



Caring, Improving and
Learning Together | 2026 - 2031



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Introduction

Roseville Hospital is one of the largest and largest NHS hospital trusts in the country. We have around 14,000 staff and we see over 6,000 patients every day.

We have a strong and proud history of providing high quality sustainable care, clinical excellence, research and innovation.

We are a major specialist hospital providing treatment to patients across the North East and nationally, and the local district general hospital and provider of many community services.

We take our responsibilities towards our local population very seriously. As the largest employer in the city with a budget of around £1.8bn, we want to play our role in supporting our economy and improving the physical health of our residents.

Our ambition is to be an organisation that people are proud to be part of, trust for their care, and value as a partner in improving health outcomes.

Over recent years, we have been on a significant improvement journey and have taken clear steps to strengthen leadership, governance and improve our culture to support safety, more consistent care and a better experience for patients and colleagues. We know there is more to do and that is reflected in this strategy.

Our work is supported by a strong clinical research programme, extensive clinical teaching and competence professional development opportunities. We play an important role in training and developing the NHS workforce of the future and are not for a fat and compassionate employer with a just and learning culture.

Together with our neighbouring trusts - Northumbria, Gateshead and North Cumbria - we are committed to working as part of the Great North Healthcare Alliance to improve patient care and experience and tackle the challenges which the NHS faces.

We have

16000
staff



More than

6500
patients seen
every day



Our budget is

£1.8bn



Our hospitals and services



Neighbourhood care for Newcastle

Community-based services to help patients remain independent and manage conditions at home



Hospital care for the city

Expert hospital care, delivered locally, for illness and injury



Care for our region

Services for the wider North East population, some of which are highly specialised



National care

One of very few trusts providing highly specialised national services

Our clinically led way of working

Leadership for our clinical services is structured and organised through clinical boards.

Each clinical board has responsibility for strategy, performance, workforce and finance in their area. Each one is made up of a range of clinicians covering clinical specialities and sub-specialities.

They are led by a tripartite leadership team comprising of a clinical board chair, a director of operations and a head of nursing.

Our clinical services are supported by a range of corporate teams including performance management, governance and information support, digital services, finance and the people team.



Developing our strategy



Our patients and colleagues are at the heart of our organisation.

To develop our new strategy, vision and values, we actively sought the views of colleagues, listened to what patients have told us about their care, and spoke with partners in our region and across the country.

We have only been able to develop this strategy because of the support and honesty of our staff, patients and partners. We are very grateful to have heard from so many people with different experiences, ideas and skills. Their input has helped us to create and strengthen our new five-year strategy.

We also considered the national position of the NHS in the light of the 10-year plan, focusing on three major shifts:

moving from analogue to digital

moving from hospital-based care to more community care

moving from treating illness to preventing it

We know that radical reform will be required to deliver our ambitions and ensure the service is fit for the future. We have considered the impact of ongoing first changes (including the roles and responsibilities of NHS England and Integrated Care Boards).

As an organisation we have been on an improvement journey since our Care Quality Commission report in January 2020. We have fundamentally changed the way we operate and embarked on an extensive and robust programme to strengthen our leadership and governance. This has been reviewed and assessed by an external 'Fit for Life' review in 2021 using the NHS Developmental Model framework.

The review identified that substantial progress has been made and outlined the following themes as areas for further development:

Culture, line management and psychological safety

Strategy

Governance, management and performance

Leadership

Listening to patients and the public

After several very difficult years for the NHS following the COVID-19 pandemic, the British Social Attitudes survey published in March 2020 shows that public confidence in the NHS overall has begun to recover.

We are fortunate to have an established patient experience programme which focuses directly and in detail from over 1,000 patients each month. It gives us important insights into how patients experience our hospitals and the care we provide - both what we do well and where we need to improve. We use this information to measure how our ongoing improvements are making a positive impact and, alongside our engagement forums, it will help us to refine our strategic plans, improve patient care and patient experience.

Listening to colleagues

Our strategy will provide the roadmap for our future, so it's particularly important that our colleagues see it as something they helped to create and influence. We have visited staff forums, wards and departments to find out what matters most to our people and, also undertake an online survey. Through this work, we found from around 2,000 members of staff:

We also considered the results of our staff surveys from 2018 and 2019, and the results from our patient surveys. This data gave us consistent, strong themes about how it felt to work here and where we need to improve.

A steering group of colleagues from different parts of the organisation helped us evaluate this feedback, develop strategic priorities and consider the actions needed to achieve them. We then worked with our clinical boards, the executive team, Council of Governors and Board of Directors to agree the final priorities.

Our new strategy aims to reflect the kind of organisation our staff say they would be proud to work for - where patient care is our top priority and where staff are trusted and fulfilled and are happy to recommend the trust as a place to work.



Working with stakeholders

Through an independent partner, we invited key external stakeholders to take part in interviews to help shape our strategy. We asked them how our strategic plans could strengthen partnerships across the region and support our role as a national leader.

Our partners see us as a large and influential organisation with a responsibility to work closely and respectfully with others. They asked us to listen more, be clearer about our purposes and our performance, and design solutions in partnership with other local organisations.

This feedback has already shaped our strategy. It has strengthened our focus on creating more joined-up areas, being open, learning together and sharing responsibility.



Our vision and values



Our vision and values

As we developed our new strategy, colleagues told us that our previous vision and values no longer reflected who we are.

They told that we needed a clear shared purpose and a set of values that better fit modern healthcare, the expectations of patients and colleagues, and the new issues more community based and joined up care.

Our vision and values will help guide decisions and support positive behaviours and outcomes, as we work to deliver long-term improvement across our services.

Our vision and purpose

To deliver excellent, compassionate and innovative healthcare, education and research.

Our values

Kind

We treat everyone with compassion and understanding. Every interaction with patients, colleagues, partners, and our community is grounded in empathy and care. We look out for one another and offer support when it's needed. We show kindness in how we care for our environment.



Respectful

We treat people fairly, and with dignity at all times. We create an environment where everyone feels safe, welcomed and able to speak up. We challenge inappropriate behaviour and do not tolerate discrimination, bullying or harassment.



Inclusive Team

We are stronger when we work together. We value the different backgrounds, identities, experiences and perspectives people bring, and we work collaboratively across teams, services and systems to achieve better outcomes for the people and communities we serve.



Our ambition

To be an organisation that people are proud to be part of, trust for their care and value as a partner in improving health outcomes.

Strategic diagnosis

This section of the strategy sets out the challenges we currently face and provides context for us to move forwards.



Growing demand and complexity of need

Nottingham Hospitals is a large and complex organisation where we care for many groups of people, including local communities in Nottingham and patients from across the region and beyond who need specialist and highly specialised care. We face many diverse services, partners and competing operational pressures.

We know that our patients' needs are becoming more complex and that expectations for personalised, seamless care are growing.

People with several long term health conditions make up 15% of the population but use almost 60% of hospital resources. Dementia affects just over 1% of people and accounts for 10% of acute care costs, which often don't effectively support these patients.

In Nottingham, the number of people aged 65 and over is expected to grow by 38% in the next 18 years. If we do not change how we provide care, we will need 500 to 600 extra beds to accommodate this demand. Our current model of care is not sustainable.

Evidence shows that people with multiple long term conditions benefit most from early intervention and prevention, so that their needs don't become very complex. It is much better to support people earlier and across whole populations, than to wait until more urgent care is needed. Many of our citizens are living with several long term conditions that need joined up, person centred, multidisciplinary care.

Primary care, public health and community services are important partners in preventing and managing long term conditions. They are also under pressure, and this limits the whole system's ability to intervene earlier. This is a major challenge that will get communities to act together across the whole health and social care system.



Fragmented care pathways and services

Many of our services developed by the people who access them, rather than by a full understanding of who in our communities most need – and would benefit most from – that support. This demand-led way of working can contribute to widening inequalities and missed opportunities to prevent illness.

This is not about individual choices; it is about how our care pathways are designed. Too often, care is provided after problems have already developed rather than preventing them earlier. As a result, demand continues to grow each year, without the improvements in population health that we want to see for our communities.

Patients tell us that their care can feel disjointed, with duplication and delays. Too many people are admitted to hospital when care closer to home could work better for them. Outpatient services are often inefficient, with backlogs, delays and appointments that are not always necessary. Digital tools do not always work well together, limiting our ability to share information effectively or fully understand patients' needs and circumstances.

While our services are designed to provide excellent care to the patient in front of us, they are not always set up to support people whose needs span multiple conditions, specialties and parts of the health and care system.

As a result, patients often move through several separate pathways rather than experiencing one coordinated journey based on their goals and needs. Staff are frequently required to work around the system, rather than being supported by it. Although our teams deliver high quality care, we do not always measure the outcomes that matter most to patients or fully understand the value each service provides, making it hard to recognise the difference between normal clinical variation and variation caused by isolated pathways, different ways of working or poor use of resources.

Through our real time and right time patient experience programme, patients consistently tell us they feel cared for with kindness and compassion while they are with us. However, many say they do not feel adequately supported once they leave our care.

This model focused largely on single episodes of care, does not meet the needs of a growing number of people who require ongoing, coordinated and proactive support. It is also costly, both financially and environmentally. Fragmented and reactive care creates waste, duplication and rising demand, and means that staff working across different parts of the system are not always well connected.

Achieving a consistent culture for our colleagues

People want to feel proud of the organisation they work for, to have clear communication, and to work in a supportive environment where they feel safe and trusted to do their job.

Recent feedback through staff surveys and other routes makes it clear that our culture has not always consistently supported staff to feel valued and confident to speak up. There have been concerns about a lack of clarity, inconsistent behaviours, and a lack of psychological safety in some parts of the organisation which can lead to concerns being raised late or not at all, learning being lost, and opportunities to improve patient care being missed.

In a complex, high-pressure clinical environment, this creates risk for patients, undermines staff wellbeing and morale, trust, sustained operational pressure, the intensity of workload and exposure to distressing situations have also taken a cumulative toll on colleagues' wellbeing. Staff feedback highlights that many teams are working at or beyond their limits for prolonged periods, increasing the risk of burnout, sickness absence and attrition.

While their commitment and professionalism remain strong, there is limited headroom for recovery, learning and improvement. If not addressed, this reduces our capacity to deliver change, maintain resilience across the organisation and thereby affects the experience of both patients and staff.

A just and learning culture is a critical requirement. It enables openness, fairness and learning, supports compassionate leadership, and creates the conditions in which our people can live our values and do the right thing for patients and each other, every day. We have worked hard to make improvements, but there is much more to do to ensure consistent and established good practice.



Health inequalities, racism and discrimination

Our population in the North east has a lower life expectancy and a lower healthy life expectancy than the England average. The gap in life expectancy between the most and least deprived areas is foreseeable if getting bigger.

Our health inequalities strategic delivery plan sets out the steps we will take in six priority areas:

- Prevention
- Maternity
- Babies, children and young people
- Elderly care
- Urgent and emergency care
- Research and innovation

These align with our strategic ambitions and national programmes to reduce inequalities.

Insight, lived experience, and organisational data tell us that racism and inequality continue to affect the experience of colleagues and patients, particularly those from global majority backgrounds.

Through listening events, staff networks and the development of our anti-racism framework, colleagues have been clear that experiences of racism do occur, that they are not always challenged consistently, and that people do not always feel psychologically safe to speak up without fear of being dismissed, undermined or disadvantaged.

These experiences are compounded by structural inequalities in recruitment, progression, representation and decision making, which reinforce perceptions of unfairness and exclusion.

When racism and inequality go unchallenged, it undermines trust, damages wellbeing, creates team cohesion and directly conflicts with our values of kindness, respect and being an inclusive team.

Addressing racism and inequality is essential to building a just and learning culture: our values, harmful behaviours are named and addressed, accountability is clear, and all colleagues are able to contribute, flourish and provide safe, compassionate care for our diverse communities.

Environmental factors play a role in health inequality. Poor air quality and limited access to green space both contribute to poor health outcomes, especially in more deprived communities. These areas often have higher pollution but fewer safe, healthy outdoor spaces.

Green spaces support physical and mental health by giving people places to exercise, relax, stroll and breathe cleaner air while communities with better access to green and natural spaces have reliably higher life expectancy. Improving air access to green spaces is an important part of reducing environmentally driven health inequalities in our region.

Pressure on our finances and infrastructure

Roseville Hospital is operating within an increasingly constrained financial environment, reflecting sustained national pressures across the NHS but amplified locally by the scale, complexity and specialist nature of our services.

While national funding allocations have increased in cash terms, we have been impacted by rising demand, inflation, higher pay costs and the ongoing need to recover services and perform amongst pandemic.

As a large teaching and specialist trust, Roseville Hospital carries a higher cost base associated with tertiary care, research, education, and a complex and ageing estate, alongside significant investment requirements in digital and clinical infrastructure.

We are also required to deliver stretching efficiency and productivity targets while maintaining quality, safety and care standards. Capital constraints, workforce shortages in key professions, and maintenance backlog further limit financial flexibility.

Together, these factors create a challenging and fragile financial position that reinforces the need for a clear strategic focus on financial sustainability, productivity improvement, partnership working and value for money while protecting patient care and staff experience.

Currently, our buildings and digital systems make it harder than it should be to deliver efficient, joined up care. Some services are split across two main sites, space is limited and some facilities do not match the standards we aspire to. Our digital tools and systems do not yet support smooth clinical workflows.

These challenges reduce productivity, create delays and frustration and make it difficult to redesign pathways or introduce new, more sustainable models of care quality.

Systems and processes that make improvement harder than it should be

Our teams are committed, highly skilled and want to improve services, but many feel they cannot influence the wider organisation and healthcare system around them.

Long, complicated approval processes have left some clinicians and managers feeling that change is something done to them, not by them. At the same time senior leaders can be overloaded with decisions that could be made closer to frontline care delivery.

Clinical boards necessary to ensure responsibility, but they do not yet have all the support, tools or authority they need to lead major change. This slows progress, limits accountability and makes innovation harder at a time when both are essential.

There is a risk that the organisation also tries to be 'all things to all people' and without clear priorities, our resources are spread too thinly, leadership attention is diluted, and we cannot focus on the areas where we could make the biggest difference for patients and staff.

Conclusion

All of this shows a healthcare system where pressures, operational issues, performance and financial challenges, workforce fatigue and limited transformation are the result of a deeper mismatch between what our environment now demands and how we are organised to deliver.

Recognising this has helped us to design a clear strategy that brings our teams together, strengthens our partnerships and sets out what we must prioritise.

This diagnosis highlights our key challenges. We cannot respond to rising complexity and limited growth by trying to do more of everything.

Instead, we need to focus on what matters most; joining up how we deliver care, improving our culture and how we work, and strengthening clinical leadership. This strategy is designed to meet that challenge.

Strategic priorities

This section explains how we plan to tackle the issues set out and make the organisation stronger and more effective. Our approach is built around three strategic priorities.

Building up care



Advancing care



Supporting great care



Our plan on a page



Joining up care

Working together to give people better, quicker access to effective care

What this means

- Easier access to care that works for patients
- Where care closer to home
- Services that feel coordinated and efficient

Key Deliverables

- Developing neighbourhood teams and community based care
- Transforming outpatient care and digital access
- Reducing inequalities by focusing on prevention and population health
- Clear clinical ownership and seamless across whole care pathway
- Collaboration across the Great North Healthcare Alliance





Joining up care

Joining up care is essential if we are to deliver better outcomes for our communities and meet patients' expectations. Processes in urgent and emergency care, elective treatment and long-term condition pathways are fragmented when services are spread across different organisations, teams and settings that do not always work seamlessly. This increases risk, delay and avoidable harm for patients. We cannot address this on our own.

We will take a bold partnership approach across Newcastle, the region and the integrated care system, working as one system around patients. Our focus will be on whole care pathways and the needs of the population, not individual services. Care will become simpler, faster and more joined up, while continuing to meet our constitutional standards.

By improving how patients move between services and ensuring people receive the right care, in the right place, first time, we will transform patient experience, improve outcomes and make better use of our collective resources. This approach also supports prevention, personalised care and action to reduce unfair differences in health.

To succeed, we must be both a provider of excellent care and a trusted system partner. We recognise that our care and specialist role can shape how others experience working with us. We will therefore work with openness and humility, listen carefully, and share responsibility with our partners for delivering joined-up care.

Our strategic clinical plan sets out how this will be delivered in practice, including clear expectations for clinical leadership, shared ownership of pathways and effective collaboration with primary and community care to improve value, outcomes and experience.



Advancing care

Improving patient care, effectiveness and quality through innovation, research, improvement and education.

What this means

- Consistent high quality care every time with faster available services
- Using innovation, research and improvement to deliver better outcomes, and experiences
- Developing a skilled, confident workforce with strong clinical leadership
- Supporting and nurturing our world class specialist services

Key focus areas

- Patient safety, clinical effectiveness and quality improvement
- Innovation and research embedded in care to improve outcomes
- Better use of data, insight and digital tools to improve decision making
- High quality training, education and skills development



Advancing care

Advancing care means continually improving the safety, effectiveness and quality of the care we provide. As demand grows and care becomes more complex, we must ensure that patients benefit from the best available evidence, consistent standards and continuous improvement.

We will continue to strengthen our focus on patient safety and clinical effectiveness by reducing unwanted variation, improving reliability in key pathways and using improvement methods to embed best practice.

Learning from incidents, outcomes and patient experience will be critical to how we improve, supported by a just and learning culture where staff feel safe to raise concerns and test new approaches.

Innovation and research will be integral to this priority, helping us to improve outcomes, adopt new models of care and translate evidence into everyday practice. As a major teaching and research organisation, we will embed education, research and improvement into routine clinical work so that learning directly benefits patients.

Data, digital tools and new technologies will support better clinical decisions, safer care and more efficient use of resources, but always as enablers of high-quality care rather than ends in themselves.

Strong clinical leadership at all levels will be critical. By developing capable, confident leaders and investing in education and training, we will ensure our workforce is supported to deliver safe, effective and compassionate care, now and in the future.

Advancing care

We are privileged to host a number of highly specialised services that are recognised nationally and internationally for the care they provide. These services play a vital role in advancing clinical practice regionally, nationally and internationally, improving outcomes for patients and shaping care beyond our organisation. We will continue to nurture and support these services – promoting excellence, sharing learning, and ensuring they remain grounded in compassionate, safe and efficient care – while working collaboratively with partners so that their benefits are felt as widely as possible.

The Great North Children's Hospital is one of only 14 children's hospitals in the UK. It delivers highly specialised and complex care for babies, children and young people from across the North east and beyond, while also supporting local paediatric services for Newcastle's communities.

It plays an important role in advancing paediatric clinical excellence through innovation, research and education, shaping care pathways, standards and workforce development both regionally and nationally. Its close integration with our adult specialist services, research partnerships and academic links enables multidisciplinary working, faster adoption of new treatments and better outcomes for children.

The National Centre for Neurotechnology and Neurorehabilitation is part of our centre for clinical neuroscience and is delivered in partnership with Newcastle University. It is the UK's first NCR facility focused on translating advanced/implanted neurotechnology into clinical trials and early treatments for patients with complex neurological conditions. It will support innovations such as brain-computer interfaces and neurostimulation technologies, enabling faster and safer evaluation of new therapies while improving access for patients across the UK. The centre strengthens our specialist neuroscience offer, deepens our research and innovation capability, and makes a platform for collaboration with academic and industry partners at national and international level, improving outcomes for patients now and in the future.



Advancing care

Regional Centre for Genomic Medicine

Genomic medicine is transforming care for people with inherited and complex conditions, including rare neurological and metabolic disorders, inherited cancers such as breast, ovarian and colorectal cancer, and conditions where early molecular diagnosis enables more personalised and effective treatment. This includes the use of genomic testing to guide targeted cancer therapies, clarify uncertain diagnoses, inform family screening and support reproductive choices in conditions such as mitochondrial disease. By integrating genomics into routine clinical pathways, research and innovation, we aim to advance care, reduce waiting, support prevention and deliver more personalised, effective and sustainable healthcare for future generations meeting the ambitious targets in the NHS 10 year plan.

Gloucestershire has long standing strengths in clinical genetics, laboratory genomics and research with expertise in rare disease, cancer genomics and advanced diagnostics. Through our role in the North East and Yorkshire Genomic Laboratory Hub and the NHS Genomic Medicine Service, we support the delivery of genomic testing at scale, ensuring patients across the region benefit from timely and equitable access to high quality genomic care.



The Northern Centre for Cancer Care (NCCC) at the Freeman Hospital opened in 2008 and delivers comprehensive cancer care to patients in the Northern region, including chemotherapy, bone marrow transplantation, and radiotherapy treatment including stereotactic ablative radiotherapy, brachytherapy and stereotactic radiotherapy. The centre has acted as the regional specialist centre for advanced diagnostics, therapies, research, and workforce development.

The Northern Centre for Cancer Care is active in clinical research and has a diverse and large number of clinical studies. The centre houses the Dr Bobby Robinson Clinical Trials Unit where a dedicated clinical research team delivers human trials of potential new cancer treatments.



Coventry has begun an site at the Freeman Hospital for a new Dr Bobby Robinson Institute which will significantly expand clinical trials capacity, giving more patients access to the very latest cancer treatments, drugs and therapies.

Advancing care

Transplantation - Newcastle Hospital is home to a range of national transplant centres that are central to our role as a major specialist and tertiary provider. These services deliver highly complex, life saving care for patients from across the region and beyond, in close partnership with NHS Blood and Transplant. Our regional heart services provide



an integrated care for patients with complex lifelong conditions, safe transition from paediatric to adult services, and effective management of patients whose conditions may progress to advanced organ failure.

Our recent designation as a pilot Assessment and Recovery Centre for lung, liver and kidney reflects the trust's position as to support the future of transplantation services nationally. As a pilot ABC, we will assess, prepare and optimise donor organs using a method called ex vivo machine perfusion, which pumps warm, oxygen-rich fluid through the organ while it is outside the body, ensuring every transplant opportunity is optimised to deliver the greatest possible benefit to patients.

Robotic surgery is an increasingly important part of our specialist surgical offer and supports our ambition to deliver high quality, safe and innovative care. The use of robotic assisted techniques can improve surgical precision, support minimally-invasive approaches and contribute to better recovery and patient experience. Alongside developing clinical services, we have played a leading role in shaping the future surgical workforce through the Newcastle Surgical Training Centre and the nationally accredited Surgical Training in Advanced Robotic Technology (STARTE) programme. This programme, developed in partnership with the Sheffield Group and accredited by the Royal College of Surgeons in England, provides structured, high quality training across multiple robotic platforms and specialities, strengthening clinical capability and consistency across the NHS.



Supporting great care

Supporting colleagues to do their job to the best of their ability with effective leadership, a just and learning culture and modern digital and physical environments.

What this means

- Feeling valued, safe and respected
- Confident, compassionate and accountable leadership
- Modern, reliable digital systems and physical environments
- Sustainable and responsible use of our financial and environmental resources

Key focus areas

- Developing and embedding a just and learning culture
- Valuing, supporting and developing our teams and leaders
- Equality, diversity, inclusion and anti-racism
- Digital transformation and improving our estate
- Strong financial, productivity and commercial plans
- Responding to the climate emergency and improving environmental sustainability





Supporting great care

Supporting great care means creating the conditions in which our people and services can consistently deliver safe, effective and compassionate care. A strong and resilient organisation – one that is well led, culturally healthy and sustainable – is essential to improving patient outcomes, experience and staff wellbeing.

Variances in quality, productivity and pressure on colleagues is often rooted in deeper system issues, including leadership capability, organisational culture, access to the right facilities and other structural issues.

Addressing these challenges requires sustained focus on how we lead, support and develop our organisation, not just what we deliver.

In the heart of this priority is our commitment to a just and learning culture. We want to create a confident, compassionate organisation that improves continuously and delivers the best possible care for patients and communities. Having the right culture means building a shared system of values, beliefs, behaviours and norms that shape how we work together every day.



We will build a just and learning culture where people feel safe, supported and valued, and where doing the right thing for patients and for each other is easy, encouraged and expected. This culture is fundamental to patient safety, quality and improvement, and will be guided by our values.

In practice, this means that concerns are raised early and without fear and that when things go wrong, we focus on learning, reflection and improvement rather than blame. We will treat everyone with respect, listen to different voices and experiences, and support one another to grow and improve.

Leaders and managers play a critical role in setting and sustaining this culture. They will be supported – and expected – to act consistently with our values, intervening early when interpersonal issues arise, maintaining high standards, and balancing compassion with accountability.





Supporting great care

We will be clear about the behaviours we expect and the one we tolerate in our organisation, and we will act swiftly and firmly where behaviours fall below our standards, including in relation to safety, usually inappropriate behaviour, aggression and violence.

Strong culture and leadership, modern digital systems and fit for purpose estates are essential enablers of safe and effective care. We will prioritise reliable infrastructure that supports clinical decision-making, patient flow, communication and the use of data to improve quality and outcomes.

We will also act responsibly in how we use resources, delivering strong financial discipline in line with our medium term plan to deliver financial sustainability within 3 years so that resources are consistently directed to patient care and staff support. This will be supported by clear productivity and commercial plans.

Responding to the climate emergency is an essential part of supporting great care. Climate change is already affecting health, widening inequality and increasing demand on health services and we have a responsibility to reduce our environmental impact and to ensure our services are resilient to the effects of a changing climate.

We will take a systematic approach to environmental sustainability, reducing carbon emissions, waste and unnecessary use of resources while improving energy efficiency across our buildings, services and supply chains.

This work will be closely aligned with national NHS commitments on net zero and with our responsibility to our public resources, namely by embedding sustainability into everyday decision making (from estate and digital design to clinical practice and procurement) we will support safer, more resilient services and contribute to healthier communities now and for future generations.



Links to national and regional plans and requirements

Our strategic priorities help us deliver 'Fit for the future: a 10 Year Health Plan for England' and the 'Medium Term Planning Framework (2024/25 to 2028/29)' which calls for a shift towards community-based, digitally-enabled and preventative care.

The 'Review of patient safety across the health and care landscape' by Dr Penny Cook in July 2024 recognises that delivering high quality care depends on becoming a self-assured, insight-driven organisation that does not rely on external inspection to spot risk. It calls for stronger governance, better use of real-time data, psychologically safe teams, and greater consistency in how care is delivered in daily practice. This is reflected in our strategic priorities.

Our strategy is also aligned with the Integrated Care Board's strategy and 5 year strategic commissioning plans, ensuring that our ambitions support system-wide priorities for population health, access, quality, productivity and reducing health inequalities across the region.

Our strategy will ensure our local ambitions are delivered in a way that fully supports wider NHS transformation.



Delivery plans

Turning our ambitions into meaningful improvement for patients, communities and colleagues depends on focused, disciplined execution over the next five years.

This strategy will succeed or fail by how well we deliver.

Turning our ambitions into meaningful improvement for patients, communities and colleagues depends on focused, disciplined execution over the next five years.

Our clinical strategy underpins all our work and provides the foundation for how we deliver care, improve quality, use resources and work with partners. It sets clear expectations for clinical leadership, pathway ownership and improvement, and ensures that decisions are consistently grounded in patient need, evidence and professional judgment.

The Board will routinely prioritise delivery of this strategy above the introduction of new initiatives, recognising that sustained improvement comes from doing fewer things better, rather than adding to organisational complexity.

Our delivery plans are summarised in this section and will set out clearly what we will do, when we will do it and who is accountable, ensuring that activities, learning and progress are visible from ward and service level through to the Board. Through consistent ownership, clear leadership and a strong just and learning culture, we will make sure this strategy leads to real and lasting change.





Joining up care

Working together to give people better, quicker access to effective care.



The neighbourhood model

Neighbourhood teams will bring together GPs and local authority community nursing, primary care, therapy, social care, mental health, frailty services and partners from the voluntary and community sectors. These teams will support local people proactively, help reduce inequalities and provide joined-up care based on a person's needs and circumstances.

A single point of access will give patients and colleagues one simple 'front door' into community services including urgent community care, hospital at home services, virtual wards and multidisciplinary neighbourhood teams.

Actions we will take to deliver this include:

1. By March 2027, reduce non-urgent admissions and bed days for frailty, care home, hospital and end of life patients by 10%, through implementation of neighbourhood teams, hospital at home, virtual ward and proactive community interventions.
2. Design, test, and launch a city-wide single point of access for community and urgent neighbourhood services by December 2024.
3. By December 2026, establish a new integrated frailty and palliative care service providing effective and responsive multidisciplinary care. We will learn from this model and implement wider care for complex patients.
4. By March 2028, establish 8 integrated neighbourhood teams across the city combining general practice, community health, social care, and intermediate care teams, and linking to the voluntary sector.
5. By March 2029, shift at least 10% of activity from hospital-based pathways into neighbourhood / community-based models, by redesigning community health services and integrating intermediate care.



Joining up care



Outpatient transformation

Over the next 5 years, we will move away from a system that requires patients attending hospital clinics and build a modern service that is digital by default and delivered closer to home.

To begin we will make improvements to the outpatient services we already have using many opportunities to work smarter, learn from national pioneers, and give patients faster and easier access to care.

This means expanding and providing more timely access to advice and guidance to primary care, increasing patient initiated follow up, and developing one stop community hubs where more care and diagnostics can be delivered in a single visit. We will simplify administrative processes, already all referrals will come through one route and help direct the referral to the right service first time.

These changes will remove unnecessary follow up appointments, free up clinical time and create the capacity we need to reduce long waiting times for patients.

Actions we will take to deliver this include:

1. Offer advice and guidance to general practitioners (GPs) in all specialties by March 2027, ensuring all specialists meet the national average clinician rate of at least 80%.
2. Implement a fully operational single point of access to improve referral pathways from primary care by combining the advice and guidance service with the Referral Assessment Service (RAS) initially in 10 specialties (ENT, vascular, urology, neurology, ophthalmology, gastroenterology, cardiology, paediatrics, rheumatology and geriatrics) by October 2026, with other specialties to follow.
3. By March 2027, achieve at least 80% utilisation for each outpatient clinic. This will be achieved through proactive appointment management, pre-appointment questionnaires, and improved patient self-management via digital tools.
4. By March 2027, pilot at least 10 redesigned outpatient pathways, including
 - multi-disciplinary team clinics
 - neighbourhood women's health hub blueprint
 - new specialty pathways / modes of delivery (ENT, vascular, rheumatology, paediatrics)
5. Complete baseline assessment of current (and multidisciplinary clinic models) by September 2026, informing a workforce redesign plan for 2027/28.



Joining up care

Outpatient transformation

1. From April 2022, further develop effective telehealth and telemonitoring solutions to enable patients to self-care and manage their conditions.
2. By March 2026, each speciality will have a rollout plan to improve pathways, moving away from the traditional outpatient delivery model.
3. Reduce the current review backlog by 50% within three years (by March 2026).
4. By March 2026, ensure
 - 95% of appointments are available for digital triage and booking via the NHS App
 - 95% of patients have the opportunity to complete pre-visit appointment questionnaires
 - all patient letters are available through the NHS App
5. By March 2026, have improved patient reported experience scores across all specialities for outpatients.
6. Implement an AI enabled virtual access system including self-care advice, triage and booking across all specialities by March 2026, including accessible telephone, digital and in person interactions.





Joining up care

Health inequalities

As an anchor organisation, we are committed to working with partners to tackle long-standing health inequalities and reduce unfair differences in access, experience and outcomes for the people we serve. We will work closely with our partners to improve the health and wellbeing of our communities, including our workforce.

Delivers we will take on set out in our health inequalities strategic plan and include:

1. By December 2026, to develop a programme to embed 'making every contact count' training and practice.
2. By December 2027, improve access by reducing the number of patients from the most deprived socio-economic groups and global majority communities not attending their appointments by 1%.
3. Ensure full and sustained compliance with the Accessible Information Standard, with strengthened monitoring and assurance from 2026 onwards.
4. By December 2026, to identify and implement an effective system to support reasonable adjustments for all patients with additional needs.
5. By December 2026, to measure clinical outcomes, such as safety incidents, to improve the routine use of equity segmental outcomes data (including by ethnicity, disability and gender) characterised in priority pathways, and to design targeted improvement with affected groups.





Joining up care

Alliance working and our strategic partnerships

The Great North Healthcare Alliance aims to make services change across all partners by simplifying pathways, supporting innovation and transformation, and making use of all our resources well.

Working together as an Alliance means patients across the region will receive the same high standards of care, staff can work in better environments, and each organisation can remain financially and environmentally sustainable.

Stakeholders told us that partnership works best when it is strategic (not just between senior leaders). Over the life of this strategy, we will strengthen day-to-day working with our clinicians, managers and teams will work together across boundaries to solve shared problems, improve pathways and deliver better care for patients.

What we will do with our Alliance partners over this strategy:

1. **Improve and simplify clinical pathways** - we will work together to fix patient issues and develop a shared plan for excellent tertiary and secondary care across the Great North Healthcare Alliance.
2. **Strengthen culture and leadership** - we will create a shared culture and leadership approach, run joint recruitment campaigns in areas with the greatest need, and redesign people support functions together.
3. **Grow research, development and innovation** - we will agree joint research and development and innovation plans and strengthen digital systems that can work across organisations to support service transformation.
4. **Plan future buildings and prevention programmes together** - we will deliver a shared strategic construction programme and digital programmes that support prevention and community based care, learning from each other.

Advancing care

Improving patient care, effectiveness and quality through innovation, research, improvement and education.



Improving quality and clinical effectiveness

We will improve quality and clinical effectiveness by making care improvement a led by clinicians. This will include using national improvement frameworks and programmes, such as Making it Right For Time (MART), alongside local outcomes, productivity and patient experience data to identify unwanted variation and support evidence based pathway redesign.

We will make sure that our care processes support clinical decision making rather than being in place. Information will be used to encourage discussion, reflection, and improvement, not just to check rules are being followed.

Decisions will be based on professional judgement, good use of data, and a clear focus on changes that truly improve care for patients. We will support learning in day to day practice and shared responsibility for improvement. Clinicians will lead decisions about where differences in care are acceptable and where they are not.

Clinical teams will feel able to spot problems, try out changes, and redesign care pathways. Teams will use evidence, learning from peers, and patient feedback to improve care.

We will use learning from incidents, complaints and outcomes to help teams reflect and develop services, not just to measure performance. Staff will be encouraged to speak up, and we will place strong emphasis on learning, improvement and psychological safety.

Clear expectations for quality, outcomes and productivity will be built into job plans, appraisals and leadership roles. Clinicians will be given time and support for leadership, skills, quality improvement and service development. We will strengthen leadership across different professions so that decisions about care pathways reflect the full range of clinical expertise.

Patient experience will be used as an early warning sign when care is not working as it should. This will support open, clinically led conversations about flow, access, safety and continuity of care, rather than leading quality experience only as a measure of satisfaction.

Advancing care

Improving quality and clinical effectiveness

Actions we will take include:

1. By September 2024, create a clear framework understanding of clinical effectiveness work, led by clinical boards. This will make sure improvement priorities are owned locally, trusted by clinicians, and focus on what matters most to patients.
2. By October 2024, bring together patient experience, incidents, and complaints data in the integrated board report.
3. By April 2027, develop in-house standards to support a transformation to board learning approach. This will help make sure learning from incidents, claims, complaints, and patient feedback leads to real changes in care, with strong clinical leadership and local ownership.
4. Support clinical teams to review differences in outcomes and practice that are not expected or helpful. This will be done through peer reviews, audit, case discussions, and pathway reviews, so that teams can agree clear, clinically led actions to improve care by April 2027.
5. Strengthen clinical leadership skills through leadership development and appraisal processes that clearly support improvement, learning, and working across the whole system.
6. Continue to develop and expand the Accrediting Excellence (ACE) programme. This will provide a clear clinically led way to assess the quality of care across wards and services, with a strong focus on learning, improvement, and consistent standards across regions, sub-regions, community, and specialist services by 2027.



Advancing care

Clinical board plans

Clinical boards have a vital role to play in delivery of this strategy. Each clinical board will be responsible for developing a bespoke action plan that sets out how it will contribute to, and deliver against, our strategic priorities within its services and pathways.

These plans will be clinically led, locally owned and grounded in patient need, evidence and improvement insights. By the end of quarter 1 2026/2027, all clinical boards will have agreed and submitted action plans that align closely with this strategy, including defined priorities, evidence and measures.

This approach ensures that our overall strategic intent is translated into practical action at service level, with clear accountability, meaningful clinical leadership and visible progress from ward and service through to the Board.

Embracing innovation

We want to create the conditions where innovation becomes a normal part of everyday work, giving staff the confidence and support to identify, test and prove new ideas that improve care, making services more efficient and reducing inequalities.

Our innovation framework sets out the structures, culture and practical steps that will help us embed innovation across the organisation.

We will prioritise ideas that help solve shared system challenges, such as long waits, poor flow, health inequalities, workforce pressure and productivity. By testing innovation to population needs and long term priorities, we will move from reacting to problems towards planning for the future.

Actions we will take include:

1. By September 2026, implement a fair innovation definition/reporting on:
 - Intellectual property
 - Sharing good practice
 - Revenue generation
2. By September 2027, support at least 20 frontline teams to use challenge-led innovation methods to identify inefficiencies, co-design solutions with patients, and test prototypes through the innovation pathway.
3. By March 2026, adopt and evaluate at least 10 proven innovations from across NHS organisations, industry or academia that directly address our transformation priorities.
4. By March 2027, establish three formal commercial or academic partnerships to co-develop or commercialise innovations, generating measurable new NHS income, intellectual property opportunities, or shared research outputs.



Data and insight

We will use high quality data regularly to understand variation, redesign pathways, improve productivity and optimise patient outcomes. Our digital systems will routinely collect accurate, complete and consistent patient information, and improve data quality at source.

We will use data more openly with our partners to build a shared understanding of need, variation and inequality across the region using population and events information to see where outcomes differ and why.



Actions we will take include:

1. By March 2023, we will review all methods of collecting patient and staff experience data (e.g. Patient Reported Outcome Measures (PROMs), Patient Reported Experience Measures (PREMs)) and develop a plan to improve and expand them.
2. By 2025 it will be standard practice to use combined datasets to facilitate detailed analysis of patient pathways to improve patient outcomes.
3. By 2030 we will optimise our systems, so they guide staff to record the right information at the right time, to reduce errors and inconsistencies.



Research

Over the next five years, we want to make research quicker, easier, and open to more people. We will grow the number of commercial studies we do, build strong partnerships, and support our staff to lead high quality research. By using better data systems, working more efficiently, and helping more clinicians become research leaders, Newcastle Hospitals will become a trusted partner for companies, universities, and other organisations. This will help more patients take part in research and benefit from new and better treatments.



Actions we will take include:

1. By December 2024, we will develop and launch a research partnership framework and by March 2026 we will expand participation in national and international research networks, strengthening the trust position as a leading national exemplar to become the partner of choice for national and international research.
2. By March 2027, we will reduce clinical trial set up time, and by March 2028 we will achieve consistent set up of all commercial studies within 60 days and ensure first patient in source within 90 days of study opening. This will increase performance to achieve full Department of Health and Social Care (DHSC) compliance, with 80% of National Institute for Health and Care Research (NIHR) portfolio studies meeting expected set up and recruitment milestones.
3. We will grow commercial research recruitment and income and by March 2026, achieve the DHSC ambition to double commercial clinical trial recruitment and develop a plan for the second funding period.
4. We will expand clinical investigator / principal investigator capacity and research leadership, completing a baseline assessment of the number of principal investigators / chief investigators and from 2027, work with clinical research to align job plans, incentives and protected time to support research involvement.
5. We will develop robust, ethical and high impact data partnerships and by 2028, routinely showcase outputs from data partnerships to demonstrate impact, transparency and value.
6. In 2028, we will open the Sir Bobby Robson Research Centre at the Northern Centre for Cancer Care. This will allow a 50% increase in cancer research activity over 3 years.
7. We will grow commercial research recruitment and income and by March 2026, achieve the DHSC ambition to double commercial clinical trial recruitment and develop a plan for the second funding period.



Supporting great care

Supporting colleagues to do their job to the best of their ability with effective leadership, a just and learning culture and modern digital and physical environments.

Seacroft Hospital will be a strong, confident and high performing organisation, with a culture and way of working that always supports excellent care and a positive experience for both staff and patients in line with our values.



Actions we will take to deliver this include:

People Plan

Our People Plan supports everything we do. It focuses on what matters most to our colleagues and on improving their experience at work so we can keep our workforce healthy and retain them for the future. By September 2024, we will change our HR functions and introduce a people partnering team who will help leaders make informed decisions in a timely way, alongside developing workforce plans and supporting localised organisational development.

Leadership development

We are developing an inclusive leadership programme that will launch in autumn 2024. It will support staff at all stages of their leadership journey. It will help anyone who has responsibility for others to build the skills they need to lead well.

Equality, Diversity and Inclusion (EDI)

Our inclusion work is a key priority for the Board. We want every colleague to feel they can be themselves at work and reach their full potential. Our ambition framework sets out how we will meaningfully challenge racism wherever we see it in our organisation.

Psychological support

The complex needs of our patients and the challenging situations our staff sometimes face can have a significant impact. Our new psychological support service has been created to help and keep them well in work.

Focus on learning and reflective approach when things don't go to plan. This includes introducing an investigation hub by March 2023, which will be focused on understanding how we can develop and support each other when things go wrong, with a view to reducing the need for formal process investigations.

Strengthen talent development by understanding our workforce and how we can support them on their career journey, with a view to keeping their learning refreshed and current, while creating opportunities for them to progress within the organisation.





Supporting great care



Digital infrastructure

In five years, we will have digital systems that are easy to use, well connected and reliable. Clinical workflows will be supported by digital tools, and data will move smoothly along pathways to support clinical decisions, improve quality and strengthen patient experience.

Actions we will take to deliver this include:

1. During 2024-2026, deliver electronic patient record optimisation by simplifying documentation, removing duplication, improving workflow design, upgrading systems, and improving staff capability through structured, recurring training.
2. By September 2024, establish a fully operational digital front door and strengthened governance model, ensuring 100% of digital proposals undergo early feasibility, value, and alignment review, and that every clinical board has an approved digital roadmap and connectivity plan. This will enable prioritisation of high value schemes and prevent unmanaged digital demand.

3. By June 2027, introduce AI enabled waiting list monitoring across all high risk cohorts, ensuring that 100% of identified patients receive proactive clinical review within agreed timescales and reducing team related delays linked to manual processing by at least 50%.
4. By September 2027, delivery of a single patient tracking tool and electronic waiting list functionality to provide a unified view of elective demand and improve prioritisation. Expansion of electronic theatre lists across all theatres will improve real time visibility of utilisation and support safer, more efficient theatre flow.
5. By September 2027, roll out digital observations (eObs / eMRO) / eMROs to all inpatient wards and critical care areas, achieving 90% compliance with digital recording standards and reducing escalation delays for deteriorating patients by at least 20%.

6. By September 24, pilot ambient voice technology, define safe use of large language models for administration and clinical tasks, and evaluate clinical AI opportunities.
7. Over the next 5 years replace end of life infrastructure, complete server and storage migrations, and enable safe deployment of clinical systems that currently rely on fragile legacy systems.





Supporting great care

Estates

Significant progress has been made over the last 12 months to improve our buildings and create better environments for patients and colleagues.

Our 5-year estates strategy delivery plan sets out how we will develop our buildings and facilities to support the trust's priorities. The plan responds to major challenges such as ageing buildings, increasing demand, changes in national policy, environmental commitments and the new Great North Healthcare Alliance construction programme.

Actions we will take to deliver this include:

1. Invest in the estate to reduce the critical infrastructure risk (significant and high building maintenance) through targeted investment in major plant and equipment and building fabric upgrades.
2. Invest in the upgrade of ward and theatre environments across the HCU and Freeman, prioritising those ranked highest in league tables against achieving improved privacy, dignity, infection control and upgraded engineering systems, improved energy efficiency, while ensuring all refurbishments meet current standards and enable optimal productivity.
3. Invest in the fit-out remediation programme addressing particle and odour defects on a risk assessment basis in terms of clinical function.
4. By September 2027, complete major refurbishment and upgrades to lessen filling intensive care and high dependency units.
5. By March 2028, complete the cardiovascular estate improvement programme, including rationalised reception and flow, upgraded ward 21 and ward 28, enhanced staff welfare spaces, and completion of a new signalling and signage strategy, improving staff experience scores by at least 15%.
6. By March 2028, complete the strategic review and rationalisation of community and neighbourhood health premises, and deliver at least one fully operational neighbourhood health centre within Newcastle.
7. By March 2028, complete major refurbishment and upgrades to the HCU neonatal intensive care unit and delivery suite.
8. By 2031, reduce building-related carbon emissions by at least 50%, delivering:
 - Full completion of the G42 for HCU Phase 2 programme by 2028,
 - Replacement of theatrical infrastructure with accessible heat and power systems at Freeman and two community clinics,
 - Invest in energy efficiency measures for year on year reductions in building related carbon emissions until all sites meet net zero building standard criteria.
9. By 2031, advance the trust's major strategic projects – In-facility Helixon Institute, advanced therapies, integrated laboratory medicine, H&I upgrade, and community estate rationalisation – ensuring such developments at least an approved business case stage within agreed timescales. Ensure solutions to provide a rationalisation of clinic services to meet demand and to provide shared space to support progressive ward and theatre refurbishment programmes.



Supporting great care

Climate emergency plan

Our climate emergency plan will deliver benefits for patients and local communities, save money that can be used for frontline care, and improve our environmental performance. We will focus on three main goals:

1. Zero carbon care

2. Clean air

3. Zero waste



The actions to achieve these goals will be detailed in the climate emergency plan, and will include:

1. By March 2021, we will embed environmental sustainability into all our quality improvement processes and deliver over 100 staff led sustainable quality improvement (SQI) projects, with every clinical board reporting quarterly on reductions in carbon, air pollution, and waste.
2. By March 2021, we will reduce our building related carbon emissions by at least 50% from our 2019 baseline through capital investment in energy efficiency projects, delivery of our £40 for P2024 heat decarbonisation project and modernising our on site energy centres.
3. By March 2021, we will transition 100% of our fleet fleet vehicles to electric and deliver on commitments in our local and transport plan that enable 50% of our people to commute to work by active and sustainable modes.



4. By March 2021, we will reduce total waste by 10% from our 2019 baseline and achieve a recycling rate of 85% by buying less and buying better, increasing re-use, and improving waste segregation.
5. By March 2021, we will improve biodiversity at our hospitals by 20% and ensure all patients, staff and visitors have access to wildlife friendly therapeutic green spaces to support their health, wellbeing and recreation activities.





Supporting great care

Financial plan

We will achieve financial balance within 3 years in line with our medium term plan by delivering a strong and stable financial recovery plan and building on the savings we made in 2020/21. Our plan is clear, achievable and shows steady improvement each year.

A key part of this will be reducing waste across the organisation, tackling inefficiency, duplication and avoidable cost, so that we make better use of our resources and maximise the value of every pound spent on patient care. We will keep investing in areas essential for quality and safety.

Actions we will take include:

1. Deliver our annual financial plan including cost improvement programmes, allowing us to eliminate our underlying deficit by March 2024.
2. Develop plans to deliver 1% cost improvement each year for the next 3 years, where 75% is recurrent savings.
3. Improve productivity by 3% year on year.

Commercial plan

To support our organisation, we will build a strong and sustainable commercial portfolio that contributes £100million a year by 2030. We will do this by growing services that have a clear market demand and by working with partners to bring in new income that can be reinvested into patient care.

We will also build the skills and systems we need to be commercially successful. This includes supporting innovation, developing staff talent and working closely with partners across the system.



Actions we will take to deliver this include:

1. By March 2024, implement a range of Intellectual Property (IP) exploitation models that support the development and commercialisation of innovations within the innovation pathway.
2. By December 2024, establish new strategic partnerships across each of the commercial strategy pillars, spanning industry, academia and multinational organisations to co-develop new commercial services, develop innovations, or increase research activity.
3. By March 2024, deliver a programme of estate and equipment modernisation that supports capacity expansion for priority commercial services, enabling delivery of new services and at least a 20% increase in commercial revenue.
4. By March 2030, scale at least 4 high performing commercial services with demonstrated market demand, generating sustained year on year growth.



Supporting great care

Productivity and service reviews

We will actively look for ways to improve productivity by using the model health system, getting it right first time (GRT) programme insights, and the patient level information and costing system (PACIS).

Our service review programme will systematically review all our services to consider clinical, operational and financial sustainability and improvements.



Actions we will take include:

1. All services will complete a level 1 self-assessment service review on an annual basis.
2. We will conduct level 2 capital reviews as required according to the results of the outcomes of the self-assessment.
3. Level 2 reviews will be triggered using criteria from the service review assessment framework. Any eligible services will be prioritised and agreed for inclusion in the pipeline of reviews for the year ahead.
4. By March 2027, we will have embedded consistent productivity key performance indicators across the organisation, facilitated by improvement groups, with a supporting dashboard to monitor performance.



Delivery and monitoring

This part of the strategy explains how we will make sure the plans are delivered and how we will check our progress. To ensure we deliver our strategy, we need clear actions, good planning and regular updates from ward / service to board.





How we will deliver the strategy

Our detailed delivery plans explain what we will do, who will do it and when it will happen.

The plans will be monitored through the relevant Board (or I and/or J committees), clinical board meetings and Executive committees.

Each plan will have clear actions, timescales and measures so we can see what progress has been made. This list is not exhaustive, and additional plans may be developed to help achieve our strategic goals.

These delivery plans include:

Our strategic clinical plan



Digital plan



Commercial plan

Transformation plan



Quality and safety plan



Estates plan



Clinical emergency plan

Robotic surgery plan



Clinical board delivery plans



Communications plan



Night/weekend and community services plan

Genetics Medicine plan



People plan



Health inequalities plan



Outpatient transformation plan

Cancer plan



Education plan



Research plan



Great North Healthcare Alliance plan



Financial plan



Innovation framework



Great North Children's Hospital plan



How we will monitor progress

The Board and its committees will regularly check how we are doing.

Strategic goals will be assigned to relevant committees. This helps us make sure the work stays on track and that issues are spotted early.

We will:

- Give regular updates from senior board to board
- Use integrated performance reports that bring together quality, workforce, activity, finance, activities and digital information
- Use reporting dashboards and other tools for real time tracking
- Carry out an annual review of each delivery plan
- Ask clinical boards to monitor work in their own areas and provide updates on progress
- Hold regular strategic reviews to make sure the strategy stays relevant and deliverable

Monitoring is not just about checking performance. It is also about learning and improving.

We will:

- Look for common themes across our delivery plans
- Share good practice across teams
- Use patient and staff feedback to guide improvements
- Support teams with the right improvement skills and tools

Clear accountability

Everyone has a role in delivering this strategy:

- Clinical boards will lead delivery in their areas
- Corporate teams will give expert support
- The executive team will make sure plans across the trust fit together and are delivered
- The trust board will hold the organisation to account