

Better care **Better** opportunities **Better** health

Group Strategy
2025-30



Caring and building a
healthier future for all



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INTRODUCTION

We are delighted to publish the Lincolnshire Community and Hospitals NHS Group strategy for the next five years.

This comes at an incredibly exciting time, one year into Lincolnshire Community Health Services NHS Trust (LCHS) and United Lincolnshire Teaching Hospitals NHS Trust (ULTH) forming a Group arrangement, providing a wealth of opportunities for greater integrated working that will positively benefit the people of Lincolnshire. Our renewed vision for LCHG is “**caring and building a healthier future for all**”. Our 12,700 staff provide a wide range of health and care services to more than 775,000 people living across Lincolnshire. The Group model is the key enabler to the delivery of our strategy and will be the key to ensure we provide value, high quality services and improved clinical outcomes to the people of Lincolnshire.

This document sets out the next stage in the evolution of the delivery of healthcare in Lincolnshire and our ambitions for the future. The strategy provides a framework for how the Group will continue to transform our clinical services in the medium to long term, whilst simultaneously taking urgent action in priority areas to address some of the more immediate challenges faced.



HOW WE DEVELOPED THIS STRATEGY?

We have developed our strategy with energy and passion, in collaboration with our clinical and corporate colleagues, Integrated Care Board (ICB) and other system partners including primary care, as well as alongside our patients.

We have held three workshops attended by over 120 people from a range of teams and areas during the strategy development over the last year. Crucially, we have also engaged with over 125 patients, so their views are a core tenet within our strategic thinking.

This strategy sets out the plan for LCHG over the next five years as we collectively work towards improving how we deliver services for our patients; improving the population health of the communities we serve and making it easier for our wonderful staff to deliver the high quality care they want to provide.



NATIONAL PICTURE

The NHS England Planning Guidance for 2025/26 outlines the strategic priorities and actions to address ongoing challenges within the NHS, with a strong focus on elective recovery. This includes the government’s efforts to reduce the significant elective care backlog that resulted from the COVID-19 pandemic. Specific targets are set for reducing waiting times for elective care, optimising hospital capacity and expanding the use of innovative approaches such as digital consultations and community-based care to increase efficiency. The guidance supports the broader ambitions of the NHS Long Term Plan, which emphasises prevention, mental health services, and more personalised care, alongside continued reforms in workforce development and integration across care systems.

The NHSE Planning Guidance also resonates with the Department of Health and Social Care’s ‘Road to Recovery’ initiative which focuses on three strategic shifts:

Moving care from

- Hospital to community,
- Sickness to prevention, and
- Analogue to digital.

This vision aligns with the guidance’s focus on restoring the NHS post-pandemic, particularly in terms of addressing health inequalities and ensuring long-term sustainability. Additionally, Lord Darzi’s contributions underscore the need for a more integrated, patient-centred approach to care. Together, these efforts aim to reshape the NHS, ensuring it is equipped to meet both present and future challenges while continuing to provide high-quality care for all patients.

Health inequalities and poorer outcomes for vulnerable groups worsened during the COVID-19 pandemic and have not recovered since. Systems are expected to analyse their waiting list data according to health inequality outcomes and relevant characteristics, including deprivation and ethnicity.

Nationally against the backdrop of an extremely tight financial settlement, the focus in 25/26 for the NHS is on performance recovery – bringing down the hospital waiting list, cutting long A&E wait times, and enabling more people to access GPs. Budgets are more stretched than ever. NHS service providers are being asked to increase productivity by 4%, with a 1% reduction in cost base, which inevitably means cuts to spending as there is little money to invest. We need to have tough trade offs to reduce or stop spending on some services and functions and achieve unprecedented productivity growth in others. The national target is achieving a 10% and 30% reduction for bank and agency. Open and ongoing conversations will be needed with staff, the public and stakeholders at organisation, place and system level about what it’s going to take to improve productivity, reduce waste and tackle unwarranted variation. A balanced financial plan requires reduced employment costs, which includes a headcount reduction in the system.

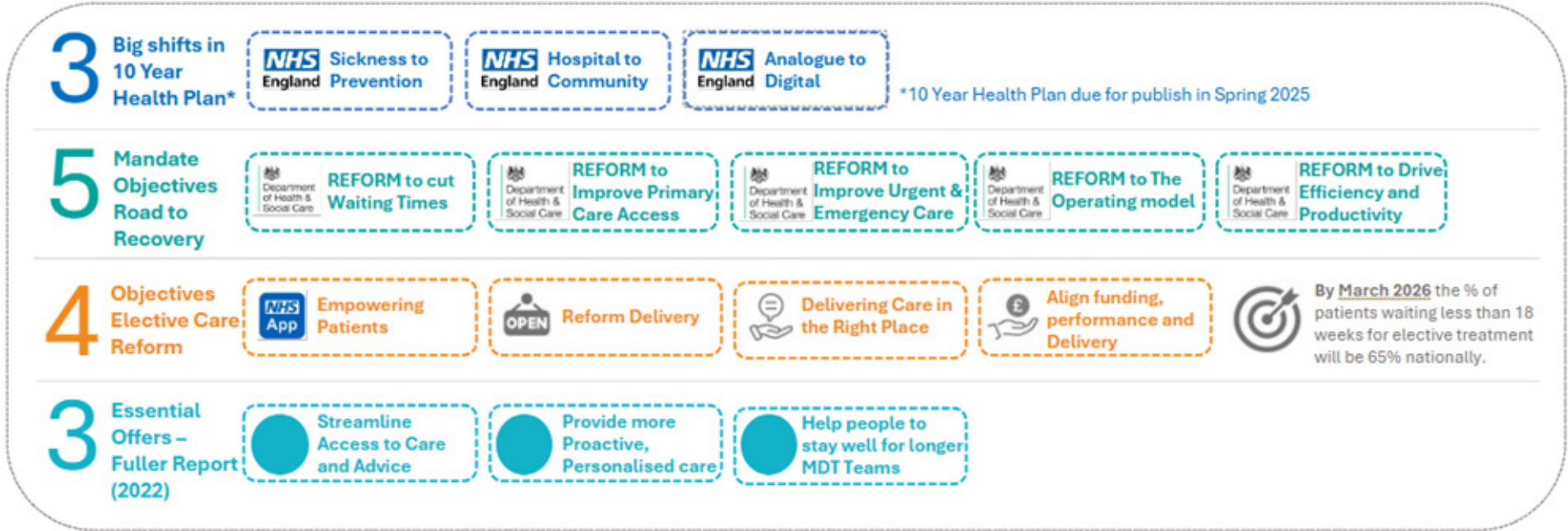
NHS England has also published the report from the stocktake of primary care and integrated care systems led by Dr Claire Fuller. It makes a series of recommendations for local and national leaders

and articulates important ideas about the future shape of urgent care and about the further development of neighbourhood teams.

It focuses on:

- Developing neighbourhood level ‘teams of teams’
- Establishing a system-level model of same day urgent care access
- Delivering continuity of care by improving personalised care services
- More preventative care, using primary care to create healthier communities
- Three key enablers of change: workforce, estates, and data

NATIONAL STRATEGIC DRIVERS



OUR POPULATION

Lincolnshire is one of the largest counties by area in England. It has a population of 775,000 however seasonal variation means this increases significantly at certain times of the year (there are 812,00 patients registered with a GP).

The county is made up of large towns, small dispersed rural areas and coastal communities, with population density around a third of the average for England. While deprivation in Lincolnshire is in line with the national average, and some urban areas e.g., Lincoln are relatively affluent, coastal resort towns such as Skegness and Mablethorpe are among the 10% most deprived districts in England.

A range of geographical and structural factors impact on access to and delivery of healthcare to our population. These include access to transport, lower levels of educational attainment that affect health literacy, and economic factors that affect health and quality of life. For example, in West Lindsey, only a third of residents can get to a GP within 15 minutes on foot or by public transport, and in East Lindsey some of our residents have to undertake an 80 mile round trip to access our PET-CT service.

Key facts about our population:

- Lincolnshire is ethnically less diverse than the rest of England (95.8% report their ethnicity as ‘White’ compared to 81.7% nationally).
- In Boston, 5.7% of residents report Polish is their main language.
- Our population is older (23% are aged over 65, compared to 18% nationally) and over half are classed as frail.
- Our population is in poorer health (over 50% are identified as high need or having long-term conditions that need intensive support).
- More adults smoke (15.4% compared to 11.9% nationally), are overweight or obese (67.6% compared to 64% nationally), and less physically active (58% meet the UK’s physical activity guidelines compared with 63% nationally).
- The top five health conditions are: hypertension/high blood pressure, depression, obesity, diabetes, and asthma.

Lincolnshire has a transient population, due to people migrating for study, work and tourism. Individuals may experience issues with continuity of care due to transitory living arrangements, being unfamiliar with local services, and medical records not being easily transferable between different healthcare trusts and this can put unpredictable pressure on some of our key services.

A core component within our strategy includes tackling health inequalities, delivering care closer to people’s homes, and exploring innovative digital solutions.

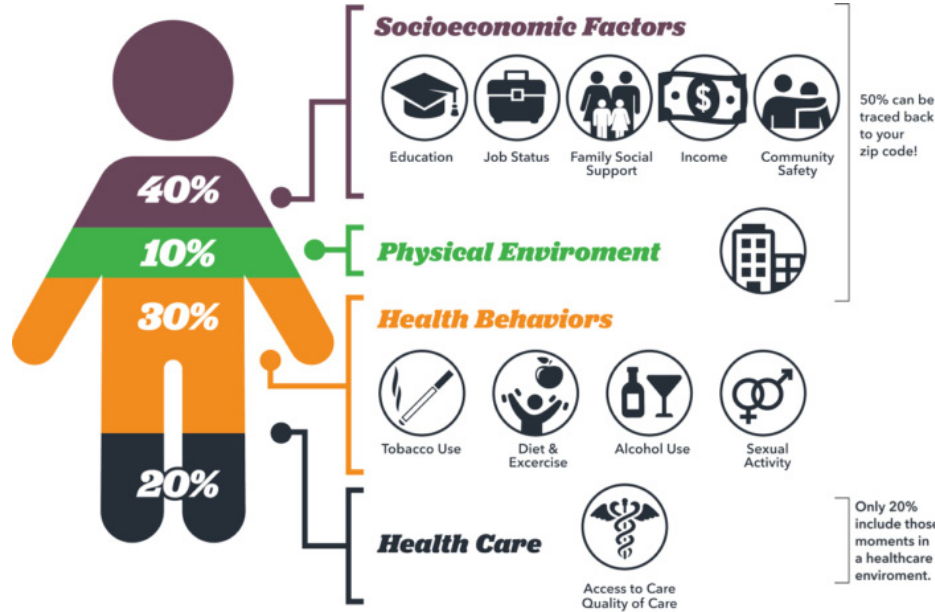
What are Social Determinants of Health (SDOH) and why do they matter?

Social Determinants of Health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

There is growing awareness that social risks negatively impact health outcomes and that addressing social risks improves health outcomes. For example:

- Food insecurity correlates with higher levels of diabetes, hypertension, and heart failure
- Housing stability (measured by the number of moves in the last 12 months) co-relates to non-attendance of healthcare appointments
- Transportation barriers result in missed appointments, delayed care, and lower medication compliance

Addressing SDOH is a very important approach in achieving health equity, and therefore a core concept in the development of our LCHG strategy, as we recognise the importance of delivering healthcare outside traditional hospital environments. How we treat our patients only impacts 20% of their overall health outcomes, hence working differently with health and social care partners, voluntary and third sector; putting prevention and moving care closer to home is a fundamental shift in how we are approaching our strategy.



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

Understanding the population that we serve

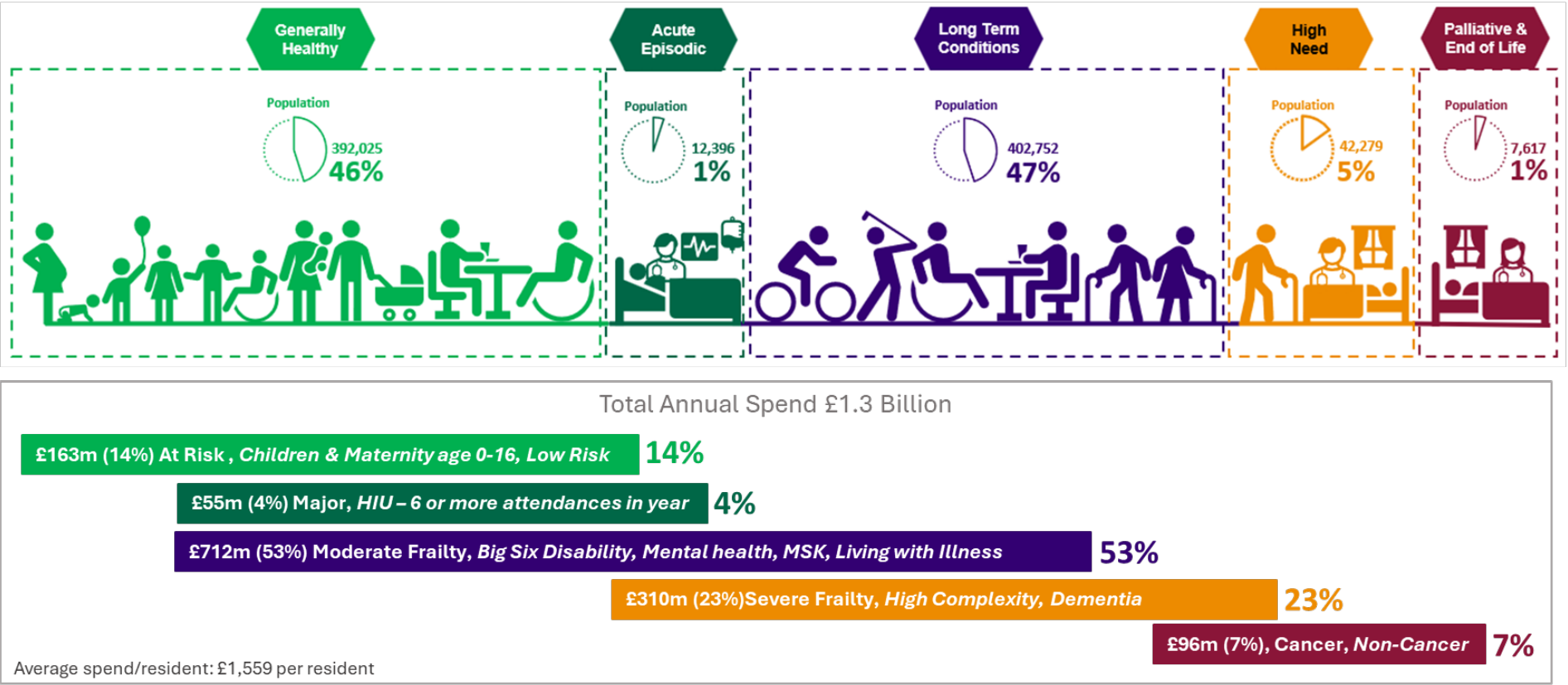
In Lincolnshire, we have the first national population health management tool which triangulates all of the business intelligence from all providers. This gives us a huge amount of knowledge, when it comes to planning futures services, investment and their locations based on population needs. Population Health Management (PHM) provides insight on where and how we spend our population budget as a health system. PHM focusses on improving our patients' outcomes by addressing the needs of local populations and shifting care from being reactive to proactive. We know that 47% of our population have one or more long term conditions and our system spends circa 53% of its £1.3 billion annual budget on looking after them. Figure on the next page depicts our spend against various population health segments

- We spend 4% of our Lincolnshire system budget on acute episodic care. This equates to £4,600 per person each year who has one or more emergency hospital admissions in that year
- £2,800 per person per year for those deemed 'high intensity users'. High Intensity Users are individuals aged 18 and over who attend an Emergency Department more than expected – typically more than five times a month, or more than 20 times a year.

We spend:

- £13,500 each year per person on citizens with high need and severe frailty
- £7,300 each year per person with high complexity, plus
- £15,700 per person every year for those on end of life/palliative care pathways

This knowledge provides us with an opportunity to look at where and how we deliver care. Keeping SDOH principles in mind, we recognise that this spend as a health system, only accounts for 20% of a persons' overall health outcomes- so moving care closer to home is going to help us focus on prevention, reducing the reliance on acute care and delivering more activity through community and neighbourhood teams. This will ensure that we are making the best use of our resources for our patients and our citizens of Lincolnshire.

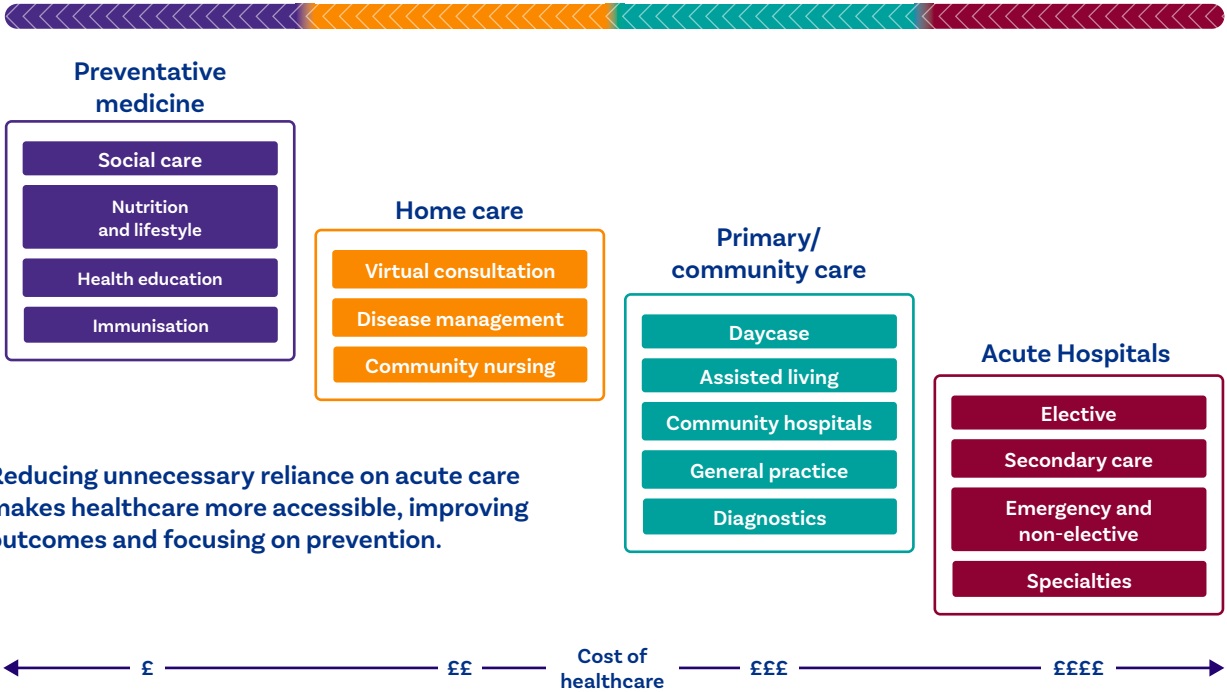


Source: population health management data (Lincolnshire ICB, 2024)

HOW WILL WE DELIVER CARE DIFFERENTLY?

Left shift is a term used to describe moving healthcare services and resources from hospitals to the community, and from reactive care to more preventative solutions.

This should be done in partnership with residents and communities to prevent ill-health, reverse the impact of disease/disability and avoid unnecessary hospital admissions.



This approach will also help ensure financial resources are spent in a way to better support community, primary care and preventative approaches to healthcare service delivery. We will look to extend work already commenced with a number of our Primary Care Networks and other health, social care and 3rd sector partners to deliver pathways of care differently for our patients with long term conditions such as diabetes, cardiovascular disease and respiratory disease.

This work will involve the use of population health data and other key metrics to identify how we can transform the way we provide care to patients on these pathways to reduce any identified health inequalities, support patients to self-manage their conditions, embed preventative measures to reduce long term demand and contribute to improvements related to the wider social determinants of health.

WORKING TOGETHER WITH OUR SYSTEM PARTNERS

There is a long history of joint working in Lincolnshire between the NHS, Local Authority and wider partners – together known as the Lincolnshire Integrated Care System (ICS).

To drive the delivery of the Lincolnshire Integrated Care System ambition and aims, three strategies have been developed. The first two of these, the Health and Wellbeing Strategy and the Integrated Care Partnership Strategy, set out the priorities and key enablers for the partners in the Lincolnshire Integrated Care System to meet the health and wellbeing needs of the Lincolnshire population in the widest sense.

The third of these, the NHS Lincolnshire Joint Forward Plan, describes the priorities that the Lincolnshire NHS and its partners will jointly focus on to meet the physical and mental health needs of the Lincolnshire population, in the context of the overall ICS ambition and aims.

These priorities are:

- A better relationship with the people of Lincolnshire
- Living well, staying well
- Improving access
- Delivering integrated community care
- A happy and valued workforce

Our strategy has been developed to ensure alignment with system strategies and plans to strengthen focus on key areas and build the opportunity for collaboration across teams and organisations.

Anchor Institution

ULHT and LCHS recognise our responsibilities as Anchor Institutions; where large non-profit, public sector organisations acknowledge that our long-term sustainability is tied to the wellbeing of the populations we serve.

We recognise our role in influencing the wider health and wellbeing of our populations, and along with our system partners have committed to focusing on building healthier, safe and more

resilient communities, promoting local skills and employment, decarbonising and safeguarding our world and supporting growth of responsible local/regional business.

Our new Green Plans for 2025 will be key enablers to the delivery of some of our priority Anchor responsibilities and ambitions and we will work with our local communities and partners to deliver even greater local benefits (e.g. through procurement, supply chains, partnership working, community outreach). We will strengthen our relationship with the University of Lincoln to enhance local employment opportunities through the development of a joint strategy with a focus on educating and developing the workforce for the future.

Working collaboratively as a Lincolnshire Anchor System will allow us to maximise the impact of our activities and directly supports the aims of both LCHG and the ICS.



PATIENTS

Better Care

AIMS

Provide timely, high quality, affordable care in the right place

OBJECTIVES

- 1a Improve patient safety, patient experience and deliver clinically effective care
- 1b Reduce waiting times for our patients
- 1c Improve productivity and deliver financial sustainability
- 1d Provide modern, clean and fit for purpose care settings



PEOPLE

Better Opportunities

AIMS

Develop, empower and retain great people

OBJECTIVES

- 2a Enable our people to fulfil their potential through training, development, research and education
- 2b Empower our people to continuously improve and innovate
- 2c Nurture compassionate and diverse leadership
- 2d Recognise our people through thanks and celebration



POPULATION

Better Health

AIMS

Improve population health

OBJECTIVES

- 3a Transform clinical pathways, rationalise our estates investing more in community care and reduce reliance on acute services
- 3b Move from prescription to prevention, through a population health management and health inequalities approach
- 3c Enhance our digital and research and innovation capability
- 3d Drive forward our improvement, efficiency and sustainability agenda including our Green Plan

VISION, STRATEGIC AIMS AND OBJECTIVES

We have come together as a Group to work differently with our system partners, remove duplication and barriers to working seamlessly to deliver best health outcomes for patients and our citizens, our vision is “caring and building a healthier future for all.” To help deliver our strategic intentions we have set ourselves the following strategic aims and objectives.

Our strategic aims capture the three things we must do to deliver our vision. They are our long-term goals and create the bridge between our vision and the annual goals needed to achieve it.

The strategic objectives are the things we must do to deliver each of the strategic aims. They act as a roadmap, aligning efforts across teams to ensure that every action contributes to our overarching aims. Assurance ratings are assigned to each strategic objective in the Board Assurance Framework. Progress updates against each aim are monitored at relevant board committees.

STRATEGIC AIM 1 - PATIENTS

We want to ensure that every interaction our staff have with our patients has a positive impact on their patients' health and wellbeing and that every LCHG contact adds value to their experience of the NHS.

Every care journey begins with a need—whether sudden, ongoing, or expected. In those moments, what matters most to individuals is being seen, supported, and treated in a way that feels timely, compassionate, and in the right place. This strategy is built around those experiences, focusing on providing care that is responsive, well-connected, and centred on the needs of patients and communities. It recognises the importance of making best use of resources and ensuring care is delivered from safe environments that support long-term sustainability and value.

Where ill-health does occur, we want our patients to receive high quality, safe and compassionate care that achieves the best possible clinical outcomes. We are committed to continuously improving our services, treatments, and care to enhance the experience of all our patients to achieve this, it is key that every member of our teams is empowered to lead and make improvements in their everyday work and that all performance and outcomes are measured and monitored in a systematic manner.

Objective 1a – improve patient safety, patient experience and deliver clinically effective care

Safe patient care is the foundation of high-quality healthcare. Our strategy aligns with requirements of the National Patient Safety Strategy and the national Patient Safety Incident Response Framework (PSIRF), promoting a culture of openness, learning, and continuous improvement.

The Patient Safety Incident Response Framework (PSIRF) sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety (NHSE, 2025). This new approach to patient safety is underpinned by the 'Just Culture' that is being embedded across the Group, which will enable a culture of psychological safety and an approach to learning when things do go wrong.

At LCHG, we have looked at trends in our incident reporting over time and are working collaboratively to identify solutions, while promoting a strong organisational safety culture. We are driven to deliver the best possible care and health outcomes. We want to

ensure our services remain safe and embed strong processes to learn from practise.

Patient experience is at the heart of everything we do. We understand that care is more than just clinical outcomes – it's about meeting the physical, emotional, and personal needs of our patients and their families. Every person who uses our services should feel valued, respected, and well cared for. We know that patient experience is critical to both individual patients and their families and goes well beyond the health outcomes of their care.

Our commitment to providing personalised care means that we will not make decisions about your care without you being fully informed allowing you to be in control and make informed choices.

We will develop a culture that enables patient involvement and choices regarding their own health. Patient panels and a co-production approach bring together the lived experience and voice of our patients to feedback and input into ongoing pieces of work and will be an important part of this process, but we will also consult wider when needed.

A patient’s perspective!

Our patients will see changes to how they book their outpatient appointments and how they are reminded of future appointments ensuring we promote patient choice.

We have trialled and implemented a digital appointment service in some areas and are looking at apps to allow patients to book appointments which are convenient for them.

Group outpatient appointments may also be offered to help patients get seen quicker and to also provide additional support and insight from others with lived experience of conditions and injuries.

While a traditional outpatient review could last 10-15 minutes per patient, a group consultation can run for up to 90 mins with around 12 participants which allows more time to be spent with a healthcare professional or team and others for peer to peer support. Group sessions can be run face to face or virtually and can help create a deeper sense of community between patients and staff, allowing people to learn from each other, and share lived experience.

Patients may be invited to appointments virtually – over the phone, or via video – or they may be asked to see a colleague face to face in a community based venue allowing our patients to experience quicker care, closer to home.

Objective 1b – Reduce waiting times for our patients

Whilst we continue to operate under significant operational pressures, we will continue our focus on key areas of improvement such as reducing ambulance handover delays at hospitals and in the community, and on the timely and safe discharge of patients who no longer require hospital care.

We are recovering and improving the efficiency of our elective services in order of clinical priority to ensure our patients are not waiting longer than they should to be seen. We will transform the way we provide elective care whilst reducing long waits and reducing the risk of harm to our patients.

Objective 1c – Improve productivity and deliver financial sustainability

We know that effective financial management flows from focusing on service quality.

We are committed to using public money responsibly and investing in innovation and research to improve patient, carer, family and staff experience. We want to increase productivity which means working more effectively and not necessarily harder and reducing waste whilst not sacrificing quality.

We are operating in an extremely challenging financial environment. Our vision is that we will have eradicated our underlying deficit and are in a position where each year we spend no more than what we are allocated. This will involve making some

difficult decisions at times and our focus will be to ensure we fully understand the potential impact of these for our staff, partners and population. This will be a significant challenge but will be greatly supported by our strong internal quality improvement and waste reduction ethos, our cost improvement programme, our Lincolnshire joint system working on financial recovery and the opportunities brought about by our Group arrangements.

Objective 1d – Provide modern, clean and fit for purpose care settings

Managing our estate effectively across LCHS and ULTH will support the delivery of high-quality care which is, both financially and environmentally viable. We also recognise that modern fit-for-purpose premises can have a significant positive impact on patient recovery and staff wellbeing.

We will continue to develop, invest in and maintain our estate across our acute and community sites, seeking to make our buildings and facilities more accessible, ensuring we are utilising all spaces efficiently. By 2030 we expect to have invested £122.5 million in redevelopment, refurbishment and transformation projects making all our sites fit for 21st century healthcare.

An example – Community Diagnostic Centres

Thanks to significant financial investment, we now have three Community Diagnostic Centres (CDCs) open across the county – in Grantham, Skegness and Lincoln.

These state-of-the-art facilities include MRI scanners, CT scanners, ultrasound rooms, X-Ray rooms and much more to enable diagnostic testing to take place away from our acute hospital sites.

The CDCs have helped us to provide extra capacity across the county, through additional equipment, late opening hours (until 8pm), and accessible spaces in convenient locations with free parking – making it easier for our patients to access efficient care, closer to home offering an alternative venue to access care quickly and easily away from busy hospital sites.

Over the next five years we will look to expand the number of CDCs, their opening times and also the range of testing, training and facilities available – making diagnostics more accessible than ever!



STRATEGIC AIM 2- PEOPLE

Our people are extremely important to us, and we will continue to have a clear focus on sustaining a happy, productive and engaged workforce. We want to ensure our people fulfil their maximum potential and that they are recognised for doing so, as we also recognise the impact this has on the quality of care we provide for our patients and population.

Objective 2a – Enable our people to fulfil their potential through training, development, research and education

The Lincolnshire Talent Academy is an umbrella body made up of health and care organisations within the county. The academy delivers proactive services to aid recruitment and skills development of our current and future workforce, whilst also ensuring the portability and integration of skills across the health and care system. With a common shared goal across all stakeholders – to adopt a 'grow our own' culture within the county- the Lincolnshire Talent Academy provides the foundation for our collaborative approach.

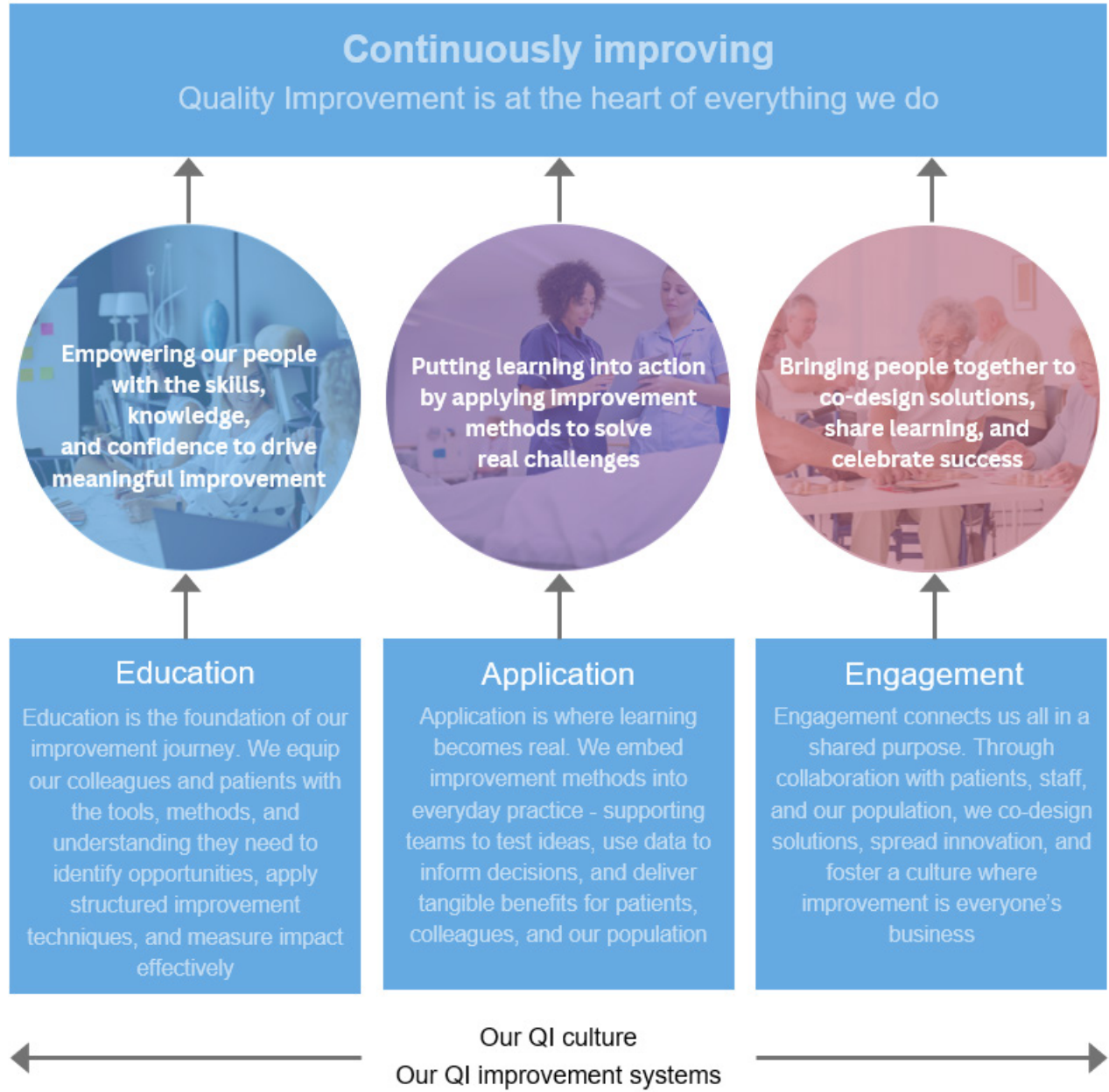
Formed in 2015 the Talent Academy has helped to inspire thousands of young people and the general community to consider careers within the NHS and wider health and care sector. The first of its kind to be created, its model of partnership delivery has been recognised nationally many times over as best practice and has since been replicated across the country.

In numbers, the Talent Academy has facilitated over 6500 careers events, engaged with over 130,000 people, processed 11,000 work experience requests and directly hosted over 5,700 placements. Helping our workforce develop, the academy has recruited and supported more than 1,450 apprentices through its programmes and currently works with 37 active providers to help our workforce develop and grow further.

A new LCHG Research Plan will be developed which will clearly outline the steps required to build our capacity and capability to deliver our research ambitions including establishing a Clinical Research Facility, complementing our vision to provide world-leading experimental research for the population of Lincolnshire and working in partnership with the University of Lincoln and other key educational institutions to ensure we continue to develop and retain a highly skilled workforce for the future.

Objective 2b – Empower our people to continuously improve and innovate

We are launching our Quality Improvement Enabling Plan 2025-2030 which outlines our unwavering commitment to excellence and innovation. By fostering a culture of continuous improvement, we aim to inspire every member of our organisation to strive for the highest standards. This plan is not just about processes and metrics; it’s about touching hearts and minds, ensuring that every improvement we make resonates deeply with our core values. Our approach to Quality Improvement (QI) is underpinned by three key enablers: education, application, and engagement. Together, these elements ensure a consistent, structured, and sustainable approach to improvement across our organisation.



The Institute for Healthcare Improvement model for improvement is a widely used framework for accelerating QI in healthcare. It consists of three fundamental questions and the Plan-Do-Study-Act (PDSA) cycle.

- 1. What are we trying to accomplish? This helps set clear, measurable aims.
- 2. How will we know that a change is an improvement? This involves establishing measures to track progress.
- 3. What changes can we make that will result in improvement? This focuses on identifying and testing potential changes.

The PDSA cycle allows teams to test changes on a small scale, study the results, and refine the changes before broader implementation.

Using this model ensures a structured approach to QI, promoting continuous learning and adaptation. Its benefits include improved patient outcomes, enhanced efficiency, and the ability to close equity gaps by applying an equity lens throughout the process.



SPOTLIGHT – Cath Lab Improvements

The QI team at ULTH worked with the Cardiac Catheterization Laboratory to address the significant waits for a post cardiac device implantation check that was standing at approximately 41.3 hours against a target time of four hours. This was having an impact on patient experience and flow as well as contributing to a 12 month wait to be seen for the procedure.

Using QI tools to analyse and measure the current process, several factors were identified and then addressed through PDSA improvement cycles until it was felt by all that all improvement had been achieved. The QI team then built a final new process in conjunction with the cath labs team. The final outcome was an average wait time down from 41.3 hours to 10.9 hours, enabling a timelier service for patients with a greatly improved experience with less time in the hospital and few overnight stays.

The implementation and adherence to the new process freed up the equivalent of 988 patient bed days saving in the region of £340k per annum whilst reducing demands on inpatient wards and staff.

Objective 2c – Nurture compassionate and diverse leadership

For a QI culture to be effectively embedded, QI activities must occur throughout all level of the organisation. Leaders have a responsibility to role model the expected behaviours of their staff. The LCHG QI team will therefore run LCHG 100 QI events for leaders throughout the Group, supporting these staff to develop their own QI projects and learn the skills expected of their staff regarding QI so that they can effectively support future QI activities within their remit.

The new Learning Improvement Networks (LINs) have been established nationally to enable an opportunity for NHS trusts to work collaboratively together to make a real difference to the NHS. LCHG is part of the East Midlands LIN and plans are already underway to explore opportunities for shared improvement learning across our urgent and emergency care and planned care pathways.

We will also continue to work closely with Health Innovation East Midlands (HIEM) who support NHS providers to find, test and implement new solutions to make care better for our patients. They also help to connect the NHS with industry partners who can accelerate our ambitions, sharing innovations from across England to allow us to benefit from the experiences of others.

We want to redouble our efforts to reduce discrimination, violence, bullying and harassment and continue to embed equality and diversity in all that we do. The connection between a highly engaged workforce and improved patient outcomes is well

documented and it's no surprise that a more satisfied workforce leads to better patient experience. Our culture isn't static and is nurtured by our values and behaviours, the role-modelling by our leaders and through the many activities that together create our organisations workforce.

We need to create excellent employee experiences and fundamentally change 'how we do things around here'. We must build a modern culture where staff feel supported, valued and respected – and want to stay and develop in our organisation. Offering better support to our staff, adopting flexible and smarter ways of working, optimising technology, planning and delivery of capability and capacity, workforce redesign, and working across organisational boundaries are the critical changes that will move us on from traditional approaches to workforce.

We are also committed to doing this work in partnership with our staff organisations and will continue to invest in our Staff Networks which available to help support staff and make valuable improvements to the ways in which we work.

An example – Staff Menopause Clinic

Our trailblazing staff-menopause service, driven and established by the Women's Staff Network in partnership with Occupational Health is the first of its kind in England, offering NHS staff members access to a nurse specialist and doctor-led clinic for help, diagnosis and treatment support. In 2025 we supported our 500th staff member and we will continue to develop this service to ensure we help and support our workforce to remain healthy and well at work.

Objective 2d – Recognise our people through thanks and celebration

It is so important that we recognise and appreciate our colleagues and volunteers, and we have created a range of channels and ways to do this – from daily recognition and simply saying thank you, through to our annual staff awards.

The LCHG staff awards are an opportunity for the people of Lincolnshire to recognise the hard work, dedication and care shown by community and hospital staff working across the county, and where they have demonstrated exceptional professionalism and care. Every year we hold an awards ceremony to celebrate those nominated and to crown our winners.

In 2024 we held our first joint LCHG Staff Awards. Staff members from across the group came together to celebrate over 1000 nominations.

The DAISY (Diseases Attacking the Immune System) Award is an international recognition program that honours and celebrates the skilful, compassionate care nurses and midwives provide every day. LCHG are really proud to have had a number of our compassionate nurses and midwives be recognised as DAISY Award Honourees.



STRATEGIC AIM 3 - POPULATION

We will adopt a more system-focused approach to the design and delivery of services through ‘left shift’ of activity, with services designed around our rural communities and their unique needs and circumstances. We will ensure that decisions about any provision of services work within the system as a whole, and that services are delivered in the context of the right patient pathway, location or provider.

We want to be an effective system partner, recognising that the outcomes and impact we can achieve together for our population are greater than any individual organisation can deliver alone. This will also enable us to address Social Determinants of Health, which is fundamental in achieving health equity and will support us in delivering healthcare outside traditional hospital environments.

Objective 3a – Transform clinical pathways and rationalise our estates, investing more in community care and reducing reliance on acute services

- We will use population health data and other key information to co-design our services with patients and system partners, as left shift and pathway redesign are key transformation programmes of work for LCHG. We will ensure that we consider all possible opportunities related to the location, the staff groups we use and ways that we can introduce innovation in our delivery models to improve outcomes for our population and reduce reliance on acute services.

Examples of how we can use left shift to invest in community care and deliver services differently:

- Left shift could include a change of delivery location such as moving clinics from an acute hospital site to a community hospital, GP practice, or even a community venue such as a library or community centre.
- Left shift could also include changing the way we deliver services by using new roles such as allied health professionals, therapy support workers, health coaches or advanced clinical practitioners to deliver care that might have traditionally been provided by other healthcare professionals.
- The biggest and most transformational change combines both location and the way the service is designed and delivered, resulting in new models of care focussed on improving population health outcomes rather than organisational silos.

Examples of how left shift has worked in other areas

- A community based ophthalmology service in Manchester offers eye services and treatment from high street locations. The network of community based locations offer easier access with better parking facilities and no need to walk around a large hospital site, with a lengthy waiting time in clinic. Clinics being on the high street also allow patients the chance to get on with daily life in an area of the city they are familiar with. The introduction of the clinics has also had a positive impact on performance, with the service moving from 70% to 95% of patients being seen within 7 days of their intended review date. Friends and Family Test data evidences that patients are supportive of the new clinics – 95% say they are either likely or extremely likely to recommend the high street community clinics to friends and family.
- The Oxfordshire Rapid Intervention for Palliative and End of Life Care (RIPEL) Project addressed the need to develop personalised, person-centred palliative and end of life care. The project delivered enhanced care through an integrated approach between primary care/GPs, community services, acute hospitals and specialist teams in the area. The aim was to reduce the amount of unplanned time people spent in hospital during their last year of life. Collaboration between the providers allowed for rapid intervention and assessments to allow patients to go home quicker, with enhanced hands-on care provided at home with specialist level oversight to reduce the need for further hospital visits. Taking a personalised approach, the project provided wrap around support both practical and emotional for both the patient and the family and included follow up support for bereaved families. The project, backed by £9million of social investment has supported over 1500 people, and those cared for have spent on average 9 fewer days in hospital which is better for the patient, and

Objective 3b – Move from prescription to prevention, through a population health management and health inequalities approach

Increasing our focus on prevention and public health, we have an important role to play in supporting the wider health and wellbeing of the populations we serve and to keep people well in the community. The NHS prevention agenda will be a key driver as we use evidence-based programs such as our tobacco dependency services to support our population to adopt healthier behaviours to improve overall health and reduce demand for treatment. We know that by tackling and treating disease and illness earlier we reduce the burden on our health care services and encourage better health outcomes for our patients. Prevention is better than cure.

Objective 3c – Enhance our digital and research and innovation capability

Healthcare research is vital for the deployment of safe and effective healthcare strategies and interventions. We play an important role in developing the treatments of tomorrow through research, but our ambition is to do more. We achieved ‘Teaching Hospital’ status for United Lincolnshire Hospitals NHS Trust in 2024. We continue to build on this, striving to growing our clinical academics and aspiring to achieve teaching status across the Group.

We hold an ambition to grow and develop our culture of research, building on the amazing work that colleagues are already doing to bring cutting-edge research to the population of Lincolnshire. By 2030 we will offer many more patients the opportunity to take part in high quality research, and be leading significantly more research in Lincolnshire, contributing to changes in care that will directly impact upon and improve the health and wellbeing of the diverse populations that we serve. Our relationship with the University of Lincoln will also be key to deliver our research ambitions and we look forward to continuing to build on the positive progress we have already made.

Clinical Research Facility

This dedicated research space will offer the facilities for outpatient and specialist research clinics, with the opportunity to bring together multi-disciplinary teams of clinicians and research support to deliver all phases of research in a modern, state of the art premises.

The facility will not only allow dedicated space for research delivery, but also accommodation for research development activities, with space for academic staff to work alongside clinical services and NHS research support to progress research grant applications and formulate future research strategies.

Objective 3d – Drive forward our improvement, efficiency and sustainability agenda including our Green Plan

Harnessing the power of digital technology to transform services and to open up new opportunities is a core enabler for this strategy. Digital technology has great potential to improve how the NHS delivers its services. The Group will invest around £130 million over a 10-year period to deliver over £55 million of recurrent annual benefits (both cash and non-cash releasing), by upgrading Electronic Patient Record (EPR) systems across Lincolnshire. This will provide a holistic view of patients care, easily accessible in one place.

By working in collaboration with the other trusts in the region, we can maximise the impact and opportunities with our electronic patient records, supporting deployment, ensuring that information is fully accessible to support patients who may need to receive care in other settings across the East Midlands.

Our digital technology infrastructure and real time data will enable our staff to fully understand their services and identify, deploy and monitor service transformations both within LCHG and across the wider health and social care system. For patients this will mean that they engage in and receive care in digitally enabled, innovative ways that help them to have more control, understanding and insights into the care they receive.



SPOTLIGHT – Digital Infrastructure

We are in the third year of a three year £20 million investment (as part of the EPR investment) upgrading and enhancing our digital infrastructure to ensure that it is resilient, robust and efficient and also supports the green agenda. We will continue to roll out “Single Sign On” so that our clinicians don’t have to log into so many different systems. We have replaced over 2,000 wireless access points (to provide improved coverage and increased bandwidth to support increased use) and so our hospital sites now have a significantly improved wifi as the newer technology provides for better coverage and stability.

Patient Perspective – Patient Entertainment

We have delivered a brand new Patient Entertainment Portal so our patients can benefit from free entertainment during their stay on their own devices or on one of the 150 devices that are available to borrow across our sites. We know time spent in hospital can feel long, so by providing access to a patient entertainment system and free wifi we are enabling patients to stay in touch with loved ones.



Delivering large scale transformation requires us to work differently with our system partners.

We have established a multi year productivity, improvement and transformation programmes alongside an Alliance Steering Group to ensure our strategic priorities and left shift transformation and Cost Improvement Plans are effectively delivered.

CLINICAL OPERATING FRAMEWORK TO UNDERPIN DELIVERY OF OUR STRATEGY

Key to the success of any strategy, is in its delivery. Our clinical operating framework sets out how our services will be delivered in the most appropriate way for our communities, combining aspects of acute and community care to work differently with wider partners within our health system.

A fundamental ethos of being in a vertical integrated group model is giving community its primacy and driving a left shift of activity (closer to home) whilst maintaining the highest quality of care.

Our patients and staff told us that making services more accessible, reducing waiting times and improving the quality of services is key, and we will ensure that within all three core areas of our clinical operating framework (figure right) we work with our system partners to support ‘left shift’.



We have two Emergency Departments within our acute hospitals. Lincoln County Hospital has a modern Emergency Department and a state of the art resuscitation centre. A new Emergency Department opens at Pilgrim Hospital at Boston in May 2025, with the latest technology and excellent patient facilities and equipment. Both the Emergency Departments have Urgent Treatment Centres (UTCs) attached to them which has been central to clinical pathways being developed and joint working between the consultants and health professionals. Work is ongoing to develop integrated streaming and direct access to specialties.

Both of our Emergency Departments are consultant-led and we have an emergency care consultant in charge on every shift. There are developments within urgent and emergency community services to support admission avoidance pathways through clinical assessment services and a Care Coordination Hub. Bringing together Urgent Community Response (UCR) Services and home visiting services will see people being supported in their home and preventing attendance at the front door of our urgent and emergency care services. There is an opportunity to develop digital access and AI technology to enhance patient pathways in this area.

We want to become the provider of choice in Lincolnshire for surgical services and grow our market share, maximising the utilisation of our Grantham Elective Hub to ensure that patients receive care locally and are offered the highest standards of care when compared to our peers. Alongside this, we want to continue to deliver outstanding family health services delivering continuity

of care both in and out of hospital settings. We want to deliver efficient clinical support services and infrastructure to all the clinical services at LCHG and our partners, including continuing to mobilise and deliver services from the new Community Diagnostic Centres (CDCs) and working with partners to deliver care in alternative locations such as the Campus for future living – a pioneering health and education facility in Mablethorpe home to consultation rooms, seminar and teaching rooms, laboratory and event spaces. The campus aims to connect public, private and voluntary services to support residents through health innovation, technology and research. . We will ensure we are utilising all our spaces and assets across the community and acute hospital settings. We will develop strategic business cases for our theatres refurbishment, maternity services. These will be detailed within our estate's strategy.

Many of our community services are led by allied health professionals who use a holistic approach to assess, treat, diagnose and manage a range of conditions in adults and children across community settings. The focus is on prevention and improvement of health and wellbeing to maximise the potential for individuals to live full and active lives.





Community hospitals and transitional care provide a critical role across services and system providers to ensure that home first principles are proactively viewed as the starting position and not the end point. The service provides an essential function in supporting the Neighbourhood Teams to achieve admission avoidance and reduce acute delayed transfer of care. Bridging the gap between hospital and home maximises recovery and promotes independence with an emphasis on ‘home first’ through time limited rehabilitation and support for older people and adults with long term conditions.

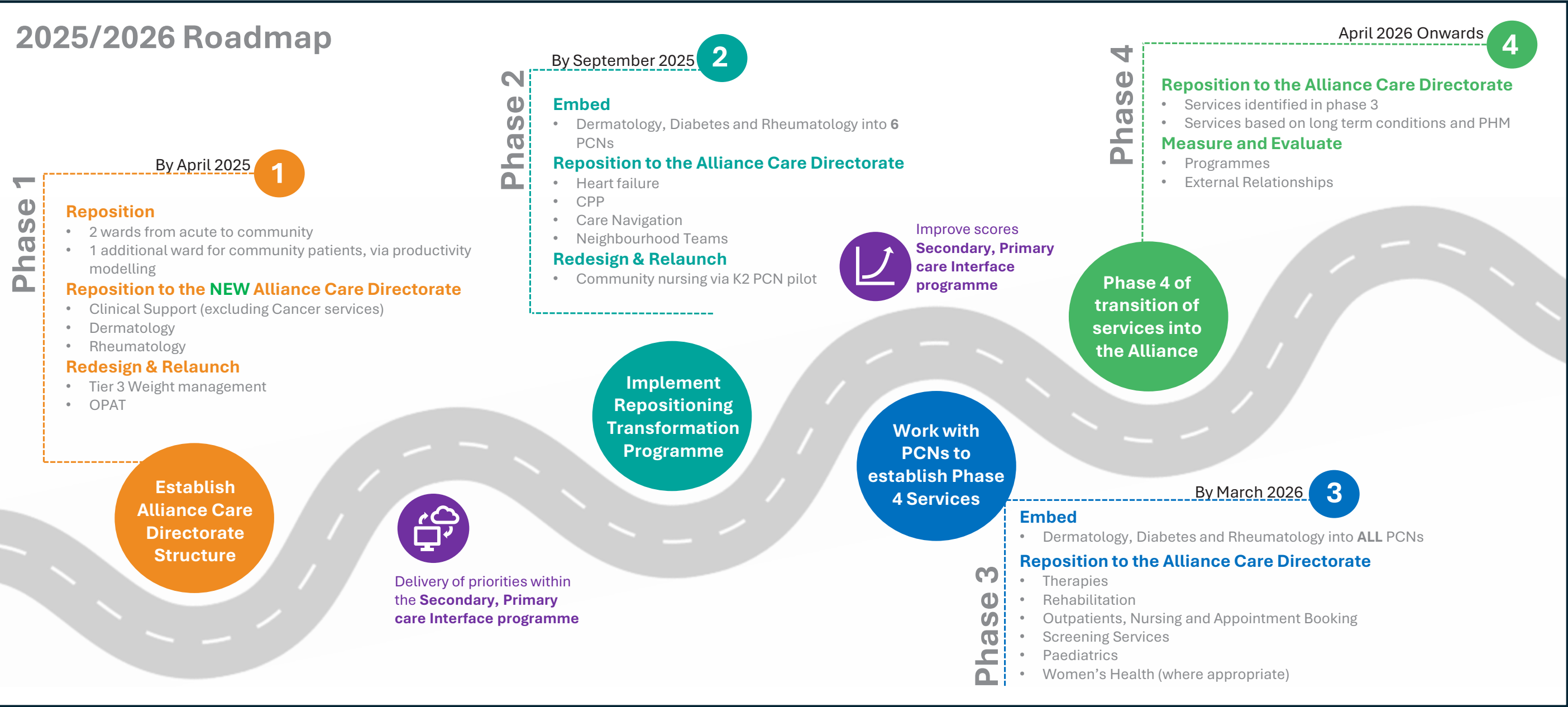
We will continue to provide specialised acute services where it is appropriate for us to do so with the facilities, we have available. These include adult and children’s cancer services (including radiotherapy and chemotherapy), specialist rehabilitation, cardiology services, vascular services, neonatal services and critical care. We aspire to develop a Lincolnshire Centre of Excellence for Cancer Care.

We will actively engage with the regional clinical networks linked to our specialised services to support equity of access and patient outcomes. Being an active member of the East Midlands Acute Provider (EMAP) Collaborative will enable us to design, develop and deliver specialised services in partnership across the region, supporting equity of access and outcomes for patients in Lincolnshire.

Utilising population health insights, alongside benchmarking information from Model Hospital, GIRFT and our internal PLICS financial data, we have identified key services that we want to redesign utilising our QI principles to deliver them closer to

home and drive ‘left shift’. By looking at areas for ‘left shift’ such as OPAT/IV therapies, rheumatology, stroke, dermatology, ENT surgery, gynaecology/women’s hubs, haematology and respiratory as an integrated system with LCHG/ICB/primary care/GPs and wider partners like social care, policing, and third sector providers – will help embed end-to-end integrated pathways to increase the number of patients receiving care in a timely manner, and, in a way that is most accessible.

We have set up an Alliance Care Group to create a common, organisational-agnostic space that identifies and takes forward opportunities to collaborate at scale across a range of partners. All our clinical support services form a core part of the alliance. We have developed an out of hospital collaborative operating model to help us work effectively with primary care/PCNs and GPs. Integrated Neighbourhood Teams will be working through identifying and implementing opportunities to collaborate at scale with PCNs, PCNA, GPs, ICB, Voluntary Community Faith and Social Enterprise (VCFSE) and independent sectors. Key workstreams include primary and secondary care interface, developing and approving a joint plan for neighbourhood health and integrated neighbourhood working e.g. aligning nursing in the community around PCNs, palliative and end of life services, and targeted health inequalities work The alliance arrangement will help to create a robust partnerships through which we can respond to future demand and changing levels of need and ensure we are targeting whole system service redesign. A proposed road map of our alliance programme is depicted below.



ROADMAP TO DELIVERY

This strategy, and the care group plans which underpin it, mark an important step forward for our Group. It identifies the key priorities for the Group, ensuring we are focused on the right things for both our patients and our staff. There is a strong focus on ‘getting the basics right’ first, whilst also planning for longer-term changes to our services. The board assurance framework will provide a clear and strong governance approach to monitor delivery of the strategy.

- We have adopted the following approach to monitor delivery of 2025/26 LCHG Strategy:
- A deep dive on relevant objectives and actions at relevant Board Committees as described in the table below
 - Ensuring, at the end of each quarter, that we have a summary report on each strategic aim at individual committees and a summary at Trust Board, which will focus on highlighting progress and key actions/mitigations for off track actions.

Strategic Aim	Committee
Aim 1- Patients	Quality Committee
	Finance and Performance Committee
Aim 2- People	People Committee
Aim 3- Population	Integration Committee

Enabling strategies

There are a wide range of key enabling strategies and plans for each strategic aim that will support the delivery of the LCHG strategy. All of the enabling strategies are either in development or being reviewed and published to reflect the vision outlined within this strategy and they will help us deliver our objectives. Enabling strategies/plans support us to achieve our aims include but are not limited to:

- Quality and Safety Strategy
- Estates Strategy
- Digital Strategy
- People Plan
- Research and Innovation Strategy
- Quality Improvement Plan

Care groups annual plan

Each care group will analyse their services in line with the national planning guidance and constitutional standards of delivery. They will produce a SWOT (Strengths, Weaknesses, Opportunities and Threats) to be able to consider key areas of developments and identify areas of improvement which will form part of their care group plan. An example of what the annual care group plans will include and what this looks like is shown below.

The delivery of care groups plans will be monitored via their Performance Review Meetings in line with the updated Performance Review Framework.

2025/2026 Care Group Plan

Patients	People	Population
Provide timely, high quality, affordable care in the right place	Develop, empower and retain great people	Improve population health
We will...	We will...	We will...

IN SUMMARY

In closing, this strategy reflects our collective commitment to improving the health and wellbeing of people across Lincolnshire. By working together – across services, communities and systems – we can create the environment for our population to not only live longer, but live healthier lives.

We would like to thank our dedicated staff, our patients and our system and partner organisations for their continued commitment, collaboration and care. It is through your efforts that this strategy will become a reality, delivering meaningful and lasting change for everyone in Lincolnshire.



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