



UMC Utrecht

# Annual report 2024



Your question,  
our answer



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# Foreword of the Executive Board

## Annual report 2024: Your question, our answer

2024 was a year of hard work and determination for UMC Utrecht. An intense year in which we continued as one organization to build the healthcare of tomorrow. We progressed towards our new organization in 2026. Only by working together can we make a difference. It is our joint mission to deliver the best healthcare, do groundbreaking research, and train people for the future. As one UMC Utrecht. We are proud of and grateful for each person's effort. Because our colleagues are the people who make UMC Utrecht what it is.

## Listening as a guiding principle

This year we are not just bringing out any annual report, but an annual report that is based on the **questions you asked us**. Because at UMC Utrecht we see people. And that starts with listening, being interested, and truly paying attention. To each other, to patients, and to society. Only by knowing what is going on, can we be in line with what is really needed. We can thus show how we focus on our societal tasks, how we contribute to a sustainable habitat, and how we are working on good governance. But above all, you can read in this report how we make an impact. Through healthcare, education, and research that contribute thereto.

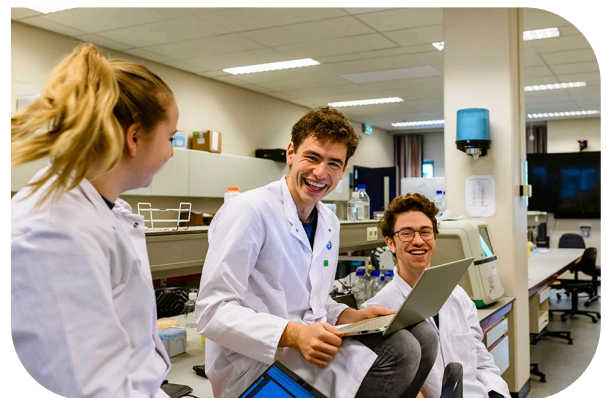
## Patients are central

Thanks to intensified collaboration between specialties, we have managed to deploy the **capacity in our operating rooms in a smarter way**. As a result, waiting times are shorter and patients are helped faster. We are also proud of having maintained pediatric cardiology: in the Network for Congenital Heart Defects (Netwerk Aangeboren Hartafwijkingen), we are working **with four UMCs** on differentiating care with a fantastic team. Faced with the challenge of a growing demand for healthcare, we are also increasingly focusing on transmural, digital healthcare supply through technological innovations - such as the use of AI. Often in close collaboration with our **regional partners**.

## Education and research on the move

With **The New Utrecht School** we are seeking connections with various perspectives. For education and research, but also elsewhere in the organization. This is demonstrated in a **new curriculum for a number of our training programs**.

Our pioneering spirit transpires in the research that we are accelerating at UMC Utrecht, and with which we are making a real contribution to societal challenges. Education as well as research remain important for all our employees in the organization. From our unique position in the Utrecht Science Park, we are working together on valorization that differentiates us.





## Sustainability

Looking at our societal task, we are moving towards an energy-neutral UMC Utrecht and are increasingly integrating **sustainability in healthcare**, in **research**, and in **education**. Sustainability is also an essential topic in our new constructions, where we have made an impressive new start with our renovation plans. A great milestone was the start of renovations at the Wilhelmina Children's Hospital.

## Towards 2025

We are working towards a new organization, as we want to be well prepared for the challenges of the future. We are doing this by creating an organizational model in which we can more efficiently deploy people and resources. In this, we remain true to our essence: good healthcare, valuable research, and education with impact. In all of this, it is important to keep listening to our people. Because by making room for different perspectives, we are creating a safe and dynamic environment. We continue to listen. Because every person counts.

### The Executive Board of UMC Utrecht

Carina Hilders

Arno Hoes

Josefien Kursten

Remco van Lunteren



# Report from the Supervisory Board

The past year was again one in which significant steps were taken on important matters. And in which we appointed Carina Hilders as new Chair of the Executive Board.

From our role as supervisor, employer and advisor of the Executive Board, the Supervisory Board continues to be closely involved in these steps. We take the time and listen attentively to developments in healthcare, education, research, and valorization. The Supervisory Board met in 2024 on a wide range of topics, besides the mandatory financial ones like financial statements, quarterly figures, investments, and budget.

The Healthcare of Tomorrow program continued to take shape in 2024, with UMC Utrecht's transformation towards a future-proof organization as the central thread. A large organizational change of this order demands a meticulous approach. As the Supervisory Board, we spent much time and attention to this and conducted in-depth discussions with the Executive Board and the steering group regarding the choices that need to be made. These discussions gave us much confidence in the steps lying ahead. The master plan for Accommodation is another important key topic. The Supervisory Board was involved in setting up the new Building and Accommodation department, with improved plans and a solid basis for the next 10 to 15 years.

The progress of the sustainability policy within UMC Utrecht as a whole was impressive. In particular the way in which this theme has now been interwoven with education and the commitment of students and lecturers via the working group for Planetary Health.

We also looked at the revision of the Medical curriculum, which is thorough and inclusive. It provides scope for a broader vision of the medical field, including mental healthcare and social aspects such as wellbeing and habitat. This is in line with our New Utrecht School. We are proud of our researchers and their groundbreaking work in 2024. It is important to give them recognition for their innovative research. When a research group obtains a major research grant, the Supervisory Board is keen to get an update on the study from them.

Themes like patient safety, social safety, and integrity also drew considerable attention in 2024. The work of the confidential counselor, a safe culture, and (sexually) unacceptable behavior came under discussion. Many measures have already been taken, such as the four-eyes principle and role-play in courses. In 2024, we once again also talked with colleagues about patient participation. These meetings were inspiring and showed how important it is to have patients take part in reflection, discussion, and decision-making processes. A fine example is the **This is Us** program.

Also in the areas of diversity and inclusion a lot has been happening, but important steps are still needed, particularly in terms of retaining diverse talent. It remains a social issue. Even though UMC Utrecht attracts diverse talent, we still do not always manage to retain these people.

In 2024, we said goodbye to two valuable members of the Supervisory Board. Marianne de Visser – vice-chair and chair of our Quality and Safety committee – brought knowledge and experience as a physician (neurologist). She played a considerable role in the way in which the Supervisory Board ensured quality and safety at UMC Utrecht. We also said goodbye to Aloys Kregting - chair of our HR & Governance committee and an appreciated member of the Audit committee, who always posed incisive questions from a different angle, and who was highly experienced in ICT and HR. Both of them have meant a lot for the Supervisory Board. As a new member of the Supervisory Board we welcomed Geraline Leusink on October 1, 2024.

A change also took place at board level, where we said goodbye to Executive Board chair Margriet Schneider. She was a standard bearer for UMC Utrecht. Together with her colleagues on the Executive Board, she provided nine years of unfailingly determined and courageous, yet human and humble leadership at UMC Utrecht. She was always willing to take a critical view of her own actions as well as those of the Executive Board. Carina Hilders took over from her on Augustus 1, 2024. In her, UMC Utrecht gains an experienced director with a clear vision of (female) leadership, communication, and transformation.

#### **Looking ahead at 2025**

In 2025, we will be preparing for the organizational transformation of UMC Utrecht in 2026. The broad outlines are there, and the impact on employees and the organization is considerable. As is the need to create financial scope for essential investments such as renovation plans. These are necessary to meet IZA standards. Financial returns therefore remains an important point. At the same time, it offers opportunities to strengthen innovation, sustainability, and the quality of our environment and work. Lastly, in 2025, we will be collaborating with the Dutch Ministry of Defense on a preparedness plan, so that UMC Utrecht will be ready in the event of a military conflict.

As the Supervisory Board, we are proud of the people at UMC Utrecht. Our researchers with their impressive, trailblazing research. Our healthcare professionals who do their utmost and work with heart and soul to provide care. And our educational staff who with passion are training new generations of professionals who are not only competent, but also ready for the society of the future – the healthcare of tomorrow.

On behalf of the Supervisory Board,  
Henk Broeders, Chair

[Read more on how the Supervisory Board fulfilled its supervisory role in 2024](#)

# Our year in numbers

## Our core tasks

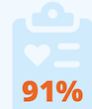
### Our patients



**228.140**  
patients

**8,7** patient satisfaction score

50%  
feel heard



**91%**

care  
provided  
within care  
profile

### Our research & valorization

- € **185** million euros recruited (registered contracts)
- 1659** PhD candidates → **261** doctorates (PhD)
- 217** professors
- 3934** scientific publications → **82%** Open Access
- Valorization: **5** start-ups | **20** intakes | **8** patents | **1** license

### Our students

**4.027** medical school students → **1.173** university degrees

**245** nursing students (175 HBO and 70 MBO) → **45** graduated

**1.100** Professionals in training UMC Utrecht Academy → **553** diplomas



> 80% (very) satisfied with 88% of courses



**731**  
AIOS

### Our colleagues



**12.219**  
colleagues

> **25.000** applicants  
**1.397** vacancies filled



**8+**

**49,1%**  
rate UMC Utrecht 8 or higher

## Our impact on people, planet and society



**2.490**  
People

colleagues participated in programs on career development, vitality and work-life balance

**CO<sub>2</sub>**

reduction in buildings: **22%** achieved, on track for **55%** (target 2030)

We achieved this partly by making 40 freezers 10C warmer. This saves 5 tons of CO<sub>2</sub> per year



**47%**  
waste recycling  
(44% 2023)



Green network  
**547**  
colleagues

Average waiting time for surgery **decreased** by more than **30%**



Number of people on waiting list surgery **decreased** by over **10%**



European clinical research for tailored cystic fibrosis (CF) treatments

We apply research knowledge in practice to build the **healthiest neighborhood** in the Netherlands



Global impact of UMC Utrecht vaccine research on RS virus



**Together is always better**  
We collaborate with partners worldwide to create impact through healthcare, education, and research.

### Net result € 30.651.000

This enables us to continue investing in healthcare, research and education, good employment practices, sustainability, technological innovation, and the renewal of our hospital.



# How we went out looking for your questions

An annual report filled with fine milestones and highlights? Of course we could. But we wanted to do it differently this year. Because for whom are we really making this report? And what do these people want to know from us? This is what we listened to this year. The result is an annual report based on what you find important.

## What did we do?

We asked patients, colleagues, and the general public what they wanted to know from us in terms of healthcare, education, research, and valorization. We did this with a survey on the three themes in the **European Corporate Sustainability Reporting Directive**: people, environment, and governance. For each theme, survey participants could tick two or three topics that interested them. Topics that interested 20% or more of the participants were included in our annual report.

## Students also took part in the reflection

For students, we used a different approach. Via the student ambassador, we discussed the themes in consultation with students who are active in education and student associations (such as Mebiose, Sams, SUS, and Tridenz). This way, we ensured that their questions and interests also got a rightful place in the annual report.

## Your question. Our answer

In our annual report, you can therefore also read everything that our patients, colleagues, students, and the general public find important and want to know from us in terms of people, the environment, and governance. We hope that we are thereby also addressing the things that you find interesting and that you want to know from us. Naturally, you will also find all the relevant and mandatory (financial) information in it that an annual report must contain. Do you see any topics that are missing?

Do you have any questions or feedback for us? Let us know at [info@umcutrecht.nl](mailto:info@umcutrecht.nl)



# UMC Utrecht in society

Everyone deserves suitable healthcare. Healthcare that is not only good, but also appropriate for who a person is and what they need. As a leading university medical center, we train professionals of the future and contribute with groundbreaking scientific research to improving healthcare for people as well as their health in general. We do this in our region, countrywide, and abroad. Beyond the boundaries of individual disciplines, we do research, educate, and share knowledge and insights that will be the building blocks of health in the future. Because it is at the interfaces of disciplines that innovative solutions arise which will take the world further.





# Social tasks

Which major challenges are we as UMC Utrecht and as society facing?

## There is a growing demand for healthcare

The world is changing, and we see this in healthcare too. People are getting older, but not everyone ages in good health. More and more people are dealing with overweight, mental issues, or long-term diseases. Such as diabetes and cardiovascular disease. As a result, the demand for healthcare – including specialist academic care – is growing fast. We feel responsible for contributing to solutions that really help people - now and in the future.



## Healthcare keeps getting more expensive and less accessible

Healthcare is becoming more expensive, due for example to the fact that an increasing number of people need more or longer-term care, and due also to new expensive medication and treatment technologies. At the same time, less money is available. This means that healthcare is becoming less accessible for many people. In the Integraal Zorgakkoord (IZA) or Integral Healthcare Agreement, we already made agreements for appropriate care, in other words care that is good, accessible, and affordable. And we are looking further at how we can work as efficiently and effectively as possible.



## The pressure on scientific research and education is increasing

We are seeing significant cuts in funding for research and education. And this while our researchers and the new generations of (healthcare) professionals that we are training, have to use their knowledge and expertise to develop new solutions. At UMC Utrecht, we continue to invest in innovative training and performing high-quality scientific research. This enables us to maintain and develop our position in the international academic playing field.



## Health disparities are increasing

Health disparities between different groups of people are increasing. Long-term illness, access to healthcare, and people's average life expectancy unfortunately still differ from one neighborhood to the next. Someone with (more than) enough means often stands a better chance than someone with (too) little income. These problems go beyond healthcare. Based on our social role, we contribute to reducing health disparities where possible. We do this by building ties (through internships in the neighborhood) and doing research in the communities. Because every person counts.

## The environment we live in is becoming unhealthier

The earth is getting warmer, biodiversity is decreasing, air and water quality is deteriorating, and we are suffering increasingly from either floods or on the contrary, water shortages. This has negative consequences for the planet. And for us as people. Because the environment in which we live, has an impact on our health. This is why we are working towards a healthy planet for a healthy society. We are making our healthcare, research and buildings more sustainable – because better care starts also with a **better environment**. We train **professionals of the future** to work in a new way that will contribute to sustainable healthcare and a sustainable society.



## Shortage of professionals

Staff shortages are increasing. Our core tasks – healthcare, research, and education – can only be performed, and our knowledge turned into real innovation in daily practice (valorization), through the input of all our colleagues. It is therefore important for us to take care of each other. For example when it comes to how people feel, how satisfied they are with their job at UMC Utrecht, and what their growth opportunities are. It also ensures that we retain our colleagues. Naturally, we focus on recruiting new colleagues too. In this regard, we cooperate actively with our colleagues in the region.

# Our strategy

The challenges facing us are considerable, but so are the opportunities to tackle them. As a university medical center we have a unique role: we train healthcare professionals, perform innovative research, develop new solutions that contribute thereto, and offer care of an exceptional level. It is through this combination that we add value to people's lives. At a regional, national, and international level.

To achieve future-proof care more effectively, we must build and organize healthcare, education, and research differently. This is what we mean by transformation. It means that we must think of new solutions, establish links between different subjects and professions, and embrace technology. We cannot do this alone: we must collaborate within strong networks. With colleagues, patients, and students. And with partners in the region, countrywide, and beyond national borders. In this regard, we are working daily on our Connecting Worlds strategy.

Our scientific research is divided into six multidisciplinary programs: **Circulatory Health, Brain, Infection & Immunity, Cancer, Child Health and Regenerative Medicine**. Our healthcare is integrated into these.

We are accelerating our strategy by focusing specifically on content within these focal points. Our 'accelerators' pertain to the following seven areas:

- Healthy living
- Biofabrication & disease modeling
- Molecular science & therapy
- Image-guided interventions
- Integral complex care for children
- Acute complex care
- The New Utrecht School

What makes our education unique, is our educational strategy called **The New Utrecht School**. Keywords here are: interdisciplinary and inter-professional learning, patient participation, diversity and inclusion, translational medicine and life sciences, resilience and wellbeing, and Planetary Health.

## Mission

Our mission is clear: Together we improve human health and create the healthcare of tomorrow.

## Vision

This is guided by our vision: Together, we create more value, because every person counts.

View [our strategybook](#) for more about our strategy.

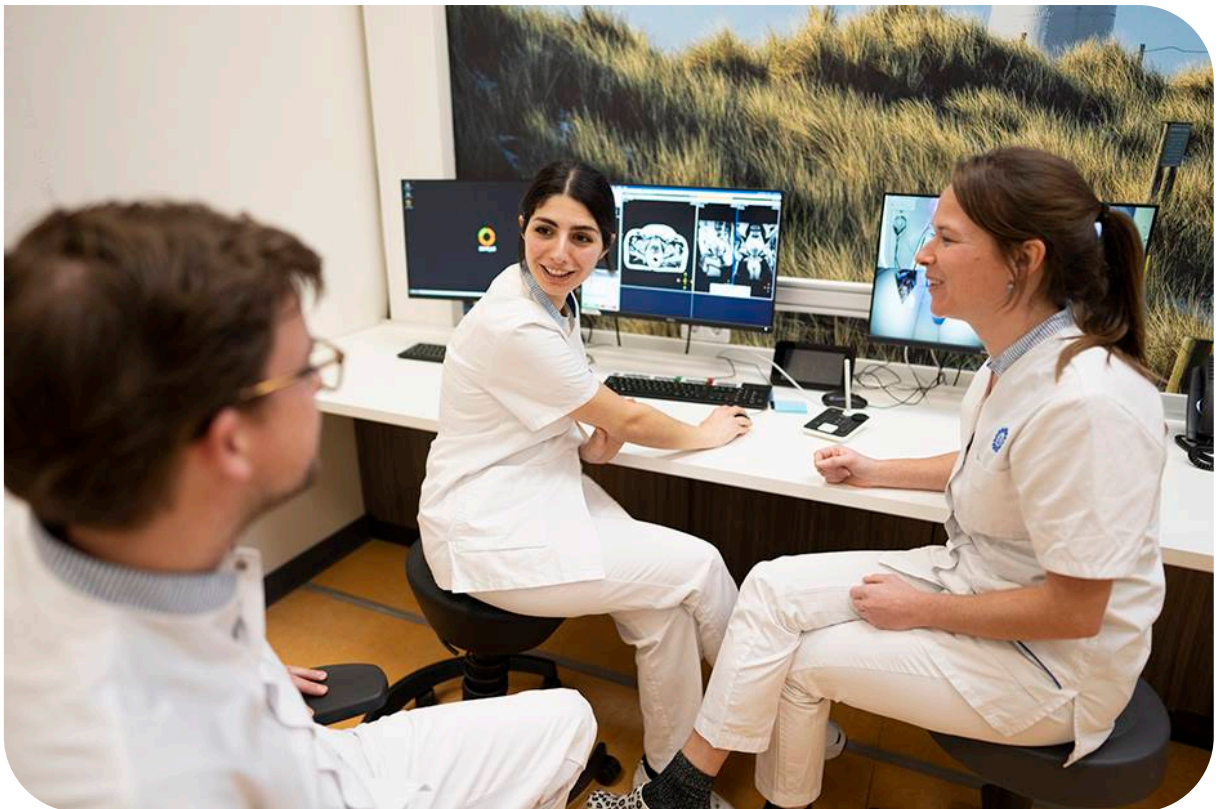
# Our direction and approach

As a university medical center, we pursue our mission through our core tasks which are healthcare, research, education, and valorization. We focus on innovating faster and responding better to changes and questions from society. With each other and with our international, national, and regional partners.

## Work and learning pleasure and future-proof teams

Good, satisfied people are essential. We therefore take extra care and time to train, recruit, and retain colleagues. This starts with **work and learning pleasure, good health, and a good work-life balance**. But also with scope for education and development. In addition, we look for smart solutions, such as digitalization and new ways of working together. This ensures that everyone can continue to contribute wholeheartedly to the health of others.

A fine example of this is our **Future-proof Nursing** program. In it, we collaborate with nurses on the further development of the **nursing profession and healthcare**. This makes the field even more interesting, stimulating, and enjoyable to ensure that we retain our colleagues. At the same time, we make sure that we can also provide the right care to patients in the future, find innovative solutions, and keep healthcare accessible.



## Renewal in education

With **Quality funding for education**, which became available in addition to improve the quality of education, we are investing in three areas: innovation of our education, skill training for lecturers, and student wellbeing and development. We are thus investing in student wellbeing and development, as well as skill training for lecturers. Read more about what we achieved in 2024 with **Quality Funding for Education**.

## Professionals of the future needed

We are training professionals of the future who will be equipped to tackle all of these challenges. We are teaching them the knowledge and skills to go with it. Our distinctive approach for this is The New Utrecht School.

## Continue to invest in high-level research

At UMC Utrecht, we continue to invest in the performance of high-level research to maintain and further expand our position in the international academic playing field. We distinguish ourselves by opting for research within 6 key areas, which we call **our focal points**. We concentrate on where we can truly make a difference. Within these focal points, we bring together all our research activities and organize these in close combination with our healthcare. This ensures that our research results are optimally translated into impact in practice, in other words healthcare for patients.

## Work together on the healthcare of tomorrow

In 2022, we started with the Healthcare of Tomorrow program so that we can continue to offer the best in terms of healthcare, research, and education also in the future. Based on this, we started with more than 30 concrete improvement paths in 2024. These 'Healthcare of Tomorrow' projects were set up in multidisciplinary teams with colleagues from healthcare, research, and education – and also with patients, their loved ones, and students. We thereby ensure that the changes we devise are truly in line with what people need. Good examples are the **shortening of waiting times before operations** and the introduction of an **AI model to reduce the number of people who don't show up for an appointment**.

## Network care: together modernize healthcare and bring it closer

Any real transformation of healthcare can only happen if we work together: the healthcare of the future must be organized in chains or networks.

Cooperation in the region is important to insure that healthcare remains affordable, that everyone continues to have access to it, and that the person behind the patient remains top priority. An important development in this regard in 2024 was the countrywide analysis based on the International Healthcare Agreement (Integraal Zorgakkoord or IZA) which looked at the impact of increasing the minimum number of oncology and vascular-surgery patients that hospitals are required to treat (volume standards). In our region, this was handled by **Oncomid** and the new Midden-Nederland vascular-surgery network. In Oncomid, UMC Utrecht collaborates with Alexander Monro Hospital, St. Antonius Hospital, Bergman Clinics, Diaconessenhuis, Gelderse Vallei Hospital, Meander Medical Center, Rivierenland Hospital, RIVAS Zorggroep (Beatrix Hospital), and TergooiMC. In the Midden-Nederland vascular-surgery network, we collaborate with St. Jansdal, Tergooi MC, Diaconessenhuis, Rivas Beatrix Hospital, Rivierenland Tiel, and St. Antonius hospital. Together with insurance companies and patients, Oncomid and the Midden-Nederland vascular-surgery network identified the impact of new volume standards. We also looked at the various scenarios for concentrating and spreading healthcare, and how these would improve the quality, efficiency, and accessibility of oncology and cardiovascular-surgery care. We divide tasks between us and ensure that every patient gets treated in the right place and receives the best possible oncology or cardiovascular-surgery care. Close to their home if possible, or in a hospital if necessary.



Together with partners in the region, we are also adding value by developing renewal in healthcare in the region. For example via the so-called (IZA) **transformation plans**. An example of this is the new palliative-care approach in cooperation with general practitioners. With this, we want to ensure that as few people as possible spend the last phase of their lives in hospital and that they can pass away at home. We are working together on this plan with our own academic healthcare and are contributing our knowledge based on research in what we call an **Academic Workplace**. In this workplace, we ensure that knowledge based on research and knowledge from practice are brought together in order to improve palliative care.

In 2024, we also worked with the region on structuring what is referred to as transmural care paths within the '**Utrechtse Fabriek voor de realisatie van zorgtransformatie**' ("Utrecht factory for bringing about healthcare transformation"). Transmural care paths are agreements and protocols that streamline care for patients across different healthcare institutions. Together with the other hospitals, we are also working on the **prerequisites for future-proof healthcare** in order to organize our digital support for network care.

Healthcare transformation also requires us to establish new links with existing partners, such as the healthcare insurance company Zilveren Kruis. We have signed agreements with Zilveren Kruis regarding appropriate care: what type of care we provide, at what price, and how we can make this care future-proof together – even if pressure on staff and resources increases. In 2024, we talked extensively about the future and our joint goals for the coming years to ensure that the complex care that we as a university medical center provide, also remains accessible and appropriate in the future for anyone who needs it. **We defined this at the beginning of 2025.**

## Make more focused choices in what we do

As a university medical center, we work within our core tasks – healthcare, research, education, and valorization – on care that in certain fields differs essentially from what other, non-university medical centers can deliver. Think for instance of highly complex procedures, **rare diseases**, or care for people with life-threatening injuries (care granted by legislation). We call this our care profile. It refers to care that truly belongs in an academic hospital.

We started to refine our care profile in 2023, and wrapped it up in 2024. We identified areas in which we could really bring added value – in the region and on a national scale. Where are we leaders in terms of scientific knowledge and innovation? For which type of care do patients specifically have to be with us? This gives a clear insight into our distinguishing competencies, particularly when it comes to our innovative strength. In terms of delivering our value, we cannot limit ourselves to care. We also have a social task in terms of education, training, and fulfilling our (supra-)regional backup role. Through a wider offer of services, preferably together with our patients, we can effectively train professionals of the future, in the case of complex care needs also offer the necessary simpler care, and make effective use of available capacity. In this way, we keep the costs per patient acceptable.

All of these insights help us make more focused choices in our strategy, both in what we do and how we collaborate with partners. We thereby ensure that we will also remain accessible in the future for people who really need our academic knowledge.

## Sustainable care for people and for the planet

We want to contribute to a healthy society – now and for future generations. We are therefore improving the sustainability of everything we do, from healthcare and research to education and governance.

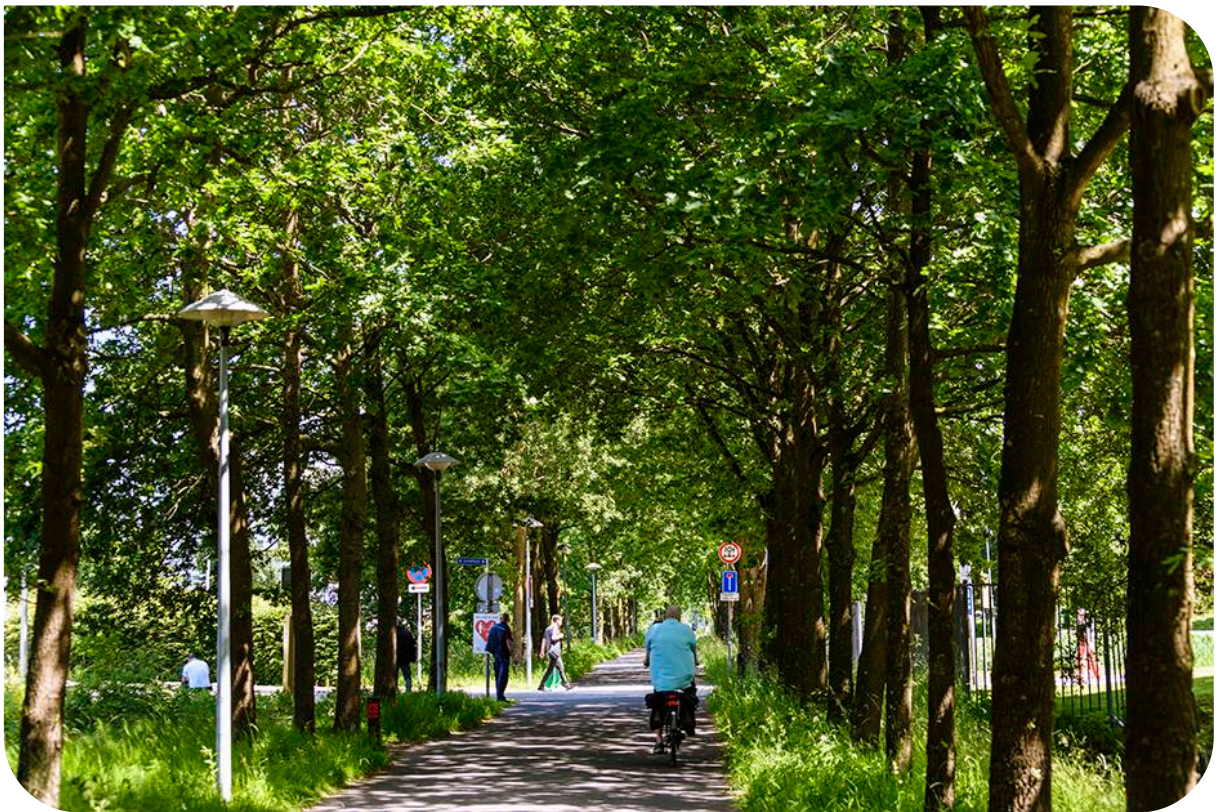
Sustainability is not a project on its own, it is ingrained in our strategy. We also signed the **Green Deal for Sustainable Healthcare 3.0**, whereby we collaborate with other organizations on sustainable care.

In 2024 we worked on **concrete targets**, such as reducing drug wastage and recycling waste, using reusable instruments, and **saving energy in laboratories**. We are also studying the **impact that people's environment** has on their health, developing education on **Planetary Health** and building an active **green network**.

## Make our buildings ready for the future

In 2024 we started with a plan that brings all our goals for our buildings together: better care, a good place to work, space for research, and education. The design was drafted to ensure that all refurbishment plans are well aligned, that we can continue to provide regular care during the construction phase, and that we are taking steps towards a sustainable healthcare environment.

It was an important moment **when the first pile was driven for the renovation of the Wilhelmina Children's Hospital**. We are turning it into a place where children and parents can experience tranquility, space, and privacy. And where we can offer sustainable care.



## Funding to serve our social mission

As a university medical center, we have a particular responsibility: we are making use of society's resources. In 2024 we spent our money on healthcare, research, and education, but also creating the healthcare of tomorrow. We make smart and sensible choices to ensure that we can continue in the future to offer care that suits people and the society in which we live.

With the challenges coming towards us, focused financial management is more needed than ever. It will allow us to continue working on sustainable care, being a good employer, modernizing our education, doing innovative research, embracing technological changes, and refurbishing our hospital. Our approach aims at achieving a balance: being able to provide fast response, and adapting in an uncertain environment.



# What our patients want to know

We find it important to listen to our patients. Their experience and wishes serve as the basis for how we offer care. This is why we asked patients in our patient panel what they wanted to know more about in terms of people, the environment, and governance. Below, you will see which questions you found important, and what our answers are.



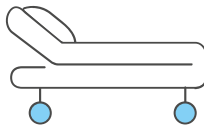
# Our patients

We add value to people's lives, because every person counts. Now and in the future. This is our vision. A vision that forms the basis of how we offer care to our patients. Patients who come to us as a university medical center because they need our specific knowledge and expertise and can often not be helped elsewhere. From the care that we are delivering today, we are learning how we can help patients better tomorrow. Our own patients as well as those from other healthcare organizations. Together, we are improving by developing research and new solutions to help patients more effectively or faster. The professionals of tomorrow are also learning in our hospital. From our healthcare professionals, but also from our patients. Together, we are building the healthcare of tomorrow.

## Patientcare in numbers



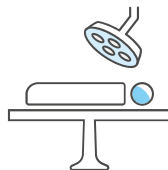
**228.140**  
unique patients



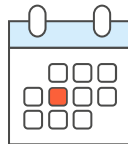
**29.175**  
clinical  
hospital intakes



**100.999**  
first outpatient  
visits



**29.747**  
OR treatments



**167.026**  
nursing days



**6,1**  
average number of  
days in hospital



# People: our impact for patients and society

Each person is different. And everyone has their own wishes. We want to provide patients with the healthcare that is good for them as a person. At UMC Utrecht we therefore get to know them not only as patients, but as people. Because people themselves are the only ones who know what is important in their lives. And we would like to know that too. Our survey shows that patients are particularly keen to know how we get to know them as people, and how we collaborate with patients.



**“How does UMC Utrecht make sure the focus is on the person behind the patient?”**

**Arno, Patient at UMC Utrecht**



At UMC Utrecht we look at the person behind the patient in several ways.

## We'd like to get to know you

At UMC Utrecht we use the 'Wij leren u graag kennen' / 'We'd like to get to know you' questionnaire to let patients share information on what is important for them. This helps our healthcare professionals to get to know their patients better. The questionnaire includes questions like: Which activities are important to you (now and in the future)? Who are important people in your life and why? And what are you concerned about when it comes to your health? The answers serve as a basis for the conversation with (the parents of) patients. It enables our healthcare professionals to know what is important so that **together with (the parents of) patients they can achieve care that truly suits the patient.**

Watch the video 'Wij leren u graag kennen': <https://youtu.be/XUhmXys-XPo>

**In the last quarter of 2024, 66% of all adult patients filled in the questionnaire**

For children and young people under the age of 18, the percentage was 37. Patients indicate that the questionnaire helps them to think about what is important to them in terms of care and treatment.

## Evaluate and improve

In 2024 we also started with a trial in two departments to evaluate our healthcare with patients. In consultation with patients, nurses schedule a moment to talk about the care (usually on day 4 of hospitalization). Prior to the conversation, patients receive a short questionnaire so that they can prepare. Nurses use this questionnaire during the conversation in which they evaluate the received care together with the patient. This allows us to have an ongoing conversation with the patient so that we can improve our healthcare together. Nurses at the Wilhelmina Children's Hospital have been evaluating care in this way with (the parents of) patients for some time already.

In addition, we continue to ask our patients about their experience at our outpatient units and upon intake in our hospital by means of our **patient experience monitor (PEM)**. We use the findings to improve our healthcare. For example, it emerged that outpatients would like to be better informed about waiting times. We put ourselves to the task and have now ensured that waiting times in all our outpatient units are indicated on screens.

## In 2024, 11.969 (parents of) our patients filled in our patient-experience-monitor (PEM)

### Together we decide about healthcare, research, and education

We also actively involve patients in decisions on how we organize our healthcare as well as our research and education in general. We do this via our **patient panel**, in which more than 2,000 patients are involved. But also via our **Bureau PatiëntenInzet** which gathers input from about 100 actively participating patients. In order to convert the information we gather through these into actions for improvement, we started with patient-reporting consultations in 2024. This helps us to improve our healthcare, research, and education, and to align better with what patients want.

## How do you ensure that information is clear to everyone?

We find it important that all our information should be clear to everyone. For example by avoiding complicated words. Instead of 'prevention', we now say 'preventing disease'. And instead of 'intramuscular', 'in the muscle'. In order to help our healthcare professionals in this regard, we launched the game 'Which word do you replace?' in 2024.

Watch the video about 'Which word do you replace?': <https://youtu.be/Kf7z8LsomAo>

### Animation videos through electronic patient record

Since 2024, patients can also find quick answers to questions by watching simple, short films. For instance on breast cancer, cardiovascular disease, radiotherapy, and examinations using a scan or ultrasound. Various examples can also be seen on our website, such as the **video on endometriosis**. To do this, we work with the company **Indiveo**. Patients can watch these short films in our patient folders on our website and via the new **electronic patient record (EPR)**. For the new EPR we also use standardized software for all our outpatient units. This makes it easier for us to share data between hospitals in the region. Our healthcare professionals also have faster and easier access to important information regarding a patient so that they can improve the care that patients receive.

### Improved website following feedback

In 2024 we also made our website more accessible for the blind and visually impaired. To do so, we installed a tool on our website to enlarge or translate text or to have it read out loud. The idea came from a tip from **Richard, a patient at UMC Utrecht**. We were very happy to receive Richard's suggestion and immediately got working on it. We also tell patients where and how they can find information and help them to understand it.



# Environment: the impact of our healthcare for a healthier world

We asked patients in our patient panel how important it was for them to have us explain what we've done to reduce environmental pollution. 70% say that they find it (very) important.

At UMC Utrecht, we work daily to improve health. We want to contribute to people's health and to a healthy society. Also for future generations. Yet, together with other healthcare organizations, we are responsible for 7% of all the CO2 that is released into the atmosphere in the Netherlands. We want to increase our positive impact on health by reducing our negative impact on the environment and climate.



**"What does UMC Utrecht do to combat drug wastage?"**

**Roelien, Patient at het UMC Utrecht**



In 2024 we reduced the **destruction of unused medication**. We tested various measures in this regard in two of our nursing wards. And with success.

**In 2024, we wasted 37% less drugs**

We thereby also saved 60% of our costs in these departments. In 2025 we further expanded this measure at UMC Utrecht, so that we can also reduce drug wastage in other departments.

## What are you doing about the use of disposable material?

We are working in various ways to reduce the **wastage** of material. Our goal is to use 50% less commodities by 2030.

- Sustainability forms part of our award and selection criteria when we purchase products. When we buy equipment, we look for instance at the energy and/or water consumption of the device. Or we impose requirements on packaging material.
- We replace disposable products with reusable options in our healthcare wherever we can. For example in Emergency Care in 2024, we replaced disposable suturing sets with reusable ones. We also made the sets smaller. This enables us to save water, energy, and capacity.

## What do you do with your waste?

We process our waste as sustainably as possible. In line with the Green Deal for Sustainable Healthcare 3.0, we are aiming to reduce unsorted waste to no more than 25% in 2030. In 2024 we reached 39%. We achieved this through increasingly better combinations of waste sorting when something is thrown away (separated at source) and subsequent separation of waste that was not or could not properly be separated at the start. We furthermore recycled an average 47% of our waste in 2024. At the same time, we also started recovering plastic from residue waste. As a result, since July 2024, we have been recycling even more than 50%.

Edwin, Internal Logistics and Waste Management team leader: "We are making every effort to achieve this target in 2030. We are doing everything that is possible with present technology."



# Governance: our impact on fair and reliable care

At UMC Utrecht we want to be open and clear about how we run our organization. And how for instance through our scientific research, we manage to provide the best and safest patient care. Patients from our patient panel indicate in our questionnaire that they cannot properly assess whether UMC Utrecht is open and clear about this. Most patients indicate that they do find this important. Here are our answers to the most important questions regarding this topic.



**“What does UMC Utrecht do in terms of innovation to have more and better treatment opportunities?”**

**Rieno, Patient at UMC Utrecht**



As an academic medical center, scientific research is one of our core tasks. Results from our research are converted into new treatments so that we can offer our patients the best possible care.

## **Research on treatments to cure diseases**

A new treatment that we are studying, is for example the use of the body's own repair processes to cure diseases. At the same time, we are working on **new technologies** to treat people with cancer faster and more effectively.

## **Research on targeted treatments**

We are also studying **studying tailored treatments for arteriosclerosis**. It will enable us to treat patients in a very targeted way and avoid treatments that are not (sufficiently) effective. This will prevent unnecessary side effects for patients.

## What are you doing to shorten waiting times?

We want everyone to receive the right care as quickly as possible. We are therefore actively focusing on shortening waiting times. In the past year we have achieved good results.

## **Optimal use of surgery capacity: operating more people faster**

With the growing demand for healthcare, it is more important than ever to make smart use of our surgery capacity. Together with our colleagues, we looked at where and how we could improve. In 2024 we organized processes in a smarter way and made even better use of digital opportunities. As a result, fewer operations are now being canceled, and waiting times are shorter. This means we can operate more patients faster.

**The average waiting time for an operation at UMC Utrecht and at the Wilhelmine Children's Hospital decreased by more than 30%**

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### 'No-show' prediction by AI: more patients are helped faster

Each year about 33,000 no-shows for outpatient appointments are recorded. In 2024 we started to use technology (artificial intelligence or AI) that calculates the risk of a no-show. For example with information on the traveling distance to UMC Utrecht and the hour of the appointment. If there is a high risk of 'no-show', we'll give the patient a call a few days prior to the appointment.

**The call service appears to prevent about 15 to 25% of all no-shows**

In 2025 we are hoping to see between 4,000 and 5,000 less no-shows. In the freed-up slots we try to schedule appointments for patients who are on the waiting list. We have been able to fill up about 45% of the appointments that are canceled or rescheduled. This was shown in a first survey. It enables us to help more patients faster.

## Does UMC Utrecht share results of treatments so that patients can know where they will get the best care?

As a university medical center, we joined the NFU which is the umbrella organization of university medical centers in the Netherlands. We are therefore involved in the Transparency Calendar and quality registrations. In it, we provide a variety of data on the quality of our healthcare, such as waiting times, number of patients, and figures regarding the duration of hospital stays and patient mortality. Patients can find this information for instance on [www.zorginzicht.nl](http://www.zorginzicht.nl) and [www.ziekenhuischeck.nl](http://www.ziekenhuischeck.nl).



# What our colleagues want to know

It is the passion, effort and talent of our people that enable us to deliver the best healthcare and education and perform quality research. What are the most important factors for our colleagues to work optimally, in good health, and with impact in our organization? We **asked them** and in this annual report, we answer their main questions. Thanks to the input from our colleagues, we also see where we can focus even more on their needs.



Onze  
patiënten

Onze  
studenten

Ons onderzoek

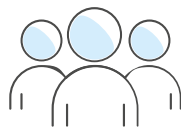
Onze collega's

# Our colleagues

We live in a time of challenges. We are all affected by this - as people and as employees at UMC Utrecht. Healthcare, our research and our education must remain affordable and accessible. This despite a growing population, an increasingly complex demand for healthcare, and a shortage of staff. It requires large-scale changes and efforts from all of us. At the same time, developments and innovations keep accelerating. This brings opportunities to make improvements: a good place to work, an organization that can respond fast to changes and opportunities, solid networks, and sustainable, affordable care.

## Our colleagues in numbers

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**12.219**  
colleagues



**3.364**  
male (28%)



**8.855**  
female (72%)

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# People: our impact on colleagues and society

We find it important to provide a safe and healthy working environment where colleagues feel that they are seen and appreciated. And where cooperation and open communication make our work better and more enjoyable. What do our colleagues find important, and what can we do to keep them enthusiastic and committed to UMC Utrecht? These are important questions for us as an organization. Another big challenge for us at UMC Utrecht is the growing demand for healthcare combined with the shortage of people to do all the work. From our survey it appears that our colleagues are asking these questions too.



**“How does UMC Utrecht ensure a healthy work-life balance for its employees?”**

**Joyce, Employee at UMC Utrecht**



At UMC Utrecht we support our colleagues in achieving a healthy work-life balance. We find it important for colleagues to feel good. For them, and because colleagues who have the energy can provide the best care for patients and education for students, and perform high-quality scientific research.

## **Work-life balance thanks to guidance**

One way in which we help colleagues to find a healthy work-life balance is through our ‘Werk in Balans’ (‘Work in Balance’) program. If a colleague is struggling to juggle between everything, whether at work or in their private life, they can talk with an occupational counselor at UMC Utrecht. Often this helps them to restore perspective and to retrieve a balance. Our occupational counselors work closely with managers and with our occupational doctors if necessary. We thereby prevent people from dropping out and ensure that they can (once again) do their work with pleasure and keep doing so.

## **(Online) training for vitality and health, increased wellbeing, and happiness at work**

Via the Loopbaan en Vitaliteit (LEV) or ‘career and vitality’ platform, colleagues can focus on their own vitality and health, happiness at work, and (career) development. For example through online testing, training, and talking with a coach. We also offer a wide range of online training courses aimed at personal strength, communication, time-management, productivity, and happiness at work.

Karin, patient-participation staff advisor: “I worked a lot with LEV and Goodhabitz in the time that I was reintegrating after a long period of being off sick. This helped me get the answer to what I find important in life, and with my work-life balance. My manager gave me the space and time to do the test and follow the courses. This helped me a lot.”

The courses on time-management, ‘lekker in je vel’ (‘feeling good’), resilience and mindfulness were the most popular in 2024. With our online offer we help colleagues to stay fit and healthy and to find a good work-life balance. And to get the best out of themselves, at work and at home. A new addition in 2024 was the ‘Young parent’ program. With this program for ‘young’ working parents/care-givers, we help them find a good balance between parenthood and work.



In 2024, 803 class visits were conducted on the topic of work-life balance (1,278 in 2023)

In 2024, 1,687 employees made use of the LEV offer (2,228 in 2023) and 737 tests were done (827 in 2023)

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#### Work less and continue to build up a full pension

UMC Utrecht already had the arrangement that colleagues who have five years to go before reaching retirement age (AOW) could decide to work 80% of a full-time job, while their pension accrual continues as if they were still working 100%. The new **collective agreement (CAO) for UMCs** provides for a generational arrangement. This means that we were able to continue with our arrangement. It gives our colleagues the chance to slow down a bit without having to worry that they will accrue less pension. In this way we want to avoid too much stress in the last years before colleagues retire, which could result in them falling ill or dropping out. And of course we want to reward colleagues for all their years of commitment to UMC Utrecht.



#### Support for informal caregivers

We want to support colleagues who are caring for a parent, partner or other family member (informal caregivers). To find a good balance between informal care, private life and work, we have since 2024 been giving colleagues who are informal caregivers the opportunity to talk to a coach. The coach also helps informal-caregiver colleagues to make arrangements for their loved ones in terms of accommodation, welfare, healthcare, and finances. They have direct access to such a coach via an external provider. During Informal Caregivers' day, we made a particular point of drawing colleagues' attention to the option of coaching in informal care. Stands at UMC Utrecht and Wilhelmina Children's Hospital were manned with coaches who informed colleagues and answered their questions on informal care.



## What does UMC Utrecht do to prevent unwanted behavior?

Under the label **This is Us**, we promote a socially healthy work and learning environment at UMC Utrecht. We want everyone to feel seen; heard, and free to say what is on their mind. We actively communicated our vision for a socially safe working and living climate in the organization under the title 'let's talk about (un)wanted behavior'. We have also developed a procedure that makes it possible to talk about (un)wanted behavior. We are raising awareness among colleagues and students, strengthening their capacity to act, and helping to solve unwanted situations. In 2024 we did this for instance through:

- Inviting colleagues for a cup of coffee and a good talk. During these 15 coffee-and-a-chat sessions, we used statements to initiate a conversation on topics that have to do with social safety. In this way we let colleagues experience what it's like to talk with each other in the form of a dialog about topics that can be sensitive, and create awareness. This is a starting point for better understanding, more connection, and eventually, trust.
- Asking colleagues to do the e-learning on 'Wanted behavior at UMC Utrecht', also to raise awareness. In 2024, 1,568 colleagues (nearly 10%) followed the e-learning course. As of 2025, it is mandatory for all colleagues to do this e-learning.
- The new 'Active Bystander training' e-learning course was offered to our lecturers for the first time in 2024. Bystanders, people who have witnessed unwanted behavior, form the biggest group and can make a difference. In this training course, we make colleagues aware of this and teach them what they can do if they witness unwanted behavior.
- It includes some 60 dialogs on social safety, which we facilitated in teams in response to requests for help. Some were to prevent a problem (preventative), and others to solve a problem. We support managers and teams in cultivating respect, appreciation and deep trust, thereby creating a socially safe working environment.
- 10 online dialog sessions with **the Synthetron dialog tool**. This tool helps to first of all get to the essence of a problem online. The team can then talk among themselves more effectively and together find solutions.
- A collective tour to raise and develop awareness among students of unacceptable behavior and a safe learning environment. We also made a **short film** on the topic. Read more about what we do for students [link to H4.1 Our students - People].
- Letting new managers get familiar right from the start with **This is us** and the power of dialog.

Through all our actions, together, we are building a culture in which everyone feels safe and appreciated. In this way, we also contribute to the retention of our colleagues.

### Individual questions and reporting of unwanted behavior

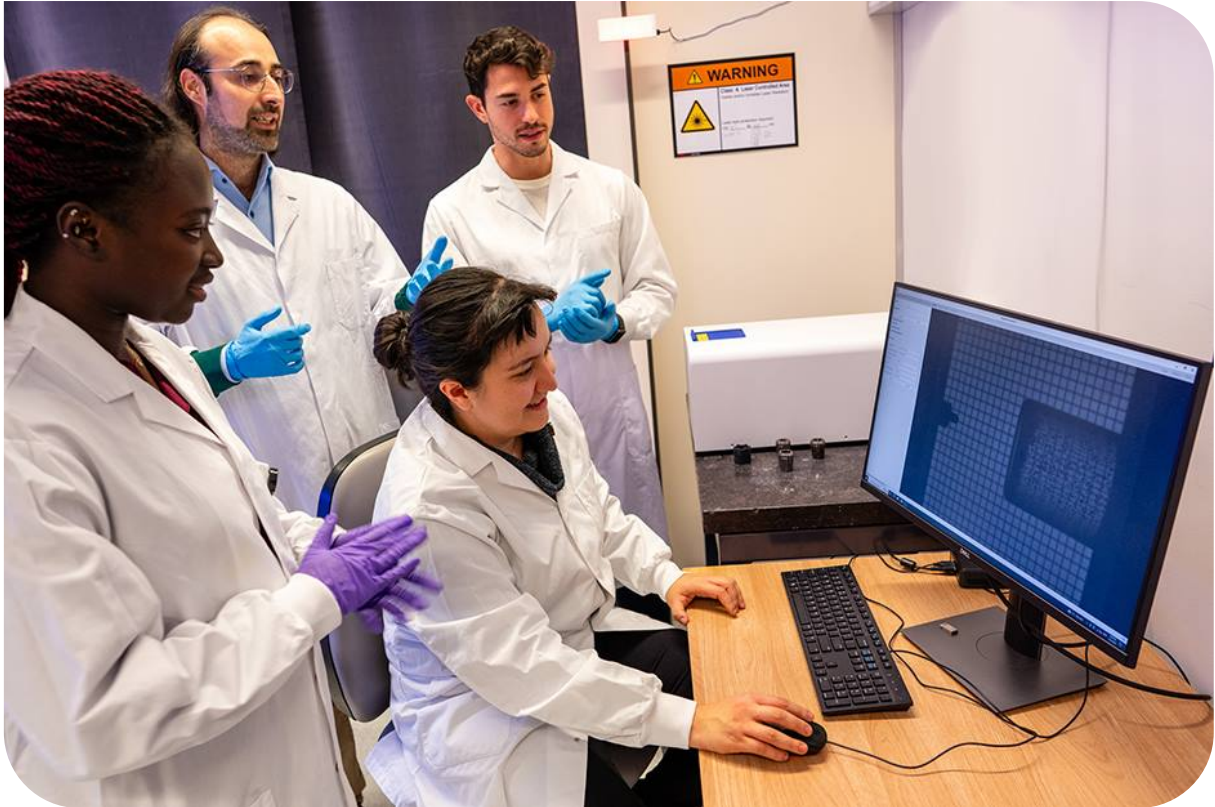
For individual questions about or reporting of unwanted behavior, colleagues can turn to our **office for ombuds and confidential matters**.

## What does UMC Utrecht do in terms of recruiting and retaining colleagues?

As for many other organizations in healthcare, it is also **challenging for us to find enough colleagues**. We are therefore focusing on various ways to find new employees and ensure that our current colleagues remain at UMC Utrecht.

### Recruitment and retention at UMC Utrecht

To recruit new colleagues, we showcase ourselves as an employer on our platform [werkenbijumcutrecht.nl](https://werkenbijumcutrecht.nl). On this platform and via social media, colleagues tell what it is like to work at UMC Utrecht. To retain colleagues, we make it easier for them to grow and progress to other roles within UMC Utrecht. In 2024, we launched a special **internal website** to this end. Here, colleagues can find information on growth opportunities and all job vacancies at UMC Utrecht. And request and obtain accessible information. We thereby hope to make it easier for them to grow and progress within UMC Utrecht, Or choose another career path within our organization.



In 2024 we made more use of temporary colleagues via our Flex Office ('the Workshop'), instead of agency workers. This also contributes to finding new permanent colleagues. Via our Workshop, nurses, trainee nurses, administrative staff, and (medical) students can find temporary and flexible jobs at UMC Utrecht. These temporary colleagues regularly move on to a permanent position at UMC Utrecht. Since the start of the 2024-2025 academic year, the Workshop has also coordinated the deployment of medical students to accompany practical Anatomy classes for 1<sup>st</sup>-year Medical students. In 2024, temporary colleagues worked a total of 193,000 hours at UMC Utrecht via our Workshop.

In addition, we are training new and existing employees. Both our own (new) colleagues and (new) employees in healthcare elsewhere in the region. **Read more about this.** It further helps us to retain colleagues and reduce employee shortages in the region.

#### Regional partnerships to recruit healthcare professionals

The shortage of colleagues is not unique to UMC Utrecht. All healthcare organizations are dealing with this. To get people interested in a career in healthcare and recruit new colleagues, we therefore also cooperate at a regional level. From Utrechtzorg in 2024, together with other hospitals in the region, we launched the recruitment platform [jouwziekenhuisbaan.nl](https://jouwziekenhuisbaan.nl). In addition, Utrechtzorg opened the 'Ik zorg shop' ('I care shop') in the center of Utrecht. Our recruitment staff can regularly be found here to help people decide whether a career in healthcare would suit them. And if so, what they would need in terms of training. Together, we also thanked our healthcare professionals for their commitment with a **campaign on the Utrecht Wall** next to the A2.

Visitors werkenbijumcutrecht.nl: More than 600,000

Number of applicants: more than 25,000

Number of vacancies: 1,397

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# Environment: the impact of our work on a healthier world

At UMC Utrecht, we work daily to improve health. We want to contribute to people's health and to a healthy society, also for future generations. Yet, together with other healthcare organizations, we are responsible for 7% of all the CO<sub>2</sub> that is released into the atmosphere in the Netherlands. We want to increase our positive impact on health by reducing our negative impact on the environment and climate.



**“What does UMC Utrecht do to ensure that less CO<sub>2</sub> ends up in the atmosphere?”**

**Marnix, Employee at UMC Utrecht**



For our buildings, we have a plan to reduce the amount of CO<sub>2</sub> that we are releasing into the atmosphere (CO<sub>2</sub> road map). Our targets are to emit 55% less CO<sub>2</sub> in 2030, and to become climate-neutral in our work by 2050. We are well under way to reach our target for 2030.

**We have already reduced CO<sub>2</sub> emissions by 22% compared to 2018**

## **Sustainable, fitter and safer commuting**

In 2024, we organized the ‘Sustainable-transport pilot group’ (‘Proeftuin duurzaam vervoer’): 300 colleagues who often commute by car, took up the challenge to use sustainable means for seven months. UMC Utrecht paid for their public transport and they received a higher cycling compensation (16 cents per kilometer, instead of 5 cents). They could also make free use of bicycle sharing at Utrecht Centraal and Bunnik stations. A glimpse into the results: as much as 90% of their commuting was done in a sustainable way, meaning that we were responsible for less CO<sub>2</sub>. Cycling and walking more also contributes to our colleague's vitality and health. The participants felt fitter (both physically and mentally) and more relaxed. They also found it safer after a long night shift to take public transport rather than getting behind the wheel feeling tired. The ‘Proeftuin duurzaam vervoer’ (sustainable-transport pilot group) gave us **useful results and recommendations**, that the entire healthcare sector can benefit from.

Watch the video ‘Sustainable-transport pilot group’: <https://youtu.be/20cilU2HpFA>

## Reactions from various colleagues

“Very positive experience to travel 100% by public transport. I get home earlier and pay nothing. Fantastic.”

“Not having to queue really makes me feel more relaxed.”

"I felt fitter from the cycling and even get money out of it!"

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## How does UMC Utrecht help its employees to make healthcare, research and education more sustainable?

At UMC Utrecht, many colleagues are committed on a daily basis to make their work more sustainable. For example by **saving energy in the lab**. This of course makes us happy and proud. These colleagues gather in their units in Green Teams and throughout the hospital in the Groene Netwerk (Green Network). The Green Network grew fast in 2024.

### The Green Network grew from 126 members in 2023 to 547 in 2024

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We support all of these colleagues who act for sustainable working in a variety of ways. Online, we launched Platform Duurzaam UMC Utrecht, a sustainable platform where colleagues can find each other as well as lots of information and inspiration. Offline, we opened the refurbished **Innovatiehub (innovation hub)** where colleagues can go with good ideas. We also organized network events to celebrate achievements and exchange knowledge. In cooperation with other UMCs, we published the **Green Team Road Map**, a step-by-step plan for Green Teams to start a sustainable project. Lastly, we once again organized Expeditie Groen en Gezond (the Green and Healthy expedition): during a theme fortnight, we set up various outdoor initiatives to enjoy the sunshine and get new colleagues involved in working actively towards sustainability.

Josefien Kursten, an Executive Board member at UMC Utrecht, is a key driving force for sustainability at UMC Utrecht. This is also clear to the outside world. In 2024 she received the title 'Chief Value Officer of 2024', an annual award for the most impact-driven Chief Financial Officer (CFO) in the Netherlands.

# Governance: our impact on fair and reliable working practices

At UMC Utrecht, we look at what is important for our colleagues. And together with them, make important decisions for our organization. We want to do this in a clear and reliable way. Our colleagues have a unique view of the impact of certain decisions and developments. From our **survey among colleagues**, it appears that they are particularly curious to know how we ask them for their opinion, knowledge and suggestions when it comes to important developments in our organization.



**“How does UMC Utrecht encourage input from employees?”**

**Julitta, Employee at UMC Utrecht**



At UMC Utrecht, we encourage employees as well as patients and students to think along and give us advice on the direction we are taking with our healthcare, our research, and our education. Together, we can safeguard and improve the quality of our healthcare, research, and education. To this end, we have formal **participation bodies** in place. Our colleagues and students are given time and space to play a role on one of these boards. In addition, we offer training courses and other educational opportunities to support colleagues and students in their role.

## **Nurse managers improve healthcare**

A fine example of how we encourage colleagues to take an active part in improving healthcare can be seen in our **Future-proof Nursing program**, with new role of ‘**nurse manager**’. Alongside their healthcare work, nurse managers are also given time for other improvement initiatives/projects such as testing and applying innovations in healthcare.

*Watch the video of our Future proof nursing program: <https://youtu.be/Z40ZuwmhAPM>*

In our neuro-oncology department, a nurse manager in 2024 for instance worked on shortening the duration of intensive care in a separate ward after head surgery. Patients can now be transferred quicker to a regular nursing ward where there is intensive monitoring. This is more pleasant for patients, and also means that more people who need it can undergo such surgery. The nurse manager studied the situation, asked colleagues for input, and thus devised a feasible plan through collaboration.

Julia, nurse manager: “As a nurse manager I am in close contact with the patient and know what works and what doesn’t. I also see the bigger picture, look at what can improve, and have a say in it. Together with colleagues, I can then really improve healthcare for patients. It’s very satisfying.”

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**Colleagues have a say in the transformation of our organization**



In 'the transformation', we look at how we can make our processes smarter and more coherent. We do this in order to innovate and improve faster and respond more effectively to changes and demands from society. To do so, we must find a new way of working together. That is why we are going to change the structure of our organization. For colleagues, this is of course an important development. We therefore encourage them to share any specific questions or concerns they may have. They can do so with their manager or the chairperson of a panel. They will then receive personal assistance. Of course, they can always also let their voice be heard by communicating with our **advisory and participation bodies**.

In 2022, in so-called 'sprints', we did the preliminary work for the transformation at the start of the Healthcare of Tomorrow program. Approximately a thousand colleagues took part in this. In the meanwhile, some 250 colleagues have been working in one of four change streams (design, preparation, change, and/or coordination). They have weekly working sessions. In these, plans are discussed and further elaborated. The group is growing steadily. Colleagues are actively approached to take part, or can indicate that they would like to think or work along on a one-off, regular, or ongoing basis.



# What our students want to know

Our students and healthcare professionals in training constitute the healthcare of tomorrow. Whether they will be working as a doctor's assistant, nurse, physician, or researcher. With our education strategy, De Nieuwe Utrechtse School (The New Utrecht School), we ensure that they are ready. Questions from students and healthcare professionals in training keep us on our toes. What are the students' concerns, and which questions do healthcare professionals in education have for us?



Onze  
patiënten

Onze studenten

Ons onderzoek

Onze  
collega's

# Our students

Our education strategy, **The New Utrecht School**, stands for cooperation between various academic fields and professions. We thereby ensure that (future-proof) healthcare and health professionals will be able to make a bigger impact for patients and for society. The focus of The New Utrecht School lies on the following themes: interdisciplinary and inter-professional learning, patient participation, diversity and inclusion, translational medicine & life sciences, resilience and wellbeing, and Planetary Health. Watch the **video on The New Utrecht School**. With our The New Utrecht School program, we are making our education strategy a structural part of UMC Utrecht. In this program, all initiatives are brought together and where possible aligned with each other; at the same time, we are raising awareness of these initiatives. Our aim is to inspire and motivate students, colleagues, and patients to join forces to ensure top-quality education that is innovative and unique at an (inter)national level.

## Our students in numbers



**4.027**

students  
enrolled in the  
Medical faculty



**245**

nursing students  
(175 HBO, 70 MBO)



**1.173**

university degrees



**45**

nurses graduated  
(27 HBO, 18 MBO)



**316**

students  
graduated in medicine  
(incl. SUMMA Master's)



# People: our impact on students and society

To be able to study well and grow as a student, it is important that our students feel welcome, safe, respected, and appreciated. This is why we are focusing – now more than ever – on our students' happiness and health (wellbeing). Numerous studies unfortunately show that students in healthcare score low on wellbeing. They experience a lot of stress, for example. Students would like to know how we address this. And what we are doing to make our education as diverse and inclusive as possible.



**“How does UMC Utrecht focus on students ‘wellbeing’?”**

**Annabelle, Student at UMC Utrecht**



In 2024 we chose to include ‘wellbeing’ as a permanent component of our education. **Current changes in the curriculum** offer an ideal opportunity to make a focus on wellbeing a structural part of it. Students therefore no longer need to think about it in the small amount of free time that their full study program leaves them. We also appointed a Wellbeing Officer in 2024. This is a recent graduate who gathers input from our students on wellbeing.

## **New code of conduct for students, faculty, and supervisors**

In our culture program, **This is Us**, we developed a new **code of conduct** for students, lecturers, and supervisors. This lets them know what is expected of them and also what each may expect from the other. It contributes to a safe environment where students and employees can perform well. And where they feel welcome, respected, and appreciated.

*Watch the video about unwanted behaviour: <https://youtu.be/jFZkRFOoFNo>*

## **More workshops and training courses**

If they feel a need for it, **students can turn to several people** for a listening ear and advice. Utrecht University also offers **numerous workshops and training courses** that help our students to find a proper balance between their studies, personal growth, and daily life, and to feel good about themselves. In 2024, the workshop and training offer was improved and expanded. In 2024 we also organized a number of workshops and training courses on wellbeing for PhD students and lecturers/tutors. And for the fourth time, we coordinated our **KICK-start/NEW@UU** program for new students. This is a one- or two-day program to prepare students properly for their academic and student life. They learn for instance how the social structures of the university work, what the unwritten rules are, and what is considered customary. Students indicated that the program gave them a better view of getting started with their new life at the university. All these activities contribute to letting students and PhDs feel more at ease and able to grow in the right way.

## How do you ensure a learning environment where everyone feels heard and welcome?

We want all students to feel at home with us, and feel that they are seen and heard. To offer a safe, inclusive and supportive learning environment, we also collaborate with Utrecht University under the name Belonging@UU.

In 2024, for instance, we drew up the Belonging@UU Info Sheet. In it, lecturers and students can find useful information on how to make a safe and inclusive learning environment. We further developed an intervention in which senior students share their 'feeling at home' experiences in videos. New students thus feel that they are not alone in their challenges to feel at home, and develop a growth mindset and a sense of belonging. Students said that after the intervention they felt confident that what they were feeling was normal and that everything would work out fine. We also gave a workshop called 'Supportive Classrooms@UU' to lecturers in the Beta Sciences faculty. In it, lecturers learned how they could ensure a supportive learning environment. For example, they analyzed different practice cases to identify important components that contribute to a supportive and meaningful relationship for and with students.

"Students from second year and up shared their 'feeling at home' experiences in videos. This made me confident that what I was feeling was normal and that everything would work out fine."



## Does education at UMC Utrecht give equal opportunities to everyone, regardless of their origins or background?

With our education, we provide students and healthcare professionals in training with knowledge and expertise, regardless of their origins or background. We furthermore focus specifically on giving equal opportunities to everyone. In 2024 for instance, we organized a new education program to support newcomers.

### More job-market opportunities for newcomers

As a region, we open our doors to people with a residence permit and increase their chances of learning or working in healthcare in the Netherlands. In 2024 we organized the **new education program: 'Orientation in Dutch Healthcare'** for residence-permit holders with a healthcare background who were not trained in the Netherlands. In this program, they get an extensive introduction to Dutch healthcare, including (medical) language. In 2024 there were two rounds of the education program. A total of 24 residence-permit holders took part. For 11 participants, the program has already been a success. Each has found a suitable job. These were participants with a variety of healthcare professions, such as obstetrician, (specialist) doctor, nurse, scrub nurse, and lab assistant. One from **Afghanistan, Najibullah**, for instance started working in our ENT department. Participation in the program increases newcomers' chances on the job market. In this way we help to alleviate the shortage of healthcare professionals.

Najibullah, student: "I now have a job in my favorite department: ENT. Before this, I was stuck at home and had no contact with Dutch people. With this education program for newcomers I learned a lot about technical terms and the cultural differences in the Dutch healthcare system. It gave me more self-confidence and expanded my knowledge."



## How does UMC Utrecht ensure that students also learn from and work with other professional groups?

To teach students to collaborate with other professional groups, we are increasingly making inter-professional and interdisciplinary learning a part of our education. In 2024 for example, 400 students in Medicine and Biomedical Sciences got together for the **annual multidisciplinary Health Challenge**. Together, they worked on the question: how can we help as many children as possible who are suffering from a muscle disease? They came up with new ideas for the treatment and diagnosis of muscle diseases in children and elaborated these. It taught them to work together and make use of knowledge from other professional groups and thus have a direct impact on society.



# Environment: the impact of our education on a healthier world

Our students and healthcare professionals in training are acting more than ever for sustainability and our impact on the environment. Yet, together with other healthcare organizations, we are responsible for 7% of all the CO<sub>2</sub> that is released into the atmosphere in the Netherlands. Our students and healthcare professionals in training are curious to know how we focus in our education on the health of people and of the earth, in other words Planetary Health. In line with The New Utrecht School, we find this a very important topic and have made it a, important part of our education and training programs.



**“What proportion of education at UMC Utrecht is devoted to keeping the planet in good health?”**

**Sebastian, Student at UMC Utrecht**



At UMC Utrecht, we make Planetary Health an important part of all our courses. We train professionals of the future to work in a new way that will contribute to more sustainable healthcare and a more sustainable society. We are raising awareness and offer a framework for action to work together on solutions. Our special Planetary Health Integration Team (PHIT 2.0) takes the lead in this regard. The team includes lecturers and other colleagues from (nearly) all courses. The team works extensively with students and the CO<sub>2</sub> assistant. They also participate actively in making education, healthcare, and research throughout the Netherlands and abroad more sustainable.

**The Planetary Health Integration Team grew in 2024 from 3 to 10 members, with representatives from all academic programs in the Faculty.**

## **New education for sustainable healthcare and research**

Our Planetary Health Integration Team in 2024 put together an e-learning course on ‘Planetary Health, what it means for me as a (future) healthcare professional’. As well as two e-modules on sustainability and fair research. We decided to share these e-learning courses with all healthcare and research professionals in the Netherlands. In 2024, some 350 professionals followed the e-learning course. The team now ensures that the modules are included in education. For example through an event with students and lecturers of the Master’s program in Clinical Health Sciences, ‘Social responsibility in research: how do you tackle it?’ They also made a mini-podcast on how someone can make responsible choices as a researcher. **Listen to the podcast on Spotify.**

In addition, Planetary Health and sustainability now also form part of two of our courses for medical support professions. Healthcare professionals in training learn here how they can contribute to more sustainable care in their daily practice. The Planetary Health Integration Team is working on making Planetary Health and sustainability a part of all healthcare and research training courses at UMC Utrecht.

**Help make healthcare and research sustainable in the Netherlands and abroad**

Our team also helps to make healthcare and research sustainable throughout the Netherlands and abroad. In 2024, a team member wrote an **article on making research sustainable in the well-known journal Nature**. And, together with professionals from other UMCs, our team drew up a **countrywide vision paper** to integrate Planetary Health in healthcare curricula in the Netherlands. Our team also drew up a **guideline for Socially Responsible Research**. This will help (future) researchers to set up, perform, and disseminate their (bio)medical research in a socially responsible way. Members of the team also spoke at various national and international events. In addition, they held a workshop on 'Guidelines for doing socially responsible research' at the Groene Zorg (Green Healthcare) Festival in Amersfoort.



# Governance: our impact on fair and reliable learning practices

How education can be improved, cannot only be decided by the top management at UMC Utrecht. Students are experience experts and have unique ideas and opinions, and a unique view of the impact that choices can have. But how do we listen to our students when we make important choices and decisions for our education?



**“How does UMC Utrecht involve its students in the remodeling of its curricula?”**

**Stijn, Student at UMC Utrecht**



Students cooperate actively in all stages of the remodeling of our courses. In 2024 we worked on a curriculum revision of our **Medicine, Biomedical Sciences, and Clinical Health Sciences** programs. We looked at the setup of the curriculum, the content, and the learning targets of the course.

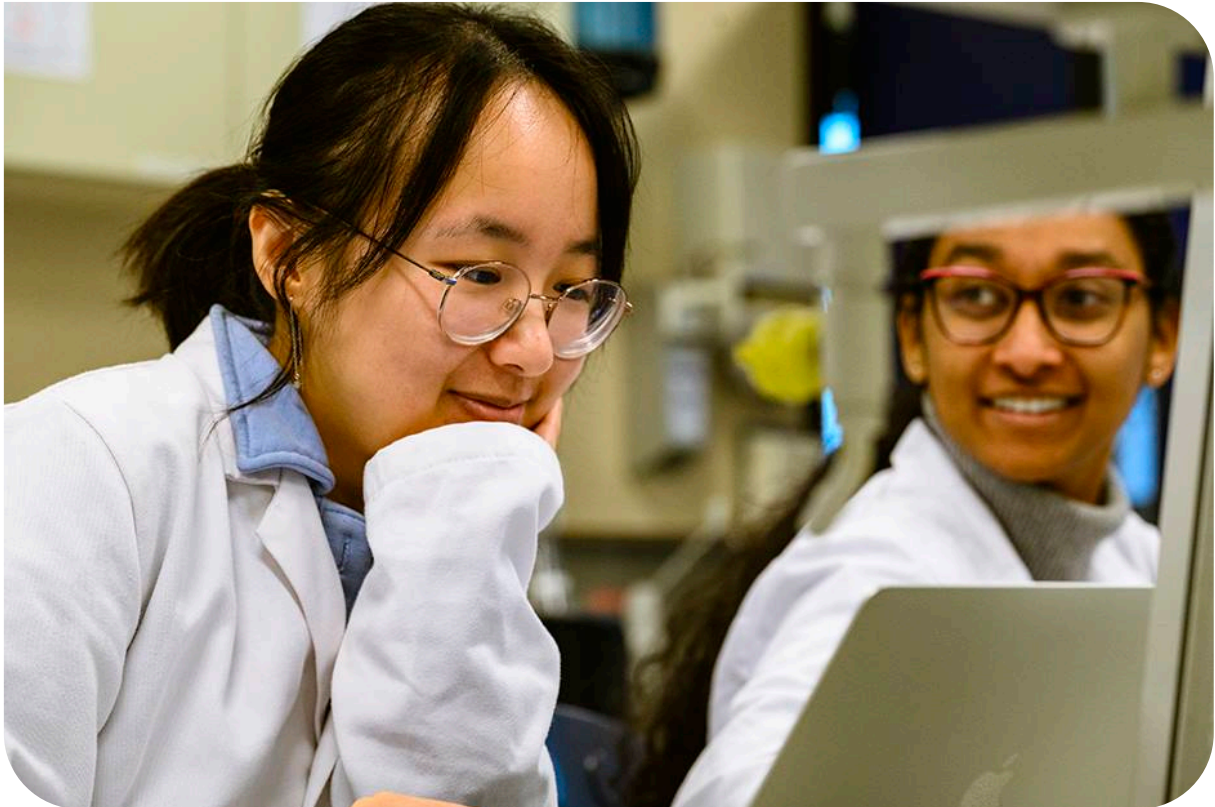
We always start by asking input from our students. Students also participate in various working groups on the substantial elaboration of the new curriculum. In focus groups, students and lecturers think about where and how we can still improve in the various components of the new program. We also regularly involve **students in the education committees and students from the Student Representative Council** in discussions on developments, and ask them for their opinion and advice.

**In 2024, we received the top education course label (Predicaat topleiding) for courses in Biomedical Sciences and Medicine**

## **Why are we remodeling and what will change?**

With these reforms, we ensure that we are training our students as healthcare and research professionals of the future and that they can focus on the healthcare of tomorrow. This will enable them to provide patients with the best care and to contribute significantly to solving the challenges that we are facing in healthcare. Topics of The **Nieuwe Utrechtse School**, such as diversity and inclusion, interdisciplinary education, and Planetary Health, are fully integrated in the new format of the three education programs.

The new education program for Medicine was given its **broad outlines** in 2024. We are now **elaborating it further**, so that new students can start in September 2026 with the new format of the curriculum. Besides embedding the topics of The New Utrecht School, we are also conducting a number of reforms in the Medicine program. **Read all about the new Medicine curriculum.**



Developments are still fully under way as well for the Biomedical Sciences program. What is already clear, however, is that more use will be made of new forms of education, that there will be a focus on the topics of The New Utrecht School, and that study pressure will be reduced. We are also weaving in the link between biomedical research and society throughout the curriculum. Students will thus be able at all stages of their career to bridge the gap between science and society. We will keep what is good, and improve where necessary.

At Clinical Health Sciences too, we are working hard to remodel the curriculum. From the input from students, lecturers, and graduates, it appears that besides the embedding of topics from The New Utrecht School, they also have other needs. For example education on how to deal with artificial intelligence (AI), more emphasis on job and learning pleasure, and a strong connection between education and application in practice. Based on these recommendations, we are revising the minimum level of knowledge, insights, and skills that students should have at the end of their training. We are also working on a first draft of a new curriculum.

## Which developments were there in 2024 in CZO (College Zorgopleidingen or Healthcare Training Board) healthcare courses?

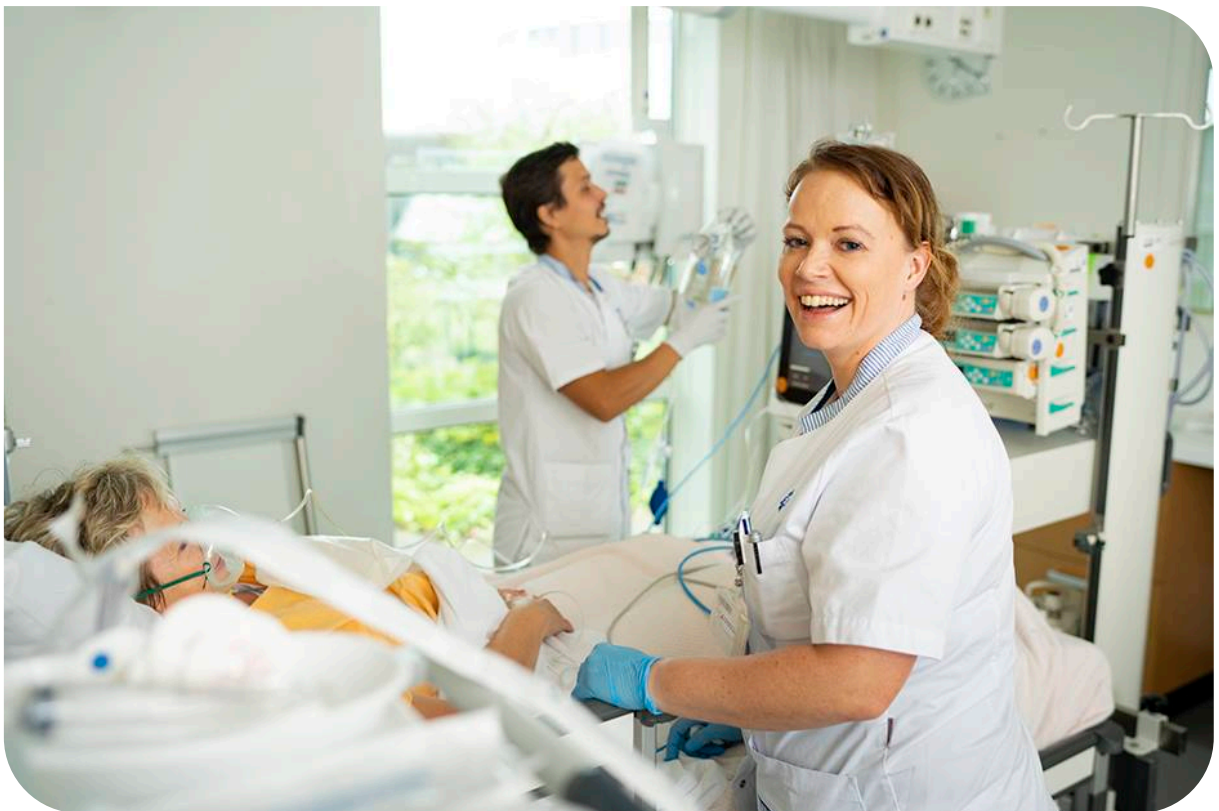
In 2024 the emphasis in CZO healthcare courses the emphasis was on **further developing training that is aimed at Entrustable Professional Activity (EPA)**. EPAs give concrete substance to competence-based training in the workplace. We saw to it for instance that further training for nurses and courses for medical support professionals were made even more flexible. This leads to new possible learning paths and more career opportunities for these professionals in training. They are trained more effectively, it facilitates their inflow and transfer, and on top of that, they are prepared for the healthcare demands of the future. In addition, we applied for reaccreditation at the CZO. We received conditional recognition and are now for the time being in compliance with CZO requirements.



## How does UMC Utrecht involve patients in its education?

For a few years already, with The New Utrecht School, we have been developing and providing education together with patients. An example in 2024 was the 'Kunstnier' (artificial kidney) education challenge. Students worked on the portable kidney machine that we are developing at UMC Utrecht (KidNew project) to improve the treatment of patients with severe kidney failure. In the project, students first talked with kidney patients, doctors, social partners, and biotech companies. Based on the input, they made a project proposal. They then did a biomedical study in the laboratory to develop the portable kidney machine further. During the process, there was another session with kidney patients. The project formed part of the **Translational Life Sciences** profile of the Master's programs of the Graduate School of Life Sciences.

Another fine example from 2024 is the adjustment of the Follow the Forum education panel. Together with a student, an education expert, a lecturer, a patient, and a representative of the Netwerk Utrecht Zorg Ouderen (NUZO) (Utrecht healthcare network for older adults), we established new learning objectives and developed a new lesson. We now give this lesson to fifth-year Medical students. Their feedback is positive. The lesson is about the type of information that patients look for with regard to their disease and/or treatments and how they look for it, the pros and cons of social media, and the role that doctors play in this regard.



## What does UMC Utrecht do in terms of research to improve education?

At UMC Utrecht, besides research to improve healthcare, we also do research on how students and healthcare professionals learn during training. And how we can make their learning/working environment as conducive to this as possible. To do so, we developed the interdisciplinary Life Sciences Education Research (LSER) program. More than 50 doctoral students participated in the accompanying PhD program in the Graduate School of Life Sciences (GSLs) in 2024. LSER has a joint PhD program with the University of San Francisco.

Topics that we studied in 2024 included for instance: inter- en trans-disciplinary learning, technology in education (AI/VR), diversity and inclusion, feedback, patient participation, translational medicine, and student wellbeing. This led to more than 90 international publications. One of our research projects received a prestigious Comenius Leadership Fellowship, which started in 2024. This project studies the use of art and games to further an open dialog in higher education. New digital applications make lifelong learning in the workplace easier for our future healthcare professionals.

## What does UMC Utrecht do with Quality Funding for Education?

By converting the basic grant for students into a loan system, more money becomes available for the further improvement of quality in education. This is what is referred to as 'Kwaliteitsgelden' (Quality Funding). For the Medical Faculty of UMC Utrecht, year by year, the amount gradually increased over the period 2019 to 2024 from € 0.9 to € 1.2 million.

In 2024 we once again made use of this quality funding to invest in student wellbeing and student development. [\[link to H4.1 Our students – People\]](#). We also invested in skill building for lecturers. Our course on Qualitative Clinical Education (CCE) even got chosen in 2024 as Best Education Innovation during the congress of the Dutch Association for Medical Education (Nederlandse Vereniging voor Medisch Onderwijs or NVMO). This course is a version of the basic teaching qualification (Basiskwalificatie Onderwijs or BKO) that is specially adapted for clinically active healthcare professionals. In addition, we are developing a digital lecturer-feedback tool. We are also paying attention to the use of Generative AI, including in a workshop for lecturers, a policy paper for the Medical program, and by informing students on the responsible and safe use of AI.

We are furthermore using the money to improve our training courses. We are developing the courses in 'Medicine for non-Medical Professionals' and 'Humanities for non-experts in Humanities' in the Medical Humanities Master's program. In the Biomedical Sciences course, we are improving statistical education by expanding the Data Science learning line. We are also reinforcing our Bioinformatics education. For the Master program in Clinical Health Sciences, we are developing podcasts inter alia. This helps for instance to increase its visibility as a Master's program, and to recruit new students and give current students insights regarding their career after taking the Master 's program.

# What you want to know about our research

Questions from patients are an important starting point for our research. Our researchers are working on new solutions to ensure that everyone who needs it, has access to healthcare. And that healthcare remains effective and affordable. In addition, we look at how we can make our research sustainable. From **our questionnaire**, it appears that people are curious about this. In this annual report we would like to highlight some examples.



Onze  
patiënten

Onze  
studenten

Ons onderzoek

Onze  
collega's

# Our research

Our research focuses on six multidisciplinary programs: Circulatory Health, Brain, Infection & Immunity, Cancer, Child Health, and Regenerative Medicine. Our efforts in the field of healthcare and research come together in these focal points. In as far as possible, we link our more basic scientific research to applications in practice. We are accelerating our strategy by focusing specifically on content within these focal points. Our 'accelerators' pertain to the following seven areas:

- Healthy living
- Biofabrication & disease modeling
- Molecular science & therapy
- Image-guided interventions
- Integral complex care for children
- Acute complex care

In this way, new discoveries and knowledge can quickly benefit the patient, and we can build the healthcare of tomorrow.

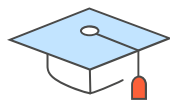
## Our research in numbers



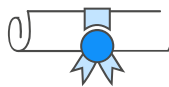
**€185** MLN  
funds raised  
for research



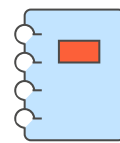
**217**  
professors



**1.659**  
PhD students



**261**  
PhD completed  
(graduated)



**3.934**  
scientific publications,  
of which  
82% Open Access



# People: the impact of our research on people and society

More and more people in the Netherlands are suffering from disease. Partly because people are living longer, and there are more and more older people in the Netherlands (aging of the population). But also because people have unhealthy lifestyles. The demand for healthcare is therefore increasing. **Our survey** shows that people are keen to know how research in innovations and new technologies helps to ensure that everyone who needs it, will (continue to) have access to healthcare.



**“How does scientific research ensure that healthcare remains accessible for everyone?”**

**David from Utrecht**



With our scientific research, we improve healthcare for patients and ensure that it remains accessible. Together with **regional, national, and international partners** we do research that can make a real difference for society.

## **Curing diseases through the body's own repair processes**

At UMC Utrecht, we study treatments that help the body to repair itself (regenerative medicine). We use for instance smart materials that the body will use by itself to repair damaged tissue and organs. With this kind of innovative treatments, we will in the future be able to cure people from chronic diseases such as kidney failure, heart failure, and worn-out joints. Patients will thus need less (long-term) healthcare. It will improve their quality of life, and give other people faster access to the care that they need. In order to develop this type of treatment, we are collaborating with Utrecht University, Eindhoven University of Technology, Maastricht University, and the Hubrecht Institute in the DRIVE-RM scientific partnership. **DRIVE-RM received the distinguished SUMMIT grant in 2024 from the Dutch Organization for Scientific Research (Nederlandse Organisatie voor Wetenschappelijk Onderzoek or NWO).**

## **New technologies that put less burden on patients and healthcare**

Improve the lives of patients with cancer, and at the same time, reduce waiting times for healthcare. With the latest medical technology, this is now possible. UMC Utrecht has for instance developed the **MR-Linac**, a device that produces highly targeted radiation. Fewer sessions are therefore necessary for example to treat patients with prostate cancer. Often no operation is needed, and therefore no hospitalization. This is very positive for patients and for healthcare. Our healthcare professionals therefore have more time for other patients. And our operating rooms can be used for people who need surgery. To speed up the development of this new type of (image-guided) technology such as the MR Linac, and subsequently to use it more effectively and faster in the hospital, **IMAGINE** was launched in 2024. In IMAGINE, companies, researchers and schools from around the world are working together on new technologies of this kind. Doctors make use of imagery here, such as MRI- or CT scans, in order to treat patients with great precision. This is why it is called image-guided treatment. It enables us to help people with cancer faster and more effectively, and to ensure that more people get the right care faster. This type of care is also becoming more affordable.

Nico van den Berg, professor in computational imaging: "Medical technology is never complete, it can always be better. A revolution is currently under way in AI, mathematical modeling, and smart sensors. By building these into image-guided interventions, we can provide even more effective care that requires less manual involvement from healthcare staff, which in turn will reduce their workload."



#### Research on rare congenital metabolic disease

Another scientific study with which we are making an impact, is our research on **metabolic disease in children**. Metabolic disease is one of the most deadly diseases among children. In the Netherlands, about 10,000 families are affected by it. In 2024, our Professor Sabine Fuchs received a grant from the European Research Council (ERC) for her **IMPACT** project that should enable **gene-correction therapy for the rare and severe metabolic disease MMA**. Gene therapy is also becoming possible for children with the very rare metabolic disease **MLD**, which now increases their chances of survival. **3FM Serious Request** in 2024 collected as much as € 12.5 million for the Metakids foundation and **research on metabolic disease in children**, which includes research at UMC Utrecht. Researchers from UMC Utrecht were of course closely involved in this 3FM action. Our aim is to be able to treat half of all patients in the next 10 years.

# Environment: the impact of our research on a healthier world

Our researchers do more than help people get better. We also want to keep them healthy and prevent them from getting sick. We therefore do research in this regard as well. But our work also has a negative impact on the environment, since our laboratories use a lot of energy, for example. What role does sustainability play in our scientific research? People are curious about this.



**“What kind of scientific research does UMC Utrecht do in terms of planetary health?”**

**Barbara from Soesterberg**



The health of our planet is under pressure. This also has an impact on people's health. Many people nowadays are using a considerable amount of products and commodities, and for instance travel regularly by car and/or plane. Due to this, we are contributing to global warming, environmental pollution, and the loss of biodiversity. UMC Utrecht is studying the consequences that this has for people's health. And what we can do differently in order to improve their health.

## **Reduce the negative effects of chemical substances on health**

What effects do certain substances have on our health? For example softeners and PFAS, substances that are found in things like plastic packaging and storage boxes. Or pesticides used on vegetables. To answer these questions, we developed a unique research center called the **Exposome Scan**. The center forms part of the **Exposome-NL** research program. In this research program, we look at how people's habitat influences their health. In 2024, we also started looking at how people's habitat influences how well they react to medical treatment. We first of all studied how chemical substances affect the effectiveness of medication for high blood pressure. With this information, we will ensure that the government can adjust laws and regulations. For instance so that certain substances may be used less. Or that certain substances will be prohibited. Organizations that produce these kinds of drugs can also use the information. They can then adapt the drugs so that they can also be effective if certain chemical substances are present in the body.

## **Impact of small plastic particles on children's health**

A lot of the products we use, contain tiny bits of plastic (micro- and nanoplastics). Many people are highly concerned about the consequences of these for our health. What is for example the effect of these tiny bits of plastic on pregnant women, or on the health of a child? We are studying this in the international **AURORA project**. In 2024, we measured the amount of tiny bits of plastic in approximately 800 pieces of placenta. In 2025, we are finalizing this part of the research. We shall then look at the consequences it has for babies and children. With this information, the government could for example take measures if needed. For instance to reduce the use of tiny bits of plastic in products. UMC Utrecht is coordinating this international study.

## **European cooperation on the impact of climate change on health**

In our international **EXPANSE** research we are cooperating with other countries in Europe and sharing knowledge on the impact of climate change and chemical substances on people's health. For example the consequences of heat for older adults or people who are ill. Some of these health risks for the time being seem less important for the Netherlands. But in the future, this may well have significant consequences for Dutch people. In 2024 we gathered a lot of information together with research institutes for example in Spain, Greece, and Czech Republic. In 2025 we are studying how different matters influence each other. For example air quality and (higher) temperature. This will give us information on health risks and how people, organizations, and the government can prepare for it in order to prevent or limit the damage to people's health as much as possible.



## How does UMC Utrecht make research more sustainable?

In our laboratories, several **Green Teams** are working actively on more sustainable ways to do our research. In 2024 for example, in two departments, some 40 freezers in total were installed with a very low temperature of -80 to -70 degrees. This enabled us to save on energy costs. We also reduced the amount of CO2 released into the atmosphere by more than 15 tonnes of CO2 per year. This is the equivalent of 75,000 kilometers driven with a petrol vehicle, or 39 flights (one-way journey in economy class) from Amsterdam to Rome (source).

Joep Sprangers, Laboratory Sustainability Manager: "What makes me the proudest is the fact that we managed in two departments to install a total of some 40 freezers with a very low temperature of -80 to -70 degrees. With this 'cost-free' action, we are saving on energy costs and reducing the amount of CO2 that is released into the atmosphere."



Since November 2024, our healthcare professionals have also been using fewer disposable gloves in laboratories. To do so, a number of colleagues developed 'The Naked Hand Revolution' in 2024. In it, indications are given of when someone may or may not use gloves. This not only helps us to use fewer gloves, but also to avoid contamination. Another colleague designed stickers to help remind colleagues which equipment can be switched off, and when. This enables us to save energy and reduce CO2 emissions. We are also participating in the **LABEXUS platform**. Via this platform, institutes can exchange laboratory items at Utrecht Science Park. This allows us to reuse as many items as possible (circular use). And as a result, avoid wastage.

In a short film posted on [LinkedIn](#), colleagues from the labs explain what else they have done to work in a more sustainable way.



# Governance: our impact on fair and reliable research

We conduct scientific research to develop new and more effective treatments against diseases. As part of it, we make use of animal testing. Naturally, we do this as little as possible. Many people want to know what we are doing to reduce animal testing.



**“How does UMC Utrecht contribute to reducing animal testing?”**

**Phila from Amersfoort**



We are working actively on reducing the number of tests carried out on laboratory animals. In 2024, for example, together with Utrecht University, Hogeschool Utrecht, and the Netherlands National Institute for Public Health and the Environment (Rijksinstituut voor Volksgezondheid en Milieu or RIVM) among others, we initiated the Center for Animal-Free Biomedical Translation (CPBT, in Dutch: Centrum voor Proefdiervrije Biomedische Translatie). The purpose of this center is to develop new, safer, and more effective treatments and where possible, make use of models based on human cells. CPBT is focusing first of all on innovation without animal testing for the following diseases: **ALS, cystic fibrosis, arthrosis/rheumatism and asthma/COPD**. In 2024, the Dutch government via the National Growth Fund invested a total of € 124.5 million in the new CPBT.

Jeffrey Beekman, Professor in cellular disease models: “We observe that models based on patients’ own tissues give a much more effective image than animal models. At the CPBT we can further develop and standardize these models. This brings us closer to treatments for example for patients with cystic fibrosis.”





# Our partners: together is always better

To resolve challenges in healthcare and reduce health disparities, it is important to think and act collectively and through interaction. At UMC Utrecht, we work closely with many partners in healthcare, research, education, and valorization. At a regional, national, and international level. Many of these are strategic, longterm partnerships. We continue to invest in maintaining and expanding these relationships.



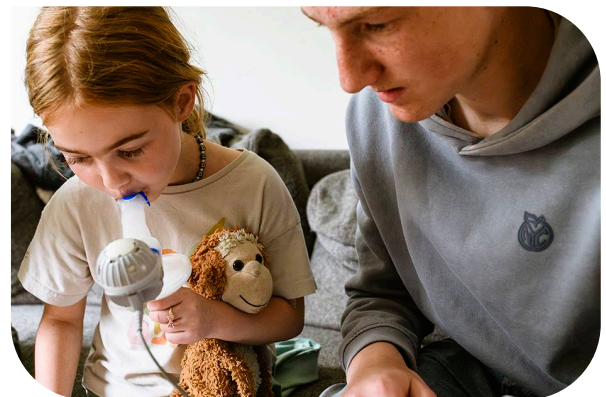
# Cooperations with an international impact

## From Utrecht to Yale: create opportunities to protect babies and children against the RS virus

In 2024 we made good progress within the network to prevent severe diseases caused by the **RS virus in babies and children**. We are doing extensive research on this virus at UMC Utrecht and are taking the lead in European research in this field. At the beginning of 2024, this led to a **recommendation from the Dutch Health Council to vaccinate children against the RS virus** through a national vaccination program (Rijksvaccinatieprogramma). What's more, Yale University, one of the most esteemed private institutions in the United States, appointed **Louis Bont, our professor in childhood respiratory infections, as visiting professor**. Yale University thereby recognizes the global impact of our vaccination research on the RS virus. This cooperation reinforces our research network. Together, we prevent (severe) disease caused by RS-virus infection in babies and young children. And at the same time, keep healthcare accessible.

## European research on the effective treatment of cystic fibrosis with fewer side effects

In 2024, a unique clinical study was launched on personalized treatments for patients with cystic fibrosis (CF). Before a patient took part in the study, we first of all cultivated mini intestines (intestinal organoids) from the patient's own intestinal cells, and then tested the effects of a drug on the organoids in a laboratory. The organoids react in the same way to a drug as the patient would. This approach enabled us to see quickly whether a certain drug would work for the specific patient. The approach in this study makes it faster and cheaper to develop new treatments for people with cystic fibrosis. It also increases patients' chances on finding an effective treatment with fewer side effects.



14 Centers in 10 different European countries are taking part in this research. The study is coordinated from the **030 Lab**, in which Wilhelmina Children's Hospital (WKZ) collaborates with Utrecht University, the Princess Máxima Center, and all disciplines at UMC Utrecht. In 2024, the first European patient in the Netherlands took part in the study at Wilhelmina Children's Hospital. Organoids are an invention of UMC Utrecht among others.



## European cooperation with Eureka: scientific research by healthcare professionals of the future

The aim of scientific research in healthcare is ultimately to let patients and society benefit from it. In order to help Master's and PhD students at the beginning of their scientific career to stay focused on and achieve this goal, we collaborate with Eureka (Eureka Institute for Translational Medicine). In 2024, we renewed our partnership with Eureka for another 5 years. We were for example once again able, together with Eureka, to present the **Eureka International Summer Course on Translational Medicine**. A week-week long immersion in science for 30 Master's and PhD students and doctors training as medical specialists from various countries. In this way, we are training and inspiring the healthcare professionals of the future.

Watch the video 'Eureka Utrecht Summer School': <https://youtu.be/AqR4MOsFp6Q>

## Timely and effective care for terminally ill children in Europa

UMC Utrecht is one of 17 international partners of Palliakid, a European project that aims to provide timely access to effective care for children who are terminally ill. In Europe each year, about 170,000 children do not receive proper palliative care, although they are in need of it. The start of 2024 saw the kick-off of Palliakid. In this project, use is made of the **IMPACT dialog method**, which was developed by colleagues at UMC Utrecht. One of the pillars of effective pediatric palliative care is to talk and decide together what the purpose of the treatment and care should be, and what the preferences are. IMPACT offers materials to conduct this conversation between the healthcare professional, the child, and the family.

## Students help to provide in the need for information of youngsters with hemophilia A

In 2024, students of the **Life Sciences & Society** profile of the Graduate School of Life Sciences collaborated with Roche on a research project. Roche is a company that develops drugs. In this project, students studied what youngsters (aged 16-25) want to know about living with hemophilia A, which is a lifelong disease. The students were in touch with youngsters and investigated which information they needed, how they wanted to receive it, and how Roche could help with this. Based on their study, the students drew up an advisory report with concrete recommendations for Roche on how they could help these youngsters. During the collaboration, the students were able to bridge the gap between science and society, but also between Roche as stakeholder and the patient-representation groups.

# Partnerships with a nationwide impact

## Nationwide cooperation to provide the best care for patients with congenital heart defects

Healthcare for patients with a congenital heart disease is a top priority in the Netherlands. It is important to keep it that way and to continue improving this care. In 2024, the university medical centers of the Netherlands and the Ministry of Health, Welfare and Sport (VWS) made agreements in this regard. The UMCs of Amsterdam, Groningen, Leiden, and Utrecht will be collaborating in a network. The same goes for Rotterdam and Nijmegen. Maastricht is collaborating with the academic hospital in Aachen and Leuven. The UMCs will thus together be able to continue improving this care and to provide patients with a congenital heart disease with the most effective care. Together with the patient organizations involved, the UMCs will continue to elaborate the arrangements in the agreement.



## Work together to prevent disease

We are working with partners in various research projects to prevent disease (prevention).

### A 'healthy' environment can prevent disease

In the **Exposome-NL** research program, we are studying which factors in people's environment can influence the occurrence of cardiovascular diseases. We have discovered that poor air quality, noise pollution, and a lack of greenery in a person's environment can increase the risk of cardiovascular disease. In 2024, we combined this knowledge in a **digital model**, that is similar to the video game SimCity. It enables us to study what we can change in people's environment and what impact it will have on their health. In other words, which adjustments will yield which health benefits. We are also studying whether the health

benefit differs between different groups of people. For example people with a high income and people with a low income. We are also looking at what we can do to reduce health disparities. This information is of value to the community, project developers, and construction companies. They can use it to lay areas out in a way that will improve people's health so that fewer will get ill. With this information, people will also be able to make healthier choices themselves. In addition, we are looking at the **impact of pollution and rising temperatures on people's health**.

#### Working together on the healthiest neighborhood in the Netherlands

The knowledge that we are gaining in the Exposome-NL study will be put to practice in the 'Gezond stedelijk leven' ('healthy urban living') project. In this project, we are working together with other organizations on healthier neighborhoods and healthcare in the right place. For example in the Cartesius neighborhood in Utrecht. The aim is to make it one of the healthiest neighborhoods in the Netherlands. In 2024, we signed agreements with Utrecht municipality, developers of the neighborhood, construction companies, and other knowledge institutions, to put our knowledge to practice in the Cartesius neighborhood. We are pooling ideas for the design of the neighborhood. We are following the execution of the plans and measures to make Cartesius a health neighborhood. And we are studying who is benefiting from these measures, when, and why. We share what we learn from this with other parties (learning communities), so that we can continue to develop even better measures and uses to keep people healthy. In this way, we can make the Netherlands a bit healthier, one neighborhood at a time.

The aim is to make the Cartesius neighborhood one of the healthiest in the Netherlands.



Comprehensive solutions to prevent disease

Which measures could help to give babies and children a healthy start? Or to let people grow older in better health? This is what we are studying together with various knowledge institutions in the countrywide **Institute 4 Preventive Health of the EWUU alliance**. In **April and December 2024**, eight research groups received funding to conduct their research. For instance a study on how health eating habits can be encouraged in children with autism. And a study on how digital tools can ensure more equality between people in terms of leading an active life. In all of these studies, technology, the environment in which people live (habitat), and how they live (lifestyle) are combined. We are therefore working on comprehensive solutions rather than loose measures. This increases the chances that measures to prevent disease will be more appropriate and applicable in different places.

## Better treatment for arteriosclerosis

Treating arteriosclerosis more effectively through customized treatment. This is the main purpose of a **new countrywide study on arteriosclerosis**. Patients with arteriosclerosis currently all receive the same treatment. This may not be optimal, since the underlying causes of arteriosclerosis could differ. Due to these differences, patients can be more or less receptive to a certain treatment. If we know how to distinguish between patients with different forms of arteriosclerosis, we can treat them in a more targeted way. And thus avoid treatments that are not (sufficiently) effective. This can help to reduce healthcare costs as well as unnecessary side effects of a patient's treatment. In 2024, the Dutch Heart Foundation gave € 6 million to study these differences in order to make customized treatment possible. UMC Utrecht is leading the study together with researchers from Rotterdam, Amsterdam, and Nijmegen.

## Safe, high-quality care for the military

To ensure a strong armed force with great sustainability, it is essential to provide safe, high-quality medical care to the military. To guarantee this, **the Major Incident Hospital (Calamiteitenhospitaal) together with the Ministry of Defense and other partners concerned, performed a drill** in May 2024. This large-scale drill on NATO territory gave the Major Incident Hospital together with all other partners involved in the repatriation of soldiers from abroad, the chance to practice in different scenarios. From the first treatment on the battlefield to takeup and care in the **Major Incident Hospital** at UMC Utrecht.

Mirjam de Jong, Medical Manager at the Major Incident Hospital: "This exercise gives the Major Incident Hospital the opportunity to practice with the entire chain that is involved in the repatriation of soldiers from abroad. Overall, this is very important, both for Defense and for UMC Utrecht."

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## Healthy, sustainable nutrition: good for peoples health and for the environment

Healthy, sustainable nutrition contributes to people's health. And helps to reduce the environmental impact. At UMC Utrecht, we continue to work on this. We do research for example in collaboration with Utrecht University (UU), Wageningen University & Research (WUR), Meander Medical Center, Gelderse Vallei Hospital, and Alliantie Voeding in de Zorg (nutrition in healthcare alliance). We are for instance studying the role of plant-based proteins in the approximately 400 hot meals that we prepare for our patients each day. We determine the protein content and quality. And we calculate the environmental impact thereof. This includes calculating greenhouse-gas emissions and use of land and water. We also study the effect of more plant-based food on (recovery from) disease. The study is funded by the **EWUU alliance**. In the **EWUU**



alliance we combine our (scientific) knowledge in the field of research and education with that of Eindhoven University of Technology, Wageningen University & Research, and Utrecht University. In January 2024 at UMC Utrecht, we received colleagues from WUR and UU who literally got a glimpse of what's cooking in our kitchen. We demonstrated for instance the **Orbisk**, an innovative device for measuring and reducing food wastage.

## Improve and renew healthcare by sharing knowledge and skills in education

For students at the four institutions that fall under the EWUU alliance, the alliance in 2024 organized 6 **education challenges**. 93 Students from various programs worked together. In the **Da Vinci Program** students for instance collaborated with a company or social partner on innovative, sustainable solutions. One group of students for example collaborated with Unilever with the aim of finding an alternative to animal testing. The EWUU Alliance summer school, a 2 EC course on **The Regenerative City** also took place\*. For this challenge, students designed a regenerative development zone in Amsterdam by supporting the local community and the country. This course gave an in-depth introduction to regenerative practices and leadership.



## Reduced mortality from severe pneumonia caused by flu

Out of each 5 patients taken up in IC in the Netherlands with a severe viral pneumonia (caused by a virus) - some 900 patients a year - 1 on average do not survive. In 2024, a **new study was launched to reduce the risk of mortality due to severe pneumonia caused by the flu virus**. In this study, which is led by UMC Utrecht, we are investigating whether a treatment with **tocilizumab** or **baricitinib**, which are both effective for treating severe cases of COVID-19, also work effectively with severe pneumonia caused by flu. If this is successful, we will be able to prevent disease and mortality, curb the spreading of the virus, and reduce pressure on scarce IC beds. It is also important to know if these drugs will be effective in the event of a new pandemic caused by a flu virus.

# Partnerships with a regional impact

In the Midden-Nederland region, a healthy life expectancy for people in different neighborhoods can sometimes differ by as much as 10 years. UMC Utrecht is the partner that endeavors to improve patient care and reduce health disparities. We do this by working together with the community, other large employers, and healthcare and welfare organizations. Together, we give shape to **Utrecht, Heart of Health**. We focus on the health and happiness of Utrecht citizens, for instance through the **Health Hub Utrecht network**.



In 2024, in the scope of the **Integral Healthcare Agreement (Integraal Zorgakkoord or IZA)**, we signed a number of partnerships with regional healthcare and welfare partners to maintain the accessibility and quality of care at a time when the demand for healthcare keeps growing while the number of people work in this field is decreasing. An example of this is the [jouwziekenhuisbaan.nl](https://www.jouwziekenhuisbaan.nl) ('your hospital career') platform [link to H3.1. Our colleagues - People]. This forms part of a larger cooperation between hospitals in the region to tackle staff shortages in hospitals. Facilitated by the recruitment organization **Utrechtzorg**, we are collaborating with Diakonessenhuis, Tergooi MC, Meander Medisch Centrum, St. Antonius Hospital, Princess Máxima Center, Rivierenland Hospital, and Gelderse Vallei Hospital.

## Utrecht Cancer: targeted treatment improves patient prospects

For some time already, partners at Utrecht Science Park have been collaborating intensively on trailblazing research and developments in the treatment of cancer. The aim is to treat children, adults, and animals in a more targeted way and thereby improve patient outlooks. On September 30, 2024 we **launched this unique partnership for cancer research with the official kick-off of the 'Utrecht Cancer' collaborative platform**. An example of innovative research is finding the best medicine for a specific tumor by means of organoids (mini organs grown from the patient's tumors). We also use innocuous light to identify cancer cells and apply targeted treatment (image-guided treatment) [Link to H5.1 Research – People]. And in Utrecht, a super-fast AI algorithm was developed in combination with DNA-analysis technology. Thanks to this, for children with brain tumors, it can already be decided during surgery what the best operation would be.

## Collaborating on AI: improving healthcare and keeping it accessible

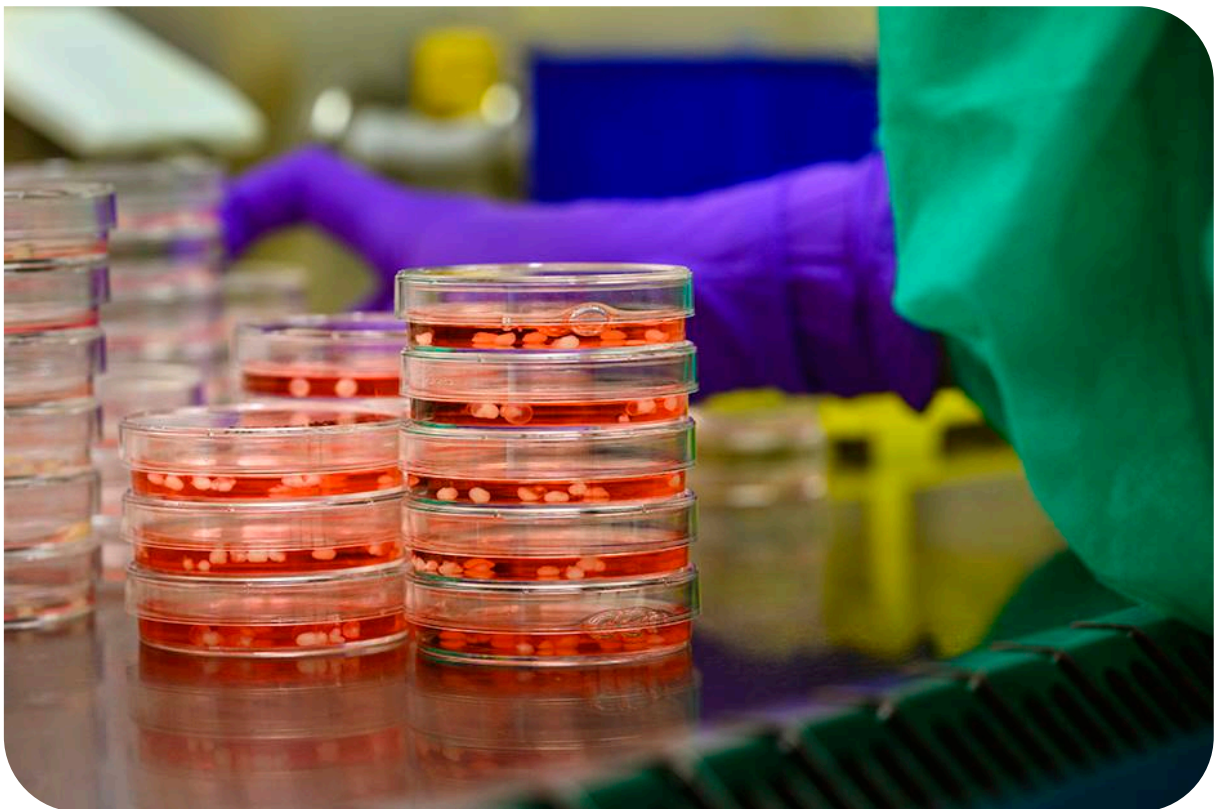
Artificial Intelligence (AI) can **contribute to solutions for challenges** that we encounter in healthcare: improving healthcare and keeping it accessible. Together with Utrecht University, we are working holistically on AI innovations in AI Labs. AI Labs give the right people from research and practice the opportunity to meet and collaborate. This ensures that researchers can focus on issues that really matter. It adds real value and can make a difference for the patient. **The Utrecht AI Event took place in November 2024** plaats.

## Improving cancer treatment

In the **UMC Utrecht Bachelor Research Hub**, a group of 20 Bachelor students in Biomedical Sciences worked for 10 weeks on a research question from the biotechnology company Genmab. The aim was to study new opportunities for cancer treatment. Based on this new knowledge, Genmab will be able to improve immunotherapy treatment for cancer. In immunotherapy, medication enhances the effect of the immune system so that the latter can effectively recognize, destroy, and eliminate of cancer cells. This new public-private partnership concept ensures collaboration between research, education, and the biotechnology and pharmaceutical industry. The students developed their academic and research skills and got a peek into the engine house of a company. The Bachelor students presented their findings in February 2024.

## Scientific knowledge improves practice and vice versa

In 2024, together with 4 regional general-practitioner organizations, 6 neighborhood-nursing providers, and 3 educational institutions (2 MBOs and 1 HBO), we worked on the further development of the Academic Workplace for General Practice Care (Academische Werkplaats Huisartsenzorg) and the Academic Workplace for Neighborhood Nursing (Academische Werkplaats Wijkverpleging). In these Academic Workplaces (Academische Werkplaatsen), we link our scientific knowledge to practice-based knowledge. Innovations are devised and tested here, and improved where necessary to make general practice and neighborhood nursing ready for the future. In this way, we improve general-practice care and home care (neighborhood nursing) in the region. Both Academic Workplaces collaborate closely with other Academic Workplaces in the Netherlands.





## Adjustments in Overvecht with positive impacts for health

In 2024, we finalized the IGLO Utrecht project. IGLO Utrecht stands for 'Iedereen een Gezonde Leefomgeving in Utrecht' ('a healthy habitat for everyone in Utrecht'). In this project, we looked at the Overvecht neighborhood to see how specific actions are improving people's health. For example renovating social rental flats ('social renovation') and linking Gagelbos to the neighborhood. The project gave us important information. For example on the short- and long-term effects of social renovation and the importance of looking at the system as a whole when assessing changes. In other words, the different components of the situation, and how these are linked and mutually affect each other. From the start we also worked together with inhabitants, the municipality, and other parties. This collaboration helped us to identify small but significant impacts for health that we might otherwise have overlooked. In the project (a component of the ZonMw program 'Maak ruimte voor Gezondheid' or 'make room for health'), we worked with professionals from Utrecht municipality and Utrecht University, inhabitants, Utrecht municipality, the province of Utrecht, and social partners (such as STUW, Staatsbosbeheer, Posad Maxwan, and Dock).

## Focus on heart health for women with FC Utrecht

More than 18,000 women die from cardiovascular disease each year. Yet, cardiovascular disease in women still receives insufficient attention, and research on the topic is lagging behind. In 2024, UMC Utrecht and FC Utrecht pooled forces for the third time for 'Draag die Band' ('wear the band') – a campaign for heart health, this time with an extra emphasis on women. Together we are acting – each with our specific knowledge and background – in the Utrecht region (Utrecht, Heart of Health) to ensure a healthy body and a healthy future for everyone. Through our collaboration we are reaching a wide target group with this important message and can increase awareness around heart health for women.

Watch the campaign video: <https://youtu.be/OT5fBnIa14>

## Students well prepared to improve care together

The Medical faculty of Utrecht University is part of UMC Utrecht. Together with Utrecht University, we are preparing our students for practice in the best possible way. This means that they must be able to work together with other professional groups to improve healthcare. We achieve this through inter-professional education. Here, students from two or more professional groups learn from, with, and about each other. In 2024 we gained experience in various projects by setting up inter-professional education in practice. Students will thus have an active role in actual everyday practice as part of an inter-professional student team. The ultimate preparation for their task as professionals. To do this, we work together with other faculties of Utrecht University, Hogeschool Utrecht, Hogeschool voor de Kunsten (art school) in Utrecht, and the EWUU alliance.

## Best learning company in the region

UMC Utrecht has been singled out by ROC Midden Nederland (regional educational center for the Middle-Netherlands) as the best vocational training company of 2024 for the MBO (technical training) programs for Nursing, Laboratory Technician, and Doctor's Assistant. An important reason for this achievement is the close cooperation between UMC Utrecht and ROC Midden Nederland. In addition, UMC Utrecht offers students optimal support in their learning process, we pay sincere attention to the student, and effectively ensure that there is a link between theory and practice. Despite a shortage on the labor market, we succeeded in 2024 to train 245 nurses in various MBO and HBO programs, in close collaboration with the training supervisors of our various departments and divisions.

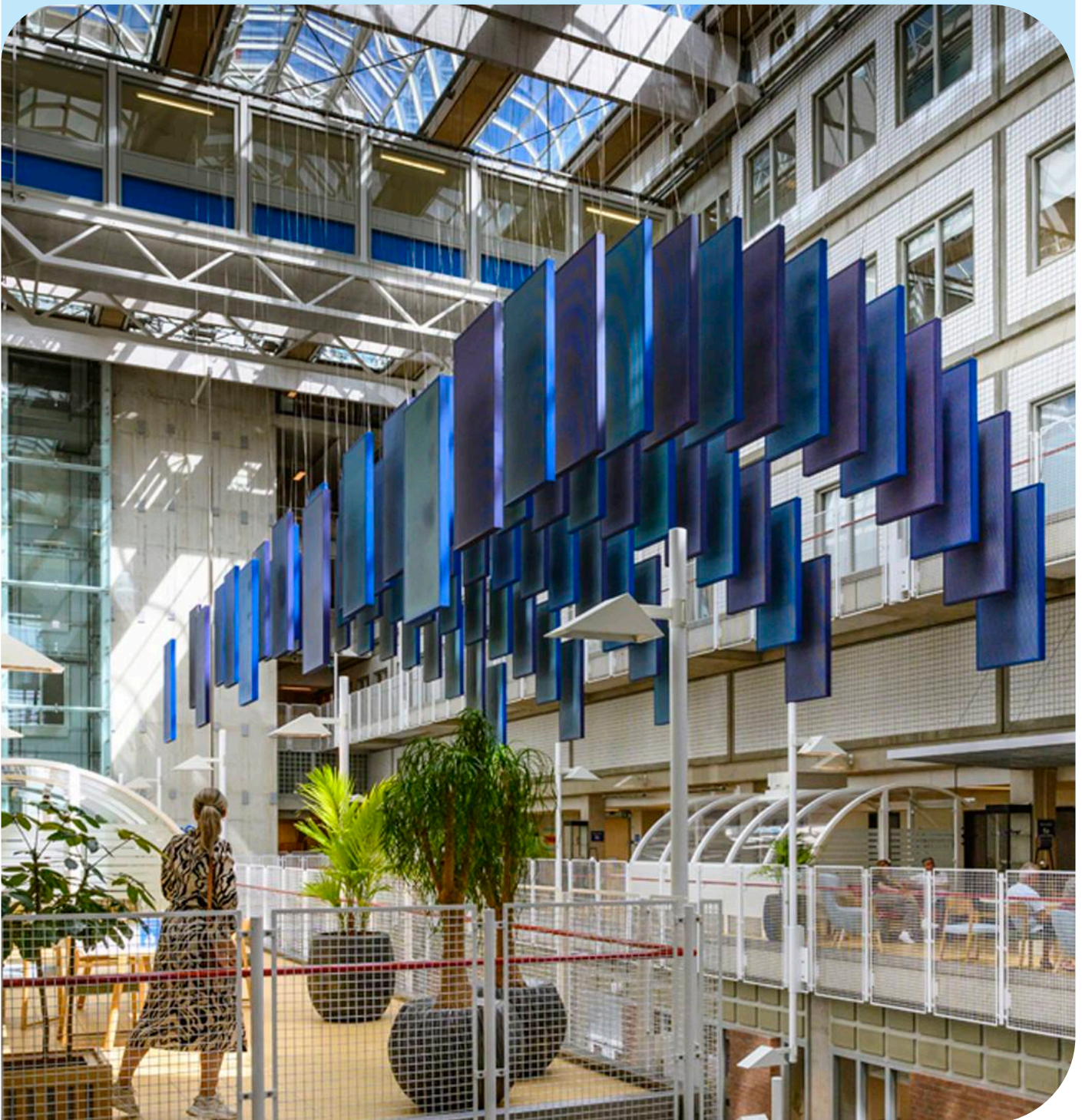


## UMC Utrecht wins the award for best learning company of the year

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# Our finances

What are the financial results of 2024 and how did we handle (financial) risks to ensure our reputation and continuity?



# Looking back on 2024

What are the financial results for 2024 and how did we deal with (financial) risks to safeguard our reputation and continuity?

The annual account for 2024 no longer shows any significant incidental effects from previous years. Healthcare, education, and research could continue as usual in 2024. We also continued on full scale with our underlying operational and (strategic) programs and projects in 2024, and even intensified these.

We continued for example with the **Healthcare of Tomorrow program**, and took it further by thinking about smarter ways to structure our organization. We also pursued our efforts in the further development of plans for our **strategic development vision for accommodation (strategische ontwikkelvisie huisvesting or SOH)**. This led to a feasible plan in the form of the integral structure design (integraal structuur ontwerp or ISO). As a result, the renovation of the Wilhelmina Children's Hospital was decided and set in motion in 2024 [[link to H1.3 UMC Utrecht in society – Our direction and approach](#)]. We were able to finance these renovations and plans up until 2027 entirely through our own resources. In the coming years, we will have to attract further funding to execute subsequent construction plans.

Rising inflation, staff shortages, new insights in the field of digitalization, and growing demands for sustainability in the materials that are to be used, makes this a complex task. Careful considerations and planning are the order of the day. This also has a financial impact that can be seen in the increase of our deposits with banks which we keep for future investments. The interests that we earn on these partially compensate for rising costs.

In the course of 2024, 9,493 FTEs were active at UMC Utrecht (involving a total of more than 12,000 colleagues). 8,293 FTEs worked in collectively financed healthcare, education, and research, and 1,200 FTEs in research financed by other funding flows such as charity funds and companies. No further FTEs were employed in other activities.

# Key figures

Below, we give a short summary of our financial developments and achievements (in millions of Euro) based on financial key figures from the consolidated financial statements. Figures from 2023 were adjusted for the purpose of comparison.

	Bedrijfsopbrengsten	Salarissen, sociale lasten en pensioenlasten	Netto resultaat
2024	1.684,6	932,2	30,6
2023	1.631,20	873,9	57,3
2022	1.539,1	802,7	20,1

	Groepsvermogen	Voorzieningen	Totaal activa
2024	531,8	92,4	1.205,5
2023	502,3	85,3	1.171,1
2022	461,4	52,7	1.088,40

	Rendement	Solvabiliteit	Liquiditeit
2024	1,82%	44,11%	1,8
2023	3,51%	42,89	1,75
2022	1,30%	42,30%	1,59



# Financial results

In 2024, our operating income once again increased compared to previous years. In total, income rose by approximately € 53.4 million, which is a 3.3% growth. This rise is partly due to a higher income from healthcare services, as a result of indexation and increased spending on expensive drugs, among other factors. In addition, other incomes have increased, mainly from research projects financed by third parties.

The rising income was offset by expenses that were higher too. Staff costs, including salaries, social charges and pension charges, went up by 6.7% this year compared to 2023. This amounts to an increase of € 58.2 million. The rise is mainly due to developments in the collective agreement (CAO).

On balance, these developments brought a positive result of € 30.6 million. This is approximately € 26.7 million less than the result over 2023, and € 17.8 million more than the budget for 2024. These revenues are the result of structural improvements. They include the increase in operational income and some incidental income with regard to the budget, such as higher interest rates, lower amortization charges, a VAT refund on previous years, and delays in investments. The positive revenue in 2023 was to a large extent determined by incidental income, including the settlement of COVID-19 care from previous years.

In addition, structural earnings went up due to a favorable compensation of cost increases, higher healthcare turnover, and achieved efficiency gains. This efficiency is essential in order to absorb the expected rise in capital expenses in the future, which are linked to renovations in the scope of the Integral Structural Design (Integraal Structuur Ontwerp or ISO).

The income and expenditures with regard to expensive drugs and externally financed research projects had hardly any impact on the result, since revenues and expenses were close to balance here. At the same time, structural cost increases underline the importance of projects and initiatives that are aimed at containing this development. A significant example of this is the agreement between NFU and healthcare insurance companies regarding the use of transformation resources.

The achieved result as a whole was added to the equity capital. Our financial position thus remains healthy with the main balance-sheet ratio's, such as solvency and Debt-Service Coverage Ratio (DSCR), slightly better than the previous year and well above the set standards. At the end of 2024, the positive cash balance was € 480 million.

At the same time, we foresee that additional funding will have to be attracted in the future for the implementation of our Strategic Development Vision for Accommodation (Strategische Ontwikkelvisie Huisvesting or SOH) and its elaboration in the Integral Structural Design (Integraal Structuur Ontwerp or ISO).

Consolidated shareholdings on balance contributed € 1.8 million to the income statement. This positive effect was mainly due to developments in the price of securities of the WKZ Fund.

# Research funding

In 2024, our fund-raising capacity for research was € 185 million (€ 133 million in 2023). This means that we more than achieved our target of € 112 million.

## Support for researchers from national support programs (NPO)

During the Coronavirus pandemic there was less capacity/opportunity for scientific research that was not related to COVID-19. Due to this a lot of scientific research had been delayed since March 2020. In 2021 and 2022, UMC Utrecht received € 8.5 million in total from the National Program for Education (NPO), the national support program for education and recovery and prospects for researchers.

With this support, from 2021 up until 2023, UMC Utrecht covered (a part of) the salary costs of 458 PhD students and post-docs (approximately 40% of UMC Utrecht researchers). This included € 700,000 in 2021, € 2.906 million in 2022, and € 2.855 million in 2023. In 2024, we spent the remaining funds (€ 1.412 million) according to plan.

## Starter and incentive grants for researchers

From the Ministry of Education, Culture and Science and via Utrecht University, UMC Utrecht has since 2023 received two new types of subsidies for researchers, referred to as starter and incentive grants. Both these grants can be spent freely and are intended to give researchers the necessary tranquility and scope to develop their own line of research. In 2024, we awarded a total of 35 starter grants worth € 120,000 in two installments.

## Matching Horizon Europe spending

We have made agreements for the spending of resources from the Matching Horizon Europe program. 60% of the funding received is immediately available as financial matching for ongoing research. We deployed approximately 20% to support large applications and the start-up of a training program for researchers and supporting staff. The rest was set aside for supporting future research.

# Risk management

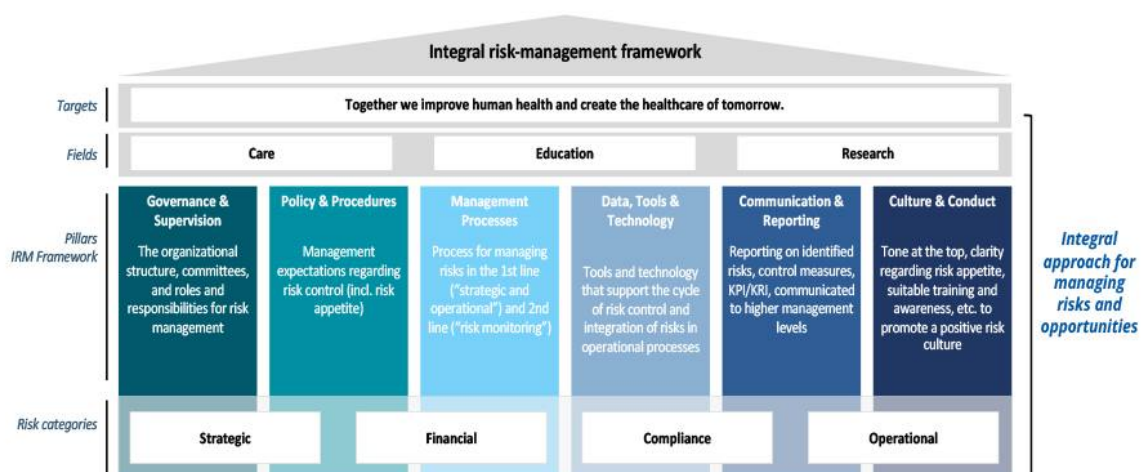
## Risk appetite

As UMC Utrecht we have a societal role. And our core activities are financed by public money. Partly for this reason, we are obliged to manage risks effectively and to be conservative when it comes to risk appetite.

## Organization & Governance

We combine all our risk-control activities at a strategic, tactical, and operational level in one comprehensive framework that is based on the COSO-ERM framework.

### Integral Risk Management Framework



In accordance with the principles of our framework (comprehensiveness, uniformity, and alignment of risk management with existing procedures) and the **three lines of responsibility**, the responsibility for risk management lies primarily with our divisions, departments, and sections. They are assisted in the analysis and management of these risks by the relevant disciplines. For example colleagues from patient safety, labor conditions, integral safety, data security, infection prevention, and financial continuity.

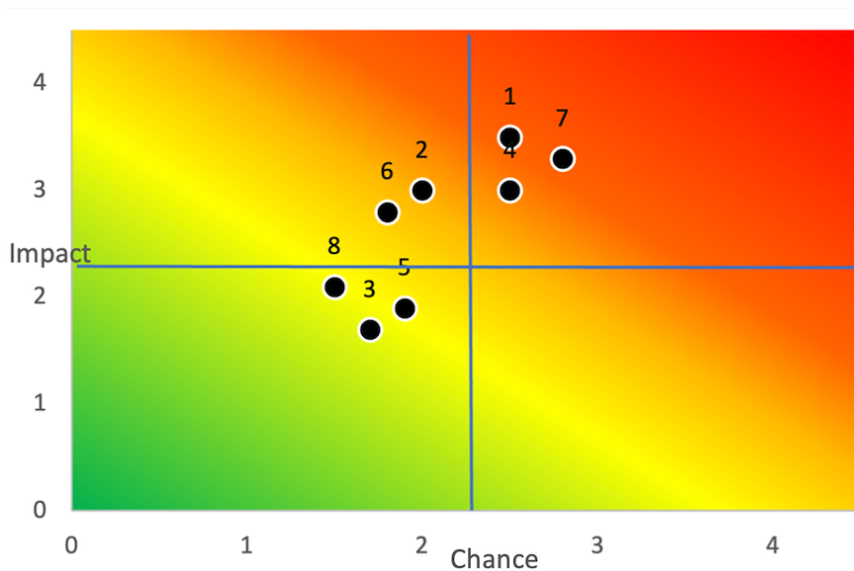
The Risk & Compliance Manager formulates policy, gives instructions, monitors the process, and makes adjustments if necessary. This enables us better to identify possible risks in the organization and combine them in order to manage them more effectively. We thus have more certainty that we can reach our strategic goals.

For the implementation of this framework, the Executive Board conducted a strategic risk analysis (for the next 3 to 5 years). Since 2023, we have also been adding a risk paragraph to management contracts that are signed between the Executive Board and the management teams of divisions and departments (for 1 year). This paragraph stipulates identified risks linked to the annual goals that the divisions and departments have to reach.

## Risk overview

### Strategic risks

The heat map and explanations below give an overview of the main strategic risks. The position on this heat map depends (1) on the estimated likelihood that a risk may occur, and (2) on the potential impact that the risk could have on reaching the organizational goals. These are the identified gross risks. Any impacts of control measures that are taken will not directly be visible here.





Number	Explanation
1	Availability of staff: There is a shortage of staff with the right qualities. This puts pressure on the quality of primary tasks. It also gives us insufficient adaptability/agility to bring about the desired strategic changes.
2	Cross-divisional changes: Divisions focus mainly on their 'own' organization. As a result, strategic projects are progressing slowly, and UMC Utrecht is not seen as one organization from the outside.
3	Centralization of healthcare: IZA requirements and the vision formulated by UMC Utrecht demand intensive collaboration with (regional) partners. There is a risk that organizational practices/activities within UMC Utrecht will not be sufficiently aligned with the collaborations that are signed. This could also put pressure on our position as an innovative medical science center.
4	Digitalization: A large part of the change agenda is based on the ongoing digitalization of healthcare (digital, unless). IT dependency brings the risk that we will not be able to take the necessary steps that the Healthcare of Tomorrow requires of us. And that this strategy will not lead to the intended improvement of efficiency.
5	Efficiency targets: Operational and support processes must sufficiently be covered by existing financial flows and the cost level must be lowered fast. This introduces the risk that there will be too little scope left for essential innovation (including through research and education) and that the financial frameworks of large projects will be exceeded. This has an impact on our sustainability task, building-renovation task, and transformation task (for example through lack of investments in staff).
6	Supply chain: The supply chain of UMC Utrecht is vulnerable. Not only are certain suppliers unable to make (affordable) deliveries due to shortages, there is also a lack of sustainable alternatives that are in line with sustainability goals. This could also lead to delays in (primary) processes and projects that are essential for UMC Utrecht. In addition, there is a great dependency on a few large suppliers.
7	Cyber incidents: The risk of attacks from outside UMC Utrecht (DDos, ransomware) keeps growing. Measures to increase data security, but also guarantees of continuity (availability of data and systems), are becoming increasingly important with the growing importance of automation. There is also the risk of not complying with laws and regulations (e.g. NIS2).
8	Climate change & Sustainability: The consequences of not meeting the targets of the Dutch Climate Act and the Green Deal for Sustainable Healthcare could potentially be far-reaching. In the long term a failure to meet these could impact our ability to attract funding (for example for building renovations), retain people in the organization who are necessary to implement the strategy, and find network partners. Eventually, climate damage could create an additional demand for healthcare.

#### (Expected) impact of risks on results or financial positions

The risks as mentioned did not have a material impact on our results in 2024 and our financial position at year-end. What the impact of these risks will be in the near future, is unclear. The consequences of healthcare centralization and the agreements in the Integral Care Agreement (IZA) are also still unclear. We can however say that these will only become visible in the medium term (three to five years).

## Use of financial instruments

UMC Utrecht does not make use of any compound or complex financial instruments. Due to their risky nature, our treasury charter does not allow for so-called 'open positions'. Should we ever use a financial instrument, we would do so only to hedge an existing position. There were no (material) positions at the end of 2024.

As indicated, the heat map shows our gross estimate. Needless to say, we have many control tools to manage these risks. We explain the main measures below.

- Availability of staff (risk 1): See the chapter 'What our colleagues want to know' for programs/measures aimed at attracting and retaining colleagues.

- Strategic projects (risk 2, 3 and 4): To deal with uncertainties ensuing from the Integral Healthcare Agreement (IZA) and the accompanying concentration of healthcare, we have implemented various strategic programs including the Healthcare of Tomorrow. In it, we focus on the question both of which care we are going to deliver, and how we should deliver it. Colleagues throughout the organization are working to achieve these goals.
- Efficiency targets (risk 5): Under the motto 'Create financial scope', we are looking for scope to accomplish the necessary innovation and primary tasks. This also receives ample attention in our planning & control cycle (cf. risk-control and audit systems). More about this in '**Our direction and approach**' in the chapter UMC Utrecht in society.
- Supply chain (risk 6): To tackle this risk, we apply proactive assortment management. This means that we keep an eye on the most critical products. We continuously evaluate the availability and pricing of products and where necessary, study alternative products that will fit in with the (sustainability) goals of our organization.
- Cyber security (risk 7): In 2024, we performed our yearly audits for the annual report (IT General Controls), Security certifications (ISO27001 and NEN7510), and the use of DigiD. These were concluded successfully.
- Climate change (risk 8): See the sections on 'Environment' in this annual report for programs that have been introduced and control measures take with regard to this risk.

## Risk-control and audit system

As in previous years, we identified action owners for risk control who:

1. Identify which control measures reduce the mentioned risks to what extent.
2. Identify what additional measures are needed to reduce risks to the desired level and evaluate existing measures for effectiveness.

We continue to monitor the remaining risks for:

- The continued implementation of measures.
- The degree of mitigation of the risk in line with the desired risk appetite.
- Whether the risk estimate must be adjusted.
- Evaluating whether due to new circumstances, newly arisen risks should be added.

In addition, the following aspects also formed part of the internal risk-control and audit system:

<b>Performance dialog</b>	We conduct a weekly performance dialog with each other. In it, we discuss the current state in the focal areas patient experience, employee satisfaction, productivity, quality and safety, and impact at all levels of the organization via (strategic) KPIs. Visual dashboards give us insight into the state of affairs per focal area and per KPI at central as well as departmental level, and thus facilitate monitoring and coordination.
<b>Planning &amp; control cycle/ Management contracts</b>	Our planning & control cycle starts with an annual update of the most important internal and external likelihoods and threats, including those resulting from our strategy. Management contracts (which include a risk analysis and make actions concrete using the OGSM methodology) based on these as well as the budget form the basis for the monthly monitoring of financial and non-financial performance. This includes risk control. Based on this, we take corrective measures. Divisions and departments include KPIs in their monthly reports in areas such as quality and safety, employees, and finances.
<b>Policy &amp; Guidelines</b>	At UMC Utrecht, formal policies and guidelines exist for a variety of focal areas. These include scientific research, quality and safety of care, and ensuring the safety of data and automated systems and finances. Where possible, we embed policy in our systems. The aim is to guarantee optimal compliance with IT applications.
<b>Targeted control instruments</b>	<p>Risks linked to quality and patient safety are controlled through SAFER (Scenario Analysis of Failures, Effects and Risks). SAFER is a method for proactive (or predictive) risk analysis. Guidelines and protocols regarding quality and patient safety have conveniently been brought together in one place and are accessible to all employees. Incident reporting is extremely relevant. We support this in various ways.</p> <p>For risk analysis with healthcare registration, we conduct an annual dialog via Horizontaal Toezicht Zorg with health insurance companies. Together, we establish an overview of risky healthcare processes. For these risks, we set up control measures and, after a review by the external auditor, we report back to the health insurance companies.</p>
<b>Three lines of responsibility</b>	Within UMC Utrecht, we have a 'three lines of responsibility' system for risk control [link to H81. Governance – Management and structure]. Our Internal Audit department works according to a, annually updated group-wide risk analysis and an audit year plan. Based on this risk analysis and the year plan, the department conducts audits and reports to the Executive Board and the Supervisory Board. The second-line risk-control function was formalized further.
<b>Informal audits</b>	Risk control also means promoting and ensuring wanted and ethical behavior among employees and management. This is known as informal controls. Informal controls receive structural attention within UMC Utrecht. This includes the following areas: recruiting the most suitable employees with the right training and experience, providing on-the-job training and growth opportunities, and fostering a safe work environment. We strive to limit risks. En, if risks do occur, we learn from our mistakes. Informal controls form an implicit part of audits and recommendations from the third line (internal audit).



# Governance





# Management and structure

UMC Utrecht has an Executive Board with a chair, a dean/vice-chair, and two members (one for finance, buildings and operations, and one for operational control). The Board members jointly ensure the integral implementation of the policy on healthcare, research, and education. In addition, a Supervisory Board is in charge of overseeing everything that happens at UMC Utrecht. The tasks and competencies of the Executive Board and the Supervisory Board are defined in the administrative regulations. The Executive Board has been divided into portfolios:

## Chair

- General UMC Utrecht-wide strategy
- Strategy regarding healthcare and healthcare innovation
- Strategic partnerships
- Communication
- HRM policy
- Medical follow-up training
- Works Council/Client Council/Staff Assembly/VAR

## Dean/vice-chair

- Education and research
- Academic cooperation
- Internationalization of research and education
- Valorization
- Focal points
- Education & Research Council and Student Representative Council

## Member for finance, buildings and operations

- Finance & Information Technology
- Operations
- Facilities
- Procurement
- Sustainability
- ICT

## Member for operational control

- Cross-division operational affairs such as capacity, planning, quality, patient safety, work on focal points, and operational aspects of collaboration with third parties
- Capacity management
- Quality & Safety
- Digital transformation

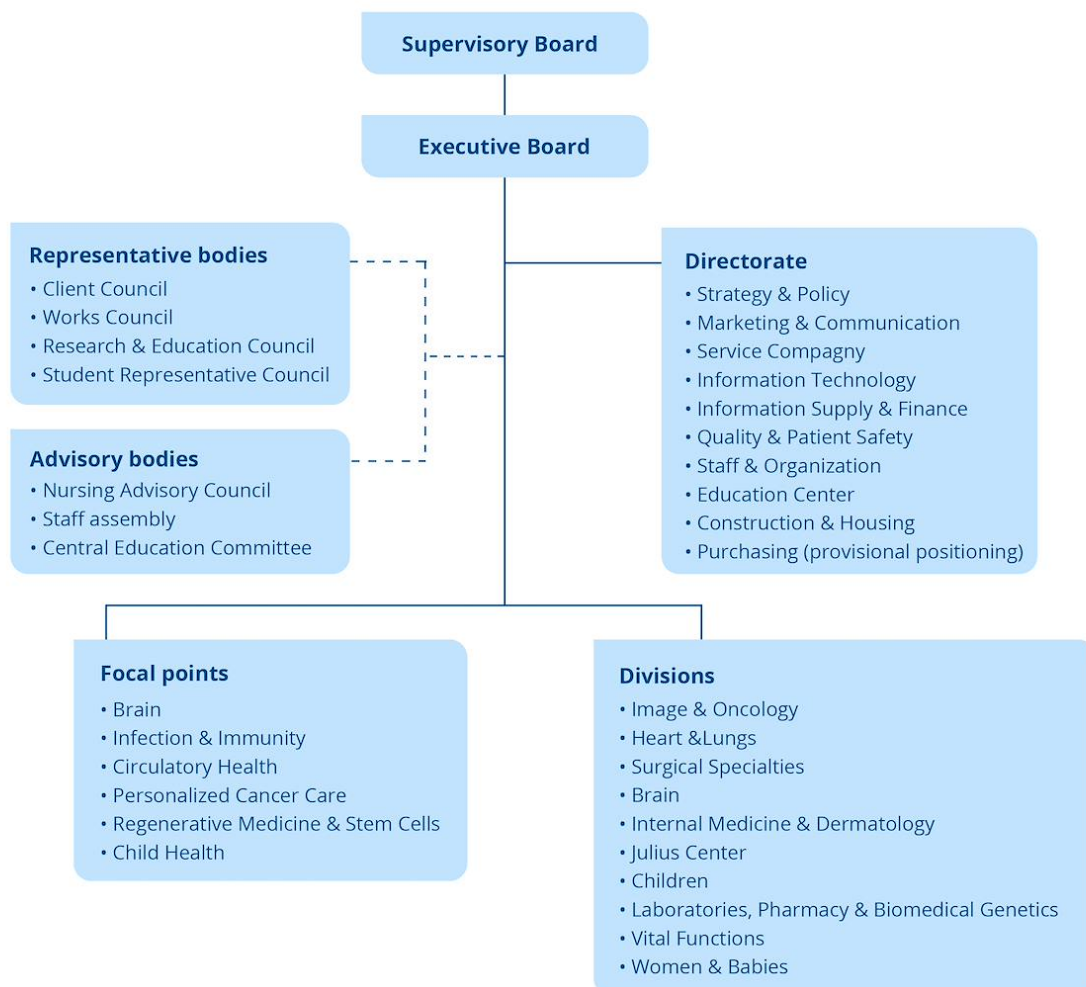
## Legal structure

University Medical Center Utrecht (UMC Utrecht) is a legal entity governed by public law under the Act on Higher Education and Scientific Research (WHW).

## Organizational chart

All activities at UMC Utrecht related to the commercialization of patentable inventions and the creation of spin-off companies fall under UMC Utrecht Holding B.V. UMC Utrecht Holding B.V. pioneers innovation and knowledge valorization through patent control, the licensing of knowledge or participation in BVs where knowledge is developed further, and provides services (care-related innovations that do not involve any patents or licenses). UMC Utrecht UMC Utrecht is the sole owner of UMC Utrecht Holding B.V.

## UMC Utrecht organization chart



The public-law entity UMC Utrecht is accredited under the Healthcare Institutions Accreditation Act (Wet toelating zorginstellingen, WTZi) and applies the Governance code for Healthcare. UMC Utrecht is registered at the Chamber of Commerce under KvK number 30244197 and company number 000023527250.

## Management philosophy

The management philosophy of UMC Utrecht is based on three lines of responsibility:

1. Divisions and departments are according to the first line wholly responsible for their own operational process and risk control. Through self-monitoring they supervise how effectively they are doing it with regard to policy and strategic frameworks.

2. Directorates are in the second line responsible, together with healthcare professionals, for taking the strategic goals of UMC Utrecht, operational risks and laws and regulations that apply to their – content supporting – field, and translating it into policy. The focal points do this in the field of health care, research and education. In coordination with the divisions, they issue a backed proposal that is submitted to the Executive Board for decision. Departments and focal points advise/facilitate the first line in the implementation of policy and monitor the organization-wide execution thereof. The second line monitors implementation and reports this to the first line, including the Executive Board.
3. The Executive Board is responsible for the strategy of the organization and is wholly responsible for business operations, compliance with laws and regulations and standard frameworks, and the achievement of strategic goals. The Executive Board is supported in this by an internal audit section that, based on an annually drafted audit plan, tests whether risks in the organization are sufficiently controlled, and where there may be areas for improvement.

A number of UMC Utrecht-wide consultation structures facilitate and structure the coordination between division managers, Executive Board members, Strategic Consultation, Operational UMC Utrecht Consultation, Operational Consultation, Education Consultation, and Research Consultation.

## Executive Board

### **Prof. C.G.J.M. (Carina) Hilders, Chair (as of Augustus 1, 2024)**

Carina Hilders (1965) became Chair of the Executive Board of UMC Utrecht in August 2024. In this role, she gives shape to the modernization of UMC Utrecht. She is an endowed professor in Medical Management and Leadership at Erasmus University in Rotterdam.

Carina Hilders held the following additional positions in 2024:

- Board member of NFU (unremunerated)
- Member of the Supervisory Board of Sanquin (remunerated)
- Ambassador for Health Hub Utrecht (unremunerated)
- Chair of Bestuursstafel Gezond Utrecht (unremunerated)
- Chair of ROAZ Midden-Nederland (unremunerated)
- Board member of Oncomid (unremunerated)

### **Prof. M.M.E. (Margriet) Schneider, Chair (until July 2024)**

Margriet Schneider (1959) was Chair of the Executive Board of UMC Utrecht from November 2015 till July 2024. In this role, she gave shape to the modernization of UMC Utrecht. Margriet is a professor of Internal Medicine at Utrecht University (UU).

Margriet Schneider held the following additional positions in 2024 (until July 2024):

Ambassador for Health Hub Utrecht (unremunerated)

- Ambassador for Health Hub Utrecht (unremunerated)
- Director of Koninklijke Hollandsche Maatschappij der Wetenschappen (unremunerated)
- Chair of Bestuursstafel Gezond Utrecht (unremunerated)
- Chair of ROAZ Midden-Nederland (unremunerated)
- Board member of Oncomid (unremunerated)

### **Prof. A.W. (Arno) Hoes, Dean and Vice-Chair**

Arno Hoes (1958) became Dean and Vice-Chair of the Executive Board of UMC Utrecht on June 1, 2019. He is a professor of Clinical Epidemiology and General Practice at Utrecht University.

Arno Hoes held the following additional positions in 2024:

- Member of the advisory commission, Dutch Association for Epidemiology (VvE) (unremunerated)
- Chair of the Supervisory Board, Dutch Cardiovascular Association (DCVA ) (unremunerated)
- Member of the Supervisory Board of UMC Utrecht Holding B.V. (unremunerated)
- Chair of the Supervisory Board, European Clinical Research Alliance on Infectious Diseases (ECRAID) (unremunerated)
- Chair of the Supervisory Board, anDREa B.V. (digital research environment) (unremunerated)
- Member of the editorial board, European Journal of Heart Failure (unremunerated)
- Member of the ESC Heart Failure editorial board (unremunerated)

#### **Ms J.C.E. (Josefien) Kursten, member for finance, buildings and digitalization**

Josefien Kursten (1973) became member for finance, buildings and operations on the Executive Board of UMC Utrecht on January 1, 2022.

Josefien Kursten held the following additional positions in 2024:

- Acceleration Board in Healthcare (unremunerated)
- General Board member Vereniging Samenwerkingsverband Uithofbeheer (unremunerated)
- Board member, DHD (unremunerated)
- Member of the Supervisory Board, Witte Kruis (remunerated)

#### **Dhr. drs. J.W.R. (Remco) van Lunteren, member for operational control**

Remco van Lunteren (1977) became member for operational control on the Executive Board of UMC Utrecht on November 1, 2021.

Remco van Lunteren held the following additional positions in 2024:

- Chair of the Supervisory Board, NRG PALLAS (remunerated)
- Chair, Vereniging Oud Statenleden Provincie Utrecht (unremunerated)
- Member of the Supervisory Board, A15 Apotheek (unremunerated)
- Member of the Supervisory Board of Utrecht Science Park (unremunerated)
- Member of the Supervisory Board of Utrecht Zorg (unremunerated)
- Member of the Supervisory Board, Oncode Accelerator (unremunerated)
- Member of the Supervisory Board, Z-CERT since November 2024 (remunerated)

## Supervisory Board

The Supervisory Board is in charge of continuously monitoring everything that happens at UMC Utrecht, which includes supervising compliance with laws, rules, guidelines, instructions, and regulations that apply to UMC Utrecht. These tasks and competencies are described in more detail in the administrative regulations of UMC Utrecht.

Members of the Supervisory Board are appointed by the Minister of Education, Culture and Science (OCW). The Supervisory Board draws up a general profile for its composition, with attention to expertise, skills, and diversity.

Six committees advise the Supervisory Board in their respective fields and help prepare the Supervisory Board for its decision-making tasks. The Supervisory Board is responsible for decision-making.



The six committees are:

- The Audit committee
- The Quality of Care and Patient Safety committee
- The Education and Research committee
- The Governance and HR committee
- The Defense committee
- The Buildings committee

The composition of the Supervisory Board was modified in 2024. Marianne de Visser's second term ends on July 1. Marianne has been a member of the Supervisory Board since 2016. The Ministry of Education, Culture and Science (OCW) has consequently appointed Geraline Leusink as member of Supervisory Board as of October 1. Geraline is Chair of the Quality of Care and Patient Safety committee and a member of the Education and Research committee. In addition, Han van Gelder's first term ended on October 1. Under binding nomination from the Ministry of Defense, Han van Gelder has been appointed for a second term. Lastly, Aloys Kregting's second term ended on December 1. The Supervisory Board therefore started with the recruitment of a new member with an IT and Digitalization profile.

The composition of the Supervisory Board of UMC Utrecht was as follows in 2024:

**Dhr. ir. H.M.T. (Henk) Broeders, voorzitter (eerste termijn, einddatum 01-06-2027)**

- Chair of the Governance and HR committee (as of December 2024)
- Member of the Defense committee

*Previous main position:* senior partner at McKinsey & Company

Henk Broeders holds the following additional positions:

- Vice Chair, Supervisory Board, PGGM
- Member of the Supervisory Board, Stichting Leger des Heils (Dutch Salvation Army Foundation)
- Chair, Stichting Steun Amsterdam UMC Alzheimer Centrum
- Chair, Stichting Hanarth Fonds
- Member of the Advisory Board, Hersenonderzoek.nl
- Member of the Advisory Board, ABOARD consortium
- Member of the investors' advisory committee, Aescap

**Mevr. prof. dr. M. (Marianne) de Visser, vicevoorzitter (tweede termijn, einddatum 01-07-2024)**

- Chair of the Quality of Care and Patient Safety committee
- Member of the Education and Research committee

*Previous main positions:* Neurologist and former Chair of the Outpatient Division of Amsterdam University Medical Center, and Emeritus Professor of Neuromuscular Diseases at the University of Amsterdam

Marianne de Visser holds the following additional positions:

- Member of the Supervisory Board, Leyden Academy
- Member of the Supervisory Board, Center for Human Drug Research
- Chair of the Executive Board, Interest Group for Chronic Respiratory Support (VSCA)
- Executive Board member, Genetic Engineering Committee
- Chair of the Advisory Board, Wetenschap en Innovatie Hersenstichting
- Chair of the Executive Board, Erfo Center

**Prof. G.L. (Geraline) Leusink, general member (first term, ending on 10-01-2028)**

- Chair of the Quality of Care and Patient Safety committee
- Member of the Education and Research committee

*Primary position:* Chair of the Executive Board, Rijnstate

Geraline Leusink holds the following additional positions:

- Member of the Supervisory Board, Pluryn
- Professor of Medicine in a Primary Care Setting, Radboudumc

**Dhr. drs. D. (Dave) del Canho, algemeen lid (eerste termijn, einddatum 01-05-2026)**

- Chair of the Audit committee
- Member of the Buildings committee

*Primary position:* managing partner at Del Canho & Engelfriet B.V.

Dave del Canho holds the following additional positions:

- Member of the Supervisory Board, Blue Sky Group
- Executive Board member of the Cor van Zadelhoff Fund Foundation
- Member of the Supervisory Board, Verzetsmuseum
- Ambassador for the National Holocaust Museum
- Chair of the WKZ Fund

**Mr. J.H. (Han) van Gelder, general member (second term, ending 10-1-2028)**

- Chair of the Defense committee

*Previous primary post:* Deputy Secretary General, Ministry of Finance

**Ms. prof. mr. dr. B.A.M. (Anne-Mei) The, general member (first term, ending 5-31-2025)**

- Chair of the Education and Research committee
- Member of the Quality of Care and Patient Safety committee

*Primary positions:*

- Instigator and owner of Tao of Care B.V.
- Endowed professor of Longterm Care and Social Approach to Dementia, with a special focus on diversity, VU

Anne-Mei The holds the following additional positions:

- Regent RCOAK (Rooms Catholyck Oude Armenkantoor Foundation), an equity fund
- Advisor to the In mijn Buurt Foundation
- Advisor to Minister Ursell Arends of Transport, Integrity, Nature and the Elderly, Aruba

**Ms. drs. M.B.E. (Monique) Maarsen, algemeen lid (eerste termijn, einddatum 01-09-2027)**

- Chair of the Buildings committee

- Member of the Audit committee

*Primary position:* Managing Director, Maarsen Group

Monique Maarsen holds the following additional positions:

- Executive Board member, Carré Fund
- Supervisory Board member, SADC NV
- Executive Board member, Het Jeroen Pithuis Foundation
- Netherlands Committee Member of Human Rights Watch
- Member of the Recommendation Committee, Artsen voor Kinderen foundation
- Executive Board member, Koninklijke Hollandse Wetenschap Maatschappij (KHWM)

**Dhr. drs. ir. A.H.P. (Aloys) Kregting MBA, algemeen lid (tweede termijn, einddatum 01-12-2024)**

- Chair of the Governance and HR committee
- Member of the Audit committee

*Primary position:* Senior Vice President, ASML Business Services at ASML

Aloys Kregting holds the following additional positions:

- Member of the Supervisory Board, De Volksbank

## Activities of the Supervisory Board

The Supervisory Board was briefed in 2024 on developments at UMC Utrecht and on the implementation of its policy. In 2024, the Supervisory Board organized supervision through consultations with the Executive Board and advisory and representative bodies, newsletters, team-building, topic discussions, work visits, various reports, and a self-appraisal. The Chair of the Supervisory Board moreover participated in Chair consultations of the joint supervisory boards of UMCs, which take place twice a year.

The Supervisory Board also undertook various other activities in 2024, including:

- Five regular meetings with the Executive Board.
- Attendance of the committee meetings of the Supervisory Board.
- Two consultations with the Works Council and two consultations with the Client Council.
- Participation in saying goodbye to Margriet Schneider, former Chair of the Executive Board of UMC Utrecht.
- Various activities related to the recruitment, selection, and onboarding of the new Chair of the Executive Board of UMC Utrecht, Carina Hilders.
- In the scope of recruiting a new member of the Supervisory Board, selection and preliminary interviews were held, work visits were conducted, and master classes were attended.
- Attendance of tracers and in-depth theme events.

# Employee Representation

UMC Utrecht has the following formal employee-representation bodies:

## Works Council

UMC Utrecht staff members are represented in a Works Council. The Works Council meets weekly, alternating between plenary and committee meetings. Once every six weeks, the Works Council meets with the director and chair of the Executive Board. The Works Council reports to UMC Utrecht staff members on activities and results in an annual report on Connect, the UMC Utrecht intranet.

Works Council members at UMC Utrecht serve for a three-year term. Elections were held in April 2024. 17 members were re-elected, and 8 new members joined. In the course of 2024, one member left due to early retirement, upon which the deputy candidate took the vacant seat. The Daily Management team (chair, vice chair, secretary and deputy secretary) coordinates the activities of the Works Council and holds agenda meetings with the director. The committees prepare documents, hold informal meetings with managers, and consult staff members. Three division/department committees handle dossiers from the divisions and departments, and four theme committees focus on specific topics. Each Works Council member sits on at least one division/department committee and one theme committee. The Works Council is supported by a Staff Representation office of three members.

The three division/department committees are:

- Committee 1: Brain division, Internal Medicine and Dermatology division, Julius Center, Image and Oncology division, Information Supply and Finance department, Information Technology department, and the Education Center
- Committee 2: Pediatric division, Laboratories division, Pharmacy and Biomedical Genetics, Women & Baby division, Strategy and Policy department, Staff and Organization department, Quality and Patient Safety department, and the Marketing and Communication department
- Committee 3: Heart and Lung division, Surgery Specialties division, and Vital Functions division, Service Company department, Buildings and Accommodation department

The four theme committees are:

- Finance and Strategic Policy
- Social Policy and Working Conditions
- Safety, Health, Welfare & Environment
- Education and Research

The Works Council is furthermore represented in a number of committees and bodies within UMC Utrecht by Works Council members or people with specific expertise. Examples include the Committee for unwanted Behavior, the UMC Utrecht staff provident fund, and the Advice Committee for Social Guidance.



Some of the important topics that were handled by the Works Council in 2024 were: The Change Plan for Future-proof Nursing for various divisions, Vacancies and Temporary Staff (PNIL) board, the Efficiency Roadmap, Quartermaster and Chief Procurement Officer, Real Estate master plan, Buildings and Area Development, Draft Outline of the New Organizational Structure of UMC Utrecht, Change Proposal and preparations for Change Plan of the Information Technology department. The Works Council also agreed to various timetable adjustments, labor-market allowances, and action plans for Risk Inventories and Evaluations (RI&Es). The Works Council was closely involved in the Proeftuin Duurzaam Vervoer (sustainable-transport pilot group), and various Works Council members took part in the NFU conference on September 3, 2024 on sustainability.

## Education and Research Council (E&R council) and Student Representative Council

The **Education and Research council (E&R council)** is our faculty council and is the statutory body for staff representation with regard to academic education and research at UMC Utrecht. The E&R Council's rights are based on the Law on Higher Education and Scientific Research (WHW in Dutch).

The E&R Council has eighteen seats. These include nine seats for UMC Utrecht employees (together referred to as the 'E&R committee') and nine seats for students who together form the **Student Representative Council (SRC)**. The SRC represents students from all courses at the Medical faculty: Medicine, Biomedical Sciences (BMS)/Biomedische Wetenschappen (BMW), Clinical Health Sciences (CHS)/Klinische Gezondheidswetenschappen (KGW), Medical Humanities (MH), and Graduate School of Life Sciences (GSLS). Not all of the seats are filled at all times. The Education and Research committee and the SRC meet and discuss separately every fortnight, and together every four weeks. The Education and Research committee consists of five Works Council members and four additional members (who work as university lecturers or researchers), sit for a three-year term. The students sit for one year. New elections took place in 2024 for the E&R council and the Works Council. A new SRC was also elected.

The daily management team of the E&R council consists of two staff members and two students and is elected annually by the council in September. The chair of the E&R council as well as the chair(s) of the SRC are students. The daily administration, together with the official secretary, coordinates the work of the E&R council and conducts agenda consultations with the dean, the vice-dean for Education, and the vice-dean for Research. There are three permanent committees, namely for Education, Research, and Strategy & Finance, which prepare dossiers, hold informal meetings with the dossier owners, and consult with staff and/or students. Each E&R-council or SRC member sits on one committee.

The E&R Council looks at UMC Utrecht's policy on academic education and research. In 2024, the E&R Council consulted at least 5 times with the dean and vice-dean of the Faculty of Medicine of Utrecht University on Education and Research topics. The SRC looks in particular at educational policy.

In 2024, the focal point for the SRC was 'Sustainability'. Within this scope, they participated in reflections on how sustainability could be attained in the practical education of BMS, and good results were achieved. A policy was for instance put in place for the sustainable use of gloves in the BMS course, and the SRC helped to reflect on the layout and content of the 'Oog voor Impact' ('Eye on Impact') course and sustainable and fair research practices.

In 2024, the E&R Council gave specific attention to: the wellbeing of students and PhDs (recording of lectures), quality funds for education, admission of Medical students with the return of the random-draw opportunity, intake in Clinical Health Sciences (CHS) and MH, the composition of educational committees, the quality guide, the revising of the Medical curriculum, starter grants for researchers, the transformation towards a new organizational structure and the impact thereof on education and research, Education and

Examination regulations, the main lines of faculty budget, and the UMC budget. The Student Representative Council proposed in the academic year 2023-2024 to change the name of the faculty to the Faculty of Medical Sciences, so that all programs can recognize themselves in the name. The Board of Governors of Utrecht University agreed to the proposal in 2024. The name change is expected to come about in September 2025.

## Client Council

UMC Utrecht has its own Client Council by virtue of the Law on client representation in health-care institutions (WMCZ). The Client Council advises the Executive Board on anything that affects the interests of patients at UMC Utrecht. The Board has also been asked to help promote patient participation within UMC Utrecht. The aim is to involve hospital patients in a far broader sense than just through the Client Council in anything that happens at UMC Utrecht. The Client Council works according to a longterm plan entitled 'More person, less patient: From patient participation to person-oriented care'. The Client Council each year publishes an **annual report** on the UMC Utrecht website.

The Client Council gathers monthly for a plenary meeting, which is joined every two months by a member of the Executive Board. Monthly consultations also take place with (the Chair of) the Executive Board and (the Chair of) the Client Council. The Client Council further meets twice a year with the Supervisory Board, and a member of the Supervisory Board nominated by the Client Council regularly joins the plenary meeting. In addition, smaller group (portfolio) consultations took place on specific topics. Members of the Client Council also participate in a large number of consultations, projects, and programs at UMC Utrecht to explain and keep an eye on the patient's point of view.

Members of the Client Council are members in their own personal capacity. New members are recruited by UMC Utrecht, and after a proposal from the Client Council, are appointed by the Executive Board. Each member of the Client Council may serve a maximum of two four-year terms. A chair and an official secretary are in charge of meeting agendas and ensure that all commitments are fulfilled.

In 2024, the Client Council implemented the longterm plan of 2020-2024. Activities focused inter alia on:

- Improving dialog/communication with patients, with a focus on functional illiteracy.
- Healthy Living/prevention, where the Client Council was closely involved in developing the UMC Utrecht-wide multidisciplinary Prevention Platform and the 'Schakelpunt Gezond Leven' ('Healthy Living interface').
- Digital health: the Client Council contributed to the UMC Utrecht Digital Masterclass on 'User-friendly, safe, and reliable systems'.
- Research and Education, where the Client Council contributed to establishing the new course program for medical training. The Client Council also supported the UMC Utrecht symposium on 'Patient participation in education'.

In addition, the Client Council drew up a new longterm plan for 2024 -2028 and participated in reflection and discussion on ongoing topics at UMC Utrecht, such as the Healthcare of Tomorrow program, the renovation program, and Quality & Safety.

## Staff Assembly

The Staff Assembly consists of medical specialists from all fields who come together to ensure the quality of patient care. The Council of Members, the representative consulting body of the Staff Assembly, gives the Executive Board solicited and unsolicited advice on developments in medical fields and administrative affairs that pertain thereto. The implementation of Individually Functioning Medical Specialists (IFMS) within UMC Utrecht was also discussed by the Staff Assembly. In this regard, the Staff Assembly is working closely with the P&O department.

The Staff Assembly meets twice a month. The Chair of the Executive Board joins the meeting once a month. In addition, the daily management of the Staff Assembly meets monthly with the Chair of the Executive Board.

During meetings of the Council of Members, current topics are regularly discussed. In 2024, these included the transition to HIX 6.3, developments in the Healthcare of Tomorrow, and the program to create financial scope (Creëren Financiële Ruimte). In addition, the Staff Assembly regularly talked about the draft outline (Houtskoolschets), in which the principles for a new organizational structure for UMC Utrecht are described.

On December 13, 2024, the Executive Board asked the Staff Assembly for advice on the 'Main design for a new organizational structure of University Medical Center Utrecht'. In response, the Staff Assembly formulated five strategic recommendations for a future-proof UMC Utrecht. The Executive Board took due notice of these recommendations. The recommendations will be taken into account in the detailed version, to which the Staff Assembly will actively contribute in 2025.

Over the past year, the Staff Assembly contributed actively to the furthering of sustainability initiatives at UMC Utrecht. By providing a platform for initiatives from medical specialists, sustainability expressly featured on the agenda.

With regard to sustainable employability, the Staff Assembly plays a coordinating role. In collaboration with LAD (Landelijke vereniging voor Artsen in Dienstverband, the national society for employed doctors), information was gathered among medical specialists in aid of the deployment of Chapter 15 of the collective agreement (CAO). This pertains to the position of the academic medical specialist. The Staff Assembly furthermore made a substantial contribution to the working session on December 6, where LAD and NFU jointly discussed the deployment for this chapter in the coming collective-agreement negotiations.

The Staff Assembly made a strong effort to strengthen the relationship between medical specialists, medical department heads, and the organization. In consultation with the Federation for Medical Specialists (FMS), the legal position of Staff Assembly members was explained. The Staff Assembly also contributed actively to the advisory process around the new main design of UMC Utrecht. In this, the Staff Assembly put a particular emphasis on cooperation and commitment.

## Nursing Advisory Council

The Nursing Advisory Council (Verpleegkundige Adviesraad, VAR) is an advisory body appointed by the Executive Board to give advice – solicited or unsolicited – on matters that concern nursing care. The VAR includes nurses, nurse specialists, and team leaders from various divisions and departments, and is a mouthpiece for all nursing staff at UMC Utrecht. The VAR aims to expand and reinforce the impact of nursing within UMC Utrecht. Nursing leadership and representation are central here. The goal is to improve and guarantee the quality of care. The VAR also functions as a testing platform for innovations and implementations that affect the nursing profession. In addition, the VAR organizes about 12 nursing lunch forums a year where important nursing topics are presented to equip nurses. The VAR also has a weekly walk-in hour for any questions from, regarding, and for nurses.

The VAR daily management meets weekly, the broad representation with all VAR members meet monthly, and a reduced leadership team also meets monthly. Policy days are held twice a year for equipment and team-building. There are also two ambassador events each year where VAR ambassadors get the opportunity to inspire each other and to network. The daily management team is in contact monthly with the Chair of the Executive Board. One member of the Executive Board also joins the plenary VAR meeting each month.

In 2024, the VAR focused for instance on the positioning of nurses and the Future-proof Nursing program, the professionalization of both individual nurses and of the VAR management team itself, nursing leadership, the stimulation of nursing research, and professional pride. During Healthcare Day on May 12, 2024, 3 nurses of the year were once again chosen in the categories healthcare, education, and research. The VAR brings out an annual report on the UMC Utrecht intranet on activities and results.



# Integrity

Integrity is an important condition for fulfilling our mission 'Together we improve the health of people and create the healthcare of tomorrow'. We are actively working on this through **This is Us**. Whether in the way we act towards each other (social integrity), how we do research (scientific integrity), how we handle business choices (business integrity), or how we act towards patients and stakeholders in research (professional integrity). Our way of working is described in our Integrity code of conduct and in our Research code. These codes also indicate to whom a (suspected) breach of (scientific) integrity can be reported.

## Ombuds- and Confidential Affairs

In 2024, the Bureau for Ombuds- and Confidential Affairs received 322 notifications (as opposed to 276 in 2023).

As in 2023, most of the notifications in 2024 pertained to questions and issues regarding co-working problems and/or conflict situations. 69 Issues had to do with a situation between one or more employees and a manager, and in 51 cases, it was a situation between employees only. Notifications in these categories mostly had to do with disturbed communication patterns, work pressure, employees not feeling heard by their managers, and insufficiently developed leadership qualities. Interventions from the bureau of ombuds- and confidential affairs mainly consisted of offering advice, guidance or mediation, aimed at de-escalation and restoring cooperation between employee(s) and manager(s) or between employees themselves. When several notifications were received with regard to a specific division or manager, the ombudsman and confidential matters office launched an investigation where they conducted interviews with the people involved to identify the situation and make suitable recommendations.

Notifications of unwanted behavior rose from 38 in 2023 to 48 in 2024. The majority (33) were about issues in the category of moral harassment, and 4 pertained to sexual harassment. Mostly, employees who report unwanted behavior wanted to talk with a confidential counselor from the bureau of ombuds- and confidential affairs, but did not want to have it discussed with the person who is accused. The bureau for ombuds- and confidential affairs in their comprehensive annual report of 2024 focused specifically on this topic and made recommendations to increase people's willingness to report. In this regard, UMC Utrecht also decided that all UMC Utrecht employees must follow the e-learning course on 'Wanted behavior at UMC Utrecht' or bystander training in 2025.

Regarding social safety in general, the bureau of ombuds- and confidential affairs collaborated, when possible and appropriate, with our **This is us** program. For example by jointly facilitating talks about wanted behavior. In addition, the bureau of ombuds- and confidential affairs organized presentations and workshops on 'Wanted behavior in the workplace' within teams and divisions.

The bureau reported in its separate annual report of 2024 on further actions and recommendations from the bureau of ombuds- and confidential affairs in 2024 and follow-up on recommendations made in 2023, such as guidance for PhD students, how to deal with generational differences, and social safety.

## Whistleblower procedure

At UMC Utrecht we want to avoid malpractices in as far as we can. It is therefore important for (serious suspicions of) malpractices to be reported. Our **Whistleblower procedure** describes the procedures for reporting and investigating malpractices in our organization. All alerts are handled with care.

In 2024, one alert was made to the Whistleblower Commission in the scope of the UMC Utrecht Whistleblower Procedures. After studying the notification, the Whistleblower Commission concluded that it was not an alert in the sense of the UMC Utrecht Whistleblower Procedure of 2024.

In 2022, Utrecht Holdings reported irregularities in which three (former) employees were involved. The ongoing criminal investigation drew media attention at the end of 2023, since one of the parties involved is active in national politics.

# Healthcare Governance Code

The UMC Utrecht Executive Board and Supervisory Board adhere to the principles of the new Dutch **Healthcare Governance Code of 2022** that came into force on January 1, 2022, as well as those of the previous Healthcare Governance Code of 2017. Because good management and good supervision are of great importance to guarantee good care.

The Healthcare Governance Code is based on seven principles, which contribute to ensuring good care, reaching the community goals of healthcare institutions, and social trust. The principles furthermore serve as guidelines regarding rules, to leave more room for dialog rather than 'ticking off' little rules as in the past. The code focuses in particular on culture and behavior, values and standards, and employee-participation and dialog. These are all aspects that evolve constantly and therefore require ongoing attention.

At UMC Utrecht we also continue to focus on culture and behavior, values and standards, and employee participation and dialog. For example via our leadership program, dialog with patients, our employee-participation bodies [[Link to H8.2 Governance - Employee Participation](#)], our bureau of ombuds- and confidential affairs [[Link to H8.3 Governance - Integrity](#)], and our work-experience survey in which we ask employees about their experiences, also in these areas.

# Credits

This is a publication of the Executive Board of UMC Utrecht, May 2025

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Text and layout: marketing & communications, UMC Utrecht

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