

UHT Strategy Update

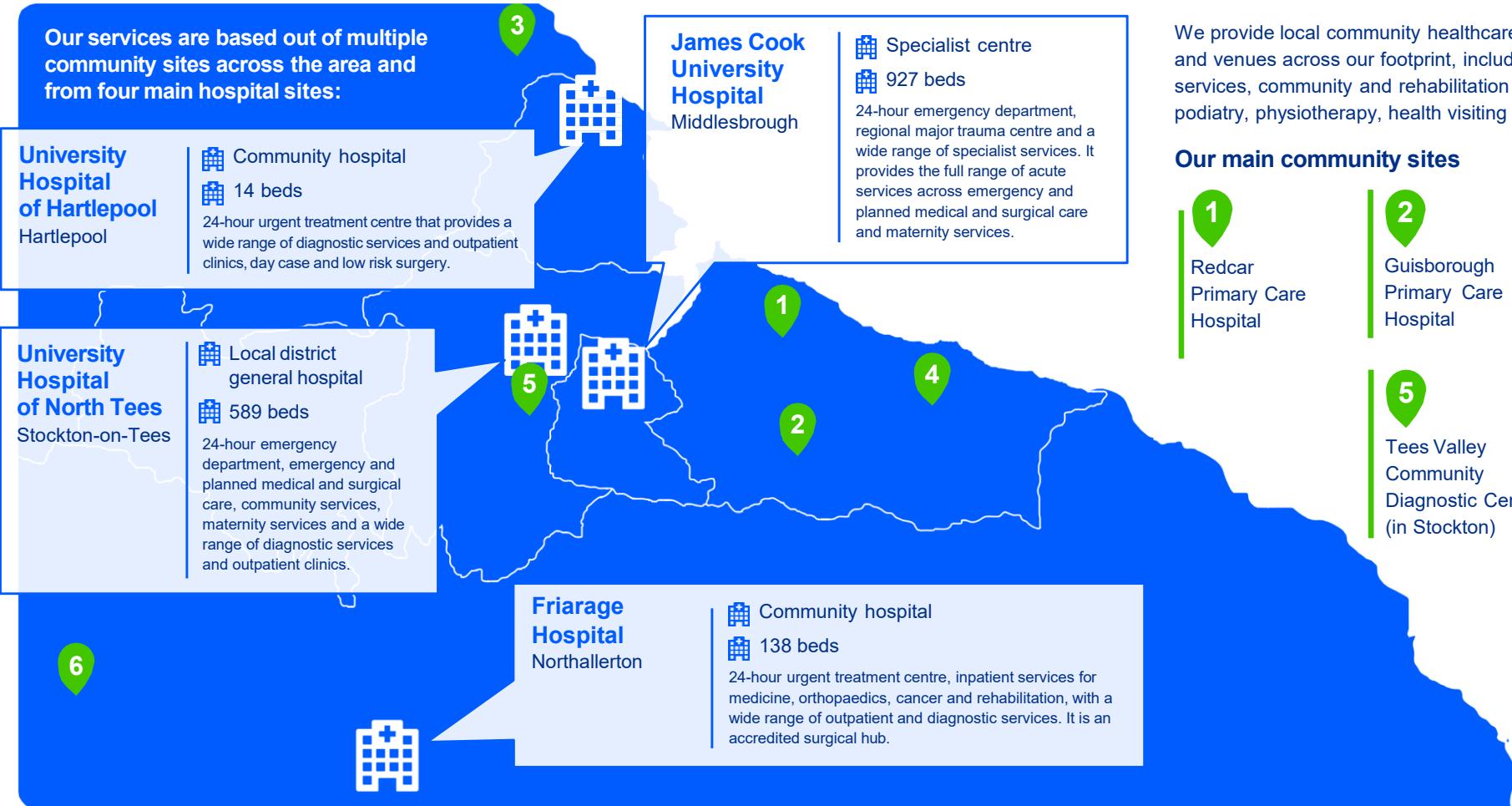
Audit and Governance Committee
27 January 2026

Matt Neligan Deputy CEO
James Bromiley AD Group Development

Overview / Introduction

- We are committed to ongoing updates through local scrutiny committees across Tees Valley as part of our engagement plan
- In January 2025 and December 2025 we updated the Joint Tees Valley Scrutiny Committee on the development of the UHT group and our clinical strategy
- We offered further conversations with local scrutiny committees and wider conversations with councillors to explore in more depth
- We will cover the UHT strategy and the potential ideas for reconfiguring our services with a focus around the University Hospital of Hartlepool (UHH)
- Our ongoing engagement with local authority officers and Members is vital in ensuring proper process and engagement with our population and forms part of our full engagement plan

Our group services



We provide local community healthcare services in a number 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 sites

- | | | | |
|---|---|---|---|
| 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) | +
a number of other community locations | |

Our services are commissioned by two Integrated Care Boards (ICB) – 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).

Our Hartlepool Hospital

Our Hartlepool site plays a strategic role as a health care provider to our population as part of the wider UHT organisation.

- Provides local access to residents to diagnostic and planned care (outpatient and some surgical procedures).
- Provides an important alternative to acute hospital care with an integrated Urgent Treatment Centre avoiding the need for residents with minor injuries to attend acute sites.
- Supports integrated community services by housing outreach teams such as heart failure and respiratory.

Core services include:

- Integrated urgent treatment centre (UTC)
- Diagnostics services as CT scanners, MRI, Ultrasound etc.
- 22-rehabilitation beds (Holdforth Unit)
- A GIRFT-accredited Surgical Hub for planned elective surgery.
- Rowan birthing suite.
- State of the art Health & Social Care Academy.

Our UHT strategic plans for Hartlepool include delivering 6-day provision for our Surgical Hub.



Rationale for service change

- The need for fundamental change in services for Tees Valley and surrounding areas has been acknowledged by several system-led reviews spanning over 20 years
- We now need to take urgent action to ensure the sustainability of services for our population and address major issues:

Some of our key services have long-standing issues with resilience in staffing

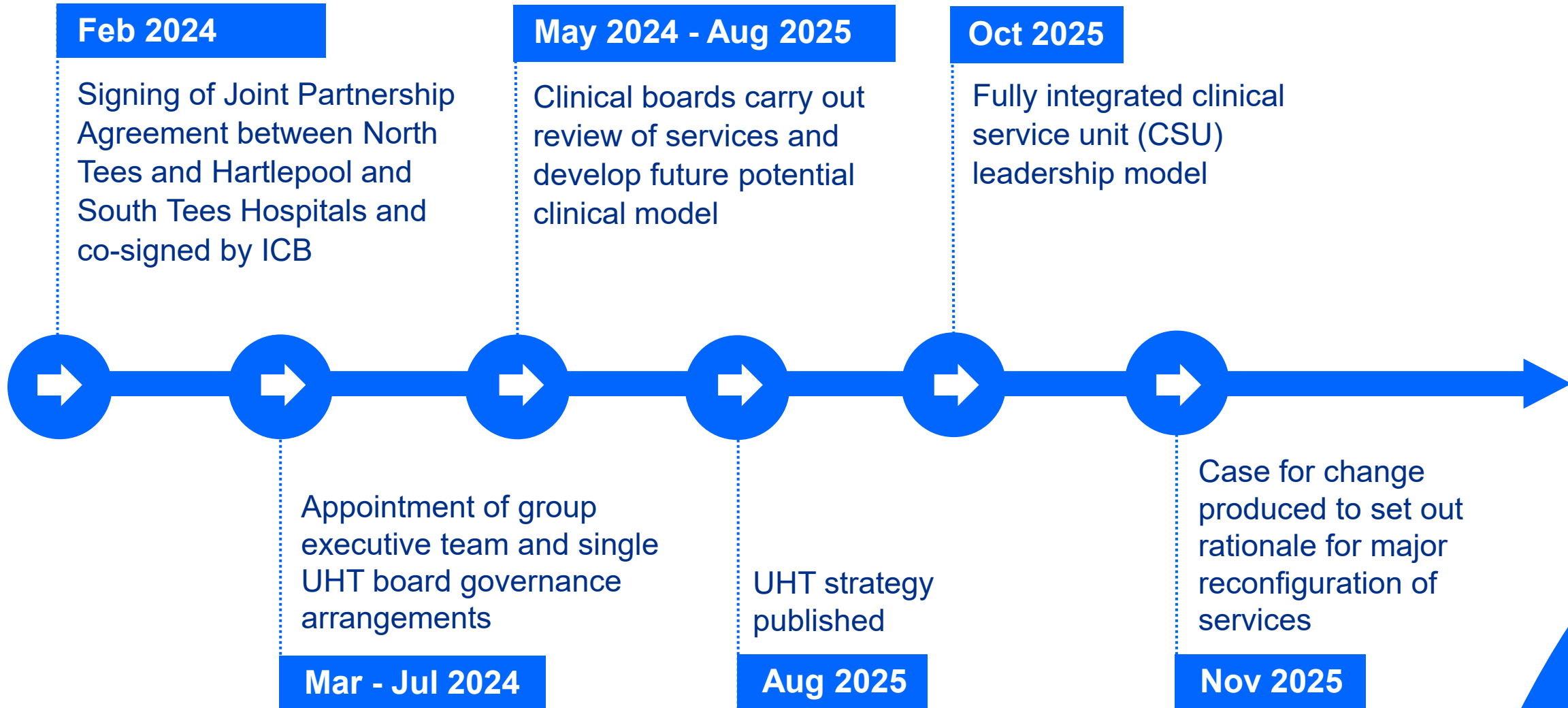
Our population is ageing and that brings additional and different demands eg a need for greater focus on frailty and care closer to home

Parts of our estate, particularly at University Hospital North Tees, are beyond their economic life

We need to move to a different model to deliver a step change in efficiency and productivity



Our journey so far....



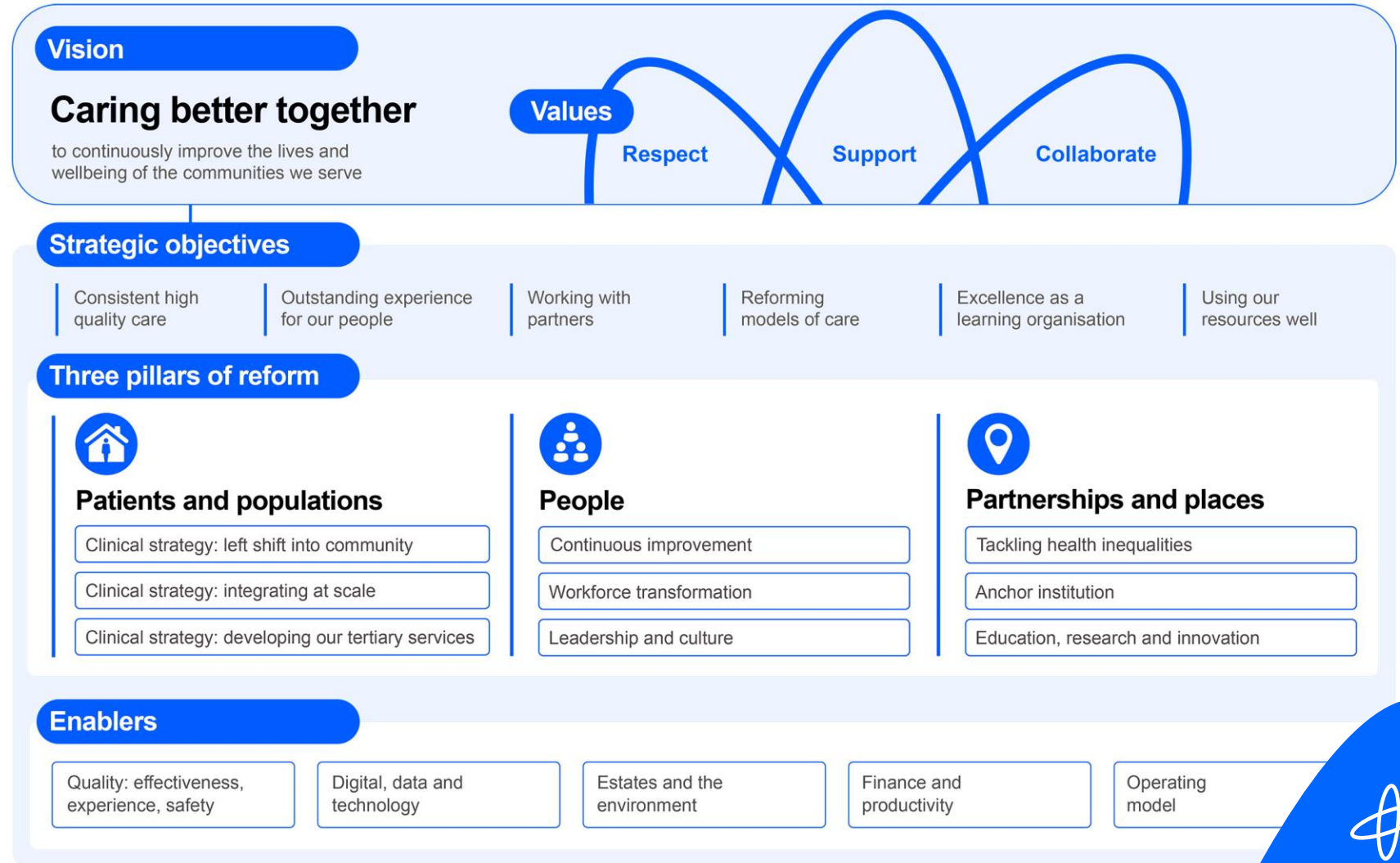
Our strategy

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



Three pillars of reform

To make progress against our strategic objectives we need to transform how we work. Our 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.

Developing clinical proposals

- Our clinical reforms are the core of our overall strategy – it is the reason we have come together as a group to transform healthcare for the population we serve.
- Our five clinical boards (formed in 2024), comprising senior professionals across both North Tees and South Tees trusts, developed initial proposals as a first step to designing the optimal model of healthcare for our area. 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

carried out study visits to other NHS providers to look at the best configuration of services within our group

Potential clinical changes

Community Services

- Develop community services to deliver left shift through Neighbourhood Health Systems with partners
- Expansion in Hospital at Home to equivalent of 500 beds
- Consistent service offer across all places with centres of excellence in both stroke rehab and neuro rehab

Women's and children's services

- Develop children's and young people's Hospital at Home offer
- Consider single service for complex obstetric and neonatal care
- Consider consolidation of children's and young people's services to develop specialist Children's Hospital

Urgent and emergency care

- Maintain two emergency departments at UHNT and JCUH; and Major Trauma Centre at JCUH
- Develop consistent, equitable urgent treatment centre (UTC) model across the places
- Review and develop critical care to support future service changes in other services

Potential clinical changes

Medicine

- Consider specialist services at JCUH: stroke, haematology, cardiology, neurology
- Consider further consolidation of services at UHNT in general medicine, gastroenterology, endocrine & diabetic medicine, chest medicine and elderly medicine

Surgery and anaesthetics

- Maximise activity through elective hubs in Hartlepool and Northallerton in all specialities
- Consider specialist services at JCUH: neuro, cardiac, thoracic, vascular, gyno-oncology, ophthalmology, urology, spinal, non-ambulatory trauma, paediatrics
- Consider consolidation of services at UHNT in general surgery to decompress JCUH

Tertiary and specialist

- Maintain and further develop Major Trauma Centre status at JCUH with interdependent services such as specialist surgery
- Extend Cancer Institute specialist surgery and non-surgery services and radiotherapy for regional population
- Orthogeriatrics centralised alongside community rehabilitation to provide specialist support

Phases of the potential clinical model

Our potential future changes are in three broad phases:

1 Phase 1 (2025-2026):

'Testing and learning from early integration'

- Expansion of services in the community towards the ambition of 500 hospital at home beds so that patients can get their care at home if it is right to do so.
- Offer more planned care through our two elective hubs. This will contribute to lower waiting lists and a reduction in cancellations for patients; and will free up space in our acute hospital sites.
- Deliver consistent care across the Group by beginning the horizontal integration of key services

2 Phase 2 (2026-2030):

'Consistent high quality services across the group'

- Complete the process of joining up our teams and clinical services for patients.
- Spread the learning from the early horizontal integration pilots and apply this across our full portfolio of services.

3 Phase 3 (2030 onwards):

'Reforming our services for our next generation'

- Move towards having an “acute specialist hospital” and an “acute general hospital” while also making full use of our community-facing sites and reforming the model to continue to expand services in the community
- Each of our main acute hospitals will retain a range of services but is also able to focus in on providing some key specialisms on behalf of our whole population.

Estates is a key interdependency

- UHT estate especially at University Hospital North Tees has significant backlog maintenance issues and it is uneconomic to continue to fund this in the long-term
- We therefore need to rebuild or replace a substantial part of the site and want to use this opportunity to develop a hospital estate which meets the needs of the next generation
- Making best use of our estate is key and this includes our Hartlepool site to maximise its potential for delivering safe services for our local population
- Our strategy includes key ambitions for achieving this. For our acute sites - we have modelled some broad scenarios on which there are a number of variations:

Redevelopment of existing sites

Centralisation of some services on each site (but maintaining 2 EDs)

A full rebuild on a single site

Engagement and Process

Process

- There is national guidance which sets out the process we need to follow to consider a major service change. This has 3 phases:

A case for change setting out why change is needed (this builds on several system-led reviews which have said the current services are not sustainable for the future) – **this is our current stage**

A pre-consultation business case which builds up options of how that change could be delivered for the next generation

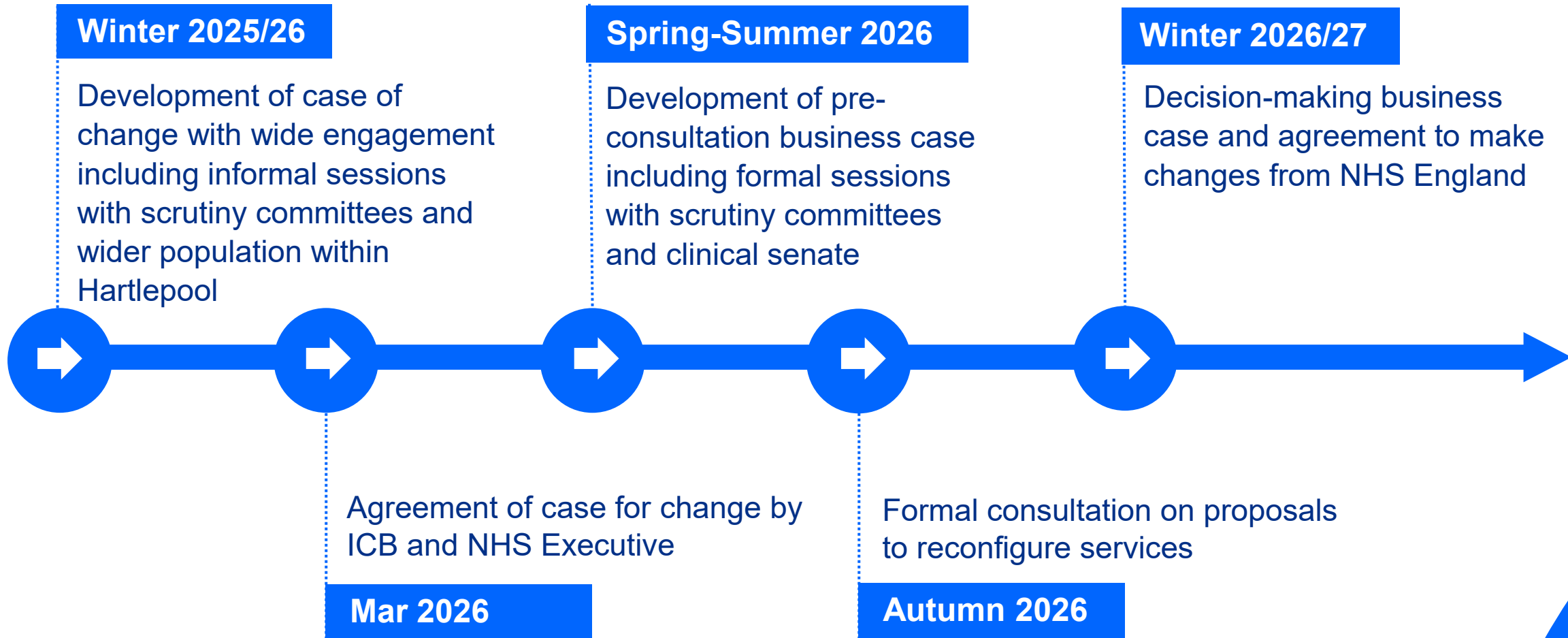
A decision-making business case which sets out the final proposal

- Given the interdependency with estates, we have developed a Strategic Outline Case for funding and we will follow this process in parallel
- We know this is a major transformation and will take time, but we want to drive delivery so that we can bring about the benefits for our Hartlepool population to support the council's priority in making **Hartlepool a place to live healthier, safe and independent lives.**

Engagement

- We have already undertaken a large amount of engagement on our strategy with the public (via Healthwatch); staff and partners, including local authorities – over 2,000 attendees at events since July 2024
- Our robust engagement plan sets out details of early and ongoing engagement with external and internal stakeholders and partner organisations including at Health and Wellbeing Boards and scrutiny committees
- Feedback from the ICB has reinforced the need for full engagement with local authority officers and members as a core part of our plan.
- We want to go beyond what is required and to use our engagement to find out in an open and transparent way what really matters to people - not just now but for the future and to build services around that. Members are crucial to our understanding in this.
- As part of the major service change process we are committed to extensive formal consultation on specific proposals where that is required, including with local authorities as statutory consultees.

Engagement timeline



Questions for discussion

- Do you have any feedback on our early ideas for strategic changes to clinical services?
- Does our high level timetable for engagement look appropriate?
- Our work with Healthwatch suggests **most** people would be willing to travel further to be seen quicker by a specialist. We are investigating whether there are clinical benefits of consolidating some services and will carry out detailed travel time analysis as part of that work. In addition to this, what other specific factors should we consider for our Hartlepool communities?
- How do we ensure Hartlepool members and communities are involved on an ongoing basis and how should we involve people more widely?

Thank you

Audit and Governance Committee
27 January 2026



Caring
Better
Together