Improvement Lincolnshire

NHS
Lincolnshire Community and Hospitals NHS Group

QUALITY IMPROVEMENT ENABLING PLAN

2026-2030

Caring and building a healthier future for all

Executive Summary

Our Quality Improvement Enabling Plan 2026-2030 is a testament to 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. Together, we will drive impactful change, enhancing our collective success and making a meaningful difference.

In April 2024, Lincolnshire Community and Hospitals NHS Group (LCHG) was formed, bringing together United Lincolnshire Teaching Hospitals NHS Trust and Lincolnshire Community Health Services NHS Trust.

This integration simplifies collaboration between acute and community care, allowing us to take a more proactive and planned approach to improving health outcomes across Lincolnshire.

As we continue to establish Lincolnshire Community and Hospitals NHS Group (LCHG), we have a unique opportunity to transform the way we work. Our ambition is clear: to create a culture where continuous improvement drives better staff wellbeing and patient outcomes.

Every member of our organisation plays a dual role - delivering high-quality care and actively seeking opportunities to improve how we work. By embedding a mindset of curiosity and innovation, we can eliminate barriers and frustrations, enhancing both patient and staff experiences.

While the ambition set out in this plan is broad, delivery will be prioritised and phased over time. Focus will be placed on areas of greatest impact, aligned to organisational priorities and available capacity.

Our commitment to quality improvement

In a rapidly evolving healthcare environment, delivering safe, effective, and compassionate care requires more than just dedication—it demands a structured approach to continuous improvement.

Our approach

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.

Through education, we equip colleagues with the skills, tools and methodologies required to confidently lead and contribute to improvement activity. This is complemented by application, ensuring the use of recognised methods to address priority challenges and deliver measurable benefits. Engagement ensures that patients, staff and system partners are active participants in the improvement process, contributing insights, co-designing solutions and fostering shared learning.

This approach provides clearer articulation of how Quality Improvement will be supported in practice across LCHG, including roles, responsibilities and prioritisation, with delivery phased to ensure sustainable impact over time. It reflects feedback from Board development discussions, including the importance of leadership behaviours, a focus on learning as well as delivery, and creating the conditions for improvement in day-to-day work, reinforcing that Quality Improvement is enabled across the organisation rather than owned by a single team.

LCHG Strategy 2026-2030

The LCHG Strategy 2026-2030 has three core drivers: Patients, People, and Population. Each driver has a series of objectives designed to deliver their aims. Our QI Enabling Plan aims to align improvement to the delivery of these core objectives over the next five years.

Patients

Aim 1: Provide timely, high quality, affordable care in the right place

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 whilst addressing our requirements for sustainability and our Green agenda

People

Aim 2: Develop, empower and retain great people

2a - Enable our people to fulfil their potential through high-quality training, development and education, underpinned by a positive and inclusive culture

2b - Create a culture that empowers our people to deliver change through continuous improvement and innovation

2c - Nurture compassionate and diverse leadership

2d - Recognising our people through thanks and celebration

Population Health

Aim 3: Improve population health

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

3b - Move from prescription to prevention, through a population health management & health inequalities approach

3c - Enhance our digital capability, EPR delivery, and research and innovation in support of population health needs

3d - Deliver a better health and care model for our neighbourhoods through partnership working with other organisations and our communities

How QI will support the LCHG Strategy

Our Quality Improvement Enabling Plan has been developed through review of insight, conversations with our colleagues and listening to our key stakeholders

LCHG's 2026–2030 Strategy embeds QI into our organisational culture and operations, aligning with NHS England's IMPACT framework (Improving Patient Care Together). Our approach focuses on:

- Building a shared purpose and vision
- Investing in people and culture
- Developing leadership behaviours
- Building improvement capability and capacity
- Embedding improvement into management systems and processes

By integrating NHS IMPACT into our QI Enabling Plan and the wider LCHG 2026-2030 Strategy, we align with national best practices, ensuring that our improvements lead to better patient outcomes, increased operational efficiency, and long-term sustainability.

The Board's role in enabling QI

NHS IMPACT highlights that sustainable quality improvement is shaped as much by leadership behaviours and organisational conditions as it is by methods or tools. Within LCHG, the Board supports the environment in which improvement can take place, rather than directing improvement activity itself.

The Board has already developed its understanding of improvement through Board development and reflection on leadership behaviours. This plan builds on that work, supporting continued engagement and a consistent approach over time.

In practice, the Board supports quality improvement by:

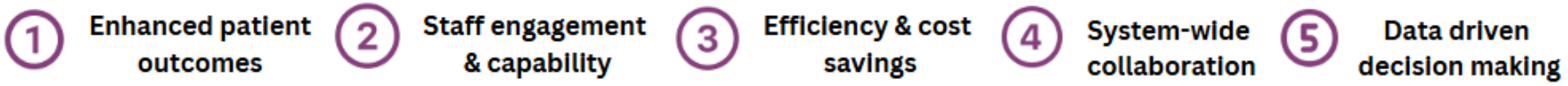
- reinforcing that improvement is a core way of working alongside operational delivery
- maintaining a focus on learning as well as performance
- supporting leaders and Care Groups to improve how work is done
- ensuring teams have access to the support and expertise they need
- encouraging a culture of testing, learning and continuous improvement

Through this approach, the Board helps create the conditions for Care Groups to take ownership of improvement and for capability to develop across the organisation.

Enabling plan development

The QI Enabling Plan aligns closely with the LCHG 2026-2030 strategy, detailing how QI will support the delivery of the Group's ambitions.

The plan marks the first time LCHG has formally articulated its goals for QI, recognising that a well-designed QI strategy can provide significant benefits:



With an aging and growing population, LCHG must take a structured, data-driven approach to identifying, testing, and scaling improvement initiatives. Our enabling plan will:

- **Foster a "Curious Mindset" Culture** – Encouraging staff to test and measure improvements where they work.
- **Explore the role of a Quality Management System** – Strengthening core systems and processes to enhance care delivery.
- **Remove barriers to improvement** – Equipping staff with the tools and knowledge needed to drive change effectively.

Quality Improvement is enabled through this approach but is owned within Care Groups, Corporate Services and operational teams, supported by leadership and the Improvement function.

Improvement within LCHG will be supported through a focus on learning as well as delivery. Alongside achieving measurable outcomes, there will be an emphasis on understanding what works, sharing learning and building confidence in applying improvement methods over time.

What are we trying to accomplish?

Drivers of the QI Enabling Plan: Patients

Key metric

1. Increased number of QI projects have active patient involvement or patient feedback

2. We will have patients as core members of our Improvement Lincolnshire QI Faculty

Key initiatives	Year 1-2 milestones	Year 3-4 milestones	Year 5 milestones	Key metrics
Education:	1. Our QI training programmes offer attendance to our patients, service user and critical friends 2. Developed specific Core+ QI masterclasses created using co-design principals 3. Our QI case studies learning library available to patients via our Improvement Lincolnshire web page	1. Our breakthrough series collaboratives use patient experience data to create quality improvement projects across the group that focus on patient priorities 2. Our Junior Doctor Quality Improvement Programme uses patient experience and safety metrics to create quality improvement projects that focus on patient priorities	1. Patients are actively part of the Improvement Lincolnshire QI Faculty and take an active role in the design and delivery of QI across the Group	**Where we will be in 2030** Increased number of quality improvement projects completed in response to patient experience metrics Majority of our Core and Core+ QI training programme have patient or service user attendance We will have patients as core members of our Improvement Lincolnshire QI faculty
Application:	1. Patient Experience Improvement Faculty established within Improvement Lincolnshire to assist colleagues with their data and developing tools to collect and respond to it. 2. Co-production introduced as our tool of choice and includes patients when we redesign services 3. Community engagement and listening events held 4. Deliver our priorities for patient experience quality improvement that are aligned and where the need for improvement is greatest	1. Patient Experience Improvement Faculty within Improvement Lincolnshire further established with Divisional Leads 2. Co-production programme set up, delivered and then incorporated into Improvement Lincolnshire 3. Review and then deliver our priorities for patient experience quality improvement priorities 4. Review and then deliver our priorities for patient experience quality improvement priorities	1. 100% of relevant QI projects have active patient involvement or patient feedback 2. Always Events programmes established in every division 3. Review and then deliver our priorities for patient experience quality improvement priorities 4. Review and then deliver our priorities for patient experience quality improvement priorities	Increased number of QI projects have active patient involvement or patient feedback Increased number of QI ideas collected from patients, service users and our wider population Number of active Always Events programmes across LCHG We will have a series of QI projects initiated from patient feedback

	5. Deliver our priorities for patient safety quality improvement that are aligned and where the need for improvement is greatest			
Engagement:	1. Patients, carers and families are visible within our improvements 2. Annual community engagement and listening event	1. Community engagement and listening events are established across LCHG utilising a QI mindset 2. We will access local Patient Participation Groups (PPGs) and Patient Reference Groups (PRGs) to form QI projects	1. We will have actively engaged with local PPGs and PRGs and co-design QI projects 2. Our QI engagement forums will actively occur in non-healthcare specific public settings	70% of our quality improvement projects will have patient representation within the core project team Increased number of QI projects launched directly from patient engagement

Drivers of the QI Enabling Plan: People

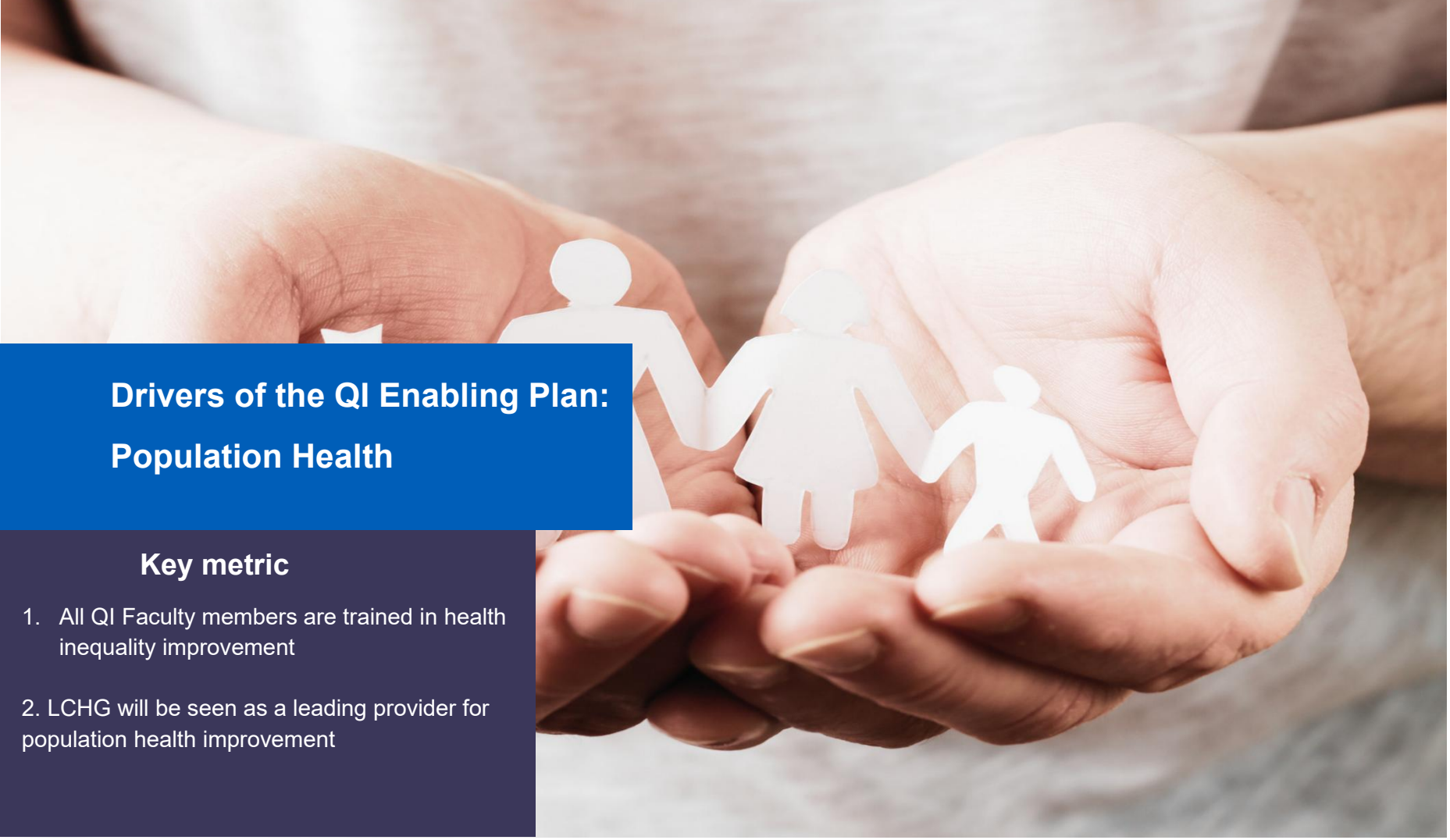
Key metric

1. Our workforce will have received QI training relevant to their role

2. QI projects are routinely celebrated at our quarterly celebration events

Key initiatives	Year 1-2 milestones	Year 3-4 milestones	Year 5 milestones	Key metrics
Education:	1. Develop an e-learning programme for QI. 2. 10% of our workforce have received some form of QI-related training.	1. 75% of our workforce completed our e-learning. 2. 30% of our workforce completed our QI Fundamentals programme 3. Completed 6 cohorts of our LCHG 100 Leaders programme	1. 95% of our workforce completed our e-learning. 2. 50% of our workforce completed our QI Fundamentals programme 3. Completed 8 cohorts of our LCHG 100 Leaders programme	**Where we will be in 2030** Our workforce will have received QI training relevant to their role We will have seen an increase in the number of identified, in progress and completed QI projects
Application:	1. Improvement Lincolnshire establish a QI coach and faculty 2. Colleagues are visibly involved in improvement 3. 25% of local improvement projects come directly from colleagues' ideas 4. 5% improvement in our Staff Survey questions relating to improvement	1. Colleagues can describe multiple QI projects using co-design 2. There is a visible programme of cross boundary pathway projects with the ICB and partners 3. 60% of local improvement projects come directly from colleague ideas with development supported through appraisals 4. 10% improvement in our Staff Survey questions relating to improvement	1. 15% improvement in our Staff Survey questions relating to improvement	Increased number of QI projects have active colleague involvement or feedback Proportion of specialities and departments that have gold improvement coaches. Increased number of colleagues led improvement projects Our National Staff Survey scores relating to improvement will have increased by at least 25%

Engagement:	1. Establish the LCHG QI Faculty as part of Improvement Lincolnshire 2. Executives each sponsor a key strategic project as part of Improvement Lincolnshire 3. Establish an annual Improvement Lincolnshire QI Conference 4. We will have hosted quarterly improvement celebration events to celebration staff led improvements 5. Develop our faculty of QI coaches across LCHG and the wider Lincolnshire system 6. Ward Walk and Go, Look, See visits are completed regularly by Senior Leaders and Executive and Non-Executive Directors	1. There is a rolling programme of Executive led QI projects 2. Our Faculty of QI coaches will grow by 25% with current coaches receiving additional training and Master Coach status 3. Our improvement celebration events will be embedded and routinely hosted by a member of the Executive Team 4. Developed Action Learning Sets to support shared learning for improvement across LCHG 5. Completed a Ward Walk or Go, Look, See visit on each of our clinical, non-clinical and corporate areas at least once 6. Staff appraisals will have QI as a core component	1. Improvement Lincolnshire will have grown to include system partners, primary care and public sector organisations	Increased attendance to our lunch and learn sessions Our QI Boards and Huddles will have increased QI involvement across LCHG Increased number of Action Learning Sets and lunch and learn sessions attended QI projects are routinely celebrated at our quarterly celebration events



Drivers of the QI Enabling Plan: Population Health

Key metric

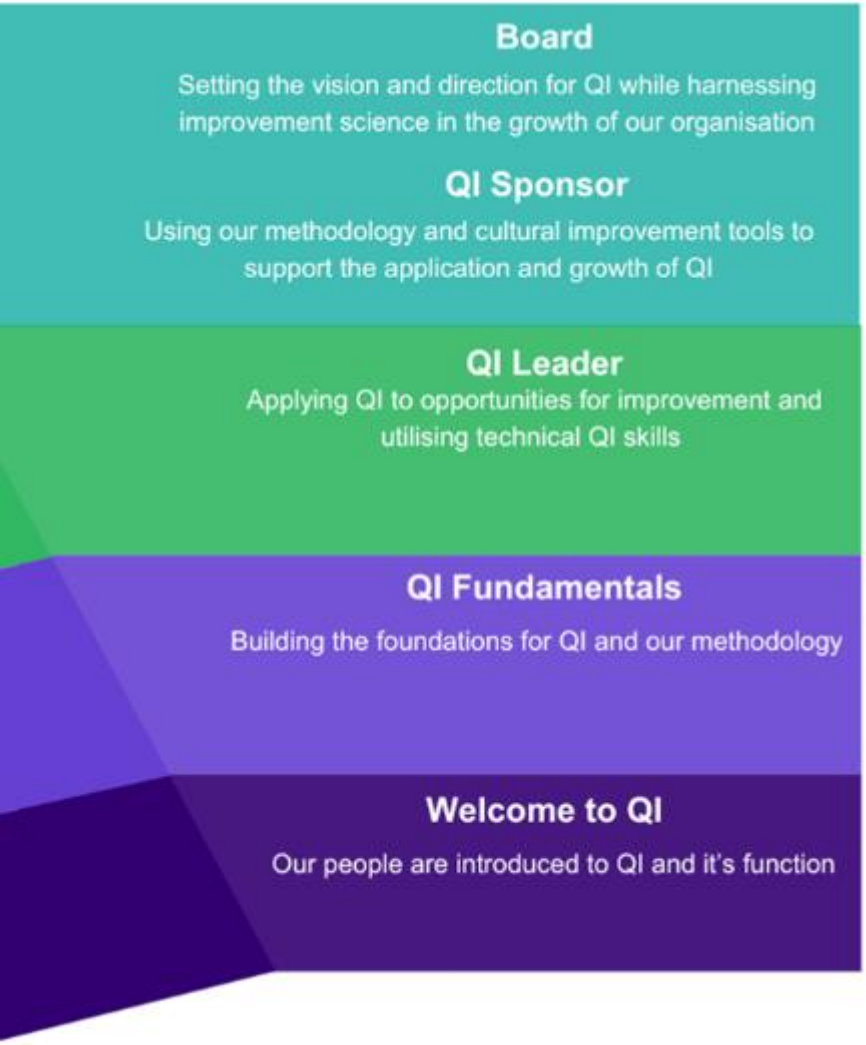
1. All QI Faculty members are trained in health inequality improvement

2. LCHG will be seen as a leading provider for population health improvement

Key initiatives	Year 1-2 milestones	Year 3-4 milestones	Year 5 milestones	Key metrics
Education:	1. Health Equity Assessment Tool (HEAT) training offered as a core+ training masterclass for relevant staff. 2. Core training programmes use real examples of problems aligned to the strategic pillar of population health 3. Core training programmes use real examples of problems aligned to the Green Plan	1. QI faculty contains QI coaches with a working background in health inequalities. 2. QI faculty contains QI coaches with a working background in patient experience.	1. All QI Faculty members are trained in Health Inequality improvement	**Where we will be in 2030** Increased number of HEAT assessments used as part of QI Increased number of QI projects aligned to population health and health inequality priorities Increased number of QI projects aligned to Green Plan priorities Increase in the number of digital innovations using QI methodology principals
Application:	1. Population Health improvement will be identified across 5 of our improvement programmes and QI projects 2. LCHG through the Improvement Lincolnshire Faculty will be seen as a leading provider for population health improvement 3. Work with system partners to review health inequalities and outcomes data across the protected characteristics and develop an improvement programme	1. Population Health improvement will be identified across 10 of our improvement programmes and QI projects 2. Recruit and train QI champions from all protected characteristics to be involved in improvement projects	1. Population Health improvement will be identified across 20 of our improvement programmes and QI projects	Population Health will remain a priority across all our improvement programmes
Engagement:	1. QI will be actively represented within local and system Health Inequality forums			

How are we embedding QI into LCHG

The foundation of QI



How we understand Quality Improvement in LCHG

Quality Improvement within LCHG refers to a disciplined and systematic approach to understanding problems in day to day work, testing changes and learning what works. It focuses on improving how existing services and processes operate.

It is important to recognise the distinction between Quality Improvement and Transformation. Quality Improvement supports continuous and incremental improvement within existing services, focusing on productivity, efficiency, safety and experience through structured testing and learning.

By contrast, Transformation typically involves larger scale redesign or structural change delivered through programmes and projects. Quality Improvement and Transformation are complementary and mutually reinforcing.

Quality Improvement supports both continuous improvement in day to day work and the successful delivery of transformation priorities across the Group.

In practice, Quality Improvement provides a common method and shared language that leaders and teams can use to identify problems, test ideas and build confidence through learning.

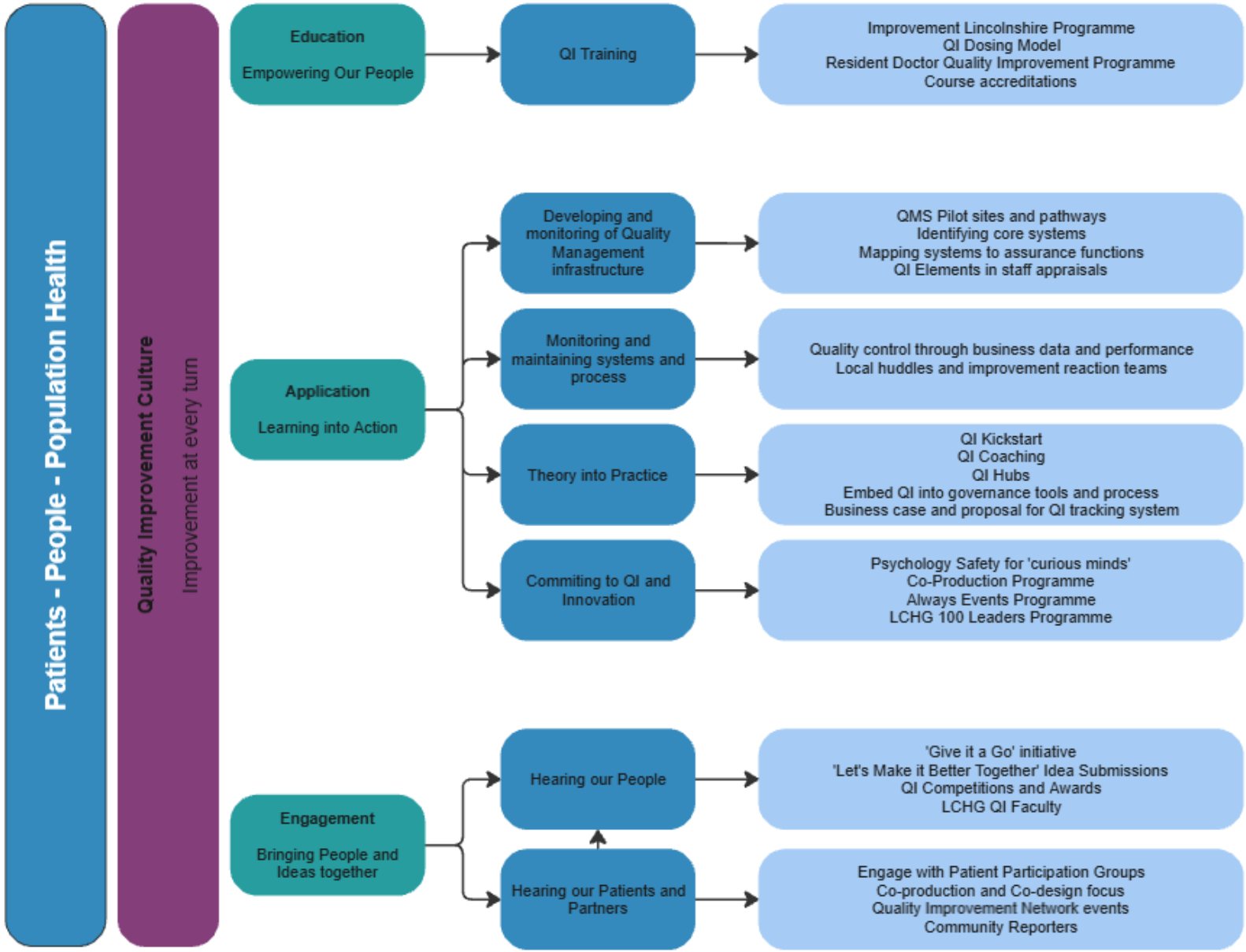
Embedding quality improvement across an organisation requires a systematic, targeted approach to developing expertise at different levels.

To build a strong QI culture, LCHG is embedding improvement science into its Group Strategy through a structured training model. Our approach ensures that every staff member receives the right level of QI education, enabling them to contribute effectively.

A tailored learning approach

Recognising the diversity of our workforce, we offer flexible, differentiated training to accommodate different learning styles, backgrounds, and workplace experiences. This adaptability maximises staff engagement and ensures QI knowledge is effectively applied across all teams.

Overarching framework



Overarching QI milestones

Key initiatives	Year 1-2 milestones	Year 3-4 milestones	Year 5 milestones	Key metrics
Education:	1. LCHG core and masterclass training offers fully established 2. Wider learning and development colleagues (OD, Clinical Education, governance) trained to embed QI as a component of their wider learning packages	1. Wider learning and development colleagues provide subject matter expertise for QI training as needed (e.g. cultural development within a team) 2. Improvement Lincolnshire's training package accredited with a local university		**Where we will be in 2030** LCHG will have a full suite of QI training and support offer under the label Improvement Lincolnshire All training offers across the group will have a component of QI.
Application:	1. Identified Group quality priorities which are supported by a clear evidence base 2. Our Quality and Performance report will be connected to improvement programmes 3. Group committees have a. An active improvement programme b. Gold QI coach 4. Develop systems to map patient experience improvement across the Group 5. Identify a series of safety improvement programmes with an improvement plan and identified measures		1. LCHG is recognised as outstanding for improvement across all areas of the group 2. LCHG is recognised for co-design as outstanding practice by the CQC	QI projects are aligned with long term strategic objectives Number of specialities with established improvement programmes Staff have Personal Development Plan objectives containing a component of QI Completion of QI as part of PDP recognised as a viable route for career progression

Engagement:	1. Improvement Lincolnshire public facing website launched 2. One additional member organisation joins Improvement Lincolnshire 3. Improvement Lincolnshire QI Hubs will be rolled out across LCHG	1. Three additional member organisations join Improvement Lincolnshire 2. LCHG will have a dedicated space for QI development which is enriching and helps drive improvement	1. Five additional member organisations join Improvement Lincolnshire	

Our improvement methodology

The Model for Improvement

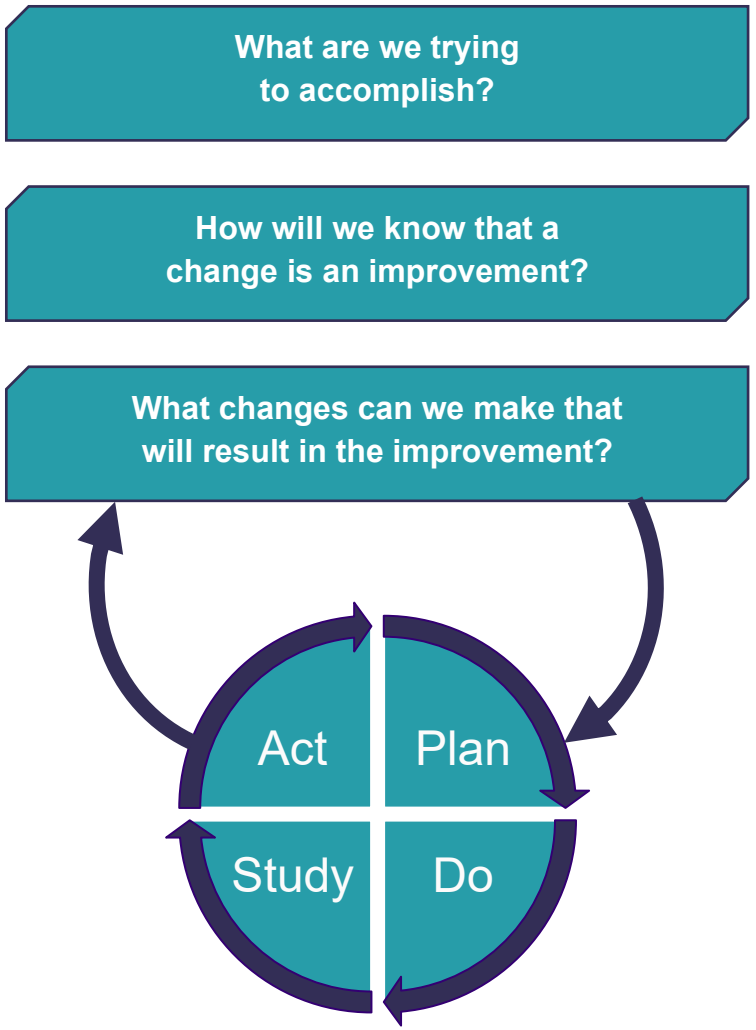
The IHI Model for Improvement is a widely used framework for accelerating quality improvement (QI) in healthcare. Developed by the Institute for Healthcare Improvement (IHI), it consists of three fundamental questions and the Plan-Do-Study-Act (PDSA) cycle.

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

This makes it an ideal choice for our QI initiatives.



QI dosing

The QI Dosing Model outlines the level of Quality Improvement knowledge and capability required for different roles within our organisation. It provides a clear, structured view of the ‘dose’ of improvement expertise each group needs to perform their role effectively and contribute to our overall improvement ambitions.

What is a dosing model?

A dosing model is a framework that determines the appropriate amount or ‘dose’ of training, knowledge, and practical experience needed for various roles within an organisation. Similar to how a clinician prescribes the right dose of treatment for a patient, a QI dosing model ensures that staff at all levels have the right level of improvement capability to confidently apply QI methods in their work.

The benefits of a dosing model

Implementing a dosing model offers several advantages:

- Consistency: It standardises how QI knowledge and skills are developed across the organisation.
- Relevance: Training and development are tailored to the specific needs of each role, ensuring staff receive what is most applicable to their responsibilities.
- Clarity: It creates a shared understanding of the improvement capabilities expected at every level—from frontline teams to board members.
- Culture: It fosters an environment where everyone understands their role in driving improvement, supporting both personal growth and organisational goals.

What does each dose represent?

Each dose within the model represents the expected depth of understanding and practical application of key improvement topics, ranging from **Low**, to **Moderate**, to **High**:

• **Low dose**: A general awareness and understanding of the topic — enough to recognise its importance and engage meaningfully in improvement conversations.

• **Moderate dose**: A working knowledge of the topic, with the ability to apply methods and concepts in practice, often with support from more experienced colleagues.

• **High dose**: An expert level of understanding, including the ability to teach, coach, and lead others in applying improvement methods to complex challenges.

By using this dosing model, we ensure that QI capability is developed in a way that is proportional to each person's role, helping us embed improvement expertise across the organisation while fostering a shared culture of continuous learning and development

	All staff	QI project participants	QI project leaders	QI Experts	Senior Leaders (QI sponsors)	Local QI Champions	Board
History of QI	Low	Low	Low	Moderate	Low	Moderate	Low
Lens of profound knowledge	Low	Low	Moderate	High	Moderate	High	Moderate
QI as part of business strategy	Low	Low	Low	Moderate	High	Low	High
The Model for Improvement	Moderate	Moderate	High	High	Low	High	Low
Measuring quality care	Moderate	Moderate	High	High	Moderate	High	Moderate
Understanding variation & SPC	Low	Moderate	High	High	Moderate	High	Moderate
PDSA testing	Moderate	Moderate	High	High	Moderate	High	Low
Sustain & spread	Moderate	Moderate	Moderate	High	Moderate	High	Moderate
Human dimensions of change	Moderate	Moderate	Moderate	High	Moderate	Moderate	Moderate

Our tools

Improvement collaboratives

Using the Institute of Healthcare Improvements Breakthrough Collaboration model will develop a multi-organisation improvement collaborative to bring together groups of healthcare professionals to work in a structured way on a topic identified as a key improvement priority across their settings. Changes are rapidly tested, within successes then quickly implemented to improve performance.

30-60-90-day challenges

Encouraging rapid cycle testing of changes is critical to enabling QI to develop at pace; our 30-60-90-day challenges encourage rapid tests of change over a set timeframe to achieve improvement goals. Initially being utilised through our LCHG 100 Leaders Programme, our 30-60-90-day challenges will foster a culture of continuous improvement and innovation.

By leveraging these benefits, we aim to achieve significant and sustainable improvements in our quality initiatives.

QI coaching

A critical factor in developing a QI culture is in developing individual behaviours when approaching a quality issue. To address the behaviours (what we do) towards QI we must adjust mindsets (how we think). We will support leaders across the organisation to become a QI coach via the Improvement Kata Methodology, a repeated practice routine that develops and channels an individual's ability to solve problems.

LCHG 100 leaders

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 management staff 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.

Masterclasses and bespoke offers

To further develop and enhance QI knowledge and skills, we will deliver a series of advanced-level workshops focused on key QI topics. These masterclasses can be combined to create a tailored training offer designed to accelerate results on specific projects.

QI with purpose

Demand and capacity
A gamified approach to understanding the practical application of Demand and Capacity analysis

Diagnosing the issue
A deep dive into effective root cause analysis and why it's important to understand the real problem beneath the symptoms

Beyond conventional process mapping
Exploration of different types of process mapping and advanced process mapping techniques

QI process

Project planning crash course
Introduction to project management basics and how to use the Model for Improvement as a QI Project management tool

Systematic workplace organisation
Developing an understanding of visual management techniques and the beneficial impact of simple configuration changes

Designing out error
Understanding how human factors impact intelligent design using user experience design techniques to develop solutions that work

QI performance

Evidenced-based measurement
A deep dive into different types of measurement, understanding SPC charts, and selecting the right tool for the job

Storytelling with data
Understanding how interpret data effectively, identify and acknowledge bias, and different techniques for data presentation

Surveys and sentiment – turning words into numbers
Exploration of effective survey design and techniques to capture qualitative feedback as quantifiable evidence

QI with people

Creating a culture of QI
Developing coaching and facilitation skills through a QI lens to enable leaders to engage and empower teams to improve

Human dimensions of change
Understanding how to generate excitement for change, leverage resistance, and manage the improvement process

Engaging your stakeholders
Practical techniques to communicate effectively, including influencing skills and storytelling

QI Faculty

The QI Faculty at LCHG is a collaborative initiative comprising dedicated staff, patients, and partners who are passionate about advancing quality improvement. This faculty aims to foster a culture of continuous improvement by supporting the development and implementation of QI initiatives across our healthcare group. By offering core training courses and resources, the faculty will empower participants with the knowledge and skills needed to drive meaningful change. Together, we will enhance patient care, optimise operational efficiency, and promote a safer, more effective healthcare environment for all.

Our QI Faculty will be the central hub of QI champions who regularly participate in QI across our Group. Our faculty will grow year-on-year while developing QI skills and methods.

The benefits our QI faculty will bring

LCHG

- Standardisation of Best Practices
- Resource Optimisation
- Enhanced innovation and improvement

Patients

- Improved patient outcomes
- Enhanced patient safety
- Better patient experience

People

- Professional development
- Staff engagement
- Collaboration and teamwork

Population Health

- Addressing health disparities
- Preventative care initiatives
- Community engagement

Improvement Lincolnshire

At LCHG, we are committed to continuous improvement that delivers high-quality care, strengthens our workforce, and enhances health outcomes for our communities. Improvement Lincolnshire is our new improvement model, designed to align with our Patients, People, and Population Health strategic aims while positioning LCHG as a centre of excellence for Quality Improvement across Lincolnshire.

Driving excellence in quality, performance, and financial sustainability

Improvement Lincolnshire will focus on three key areas:

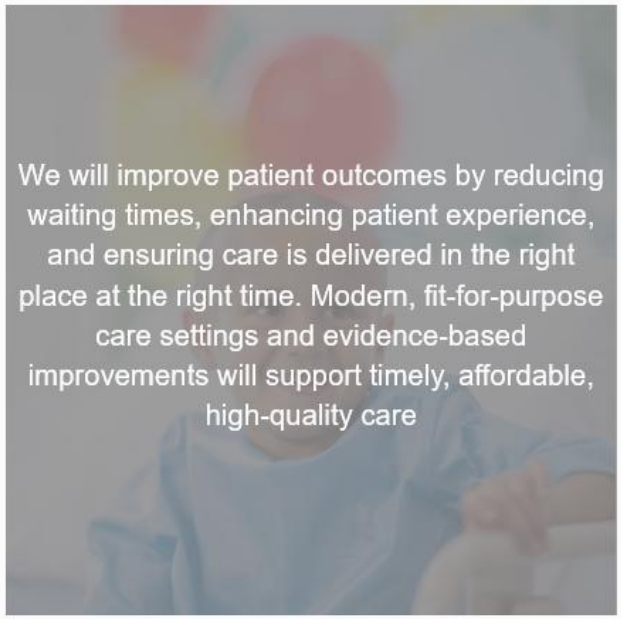
Quality – Embedding a culture of continuous improvement to enhance patient safety, reduce waiting times, and deliver high-quality, effective care.
Performance – Strengthening our ability to innovate, adopt best practices, and drive operational efficiency across our services.
Financial Improvement – Ensuring sustainability by optimising resources, improving productivity, and delivering value for money in everything we do.

Becoming a Centre of Excellence for Quality Improvement

LCHG is on a journey to becoming a recognised leader in Quality Improvement across Lincolnshire. Through structured education programmes, workforce development, and collaboration with our partners in the Lincolnshire system, we will embed best practices that drive measurable and lasting improvements in care.

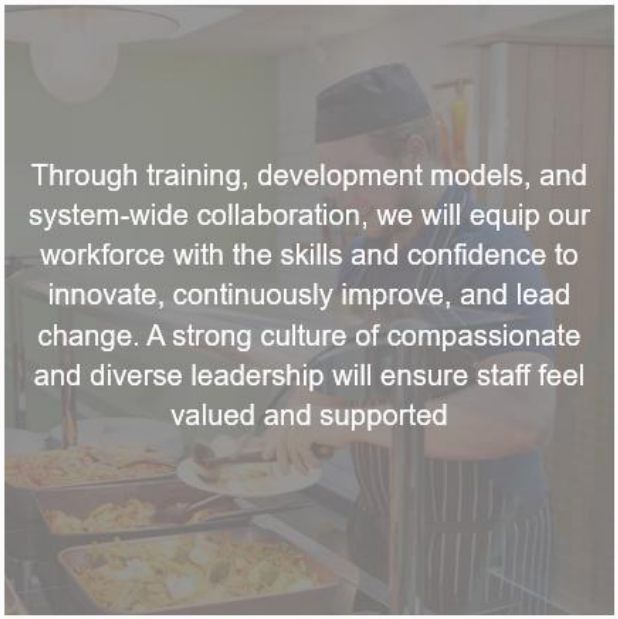
What this means for our patients, people, and communities

For Patients – Safer, Faster, and More Effective Care



We will improve patient outcomes by reducing waiting times, enhancing patient experience, and ensuring care is delivered in the right place at the right time. Modern, fit-for-purpose care settings and evidence-based improvements will support timely, affordable, high-quality care

For Our People – Empowering Staff to Lead Improvement



Through training, development models, and system-wide collaboration, we will equip our workforce with the skills and confidence to innovate, continuously improve, and lead change. A strong culture of compassionate and diverse leadership will ensure staff feel valued and supported

For Our Population – Better Health and Sustainable Care

By transforming clinical pathways and strengthening community-based care, we will reduce reliance on acute services and improve population health. Our approach will focus on prevention, digital innovation, and sustainability, ensuring long-term benefits for the people of Lincolnshire

Conclusion

The LCHG Quality Improvement Enabling Plan 2026–2030 sets out a clear and ambitious direction for embedding a culture of continuous improvement across our organisation. By aligning with our strategic priorities of Patients, People and Population Health, this plan ensures that improvement is not a standalone activity, but a fundamental part of how we deliver care, develop our workforce and improve outcomes for our communities.

Through our focus on education, application and engagement, and supported by the Improvement Lincolnshire model, we will build the capability, confidence and infrastructure needed to deliver meaningful and sustainable change. This includes empowering our staff at every level, working in partnership with patients and communities, and using data and evidence to guide our improvement efforts.

Our success will be measured not only by the number of improvement projects delivered, but by the tangible impact on patient experience, staff wellbeing, clinical outcomes and health inequalities. By embedding a shared language, consistent methodology and strong leadership for improvement, we will create an environment where innovation thrives, and continuous learning is the norm.

This plan represents the beginning of an important journey. Together, we will create a high-performing, compassionate and forward-thinking organisation, recognised for excellence in quality improvement and for delivering better care for the people of Lincolnshire — now and for the future.

Appendix A: Board Development Session

Key Outputs and Alignment to the QI Enabling Plan

Appendix A: Board Development Session – Key Outputs and Alignment to the QI Enabling Plan

Background

On 29 January 2026, the LCHG Board participated in a development session to test the organisation's ambition for Quality Improvement, assess current maturity, and identify the behaviours, priorities and conditions required to embed QI as a core way of working.

Summary of Board Session Outputs

The session focused on three areas:

Leadership behaviours

Board discussion highlighted the importance of:

- modelling improvement behaviours at Board level
- creating permission for experimentation and learning
- reinforcing the value of investing in improvement
- celebrating success and sharing learning, including where improvement work does not go as intended

Infrastructure and capability

The Board identified the need to:

- front-load capability building across the organisation
- invest in education and training at different levels
- ensure protected time for improvement activity
- strengthen communication, engagement and recognition

Strategy, priorities and governance

Discussion emphasised:

- aligning QI to key organisational priorities, including flow, safety, workforce and finance
- ensuring governance supports improvement as well as performance
- balancing ambition with realism and avoiding over-governance
- improving how improvement work is selected, scaled and spread

Key Themes from the Session

Drawing these outputs together, the Board highlighted several overarching themes:

1. Leadership behaviours and organisational culture are critical to successful improvement
2. Learning is as important as delivery, including learning where things do not go as planned
3. Improvement should be owned across the organisation, not by a single team
4. Capability building and protected time are essential enablers
5. Focus and prioritisation are required to ensure impact and credibility

Alignment with the QI Enabling Plan

These themes have been incorporated and reflected in the QI Enabling Plan in the following ways:

Leadership and behaviours	• Inclusion of a clear description of the Board's role in enabling improvement • Emphasis on leadership behaviours, learning and organisational culture
Learning and continuous improvement	• Explicit focus on learning as well as delivery • Recognition that improvement includes testing, iteration and learning over time
Ownership and delivery model	• Clarification that Quality Improvement is owned within Care Groups and Corporate Services • Positioning of the Improvement function as enabling rather than delivering
Capability and infrastructure	• Strong focus on education, application and engagement • Development of Improvement Lincolnshire and the QI Faculty • emphasis on building capability across all staff groups
Prioritisation and realism	• Recognition that delivery will be phased and aligned to capacity • focus on areas of greatest impact linked to organisational priorities