NHS
Lincolnshire Community and Hospitals NHS Group

Better care
Better opportunities
Better health

Group Strategy 2025-30

Refresh (May 2026)

Caring and building a healthier future for all

2026 STRATEGY UPDATE

One year into delivery of the LCHG 2025 to 2030 Strategy, the national context has continued to evolve. The updated NHS Ten Year Plan, the publication of the national neighbourhood health guidance, the medium term planning guidance, all reinforce the overall direction set out in this strategy. This refresh strengthens alignment to national policy and emerging delivery expectations, brings greater clarity on priorities for the next phase of implementation, and refines some of the supporting objectives to reflect learning from Year 1, while maintaining the original strategic framework.

In particular, the refined objectives place greater emphasis on sustainability and the Green agenda, high quality training and inclusive culture, digital and EPR delivery, research and innovation, and neighbourhood based partnership working with other organisations and our communities.

Progress in Year 1 has included:

- early implementation of integrated neighbourhood working and left shift redesign through the Alliance Steering Group, including endorsement of a new operating model for Integrated Neighbourhood Teams and development of 12 month delivery plans for planned and unplanned care transformation
- continued expansion of diagnostic and estates infrastructure, including progress in Community Diagnostic Centres, the Lincoln Endoscopy build, Pilgrim car park improvements, and the Open Space booking process to reduce space wastage
- continued focus on patient safety and clinical quality, including strong Friends and Family Test scores, high compliance with national clinical audits, strong staff vaccination uptake, and improvements in water safety arrangements
- continued development of digital infrastructure and Electronic Patient Record capability, alongside work to reset the EPR programme and strengthen delivery for the next phase
- strong workforce development and staff recognition, with mandatory training and appraisal rates above target, improved staff engagement, long service awards, and national recognition for Lincoln and Skegness Community Diagnostic Centres

The next phase of implementation will focus on:

- accelerating neighbourhood health delivery and more integrated models of care through partnership working with communities and other organisations
- further pathway redesign to support left shift, prevention, and more care closer to home
- strengthening digital, EPR, research and innovation capability in support of the 10 year health plan and the needs of our population
- maintaining focus on productivity, financial sustainability, estates optimisation, sustainability, and the Green agenda
- supporting our people through high quality training, development and education, underpinned by a positive and inclusive culture, and empowering them to deliver change through continuous improvement and innovation

INTRODUCTION

This refresh comes at an incredibly exciting time as Lincolnshire Community Health Services NHS Trust (LCHS) and United Lincolnshire Teaching Hospitals NHS Trust (ULTH) move into the second year of operating under 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.

Since the strategy was first published, the national and local context has continued to evolve. The updated NHS Ten Year Plan[1], the publication of the national Neighbourhood Health Framework[2], and the progression of our Integrated Health Organisation journey all reinforce the direction already set for the Group. This refresh strengthens alignment to national policy and emerging delivery expectations, brings greater clarity to priorities for the next phase of implementation, and refines some of the supporting objectives, while maintaining the original strategic framework.

1 Department of Health and Social Care (2025) 10 Year Health Plan for England: fit for the future. GOV.UK. Available at: https://www.gov.uk/government/publications/10-year-health-plan-for-england-fit-for-the-future

2 Department of Health and Social Care and NHS England (2026) Neighbourhood health framework. GOV.UK. Available at: https://www.gov.uk/government/publications/neighbourhood-health-framework/neighbourhood-health-framework

HOW WE DEVELOPED THIS STRATEGY?

We have developed our strategy with energy and passion, in collaboration with our clinical and corporate colleagues, Integrated Care Boards (ICBs)[3] and other system partners including primary care, as well as alongside our patients.

We have held three workshops in 2025 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.

3 Derbyshire, Lincolnshire and Nottinghamshire ICBs (DLN) have formed a cluster to cover all three counties.

NATIONAL PICTURE

The 10 Year Health Plan for England, Fit for the Future, sets out the long-term direction for the NHS through three strategic shifts: from hospital to community, from analogue to digital, and from sickness to prevention. It also describes the wider changes required to support delivery, including a new operating model, greater transparency, a workforce model aligned to reform, a reshaped approach to innovation, and a different approach to NHS finances. These priorities strongly reinforce the direction already set out in the LCHG Strategy, particularly our focus on left shift, digital enablement, population health management and collaborative system working.

The Neighbourhood Health Framework, published in March 2026, provides further clarity on how this national direction should be implemented. It sets clearer expectations for neighbourhood-based working, partnership with local authorities and communities, and the delivery of more consistent, prevention-focused and integrated care closer to home. Neighbourhood health is positioned as a joint endeavour across health, local government and wider partners, creating the conditions for the shift from hospital to community and from sickness to prevention to be delivered at scale.

This direction is also reinforced by the National Cancer Plan for England, which places additional emphasis on earlier diagnosis, recovery of cancer waiting time standards, expansion of diagnostic capacity, more personalised care, and stronger neighbourhood and community based models of support and follow up

Against this backdrop, health and care systems continue to face significant pressure from rising demand, an ageing population, persistent health inequalities, workforce challenges and constrained resources. Nationally, outcomes for vulnerable groups worsened during the COVID-19 pandemic and have not fully recovered. There is an increased expectation on systems and providers to use population health insights to understand variation in ways that reduce inequality and improve long-term sustainability.

At the same time, the NHS continues to operate within a tight financial settlement, with limited scope for additional investment. Providers are required to improve productivity, reduce unwarranted variation and make difficult trade-offs to ensure the best possible use of public resources. This reinforces the importance of shifting care into community and neighbourhood settings, reducing avoidable demand on acute services, and making better use of digital tools, data and innovation to support more efficient and effective models of care.

National policy also places increased emphasis on digital transformation as a core enabler of change. This includes the development of digital-first pathways, improved interoperability, better use of data and automation, and the delivery of core digital infrastructure such as electronic patient records. Alongside this, there is a renewed focus on research and innovation as drivers of improved outcomes, productivity and system resilience.

DIGITAL, DATA, RESEARCH AND INNOVATION

Digital transformation is a core enabler of the future NHS. The 10 Year Health Plan for England places particular emphasis on the shift from analogue to digital, alongside greater use of data, automation and innovation to improve access, productivity and patient experience. The Neighbourhood Health Framework reinforces this direction by identifying digital tools and integrated data as essential to delivering more joined up, neighbourhood based care closer to home. The National Cancer Plan for England adds further emphasis on digital pathways, real time PROMs, the NHS App, digital diagnostics and more personalised care.

For LCHG, digital is fundamental to the delivery of left shift and more integrated models of care. Our strategic direction already includes the ambition to become a more paperlite digital Group, strengthen digital infrastructure, implement electronic prescribing, enhance digital capability and skills, and support more digitally enabled care. Current transformation programmes include the Electronic Patient Record, Electronic Document Management System, Single Sign On, iGROW digital growth charts and electronic prescribing, alongside digital solutions such as OPTICA[4] and digital outpatient appointment letters which support patient flow, access and productivity across the Group.

Over the next phase of implementation, our focus will be on using digital and data more effectively to support pathway redesign, improve interoperability, reduce administrative burden and enable more care to be delivered in community and neighbourhood settings. This includes strengthening delivery of core digital infrastructure, making better use of automation and AI where appropriate, and aligning digital transformation more clearly to population health needs, research and innovation, and the wider ambitions of the 10 Year Health Plan. Further detail is set out in the LCHG Digital Plan and the Research and Innovation Plan. Through the DLN cluster, we will seek greater alignment and interoperability of digital platforms, data architecture and electronic patient record capability

4 OPTICA is a secure cloud-based application developed by NHS and Local Authority discharge teams to enhance the discharge planning process for patients. iGROW is a leading paediatric growth chart plotting software used in the UK, designed to track height, weight, and BMI for children. It integrates seamlessly with Electronic Patient Record (EPR) systems, enhancing data accuracy and efficiency.

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 812,000 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.

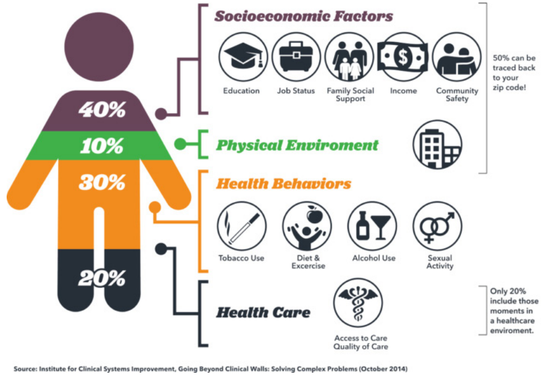
A core component within our strategy includes tackling health inequalities, delivering care closer to people's homes, and exploring innovative digital solutions.

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



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

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.

Understanding the population that we serve

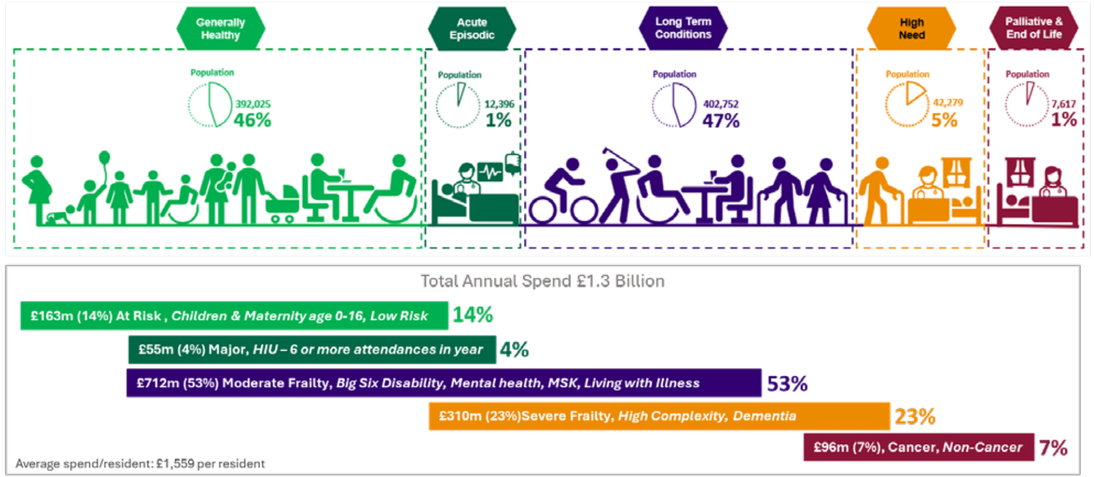
In Lincolnshire, we have the first national population health management tool which triangulates all of the business intelligence from all providers. Working with Lincolnshire ICB and DLN partners to maximise the value of population intelligence gives us a huge amount of knowledge, when it comes to planning 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.

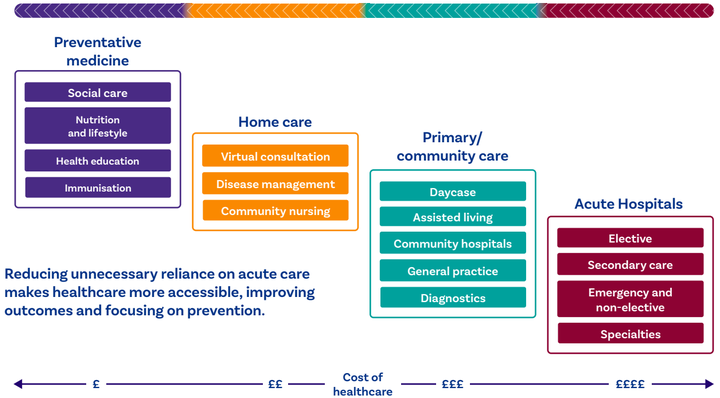


Source: population health management data (Lincolnshire ICB, 2024)

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.



Reducing unnecessary reliance on acute care makes healthcare more accessible, improving outcomes and focusing on prevention.

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.

The three existing NHS Integrated Care Boards (ICBs) for Derby and Derbyshire, Lincolnshire and Nottingham and Nottinghamshire have formed a 'cluster' as part of wide-ranging Government reform of the NHS and healthcare landscape. We are actively working with our DLN cluster partners.

The DLN cluster provides opportunities to collaborate at scale across digital transformation, specialised services, workforce planning, research and innovation, productivity improvement and strategic commissioning, whilst retaining a strong focus on local place-based delivery within Lincolnshire.

The next phase of partnership working in Lincolnshire is increasingly shaped by the move towards neighbourhood health and more integrated, place based delivery. Through the LCHG Partnership Plan, the Group has set out how it will work with partners across neighbourhoods, place and the wider system to deliver integrated, equitable and sustainable services. This includes a stronger focus on purposeful partnerships with NHS providers, primary care, local authority, voluntary and community partners, academia and industry, aligned to our strategic aims and enabling plans.

Locally, the development of the Lincolnshire Strategic Neighbourhood Health and Care Plan, the "what", and the Lincolnshire Neighbourhood Health and Care Board, the "how", provides the partnership architecture for taking this work forward. These arrangements strengthen our ability to work across organisational boundaries, support the shift from hospital to community, and deliver more coordinated, preventative and personalised care closer to home.

Anchor Institution

LCHG recognises our responsibilities as an Anchor Institution, 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 Green Plans for 2025 to 2028 will be key enablers 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 through procurement, supply chains, partnership working and community outreach. We will also strengthen our relationship with the University of Lincoln to support local employment opportunities, workforce development, research and innovation.

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.

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.

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 whilst addressing our requirements for sustainability and our Green agenda

PEOPLE

Better Opportunities

AIMS

Develop, empower and retain great people

OBJECTIVES

- 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 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 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

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

Reducing waiting times for our patients remains a core priority for the Group. This includes improving access and flow across unplanned care, planned care and out of hospital pathways, so that patients receive timely assessment, diagnosis, treatment and follow up in the most appropriate setting. Through pathway redesign, better discharge and flow, more efficient elective care, and greater use of community and neighbourhood based services, we will work to reduce delays, improve experience and minimise the risk of harm caused by long waits.

Alongside pathway redesign, we are strengthening system wide capacity and demand planning so that beds, discharge pathways and community capacity are better aligned across the Group and wider system. This includes technology enabled discharge planning and patient flow support, including OPTICA, the Optimised Patient Tracking and Intelligent Choices Application, alongside wider work on capacity and demand modelling, discharge planning and flow. By improving visibility of demand, supporting more proactive discharge planning and reducing avoidable delays, these approaches will help us improve access and flow across unplanned, planned and out of hospital care.

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 eradicate our underlying deficit and spend no more than we are allocated each year. This will involve difficult decisions at times and our focus will be to fully understand the impact of these on our staff, partners and population. This will be a significant challenge, but will be supported by our strong 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.

We will also prepare for the financial reforms emerging through the 10 Year Health Plan by improving our understanding of population based and personal health budgets, the use of PREMs (Patient Reported Experience Measures), and the implications of more outcome linked and patient centred payment approaches. This will support better alignment of resources to population need, strengthen accountability for outcomes, and help us respond to the wider shift towards greater patient choice and control.

Objective 1d – Provide modern, clean and fit for purpose care settings whilst addressing our requirements for sustainability and our Green agenda

Managing our estate effectively across LCHS and ULTH will support the delivery of high quality care that is both financially and environmentally sustainable. We recognise that modern, clean and fit for purpose care settings can have a positive impact on patient experience, recovery and staff wellbeing. As we improve and modernise our estate, we will place greater emphasis on sustainability and our Green agenda, ensuring that our buildings, infrastructure and capital investment support both service transformation and long term environmental responsibility.

We will continue to develop, invest in and maintain our estate across our acute and community sites, making our buildings and facilities more accessible, resilient and efficient. Our Estates Strategy, due to be published in summer 2026, will underpin the next phase of this work, including left shift, neighbourhood working and the evolving role of acute hospitals in providing more specialist functions. This will be supported by multi year capital business cases and by taking a broader Group wide view of our estate and wider assets, including opportunities arising from the transition of assets from NHS property services. By 2030 we expect to have invested £122.5 million in redevelopment, refurbishment and transformation projects to make our sites fit for 21st century healthcare. Our Green Plans for 2025 to 2028 will be key enablers of this objective, helping us reduce environmental impact while supporting more sustainable models of care and estate development across the Group.

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 high-quality training, development and education, underpinned by a positive and inclusive culture

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 and innovation 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.

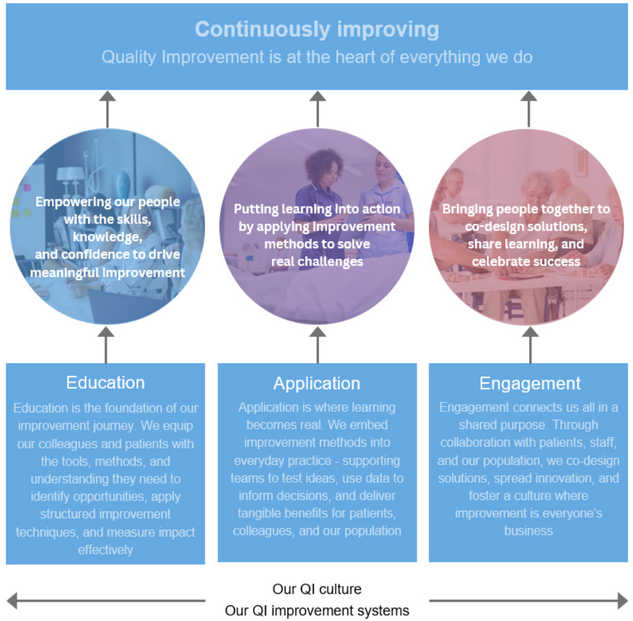
We will also maximise opportunities arising through DLN-wide research networks, academic partnerships and innovation programmes.

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

To deliver the scale of change required over the life of this strategy, we need a culture that empowers our people to improve, innovate and lead change in their everyday work. We will continue to build our quality improvement and innovation capability across the Group, supporting staff to identify opportunities, test new approaches and work collaboratively to improve outcomes, experience and efficiency.

We have launched our Quality Improvement Enabling Plan 2026-2030 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.



SPOTLIGHT – Reducing waste and improving training through quality improvement

Following a presentation to the Bright Ideas Panel, the QI Team at ULTH supported the Clinical Skills Team to develop an improvement initiative aimed at reducing the cost of clinical training consumables and equipment.

The "Bright Ideas" campaign offers a unique opportunity for individuals within the Trust to present innovative solutions directly to the Executive Board and Patient Partners. The goal is to identify and implement ideas that will significantly enhance:

Patient outcomes: Improving the health and recovery of patients.

Patient experience: Making the patient journey smoother and more positive.

Staff wellbeing: Creating a more supportive and fulfilling environment for employees.

Financial position: Optimising resources and improving the Trust's financial health.

Using QI root cause analysis, the team identified that some consumables no longer suitable for clinical use could be safely repurposed for training at minimal cost. They also found that consumables purchased for clinical use were significantly cheaper than those sourced directly for education purposes.

An initial test of change introduced a donation process between the Clinical Skills Team and the Pathology Laboratories at Lincoln and Pilgrim Hospitals, focusing on expired blood vials. As a result, donations are now made every four weeks and the Clinical Skills Team no longer needs to purchase blood vials, saving around £3,000 each year while also reducing waste and supporting the Group's green ambitions.

Learning from this first Plan, Do, Study, Act (PDSA) cycle also led to the development of a donation form to streamline the process and ensure all donated items are tracked, clean and fit for use.

The improvement has since been expanded to include Clinical Engineering, which sourced and reconditioned two ultrasound machines that were no longer in use for training purposes. This has enabled training that was previously unavailable to ULTH staff and avoided the need to purchase equivalent equipment at a cost of around £30,000 per machine.

Further PDSA cycles are planned to extend the initiative into other areas, including Theatres in Grantham and Outpatients in Boston, while also exploring wider support through the Green Champions Network

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 of how we support our colleagues – Staff Wellbeing MOTs

The Group's wellbeing offer goes beyond counselling and emotional support.

Through free staff health MOTs, colleagues can access practical clinical checks that help identify issues early and support them to stay well at work.

In one recent example, a member of staff who attended a wellbeing MOT was found to have an irregular pulse and was supported to attend the Urgent Treatment Centre, where a diagnosis of atrial fibrillation was made. The colleague is now receiving treatment and remains in work.

This shows how timely wellbeing interventions can improve both physical health and workforce resilience, while helping colleagues access support before problems become more serious.

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. This proved to be a great success and, in 2025, nominations increased to 1,300, with staff from across the Group coming together to celebrate colleagues and their achievements.

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 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.

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 intelligence to co-design our services with patients, communities and system partners. This will include reviewing where care is delivered, how new roles, digital tools and redesigned multidisciplinary pathways can support more care to be delivered closer to home. In Lincolnshire, this approach is closely aligned to the development of neighbourhood health and more integrated models of care across primary, community, acute, social care and voluntary sector partners. We have already started working with our first tranche of specialities including Diabetes, Rheumatology and Neurology as well as looking at our community front door access and community team readiness to support the left shift approach.

What left shift means:

- 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.
- It 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.

Left Shift - Women's Health

The launch of nurse-led women's health clinic at Skegness Community Diagnostic Centre (CDC) and an educational programme for GPs on the HRT pathway have been an early success of the left shift programme.

Before the left shift project, Clinical Nurse Specialist (CNS) led clinics had been delivered in acute hospitals resulting in women having to travel some distance to sites, as well as creating additional acute estate demand and car parking pressure. CNS clinics launched in September 2025 in Skegness Community Diagnostic Centre. The initial focus was on post menopausal bleeding but has since expanded to include Mirena coil insertion, HRT, and difficult smears. Feedback from patients is that the change has been very positive in improving access, reducing travel and lowering anxiety. LCHG is scoping roll-out across other CDCs.

In partnership with primary care, the Primary Care Network Alliance and the Local Medical Committee, educational sessions and an HRT toolkit has been developed based on the NICE unscheduled bleeding pathway to reduce unnecessary referrals to the Gynaecology two-week wait pathway and the associated stress and worry for the women referred. It is anticipated the initiative could reduce the number of referrals into Gynaecology two-week wait clinics by around 40%. This will significantly improve waiting times, experience and outcomes for those women who do need to be seen by a secondary care consultant.

This work also supports delivery of the Renewed Women's Health Strategy for England (published in April 2026), which emphasises improving access, reducing inequalities and providing more joined up, community based care for women.

Patient feedback: "I needed gynae tests and support following post-menopausal issues. Normally this would have meant a journey to Boston – very hard for me as I am disabled. The new facility at Skegness is brilliant for travel and access and you can park very close to the building. Another great benefit is much reduced stress and anxiety which greatly exacerbate my other health conditions – I find hospital very stressful but ease of access and treatment rooms at Skegness is much better. Last but not least – great staff – very welcoming and friendly and felt more like one joined up team"

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

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.

Using the Lincolnshire linked data set and a population health methodology we will embed this within our improvement programmes to ensure that we develop solutions that fully meet the needs of our communities.

Our Health Inequalities and Personalisation programme will be a key enabler to support delivery of this objective, ensure the group and our services understand the existing health inequalities within their services and take proactive measures to address these.

The Lincolnshire Neighbourhood Health and Care Plan will also support delivery of the prevention agenda through our approach to building resilient communities, recognising the key role that our social care, public health and voluntary/third sector partners play in addressing the wider determinants of health.

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

We will continue to strengthen our digital capability so that data, technology and innovation support pathway redesign, improve interoperability, reduce administrative burden and enable more care to be delivered in community and neighbourhood settings. This includes making better use of digital pathways, automation and AI where appropriate, in ways that improve access, productivity and patient experience.

A key part of this next phase is the delivery of our Electronic Patient Record and the wider digital infrastructure needed to support it. This will help create a more connected clinical environment, improve the quality and accessibility of information, and support staff to work more effectively across services and settings. The continued development of our digital infrastructure, alongside stronger delivery arrangements for the next phase of EPR implementation, will be essential to achieving safer, more seamless and more efficient care. 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 systems across Lincolnshire. This will provide a more holistic view of patient care, accessible in one place.

By working in collaboration with other trusts in the region, we can maximise the opportunities presented by our electronic patient records, supporting deployment and ensuring that information is accessible for patients who may need to receive care in other settings across the East Midlands. Our digital technology infrastructure and real time data will enable staff to understand their services and to identify, deploy and monitor service transformation both within LCHG and across the wider health and social care system. For patients, this will mean engaging in and receiving care in more digitally enabled and innovative ways that support greater control, understanding and insight into the care they receive. This work also supports the wider national direction around AI enabled triage, digital first pathways, remote monitoring and interoperable patient records.

We also want to strengthen our research and innovation capability so that it is more closely aligned to the needs of our population and the transformation of our services. This includes building our culture of research, increasing opportunities for clinical academics and participation in research, and working with partners to accelerate the adoption of innovation in areas such as diagnostics, genomics, digital tools and more personalised models of care. In doing so, we will ensure that research and innovation are not separate from delivery, but central to improving outcomes, reducing inequalities and supporting the long term sustainability of services.

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

Through neighbourhood health, we will work more closely across primary care, community services, acute services, local authority, voluntary and community partners to deliver more joined up, preventative and personalised care closer to home.

This next phase of partnership working in Lincolnshire is increasingly shaped by the move towards neighbourhood health and more integrated, place based delivery. Through the LCHG Partnership Plan, the Group has set out how it will work with partners across neighbourhoods, place and the wider system to deliver integrated, equitable and sustainable services.

Spotlight: Using data tools to reduce missed outpatient appointments

The Group has developed data, machine learning and digital capability to reduce outpatient "did not attends" (DNAs) by targeting patients most at risk of non-attendance. Rather than relying on blanket reminder approaches, a simple, transparent risk stratification model uses patients' prior attendance history and travel factors to predict likelihood of DNA and identify where proactive contact will have the greatest impact.

In a pilot within Ear, Nose and Throat services, patients with a higher predicted risk were contacted ahead of their appointment. This targeted intervention reduced DNA rates from 12.8% to 4.9% among those reached, while also increasing both attendance and appropriate cancellations. By focusing effort where it is most needed, the approach improves engagement without adding cost.

This work demonstrates how data and analytics can be used to move from generic to risk-based interventions, reducing wasted appointments, improving utilisation of existing capacity, and supporting faster access to care. It also provides a scalable foundation for further model development, enabling continuous improvement in targeting, patient experience and pathway performance across services.

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.

Over the first year of this strategy, the Group has established strong foundations for place-based, multidisciplinary working through alliance arrangements, shared governance and joint delivery models spanning acute, community, primary and voluntary sector services. As a Group spanning both acute and community provision, LCHG is playing an increasingly important leadership role within the Lincolnshire system, helping to shape how integrated neighbourhood models are designed, governed and delivered.

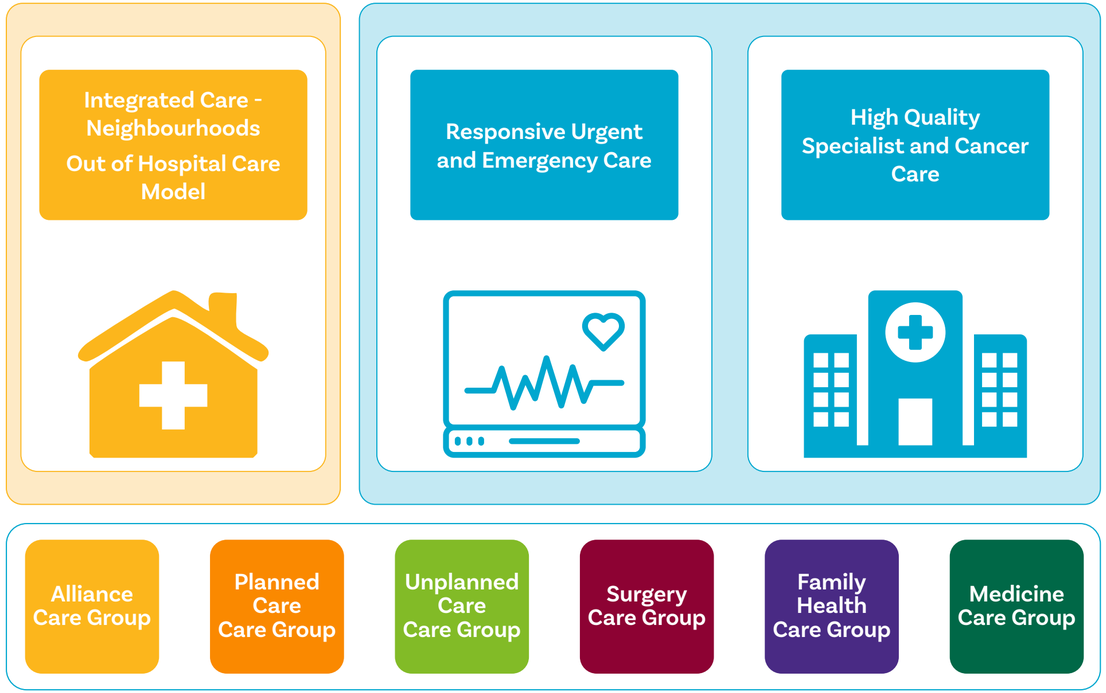
As national expectations continue to evolve, the Group's focus for the next phase is to mature these arrangements into a more consistent and scalable Integrated Health Organisation operating model. This includes clearer accountability for neighbourhood outcomes, shared workforce models, aligned digital infrastructure and the collective use of population resources.

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 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 will be publishing our clinical service strategy this summer which will expand on this model.

APPROACH 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 provides a clear and strong governance approach to monitor delivery of the strategy.

We have adopted the following approach to monitor delivery of 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 Account
- Estates Plan
- Digital Plan
- People Plan
- Research and Innovation Plan
- Quality Improvement Plan

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.

Lincolnshire Community and Hospitals NHS Group
Lincoln County Hospital
Greetwell Road
Lincoln
Lincolnshire
LN2 5QY