



Leeds and York Partnership
NHS Foundation Trust

Improving the health and lives of the communities we serve: from 2025 to 2030

The five-year strategy of Leeds and York
Partnership NHS Foundation Trust

A summary document for anyone interested in where we are now,
where we want to be, and how we plan to get there



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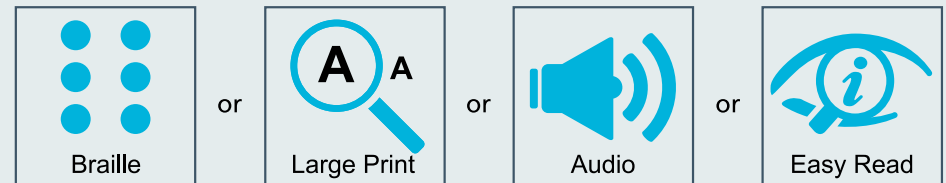
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Introduction



Foreword from the Chief Executive

Welcome to our five-year strategy for 2025-2030. This document aims to provide anyone interested in us with a simple and accessible explanation of who we are, what we're here for, what we're going to do, and how, to improve the health and lives of the communities we serve.

I am privileged to lead such a committed and talented organisation of people who work tirelessly all year round to provide great care, or who

provide the conditions for great care to happen.

Why is our work important? Because we know that even in a modern developed country like ours, people who need help for their mental health, people with learning disabilities and those with neurodiversity* conditions endure inequalities which affects their health and lives. For example, we know that:

- People in the most deprived parts of Leeds, where we provide most of our services, on average die 10 years younger than those in the least deprived areas.
- People with serious mental illness die on average 15 to 20 years earlier than the general population.

- Women with a learning disability die 27 years younger than the rest of the population, and for men its 23 years younger.
- People with a learning disability are 3 to 4 times as likely to die from an avoidable medical cause of death.
- People with neurodiverse conditions struggle to access the services and treatments they need in a timely manner – leading to poorer health and life opportunities.

Power of Partnerships

The word 'partnership' is in our name for a reason. We can only succeed by working effectively with our partners across our health and care systems. They include other NHS trusts, local authorities, third sector organisations**, higher education institutions, independent and private sector bodies and larger health authorities such as integrated care boards and NHS England.

So, I and my executive team will continue to do all we can to influence strategy and policy at local, regional and national level on behalf of mental health, learning disabilities and those with neurodiverse conditions.

National strategy direction

At the time of writing, the government is developing a new 10-year strategy for health. This will set out how it will achieve its three strategic shifts of:

1. Hospital to community,
2. Treatment to prevention, and
3. Analogue to digital.

You'll see references to all three of those shifts in our strategy.

The national 10-year strategy will set out expectations of the NHS, and what is possible within its scope, informed by [Lord Darzi's review published in September 2024](#).

We expect the national strategy to be published in Spring 2025, at which time we will review our plans to ensure they align. In the meantime, the message is clear – there will be no new money without reform, and we need to deliver on the operational priorities for this year within the resources we already have.

Creating the conditions for great care

Our staff are our greatest asset. Without them we do not have a service to offer. So, within this strategy you'll find high level commitments to provide a rewarding and supportive place to train and work.

You'll also find our commitments around how we use our resources and what we call our 'strategic enablers'. This includes our ambitions to improve our use of digital technology which is becoming ever more important in providing care.

And we must make the best use of the data we collect to inform and increase our understanding of our populations to provide insight into the best way to care for them.

I hope you find our strategy interesting, informative and motivating. For those who'd like to see our plans in more detail, you can find this on [the strategy page of our website](#).

Sara Munro
Chief Executive



*** Jargon buster: Neurodiversity**

The idea that people experience and interact with the world around them in many ways. There is no one "right" way of thinking, learning, and behaving, and differences should not be viewed as deficits.

In this strategy the words neurodiverse, or neurodiversity, are used in the context of autism spectrum disorder, as well as other neurological or developmental conditions such as ADHD or learning disabilities.



**** Jargon buster: Third sector**

A range of organisations that are neither public sector nor private sector. It includes voluntary and community organisations (both registered charities and other organisations such as associations, self-help groups and community groups), social enterprises, mutuals and co-operatives.

Who we are

Leeds and York Partnership NHS Foundation Trust is the main provider of mental health, learning disability and adult neurodiversity services in Leeds. We also provide some specialised services across West Yorkshire, across Humber and North Yorkshire, and a few across the North of England.

Areas we serve

The city of Leeds is our 'place' where we deliver the majority of our services.

The county of West Yorkshire is the integrated care system (ICS)* to which we are most aligned.

We also provide specialist services in the Humber and North Yorkshire ICS, as well as across the North East and North West of England.



If you want to find out more about the care services we provide, check out the **care services directory on our website**.

We employ around 3,000 staff. These are a mix of clinical roles like psychiatrists, nurses, psychologists, allied health professionals** and health support workers; and professional support service staff in areas such as digital technology, finance, human resources, estates and research and development (to name only a few).

We value our selfless volunteers who make a huge difference to our service users and work alongside our staff to support the work of our Trust.

We are also proud to be working with our local higher education institutions to nurture the next generation of talent. Every year we train over 300 medical students, around 250 nurses, over 100 allied health professionals and around 25 nursing associates.



***Jargon buster:**
Integrated care system (ICS)

An ICS is a partnership of NHS organisations, councils, Healthwatch organisations, hospices, charities and the third sector. Collectively they aim to improve the health and wellbeing of local people in a particular region



****Jargon buster:**
Allied health professionals (AHPs)

Clinicians who work in a variety of settings to diagnose, treat, and rehabilitate patients. They play an important role in modern health and social care services. AHPs you are most likely to meet at LYPFT include physiotherapists, occupational therapists, dietitians and art therapists.

Key facts about us



811k+

people we provide services to



38

services we provide



407

inpatient beds in our wards



£227m

is what we spend on delivering care per year



57

sites we operate from



3,303

substantive staff we employ



616

bank staff who work regular shifts



133

active volunteers

What we are 'here for'

Our vision and mission statements are the building blocks of our identity. Our vision is our aspiration, and our mission is how we want to achieve it.

Our vision is...

To lead the way in mental health, learning disability and neurodiversity care so the communities we serve can live healthy and fulfilling lives, our people can achieve their personal and professional goals, and everyone can live their lives free from stigma and discrimination.

Our mission is...

To improve the health and lives of the communities we serve by providing outstanding mental health, learning disability and neurodiversity services; to be a great place to work and a great partner to work with.

Our values

We have integrity,

We are caring, and

We keep it simple.

In 2016, we co-created our values with staff, partners, and service users and carers. Since then, they have been adopted and embedded into the culture of our organisation. They are unique to us and are integral to how we go about our business – and our staff go above and beyond to live up to them every day.

You can read more about our **values and our behaviours on our website.**

Our promise

We see over a million service users and carers every year. Our promise to them is that we are dedicated to people-centred care and are proud of the high-quality, specialist mental health, learning disability and neurodiversity services we provide. We actively involve people in their care to empower them to achieve their personal goals and enjoy fulfilling lives.

Our three core strategic objectives

- 1. Through our care services:** we deliver great care that is high quality and improves lives.
- 2. For our people:** we provide a rewarding and supportive place to work and train.
- 3. Using our resources wisely:** we deliver effective and sustainable services.

These three core strategic objectives are underpinned by a range of delivery plans.

To enable us to deliver our three core objectives, we rely on our professional support services. There are too many to describe here. However, we will highlight two in this strategy document which are:

- Quality, and
- Digital Technology.

Read more about them and how we'll be delivering them on page 24.



**The world
we operate in**

Our local 'place' is Leeds as this is where we provide most of our services. We also have a strong presence within the West Yorkshire health and care system, as well as operating some specialist services across Humber and North Yorkshire, and some across the North of England.

We know that the populations we serve are changing. For example, there will be more older people and fewer working age people living in Leeds in the coming decades. This means we can expect higher demand for our older people's mental health services, such as care and support for dementia.

We expect that more people, across all ages, will experience mental health and wellbeing challenges over the next five to ten years due to the lasting impact of the Covid-19 pandemic, cost of living crisis and a reduction in local authority and community-based services. This will mean more people requiring our support.

We also must consider potential unknown demand for our services and unmet need. For example, the mental health needs of more vulnerable people and communities who may experience poorer access to healthcare than others (known as health inequalities).

We have an opportunity to shape demand by changing and improving health and care services for people, so that fewer people require crisis or inpatient care, and more people get what they need close to where they live.

Leeds has a total population of around 800,000 people, and its Black, Asian and minority ethnic population has increased by 19% over the last decade. There are inequalities in health and social outcomes for people in the city. For example, there is a 10-year difference life expectancy between those living in the most and least affluent areas.

Nationally, there are inequalities in access to healthcare. People from ethnic minorities experience barriers to accessing care, have poorer mental health and are more likely to be detained under the Mental Health Act than people of white backgrounds.

This is why addressing health inequalities is so important, and why we've set out ambitions in this area that contribute to the wider strategic aims of our local and regional partners.

This includes our role as an Anchor Institution*, recognising and leveraging our influence as a major employer with significant buying power to maximise benefit for Leeds and its local region.



***Jargon buster:
Anchor Institution**

The Trust is part of the Leeds Anchors Network - a group of the city's largest (mainly) public sector employers. They focus on areas where they can make a difference for people as an employer, through procurement, through service delivery or as a civic partner.

Involving people

To understand what matters to the communities we serve, we are and must remain committed to co-creating and co-delivering care services with people who have lived experience.

We must also collaborate with our partners to understand our populations – how they are changing and what they need from us, so that we can provide joined up care that is high quality today and fit for the future.

While service user involvement is well established in some of our care services, we strive towards a consistent approach across all of them.

Being Trauma-informed*

The Trust provides services to people who are often adversely affected by what can be described as ‘trauma’. This could be an incident or period in their lives that has contributed to their condition for which the Trust might now need to treat them for.

We aspire to become more trauma-informed in our practice. This is a culture shift requiring us to increase our knowledge of trauma to help us do our jobs better.

It also has benefits to tackling health inequalities. We know that psychological trauma can be caused by individual or ongoing acts such as sexual abuse but also by social factors such as poverty, racism and abuse of people identifying as LGBTQIA+**. Therefore, developing a workforce that understands a diverse range of cultural experiences is important.



*Jargon buster: Trauma-informed care (TIC)

The Department for Health and Social Care defines TIC as clinical practice that:

- Understands that trauma exposure can profoundly impact an individual’s physical, psychological and social development,
- Recognises the symptoms of trauma and continually asks, “what do you need”? rather than “what is wrong with you”?,
- Seeks to avoid re-traumatisation and addresses trauma-related barriers to accessing health and social care (rather than by treating trauma directly).



**Jargon buster: LGBTQIA+

This stands for lesbian, gay, bisexual, transgender, queer, questioning, intersex, and asexual. The + represents other identities that are not explicitly included in the acronym.

National objectives

If we are going to be a great partner to work with, we must work in partnership with system partners to support the delivery of our local, regional and national strategies for mental health, learning disabilities and neurodiversity services.

The **NHS Long Term Plan** was published in 2019. It sets out a ten-year vision for health services in England; showing how it will use the NHS long-term funding settlement that was agreed by the Government in July 2018. The Plan includes proposals that are relevant to us and the partnerships we work in. It guarantees investment in community services, promoting greater partnership working between primary and community care.

At the time of writing, we are expecting a new ten-year plan for health in Spring 2025. A lot has changed since 2019 including the impact of the Covid-19 pandemic on both the mental and physical health of the nation, as well as on health and care providers like us. Whatever it says we must work with our partners in how we respond to the challenges it lays out, and we will adjust and augment our strategy accordingly.

Local objectives

In 2023 the Leeds Health and Care Partnership, which includes LYPFT, published the five-year [Healthy Leeds Plan](#). Our work actively supports its two main goals of:

1. Reducing preventable unplanned care utilisation across health settings; and
2. Increasing early identification and intervention of physical and mental illnesses.

These goals are focussed on the 26% of the population in Leeds who are living in the 10% most deprived areas.

2023 also saw the publication of the [Leeds Health and Wellbeing Strategy](#) which we are also actively supporting the delivery of.

We are also actively engaged in delivering the **West Yorkshire Integrated Care Strategy**, published in March 2023, working with our regional partners.

Our three core strategic objectives

At LYPFT we like to keep it simple. Therefore, we've got three clear strategic objectives. They are:

- 1. Through our care services:**
we deliver great care that is high quality and improves lives.
- 2. For our people:**
we provide a rewarding and supportive place to work.
- 3. Using our resources wisely:**
we deliver effective and sustainable services.

To be consistent, we've summarised the key ambitions and actions within these objectives in a series of "we will" statements.



**1. Through our care services:
we deliver great care that is
high quality and improves lives**

We are the main provider of mental health and learning disabilities services in Leeds. We also provide specialist services for broader regional and national populations. In total we deliver 38 clinical services organised into what we call ‘service lines’.

The following table gives a summary of those service lines:

Service Line (in alphabetical order)	A simple description of what’s included in each service line	Service Line (in alphabetical order)	A simple description of what’s included in each service line
Acute Services	Our crisis services, inpatient wards and psychiatric intensive care unit for adults experiencing acute mental ill-health.	Perinatal and Liaison Services	Perinatal services include inpatient and community services for mothers with acute mental ill-health (before, during and shortly after birth). Liaison services refer to teams working with partners to support people with serious mental illness in hospitals and in the community.
Children and Young People’s Services	Our inpatient mental health services in Leeds and York for those aged 13-18, and our national Deaf Child and Adolescent Mental Health Service.	Regional and Specialist Services	Our adult neurodiversity services, our emotional complex needs team (formerly known as personality disorders), our veterans’ mental health and gambling addiction services. It also includes our partnership with Forward Leeds to provide drug and alcohol addiction services.
Community and Wellbeing Services	Our working age community mental health teams and our Healthy Living Service.	Regional Eating Disorders, Complex Rehabilitation and Gender Identity Services	Our inpatient and community eating disorders services for adults, Rehabilitation and Recovery Services, the Leeds Recovery College, and the Leeds Gender Identity Service.
Forensic Services	Our secure inpatient and community services in Leeds and York for people with acute mental ill-health, with some also at risk of offending.		
Learning Disability Services	Our inpatient, respite and community services for people with a severe learning disability and/or autism, our Health Facilitation team and our Specialised Supported Living Service.		
Older People’s Services	Our inpatient and community mental health services for people with needs associated with older age in Leeds.		

Find information about all our [care services on our website](#).

Our five-year plan for Care Services

In 2024 the Trust published a bold and exciting vision for improving the care we provide to the communities we serve. It sets out our objectives and priorities for the next five years to allow us to make significant progress towards achieving that vision.

People are at the heart of everything we do. That includes our service users, our staff, our students and our partners who we deliver care alongside. We've worked with many of them to produce this five-year plan.

We've aligned it to many relevant commitments within the NHS Long Term Plan. A key commitment is that more mental health care should be offered in the community – either within or as close to people's homes as possible, and less care provided in hospital settings. This is in line with the national strategic shift 'from hospital to community'.

The plan also has a focus on tackling wider health inequalities, improving access to those who find it harder to engage, improve people's experiences of LYPFT and their physical health too. This is in line with the current national strategic shift from 'treatment to prevention'.

As well as setting out how we want to change and improve, it also sets out scenarios if we 'do nothing' or just continue what we're doing now. This will mean we may need more inpatient beds to cope with people who are not getting the services they need close to home, poorer outcomes for service users, and represent a poor use of precious NHS resources.

For our Care Services

1. We will co-create and co-deliver care services with people who have lived experience

What this means is:

Our care services are led together with people who have experience of using our services, working in partnership.

By being an Anchor Institution, we contribute to our local economy through wider skills development and employment opportunities for people who use our services.

We lead continuous co-production of care services working with our communities and citizens.

2. We will collaborate with our partners to understand our populations and provide proactive integrated care*

What this means is:

We understand who our partners are, both locally and regionally, and create the right environments to work with them.

We stay informed about our populations and their holistic care needs and proactively support people.

We co-design and co-deliver proactive integrated care and support with our partners.



*Jargon buster: Integrated care

The aim of integrated care is to join up the health and care services around the requirements of individuals and to remove barriers.

This is hard as health and care services are made up of many different parts, and arrangements for delivering and funding them are complicated.

3. We will provide high quality, equitable and sustainable care services.

What this means is:

Our care services have the appropriate conditions where high quality care can flourish.

Our care services deliver equitable access, experience and outcomes.

Our care services are clinically, financially and environmentally sustainable, supported by digital technology and the buildings in which they operate.

We have a sustainable, healthy and engaged workforce whose wellbeing is supported.

4. We will improve health inequalities within the communities we serve.

What this means is:

We will ensure organisational leaders have the skills, capacity and confidence to embed the Improving Health Equity Strategy into core business.

We will ensure everyone in the workforce understands their role in improving health equity and they feel empowered to tackle discrimination and promote inclusion in every area of their practice.

We will embed the consistent use of equality and health inequality impact assessments for all significant service changes to improve health equity and mitigate against any adverse impacts.

We will have a robust process in place to improve health equity through all relevant quality improvement activities.

We will ensure our services are delivered with a trauma-informed approach, recognising that communication, compassion, and coordination are all important for effective patient-centred care.




Read the full [Care Services Strategic Plan on our website.](#)



Our five-year action plan for care services

Our key activities

To deliver on our priorities we know that there are key activities we will need to undertake, and many of these will be sequential. The diagram below highlights the activities we will complete to deliver on each objective linked to our priorities.

	Year 1	Year 2	Year 3	Year 4	Year 5
 <p>1. We co-create and co-deliver care services with people who have lived experience</p>	Employ people with experience of using our services		Care services led by people who have experience using our services		
	Training and skills for people who use our services	Work experience offered to people with lived experience	Employ people with experience of using our services in operational roles		
	Design approach to co-production	Embed co-production approach	Develop and embed approach to evaluate and continuously improve approach		
 <p>2. We collaborate with our partners to understand our populations and provide proactive integrated care</p>	Provide ways for staff to connect with partner organisations	Establish and strengthen relationships with our partners			
	Agree and embed a population health management approach	Identify unmet need in our population			
	Work with our partners to address unmet need in our populations	Establish new ways of working with partners	Use shared community assets creatively with our partners to improve accessibility of our services		
 <p>3. We provide high quality, equitable and sustainable care services</p>	Embed research and development into service design and delivery	Embed collective leadership and a culture of continuous improvement			
	Develop a robust approach to measuring and monitoring equity in access, experience and outcomes	Embed equity considerations and requirements into our approach to care service co-design			
	Build capacity, capability and flexibility into our care services	Co-design care services that are environmentally sustainable	Invest in proactive care and community-based support		
	Develop a comprehensive training and skills offering to all staff	Enhance resources to support staff wellbeing			

Keeping it simple - our Care Services publish their own annual Plans on a Page which you can [find on our website](#).



2. For our people we provide a rewarding and supportive place to work and train

Great care is delivered by great people, and we know that to continue to provide high-quality healthcare services, we need to support our colleagues to be the best they can be at work whilst nurturing and training the next generation of talent.

In early 2024 the Trust published a refreshed three-year People Plan which outlines what current and future staff can expect from us and each other. We're committed to improving the working lives of staff - enabling them to be prepared and supported for whatever lies ahead.

The Plan sets out what we want to achieve under each of the four NHS People Plan ambitions. These are:



Looking after our people



Belonging in the NHS



New ways of working and delivering care



Growing for the future

Ambition 1: Looking after our People

The wellbeing of our people is important to us, so they can deliver high quality care. We want our people to be safe, healthy, and well both physically and psychologically.

As part of our commitments to look after our people, we will:

- Ensure that our workforce health and wellbeing plan is evidence based and planned strategically,
- Ensure our people have equal access to and use a full range of well-being support – physical, psychological, financial and social,
- Promote a psychologically safe culture and environment which challenges stigma and values lived experience,
- Develop proactive and local health and wellbeing support for all our people,
- Ensure our leaders will have the knowledge, skill and expertise to support wellbeing in the workplace.

We think we'll have been successful if we are:

- In the top 25% of Trusts for our Health and Wellbeing staff survey scores,
- Receiving excellent training feedback from higher education institutions and NHS England education and training departments,
- Maintaining 85% compliance rate with Personal Development Reviews (PDRs),
- A menopause accredited Trust.

Ambition 2: Belonging in the NHS

We will foster a culture of belonging and inclusion, where all our people have a voice, and we will tackle discrimination and inequality gaps.

As part of our commitments to help staff feel they belong, we will:

- Give our people a voice, listening, acting on feedback and involvement in decision making,
- Embed Equality, Diversity, and Inclusion (EDI) into the culture of our Trust,
- Grow collective leaders that reflect Trust values,
- Provide a working environment of civility and respect for our people,
- Improve the experience of those people with a protected characteristic as identified by the Equality Act 2010,
- Embed reward and recognition in our Trust to create a culture of our staff feeling valued.

We think we'll have been successful if we are:

- In the top 25% of national staff survey results for being compassionate and inclusive,
- Increasing leadership programme participation,
- Ensuring our people reflect the communities we serve through widening participation programmes.

Ambition 3: New ways of working and delivering care

This means engaging our people in innovation and improvement to deliver the best possible patient care.

As part of our commitments, we will:

- Grow our Trust and its people through a focused approach to leadership, management and culture development,
- Adopt a collaborative and inclusive People and Organisational Development approach to Trust projects, aligning ourselves to other change drivers e.g. collective leadership and civility and respect,
- Develop Organisational Development (OD) and change management support for the Trust and its staff to facilitate new ways of working and delivering care,
- Continue to build a culture of innovation and improvement in our approach to people development, systems and processes,
- Provide accessible and intuitive software solutions to support People and OD initiatives.

We think we'll have been successful if we are:

- Increasing the opportunity for flexible and agile working,
- Providing service management training effectively,
- Engaging clinical services on the Team Rostering methodology to encourage flexible working options.

Ambition 4: Growing for the future

This means fostering and nurturing talent in health and care careers, expanding and develop our workforce, while embracing new and emerging roles alongside our traditional roles.

We will:

- Ensure the Trust's recruitment processes are safe, effective and reflect best practice,
- Ensure the high-quality education of our future workforce remains embedded in our governance structures, along with support for our educators,
- Increase the number of staff to undertake apprenticeships,
- Implement an innovative approach to talent development, embedding the right culture and improving retention through delivery of our retention strategy,
- Increase the opportunities for flexible working across the Trust, including flexible retirement options,
- Deliver effective workforce planning processes which focus on recruitment and retention, new roles, skills mixing and future supply pathways to ensure a fit for purpose workforce for now and the future.
- Invest in recruiting, retaining and developing our clinical professionals - who are our nursing and health support workers, our doctors, our psychologists, our allied health professionals and social workers, and our pharmacists.

We think we'll have been successful if we:

- Have launched and embedded our Values-based Recruitment programme,
- See at least 75% of staff recommending the Trust as a place to work,
- See at least 75% of our students recommending the Trust as a place to train,
- Increase the number of people undertaking apprenticeships as part of new recruitment or Continuous Professional Development (CPD).

Want more detail?

Read our [People Plan 2024-2027 on our website](#).





3. Using our resources wisely: we deliver effective and sustainable services

The Trust has a duty to deliver high quality care whilst providing value for the taxpayer's pound. We receive around £245million a year to deliver services that improve the health and lives of the communities we serve, which comes with a high level of responsibility.

We have a statutory duty to deliver a break-even financial plan every year. This duty applies to all organisations which collectively make up our Integrated Care System and we work together to ensure we achieve this as a whole system.

From April 2024, we started to forecast a significant year end deficit which has increased the need for greater efficiency and productivity. Our Chief Financial Officer is the custodian of our efficiency and productivity duties, and they are subject to rigorous internal and external audits.

The Trust operates within a well-defined corporate governance framework which includes explicit arrangements for:

- setting and monitoring financial budgets,
- delegation of authority for committing resources,
- performance management, and
- achieving value for money.

In April 2024 the Trust's senior leadership team agreed four key areas of focus for its efficiency and productivity measures. They aim to balance patient safety, experience and outcomes, whilst providing the best opportunities for us to achieve our break-even target.

To achieve a consistent year on year breakeven position, we will:

1. Reduce overspending on staffing – also called our pay run-rate,
2. Reduce use of additional temporary staff including reliance on agency staff and locum doctors*,
3. Improve the flow for patients through the health and care system - which is focused on significantly reducing out of area placements (OAPs), and
4. Reduce our spend on non-pay related costs – which relates to the money we spend on everything other than staffing costs.



***Jargon buster:
Locum doctor**

This is a fully qualified doctor who temporarily fills a position in a hospital, clinic or practice. The term "locum" comes from the Latin phrase locum tenens, which translates as "place holder".

Estates, capital planning and environmental sustainability

The Trust operates out of around 57 sites, most of which are in Leeds with the others in York and across the North of England. The quality of our estate is critical to the quality of care we provide, as well as the experiences of service users and carers, and the wellbeing and productivity of staff.

Our vision is: to make best use of our most modern fit for purpose estate in line with the One Public Estate* principle, ensuring the needs of our care services and service users leads our estates strategy.

Over the next five years, we will:

- Ensure our estate offers a therapeutic environment for patients, is compliant with safety regulations, and is secure.
- Ensure our estate is efficient and effective for our workforce, and supports modern flexible and agile working,
- Develop our estate to be digitally enabled,
- Work towards achieving our net zero targets across all categories and strive to becoming a Green Trust - read our Green Plan on our website.
- Work closely with our partners to plan and deliver estate solutions across Leeds,
- Secure the future of our PFI buildings** by acquiring some of them, or potentially all of them, depending on clinical needs, to bring them into our control in 2028.



* Jargon buster: One Public Estate

This supports locally-led partnerships of public sector bodies to collaborate around their public service delivery strategies and estate needs. This helps organisations repurpose surplus public estate for housing, regeneration, and other locally determined uses.



** Jargon buster: PFI

The Trust currently operates out of seven buildings in Leeds that were procured through Private Finance Initiative arrangements. These buildings host most of our inpatient services. PFI is a financing approach where we partner with private companies to fund and manage those buildings, and we effectively lease these buildings back over a long period of time. These arrangements are set to expire in 2028.



Our strategic enablers

We have a huge array of professional support services within the Trust that create the conditions for us to provide safe, reliable and effective care. They all do an incredible job to support our front-line colleagues. There are too many to list here.

Our strategy focuses on two 'strategic enablers'. In other words, two specific areas that will improve and enhance the quality of care for service users. They are Quality, and Digital Technology.



Providing outstanding quality care

We believe that quality care should be experienced at the point of contact between our clinicians and those using our services. 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 people being brought together in the right way, and
- The wider work of the organisation needs to create the conditions where quality can flourish.

At the heart of our quality ambitions is our Quality Strategic Plan. It provides us with a framework for delivering the right care, in the right way, every time.

We must 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.

To help us fulfil our ambitions and provide a consistent approach, we've adopted the STEEEP definition of quality which is:

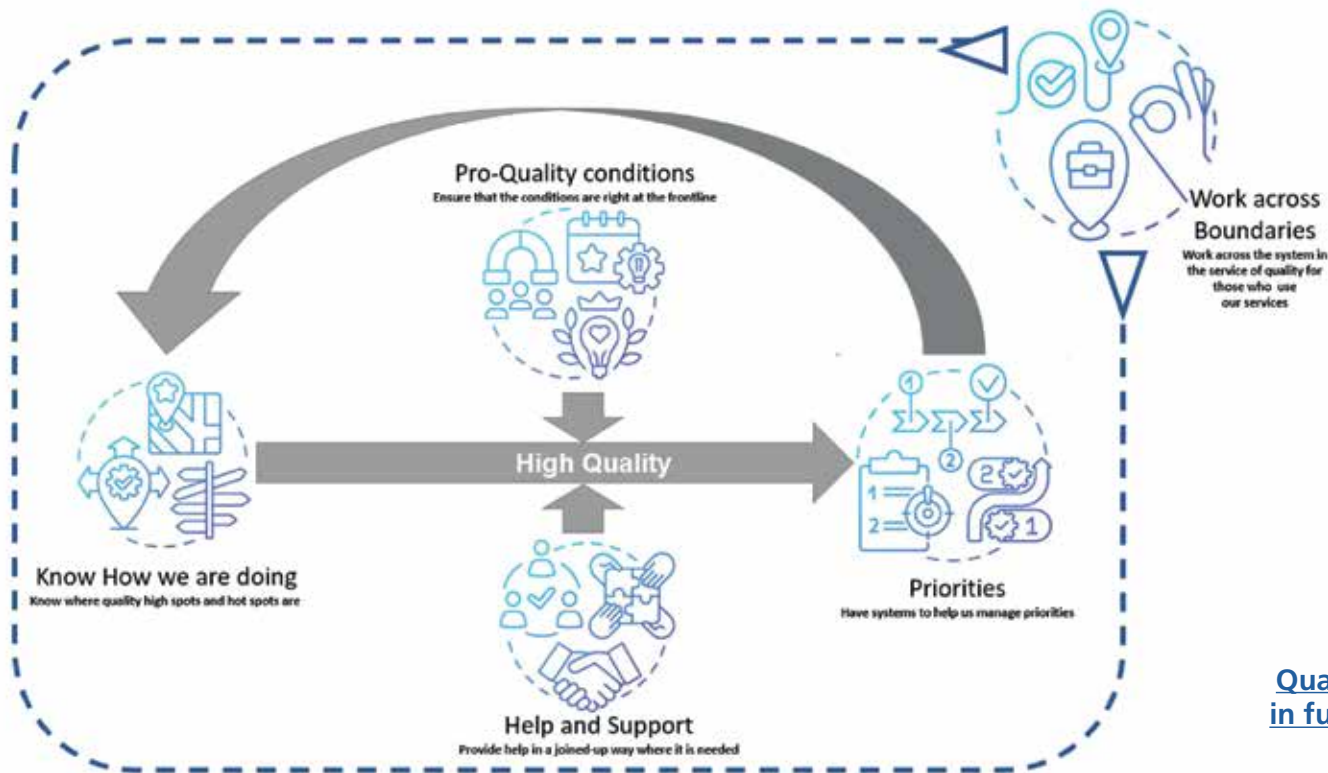
- S Safe** – avoiding harm or injury to services users and staff,
- T Timely** – reducing waits and harmful delays,
- E Effective** – based on scientific knowledge for the benefit of all,
- E Efficient** – making best use of ideas and energy, and avoiding wastes of time and resources,
- E Equitable** – Consistent care that does not vary because of location or characteristics,
- P Patient-Centred** – Respective of individual needs and preferences.



To enable us to deliver outstanding quality, we will align our work to the five-point model illustrated below which:

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

The five-point model



You can read our [Quality Strategic Plan in full on our website.](#)



Research and Development



*Actively shaping the future
of Mental Health Care*

Quality care starts with Research and Development (R&D)

We are proud of our R&D team who are dedicated to generating high-quality, innovative research into mental health, learning disabilities and neurodiversity which improves care and changes lives across the UK.

In October 2022 they published a new three-year strategic plan to develop and deliver high quality research for the communities we serve. Their objective will be delivered by:



You can read our full [R&D strategic plan on our website](#).





Digital Technology

Digital technology has become ever more important in health care. We want our service users to access our services in a way that best suits them, so we must empower them to get the best out of digital technology – recognising that different people have different levels of access and confidence to digital technology.

We want our staff to be able to access the right information, in the right place, at the right time, all the time. This is in line with the current national strategic shift from 'analogue to digital'.

We want to make the best use of the data we collect to inform and increase our understanding of the communities we serve and provide insight into the best way to care for them.

We also want to minimise the intrusion of data-collection into care provision.

Our current long term Digital Plan aims to use innovative technology and intelligence to enable safer, inclusive, and more effective care. This means:

- Delivering safe and secure systems,
- Delivering digital solutions that are inclusive, and
- Encouraging and promoting digital innovation.

Our Digital Plan sets out a range of ambitions from the perspective of service users, staff and 'digital practitioners'. We've included some highlights from that plan as follows:

Our digital ambitions from a service users' perspective

We will

- Offer all service users a consultation via video if they prefer.
- Offer family and carers meetings with staff via video if they prefer,
- Enable service users to interact with systems to do things like amend appointments, complete forms and find information about services, conditions and self-help.



Our digital ambitions from a staff perspective

We will

- Collect and share information about outcomes to help patients and clinicians to understand the benefits of an intervention,
- Enable staff to view all information about a patient electronically, even if this is from old, archived records.
- Ensure staff have access to modern equipment across Trust sites and for home working.

Our digital ambitions from a digital practitioner's perspective

We will

- Embrace innovations such as Artificial Intelligence* to improve quality of care, productivity and efficiency,
- Not be constrained by the physical network infrastructure and location – enabling staff to work effectively and efficiently from any device, anytime, anywhere,
- Provide information about the quality of care provided to those who need it as part of our routine reporting.



* Jargon buster: **Artificial intelligence**

Artificial intelligence (AI) is the science of making machines that can think like humans. The benefits include processing and analysing massive amounts of data very quickly in ways humans cannot.

You can read our [Digital Plan in full on our website.](#)





How we're accountable for delivery

Our Board of Directors is responsible for the day-to-day management of the Trust and is accountable for the operational delivery of services, targets and performance, as well as the development and implementation of our strategy.

The Board meets in public every two months and their reports and papers are published on our website.

The Board has a sub-committee structure beneath it, with a network of governance structures beneath that, to ensure members are connected to the operational front line of delivery. The Board's sub-committee structure is made up of the:

- Audit Committee,
- Quality Committee,
- Finance and Performance Committee,
- Workforce Committee,
- Mental Health Legislation Committee,
- Remuneration Committee, and
- Nominations Committee.

The Board is held to account by our Council of Governors (CoG) which gives staff, service users and the public a voice in helping to shape and influence services provided by our Trust, and for the delivery of our strategic plans.

The CoG is elected from and by our membership. It also includes people appointed from a range of partner organisations. The CoG is chaired by the Chair of the Trust, who ensures a link between the Council and the Board of Directors.

The Trust is independently regulated and inspected by the Care Quality Commission (CQC). They make sure the services we provide are safe, effective, compassionate, high-quality and are encouraged to improve.

The Trust also produces an Annual Report and a yearly Quality Account which gives a summary of our work and how we have performed. The latest copies of which can be found on our website, or printed copies can be provided on request.

Working collaboratively with our partners

We actively engage in strategic work at a regional and local level. We collaborate with other organisations across a range of systems, networks and partnerships to deliver better care.

Many of our services are provided in partnership with local third sector organisations, GPs and primary care, and other statutory organisations such as NHS healthcare providers, local authorities and the police.

We are an active partner within the Leeds Health and Care Partnership, and are represented on the Leeds Integrated Care Board and the Leeds Health and Wellbeing Board.

At a regional level, a lot of our work also takes place within the West Yorkshire Health and Care Partnership Integrated Care System (ICS).

The West Yorkshire Mental health, learning disability and autism collaborative

This work is part of the West Yorkshire Health and Care Partnership's commitment to improving lives and addressing inequalities of our population by working in collaboration across the system. Our aim to achieve a 10% reduction in the gap in life expectancy between people with mental ill-health, learning disabilities and autism, and the general population by 2024.

Humber and North Yorkshire

We have specialist services based in York which are part of the **Humber and North Yorkshire Integrated Care Board**.

Executive Directors



Dr Sara Munro
Chief Executive



Dawn Hanwell
Chief Financial Officer and
Deputy Chief Executive



**Joanna Forster
Adams**
Chief Operating Officer



Darren Skinner
Director of People and
Organisational Development



Dr Christian Hosker
Medical Director



Nichola Sanderson
Director of Nursing
and Professions



Clare Edwards
Associate Director for
Corporate Governance

Non-Executive Directors



Merran McRae
Chair of the Trust



Martin Wright
Non-executive Director,
Deputy Chair of the Trust, and
Chair of the Audit Committee



Dr Frances Healey
Non-executive Director and
Chair of the Quality
Committee



Zoe Burns-Shore
Non-executive Director and
Chair of the Workforce
Committee



Cleveland Henry
Non-executive Director, Senior
Independent Director, and
Chair of the Finance and
Performance Committee



Kaneez Khan
Non-executive Director and
Chair of the Mental Health
Legislation Committee



Katy Wilburn
Non-executive Director

Trust Board as of November 2024



Get in touch and know us better

If you'd like to find out more about the Trust, you can:

Visit our website at www.leedsandyorkpft.nhs.uk.

Get our news on X (formerly Twitter) [@LeedsandYorkPFT](https://twitter.com/LeedsandYorkPFT).

Follow our [Facebook](#) and our [Instagram](#) pages for interesting stories.

Connect and network with us on [LinkedIn](#).

Watch and subscribe to our videos on [YouTube](#).

Speak to our PALS

If you'd like to speak to us, then our Patient Advice and Liaison Service (PALS) is a good place to start. They offer a free and confidential service to the public.

Tel: 0113 85 55000

Email: pals.lypft@nhs.net.

Our Headquarters

The address for our Trust Headquarters is:

St Mary's House, Main House
St Mary's Road
Potternewton
Leeds
LS7 3JX

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Please let us know if you would like this information, or any resources highlighted in this document, provided in:

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- Via an advocate
- British Sign Language (BSL)
- Printed format, including large print

Please contact our Interpretation and Translation Support Team and let them know what format you would like it in.

Tel: 0113 85 56418

Email: translation2.lypft@nhs.net

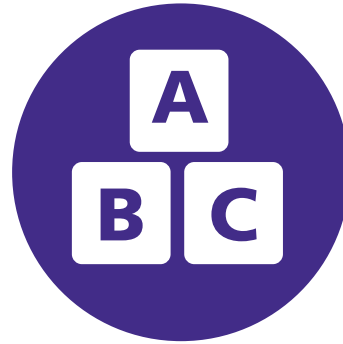


Notes





Integrity



Simplicity



Caring

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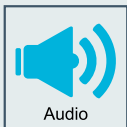
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