APPENDIX

NHS

101

UHL-UHN
Group Clinical Strategy

2025 - 2035

University Hospitals of Leicester NHS Trust

University Hospitals of Northamptonshire NHS Group

Kettering General Hospital NHS Foundation Trust

Northampton General Hospital NHS Trust

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Foreword

We are publishing our strategy following the launch of **Fit for the Future: 10 Year Health Plan for England.**

The 10 Year Health Plan seizes the opportunities provided by new technologies, medicines, and innovations to deliver better care for all patients – wherever they live and whatever they earn – and better value for taxpayers.

It makes three big shifts to how the NHS works, moving from:

- hospital to community
- analogue to digital
- sickness to prevention

The NHS is embarking on significant change whilst it manages operational and financial pressures. The aim of the NHS structural reorganisation is to decentralise power and to reduce bureaucracy and duplication. The operating context has become too complex, and the Secretary of State for Health and Social Care has described his ambition *"to lead an NHS where power is moved from the centre to the local and from the local to the citizen."* This means making healthcare services more accountable outwards to the communities we serve, not just upwards to Whitehall.

These themes run through the UHL-UHN Group Clinical Strategy, which has been shaped by listening to patients, carers, colleagues, and partner organisations. We have identified six focus areas and five cross cutting principles for patient care: personalised, seamless, proactive, equitable and effective and efficient.

As well as delivering on the three shifts, our strategy is also focussed on the opportunities of Neighbourhood Health Services and Integrated Health Organisations. We are committed to working together and we recognise our joint accountability to the people and patients we serve and the colleagues we employ.

We hope our strategy gives confidence and optimism to colleagues – we are as well positioned as any NHS organisation to respond to the opportunities in the 10 Year Health Plan. UHL-UHN is a large organisation, and we care for more patients than any other NHS provider. In addition to the benefits of working at scale, we are leading nationally on several digital programmes, including being the primary development partner of Nervecentre and partnering with Microsoft to become the first AI-empowered NHS Group.

Delivering change is dependent on having the right operational and governance structures – and this strategy provides the UHL-UHN framework for clinical change for the next decade and beyond.

We hope you enjoy reading it.

July 2025

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Introduction to the UHL-UHN Group

The University Hospitals of Leicester NHS Trust (UHL) and the University Hospitals Northamptonshire NHS Group (UHN) have come together to form the UHL-UHN Group - an ambitious and forward-looking collaboration designed to enhance patient care, improve population health, and make our Trusts exceptional places to work.

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 people's homes - supporting independence and preventing unnecessary hospital admissions.

With a combined annual spend of approximately £2.9 billion and a dedicated workforce of nearly 30,000 colleagues, we are one of the largest NHS Groups. Our size and scale bring opportunity: we are able to standardise and improve services, share learning, attract and retain talent, and build innovative pathways of care across the region.

The Group also holds an enviable position in the fields of research, education and innovation. Both UHL and UHN have university hospital status and maintain strong academic partnerships with local universities. Our training programmes shape the next generation of NHS clinicians, while our research contributes to advances in diagnosis, treatment, and care on both a national and international stage.

We are proud to be part of a broader ecosystem of care. Our work is deeply connected with our local Integrated Care Systems (ICSs), community and mental health providers, primary care partners, local government, voluntary and charitable organisations, and the East Midlands Acute Provider Collaborative. As a Group, we are committed to collaboration, innovation and transformation - delivering better outcomes for our patients and communities and creating a healthier future for all.

UHL-UHN Group in numbers

Almost 30,000 colleagues
across the Group, putting each of our Trusts amongst the largest employers in the East Midlands

£2.9 billion
in annual spend, amongst the largest of any Trust or provider Group in the NHS

17,000 births annually
in our five maternity units

5 acute hospitals
giving us one of the largest acute estates in the NHS

3,200 beds
across our five acute sites

3 Emergency Departments
across the Group, at the LRI, KGH and NGH

Half a million
annual attendances at our Emergency Departments

19 community sites
across the East Midlands, giving us the ability to treat patients closer to their home

1.9 million
local residents served across Leicester, Leicestershire and Rutland, and North and West Northamptonshire

The population we serve

Together we serve a dynamic and growing population of more than 1.9 million people across LLR and Northamptonshire. In addition to delivering local care, we provide specialist services that extend across the East Midlands and beyond, including nationally recognised expertise in cardio-respiratory, renal and cancer care.

The communities we support are diverse and culturally rich. Leicester stands as a proud symbol of this diversity, recognised as the UK's first plural city, where no single ethnic group forms a majority. This rich cultural landscape brings unique strengths and specific healthcare needs, requiring services that are inclusive, responsive and culturally competent.

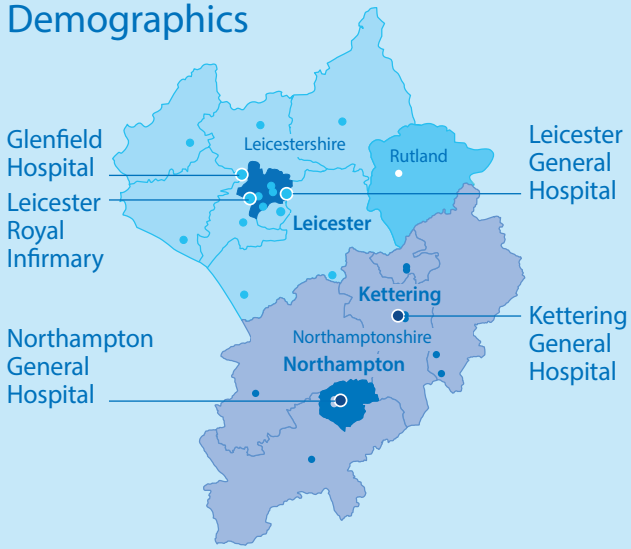
Our population is also ageing. The number of residents aged over 65 is expected to rise by nearly 25% by 2035 - outstripping national averages and placing growing pressure on services that support frailty and multiple long-term conditions. Meeting the needs of this expanding cohort will require innovation in integrated care, prevention, and community-based support.

At the same time, we face stark health inequalities driven by socioeconomic deprivation. While one in eight residents across LLR and Northamptonshire live in areas ranked among the most deprived in the country, this figure rises to around one in three in parts of Leicester and Corby. Evidence shows these communities using health services differently – with a disproportionate reliance on emergency care and lower uptake of preventative services such as vaccinations and chronic disease management.

The impact is profound. People living in the most deprived areas of our region face worse health outcomes than their more affluent neighbours. In Northamptonshire, for example, men living in the least deprived areas can expect to live up to nine years longer than those in the most deprived communities.

Addressing these challenges is central to our mission. As a Group, we are committed to tackling the deep-rooted causes of inequality, investing in tailored local solutions, and designing care that truly meets the needs of every community we serve.

Demographics



6%
do not speak English as their main language

19%
aged 65 and over, with increased and specific health needs

23% by 2035
growth in the number aged 65 and over, larger than the growth in any other age group

Three in five
self-report a long-term health condition, including: 4% chronic kidney disease, 2% COPD, 8% diabetes, 15% hypertension

13%
living in areas classified as amongst the most deprived areas in the country

14.8%
smoking prevalence, higher than the national average

21%
from non-white ethnic groups, including 59% of Leicester residents, making it the first non-white majority city

12.2%
obesity amongst adults, lower than the national average

Our challenges

Our four biggest challenges are demand for urgent and emergency care, the number of people waiting for planned care, our financial position and fragmentation within the health and care system.

Ensuring patient safety

Maintaining consistently safe care is one of the most pressing challenges facing the NHS, both nationally and locally. Across the country, increasing service demand, persistent workforce shortages, and financial constraints are placing sustained pressure on healthcare providers. At the same time, rising staff fatigue, burnout, and moral injury are threatening the ability of teams to consistently deliver high-quality care.

While national initiatives such as the NHS Patient Safety Strategy and the implementation of PSIRF (Patient Safety Incident Response Framework) have provided important foundations, pressures and variation in care remain. In this environment, maintaining safety requires more than vigilance - it demands focused investment in the workforce, strengthened leadership, and a commitment to continuous improvement.

Tackling this challenge locally means making difficult but necessary decisions to ensure care is delivered in the safest way possible within the resources we have. It also means listening to staff, prioritising psychological safety, and embedding a culture where learning is valued and actioned.

Urgent and emergency care demand

The number of attendances at our Emergency Departments has grown by 13% since 2022, and demand now far exceeds what our facilities were designed to cater for. Across our three Emergency Departments, we see 500, 000 people every year and Leicester Royal Infirmary is home to the busiest Emergency Department anywhere in the NHS - both in terms of ambulance and walk-in attendances. Growth in paediatric attendances is even higher than for adults.

The drivers of demand include an ageing population with multiple long-term conditions, and insufficient capacity in primary care and urgent treatment centres to cater for minor conditions.

For many people, attending the Emergency Department is a poor experience and could have been avoided if other services more readily available in the community. Demand for our Emergency Departments also represents a significant operational challenge for our hospitals and is increasingly leading to burn-out for colleagues working tirelessly to meet an ever-increasing workload. We must address these issues by enabling the hospital to community shift.

Elective waiting list

UHL-UHN provide more planned care than any other NHS organisation, and last year we completed 400,000 planned treatment pathways. Over the last three years we have focused significant effort and resources on reducing our elective waiting times and this has led to significant improvements in our performance against national standards.

Despite these efforts, we still have a significant number of people waiting for elective care and the number of people joining the waiting list continues to grow year on year.

The government has pledged that the NHS will meet the national standard of treating 92% of patients within 18 weeks of referral by March 2029. Meeting this target will require us to diagnose and treat many more patients per year than we currently do, and to work with partners across the system to curb the rise in demand and embed neighbourhood models of care.

Financial position

The financial position of the NHS is more challenging than it has ever been. The government has been clear that this cannot continue, and that NHS overspending must be addressed.

At UHL-UHN, we receive a financial allocation of around £2.7bn, but in 2025/26 we are likely to spend closer to £2.9bn. The cost of providing care has increased faster than our funding allocation, meaning that many of our services are unaffordable. As well as ensuring that our services are safe and high-quality, this strategy must also target the ways in which our services can be provided at a lower cost.

Fragmentation in the health and care system

The health and social care system is fragmented, and organisations are often incentivised to prioritise organisational outcomes over working with partners to improve the integration of services. Patient and public engagement highlights this, with people regularly telling us that they have to tell their story multiple times to different professionals and agencies.

The fragmentation is worsened by a multitude of different digital systems, which do not support effective care co-ordination between settings.

National policy drivers

Our strategy is grounded in the national direction set by the 10 Year Plan for Health - a landmark policy that reimagines the future of health and care in England. It calls for a radical transformation of the NHS, driven by three strategic shifts: analogue to digital, sickness to prevention, and hospital to community. These shifts demand a whole-system redesign in how care is planned, delivered and experienced.

1 Hospital to community

The first shift is a move away from the traditional, centralised model of hospital care towards a neighbourhood-based model of delivery. The 10 Year Plan for Health envisions a system in which care is increasingly delivered in the places people live, work and age - making access easier, personalising support, and reducing unnecessary reliance on hospital services.

This shift places neighbourhoods at the heart of the health system. Multidisciplinary teams - spanning primary care, community health, social care, mental health and the voluntary sector - will work together to proactively support people with long-term conditions, frailty and complex needs. The focus will be on early intervention, continuity of care, and seamless coordination across organisational boundaries.

2 Sickness to prevention

The second shift will change the NHS from being a service that predominantly treats illness, to one that actively promotes prevention and wellbeing. This requires efforts to tackle the root causes of ill health - such as obesity, smoking, poor housing and social isolation - and invest in proactive, community-based services that keep people well for longer.

This reinforces our role as an anchor institution with the reach and responsibility to influence health beyond the hospital walls. Through our partnerships across local government, public health, education, and the voluntary sector, we are positioned to design services that support early intervention, reduce health inequalities, and address the wider determinants of health.

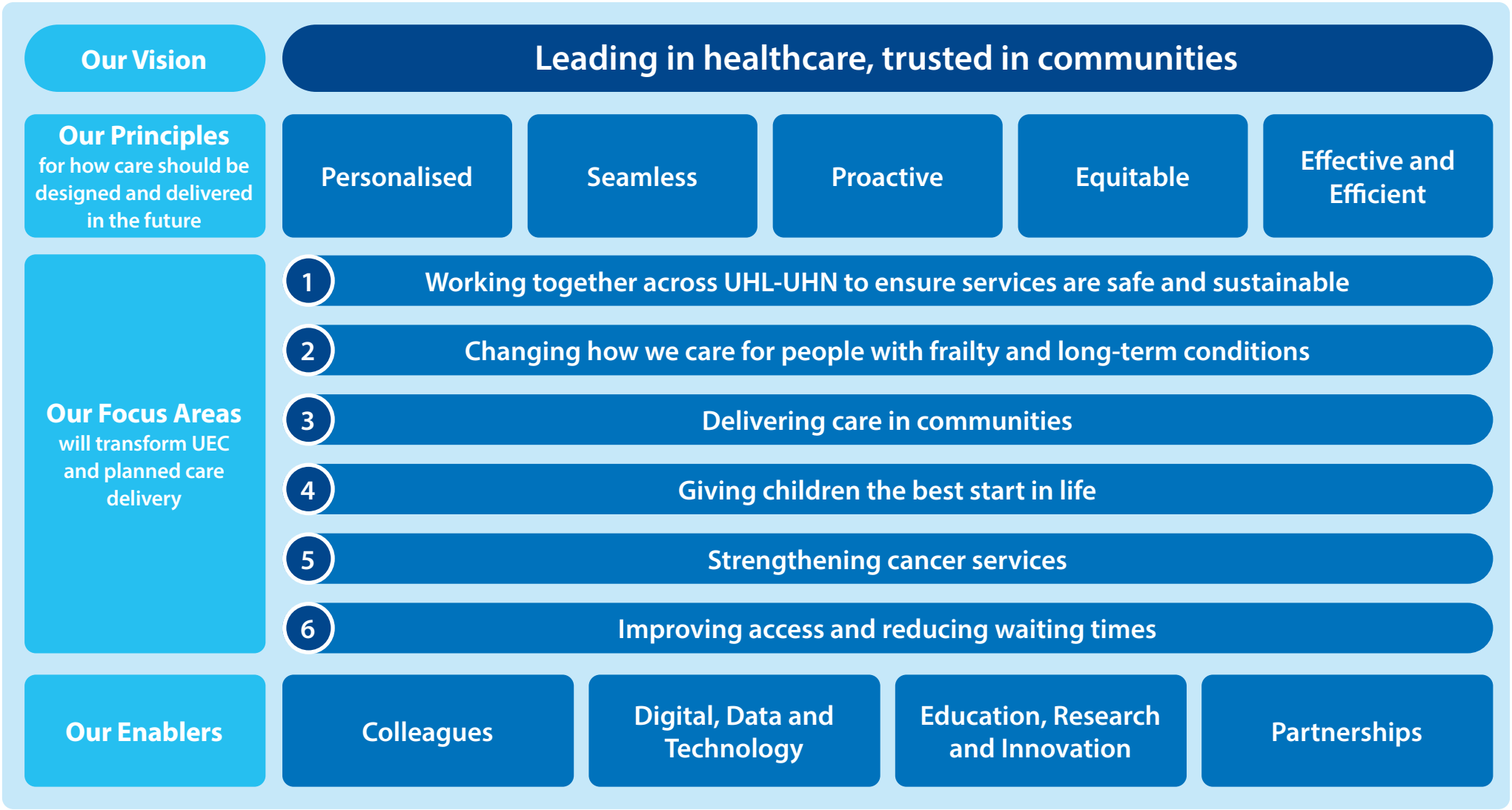
3 Analogue to digital

The third shift is to a fully digital NHS. This includes modernising infrastructure, integrating data, and enabling patients to interact with services in ways that are convenient, personalised, and transparent.

One of the most transformative components is the planned end to outpatients as we know it. The traditional model of routine, time-based follow-up is being replaced by patient-initiated care, remote monitoring, digital triage and virtual consultations. These changes are central to a new model of care that puts power in the hands of patients, enabling them to make informed choices and have greater control over their health.

The 10 Year Plan for Health challenges the NHS to become more digitally enabled, prevention-focused, and community-anchored - all while giving power to patients. Our clinical strategy is a response to these shifts, as well as an enabler. The UHL-UHN Group is committed to leading this transformation for the benefit of the people and communities we serve.

Our Group Clinical Strategy



Principles

Personalised, seamless, proactive, equitable, effective and efficient – these are the principles that will guide how we design and deliver care.

Personalised

We will give people greater choice and control over decisions about their health, based on what matters most to them

This means:

- Providing patients and carers with the information they need to understand and manage their conditions, including outside of a hospital setting - such as through self-care, exercises or medicine routines
- Working with patients and carers to make decisions about care that account for psychological, social and cultural needs, as well as medical and caring needs
- Empowering patients to make choices about their care according to what matters to them, with an expectation that care is tailored to individuals
- Leveraging advances in precision medicine, genomics and artificial intelligence to enable personalisation of diagnostics and treatment options
- Using advances in health technology, such as app-based care and remote monitoring systems, to deliver out-of-hospital care that is truly person-centred

Seamless

We will ensure patient pathways are seamless, integrated and easy to navigate

This means:

- Ensuring services and pathways are co-designed with patients and organised around patient needs - care will be coordinated and continuous across settings, professionals and time
- Working closely with general practice and providers of community-based services to create end-to-end pathways that are integrated, seamless and digitally enabled
- Where patients have multiple or complex needs, working with partners to coordinate care across different services
- Facilitating the seamless transfer of patient information
- Using the power of digital and data to connect people and integrate care

Proactive

We will embed proactive care, identifying risk early and designing services that support people to stay well for longer

This means:

- Creating new pathways that support patients with long-term conditions to get the specialist care they need earlier, in the best setting for their needs
- Collaborating with partners on population health management tools that predict and target the prevention and early detection of disease across local populations
- Ensuring lifestyle medicine advice and signposting is incorporated into every patient and community contact, including digitally
- Being proactive in sharing information that could be used to prevent future deterioration and admissions for patients with long-term conditions

Principles (continued)

Equitable

We will tackle inequalities in access, experience and outcomes so that all patients receive the same high-quality care

This means:

- Designing standardised and evidence-based pathways that are consistently implemented across all hospitals
- Ensuring our resources are deployed where they are needed most, addressing known gaps in care and experience
- Addressing health inequalities early in life, recognising that inequalities follow people through their whole life course and start pre-conception
- Promoting equitable access to information and supporting improvements in health literacy
- Using data, digital solutions and patient feedback intelligently to tackle inequalities in access and experience
- Embedding equity in digital transformation to ensure solutions benefit everyone, for example through improved access to medical records and correspondence via patient portals
- Ensuring digital healthcare services are accessible to all

Effective and Efficient

We will ensure that we are effective and efficient, using evidence and innovation to deliver sustainable services

This means:

- Ensuring we are clinically effective, so that care and pathways are safe, evidence-based and responsive
- Working with system partners to eliminate duplication, inefficiency and delays
- Streamlining processes and using technology to free-up clinical time for patient care
- Ensuring responsible financial management of our resources, for example by focusing on productivity – meaning we can care for more patients within our existing resource
- Using our Group scale to purchase consumables and devices at lower unit cost, so that resources can be reinvested in patient care
- Tackling health inequalities as a cause of inefficiency and waste (for example, in relation to high 'did not attend' (DNA) rates amongst inclusion health groups)

Focus area 1: Working together across UHL-UHN to ensure services are safe and sustainable

Where we are now

- Waiting times, outcomes and patient experience currently vary depending on where people live and where they receive care. We believe this is unacceptable.
- Across the Group, a number of our services are fragile, which means they are highly vulnerable to disruption that directly impacts patient care. This is often due to workforce shortages that cannot be resolved through recruitment alone.
- Within the Group - particularly between NGH and KGH - we have services that are duplicated across a small geographical area. This spreads our resources more thinly than necessary, affecting both the quality and safety of care, and representing a cost we can no longer justify.
- In some cases, the way services are configured across different hospital sites leads to duplication, inefficiency, poor patient experience and clinical risk. For example, Leicester Royal Infirmary does not currently have emergency cardiovascular and respiratory services on-site to support its Emergency Department.
- As a Group, we operate at significant scale - with nearly 30,000 colleagues and an annual expenditure of around £2.9 billion. Yet we are not making full use of our collective size. We continue to operate largely as separate organisations, with incompatible processes, limited digital integration, and minimal collaboration between clinical teams. Many clinicians lack strong working relationships with peers at other sites, which is a missed opportunity for learning and improvement.

Where we want to get to

- All patients receive the same high-quality care and experience, regardless of where they live or where they are treated.
- Our services are optimally configured across our five acute hospitals and community facilities - striking the right balance between local access to routine care and the consolidation of specialist expertise and equipment. As a result, all our services are clinically and financially sustainable.
- Digital tools and data systems enable our clinical teams to collaborate effectively across hospital sites - supporting more coordinated, efficient and joined-up care.

How we will get there

- We will work with partners and patients to develop a multi-stage reconfiguration plan. This plan will balance the need to provide routine services as close to communities as possible (see Focus Area 3), with the need to consolidate highly specialist expertise and equipment on fewer sites - improving patient outcomes, strengthening fragile services, and ensuring long-term financial sustainability.
- We will bring clinical teams together across the Group to form virtual networks that learn, innovate and share knowledge. We will ask teams to design evidence-based pathways and shared clinical policies, so that patients have a consistent experience and receive the same high-quality care, wherever they are treated. Digital integration, including a shared Electronic Patient Record (EPR) across the Group, will be a key enabler.
- By working more closely together and becoming digitally connected across the Group, clinical teams will unlock opportunities to improve access to and from specialist services, align on product selection to reduce costs, and identify opportunities for mutual aid and cross-site support.
- Where services are fragile or unsustainable at one or more of our hospitals, we will collaborate to explore alternative models of care - including service consolidation, integration, or the delivery of care through virtual platforms.
- Where clinically appropriate, we will create single points of access for referrals and implement a single Patient Tracking List (PTL) across the Group to ensure fair and consistent access for all patients (see Focus Area 6).
- We will embrace AI and other emerging technologies - particularly in diagnostic areas like radiology and pathology - to support our services to become more resilient and effective.
- We will actively pursue opportunities to provide clinical enabling services - such as pathology and decontamination - at scale, maximising the impact of our shared resources and any future investments in technology.

Focus area 2: Changing how we care for people with frailty and long-term conditions

Where we are now

- 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.
- 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.
- Incompatible digital systems continue to undermine efforts to deliver coordinated care. For instance, although many patients seen by the East Midlands Ambulance Service (EMAS) are already known to healthcare providers within the system, our digital infrastructure does not yet provide EMAS with timely access to the information that could prevent them from conveying a patient to hospital.
- 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.
- Patients attending Emergency Departments or admitted to hospital frequently undergo multiple investigations, some of which may be unnecessary or misaligned with their goals. This is especially common among patients who are frail or have multiple long-term conditions.
- The clinical expertise needed to manage long-term conditions is often concentrated within acute hospital trusts. Many patients must therefore travel frequently to hospital - despite growing evidence that delivering specialist care in community settings is both more effective and offers a better experience.
- The prevalence of long-term conditions is closely tied to health inequalities. National data shows that people in the most deprived areas typically develop multiple health conditions a decade earlier than those living in the least deprived areas.

Where we want to get to

- Patients form long-term partnerships with us as their care providers - enabled and empowered with choice, control, and the tools they need to manage their conditions. This includes proactive care planning across the full trajectory of illness, from diagnosis to recovery or personalised end-of-life care.
- We are part of an integrated and prevention-focused health and care system that works together to reduce the risk of chronic disease across our population. Working with partners, and leveraging data and intelligence, we diagnose conditions sooner, and deliver personalised interventions to slow disease progression and prevent avoidable admissions.
- Patients living with frailty and/or long-term conditions spend more time at home or in their usual place of residence, supported by community-based teams. We work with partners to predict, detect and treat deteriorations early- before they escalate into crises. Where hospital admission is needed, we focus on ensuring that patients can return home as quickly and safely as possible.
- Urgent care services and pathways are designed to rapidly assess and treat patients experiencing a deterioration in their condition - without unnecessary delay. This reduces pressure on Emergency Departments, ensuring that emergency care remains timely, safe, and available for those who need it most.
- Our approach to partnership with patients living with long-term conditions is transformed by digital tools and real-time data - enabling responsive care and more meaningful day-to-day support.

How we will get there

- We will work with system partners to develop effective primary and secondary prevention programmes, using predictive analytics to target population and individual risk - preventing disease, halting progression, and supporting early diagnosis and treatment.
- We will use digital tools, including apps, patient portals and wearables, to support remote monitoring and help patients manage their long-term conditions with confidence, outside of hospital settings.
- We will provide specialist expertise into neighbourhood health services, supporting patients with complex needs and helping to manage care closer to home.
- We will work with system partners to ensure frailty services are joined up end-to-end across all care settings, including frailty-attuned hospital services.
- We will deliver same-day emergency care tailored to specific patient groups - treating deteriorations quickly and effectively before they become crises.
- We will explore ways to expand discharge support in patients' homes, helping to enable earlier discharge from hospital.
- We will reduce unnecessary and unwanted investigations and treatments for patients attending or admitted to hospital.
- We will work with patients to develop personalised care plans, shared across providers, that reflect their preferences including end of life care.
- We will work with partners to improve interoperability of digital systems, ensuring effective data sharing across primary, community and secondary care.

Focus area 3: Delivering care in communities and neighbourhoods

Where we are now

- Too much care is still delivered in acute hospitals - including patients occupying hospital beds who would be better cared for in the community, patients with minor conditions attending the Emergency Department due to a lack of alternatives, and patients with social care needs being managed in clinical settings.
- Many patients continue to travel to hospital for care that could be more appropriately delivered in a community setting or via virtual contact with our clinicians.
- With a growing proportion of the population being older, retired, or less able or willing to travel, the current model is not sustainable. We must rethink how and where care is delivered to meet future needs.
- Evidence shows that integrated, community-based care improves quality, and over time reduces mortality, emergency attendances, hospital admissions, bed days and complications.
- The 10 Year Plan for Health calls for a fundamental shift from hospital to community care - embedding neighbourhood-based services as the default, and ensuring care is closer to home, more proactive, and better integrated across settings.

Where we want to get to

- Patients are cared for in the lowest acuity setting appropriate to their needs, receiving timely, safe and proportionate care. As a result, the number of people attending our Emergency Departments is reduced to a safe and sustainable level, allowing us to focus our emergency care capacity on those who need it most.
- Increasingly, care across LLR and Northamptonshire is delivered in or near patients' homes. People only travel to hospital when absolutely necessary, and only for treatments that require specialist expertise, equipment, or facilities that cannot be provided closer to home.
- The NHS 'digital front door' becomes the primary route of access to care. Patients are supported to view their records, book appointments, receive personalised health advice, and manage their own care with confidence through the platform.
- We are at the forefront of adopting digitally enabled care, transforming how and where services are delivered. From virtual consultations and remote monitoring to digital discharge planning, technology helps us to reduce avoidable hospital visits, shorten lengths of stay, and support safe and timely transitions back home - improving outcomes and experience.

How we will get there

- We will work with partners to expand capacity in community services, with a focus on increasing the availability of step-up and step-down community beds. This will help to keep high-acuity inpatient beds for those with the most complex needs.
- We will increase Urgent Treatment Centre (UTC) capacity across the region to provide a safe, timely and more appropriate alternative to Emergency Departments for patients with minor injuries and non-life-threatening conditions.
- We will make full use of community hospital facilities by delivering clinics, diagnostics and minor procedures, where this is clinically appropriate and cost-effective.
- We will establish 'one-stop-shop' diagnostic clinics, enabling patients to receive all investigations for a condition in a single visit, reducing delays and improving experience.
- As part of the Neighbourhood Health Service outlined in the 10 Year Plan, we will support outreach into primary care settings - including GP practices, community pharmacies and local venues - targeting areas with high health needs and inequalities.
- We will implement alternative workforce models, such as GPs with Extended Roles (GPwERs), to bring specialist expertise into primary care and support the growing number of patients with multi-morbidity and complex care needs.
- We will better integrate primary and secondary care by agreeing clear referral criteria, supporting digital interoperability, standardising data-sharing protocols, and investing in trusted relationships between hospital clinicians and general practice.
- We will increase the use of pre-referral advice and guidance schemes, making it easier for GPs to consult with hospital specialists to determine whether a referral is necessary. This helps to reduce unnecessary appointments and improve care navigation.
- We will identify services and care pathways that no longer need to be delivered in acute hospital settings, developing digital, community or neighbourhood-based models to replace them. We will eliminate the use of traditional outpatient appointments as outlined in the 10 Year Health Plan.
- We will harness technology to expand virtual models of care, including wearable monitoring devices, virtual wards, and patient-initiated follow-up - supporting more people at home and reducing unnecessary hospital visits.
- We will support cross-sector initiatives that address the wider social determinants of health, recognising that factors such as housing, employment, education and social support have a profound impact on health outcomes.

Focus area 4: Giving children the best start in life

Where we are now

- The first few years of a child's life have a profound and lasting impact on long-term health outcomes. Health inequalities experienced before or at birth can shape a child's wellbeing across their entire life course.
- Perinatal services across the NHS remain inconsistent in delivering care that is safe, high-quality and equitable for mothers and babies. National reports such as MBRRACE-UK have highlighted the particular disadvantages faced by non-white women and inclusion health groups in accessing high-standard care.
- Across the UK, progress in reducing infant mortality has stalled, leaving national rates significantly higher than many peer nations. This challenge is especially stark in Leicester, where infant mortality rates are almost double the national average. Contributing factors include high rates of maternal obesity, low levels of breastfeeding, poverty, poor education, and maternal ethnicity.
- 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 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. In Leicester, nearly twice as many five-year-olds experience dental decay compared to the national average. In North Northamptonshire, around 25% of children aged 4–5 are overweight or obese, contributing to childhood diabetes admission rates more than 10% above the national average. Without action, one in three of the most disadvantaged boys in England is projected to be obese by 2030.
- Demand and complexity in children's services have increased significantly over the past decade. UHL's paediatric Emergency Department is now the busiest in the NHS, reflecting both rising need and growing pressure on paediatric care pathways.
- Unlike most regions in England, specialist paediatric services in the East Midlands are split across two centres - Leicester and Nottingham. This presents ongoing challenges for workforce planning, service integration and innovation.

Where we want to get to

- All our maternity, neonatal and paediatric services are safe, high-quality, and consistently meeting the needs of children and families across LLR and Northamptonshire. Services are clinically and financially sustainable, underpinned by a workforce that is skilled, resourced and resilient.
- All families - regardless of race, ethnicity, or socio-economic background - have equal access to high-quality perinatal and paediatric care and can expect equitable experiences across all our services.

How we will get there

- We will review the configuration of maternity, neonatal and paediatric services across the Group to ensure they meet the needs of our populations. The review will take health inequalities, workforce availability, and resource constraints into account.
- We will maintain a relentless focus on safety and quality across all maternity and neonatal services, ensuring full compliance with national standards and recommendations, including those from the Ockenden Review and any that may emerge from the National Maternity and Neonatal Investigation.
- We will raise awareness among colleagues about the health inequalities experienced by pregnant women from inclusion health groups and promote culturally competent care.
- We will ensure 'every contact counts' in our interactions with pregnant women, focusing on the prevention of smoking and obesity during pregnancy as key risk factors.
- We will work with system partners, including Local Authority public health teams, to expand prevention and early intervention services for children under five - targeting Core20PLUS5 disease groups such as asthma, diabetes, epilepsy, oral health, and mental health.
- We will collaborate with general practice to improve communication between clinicians across settings ahead of referral decisions for paediatric patients, supporting better care planning.
- We will work with regional partners to develop a strategy for specialist paediatric services across the East Midlands, supporting innovation, workforce planning and equitable access.

Focus area 5: Strengthening cancer services

Where we are now

- Cancer is one of the top three causes of death across LLR and Northamptonshire. Incidence is rising and referrals for suspected cancer have increased by nearly 130% since 2009/10.
- Patients continue to face significant inequalities in accessing cancer care, both at the screening and referral stages. Patients from inclusion health groups are more likely to experience delays in diagnosis and late-stage presentation.
- Our cancer services are under pressure from rising demand and performance against national standards is challenged. We are struggling to meet key targets consistently, including the requirement to treat 96% of patients within 31 days of a decision to treat.
- Access to treatment is further constrained by regional shortages of critical resources, including oncologists and radiotherapy equipment, limiting capacity across the East Midlands.
- Several cancer services across the Group remain fragile due to workforce shortages, making them vulnerable to disruption that can negatively affect patient experience and outcomes.
- 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.

Where we want to get to

- The UHL-UHN Group is 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.
- Everyone 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 are consistently meeting or exceed national standards for the timeliness of cancer diagnostics and treatment - ensuring patients are seen and treated without unnecessary delay.
- As an active partner in the East Midlands Cancer Alliance, we contribute to a collaborative regional network that supports equitable access to highly specialist cancer services across the East Midlands.

Focus area 5: Strengthening cancer services

How we will get there

- We will work with partners to expand lifestyle medicine initiatives - such as smoking cessation and behaviour change programmes - to help reduce preventable cancers across our population.
- We will partner with local communities and stakeholders to address inequalities in cancer care, with a particular focus on increasing screening uptake and promoting earlier-stage presentation in under-represented groups.
- We will collaborate with general practice to co-design improved diagnostic pathways, including greater GP access to diagnosis services for suspected cancer.
- We will increase our use of 'one-stop-shop' diagnostic clinics and enhance the role of Community Diagnostic Centres (CDCs) to improve diagnostic speed and accuracy. We will strengthen multidisciplinary working to support earlier detection, with a focus on diagnosing more cancers at stages 1 and 2.
- We will expand access to evidence-based prehabilitation, digital support tools, and rehabilitation including exercise therapy, to help patients prepare for treatment and recover more effectively.
- We will plan for sustainable capital investment in critical equipment and infrastructure - including linear accelerators (LINACs), brachytherapy units, aseptic labs and surgical robots. We will also maximise the use of existing assets to increase capacity across the Group.
- We will deliver more cancer care in patients' homes, including systemic anti-cancer treatments (SACT) and the use of virtual wards. We will use digital platforms to support communication and empower patients as active partners in their care.
- We will work with the East Midlands Cancer Alliance to develop and expand our regional and super-regional specialist cancer services, including complex and rare cancer surgery.
- We will improve the management of cancer treatment-related complications by embedding same-day emergency care (SDEC) and ambulatory care models, developing pathways with geriatricians, cardiologists and other key specialties.
- We will become early adopters of pioneering diagnostics and treatments, especially AI-enabled diagnostic tools, digital clinical pathways, robotics, genomics and precision medicine.
- We will strengthen palliative and end-of-life care by addressing service gaps and ensuring equitable access to support across all settings, from hospital to home.

Focus area 6: Improving access and reducing waiting times

Where we are now

- The UHL-UHN Group delivers more episodes of elective care than any other organisation or Group in the NHS. We provide elective care across five main acute hospitals and nearly 20 community sites, offering minor procedures, outpatient appointments, and diagnostics closer to home. Achieving the 18-week Referral to Treatment (RTT) target is a national, regional, and local priority.
- 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.
- 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).
- Patients often face long waits and uncertainty due to last-minute cancellations. In 2024, the Group cancelled around 3,300 elective procedures at a late stage, impacting on patient experience and operational efficiency.
- The NHS spends millions of pounds annually on commissioning elective care from non-NHS providers. While this has added much-needed capacity and enabled more patients to be treated, it represents money lost to the NHS system. Bringing more of this care back into the NHS would improve financial sustainability.

Where we want to get to

- 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.
- All our sites - including community hospitals - are operating at high levels of utilisation and productivity, giving us more elective capacity than ever before.
- Patients waiting for treatment feel confident and reassured that their procedure will go ahead as planned. Last-minute cancellations due to bed shortages or failed pre-operative assessments are significantly reduced.
- By using our hospital estate effectively, patients travel shorter distances for routine appointments, diagnostics and minor procedures. Wherever clinically appropriate, patients also benefit from the option to connect with our clinicians virtually, improving convenience and access.

How we will get there

- We will develop community hospitals into high-volume, low-complexity elective hubs, helping to free up capacity in our acute hospitals for patients with complex or urgent needs.
- We will provide proactive support to people waiting for treatment, helping them to 'wait well' by exploring alternative therapies or interventions such as physiotherapy.
- We will implement shared waiting lists across the Group (see Focus Area 1), reducing unwarranted variation in waiting times and supporting patients to access the earliest available appointment, regardless of location.
- As part of a site configuration plan (see Focus Area 1), we will identify opportunities to separate elective and emergency care pathways, protecting theatre availability, intensive care capacity, and inpatient beds for planned procedures.
- We will bid for national capital funding to invest in new elective care facilities and technologies that enhance productivity and throughput.
- We will adopt proven innovations and best practice from across the NHS and beyond, making better use of data, digital tools and AI to improve productivity. This includes digitally enabled waitlist management systems, AI-powered planning tools and exploring opportunities for seven-day elective working across disciplines.
- We will invest in digital pre-operative assessment models to help identify risks earlier- reducing late cancellations and improving overall efficiency.

Our journey to becoming an Integrated Health Organisation (IHO)

The 10 Year Plan for Health signals a shift towards a more localised, integrated model of care, placing emphasis on the development of neighbourhood health and the potential creation of Integrated Health Organisations (IHOs).

UHL-UHN is committed to transforming the way care is delivered across our communities. We recognise that high-quality, sustainable health outcomes must be rooted in the places where people live, work and age.

As anchor institutions with deep connections across LLR and Northamptonshire, we are uniquely positioned to take a leading role in hosting and supporting neighbourhood-based teams and services. We see this as a vital evolution in our role - extending our reach into communities to address health needs earlier, reduce health inequalities, and promote proactive, person-centred care.

Neighbourhood models of care are evolving rapidly. We need to develop a model that enables greater alignment of our services with primary care providers, community health providers, social care and the voluntary sector. This includes exploring opportunities to co-locate services, share workforce and digital infrastructure, and embed our clinical expertise more deeply into neighbourhood teams. Through neighbourhoods, we aim to support the development of multidisciplinary teams that wrap around patients and deliver seamless care across organisational boundaries.

Our long-term ambition is to become a fully-fledged Integrated Health Organisation (IHO) - one that is not only capable of delivering outstanding hospital care, but which also plays a central role in the planning, coordination and delivery of integrated and proactive neighbourhood services. This ambition aligns with the broader strategic goals of our Integrated Care Systems and reflects a growing consensus that traditional hospital-centric models must give way to more distributed, community-anchored approaches.

By investing in neighbourhood health delivery and embracing the IHO model, we will deliver more anticipatory, equitable, and sustainable care. This will require cultural change, new capabilities, and strong partnerships - it we get it right, it offers one of the greatest opportunities to transform health for our populations.

The enablers of our strategy

Colleagues

Developing as a great place to work is one of the four key priorities in our organisational strategy. We know that when colleagues feel valued, supported and included, they are empowered to perform at their best.

Our people strategies and workforce plans will support in the following ways:

- **Culture, inclusion and wellbeing**
  Our greatest strength is our people. By focusing on getting the basics right, creating an inclusive culture, supporting health and wellbeing, and ensuring equitable access to development and career progression, we will continue to make UHL-UHN exceptional places to work and grow.
- **Recruiting and retaining talent**
  As our population grows older, disease burden rises, and treatments become more advanced, demand for care will continue to increase. We need robust, forward-looking workforce plans to attract and retain people with the right values and capabilities, across all disciplines and services.
- **Evolving our skill-mix**
  The future of healthcare will be shaped by technology, data and innovation. We must equip our people with the skills and confidence to adapt to change - embracing new roles, new tools and new ways of delivering care, particularly in digitally enabled and integrated settings.
- **Unlocking opportunity across the Group**
  The scale of the UHL-UHN Group offers a unique platform to support mobility, progression and development. We will ensure that all colleagues - regardless of role, location or background - have access to meaningful opportunities to broaden their experience and take on new challenges.

The enablers of our strategy

Digital, Data and Technology

The future of sustainable healthcare is digitally enabled and data driven. Getting it right will mean better care and outcomes for patients, as well as an improved experience for colleagues. Our scale as a Group gives us the opportunity to attract commercial partners, negotiate better contracts and create centres of excellence. Our aim as a Group is that by April 2027 no time should be spent on a task where a digital or AI solution could do it better, faster or to the same standard.

Digital and data will support in the following ways:

- **Getting the basics right**
  We will standardise digital tools and systems, modernise network infrastructure, and ensure devices work reliably. When colleagues log in, things will work.
- **Putting user needs first**
  We will integrate with the NHS App as it develops new features, ensuring our patients can book appointments, access results, and manage their care digitally. The 10 Year Plan's vision of the NHS App as the digital front door aligns with our user-first approach.
- **Using digital as a tool for transformation**
  Our shared Electronic Patient Record programme positions us well for the national single patient record ambition by 2028. As Nervecentre's primary development partner, we are actively shaping how integrated records will work across the NHS.
- **Embracing emerging technology**
  We will take managed risks with innovative solutions, from AI to data process mining. Ambient AI scribes, automated coding, and our Microsoft partnership are already delivering results.
- **Bringing our data together**
  We will transform care through unified data and use of the NHS Federated Data Platform (FDP). We will use predictive analytics to support the shift from sickness to prevention, identifying at-risk patients early and enabling proactive care.
- **Harnessing strategic partnerships**
  Our partnerships with Nervecentre, Microsoft and Palantir bring investment and expertise. These relationships position us to support national initiatives whilst addressing our local needs. We are building solutions that can scale across the NHS.
- **Creating and embedding one digital**
  We will deliver a unified approach across the Group with shared governance and collaborative teams. This positions us to rapidly adopt national solutions like the single patient record whilst maintaining our ability to innovate locally.

The enablers of our strategy

Education, Research and Innovation

We believe in the transformative power of education, research and innovation to shape the future of healthcare. By working closely with our academic partners, we can reimagine how care is delivered, accelerate the adoption of new discoveries, and evaluate what works.

Both UHL and UHN hold university hospital status. Together, we provide education and clinical placements for hundreds of medical students, nursing students and other healthcare professionals each year. We are already recognised as a leading centre for clinical research, with many of our academic clinicians conducting globally significant studies and shaping the international research agenda.

Education, research and innovation will support in the following ways:

- **Putting UHL-UHN at the forefront of discovery**
  Healthcare systems worldwide need bold and transformational change. By embedding research and innovation into our core mission, we can become a testbed for new models of care and lead the rapid adoption of solutions that improve outcomes and efficiency.
- **Developing the workforce of the future**
  The students we are training today will be providing care for decades to come. We must ensure they are prepared for the technological, clinical and societal changes that lie ahead. Working with our academic partners, we will shape education that builds a workforce equipped to lead in an evolving health and care landscape.
- **Improving outcomes for patients**
  Research-active organisations consistently deliver better clinical outcomes - even for patients not directly involved in trials. By embedding research in clinical practice, we improve quality, drive evidence-based care, and increase our responsiveness to new challenges.
- **Attracting the brightest minds**
  A strong reputation for education, research and innovation helps us recruit and retain high-calibre clinicians, researchers and leaders.
- **Strengthening collaboration and partnership**
  Through Leicestershire and Northamptonshire Academic Health Partners, we are building deep, cross-sector relationships between the NHS and academic institutions - delivering our shared mission to improve population health through education, discovery and implementation.
- **Creating opportunity for our communities**
  Education, research and innovation bring opportunities for our organisations, staff and the communities we serve. This includes access to grant funding, commercial research income, new technologies, and career pathways.

The enablers of our strategy

Partnerships

Our clinical strategy is ambitious and cannot be delivered in isolation. Too often, organisational boundaries act as barriers to progress. We are committed to breaking down these silos by working with a wide range of local partners who share a common goal: to improve the health and wellbeing of people across LLR and Northamptonshire.

Partnerships and collaboration will support in the following ways:

- **Patients**
  We will collaborate with patient groups to ensure that patient and public insight informs all levels of decision-making. We will embed co-production in service improvement efforts and co-design care models that genuinely reflect the needs, values and experiences of patients.
- **Communities**
  We will act as an anchor institution, working with communities and local partners to address the physical, social and environmental drivers of poor health. We will continue to integrate prevention into service delivery and engage proactively with underserved groups to tackle health inequalities.
- **Health and care partners**
  We will work closely with ICBs, general practice, community and mental health providers, local authorities and the voluntary sector to deliver joined-up care. Together, we will develop integrated teams that deliver the right care, in the right place, at the right time.
- **Academic partners**
  We will build on our strong relationships with universities and research institutions, continuing to contribute to national and international research networks. Our ambition is to keep UHL-UHN at the forefront of discovery, learning and innovation.
- **Digital and commercial partners**
  We will strengthen our long-standing relationships with strategic digital partners including Nervecentre, while developing innovative new commercial collaborations that enhance our ability to deliver digital care.
- **Organisational and clinical networks**
  We will participate in our regional and national networks, including the East Midlands Acute Provider Collaborative and specialty-specific clinical networks. Through these platforms, we will share best practice, collaborate on service development, and, where appropriate, co-create regional strategies for specialist care.

Strategy development process

Our strategy has been developed through a programme of engagement with colleagues, system partners and representatives from patient and carer communities across LLR and Northamptonshire.

A Clinical Advisory Group, formed of senior clinical colleagues from across UHL-UHN and general practice, developed the framework and content of the strategy and all colleagues were invited to provide written input.

We would like to thank everyone who took the time and energy to contribute.

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