Domain 1: Commissioned or provided services - **Perinatal Community Mental Health Services**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Domain** | **Outcome** | **Evidence** | **Rating** | **Owner Dept/Lead** |
| ***Domain 1: Commissioned or provided services*** | 1A: Patients (service users) have required levels of access to the service | * Duty and Urgent Assessment Team (DUAT) established to work alongside the community perinatal mental health team and offers additional support on assessments and monitoring of vulnerable service users. * Appointment of two part time peer support workers of lived experience whose remit is engagement and raising awareness of the perinatal service. * Established Dads/Partner support worker roles to support dads and partners. * Community targeted celebration and engagement events in partnership with maternity colleagues across place *eg. World Mental Health day and Perinatal Mental Health awareness week.* * Multi-agency perinatal training offered across place systems * Deep dive data analysis on ethnicity and diverse community access. * Established Diverse Mums group based in the heart of the community, open to service users from culturally diverse backgrounds. * Access to service - Accessible information available in translated languages (leaflets and videos) * Instagram Post on perinatal information and what’s on. * Service Evaluation measuring the equity of access to psychological therapies for women of the global majority.   **General**   * All policies have an Equality Impact Assessment * Multi-faith chaplaincy supports available * Accessible Information Standard Policy * Rainbow lanyards * Patient Advice and Liaison Service * Patient Experience and Involvement team * Interpreting and Translation Procedure * Volunteers Policy * Single Sex Accommodation policy * Transgender procedure for service users | **Achieving 2** | **Perinatal Service** |
| 1B: Individual patients (service users) health needs are met | * Membership and representative at Maternity Voice Partnership forum. This forum provides the opportunity for the maternity pathway (including perinatal MH) and commissioners to share best practices on maternity care and develop new ways of working to mee the needs of local women, parents, and families. * Established Engagement, Access, and Inclusion Coordinator to support the perinatal mental health teams provide an inclusive approach to care. * Group programme available for service uses and their families including a Compassion focussed group/circle of security, Antenatal Group, Understanding your baby, peer support group, baby massage, singing group, sensory group, and a sibling’s group. * Diverse Mum’s Group – a safe space for pregnant women and new mums from diverse ethnic backgrounds to share their cultural experience together. * In collaboration with the maternity services the Diverse Mums’ Group co-designed and produced a perinatal mental health leaflet to be placed in all maternity packs as the group highlighted a gap in this provision. Leaflets also available in different languages. In addition to British Sign language Video on the service website, that can be access via a QR code on the perinatal leaflet that is in English. * Psychological therapies are tailored to the service user needs and involves a discussion with them either directly with the therapist at a first appointment, or through dialogue together with their care coordinator / consultant psychiatrist regarding which form of psychological support would be most useful. * Perinatal Physical Health Clinic - monthly outpatient face to face clinic offering routine investigations including smoking cessation, alcohol advice and diet & lifestyle advice. * Wellbeing pods - routine assessments, are offer in the newly developed wellbeing pods which removes barriers for service users such as distance to travel, cost, and reluctance to attendappointments in a hospital setting. These settings are also more child friendly. The service routinely asks services users whether they would like a copy of their clinic letter and write letters to our service users and copy in the GP. This enables service users to be informed about their care at every step of their perinatal journey. | **Achieving 2** | **Perinatal Service** |
| 1C: When patients (service users) use the service, they are free from harm | * The perinatal service, safe care focuses on the prevention of avoidable harm or risk of harm, ensuring service users and infants receive safe care and treatment. Their aims as a service are:  1. To have no serious clinical incidents and a minimum number of Datix reports. 2. To thoroughly review and learn from near misses, incidents, and safety concerns 3. To prioritise safe care and develop a culture when this is a priority for all staff within the service  * Risk assessments are carried out with all perinatal service users and care plans reflects interventions to support and mitigate against risk identified. * The DUAT team provide increased flexibility in timing and location of assessments to accommodate service user’s preference and other factors such as financial constraints and geography. The DUAT team provide continuity of care for acutely unwell and complex presentation of service users that enables consistency and on-going review of risks and presentation. * A multi-agency/disciplinary approached is provided for service users who identifies with multi complex needs, to ensure information sharing and expertise. * Incident and learning – team reflections and support and learning sharing with team via clinical information forums. * Induction package for all team members and includes specific perinatal risk training, safeguarding, working with siblings and families, MBRRACE and PQN perinatal standards.   **General**   * Critical Incident Staff Support Pathway (CrISSP) - this is a service offered by the Trust where trained facilitators support staff who’ve been involved in a potentially traumatic or stressful event at work. * Patient Safety Incident Response Framework (PSIRF) -ongoing * Clinical, management and safeguarding supervision procedures. * Governance framework and reporting processes. * PALS and Complaints Procedure * Duty of Candour | **Achieving 2** | **Perinatal Service** |
| 1D: Patients (service users) report positive experiences of the service | * Patient centred care focuses on providing care that is responsive to individual preferences, needs and values. * Service evaluation report DUAT – service users’ feedback is positive. * Creative writing feedback * Compassion Focused Therapy Group feedback * Friends and family test data. * Diverse Mums group feedback from black, asian and minority service users to identify gaps in service and to inform service improvement and design. * National Service user award in category of Braking Barriers. * Number of Incidents and Level of severity of harm are low. * Representation and membership at Maternity Partnership Voice forums re: Insight and Improvement board meetings   **General**   * Local survey * Healthwatch report * Maternity insight report * DATIX data - | **Achieving 2** | **Perinatal Service** |
| **Domain 1: Commissioned or provided services overall rating** | | | **8** |  |

Domain 2: Workforce health and well-being

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Domain** | **Outcome** | **Evidence** | **Rating** | **Owner (Dept/Lead)** |
| ***Domain 2:***  ***Workforce health and well-being*** | 2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions | * Occupational Health service. * Employer Assistance Programme - available as self and manager referral. * Physical Health and Wellbeing Assessments covering the following - Blood pressure check, Blood sugar measurement, Cholesterol check, Resting heart rate, Weight measurement, Body composition and Body Mass Index. As well as lifestyle assessment during initial health assessment. * Fast-Track Physiotherapy Scheme providing expert assessment and advice. * Referrals – (available as self and manager) to the West Yorkshire Health and Care Partnership Mental Health and Wellbeing and the Humber and North Yorkshire Resilience Hub - offering talking therapies on an individual basis. * Trust Critical Incident Support Pathway (CrISSP) offering one to one and group debriefs following an incident. * To support the full CrISSP pathway and ensure local teams are provided with more immediate wellbeing support following an incident, joint Team Leader and peer Practitioner training is being rolled out trust wide. * Development of local wellbeing offer - wellbeing champions, ward buddies (a person from the wellbeing team who visits wards each month to discuss wellbeing and signpost to further support) * Proactive Wellbeing team – providing array of wellbeing information and signposting so wellbeing roadshows, visits to team meetings, recruitment and student fairs. * Wellbeing Wednesday newsletter every month – different features and overview of wellbeing support. * Menopause - a well-established menopause support group and monthly menopause training to increase awareness – aiming to achieve menopause accreditation in 2024. * Men’s mental health campaigns – face to face campaigns within services. * Ongoing evaluation of accessibility of Wellbeing information - online, physical z cards sent to everyone’s houses and available in services and wellbeing information sessions always available for ad hoc events. * Wellbeing assessments available at all times, as well as annually as part of PDR – current completion 92% * Supportive Health and Wellbeing policies, such as healthy working procedures, agile working, smoke-free. * Using National Staff Survey data to monitor if our staff feel that the ‘organisation is taking positive action on health and well-being’. Since 2019 we have seen consistent increases in these results, with 2022 results showing that 66% of our staff agree with this statement. The 2023 results will be available in March 2024. * New Wellbeing and Attendance Policy and Procedure published in March 2023. | **Excelling**  **3** | **People and Organisational Development Directorate** |
| 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | * Violence Prevention and Reduction strategy agreed January 2024, incorporating sexual safety and incidents of hate. Policy and procedures to follow in 2024 with the aim of achieving the NHS VPR standard. * Signed up to the Sexual Safety in Healthcare – organisational Charter. * Freedom to Speak Up Guardian and ambassadors. * Chaplaincy support. * Staff Networks - for WREN (Workforce Race Equality Network), DaWN (Disability and Wellbeing Network) and Rainbow Alliance (LGBTQ+). * Routes to raise concerns include, Immediate line managers, Freedom to Speak Up Guardians (including Freedom to Speak Up Ambassadors in place), Staff Side, HR, Staff Networks, Complaints and PALS and Patient Safety and Incident Response Framework (PSIRF). * Policies to support raising concerns include, Trust Grievance Policy, Bullying and Harassment policy, new Disciplinary Policy and Procedure. * Training to support managers include the Manager 360 – incorporating ‘Managing Self’, ‘Managing Teams’ and ‘managing individuals.’ * Civility & Respect Executive Statement in place, on the horizon for 2024 is the Culture Competence training and being and Active Bystander.   EDS Domain 2 Outcome 2B directly corresponds to WRES Indicators 5&6 and are based on the same underlying information, so outcomes and key finding indicators from the NHS Staff Survey [questions 22, 23, 25 and 26]).   * Analysis of our data in relation to this identifies that:   + From Service Users or the Public 31% of disabled staff said that they had experienced bullying and harassment or abuse from service users in 2022. This is the same as in 2021 and is slightly below the benchmark score. 6   + From Managers 10% of disabled staff said that they had experienced bullying and harassment or abuse from managers in 2022, an improvement from 2021 which was 12%, but is higher than non-disabled staff (5%).   + From Colleagues 20% of disabled staff said they had experienced bullying and harassment or abuse from colleagues, this was a reduction from 22% in 2021 and is slightly below the benchmark group.   + The Harassment, Bullying or Abuse question asks disabled respondents if they experienced bullying or harassment in the last 12 months and whether they or a colleague reported it. There has been a 7% reduction in the score to this question and although the 2022 score at 60% is equal to the benchmark. | **Achieving**  **2** | **People and Organisational Development** |
| 2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source | * Routes to raise concerns include, Immediate line managers, Freedom to Speak Up Guardians (including Freedom to Speak Up Ambassadors in place), Staff Side, HR, Staff Networks, Complaints and PALS and Patient Safety and Incident Response Framework (PSIRF). * We have a Values and Behavioural toolkit which has been collaboratively developed to help us talk about how we behave, how we may need to modify or change our behaviour and how we hold each other to account. * Supporting policies include:   + Bullying, harassment, and victimisation Policy   + Disciplinary Policy   + Grievance Policy   + Freedom to Speak Up Policy   + Equality, Diversity and Human Rights Policy   + Gender Transition at Work policy   + Framework for Personal Responsibility * Staff Alley pledge to support inclusion. * Manager 360 programme designed around our values which sets out expectations of how managers should role model these values and create positive environments for our staff. * The WRES indicator 5 (from Staff survey) results from 2022, which gained feedback from 187 BME staff, indicates that 36.0% of BME staff have experienced harassment, bullying or abuse from patients, services users, their relatives or the public. Although there has been a slight reduction in the percentage of BME staff saying that they have experienced bullying and harassment from service users, this figure is 5.0% above the benchmark and is 10.0% higher than the experience of white staff. * WRES Indicator 6: (Staff survey) results from 2022, which gained feedback from 187 BME staff, indicates that 22.0% of BME staff experienced harassment, bullying and abuse from other staff, which is a decrease of 1.0% from 2021. Although this is below the benchmark figure by 1% the figure is 6% higher than the experience of white staff. | **Achieving**  **2** | **People and Organisational Development** |
| 2D: Staff recommend the organisation as a place to work and receive treatment | * Findings from indicator KF1 in the NHS staff survey for this question are:   + In 2022, 63.8% of staff would recommend our organisation as a place to work, against an NHS Average of 62.8%   + In 2022, 58.6% of staff, would be happy with the standard of care provided against an NHS Average score: 63.6%. | **Achieving**  **2** |  |
| **Domain 2: Workforce health and well-being overall rating** | | | **9** |  |

Domain 3: Inclusive leadership

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Domain** | **Outcome** | **Evidence** | **Rating** | **Owner (Dept/Lead)** |
| ***in 3:***  ***Inclusive leadership*** | 3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities | * Equality and health inequalities are regular agenda items and the implications of all decisions on equality are discussed in Board and committee meetings. These are Workforce Committee, Mental Health Legislation Committee, Quality Committee and Finance and Performance Committee. * The Executive sponsors for the networks meet the chairs and attend the network on a regular basis. All staff networks have an Executive sponsor. * Board members hold services to account, allocate resources, and raise issues relating to equality and health inequalities on a regular basis, as identified with the annual equality report, strategic discussions and Board development days. * The CEO leads a Trustwide Community of practice EDI group * The Board led and participated in the first Trustwide Reciprocal Mentoring programme. * Leading Trustwide pledges to EDI initiatives, such as Allyship, Root out Racism. * Every member of the Board has an equality/health Inequality objective in their PDR. | **Achieving 2** | **Executive Board** |
| 3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed | * Equality and health inequalities are standing agenda items in the committee meetings and discussed at Board level. * Equality and health inequalities impact assessments are completed for all projects and policies and are signed off at the appropriate level where required. * Staff risk assessments, specific to those with protected characteristics, are completed and monitored, where relevant. * Required actions and interventions are measured and monitored. The WRES and WDES are used to develop approaches and build strategies. * Equality and health inequalities are reflected in the organisational business plans to help shape work to address needs. * Any impact on those with protected characteristics are identified on every paper at every committee and Board. | **Excelling**  **3** | **Executive Board** |
| 3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients | * There is a year on year improvement using Gender Pay Gap reporting, WRES and WDES. * Board members monitor the implementation and impact of actions required and raised by the below tools: WRES, WDES, Gender Pay Gap reporting, end of employment exit interviews, PCREF (Mental Health), EDS 2022, partnership working – Place Based Approaches. * Patient/front line stories at Board * Trust Board members visits to services. * Staff Networks at the Board meeting/workshop. * Patient and service user attendance at Trust Board meetings and workshop. * There is an EDI objective on every PDR within the Trust. | **Achieving 2** | **Executive Board** |
| **Domain 3: Inclusive leadership overall rating** | | | **7** |  |

|  |
| --- |
| EDS Organisation Rating (overall rating): 40 |
| Organisation name(s): LYPFT |
| Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped**  Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing**  Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving**  Those who score **33,** adding all outcome scores in all domains, are rated **Excelling** |