



## **Foundation Trust Membership Strategy**

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## **1. Introduction**

- 1.1 Foundation Trust governance arrangements are designed to help organisations reflect the needs of their local communities, by developing and delivering plans and services with local people, rather than delivering what the Trust thinks is best for their local people.
- 1.2 A successful NHS Foundation Trust must create a membership that is:
  - As widely representative of the local population as possible;
  - Large enough to be credible; and
  - Fully engaged with the Trust.
- 1.3 This strategy outlines how the Yorkshire Ambulance Service NHS Trust (YAS) will achieve these aims and increase two-way engagement with the communities we serve.

## **2. What is Membership?**

- 2.1 Membership will empower local people to become advocates for YAS. Through two-way communication it will give local people an opportunity to be engaged with the services that we provide - to share their views and work with us to improve and enhance our services for the future. As such, the decisions we make will be more responsive to the needs of our patients, staff, volunteers, partners and residents. It is important therefore that our membership is representative of the communities we serve in terms of age, gender, ethnicity, disability, nationality, religious belief, social background and geographical spread.
- 2.2 We need to develop a membership where as many Members as possible are actively engaged in the development of YAS and the services we provide. We also need to develop ways of harnessing the experience, knowledge and skills of our members, to ensure that they effectively support our corporate objectives.
- 2.3 By becoming a Member, people will be demonstrating their interest in, and desire to be more closely involved with us. Members will:
  - Have a say in how our services are run;
  - Be invited to contribute to the development of new services and influence their direction;
  - Be invited to contribute to the development of the Trust as an organisation;
  - Receive regular information about our activities and performance;
  - Be consulted on major plans for future developments and services;
  - Be able to vote in elections for the Trust Council of Governors; and
  - Be able to stand for election as a Governor on the Council of Governors.

2.4 Membership is free to any person who is eligible. Members will not receive any payment or preferential treatment and will have exactly the same access to health and social care services as non members.

### **3. Defining the Membership Community**

3.1 We will have two membership constituencies:

- Public Members; and
- Staff Members.

(NB. Acute and Mental Health Foundation Trusts also have a patient constituency, but legislation precludes ambulance trusts having this feature).

#### **3.2 Public Membership Constituency**

3.2.1 Our public, patients, service users, partners and volunteers come within the public membership constituency category. Anyone who is 16 years of age or older and lives within the area served by the Trust which is Yorkshire, North Lincolnshire, North East Lincolnshire and Bassetlaw can be a public member of YAS. (See Appendix 1 for the area that YAS serves and the corresponding catchment area for our public membership. Appendices 2 - 4 highlight the ethnicity and age profiles within the catchment area).

3.2.2 We will have four constituencies based on the four areas that we serve: North, South, East and West. Members of the public who want to become Members will join the public constituency where they live and will be able to stand for election and represent that area. (See Appendix 5 for the constituency breakdown).

3.2.3 All public members have to opt to become Members of YAS. Being a Member is a responsible position and therefore certain people are not allowed to be Members of YAS, including:

- Anyone who has threatened, harassed, harmed or abused staff, patients and/or visitors; or
- Anyone who has been a vexatious complainant.

3.2.4 As we start the process of recruiting Members we will encourage as many of our existing volunteers, including our critical friends' network, community first responders and community vehicle drivers to be the first people to opt to become Members.

3.2.5 We need to ensure that as our membership levels develop over time that they best reflect the diversity of our population. We need to regularly assess the membership make-up and identify any under-

represented groups and then develop recruitment strategies to improve recruitment and representation of such groups.

### **3.3 Staff Membership Constituency**

3.3.1 All of our permanent members of staff and people on contracts of more than 12 months' duration who have been continuously employed for at least 12 months will be eligible to become Members of YAS. All eligible members of staff will automatically be opted in as Members of YAS unless they choose not to do so i.e. 'opt-out'.

3.3.2 Our staff constituency will be split into two categories to reflect the make-up of our staff:

- Front-line staff; and
- Support staff.

#### **3.3.3 Front-line staff category**

The front-line staff category will include all members of staff who provide direct patient care, whether face to face or over the phone, including:

- A & E clinical staff;
- PTS staff (on vehicles and at reception centres);
- Phone-based service staff - including 999 call takers.

#### **3.3.4 Support staff category**

The support staff category will include members of staff who work in for example, our fleet and estates departments, in our finance and IT departments, or who provide administrative support and other services, but do not provide direct patient care.

3.3.5 When a member of staff leaves YAS they will cease to be a Staff Member. If they remain a resident of the area served by the Trust we will encourage them to apply to be a public member instead. In reverse, if a public member becomes employed by us(subject to 3.3.1 above), they will change to being a staff member, after 12 months instead. Members cannot be a Member of both categories.

3.3.6 A member of staff may be asked to temporarily cease membership activities during a period of suspension under our code of conduct and associated staff policies and procedures.

## **4 Governor Members**

- 4.1 Each of the public and staff constituencies will be represented by elected Governors.
- 4.2 The Council of Governors is responsible for representing the interests of their local community in the management and stewardship of the NHS Foundation Trust. They are also responsible for:
- Sharing information about key decisions with other Trust Members;
  - Contributing to Members' and other local residents' understanding of the work of the Foundation Trust;
  - Acting as ambassadors to raise the profile of the Foundation Trust;
  - Promoting membership of the Foundation Trust and helping to recruit Members;
  - Attending Member events to engage with Members; and
  - Feeding back the views of Members to the Council of Governors and Board of Directors.

## **5 Elections**

5.1 We aim to recruit a Council of Governors that is as representative as possible of the catchment area.

5.2 Any Member can nominate themselves to stand as a Governor. The Council of Governors will be made up of both Elected and Appointed Governors:

- Elected Governors will be drawn from the public and staff constituencies;
- Appointed Governors will be appointed by partner organisations.

(See Appendix 6 for a summary of Governor make-up and Appendix 7 for the nominated Appointed Governor representatives).

5.3 Our Governors will serve a term of office for three years, after that time they will be eligible for re-election (no Governor will be in office for more than six years).

## **6 Governor Engagement**

6.1 A Governor Communication and Engagement Strategy and action plan will be developed to provide support and empowerment to our Governors, and to enable them to effectively engage with Members and the general public in their local communities.

## **7 Resourcing the Membership Development**

7.1 We will set up a Membership Office and provide a single point of contact for all member enquiries. We will also appoint a Membership Officer whose role

will include the on-going planning, management and development of the Trust's membership activities.

7.2 We have already commissioned the services of a database management company (MES) to securely manage the details of our growing membership population (including regular cleansing programmes of the membership data to ensure its validity). MES will also provide us with access to online profiling tools to help identify both current and required membership profiles, to ensure that our membership population is as reflective of the actual population as possible. The profiling tools also enable us to accurately identify the geographic location of under-represented groups to help maximise the effectiveness of our recruitment activities.

7.3 The dedicated budget allocated to membership and Governor recruitment, development, retention, education and communication activities will differ year on year as we move through the organisational development cycle. However, a significant resource will need to be allocated in the start-up period, to cover the development of initial membership recruitment promotional materials, membership welcome packs and Council of Governor recruitment and election materials.

7.4 The proposed annual budget for 2012/13 will be:

Staff costs                      £29,464

Non staff costs                £20,000

The staff figures are based on a band 5 Membership Officer

## 8 Building our Membership Base

8.1 To maximise the benefit of our membership population, we will need to constantly increase the number of Members that are recruited. We will need to obtain and maintain an optimum level of membership over the coming years to ensure that productivity is maximised. We also recognise that having too large a membership profile is costly and will reduce the benefits to us.

8.2 The membership targets that we have set for the next three years are:

<b>Member Type</b>	<b>Year 1 (2012/13)</b>	<b>Year 2 (2013/14)</b>	<b>Year 3 (2014/15)</b>
Staff	95% of eligible staff	95% of eligible staff	95% of eligible staff
Public	3,000	4,000	0.1% of our population

8.3 becauseThe public figure is based on a zero base and needs to be built up.

- 8.4 The public figures represent 0.1% of the catchment area population, and are based on a continual growth of 'quality' Members and the on-going retention of engaged Members.
- 8.5 The staff figures are 95% opt-in rate of eligible staff, and this figure is based on the experience of established Foundation Trusts.
- 8.6 Recognising the benefits of value rather than volume, we will opt to build a membership that is both representative in terms of the population profile and active in terms of maximising involvement with us.
- 8.7 We will approach our volunteers to encourage them to become some of our first Members. We had a substantial number of expressions of interest from potential members who highlighted their interest in becoming Members during our Public Consultation in 2011. Since then membership has steadily increased. We will use the membership database profiling tools to look at these two groups of residents and undertake a gap analysis to highlight the under-represented demographic profiles that we need to target to optimise our membership population. We will also use the membership database profiling tools to indicate the geographical locations where we need to focus our targeted recruitment activity to fill the gaps in our membership profile.
- 8.8 We will need to build an annual engagement and recruitment plan alongside other public facing teams within YAS, to ensure the joining-up of activities, maximisation of resources and cross promotion of membership messages at every opportunity (particularly at community based events amongst the harder to reach sections of our communities). For example, during:
- First aid training courses;
  - CPR training courses;
  - Defibrillation placements and training courses;
  - YAS staff presentations and awards ceremonies, where family members are commonly invited;
  - School visits;
  - Community training courses and visits; and
  - Private events.
- 8.9 We will also need to develop a programme of less targeted promotional activities, including:
- Promotional literature distribution through YAS vehicles and in YAS buildings;
  - Promotion on the YAS website;
  - Promotional literature in community settings;
  - Promotion through partner organisations, encouraging membership amongst their staff groups/Members;



- Cross promotion on partner FT membership Member mailings;
- Promotion into harder to reach sections of communities through existing staff community links;
- Promotion through existing patient interest groups;
- Promotion at community events;
- Promotion through media coverage; and
- Trust Board engagement with partners and residents across the area served by the Trust.

8.10 We will utilise the visual promotional resources that we already possess when visiting community settings, including our two display ambulances, our educational ambulances and our 'Parated' mascot, to gain interest and encourage take-up of our membership offer. We will also refine and develop our promotional resources over time, to meet the needs and expectations of our Members wherever possible.

8.11 We hope that most staff will choose to continue as our Members. They are currently our biggest group of ambassadors and we would therefore hope to harness this on-going enthusiasm and translate it into membership.

8.12 To ensure that staff are fully aware of the implications of Foundation Trust status and membership, and the benefits of both, we will develop an programme of heightened awareness and communication around the subject from April 2012.

8.13 The opting in of staff into the membership is to be undertaken on 01 September 2012.

## **9 Managing an Active Membership**

9.1 To ensure that our membership population remains representative and engaged, the Trust Board has made an on-going commitment to effectively communicate and engage with them.

9.2 We want our Members to be actively involved in the development of our services and our organisation as a whole. We also want to transform them into our biggest set of advocates. Their experience as a Member, along with a greater understanding of our services, should in turn lead to an enhanced perception of YAS.

9.3 Members who feel more involved and listened to are also more likely to contribute and remain Members for longer. This in turn will save us time and resources in terms of on-going Member recruitment.

## **10 Member Involvement**

10.1 Members can have as much or as little involvement as they wish. This can include:

- Showing support for their local ambulance service;
- Sharing experiences after using our services;
- Receiving regular newsletters about our success, achievements and service development;
- Being consulted on future service developments;
- Telling us about the needs and expectations of their local community;
- Voting in elections of Governors;
- Standing for election as a Governor;
- Having access to a local Governor who represents the views from the local area;
- Attending the Annual General Meeting;
- Gaining a better understanding of how YAS works and sharing in our successes;
- Recruiting other Members; and
- Volunteering to help promote YAS.

10.2 Advised by the experience of many established Foundation Trusts we need to develop three different membership levels – three different levels of involvement and engagement, to ensure that Members are engaged at the level that is most suitable for them. A Member may advise the Trust they wish to change their level of involvement and engagement at any time.

10.3 Members will be invited to sign up as a Member to one of the three levels, highlighting their preferred level of involvement and engagement.

<b>Level 1 - Thought</b> Receive quarterly newsletter and voting papers for elections
<b>Level 2 - Time</b> Level 1, plus assist in consultation on development plans, participate in workshops, and surveys
<b>Level 3 - Support</b> Levels 1 & 2, plus stand for election on the Council of Governors

(Staff will be opted in as 'Support' Members).

10.4 We also recognise that as ambassadors of YAS, our Members should hopefully want to help us by giving something back to their local community, should they need to. This is where we believe that the real cost/benefit breakeven of membership could truly be brought to life. For example, we are proposing that one of the benefits of being a Level 2 or 3 public member could include having CPR (basic life support) training. This training could in turn hopefully benefit YAS by potentially engaging more Community First Responders, and ultimately reduce demand for life-saving emergencies, resulting in better outcomes for patients and increasing role satisfaction for community responders.

## **11 Communicating with our Members**

11.1 We want our Members to be as informed and involved as possible. Therefore, we will ensure that all our communications are clear and easily understood, with consistent, positive, relevant, timely and accessible messaging (including being delivered in the Member's preferred format).

11.2 These membership communications will be closely aligned with the Trust's Stakeholder Communications and Engagement Strategy. A communications and engagement plan will be produced annually to regularly highlight our on-going successes and achievements to Members, and ensure that Members are informed about the Trust's priorities and service delivery strategies.

11.3 We need to ensure that we provide effective two-way communication with our Members to enable them to interact with us, and vice versa, and to enable them to share their thoughts and views with us. We also need to regularly provide them with feedback that suggests how they are collectively positively contributing towards an improved YAS.

11.4 We will need to develop various channels of Member communication, including:

- Welcome packs;
- 6 Monthly newsletters;
- Members' section of the YAS website;
- Events for Members; \*
- Member surveys;
- Focus groups;
- Annual General Meeting;
- Community events; and
- Social media platforms.

\*Events for Members will include "behind the scenes tours", "about the Trust" events, educational seminars/lectures, health promotional activities and CPR training.

11.5 Members will be asked on joining what their preferred method of communication is for example, via post or email. We will explain the cost savings of choosing email communications, but will provide paper based communications to those who prefer that format. We will also provide communications in a format that is suitable for people with sight or hearing impairments, for those with learning disabilities, and also translated into other languages, if required.

## **12 Playing a Key Community Role**

12.1 We recognise the benefit of developing key relationships within the communities we serve to improve the services we provide, and to improve the health and wellbeing of our residents. We are continuously developing our community contacts and recognise the importance of our future Members in this role, especially in reaching out and engaging with the harder to reach parts of our communities.

12.2 We engage local school children in ambulance awareness and education programmes ('Junior Paramedics' Scheme). We also deliver public health awareness and basic life support training programmes. We are looking to increase this training to a wider audience, including scouting groups, religious groups, women's groups etc, to strengthen our community ties (as a trusted, accessible service) and develop training programmes for the more vulnerable sections of our communities.

12.3 We have also recently started to work in partnership with South Yorkshire Police, and in the 'Guns and Knives Take Lives Project' with the schools in South Yorkshire.

12.4 We hope that as future advocates, our Members will help us identify future training opportunities, for example, community CPR and life saving courses, and even themselves, help to deliver the training alongside our members of staff.

12.5 It is also hoped that having an increased presence in our local communities will in turn heighten our profile as a service to be respected and trusted, which will naturally increase the number of residents who will have an affinity to us and want to show their support by becoming a Member.

## **13 Working with other Membership Organisations**

13.1 To reduce duplication and cost, and create a sense of shared purpose, we will look to work with our local partner NHS Foundation Trusts/Aspirational Foundation Trusts to recruit some of our Members. By sharing best practice and creating a raised community profile, we hope to increase the number of 'quality' Members that we attract at joint recruitment events, including staff and existing Members of partner trusts.

13.2 We will also look to provide an educational presentation about YAS at partner Members' training events each year, to boost membership take-up and also educational levels about our services.

## **14 Evaluating Success**

14.1 This document will become the property of the Trust's Members and will be managed and regularly reviewed by the Council of Governors. The Governors will monitor:

- Membership numbers and membership recruitment and resignation trends;
- Participation at events;
- Participation in activities, including voting rates at elections, survey completion rates etc;
- Community engagement activity; and
- The questions asked by existing and potential Members to see if there are themes of particular interest or concern, to evaluate the effectiveness of the membership strategy and ensure that it remains as effective as possible.

14.2 They will also review the Membership Strategy annually.

## **15 Membership Recruitment to Date**

15.1 During our Foundation Trust public consultation, a substantial number of residents highlighted their interest in becoming Members of the new NHS Foundation Trust. We have sent an initial response to each of them thanking them for expressing an interest and highlighting that our recruitment process will follow.

15.2 The targeted recruitment drive is due to start after May. However, over the past few months potential Members have been able to express their interest in our membership by filling in an online form on our website, which is directly linked to our membership database.

## **16 Plans for Future Membership Recruitment**

16.1 We will start our membership recruitment in earnest after May. This process will be progressed by the Membership Officer, who with the support of the Board of Directors, will work to develop an action plan for recruiting and maintaining our membership population.

16.2 We will start to raise the profile of and promote the benefits of membership to our members of staff from April, and will begin the opt-out process in September. It is anticipated that staff will be opted in on 01 September and opted in on a monthly basis following that when new members of staff become eligible.

- 16.3 We will look to promote the benefits of membership to our volunteers and critical friends' network immediately after our staff recruitment process is completed.
- 16.4 We will also start to identify initiatives to raise the profile of our membership to our external partners, patients and other residents during the summer months, including:
- Improved website presence;
  - Publicity materials;
  - Public events; and
  - Social media platforms.

## **17 Management Team and Council of Governor support**

- 17.1 Our management team and Council of Governors will play a crucial role in supporting the membership recruitment and retention programme during the first 12 to 18 months of operation as an NHS Foundation Trust.
- 17.2 They will be actively involved at both strategic and operational levels in many ways, including:
- During the establishment of action plans and initial membership drives – ensuring recruitment is targeted and effective;
  - Ensuring that retention levels are sound by helping to promote the role and benefits of Members and Governors, highlighting the value added by members and Governors to the Trust through various communications channels; and
  - Helping with on-going recruitment drives by engaging with Members of the public, partner organisations etc. to enhance the Trust's profile as a membership organisation of choice.

Map of Trust Operational Area



## Appendix 2

### Ethnicity breakdown for the Trust's Operational Area

Figures in thousands

	South Yorkshire	West Yorkshire	East Riding of Yorkshire	North Yorkshire
White - British	1,174.9	1,815.9	313.5	728.2
White - Irish	6.6	17.4	1.5	4.6
White - Other White	20.7	57.7	6.7	21.4
Mixed - White and Black Caribbean	6.7	13.6	0.7	2.1
Mixed - White and Black African	2.1	5.3	0.4	1.0
Mixed - White and Asian	5.7	14.0	1.0	2.8
Mixed - Other	4.2	7.3	0.8	2.3
Asian or Asian British - Indian	18.4	58.5	2.9	9.0
Asian or Asian British - Pakistani	27.4	132.6	1.9	5.5
Asian or Asian British - Bangladeshi	4.8	21.5	0.5	1.3
Asian or Asian British - Other Asian	6.4	14.7	0.7	2.9
Black or Black British - Black Caribbean	8.1	17.6	0.6	2.1
Black or Black British - Black African	10.5	21.2	1.3	3.3
Black or Black British - Other Black	1.5	3.4	0.2	0.5
Chinese or Other Ethnic Group - Chinese	10.3	10.3	2.2	4.7
Chinese or Other Ethnic Group - Other	9.0	15.8	2.1	4.6

Experimental Population Estimates by Ethnic Group for local authority districts and higher administrative areas in England and Wales for 2009.

Published on 18 May 2011. The estimates are consistent with the Mid-Year Population Estimates current at that date.



### Female Population by Age for the Trust's Operational Area

	West Yorkshire	East Riding of Yorkshire	North Yorkshire	South Yorkshire
<b>Total</b>	1,142,200	171,500	304,500	671,900
<b>Aged under 1 year</b>	15,300	1,500	3,000	8,000
<b>Aged 1 - 4 years</b>	57,500	6,400	12,100	30,900
<b>Aged 5 - 9 years</b>	63,100	8,400	15,200	34,600
<b>Aged 10 - 14 years</b>	63,900	9,700	16,900	36,400
<b>Aged 15 - 19 years</b>	73,100	9,900	17,800	43,200
<b>Aged 20 - 24 years</b>	96,700	7,700	13,900	52,900
<b>Aged 25 - 29 years</b>	88,000	7,300	13,200	45,300
<b>Aged 30 - 34 years</b>	71,200	7,500	14,000	37,900
<b>Aged 35 - 39 years</b>	75,600	10,700	18,800	43,200
<b>Aged 40 - 44 years</b>	80,600	12,900	22,900	49,100
<b>Aged 45 - 49 years</b>	78,300	13,100	24,400	48,100
<b>Aged 50 - 54 years</b>	69,000	11,700	21,800	42,700
<b>Aged 55 - 59 years</b>	60,800	11,800	20,300	37,400
<b>Aged 60 - 64 years</b>	63,400	14,000	22,600	39,800
<b>Aged 65 - 69 years</b>	47,200	10,600	18,100	32,200
<b>Aged 70 - 74 years</b>	42,700	9,100	15,300	29,000
<b>Aged 75 - 79 years</b>	36,100	7,300	12,600	23,900
<b>Aged 80 - 84 years</b>	29,100	5,600	10,200	18,400
<b>Aged 85 and over</b>	30,600	6,200	11,400	18,900

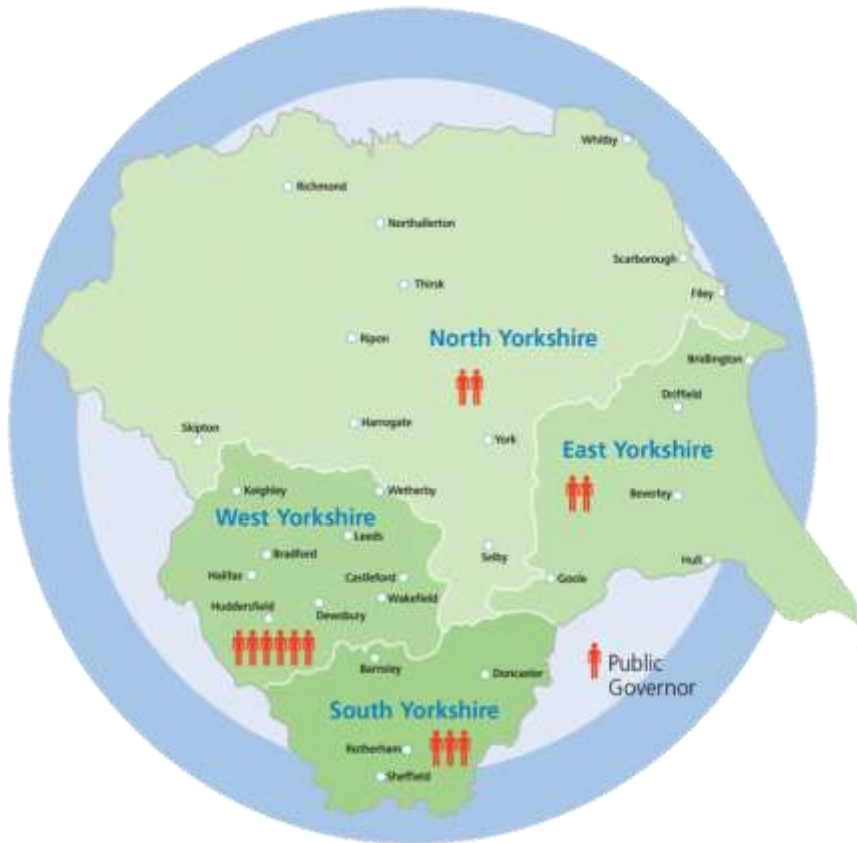
mid-year population estimates 2010

## Male Population by Age for the Trust's Operational Area

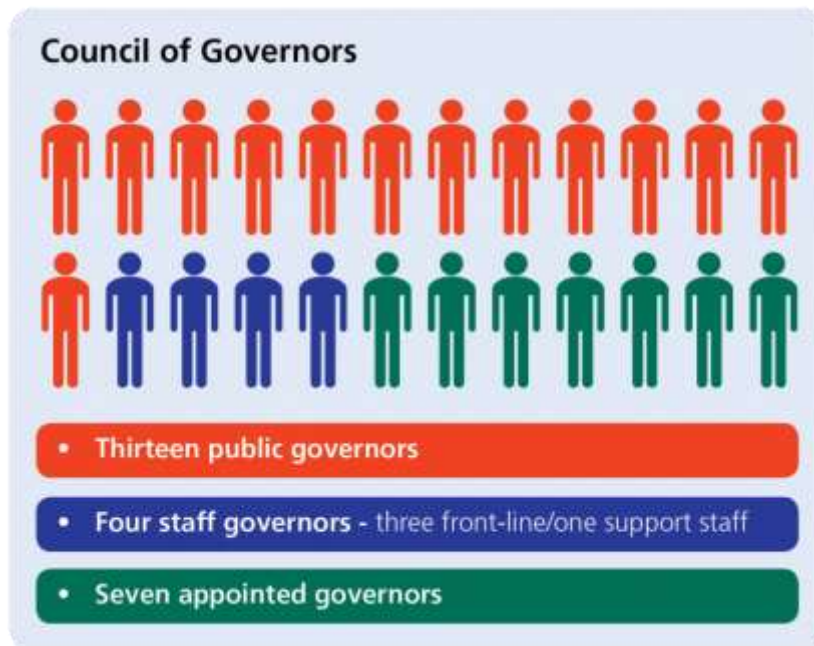
	West Yorkshire	East Riding of Yorkshire	North Yorkshire	South Yorkshire
<b>Total</b>	1,107,300	167,200	295,200	656,400
<b>Aged under 1 year</b>	16,100	1,600	3,000	8,400
<b>Aged 1 - 4 years</b>	60,200	6,700	12,600	32,400
<b>Aged 5 - 9 years</b>	65,700	8,700	15,800	36,200
<b>Aged 10 - 14 years</b>	65,800	9,700	17,800	37,800
<b>Aged 15 - 19 years</b>	75,000	10,900	20,600	45,300
<b>Aged 20 - 24 years</b>	98,200	10,200	17,700	56,900
<b>Aged 25 - 29 years</b>	92,400	8,800	16,500	48,900
<b>Aged 30 - 34 years</b>	73,200	7,300	13,800	38,900
<b>Aged 35 - 39 years</b>	72,600	10,000	17,200	41,600
<b>Aged 40 - 44 years</b>	79,200	12,100	20,700	48,200
<b>Aged 45 - 49 years</b>	76,200	12,900	22,700	48,200
<b>Aged 50 - 54 years</b>	67,800	11,900	21,200	42,000
<b>Aged 55 - 59 years</b>	60,300	11,200	19,100	37,200
<b>Aged 60 - 64 years</b>	60,900	13,100	22,100	38,500
<b>Aged 65 - 69 years</b>	45,000	10,200	17,300	30,500
<b>Aged 70 - 74 years</b>	37,200	8,600	14,000	25,000
<b>Aged 75 - 79 years</b>	28,100	6,300	10,400	19,000
<b>Aged 80 - 84 years</b>	18,600	4,000	7,100	12,800
<b>Aged 85 and over</b>	14,600	2,900	5,500	8,700

mid-year population estimates 2010

### Constituency Breakdown



### Council of Governor Make-up



**Appointed Governor Representatives**

- NHS Bradford & Airedale
- NHS North Yorkshire & York
- East Riding of Yorkshire Council
- Sheffield City Council
- Barnsley Hospital NHS Foundation Trust
- Leeds Partnership NHS Foundation Trust
- West Yorkshire Police – regional representative for all Yorkshire police forces