



CANDIDATE PACK

Group Non-Executive Director



Welcome from the Group Chair

Thank you for your interest in these exciting Non-Executive Director roles for our University Hospital Tees (UHT) Group. We provide acute and community services to over 700,000 people across the Tees Valley, parts of North Yorkshire and County Durham and deliver tertiary and specialised services to over 1.85 million people across the wider regional footprint.

Our services are delivered from four main hospital sites and community settings spanning Stockton, Hartlepool, Middlesbrough, Redcar and Cleveland and Hambleton and Richmondshire.

We have an annual budget of circa £1.4 billion and are the area's largest employer with 14,700 staff.

Following many year of joint working, UHT was established between South Tees Hospitals NHS Foundation Trust and North Tees and Hartlepool NHS Foundation Trust to enable greater collaboration and partnership.

We have high ambitions and are committed to delivering more together for the populations we serve.

By forming UHT, we can deliver better outcomes for:

- Our patients, by ensuring equal access to treatment and sharing best practice on how to deliver care.
- Our staff, by enabling them to work across all of our sites more easily and develop career opportunities.
- The wider population we serve, by collaborating to work on endemic health issues and having a coherent voice to represent the people of the Tees Valley and parts of North Yorkshire and County Durham.

If you would like to have a confidential discussion and hear more about this opportunity, please contact Jackie White, Head of Corporate Governance/Company Secretary by email: Jackie.white@nhs.net

We look forward to hearing from you.

Professor Derek Bell
Group Chair



Our Group

This is an exciting and complex programme of change to deliver more together and develop clinical services that reflect the best use of resources. Whilst our two trusts will remain as individual organisations, operating as a group enables us to work at scale.

We are committed to improving the health and well-being of the communities we serve. In order to deliver our strategic aims and objectives, we have recently launched our UHT Strategy. Within the populations we serve, there are high levels of health inequalities and deprivation.

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: the system health challenge



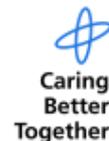
Hartlepool: life expectancy in bottom quartile nationally: 6.6 years lower than the highest for females (79.9 vs 86.5) and 5.8 years lower than the highest for males (76.7 vs 82.5)

Middlesbrough: lowest percentage of people in employment in England (61.6% of those aged 16-64)

Redcar and Cleveland: under 18 conception rate more than double that across England (27.3/1000 vs 13.1/1000)

Stockton-on-Tees: largest inequality in life expectancy at birth for females of all LAs in England (13.9 years) and second largest inequality for males (14.5 years)

North Yorkshire: low rates of dementia and diabetes diagnosis compared to expected levels



Our Services

- UHT is the largest employer in the Tees Valley with 14,700 staff and a budget of £1.4bn per year.
- UHT was 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), 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:
- The **University Hospital of North Tees** in Stockton-On-Tees is a small local district general hospital with 563 beds. 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** in Middlesbrough is a medium-sized specialist centre with 1,024 beds 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.
- The **Friarage Hospital Northallerton** is a community hospital with 200 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 is an accredited surgical hub.
- 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 is an accredited surgical hub.

- 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 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.
- 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, and a wide variety of third sector partners working in local communities.



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 reflect a shared and collective ambition for how we want to work across our teams.

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

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

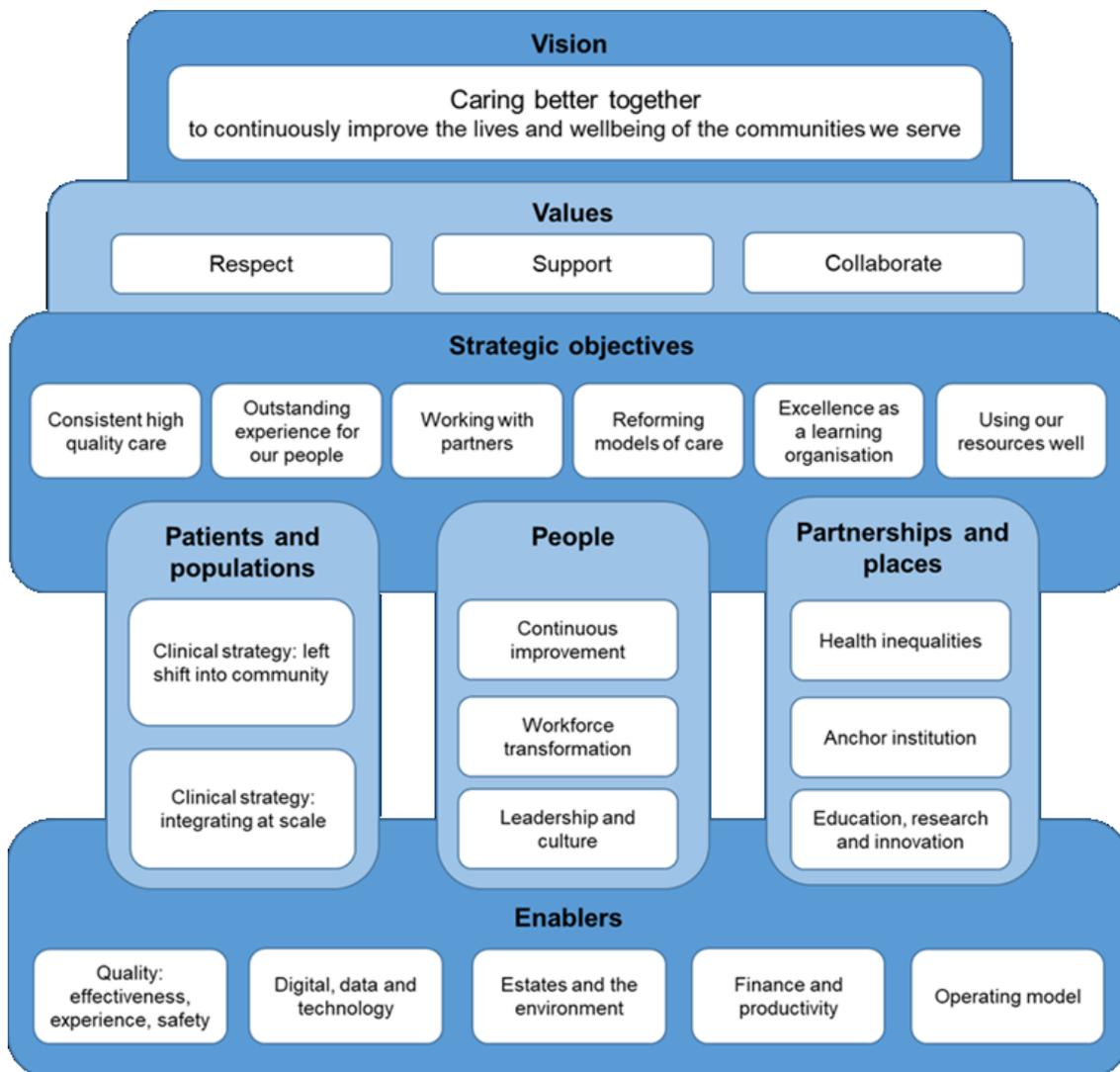
Developing excellence as a learning organisation through our work in research, education, improvement and innovation

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

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

Our Strategy: Caring Better Together

- 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 UHT 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' and a series of enabling strategies.

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.

Patients and populations

Clinical strategy: timescales and ambition

Phase	Timescale	Description
Phase 1 (Model A)	1 year; up to 2026	<p>Left shift into the community: developing community services with partners as an integrated part of neighbourhood health services with proactive care coordinated through a Tees Valley Care Coordination centre. Moving activity to hospital at home and community settings where possible.</p> <p>Horizontal integration in six pilot areas across the Group to create single teams and a consistent offer to patients in:</p> <ul style="list-style-type: none"> • Reproductive Medicine • Urology and General Surgery • Stroke • Cardiology • Urgent Care • Community services
Phase 2 (Model A)	2-5 years; up to 2030	Completing horizontal integration across all services in 2-3 years with further transformation of care models in the existing estate to prepare for model B within 5 years.
Phase 3 (Model B)	Beyond 2030	Positioning one site as the acute general hospital and another site as an acute specialist hospital while completing the relocation of services.



People: embedding a culture of continuous improvement and ensuring that we are a learning health organisation. Making UHT 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.

People

Embedding continuous improvement

Creating a new framework for improvement that engages all our people in identifying improvements in care and that gives the support to embed changes at every level. Developing business case to engage strategic partner to embed improvement approach that links strategy deployment, operational management system and front line continuous quality improvement.

Delivering our People Plan

Creating an outstanding experience for our people through workforce development (leadership, careers and training), culture and inclusion, embedding wellbeing and developing collaborative ways of working.



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.

Partnerships and places

Developing shared ambitions for our population

We will have a bigger impact on people's lives by working together with our partners to make best use of our collective resources. We want to be an organisation that naturally looks outward into communities with our partners. We are agreeing with our five main local authority partners and primary care leaders a small number of high impact areas to test joint working in neighbourhoods.



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:

Enabling workstreams

Quality

Including removing unwarranted variation based on clinical evidence, embedding patient experience into the design and delivery of services.

Digital

Placing technology at the centre of how we deliver great care, with new digital solutions to make it simpler to communicate, to enable different models of care and to make services more efficient.

Estates

Modernising our estate to ensure it supports high quality care, ease of access and environmental sustainability including the critical plans for the UNHT site

Productivity

Developing more efficient and productive services through linking our improvement capacity to our cost improvement work, targeting opportunities identified through financial and efficiency benchmarking and delivering against the medium term financial plan.

Operating model

Building our group-wide governance and accountability arrangements to support clinical service units to be able to deliver the ambitions in the strategy.



Caring Better Together

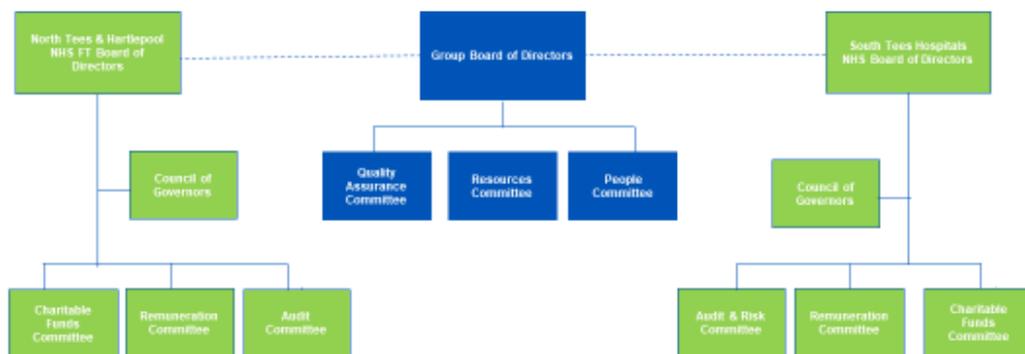
Our Structure

In April 2024, the Group Board of UHT was formally established, to realise the strategic intent of both organisations to secure the future of high quality, safe and sustainable healthcare across the population of the Tees Valley and North Yorkshire.

A Partnership Agreement between both trusts, NHS England and North East and North Cumbria Integrated Care Board (NENC ICB) was signed in February 2024 forming the basis of being able to operate as a group model. Terms of reference were drafted setting out the functions that could be jointly exercised by the Group Board, those that could be delegated and those that must remain at unitary Board level.

The Non-Executive Directors of each trust, the Chair and members of the Executive Team both voting and non-voting were appointed into group roles during 2024. To support the work of the Group Board, a number of the key committees were constituted as Group Committees during 2024 to collectively scrutinise performance and gain assurance across both trusts. These included the Quality Assurance Committee, People Committee and Resources Committee. It is a statutory requirement for each trust to have a singular Audit Committee and Remuneration Committee, however, there are plans to hold more meetings 'in common'. In time, a single chair will be appointed for both Audit Committees.

Group Governance

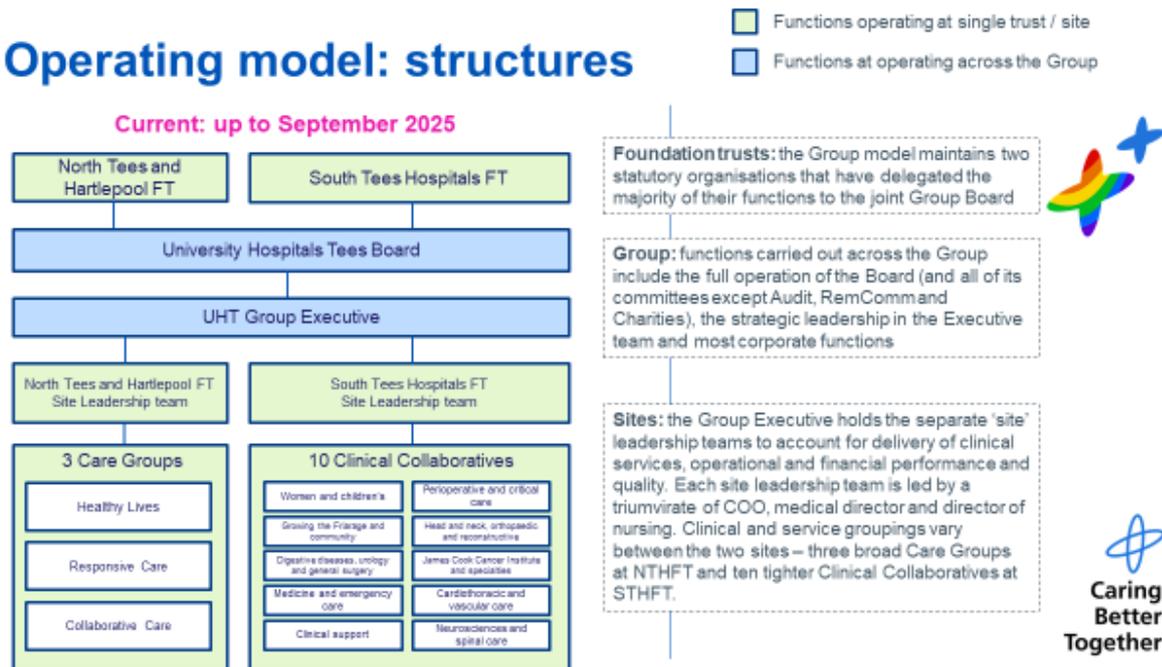


Key - - - - Denotes delegation from the Statutory Boards to the Group Board
 Blue box – Group arrangements
 Green box – statutory Board / CIC



The current operating model is set out below:

Operating model: structures



- We will ensure that our organisational structure supports the delivery of our strategy.
- 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 to maximise the benefits of delivering clinical services at scale, including 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 establish group wide governance and accountability arrangements supporting clinical business units across the organisation to be able to make the changes outlined in the UHT Strategy.
- This means that it is essential that we have an operating model and leadership structure that joins services across UHT to support our strategy.

Our Board of Directors

The Group Board currently comprises seven voting Executive Directors, including a Group Chief Executive and ten Non-Executive Directors inclusive of the Group Chair. A succession plan continues to develop to review both the size of the Board and the balance of skills and experience necessary to achieve the ambition of UHT.

Non-Executive Directors

Group non-executive directors



Prof Derek Bell OBE
Joint Chair



Ali Wilson
Vice group chair
Non-executive director



Ann Baxter
Vice group chair
Non-executive director



David Redpath
Resources committee chair
Non-executive director



Fay Scullion
Quality committee chair
Non-executive director



Ada Burns
Senior independent director
Non-executive director



Mark Dias
People committee chair
Non-executive director



Miriam Davidson
Non-executive director



Alison Fellows
Non-executive director



Ken Redshaw
Non-executive director



Chris Day
Non-executive director



Leadership team

Group executive directors



Stacey Hunter
Group chief executive



Dr Mike Stewart
Group chief medical officer



Emma Nunez
Group chief nursing officer



Matt Neligan
Group chief strategy officer and deputy CEO



Neil Atkinson
Group managing director



Rachael Metcalf
Group chief people officer



Chris Hand
Group chief finance officer

Group directors



Ken Anderson
Group chief information and technology officer



Ruth Dalton
Group director of communications



Steve Taylor
Group director of estates



Jackie White
Head of governance and company secretary



Stuart Irvine
Director of risk, assurance and compliance

Site leadership team ST



Sam Peate
Chief operating officer



Lindsay Garcia
Director of nursing



David Reaich
Medical director



Diane Monkhouse
Medical director

Site leadership team NTH



Rowena Dean
Chief operating officer



Beth Swanson
Director of nursing



Deepak Dwarakanath
Medical director





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