



University Hospitals Tees



University Hospitals Tees
Strategy 2025-2030

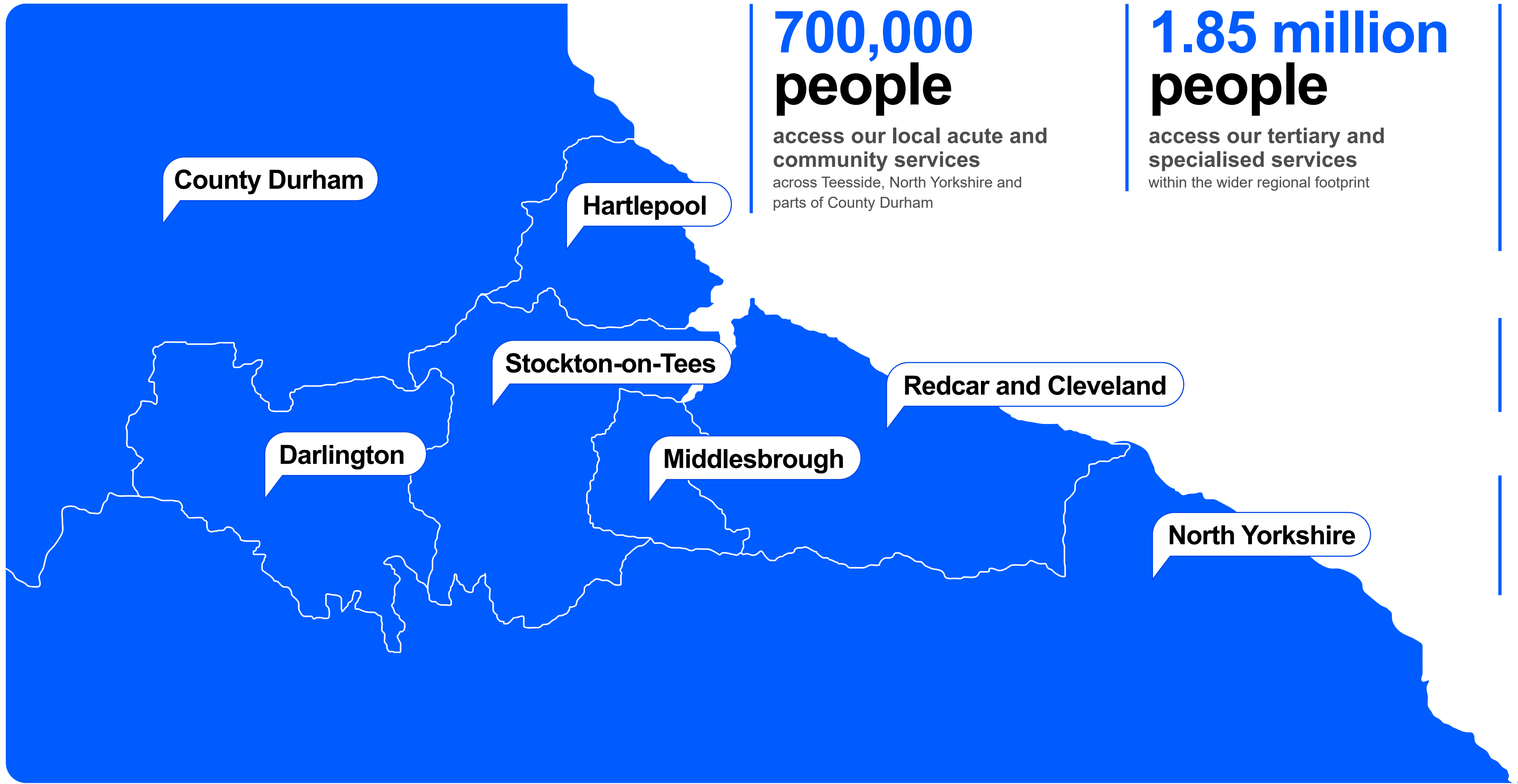
Caring Better Together



Caring Better Together 

Our population

Our population



7 local authority areas

across our core local population

Much of our population experiences poor health outcomes and deeply embedded health inequalities

Wider social and economic conditions including post-industrial environment are key determinants of health outcomes

Our population

University Hospitals Tees serves a local population of around 700,000 people who live and work in the Tees Valley (Hartlepool, Stockton-on-Tees, Middlesbrough, Redcar and Cleveland, and Darlington) and in parts of North Yorkshire and County Durham.

For some of our more specialist services, for example in cancer, specialist rehabilitation and vascular surgery we serve a much wider population of around 1.85 million people, reaching from the Scottish Borders into Yorkshire.

Health inequalities

There are high levels of health inequalities, both within our population and also between the local population and the England average. For example, in Stockton life expectancy is 15.2 years lower for men and 13.8 years lower for women in the most deprived areas than in the least deprived areas of the borough.

Our major concentrations of population are in the urban areas of the Tees Valley but our population also includes significant rural areas, for example in Hambleton and Richmondshire and in East Cleveland, and coastal communities such as Hartlepool and Peterlee. These factors are associated with differences in living conditions and health outcomes within those populations.

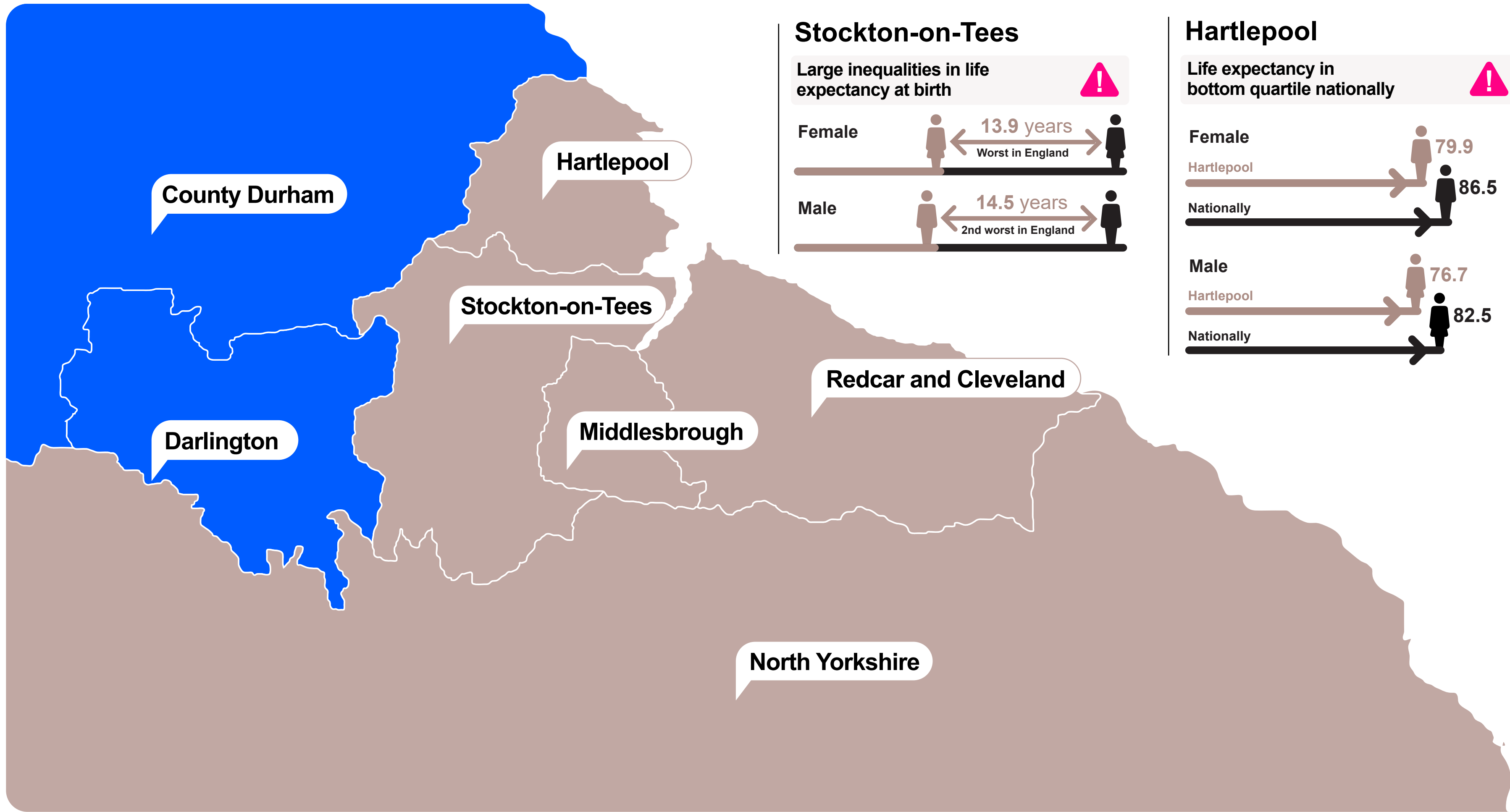
Social deprivation

A significant proportion of our population experiences high levels of deprivation. All Tees Valley local authorities are more deprived than the national average with Middlesbrough and Hartlepool among the 10 most deprived local authorities in England.

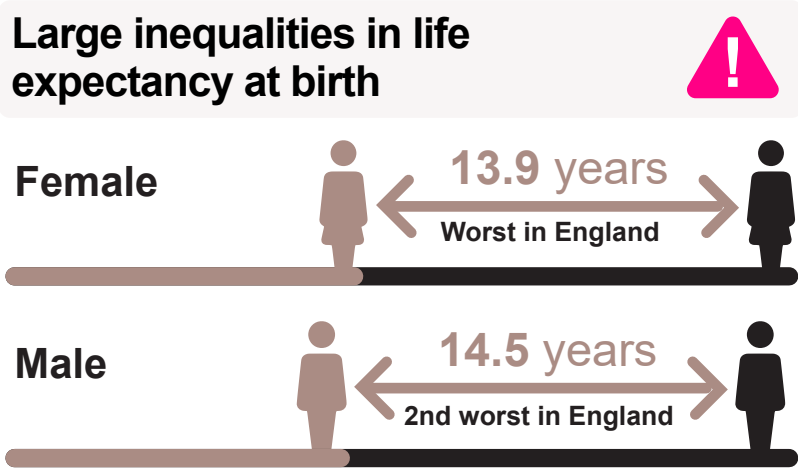
There is a clear link between levels of deprivation and the likelihood of poor health and preventable mortality. The social and economic conditions across our communities drive significant demand for our services and require us to ensure that we are targeting our resources effectively and ensure that our services are accessible for our most deprived communities, to make the biggest difference that we can, to close this gap.

Our population

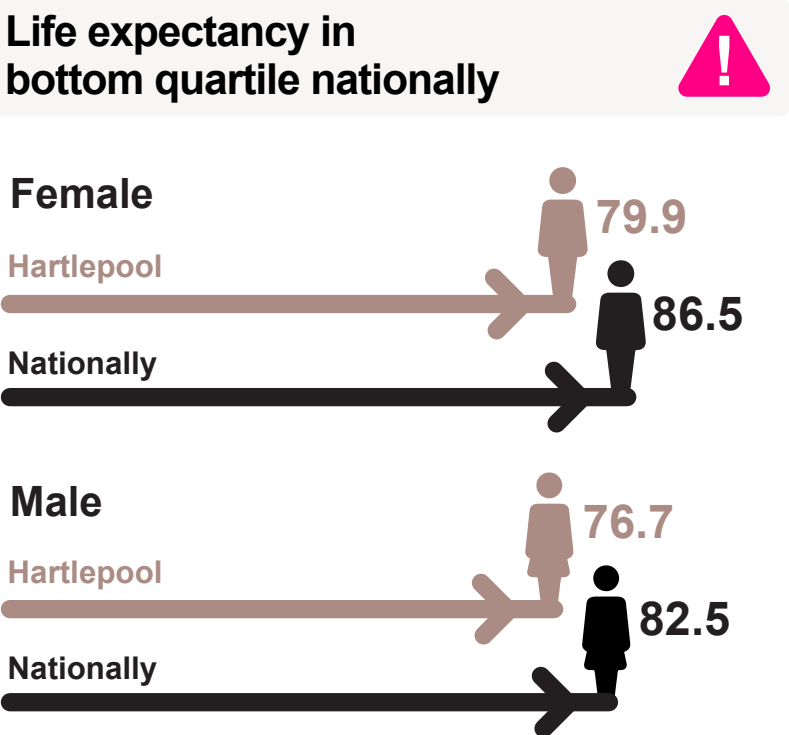
A snapshot of our population challenges



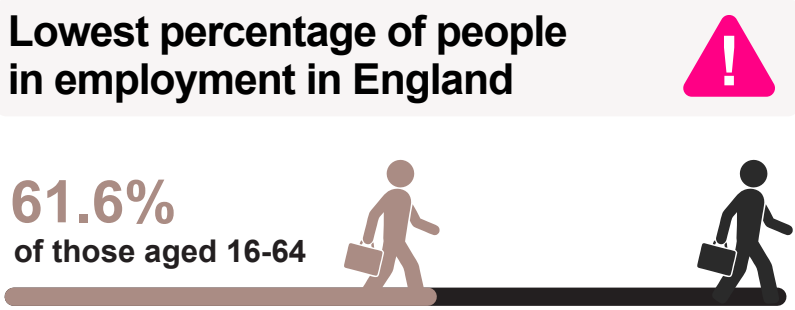
Stockton-on-Tees



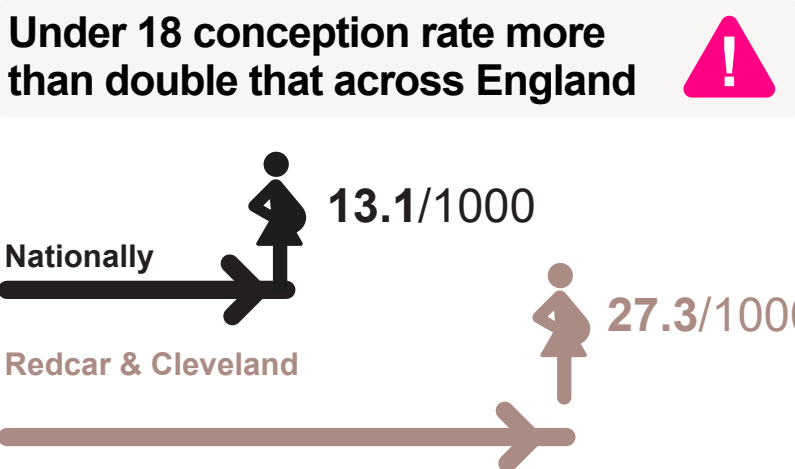
Hartlepool



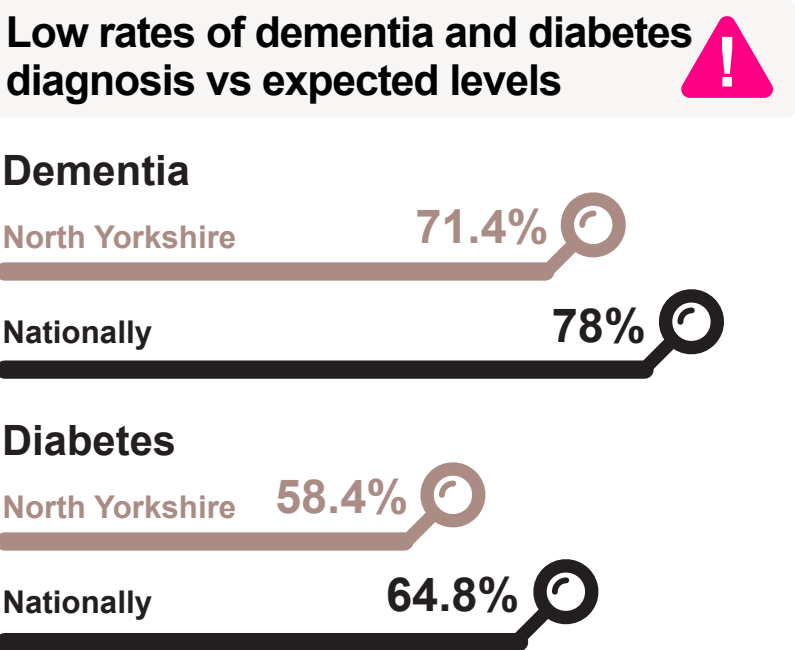
Middlesbrough



Redcar & Cleveland



North Yorkshire



Our population

Future

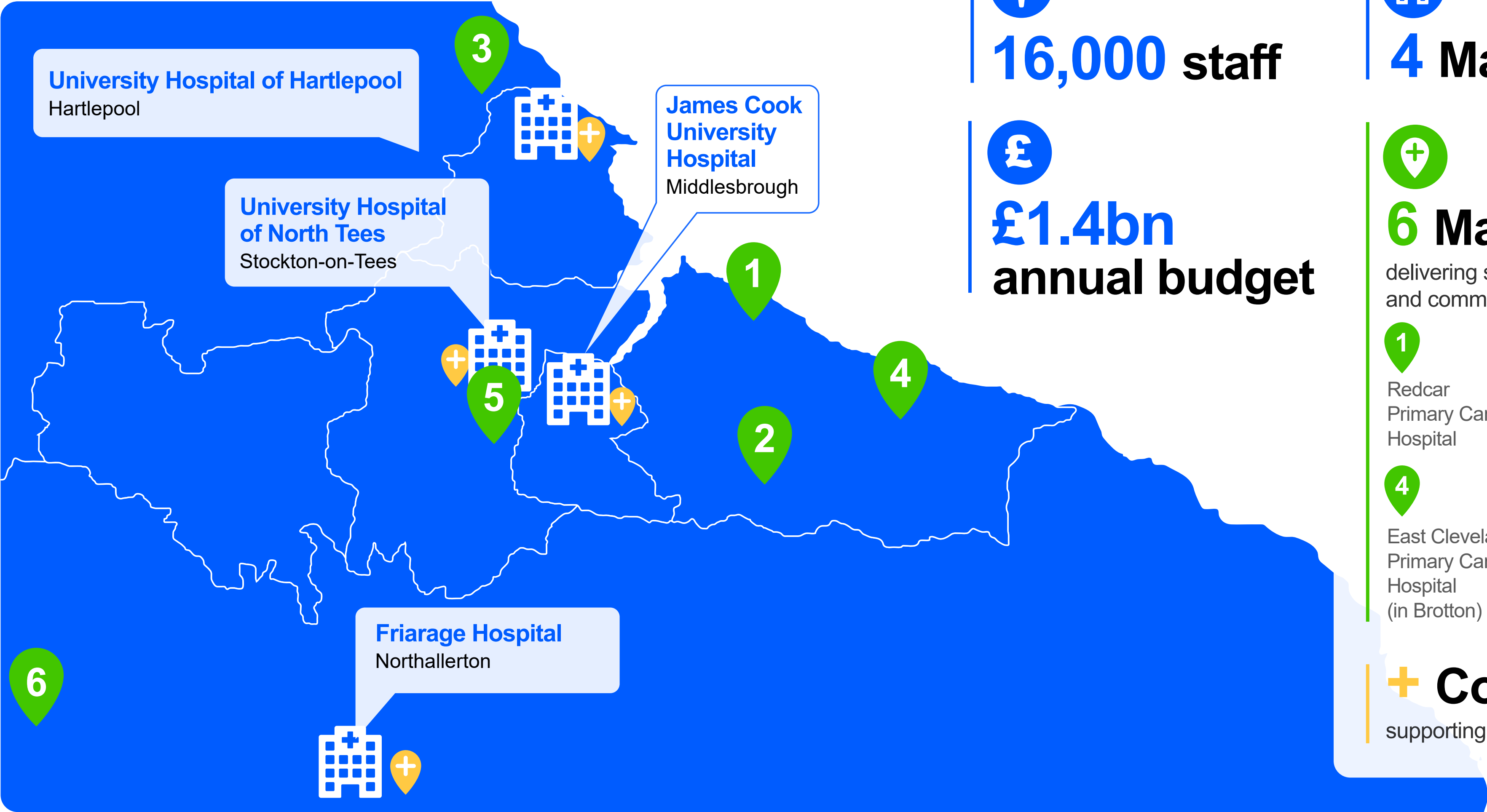
Over the next ten years we know that our population is likely to increase (although at a lower rate than for the rest of England), and will have an older average age, with the Tees Valley over 65 population increasing by about 2,000 per annum and the working age population shrinking. Our population is also becoming more diverse from the perspective of ethnic and cultural background. Both of these factors mean that the health issues people are likely to face will change. Alongside that, we are likely to see increased levels of deprivation and obesity in both children and adults.

While the Tees Valley has historically undergone economic shocks due to the closure of some of its heavy industry base, which has fed into some of the issues around deprivation, it is hugely ambitious. The wider Tees Valley economic region contributed £79 billion to the UK economy in 2020 and is projected to grow fast following recovery from the pandemic, providing 10% of GDP growth across the north of England by 2040 with only 4% of the population. Key areas of sectoral strength include the chemical and process industry, advanced manufacturing, and construction.



Our group

Our group - overview



16,000 staff



£1.4bn annual budget



4 Main hospital sites



6 Main community sites

delivering services across the district in patients' homes and community facilities

1

Redcar Primary Care Hospital

2

Guisborough Primary Care Hospital

3

Peterlee Community Hospital

4

East Cleveland Primary Care Hospital (in Brotton)

5

Tees Valley Community Diagnostic Centre (in Stockton)

6

Friary Community Hospital (in Richmond)



Community locations

supporting delivery of our services

Our group - services

The University Hospitals Tees group is the largest employer in the Tees Valley with over 16,000 staff and a budget of £1.4bn per year.

We were formed in 2024 when North Tees and Hartlepool NHS Foundation Trust and South Tees Hospitals NHS Foundation Trust came together to operate under a group model with shared governance and leadership arrangements across the two trusts.

We work with two Integrated Care Boards (ICB) as commissioners of our services – North East and North Cumbria ICB (for our population in Tees Valley and areas of County Durham), and Humber and North Yorkshire ICB (for our population in Hambleton and Richmondshire).

As a major public sector employer, we have a significant role as an anchor institution, working alongside partners and beyond our role as a healthcare provider to enable sustainable, prosperous, and healthy communities.

We are an integrated provider of acute and community healthcare. While there are obviously circumstances when people need to be in a hospital setting, it is also important that our population is able to access healthcare close to home where that is appropriate. This may be delivered in a range of community facilities or in patients' own homes.

Our services are based out of multiple community sites across the area and from four main hospital sites.:

University Hospital of North Tees

The University Hospital of North Tees in Stockton-on-Tees is a small local district general hospital with 597 overnight beds including critical care. It provides a 24-hour emergency department, emergency and planned medical and surgical care, maternity services and a wide range of diagnostic services and outpatient clinics.

The James Cook University Hospital

The James Cook University Hospital in Middlesbrough is a medium-sized specialist centre with 941 overnight beds including critical care that provides a 24-hour emergency department, regional major trauma centre and a wide range of specialist services. It provides the full range of acute services across emergency and planned medical and surgical care and maternity services.

Our group - services

Friarage Hospital Northallerton

The Friarage Hospital Northallerton is a community hospital with 113 overnight beds that has a 24-hour urgent treatment centre, inpatient services for medicine, orthopaedics, cancer and rehabilitation, with a wide range of outpatient and diagnostic services. It has an accredited surgical hub.

The University Hospital of Hartlepool

The University Hospital of Hartlepool is a community hospital with a 24-hour urgent treatment centre that provides a wide range of diagnostic services and outpatient clinics, and day case and low risk surgery. It has an accredited surgical hub.

Community healthcare services

We provide local community healthcare services in a range of community wards and venues across our footprint, including urgent treatment centres, diagnostic services, community and rehabilitation beds, outpatient services, district nursing, podiatry, physiotherapy, health visiting and school nursing. Our main community bases are Redcar Primary Care Hospital, East Cleveland Primary Care Hospital (in Brotton), the Friary Community Hospital (in Richmond), the Tees Valley Community Diagnostic Centre (in Stockton), Guisborough Primary Care Hospital, Peterlee Community Hospital and a number of other community locations.

Our group - partners

We work with a wide variety of partners to deliver our services





GP practices right across the Tees Valley and Hambleton and Richmondshire working in Primary Care Networks.



Higher education providers including Teesside University, Hull and York Medical School, Newcastle University and Sunderland University.



Local NHS trusts in particular County Durham and Darlington NHS Foundation Trust and Tees, Esk and Wear Valleys NHS Foundation Trust.



Healthwatch organisations who help us to understand the needs, concerns and experiences of patients.

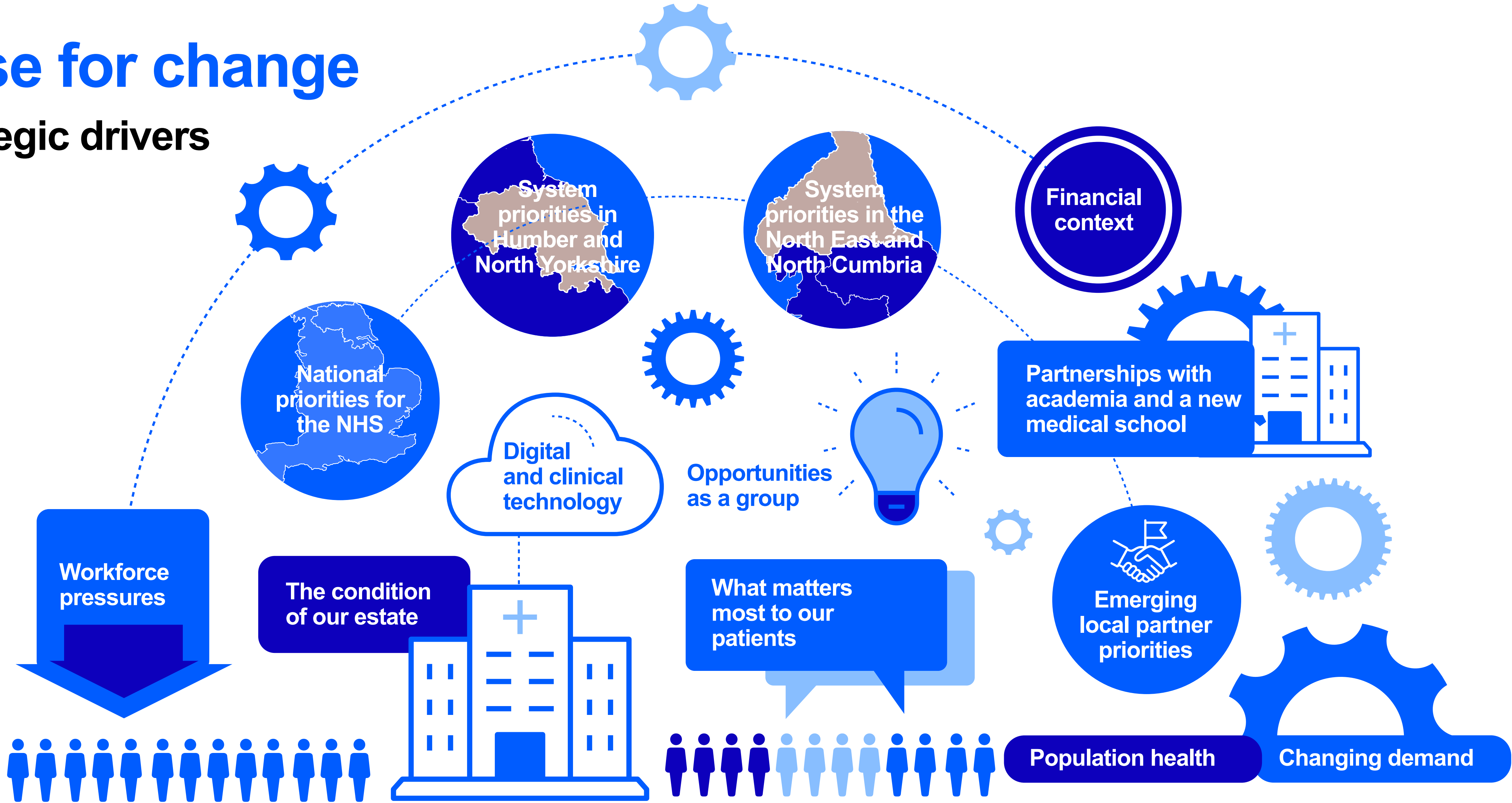


A wide variety of third sector partners working in local communities.

Case for change

Case for change

Strategic drivers



Case for change

The context in which we operate and the challenges and opportunities that face us in the future mean that we need to be clear on the future direction for the Group and to set ambition for how we are going to make a difference for our population over the next decade.

Critical factors include:

What matters most to our patients

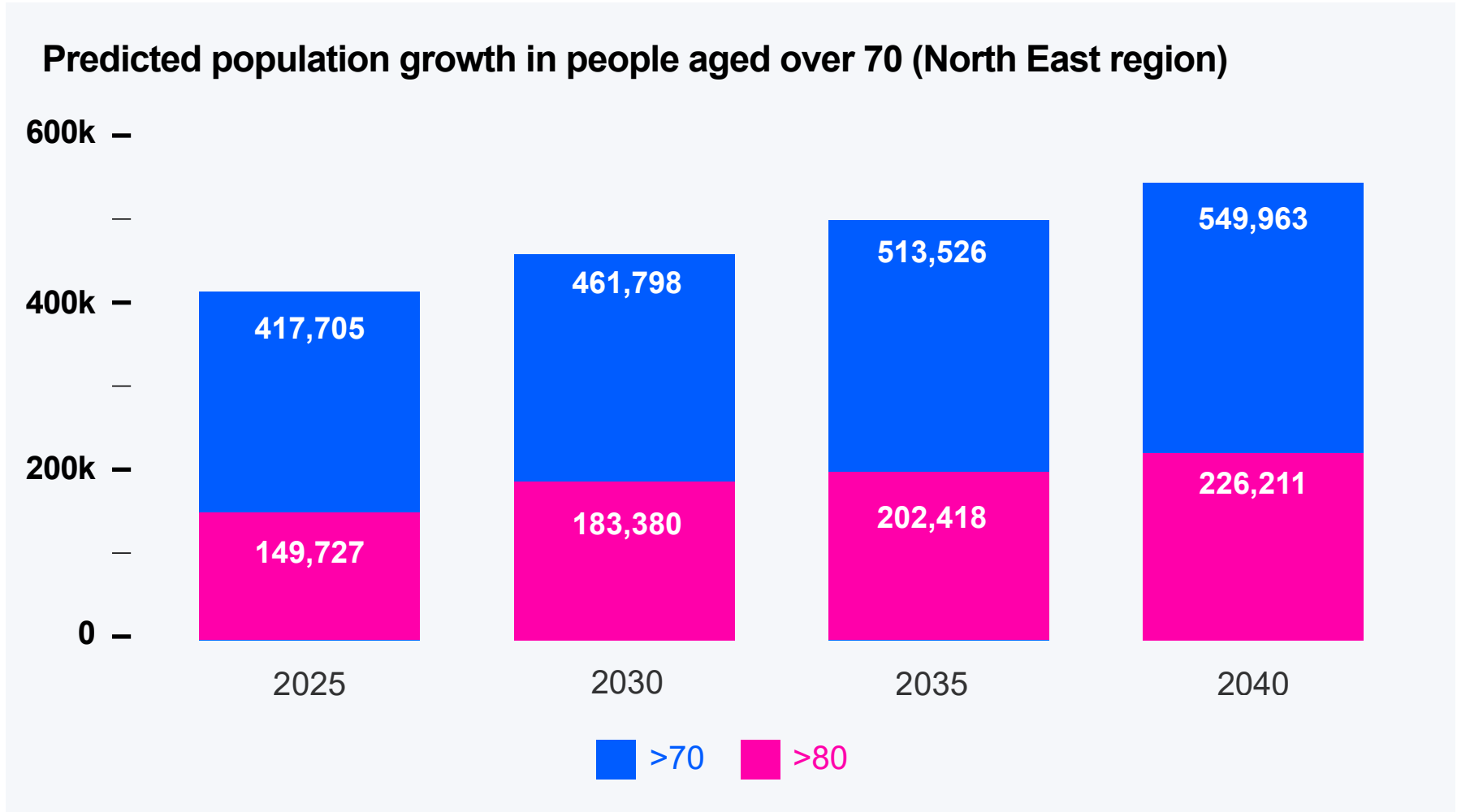
We have listened carefully to what patients, carers and the wider population have told us about what they want from their healthcare, both on an ongoing basis and through a bespoke study carried out by Healthwatch Tees Valley on behalf of all residents in our area including those parts of County Durham and North Yorkshire, which we serve.

The key priorities that we have heard are for us to:

- Ensure consistent, high-quality care across all hospitals;
- Modernise hospital spaces to improve patient comfort;
- Reduce waiting times in emergency and surgery services;
- Improve access for rural areas through better transport and local services;
and
- Strengthen communication so patients are fully informed about their care.

Changing demand

Our population is growing and people are living longer with multiple long-term conditions. The number of people aged over 70 that we serve is projected to grow by 32% by 2040. This means we are seeing exponential increases in demand on healthcare services and a need to ensure that that we are better able to support individuals whose needs are increasingly complex.



Case for change

Opportunities as a group

We came together as University Hospitals Tees in 2024 in order to maximise the benefits of working at scale. By bringing teams together across the two foundation trusts, we are able to improve resilience and sustainability of services, to develop a consistent service offer for patients across the Tees Valley, to deliver efficiencies and economies of scale in our ways of working and to maximise opportunities for our workforce. This represents a “once in a generation” opportunity for us to create a new offer to the communities in Teesside that gets the best out of our collective hospital and community healthcare resources and how we work with our partners at scale.

National priorities for the NHS

The Government’s Ten Year Health Plan “Fit for the Future” was published in July 2025. The direction of travel for the NHS is clear:

- shifting care from hospitals to the community, focusing on providing care closer to people’s homes and lives;
- preventing ill health, moving from a system which primarily treats sickness to one which focuses on preventing ill health and empowering the population to stay well; and
- moving from analogue to digital so that care is efficient and easy to access.

The Plan anticipates a step change in the level of personalisation of care. This includes how patients are able to take control of their own care and how the NHS is able to deliver more tailored services including through genomics and precision medicine.

Case for change

System priorities in the North East and North Cumbria

Partners across the North East and North Cumbria (NENC) integrated care system have agreed an integrated care strategy and joint forward plan and are developing the clinical strategy. The key elements feed into our own strategy, including the emphasis on working together across healthcare providers and other organisations to deliver better services which meet local needs, for example through integrated neighbourhood teams.

The NENC ten-year plan is called 'Better health and wellbeing for all.' It tackles major health problems, improves services, and reduces inequality. The four key goals are:

- **Longer and healthier lives:** reducing the gap between how long people live in the North East and North Cumbria compared to the rest of England.
- **Fairer outcomes:** addressing the fact that not everyone has the same opportunities to be healthy because of where they live, their income, education and employment.
- **Better health and care services:** not just high-quality services but also the same quality no-matter where you live and who you are.
- **Giving our children the best start in life:** enabling them to thrive, have great futures and improve lives for generations to come.

Case for change

System priorities in Humber and North Yorkshire

Similarly, the integrated care strategy and joint forward plan for Humber and North Yorkshire set out partner priorities for this part of our population. The Humber and North Yorkshire Health and Care Partnership identifies a golden ambition of radically improving children and young people's wellbeing, health and care. The vision for Humber and North Yorkshire is to ensure that all people:

- **Start Well:** we want every child to have the best start in life and enable everyone to be safe, grow and learn.
- **Live Well:** we want to ensure the next generation are healthier than the last and have the opportunity to thrive.
- **Age Well:** we want to ensure live healthy and independent lives as long as possible by understanding what matters most to them.
- **Die Well:** we want to create an environment in which people can have positive conversations about death and dying.

Emerging local partner priorities

Each of our local authority partners works with the Tees Valley Combined Authority to develop a Strategic Economic Plan with economic ambitions to attract 25,000 new jobs into the region. We want to work with the local authorities in the Tees Valley and with County Durham and North Yorkshire in an integrated way to enable us to achieve our ambitions. In addition, we want to work with neighbouring NHS trusts including Tees Esk and Wear Valleys NHS Foundation Trust as our local mental health trust; and healthcare providers as well as the North East Ambulance Service and Yorkshire Ambulance Service to deliver shared priorities and integrated care.

Partnerships with academia and a new medical school

We work with many academic partners. The ambition for Teesside University to develop a medical school forms a key focus of this partnership working. The aim of the new course will be to support the recruitment and retention of clinical talent within the region, and to develop the widening participation agenda.

Case for change

Financial context

The financial context is critical and the blunt fact is that while the Government has announced increased funding for our NHS the demands against that funding are increasing faster. In addition, there is a significant and ongoing underfunding into the NHS locally compared to the projected 'fair share' of funding that we should receive relative to other organisations nationally. A key part of our strategy is about living within our financial means by working smarter and benefiting from the economies of scale we can generate as a group; and delivering the best value for money that we can by slimming down back office services and focusing our funding on those services, which have the greatest impact for our population.

Workforce pressures

We know that recruitment and retention across the NHS is a challenge and this is true in our region. One of the key priorities of the NENC system strategy "Better health and wellbeing for all" is to reduce the vacancy rate across health and social care by 50% by 2030 by integrating our workforce and providing wider career opportunities, making our area the best place to work in health and care.

The condition of our estate

The buildings and facilities that we operate out of are in critical condition. Both of our main acute hospital sites are full to capacity and the University Hospital of North Tees site has very significant backlog maintenance and has passed its intended design life. Having the right estate is essential to support our clinical transformation and a good patient experience including providing more focused specialist care through colocation of services and moving services into the community. Simply repairing our estate year on year does not give good value for money and is not appropriate for the ambitions we have to deliver better services.

Digital and clinical technology

The development of new technology to deliver care provides a step change in the way UHT can care for patients. Many patients are now keen to make use of the convenience of increased digital engagement through remote consultations and digital appointment management. We know that by harnessing the power of technology we can put more power in the hands of our patients and improve care, for example through the use personalised medicine and AI in surgery. But our infrastructure and capability require reform and investment in order to achieve that.

Our strategy

| **Vision and values**

| **Strategic objectives**

| **Three pillars of reform**

| **Enablers**

Our strategy

Strategy on a page



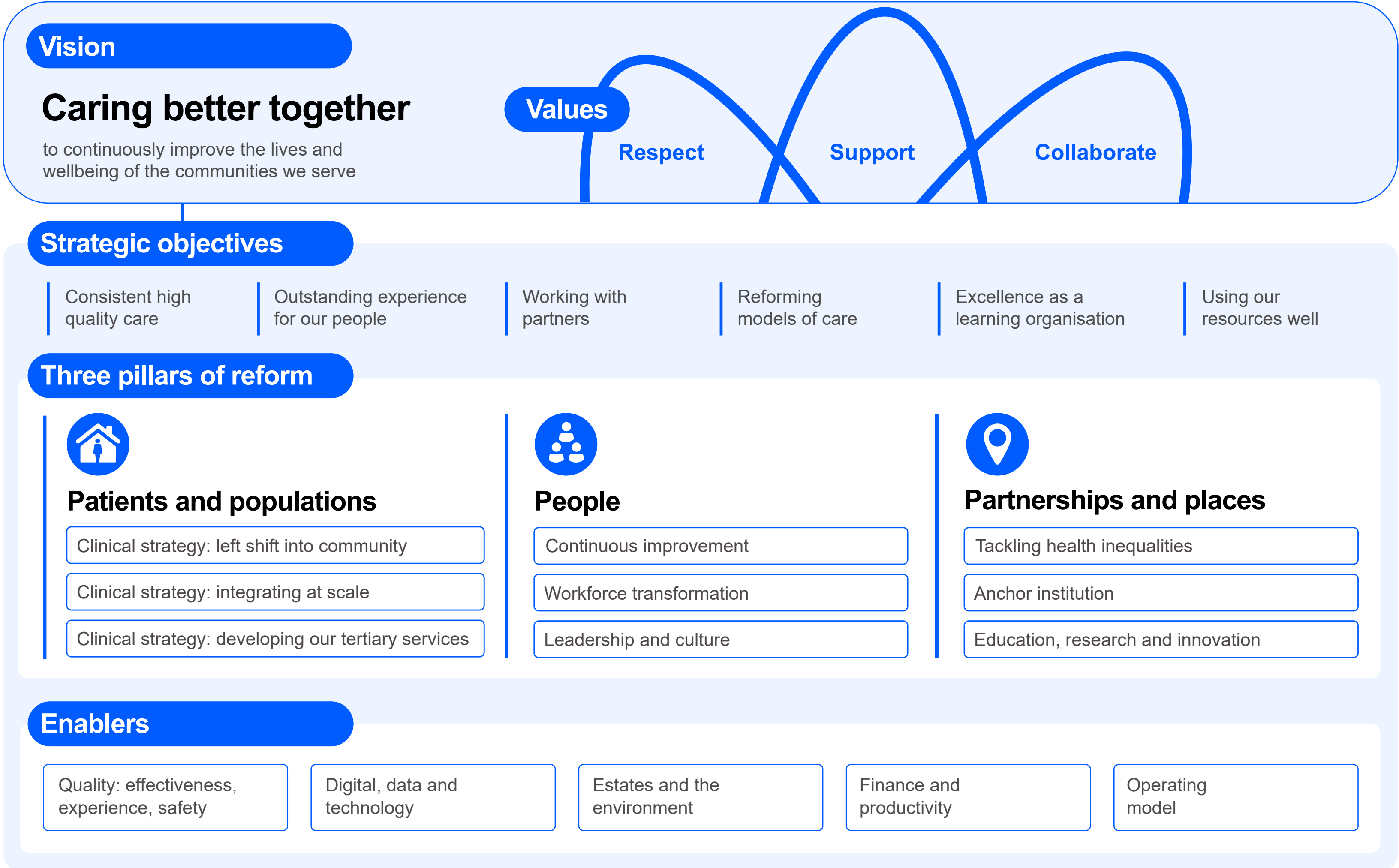
How we will work towards achieving our vision.



Transforming our ways of working to reform services and create our new offer for the population



Putting in place the right conditions for success



Vision and values

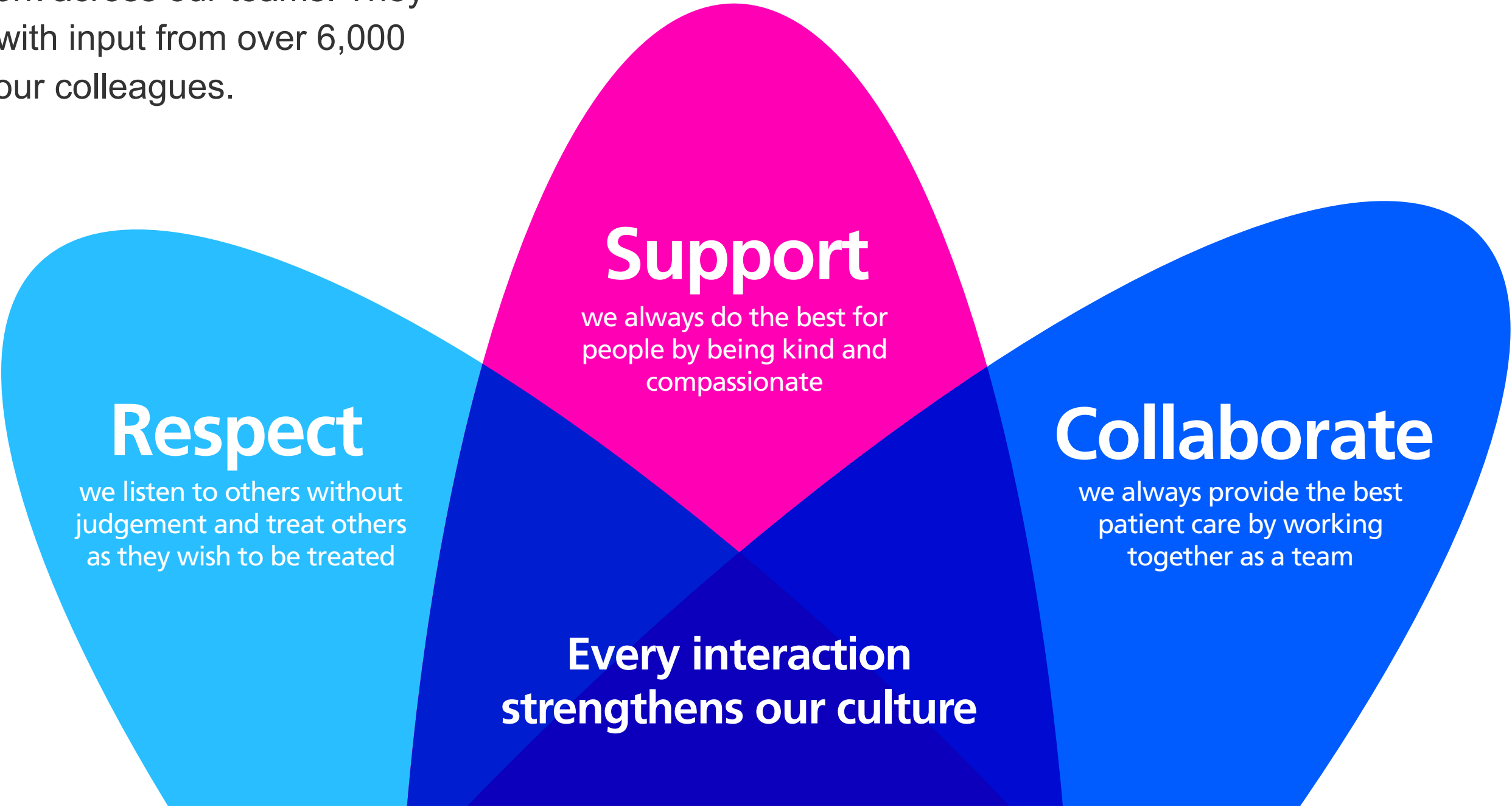
Our vision is that we are:

**Caring better together
to continuously improve
the lives and wellbeing
of the communities
we serve**

Our values

Our values reflect a shared and collective ambition for how we want to work across our teams. They have been produced with input from over 6,000 contributions from of our colleagues.

Our values are that we will **respect, support and collaborate** to provide the best patient care:



Strategic objectives

Our strategic objectives set out how we will work towards achieving our vision. They are:

Putting patients first with consistent high-quality care that delivers best practice in effectiveness, safety and experience

Creating an outstanding experience for our people by leading well and being an employer of choice

Working with partners to tackle shared population health challenges and to reduce health inequalities for our population

Reforming models of care across our services and supporting the development of neighbourhood health systems

Developing excellence as a learning organisation through our work in research, education, improvement and innovation

Using our resources well and driving productivity in services to achieve financial sustainability

● Patients and population

● People

● Partnerships and places

Three pillars of reform

To make progress against these strategic objectives we need to transform how we work. The financial and demographic context means that our resources will not stretch far enough for us to try to do more of the same.

We are determined to seize the opportunity of working as a group to reform our services for the next generation so that we can provide great care for our patients and population on a sustainable basis.

We will focus our teams to transform ways of working under three ‘pillars’:



Patients and populations



Implementing our clinical strategy that sets out how we will reform and transform clinical services to develop new models of care across the UHT footprint. Every service making use of operating at scale to meet the needs of patients and address population health priorities.



People



Embedding a culture of continuous improvement and ensuring that we are a learning health organisation. Making University Hospitals Tees an employer of choice for our existing people and potential new colleagues. Developing our people through living our values and creating an outstanding experience across all teams in UHT.



Partnerships and places



Building our close collaboration with all of our partners to deliver our shared integrated care strategy and developing ambitions in local places. Seeking to innovate in how we work across organisations in communities and maximising our impact as an anchor institution.

This transformation will be supported by a series of **enabling strategies** and plans in quality (effectiveness, experience and safety); digital, data and technology; estates and the environment; finance and productivity; and our operating model.



Patients and populations

- Patients and population
- People
- Partnerships and places

Our **clinical strategy** sets out how we will reform and transform clinical services to develop new models of care across the UHT footprint that meet the needs of patients and address population health priorities.

We will join up services across UHT to maximise the benefits of **delivering clinical services at scale**, including by creating specialist units and making access fair so that everyone across our population can get high quality care quickly.

We will remove the need for people to come to hospitals unnecessarily by focusing on preventative care and providing **more healthcare in the community**. Our teams will work with partners to **develop neighbourhood health systems** in local communities that provide a joined-up offer across health and care. We will use population health management to target our resources effectively.

We will continue to develop our role as a **provider of specialist and tertiary services** in the southern part of NENC ICB.

Our strategy

Vision and values

Strategic objectives

Three pillars of reform

Enablers

● Patients and population

● People

● Partnerships and places

Our clinical strategy is the core of our overall strategy – it is the reason we have come together as a group to reform healthcare for the population we serve

Our five clinical boards, comprising senior professionals from both trusts, have developed the clinical strategy and have worked to propose and design the optimal model of healthcare for the group. They have:

- **reviewed data on performance across our group** and recommended how to achieve consistent high performance and then to go further to meet external best practice;
- considered **a wide range of evidence of best clinical practice** for example from the Getting it Right First Time publications and the NHS Model Hospital and Model Health System; and
- **carried out study visits** to other NHS providers to look at the best configuration of services within our group

This evidence on clinical best practice has been balanced with the financial, workforce, estates and wider considerations that shape the ambition in the clinical strategy.

Our clinical strategy is driven by the best clinical outcomes for our patients; and responds to the key shifts in the Government’s Ten Year Health Plan:

From treatment to prevention.

Preventative work in communities such as smoking cessation campaigns is key for the long-term health of our population and to ensure that we can focus work on those with the greatest need. Our joined-up approach to neighbourhood health enables us to work with partners to encourage good health among the population

From hospital to community.

We know that it is beneficial for many patients to be treated close to home – and that this is what many patients want. Therefore, we will work with partners such as local authorities and the third sector to do so, including an ambition to support 500 patients through “hospital at home” to decompress our acute hospital sites.

From analogue to digital.

Making better use of digital services is key to making our services easier to access for our patients and delivering value for money – including communicating online, the expansion of online medical consultations and the transformation of care delivery to harness technology.

● Patients and population

● People

● Partnerships and places

Case Study:
Hospital at Home

When 93-year-old Margaret fell during the night, her daughter found her on the floor in the morning. She called 999, and within 30 minutes a community team arrived, assessed Margaret for injuries, and helped her back into her chair.

Instead of going to hospital, Margaret was safely supported at home. Her medication was reviewed, she received a walking aid, and therapy visits helped her regain strength.

Thanks to joined-up care, Margaret avoided hospital admission and maintained her independence—unlike her sister, who spent a month in hospital after a similar fall and ended up in a care home. With a small increase in home care, Margaret remains where she wants to be: in her own home.



● Patients and population

● People

● Partnerships and places

Our strategy aims to look ahead to meet demand as it will be over the next 10 years and beyond. Our future clinical model is in three broad phases:

1 Phase 1 (2025 to 2026)
testing and learning from early integration

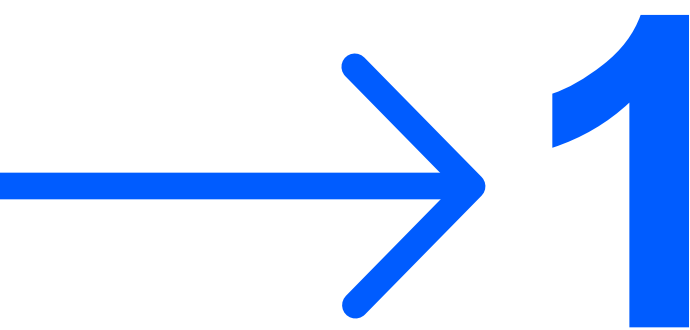
2 Phase 2 (2026 to 2030)
consistent, high quality services across the Group

3 Phase 3 (from 2030 onwards)
reforming our services for the next generation

● Patients and population

● People

● Partnerships and places



Phase 1 (2025 - 2026) testing and learning from early integration

By 2026, we want to have made rapid progress in horizontal integration (by which we mean joining up our teams and processes as if they were working for a single organisation) and standardising processes across UHT in early priority services.

Patients will see three main changes to the way in which we offer care:

First, to **expand services in the community** towards the ambition of 500 hospital at home beds so that patients can get their care near to their own homes where it is right to do so. This will include a range of specialties, including expanding existing provision of services for older people and some surgical and medical specialties including paediatrics. It will include our work in partnership with primary care, social care and the voluntary and community sector organisations to build and support neighbourhood health services and the development of our Care Coordination Centre.

Second, to offer **more planned care through our elective hubs** in Northallerton and Hartlepool. This will maximise the productivity of our surgical teams and will enable us to make better use of our valuable estate across the whole of the group's services. This will contribute to lower waiting lists and a reduction in cancellations for patients; and will free up space in our acute sites in Stockton and Middlesbrough. We expect that within five years an additional 20% of our elective surgery currently on acute sites will be delivered in our hubs.

Third, joining up teams to **deliver consistent care across the Group** by beginning the horizontal integration of key services. This means creating consistent pathways for patients with single waiting lists, delivered by single clinical teams to deliver equitable access and services that are more resilient across our population. Clinical teams and services will be operating as a single function across the group, regardless of location.

● Patients and population

● People

● Partnerships and places

Case Study:

Patient accessing surgical hub

Lisa, a 56-year-old woman, was informed that her spinal elective procedure could be delivered in one of our surgical hubs. At the hub, her surgery was ring-fenced from emergency pressures, meaning it would not be cancelled or delayed by urgent cases. This gave Lisa confidence and peace of mind, allowing her to plan her recovery and rehabilitation without stress and uncertainty.

The surgical hub offered her a calm, focused environment with experienced staff and dedicated supportive services to allow the process to be straightforward and give Lisa reassurance that despite not being on an acute site she is in the right place for her care.



● Patients and population

● People

● Partnerships and places

→ 2

Phase 2 (2026 to 2030)

consistent, high quality services across the Group

By 2028 we will complete the process of joining up our teams and clinical services for patients. We will spread the learning from the early horizontal integration pilots and apply this across our full portfolio of services. Horizontal integration of all of our services is an essential step in service transformation and will lead on to opportunities to reconfigure and co-locate services to improve their effectiveness and resilience.

By 2030, we will reconfigure our models of care in our integrated teams as far as possible within our existing estate to improve clinical outcomes, ensuring that services are operating with the workforce and estates model that anticipates the future Phase 3 development.

We will transform the way in which patients access health and care services, in particular through the continued development of our Care Coordination Centre. We will work with partners to ensure that patients get the right care, first time. We will explore how this might operate across partners including 111, 999, mental health support, access to hot clinics, access to community services and social care and potentially access to primary care.



● Patients and population

● People

● Partnerships and places

→3

Phase 3 (2030 onwards) reforming our services for the next generation

From 2030 onwards we will move towards having an “acute specialist hospital” on one of the two main sites and an “acute general hospital” on the other main site, while also making full use of our community-facing sites and reforming the model to continue to expand services in the community.

Our longer-term proposal is to seize the opportunity of working as a group to reform and reconfigure our services across the whole group so that they can better meet the likely demands of our patients and population in the medium to longer term.

That will mean moving towards a model where each of our main acute hospitals retains a range of services but is also able to focus in on providing some key specialisms on behalf of our whole population. The broad terminology for this is an “acute general hospital” and an “acute specialist hospital”.

In this model there will continue to be Emergency Departments on both the North Tees and James Cook sites. There would be some specialisation on each of those sites with, for example all cardiology services provided from one site on behalf of the whole population. In some cases that will mean that, patients will transfer from one hospital or geography to another to get the appropriate care.



● Patients and population

● People

● Partnerships and places

Case Study:

Patient accessing more specialist care that requires transfer to central “hub” service

Craig, a 43 year old man, initially attended his local hospital with severe diarrhoea and abdominal pain. It soon became clear he needed specialist care, and he was transferred to a Digestive Diseases Centre of Excellence where he was diagnosed with fulminant colitis. Although the transfer added an extra step, it ultimately meant Craig received faster access to the emergency surgery he urgently needed. At the centre, a dedicated surgical team, experienced in complex gastrointestinal emergencies, was ready to act without the delays often faced at smaller acute hospitals. Access to specialist theatres, advanced diagnostics, and coordinated expert care meant Craig’s surgery was performed sooner, improving his chances of a smoother recovery and better long-term outcomes. Despite the transfer, the speed and quality of care at the Centre of Excellence gave Craig the best possible chance of a successful outcome.



● Patients and population

● People

● Partnerships and places

This model provides a number of projected benefits for our patients, staff and population, including:

Improved patient flow to reduce waiting lists and improve outcomes – which is a key recommendation coming out of the work we have delivered with Healthwatch;

Allowing sub specialisation and sharing of ideas as easily as possible to drive outcomes – there is strong evidence that in some specialties especially surgery concentrating staff, particularly doctors and nurses, in one location makes it easier for patients get care from an expert, and for ideas to get shared

Easier standardisation of processes and pathways across the group to allow fair access for patients and better flow within the hospitals

Efficient use of expensive equipment and estate

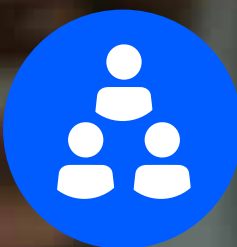
Resilience of our workforce – having specialisms concentrated on single sites will enable better job planning and more efficient rotas for services

Improved recruitment and retention by supporting greater specialism within a profession on a site, helping us to recruit and retain key individuals within UHT.

Developing our remit for tertiary services

The regional and tertiary services that we provide are a core part of our offer to patients. They ensure that patients are able to access specialist care for priority conditions that is joined up with local secondary care. Our strategy will ensure that these services are fully integrated into the model of care across UHT so that they can make an enhanced contribution to the services for the population of the Tees Valley and the wider region.

James Cook University Hospital holds many of these services, reflecting its status as a Major Trauma Centre and the need for co-location with other specialist services. We offer ground-breaking practices in cardiovascular surgery; specialist cancer screening and surgery and an integrated neurosciences service. These services will remain on the “acute specialist” site and will develop and grow, providing great care and enhancing the reputation of the Tees Valley as a national leader in tertiary services and increasing employment and research opportunities in these clinical teams.

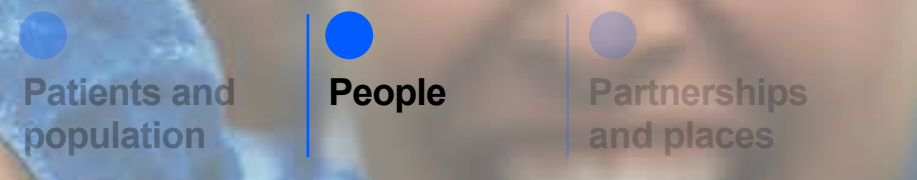


People

We will develop as a learning health organisation with a culture of continuous improvement. This will be a focus for all of our teams as a key enabler of the strategy, delivered through the rollout of a structured programme of to develop improvement capability and to link that to the execution of the strategy.

Through this work, we will empower our teams to embed their ideas and harness their energy for innovation and improvement into their day-to-day practice. This will be a core expectation for all our people – where they see the potential to improve and deliver our objectives more effectively, they can make this happen.

Our People Plan sets out how we will be an employer of choice for our existing people and potential new colleagues, developing our people through living our values and creating an outstanding experience across all teams in UHT.



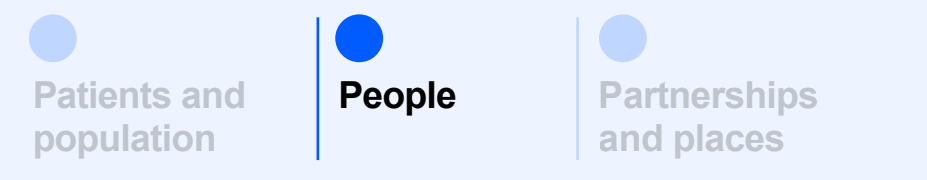
Our strategy

| Vision and values

| Strategic objectives

| Three pillars of reform

| Enablers



We want to ensure that we develop a culture of impactful continuous improvement to drive innovation in our practice, drawing on expertise across the NHS and in industry. That will mean consolidating and increasing our capability and capacity around improvement skills and making sure that resource is very clearly focused so that it can make a real difference in how we work.

We will build on the work already underway across the group to ensure consistently high quality of care for example through the systematic use of Model Hospital, Getting Right First Time and high priority clinical audits. In addition, we will adopt an attitude of curiosity and look relentlessly across the sector and beyond to find good practice that we can adapt or adopt.

Through doing this we will reform and simplify our processes, making it easier and quicker for patients to access and move through our services; and for our patients to work with different cohorts of patients across our main sites and beyond.

We recognise that our workforce is key to our success as a group. We want to ensure that we are fit for future. In addition, we want to maximise the impact of our Group model with a focus on developing the culture and collective leadership across UHT.

Our People Plan sets this out in more detail. Our aim is to make University Hospitals Tees a great place to work. We want to be an employer of choice for our existing people and potential new colleagues.



● Patients and population

● **People**

● Partnerships and places

To achieve our aim we will, together, continue our improvement journey and deliver our People Plan through four strategic enablers with measurable actions.

Our four strategic enablers for our People Plan are:

Developing for the future:

with the aim of ensuring our workforce has the knowledge, skills, values and behaviours they need to deliver compassionate, high-quality care. Delivered through developing clear career pathways, building compassionate and inclusive leadership, and providing training opportunities for all.

Culture and inclusion:

fostering a culture of respect and inclusion, and ensuring our workforce is engaged and supported. Focusing on recognising, rewarding and celebrating achievements, respecting and celebrating individuality, and living our values.

Embedding wellbeing:

making the health and wellbeing of our people a priority because we know that a healthy and happy workforce provides better patient care. Doing this well through enhancing our health and wellbeing offer, understanding our community and developing an impactful onboarding and life cycle experience for our people.

Collaborative ways of working:

further developing capability and promoting innovation through working collaboratively with colleagues. Achieving this through developing an agile workforce.

When we are working together, we need to be able to live our values, and so we have developed a Values into Action framework. We will use this framework to better work with each other and for our patients.



Partnerships and places

We will build close collaboration with our local and regional partners to deliver our shared integrated care strategies in each of the systems in which we operate.

We will develop new ambitions with each of our groups of partners in local places. We will establish focused projects and strategies with each of our local authority partners to test and deliver joint working ambitions that target community priorities in each district.

We will seek to innovate in how we work across organisations in communities and will maximise our impact as an anchor institution, agreeing focus for action across Tees Valley and beyond to leverage our role as an employer, purchaser of goods and services and partner in local communities.

We will build academic and research partnerships with university and other educational partners, seeking in particular to maximise the opportunities arising from the planned development of the Teesside University Medical School.

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We recognise that we are only part of a much wider health and care system and we are determined to work with our partners across the Tees Valley and beyond to deliver integrated services. That will of course include health partners but also VCS, academia and industry. We want that to be about much more than cooperating within an existing service model and become about re-imagining more radically how we can best serve our patients and population, for example as part of Neighbourhood Health Systems. Our joint working with partners will take place in a number of dimensions:

We will **tackle health inequalities** through working in new ways with local authorities and the Tees Valley Combined Authority to define and support the delivery of services at a community level. We want to use our joint resources together to put a joint collective focus on addressing the endemic health inequalities both within the region and relative to other areas. We will seek to ensure that community-based services are offered in a way that works for all groups in our population, with a focus on those who experience the poorest health outcomes.

We will develop the approach to **working at place with partners** and through Place Committees to make sure that UHT is having a maximal impact on joint working to make a difference to people's lives and health in local communities. This is a key mechanism to ensure we are joined up and able to make best use of our collective resources. We will work with partners across Integrated Care Boards and local authorities, mental health trust, ambulance trusts, primary care, social care providers and the voluntary and community sector to join up our place based working and ensure we are having a strong collective impact.



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With **partners in the voluntary and community sector** and through working with local Healthwatch and other organisations we will build our understanding of how well our services meet the needs of people living locally and how we might be able to develop mechanisms to improve access, experience and quality that is based around what works for those individuals and communities.

As the region’s largest employer we are an **anchor institution** and will develop and agree a longer-term plan through the Tees Valley Anchor Network that looks across our estates, workforce, procurement and partnership activity to maximise our collective positive social and economic impact on communities.

Our joint working with public sector partners and at the scale of the UHT Group gives us a **stronger collective voice**. We will use this to make the case for increased funding to come into Tees Valley with our partners, in particular for capital redevelopments. This will enable us to maximise the power of the reforms we are making and how we can make a difference as a group.

Our **academic partnerships** are critical to how we can train and attract our future workforce and create new opportunities for innovation in service delivery. Our new Board Academic Committee will oversee delivery of integrated work across education, research and innovation. We will further develop our partnerships with the Universities of Teesside, Newcastle, Sunderland, Durham, York and Hull York Medical School to deliver new educational and research opportunities ensuring strong pathways to develop our future workforce locally.



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Work in **innovation** in the delivery of care and our services also relies on strong partnerships with the commercial sector as we look to benefit from new technology. We will develop commercial opportunities that arise from staff ideas and research and innovation programmes, seeking to optimise the use of UHT facilities and increase commercial income.

Our work in **research** delivery and research development is central to how we improve patient care, develop evidence-based practice and adopt new technologies. Our aim is to ensure research opportunities are offered to all patients in all specialties and delivered across a wide range of settings by a diverse team of principal investigators from clinical and non-clinical staff groups. The benefits of research and opportunities to take part should be visible across UHT and understood by all staff. We will increase the number of chief investigators and will continue to develop Academic Research Units, with successful research funding applications, growing trust-sponsored clinical trials of national and international significance.



Enabling workstreams

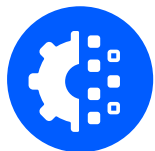
Delivering our strategy will be everyone’s responsibility. Supporting the pillars will be our key corporate strategies and our operating model, which focus our efforts on how best to enable our clinical priorities and ensure that we improve productivity and efficiency.



Quality

We will reform our clinical services so that we have a model of care which can provide consistently great care which meets patients’ needs wherever they live

This means supporting effectiveness of care by removing unwarranted variation based on clinical evidence. In addition, ensuring that the views of patients, families and carers are consistently embedded in day-to-day care by listening to what people tell us matters to them. Our group strategic plan for quality will set that out in more detail.



Digital

In line with the Government’s Ten Year Health Plan we see radical digital transformation as a fundamental building block of our future service. We will deliver new digital solutions to make it simpler to communicate, to enable different models of care and to make our operations more efficient.

This means implementing digitally enabled services providing exceptional safe, high quality care for our patients. We will ensure that the basic building blocks of digital technology are in place for our teams to use on a day to day basis, as well as exploring and enabling the very latest in technology to transform the way in which care is delivered, including using AI and precision medicine.

We will have a single view across the group of information on activity, performance, quality and outcomes for our staff, with collaboration at our core. Our digital strategy sets out the key elements of this.

Enabling workstreams



Estates

We will modernise our estate to ensure it supports high quality care, ease of access and environmental sustainability. Each of our four main hospital sites (James Cook University Hospital, University Hospital of North Tees, University Hospital of Hartlepool and the Friarage Hospital, Northallerton) has an integral role to play in our future service delivery.

This means delivering ambitious plans for improving the condition and utilisation of the estate; specifically developing plans for the University Hospital of North Tees (in view of the existing infrastructure challenges). Our Strategic Outline Case sets this out.



Productivity

We will develop more efficient and productive services through linking our improvement capacity to our cost improvement work.

This means developing a medium-term financial plan (in conjunction with the Integrated Care System), that maps out the route to financial sustainability for the Group and supports investment in clinical priorities. It also means using financial and efficiency benchmarks systematically to direct where cost can be removed while minimising clinical impact; and reviewing and aligning financial processes and system across the group to improve efficiency.



Operating model

We will ensure that our organisational structures support the delivery of our strategy.

We will establish and develop group wide governance and accountability arrangements supporting clinical service units across the group to be able to make the changes outlined in this strategy.

This means that it is essential that we have an operating model and leadership structure that joins together services across UHT to support our strategy.

Turning into action and achieving benefits

Turning into action and achieving benefits

Every year we will agree a programme of work to implement our strategy. This will set out a series of changes that represent the progress we want to make in establishing new ways of working and successful implementation within our strategic pillars.

Each of our clinical service units and our cross-cutting workstream leads across the group will be responsible and accountable for owning their contribution to making the changes that this strategy outlines and making progress against the objectives.

We need to know whether those changes are having a measurable impact for our patients and population. So we need to manage and assess both:

Inputs and processes: how well we execute the ambition that this strategy outlines in making changes to service models, ways of working, behaviours and the way in which clinical care is organised and delivered; and

Outputs and outcomes: the extent to which those service changes are resulting in a greater and more sustainable ability to deliver services well in the future and to translate that into better care outcomes.

We will therefore track a basket of measures throughout the life of the strategy and will assess the extent to which our new service models and changed ways of working have been effective in achieving those outcomes and in improving against those measures.

We already report on a wide range of group-wide metrics on a monthly basis through our Integrated Performance Report and have selected a subset of those metrics to form our initial measures.

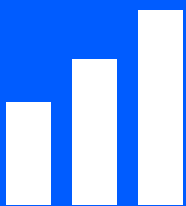
The measures below are not designed to be a comprehensive statement of our activity. They are focused on where we believe we can make a difference through working together as a group and we have chosen each of them to provide an objective basis on which to assess the real impact of our strategic changes on individuals.

Our Strategy Programme Board will therefore monitor both:

Progress in delivering the planned changes: the implementation of actions to deliver the new ways of working outlined in this strategy. This will include assurance over progress on the development of plans by clinical service units and workstream leads, and progress on the execution of those plans. This will primarily consider short to medium term (at least quarterly) progress on delivery.

The extent to which the changes in the plans are delivering the intended outcomes and benefits to patient care and the difference this is making to health outcomes in our population. This will primarily consider long term (at least yearly) progress on health and healthcare outcomes.

Key outcome metrics against our three strategic pillars are:



Patients and populations:

our work to reform our clinical services so that we develop new models of care across the UHT footprint that meet the needs of patients and address population health priorities:

Short to medium term inputs and processes

Changes

Increase community services towards 500 hospital at home beds

Increase proportion of activity in the surgical hubs at Northallerton and Hartlepool

Move towards horizontally integrated services and greater sub-specialisation on main sites

Long term outputs and outcomes

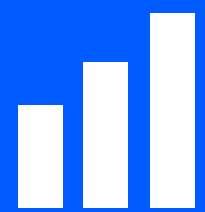
Measures

- Patient experience rating
- Community services 2 hour urgent response standard

- Referral to treatment time
- Elective waiting list time

- Average length of stay
- Reduction in hospital-acquired infection rates
- Group level cancer 62 day standard

Key outcome metrics against our three strategic pillars are:



People

embedding a culture of continuous improvement and ensuring that we are a learning health organisation. Making University Hospitals Tees an employer of choice for our existing people and potential new colleagues. Developing our people through living our values and creating an outstanding experience across all teams in UHT.

Short to medium term inputs and processes

Changes

Embed continuous improvement approach throughout the group leading to operational improvement

Implement UHT People Plan



Long term outputs and outcomes

Measures

- Theatre utilisation
- Staff survey engagement measure
- Staff turnover



Partnerships and places

building our close collaboration with all of our partners to deliver our shared integrated care strategy and developing ambitions in local places. Seeking to innovate in how we work across organisations in communities and maximising our impact as an anchor institution.

Short to medium term inputs and processes

Changes

Shared plans developed with partners to address health inequalities issues

Delivering anchor ambitions with partners



Long term outputs and outcomes

Measures

- Elective recovery wait list by deprivation
- Partnership measures including unemployment rates in target populations, staff health and wellbeing, workforce diversity