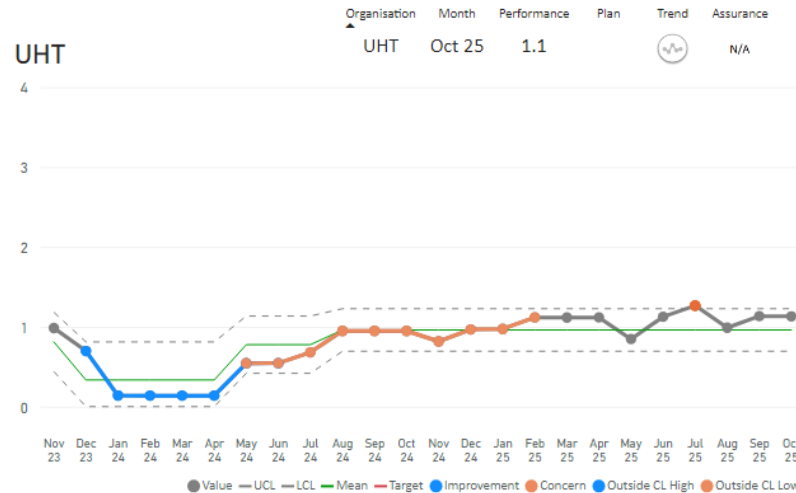
**Accountable to:** Quality Assurance Committee



**SAFE** Still Birth Rate (Rolling 12 months, per 1000 births)



**Metric:** Still birth rate (rolling 12 months per 1000 births).  
**Plan:** MBRRACE comparator group crude average 2023.  
**Rationale:** National Maternity Indicator.  
**Data quality:** Advised, locally derived rate may differ from nationally derived, and case-mix adjusted rates.  
**Trend:** NTHFT: Higher than 2023 crude average. STHFT: Improvement trend from January 2025 demonstrates a step change to a new lower average rate.  
**Assurance:** NTHFT: Alert. STHFT: Advise.  
**Action taken:** Perinatal losses are reported via the Perinatal Mortality Review Tool. All cases are reviewed in full by an MDT team. An external review for NTHFT stillbirths in 2024 was reported in September 2025. No common themes identified other than some non-engagement with smoking cessation services. Actions include focus on audit and training for staff on the Trust's Smoking in Pregnancy policy.  
**Executive lead:** Chief Nursing Officer  
**Accountable to:** Quality Assurance Committee

**SAFE****Neonatal Mortality Rate (Rolling 12 months, per 1000 births)**

**Metric:** Neonatal mortality rate, rolling 12 months per 1,000 births.

**Plan:** Local plan 25/26, MBRRACE audit peer group average.

**Rationale:** National Maternity Indicator.

**Data quality:** Assured, validated data.

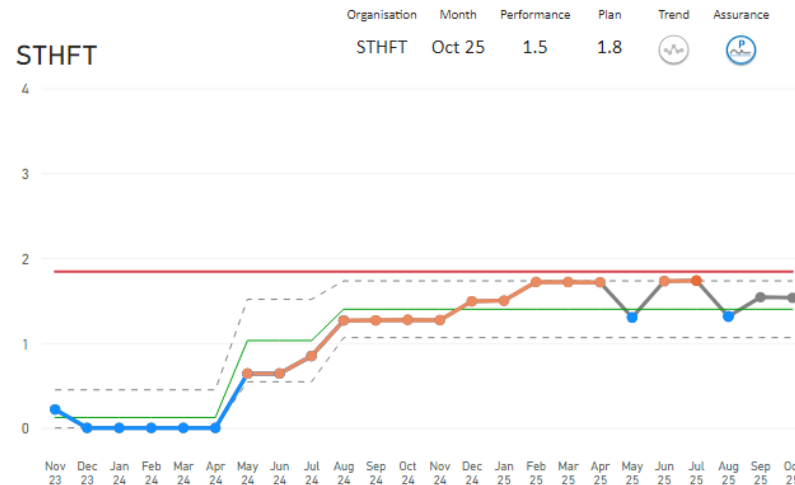
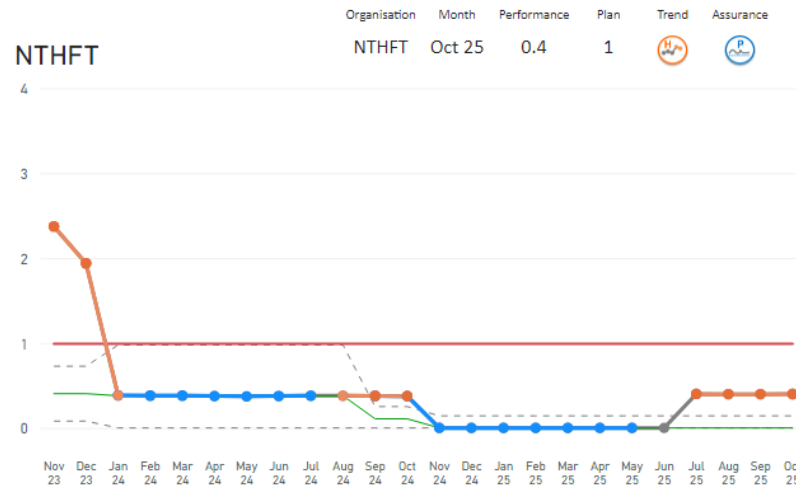
**Trend:** NTHFT: Increased trend, following an extended period with no neonatal mortality. STHFT: Increased trend since May 2024 however return to a stable rate in the last 3 months to October 2025.

**Assurance:** NTHFT: Advise. STHFT: Assure.

**Action taken:** All perinatal deaths are reported via the Perinatal Mortality Review Tool. All cases are reviewed in full by an MDT team.

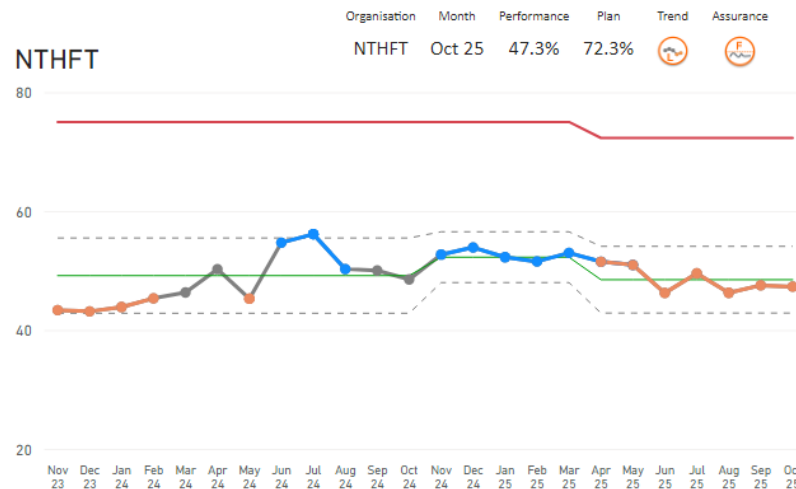
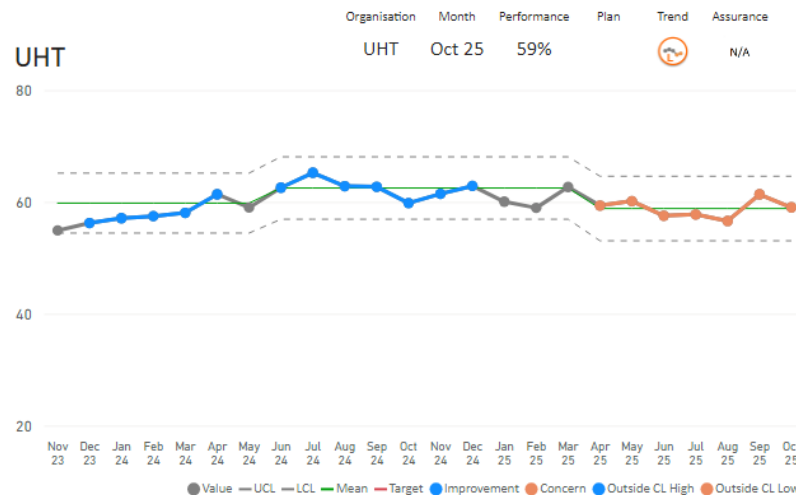
**Executive lead:** Chief Nursing Officer

**Accountable to:** Quality Assurance Committee



SAFE

## Breast Feeding at First Feed



**Metric:** Percentage of births where breast-feeding is initiated, reported at first feed.

**Plan:** Local plan 25/26 to achieve MBRRACE audit peer group mean (10% tolerance).

**Rationale:** National maternity dashboard Clinical Quality Improvement Metric (CQIM)

**Data quality:** Assured, validated data.

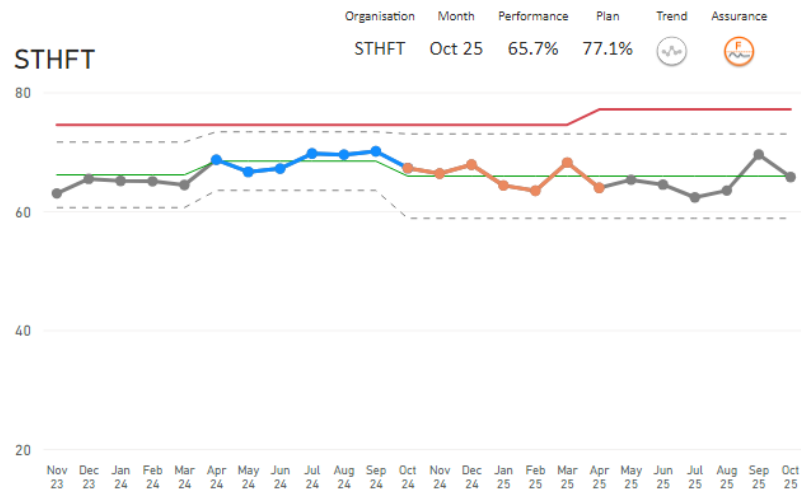
**Trend:** NTHFT: Performance has declined since April 2025, resulting in a stepped change in average performance. STHFT: No trend.

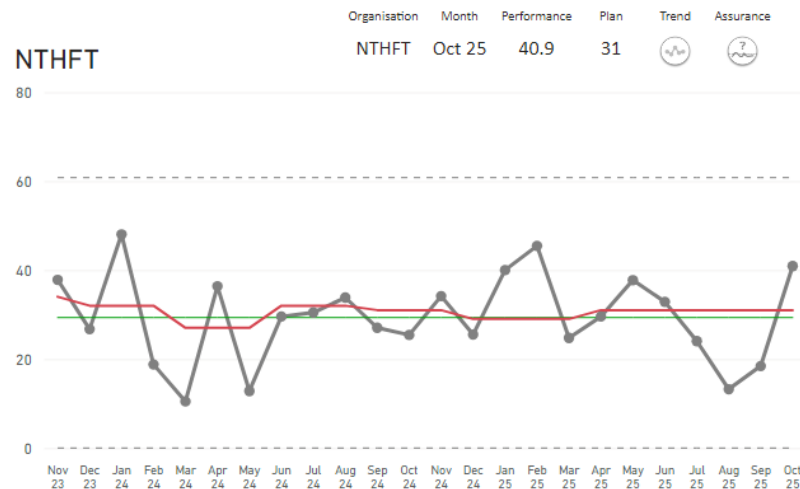
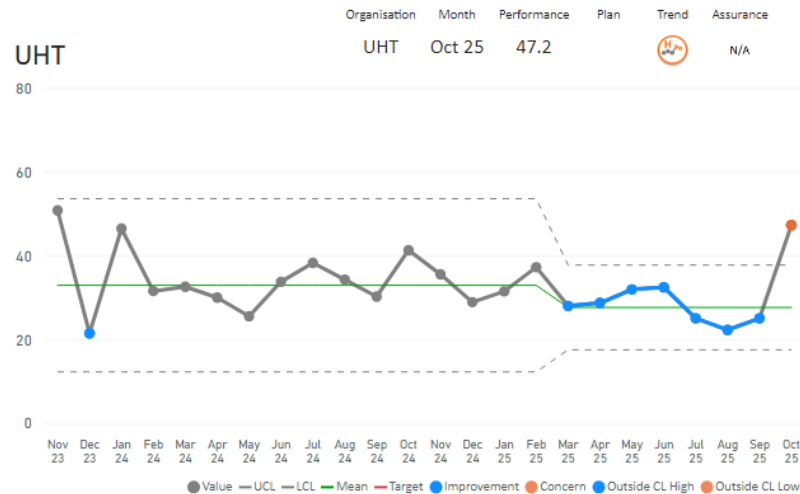
**Assurance:** NTHFT: Alert. STHFT: Alert.

**Action taken:** NTHFT are collaborating with STHFT infant feeding team, as a learning opportunity to support an increase in breast feeding.

**Executive lead:** Chief Nursing Officer

**Accountable to:** Quality Assurance Committee



**SAFE****PPH >= 1500ml Rate per 1000 Births**

**Metric:** Post-partum haemorrhage (PPH) greater than or equal to 1500ml, rate per 1000 births.

**Plan:** North East and North Cumbria ICB regional average.

**Rationale:** National Maternity Indicator and Clinical Quality Improvement Metric.

**Data quality:** Assured, validated data.

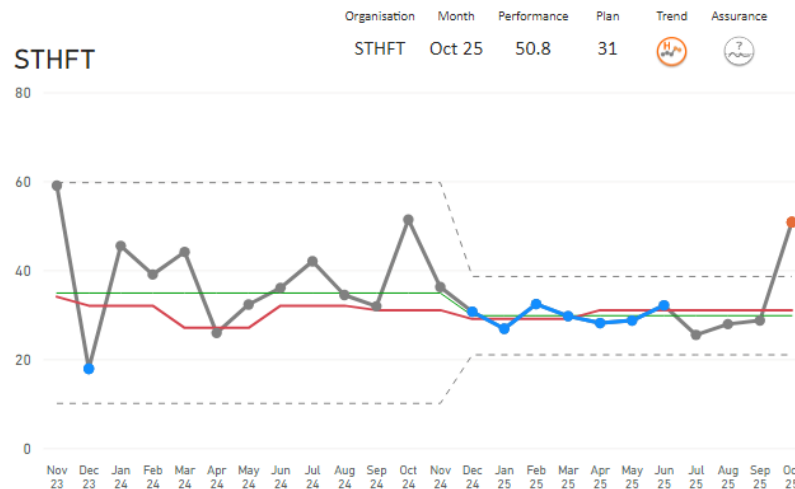
**Trend:** NTHFT: No trend. STHFT: High outlier in October.

**Assurance:** NTHFT: Advise. STHFT: Advise.

**Action taken:** NTHFT and STHFT participate in a research study on effectiveness of interventions to reduce PPH. All PPH >1500mls are reviewed by MDT to ensure that protocols were followed and highlight any learning.

**Executive lead:** Chief Nursing Officer

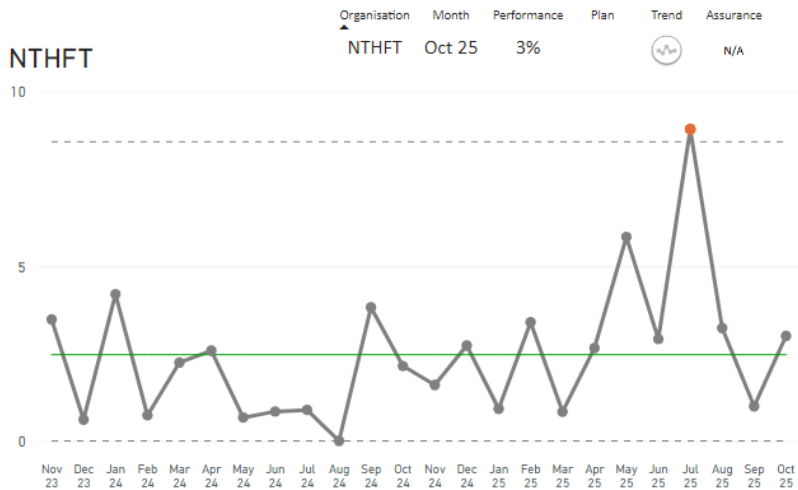
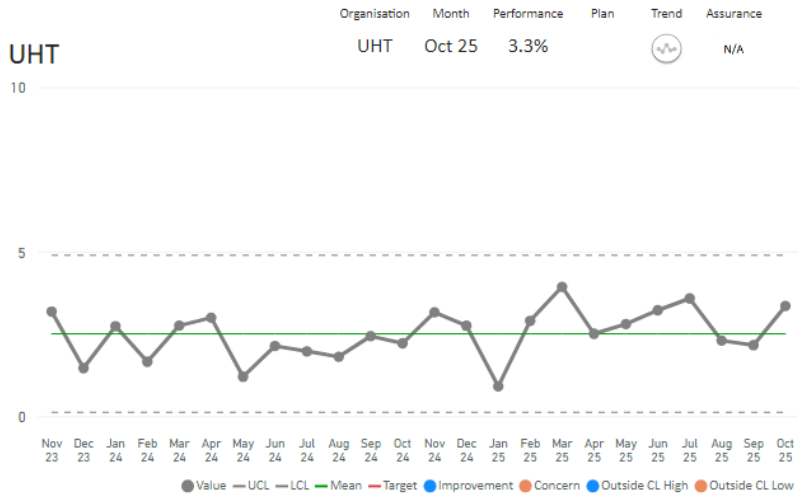
**Accountable to:** Quality Assurance Committee





SAFE

### 3rd/4th Degree Tear (%)



**Metric:** Percentage of births with 3<sup>rd</sup>/4<sup>th</sup> degree maternal tear.

**Plan:** n/a.

**Rationale:** National Maternity Indicator.

**Data quality:** Assured, validated data. NTHFT data descriptor amended to reflect national descriptor, from July 2025, new rate close to limits of previous range of variation.

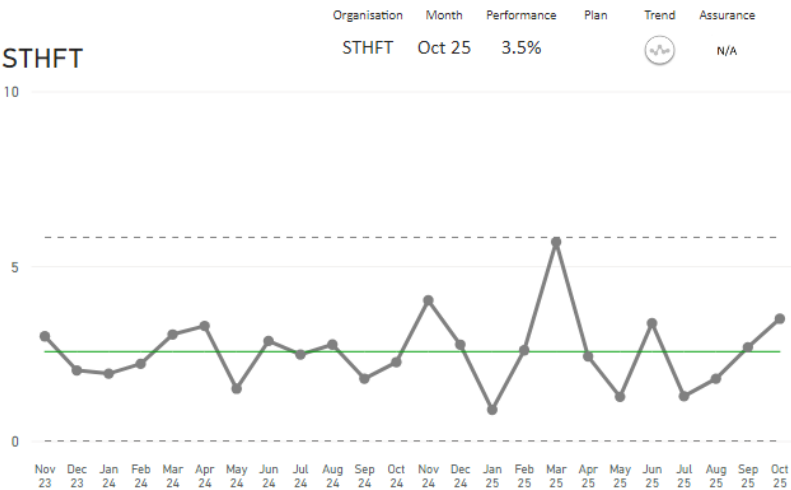
**Trend:** NTHFT: No trend. STHFT: No trend.

**Assurance:** n/a

**Action taken:** All cases have a joint review to identify any learning points; no common themes have emerged.

**Executive lead:** Chief Nursing Officer

**Accountable to:** Quality Assurance Committee



**Executive lead:** Dr Michael Stewart, Chief Medical Officer  
**Accountable to:** Quality Assurance Committee

Summary Hospital-level Mortality Indicator (SHMI) is 'as expected' for both trusts as well as demonstrating improvement trends. Assurance is also provided by non-statistical approaches: Trust Medical Examiners review >98% of deaths and refer relevant cases to the Trust Mortality Surveillance team for further review/investigation/action where required.

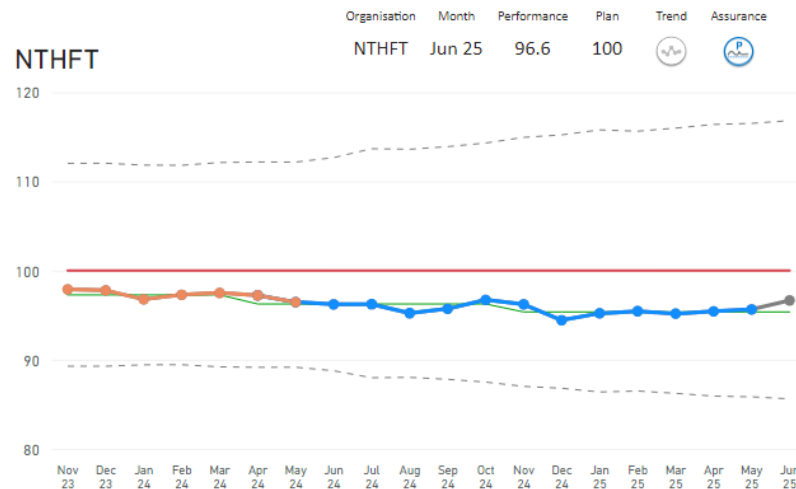
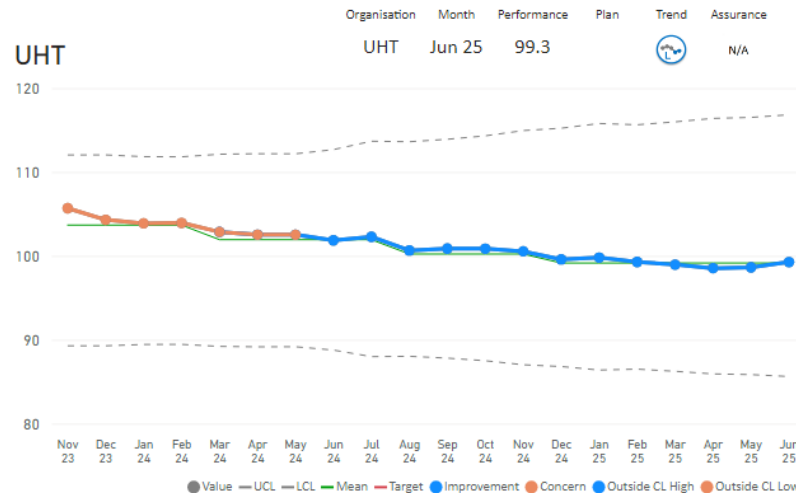
Both trusts are focusing on understanding trends in readmission using clinical audit to identify the most clinically relevant improvement opportunities across medical and surgical care pathways, whilst enabling patients to be cared for out of hospital. This is focusing initially on readmissions of patients with a diagnosis of COPD, as this cohort of patients has a higher readmission rate. The IPR reports a standardised metric to enable benchmarking.

Discharge Delay Average (days) is reported to align to the National Oversight Framework. This metric highlights differences in access to social care provision across our footprint. There is a focus on utilisation of Home First in cases of delays. Both Trusts consistently perform better than the national average for 24/25.

North Tees & Hartlepool NHS FT		Plan	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25
Summary Hospital-Level Mortality Indicator	100		96.2	94.4	95.2	95.4	95.2	95.4	95.6	96.6			
Readmission Rate (%)	8.4%		11.1%	11.2%	11.2%	10.6%	11.6%	11.3%	10.5%	10.2%	10.3%		
Discharge Delay Average (days)	0.825		0.643	0.693	0.605	0.61	0.577	0.626	0.623	0.559	0.681	0.67	0.574

South Tees Hospitals NHS FT		Plan	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25
Summary Hospital-Level Mortality Indicator	100		103.7	103.3	103.1	102	101.6	100.7	100.7	101.1			
Readmission Rate (%)	8.4%		8%	8.9%	8.4%	8.8%	8.8%	8.8%	8.4%	9.1%	8.3%		
Discharge Delay Average (days)	0.825		0.516	0.614	0.7	0.658	0.652	0.534	0.626	0.594	0.617	0.601	0.688

**EFFECTIVE****Summary Hospital-Level Mortality Indicator**

**Metric:** Summary hospital-level mortality indicator (SHMI), calculated for rolling 12-months, 4-months in arrears.

**Plan:** Standardised to 100.

**Rationale:** Quality Accounts regulatory indicator.

**Data quality:** Assured, validated data.

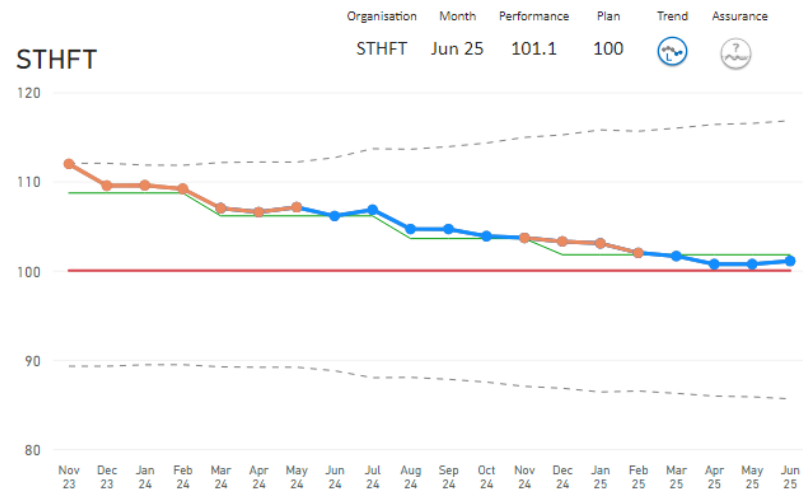
**Trend:** NTHFT: No Trend. STHFT: Improving, close to national benchmark since August 2025.

**Assurance:** NTHFT: Assure. Consistently better than the national benchmark. STHFT: Advise. As expected, within national variation.

**Action taken:** Continued focus on depth of coding at STHFT may lead to further improvement in SHMI. Coding audit work is also underway focusing on diagnoses with higher mortality.

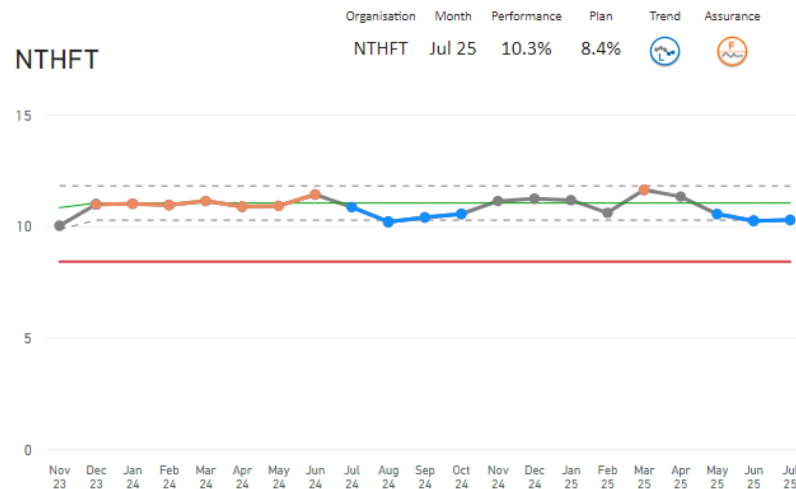
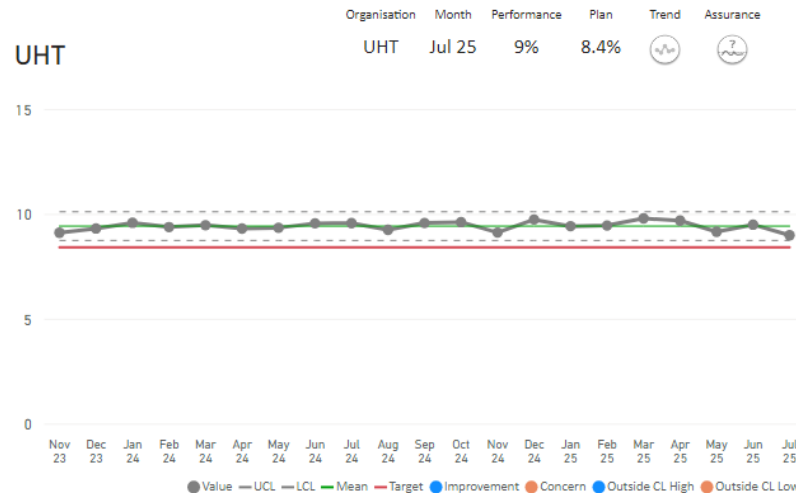
**Executive lead:** Chief Medical Officer

**Accountable to:** Quality Assurance Committee



## EFFECTIVE

## Readmission Rate (%)



**Metric:** Percentage of patients readmitted within 30 days.  
**Plan:** 2023/24 national average.

**Rationale:** NHS Contract metric.

**Data quality:** Aligned to published benchmark. Reported two months in arrears to enable the data to be fully coded.

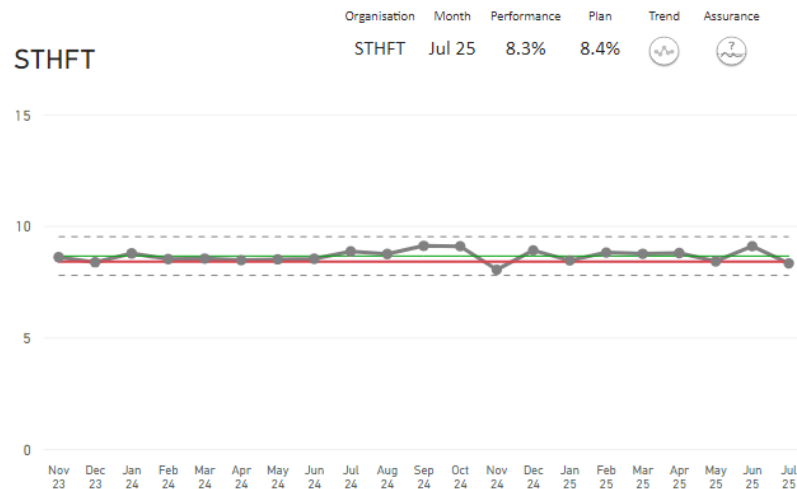
**Trend:** NTHFT: Improved performance, better than expected variation, since August 2025. STHFT: No trend.

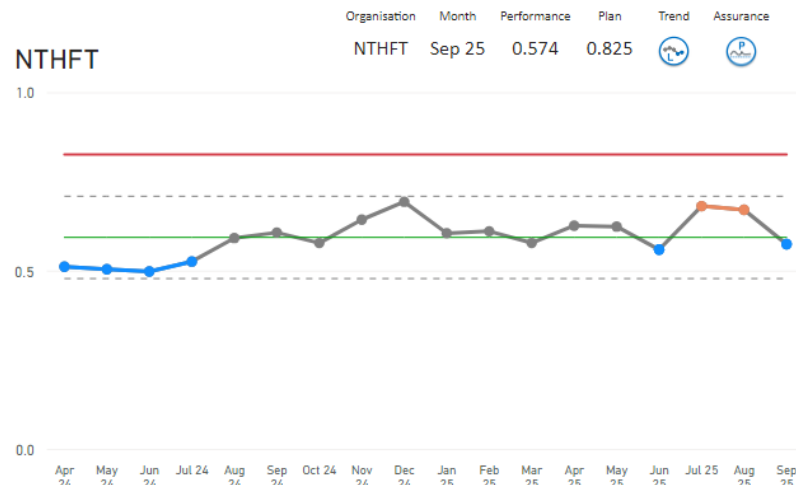
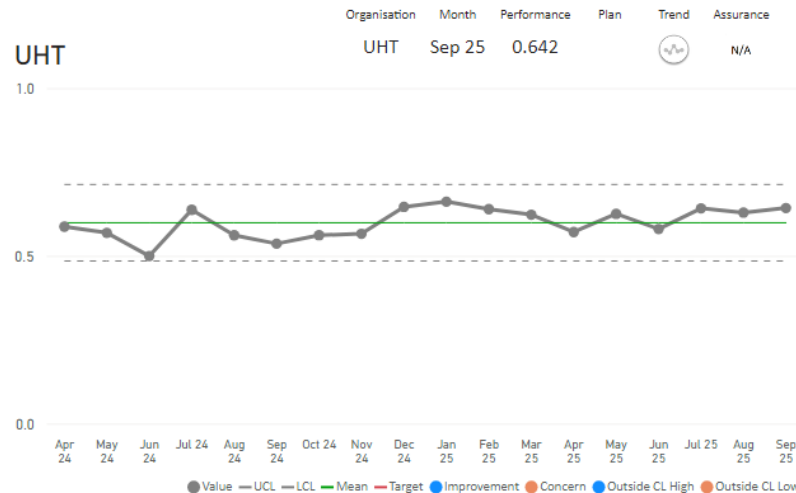
**Assurance:** NTHFT: Advise. Readmission rate consistently higher than national average but is demonstrating improved (lower) performance since August 2025. STHFT: Advise. Rates are close to national average.

**Action taken:** Clinical engagement in audit of samples of respiratory and surgical patient readmissions at both sites. Progress has been delayed due to multiple factors including technical delays and staff availability. Results expected in February at the latest.

**Executive lead:** Chief Medical Officer

**Accountable to:** Quality Assurance Committee



**EFFECTIVE****Discharge Delay Average (days)**

**Metric:** Average number of days between discharge ready date and discharge date, including zero-day length of stay.

**Plan:** No published standard, local plan to perform significantly better than national mean rate for 24/25.

**Rationale:** NHS Oversight Framework 25/26 core metric.

**Data quality:** Assured, validated data.

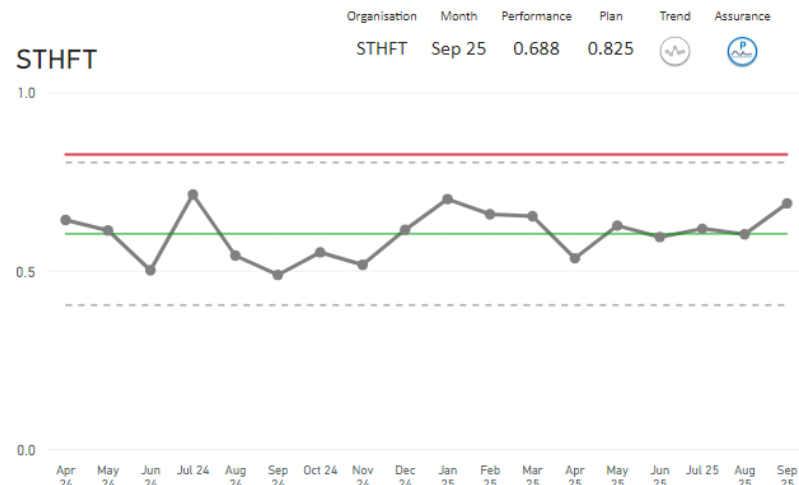
**Trend:** NTHFT: July and August performance at the higher limits of expected variation but improved in September 2025. STHFT: No trend.

**Assurance:** NTHFT: Assure. STHFT: Assure.

**Action taken:** Renewed focus on ensuring plans and escalations are in place for patients with longer lengths of stay, including patients awaiting repatriation. Utilisation of Home First in cases of delays in access to social care which varies between the local authorities of each Trust.

**Executive lead:** Chief Medical Officer

**Accountable to:** Quality Assurance Committee



**Executive lead: Neil Atkinson, Chief Delivery Officer**

**Accountable to: Resources Committee**

### Urgent and emergency care

Assurance on ambulance handover performance now focuses on handovers completed within 45 minutes, replacing the 60-minute metric. Compliance is assured at >95% at NTHFT, and a significant improvement trend February to August 2025 at STHFT brings the standard within capability.

NTHFT A&E 4-hour standard performance is below the agreed trajectory, however the national recovery standard of 78% is exceeded throughout for NTHFT as one of the top performing trusts nationally. There is continued focus at STHFT to secure delivery to trajectory, including implementing a rapid assessment and treatment model.

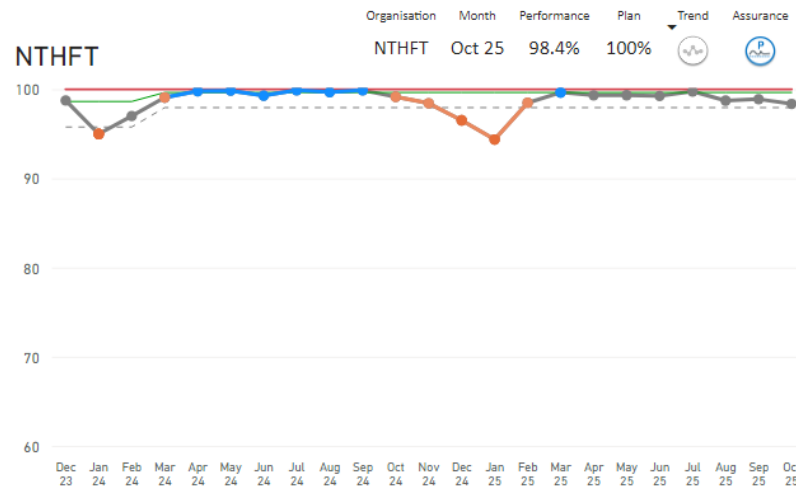
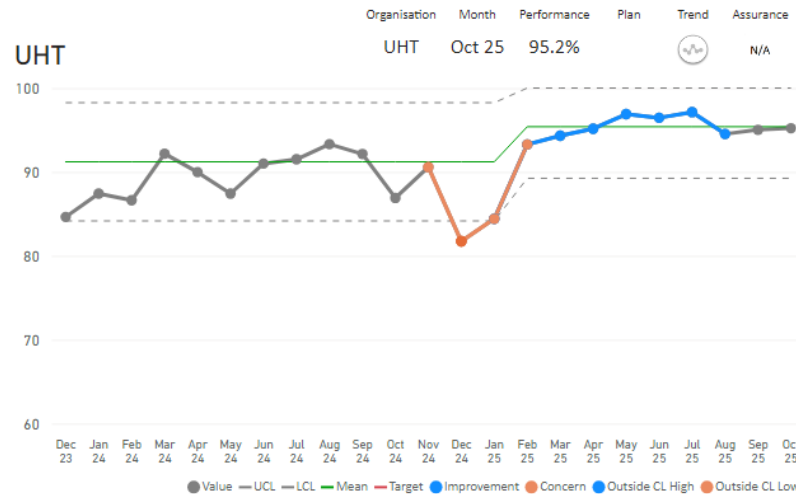
12-hour breaches in ED show seasonal variation with patient acuity but are significantly lower than the national planning guidance standard of fewer than 10%, but delivery of agreed plans is not assured. This remains an operational focus.

Above-standard performance in the community urgent 2-hour response reflects the continued focus on supporting urgent and emergency care pathways by caring for patients in the most appropriate setting. The introduction of a UHT care co-ordination centre in November will optimise the use of community resources to avoid unnecessary admissions during the seasonal increase in demand for care.

Elective operations cancelled on the day not rebooked within 28 days is consistently less than 5 per month at NTHFT and STHFT has demonstrated significant improvement from March 2025 after re-invigorating focus on re-booking through collaborative performance meetings and the Surgical Improvement Group.

North Tees & Hartlepool NHS FT		Plan	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25
NEAS Handovers - Within 45 Mins (%)	100%		98.4%	96.5%	94.4%	98.5%	99.6%	99.3%	99.3%	99.2%	99.7%	98.7%	98.9%	98.4%
4-Hour A&E Standard	84.1%		81.9%	80.9%	81.3%	85.5%	85.6%	83.7%	86.4%	84.6%	84.9%	84.6%	83.4%	82%
12-hour ED breaches rate	2.6%		3.6%	6.3%	6.4%	1%	1.7%	2.2%	1.4%	3.2%	1.5%	1.4%	4.5%	6.4%
Community UCR 2hr Response Rate (%)	70%		77%	73%	79%	72%	74%	70%	75%	75%	76%	80%	76%	
Cancelled Ops - Not Rebooked Within 28 days	0		3	4	5	10	0	3	4	5	1	0	3	4
South Tees Hospitals NHS FT		Plan	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25
NEAS Handovers - Within 45 Mins (%)	100%		83.8%	69.1%	75.6%	89%	89.9%	91.7%	94.7%	94.1%	94.8%	90.8%	91.9%	92.5%
4-Hour A&E Standard	78%		75%	72.1%	74.2%	75.4%	75.7%	77%	77%	76.6%	78.5%	77.9%	76.6%	77.3%
12-hour ED breaches rate	4.5%		4.1%	9.8%	11.6%	5.1%	4.1%	4.4%	2.8%	3.2%	2.7%	4.6%	5.6%	5.2%
Community UCR 2hr Response Rate (%)	70%		83%	81%	80%	83%	86%	82%	81%	78%	76%	77%	72%	
Cancelled Ops - Not Rebooked Within 28 days	0		21	18	19	26	16	10	6	11	10	10	9	16

## RESPONSIVE NEAS Handovers - Within 45 Mins (%)



**Metric:** Percentage of NEAS ambulance handovers completed within 45 minutes of arrival at ED.

**Plan:** 100% within 45 minutes

**Rationale:** NHS Contract metric.

**Data quality:** NEAS data may differ from Trust data.

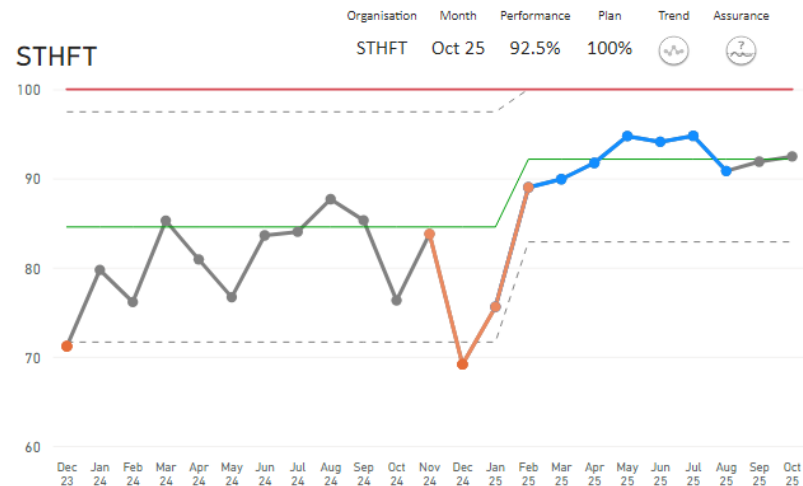
**Trend:** NTHFT: No trend. STHFT: No trend, stable performance after improvement since January 2025.

**Assurance:** NTHFT: Assure. STHFT: Advise.

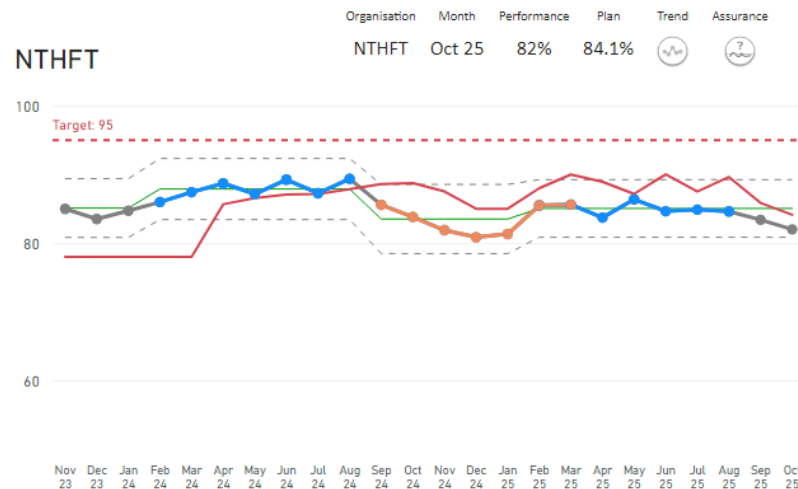
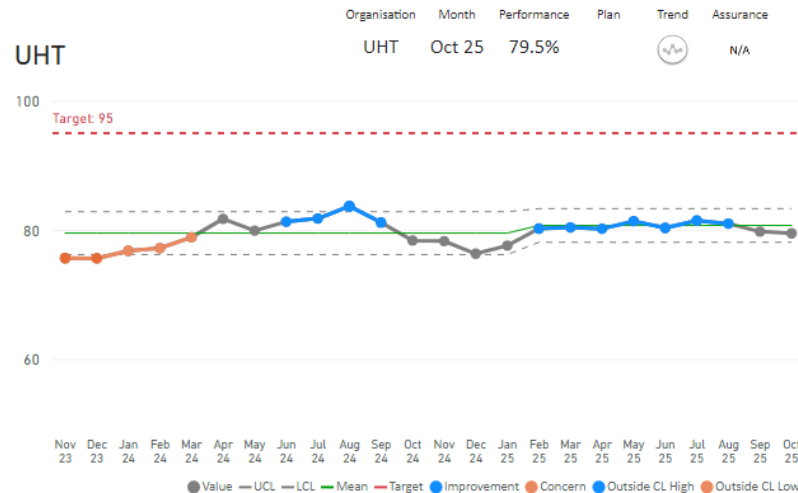
**Action taken:** NTHFT continue focus on full compliance. Handover SOP in place and use of corridor and ambulatory area in surge to provide timely release of crews. STHFT reinforcing the handover escalation SOP with clinical teams. ED patient flow will become the primary source of escalation to minimise ambulance delays.

**Executive lead:** Chief Delivery Officer

**Accountable to:** Resources Committee



## RESPONSIVE 4-Hour A&E Standard



**Metric:** Percentage of patients admitted, transferred or discharged from A&E (all types) within 4 hours of arrival.  
**Plan:** NHS Constitution standard 95%, agreed operational plan to achieve 90% NTHFT, 78% STHFT by March 2026.

**Rationale:** NHS Contract metric.

**Data quality:** Assured, validated data.

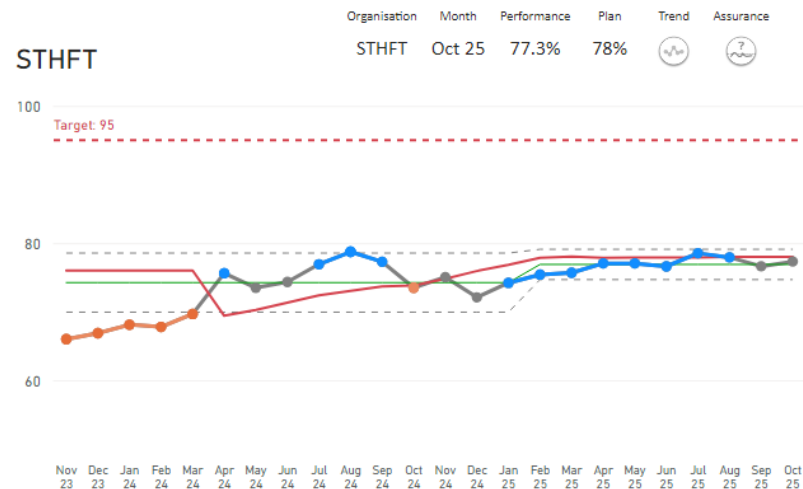
**Trend:** NTHFT: No trend. STHFT: No trend.

**Assurance:** NTHFT: Advise. STHFT: Advise.

**Action taken:** NTHFT: Continued collaborative working through 4-hour steering group to progress improvement opportunities. Work continues with Police on the custody suite pathway. STHFT: Rapid assessment and treatment trial was effective and, since September, this is now sustained for 20 hours over 5 days. Pressures within the admitted pathway due to high occupancy and acuity; focus on the turnaround of non-admitted patients.

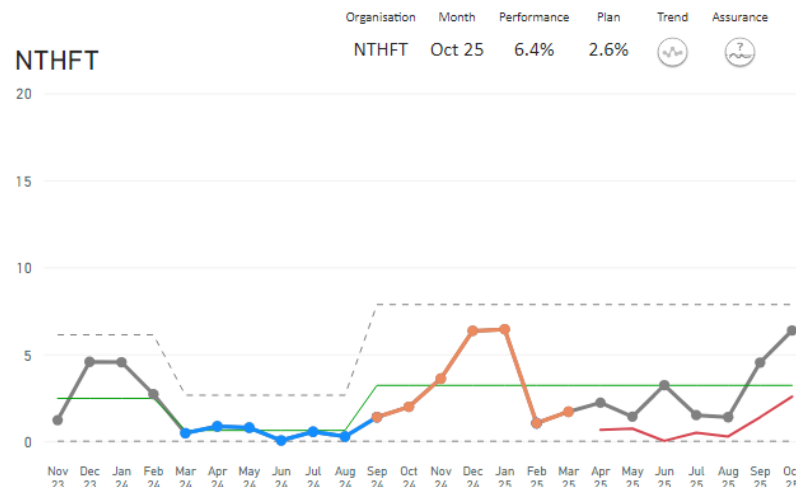
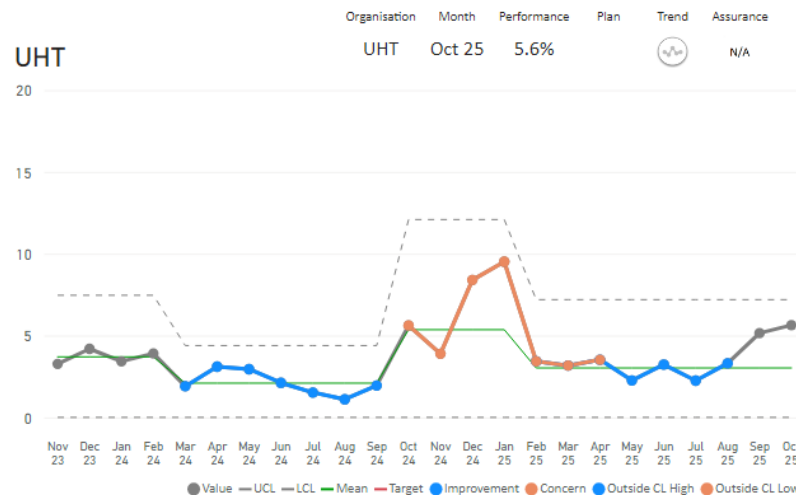
**Executive lead:** Chief Delivery Officer

**Accountable to:** Resources Committee





## RESPONSIVE 12-hour ED breaches rate



**Metric:** Percentage of patients admitted or discharged from Type 1 Emergency Department after 12 hours.

**Plan:** Seasonalised operational plan for 25/26 submitted by each Trust: NTHFT to achieve 1.93% in March 2026; STHFT to achieve 3.22%. National planning guidance standard 10%.

**Rationale:** NHS Contract metric.

**Data quality:** Assured, validated data.

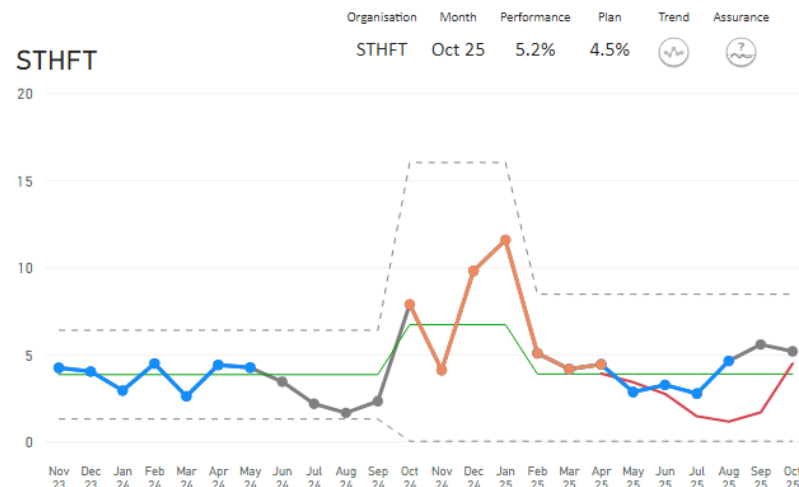
**Trend:** NTHFT: No trend. STHFT: No trend.

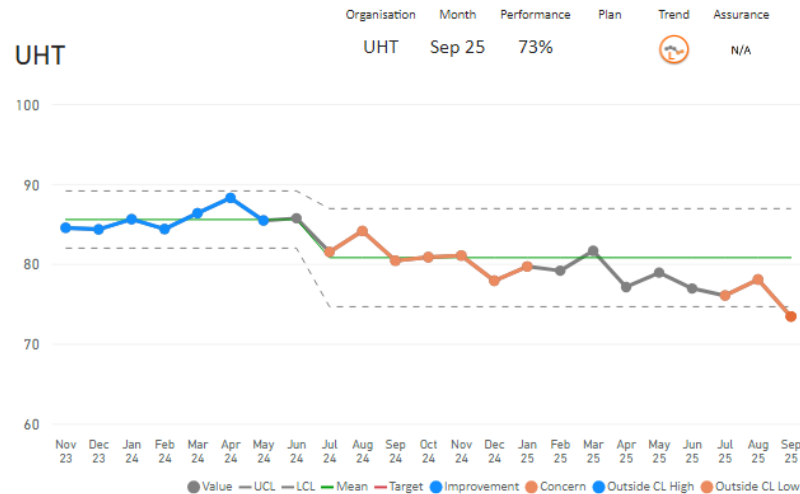
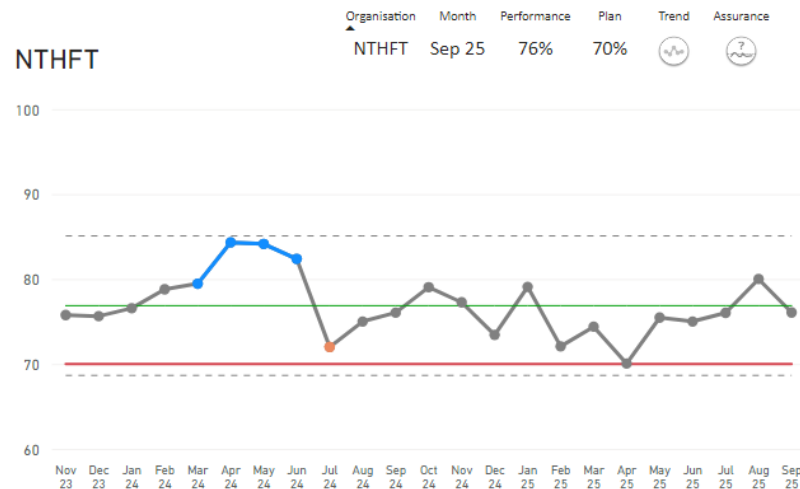
**Assurance:** NTHFT: Advise. STHFT: Advise.

**Action taken:** NTHFT: Ongoing weekly audit of breaches to identify key themes; plan to relocate NTHFT Discharge Lounge in November to care for bedded patients. STHFT: Continued focus on interventions at 10-hours to avoid 12-hour breaches; new audit process to be implemented in November 2025; full capacity protocol enacted when required to support admitted patient flow.

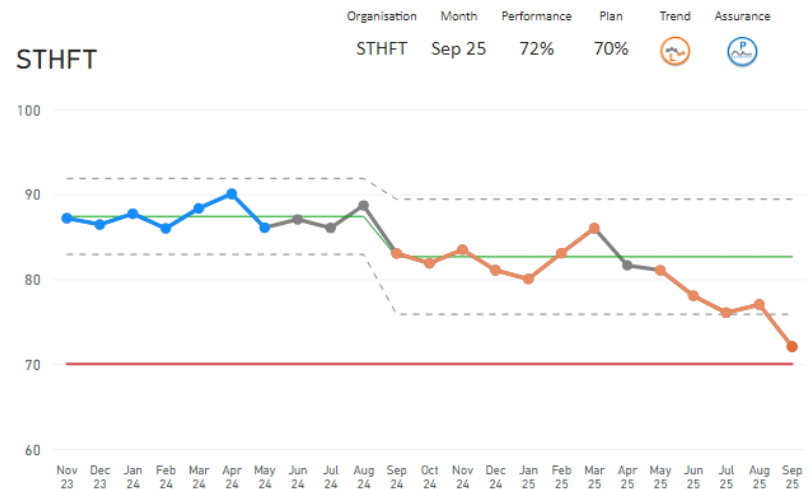
**Executive lead:** Chief Delivery Officer

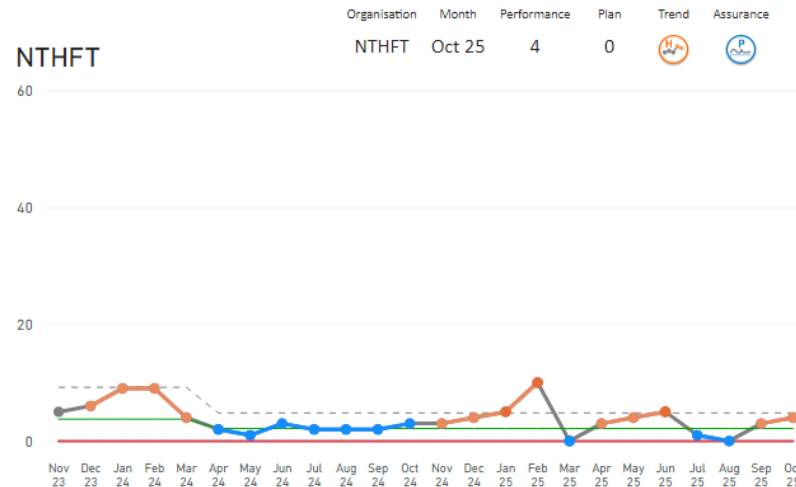
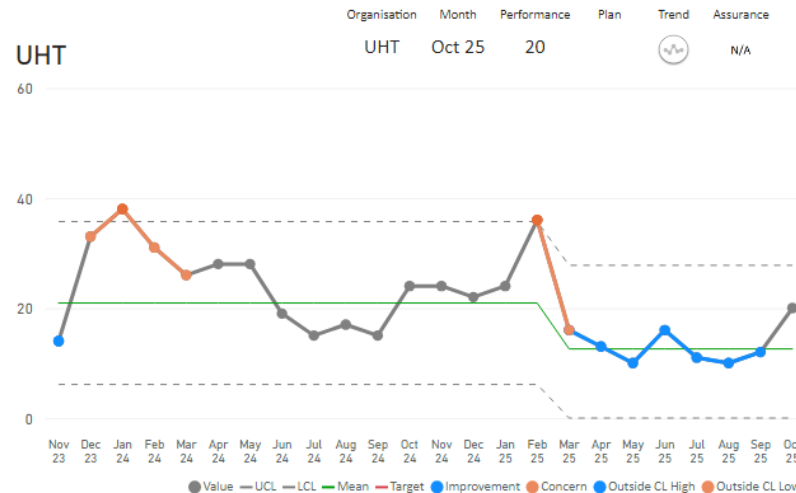
**Accountable to:** Resources Committee



**RESPONSIVE****Community UCR 2hr Response Rate (%)****NTHFT****Metric:** Urgent community response within 2-hours**Plan:** 70%**Rationale:** NHS operational planning guidance**Data quality:** Advisory, metric calculated from submitted raw community data sets, available one month in arrears.**Trend:** NTHFT: No trend. STHFT: Deteriorating trend.**Assurance:** NTHFT: Advise. STHFT: Advise.

**Action taken:** Community Services continue to provide urgent response pathways to provide care in patients own homes. Recent work has focused on increasing both the number of referrals and referrals from different sources, including NEAS, 111 and the Care Home sector. An integrated UHT care coordination centre pilot is planned for November 2025, helping to optimise use of community resources to avoid unnecessary admissions.

**Executive lead:** Chief Delivery Officer**Accountable to:** Resources Committee**STHFT**

**RESPONSIVE****Cancelled Ops - Not Rebooked Within 28 days**

**Metric:** Urgent community response within 2-hours

**Plan:** 70%

**Rationale:** NHS operational planning guidance

**Data quality:** Advisory, metric calculated from submitted raw community data sets, available one month in arrears.

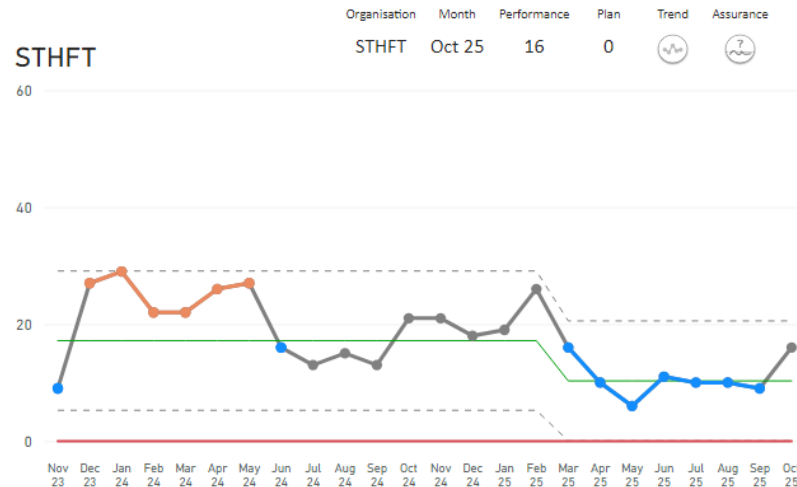
**Trend:** NTHFT: No trend. STHFT: No trend.

**Assurance:** NTHFT: Advise. STHFT: Advise.

**Action taken:** Daily review of all cancellations is in place at NTHFT, and services remain focussed and committed to reappointing patients within the timeframe. At STHFT renewed focus on rebooking is monitored via Collaborative performance and Surgical Improvement Group meetings.

**Executive lead:** Chief Delivery Officer

**Accountable to:** Resources Committee



**RESPONSIVE DOMAIN SUMMARY**

**Executive lead: Neil Atkinson, Chief Delivery Officer**

**Accountable to: Resources Committee**

**Elective, diagnostic and cancer care**

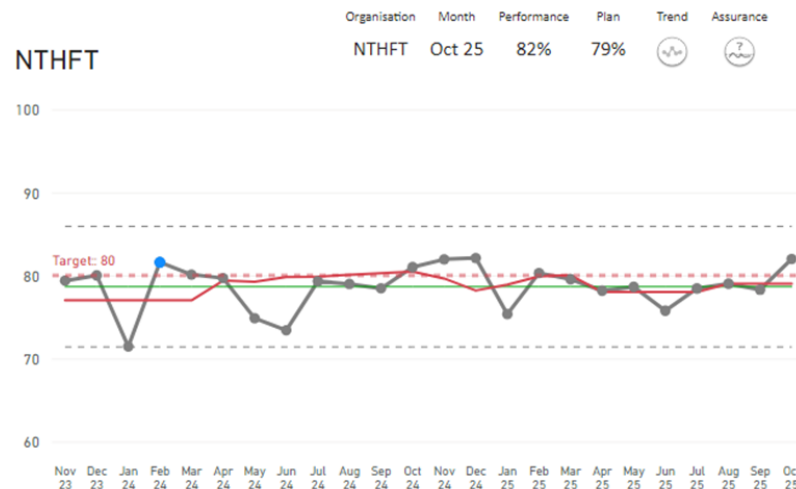
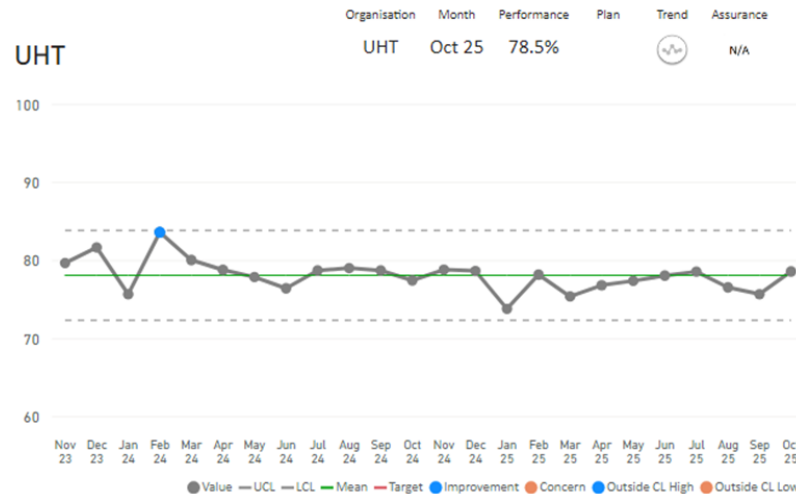
Achievement of key access targets continues to be challenging and logged as strategic risks for both trusts.

Cancer faster diagnosis standard is not assured for NTHFT or STHFT, and 31-day compliance at STHFT in 2025 is lower than in 2023/24. However, STHFT compliance with 62-day standard now shows a significant recent improvement trend and is ahead of plan. Tiered support from NHS England continues. NTHFT 31-day and 62-day performance compliance has shown impacts of a sustained increase in breast symptomatic referrals from the County Durham and Darlington catchment area since February 2025. The team are working closely with CDDFT and the Cancer Care Alliance to support a collaborative approach to service delivery in the short / medium term and longer-term models of delivery across the system. Specific interventions are being put in place to reduce pathway delays across respiratory and urology services, as the next two pathways with lower performance against the standard. Tumour specific pathway improvements are driven by the clinically-led Cancer Delivery Groups.

Elective recovery trajectories are supported by waiting list validation, clinic template review and additional 'super clinics' in targeted specialties with the greatest patient access/demand challenges. Patients with the longest waits are prioritised, and no patients at NTHFT wait over 65 weeks; however 52-week waits exceed the planned trajectory for STHFT.

North Tees & Hartlepool NHS FT		Plan	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25
Cancer Faster Diagnosis Standard (%)	79%		81.9%	82.1%	75.3%	80.3%	79.5%	78.2%	78.6%	75.7%	78.4%	79%	78.3%	82%
Cancer 31 Day Standard (%)	95.9%		96.2%	96.6%	96.6%	96.4%	93.8%	97.2%	94.8%	97.1%	92.5%	88.8%	92.4%	94.2%
Cancer 62 Day Standard (%)	73.6%		71.6%	76.2%	72.2%	63.4%	67%	64.3%	58%	56.7%	52.3%	51.7%	56.7%	61%
Diagnostic 6 Weeks Standard (%)	95%		86.5%	83.9%	91.6%	95.1%	96.7%	95.1%	96.3%	95.8%	96.6%	94.5%	96.1%	94.9%
RTT Incomplete Pathways (%)	74.2%		71.5%	72.5%	73.2%	74.4%	75.5%	74.5%	74.5%	73.9%	74.2%	72.7%	73.3%	73.8%
RTT 52 Week Waiters Rate	0.9%		1.1%	0.9%	0.8%	0.8%	0.8%	1%	1%	1.2%	0.9%	0.8%	0.7%	0.9%
Community Over 52 Week Waiters Rate	7.1%		3%	3.1%	0.6%	0.3%	0.1%	0.6%	1.5%	2.9%	3%	3.4%	3.2%	1.5%
RTT Time to First Appointment (%)	81.3%		78.6%	79.5%	80.1%	81.8%	82.2%	81.7%	82.3%	81.1%	81%	79.9%	79.5%	80.5%

South Tees Hospitals NHS FT		Plan	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25
Cancer Faster Diagnosis Standard (%)	79%		75.7%	75.2%	72.2%	75.9%	71.1%	75.6%	76.3%	79.9%	78.6%	74%	73.2%	75.1%
Cancer 31 Day Standard (%)	92%		89.1%	88.3%	81.1%	86.8%	82.6%	86.6%	82.8%	87.1%	86.1%	81.7%	83.9%	83.3%
Cancer 62 Day Standard (%)	64.1%		58.5%	59.9%	63.1%	61%	61.2%	63.8%	64.4%	62.3%	68.7%	66.8%	65.2%	65.7%
Diagnostic 6 Weeks Standard (%)	95%		85.5%	85%	88.7%	88.7%	87.4%	85%	83%	84.4%	86.9%	82.2%	85.4%	86.6%
RTT Incomplete Pathways (%)	63%		60%	59.4%	59.5%	59.9%	60.3%	61.1%	62.1%	62.1%	61.9%	61.1%	61.7%	62.1%
RTT 52 Week Waiters Rate	1.8%		2.8%	2.7%	2.9%	2.9%	2.7%	2.8%	2.8%	2.8%	2.7%	2.9%	2.7%	2.4%
Community Over 52 Week Waiters Rate	7.1%		3.2%	3.2%	2.1%	2%	1.7%	1.6%	2.3%	2.2%	2%	1.9%	1.9%	1.8%
RTT Time to First Appointment (%)	68.1%		65.2%	64.3%	64.3%	64.8%	64.7%	66.2%	66.2%	65.4%	64.3%	64%	63.8%	64.7%

**RESPONSIVE****Cancer Faster Diagnosis Standard (%)**

**Metric:** Percentage of patients on a cancer pathway who receive diagnosis or rule-out within 28 days from referral.  
**Plan:** NHS Constitution standard 80% (from April 2025).  
 Agreed operational planning trajectories: NTHFT 81%,  
 STHFT 80% by end March 2026.

**Rationale:** NHS Contract metric.

**Data quality:** Assured, validated data.

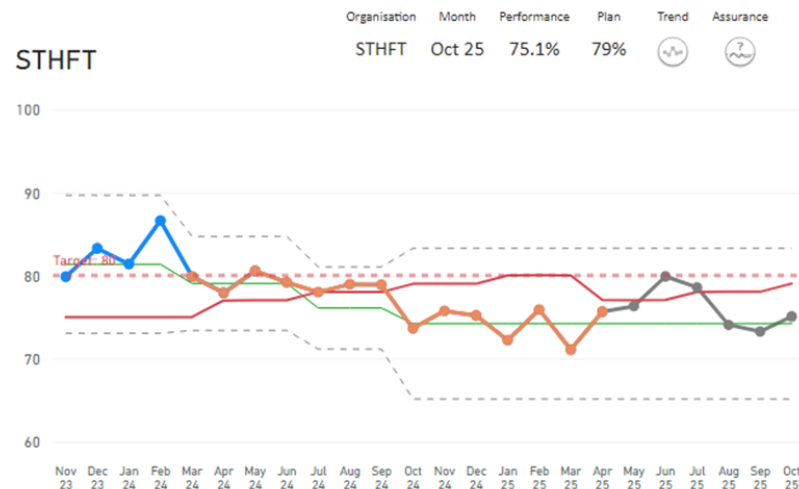
**Trend:** NTHFT: No trend. STHFT: No trend.

**Assurance:** NTHFT: Advise. STHFT: Advise.

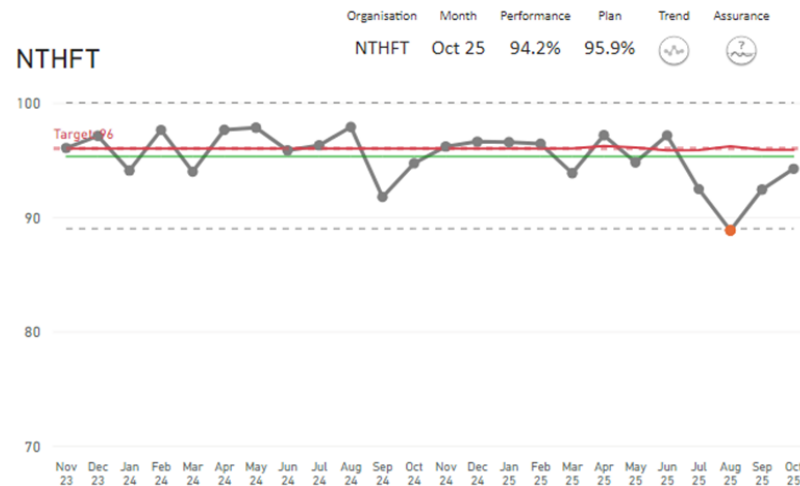
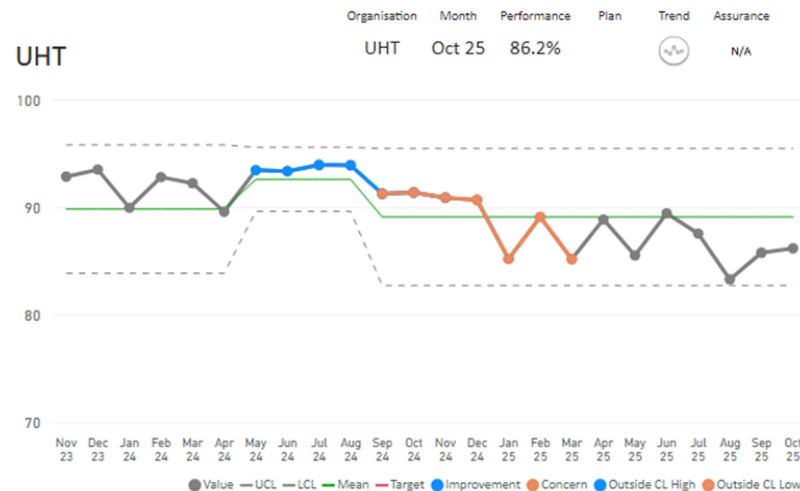
**Action taken:** NTHFT continued focus on compliance improvement in urology and respiratory pathways, STHFT focus on compliance in urology and gastro-intestinal tumour groups. Recent changes in prostate diagnostic pathway are evident and with new changes in bladder pathway and a natural reduction in the extra seasonal skin referrals, performance is expected to improve in the coming months.

**Executive lead:** Chief Delivery Officer

**Accountable to:** Resources Committee



## RESPONSIVE Cancer 31 Day Standard (%)



**Metric:** Percentage of patients on a cancer pathway who start treatment within 31 days of decision to treat.

**Plan:** NHS Constitution standard 96%. Agreed operational planning trajectories to 96.5% NTHFT, 93.1% STHFT by end March 2026.

**Rationale:** NHS Contract metric.

**Data quality:** Assured, validated data.

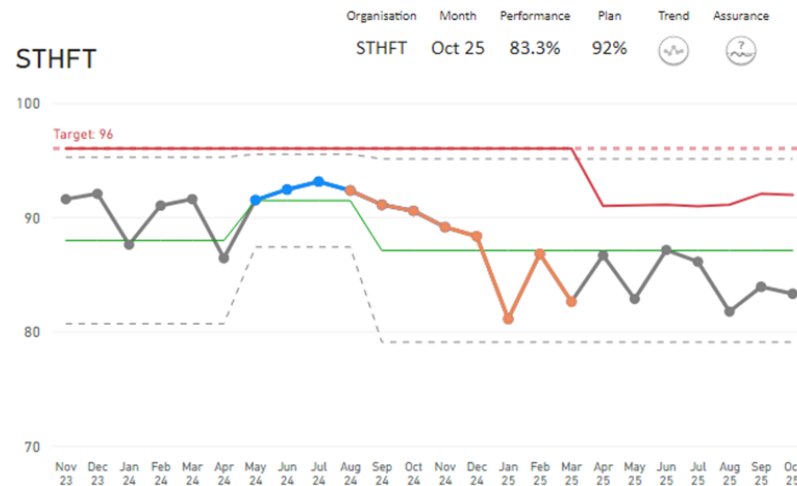
**Trend:** NTHFT: No trend. STHFT: No trend.

**Assurance:** NTHFT: Advise. STHFT: Advise.

**Action taken:** For both NTHFT and STHFT breast pathway demand is challenging to compliance. Ongoing collaboration with CDDFT to support their service delivery. There is wider strategic discussion with the ICB for a longer-term regional response. STHFT focus is the patients waiting longest for treatment, managing constraints of radiotherapy capacity.

**Executive lead:** Chief Delivery Officer

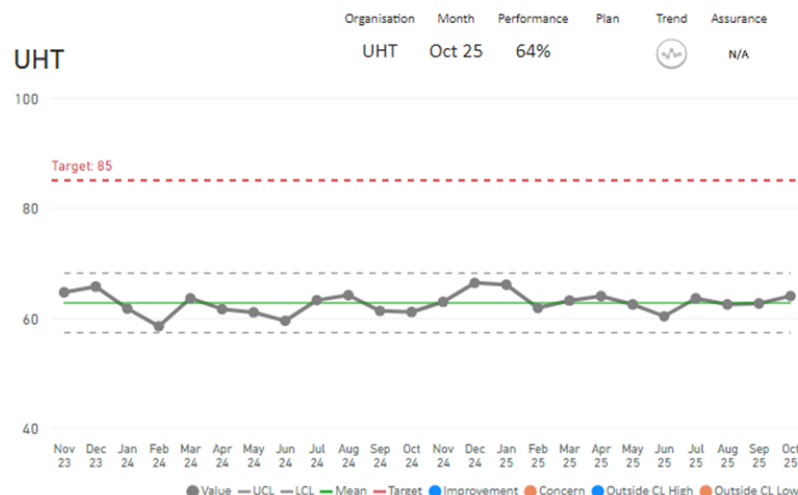
**Accountable to:** Resources Committee



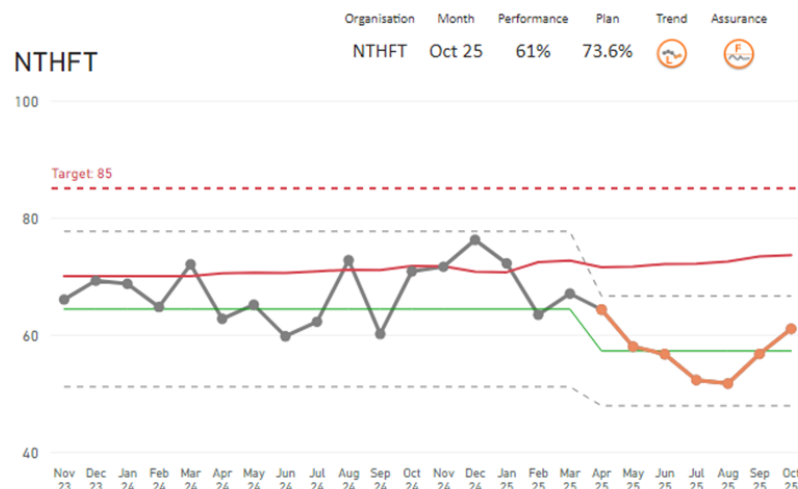


## RESPONSIVE

### Cancer 62 Day Standard (%)



### NTHFT



**Metric:** Percentage of patients on a cancer pathway who start treatment within 62 days of referral.

**Plan:** NHS Constitution standard 85%. Agreed operational planning 39 trajectories: NTHFT 75%, STHFT 68.3% by end March 2026.

**Rationale:** NHS Contract metric.

**Data quality:** Assured, validated data.

**Trend:** NTHFT: Deteriorating trend. STHFT: Improving trend.

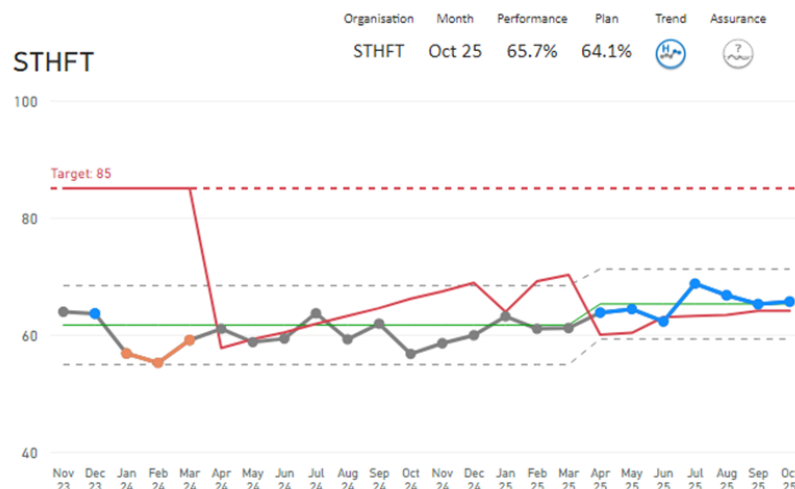
**Assurance:** NTHFT: Alert. STHFT: Advise.

**Action taken:** NTHFT breast pathway demand is challenging to compliance. On going collaboration with CDDFT to support service delivery is taking place. There is wider strategic discussion with the ICB for a longer-term regional response. Respiratory and Urology also report low performance, however recent pathway improvements implemented will support performance improvement over the next few months. STHFT changes in prostate diagnostic pathway sustains 62-day standard improvement trend.

**Executive lead:** Chief Delivery Officer

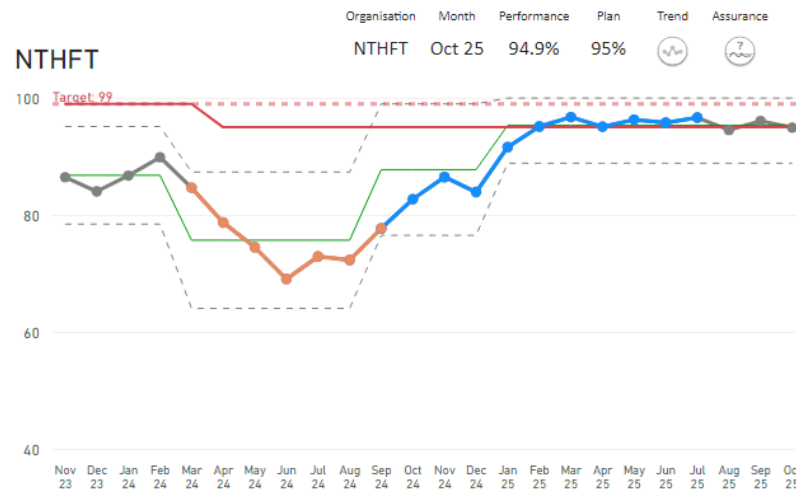
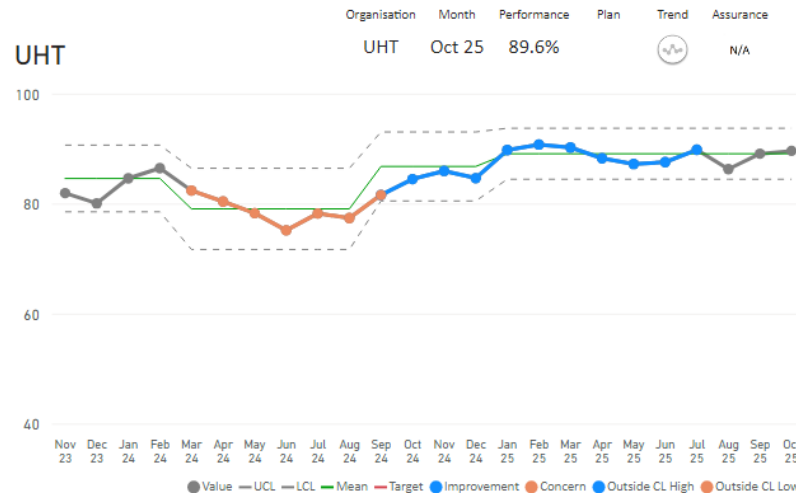
**Accountable to:** Resources Committee

### STHFT



## RESPONSIVE

## Diagnostic 6 Weeks Standard (%)



**Metric:** Percentage of patients waiting for a diagnostic test less than 6 weeks from referral, 13 modalities.

**Plan:** NHSE 24/25 operational standard 95%.

**Rationale:** NHS Contract metric.

**Data quality:** Assured, validated data.

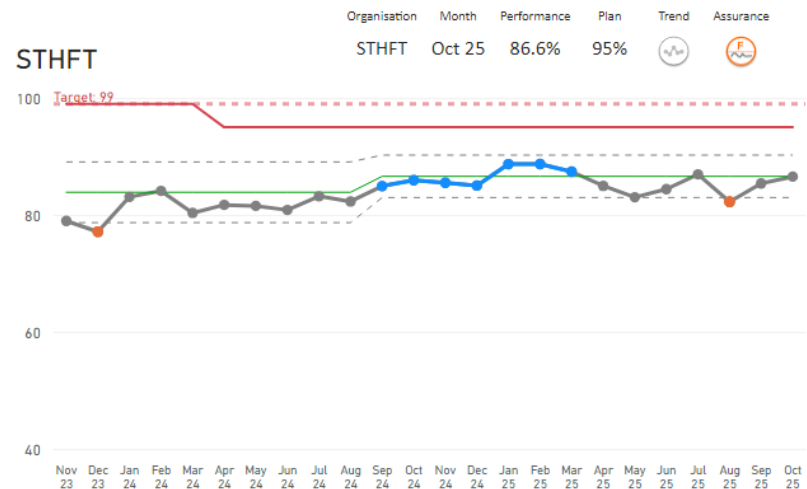
**Trend:** NTHFT: No trend. STHFT: No trend.

**Assurance:** NTHFT: Advise. STHFT: Alert.

**Action taken:** Improvement work underway in STHFT specialist services will show only incremental improvement over several months. Recent deterioration in Echocardiography staffing capacity has been addressed but performance will take several months to recover.

**Executive lead:** Chief Delivery Officer

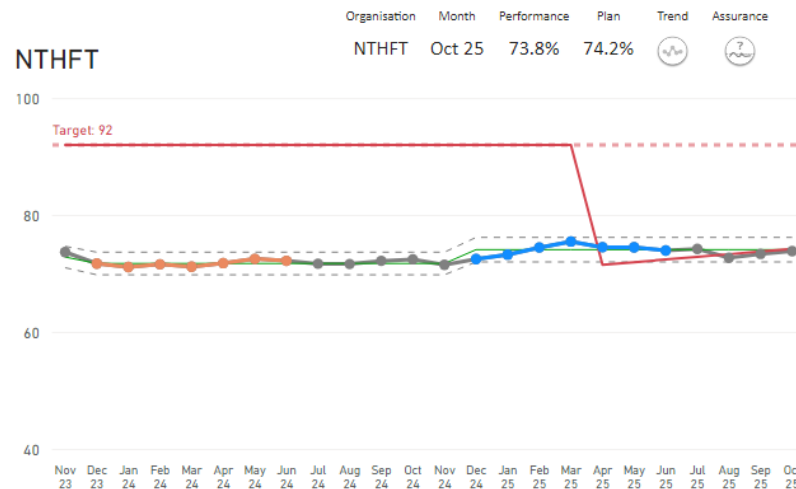
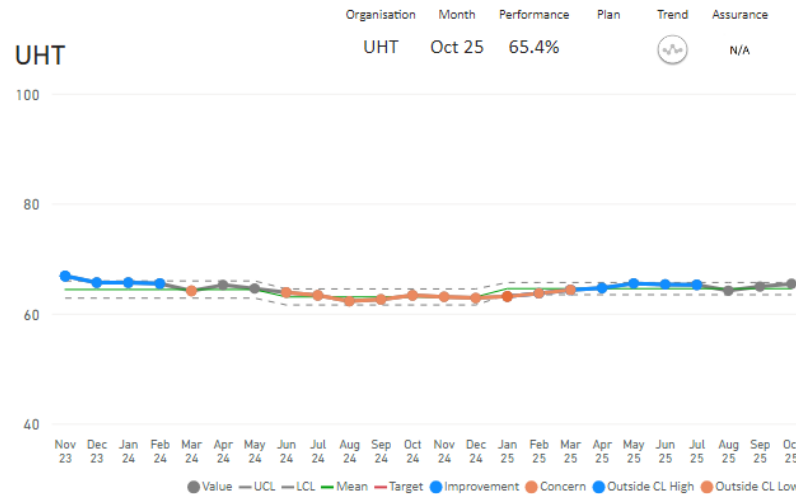
**Accountable to:** Resources Committee





## RESPONSIVE

### RTT Incomplete Pathways (%)



**Metric:** Percentage of patients awaiting elective treatment who have waited less than 18 weeks from referral.

**Plan:** NHS Constitution standard 92%. Agreed operational planning trajectories: NTHFT 76.5%, STHFT 65.0% by end March 2026.

**Rationale:** NHS Contract metric.

**Data quality:** Assured, validated data.

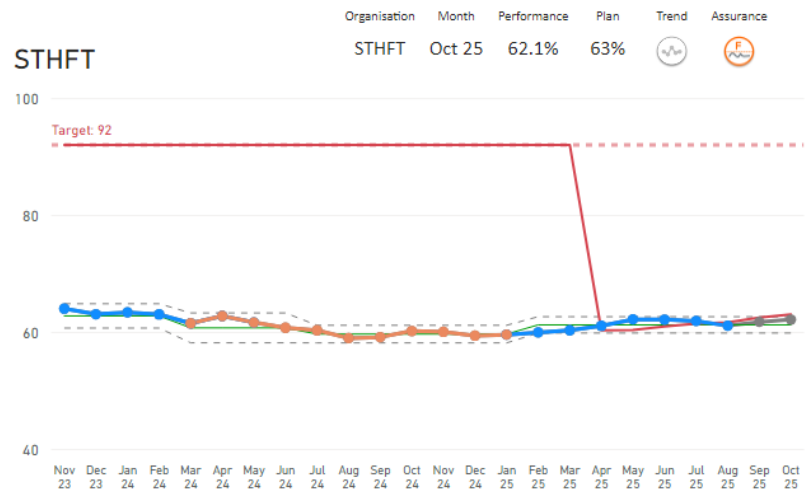
**Trend:** NTHFT: No trend. STHFT: No trend.

**Assurance:** NTHFT: Advise. STHFT: Alert.

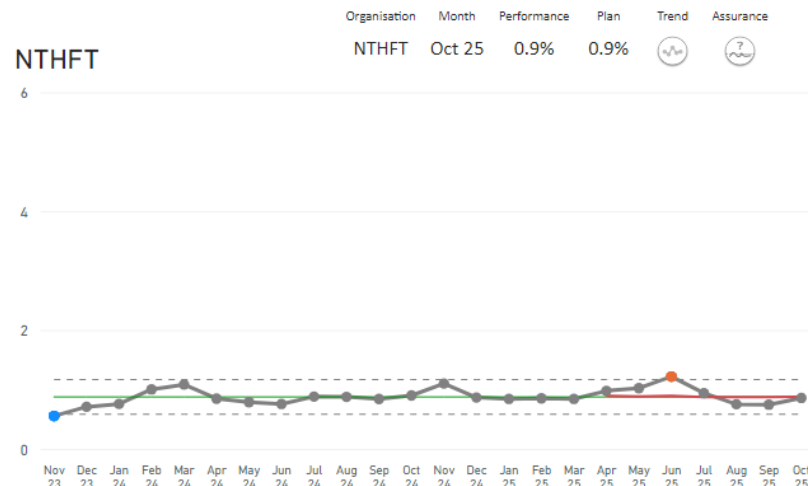
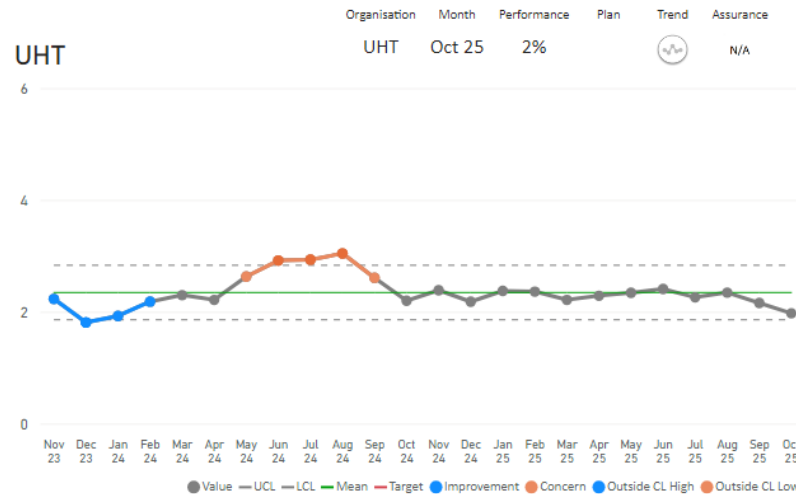
**Action taken:** Focus is on reducing the longest waiters beyond 52 and 65 weeks which will support compliance improvements.

**Executive lead:** Chief Delivery Officer

**Accountable to:** Resources Committee



## RESPONSIVE RTT 52 Week Waiters Rate



**Metric:** Rate of patients awaiting elective treatment who have waited more than 52 weeks from referral.

**Plan:** To reduce the number of 52-week waiters to less than 1% of the waiting list by March 2026.

**Rationale:** NHS Contract metric.

**Data quality:** Assured, validated data.

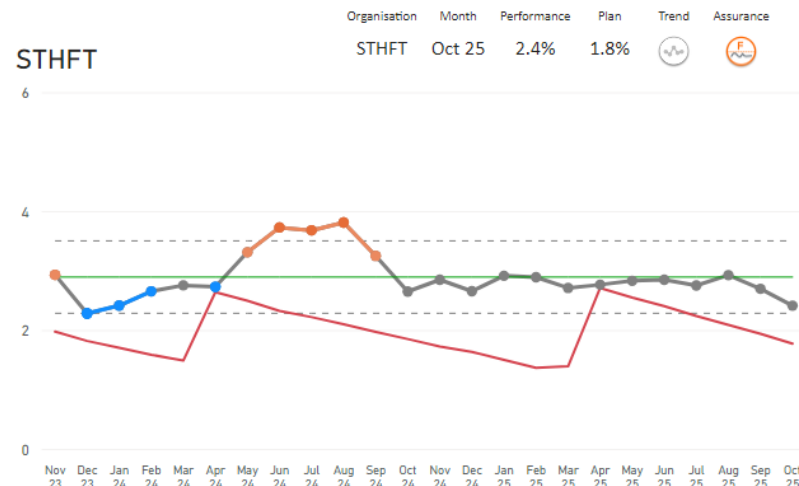
**Trend:** NTHFT: No trend. STHFT: No trend.

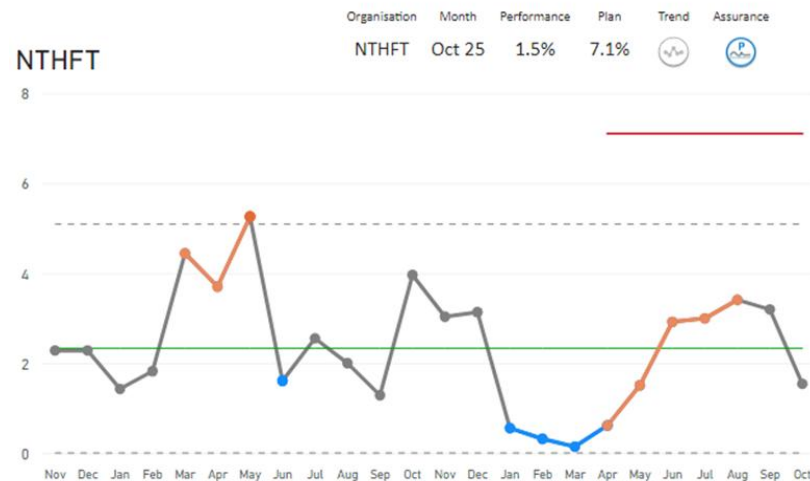
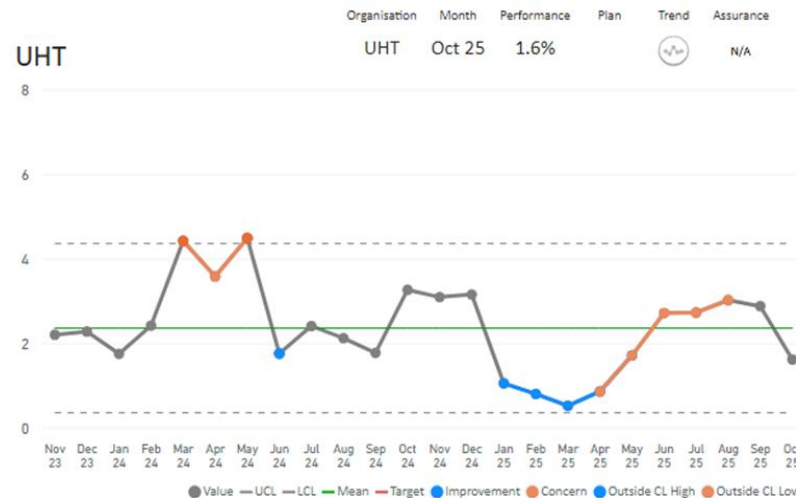
**Assurance:** NTHFT: Advise. STHFT: Alert.

**Action taken:** Both Trusts are focused on return to plan. STHFT has increased capacity in Neurology, ENT and OMFS with other pressured specialties addressing capacity constraints through refreshed recovery plans. Chronic Pain and Urology services at STHFT and NTHFT are working together to treat the longest waiters.

**Executive lead:** Chief Delivery Officer

**Accountable to:** Resources Committee



**RESPONSIVE****Community Over 52 Week Waiters Rate**

**Metric:** Rate of community patients awaiting treatment who have waited more than 52 weeks from referral.

**Plan:** No published standard, local plan to perform significantly better than national mean rate March 2025.

**Rationale:** NHS Oversight Framework metric.

**Data quality:** Advisory, variation in reported position. further validation may be required.

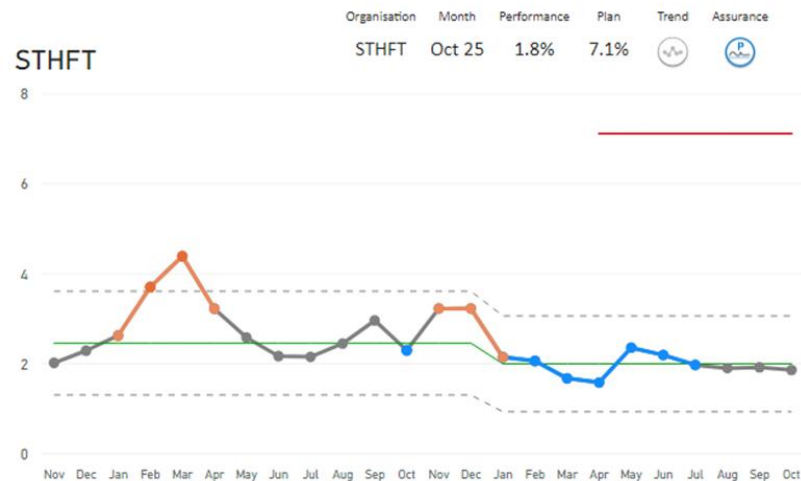
**Trend:** NTHFT: No trend. STHFT: No trend.

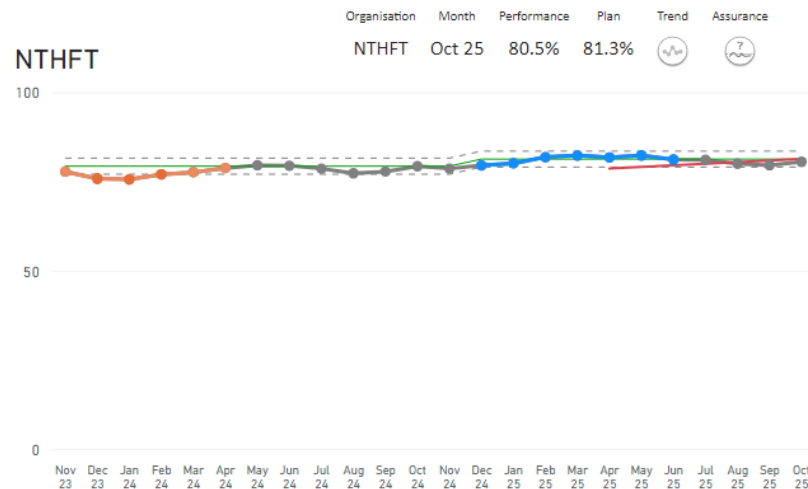
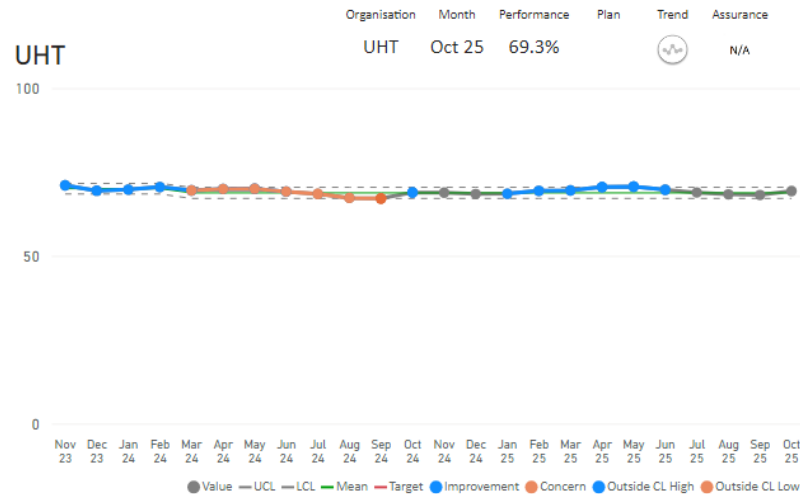
**Assurance:** NTHFT: Assure. STHFT: Assure.

**Action taken:** Focus validation of reported position and bringing forward longest waiters, improvement trajectory for next 4 months to return NTHFT position to previous performance. Long delays associated with complex wheelchair provision and Paediatric therapy interventions.

**Executive lead:** Chief Delivery Officer

**Accountable to:** Resources Committee



**RESPONSIVE****RTT Time to First Appointment (%)**

**Metric:** RTT Referral to First Appointment within 18 weeks.

**Plan:** Agreed operational planning trajectories: NTHFT 83.57%, STHFT 72.3% by end March 2026.

**Rationale:** 25/26 NHSE planning guidance priority.

**Data quality:** assured, validated data.

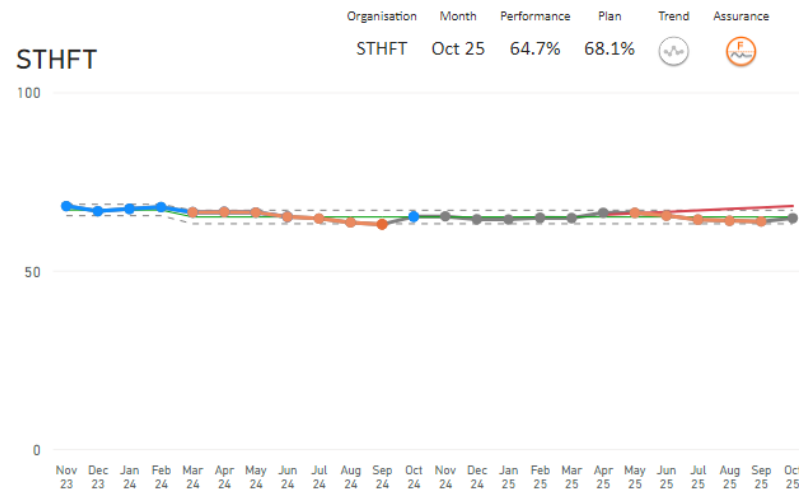
**Trend:** NTHFT: No trend. STHFT: No trend.

**Assurance:** NTHFT: Advise. STHFT: Alert.

**Action taken:** Outpatient clinic template reviews and resulting clinic template changes being undertaken across UHT to increase capacity. Revisit *Getting it Right First Time* guidance and benchmarking to identify further improvement priorities. At STHFT, majority of waits for 52 and 65 weeks are for outpatients so ongoing recovery plans are expected to also improve time to first appointment.

**Executive lead:** Chief Delivery Officer

**Accountable to:** Resources Committee



**Executive lead: Emma Nunez, Chief Nursing Officer**

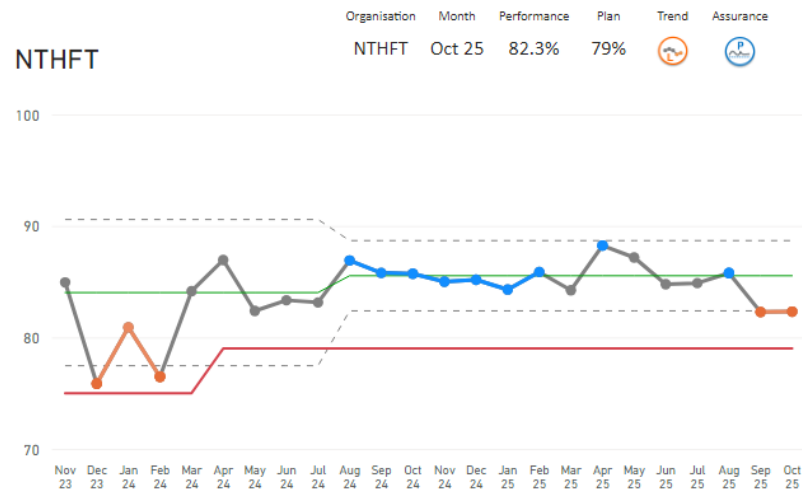
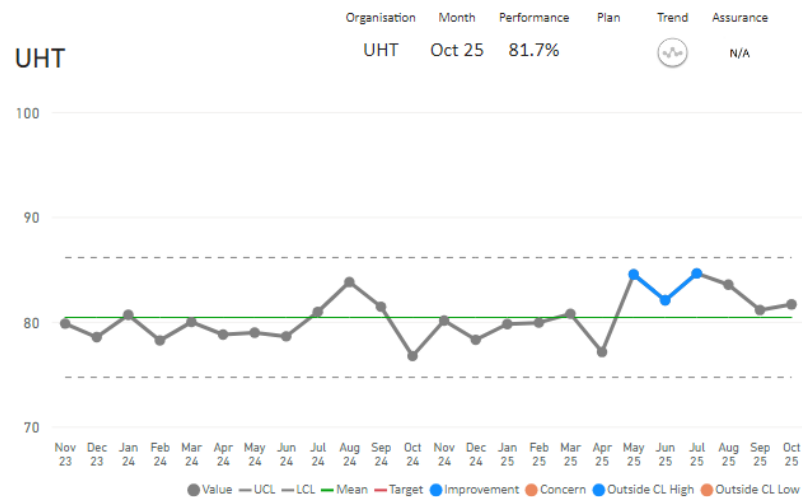
**Accountable to: Quality Assurance Committee**

Performance in patient experience surveys is measured as the percentage of respondents rating their experience overall very good or good. NTHFT and STHFT were above plan on all five surveys for the month of October, with statistical assurance for STHFT Outpatient and Community services and for A&E at NTHFT. The focus is on increasing response rates to FFT to provide more assurance of positive experience of care, supported by digital data collection. STHFT have completed the transition from Meridain to InPhase for the inpatient survey and continue a staged approach to the transition, for outpatient and community surveys. NTHFT will transition from an external service provider (Formfinity) to InPhase.

Consistency in timely responses to complaints remains a key priority. Patient experience teams support and escalate to the clinical and operational teams, those complaints that require their focus on resolving in a timely manner, prioritising the longest in progress. Complaints acknowledged in 3 days remains high at 99-100% across UHT.

North Tees & Hartlepool NHS FT		Plan	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25
A&E Experience (%)	79%		85%	85.2%	84.3%	85.9%	84.2%	88.2%	87.2%	84.8%	84.9%	85.8%	82.3%	82.3%
Inpatient Experience (%)	95%		94.8%	94.8%	91.2%	92.4%	91.5%	95%	93.5%	95.4%	92.7%	93.4%	96.1%	95.8%
Maternity Experience (%)	92%		100%	87.5%	96.3%	100%	100%	93.3%	94.1%	84.8%	94.3%	96.2%	95%	93.8%
Outpatient Experience (%)	94%		94.9%	94%	93.8%	94.4%	93.1%	99.4%	95.5%	94.1%	94.2%	94.4%	94.1%	94.9%
Community Experience (%)	94%		96.9%	97.1%	97.5%	94%	97%	100%	97.7%	96%	94.5%	96%	93.4%	96.8%
Feedback Acknowledged in 3 Days (%)	100%		100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Complaints Closed Within Target (%)	80%		72.1%	55.4%	60.9%	73.1%	67%	71%	78.5%	65.9%	62%	73.6%	76.8%	73.5%
South Tees Hospitals NHS FT		Plan	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25
A&E Experience (%)	79%		79.8%	76.7%	78.5%	78.3%	80%	76.9%	84%	80.1%	84.4%	82.3%	80.4%	81.2%
Inpatient Experience (%)	95%		96.8%	96.9%	98.9%	97.8%	98.2%	96.9%	95.1%	97.8%	98.2%	99.3%	99.3%	95.9%
Maternity Experience (%)	92%		91.7%	87.6%	89.6%	94.3%	93.4%	93.3%	93.8%	93.2%	89%	91.2%	91.3%	96.6%
Outpatient Experience (%)	94%		95.5%	96.7%	96.1%	95.8%	95.9%	95.2%	95.9%	96.3%	95.8%	95.7%	96%	95.3%
Community Experience (%)	94%		100%	100%	97.3%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Feedback Acknowledged in 3 Days (%)	100%		100%	95.1%	98.1%	100%	94%	96%	98.3%	99.1%	100%	97.1%	97.9%	97.7%
Complaints Closed Within Target (%)	80%		39.6%	40%	50%	60%	50%	70%	71.4%	46.7%	37.5%	31.6%	25%	40.9%

# CARING A&E Experience (%)



**Metric:** Percentage of respondents who attended A&E rating their experience good or very good in NHS Friends & Family test.

**Plan:** Local plan set on NHS Trusts average 24/25.

**Rationale:** NHS Contract metric.

**Data quality:** Assured (manual and digital systems).

**Response rates:** NTHFT 5%, STHFT 9%.

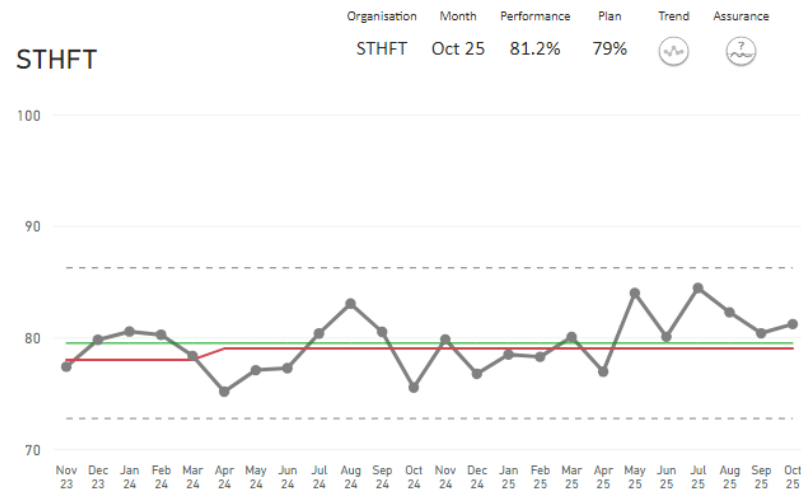
**Trend:** NTHFT: September and October performance at lower limits of expected variation. STHFT: No trend.

**Assurance:** NTHFT: Advise, performance consistently exceeds national average but September and October performance at the lower limits of expected variation. STHFT: Advise.

**Action taken:** September and October saw increases in attendance and acuity, with earlier spike in flu presentation prior to winter resilience beds opening, resulting in longer waiting times. To be addressed through Winter Plan.

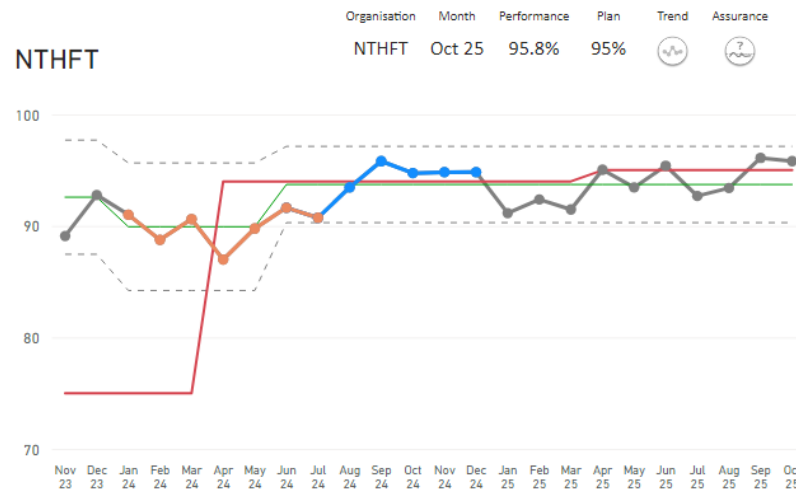
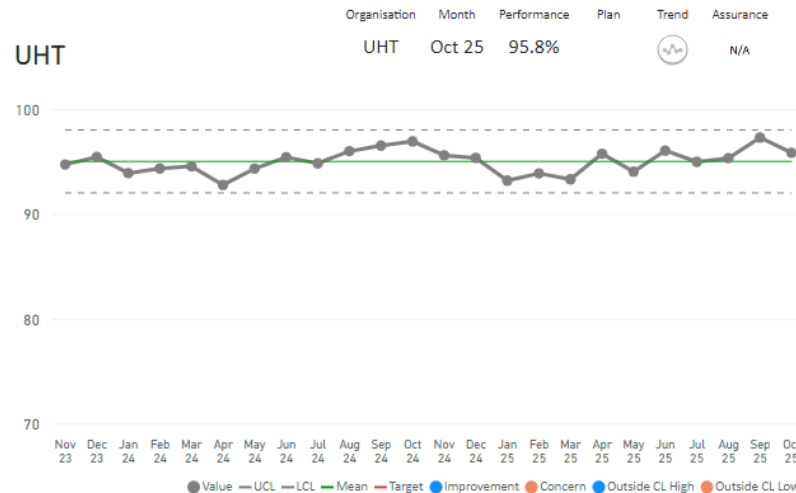
**Executive lead:** Chief Nursing Officer

**Accountable to:** Quality Assurance Committee



## CARING

## Inpatient Experience (%)



**Metric:** Percentage of respondents rating their inpatient experience good or very good in NHS Friends & Family test.

**Plan:** Local plan based on NHS Trusts average 24/25.

**Rationale:** NHS Contract metric.

**Data quality:** Assured, validated data.

**Response rates:** NTHFT 15%, STHFT 24%.

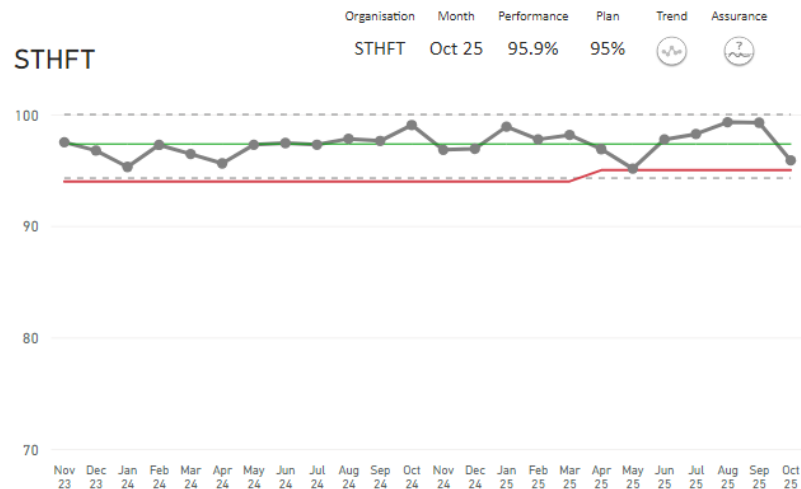
**Trend:** NTHFT: No trend. STHFT: No trend.

**Assurance:** NTHFT: Advise. STHFT: Advise.

**Action taken:** STHFT transitioning from Meridian to InPhase, NTHFT transitioning from external service provider to InPhase. This will standardise patient feedback collection processes and analysis across UHT.

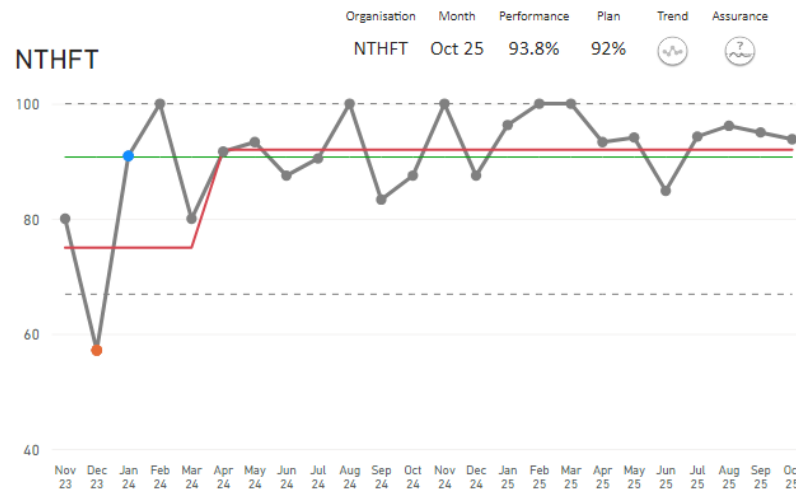
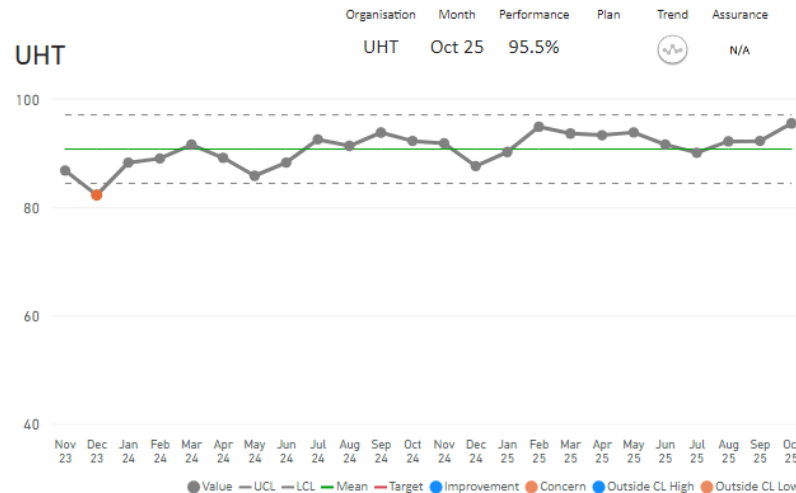
**Executive lead:** Chief Nursing Officer

**Accountable to:** Quality Assurance Committee



## CARING

## Maternity Experience (%)



**Metric:** Percentage of respondents rating their maternity experience good or very good in NHS Friends & Family test.

**Plan:** Local plan based on NHS Trusts average 24/25.

**Rationale:** NHS Contract metric.

**Data quality:** Assured, validated data. Response rates and sample sizes can be low, reported figure is Birth only.

**Response rates:** NTHFT 27%, STHFT 16%.

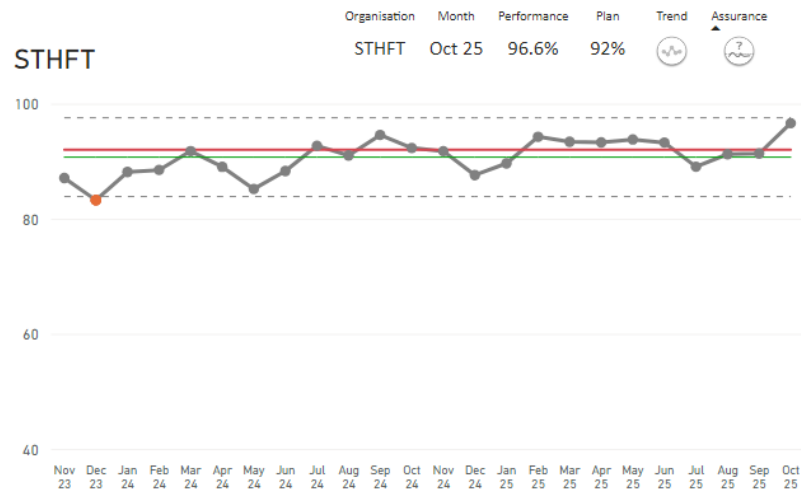
**Trend:** NTHFT: No trend. STHFT: No trend.

**Assurance:** NTHFT: Advise. STHFT: Advise.

**Action taken:** To continue to promote engagement with Friends and Family Test. STHFT has transitioned from Meridian to InPhase.

**Executive lead:** Chief Nursing Officer

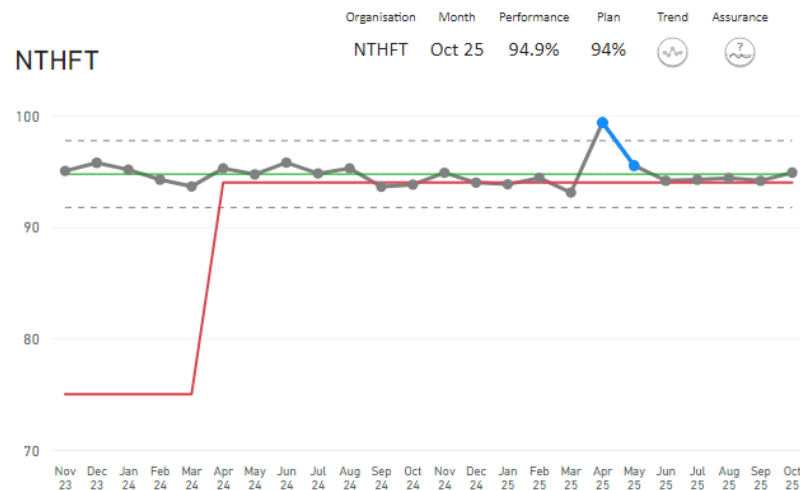
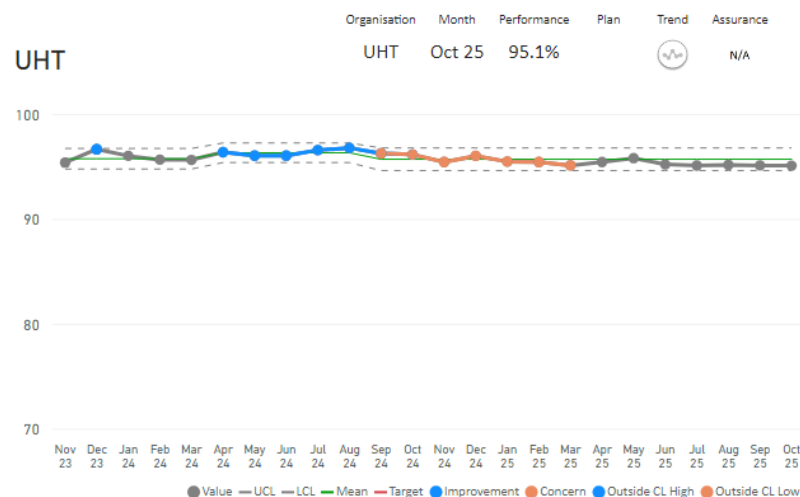
**Accountable to:** Quality Assurance Committee





## CARING

## Outpatient Experience (%)



**Metric:** Percentage of respondents rating their outpatient experience good or very good in NHS Friends & Family test.

**Plan:** Local plan based on NHS Trusts average 24/25.

**Rationale:** NHS Contract metric.

**Data quality:** Assured, validated data.

**Response rates:** NTHFT 20%, STHFT 15%.

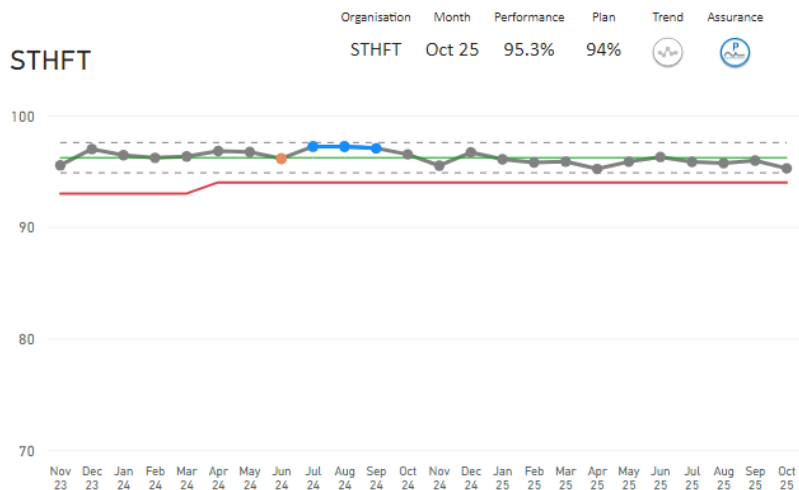
**Trend:** NTHFT: No trend. STHFT: No trend.

**Assurance:** NTHFT: Advise. STHFT: Assure.

**Action taken:** NTHFT transitioned to a new digital platform in June 2025 and response rates have improved. STHFT: transitioning from Meridian to InPhase, patients will receive a text messages post appointment.

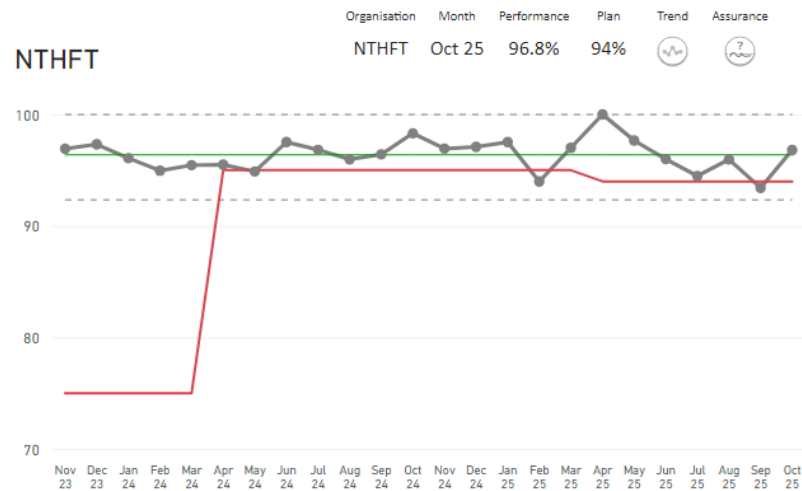
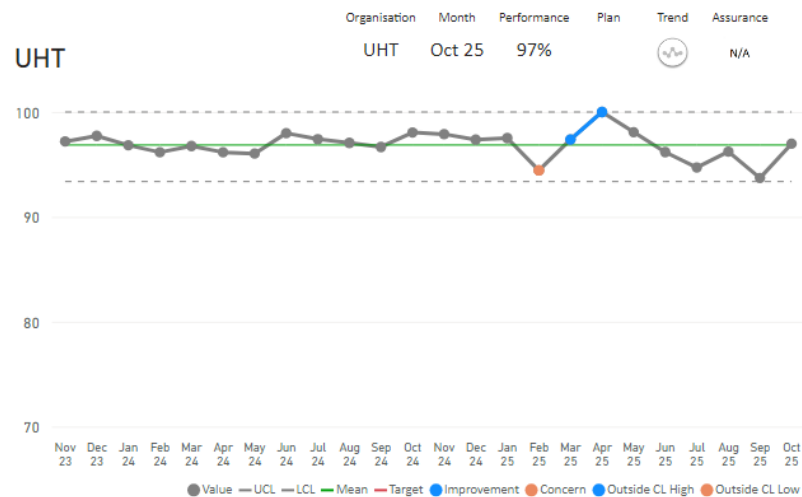
**Executive lead:** Chief Nursing Officer

**Accountable to:** Quality Assurance Committee



# CARING

## Community Experience (%)



**Metric:** Percentage of respondents rating their community services experience good or very good in NHS Friends & Family test.

**Plan:** Local plan based on NHS Trusts average 24/25.

**Rationale:** NHS Contract metric.

**Data quality:** Assured, validated data.

**Response rates:** 6% NTHFT, STHFT 5%.

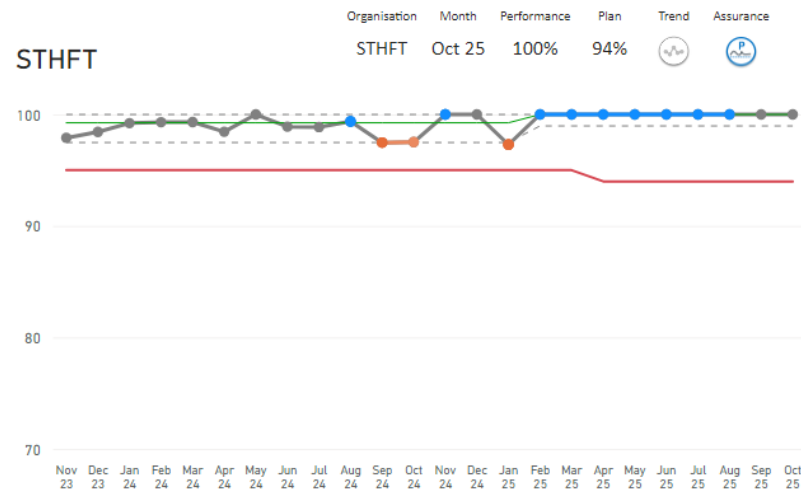
**Trend:** NTHFT: No trend. STHFT: Stabilised at 100% positive feedback.

**Assurance:** NTHFT: Advise. STHFT: Assure.

**Action taken:** Further work is required at NTHFT and STHFT to improve response rates in community services, a staged approach from Meridian to InPhase.

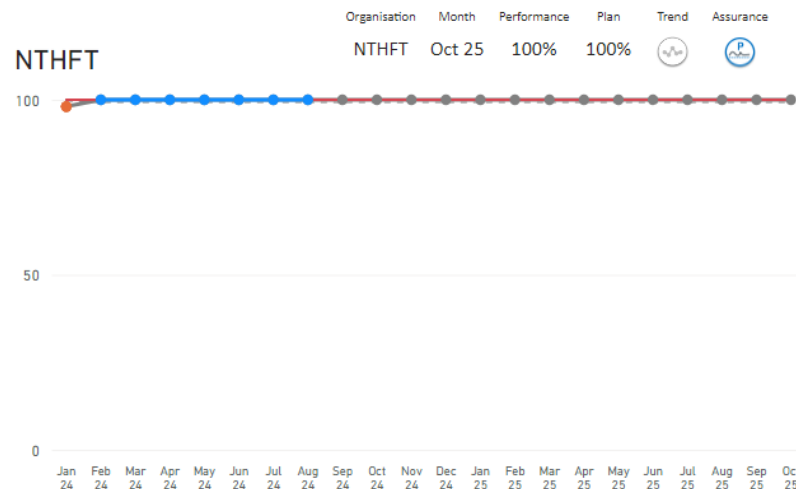
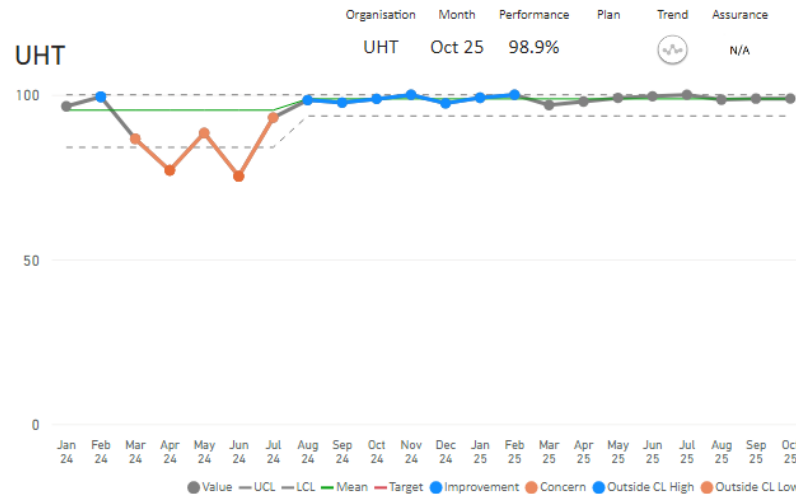
**Executive lead:** Chief Nursing Officer

**Accountable to:** Quality Assurance Committee



## CARING

## Feedback Acknowledged in 3 Days (%)



**Metric:** Percentage of complaints acknowledged in 3 days.

**Plan:** 100%.

**Rationale:** NHS Contract metric.

**Data quality:** Assured, validated data.

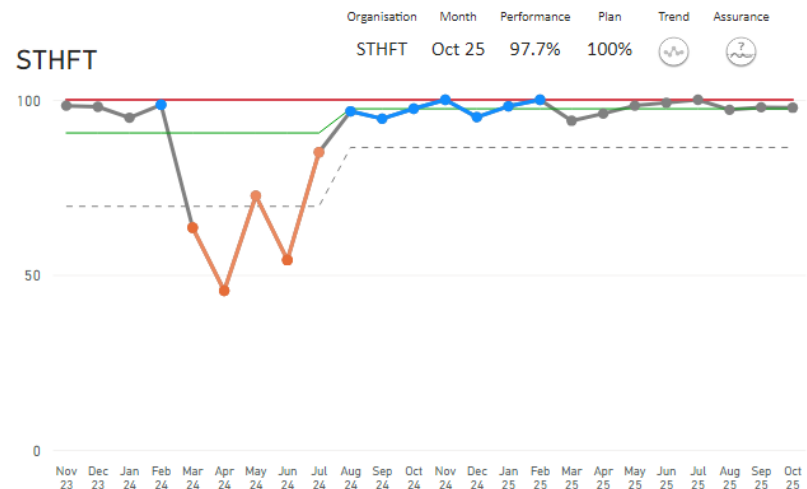
**Trend:** NTHFT: No trend. STHFT: No trend.

**Assurance:** NTHFT: Assure. STHFT: Advise.

**Action taken:** STHFT: new process for acknowledging complaints implemented in July 2024 led to improved performance which has been sustained. This is not yet statistically assured due to lower compliance March to August 2024.

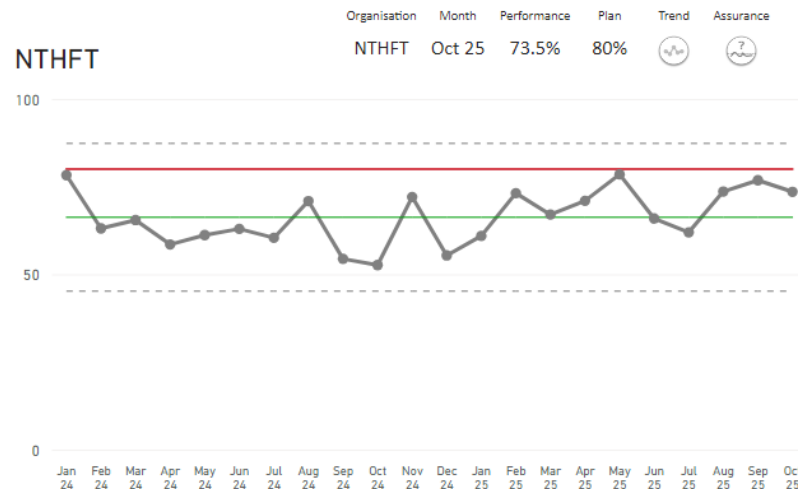
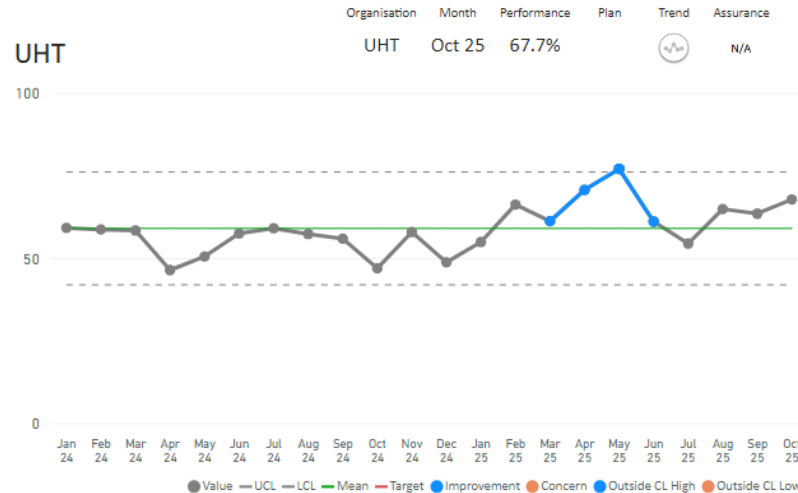
**Executive lead:** Chief Nursing Officer

**Accountable to:** Quality Assurance Committee



## CARING

### Complaints Closed Within Target (%)



**Metric:** Percentage of complaints closed in agreed timeframe.

**Plan:** 80%.

**Rationale:** NHS Contract metric.

**Data quality:** Assured, validated data.

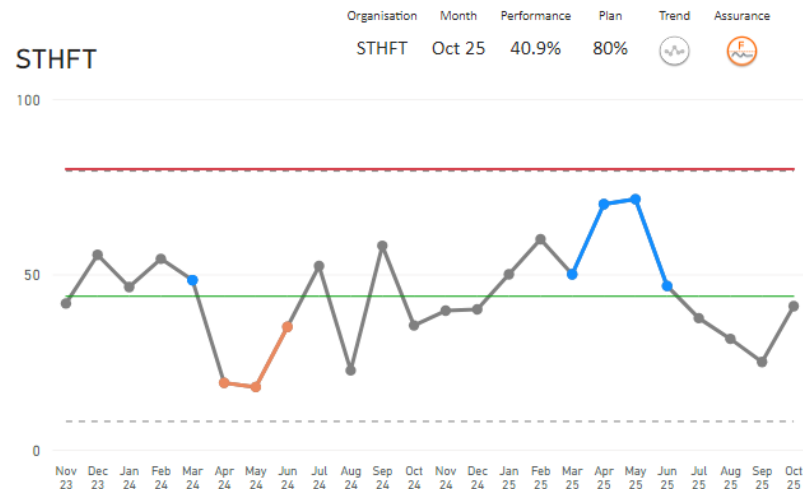
**Trend:** NTHFT: No trend. STHFT: 5 consecutive months of decreasing performance to September 2025 ceased with near average performance in October.

**Assurance:** NTHFT: Advise. STHFT: Alert.

**Action taken:** NTHFT: InPhase reporting functionality to be improved to allow increased performance monitoring within Clinical Service Units (CSUs). STHFT: additional senior staff support allocated to review off-target complaint responses. Targets to be agreed with each CSU.

**Executive lead:** Chief Nursing Officer

**Accountable to:** Quality Assurance Committee



**Executive leads: Rachael Metcalf, Chief People Officer**  
**Chris Hand, Chief Finance Officer**

**Accountable to: People Committee**  
**Resources Committee**

With the introduction of CSU's, the focus is upon producing consistent data reports to support teams to manage workforce effectively. System hierarchies across UHT will need to be reviewed and updated to reflect organisational changes and provide accurate information.

Focussed work on ensuring accurate reporting and data analysis of trends and patterns has been undertaken with additional training and development provided for managers on identifying and addressing sickness absence. Senior leaders from People team undertaking 'deep dives' with business partners for additional scrutiny on case and risk management related to sickness absence. Work continues to implement a standardised reporting dashboard for mandatory training across UHT.

The Board is advised that financial position shows a small positive variance to plan at the end of Month 7 (October) for NTHFT and on plan for STHFT. Financial controls are in place, with a focus on recurrent efficiency delivery, and Resources Committee oversight of financial risks.

#### North Tees & Hartlepool NHS FT

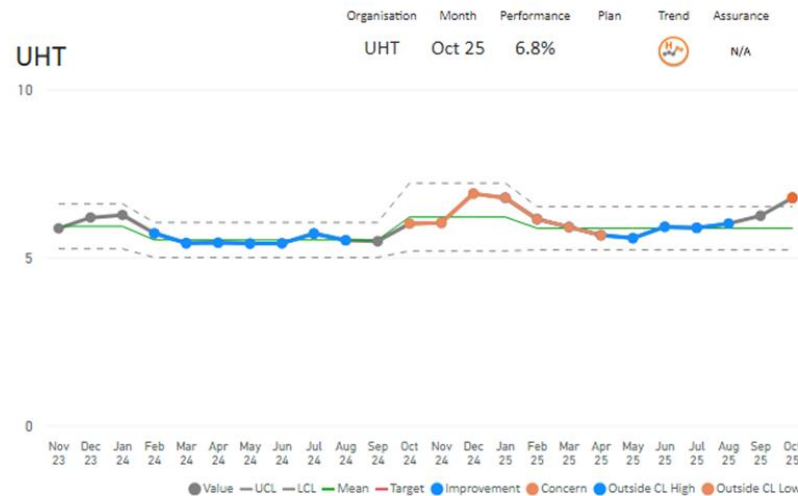
	Plan	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25
Sickness Absence (%)	4%	6.1%	7%	6.3%	6%	5.8%	5.5%	5.3%	5.8%	5.9%	5.9%	6.1%	6.3%
Staff Turnover (%)	10%	7.2%	6.9%	7.1%	7%	7.2%	7.5%	7.6%	7.4%	7.4%	7.6%	7.5%	7.6%
Annual Appraisal (%)	85%	86.9%	87%	87.2%	86.6%	85.9%	86.3%	88.5%	88.5%	88.6%	87.9%	88.1%	87.9%
Mandatory Training (%)	90%	89.4%	88.9%	88.9%	88.1%	88.9%	88.7%	88.9%	89.4%	89.8%	90.2%	90%	89.5%
Cumulative YTD Financial Position (£'millions)	£0.681	-£1.289	-£1.404	-£0.994	-£0.473	£0.002	£0.117	£0.28	£0.644	£0.416	£0.833	£0.85	£0.693

#### South Tees NHS FT

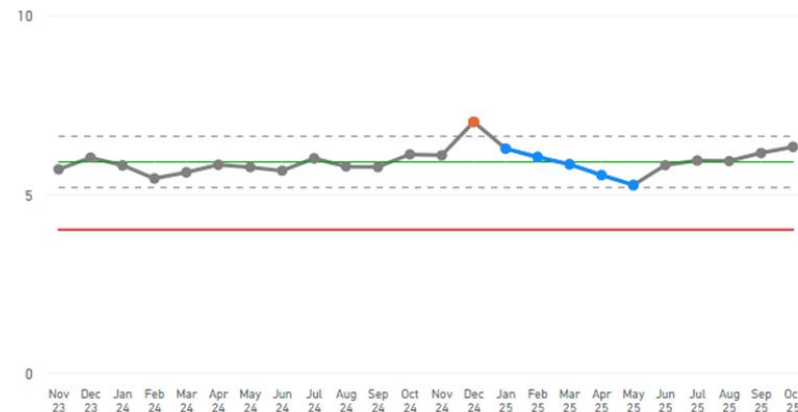
	Plan	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sep 25	Oct 25
Sickness Absence (%)	4%	6%	6.8%	7%	6.2%	5.9%	5.7%	5.7%	6%	5.9%	6%	6.3%	7%
Staff Turnover (%)	10%	6.6%	6.5%	6.6%	6.5%	6.6%	6.7%	6.6%	6.5%	6.5%	6.8%	6.7%	6%
Annual Appraisal (%)	85%	78.7%	78.8%	78.8%	80.2%	82.2%	82%	83.1%	84%	83.1%	83.5%	83.3%	82.9%
Mandatory Training (%)	90%	87.8%	87.3%	86.8%	86.7%	85.6%	85.6%	85.7%	85.7%	86.2%	85.9%	84.7%	84.8%
Cumulative YTD Financial Position (£'millions)	-£6.813	-£16.684	-£18.873	-£7.583	-£7.489	-£7.796	-£2.065	-£3.467	-£7.009	-£4.503	-£5.725	-£6.232	-£6.813

## WELL LED

## Sickness Absence (%)



## NTHFT



**Metric:** Percentage of staff working hours lost to sickness absence (all types) in each month.

**Plan:** Trust internal plans: 4%.

**Rationale:** ICB Contract metric.

**Data quality:** Assured, validated data.

**Trend:** NTHFT: No trend. STHFT: No trend.

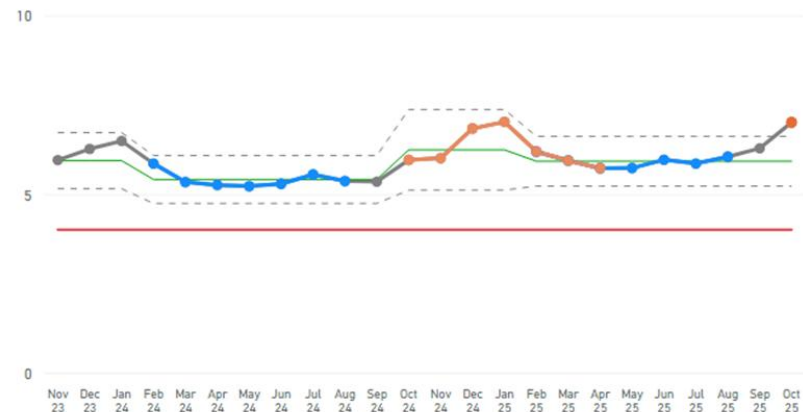
**Assurance:** NTHFT: Alert. STHFT: Alert.

**Action taken:** Focus on absence data to track patterns and early intervention before absence escalates. The absence team intervention into CSUs with highest levels of absence. Flag high-risk absence trends and identify departments or roles with recurring short-term absences and provide targeted support. Head of workforce undertaking 'deep dives' with business partners for additional scrutiny on case and risk management.

**Executive lead:** Chief People Officer

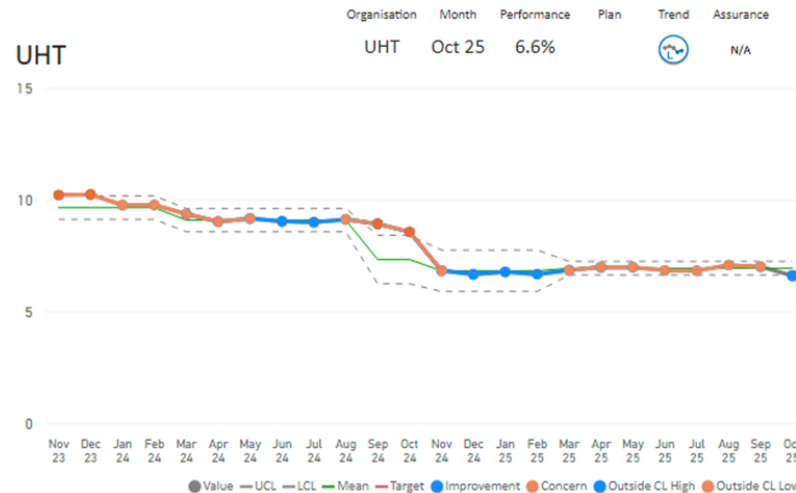
**Accountable to:** People Committee

## STHFT

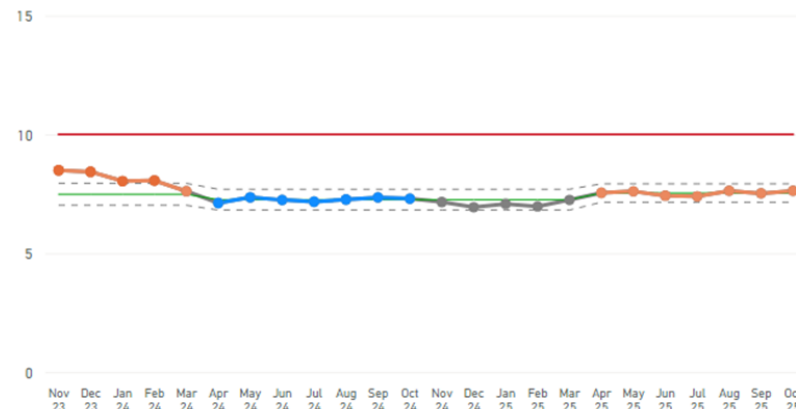


## WELL LED

### Staff Turnover (%)



### NTHFT



**Metric:** Percentage of staff changing or leaving job roles in the month (all staff groups, all changes).

**Plan:** Trust internal plans: 10%.

**Rationale:** ICB Contract metric.

**Data quality:** Assured, validated data. Alignment of the metric criteria has improved STHFT reported performance from November 2024.

**Trend:** NTHFT: Performance has worsened since April 2025 compared to FY 24/25. STHFT: No trend.

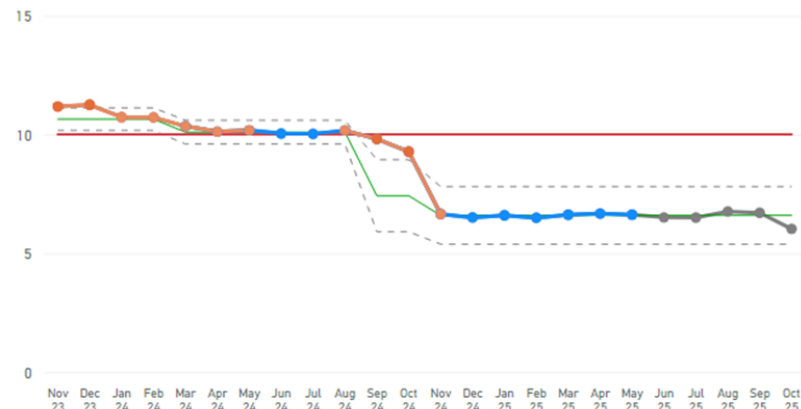
**Assurance:** NTHFT: Advise, consistently meets plan but has deteriorated since April 2025. STHFT: Assure.

**Action taken:** Overall turnover is consistently low in both Trusts with none of the eight staffing groups being outliers. Focussed analysis of data has been undertaken to identify areas with higher-than-average turnover rates across UHT. Detailed analysis provided to People Committee as part of the annual cycle of business in November 2025.

**Executive lead:** Chief People Officer

**Accountable to:** People Committee

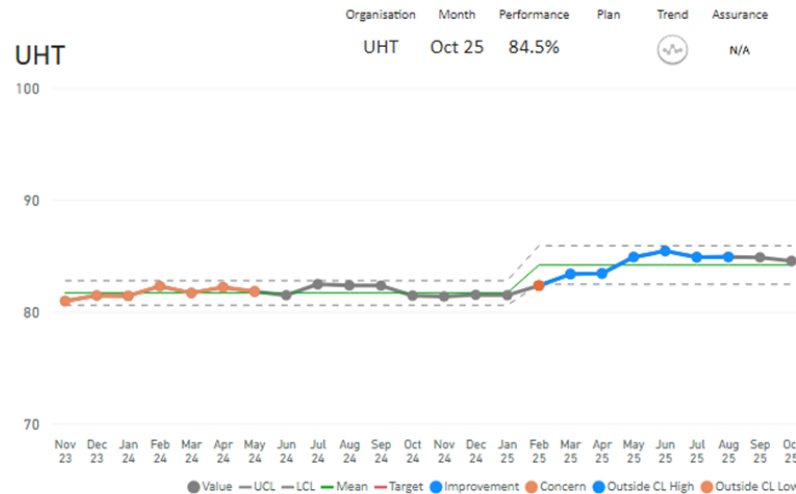
### STHFT



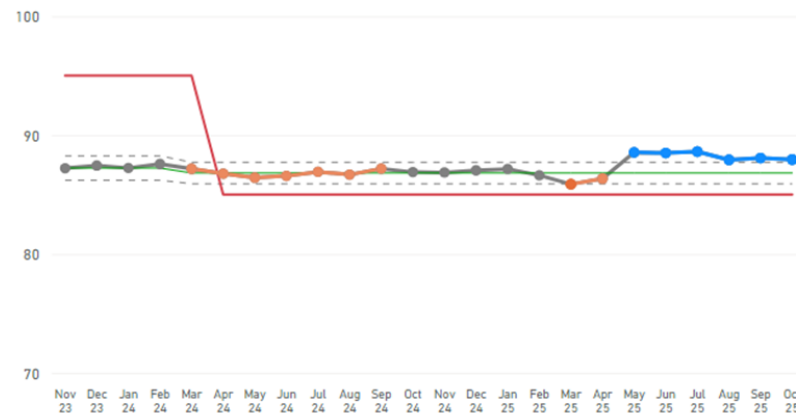


## WELL LED

## Annual Appraisal (%)



## NTHFT



**Metric:** Percentage of staff with annual appraisal completed in last 12 months, at month end.

**Plan:** Trust internal plans: 85%.

**Rationale:** ICB Contract metric.

**Data quality:** Assured, validated data.

**Trend:** NTHFT: Improving, with high outliers from May 2025. STHFT: No trend (improvement trend February to August 2025, compliance now stabilised).

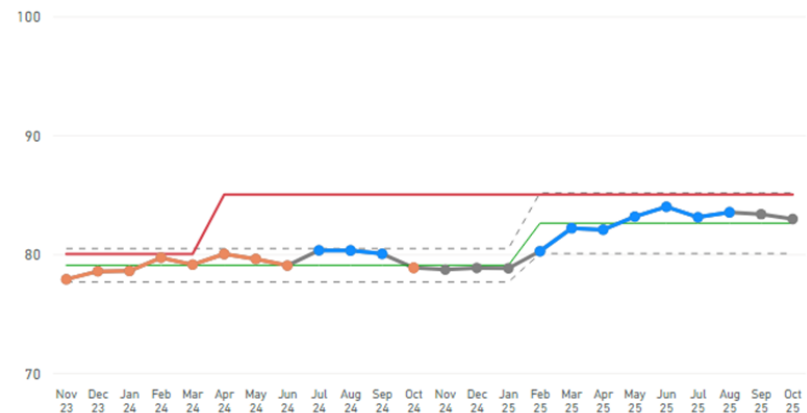
**Assurance:** NTHFT: Assure. STHFT: Advise.

**Action taken:** The cohort of staff who are more than 6 months overdue has reduced, with additional focus in those areas that are not demonstrating improvement.

**Executive lead:** Chief People Officer

**Accountable to:** People Committee

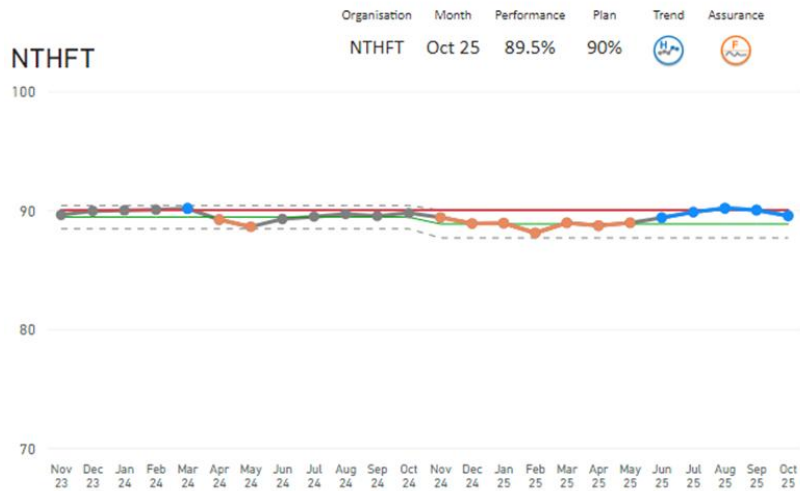
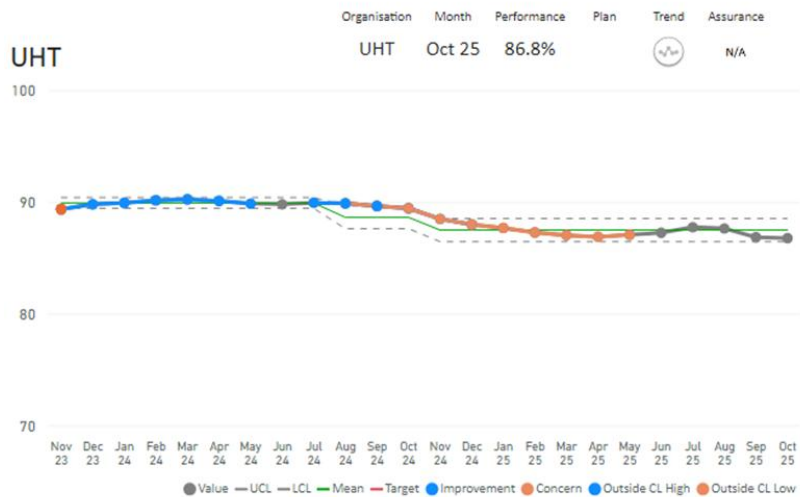
## STHFT





WELL LED

Mandatory Training (%)



**Metric:** Percentage of mandatory training elements within date, across all staff groups at month end.

**Plan:** Trust internal plans: 90%.

**Rationale:** ICB Contract metric.

**Data quality:** Assured, validated data.

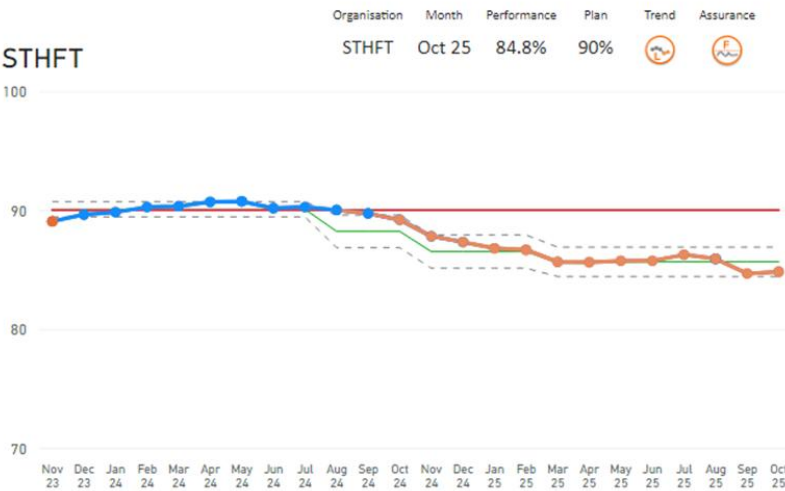
**Trend:** NTHFT: Improvement trend with performance better than expected variation. STHFT: Deteriorating trend, with performance in September and October close to lower limits of expected variation.

**Assurance:** NTHFT: Advise. STHFT: Alert.

**Action taken:** Standardised reporting across UHT via new UHT dashboard developed with plans in place to align to Clinical Service Units. Work to improve Training Need Analysis allocation across topics with focus core topics. Focussed work underway across different professional groups with initial focus on medical staff.

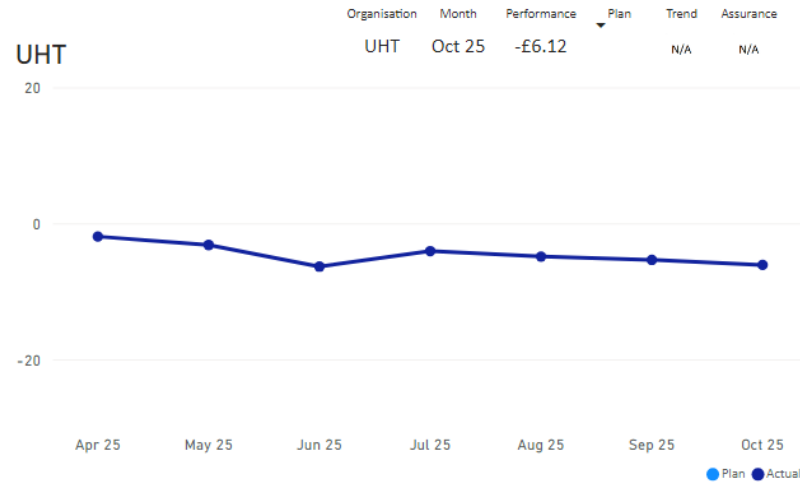
**Executive lead:** Chief People Officer

**Accountable to:** People Committee



## WELL LED

## Cumulative YTD Financial Position (£'millions)



**Metric:** Cumulative year to date financial position.

**Plan:** Trust plans agreed with ICB. NTHFT submitted a breakeven plan for 2025/26. The STHFT control total for 2025/26 is a £9.1m deficit.

**Rationale:** ICB Contract metric.

**Data quality:** Assured, validated data.

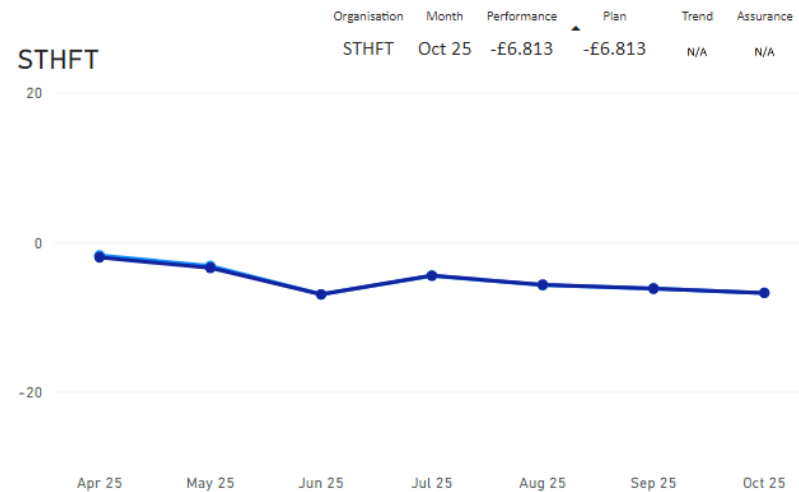
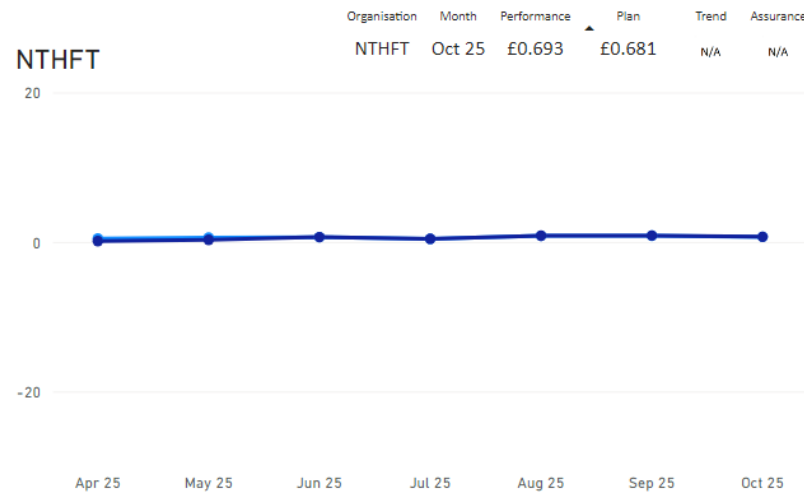
**Trend:** Financial position tracks plans.

**Assurance:** Advise: NTHFT reported a small positive variance to plan and STHFT reported on plan at Month 7.

**Action taken:** Financial controls in place, focus on recurrent efficiency delivery, and oversight of financial risks through Resources Committee.

**Executive lead:** Chief Finance Officer

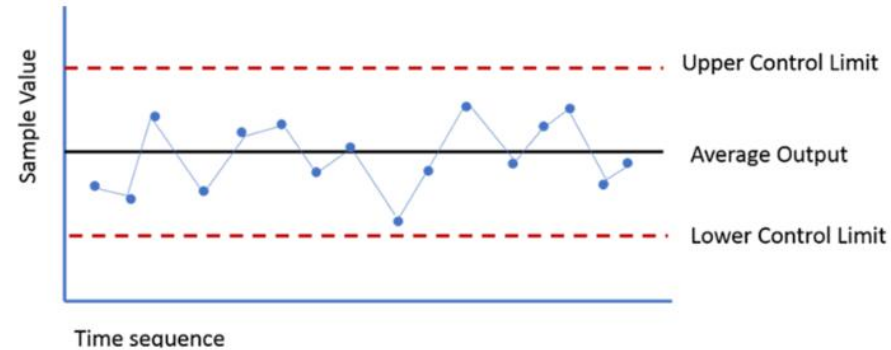
**Accountable to:** Resources Committee



## OVERVIEW

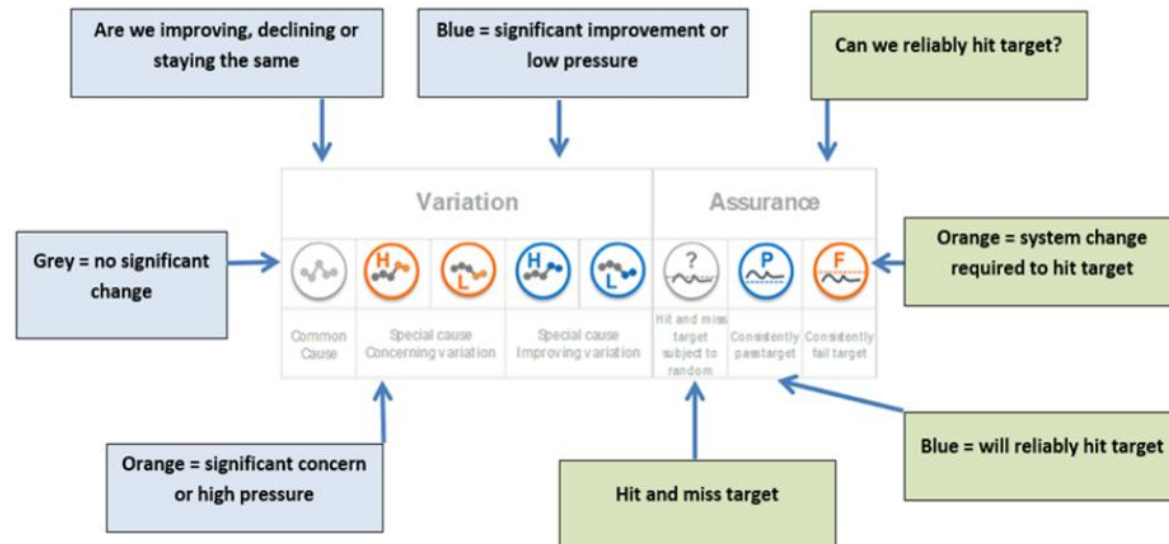
## SPC CHARTS

Statistical Process Control (SPC) charts with indicators of variation and assurance, are utilised where applicable, in line with the best practice standards of Making Data Count.



### High level Key - Variation

### High level Key - Assurance



**Thank you**



# Audit and Risk Committee

**South Tees Hospitals NHS Trust**

**7 November 2025**

**Connecting to: University Hospitals Tees Board**

**Chair of Committee: Ken Readshaw**

## Key discussion points and matters to be escalated from the meeting

**ALERT:** Alert to the matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy.

None.

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

External audit- 3 dormant subsidiaries accounts approved. Subsidiaries to be wound up.

South Tees Healthcare Management Ltd (STHCM) - 1 outstanding issue. Chair of Committee and Chief Finance Officer delegated to review the final accounts and make a recommendation to the STHCM board. Additional monthly control to be put in place to ensure required procedures are being completed.

Charity Accounts reviewed and recommended for approval to the corporate trustee.

Planning for the main audit is about to commence and Mazars have suggested that they give a presentation to council of governors on both sets of hospital accounts in 2026.

Internal audit- No audits were issued in the period although work is ongoing and the annual programme is expected to be completed to schedule

Progress on completing outstanding actions was made.

Three emerging issues in the sector were discussed. New economic crime laws, escalating amounts of backlog maintenance and the enhanced focus on maternity.

**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

The board assurance framework and its associated systems were considered.

This is now embedded and is allowing the board to gauge the risk to its objectives and act accordingly.

The triangulation with Chairs reports and the IPR was noted.

## Recommendations:

The Committee agreed to recommend the various accounts referenced above to the relevant boards for approval.

**South Tees Hospitals NHS Foundation Trust  
North Tees and Hartlepool NHS Foundation Trust**

**Annual Members Meeting / Annual General**

**Meeting**

**Thursday, 11 September 2025**

**Digital Centre, Teesside University**

**1. Welcome and introduction**

Professor Derek Bell welcomed all to the first joint Annual Members Meeting of South Tees Hospitals NHS FT (STHFT) and Annual General Meeting of North Tees & Hartlepool NHS FT (NTHFT) and outlined the programme for the meeting.

It was noted that the format of the meeting had evolved based upon feedback from members of both trusts. A big thanks was placed on record to Teesside University, as an important partner of the University Hospitals Tees (UHT) Group for providing the fantastic venue and support for the event.

Opening remarks included highlighting the recent reported racial abuse to members of staff of the University Hospitals Tees Group reinforcing how unacceptable this behaviour was. Thanks were given to Stacey Hunter, Chief Executive and her team for the prompt and positive action taken over this matter.

The Chair invited Ada Burns, Non-Executive Director / Senior Independent Director and Janet Crampton, Lead Governor, STHFT to the stage for a presentation to thank them both for their extensive contribution to the organisation as they would be standing down from their roles on 30 September and 28 November 2025 respectively.

**2. Tees Valley Lung Cancer Screening Programme**

Johnny Ferguson and David Leitch, Consultants delivered a powerful presentation regarding the Tees Valley Lung Cancer Screening Programme and stark statistics regarding lung cancer. It was the most prevalent type of cancer causing death in the UK and the North East had the highest number of cases.

The success and value of the screening programme in the Tees Valley was highlighted, the eligibility criteria were people who were aged 55 to 74 and were either smokers or ex-smokers. Due to the high prevalence of smokers in the area, it was not possible to widen the programme to include people who had never smoked. Prior to the introduction of the screening programme, 80% of diagnosed patients with lung cancer were palliative due to late presentation and diagnosis. Since the programme commenced in September 2022 this had reduced significantly. There had been over 79,000 invites issued and 47,000 telephone health checks completed, noting that with early detection through CT scans over 350 cancers had been identified which would have otherwise been unknown, over 50% were low stage cancers and 25% were second stage cancers. In addition, other health conditions had been identified from the scans and patients were signposted appropriately. The programme was also being rolled out to Wales and Scotland and also included prison populations.

### **3. Maternity Services**

Hannah Matthews and Lynne Staite, Heads of Midwifery presented an overview of the organisation's Maternity Services and the support being provided to women and families. The services supported 7,500 births per annum and was committed to deliver a safe equitable service to all of the population served. It was working to address vulnerability among pregnant women, new mothers, and their families, which included lack of social support, financial hardship, mental health challenges, domestic violence, or barriers to accessing care. These factors could increase the risk of adverse outcomes, including maternal depression, preterm birth, or low birth weight. It was highlighted that some of the areas served by UHT, had the highest levels of deprivation nationally.

The service at NTHFT had introduced two vulnerabilities midwives who were able to support pregnant women by using a Complex Needs Screening Tool, which assessed vulnerabilities and complex social needs at every booking appointment, to identify those who may require additional support and referrals to other services. The team had also developed and embedded the alcohol in pregnancy pathway, learning disability diamond standard pathway, FGM guidance and migrant women pathways into midwifery practice. There were now two social prescribers within the maternity team whose role was to support vulnerable patients by addressing their social, emotional and practical needs. An insightful case study was shared regarding a young pregnant woman who had required additional wider support from the service and been signposted to other resources.

At STHFT, the service included a specialist vulnerabilities team, who were able to provide enhanced support including, emotional, social & practical support, personalised parenting education and signposting to support services working in family centres and being able to provide 1:1 care as well as using the Complex Needs Screening Tool. Through work with other agencies, women were able to obtain a care package including a Moses basket, safe place for sleeping, baby thermometer, room thermometer, CO monitor, clothing, toiletries and easy read supporting literature. Children North East had worked with the Trust around the booking system to help identify women in poverty and be able to provide appropriate support and signposting.

### **4. Review of 2024/25**

Stacey Hunter, Chief Executive acknowledged and thanked the attendance of so many people at this inaugural joint event, which was pleasing to see before presenting an engaging video by staff to review 2024/25 with key achievements highlighted. A round of applause was invited for the members of staff who had presented and were showcasing their services on the market place stalls.

In relation to the calling out of the unpleasant racial discrimination to members of UHT staff, the Chief Executive urged everyone to talk to friends and family about the impact of this kind of behaviour and thanked those members of staff affected who had bravely spoken out. The NHS was extremely diverse, with staff from all parts of the world.

The Chief Executive reported that the government had recently published a ten-year plan for health and the UHT Group had published its strategy, which was aligned to the ten-year plan in its aims and objectives. Three key focuses of the plan included:

1. Analogue to digital moving from paper to make best use of digital.



2. Shift from hospital to community settings. If required, hospital care would be high quality and with good outcomes, however, a lot more could be delivered in the community to best support patients.

3. Shift from illness to prevention – the earlier presentation on the Tees Valley Lung Cancer Screening Programme demonstrated the value of detecting cancer earlier through screening diagnostic tests.

A big thank you was extended to the Communications and Marketing Team and Company Secretary for the compilation of this new fresh approach for the organisation's Annual General Meeting / Annual Members Meeting.

An overview of some of the key developments from across the year were shared. These included the opening of the Surgical hub at the Friarage Hospital, the Community Diagnostic Centre in Stockton, the new triage service for Maternity Patients at University Hospital North Tees, the Health and Social Care Academy at University Hospital Hartlepool, the new Urgent Care Centre at James Cook University Hospital, the Hospital at Home Service and new initiatives such as robotic surgery and use of AI to support chest radiology, as well as highlighting performance against key national targets including cancer pathways, emergency care and diagnostics.

The Chief Executive closed by thanking the staff involved in the video for sharing the key achievements.

## **5. Annual Accounts 2024/25**

Chris Hand, Chief Finance Officer presented the Annual Accounts for the year ending 31 March 2025 for both North Tees and Hartlepool NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust outlining a trust and group consolidated position. The accounts comprised four main statements:

- Statement of Comprehensive Income (SOCl)
- Statement of Financial Position (SOFP)
- Statement of Changes in Equity
- Statement of Cash Flows

The accounts had been prepared in line with the strict rules of the NHS Foundation Trust Annual Reporting Manual (FT ARM), Department of Health and Social Care Group Accounting Manual (DHSC GAM) and International Financial Reporting Standards (IFRS).

Key highlights for NTHFT included:

An unqualified opinion and confirmation of going concern status had been issued by the External Auditors, with no significant weaknesses identified.

£487m operating income

£481m operating expenditure

£5.5m surplus against break even plan

£59m cash balance

70,357 (97.6%) invoices paid in line with better payment practice code

For STHFT, key highlights included:

An unqualified opinion and confirmation of going concern status issued by the External Auditors, with significant weakness identified in the Trust's arrangements for financial sustainability.

£1,042m operating income

£1,042m operating expenditure

£17.9m deficit

£54m cash balance

104,666 (97.0%) invoices paid in line with better payment practice code

## **5. Membership Report by Lead Governors**

Janet Crampton, Lead Governor STHFT and Angela Warnes, Lead Governor, NTHFT provided an overview of the Council of Governors, its composition, statutory roles and responsibilities including holding the board to account and providing a link to the populations served.

The work over the past 12 months following the establishment of the UHT Group and the greater collaboration between both Council of Governors was highlighted, reporting that four meetings of the Council of Governors had been held in common between both trusts, which was positive progress whilst maintaining the status as two separate sovereign organisations. There had been a number of sessions regarding the development of the UHT Strategy and opportunities to constructively challenge the Non-Executive Directors regarding the performance of the Board, through their presentation of Committee Chairs Logs. Governors had been invited to take part in site visits, which were really useful to see first-hand the services being delivered and to meet staff. Through the Nominations Committee, updates had been received regarding the Board Succession Plan to ensure the Board remained fit for purpose and was able to meet its statutory duties. A key duty of the Nominations Committee was the appointment and re-appointment of Non-Executive Directors and the Chair and a number of proposals had been presented including approving the proposals to appoint the Non-Executive Directors into Group roles to support the newly established single Group Board.

The first joint Governor Induction session had taken place for newly elected Governors across both trusts and the development of a comprehensive Governor Handbook to support Governors in their role, both of which had been well received. An externally facilitated session by NHS Providers had taken place to further support Governors to be equipped to undertake their duties.

Selected Governors had been involved in the process to appoint new external auditors for both trusts. A meeting in common of the Membership Strategy Committee and Membership Engagement Committee had taken place to see how members can be involved in our activities, with an active plea for those of may be interested in becoming a Governor to apply during the forthcoming round of governor elections. Although the ten-year plan for health had placed uncertainty on the role of Governors, it was highlighted that it was an exciting time for the organisation as the UHT Group continued to grow and develop.

Janet Crampton thanked Angela Warnes, other Governors and colleagues she had worked with during her time as both a Governor and Lead Governor. Both the Lead Governors thanked the Chair and Chief Executive for their support.

## **6. Questions and Answers**

Stacey Hunter, Chief Executive invited members of her executive team and some Non-Executive Directors to the stage to take part in the Q&A session. These included:

Neil Atkinson, Managing Director  
Rachael Metcalf, Chief People Officer  
David Redpath, Non-Executive Director  
Chris Hand, Chief Finance Officer  
Emma Nunez, Chief Nursing Officer  
Miriam Davidson, Non-Executive Director  
Matt Neligan, Deputy Chief Executive / Chief Strategy Officer  
Mark Dias, Non-Executive Director

Stuart Irvine, Director of Risk, Assurance & Compliance read out and directed answers for a number of questions that had been received in advance of the meeting.

### **1. Can the Board think about one benefit of being a Governor to encourage others to apply?**

The line of communication between the Board and Council of Governors was important to ensure the views of the communities served were represented. There was two-way information flow with Governors acting as ambassadors, supporters and challengers.

### **2. What are the future plans for the Friary Community Hospital?**

Aligned to the UHT Strategy and expansion of more care in the community, clinical teams were reviewing options for the delivery of care working alongside the commissioners and local authorities. It was agreed to consider involving Governors representing the associated constituent areas once a plan had been agreed with the commissioners and local authorities as to the future service provision and what engagement was required.

### **3. Trust's position and steps taken regarding chronic pain and fatigue conditions?**

It was agreed to provide a written response to the three questions raised around this matter.

### **4. How is the performance of the new Community Diagnostic Centre (CDC) in Stockton being evaluated?**

The CDC was opened in April 2025 with practices being embedded and delivery against trajectories and targets. An initial evaluation took place when the centre first opened and a formal evaluation in line with usual business case arrangements would be at the 12-month point. Significant improvements in activity levels were being seen and the benefits of moving diagnostic tests away from hospital into the community. Patient feedback to date had been very positive. It was a great example of a collaborative approach.

Further questions were invited from the attendees and responded to accordingly, which included a wide range of topics including an integrated electronic patient record, anticipating a new single system in 2027, although lots of other digital developments were ongoing.

In addition, what support was available for people in respect of racial abuse. There was a clear message that this behaviour was not acceptable and it would be addressed within the organisation. People would be held to account and it was requested that any such behaviour be reported. There were policies as well as the UHT people values and a number of support mechanisms for staff to access. Board members were assured by the commitment of the organisation to have a zero-tolerance approach to such behaviour and

the commitment to make improvements. Stacey Hunter, Chief Executive, thanked colleagues in the room highlighting that when such things were reported, action was taken and appropriate support provided.

The Chair in closing shared a number of messages, including reminding attendees to kindly sign the attendance register, encouraging all to get the flu vaccine to protect themselves and those around them, thanking all who had taken part and contributed to the meeting, which had been a great success and very informative, including the significant number of attendees.

Close 3:35pm

A signed attendance list was collected and retained.

# Audit Committee

**North Tees & Hartlepool NHS Foundation Trust**

**7 November 2025**

**Connecting to: Board of Directors**

**Chair of Committee: Alison Fellows**

## Key discussion points and matters to be escalated from the meeting

**ALERT:** Alert to the matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy.

None.

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

1. An update was provided on the approval and implementation of the new Clinical Support Units, including the need to update new job titles, authorisations and electronic systems, emphasising the importance of standardisation and the accountability framework, and ensuring consistency across groups. The Audit Committee approved the recommended CSU approval limits.
2. The Committee received and noted a report on procurement and waivers, an area of concern in previous meetings. The report highlighted a downward trend in waivers, exceptions in addressable spend, and ongoing work to clarify non-procurement items, with committee members discussing improvements and future reporting. There has been an increase in retrospective waivers and work is ongoing on alternative processes for capturing non-procurement items, aiming for clearer reporting.
3. Committee members noted that the audit of Optimus Health Ltd for the 2024/25 financial year had been undertaken. No additional significant risks had been identified, however

members noted that a material error was found in the stock balancing accrual, and that the finance team was working to resolve this. Subject to that additional work being completed, the Committee delegated authority to the Committee Chair and the Chief Finance Officer to agree the accounts and recommend them to Optimus Board for approval.

4. External Auditors Deloitte reported that they have issued an unqualified opinion on the Trust and group's financial statements on 31 July 2025, and had not identified any matters where, in their opinion, proper practices had not been observed. They reported that the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the National Health Service Act 2006. Deloitte are required to report if they have not been able to satisfy themselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources, and they did not report any significant weaknesses in the Trust's arrangements. In addition, Deloitte did not identify any matters where, in their opinion, the Annual Governance Statement did not meet the disclosure requirements set out in the NHS Foundation Trust Annual Reporting Manual, was misleading, or was inconsistent with information. They also reported that the information given in the Annual Report for the year ended 31 March 2025 was consistent with the financial statements. Deloitte did advise that they had not yet issued the audit certificate, as they are not able to do so under the National Audit Office's Auditor Guidance Note 07, Auditor Reporting, until they are advised by the National Audit Office that the audit of the NHS group consolidation is complete, which is expected to be later this year. Deloitte will then issue a separate audit certificate.
5. On counter fraud activity, Audit One provided an update on the implementation of the Economic Crime and Corporate Transparency Act, the development of a bespoke risk assessment template, and the status of ongoing investigations, with committee members discussing follow-up actions. The Committee noted the introduction of the corporate offence of failure to prevent fraud, from 1 September 2025. Audit One summarised CF investigation activity, noting six new referrals, eight cases closed, and five still open. No sanctions or financial losses were reported this quarter.

**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

1. The Committee reviewed and noted the current status of the Board Assurance Framework for NTH, detailing strategic risks, mitigation actions, and committee oversight. 30 strategic risks were listed across eight domains, with nine risks outside the approved appetite. Quality and safety remained a cautious risk, and six red strategic risks were noted, a reduction from previous reports. Mitigating actions were in place for all strategic risks. The Committee discussed the assessment of challenge at board meetings - a review process is in place, with selected agenda items assessed for the

robustness of discussion, and results circulated to the board for reflection and improvement.

2. The Committee received and noted an update on the development of a single multidisciplinary register for external assessments/visits, which would feed into the Board Assurance Framework. This will help map the types and levels of assurance received and will support the organisation in understanding assurance gaps and strengths.
3. The Committee was assured that the Financial Statements for North Tees and Hartlepool Solutions LLP for the 2024/25 financial year had been audited by external auditors, Deloitte LLP, who confirmed there were no matters of significant findings to draw to the Committee's attention. The Committee received the report and recommended approval by the LLP.
4. It was reported that the NTH General Charitable Fund's accounts had been audited and an annual report produced, with no additional significant risks being identified. An unqualified audit report will be issued. The Committee agreed to recommend approval of the accounts to the Corporate Trustee.
5. Audit One presented the internal audit progress report and requested changes to the audit plan, including switching from accounts receivable to accounts payable due to staffing challenges, and postponing two clinical effectiveness audits due to ongoing CSU changes. The Committee approved these changes. The Committee discussed overdue audit recommendations and proposed follow-up actions. The Committee noted the report.

## Recommendations:

The Committee agreed to recommend the various accounts referenced above to the relevant boards for approval.

**North Tees and Hartlepool NHS Foundation Trust**  
**South Tees Hospitals NHS Foundation Trust**  
**Annual General Meeting / Annual Members Meeting**  
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**Digital Centre, Teesside University**

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Close 3:35pm

A signed attendance list was collected and retained.

# Annual Register of Board member interests

**Meeting date:** 8 January 2026

**Reporting to:** Board of Directors

**Agenda item No:** 7.1

**Report author:** Sarah Hutt, Assistant Company Secretary

**Executive director sponsor:** Jackie White, Director of Corporate Affairs

**Action required:** Approval

**Delegation status:** Jointly delegated item to UHT Board

**Previously presented to:** N/A

## UHT strategic objectives supported:

Putting patients first ☒

Creating an outstanding experience for our people ☒

Working with partners ☒

Reforming models of care ☒

Developing excellence as a learning organisation ☒

Using our resources well ☒

## CQC domain link:

Well-led

## Board assurance / risk register this paper relates to:

All BAF risks

## Key discussion points and matters to be escalated from the meeting

**ALERT:** Alert to the matters that require the board's attention or action, e.g. non-compliance, safety or a threat to the Trust's strategy.

The report provides the outcome of the annual declarations of interest exercise for the Board of Directors for 2025/26.

**ADVISE:** Advise of areas of ongoing monitoring or development or where there is negative assurance. What risks were discussed and were any new risks identified.

In line with the guidance Managing Conflicts of Interest in the NHS, organisations are required to ensure that all 'decision making staff' declare interests and, as a minimum, should publish a register of interests at least annually in a prominent place on their website and refer to the register for Board members in the annual report.

The report sets out compliance with the Constitution whereby the Board of Directors are required to declare interests that may conflict with their position as a voting or non-voting executive or non-executive director of the Trust.

**ASSURE:** Assure Inform the board where positive assurance has been achieved, share any practice, innovation or action that the committee considers to be outstanding.

A copy of the updated register is appended to the report for approval.

## Recommendations:

The Board of Directors are asked to:

- Note the contents of the report;
- Approve the individual entries on the register, highlighting any anomalies; and
- Note that the final version of the register will be available to the public via the Board of Directors papers on each Trust's website and will be referred to in the Annual report 2025/26 for each Trust.

Board of Directors Register of Interests

Board Member	Position	Relevant Dates From	to	Declaration Details
<b>Alison Fellows</b>	Non-Executive Director		Ongoing	Husband Partner at Firm – Ward Hadaway Solicitors
		December 2023	Ongoing	Board Governor, member and chair designate (from July 2026) of Audit Committee, member of Business School Advisory Board, Northumbria University
		December 2023	Ongoing	Independent Member of the Audit Committee, Newcastle City Council
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
<b>Alison Wilson</b>	Non-Executive Director	4 January 2022	Ongoing	Civil Partner – Counter Terrorism Policing North East
		September 2022	Ongoing	South Tees Healthcare Management Limited - Company number 10166808.
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
<b>Ann Baxter</b>	Non-Executive Director	April 2024	Ongoing	School Governor at Thirsk High School and Sixth Form College
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
<b>Chris Day</b>	Non-Executive Director		Ongoing	Vice Chancellor and President at Newcastle University
			Ongoing	Institutional Member at Universities UK (UUK)
			Ongoing	Board Member at The Russell Group
			Ongoing	Board Member at Sir Bobby Robson Foundation
			Ongoing	Chair at N8 Research Partnership
			Ongoing	Trustee at Foundation for Liver Research
			Ongoing	Chair of the PILOT Institutional Level PCE Panel for the Research Excellence Framework 2029 – Research England (part of UK Research and Innovation)
			Ongoing	Trustee at Newcastle University Development Trust
<b>Chris Hand</b>	Chief Finance Officer	2 July 2021	Ongoing	Director of South Tees Healthcare Management Limited - Company number 10166808
			Ongoing	Client Representative ELFS Shared Services Management Board



Board Member	Position	Relevant Dates From	to	Declaration Details
		April 2024	Ongoing	Representation on behalf of North Tees & Hartlepool NHS Trust on NTH Solutions LLP – Company Number OC419412
		June 2024	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
<b>David Redpath</b>	Non-Executive Director	1 January 2021	Ongoing	Director of DGR Consultancy - Company number 10340661
		September 2022	Ongoing	South Tees Healthcare Management Limited - Company number 10166808.
		September 2017	Ongoing	Vice President Senior Executive Partner – Gartner
		July 2022	Ongoing	Deputy Chairman – Seaton Delaval Football Club
		14 August 2025	Ongoing	Director of Optimus Health Limited – Company Number 07415246
		1 October 2025	Ongoing	Chair on behalf of North Tees & Hartlepool NHS Foundation Trust on NTH Solutions LLP – Company Number OC419412
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
<b>Emma Nunez</b>	Chief Nursing Officer	April 2025	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
<b>Fay Scullion</b>	Non-Executive Director	October 2024	Ongoing	Chief Executive, Age UK North Yorkshire & Darlington
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
<b>Jackie White</b>	Director of Corporate Affairs & Company Secretary	March 2013	Ongoing	Registered with IMAS (NHS Interim Management & Support)
		March 2023	Ongoing	Company Secretary of South Tees Healthcare Management Limited - Company number 10166808
		March 2023	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
			Ongoing	Daughter and Daughter in law employees of South Tees Hospitals NHS Foundation Trust
<b>Ken Anderson</b>	Chief Information Officer	May 2024	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
<b>Kenneth Readshaw</b>	Non-Executive Director	2016	Ongoing	Treasurer – Leyburn Community Leisure Club
		2018	Ongoing	Chair – Health Accommodation Trust
		2000	Ongoing	Chair – Horsehouse School Charity - Charity number: 513060

Board Member	Position	Relevant Dates From	to	Declaration Details
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
<b>Matt Neligan</b>	Deputy Chief Executive / Chief Strategy Officer	October 2024	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
		May 2025	Ongoing	Founding member, Evolve Collaborative (supported by NHS Confederation and Beamtree)
<b>Mark Dias</b>	Non-Executive Director	20 July 2015	Ongoing	Director of Be The Change HR Ltd – Company No. 9694576
		September 2023	Ongoing	Permanent Deacon in Formation (Voluntary Position). Roman Catholic Diocese of Middlesbrough
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
		March 2025	Ongoing	Chair of Board of Nicholas Postgate Catholic Academy Trust
<b>Michael Stewart</b>	Chief Medical Officer	April 2024	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
			Ongoing	Wife is employed at South Tees NHS FT
<b>Miriam Davidson</b>	Non-Executive Director	April 2024	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
			Ongoing	Local Government Association Associate, occasional work with English councils on Public Health Peer Reviews and facilitation of relevant workshops
<b>Neil Atkinson</b>	Chief Delivery Officer	April 2024	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
		June 2024	Ongoing	Representation on behalf of North Tees & Hartlepool NHS Foundation Trust on NTH Solutions LLP – Company Number OC419412
		October 2025	Ongoing	Director of South Tees Healthcare Management Limited - Company number 10166808
		1 November 2025	Ongoing	Trustee, Age UK
<b>Derek Bell</b>	Chair	April 2020	Ongoing	Trustee Royal Medical Benevolent Fund – no remuneration
		April 2018	Ongoing	Chair and Trustee Tenovus Scotland (Edinburgh) – no remuneration
		April 2021	Ongoing	Centre for Quality in Governance
		July 2022	Ongoing	NHS South East London Chair of SEL SEEC
		March 2024	Ongoing	Member of the Council for Newcastle University. No remuneration.

Board Member	Position	Relevant Dates From	to	Declaration Details
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
<b>Rachael Metcalf</b>	Chief People Officer	December 2020	Ongoing	Role of School Governor at High Tunstall College of Science
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
<b>Ruth Dalton</b>	Director of Communications	April 2024	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
<b>Stacey Hunter</b>	Chief Executive	March 2024	Ongoing	Director, Health Innovation North East North Cumbria Limited
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
		July 2024	Ongoing	Partner, Dr Cornelle Parker, ad hoc project work within organisations of the NHS
		April 2025	Ongoing	Member of UHA Executive Steering Committee (hosted by NHS Providers)
		May 2025	Ongoing	Member of NHS Confederation Acute Advisory Panel
		May 2025	Ongoing	Founding member, Evolve Collaborative (supported by NHS Confederation and Beamtree)
		Aug 2025	Ongoing	Lead, Leadership of Planned Care, Provider Leadership Board
<b>Steven Taylor</b>	Director of Estates	April 2024	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
		1 July 2024	Ongoing	Honorary Contract as Director of Estates and Facilities for NTH Solutions LLP - Company Number OC419412
			Ongoing	Son employed by NTH Solutions LLP – ICT Project Officer/Digital Performance Coordinator
			Ongoing	Wife employed by NTH Solutions LLP – Catering Assistant
<b>Stuart Irvine</b>	Director of Risk, Assurance and Compliance	2023	Ongoing	Chair – Hartlepool College of Further Education
		April 2024	Ongoing	Director of North Tees & Hartlepool NHS Foundation Trust and Director of South Tees Hospitals NHS Foundation Trust Board
			Ongoing	Trustee of Hospitals Trust of the Hartlepool
			Ongoing	Sons (x2) are employees at Hartlepool College of Further Education