# HEALTH AND WELLBEING BOARD: 26 FEBRUARY 2026

# UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

# UHL-UHN GROUP CLINICAL STRATEGY 2025-30

## Purpose of report

1. The purpose of this report is to provide an overview of University Hospitals of Leicester (UHL) and University Hospitals of Northamptonshire (UHN)'s Group Clinical Strategy (2025-35).

## Recommendation

2. The Board is requested to:
   - Note the Clinical Strategy, implementation progress to-date and key next steps;
   - Consider the strategy's alignment with the Joint Health and Wellbeing Strategy, and any opportunities to support or enhance its delivery impact through partnership working.

## Background

National Context

3. The NHS and wider healthcare system are facing significant challenges, as highlighted by the 2024 investigation led by Professor Lord Darzi which concluded that the NHS is in 'critical condition', with the nation's health deteriorating, people struggling to access GP services, and acute waiting lists rising. There is a widening gap between NHS revenue growth and surging demand, driven by an ageing population, complex, long-term health conditions, and post-pandemic pressures. In addition, there has been chronic underinvestment in capital, leading to significant backlogs of maintenance as well as outdated IT, equipment, and buildings - affecting staff productivity and patient experience.

4. The 10 Year Health Plan for England (July 2025) set out a clear vision to reform the health system by shifting from a predominantly reactive model focused on treating illness, to one which places greater emphasis on prevention, early intervention and addressing the wider determinants of health. The Plan seeks to prevent avoidable long-term illness and reliance on acute hospital-based care, whilst recognising the continued importance of hospitals for specialist and emergency treatment. Central to this vision is the strengthening of primary and community care services and improved integrated working between healthcare partners to enable a 'Neighbourhood Health Service' in which care is delivered closer peoples' homes through multidisciplinary neighbourhood teams and the expansion and increased use of community facilities (such as neighbourhood health centres, diagnostic services, community hospitals and urgent treatment centres).

5. The Plan also aims to catalyse the shift of the NHS from an analogue to a digital-first service – applying digital (including artificial intelligence) to improve access, operational efficiency and productivity as well as enable enhanced patient self-management. In the context of neighbourhood care, digital will perform a key role through expansion of virtual ward or 'hospital at home' services, including the use of wearable remote monitoring devices which send real-time data (e.g., oxygen levels, blood pressure) to clinical teams, which, if necessary, trigger prompt interventions.

6. Alongside these reforms, the NHS is also implementing a programme of organisational and workforce changes intended to improve efficiency, productivity and financial sustainability. This includes significant workforce reductions across NHS England, Integrated Care Boards and provider organisations, alongside consolidation of functions, simplification of governance arrangements and a clearer delineation of responsibilities between national, regional and system levels. These changes are intended to reduce duplication, streamline decision-making and release resources for frontline care, while supporting a shift towards leaner operating models, greater use of digital automation and more consistent productivity improvements across the system.

Local Context

7. University Hospitals of Leicester (UHL) faces many of the same challenges as the wider NHS, including rising demand, workforce pressures, financial constraints and the need to improve productivity while maintaining safe, high-quality services. For example, with rising emergency department attendances, Leicester Royal Infirmary (LRI) is now one of the busiest emergency departments in the country, seeing hundreds of thousands of patients every year.

8. Despite these challenges however, we continue to deliver significant improvements in service access, quality and safety as well as our overall operational efficiency and productivity. For example, the percentage of patients seen in A&E within 4 hours across LLR (a key national metric and NHS constitutional standard) has risen from 59% in December 2024 to 66% in December 2025. Similarly, in planned care, during the same time period we have achieved a significant 57% reduction in over 13 week waits for diagnostics, with our compliance on the NHS 6-week target for diagnostic waits having risen from 74% in December 2024 to 82% in December 2025.

9. We have also achieved significant improvements in the quality, safety and sustainability of key services, such as our maternity services – through a wide range of changes, such as introduction of an enhanced telephone triage service to identify women and birthing people at risk of deterioration, increased safe staffing recruitment, strengthened safeguarding supervision, and enhanced ward environments – our regional maternity heatmap score (through which a lower score indicates better performance) has improved from 57 at the start of the financial year to 24 as of December 2025.

10. We are also continuously improving our operational efficiency and productivity, supporting ongoing financial sustainability. In 2025/26, we have significantly reduced our bank and agency workforce expenditure (surpassing our agency reduction target surpassed and on track to meeting our target for bank usage). We are also on track to deliver non-pay efficiencies in 2025/26 of £26m. Further, we have identified £3.8m additional commercial income (exceeding target of £1.9m).

11. Additionally, in 2025/26 we have made significant progress in our journey towards establishing a fully data- and digital-driven operating system. We have deployed a purpose-built patient administration system from Nervecentre (updating previous 35 year legacy systems) which manages patients' care journeys through recording tests requests, referrals to consultants, outpatient appointments and hospital admissions, while allowing staff to review medical records and manage treatments. Our new Data Academy is upskilling staff and building a data confident workforce and we have achieved a first-of-type milestone exploring the use of Palantir technology for advanced data warehousing through the Federated Data Platform (FDP). We have also signed a pivotal Memorandum of Understanding with Microsoft to formalise our partnership to develop AI healthcare solutions – placing us in a pioneering

position with scope to incorporate AI into how we deliver clinical care, administer care and transform support services across our organisations.

12. UHL also has significant further improvement opportunities, particularly through our emerging Group model with University Hospitals of Northamptonshire (UHN). Since 2023, UHL and UHN have been working together as a formal NHS Group. With a combined annual spend of £2.9 billion and a dedicated workforce of nearly 30,000 colleagues, we are one of the largest NHS Groups - providing more planned care than any other NHS organisation, with 400,000 planned treatment pathways completed last year. Together, we provide high-quality healthcare across five major hospital sites serving the populations of Leicester, Leicestershire and Rutland (LLR), and Northamptonshire. Each of our hospitals delivers essential general services, including three busy Emergency Departments (EDs), supporting some of the region's most pressing acute needs. In addition, we operate from 19 smaller community hospitals, delivering care closer to home. Increasingly, we are embracing virtual care models and delivering services in peoples' homes to prevent unnecessary hospital admissions.

13. Our size and scale bring opportunity: as a Group we will consolidate and standardise services, achieve efficiencies, share learning, attract and retain talent, and build innovative care pathways across the region. By working together, we will deliver more consistent, higher-quality care for the people we serve, better support colleagues and tackle shared challenges – improvements which neither organisation could achieve alone.

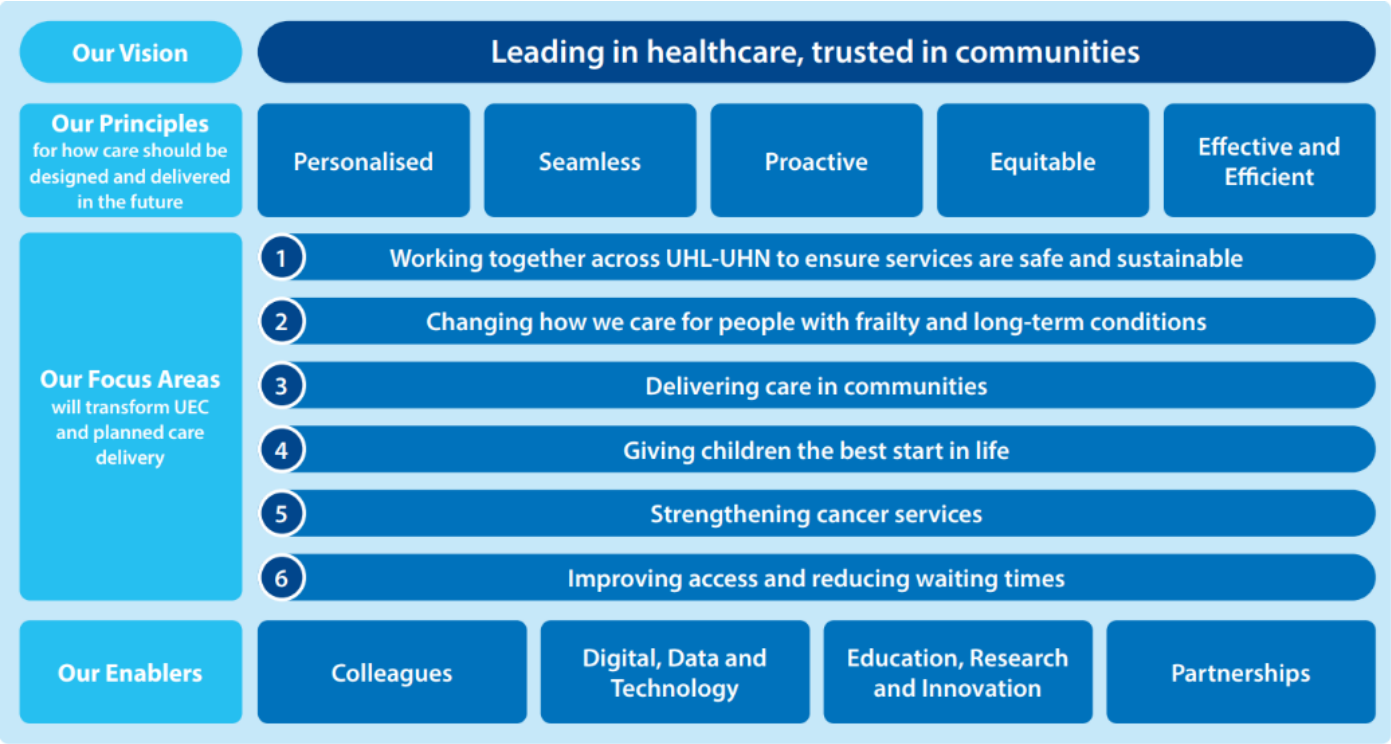
Group Clinical Strategy

14. Our Group Clinical Strategy (2025-30), shaped through extensive co-creation with stakeholders across UHL, UHN and the wider system, sets out how we will apply our collective Group assets and resources to tackle shared challenges - rising demand, workforce shortages, financial pressures, and quality variation. This includes reviewing the configuration of major services, such as our cancer, frailty and maternity, neonatal and paediatric services, to ensure they best meet the needs of local communities and remain safe and sustainable. It also involves bringing together clinical services across the Group to develop joint care models and pathways in order to build consistency, share knowledge/resources, and enhance efficiency such as via economies of scale.

15. In accordance with the 10 Year Plan for Health, our Clinical Strategy also outlines our ambition to perform a key role in shaping and delivering Neighbourhood Health across Leicester, Leicestershire, Rutland and Northamptonshire (LLR&N) – working with our ICB partners to deliver care closer to home, enhancing peoples' access to early and preventative primary and community care services and thereby reducing reliance on hospital services.

16. The Group Clinical Strategy sets out 6 key focus areas which we will tackle through our evolving Group model, as well as 5 principles to guide our approach. These align closely with the life course strategic priorities set out in the Leicestershire Joint Health and Wellbeing Strategy (JLHWS) (2022-32), as they include, for example, enhancing the accessibility, quality and sustainability of clinical services including our maternity, neonatal and children and young people services (supporting the JLHWS 'best start for life' priority), working with partners to improve access to community-based care / prevention through a neighbourhood model (supporting the JLHWS 'staying healthy, safe and well' priority), working with partners to support more joined-up care provision across settings for those living with frailty and/or long-term conditions and strengthening cancer care across the entire pathway from diagnostics and prehabilitation to treatment, rehabilitation, and palliative care (supporting the JLHWS 'living and supported well' and 'dying well' priorities).

**Figure 2: Group Clinical Strategy Framework (2025-30)**




17. In October 2025, programme governance was mobilised to coordinate and drive the strategy's delivery. Six workstreams, each of which is chaired by an executive leader from across the two trusts, manage the planning and day-to-day delivery of the focus areas - reporting progress, issues and risks to the Operational Group. The Operational Group, comprising colleagues from UHL and UHN Strategy and Partnerships teams, undertakes overall programme management including coordinating, monitoring and supporting the workstreams. The Steering Group, comprising the Group's executive leadership, receives regular highlight reports from the Operational Group, using these to shape strategic decision-making such as around the delivery approach and resources.

18. A brief overview of each key focus area (priorities, progress to-date and next steps) is below:

<u>Safe and Sustainable Services</u>

19. Waiting times, outcomes and patient experience currently vary depending on where people live and where they receive care. Across the Group, the way in which services are currently configured across different hospital sites can lead to duplication and inefficiency. Some our services are 'fragile' (i.e. workforce challenges and sustainability risks - meaning they are highly vulnerable to disruption).

20. Our Group model presents significant opportunities to enhance service sustainability - such as through formation of Group-level service consolidation, integration, or the delivery of care through virtual platforms. This workstream's primary focus is on identifying and addressing areas of clinical service fragility and inefficiency (e.g. duplication), clinical risk, and variation in access and/or outcomes across sites. The workstream aims to support these fragile specialties to capitalise on the Group model through development of specialty-level Group clinical plans, setting out how the specialty will work more collaboratively across UHL and UHN going forward. In identifying specialties to prioritise for this work, there is consideration of whether the specialties already have a partnership clinical strategy in development through East Midlands Acute Providers (EMAP). The review and redesign of specialty care models and

pathways also includes supporting specialties to access the benefits of AI and other emerging technologies.

21. Underpinning this work is a relentless focus on maintaining optimal patient safety, care quality and experiences – this includes ensuring that patients have a consistent experience and receive the same high-quality care, wherever they are treated – supported through exploring initiatives such as single points of access for referrals, single patient tracking lists, shared Electronic Patient Record (EPR), and establishing consistent clinical policies and processes across the Group.

22. Key achievements from October 2025 – present include the development of enhanced Group collaboration arrangements across key specialties such as Plastic Surgery, Haematology, Spinal Surgery and Nuclear Medicine. The workstream is now identifying the next set of specialties to be prioritised for this work, based on clinical engagement and prioritisation analysis – exploring, for each specialty, the potential positive impact of establishing Group-level collaboration arrangements as well as the feasibility of establishing and maintaining them.

Frailty and Long-term Conditions

23. The prevalence of chronic and long-term conditions has increased in recent years and is expected to continue rising as the population ages. The Health Foundation estimates that by 2040, the number of people in England living with major illness will increase by 37% - nine times the projected growth rate of the working-age population. In LLR and Northamptonshire, three in five respondents to the 2024 GP survey reported living with at least one long-term condition.

24. Poorly managed long-term conditions are a major contributor to rising demand for urgent and emergency care, particularly among patients living with frailty. At UHN in 2024/25, for example, patients with frailty accounted for 50% of emergency admissions and 77% of all bed-days - equivalent to 523 hospital beds. Too often, patients living with frailty are admitted to hospital unnecessarily and remain in hospital for extended periods. This reflects a health and care system that is not adequately equipped to meet the needs of these patients. For many frail patients, prolonged hospital stays lead to functional decline and a higher risk of readmission.

25. This workstream's focus is therefore on working with system partners to develop effective primary and secondary prevention programmes, using predictive analytics to target population and individual risk - preventing long-term disease, halting progression, and supporting early diagnosis and treatment. The workstream aims to ensure that patients living with frailty and/or long-term conditions are able to spend more time at home or in their usual place of residence, supported by community-based teams and digital tools (e.g. remote monitoring). The workstream will support joined-up frailty services across settings and frailty-attuned hospital services, as well as design urgent care services and pathways which rapidly assess and treat patients experiencing a deterioration in their condition.

26. From October 2025 to present, the workstream has focused on undertaking a comprehensive review of our current position across both trusts, shaping areas for improvement and developing a clear roadmap to deliver these priorities. An LLR&N Cluster Frailty Workshop has been held with attendance from Clinical & Operational leads from across UHL and UHN. A 5 Year LLR&N Frailty Commissioning Strategy has been established and shared for feedback. Five LLR&N Frailty intervention clusters have been drafted and shared, with a view to these forming delivery plans:

- Intervention 1: Personalised care delivered closer to home

- Intervention 2: Clear access and coordinated response for deterioration and crisis
- Intervention 3: Rapid hospital-based assessment without admission
- Intervention 4: Stronger recovery, step-down and post-hospital support
- Intervention 5: Resilient communities, carers and workforce

Neighbourhoods

27. This workstream aims to ensure residents are cared for in the lowest acuity setting appropriate to their needs, receiving timely, safe and proportionate care – thereby supporting improved population health and reducing demand on urgent and emergency care. As a result, the number of people attending our Emergency Departments will be reduced to a safe and sustainable level, allowing us to focus our emergency care capacity on those who need it most. As part of this, the workstream aims to support enhanced community-based care and establish the 'digital front door' as the primary route of accessing care, with 'digitally enabled care' transforming how care is delivered.

28. The workstream's current focus is on engaging system partners to shape the LLR and Northamptonshire neighbourhood care priorities and approach. In LLR, the workstream is committed to supporting the implementer neighbourhood site in West Leicestershire, focusing on respiratory illness. It has also undertaken analysis of urgent and emergency care (UEC) demand – identifying four neighbourhood 'hotspots' for UEC demand in Leicester, with a view to focusing on these localities with a targeted neighbourhood care approach. A questionnaire has been developed to identify the key factors which drive disproportionate attendance at UEC for low-acuity residents in these areas. In the medium term, the workstream will also aim to define and coordinate the Group's overall approach to supporting population health management.

Maternity, Neonatal and Children and Young People

29. The UHL-UHN Group provides maternity and neonatal services across five maternity units and four neonatal units, supporting around 17,000 births annually. We also operate 10 inpatient paediatric wards and three paediatric emergency departments, serving a population of 1.9 million. Some of these services are fragile, due in part to workforce shortages that may compromise safety, efficiency and quality of care. Children's health issues such as dental decay, obesity and diabetes are rising and expected to worsen without targeted intervention. Demand and complexity in children's services have increased significantly over the past decade.

30. This workstream aims to ensure that our maternity, neonatal and paediatric services are safe, high-quality, and consistently meeting the needs of children and families across LLR&N – with services remaining clinically and financially sustainable, underpinned by a workforce which is skilled, resourced and resilient. A key priority is ensuring that all families have equal access to high-quality perinatal and paediatric care and can expect equitable experiences across all our services.

31. The workstream's focus is on mapping current service positions (strengths, weaknesses, opportunities and threats) and co-producing a shared vision and plans for the future configuration of these services across the Group. An in-depth review of service pressures and workforce gaps is underway, together with outpatient demand and capacity modelling – together these will provide a clear, evidence-based overview of the quality, safety and sustainability of services. Clinicians across the Group are being engaged through an initial

survey, with good response rates so far. Two Group workshops are planned for late March (19 and 26) to co-produce future configuration plans.

Strengthening Cancer Services

32. Cancer is one of the top three causes of death across LLR&N. Incidence is rising and referrals for suspected cancer have increased by nearly 130% since 2009/10. Due to these significant demand pressures, our service sustainability and performance against national standards is challenged. Access to treatment is further constrained by regional shortages of critical resources, including oncologists and radiotherapy equipment. Several cancer services across the Group remain fragile due to workforce shortages. We have seen clear benefits from collaborative working through regional partnerships, including the East Midlands Cancer Alliance, the East Midlands Radiotherapy Network, and the UHL-UHN Cancer Collaborative. These collaborations have supported mutual aid, resource sharing and clinical coordination, both within the Group and across neighbouring providers.

33. We aim to establish the Group as home to an integrated South-East Midlands cancer service, delivering modern, innovative, and comprehensive care across the entire cancer pathway - from diagnostics and prehabilitation to treatment, rehabilitation, and palliative care. Our key focus is on ensuring that anyone with suspected or confirmed cancer has equal access to the same high-quality services, delivered as close to home as possible to support convenience, continuity, and equity. We will meet NHS standards - ensuring patients are seen and treated without unnecessary delay.

34. The workstream has co-produced an action plan for the next three years through the Cancer Collaborative Group (UHN and UHL), which includes:
    - Tackling unwarranted variation in clinical pathways;
    - Streamlining Multi-disciplinary Teams (MDTs);
    - Increased use of AI.

35. Key next steps are to exploring adopting ‘License to Attend’ process to improve cross-site working across the Group, agreeing actions to improve capacity, and organizing a joint cancer strategy conference in April to review progress and shape future plans.

Improving Access

36. The UHL-UHN Group delivers more episodes of elective care than any other organisation or Group in the NHS. We have already made significant capital investments to expand our elective care capacity. Key developments include the Hinckley Community Diagnostic Centre (May 2025), the East Midlands Planned Care Centre (December 2024), and a new endoscopy unit at Leicester General Hospital (August 2025). However, demand for elective care continues to grow, with more patients joining the waiting list every month. This means we must increase delivery volumes just to maintain our current position.

37. This workstream aims to ensure that at least 92% of patients are treated within 18 weeks of referral, meeting the NHS constitutional standard and delivering on the government’s pledge for timely access to elective care. To achieve this, it will ensure that all our sites - including community hospitals - are operating at high levels of utilisation and productivity, giving us more elective capacity than ever before. Where possible, we will aim to ensure that patients travel shorter distances for routine appointments, diagnostics and minor procedures. Where clinically appropriate, patients will benefit from the option to connect with our clinicians virtually, improving convenience and access.

38. The workstream has initially focused on engaging planned care leads across the Group to develop a shared understanding of priorities and existing work programmes in relation to outpatient transformation. It has developed a draft set of focus areas for the workstream covering areas such as enhancing use of digital and AI to enhance outpatient efficiency and productivity, improving information, advice and guidance and referral pathways, and exploring pathway redesign.

## Appendix

- UHL-UHN Group Clinical Strategy (2025-35)

## Officer to contact

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## Relevant Impact Assessments

### Equality Implications

39. No Equality Impact Assessment (EIA) is required at this time.

### Human Rights Implications

40. There are no human rights implications arising from the recommendations in this report.

### Partnership Working and associated issues

41. Our UHL-UHN Group Clinical Strategy focus areas, priorities and deliverables have been shaped by listening to patients, carers, colleagues, and partner organisations. As we progress their further development and implementation, we remain committed to system-wide co-production and close collaboration with our key Integrated Care System partners – recognising that our Group alone cannot deliver all of the changes required to realise the vision set out in the 10 Year Plan for Health.