

Quality

Strategic Plan 2018 - 2021



Quality Strategic Plan 2018 2021

Contents

1. Foreword	3
2. Introduction	4
2.1 What will this mean for our service users, staff and partners?	6
3. Our Model	7
3.1 The conditions that allow quality care to flourish	8
3.1.1 Mapping our current work	9
3.1.2 How we are doing against each component	12
3.2 Establishing a system so that we know how we are doing floor to Board	13
3.3 Provide help and support in a joined up way	13
3.4 Develop systems to ensure that we can set and deliver Trust -wide and local priorities	14
3.5 Work across boundaries and systems with partners	14
4. Oversight and Governance of the Trust Quality Strategic Plan	15
5. Key activities	15
5.1 High level activities	15
6. Conclusion	16
Appendix 1 - Detailed description of each component and the future vision	17
Appendix 2 - Maturity Matrix diagnostic tool	20
Appendix 3 - Current Supporting work already in LYPFT	25
Appendix 4 - Accountability and oversight of Trust Strategy and five Strategic Plans	42

Foreword

This strategic plan integrates the Trust's approach and actions to place **quality and safety** at the heart of what we do.

We know that high quality, compassionate care is central to our strategic objectives of delivering great care and improving lives, providing a rewarding and supportive place to work and using resources to deliver effective and sustainable services.

Quality is everybody's business and the delivery of high quality services is complex. It is dependent on many people, actions and approaches. We are not starting from scratch; even a brief visit to our services reveals a deep understanding of quality, innovative approaches to improvement and a commitment and will to make things the best they can be for those we serve. However, we also see pockets of services where it has been hard to step back from the day to day routine to think about how things could improve. We also see innovations in different teams which focus on the same set of problems. At best, they do not learn from each other and at worst, they compete in terms of method, philosophy or resources.

A method of integrating and aligning our approach to quality is essential if people, actions and approaches are to combine and learn from each other rather than compete or duplicate. Leadership is an essential element, as is a focus on the relationships we must build and nurture. We achieve more when we work together however simpler and quicker it may feel to work in isolation.

This strategic plan builds upon decades of international and local evidence and insight. It considers quality from a range of experiences and perspectives and sets an ambition of **integration** of what we mean by quality and our intentions to improve and promote it Trustwide.



Dr Claire Kenwood

Medical Director



Cathy Woffendin

Director of Nursing and Professions

2. Introduction

Every person with a mental health problem should be able to say:

“I have rapid access, within a guaranteed time, to effective, personalised care. I have a choice of talking therapy so that I can find one appropriate to me. When I need urgent help to avoid a crisis I, and people close to me, know who to contact at any time. People take me seriously and trust my judgement when I say a crisis is approaching. I can get help in a crisis, fast. Where I raise my physical health concerns, in any setting, they are taken seriously and acted on. If I am in hospital, staff on the wards can help with my mental as well as physical health needs. Services understand the importance to me of having friends, opportunities and close relationships.” (Five Year Forward View for Mental Health 2016)

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, with an ambition to support our service users and carers, our staff and the communities we serve to live healthy and fulfilling lives.

In our strategy, *Living Our Values to Improve Health and Lives*, we define great care as:

- Accessible – people know how to get it when they need it and it is available
- Engaging and expert driven – care that engages with the individual and is personalised. It is the best care available because our experts draw on evidence and best practice
- Being there for the whole journey – we know that handovers and changes of team can be challenging, so we take particular care to learn from and improve these transitions

Our five year strategy for 2018 to 2023

Our purpose	Our vision	Our ambition
Improving health, improving lives	To provide outstanding mental health and learning disability services as an employer of choice.	We support our service users and carers, our staff and the communities we serve to live healthy and fulfilling lives. We want to achieve our personal and professional goals; to live our lives free from stigma and discrimination; and to improve the lives of people with a learning disability and mental ill health.
Our values		
We have integrity We treat everyone with respect and dignity, honour our commitments and do our best for our service users and colleagues.	We keep it simple We make it easy for the communities we serve and the people who work here to achieve their goals.	We are caring We always show empathy and support those in need.
Our strategic objectives and priorities		
1. We deliver great care that is high quality and improves lives.	2. We provide a rewarding and supportive place to work.	3. We use our resources to deliver effective and sustainable services.

Image 1: LYPFT Five Year Strategy 2018 to 2023

To help us to work together to fulfil this vision, we have a range of supporting plans:

- Allied Health Professionals
- Clinical
- Estates
- Financial
- Nursing
- Research
- Workforce and Organisational Development
- Information Management and Technology

The Quality Strategic Plan underpins all of these plans. It is central to the delivery of our ambitions for great care, job satisfaction for our staff and meeting the financial challenges facing the NHS. It will provide us with a framework for delivering the right care, in the right way, each and every time.

Our approach to quality must bring together some challenges and tensions. It needs to help people take ownership of quality, yet bring it together for the entire organisation. It must take the best international evidence, yet 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 the care of those who use our services, yet acknowledge the contribution of all our staff. It is experienced at the frontline, yet led from every level, 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 can learn how best to build our services through our relationships with individuals and their support networks. To help us with this, we have members of the Trust and governors who want to work with us to ensure that we understand and act on feedback. This was a central theme of '*The Big Conversation*' at our 2017 Annual Members' Meeting and we heard the message.

2.1 What will this mean for our service users, staff and partners?

Our service users and those who care for them will:	<ul style="list-style-type: none"> • Feel our care is built around them and with them, every person every time • Be cared for in a culture that is safe and allows them and staff to raise complex and difficult issues as a team • Be cared for in a culture where empowered staff can empower those they care for • Be confident that when they give us feedback we are committed to learning and improving - whatever the content • Have access to a variety of forums where feedback can be given and revived
Our staff will:	<ul style="list-style-type: none"> • Work well in their teams with clear leadership and ownership of their quality as the experts in their fields – clinical and non-clinical • Have the skills to integrate best care alongside others – working across boundaries and systems with skilled negotiation • Be able to reflect and learn from best practice, national evidence, incidents and near misses and to influence the system they work within as a result of this learning • Have access to information that lets them know how they are doing and the skills to understand it and the ownership to improve where necessary • Have built a system with us that will enable us to influence our quality priorities for the future
Our leaders will:	<ul style="list-style-type: none"> • Own quality in their sphere of influence and provide collective leadership and influence to others • Benefit from the process of peer-to-peer support and joined up innovation rather than silo working • Work within cultures that support their own and others' learning around improvement with a combination of clear accountability and psychological safety • Focus on creating and embedding systems and processes which are safe
Our Trust Board and Governors will:	<ul style="list-style-type: none"> • Be confident of the quality focus in the care we give • Experience this focus in the culture and actions they see and support • Feel welcomed and valued in the way their feedback is received, discussed and challenged • See the overview of improvement within the Trust and receive greater evidence and assurance • Understand the quality and safety goals and metrics of our organisation
Our partners in the health and care system will:	<ul style="list-style-type: none"> • Experience us as focussed on providing high quality care designed around our patients • Find us easy to work with, open to collaboration, learning and innovation • Find us able to work across barriers and boundaries with skills, confidence and humility

Table 1: What will this mean for our service users, staff and partners?

3. Our Model

We have chosen to draw on the White Paper from the Institute for Healthcare Improvement called '*A Framework for Safe, Reliable and Effective Care*' January 2017. This outlines the evidence base for conditions which support high quality, continuously improving, and compassionate care to flourish. It also has a focus on creating systems of safety.

Even with flourishing frontline services and with all the right supports in place, we need to have systems that will allow us to understand the quality performance in our system. We need a 'heat map' to allow us to pinpoint the good practice that we can learn from and the areas where teams may need some support and new thinking. We also need to be able to create confidence in our members, those who fund us and those who regulate us, that we know and support quality within the Trust.

Where help is needed, it should be the right help in the right way - an integrated approach. We expect our clinical teams to provide joined-up care to each service user. Those clinicians should expect the same of the supporting teams who are helping them to improve. We also know the value of peer support in clinical work and believe that the same collaborative approach between teams will be effective alongside more formal support.

We know that a 'thicket' of objectives and priorities is not helpful for any of our teams. Locally owned objectives are the most motivating, but there will be a need to accommodate Trust-wide priorities and respond to national imperatives. We will work with our care groups and corporate staff to identify how we can best understand these priorities and learn from feedback given by our service users, carers, governors and other partners to make sense of what we prioritise and how we should work together to set and achieve objectives.

Lastly, we know that the need to work across boundaries internally – clinician to clinician, team to team and service to service – also applies to the systems we sit within in terms of 'place', Sustainable Transformation Partnership and also nationally. The same conditions that allow quality to flourish at the frontline will allow us to provide the right leadership, culture and learning to be good partners in systems committed to high quality care.

Our model will outline how we will:

1. Use the evidence to build the conditions for quality care to flourish through our organisation.
2. Establish a system that helps us see how we are doing floor to Board.
3. Provide help and support where it is needed and do this in a joined-up way.
4. Develop systems to ensure that we can set and deliver Trust wide and local priorities with clarity and equity.
5. Use our integration skills to work across boundaries and systems with partners to make sure that we deliver joined-up high quality care as part of a system.

3.1 The conditions that allow quality care to flourish

The '*Framework for Safe, Reliable and Effective Care*' 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. Greater detail on the framework is shown in appendix 1 and a maturity matrix is shown in appendix 2.

At the core of the framework is the engagement of patients 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 accountability framework, coupled with psychologically safe environments in which to question and learn. It includes a focus on teams and the ability to communicate and build the right relationships in order 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 outcome.

We have used the framework in two ways. Firstly, we have mapped our current work against the model and, secondly, we have assessed how we are doing against each component.













Image 2: Framework for Safe, Reliable and Effective Care'











3.1.1 Mapping our current work

There are many strands of work currently contributing to quality and safety, quality assurance and quality improvement in our organisation.

Mapping each of these and collating their work supports a shared understanding of the complex and interdependent task of quality. Each area already has a clear plan for growth, development and resourcing; bringing them together allows us gain the maximum benefit for those who use our services. This is our first step in an integrated approach.

Table 2 shows the areas mapped against the components of leadership, culture and learning. Appendix 3 gives the detail of current development plans for each.

Current work	Component									
	Leading 	Improvement 	Measurement 	Transparency 	Teamwork & Communication 	Psychological Safety 	Negotiation 	Accountability 	Continuous Learning 	Reliability 
Collective Leadership - collective leadership means everyone taking responsibility for the success of the organisation as a whole, not just their own jobs or work area.	✓			✓	✓	✓		✓	✓	
Culture and Engagement - engagement is correlated to individual wellbeing and to organisational success. In the NHS the evidence is particularly compelling that it is highly important.	✓				✓	✓	✓	✓		
Team Functions - there is overwhelming evidence that engaged staff really do deliver better healthcare. Team that work well contribute significantly to levels of staff engagement.	✓				✓					
Conflict Resolution – this is important to learning and improvement and a key characteristic of a compassionate organisational culture.				✓		✓		✓		✓
Speak out safely - following publication of the Francis Report, the role of Freedom to Speak Up Guardian was created. The standard NHS contract now requires all trusts to appoint someone to this position.	✓					✓			✓	
Learn from incidents - a million people are treated safely and successfully in the NHS daily. However, when incidents happen, it is important that lessons are learned and shared to prevent the same incident happening again elsewhere.	✓	✓	✓		✓				✓	
Openness and candour - when things go wrong, we have a duty to inform the patient and/or their next of kin about what happened and offer an apology. This is not an admission of guilt, just the right thing to do.					✓		✓			
Complaints - a complaint is an expression of dissatisfaction from a patient, their representative or visitor about any aspect of services provided by Leeds & York Partnership NHS Foundation Trust. They can be made through any written, verbal or electronic channel.	✓	✓	✓	✓		✓		✓	✓	
Service user experience – making sure that service users and the communities we serve have the best possible experience of care can be challenging. It involves balancing the expectations and aspirations of individuals with the business goals and objectives of the organisation.	✓	✓	✓	✓	✓				✓	✓

Current work	Component									
	Leading 	Improvement 	Measurement 	Transparency 	Teamwork & Communication 	Psychological Safety 	Negotiation 	Accountability 	Continuous Learning 	Reliability 
Accountability framework - this framework aims to ensure that Leeds and York Partnership NHS Foundation Trust (LYPFT) successfully delivers national standards for governance and performance through clear lines of accountability.			✓	✓	✓			✓	✓	
Service outcomes (TBC)										
Evidence based service (TBC)										
Specialist Services Care Group - Quality Improvement Plan - since 2015/16, we have had three annual quality improvement plan areas. Services have signed up to and fed back on these.	✓	✓	✓					✓	✓	
Technology – we must provide robust technological platforms that that the clinical front-line can rely on and to support corporate services.			✓	✓	✓			✓		✓
Quality Impact Assessment - these promote a systematic exploration of both quantitative and qualitative information. They encourage orderly triangulation of information to help assess the quality impact of any service changes.	✓	✓	✓	✓			✓			
Clinical Audit - checks whether best practice is being followed and makes improvements if there are shortfalls in the delivery of care	✓	✓	✓	✓				✓	✓	✓
National Institute for Health and Clinical Excellence (NICE) guidance - helps health and social care professionals deliver the best possible care based on the best available evidence.		✓	✓	✓				✓	✓	✓
Service Evaluation - assessing and documenting implementation, outputs, outcomes, impacts, efficiency and cost-effectiveness of current practices within a service.	✓		✓					✓	✓	
Continuous Improvement - an approach to change which is sustainable and enlightening. Used to its full potential it can support teams in addressing complex problems where underlying issues aren't obvious or completely understood and where solutions depend on changes in human behaviour and when 'what to do for the best' isn't known at the outset.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

3.1.2 How we are doing against each component

The second way we have used the framework is to develop a maturity matrix that can be used at team, service or Trust-wide level to gain a sense of how we are doing and what the next steps might be. This is shown in full in appendix 2.

An initial impression of where we are as a Trust has been undertaken, measured against four levels: ‘1. just beginning’, ‘2. making progress’, ‘3. significant impact’ and ‘4. exemplary’. These measures have been used to give an overall self-assessment score of ‘2. making progress’. The self-assessment also shows those areas where significant quality work has been undertaken (accountability and team work) and those that are just beginning (improvement and continuous learning).



Image 3: Framework for Safe, Reliable and Effective Care Maturity Diagram

Score	
Scale	
1	Just beginning
2	Making progress
3	Significant impact
4	Exemplary

3.2. Establishing a system so that we know how we are doing floor to Board

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. 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. For the first time, the 2018 staff survey will be broken down by team in the form of a ‘heat map’.

All these information sources will be integrated into our plan to develop combined performance and quality dashboards and reports. The need for data to drive improvement at every level in the organisation is reflected in our specification for procurement of a new electronic patient record in 2018.

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 care groups 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.

3.3 Provide help and support in a joined up way

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. Currently each support area has a clear idea of where they are and what steps they will take to develop further – these are shown in appendix 3. This is the first time that plans will have been brought together in this way. The next step will be the work with teams to develop an integrated offer and the processes and practices to support this.

An equally important way of promoting improvement is peer-to-peer support. This has been successful in the lead up to the recent Care Quality Commission ‘Well Led’ Inspection and we will

explore collectively how it can be progressed. A 'Quality Exchange Forum' is being piloted, using the learning from the CQC preparation workshops as a starting point.

3.4 Develop systems to ensure that we can set and deliver Trust -wide and local 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 does not support improved quality and safety.

When priorities are viewed as 'imposed' and are not owned, there is less likelihood of them being completed. There is evidence which 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. Examples include the setting of annual quality priorities in Care Group Governance and the discussing of national priorities in Trust-wide clinical governance meetings.

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. We know from feedback in the process of writing this plan that this task will require a shared approach. This should be a first priority – we must integrate and simplify rather than add to and confuse. We will develop and test a process collaboratively and then pilot its application.

3.5 Work across boundaries and systems with partners

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.

4. 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). See appendix 4.

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

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

5. Key activities for the next 6 months

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'.

To strengthen the implementation of the Trust's Quality Strategic Plan, key activities for the next six months are:

- Socialising our quality narrative by sharing it with staff, service users and carers in a way they can easily understand. By listening to their response we will be able to strengthen the plan before implementation.
- Exploring how we can further support the key quality initiatives we have already identified.
- Creating a full implementation plan
- Defining the benefits and pitfalls of using a strategic partner for delivery
- Creating the Quality Exchange Forum
- Developing the Trust's policy for integrated priority setting
- Continuing development of the Combined Quality Performance Report and dashboard

5.1 High level activities for the delivery of the Trust Quality Strategic Plan

		1. Right Conditions				2. Heat Map				3. Right Support				4. Quality Initiatives				5. Partners for Quality			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Y1	Awareness & Discovery Phase																				
	Delivery Plan																				
	Implementation																				
	Monitor & Control																				
Y2	Awareness & Discovery Phase																				
	Delivery Plan																				
	Implementation																				
	Monitor & Control																				
Y3	Awareness & Discovery Phase																				
	Delivery Plan																				
	Implementation																				
	Monitor & Control																				

Table 3: Delivery Timeline

Key

1. Right Conditions = The conditions that allow quality care to flourish
2. Heat Map = Establishing a system so that we know how we are doing floor to Board

- 3. **Right Support** = Provide help and support in a joined up way
- 4. **Quality Initiatives** = Develop systems to ensure that we can set and deliver Trust wide and local priorities
- 5. **Partners for Quality** = Work across boundaries and systems with partners

6. Conclusion

This strategic plan does the technical work of pulling together the best evidence base for quality and safety and identifying the existing local response that we can build on. This is only a beginning.

The far greater challenge will be the process of shared reflection and the sense-making that will shape the task of implementation. There are questions around how we integrate the work, how we use available evidence and how we use the skills and experience of those who use, provide and partner our services. We also need to define how we will measure a successful implementation.

This initial work will need collaboration, consultation and piloting. Working in silos with a task focus would be easier, but the international evidence shows this approach does not result in the quality and safety we wish to provide.

The prize of an integrated and collective approach to quality and safety is high. It requires resilience as we all lead on quality; efficiency as we reduce wasteful duplication; innovation as we make the most of all good ideas systematically and maintain dignity and inclusion as we work with those we serve.

Appendix 1 - Detailed description of each component and the future vision

Component	Description	Future Vision
1. Leadership for Improvement	<p>The capability of the leadership of the organisation to set clear and measurable goals, expectations, priorities, and accountability for the improvement of safe and reliable care.</p> <p>The support necessary to integrate improvements and learning across the continuum is provided.</p>	<p>Senior leadership is actively engaged in monitoring and supporting all goals to improve safe and reliable care and culture.</p> <p>Senior leadership focuses on the system of care and supports all local leaders in integrating and supporting activities designed to improve safe and reliable care and culture across the continuum.</p>
2a. Improvement	All staff have the skills and competencies required to undertake improvement activity throughout the organisation	<p>The organisation has embedded quality improvement in all areas of the organisation.</p> <p>Teams have achieved and sustained measureable improvements across the continuum.</p> <p>The organisation consistently shares and spreads improvements across the organisation, the continuum and with key stakeholders.</p>
2b. Measurement	The capability of the organisation to establish, manage, and analyse data for improvement in a timely and routine manner to meet the objectives and expected results of the organisation's quality improvement plan	<p>The organisation uses data to drive all quality improvement measures at both the whole system (across the continuum) and sub-system level.</p> <p>Data systems allow for highly effective communication within and across all continuum partners and with key stakeholders in a manner that informs the knowledge and actions required to meet the shared objectives.</p>
3. Transparency	Operational transparency exists when leaders, staff, patients and their families, organisations and the community are able to visibly see the activities involved in the learning process. It provides clarity over decision making and monitoring of performance. Transparent organisations openly share data and other information concerning safe, respectful and reliable care with staff and partners and families and encourage a dialogue regarding shared information.	<p>Leaders create the expectation that all areas are using learning boards to share the process of learning and improvement.</p> <p>Senior leaders spend a significant proportion of time reviewing learning boards and highlighting learning.</p> <p>Managers are adept at using learning boards to share the improvement journey.</p> <p>Patients and families are actively engaged in the improvement functions of the organisation and feel that they can trust the communication they receive.</p>
4. Teamwork & Communication	Strong teams work together to plan forward, reflect back, communicate clearly	All standard communication is structured and exceptions are extremely rare.

	and manage risk. This includes developing a shared understanding, anticipating needs and problems, agreeing methods to manage these as well as appropriate resolution to conflict situations.	<p>The team dynamic supports psychological safety and all members of the team, regardless of seniority or familiarity, feel that their opinion is valued and that they can raise concerns</p> <p>Teams agree on norms of conduct and behaviour and act accordingly. Behaviour that does not support this is quickly eradicated.</p> <p>Communication failures are rare.</p> <p>All staff receive teamwork training.</p>
5. Psychological Safety	Creating an environment where people feel comfortable and have opportunities to ask questions, ask for feedback, be respectfully critical and suggest ideas.	<p>All staff feel comfortable to ask questions, ask for feedback, be appropriately critical and suggest innovations.</p> <p>All staff are actively encouraged to do the above, it is expected at all levels of the organisation.</p> <p>There is a flat hierarchy that supports this behaviour and a learning system that is responsive to the information.</p> <p>Our service users feel comfortable and safe when asking questions, being appropriately critical or making suggestions.</p> <p>Leaders clearly demonstrate these activities and behaviours.</p> <p>Learning from adverse events is routinely and effectively shared across the organisation.</p>
6. Negotiation	Gaining genuine agreement on matters of importance to team members, patients and families. Identifying and focusing on specific initiatives to improve quality often may require a negotiation between and among different stakeholders. The skill can also be applied to working with patients when collaborating on a treatment plan. Ensuring that staff have the skills and opportunity to apply the five propositions for negotiations to achieve non-adversarial bargaining is an essential to achieving operational excellence.	<p>All staff are able to negotiate through differences. Collaborative Staff differentiate Position from Interests. Use appreciative inquiry.</p> <p>Staff report a high level of respect and minimal disruptive behaviours due to the ability to reach agreement.</p>
7. Accountability	Being held to act in a safe and respectful manner given the training and support to do so. This framework component underscores the importance of holding	All staff are able to differentiate between individual and systems issues when holding individuals to account. Systems contributions are the focus of learning

	<p>people to account for their actions, but not for flaws in processes or systems. Each individual is accountable to others for acting in ways that embody organisational values, and each individual is accountable as a team member to be committed, self-managing, competent, and courageous.</p>	<p>and improvement in line with a just culture algorithm.</p> <p>The environment is perceived as just and fair by all staff.</p> <p>All staff understand their roles and responsibilities and are accountable to their execution. Culture is measured every year and plans drawn up in areas of concern that result in action and improvement that is reflected in improved culture scores.</p>
8. Continuous Learning	<p>Continuous learning entails the proactive and real-time identification of potential and actual defects and harm. Where defects occur, learning also occurs and the defect is prevented from occurring again in the same or a different area of the organisation.</p>	<p>Organisation leadership has established a system for collecting and understanding successes and defects both within organisations and between them across the continuum of care.</p> <p>Learning boards exist in all care locations and are used on a daily basis.</p> <p>Organisational data clearly indicates that learning has occurred by reducing or removing the occurrence of certain errors, harm or issues across the organisation.</p>
9. Reliability	<p>Applying best evidence and minimising non-patient specific variation with the goal of failure free operation over time. Reliability of processes is not achieved by accident. It requires an approach that begins with reliability in mind, designs processes that include human factors considerations, and has a measurement system to ensure that the processes continue to be reliable and capable of achieving the desired results.</p>	<p>All processes are designed, tested and monitored in terms of reliability and outcomes. There is an agreed methodology to achieve this that staff involved in process management adhere to.</p> <p>Processes are regularly reviewed and updated in response to learning, suggestions or schedule.</p> <p>Processes are standardised but include flexibility to allow patient preference to be taken into account.</p> <p>It is rare for any staff to deviate from process other than in service of patient needs or preference.</p>

Appendix 2 - Maturity Matrix diagnostic tool

Each of the components are listed below with a corresponding maturity matrix. The green column represents the current level within the organisation. It is noted that these have the potential to be different at a local level.

1. Leadership for Improvement

The capability of the leadership of the organisation to set clear and measurable goals, expectations, priorities, and accountability for the improvement of safe and reliable care.

The support necessary to integrate improvements and learning across the continuum is provided.

Just beginning	Making progress	Significant impact	Exemplary
<p>There are no clear organisational level goals related to safe and reliable care.</p> <p>Expectations and priorities for departments, services or practices is seen as a department or service responsibility rather than requiring overall organisational leadership.</p> <p>Leadership for safe and reliable care is not coordinated across departments or services.</p> <p>Very little, if any learning from safety projects and other reporting vehicles is shared across the organization.</p>	<p>Senior leadership has prioritized some organizational level goals for safe and reliable care which they actively monitor and support.</p> <p>Improving the culture of safety and improvement is specifically named as a goal.</p> <p>Leadership focuses on the system of care and supports some local leaders to facilitate coordination of activities to improve safe and reliable care across the services involved.</p>	<p>Leadership is actively engaged in monitoring and supporting most organizational level goals for safe and reliable care, including improving the culture of safety and improvement.</p> <p>Senior leadership focus on the system of care and supports most local leaders in integrating and supporting activities to improve safe and reliable care and culture across the organisation.</p>	<p>Senior leadership is actively engaged in monitoring and supporting all goals to improve safe and reliable care and culture.</p> <p>Senior leadership focuses on the system of care and supports all local leaders in integrating and supporting activities designed to improve safe and reliable care and culture across the continuum.</p>

2a. Improvement

All staff have the skills and competencies required to undertake improvement activity throughout the organisation

Just beginning	Making progress	Significant impact	Exemplary
<p>Few if any improvement projects designed to improve safe and reliable care are under way.</p> <p>There is little evidence that quality improvement initiatives are guided by an organisation-wide improvement framework and model.</p> <p>There is limited options for staff to access quality improvement training and little uptake where it is offered.</p>	<p>A number of quality improvement activities designed to improve safe and reliable care have achieved measureable improvements guided by an organisation-wide improvement framework and model.</p> <p>Some involve multidisciplinary teams.</p>	<p>A number of quality improvement projects designed to improve safe and reliable care have achieved sustained improvement guided by an organisation-wide improvement framework and model.</p> <p>The organisation spreads learning from improvement activities systematically across the organization.</p>	<p>The organisation has embedded quality improvement in all areas of the organisation.</p> <p>Teams have achieved and sustained measureable improvements across the continuum.</p> <p>The organisation consistently shares and spreads improvements across the organisation, the continuum and with key stakeholders.</p>

2b. Measurement

The capability of the organisation to establish, manage, and analyse data for improvement in a timely and routine manner to meet the objectives and expected results of the organisation's quality improvement plan

Just beginning	Making progress	Significant impact	Exemplary
<p>The organisation uses data to measure performance, but only a few places use data to support and inform quality improvement activities designed to improve safe and reliable care.</p> <p>There is limited ability to communicate information across systems.</p>	<p>The organisation uses data to measure performance and to support many quality improvement activities designed to improve safe and reliable care.</p> <p>The organisation has established a number of data systems to allow for some cross-organisational measures.</p>	<p>The organisation uses data to measure performance and to support almost all quality improvement activities designed to improve safe and reliable care.</p> <p>The organisation has established a number of data systems which it uses routinely to share system-of-care performance information across key partners and stakeholders in the organisation.</p>	<p>The organisation uses data to drive all quality improvement measures at both the whole system (across the continuum) and sub-system level.</p> <p>Data systems allow for highly effective communication within and across all continuum partners and with key stakeholders in a manner that informs the knowledge and actions required to meet the shared objectives.</p>

3. Transparency

Operational transparency exists when leaders, staff, patients and their families, organisations and the community are able to visibly see the activities involved in the learning process. It provides clarity over decision making and monitoring of performance. Transparent organisations openly share data and other information concerning safe, respectful and reliable care with staff and partners and families and encourage a dialogue regarding shared information.

Just beginning	Making progress	Significant impact	Exemplary
<p>The organisation meets its legal or minimum requirements in terms of publishing data or communicating with a patient or family following an adverse event.</p> <p>Data or information shared is high level and not used for learning or improvement.</p> <p>Leaders rarely spend time visiting the 'shop floor'.</p> <p>Data is not typically displayed around the organisation, where it is it tends to be high level or may be out of date.</p> <p>Patients and families are not involved in investigations.</p>	<p>A small proportion of leaders visit the 'shop floor' at least twice a year.</p> <p>Learning boards may be in use in a couple of areas but they are not regularly updated so the information may not be current.</p> <p>Learning boards are updated in preparation for a visit from a leader or visitor but are not used routinely by staff.</p> <p>Patients and families have some involvement in some investigations or improvement activities but this is relatively superficial.</p>	<p>Leaders spend time on the 'shop floor' at least every month and review local data with teams.</p> <p>Some managers are use learning boards and encourage staff to participate in the process of populating the learning boards.</p> <p>Patients and families are deeply involved in all investigations of adverse events and are</p> <p>Patient and families are routinely involved in improvement activities although this involvement may be quite limited at times.</p>	<p>Leaders create the expectation that all areas are using learning boards to share the process of learning and improvement.</p> <p>Senior leaders spend a significant proportion of time reviewing learning boards and highlighting learning.</p> <p>Managers are adept at using learning boards to share the improvement journey.</p> <p>Patients and families are actively engaged in the improvement functions of the organization and feel that they can trust the communication they receive.</p>

4. Teamwork & Communication

Strong teams work together to plan forward, reflect back, communicate clearly and manage risk. This includes developing a shared understanding, anticipating needs and problems, agreeing methods to manage these as well as appropriate resolution to conflict situations.

Just beginning	Making progress	Significant impact	Exemplary
Communication is unstructured and communication failures are commonplace.	Some standard communication is structured but there is variation in how this is executed, e.g. not all team members engage with briefings.	Most standard communication is structured and practice matches the standard process the majority of the time.	All standard communication is structured and exceptions are extremely rare.
Handovers and briefings do not follow a set pattern or use a structured approach.	Some communication failures occur.	Multi-disciplinary teamwork is the norm.	The team dynamic supports psychological safety and all members of the team, regardless of seniority or familiarity, feel that their opinion is valued and that they can raise concerns
Behavioural norms and expectations may differ dependent on seniority, profession or personality.	Behavioral expectations apply to all staff but there are many examples of this not being adhered to.	Most team members are comfortable raising concerns.	Teams agree on norms of conduct and behaviour and act accordingly. Behavior that does not support this is quickly eradicated.
People don't routinely identify themselves as part of a multi-disciplinary team.	A small proportion of team members may be comfortable challenging or raising concerns.	Behavioural norms apply to the majority of the workforce although a few exceptions still exist.	Communication failures are rare and normal communication is very standardised.
Team members do not feel comfortable raising concerns.	Some teams are known for being good places to work.	Most teams function well.	All staff receive teamwork training.
There is no investment in teamwork training or capability development.	There is limited investment in teamwork training or capability development.	Most staff are involved in some teamwork training.	

5. Psychological Safety

Creating an environment where people feel comfortable and have opportunities to ask questions, ask for feedback, be respectfully critical and suggest ideas.

Just beginning	Making progress	Significant impact	Exemplary
Policies may state that staff should feel psychologically safe but leaders and managers do little to actively practice or encourage this.	Some leaders and middle managers model the behaviors associated with psychological safety but this is not standardised across the organisation.	All leaders and middle managers encourage staff to speak up; address behaviors that do not support psychological safety; and, are transparent with communications and data.	All staff feel comfortable to ask questions, ask for feedback, be appropriately critical and suggest innovations.
Staff are reluctant to speak up for fear of ridicule or negative reactions from fellow staff, even when there is imminent danger to the patient.	Many staff don't feel comfortable speaking up although they may be likely to in cases of imminent danger to a patient.	The hierarchy is not flat but there are many examples of learning from feedback or appropriate criticism.	All staff are actively encouraged to do the above, it is expected at all levels of the organisation.
Feedback is only provided through formal process such as appraisal and this feels like a superficial exercise to most staff.	Staff are not generally forthcoming with innovations or suggestions as they feel they won't be taken seriously.	Innovations that staff suggest are regularly tested and implemented after successful tests.	There is a flat hierarchy that supports this behavior and a learning system that is responsive to the information.
Staff rarely receive feedback after reporting an adverse event.	Staff usually receive superficial feedback after reporting an adverse event.	All staff receive detailed feedback and thanks for reporting an adverse event.	Leaders clearly demonstrate these activities and behaviors.
			Learning from adverse events is routinely and effectively shared across the organisation.

6. Negotiation

Gaining genuine agreement on matters of importance to team members, patients and families. Identifying and focusing on specific initiatives to improve quality often may require a negotiation between and among different stakeholders. The skill can also be applied to working with patients when collaborating on a treatment plan. Ensuring that staff have the skills and opportunity to apply the five propositions for negotiations to achieve non-adversarial bargaining is an essential to achieving operational excellence.

Just beginning	Making progress	Significant impact	Exemplary
<p>Few if any staff are able to use effective negotiations tactics to engage others in change.</p> <p>Differences are expressed in methods that result in poor teamwork and lack of agreement.</p>	<p>Some staff are skilled in and able to successfully negotiate with peers.</p> <p>Conflicts continue to lead to poor behavior and are seldom resolved in the interest of the patient.</p>	<p>Many of the differences in the approach to the improvement work and process changes needed are negotiated with the team.</p> <p>Resolution to conflicts is achieved in a way that all parties benefit and patient care is improved.</p>	<p>All staff are able to negotiate through differences. Collaborative Staff differentiate Position from Interests. Use appreciative inquiry.</p> <p>Staff report a high level of respect and minimal disruptive behaviors due to the ability to reach agreement.</p>

7. Accountability

Being held to act in a safe and respectful manner given the training and support to do so. This framework component underscores the importance of holding people to account for their actions, but not for flaws in processes or systems. Each individual is accountable to others for acting in ways that embody organisational values, and each individual is accountable as a team member to be committed, self-managing, competent, and courageous.

Just beginning	Making progress	Significant impact	Exemplary
<p>The organisation continues to seek out and punish those involved in errors and harm.</p> <p>There is no differentiation between a systems contribution and individual contribution to errors and harm.</p> <p>Culture is not measured.</p>	<p>There is some understanding of system contributions to harm but there remains a strong focus on individual contributions.</p> <p>The organisation has adopted a just culture approach but has not yet implemented throughout.</p> <p>Middle managers have not been trained in use of a just culture algorithm or other methods to investigate events.</p> <p>Culture is measured every few years but little action occurs as a result.</p>	<p>Leaders have deep understanding of system contributions to errors and harm and this is the focus of learning but not shared by all staff.</p> <p>Some staff are being held accountable to others for their behaviors that support organisational values and responsibility for their actions.</p> <p>The model is not equally applied.</p> <p>Middle managers have been trained in use of a just culture algorithm or other methods to investigate events.</p> <p>Culture is measured every year and plans drawn up in areas of concern although follow up is varied</p>	<p>All staff are able to differentiate between individual and systems issues when holding individuals to account. Systems contributions are the focus of learning and improvement in line with a just culture algorithm.</p> <p>The environment is perceived as just and fair by all staff.</p> <p>All staff understand their roles and responsibilities and are accountable to their execution. Culture is measured every year and plans drawn up in areas of concern that result in action and improvement that is reflected in improved culture scores.</p>

8. Continuous Learning

Continuous learning entails the proactive and real-time identification of potential and actual defects and harm. Where defects occur, learning also occurs and the defect is prevented from occurring again in the same or a different area of the organisation.

Just beginning	Making progress	Significant impact	Exemplary
<p>Defects are collected in reporting systems.</p> <p>Learning from safety projects, root cause analyses and reporting systems is shared very little across the organisation.</p> <p>A few care locations use huddles when they are not too busy.</p> <p>Organisational data shows that learning rarely or never occurs and harm, errors and defects continue to occur at stable or increasing rates.</p>	<p>Organisation leadership has established a system for sharing the learning from improvement activities, root cause analyses, and reporting systems but this may not be used in every opportunity.</p> <p>Some learning boards exist as a vehicle for understanding current state and planning.</p> <p>Huddles are held in care locations routinely.</p> <p>Organisational data shows that, for the most part, certain errors, harm or defects recur on a regular basis. There may be some examples of learning in pilot populations.</p>	<p>Organisation leadership has established a system for sharing the learning from most improvement activities, root cause analyses, and reporting systems across the organization.</p> <p>In addition, learning boards exist on most care locations and are used during daily huddles by area leadership to reflect back and plan ahead.</p> <p>Organisation leadership made rounds using the learning boards as a vehicle for discussion and spread of learning.</p> <p>Organisational data shows that some learning occurs by removing errors and defects in some areas but spread of learning remains a challenge.</p>	<p>Organisation leadership has established a system for collecting and understanding successes and defects both within organisations and between them across the continuum of care.</p> <p>Learning boards exist in all care locations and are used on a daily basis.</p> <p>Organisational data clearly indicates that learning has occurred by reducing or removing the occurrence of certain errors, harm or issues across the organisation.</p>

9. Reliability

Applying best evidence and minimising non-patient specific variation with the goal of failure free operation over time. Reliability of processes is not achieved by accident. It requires an approach that begins with reliability in mind, designs processes that include human factors considerations, and has a measurement system to ensure that the processes continue to be reliable and capable of achieving the desired results

Just beginning	Making progress	Significant impact	Exemplary
<p>There are few standardised processes and most processes are evolved rather than designed.</p> <p>Policies and procedures may exist but do not reflect common practice – staff may have developed work arounds or individuals methods in preference.</p> <p>Individuals use processes that are person specific, reflecting individual autonomy, and not patient centered or standardised.</p> <p>Reliability is based on hard work and vigilance.</p> <p>Outcomes are variable.</p>	<p>Processes are standardised but without a focus on human factors and without deliberate efforts to ensure high levels of reliability.</p> <p>Some staff follow due process but there are still examples of staff deviating from process in favour of personal preference.</p> <p>Whilst processes may be intentionally developed, their reliability is rarely tested or measured. Implementation usually involves publishing the process and requesting that staff now follow it.</p> <p>Processes are not routinely linked to outcomes.</p>	<p>Staff are trained in a methodology that includes human factors to ensure that processes are reliable and achieving desired outcomes although implementation is varied.</p> <p>Staff still occasionally deviate from agreed process but usually in the best interest of the patient, although not always.</p> <p>The reliability of key processes may be monitored over time but some processes are not measured.</p>	<p>All processes are designed, tested and monitored in terms of reliability and outcomes. There is an agreed methodology to achieve this that staff involved in process management adhere to.</p> <p>Processes are regularly reviewed and updated in response to learning, suggestions or schedule.</p> <p>Processes are standardised but include flexibility to allow patient preference to be taken into account.</p> <p>It is rare for any staff to deviate from process other than in service of patient needs or preference.</p>

Appendix 3 - Current Supporting work already in LYPFT

Collective Leadership

What it is...

Collective leadership means everyone taking responsibility for the success of the organisation as a whole – not just their own jobs or work area. Collective leadership cultures are characterised by staff focusing on continual learning and through this on improvement of patient care. Leaders need to ensure that all staff adopt leadership roles in their work and take individual and collective responsibility for deliver safe, effective, high quality and compassionate care for service users. To achieve this there is a need for ongoing planning, persistent commitment and a constant focus on growing and nurturing leadership and our culture.

What has happened to date

- Trust values and behaviours co-created and now widely accepted and known by all staff
- Development done with senior leaders in leadership forum during 2017
- Collective leadership and values and behaviours feature in Trust leadership development programmes
- Values and behaviours embedded in Trust appraisal – all staff now measured against these annually
- Values and behaviours embedded in Trust recruitment process – values used to measure staff against job related criteria

What will happen

- Developing collective leadership will mean a focus over the next 3 years and beyond on developing the skills and behaviours that our individual leaders will bring to shape our desired culture.
- This will include developing further a leadership behavioural competency framework based on Trust values and behaviours and working with leaders individually and collectively to achieve defined levels of competence.
- We will also continue to work with our senior leaders through the Trust Leadership Forum and providing an opportunity for leaders at all levels to work and act together. This approach will include all staff and professions represented in our workforce
- Leadership development will be supported by providing access to coaching, mentoring and action learning discussions.

Timeline

Start Date

1.4.18

31.3.2023

End Date

Further information can be found...

- Learning and OD staff net pages
- Workforce and OD Strategic Plan

Culture & Engagement

What it is...

There is a growing body of evidence across different sectors that demonstrate the importance of employee engagement. Engagement is correlated to individual wellbeing and to organisational success and in the NHS the evidence is particularly compelling that it is highly important. The research completed by Michael West and Jeremy Dawson (2012) has shown that staff with higher levels of engagement have lower levels of both absence and presenteeism – turning up for work

when unwell., These staff are also less likely to suffer from work related stress and rate their own wellbeing more highly. Levels of employee engagement are closely linked to organisational culture and therefore increasing employee engagement is a key enabler to nurturing a compassionate culture. Research carried out by the Kings Fund demonstrates that in NHS cultures 4 key factors support high levels of staff engagement, a strong strategic narrative, engaging leaders and managers, giving employees a voice and organisational integrity, ensuring that the values are reflected in everyday behaviours.

What has happened to date	What will happen
<ul style="list-style-type: none"> • Strong and consistent programme of senior manager engagement activity over the past 2 years, including CEO led listening events • Your Voice Counts crowdsourcing platform used to co-create Trust strategy and give staff a voice on other key decisions, and issues, eg Trust IT strategy, bullying and harassment – a key issue from 2016 staff survey. • Trust intranet and website have been re-provided and launched to improve internal and external communications • Trust staff survey response rate has increased year on year for past 3 years • Local reporting of staff survey results developed and provided to inform local action and response to staff feedback • Staff awards re-launched and good feedback received from staff on last 2 years events. 	<ul style="list-style-type: none"> • Staff can provide feedback using a variety of methods and reliance on a single method is reduced • Staff know they have a voice on key issues and decisions, through the Your Voice Counts Platform • There is a clear connection between giving feedback and their views impacting on decision making • That wards and departments develop and implement actions from the annual staff survey that make a difference to them and we get a year on year increase in participation in the Staff Survey • On-going improvement in positive feedback scores from locally agreed leadership/engagement metrics. • Trust engagement levels are regularly discussed and reviewed in Board and senior team meetings

Timeline

Start Date	1.4.18		31.3.23	End Date
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Further information can be found...

- Learning and OD intranet pages
- Workforce and OD Strategic Plan

Team Functions

What it is...

The Trust requires strong and well-lead teams across the organisation to be delivering high performance. There is overwhelming evidence that engaged staff really do deliver better healthcare and having teams working well contributes significantly to levels of staff engagement. Future models of care demand higher levels of integration and collaboration with partners and

stakeholders than ever achieved before, team working across organisational boundaries will be a key future challenge.

Enabling team leaders to compassionately build develop and lead their teams is a key priority in developing the organisations culture, compassionate leadership activities have many positive outcomes, impacting on individuals, teams, organisations and across the system as a whole.

What has happened to date	What will happen
<ul style="list-style-type: none"> • The trust has a long history of investing in team development • Team leaders are being developed through formal leadership training such as the Mary Seacole Local • The Learning and OD Team and Continuous Improvement Team provide on-going support to teams wising to develop their working and effectiveness • The Aston OD Team Journey is being used to support team leaders to take ownership and responsibility for team development and effectiveness • Trust values and behaviours are being embedded in team working practices • Team coaching has supported team development • OD support has been deployed to support teams and services going through significant change 	<ul style="list-style-type: none"> • It is important that resources from support functions such as OD and continuous improvement are consistently and appropriately targeted to support teams and their leaders to avoid duplication and to make best use of resources. This approach will be supported by team intelligence data that will mean the right support and interventions can be planned and delivered. • The Aston OD team journey is an evidenced based model designed specifically for the healthcare sector and will be used alongside other interventions and development models to support team leaders to continually develop their teams. • Trust staff being able to work equally well in teams that cross organisational boundaries and support Trust partnership and collaborative working well. • Trust values and behaviours are evident in day to day team working • Staff report increased levels of well- being as a result of being part of healthy and high performing teams. • Team leaders understand the need to develop their teams and actively engage in on-going team development activity.

Timeline

Start Date	1.4.18		31.3.23	End Date
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Further information can be found...

- Learning and OD staff net pages
- Workforce and OD Strategic Plan

Conflict Resolution

What it is...

Conflict happens when you have situation in which an individuals or groups concerns, desires, preferences and/or goals differ from those of another person or group. Conflict centres on the differences between individuals or groups and how they choose to deal with those differences. Conflict can be positive – it can either facilitate growth and change or bring harm to the people

involved. Because of the potency of the emotions and reactions created by conflict it has a strong negative connection, however conflict can be positive if resolved constructively and used to problem solve. Conflict is an inevitable daily reality – our needs and values will come into opposition with those of others, some conflicts are minor and easy to resolve, others are more serious and need a well thought out approach and strategy for successful resolution to avoid lasting enmity. Conflict resolution is much more likely when individual and team relationships are strong and levels of Trust are well developed.

Conflict resolution is important to learning and improvement and a key characteristic of a compassionate organisational culture.

What has happened to date	What will happen
<ul style="list-style-type: none"> Conflict resolution skills and styles are offered as part of Trust leadership and management development programmes Trust values and behaviours are embedded in the Trust appraisal process Conflict resolution is a key requirement for effective team performance and is being supported through various team development interventions Workplace mediation is used to support serious conflict situations Trust workforce policies and procedures are designed to support individuals and teams to resolve conflict positively 	<ul style="list-style-type: none"> Conflict resolution skills and styles will continue to be offered at all levels of Trust Leadership development programmes Team leaders understand the need to develop their teams and actively engage in on-going team development activity. All staff to receive an individual copy of Trust behavioural framework which clearly defines expectations of all staff to align personal behaviours with Trust values Introduction of workplace dignity champions to support staff in cases of serious conflict

Timeline

Start Date	1.4.18		31.3.23	End Date
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Further information can be found...

- Learning and OD intranet pages

Speak Out Safely

What it is...

Following the publication of the Francis Report, the role of Freedom to Speak Up Guardian was created, with the standard NHS contract requiring all trusts to appoint someone to this position. Those taking up the guardian role work with trust leadership teams to create a culture where staff are able to speak up in order to protect patient safety and empower workers.

What has happened to date	What will happen
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- Refreshed and published a Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy'
- Appointed a Freedom to Speak up Guardian who has:
 - Raised awareness of the Freedom to Speak up Guardian and advised staff of how to contact them
 - Met with groups of staff face to face to raise awareness and talk about the role
 - Met with staff who want to raise concerns and supported them in doing this
 - Liaised with managers where there are points of learning
 - Established an open door policy with the CEO, Chair and Senior Independent Director
 - Made two reports to the Board of Directors (report every 6 months to Board) setting out key themes from the concerns raised and any points of learning
 - Taken part in national and local networks to share good practice.

The Freedom to Speak up Guardian will continue to raise awareness within the organisation to ensure staff know how to raise concerns and are confident in the role of the guardian in helping and supporting them to do this.

The Guardian will ensure that any lessons learnt from the concerns raised are fed back to managers so processes, procedures, services can be continuously improved.

Explore the possibility of establishing Speak up champions to help support the Guardian role.

Timeline

Start Date 1 April 2018

31 March 2019

End Date

Further information can be found...

- On Staffnet
<http://staffnet/supportservices/Human%20Resources/Pages/RaisingConcerns.aspx>
- Also in the Board of Directors agenda papers for April and November 2017 which is where the two reports were published.

Learn from Incidents

What it is...

Every day a million people are treated safely and successfully in the NHS. However, when incidents do happen, it is important that lessons are learned to prevent the same incident from occurring elsewhere. Learning from incidents enables the Trust to understand how and why patient safety incidents happen. Analysis is used to identify areas for change and to develop recommendations which deliver safer care for our patients. This is all our responsibility and creating a culture where reporting incidents is supported and encouraged is key to improving patient safety and quality of care. Learning from all incidents, whether low level harm to high level harm enables leaders to understand the risks and how to mitigate these to prevent harm occurring in the future. It also supports service redesign and quality improvement initiatives.

What has happened to date

- Weekly Learning from Incidents

What will happen

- LMM will provide a monthly update to the

and Mortality Meeting (LIMM) occur where the triangulation of incident types and data occurs. This meeting reviews all deaths and category 3 and 4 incidents.

- Following review incidents are allocated for further investigation, these range from updated information on the incident report, completion of a fact find, concise investigation, Structured Judgement Review or root cause analysis.
- Services are invited to the meeting to present specific incidents where there has been a trend or increase in a specific type of incident.
- All deaths are coded using the Mazaars template.
- A maturity matrix was developed to assist with the long term strategy with regards to learning from incidents and mortality.
- All deaths are reported to Trust Board on a quarterly basis, including the Mazaars coding system.
- The Trust was actively involved with 8 other mental health trusts and Mazaars work to support regional learning from deaths and to ensure a consistent approach for reporting deaths in mental health services.
- Clinical Team Managers and Ward Managers are provided with a monthly dashboard, providing information on their department's incidents, including themes and trends.
- Training sessions have been provided in the last year to support staff with incident reporting and to aid the ward managers to monitor their dashboards in a meaningful way.
- Structured Judgement Review training was provided for key staff in November 2017 and the Trust has commenced SJR reviews and these will be presented to LIMM to identify learning for incidents and

Trust Incident Review Group to ensure any concerns are escalated.

- The Serious Incident Team will expand the report produced monthly to the Trust Incident Review Group to identify any specific themes and trends.
- The Trust Incident Group will, in addition monitor action plans developed by the Care Group from lessons learnt within Serious Incident Reports to provide greater assurance around the completion of the actions and support the Trust wide sharing of the lessons learnt.
- A steering group has been agreed and meets in February 2018 to provide executive support to learning from incidents and mortality, including safeguarding, SCRs, LLR, DHR's
- The trust will work with other mental health trusts within the STP to support the suicide prevention strategy in 2018. A named lead has been identified.
- The Serious Incident Team will continue to link with other mental health providers in 2018 to share learning, with a plan to hold a "Learning from Deaths" conference for mental health trusts supported by NHS Improvement.
- Further Structured Judgement Review Training will be held in 2018 supported by Humber NHS Foundation Trust.
- The Trust board mortality review paper will include examples of learning from deaths on a quarterly basis to enable greater understanding of the lessons identified in the review processes.
- LIMM will further build on the Structured Judgement Review process by completing random samples and also multi-case reviews to identify where services are providing safe, high quality care and where care can be improved upon.
- We will continue to develop our reviews for adults with Learning Disabilities to support the process further.
- We will build on the Learning Reviews and further develop this in the next twelve months.
- A central learning forum reviews all fall and pressure ulcers and reports these on a quarterly basis.

deaths.

- Root Cause Analysis training was provided for key staff in the summer of 2017 to improve the quality of the reports and to provide a richer mix of staff skilled to complete these specific reports.
- Serious Incidents are presented at the Care Group Governance Groups and to the Trust Incident Group for final approval. Action plans are developed and agreed within this process.
- The Serious Incident Team provide a monthly summary report to the Trust Incident Review Group detailing SI's, inquests and fact finds completed.
- The Care Groups are provided with incident report information on a monthly basis via the CLIP report, which provides themes and trends.
- The Trust reports all Learning Disability deaths to LeDer and completes reviews of the care provided. The Serious Incident Investigators link with the local CCG to support this.
- LeDer training has been completed for key staff.
- Additional resources have been provided to the Serious Incident Team, including two additional administrators and one additional Serious Incident Investigator.
- The trust has commenced Learning Reviews, which occur as soon as possible to identify good practice and learning from a Serious Incident. This supports staff and provides opportunity or reflection in a safe space.

Timeline

Start Date

1 July 2017

**30 June
2019**

End Date

Further information can be found...

- Learning from Deaths Policy Staffnet pages

- CQC Learning, Candour and Accountability – Available on line
- National Quality Board.
- National Guidance on Learning From Deaths - Available on line.
- Datix reporting system
- Risk management team

Openness & candour

What it is...

When things go wrong we have a duty to inform the patient and or their next of kin about what happened and offering an apology. It is not an admission of guilt, but simply the right thing to do. A culture of openness and transparency fosters a safe culture for patients and for our staff. Duty of candour is a legal requirement when harm, whether psychological or physical has occurred.

What has happened to date

- All Service Users who die in our care from an unexpected, unexplained death, which is subject to a Serious Incident Review, are contacted in line with Duty of Candour. The Trust makes contact with the next of kin as soon as the incident is identified as a Serious Incident, or sooner if able. Contact is followed up in writing, with an apology and offer to meet to discuss any concerns.
- Where next of kin is not identified we work closely with the Coroner's Office to assist with this to ensure that all families are provided with an offer to meet and express concerns.
- Staff are encouraged to raise concerns via the incident reporting process with regards to care provision. When staff do raise concerns following the death of a service user LMM will action an investigation.
- Where family members raise concern about the care of a deceased patient, regardless of whether this is identified as a serious incident a full review is completed and shared with the family.
- The Serious Incident Investigators, Clinical Leads and Assistant Director of Nursing meet

What will happen

- We will build on our openness and duty of candour through the work we are progressing with our Learning from Incidents and Mortality Meeting. We will notify families or Service Users when they are subject to a Structured Judgement Review process if appropriate.
- We will further develop our openness with our Learning Disability Reporting system and subsequent review process.
- As we develop our Learning from Incidents and Mortality Steering Group will develop a plan for service user/family involvement, in particular in relation to any service improvement work as a result of lessons identified.
- Further training will be provided to clinical staff to enhance knowledge and confidence in applying duty of candour.
- The Duty of Candour Policy will be reviewed to reflect the progress made by the Trust and to ensure that all aspects of duty of candour are understood and applied appropriately, including all levels of investigations.

with bereaved families as standard practice throughout the Serious Incident Process.

- Following a Serious Incident Review the Service User was invited to work with the Trust on the Veterans bid. The Service User supported the Trust with this work.

Timeline

Start Date

1 July 2017

**30 June
2019**

End Date

Further information can be found...

- CQC Learning, Candour and Accountability – Available on line
- Duty of Candour Trust Policy – Available on Staffnet

Complaints

What it is...

A complaint is an expression of dissatisfaction received from a patient, their representative or visitor about any aspect of services provided by Leeds & York Partnership NHS Foundation Trust. These can be made via any communication route, including written/email, verbal in person or by telephone.

The Trust is committed to providing an accessible, fair and effective means for users of its services and their relatives, carers, friends or advocates to express their views. We must also provide a means to receive complaints relating to non-clinical issues which may arise from time-to-time; for example relating to Trust staff; services; or systems and processes.

The Trust aims to promote a culture in which all forms of feedback are listened to and acted upon in order to learn lessons and implement improvements to services.

What has happened to date

- Complaints Team assesses the severity of the received complaint and records the details on DATIX.
- Complaints Team sends Complaint Summary Pack to Associate Director for him to allocate the case to an investigator.
- Complaints Team acknowledges receipt of the complaint within 3 working days and where appropriate seeks service user's consent to access their records
- The investigator sends the draft formal response to the Complaints

What will happen

- Learning sessions - What is a complaint? will be presented at the following forums: Complaints Manager is providing training to the nursing preceptees on 8th Feb 2018. Complaints Manager and Director of Nursing and Professions will provide training at the Ward Manager meeting on the 27th Feb 2018.
- On a monthly basis the care groups will receive detailed specific patient experience data - read and sign off at care group governance then share externally i.e. with CCG's.
- On a quarterly basis the trust wide Patient experience report will be provided for the Quality committee - highlights to the Board.
- Oversight of the complaints process will be

Team for quality checking purposes by Day 20.

- Complaints Team send the draft response to the Associate Director for approval by Day 23.
- Associate Director sends the approved complaint response to Complaints team by Day 28.
- Complaints Team forward the approved complaint response to the Chief Executive for final sign off. By Day 29
- Complaints Team issues formal letter to complainant, with copy to Associate Director and investigator for their files by Day 30
- Complaints Team add actions from response letter into cumulative action tracker. Track actions to completion and share learning. Until actions complete
- The Care Groups are provided with report information on a monthly basis via the CLIP report, which provides themes and trends.
- A Patient Experience Report is produced monthly to covers complaints, PALS and compliments activity across the organisation, as well as narrative for other patient experience elements.
- The recent appointment of a administrator has ensured we are in a position to actively progress complaints through the system in a timely manner and will further focus on ensuring the key performance indicators are met. This support is likely to make a key difference to LYPFT's position on delayed complaint responses.

further clarified within the Director of Nursing and Professions portfolio

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Timeline

Start Date

End Date

Further information can be found...

Service user experience

What it is...

Ensuring the service user and the communities we serve have the best possible experience of care can be challenging as it involves responding to the expectations and aspirations of individuals alongside the business goals and objectives of the organisation.

Every interaction that service users, families and carers have with the organisation invokes a perception / feeling of the services provided or of the individuals providing those services based on the quality of the interactions.

All people using the Trusts services have a right to provide feedback and making it easy for them to tell us about those interactions, provides a channel which enables an organisational understanding of what people need and what people value to live healthy and fulfilling lives.

In turn this helps to learn from, plan, develop, improve and shape high-quality care that is clinically effective and safe; and delivered in an environment that takes the time to build a culturally receptive and responsive workforce who demonstrate trusting, supportive, empathic and non-judgemental relationships as an essential part of care.

What has happened to date

- We have reviewed the function and responsibilities of the Patient experience and involvement team.
- Complaints and compliments are a key measure of service user experience and part of a culture that that learns from feedback. We have put improvement systems in place to ensure that our responses are timely and that we are able to pick up themes.
- We are reviewing the ways we ask friends and families for feedback about our services through third parties.

What will happen

- We will work with the care services and partners at a workshop on the 28th February 2018 to ensure we are putting the correct systems in place to coordinate feedback from patients, carers and families internally and externally to prompt service development.
- We will set up of a Trust wide Service user experience Forum to share our feedback, complaints and compliments data with service users, carers and partners internally and externally to promote transparency and enable continuous learning from the ward to the board.
- We will make it easier for friends and families to provide feedback at the point of care with support from a member of the care team.
- The Director of Nursing and Professions will commission an independent review of the Trusts patient experience function

Timeline

Start Date

End Date

Further information can be found...

Accountability Framework

What it is...

Our Governance, Accountability, Assurance and Performance Framework (GAAP) sets out the overarching principles and approach to delivering a quality service in a high performing organisation.

This framework aims to ensure that Leeds and York Partnership NHS Foundation Trust (LYPFT) successfully delivers national standards for governance and performance through clear lines of accountability.

It describes how the Trust will use improved information management alongside clear governance and accountability in order to deliver better performance. This will be achieved through the introduction of a tiered performance management process which demonstrates rigour, support, challenge, timely escalation and a consistent approach to clinical governance and performance management at all levels of the organisation, using the approach outlined in the Single Oversight Framework from NHS Improvement (November 2017).

The underpinning principles of the framework are also aligned with the Trust's strategy, values and behaviours and the Care Quality Commission's Key Lines of Enquiry (KLoE).

What has happened to date		What will happen	
<ul style="list-style-type: none">GAAP framework developed and approved by the trust boardBriefing sessions on the GAAP commenced in December 2017Implementation of the GAPP commenced December 2017Executive Performance Overview process commenced January 2018		<ul style="list-style-type: none">Briefing sessions will continue through January and February 2018Combined Quality Performance reporting is being developed and will be embedded at sub board committee and BoardPerformance on a page dashboards will be developed at team, service and care group levelCorporate and support services will adopt a business partner approach in supporting the care groupsAn evaluation of the implementation of the GAAP will be carried out within the care groups and the wider organisation in December 2018All staff will act and behave in a way which supports the implementation and delivery of the GAAP	
<div><div></div><div>Timeline</div><div></div></div>			
Start Date	December 2017	December 2018	End Date
Further information can be found...			
<ul style="list-style-type: none">Via Staffnet: http://staffnet/supportservices/Governance/Pages/GAAP.aspx			

Service outcomes – In development

Evidence based service – In development

Specialist Services Care Group Quality Improvement Plan

What it is...

Since 2015/16 the care group have had 3 quality improvement plan areas each year which each

of the services have signed up to and feedback on. They were based on the 7 pillars of clinical governance and have been:

Outcomes

User involvement

Governance structures

Carer involvement

MDT working

Equality and Diversity

Transitions

Staff development and wellbeing

Supervision

What has happened to date

- The services develop their own particular targets within each area depending on need and monitor these through their own governance arrangements.
- These are monitored locally and the clinical leads provide an annual report to the CD with respect to progress. Any positive shared practice is highlighted and shared in the care group conference or governance meetings.

What will happen

- We aim to align this process within the quality strategy, and would be keen to get a sense of the best way to do this as soon as possible.
- We will develop and agree quality and safety metrics and goals.

Timeline

Start Date

On-going

End Date

Further information can be found...

Information Technology

What it is...

Build robust technology platforms that that can be relied upon at the clinical front-line and supporting corporate services.

What has happened to date

- Smart Phones deployed in 2017.
- Virtual Desktop development completed in Dec 2017.

What will happen

- Virtual Desktop deployment to be completed by the second quarter of 2018
- Replace the aging Paris system with a solution that is capable of embracing the mobility challenge and has a pedigree of interoperability to exchange data with other systems and those of our partners in the city.

Procurement of Paris replacement set to complete before the end of the financial year. Configuration and Roll-out to be completed by end of 2019

- Procure a document management system that safely stores our patient records and interoperates with a replacement for Paris and E-Prescribing system (EPMA). Procurement set to commence one EPR procurement completed.
- Join the city wide/STP convergence on IT infrastructure/service once the programme has reached the appropriate level of maturity. 2019/20
- Deliver a reporting service that provides a balanced score card to the front line and an analytical data service that re-engages clinical teams with the value of the data they produce. New Board report development on-going. Performance report to band 7 staff and above delivered. Integration of Financial reporting 2018
- Implement a system integration product to link up our HR applications and streamline key back-office processes.

Timeline

Start Date 2017

2020

End Date

Further information can be found...

Assessing the quality impact of service change

What it is...

The quality and delivery impact assessment process promotes a systematic exploration of both quantitative and qualitative information, and encourages orderly triangulation of this to help assess the quality impact of any service changes. The approach is intended to promote and facilitate clinical sign-up, to ensure that staff involved in the provision of direct care are engaged in the process of assessing the potential impact of service developments including cost improvement plans against all three areas of quality: outcomes, safety and experience of care.

What has happened to date

- Since 2013 we have completed a quality impact assessment for all of our cost improvement plan schemes
- The quality impact assessment of our cost improvement schemes is audited as part of the annual financial accounts audit process
- Our quality impact assessment process has been endorsed by our

What will happen

- Embed the use of quality impact assessment within the service change process
- Embed the use of quality impact assessments within the evaluation process for major service changes
- Continue to ensure all cost improvement plan schemes are quality impact assessed and that any changes in scoring are reassessed on a bi-monthly basis

local commissioners <ul style="list-style-type: none"> ▪ Our quality impact assessment process incorporates an equality impact assessment ▪ We have used the quality impact assessment methodology to assess the quality impact of service change 	
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Timeline

Start Date	January 2018	End Date	April 2019
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Further information can be found...

Clinical Audit

What it is...

"Clinical audit is essentially all about checking whether best practice is being followed and making improvements if there are shortfalls in the delivery of care. A good clinical audit will identify (or confirm) problems and should lead to effective changes being implemented that result in improved patient care." (Clinical Audit Support Centre, 2015)

What has happened to date

- A well-established team
- Good process in place to support staff with clinical audit
- Offer regular training on conducting clinical audit
- Offer one to one support to staff to conduct audits
- Support staff to develop audit tools
- Support national and local audits

What will happen

- Embed findings of action plans
- Disseminate the findings of clinical audits to facilitate learning
- Engage staff from all disciplines to participate in audit
- Move from paper based to electronic to allow easier spread of areas of good practice
- Support staff to identify clinical audit priorities for their team
- Ensure audit projects are in line with the care services and Trust priorities
- Encourage staff to use clinical audit to assess the quality of their service.
- QI Bookcase

Timeline

Start Date		End Date	On-going
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Further information can be found...

National Institute of Clinical Excellence (NICE) Guidance

What it is...

National Institute for Health and Clinical Excellence (NICE) guidance helps health and social care professionals deliver the best possible care based on the best available evidence. The Trust uses guidance published by NICE to ensure that nationally agreed best practice is taken into account

in the delivery of the clinical services provided by the organisation. The implementation of NICE guidance underpins achieving the Trust's goals through providing excellent quality, evidence-based, safe care that promotes recovery and inclusion.

What has happened to date

- Lack of engagement of staff in dissemination and implementation of NICE Guidelines

What will happen

- Introduce the new system of dissemination and implementation of NICE Guidelines
- Encourage staff participation in the process of identifying relevant guidelines
- Support staff to consider NICE recommendation when planning care
- Support teams to identify what guidelines are relevant to their service
- Move from paper based to electronic to allow easier spread of areas of good practice
- QI Bookcase

Timeline

Start Date

On-going

End Date

Further information can be found...

Service Evaluation

What it is...

A service evaluation involves assessing and documenting implementation, outputs, outcomes, impacts, efficiency and cost-effectiveness of current practices within a service. To encourage staff to use available data to improve their service.

What has happened to date

- Creation of a Service Evaluation role
- Creation of a Service Evaluation workbook
- Creation of a report writing guide
- 37 Service Evaluations projects have taken place since October 2016

What will happen

- Review of Service Evaluation role and link align with impact of action plans
- Working with LCH on a common approach to Service Evaluation
- Creation of a Service Evaluation System – move from paper based to electronic to allow easier spread of areas of good practice.
- Encourage staff to use service evaluation to assess the quality of their service.
- QI Bookcase

Timeline

Start Date Oct 2016

on-going

End Date

Further information can be found...

- On staffnet at: <http://staffnet/projects/projectsinitiatives/PMO/Pages/default.aspx>

Continuous Improvement

What it is...

Continuous improvement (CI) is an approach to change which is sustainable & enlightening. Used to its full potential it can support teams in addressing complex problems, where underlying issues aren't obvious or completely understood, where solutions depend on changes in human behaviour and when 'what to do for the best' isn't known at the onset.

Continuous improvement utilises the expertise of people closest to the issue – staff and service users, as well as system leaders – to identify potential solutions and test them. Done well, this can release great creativity and innovation in tackling the complex issues which services have struggled to solve.

The CI approach taken empowers those closest to the problem to lead improvements in processes and systems in their area, enabled through coaching & training.

The types of problems we can tackle using Continuous Improvement, are those which require not only changes in behaviours and processes, but also hearts and minds.

Continuous improvement supports personal and organisational learning and development, whilst driving performance and quality. It helps to bring about improvement in problems by:

- Focusing on outcomes and aims
- Trying to give everyone a voice
- Using specific tools and techniques
- Bringing people together to improve and redesign the way care is provided

What has happened to date	What will happen
<ul style="list-style-type: none"> • Establishment of the Continuous Improvement Team in 2015 • Development of the LYPFT CI Cycle • 2 day CI training pilot (24th/25th Sept '15) • Integration with local, regional & national improvement initiatives. • 23 improvement activities supported, highlights include: Key Performance Indicator projects, Enhancing Service User experience & Agile Working. • Vast suite of improvement tools and techniques created. • Established excellent working relationships with clinical teams. • 6 improvement projects currently active (January 2018) 	<ul style="list-style-type: none"> • Improvement training & coaching offering will be revised to meet the needs of the organisation. • Mechanisms for reporting, monitoring & supporting continuous improvement activity in the organisation are established & are routinely utilised • A network of continuous improvement professionals are established in the organisation who are linked in with local, regional & national initiatives • Establish a network of improvement activators, mentors & coaches throughout the organisation support all forms of improvement activity.

Timeline

Start Date	December 2015	December 2021	End Date
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Further information can be found...

Appendix 4 - Accountability and Oversight of Trust Strategy and Five Strategic Plans

Accountability for Delivery and Oversight of the Trust Strategy and 5 Strategic Plans

