NHS
University Hospitals of Liverpool Group

UHL 2030 –

Our Five-Year Strategy

DRAFT

April 2026

Contents

Introduction

Liverpool has a **unique configuration** of hospitals, which have historically been run by multiple independent NHS trusts. Our hospitals often provide excellent care for the population of Liverpool, Merseyside and beyond. Our clinicians and teams have always worked closely together to provide care, but the way we have set up and run our hospitals has not always supported this.

Over the last 18 months, three of these independent NHS foundation trusts have come together to form a **hospital group**:

- Liverpool Heart and Chest Hospital NHS Foundation Trust
- Liverpool University Hospitals NHS Foundation Trust, and
- Liverpool Women's NHS Foundation Trust

The aim of the **NHS University Hospitals of Liverpool (UHL) Group is** to maintain the excellence that already exists within our services, while working more closely together to improve services for patients, better use our collective resources, and build on our shared strengths.

Liverpool University Hospitals and Liverpool Women's came together under shared leadership as the UHL Group in November 2024. Liverpool Heart and Chest joined the UHL Group in October 2025. The three members of the Group continue to be standalone NHS foundation trusts.

This is the strategy for the UHL Group. It sets out at a high level our objectives for the next five years and what we will do to achieve them.

The UHL Group

The three foundation trusts that make up the UHL Group are responsible for the operation of **six hospitals** across the city (see map):

- Aintree University Hospital — A
- Broadgreen Hospital — B
- Liverpool Heart and Chest Hospital — H
- The Royal Liverpool University Hospital — R
- Liverpool University Dental Hospital — D
- Liverpool Women's University Hospital — W

While our main sites are based in Liverpool, all of our foundation trusts provide specialist services to the wider populations of **Cheshire and Merseyside and beyond.**

While our services are predominantly provided for adults, we also provide **neonatal care** for babies born needing specialised care.

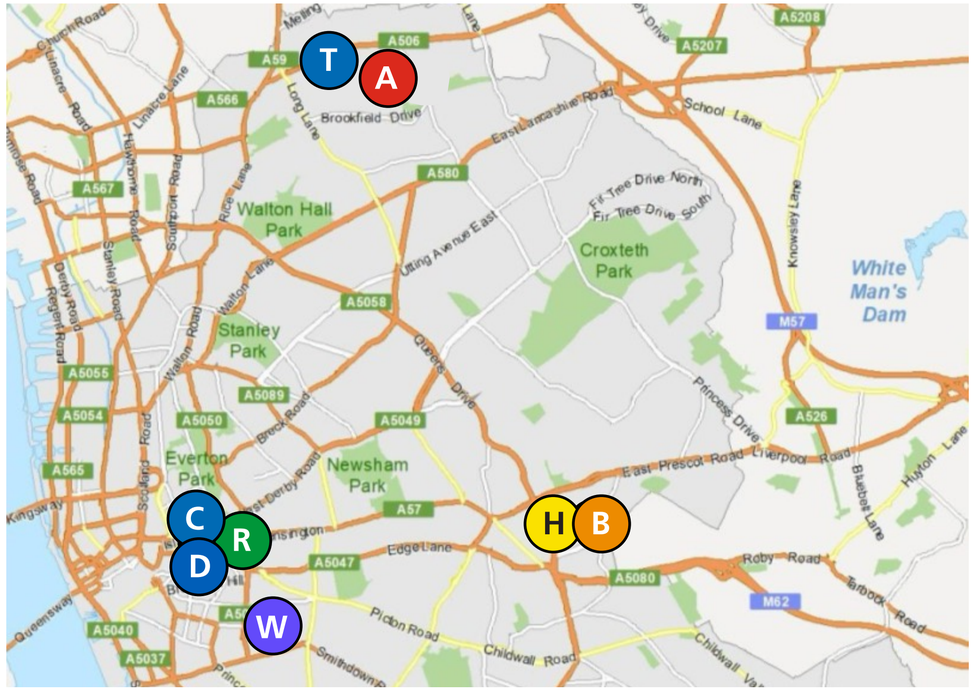
Our Group also delivers a range of **community health services**, offering services that are closer to home for patients.

Liverpool Heart and Chest Hospital and Broadgreen Hospital share a site in the east of the city. The Royal Liverpool and Liverpool Dental Hospital are on the same site in the city centre. Liverpool Women's is in close proximity to the Royal and there are clinical dependencies between the two hospitals. Our hospitals also share sites with facilities **operated by other foundation trusts,** like Clatterbridge Cancer Centre – Liverpool (C on map) and The Walton Centre (T).

We are committed to continuing to **work collaboratively** with our partners outside of the UHL Group because we can see the benefits that closer working will have for patients, staff, and taxpayers.

Together the three trusts employ 20,000 people spanning a wide range of clinical, operational and support roles. Collectively this makes us one of the region's **largest employers** and a large majority of our staff are drawn from our local population. As a partnership we have a combined NHS income of over £1.8 billion, and our hospitals have over 1,900 inpatient beds.

Our Hospital sites



Setting the context

The population that we serve

The population of Liverpool is over 500,000 people. Together Liverpool, Sefton and Knowsley – the area that we call 'North Mersey' – have a population of around **950,000 people**.

Our hospitals and services serve a much **wider population** of well over 3 million people across Cheshire and Merseyside, parts of Lancashire, North Wales, the Isle of Man and beyond.

Our services cover a wide geographical area and the population that they serve is diverse. We face the **same challenges** as many other parts of the country, with an aging population, patients with multiple comorbidities, and widening health inequalities.

While our population stretches beyond Liverpool, the challenges faced by the city reflect to a large extent what is happening in our wider population. This has been **starkly illustrated** in Liverpool City Council's report State of Health in the City: Liverpool 2040 (see box 1).

While many of the issues faced by our populations are as a result of the wider social determinants of health, we still have a significant **dual role**:

- Firstly, to diagnose quickly and treat effectively the effects of these wider determinants of health in our populations, and
- Secondly, to contribute to an overall improvement in the health of our population and a lessening of health inequalities.

Box 1: State of Health in the City - Liverpool 2040

The current state of health:

- There are inequalities in life expectancy between Liverpool and England – men in Liverpool live 3.5 years less than in England as a whole, and women 3.9 years less.
- Much of this inequality in life expectancy is caused by higher mortality rates from cancer, cardiovascular and respiratory diseases.
- People living in Liverpool's poorest areas live an average of 15 years less than people in the most affluent areas – and live 18 years longer with poor health.
- Residents in the most deprived areas of the city are living with major illness (2 or more long term conditions) around 10-15 years sooner than those in the most affluent areas.

Projections for 2040:

- On average, residents will live over a quarter (26.1%) of their lives in ill-health – but for people living in the most deprived areas this is likely to be longer.
- Women are projected to live to 53.8 years in good health (a decrease of 4.1 years) while men are projected to live to 60.1 years in good health (an increase of 1.8 years).
- The number of people with major illness will increase by between 33,000 and 38,000 people.
- This increase in poor health is likely to have a disproportionate impact on certain groups, including minority ethnic groups
- The overall number of health conditions is projected to rise by over half (54%) to 546,600, an increase of 191,300.
- Large increases are expected in hypertension, cancer, diabetes, asthma, and chronic kidney disease.

The challenges that we face

The NHS as a whole **does not always meet the needs** of the communities that we serve. There are stark health inequalities in our region, where people can expect a shorter life and fewer years of life in good health than those elsewhere in the country. There are long waiting lists for diagnosis and treatment, and meeting the operational standards that are expected of us is a challenge.

While many of these challenges are driven by the social determinants of health, the health system in our region is not always best **set up to tackle them** and the situation is expected to get worse over the coming years and decades.

We think that the people who we serve deserve better than they have today. But to meet these challenges we will need a **different approach** – one that sees hospitals and care providers working together more closely to provide joined-up care. We need to harness the latest innovations to ensure that services are the best that they can be.

This is what the UHL Group has been set up to try to achieve. This strategy will set out our ambitions to meet these challenges.

The 10-year health plan for England

The challenges that we face mean that, first and foremost, we need to design our services around the **needs of our local population**. Our approach also needs to be consistent with national health policy as set out in Fit for the Future: The 10-Year Health Plan for England.

The 10-Year Health Plan makes the case for **radical change** to the NHS, noting that the NHS now stands at an existential brink. It paints a picture of demographic change and population ageing adding yet more demand on an already stretched health service. It states that without change, this will threaten yet worse access and outcomes for our populations. It sets out the choice to either continue down our current path, making tweaks to an increasingly unsustainable model, or to take a new course and reimagine the NHS.

The plan makes the commitment to reinvent the NHS through **three radical shifts** – from hospital to community, from analogue to digital, and from sickness to prevention (see box 2). It notes that historically the NHS has been hospital-centric, detached from communities and has organised care into multiple, fragmented siloes. It proposes the development of a 'neighbourhood health service' as an alternative, bringing care into communities. In doing so, the intention is to enable hospitals to focus on providing world class specialist care to those who need it.

The 10-Year Health Plan outlines some **key enablers** that will be essential to making it a reality, including the importance of innovation and digital technology. It sets out what it calls its 'five big bets', transformative technologies that are expected to be integral to the NHS of the future. These enablers and transformative technologies will be vital to the delivery of our ambitions for the UHL Group over the next five years and beyond (see enablers section later).

Box 2: Fit for the Future: the three radical shifts

From hospital to community. More care will be available on the patient's doorstep and from the comfort of their own home. It will be easier to see a GP and Neighbourhood Health Centres will be available in every community.

From analogue to digital. New technology will liberate staff from timewasting admin and make booking appointments and managing care as easy as online banking or shopping.

From sickness to prevention. We will reach patients earlier, to catch illness before it spreads and prevent it in the first place, by making the healthy choice the easy choice.

The next five years

Our purpose and our ambition

If we are going to meet the challenges that we face over the next five years, then we need to be **ambitious**. We want to do our very best for our population and we think we should aim to be one of the leading groups of healthcare providers, nationally and globally.

Talking about our ambition for the future can be difficult when the delivery of services is such a challenge in the here and now. Talking about our ambitions for the future does not mean that we will lose sight of the **day-to-day delivery** of the best and safest possible care.

Through this strategy we reiterate our commitment to this core purpose as well as setting out the ambition that we want to work towards over the next five years and beyond.

Our purpose

To deliver excellent healthcare that improves the lives of our population

Our ambition

For the University Hospitals of Liverpool Group to become one of the leading groups of healthcare providers nationally and globally

Our values

The UHL Group was formed as a partnership of individual NHS foundation trusts. The organisational values of each of the three trusts clearly show that there is much that **binds us together** as partners. Despite coming together as separate organisations, we all share values like compassion, respect, inclusion and accountability.

The UHL Group is still quite young, with LHCH only joining in October 2025. We will work together with our teams across all sites as the Group matures and develops to determine a single set of **shared values**.

Our objectives and what we need to achieve them

To deliver our ambition we have set ourselves four **overarching objectives** and have identified three further themes that will be important for the achievement of all of them. In deciding on these objectives, we have looked at the most recent strategies of all of the UHL Group trusts. Again, this has reminded us that there is more that binds us together than keeps us apart.

Over the next five years we need to:

- **Transform services for our population –** so that we can meet its needs
- **Deliver outstanding care –** so that our services are high-quality safe, timely and efficient
- **Be a great place to work –** so that we attract, develop and retain the best people, who then work in a positive culture
- **Seize the opportunities of coming together –** so that we work together to increase our impact and become more efficient

To be able to achieve these objectives we will need a real focus on three key enablers:

- **Working in partnership**
- **Advancing research and innovation**
- **Making best use of digital and data**

Our objectives and enablers are summarised on the right of this page. The following pages of this five-year strategy set out what we will do in each of these seven areas.

Our Future

1

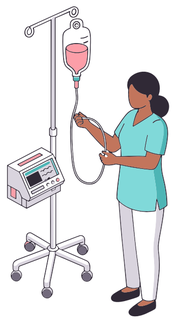
Acute and specialist hospital care

Our hospitals and specialists doing what only a hospital can do

2

Neighbourhood city-wide community care

Working with our NHS partners to provide care closer to home



3

Diagnosis and Treatment Planning

New services that give patients a fast diagnosis and plan for their further care

Our objectives

Transforming services for our population

We will meet the needs of our population sustainably through the delivery of three distinct but inter-related care models.

We need to design our future services around the needs of our local population. To do so we need to **understand these needs**.

At the most fundamental level, our aim should be to prevent people becoming patients in the first place through preventative and pre-emptive care.

When they become patients, some of the people that we serve have multiple conditions and their needs are complex. Other patients have a relatively simple need for a diagnosis and one-off or short-term treatment.

Some of our patients have long-term conditions but are able to manage them effectively themselves. Other patients have an intense level of need and are therefore frequent users of our services.

We think that to meet the different needs of our population we need to deliver our services in a range of different ways. We call these distinct but inter-related ways of providing our services our **three 'care models'** (see picture).

While we have arrived at our three care models through an analysis of the needs of our population, we think that they are consistent with the ambitions set out in the 10-Year Health Plan. We will continue to develop and refine our three care models over the coming five years.

1. Acute and specialist hospital care

We will always need hospitals. But for most people the need for hospital care should be very infrequent. In line with the 10-Year Health Plan, we will work with our partners to reduce the demand on our hospitals by doing more in the community. This will allow us, over the life of this strategy, to start to develop a **smaller, more focused** adult acute and specialist hospital system in Liverpool.

Some of our services are not joined up across the different hospitals in Liverpool. This **fragmentation of services** wastes time and money and, most importantly, results in a worse experience for patients. Through the UHL Group and our partnership with the other specialist hospitals in Liverpool we have started work to address this fragmentation. Our clinical leaders have identified several priority services for improvement and programmes of work are underway to design and develop more efficient services that are better for patients

We will continue to work to make improvements in these services through the UHL Group. We will standardise our patient pathways, learning from each other and increasing the resilience and efficiency of our services. Where appropriate we will develop **single coordinated services** across the city and work is already underway in areas like respiratory and cardiology to bring our services together (see box 3).

Box 3: A single cardiology service for Liverpool

Liverpool currently has three distinct cardiology services based at The Royal, Aintree and Liverpool Heart and Chest Hospital (LHCH). This can lead to variation in the way that services are offered to patients and duplication of parts of their care.

For example, patients needing treatment for a major heart attack (a treatment called a primary percutaneous coronary intervention or primary PCI) are taken straight to LHCH's cardiac catheter labs for urgent care. If a patient is in one of our other hospitals and found to need a non-primary PCI, then they are transferred to LHCH. Differences in the cardiology services in The Royal and Aintree can mean that there is variation in how and when patients are referred, which affects the length of time that it takes for patients to receive this treatment.

Our cardiology teams have been working together over recent years to address some of these challenges. The way our hospitals have been organised has not supported them. Coming together as a Group provides us with the opportunity to create a single cardiology service for the city, coordinating how we deliver care, reducing duplication, waste and delay.

We will also continue to work to reduce the known risks that we have in Liverpool, like those caused by the Liverpool Women's Hospital being on an isolated site away from an acute hospital. An NHS Cheshire and Merseyside review of **hospital gynaecology and maternity services** in Liverpool in ongoing. When the review concludes, we will work to implement its recommendations.

In addition to addressing the fragmentation of services like cardiology and the risks associated with women's services, we will also look to further develop our **areas of strength**. We will continue to develop the services delivered by our specialist hospitals – the Heart and Chest, Women's and Dental hospitals – as well as our specialist services within our acute hospitals, such as the St Paul's Eye Unit and the Liverpool Head and Neck Centre.

We will further develop our specialist services to ensure that as many patients as possible have access to the **latest care**. For example, we will develop and expand our robotic surgery programme where this has benefits for patients, such as improving outcomes and minimising their time in hospital.

We will also continue to work to improve urgent and emergency care in our hospitals. The performance of the urgent and emergency care system is impacted by the services offered by the wider NHS and many other partners beyond our emergency departments. We will continue to work with partners to improve the whole **urgent and emergency care system**.

Urgent and emergency care is also impacted by the **flow of patients** through our hospitals. Timely discharge of patients who no longer need to be in hospital creates capacity that allow us to admit patients from the emergency department more quickly when they need a bed. We will continue to work with partners to improve the flow of patients through our hospitals (see box 4).

Coming together as a group will allow us to support wider work across Cheshire and Merseyside to develop sustainable clinical services for the future. It also puts us in a stronger position to bring **new regional or national services** to Liverpool. We will respond to these opportunities to grow the services that we offer when they arise.

Box 4: Introducing Transfer of Care Hubs

In September 2025, we introduced Transfer of Care Hubs at our two hospitals with emergency departments, the Royal Liverpool University Hospital and Aintree University Hospital. The hubs help with safe and timely patient discharge. They bring together all of the different teams involved to support patients, families and carers to make decisions on discharge.

The hubs are one of the initiatives in place to reduce the number of patients in our hospital beds with no medical reason to be there. Through the development of the hubs, we are working with our partners to achieve safe and timely discharge for our patients.

The Transfer of Care Hubs have played a key role in reducing the proportion of patients in our beds with no medical reason to be there from 28-30% in April 2024 to 18% in October 2025. Work continues to try to reduce this figure further.

2. Neighbourhood and city-wide community care

While people will always need hospitals for the most acute or specialist care, too much currently happens in hospitals that could happen elsewhere. Effective **community healthcare** provides care closer to home for patients and:

- Prevents illnesses and conditions from developing or worsening at an earlier stage
- Prevents emergency department attendances and hospital admissions
- Means that patients who have needed an admission can be discharged as soon as they no longer need to be in hospital
- Keeps people out of hospital following an acute episode and supports them, through rehabilitation, to return to their best possible health

Effective community-based care supports the **performance of our hospitals**, particularly the urgent and emergency care system, by reducing demand on services. Community services also help maintain patient flow through our hospitals by supporting patients to be discharged when they no longer need acute or specialist inpatient care.

The 10-Year Health Plan makes a strong case for the radical shift of care from hospital to the community. It proposes the creation of a '**neighbourhood health service**' to bring care into communities and increasingly provide predictive and preventative care. In so doing it will enable hospitals to focus on providing the best specialist care to those who need it. Delivering the ambition of the 10-Year Health Plan will require fundamental change, including to the pattern of health spending.

Hospital care forms the majority of what we do within the UHL Group, but our member trusts are also providers of a significant amount of **community-based care**. Some of our services have been moving care into the community for a number of years. Often this has been activity like routine outpatient follow-up appointments, but even this has sometimes been met with challenges.

We need to move beyond this to embrace **new and innovative models** of preventative and proactive community care. We will work with our specialties and clinical teams to plan for this further shift of services to the community.

While the UHL Group has a contribution to make, the radical shift that is needed can only be achieved through **working in partnership** with other teams and organisations that also provide community care. This is illustrated by the recent example of pathway redesign in chronic kidney disease involving our renal team (see box 5).

Box 5: Integrating care for chronic kidney disease

Chronic kidney disease creates a significant burden on health services in our region and is intrinsically linked with deprivation and inequalities. There is substantial unmet need, and despite the availability of medication that delays progression, diagnosis often happens following an unplanned hospital admission.

A partnership formed from across the UHL Group, primary care, Mersey Care and other local partners has come together to design a new integrated service for chronic kidney disease patients. It involves:

- Using public health data to identify patients at a high risk of unplanned admission,
- Multi-disciplinary review by the hospital team, and
- The option to stream appropriate patients to a pharmacy-led telehealth clinic in the community to allow them to have their medication optimised

This new pathway has resulted in fewer chronic kidney disease patients attending emergency departments, fewer unplanned admissions, and fewer GP contacts. It has also resulted in significantly reduced travel time for patients and a high level of patient satisfaction.

We have formed a formal partnership with our NHS colleagues at Alder Hey Children's Hospital and Mersey Care to start to coordinate our joint contribution and assess the degree to which our current services are joined up across our shared geography. We are calling the **North Mersey Provider Partnership**. Recent work of this partnership in respiratory and lung health has shown a clear opportunity to improve how we collectively deliver our services. We will continue to develop and strengthen the partnership over the life of this strategy.

We will also continue to work with the **full range of partners** who will be vital to ensuring that the neighbourhood health service is a success in our region: GPs and other primary care colleagues, the 'place' teams at NHS Cheshire and Merseyside, local authorities, and voluntary, community and social enterprise partners.

3. Diagnosis and treatment planning

We know that how we arrange our health services is not always right for everyone. Demographic change and the changing needs of our population and patients is making this issue even more apparent.

In some of our clinical services, like for urgent cancer referrals, there are very **clear patient pathways**. Our aim in these services is to continue to ensure that these work as well as they should.

In other areas, the patient pathway is less clear. We know, from looking at our population, that sometimes **all a patient needs** from a hospital specialist is a diagnosis of what is wrong with them and a plan for their subsequent treatment. This treatment does not necessarily need to happen in a hospital setting.

Currently there are two main ways **into the hospital system** for a patient with a possible diagnosis: either a referral from their GP or an attendance at an emergency department.

Where patients present first to their GP, the GP has two broad options – to direct the patient to the emergency department in urgent cases or to make a referral for the patient to be seen in outpatients. In some instances, due to the high volume of referrals received, there may be **long waits** for this outpatient appointment. This long wait can mean additional pressure on the patient's GP and sometimes means that the patient ends up attending the emergency department anyway.

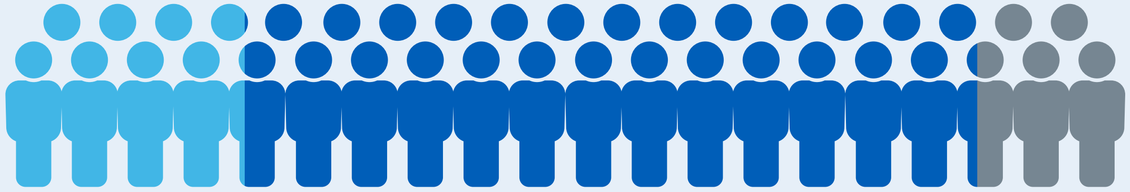
Many GP services are stretched. Some of our local residents are not registered with a GP and others do not know how to access primary care services. This can lead patients to choose to attend an **emergency department** as a first port of call, adding pressure to these already busy services.

This means that there are groups of patients who are **using the urgent care system** to get a diagnosis for an issue that they have not sought help for before, or because they are waiting too long for an outpatient appointment. Other patients wait a long time for their outpatient appointment only to then find out that they need to see a specialist in a different service or specialty, seeing multiple specialists before they get a diagnosis and a plan.

We know that all of this frustrates the people who need to be seen. It also frustrates our clinical teams and is an inefficient way to use resources. Most importantly it adds delay for patients and can be a poor experience of using NHS services. Our analysis of the recorded outcome of each patient's first outpatient appointment at Liverpool University Hospitals in 2024/25 confirms that there is an **opportunity to deliver care differently** (see box 6).

Box 6: The outpatient opportunity

We looked at the recorded outcomes of the nearly 134,000 first outpatient appointments at Liverpool University Hospitals in 2024/25. The recorded outcomes were grouped into three main categories: patient listed for treatment, patient discharged, patient given another outpatient appointment.



22.6%

(30,200)
Patients listed for treatment

43.6%

(58,500)
Patients discharged

30.1%

(40,300)
Patients given another outpatient appointment

The high proportion of patients discharged after one appointment or listed for an additional outpatient appointment suggests an opportunity to fundamentally review the outpatient model to improve our services for patients. In addition:

- 24% of patients waited more than 18 weeks for their first appointment
- Nearly 10% of patients were discharged at their first appointment after waiting more than 18 weeks
- 93% of first appointments were in person

We think that there is a clear opportunity to improve services for patients by looking **beyond the traditional outpatient model** of care. Through our diagnosis and treatment planning care model we will continue to work to speed up our existing pathways.

We will also work to make better use of existing alternatives to outpatient appointments, like specialist 'advice and guidance' services for GPs and direct access for GPs to diagnostic tests. We will work with local **GP colleagues and primary care leaders** through Primary Care Networks to ensure that these services work for both patients and health care professionals.

We cannot just do more of the same though. We will work with clinical teams to develop **new and innovative pathways and services** that result in a rapid diagnosis and recommendations for future treatment, outside of hospital where appropriate. Again, we will work with GPs and other partners in testing and establishing these services. Harnessing advances in digital technology and artificial intelligence will be vital to the success of our diagnosis and treatment planning care model and our ability to meet the needs of our population.

How we will know if we are successful

- Improved acute and specialist pathways
- Impact of diagnosis & treatment planning model
- Impact of integrated care on ED, delayed discharge
- Contribution to increase in healthy life expectancy

Our objectives

Delivering outstanding care

We will deliver safe, effective, and equitable care while maintaining operational and financial performance.

We know that we need to transform some of our services for patients over the life of this strategy. While we do this, we need to continue to strive to provide **outstanding day-to-day care**. We want to deliver high quality care to our patients every day, and our entire workforce has a role to play in that.

We know that this is happening in lots of places, and we want to support our teams to continuously improve. **Continuously improving** our care and services will also help us to improve and maintain our financial and operational performance.

What quality means to us

High quality care can mean different things to different people. At the UHL Group we think that it has seven elements (see box 7).

We are committed to providing **high quality care** across all seven dimensions. We know from the data we collect from patient complaints, patient and staff surveys, and the incidents recorded by our teams that we don't always get this right.

Our approach to quality is not just about the quality of the care delivered by patient-facing colleagues – all of our supportive teams and services have a contribution to make.

Box 7: Our seven elements of quality

- **Safe –** minimising the harm from care that is intended to help
- **Timely –** intervening early to prevent illness and avoiding waits and potentially harmful delays
- **Effective –** providing only services that are proven to work
- **Efficient –** making best use of clinical and other resources and avoiding waste
- **Equitable –** providing care that recognises and responds to different needs, so outcomes are fair across all groups
- **Person-centred –** providing care for patients that is respectful and responsive and a workplace that is supportive
- **Sustainable –** considering the needs of the wider population and the patients of the future, as well as the patients of today

We will continue to develop our systems and processes, within the UHL Group initially, to apply a standardised and consistent approach to quality across every area and function. This is something we call our 'quality management system'.

Our holistic approach to quality

The approach of quality improvement, borrowed from industry, has become prominent in the NHS in recent years. Quality improvement alone though does not provide a holistic approach to managing quality. Instead, it is just one of the components of a quality management system, which has **four distinct elements:**

- **How we plan for quality –** Identifying the needs of our patients and population and developing service models that meet these needs across all seven elements of quality.
- **How we control quality in our day-to-day work –** Understanding what the measures of quality are for the service and monitoring these. For example, we monitor infections, pressure ulcers and falls on our wards on a day-to-day basis as a reflection of the quality of the fundamental nursing care in these areas.
- **How we provide assurance that we are delivering quality –** Having governance and measurement in place through our hospitals to provide evidence that our services are delivering quality. An example of this is the Liverpool Quality Accreditation (see box 8).
- **How we improve quality –** Identifying opportunities to do things better, testing improvements and measuring the impact that these have, and embedding the changes that work into our services for patients.

These four elements of our quality management system need to be underpinned by the right leadership throughout our hospitals and an **organisational culture** that supports its consistent application.

We will continue our work over the life of this strategy to develop and **embed our quality management system** approach across the Group. To support this, we will continue to equip our people with the skills they need to follow this approach.

Box 8: The Liverpool Quality Accreditation

The Liverpool Quality Assessment (LQA) has continued to evolve as a central framework for driving quality across the Liverpool University Hospitals. Since its commencement, it has fostered a culture of ownership, reflection, and continuous learning among frontline teams and leadership.

In 2025, the LQA model was reviewed and refreshed, introducing a more sophisticated rating scale to address limitations in the previous tool and better reflect the dynamic nature of ward environments.

Areas can achieve platinum, gold, silver and bronze status following assessment and use their results to put in place improvement plans. Assessments take place every year, unless an area has been assessed as bronze, in which case it is every six months.

Operational and financial performance

We are committed to delivering all NHS Constitutional standards as a core measure of quality, safety, and patient experience.

Like all NHS hospitals we must deliver a set of nationally mandated **access and quality standards** that reflect patients' legal rights under the NHS Constitution. These include:

- **The A&E standard:** Patients should be seen, treated, admitted, or discharged within 4 hours
- **The elective care (referral-to-treatment) standard:** Patients have the right to start consultant-led treatment within 18 weeks of referral
- **The diagnostic standard:** Patients should receive key diagnostic tests within 6 weeks
- **Cancer waiting time standards:**
    - 2-week wait from urgent GP referral for suspected cancer
    - 31-day decision-to-treat to first treatment
    - 62-day referral-to-treatment pathway for urgent cancer referrals

These standards are not optional targets – they represent the minimum level of care that every patient has the right to expect. Meeting them consistently is vital for improving outcomes and ensuring equitable access to services. Meeting them consistently is also **hugely challenging.** We will continue to strive to meet them over the life of this strategy and work to make improvements that ensure we are able to meet them sustainably into the future.

Implementing our **quality management system** will help us deliver improvements that support improved operational performance, including our ability to meet constitutional standards, and also improve our financial performance.

The NHS financial environment remains challenging, with a number of external factors providing both risk and opportunity for the Group. We recognise that to deliver our strategy and maintain a balanced financial position we must have a strong commitment to clinical, operational, and corporate transformation. We also need to be at the forefront of innovation and development. This includes optimising efficiencies across our services so we can reinvest in patient care.

Our approach to **financial sustainability** over the next five years will be based on the following programmes:

- Delivering our agreed three-year financial recovery plan
- Efficiency and productivity improvements through our cost improvement plans
- Clinical transformation through our three care models
- Further integration of our hospitals through the UHL Group, including corporate services integration
- Strong research and innovation programmes, bringing in additional income and driving improvement and transformation in our clinical care
- Development and delivery of our commercial strategy, including procurement efficiencies and increased private patient activity
- Maximising our charity programmes.

How we will know if we are successful

- National patient survey results
- Patients and staff recommending our hospitals as places to receive care
- Clinical effectiveness audits
- Operational performance measures
- Financial performance and productivity

Our objectives

Being a great place to work

We will attract, develop, and retain the best people and develop a positive and inclusive culture.

There are 20,000 people who work within the UHL Group. This makes us, together as a partnership, one of the biggest employers in the region.

Every single member of staff contributes to the patient care that we are able to deliver. We want to attract and retain the best people and continue to develop as a great place to work so that they have a positive experience of work. Part of that will be helping each member of staff understand their contribution to the delivery of this strategy.

We will develop group-wide and hospital-specific people plans that support the delivery of this strategy. These plans will cover the work that we are going to do to develop and support our workforce in a number of areas:

- Developing the UHL Group
- Responding to changing needs
- Attracting, retaining and developing the best staff
- Our impact as an employer

Developing the UHL Group

The UHL Group came into being in November 2024 with the shared leadership of Liverpool University Hospitals and Liverpool Women's Hospital. The Group **expanded** in October 2025 with the addition of Liverpool Heart and Chest.

Bringing together previously separate NHS foundation trusts is complex and challenging. Our workforce and teams are working through an extended period of significant change. We will continue with a programme of **organisational development** to support our staff as the group continues to develop.

This will involve work to grow a distinct organisational culture for the UHL Group. We will also engage with our workforce to understand and articulate a set of **shared values** that will define how we work together for our patients.

Our leaders and managers will have a vital role to play in how the Group develops. Delivering this strategy will require **strong and visible leadership**. Over the life of this strategy NHS England are expected to introduce a new NHS leadership code and leadership standards; we will be at the forefront of ensuring that our leaders embody these standards.

We will look to the **leadership of our clinicians** to drive the transformation in services for patients set out within this strategy. We will support and develop our clinical leaders to achieve this.

In the challenging financial environment that we face, part of the role of our leaders and managers will be to ensure that our services are efficient, our people are productive, and that commercial opportunities are taken. We will continue to develop and support the leaders of our teams and equip them with the **tools, skills and capabilities** that they need to support the delivery of this strategy and lead in a complex, multi-site organisation.

Responding to changing needs

We need to grow and develop our workforce in response to a changing world. What got us to 2025 will not get us to 2030. There are three key themes that will alter the shape of our workforce over the next five years:

1. **Our three care models –** our workforce will need to change to deliver the transformation in our clinical services. Shifting care into the community from hospitals will need new roles, new ways of working and for our people to develop different skills. Similarly, new diagnosis and treatment planning pathways and services will need different workforce models to support them.

2. **Generational changes in the labour market –** our analysis shows us that over the next five years we will need to adapt to generational changes in the needs and expectations of the workforce. We need to be a modern employer and, where possible, meet these expectations of different and more flexible employment.

3. **The advent of artificial intelligence and automation –** the 10-Year Health Plan sets the ambition to make the NHS the most AI-enabled health system in the world. The impact on our workforce will be significant, with the potential to liberate clinical staff from admin, freeing up time to care, and increase productivity in other services.

We will develop people plans that address these three themes and support our staff and services to **navigate through this changing landscape**. As ever we will work closely with the trades unions that represent our staff to both develop our responses to these changing needs and to support staff through change.

Attracting, retaining and developing the best people

Our people are our greatest asset. Their dedication, skill and experience are at the heart of everything we do and have a huge impact on the care that we are able to provide. We want to attract, retain and develop the **brightest and best people**. In a context of workforce challenges and shortages we will do this through building a reputation for excellence in patient care, research and education, and our commitment to our staff.

Our ability to continue to provide the best possible services to our patients also depends on our ability to **retain and develop** a highly skilled and flexible workforce. To support staff retention, we will make sure that we get the basics that are so important to staff experience right. We will also continue to develop a comprehensive reward and recognition package and ensure that all of our people have a meaningful annual appraisal and personal development plan.

Recruitment and retention will also be supported through the increased ability to provide **attractive career pathways** that working together across the UHL Group provides. Through the UHL Group we will be able to offer greater mobility for our shared workforce and support them to develop their skills and experience, and therefore their careers. Through talent management and succession planning we will support our people to fulfil their potential with us.

Our continuing work to develop our workforce needs to take account of the changing healthcare landscape. Our people will need **new and different capabilities** to transform our services in response to our three care models, harness innovation and technological advances, and grasp commercial opportunities that support our financial sustainability. We will develop our plans to make sure that our teams develop the capabilities they need deliver this strategy.

Education and training will be key to the achievement of this strategy. We will strengthen **multi-professional education and training**, including simulation-based learning, and work with partners to draw people from local communities into learning and development opportunities. We have a clear ambition to develop a flagship NHS education and teaching academy, supporting lifelong learning across clinical and non-clinical roles. We will develop our plans to deliver this ambition during the life of this strategy.

Our impact as an employer

Within UHL Group we have a combined workforce of 20,000 people. Many of our people, and their families, live locally to our hospital sites. We understand that, as an employer of this size, we can have significant impact on the lives of a significant number of people.

We will continue to develop an inclusive workplace where everyone is treated with dignity and respect. Our staff networks will be crucial in this, and we will continue to support and enable these networks to carry out their important work. We will work with our neighbours and partners to maximise our collective impact in this vitally important area, including through our unwavering commitment to the NHS England Sexual Safety Charter and the Liverpool City Region Anti-Racism Strategy.

Further to this, we will work over the life of this strategy to become an anti-racist organisation. We aspire to be an organisation where racism of any kind has no place in the care we provide, the culture we cultivate, or the partnerships we build.

We recognise that an important aspect in being a great place to work is the promotion and maintenance of the physical and psychological wellbeing of our workforce. The wellbeing of our colleagues as individuals is important to us as an employer. Staff wellbeing, and the promotion of wellbeing, is also important for the productivity and performance of our teams, and therefore the quality of the patient care that we are able to provide.

Improving the health of our large workforce, and by association their families, is also part of our contribution to the overall NHS shift from treatment to prevention and our status as an anchor institution. Looking after our staff has great potential in preventing future ill health in our workforce and the wider community.

As a great place to work and an anchor institution we can have a positive impact on social mobility in the region. We will continue to actively support apprenticeships and widening participation activities through the life of this strategy. We will work with local schools, colleges, universities and community groups to improve access routes for local people into good quality jobs. We will seek to do more to create opportunities for marginalised groups, like people with learning disabilities, people who grew up in care, refugees and veterans.

How we will know if we are successful

- National staff survey results
- Staff recommending the UHL Group as a place to work
- Workforce performance indicators, including sickness, turnover and vacancy rates

Our objectives

Seizing the opportunities of coming together

We will work together as one to be more efficient, make best use of our assets, and increase our impact for our population.

We want to take advantage of the larger scale that coming together gives us, while continuing to offer excellent services through the individual nature of our different hospitals.

How we run our services

We are working with NHS England to determine the best way for the acute and specialist trusts in Liverpool to work together in the future, which may include the further expansion of the UHL Group. As our collaboration develops, we need to be clear about how we manage and govern ourselves.

The UHL Group has been established with two founding principles:

- Running our hospitals as close to the patients as possible, with autonomy and flexibility of our hospitals to respond to the needs of their patient and staff
- Centralising and standardising only what would be better to be done once

Within the Group we are establishing our future hospital management structures. We are putting in place three dedicated **hospital leadership teams**, each responsible for a grouping of hospitals and services that are roughly equally sized. Each hospital leadership team is then led by an Executive Managing Director who is a member of the Board of Directors.

Hospital leadership teams are responsible for a number of clinical divisions which in turn are made up of multiple **care groups** that run our clinical services. We will continue the work to establish our management structures and review and refine them as necessary as the Group develops.

As well as our clinical services, and the operational teams that support them, each of our trusts has a number of 'corporate' services. Our corporate services provide vital, often behind the scenes, **functions that allow us to deliver patient care**. Each of our trusts has until now had largely independent corporate teams. Coming together as UHL Group provides the opportunity to bring together these teams to standardise their support and increase their efficiency and resilience.

The development of a single **electronic patient record** (and a strategy for using the data that this gives us) will be a key area where our impact can be increased by working together. A shared clinical record across our trusts will help our clinical teams to manage our shared patients, improve clinical pathways, improve communication between healthcare professionals and with patients, and reduce waste, like repeated diagnostic tests when results cannot be seen across the system.

Our wider impact

Providing high quality healthcare has an impact beyond an individual care episode. Our treatment and care can enable patients to get back to work and be economically active. In recent years, each of our trusts has also been increasingly looking at their wider impact on local communities **beyond the healthcare** that they provide.

The wider impact that we have as a group of healthcare providers is in three main areas: preventing ill health, reducing healthcare inequalities, and lessening our impact on the environment. Our scale together means we can have a **greater impact** in all of these areas. We will work over the next five years to increase our positive wider impact on our communities. A key part of this will be to ensure that these issues become core to the work we do and are not seen as an add-on.

Preventing ill health – Our core role is to diagnose, treat and care for patients experiencing ill health or its consequences. We also need to shift our role to increasingly contribute towards the prevention of ill health. This change is clearly in line with the shift from treatment to prevention set out in the 10-Year Health Plan.

Preventative measures and lifestyle advice are often aimed at behaviours that increase an individual's risk of multiple conditions. We have excellent work underway across the Group and are already working together in key areas (see box 9 for example). We will therefore coordinate and join up our preventative schemes and work with our partners to minimise duplication across our shared population to ensure that we can have the biggest impact.

Reducing healthcare inequalities – There are stark health inequalities in our population. These inequalities are caused predominantly by the wider social determinants of health, like housing, employment, and deprivation. Healthcare providers still have a role to play in lessening health inequalities: by understanding and addressing the healthcare inequalities that are caused by how we arrange and deliver our services and by acting as an 'anchor institution' we can contribute towards these wider determinants of health.

We will work over the coming years to assess the equitability of our services in terms of access, outcomes, and experience. Where we identify potential issues, we will work to address them and improve the equity of the services that we deliver.

Box 9: Treating tobacco dependency in inpatients

Smoking is the leading preventable cause of illness and premature death and disproportionately impacts disadvantaged groups. 13% of the adult population in England smoke but an average of 21% of LUHFT inpatients are smokers. Inpatient admission, even for issues unrelated to smoking, is viewed as an effective 'teachable moment' to try to address tobacco dependency.

The CURE service at LUHFT was formed in 2019. It is run by an expert team that is dedicated to supporting people to quit smoking during their hospital stay. The team offers personalised treatment plans – including nicotine replacement therapy (NRT) – tailored to each patient's medical history and smoking habits. The team then refers patients to their local community services when they leave hospital.

- More than 750 patients seen each month in 2025
- 48% of smokers accepted support
- Significant increase in prescriptions of NRT
- 19% of CURE patients transitioning to community services report a successful quit at four weeks

The service is funded by NHS Cheshire and Merseyside, and the team offers the same service to inpatients within Liverpool Women's (excluding maternity), Clatterbridge and other Liverpool hospitals.

Anchor institutions are organisations whose long-term sustainability is tied to the wellbeing of the populations they serve. Acting as anchor institution means actively using the organisations assets and resources to influence the health and wellbeing of the local community. We will continue to work to strengthen our status as an anchor institution over the life of this strategy.

Lessening our impact on the environment – Our trusts have well-established programmes to reduce our environmental impact and contribute to the wider NHS's ambition to be carbon net zero by 2040. Seeking to reduce our respective environmental impacts has made it clear that our trusts are already inextricably linked in many ways.

We have shared campuses with multiple hospitals and facilities on each. These campuses share things like energy infrastructure, waste streams, and travel infrastructure. Our teams are already working together to have a greater impact, for example through a joint car sharing system in 2025. Working ever closer together across our sites, as well as other collaboration like working together on our procurement practices, provides us with a great opportunity to have more of an impact than individual trusts working alone.

Using our assets

As previously noted, our hospitals are often on shared sites. The artificial organisation boundaries that have been in place in Liverpool have affected our ability to use this estate to its full potential. We will create plans for how we develop and use our **shared estate** to support our plans for patient care.

In addition to planning how we use our current estate, we will work together with our partners to develop areas of further opportunity that our estate provides. The available estate on many of our sites provide us with the opportunity to work collaboratively with our partners to support our clinical needs support the wider health and academic health sciences system and attract inward investment into the city. We will continue to develop plans for the **strategic estates development** of all of our sites in the coming years

We will also make use of our estates assets within the Group, and the expertise of our workforce, to develop our **commercial programme**. Developing a strong commercial programme will give us a significant opportunity to reduce costs, for example through a joint procurement system, as well as increase income, for example through increased private patient activity.

Increasing our non-NHS income and driving investment into the city is no longer optional – it is an economic reality and an opportunity that we should seize to support our vital NHS services. Coming together as the UHL Group puts us in a much **stronger position** to achieve this. We will work together to grow and maximise our private patient income and the efficiencies we can make through joint procurement.

Coming together will also make it easier and more attractive for industry and commercial partners to do business with us and make the latest innovations available to patients in Liverpool. We will develop and deliver our **first ever commercial strategy** in the coming months to ensure that we seize these opportunities.

We will look to harness the expertise within the UHL Group to develop **global partnerships** that have benefits both to the Group and our overseas partners. We will also use our scale and our expertise to seek to influence national guidance and policy to the benefit of our population and staff.

How we will know if we are successful

- Integrated corporate services
- Commercial strategy and programme
- Progress to net zero carbon
- Social value created

Our enablers

Partnership working

The achievement of much of this strategy will rely on close working with our partners within the NHS and outside.

The UHL Group is itself an example of positive collaborative working. But even working together through as a Group there is much in our strategy that we will not be able to deliver without our other partners.

To deliver this strategy we need to **do things differently**. In recent years the NHS has not been set up to support collaboration. Partnership has not always been at the core of our approach in Liverpool.

We have already started to work differently, but we will need to continue with this change of approach so that we build strong relationships with our partners. We will create, develop and grow a number of **key partnerships** over the coming five years.

With **other NHS trusts**, including:

- Our partners in Liverpool's other specialist trusts, The Clatterbridge Cancer Centre and The Walton Centre, to ensure that acute and specialist care in the city is as coordinated as it needs to be
- The North Mersey Provider Partnership – our partnership with Mersey Care and Alder Hey Children's Hospital to work together in a number of areas, including to coordinate and improve the community services that we deliver
- The Liverpool Neonatal Partnership – our work with Alder Hey to ensure that the city's premature babies get the best possible care
- Our involvement in the work of the Cheshire and Merseyside Provider Collaborative, including its diagnostics programme and work to make sure that clinical services across the region are fit for the future

With **GPs and Primary Care Networks**

- To continue to improve the interface between primary and secondary care
- To improve patient access and pathways, support community-based diagnostics, and strengthen urgent care alternatives to hospital emergency departments
- To jointly develop and deliver proactive neighbourhood care that improves population health and reduces health inequalities.

With **wider NHS partners**, including:

- Collaboration with NHS Cheshire and Merseyside as it supports the development of neighbourhood health services
- Partnerships in specific service areas across Cheshire and Merseyside and beyond, like the Cheshire and Merseyside Cancer Alliance and other clinical networks

With the **trades unions** colleagues who represent our staff, advocate for them, and support them through change.

With **social care providers**, whose work has an impact on our hospitals, including:

- Local Authorities in the region, whose social care services support patient discharge from our hospitals, increasing efficiency and patient flow, and supporting urgent and emergency care

With **higher education institutions** in Liverpool City Region's academic health science system, including:

- Our partnership with the University of Liverpool, which has multiple parts, including research and innovation, education and training, and the potential joint development of part of the old Royal Liverpool Hospital site into an Academic Health Science Campus as part of the Health Innovation Liverpool programme
- Liverpool School of Tropical Medicine, Liverpool John Moores University, and Edge Hill University
- Partnerships based around specific parts of the city, like the Liverpool Knowledge Quarter Board

Through our **research and innovation** collaborations, including:

- Liverpool Health Partners, which unites Liverpool's research-intensive universities and NHS trusts to drive excellence, collaboration, and innovation in health and life sciences across the city region
- NIHR Liverpool Clinical Research Facility, a state-of-the-art collaboration dedicated to delivering early-phase and experimental medicine studies that bring cutting-edge treatments to patients faster
- NIHR Cheshire and Merseyside Commercial Research Delivery Centre, a regional hub that drives excellence in the set-up and delivery of commercial research across the NHS
- NIHR Applied Research Collaboration 2 Northwest Coast, a partnership of NHS organisations, local authorities, universities, and industry working together to improve health outcomes and reduce inequalities across the region
- Liverpool Experimental Cancer Medicine Centre, part of a UK-wide network dedicated to accelerating the development and testing of new cancer therapies

With **local government** partners, including:

- Liverpool City Council and Liverpool City Region Combined Authority on a broad range of topics like encouraging investment into Liverpool through our strategic developments and commercial programme, and increasing our impact on our communities through acting as an anchor institution

With **voluntary, community and social enterprise partners**, who often work 'on the ground' with local communities and groups and can offer support for people who have healthcare needs or who need support to return home from a hospital admission.

With **commercial** partners, which is an area of largely untapped opportunity that we will address through the development of our commercial and innovation strategies.

We will continue to develop these partnerships and collaborations, and more, in support of our strategic priorities throughout the life of this five-year strategy.

How we will know if we are successful

- Development of neighbourhood and community services
- Patient flow through our hospitals
- New research and innovation partnerships
- Strength of our commercial programme

Our enablers

Research and Innovation

The advancement of research and innovation will be fundamental to the delivery of our strategic objectives over the next five years.

Research and innovation are essential for the achievement of all of our strategic objectives. Through research and innovation, we develop and implement new treatments and technologies that have a positive impact on both patient care and staff experience.

Beyond this, we also know that hospitals that are research-active deliver **better patient care** overall. Being active in the spheres of research and innovation will also help us attract and retain the best staff, lessen health inequalities, and contribute to our financial sustainability.

Strengthening research and innovation is a key area of opportunity that coming together as the UHL Group provides. We want to be national and international **leaders in research and innovation** to improve care now and in the future.

To do this we need to **integrate research and innovation** into our delivery of day-to-day services. Research and innovation should not be an add-on to our teams; it should be embedded as part of their everyday working lives.

Through the UHL Group we have already begun work to develop research and innovation strategies with wide engagement across our hospitals. We will put plans in place to complete and deliver these important strategies over the next five years.

Compassionate, caring, knowledgeable: The UHL Group Research Strategy 2026-30

Our ambition is for the UHL Group to become a **leading UK research-active NHS organisation** when compared to similar NHS partnerships and large research-active trusts. Our vision is to build on the outstanding research performance and resources that already exist within Liverpool and individual member trusts will lead research in their specialist areas.

We will work in collaboration with Liverpool Health Partners (LHP), in partnership with healthcare providers across Liverpool, Cheshire and Merseyside, our university partners, and national agencies. Together, we will ensure that improvements in patient care are delivered rapidly, addressing the urgent healthcare needs of our local population and contributing to better health outcomes nationally and beyond. In doing so we will transform the ULH Group into a major national and international **healthcare research powerhouse**.

The research strategy will set out three broad aims:

1. **To maximise research recruitment and reach –** in collaboration with our partners we are committed to maximising recruitment to both commercial and non-commercial National Institute for Health and Care Research (NIHR) portfolio studies. To do this we will ensure faster study set-up, improved patient recruitment, and greater opportunities for NHS participation in commercial trials. By embedding research opportunities across the full continuum of care — from prevention and public health through to hospital treatment and long-term management — we will ensure that research reflects real-world patient journeys and reaches underrepresented populations.

2. **To strengthen academic impact and build research capacity –** in partnership with local universities and our academic health partners, we will enhance existing areas of excellence and develop new programmes of internationally competitive research. Achieving our research goals depends on a vibrant and sustainable research workforce across all professions — including doctors, nurses, midwives, allied health professionals, pharmacists, and healthcare scientists. To strengthen our research culture, we will establish clear pathways, mentoring, and guidance for protected time for NHS-employed staff to develop research skills and careers.

3. **To adopt regional, national, and international leadership roles –** we will take an active leadership role in research at regional, national, and international levels. Through our partnerships we will contribute to building a world-class academic health science system that drives research-led improvements in healthcare delivery and outcomes. Liverpool, through LHP, has already laid the foundations for this system, which brings together the region's NHS, academic, and civic organisations to create a shared culture of collaboration and research-led improvement. This integrated approach will deliver measurable benefits for patients, communities, and the regional economy, and will strengthen Liverpool's position as a national leader in health and life sciences.

We have five defined measurable objectives to deliver these aims:

a. **High quality research –** ensuring that as many patients as possible are offered the opportunity to participate in clinical research studies

b. **Widened access to research opportunities –** delivering a balanced and growing portfolio of clinical research studies, and ensuring that this supports efforts to tackle inequalities and widen inclusion

c. **Enhanced research performance –** meeting national targets for speed of setting up and opening clinical trials to recruitment

d. **An embedded culture of research –** increasing the number of research-active NHS clinicians (doctors, nurses, allied health professionals, and clinical scientists), embedding research as a core part of clinical practice

e. **Financial sustainability –** ensuring that research is self-funding and contributes to the overall cost-effectiveness of the Group

The UHL Group Innovation Strategy

Our innovation strategy will set out a bold and coordinated approach to transforming innovation in the UHL Group. Through this coordinated approach we will deliver health, economic, and societal benefits to our region.

The way things are set up currently means that too many potentially high-impact innovations stall at the pilot stage. The result is a fragmented system where cutting-edge solutions rarely achieve widespread adoption, limiting improvements in patient care, operational efficiency, and economic growth.

Our aim is to create a seamless pathway across the UHL Group from idea to system-wide adoption, which will bring benefits for both the NHS and the regional economy. By 2030, we want the Group to be recognised as a national example for how an integrated, responsible NHS innovation ecosystem can:

- Improve health outcomes
- Reduce inequalities
- Grow the regional economy
- Support a sustainable, high-performing health system

Working with our partners we will coordinate a unified innovation approach across the UHL Group enabling:

- Faster development, testing, adoption and scaling of high-impact innovations
- Measurable improvements in clinical, operational, financial, and equity outcomes
- Stronger NHS–industry partnerships that drive regional economic growth

Our innovation strategy will have clear **links to our commercial strategy**. Through increasing innovation, we will drive investment in the UHL Group and our region more generally. We will work with partners, including the Liverpool City Region Combined Authority, to create seamless innovation pathways and the infrastructure to support strong industry engagement.

The innovation strategy will set out three broad areas of focus:

1. **Innovation culture –** empowering staff at all levels to contribute to transformation
2. **Product innovation (development) –** developing, co-developing, and scaling commercially viable technologies, underpinned by robust real-world evidence and sustainable commercial pathways
3. **Service innovation (adoption) –** redesign and scale service models that integrate technologies into care pathways, delivering system-wide efficiency and improved outcomes.

The innovation strategy will support the introduction and expansion of the 10-Year Health Plan's 'five big bets' – five transformative technologies that will drive new models of care (see box 10).

Box 10: NHS England's 'Five Big Bets'

Data to deliver impact – flowing seamlessly and securely to enable earlier diagnosis and better health research

AI to drive productivity – supporting patient choice and liberating staff

Genomics and predictive analysis – for pre-emptive, personalised care, starting at birth

Wearables to make care 'real time' – and become standard in preventative, chronic and post-acute treatment

Robotics to support precision – transforming patient care from surgery to rehabilitation

Using data, genomics, and advanced diagnostics will support **precision medicine and personalised care**, allowing our teams to tailor prevention, diagnosis, and treatment to each individual. By combining clinical expertise with digital tools, stratified risk models, and patient-reported outcomes, we will deliver care that is more targeted, effective, and equitable.

How we will know if we are successful

- Agreed strategies for research and innovation
- Trial numbers and recruitment
- Equity of access to trials
- Commercial trials numbers

Our enablers

Digital and Data

Digital technology has a huge potential to improve the services that we offer to patients and the experience of the staff who deliver them.

The shift from analogue to digital is one of the three key parts of the 10-Year Health Plan. We will continue to **develop our digital plans** to support the delivery of this strategy and response to this. This will include our ambitions to address the plan's 'five big bets', some of which are heavily digitally enabled.

One care, one platform

The cornerstone of our digital plans is the procurement of a single **electronic patient record** for the UHL Group and the other adult hospitals in Liverpool. Work to make this happen has already started. A single trusted patient record system, operating across all of our hospitals will be a game-changer for the coordination of care across the city. It will allow us to deliver more holistic care based on the latest clinical information. Putting this in place across the Group is a multi-year programme and will be a major part of the next five years.

Our plans are not just about a single electronic patient record. Over the life of this strategy, we will develop a **shared digital infrastructure** for the UHL Group. We will simplify the complicated picture of digital systems that our clinical teams have to use, minimising the issues faced around multiple systems and logins. Through this we will increase the productivity of our committed and expert workforce and release time for our clinicians to focus on patient care.

Digitally enabled transformation

Digital technology will be essential for transforming our clinical services and delivering the **three care models**. Digital technology will help us to develop and deliver alternative services and pathways that support our diagnosis and treatment planning model, building on the good work already underway (see box 11). Digital developments will also support patients to receive care closer to home, including through wearables and remote monitoring in their own homes.

Box 11: Artificial intelligence in dermatology

The volume of referrals received through the urgent skin cancer pathway at LUHFT has increased significantly in recent years. This has been driven, in part, by the long waiting times for general dermatology referrals (currently around 12 months).

The LUHFT dermatology service has put in place a new pathway that makes use of the latest in AI to determine more quickly which patients need specialist care.

Patients attend one of four local photographic hubs. The images taken are then assessed by the AI system, checked by a dermatologist if necessary, and the patient is discharged or invited to a virtual or face to face clinic.

This AI-supported pathway has already sped up diagnosis for patients and freed up dermatologist time. There is potential to release even more clinical capacity as the system develops further.

The 10-Year Health Plan sets out the vision that the new 'neighbourhood health service', which will see preventative care happening as locally as it can, will be **'digital by default'**. We will also work to harness the functionality of the NHS app as it develops to support our services and meet the aspirations set out in the 10-Year Health Plan.

Wearables, and the continuous monitoring that they allow, provide the potential to improve the management of patients while they are in hospital as well as keeping them at home when appropriate. **Artificial intelligence and automation** also offer great potential to increase efficiency, accuracy, and free up workforce time to focus on the activities that need to be done by a human, such as direct patient care.

We need to develop our digital plans in a way that supports patients and does not increase health inequalities through **digital exclusion**. We know that this will also be a priority nationally.

Using our data

Using data to deliver impact is another of the transformative developments set out in the 10-Year Health Plan. We will develop a strategy for **how we use the data** that our new electronic patient record and other digital systems give up us.

Our **digital and data strategy** will set out our plans to use our rich data to support prevention and early detection, drive improvement in services and outcomes, support our research and innovation programmes, and attract investment from commercial partners to support the financial stability of the UHL Group. It will outline how we work with local and national partners and initiatives to join up and make the most use of the different data sources and tools available. The strategy will of course set out how we will keep our data

Box 12: Data and the 10-Year Health Plan

"In the NHS of 2035, health data will flow seamlessly and securely. The data will be the basis of more coordinated care, real personalisation and over time, care that pre-empts need, rather than just reacting to it. Data will fuel continuous learning in the NHS, support research and improve care equitably.

"In the next 10 years and beyond, industries and companies that do not harness data will be replaced by those that do. It is unthinkable for the NHS not to use its own data to transform healthcare for its patients today, and to drive its financial sustainability so it can meet the needs of its patients in the future.

"In our engagement, the public told us that they readily accept the use of their data for applications beyond direct care, as long as strict privacy and security conditions are in place and met. They want to see it support the innovations that could, in future, save lives. We also heard that they would expect the NHS to derive value from its use. If NHS data supports a profitable product, the NHS should share in the proceeds."

How we will know if we are successful

- Digital and data strategies in place
- Electronic patient record programme
- Clinical capacity freed up through digital transformation
- Digital usability feedback from staff and patients

Delivering the strategy

This five-year strategy has been developed over a number of months through **extensive engagement**. We have spoken to people across the UHL Group, to patient and public representatives, and to our partners in the NHS and beyond.

We want this strategy to be real. It sets out the things that we want to achieve over the coming years. To do this we need to translate the high-level ambitions here into **detailed plans for action** in each of our hospitals, clinical services and corporate and support areas.

Every member of staff will have a role to play in the delivery of this strategy. We will put in place plans to ensure that our people and teams have the **capabilities, tools and support** that they need to bring about the change that is required.

In addition, our communications and engagement plans will ensure that the strategy provides a **consistent thread** to our work, and how we communicate about it, over the next five years.

We will put in place **regular reporting** on our progress in delivering this strategy, as well as our challenges, to the UHL Group Board of Directors, Governors and staff. This regular and transparent reporting will ensure that we can be held to account for the delivery of the commitments we have made in this strategy.