NHS
Lancashire &
South Cumbria
NHS Foundation Trust

Improvement Annual Report 2025-26

LSCI
Lancashire and South Cumbria
Improvement

Executive welcome

I am delighted to introduce our Improvement, Transformation and Innovation Annual Report for 2025–26.

Over the past year, our Trust has continued to operate in a complex and demanding environment. Against this backdrop, our people have come together to improve care, rethink how we work, and remain focused on what matters most: delivering safe, compassionate and effective services for the people of Lancashire and South Cumbria.

This year has seen continued momentum in our improvement journey. Our teams have used improvement methods to tackle some of our most persistent challenges—reducing delays, improving reliability, and designing services around the needs of patients, families and staff. What stands out is not just the results achieved, but the growing confidence and capability of teams to lead improvement themselves.

Innovation has also played a vital role in 2025–26. We have seen new ideas flourish—from digital solutions and data-driven insights to locally led service redesign and system-wide collaboration.

Crucially, innovation this year has been rooted in real problems faced by our services, with a clear line of sight to benefits for patients and staff. Our ambition remains to create the conditions where innovation is safe, supported and purposeful, moving at pace from idea to impact.ertise to building this capability across the Trust.

A key priority for me is the continued development of a strong improvement culture. This means creating an environment where learning is valued, variation is understood, and staff at all levels feel empowered to challenge, test and improve. Our growing community of improvement practitioners, coaches and leaders is central to this, and I would like to thank everyone who has contributed their time, energy and expertise to building this capability across the Trust.

Looking ahead, our focus will be on deepening impact and embedding improvement as “how we do things around here”. We will continue to strengthen governance and measurement, ensuring that improvement and innovation deliver tangible benefits alongside our commitments to safety, experience, productivity and sustainability. We will also continue to work with partners across the system, recognising that many of our greatest challenges—and opportunities—can only be addressed together.

A particular focus will be on how we deliver neighbourhood models of care working in partnership to improve access to communities that need us most.

I would like to thank all colleagues, patients and partners who have supported and led improvement and innovation this year. Your dedication, creativity and commitment are what make progress possible. I hope this report both celebrates what we have achieved and inspires continued improvement in the year ahead.

Abigail Harrison
Chief Digital, Infrastructure & Improvement Officer

Strategic context

Alignment to Trust Strategy and Objectives

During 2025–26, improvement activity was deliberately aligned to the Trust's strategic objectives by using improvement as a core operating model rather than a separate programme of work. The Lancashire & South Cumbria Improvement approach (LSCi) provided a consistent, disciplined framework through which strategic priorities were translated into measurable, deliverable change at point of care, pathway and system levels.

Improvement priorities were explicitly drawn from organisational risks, strategic commitments and quality ambitions, ensuring that improvement effort was focused on the areas of greatest impact for patients, staff and the wider system. This included a strong emphasis on improving access, flow, safety and experience, reducing unwarranted variation in care, and strengthening leadership and improvement capability across clinical and operational services.

By embedding improvement within planning, governance and delivery structures, the Trust strengthened the connection between strategy and front-line practice. Executive and clinical leaders actively sponsored improvement work, with Rapid Process Improvement Workshops (RPIWs) and Process Improvement Events (PIEs) used to accelerate progress on priority pathways and risks. This approach ensured improvement activity directly supported delivery of strategic objectives rather than operating in isolation.

Alignment to Key External Drivers

Improvement activity in 2025–26 was also shaped by, and responsive to, a number of key external drivers. The Trust's improvement approach aligns closely with national expectations set out in the NHS Long Term Plan and NHS IMPACT, particularly the focus on improving mental health services, tackling health inequalities, strengthening leadership, and embedding improvement into everyday management systems.

In response to Care Quality Commission (CQC) themes, improvement work focused on strengthening consistency, reliability and oversight of care delivery, supported by standardised pathways, clearer governance and stronger assurance. The emphasis on understanding variation, measuring improvement over time and embedding learning supports the characteristics associated with high-performing and "Outstanding" organisations.

At system level, improvement priorities were aligned with Integrated Care System (ICS) objectives, particularly around flow, access, workforce sustainability and value. Improvement programmes increasingly operated across organisational and professional boundaries, supporting more integrated working and contributing to shared system outcomes rather than isolated organisational gains.

How Improvement Supports the Quadruple Aim

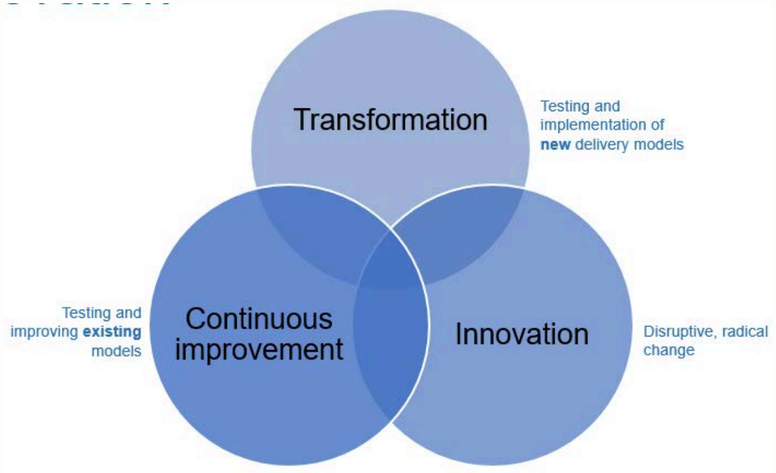
Throughout 2025–26, improvement activity was explicitly aligned to all elements of the quadruple aim: improving outcomes and experience for people who use services, improving staff experience, improving population health and reducing inequalities, and making best use of resources and public value.

Improvement work consistently placed service users, carers and staff at the centre of change, with coproduction embedded as standard practice. Pathway redesign and ward-level improvement focused on safer, more reliable care, reduced delays and clearer clinical processes, improving both patient experience and outcomes. Staff experience was supported through the reduction of waste and variation, clearer standard work, and increased autonomy for teams to identify and solve local problems using a shared methodology. In parallel, the focus on flow, productivity and value supported better use of resources, reduced duplication and improved efficiency, with measurable productivity gains tracked and reinvested to further improve care.

LSCi

Framing: Continuous Improvement, Transformation and Innovation

LSCi is the Trust's integrated improvement approach, providing a consistent way of delivering continuous improvement, transformation and innovation across services. During 2025–26, we have increasingly used LSCi to frame improvement at three interconnected levels:



Point improvement

Shift towards teams owning from CI facilitated

- Daily improvement work
- Process Improvement events (PIE)
- Improvement events

Flow improvement

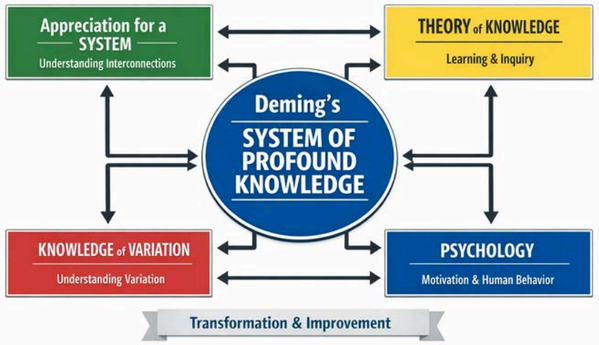
Continuous improvement facilitated

- Rapid Process Improvement Workshops (RPIWs)
- Improvement weeks

System improvement

Complex system change with multiple system partners

- Rapid planning events/Value stream analysis



This framing has been strengthened through explicit use of Deming's *System of Profound Knowledge*. Leaders and teams have increasingly been supported to:

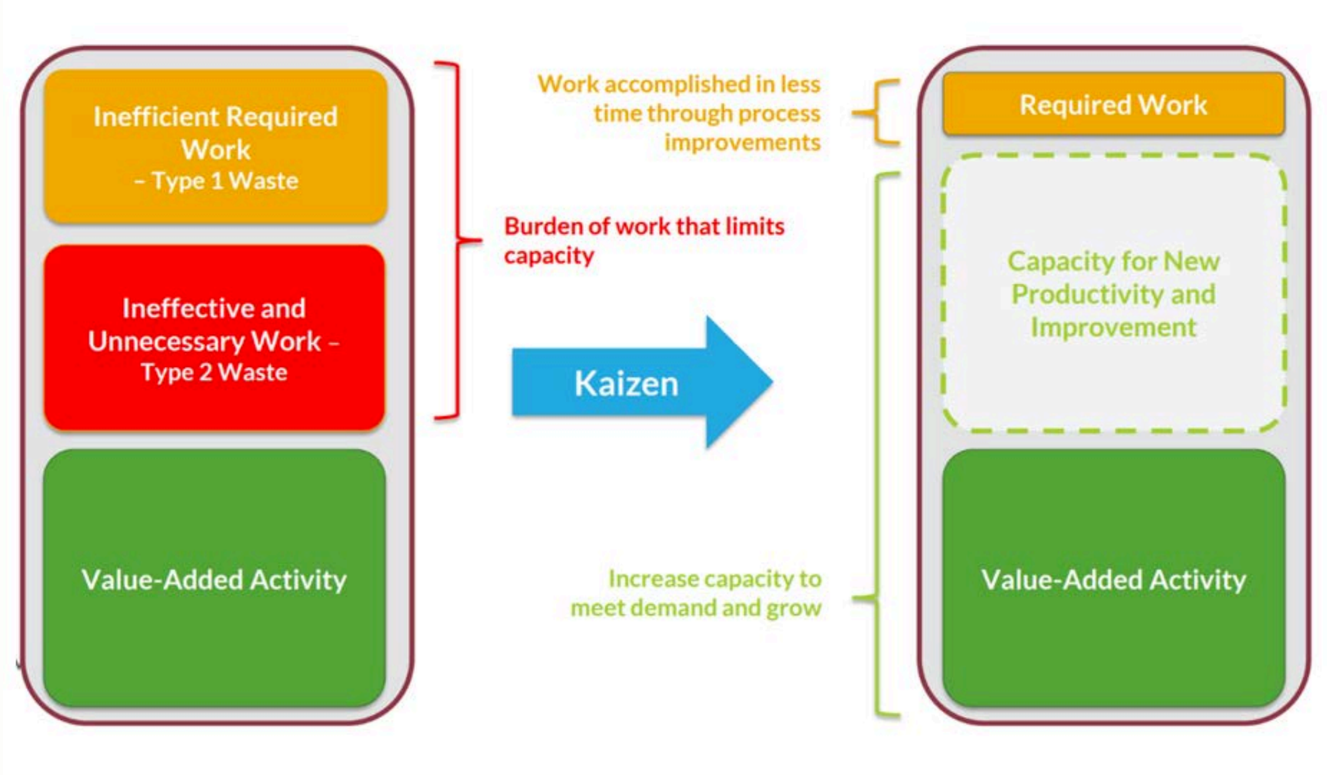
- use data to understand variation rather than rely on snapshots,
- apply clear theories for change,
- recognise the human factors and psychology involved in change,
- and consider how local issues sit within the wider system.

This has helped shift improvement from isolated projects towards more connected, strategic and sustainable change.

Value management

During 2025–26, the Trust strengthened its approach to Value Management, ensuring that improvement activity delivers measurable benefit for patients, staff and the wider system. This approach has focused on aligning resources, effort and investment to interventions that have the greatest impact on quality, safety, experience and outcomes.

The Trust has increasingly applied data-driven decision making to support Value Management, using outcome, process and balancing measures to understand the true impact of improvement activity. This has enabled teams to prioritise interventions that reduce harm, improve therapeutic engagement, and enhance operational efficiency, while also identifying and stopping activity that does not add value.



At a programme level, Value Management has supported clearer prioritisation of improvement initiatives, ensuring alignment with Trust strategy, external requirements, and system priorities across Lancashire and South Cumbria. This has included closer working with system partners to maximise collective value and avoid duplication of effort.

Core methods used

A3 Thinking

A3 has begun to be used more consistently to structure problem solving, particularly for complex or cross-team issues. They help develop a shared understanding of problems, surface root causes and agree clear, aligned actions, supporting better decision-making and ownership.

Plan–Do–Study–Act

PDSA has been increasingly used as a default way of testing change.

Teams are being supported to move away from large-scale implementation toward small, rapid tests, using learning from each cycle to adapt and refine changes before spread.

Statistical Process Control

Rather than relying on performance snapshots, teams are starting to use run charts and control charts to distinguish normal variation from meaningful change, strengthening confidence in improvement decisions.

Standard work

Standard Work has been strengthened during 2025–26 as a core element of the Trust's improvement approach.

Standard Work is the agreed best way of carrying out a task to ensure it is done consistently, safely, and effectively every time.

Co-production

Co-production has been increasingly embedded in improvement activity, with patients, carers and staff involved earlier in understanding problems and shaping solutions. This has supported more inclusive design and helped teams focus on outcomes that matter most to those using and delivering services.

Catchball

Catchball has started to be used more deliberately to align priorities between teams, services and senior leaders. This has supported two-way dialogue on objectives, enabling local flexibility while maintaining alignment to Trust priorities and improvement focus areas.

Coaching Faculty

The LSCi coaching faculty has continued to support the development of improvement capability across the Trust. Over 2025–26, the faculty has increasingly focused on: supporting teams in live improvement work, building leaders' confidence in improvement methods, and strengthening improvement behaviours, not just technical skills.

Coaching has played a key role in helping improvement become part of everyday practice, supporting learning, reflection and sustainability, and reinforcing improvement as core business rather than an additional activity.

Continuous Improvement & Transformation Activity 2025-26

Scaling improvement activities and strengthening leadership capability to engage hundreds and identify over a thousand productivity opportunities.

Leadership & Engagement

World class faculty secured for executives and other leaders

360

Colleagues Engaged

Wide-reaching participation across transformation and system improvement activities.

Integrated Learning:
Training is now delivered through live programmes rather than standalone courses.

Activity & Impact

1,084

Waste Opportunities Identified

Captured through structured events to inform measurable productivity gains.

265

Unique Improvement Leaders

Individual partic colleagues ed in driving structured improvement work.

11
Rapid Process Improvement Workshops (RPIWs)

12
Formal Working Group Sessions

10
Rapid Planning Events

Leadership Development Linked to Improvement

A continued emphasis was placed on leadership capability for improvement. Leaders at multiple levels were supported to use improvement methods such as A3 thinking, SPC and Catchball to frame problems, align priorities and understand variation.

Improvement capability was embedded within leadership forums, transformation programmes and governance structures, reinforcing the expectation that leaders actively sponsor and model improvement behaviours. This strengthened alignment between strategy, delivery and learning, as reflected in formal committee reporting and Quality Account content.

Staff Engagement Indicators

Staff engagement with improvement was demonstrated through increased participation in training, involvement in improvement activity, and growing confidence in using improvement methods. Teams were increasingly involved in defining problems, testing changes and reviewing data over time, supporting ownership and local sustainability.

Engagement was further strengthened through clearer alignment of improvement work to service priorities and the use of co-production approaches, ensuring that improvement activity was meaningful and relevant to staff and service users.

Culture and Behavioural Shifts Observed

During 2025–26, a number of positive cultural shifts continued to emerge. These included:

- greater focus on understanding systems rather than individual performance,
- increased use of data to guide learning rather than judgement,
- more openness to testing, learning and adapting changes,
- and growing confidence among teams to escalate and address structural barriers.

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Closer Integration with Digital and Other Change Functions

Over the year, there has been a deliberate move towards closer working between Improvement, Digital, Transformation, PMO and Organisational Development. Rather than operating as parallel change functions, these areas have increasingly collaborated on shared priorities, combining digital enablement, improvement methods and transformation expertise.

This integration has strengthened solution design, reduced duplication and enabled more coherent change for services. Digital developments have been more clearly linked to real service problems, while improvement work has benefited from stronger data, infrastructure and system support. This joined-up approach has supported faster delivery, clearer accountability and greater benefit realisation across improvement programmes

Overview on all programmes

Flow: Patient First

Patient First is a three-year improvement programme within the Trust designed to create consistent, evidence-based care pathways for adult, older adult, and Psychiatric Intensive Care Unit (PICU) wards through the implementation of the Royal College of Psychiatry Inpatient Standards. Its aim is to achieve same day admissions, improved clinical outcomes and reduced LoS to 40 days in Adult, 90 days in Older Adult and 37 days in PICU Inpatient wards by June 2028.

Methodology and Focus Areas

The programme utilises Rapid Process Improvement Workshops (RPIWs) and Process Improvement Events (PIEs) to identify inefficiencies and test improvements to daily ward routines. Key areas of focus include:

- Admissions and assessments.
- Multi-disciplinary Team (MDT) working and communication.
- Therapeutic observations and patient activity.
- Discharge processes and ward culture.

Key Achievements (2025/26)

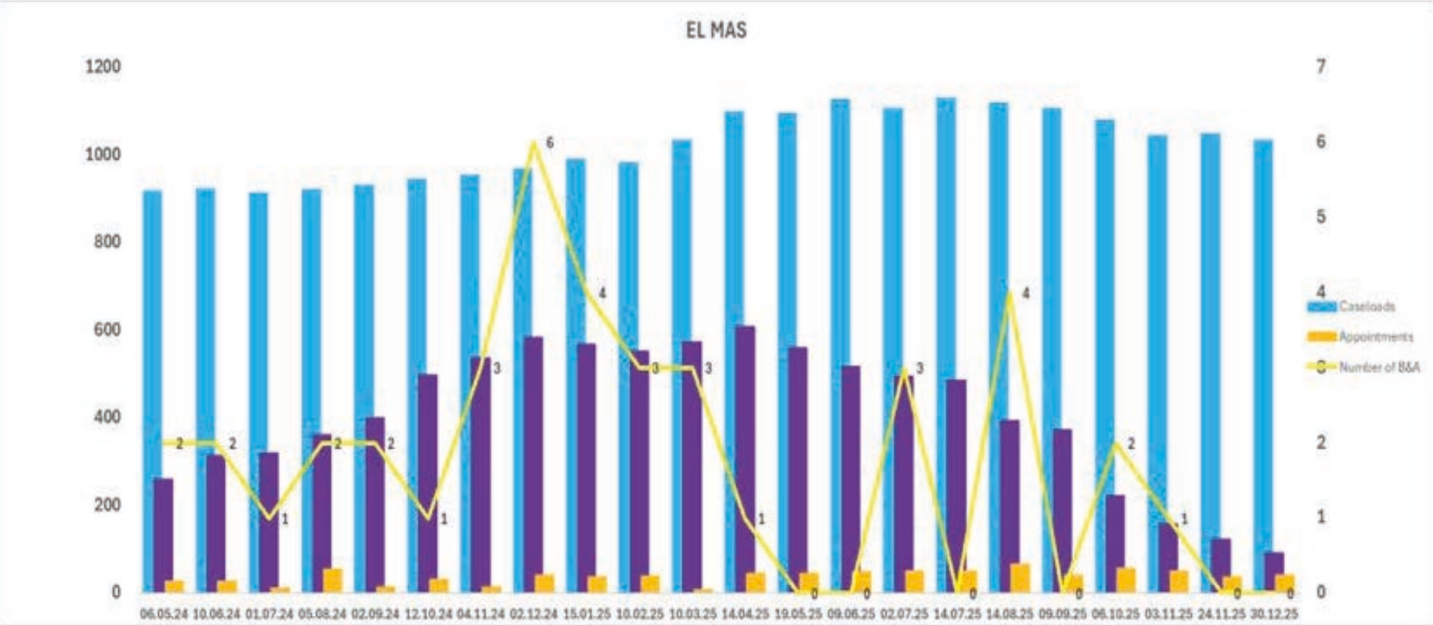
During the 2025/26 period, the programme reached several milestones:

- Pilot Implementation: Successfully held RPIWs and PIEs on pilot wards, specifically Greendale, Worden, and Duxbury, involving diverse staff from nursing, medical, and psychology backgrounds.
- Standardisation: Developed and tested "standard work" protocols, making core processes more predictable and easier for staff to follow consistently.
- Operational Improvements: Increased the visibility and control of ward processes, which improved patient flow and allowed staff more time for direct therapeutic care.

Future Direction

Moving into its second year, the programme intends to spread these successful changes to additional wards and integrate digital solutions to further support admission and discharge workflow

Flow: East Lancashire Memory Assessment Services RPIW



The East Lancashire Memory Assessment Service Rapid Process Improvement Workshop (RPIW) took place in January 2025, in response to a sustained decline in performance against KPI targets over the previous 12 months, linked to staff absence and increasing referral demand.

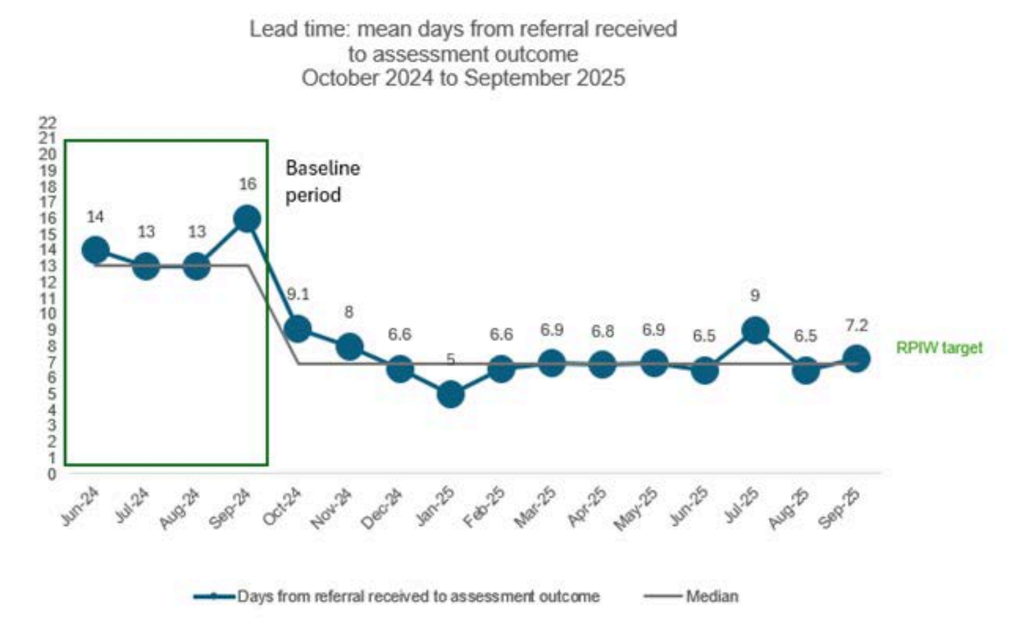
At the time of the RPIW, the service was under significant operational pressure, with waiting times of up to 24 weeks and 583 people awaiting an appointment as of 5 February 2025. Performance challenges included a 28% referral rejection rate, 7% of patients seen within six weeks, and no patients receiving a diagnosis within the six-week standard.

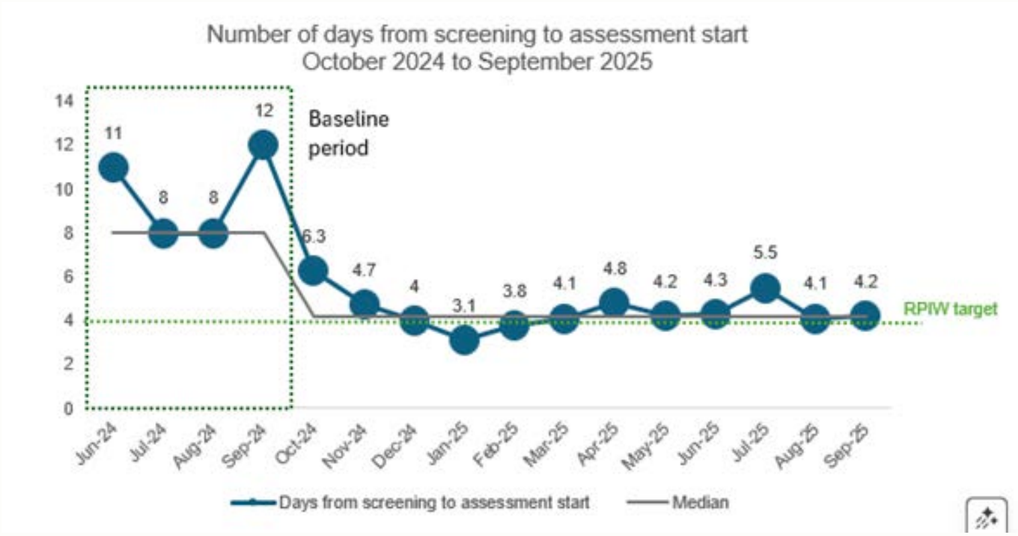
At the 12-month check-in, the East Lancashire Memory Assessment Service has progressed well through the improvement period. Improvements noted include:

- A **60% increase** in patients assessed within 6 weeks
- A reduction in the waiting list from **557 to 93 patients**
- An increase in the proportion of referrals accepted at triage, supported by improved referral quality from referral sources
- A **3% reduction** in DNAs
- A **reduction in waiting times from 27 weeks to 10 weeks** as of 27 January 2026
- Continued improvement in the percentage of patients assessed within 6 weeks, **now at 64.7%**, moving closer to the 70% KPI target

Overall, the 12-month review demonstrates significant progress in reducing waiting times, improving access, and stabilising pathway performance, while maintaining a clear focus on further improvement to fully achieve KPI standards.

Flow: Rehabilitation RPIW (12 month review)





The Rehabilitation Rapid Process Improvement Workshop (RPIW) took place in October 2024. The RPIW was initiated to address long referral lead times, inconsistent processes, and variable communication pathways across the Level 1 and Level 2 rehabilitation system.

At the 12-month review, performance data highlight both progress and ongoing areas for development:

- The percentage of referrals declined at the point of screening has a median of 35%, against a target of 10%. The team is reviewing the data in more detail to better understand the underlying causes and identify opportunities for improvement.
- The percentage of referrals accepted at the point of assessment has increased to a median of 67%, compared with a previous median of 40%, indicating improved decision-making and alignment at assessment stage.
- The number of referrals over the past twelve months has remained stable, with a median of 17.5 referrals per month, which is within the agreed service capacity of 25 referrals per month.

Flow: Governance RPIW

The primary aim of the Governance RPIW was to create a clearer, simpler and more effective governance system across corporate and network levels.

This included:

- Clarifying the purpose of meetings and decision-making authority
- Standardising agendas, papers, minutes and terms of reference
- Reducing duplication and waste within governance processes
- Improving the flow of information from teams to Board
- Strengthening assurance while increasing value-added time for meeting member

The focus was on understanding current governance processes, identifying waste and variation, and testing practical solutions in real time. Clear sponsorship and ownership arrangements were established to support implementation and spread.

Key improvements and outputs

Key outputs from the RPIW included:

- A clearer definition of meeting types (decision, assurance and engagement)
- Standard work for chairs and attendees, including expectations and etiquette
- Streamlined agenda and report templates to reduce pack size and duplication
- Clearer routing of papers to the right forum first time
- Introduction of decision logs and outcome-focused minutes
- Improved use of digital tools, including Microsoft Teams as a single source of truth and exploration of Copilot to support minute-taking and information flow

Microsoft Copilot

Phased implementation and spread

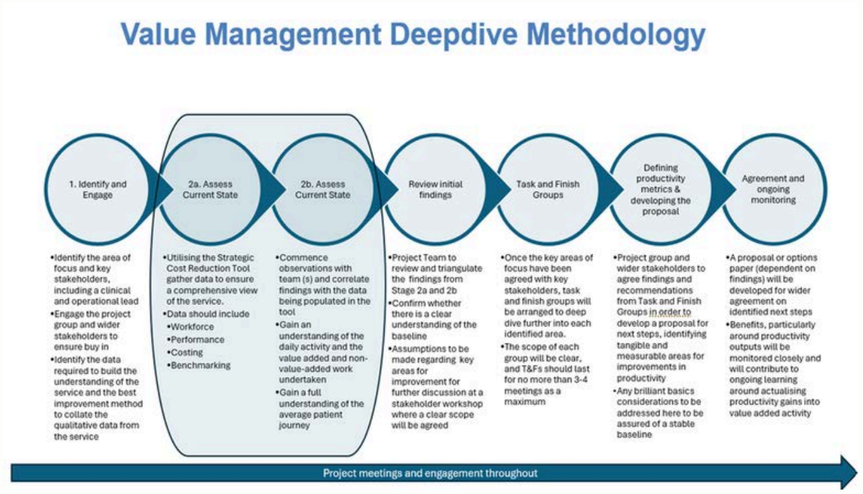
The Governance RPIW was designed as a phased programme:

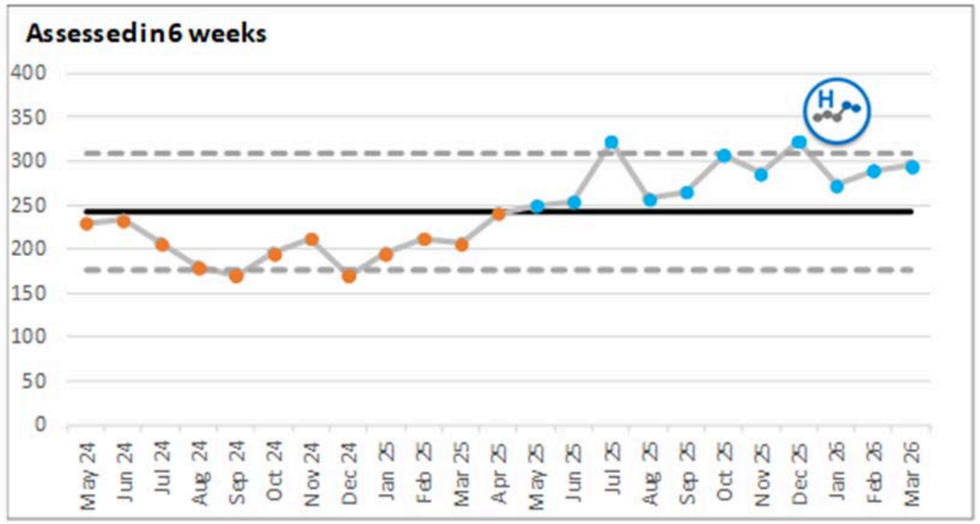
- Phase 1 focused on corporate governance structures and standards
- Phase 2 is extending the approach to Networks to reduce variation and align local governance with corporate principles
- Phase 3 will review informal and supporting meeting structures to further streamline assurance and engagement arrangement

Flow: Value management deepdive Trust-wide Memory Assessment Service

As part of the Trust's productivity and value improvement programme, a pilot Value Management Deepdive is underway within the Memory Assessment Service (MAS). This work responds to national challenges around NHS productivity and local escalations within the MAS service. The pilot sought to better understand how resources could be deployed more effectively to improve access, quality and sustainability.

The pilot confirmed that whilst MAS pathways should be largely standardised across Lancashire and South Cumbria, there was significant unwarranted variation between localities. This had earlier been identified within the East Lancashire MAS RPIW, the outcomes of which are referenced in this report. Differences were identified in screening and triage processes, clinical roles and skill mix, medication titration pathways, and post-diagnostic support. This variation risks inconsistent patient and colleague experience, inefficiencies in the use of clinical time, and reduced capacity to meet rising demand.





Impact and benefits

There are numerous benefits expected as a result of the MAS Delivery Plan and some of the short-term actions are already seeing results including:

- Improved performance across a number of areas due to increased oversight and a standardised service offer. The chart below demonstrates a marked improvement in patients assessed within 6 weeks since the pilot commenced.
- Strengthened skill mix model, allowing colleagues to work at the top of their competencies and feel supported in doing so through clinical supervision
- More collaborative work with the ICB and Alzheimer's Society to strengthen the post-diagnostic offer which in turn will strengthen the in-house diagnostic pathway.

Flow: Co-occurring conditions

Over the last year, LSCFT has progressed a Trust-wide improvement programme for people with co-occurring conditions, informed by learning from harm incidents and system-wide variation in access, pathways and outcomes.

Its aim is to have the earliest detection, diagnosis & safe multi-agency social & clinical service practice & delivery for those with a Co-occurring diagnosis (CoD in Lancashire and South Cumbria

A three-day Rapid Process Improvement Workshop held in September 2025 brought together NHS teams, local authority commissioners, substance use providers, ICB colleagues and people with lived experience to co-design solutions under shared themes of visibility, access and harm reduction. This resulted in a jointly owned, system-wide action plan overseen by the Lancashire and South Cumbria Co-occurring Conditions Steering Group, with early outputs including shared practitioner resources, clearer access and escalation guidance, and alignment on recovery-oriented and trauma-informed language

Priorities of the Co-occurring Conditions action plan:

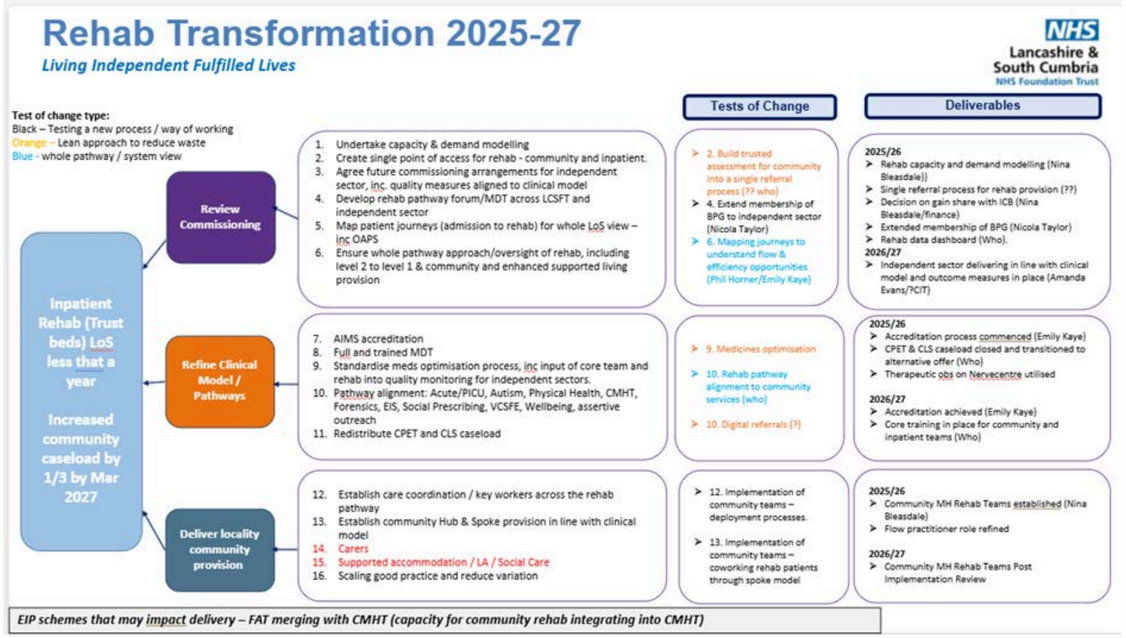
1) Improve access and visibility for people with co-occurring conditions
2) Reduce harm through clearer, safer pathways
3) Strengthen partnership and joint working across the system
4) Improve consistency of practice and language
5) Build workforce capability and shared learning
6) Improve digital interoperability and information sharing
7) Strengthen governance, oversight and delivery

Finally, the action plan prioritises strong governance, with progress tracked through a single, overarching, RAG-rated action plan reported via the Improvement & Transformation Group. This ensures co-occurring conditions are treated as a sustained system-level improvement priority rather than a time-limited project or assurance exercise

System: Rehabilitation improvement programme

Mental Health Rehabilitation Services at Lancashire and South Cumbria NHS Foundation Trust support a small number of people with highly complex, severe and enduring mental illness. Prior to the current improvement work, the rehabilitation system was characterised by long referral lead times, inconsistent screening and assessment practices, fragmented communication between inpatient and community services, and inequitable access to community rehabilitation across the Trust footprint. These challenges contributed to delayed progression through rehabilitation pathways, extended inpatient length of stay and pressure on limited rehabilitation capacity.

In response, the Trust launched a structured Rehabilitation Improvement Programme, aligned to its single improvement methodology (LSCi). The initial focus has been on stabilising core processes and strengthening system consistency before embarking on large-scale service redesign. The programme aims to improve flow, equity and outcomes by ensuring timely access to appropriate rehabilitation support, reducing unnecessary inpatient length of stay and rebalancing inpatient and community provision.

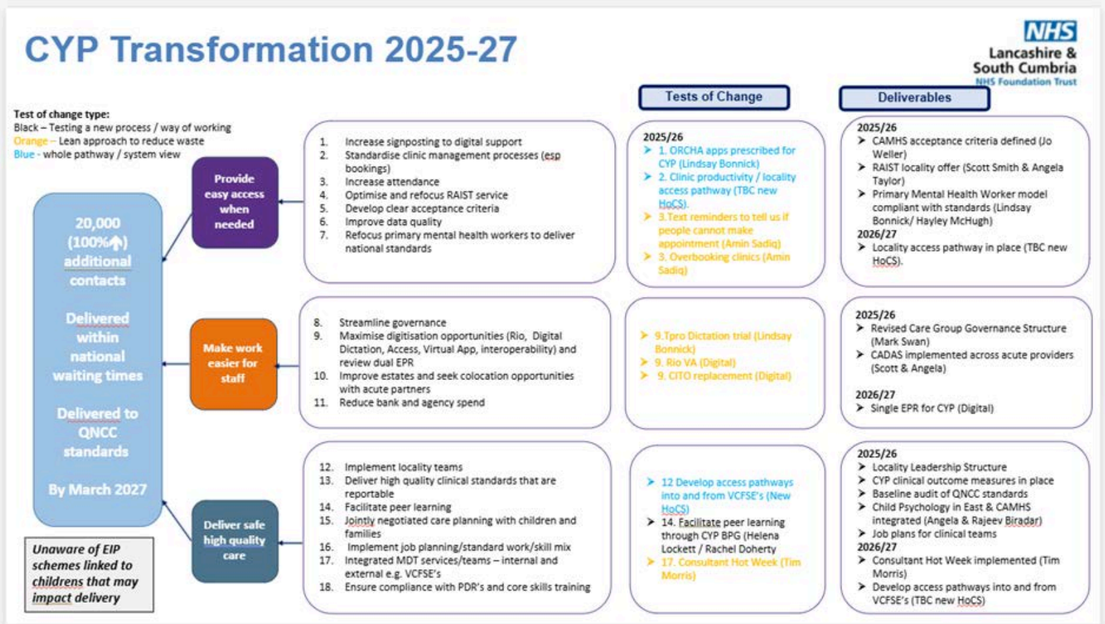


Over the last 12 months, the programme has progressed from diagnostic work into delivery and consolidation. Measurable improvement has been demonstrated, including an increase in the median proportion of referrals accepted at assessment from 40% to 67%, alongside stable referral volumes within agreed capacity, indicating more consistent and purposeful decision-making. Further focused improvement workshops were delivered in early 2026 to deepen pathway review, identify additional waste and refine processes in preparation for extending the work into community rehabilitation. A structured “rehab reset” improvement sprint has strengthened pace, clarity and governance, with formal alignment into the Community Improvement Programme Board.

In parallel, the Trust has developed a draft Mental Health Rehabilitation Model of Care, informed by national evidence and local learning, setting clearer expectations for access, trusted assessment, flow, capacity management and greater parity of provision across localities.

The next phase will focus on operationalising and testing elements of the emerging model, strengthening community rehabilitation capacity, and reducing inpatient length of stay where clinically appropriate. Progress will continue to be measured through improvements in timeliness and consistency of assessments, flow through inpatient rehabilitation, system oversight and confidence among clinicians, managers and partners

System: Children's & Young People's Services Transformation



Over the last 12 months, the programme has focused on establishing the foundations for sustainable change, including:

- Development and approval of the CYP High Level Transformation Plan with phased milestones through to 2027.
- Recruitment and embedding of CYP leadership structures and clearer programme governance.
- Review of core CAMHS planned care models, acceptance criteria and baseline audits against QNCC standards.
- Early implementation of job planning, standard work and integrated MDT approaches.
- Preparation and piloting of locality team models and RAIST service optimisation.
- Progressing digital improvements, including RiO build and testing, digital dictation pilots and text reminders.
- Use of A3 and LSCi improvement methodologies to clarify aims, measures and risks, with positive engagement from CYP teams.

At this stage, results are primarily process and capability-focused, reflecting the early implementation phase. Achievements include clearer governance, agreed service models, defined acceptance criteria, improved consistency in planned care approaches, and readiness to report clinical outcomes. Staff feedback indicates improved clarity of purpose and engagement with improvement methods, although full outcome and efficiency benefits are expected to accrue as implementation progresses.

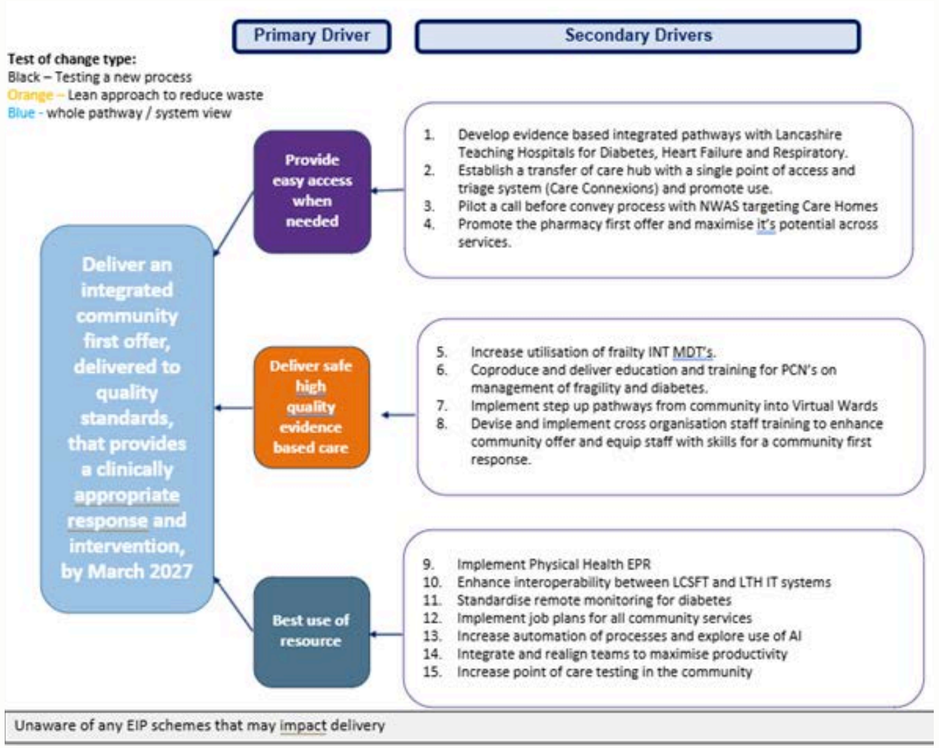
Future plans focus on full implementation and embedding of the transformed CYP model, including:

- Full rollout of locality-based services and RAIST optimisation.
- System-wide compliance with QNCC standards and reportable outcomes.
- Expansion of digital access, online self-referral and productivity tools.
- Completion of workforce model changes and productivity impact reviews.
- Ongoing evaluation of benefits, efficiency and experience for children, young people and families through to 2027.

System: Physical Health Transformation

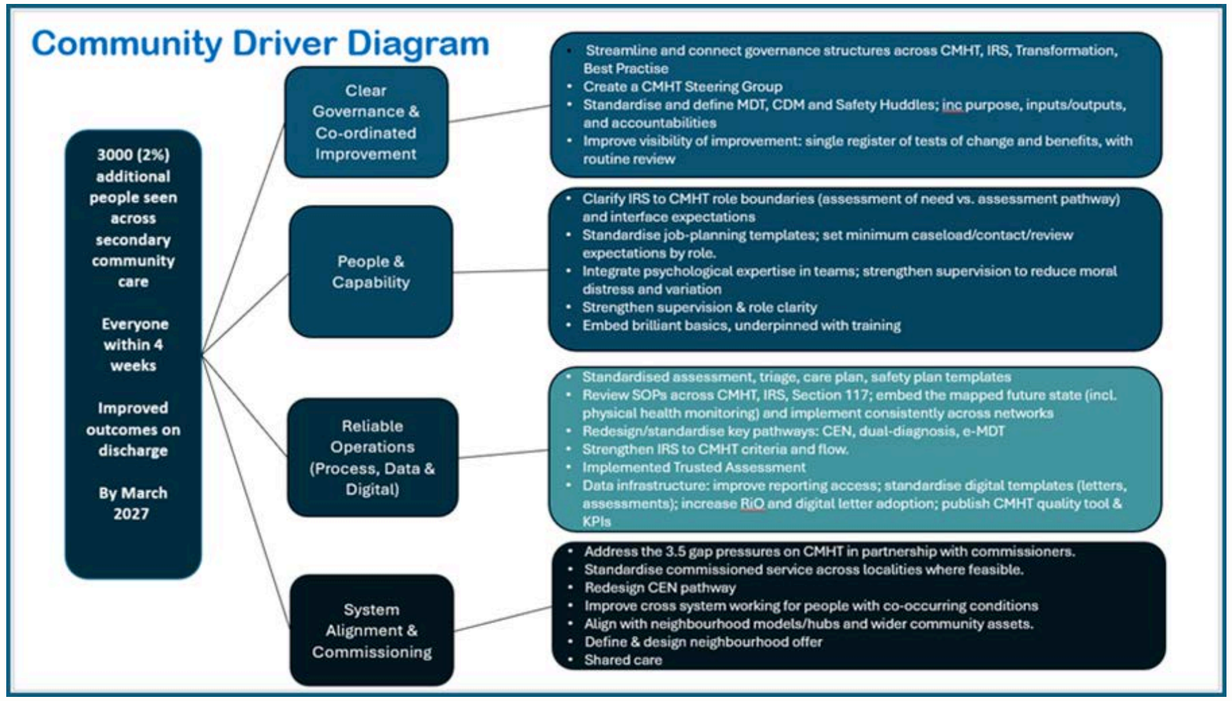
The Community Physical Health Improvement work has the following core objectives:

- Improve quality and safety of care through consistent physical health assessment, monitoring and evidence-based interventions delivered closer to home.
- Reduce health inequalities by improving access to physical health support for people with severe mental illness, learning disabilities and autism, and by aligning improvement activity to neighbourhood need.
- Strengthen integration across community physical health, mental health, primary care, acute partners, and voluntary and community sector organisations.
- Support system flow and resilience by optimising alternatives to hospital admission, including urgent community response, intermediate care and virtual/remote monitoring models.
- Enable more efficient and effective services through streamlined pathways, reduced duplication, improved use of digital tools and clearer prioritisation of improvement effort.



Key progress to date includes current-state assessment and service snapshots across community physical health services to build a shared, evidence-based understanding of service provision, capacity, variation and priorities for improvement. This work draws together intelligence previously spread across contracts, baseline assessments and local reviews.

System: Community Mental Health Teams Transformation



The Trust is progressing a reset and consolidation of Community Mental Health Team (CMHT) improvement activity into a single, coordinated Trust-wide programme. This work reflects a shared commitment to strengthening consistency, safety and equity of community mental health services, and to addressing long-standing variation in access, delivery and experience across Lancashire and South Cumbria.

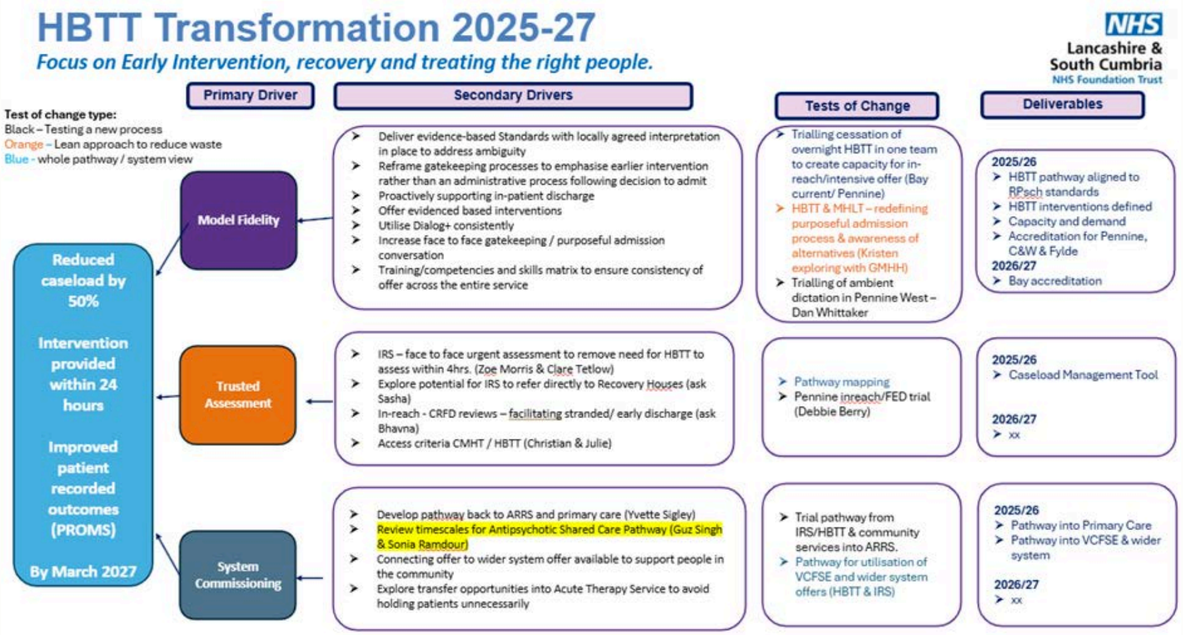
The programme provides a clear and coherent framework for CMHT improvement, aligning multiple workstreams and initiatives around a shared ambition to improve access, flow and outcomes for people supported within secondary community mental health care. It is focused on creating more reliable and equitable services, supporting people to receive timely, person-centred care closer to home, while reducing avoidable escalation and pressure on inpatient pathways.

Central to the programme is a clear theory of change, supported by an agreed driver diagram and measurable aims, which articulate how strengthened foundations in governance, workforce capability and reliable processes will enable sustainable improvement. Refreshed governance arrangements have been established to improve oversight, clarify ownership and ensure a clearer line of sight between frontline improvement activity, Trust priorities and system impact.

Building on learning from incidents and operational review, the Trust held a CMHT standardisation workshop with clinical, operational and improvement leaders to identify priority areas for standard work and reduce unwarranted variation. This has informed the development of an overarching CMHT A3, which provides a single, shared view of programme priorities, interdependencies and progress across community mental health services.

The programme has intentionally adopted a foundations-first approach, focusing on safety-critical and flow-related areas such as unallocated cases, caseload management, front door processes, MDT functioning and documentation. This phase of work is designed to create a stable platform for future pathway development and system transformation, ensuring that improvement is built on reliable, consistent and safe core processes for both people using services and staff delivering care.

System: Home Based Treatment Teams



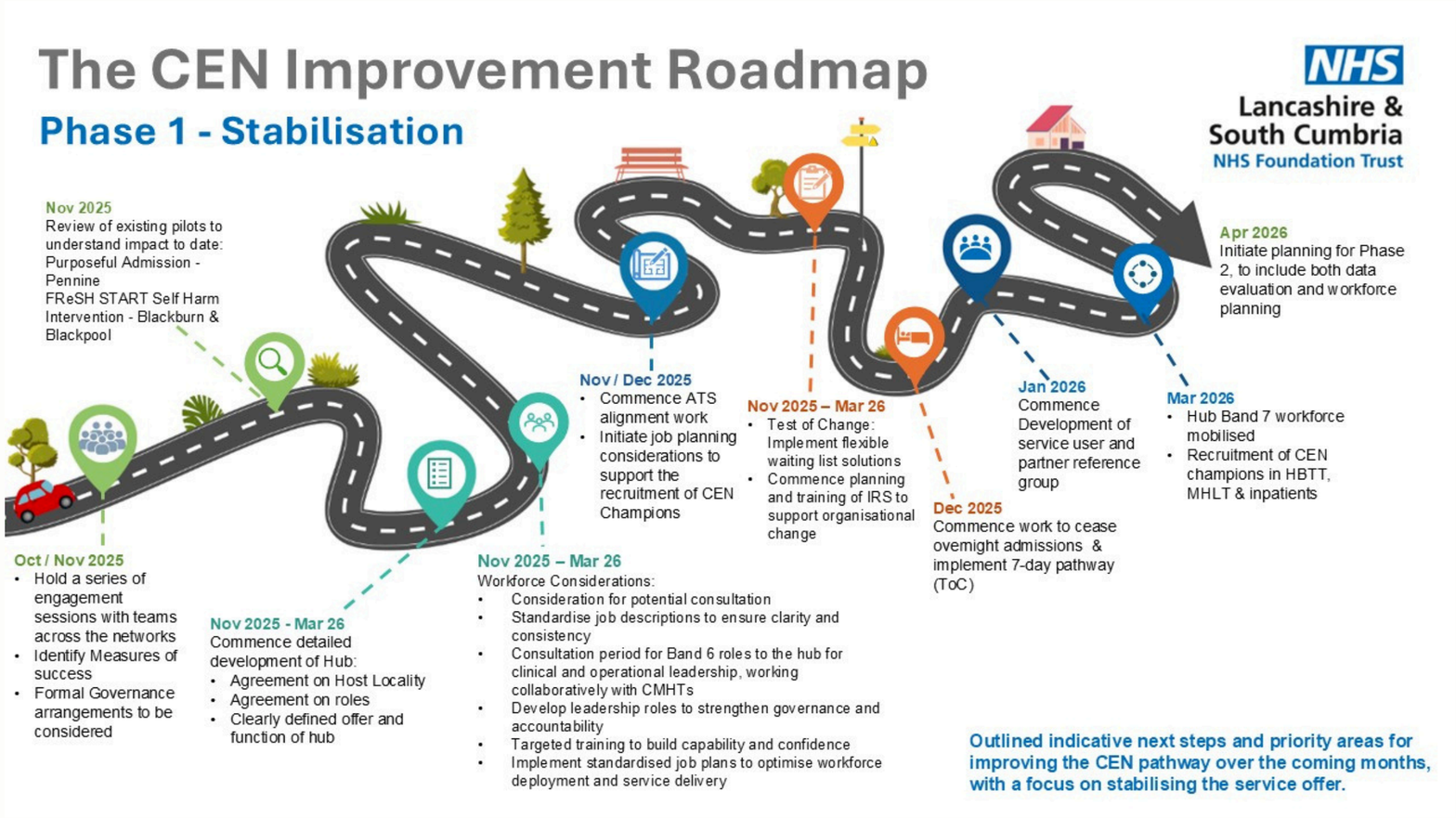
Over the last 12 months, LSCFT has transitioned from fragmented local activity to a single, Trust-wide Home-Based Treatment Team (HBTT) improvement programme with clear governance, leadership and delivery focus.

A formal HBTT Improvement A3 and theory of change were established, identifying variation in access, gatekeeping, capacity and outcomes as key challenges and prioritising purposeful admission, robust gatekeeping and model fidelity as high-impact levers. The programme has delivered tangible improvements, including more consistent and higher-quality gatekeeping and decision-making in pilot areas, supported by structured MDT processes informed by Derbyshire and Greater Manchester learning and improved data visibility through the Gatekeeping Power BI dashboard.

Early indicators show reduced conversion to admission where the model has been applied consistently, alongside increased clinical confidence, while recognising ongoing constraints related to workforce and overnight provision. Completion of a Trust-wide self-assessment and external CORE fidelity review has provided a robust evidence base to drive improvement, with recommendations actively tracked through a RAG-rated action plan. Strengthened operating procedures, clearer expectations across the urgent care pathway and early work on workforce capability and facilitated early discharge have further improved consistency and laid strong foundations for more reliable delivery in 2026/27.

System: Redesign of the Complex Emotional Needs (CEN) Pathway

Mental Health Rehabilitation Services at Lancashire and South Cumbria NHS Foundation Trust support a small number of people with highly complex, severe and enduring mental illness. Prior to the current improvement work, the rehabilitation system was characterised by long referral lead times, inconsistent screening and assessment practices, fragmented communication between inpatient and community services, and inequitable access to community rehabilitation across the Trust footprint. These challenges contributed to delayed progression through rehabilitation pathways, extended inpatient length of stay and pressure on limited rehabilitation capacity.



In response, the Trust launched a structured Rehabilitation Improvement Programme, aligned to its single improvement methodology (LSCi). The initial focus has been on stabilising core processes and strengthening system consistency before embarking on large-scale service redesign. The programme aims to improve flow, equity and outcomes by ensuring timely access to appropriate rehabilitation support, reducing unnecessary inpatient length of stay and rebalancing inpatient and community provision.

Staff feedback & reported benefits

STAFF EXPERIENCE AND VALUE

79%

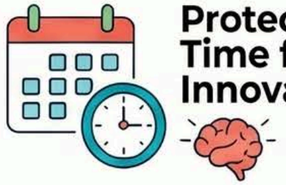
Approval Rating

Participants rated the RPIW approach as useful or very useful for supporting improvement work.

Expert Facilitation is Critical

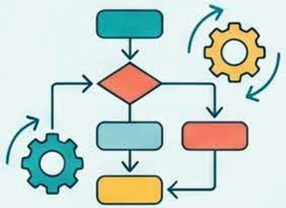
Staff consistently identified skilled facilitation as a primary strength for keeping discussions effective.

Protected Time for Innovation



Participants valued having dedicated time away from daily pressures to focus on change.

SERVICE BENEFITS AND TANGIBLE OUTCOMES



Reported Impact on Team Performance

Clearer processes or roles: 64%

Reduced waste or duplication: 50%

Improved teamwork and communication: 43%

Streamlined Clinical Operations

Before After

Outcomes included shorter safety huddles and simplified documentation across various services.

Staff feedback & reported benefits

"This is the first time we've been asked these questions and give time to think"
HBTT staff involved in PIE

"Having protected time away from the ward to come together and come up with improvement ideas"

Seeing co-production and collaboration

This isn't managers telling us what to do, these are our ideas

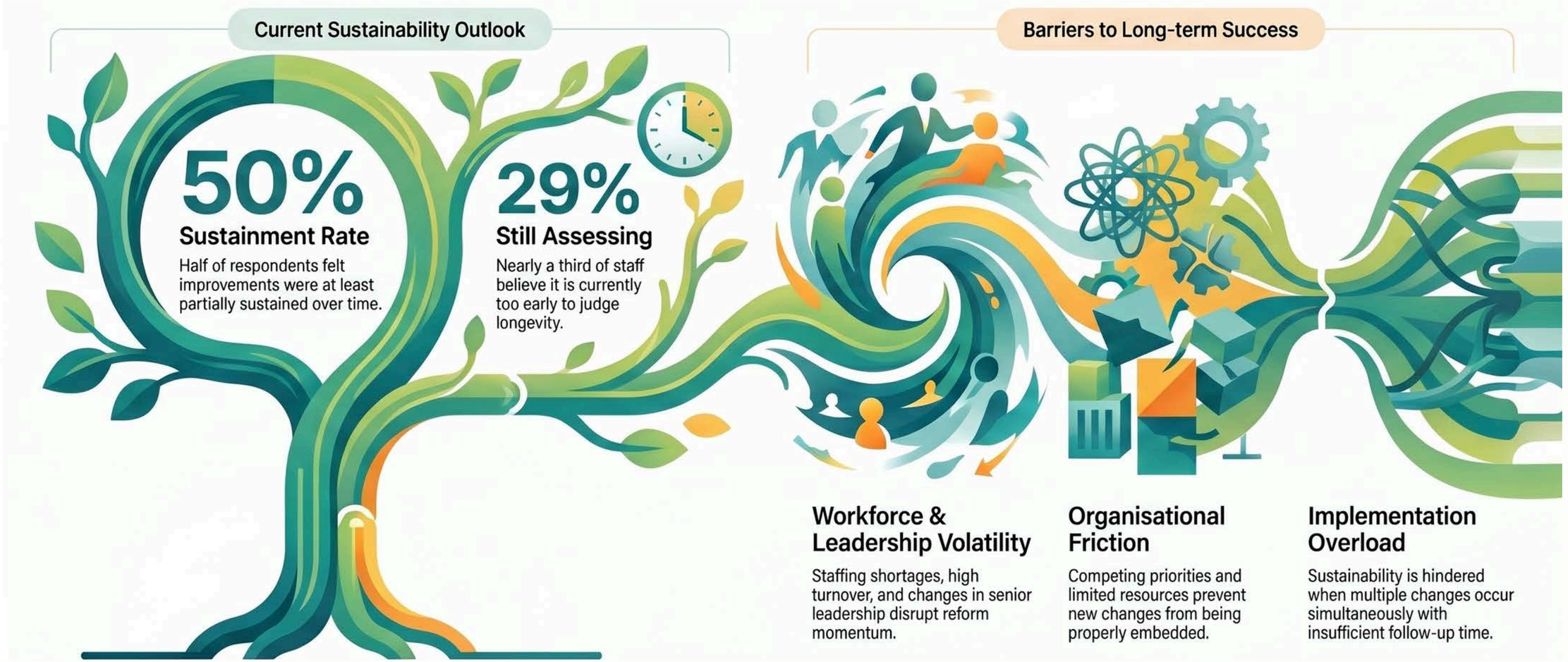
Worden RPIW

"This approach has given us clarity. Instead of trying to fix everything at once, we now focus on the next test, the next improvement, the next step. It's taken the pressure off"
CMHT staff member

"This is the first time I have felt listened to"
CMHT service manager

"Great to see some potential improvements in real time such as a mock-up of a meeting agenda rather than just actions being taken away for a future date."

Sustainability of improvements



Co-production, equity and lived experience

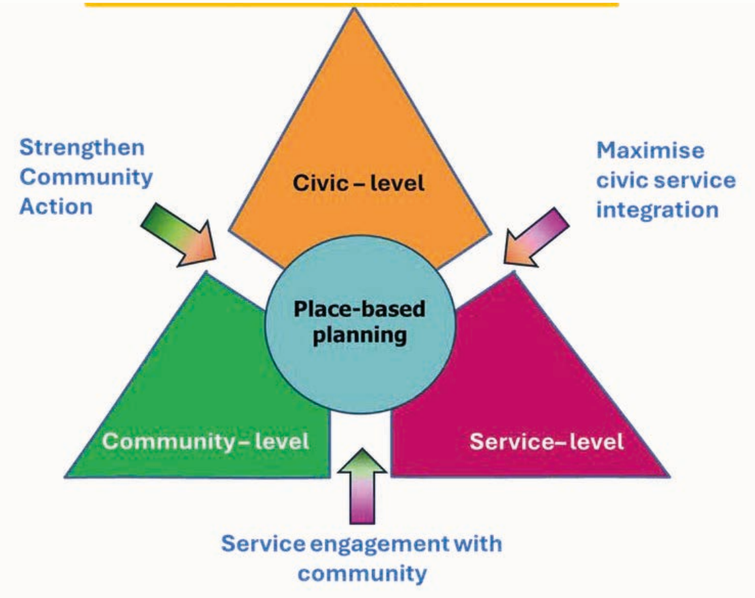
Service user and carer involvement

Involving service users and carers as active partners in improvement is a core principle of the Trust's improvement approach. Throughout the year, lived experience has been embedded across improvement programmes and pathway redesign, ensuring changes are shaped by what matters most to people who use services and their families.

Within the Patient First Programme, service users and carers have played a central role in the design, testing and evaluation of improvements within inpatient settings. This has included co-designing and providing feedback on enhanced observation practices, shaping admission information and ward welcome packs, influencing how community meetings and ward activities are run, and ensuring improvements support therapeutic engagement, inclusion and recovery. Lived experience has also been embedded at programme level through service user representation on the Patient First Programme Board, providing ongoing insight, challenge and learning. Patient and carer feedback is routinely used alongside quantitative measures to assess the impact of tests of change on experience as well as outcomes.

Service user involvement has also been integral to pathway redesign work, including the Co-occurring Diagnosis pathway improvement, where individuals with lived experience participated throughout a three-day improvement workshop. Their direct contribution strengthened understanding of current barriers and supported the co-design of more responsive, compassionate models of care grounded in real-world experience.

Addressing Health Inequalities Through Improvement



The Trust has further embedded action on health inequalities within its core improvement approach, recognising inequity in outcomes, access and experience as a quality issue. Using the LSCi methodology, inequity has been treated as a form of unwarranted variation, requiring disciplined inquiry, data driven insight and coproduction to address.

A key area of progress was making inequality visible where it can be less obvious. In parts of Lancashire and South Cumbria, smaller population groups and lower visible diversity can mask patterns of racial and socioeconomic inequity. The Trust therefore strengthened its use of detailed population insight, analysing data by age, ethnicity, deprivation and GP-registered populations rather than relying on headline averages. This shift from counting numbers to understanding complexity, comorbidity and outcomes, is increasing confidence to act even where absolute numbers are small.

Equity was also embedded into everyday improvement and transformation decisions, including neighbourhood working, pathway design and estates planning. For example, the Trust's estates review was approached through a population health and race equity lens, starting with patterns of need and inequality rather than existing assets.

At service level, improvement methods were used to test and scale more equitable models of care. Within Talking Therapies, teams focused on going to communities rather than expecting communities to access traditional routes, working with trusted partners to co-design outreach, psychoeducation and culturally appropriate delivery. This work has strengthened relationships, o and improved the foundations for equitable access, even where challenges remain.

Innovation, digital & system working

Over the last 12 months, Lancashire & South Cumbria NHS Foundation Trust (LSCFT) has continued to deliver a coordinated portfolio of innovation, digital transformation and system working programmes supporting the Trust's Quality Strategy, Quadruple Aim, neighbourhood transformation and wider Integrated Care System (ICS) objectives.

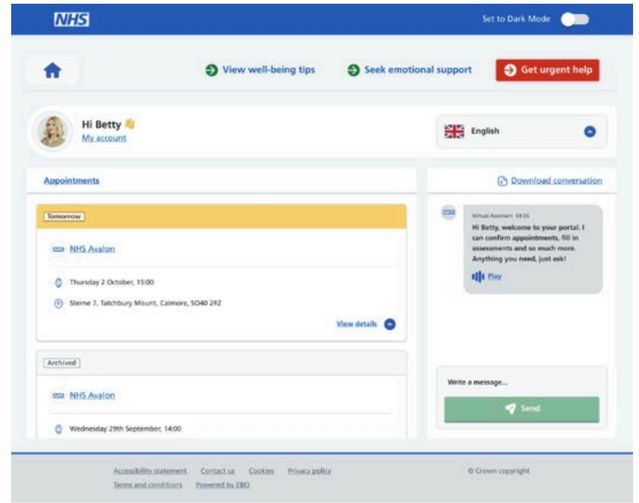
This work has focused on three interdependent ambitions:

1. Improving safety, experience and outcomes for service users through digitally enabled care models.
2. Releasing time to care and improving staff experience through productivity-enhancing technologies and process redesign.
3. Strengthening system integration and neighbourhood delivery, ensuring digital solutions support whole-pathway care rather than organisational silos.

All programmes have been progressed using robust clinical safety, information governance and improvement methodologies, with small scale testing and evidence generation prior to any consideration of scale.

Digitally enabled care and assess to services

The Ambient Voice Technology (AVT) programme supports the Trust's wider digital and clinical transformation agenda by exploring the use of secure speech recognition and natural language processing to reduce clinical documentation burden, improve the quality and timeliness of records, and release clinician time back to patient care. The Trust has taken an assurance-led approach, aligning activity to national NHS guidance on AVT and AI scribe technologies, including Digital Technology Assessment Criteria (DTAC), information governance and clinical safety standards (DCB0129 / DCB0160). Work to date has focused on establishing robust governance, participating in regional AVT forums, and undertaking limited pilots and evaluations to understand safety, benefit and value for money. The programme has prioritised patient safety, system readiness and evidence-based decision-making to ensure the Trust is well positioned to scale AVT solutions safely where clear benefits for staff and patients are demonstrated.



The Intelligent Patient Portal (IPP) is a secure online portal that allows our services users to view information about appointments, check where and when appointments are taking place and access helpful guidance. in 25/26 the solution was developed and tested in Perinatal services and through 26/27 it will be rolled out across the Trust, including integration with the NHS App and developed further to enable additional functionality including E-PROMs.

Whole system information flow and Co-occurring conditions

LSCft has taken a system leadership role in designing an architecture to enable whole system information flow to improve real time care and enable secondary use of data for research, risk stratification and system redesign. This whole system approach working with multiple partners including VCSFE and Local Authorities will enable delivery of information flow across partners within a neighbourhood delivery model. Co-occurring conditions has progressed as a use case and test or the approach.

The digital interoperability workstream for people with co-occurring mental health and substance misuse conditions focuses on addressing longstanding fragmentation in information sharing across NHS, local authority and voluntary sector partners. A system-wide Digital Interoperability Working Group has been established to explore shared digital solutions that improve safety, care coordination and decision-making, with a clear priority on access to key care information such as shared care plans. Central to this work is the use of LPRES as a shared care record, providing a single view of relevant information across organisations, including those without an electronic patient record.

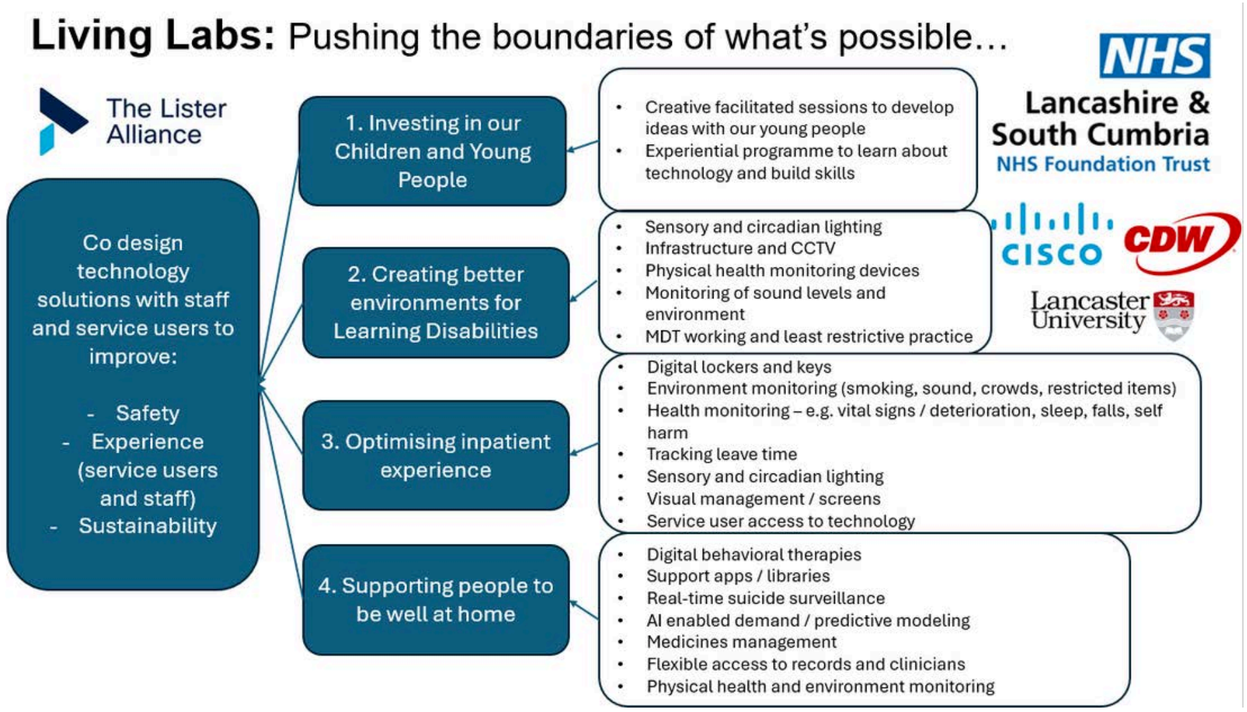
The programme also sets a longer-term ambition to move towards two-way read/write capability and shared care planning, alongside development of a digital directory of services to support clearer navigation, trusted referrals and stronger collaboration across partners. Together, these foundations support more coordinated, person-centred and equitable care aligned with neighbourhood and system transformation priorities.

Lister Alliance

The Lister Alliance is a partnership that enables collaborative working with NHS, adademia and industry. The approach moves innovation from ideas into live, evaluated pilots within real clinical settings, generating evidence and learning that can be shared and scaled across systems. The Alliance operates through a co-design model, bringing together clinicians, service users, academic partners and industry to test technology safely and pragmatically, with a clear focus on solving real-world service challenges rather than deploying technology for its own sake.

At LSCFT, the Lister Alliance is used as a structured improvement and innovation vehicle, underpinned by Living Labs. These Living Labs provide a safe, governed environment to trial digital solutions using improvement methodology, rapid learning cycles and clinical safety oversight. The Alliance is closely aligned to the Trust's digital strategy, Quadruple Aim and neighbourhood ambitions, with industry partners (including Cisco) providing funding and technical expertise to support pilot activity and tests of change.

The overarching aim of the Lister Alliance programme at LSCFT is to co-design and evaluate digital technologies that improve safety, experience (for service users and staff) and sustainability, while supporting more efficient and person-centred models of care. The programme seeks to build evidence for what works, stop what does not, and create scalable solutions that can be embedded across inpatient, community and neighbourhood settings.



Within the Living Labs programme, LSCFT is exploring enhanced flame and ignition detection technologies to address the risks associated with fires. This work focuses on earlier, less intrusive detection methods.

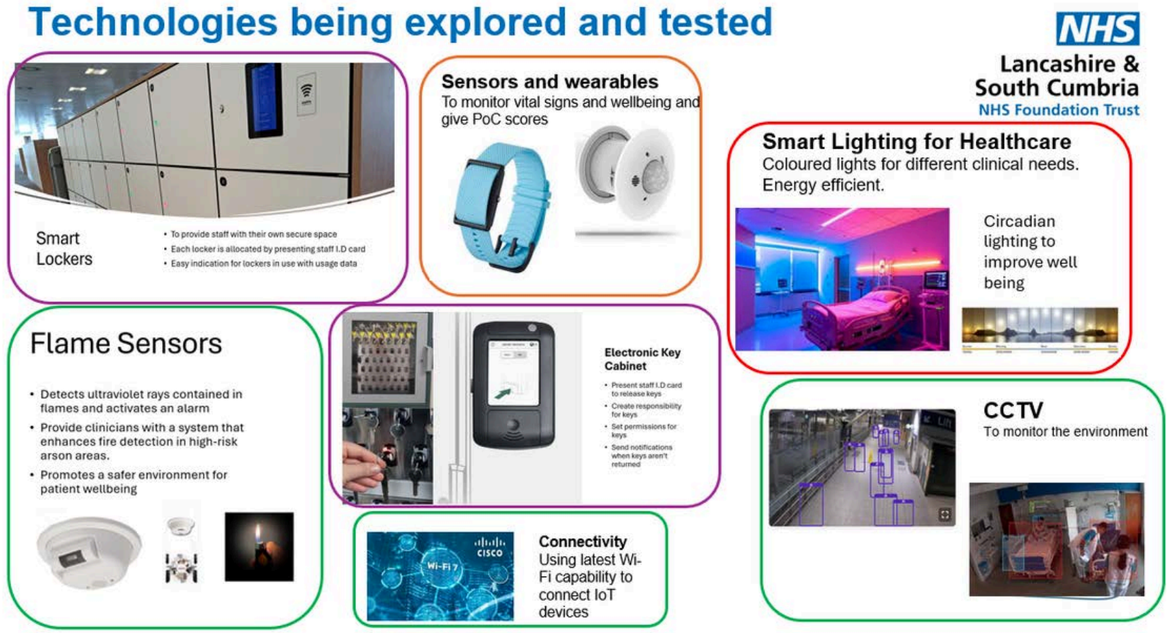
For Children and Young people a programme has been developed to build digital skills for young people who have experience our services and will be tested in 26/27.

Alongside this, LSCFT is exploring a model for virtual Mental Health care - learning from physical health virtual wards. The initial focus planned for 26/27 will be on Clozapine Initiation in the Community with a virtual care model. The focus is on evidence-led use of remote and wearable technologies within defined clinical pathways, supporting safer care, earlier identification of deterioration and more person-centred support.

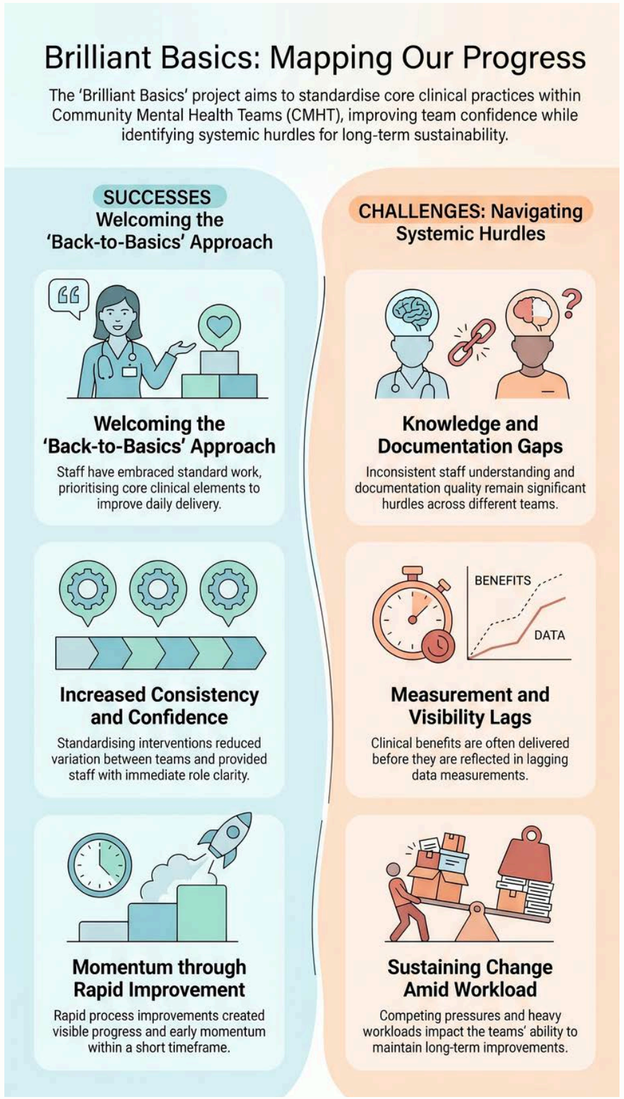
Watermeadow View has been established as LSCFT's first full Living Lab site for digital innovation within the Lister Alliance programme, with a particular focus on improving environments and outcomes for people with learning disabilities. It provides a real-world inpatient setting in which digital technologies can be co-designed with clinical teams and evaluated in practice, supported by academic and industry partners.

Technology at Watermeadow View

Watermeadow View is piloting a range of digital technologies to improve safety, therapeutic experience and staff oversight. These include sensory and circadian lighting, environmental and sound-level monitoring, smart infrastructure, physical health monitoring devices and digital key and access-control systems. Together, these technologies aim to improve understanding of environmental factors that influence wellbeing, behaviour and safety within inpatient settings.



Learning, reflection and what didn’t work



“Back to basics approach with standard work has been welcomed in CMHT.”

“Clarifying the CMHT offer and role expectations brought immediate confidence to teams.”

“Rapid process improvement created momentum and visible progress in a short timeframe.”

“Measurement lags behind delivery – benefits not always immediately visible.”

“Competing pressures and workload impact teams’ ability to sustain change.”

Courses corrected

During the year, the Trust strengthened its approach to clinical quality and consistency through the continued development of the Brilliant Basics framework and a renewed focus on standards within Community Mental Health Teams (CMHTs). This work represented a deliberate shift from fragmented, pathway-specific interpretations of standards towards a clearer, organisation-wide understanding of what good care looks like in practice.

The Brilliant Basics were refined to ensure that expectations were clinically meaningful, observable in day-to-day practice, and directly linked to patient safety and experience. Rather than focusing solely on staff “knowing” standards, the emphasis moved to embedding them through standard work, documentation, MDT routines and supervision. This approach supported greater reliability in care delivery by making the fundamentals of safe, person-centred care visible and consistent across teams, while reducing unwarranted variation in practice.

Building on this, the CMHT transformation programme focused on simplifying and strengthening standards at scale. Over one hundred individual national, professional and regulatory standards were deliberately consolidated into ten overarching Brilliant Basics themes. This consolidation significantly improved clarity and usability for teams, helping staff to see how standards translate into everyday clinical decision-making and team processes. Importantly, this created a Trust-wide minimum expectation for community mental health care, while still allowing local tailoring to reflect population need and service context.

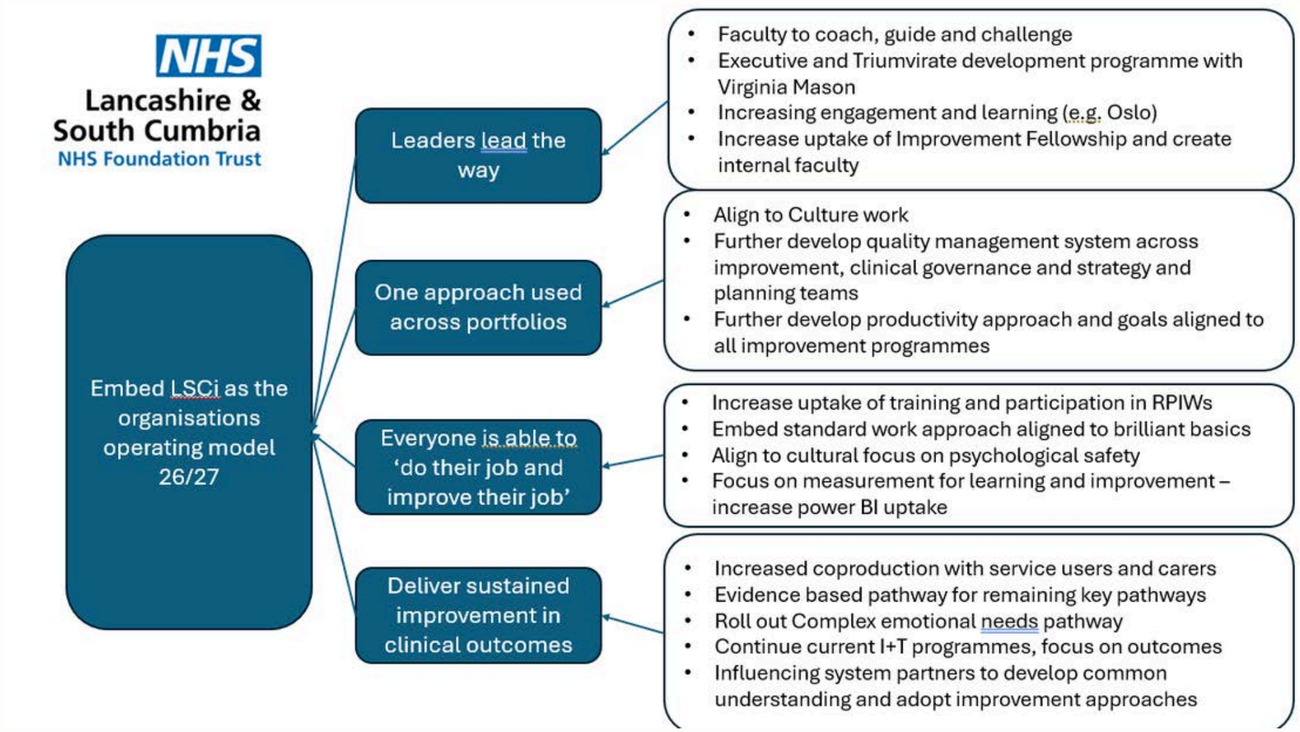
A key learning from this work was the importance of linking standards explicitly to capability. By connecting the Brilliant Basics to defined competencies and training offers, the programme improved coherence between quality, workforce development and improvement agendas. This alignment ensured that expectations were not only clear, but that teams and leaders were better supported to meet them in practice.

Taken together, this work has strengthened the foundations for safe, effective and consistent care across inpatient and community services. It has also highlighted the value of focusing relentlessly on the basics—done well, every day—while continuing to build the skills and systems needed to sustain improvement over time.

How did we do against the 2025-26 deliverables?

Theme	Key Deliverable	Q4 status
Executive & Board Development	5 executives matched to improvement coaches; 3 receiving active coaching	🟩 **On track**
	Exec/NED RPIW sponsorship in place (Governance RPIW)	🟩 **Achieved**
	Exec/NED participation in RPIWs (Worden; future wards)	🟩 **Achieved**
	Leadership style development sessions (Board & Exec)	🟩 **Achieved**
Triumvirate Leadership & Culture	33% triumvirates sponsoring RPIWs (C&W, Pennine)	🟩 **Achieved**
	Coaches for triumvirate sponsors	🟥 **Not achieved in year. VMI training in place Q2 2026-27**
	Alignment with OD coaching culture plan	🟩 **Achieved**
Learning from Other Organisations	External organisational learning visits	🟩 **Achieved**
Inpatient Pathway Co-production	Worden pathway work underway; Duxbury & Greendale next	🟩 **Achieved**
	Establish visual value management boards	🟥 **Not achieved in year. Delay due to warehouse upgrade.**
	Embed Population Intervention Triangle & Inequity Wheel	🟩 **Standard work created**
PMO Alignment	Identify EIP programmes suitable for RPIW	🟩 **MAS resource-based planning identified**
	PMO efficiency workshop support (Q3)	🟩 **Scheduled / progressing**
Transformation Alignment	Senior Improvement Advisors aligned to LSCi methodology	🟩 **Achieved**
Digital Alignment	Digital BAs trained in value management; standard work	🟥 **Not achieved in year. Training identified for 26-27.**

Priorities for the year ahead



This driver diagram sets out the Trust's ambition to embed LSCi as the organisation's operating model in 2026/27, ensuring improvement becomes the way leaders lead, teams work and care is delivered. It shows how leadership, a consistent improvement approach and everyday staff engagement will combine to drive sustained improvement in clinical outcomes.

Leaders will lead the way by actively coaching, guiding and challenging improvement. This will include continued development of executive and triumvirate leaders, strengthening internal improvement faculty, and increasing engagement in learning at regional, national and international levels to build capability and momentum.

A single, aligned approach to improvement will be used across portfolios, bringing together culture, quality management, clinical governance, strategy and productivity. This will ensure improvement activity is focused, measurable and aligned to Trust priorities, with consistent goals and methods across programmes.

The model reflects the ambition that everyone will be supported to 'do their job and improve their job'. This will include increasing participation in RPIWs, embedding standard work and brilliant basics, strengthening psychological safety, and improving the use of data and measurement for learning and improvement, including increased uptake of Power BI.

Together, these enablers will support the Trust to deliver sustained improvement in clinical outcomes. This will include stronger coproduction with service users and carers, evidence-based pathway development, rollout of priority pathways such as complex emotional needs, continued research and innovation, and influencing system partners to adopt shared improvement approaches. Collectively, the model describes how LSCi will underpin continuous improvement from leadership through to frontline care and system collaboration.

Leadership & governance

During 2026–27, the Trust will further strengthen leadership and governance arrangements to support delivery of its improvement priorities, with a clear emphasis on the interdependence between improvement and organisational culture. Recognising that sustainable improvement is underpinned by behaviours, leadership and ways of working, the Trust will bring together its improvement and cultural agendas into a more integrated and coherent approach.

Executive leaders, alongside defined clinical and operational triumvirates, will play a central role in leading improvement, supported through partnership with the Virginia Mason Institute (VMI). This will focus on developing leadership capability in continuous improvement, standard work, and high-reliability systems, ensuring that improvement is consistently led at all levels of the organisation. Through this approach, executives and triumvirate teams will model the behaviours, discipline and learning required to embed improvement in everyday practice, strengthening accountability and ownership for delivery and outcomes.e delivered.

As part of this development, the Trust will evolve its governance arrangements by bringing together previously separate forums into a single Improvement and Culture Group. This will replace standalone improvement and transformation structures, creating a more aligned space to oversee delivery, culture, leadership and learning. The new forum will strengthen the connection between improvement methodology, day-to-day management, and the behaviours required to sustain change, ensuring that governance is not only focused on performance, but also on how improvements are delivered.

This integrated approach will enable more joined-up decision making, clearer oversight of priorities, and improved visibility of progress and risk, while reinforcing the importance of continuous learning, staff engagement and collective leadership. In doing so, the Trust will ensure that its governance arrangements actively support a culture where improvement is embedded in everyday practice, ultimately delivering high-quality, person-centred care.

Priorities for the year ahead

Pathway work

During 2026–27, LSCFT will progress a Trust-wide programme to establish a coherent, evidence-based approach to condition-specific pathway design across inpatient and community services, addressing longstanding variation in access, delivery and outcomes. Building on the foundations laid through CMHT standardisation, HBTT redesign, Patient First, and condition-specific improvement work, the Trust will move towards clearer clinical pathways grounded in national standards, co-design and structured improvement methods.

The programme will focus on developing condition-specific pathways for key populations, including psychosis, unipolar depression, complex emotional needs, dementia and autism. Each pathway will be co-designed through Best Practice Groups and will define evidence-based interventions aligned to NICE and Royal College of Psychiatrists guidance, alongside clear clinical outcomes, delivery expectations and standard work. This approach will reduce unwarranted variation, improve flow and therapeutic consistency, and eliminate duplication across existing programmes.

Delivery will be undertaken through a phased model. Initial phases will establish agreed intervention sets and outcome measures, followed by clarification of service responsibilities, workforce competencies and training requirements. Implementation will then be supported through a tailored mix of continuous improvement, transformation or innovation, depending on the scale of change required. This will ensure that pathway implementation is proportionate, clinically led and sustainable. The work will also enable stronger alignment between clinical pathways and digital systems, embedding consistent workflows, data capture and decision support at the point of care, and supporting the development of digitally enabled models such as virtual wards and enhanced home-based care where clinically appropriate. Governance and delivery will be supported through dedicated clinical leadership, capacity backfill and clear reporting routes, ensuring progress is coordinated and visible across the Trust.

Overall, this programme will create the conditions for a more consistent, person-centred and evidence-based model of care, positioning the Trust to improve quality and outcomes, support workforce capability and align with emerging national policy and currency direction during 2026–27 and beyond.

Priorities for the year ahead

Virtual care

During 2026–27, the Trust will expand its use of virtual care to improve access, flexibility and experience for patients, while supporting more efficient and responsive service delivery. Digital solutions will be used to complement face-to-face care, enabling patients to access support in ways that are more convenient, timely and person-centred. This will include the use of virtual consultations, remote monitoring and digital communication tools to increase access, reduce delays and improve continuity of care across community and specialist services.

The Trust will continue to strengthen its digital infrastructure and data capability, ensuring clinicians have access to real-time information to support decision-making and prioritisation. Virtual care will also support workforce productivity by reducing unnecessary travel and administrative burden, releasing time for direct patient care. All developments will be implemented in line with clinical standards, with a focus on safety, equity of access, and improving outcomes and experience for patients.

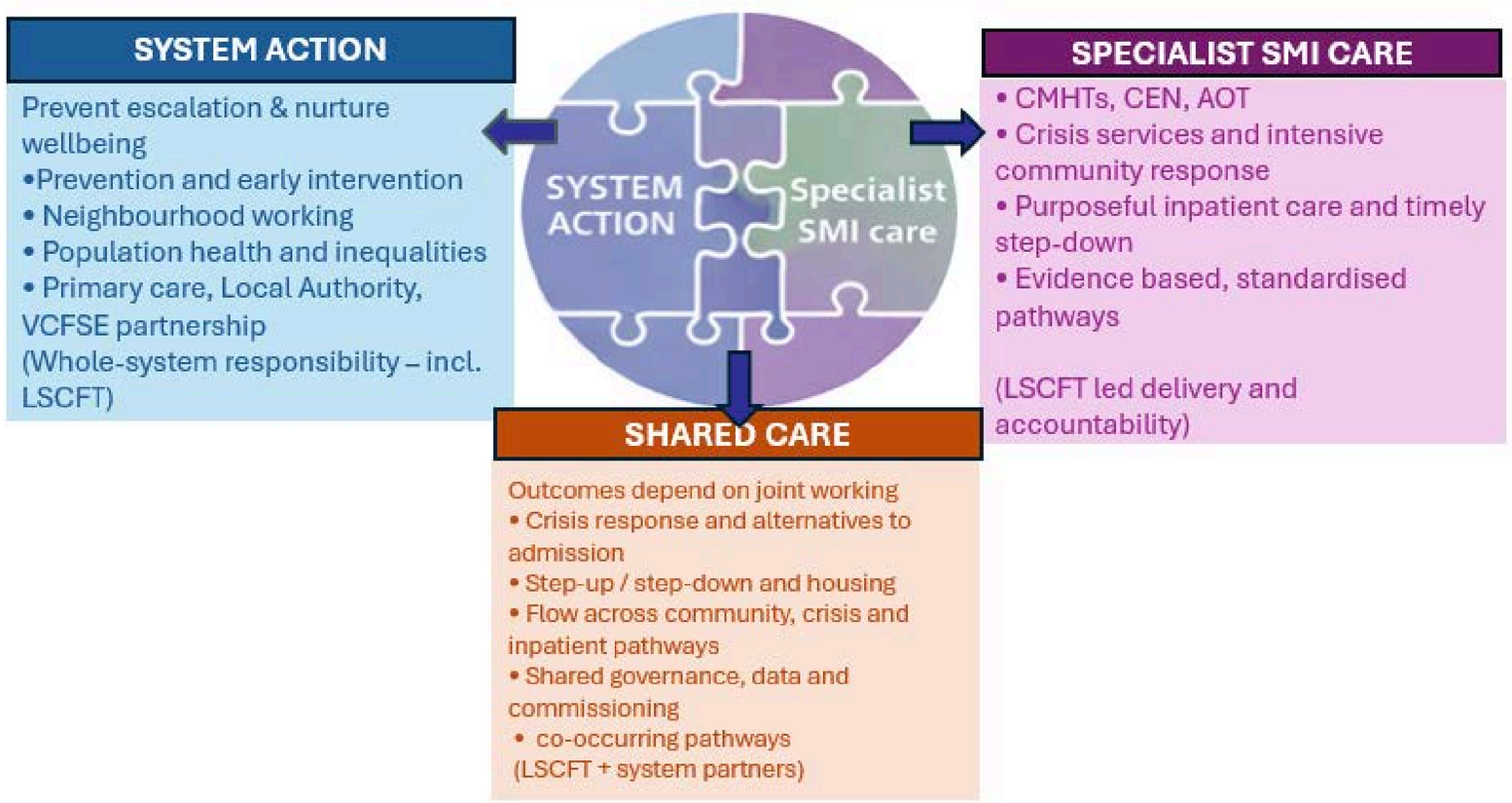
Clozapine Monitoring

During 2026–27, the Trust will prioritise improvements to clozapine monitoring pathways, ensuring they are safe, reliable and aligned with best practice. This will focus on strengthening the consistency and timeliness of physical health and blood monitoring, improving coordination between services, and reducing unwarranted variation in delivery.

The Trust will standardise processes for clozapine initiation and ongoing monitoring, ensuring that all patients receive high-quality, evidence-based care with robust clinical oversight. There will be an increased focus on improving patient experience, reducing delays and supporting adherence to treatment through more coordinated and person-centred approaches.

Improvements will be supported through better use of data, clearer accountability, and strengthened clinical governance, enabling earlier identification of risk and more proactive management of care. Collectively, this work will improve safety, reliability and outcomes for patients receiving clozapine, while supporting a more consistent approach across services.

System improvement plan



During 2026–28, the Trust will deliver a comprehensive System Improvement Plan to improve outcomes for people with Severe Mental Illness (SMI) through stronger specialist provision, clearer shared care models, and enhanced system-wide collaboration. The plan will establish a more coherent and aligned approach across Lancashire and South Cumbria, reducing fragmentation and unwarranted variation, and ensuring that services work together to provide consistent, high-quality care.

The Trust will lead the delivery of high-quality, reliable specialist mental health services, including strengthened community pathways, responsive crisis services, purposeful inpatient care, and effective step-down into recovery. Alongside this, partners across the system – including primary care, local authorities and the voluntary sector – will work collaboratively to prevent escalation, intervene earlier, and address the wider determinants of mental health, supporting a shift towards more proactive and population-based care.

The plan will prioritise a ‘left shift’ towards prevention and community-based support, alongside the standardisation of pathways in line with evidence-based practice and Royal College of Psychiatrists standards. It will also introduce more intensive and assertive approaches for individuals at highest risk, improve flow through crisis and inpatient services, and ensure that admissions are purposeful, time-limited and focused on recovery.

Collectively, this programme of work will improve access, experience and clinical outcomes, reduce reliance on crisis and inpatient care, shorten lengths of stay, and address health inequalities. By March 2028, the system will deliver more joined-up, preventative and person-centred care, ensuring inpatient services are used only when clinically necessary and for the optimal duration.

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