Yorkshire Ambulance Service NHS Trust

Diversity and Inclusion Strategy

2017 - 2020

Embracing Diversity

-

Promoting Inclusivity

Table of Contents

Our statement of commitment to equality, diversity and inclusion

At YAS, we are proud to introduce our first Diversity and Inclusion Strategy.

This new strategy sets out the Trust's ambitions and plan of action to promote and advance equality of opportunity, diversity and inclusion throughout our organisation. It has been shaped from our willingness to listen and involve our staff and key stakeholders through extensive consultation; from partnerships with our equality networks and understanding their experiences of working and being service-users and patients and from the learning we have gained from external benchmarking, peers and partners. It aims to drive a step-change in the culture of our organisation, helping us to embed positive behaviours in all that we do, for the benefit of our staff and patients.

We have developed this strategy not only to comply with our legal obligations under the Equality Act 2010 but because we believe wholeheartedly that it is the right thing to do. Diversity and inclusion must be integral to our culture and values and we must strive to make them visible in everything we do. They are an intrinsic part of helping us to improve the service user and carer experience, our workplace culture and to highlight the additional needs of those with a protected characteristic. Our approach to diversity and inclusion will go beyond legal compliance – it will be central to our core business.

To deliver this strategy, we need to put equality, diversity and inclusion at the heart of the organisation and consider it in everything we do. This strategy sets out a clear picture of our long-term commitment to achieving this ambition and how it will enable us to meet the needs of the communities and our workforce. Each year, we will assess the progress we have made on delivering our objectives and will and will report this through the Trust Board. This is a dynamic document in that it will be regularly reviewed to reflect changes to the external environment.

We look forward to the work ahead and are excited by the challenges we have to face. We remain confident we will face those challenges head-on and in so doing, will help to establish a progressive workplace that reflects the varying cultures of our society.

Kathryn Lavery – Chair

Rod Barnes – Chief Executive

Dave Macklin – Executive Director of Operations & Executive Sponsor for Diversity and Inclusion

Our Purpose…

'To save lives and ensure everyone in our communities receives the right care, whenever and wherever they need it'

Our Vision…

'To be trusted as the best urgent and emergency care provider, with the best people and partnerships, delivering the best outcomes for patients'

Our Values…

ONE TEAM	• We share a common goal: to be outstanding at what we do • We are collaborative and inclusive • We celebrate success together and support each other, especially through difficult times
INNOVATION	• We pioneer new ways of working • We are at the forefront in developing professional practices • We have a positive attitude and embrace challenges and opportunities
RESILIENCE	• We always support each other's mental and physical wellbeing • We have the flexibility to adapt and evolve to keep moving forward for patients • We remain focused and professional in the most difficult of circumstances
EMPOWERMENT	• We take responsibility for doing the right thing, at the right time for patients and colleagues • We are willing to go the extra mile • We continuously build our capabilities through training and development
INTEGRITY	• We are open and honest • We adhere to professional standards and are accountable to our communities and each other • We listen, learn and act on feedback • We respect each other's point of view
COMPASSION	• We deliver care with empathy, respect and dignity • We are passionate about the care of patients and their carers • We treat everyone fairly, recognising the benefits of living in a diverse society • We listen to and support each other

Introduction to our Diversity and Inclusion Strategy

This Diversity and Inclusion strategy sets out the principles and actions by which Yorkshire Ambulance Service NHS Trust intends to achieve our newly-developed mandate of “Embracing Diversity – Promoting Inclusivity,” as well as meeting our legal and contractual obligations.

In addition, we want to be the employer of choice for all our current and prospective staff and a provider of great care for our patients. We are seeking to go beyond mere compliance with standards and the law and so we have developed this strategy: a strategy which, at its heart, has ambitions for our patients and staff not because it ‘must be done’ but because it is the right thing to do.

The strategy sets out the overarching ambitions and plan of action for our diversity and inclusion activity for the next four years. It outlines our six strategic equality objectives on which the strategy is based and sets out core thematic areas of work and actions we will take to fulfil our ambitions.

The Diversity and Inclusion Strategy applies to everyone who visits or works in any of our sites, uses our services or patients and communities, regardless of race or ethnicity, sex, gender reassignment, disability, sexual orientation, age, religion or belief, pregnancy and maternity, socio-economic background and any other distinction.

This strategy contributes to the fulfilment of the Trust’s core business by embedding equality into all our functions and activities, including:

- The Corporate Strategy
- The Business Plan/Operations Plan
- A&E, 111, PTS
- Governance
- Human Resources and Organisational Development
- Policy and Practice
- Procurement
- Education

Our Diversity and Inclusion Mission

The Trust has signed-up to the newly-developed mandate of Embracing Diversity – Promoting Inclusivity. This will be underpinned by everything we do and will signal a positive message to all stakeholders on what diversity and inclusion means to YAS. This mandate will feature in our key documents and marketing material.

We will aim to make the Trust a place where all who work and access our services are treated with dignity, respect and fairness. The Trust is a place free from unlawful discrimination, bullying, harassment and victimisation and where the diversity of our staff, patients, visitors and service-users is recognised as a key driver of our success and is openly valued and celebrated.

Insert a number of pics here reflecting our workforce and patients

Principles Underpinning the Strategy

Reflecting on our mandate of “Embracing Diversity – Promoting Inclusivity,” this strategy is underpinned by three core values:

- We will attract, select and retain a diverse range of talented people to work at the Trust and will value the contribution made by everyone.

- We will embrace the diversity of all our staff, patients, service-users, visitors and everyone associated with the Trust to create a harmonious environment where people are comfortable to be themselves and realise their full potential.

- We will challenge inequality in all its forms and will promote dignity, respect and understanding within the Trust and the wider community.

Insert pictures reflecting our service and staff and patients

An Introduction to Yorkshire Ambulance NHS Trust

We are a successful integrated provider of emergency care, urgent care and patient transport services (PTS). Our core skills and competencies include emergency and urgent care triage and response, clinical pathways, design and management, healthcare technology, resilience and logistics. We employ over 5,000 staff who, together with over 1,000 volunteers provides services to a population of more than five million people.

In 2016-17, we:

- received 895,700 emergency calls
- responded to a total of 723,935 incidents through either a vehicle arriving on scene or by telephone advice.
- Clinicians based in our Clinical Hub which operates within the EOC triaged and helped just under 100,000 callers with their healthcare needs.
- Our non-emergency PTS provides much-needed support to patients and their carer's and is extremely important part of our service. Our PTS Team is made up of over 670 staff who undertook 1020,621 non-emergency journeys.
- Our NHS 111 service, which serves a population of 5.3million people, continues to experience a year on year growth in patient calls with 1,570,254 calls answered, a rise of 3.9% from the previous year.

We are commissioned by 23 clinical commissioning groups (CCGs) and, as the only regional healthcare provider, we are ideally placed to support joined-up care for patients and provide the gateway into urgent, planned and emergency services.

For everyone working at YAS, providing high quality patient care is our key priority. This applies to our ambulance clinicians responding to emergency calls, to our Patient Transport Service (PTS) crews taking patients to and from their planned hospital appointments, our call handlers handling 999 and 111 calls, to our managers developing new care pathways or ways of working and to our Trust Board making decisions about the future of our Trust.

Yorkshire Ambulance Service is the only NHS trust that covers the whole of Yorkshire and Humber. It includes the region from the Yorkshire Dales, North York Moors and the major cities of York, Hull, Bradford, Leeds, Wakefield and Sheffield to the East Coast. The catchment area for the NHS 111 service also extends to North Lincolnshire, North East Lincolnshire and Bassetlaw in Nottinghamshire.

The expansive and divergent geographical coverage of YAS provides many challenges in delivering the diversity and inclusion agenda.

Legal Obligations and Good Practice Frameworks

Equality Act 2010

The Equality Act 2010 was introduced as an umbrella piece of legislation to bring together all previously separate equality legislation into a single Act.

It outlaws direct and indirect discrimination, harassment and victimisation of people with a number protected characteristics:

- Age
- Gender
- Disability
- Sexual orientation
- Religion and belief
- Race
- Transgender
- Pregnancy & maternity
- Marriage & civil partnership

The Public Sector Equality Duty

The Act provides protection in relation to access to goods and services as well as employment. As a public sector organisation, we also have both general and specific public sector duties. The general Public Sector Equality Duty, which forms part of the Equality Act 2010 requires us, as an NHS public sector organisation, to have due regard to the need to:

- **Eliminate discrimination, harassment and victimisation.**
- **Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.**
- **Forster good relations between persons who share a relevant protected characteristic and persons who do not share it**

The specific duties mean that the Trust must:

- **Set meaningful and relevant equality objectives with a focus on "outcomes" as opposed to process.**
- **Report on progress in achieving equality objectives**
- **Report on equality data in the workforce**
- **Demonstrate the impact on equality of policies and services (equality impact assessment)**
- **Ensure we are involving and engaging with the communities we serve**
- **Procurement**

Workforce Race Equality Standard (WRES)

From the 1st April 2015, the WRES has been introduced by the NHS Equality and Diversity Council (EDC) for all NHS Trusts and Clinical Commissioning Groups. This was in response to 'The Snowy White Peaks' a report by Roger Kline which provided compelling evidence that barriers to progression, including poor data, are deeply rooted within the culture of the NHS.

The WRES is a mandatory requirement embedded within the NHS Contract to ensure effective collection, analysis and use of workforce data to address the under-representation of Black and Minority Ethnic (BME) staff across the NHS.

The WRES requires the Trust to demonstrate progress against nine standard indicators specifically focused at race equality.

As of the 1st April 2015, the WRES formed part of the standard NHS Contract. From April 2016 it has also formed part of the CQC inspection standards, which means that we will be scrutinised on our progress in meeting the requirements of the standard.

NHS Equality Delivery System 2

The refreshed EDS2 system has arisen out of NHS England's commitment to an inclusive NHS that is fair and accessible to all.

EDS2 is a national equality toolkit designed for the NHS. The framework provides an overarching approach to enable the monitoring of equality and fairness across service delivery, workforce and leadership issues.

From April 2015, NHS providers will be expected to use EDS2 to help them improve their equality performance for patients, communities and staff, as well as helping them to meet the Public Sector Equality Duty.

The EDS2 has four goals which are:

- Better health outcomes
- Improved patient access and experience
- A representative and supportive workforce
- Inclusive leadership

EDS2 is aligned with the Equality Act 2010 and covers the same protected characteristics. It is our intention to develop sustained relationships with other groups such as asylum seekers, people from deprived communities and other yet-to-reach communities.

Our Workforce Information

As part of the Yorkshire Ambulance Service's (YAS's) commitment to Diversity and Inclusion and in line with our Public Sector Equality Duty, the Trust regularly collects and monitors employment statistics against equality groups.

The Public Sector Equality Duty (PSED) requires public bodies to have due regard to the need to eliminate discrimination, to advance equality of opportunity and to foster good relations between different people when carrying out their activities. In order to do this, we need to have an adequate evidence base for decision-making. Collecting and using equality information such as workforce data enables us to develop a sound evidence base to support this. For more information on the Equality Act (2010) and the public sector Equality Duty, see: https://www.gov.uk/guidance/equality-act-2010-guidance

Below is a snapshot which shows ethnicity, disability, sexual orientation and gender within the organisation against pay band for staff headcount on 1st January 2017.

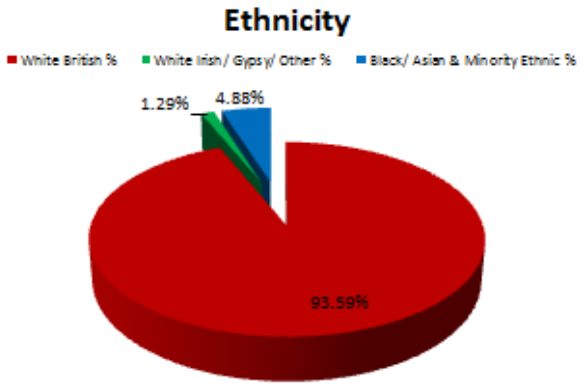
Grade Of Employees	White British	White Irish/ Gypsy/ Other	Black/ Asian & Minority Ethnic	Disabled	Lesbian, Gay or Bisexual	Women	Men
	%	%	%	%	%	%	%
All Employees	93.59	1.29	4.88	2.28	3.53	47.44	52.56
Band 1-4	48.63	0.44	3.08	1.44	1.71	26.44	25.77
Middle Earners (Band 5 - 7)	39.46	0.71	1.31	0.78	1.46	17.74	23.82
Higher Earners (Band 8+)	1.53	*	0.18	*	0.11	0.78	0.95
Other Employees	3.97	0.13	0.31	*	0.25	2.48	2.02

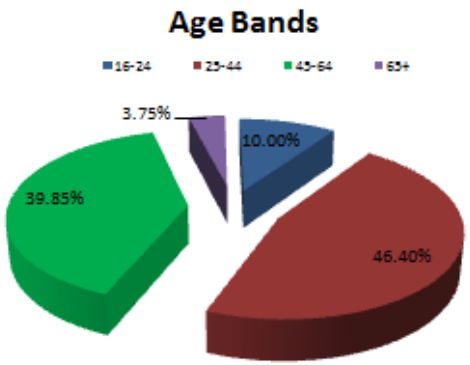
* Indicates less than five people.

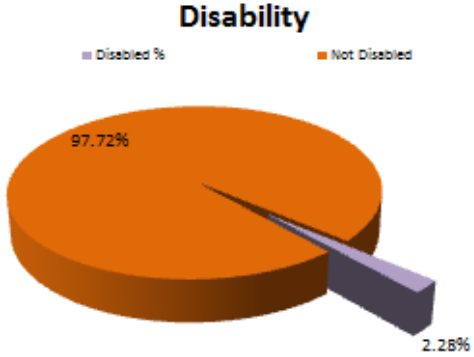
Data Source: Collected from Electronic Staff Records on 11th January 2017.

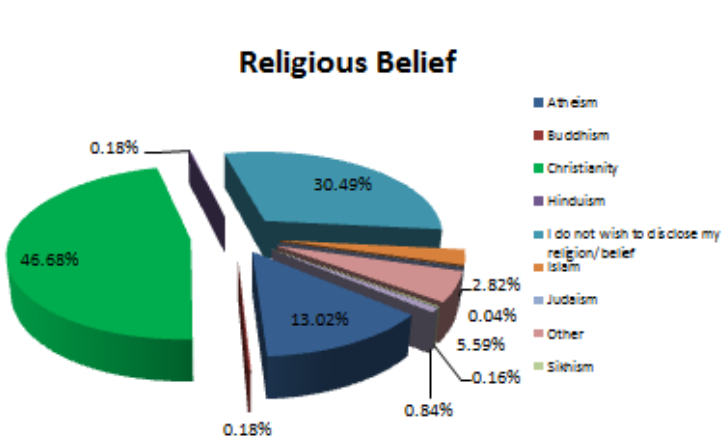
The percentages may not total 100% as the Not Stated Field has been excluded.

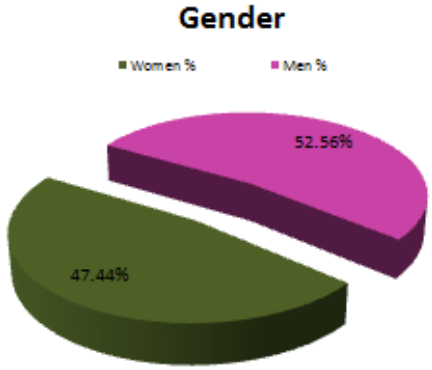
Below is a snapshot which shows ethnicity, age, disability, religion or belief, gender and sexual orientation within the Yorkshire Ambulance Service staff headcount on 1st January 2017.

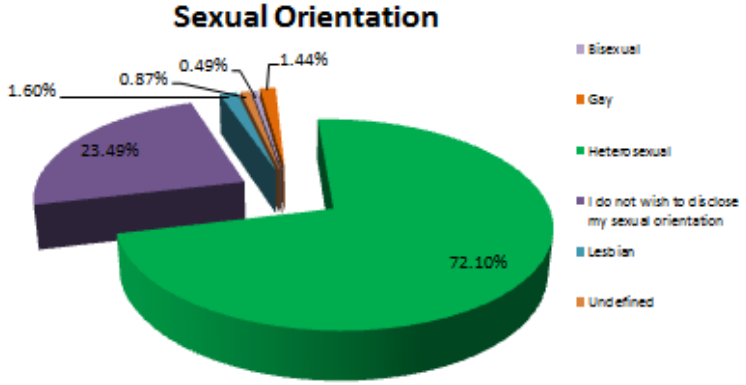












Public Sector Equality Duty – Protected Characteristics and its Analysis of the Yorkshire Ambulance Service Data

Introduction

Michael Dawson, in his report Making the Difference (2015), highlights that staff in ambulance services are more likely to experience discrimination in areas such as ethnicity, gender, disability and sexual orientation, than in other areas of the NHS. https://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/Making-the-difference-summary-Kings-Fund-Dec-2015.pdf

Ethnicity

A great deal of analysis has been done on the ethnicity within YAS and a detailed action plan has been developed to address the identified gaps.

The white British group is 93.59% of the workforce which equates to 5139 white British staff. The highest proportion of BME staff is within the pay bands 1 – 4 which has 193 staff or 3.08% of the total workforce (figures includes white other groups).

YAS has an established BME staff network. The network is supporting the implementation of the Workforce Race Equality Standard action plan.

Gender

The gender split within YAS is 47.44% female and 52.56% male which is broadly reflective of the general working population (2010 Census).

A higher proportion of male staff is in the pay bands 5 – 7 with a male/female split of 23.82% / 1308 male staff to 17.74% / 974 female staff.

Disability

Only 2.28% or 125 people in the workforce are reported as having a disability. However, it is thought that this figure is not accurate and a number of staff who have a disability or long-term condition do not report this information. This is supported by the most recent NHS staff survey where 20% of the respondents in the sample are reported as having a disability.

To address this, we must give staff more confidence and to ensure that staff who require support, because of a disability or long-term condition are given the help they need. YAS is currently developing a Disability Staff Network.

Sexual Orientation

The most common sexual orientation is heterosexual which equates to 72.1% of the workforce. However, a large proportion of staff, some 23.49%, have opted not to disclose their sexual orientation. The lesbian, gay or bi-sexual staff group equates to 3.53% or 125 people in the whole service.

As this is a larger number of staff, much work is still required to ensure that our staff data is as accurate as possible. This may include work to gain the confidence of staff to disclose their sexual orientation and to educate staff on the importance of providing this data.

Yorkshire Regional Health Profile 2017

The population in Yorkshire is diverse with each area and locality having slightly different health and social care needs. The task of identifying specific community needs and health inequalities across the whole of Yorkshire is considerable. However, significant data is already available but it requires further analysis and reframing to help us understand the health needs of each community. A recognised approach to identifying health inequalities has been used, considering both public health and local authority data, which looks at any correlation based on deprivation, poor health and general health inequalities.

These public health profiles provide a snapshot overview of health for each local authority or district in England.

The health profiles include:

- East Yorkshire – East Riding of Yorkshire and Kingston Upon Hull
- North Yorkshire – North Yorkshire, York, Craven (District), Hambleton (District), Harrogate (District), Richmondshire (District), Ryedale (District), Scarborough (District) and Selby (District)
- South Yorkshire – Barnsley, Doncaster, Rotherham and Sheffield
- West Yorkshire – Bradford, Calderdale, Kirklees, Leeds and Wakefield

Public Health: http://fingertips.phe.org.uk/profile/health-profiles

General Health in Summary

The general health summary considers income as a measure, which is well-documented to have a significant impact on health and wellbeing and life expectancy for both men and women.

Of the 21 unitary authorities and districts, the general health of the population against the national average is better in four areas, all of which are in the North Yorkshire locality. In 11 of the areas, this indicator is variable (one area is better and the other is poorer). In five areas, both the indicators are worse than the national average.

The worse performing areas are most likely to experience health inequalities. These areas are Kingston Upon Hull, Barnsley, Doncaster, Bradford and Wakefield.

Themes

There are several reoccurring themes which form part of the priority for each local areassuch as ageing, reducing alcohol consumption, reducing smoking and the use of tobacco, improving mental health, addressing social isolation and tackling depravation. Within some of our communities, there are high levels of coronary heart disease and diabetes and infantile deaths.

Poor Performing Areas Data

These areas are identified as the most poorly performing areas which are most likely to experience health inequalities within the Yorkshire region. Each area shows a life expectancy against the national average and identifies some of the key concerns which relate to potential health inequalities. There is also information which highlights some of the local health economy priorities for each area.

Kingston Upon Hull (population 258,000 mid-2014 estimate ONS)

- Life expectancy 11.6 years lower for mMen and 8.1 years lower for women
- Alcohol-related harm hospital stays higher than the national average
- Smoking-related deaths higher than the national average
- People killed or injured in road traffic accidents higher than the national average

The local priorities in Hull are focused on 'the best start in life,', 'healthier, longer, happy lives' and 'safe and independent lives' and include working towards a smoke-free generation by 2025, reducing poverty and improving mental health.

Barnsley (population 238,000 mid-2014 estimate ONS)

- Life expectancy 7.7 years lower for men and 6.6 years lower for women
- Alcohol-related harm hospital stays higher than the national average
- Smoking-related deaths higher than the national average
- Adult excessive weight and people who take part in physical activities are worse than the national average

The local priorities in Barnsley focus on ensuring that all children are given the best start in life and all our residents enjoy a happy healthy life, wherever they live and whoever they are. There is a focus on improving the oral health of children, creating a smoke free generation, and increasing levels of physical activity.

Doncaster (population 304,000 mid-2014 estimate ONS)

- Life expectancy 10.7 years lower for men and 7.1 years lower for women
- Self-harm-related harm hospital stays higher than the national average
- Smoking-related deaths higher than the national average
- Adult excessive weight and people who take part in physical activities are worse than the national average

Priorities in Doncaster include reducing alcohol misuse, reducing obesity, improving school readiness of children and working with families.

Bradford (population 528,000 mid-2014 estimate ONS)

- Life expectancy 9.6 years lower for men and 7.2 years lower for women

- Alcohol-related harm hospital stays higher than the national average
- Smoking-related deaths higher than the national average
- Adult excessive weight and cases of TB are worse than the national average

The local priorities in Bradford include addressing health inequalities, reducing infant deaths and reducing the harm caused by tobacco, obesity, alcohol and substance misuse.

Wakefield (population 331,000 mid-2014 estimate ONS)

- Life expectancy 8.5 years lower for men and 7.8 years lower for women
- Alcohol-related harm hospital stays higher than the national average
- Smoking-related deaths higher than the national average
- Adult excessive weight and cases of TB are worse than the national average
- People killed or injured in road traffic accidents higher than the national average

The local priorities in Wakefield include reduce smoking, improve mental health and wellbeing and delivering better outcomes from integrated services.

Health Inequality and Ethnicity

In addition, the Yorkshire region has a significantly high ethnic minority community. The Yorkshire region's population is 85.8% white British but has a diverse mix of ethnic minority groups which represent 14.2% of the region. These groups tend to be in clusters. For example, the population of Bradford is 20.4% Pakistani, the largest Gypsy and Traveller communities are in part of North Yorkshire and Doncaster which is 0.2% of the population.

Recent research from the Joseph Rowntree Foundation highlights the significant health inequalities experienced by ethnic minority communities across the country of which we have a significantly high proportion in our region.

- Pakistani and Bangladeshi women illness rates were 10% higher than white women in 1991, 2001 and 2011.
- Gypsy and Traveller communities are more likely to have poor health than any other racial group, with both men and women having twice the white British rates of limiting long-term illness and, at each age, they are the group most likely to be ill.

Ethnic inequalities in health are most pronounced at older ages:

56% of all women aged 65 or older reported a limiting long-term illness but over 70% of Pakistani, Bangladeshi and white Gypsy or Irish Traveller women at this age reported a limiting long-term illness

Arab and Indian older women also reported high percentages of limiting long-term illness (66% and 68% respectively)

50% of all men aged 65 or older reported a limiting long term illness but 69% of Bangladeshi and white Gypsy or Irish Traveller older men reported being ill

These inequalities are of significant interest as Bradford has an Asian / Asian British – Pakistani population of 20.4% and in the Doncaster, Selby and Ryedale areas, we have a 0.2% Gypsy and Traveller population which are small numbers. However, it is worth recognising that these percentages are twice the national average for England.

http://www.ethnicity.ac.uk/medialibrary/briefingsupdated/which-ethnic-groups-have-the-poorest-health.pdf

Yorkshire Health Inequalities Conclusion

The Yorkshire region has a range of health inequalities, some of which are specific to certain areas and it is important to highlight these to the local operational team in order for the information to be captured in local plans.

The key theme which has been identified throughout is thatthose areas with high levels of deprivation are more likely to experience health inequalities. The areas which seem to raise concerns are:

- Ageing population
- Higher levels than the national average in alcohol consumption
- Higher levels than the national average in smoking and the use of tobacco
- Poor levels of mental health and wellbeing
- High levels of social isolation linked to rural areas and an ageing population
- High levels of coronary heart disease and diabetes in some communities
- High levels of infantile deaths in some communities.

These areas will be used to inform operational plans and interventions as part of this diversity and inclusion strategy.

Ownership, responsibilities & monitoring

All members of the Trust, including staff, patients, contractors, visitors and anyone associated with us, are expected to own and act upon the principles of this strategy. A number of individuals and groups have additional responsibilities, including:

- The Trust Board, Trust Executive Group and Trust Management Group have overall accountability for legal compliance.
- The Chief Executive and Executive Director of Operations provide leadership support to the Diversity and Inclusion agenda.
- The newly-developed Diversity and Inclusion Steering Group (DISG) has overall responsibility for monitoring progress against our strategic equality objectives.
- Directors and Associate Directors are responsible for:
    - Ensuring compliance with the strategy
    - Carrying out actions arising from the action plan
    - Advancing and promoting diversity and inclusion in their disciplines
- The Trust's Secretary and Director of Quality, Governance and Performance Assurance have responsibility for ensuring that the Trust has policies and procedures that comply with national laws in relation to diversity and inclusion.
- The Director of Workforce and OD has responsibility for people policies. The Diversity and Inclusion Unit is responsible for driving forward the agenda and for providing operational support, advice and guidance to all Trust stakeholders.

Diversity and Inclusion Objectives 2017 – 2020

The following strategic objectives have been developed and shaped through targeted consultation and involvement with internal and external stakeholders. It has six key objectives to be achieved by 2020 when we aim to be in a position where:

Objective 1 Education, Empowerment and Support

All our staff are aware of their own and the Trust's responsibilities for advancing a culture of equality of opportunity and fostering good relations, achieved through targeted training and development activities.

Objective 2 Effective Community & Staff Engagement and Involvement

Community and staff trust and confidence has been built through effective community engagement and communication.

Objective 3 Promoting Inclusive behaviour

All our staff, contractors, visitors and the wider community are aware of the effects of their behaviour on others and are equipped to challenge and report inappropriate behaviour when they experience or witness it.

Objective 4 Improving Policy and Practice

We continue to use Equality Impact Assessment methodology, statistical analysis and involvement to build greater understanding of the diversity of our staff and patient populations and to use the findings to improve our policies and practices.

Objective 5 Reflective and Diverse Workforce

We have developed and enhanced our approach to recruitment, selection and promotion to positively attract, retain and support the progression of diverse staff across the Trust.

Objective 6 Enhancing and maintaining knowledge and awareness about our staff, communities and patients we serve

We have established effective monitoring and oversight mechanisms and are proactive in contributing to a comprehensive knowledge base about the diversity of our Trust which will assist in action planning to fulfil our equality objectives and legal responsibilities.

What we will do to meet our equality objectives

We have identified our actions for 2017-18. We will provide an annual report as part of the review of this strategy each year. Our actions for 2018 and 2019 will be reviewed as part of the annual reporting process.

Our plans for 2017-18

Objective 1	What we will do	Lead
Education, Empowerment & Support	Update and deliver appropriate development for colleagues in respect to diversity and inclusion	Associate Director of Education and Learning
	Train all our managers on Diversity and Inclusion	Associate Director of Education and Learning
	Develop the Dignity Champions Network	Deputy Director of HR
	Provide Board Members with appropriate diversity training	Deputy Director of HR & Associate Director of Corporate Communications
	Celebrate the diversity of the Trust during events, conferences, and campaigns, including national and international equality related days	Deputy Director of HR & Associate Director of Corporate Communications
	Publicise key festivals and religious events by form of a cultural calendar	Deputy Director of HR & Associate Director of Corporate Communications

Objective 2	What we will do	Lead
Effective Community & Staff Engagement	Implement and strengthen our approach to the NHS Equality Delivery System 2 (EDS2)	Trust Secretary Deputy Director of HR
	Continue to develop our response to the Work force Race Equality Standards (WRES)	Deputy Director of HR
	Investigate the experiences/satisfaction of staff through surveys and focus groups.	Deputy Director of HR & Associate Director of Corporate Communications
	Reinvigorate the staff equality networks to ensure they are aligned with our strategic equality objectives.	
	Support locality teams to develop relationships and networks with their communities.	Trust Secretary & Deputy Director of HR
	Deliver a range of community roadshows covering our towns and cities.	Trust Secretary & Deputy Director of HR

Objective 3	What we will do	Lead
Promoting Inclusive Behaviour	Review and re-launch the Trust's bullying and harassment policy and practice and replace with Dignity and Respect Policy	Deputy Director of HR
	Introduce mediation as an early intervention in the process of resolving conflict	Deputy Director of HR
	Develop a holistic internal mediation service, through training and coaching	Deputy Director of HR
	Develop and deliver an internal communication campaign on Dignity and Respect in the workplace	Deputy Director of HR & Associate Director of Corporate Communications
	Strengthen our external complaints monitoring	Deputy Director

	to ensure awareness and access for marginalised groups with more focus on equality monitoring Develop a system where all cases of bullying and harassment are monitored to identify trends and patterns across the Trust, with regular reports to TMG. Capture good practice from our partners and peers to improve our diversity and inclusion performance - for example working collaboratively with NHS Employers, National Ambulance Diversity Forum	of Quality and Nursing Deputy Director of HR Deputy Director of HR

Objective 4	What we will do	Lead
Effective use of Equality Impact Assessments	We will priorities equality impact assessments which have greater relevance to the General Equality Duty Develop a database of actions arising from completed equality impact assessments with their periodic review at directorate level and at DISG Review and refresh our approach to equality impact assessments by providing clear guidance and a refreshed pro-forma so that the process is better understood by those conducting equality impact assessments	Deputy Director of Quality and Nursing Deputy Director of HR Deputy Director of HR

Objective 5	What we will do	Lead
Reflective and Diverse workforce	Target local and diverse communities in recruitment campaigns Review and develop our people policies to ensure that there is appropriate fairness Support managers and teams to better understand their team members Work closely with external partners and providers (e.g. University Paramedic programme) to ensure diversity among the student group, and appropriate course content Recruitment and selection training programme will be enhanced to inform recruiting staff of their legal duties under the Equality Act 2010.	Deputy Director of HR Deputy Director of HR Deputy Director of HR Associate Director of Education and Learning Associate Director of Education and Learning

Objective 6	What we will do	Lead
Enhancing and maintaining knowledge and awareness about our staff and communities we serve	Review monitoring system and processes to reflect the 2011 census categories and guidance from NHS England and the Equality Act 2010. Roll out a staff equality census to improve staff disclosure data for analysis and reporting for the workforce race equality standard and forthcoming disability equality standard. Continue to monitor our workforce and pay profiles over time and ensure any employment data gaps are identified and addressed by appropriate strategies. Build in equality monitoring at all relevant and appropriate opportunities for example staff and patient satisfaction surveys, whilst maintaining confidentiality.	Deputy Director of HR Deputy Director of HR Deputy Director of HR Associate Director of Education and Learning

	Provide regular employment data reports to relevant forums including TEG, TMG, and Trust Board and equality networks.	Deputy Director of HR