

Quality

Strategic Plan 2023 – 2028



Quality Strategic Plan 2023 - 2028

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Foreword



I am honored to present LYPFT's three-year Quality Strategic Plan. This is the second LYPFT quality focused strategy and is built firmly on the foundations created by its predecessor. As the Medical Director, I recognize the paramount importance of ensuring the highest standards of mental health care for our community. The strategic plan that we have developed embodies our commitment to excellence, innovation, and, above all, the improved mental health of those we serve.

In these challenging times, our dedication to quality care is more crucial than ever. This document outlines our strategic vision, objectives, and the collaborative efforts required to elevate our mental health services by attending to the elements that will allow quality to flourish.

I extend my gratitude to all of you whose expertise and passion shape our services daily. Through this strategic plan, we aim to meet the high expectations for services that we all share by fostering an environment where individuals can find solace, support, and empowerment through the course of their mental health journeys.

I invite you to really delve into the details of this plan with the aim of fully owning it, wherever you work in the organisation. Together, we can build a robust foundation for quality that is resilient to the challenges and prioritises the mental health and well-being of every individual we serve.

When I first became an NHS consultant in 2008, there was a building focus on quality across the NHS and a growing ambition to deliver high quality care for all. It was clear that this would require huge sustained collective efforts and culture change to become a reality. Those efforts have been very palpable in LYPFT during the intervening years and when I became Medical Director for LYPFT in 2020 I was extremely grateful to inherit a proud legacy of quality improvement that had been driven by my predecessor, Claire Kenwood. Having witnessed the organization start to make productive strides towards consistent quality improvement I am determined to work with all of you to maintain those gains and build upon them.

The Quality Strategic Plan is our road map to achieving the aim of delivering high quality care through every interaction in LYPFT. This latest version has at its heart, an intention to weave quality into the fabric of our organisation. That is only going to be possible if the Quality Strategic Plan is something that is owned, understood, and implemented by all of us, from Board to Ward. I was therefore keen that we harnessed all the evidence and technical knowledge in the first iteration and translated that into something that we can all, own, use and be guided by, at every level, as we strive to make LYPFT an organisation that provides uniformly high-quality mental health care.

Dr Chris Hosker
Medical Director

Introduction

Our aim is to create the conditions in all areas of the organisation for quality to be experienced.

A first crucial step in achieving that is for staff to be clear what quality is. Quality can mean different things to different people, and confusingly, there are multiple definitions of 'quality' across the NHS and our regulators.

Within LYPFT we believe that quality is about making healthcare safe, timely effective, efficient equitable and patient centered (*STEEEP*) and it is important this now becomes the singular definition of quality that we all commit our efforts to.



In 2018 the first LYPFT Quality Strategic Plan was agreed at Board following extensive discussions with the Council of Governors, Board, senior leaders, and consultation clinical governance forums.

The plan was underpinned by the philosophy that the organisation exists to provide high quality continuously improving care, and that this occurs at the point of every contact in the service of this purpose.

The Trust delivers 19 services all with different drivers and needs. To ensure that each service is supported, changes to the way we are structured (*flattened hierarchy, collective and distributed leadership, enhanced and aligned clinical leadership, refreshed clinical governance*) have already been undertaken with the mantra that we centralise by principle, while enabling delivery to be diverse enough for each service and service user.

We believe that quality care should be experienced at the point of contact between the clinician and those using our services. We know that to achieve this we need to have an approach that acknowledges:

- The work that we do is often complex.
- Successful outcomes depend on the knowledge of many being brought together in the right way.
- The wider work of the organisation is to create the conditions where quality can flourish.
- The Quality Strategic Plan is central to the delivery of our ambitions for quality care, job satisfaction for our staff and meeting the financial challenges facing the NHS.
- It provides us with a framework for delivering the right care, in the right way, each and every time.
- Our approach to quality creates real challenges and tensions.
- We must allow our people take ownership of quality, but also maintain an oversight and consistent approach to quality together for the entire organisation.
- We must use the best international evidence, but also build on the local experience of our service users, carers and staff to drive change.

Our Strategic Priorities

The vision for Leeds and York Partnership NHS Foundation Trust (LYPFT) is to provide outstanding mental health and learning disability services as an employer of choice. Our ambition is to support our service users and carers, our staff, and the communities we serve to live healthy and fulfilling lives.

To help us to work together to fulfil this ambition, our approach to quality must be universal across all areas of the organisation. By understanding how our quality (*Safe, Timely, Effective, Efficient, Equitable and Patient-centered care*) impacts on the services we provide we will undoubtedly encounter challenges and tensions.

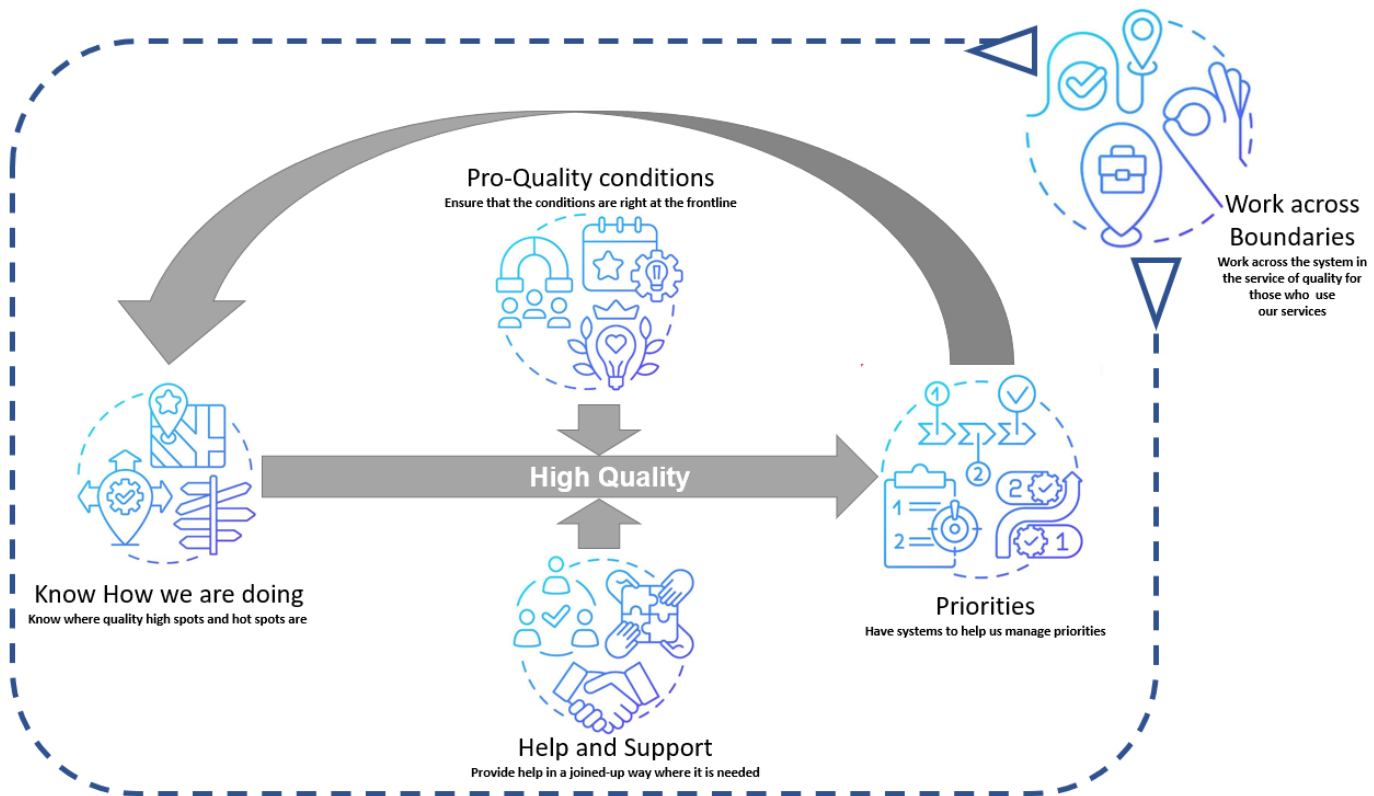
Our approach needs to help people take ownership of quality yet bring it together for the entire organisation. It must take the best international evidence, as well as build on local experience of our service users, carers, and staff. It must acknowledge the many ways we can see and improve quality yet provide a systematic and integrated whole. It must see quality as what happens in order to deliver the care for those who use our services, whilst acknowledging the contribution of all our staff. Quality within the organisation should be experienced at the frontline, yet led from every level, and every service, including the top.

Most of all, we need to start by placing our service users, carers and families at the heart of what we do. We will learn how best to build our services through our relationships with individuals and their support networks.

Our Model

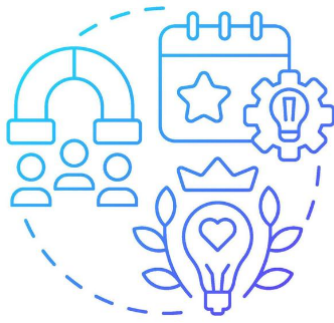
To enable us to deliver our quality strategic priorities we have built on the work of the previous Quality Strategic Plan to enable a connected view of the 5 areas which:

- Uses the evidence to build **pro-quality conditions** for quality care to flourish.
- Establishes a system that helps us **know how we are doing** floor to Board.
- Provides **help and support** where it is needed and does this in a joined-up way.
- Develops systems to ensure that we can set and deliver **priorities** with clarity and equity.
- Uses our integration skills to **work across boundaries** and systems with partners to make sure that we deliver joined-up high quality care.



These five components of the Quality Strategic Plan will support the organisation to deliver high quality care, by creating the conditions in which quality can flourish and ensuring there is an environment in which individuals/teams/services can come together where the challenges and opportunities we face cannot simply be resolved through technical fixes. This is where responsibility for the solution is greater than one person's and requires learning, even by those with expertise, to identify and embed the solution. We know that leadership is crucial, but we also need to know how we are currently doing, what our priorities are to ensure our efforts are concentrated in the right area, and to build the right relationships across the system to deliver quality across the continuum of care.

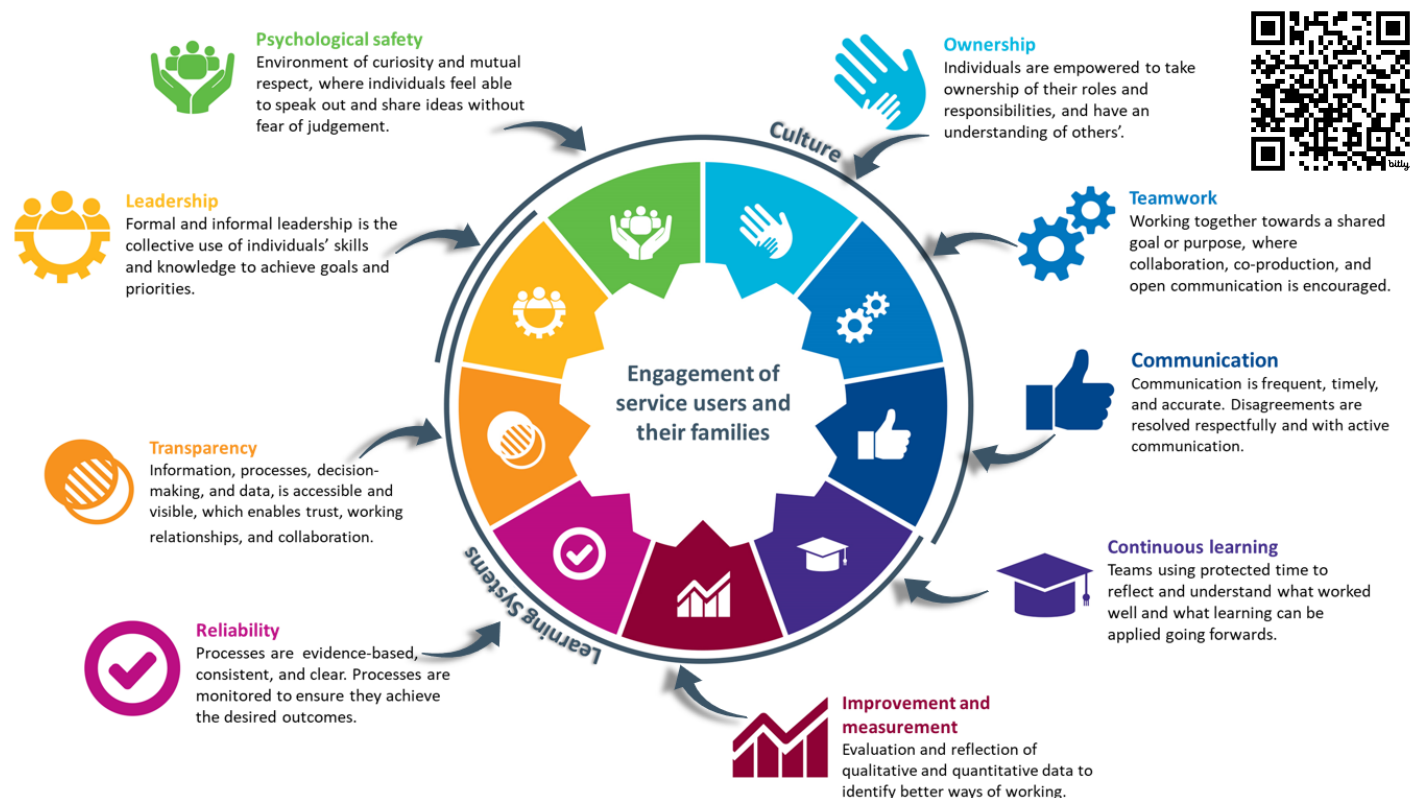
1.1 Pro-Quality Conditions



To develop the Pro-Quality Conditions, we use the Learning Culture and Leadership Framework, which was adapted from the IHI's 'Framework for Safe, Reliable and Effective Care'. This framework summarises the leadership, culture and learning conditions needed for organisations to build on quality and safety initiatives and to allow services to provide great care.

At the core of the framework is the engagement of service users and their families.

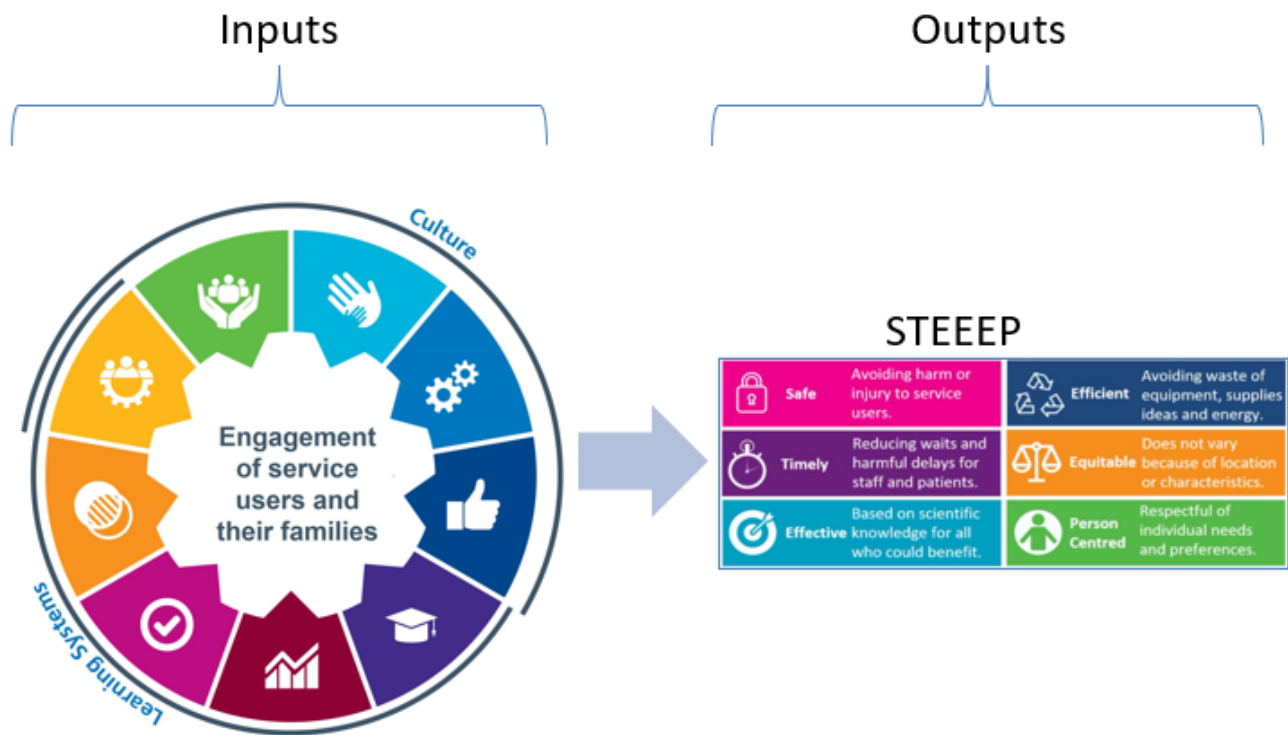
The framework defines culture - in relation to quality - as *'the product of individual and group values, attitudes, competencies and behaviours that form a strong foundation on which to build a learning system'*. The components include a clear ownership framework, coupled with psychologically safe environments in which to question and learn. It includes a focus on teamwork and the ability to communicate and build the right relationships to integrate care. This includes the ability to negotiate and to 'disagree well'.



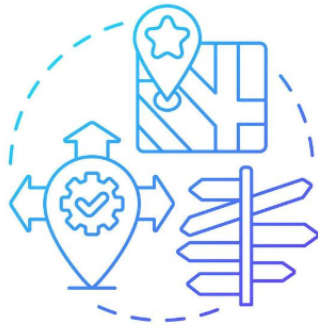
The learning system is *'characterised by its ability to self-reflect and identify strengths and defects, both in real time and in periodic review intervals'*. It includes the transparency required to ensure that we offer reliable care each and every time, coupled with the need to learn from when things go wrong and from best practice. There must be an ability to improve, and that improvement should be driven by measurement and outcomes.

Leadership is the linchpin between both the Learning System and the Culture. It is the leadership that should provide the conditions for all the components to thrive. Leaders are accountable for creating the conditions for good decisions to be made that lead to actions.

The Learning Culture and Leadership Framework provides the Pro-Quality Conditions (inputs) which ensure that the positive outputs will be experienced by those we care for across all the 6 domains of quality.



1.2 Know How We Are Doing



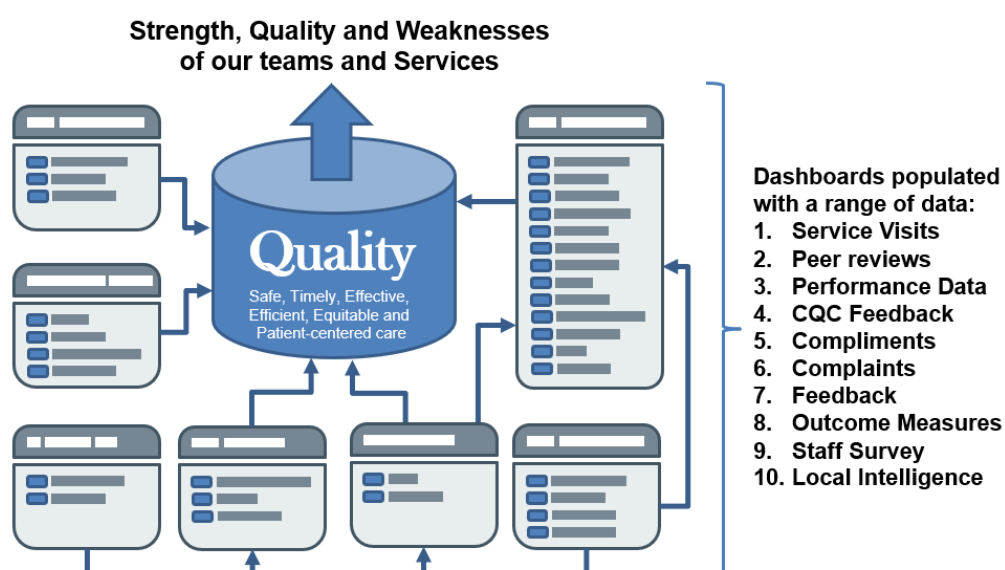
Knowing the quality, strengths and weaknesses of our teams and services – the ‘bright lights and hot spots’ - will identify the good practice we can learn from and where more support is needed. The need for data to drive improvement at every level in the organisation was reflected in our specification for procurement of a new electronic patient record in 2018. Across the organisation, we already have many ways of assessing quality. These include: service visits and peer reviews; the metrics that make up our combined quality and

performance report to our Board; Care Quality Commission feedback; compliments, complaints and service user feedback and outcome measures.

All these information sources will be integrated into our plan to develop both Quality and Culture ‘dashboards’.

We will use various sources of intelligence, including our data and peer-to-peer visits to ensure that we identify where early support should be deployed to help teams reflect and improve. We also need to support teams by creating an electronic solution to link their data and their plans for improvement so that they can track their own actions. This solution must also provide access for service lines and an organisation-wide perspective.

This accessibility will provide the opportunity for peer support and learning across the organisation and further strengthen the Trust’s approach to learning and providing the evidence of change. This will make us better able to assure ourselves, the Board, our commissioners and our regulators. The technical improvements in the collection, storage and access of data are all necessary but they alone will not improve quality. They must go hand-in-hand with good leadership, a nurturing culture and learning development, if teams are to embed a continuous improvement approach.



1.3 Help and Support



We have a variety of ways to support teams to improve: Project support; organisational development; clinical governance; continuous improvement; audit; service evaluation; and use of national guidance.

Where teams have a good awareness of the areas they need to improve, it is vital that the right support is offered in a way that will make a difference. This will depend on the issue concerned, not the skill set of the person seeking or offering help. Where teams

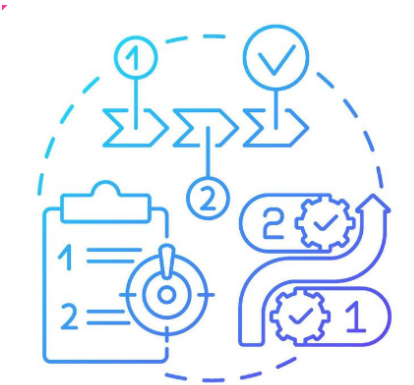
are unable to articulate this need – or indeed have not seen a need to improve – this becomes even more important.

To meet this challenge, we must ensure that we work in an integrated way. Our aim will be to ensure key support services are able to come together at the same time to build a collective coordinated support package, rather than these individual functions working independently of each other when supporting teams and services.

The next step will be the work with teams to develop an integrated offer and the processes and practices to support this.



1.4 Priorities



There will be a balance between locally owned quality objectives and goals, alongside overarching national and Trust priorities. We know that when we have multiple, competing, or contradictory priorities this works against our efforts to improve quality and safety.

When priorities are viewed as ‘imposed’ and are not owned, there is less likelihood of them being completed and evidence shows us that quality improvement carried out in this way can make things worse. However, it is also the case that as an organisation we are regulated, commissioned and subject to policy and evidence base

that will define and shape our priorities.

Presently there are a number of ways that teams, services and the Trust set priorities. We need to develop ways in which these priorities are collaboratively agreed upon but can be revised as needed when new learning occurs from either inside or outside the organisation.

Where individuals and teams can implement an idea or priority activity, they should be able to do so. However, where the impact of it spans wider than their service, there needs to be a wider approach to implementation.



1.5 Work Across Boundaries

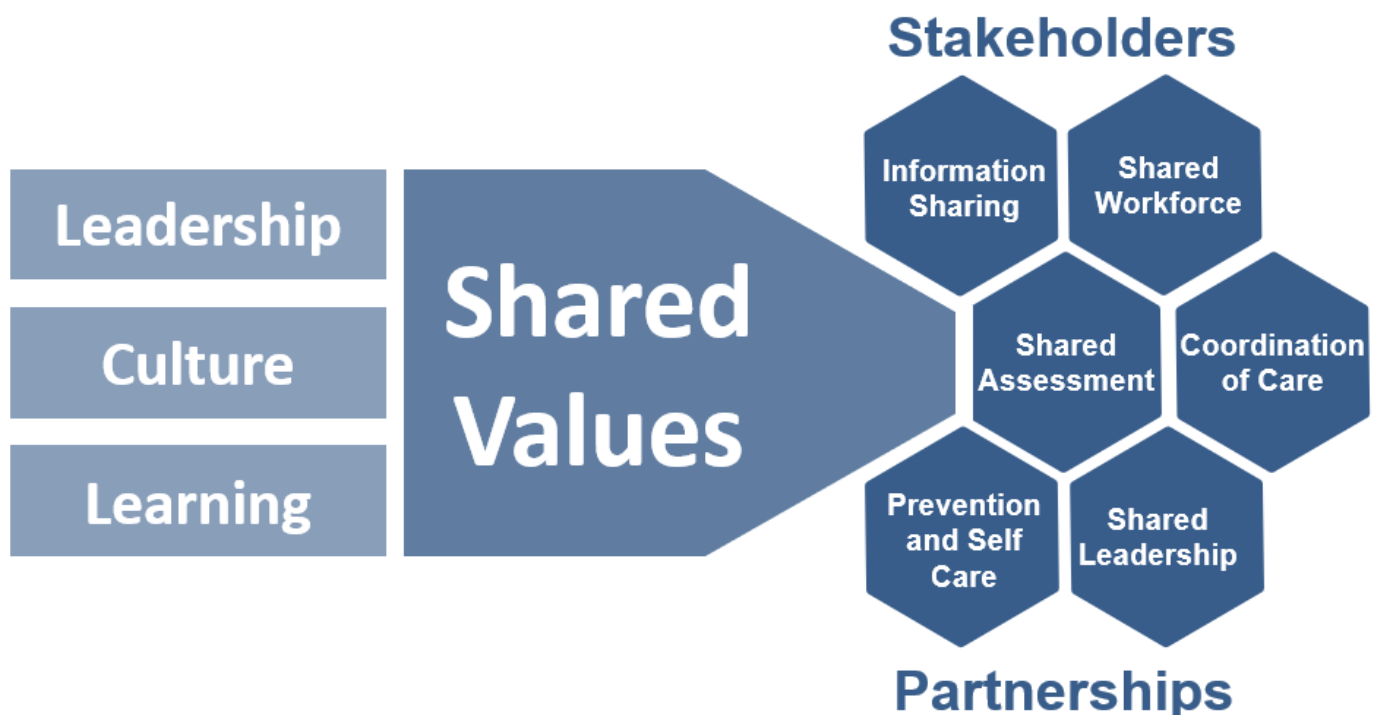


There is an emergence of models that put not just organisational integration, but systems integration at their heart. These include Place-based plans, Accountable Care Organisations; Sustainability and Transformation Partnerships; Accountable Care Systems and Integrated Care Systems.

These models reflect the evidence that cross-cutting problems require collaboration by multiple organisations and experts. As expertise deepens and becomes narrower, the problems we face are becoming broader and multifaceted. Clinically for example, we know that we are faced with complex problems that require expertise beyond that of the multi-disciplinary team; often requiring work across multiple organisations or sectors to give the person-centred care an individual needs.

The models equally draw on evidence that shows integration based on having the right relationships across systems is essential to maintaining quality in a world where resources are becoming tighter.

Building the leadership, culture and learning to support integration and collaboration *within our organisation* at every level will build the same skills, values and attitudes required to serve our population *across boundaries* and care pathways.



Oversight and Governance of the Trust Quality Strategic Plan

Accountability and delivery of the Trust Quality Plan will come from the Quality Committee, which will delegate the day-to-day delivery and oversight to the Trust-wide Clinical Governance Group (TWCG).

Any team or service specific Trust Quality Plan activity will be overseen by the respective Service Line, through service development and clinical governance meetings. These will report to TWCG and the Quality Committee.

Each clinical Service will provide an Annual Service Quality Report that now reflects the 5 areas of the Quality Strategic Plan.

Resource implications of implementing this strategic plan have been considered and will be mostly met by realigning existing resources.

How we will deliver the Quality Strategic Plan

It is clear that there is a lot of great work currently underway across the Trust which will support elements of the Quality Strategic Plan. However, the plan also highlights the gaps that need to be closed so that our organisation can develop into a place where quality is embedded and becomes the 'norm'.

Whilst the Quality Strategic Plan outlines the ambition of what we want to achieve, it will be supported by a yearly delivery plan that sets out the tasks, action and activities that will be the focus of that year.

Quality Strategic Plan – Activity Report				
Report title: 2023/4 Activity Plan			Date: 28/11/2023	
Over-arching Project Status and Summary				
Overall RAG		Summary		
<div>G</div>		The work on the Quality Strategic Plan (QSP) continues to build. The main highlight is the revised QSP which still has the 5 components at its core, but with a clearer connection between how the components are linked, is in the process of ratification.		
		There has been good progress made on the Learning, Culture and Leadership framework, with this now being available as an interactive session with teams completing it in real time. The Annual Service Quality Reports had a new structure launched this year which has received very positive feedback. Following on from this there is a new draft process out to consultation to aid the Quality Committee. This process has been redesigned which further helps the services to focus on the quality of their service and the conditions needed for it, as well as having a process for just the service to inform Quality Committee the level of quality they are delivering – this is a real floor to board process.		
Risks / Issues				
RAG	Risk / Issue	Mitigating Action	Action Date	Responsible Owner
A	STEEEP is not always used when trying to understand Quality within the organisation	TBC		
A	The QSP isn't understood or used to support the other organisational strategies	TBC		
Workstream Status and Activity Update				
BRAG	Workstream	Stage	Aim	Headline Next Actions
A	Wks 1 – Raise Awareness	Start Out	To raise awareness across the organisation of the QSP and its components	Meeting with Clinical Directors to help it embed into clinical services. Meet with other executives to see how the QSP is linked to the other strategies.
G	Wks 2 – Application Pro-Quality Conditions	Implementation	To embed the LCL framework as a key development tool for teams and services. This framework summarises the leadership, culture and learning conditions needed for organisations to build on quality and safety initiatives and to allow flourishing services to provide great care.	<ul style="list-style-type: none">Continue to explore the use of Menti Meter for real time use of LCLFollowing a successful first meeting with NHS Wales and Grand River Hospital (Ontario, Canada), continue to explore the resources each organisation has to support the framework.Start to explore how corporate services can apply the framework.Continue to support the Collective Leadership programme for 2024, after a successful 2023 programme – leadership is the linchpin in the LCL framework
A	Wks 3 – Application Know How We Are Doing	Define and Scope	Knowing the quality, strengths and weaknesses of our teams and services will identify the good practice we can learn from and where more support is needed.	<ul style="list-style-type: none">Quality and Culture dashboardsAnnual Service Quality Report Process
	Wks 4 - Application Help and Support	To be scoped 2024		
	Wks 5 – Application Priorities	To be scoped 2024		
A	Wks 6 – Application Work Across Boundaries	Implementation	By using different approaches to help support integration and collaboration within our organisation and where there is need to work across boundaries.	Currently the main focus has been on the use of Relational Coordination to support teams and groups to look how they relate across care pathways and activities. There has been use of the Relational Coordination methodology at board level, senior leadership level and team level.
High Level Measures				
Title		Baseline	Goal	Current
Number of Services with a completed LCL		TBC	TBC	TBC
Number of Services with their own STEEEP measures		TBC	TBC	TBC