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NHS Equality Delivery System 2022 EDS Reporting for Yorkshire Ambulance Service NHS Trust 2023/2024

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Equality Delivery System for the NHS

The EDS Reporting

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents. The documents can be found at: www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/

The EDS is an improvement tool for patients, staff and leaders of the NHS. It supports NHS organisations in England - in active conversations with patients, public, staff, staff networks, community groups and trade unions - to review and develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. It is driven by data, evidence, engagement and insight.

The EDS Report is designed to give an overview of the Trust's most recent EDS implementation and grade. Once completed, the report is submitted to england.eandhi@nhs.net and published on the Trust's website.

NHS Equality Delivery System (EDS)

Name of Organisation		Yorkshire Ambulance Service NHS Trust		Organisation Board Sponsor/Lead	
				Mandy Wilcock, Director of People and Organisational Development	
Name of Integrated Care System		Calderdale/Kirklees and Wakefield			
EDS Lead	Chief Operating Officer/A&E Operations		At what level has this been completed?		
				*List organisations	
EDS engagement date(s)	15 December 2023		Individual organisation		
			Partnership* (two or more organisations)		
			Integrated Care System-wide*	Locala, Mid Yorkshire Teaching NHS Trust, Calderdale and Huddersfield NHS Foundation Trust	

Date completed	30/01/24	Month and year published	February 2024
Date authorised	26/02/2024	Revision date	February 2025

Completed actions from previous year	
Action/activity	Related equality objectives
EDS was not completed in 2022/23 due to capacity.	We aim to attract, select and retain a diverse range of talented people to work at the Trust and value the contribution made by everyone.
	We 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 being themselves and are able to realise their full potential
	We challenge inequality in all its forms and promote dignity, respect and understanding within the Trust and the wider community.

EDS Rating and Score Card

Please refer to the Rating and Score Card supporting guidance document before you start to score. The Rating and Score Card supporting guidance document has a full explanation of the new rating procedure and can assist you and those you are engaging with to ensure rating is done correctly.

Score each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance to scores are below.

Undeveloped activity – organisations score out of 0 for each outcome	Those who score under 8 , adding all outcome scores in all domains, are rated Undeveloped
Developing activity – organisations score out of 1 for each outcome	Those who score between 8 and 21 , adding all outcome scores in all domains, are rated Developing
Achieving activity – organisations score out of 2 for each outcome	Those who score between 22 and 32 , adding all outcome scores in all domains, are rated Achieving
Excelling activity – organisations score out of 3 for each outcome	Those who score 33 , adding all outcome scores in all domains, are rated Excelling

Domain 1: Commissioned or provided services

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
<i>Domain 1: Commissioned or provided services.</i>	1A: Patients (service users) have required levels of access to the service	<p>Emergency Operations Centre (EOC) The 999 service is a national provision, available to all regardless of protected characteristics. YAS increased call handling capacity in April 2022 from 189 staff to 196 in November 2023. We trained 111 staff between April 2022 and March 2023, and allocated 94 places between April 2023-November 2023. There are an additional 45 training places planned between January-March 2024.</p> <ul style="list-style-type: none"> • Calls are answered in time order unless identified as critical (not breathing, cardiac arrest). • AMPDS (the triage tool used by call handlers) provides training in supporting patients with mental health problems. • Clinicians are trained to Safeguarding Level 3. • AQI – achieving 10s mean call answer, 20s 90th percentile. <p>Access and training to language line to be used more in clinical hubs and text relay service. This year, we translated 40,000 total minutes in calls to the translation service, through 3,500 calls and with a choice of 86 languages on offer, 96% of calls are successfully connected to a linguist.</p> <p>Patients can be signposted by NHS 111 to 111 online or other Healthcare Professionals (HCPs) to the 999 service. Intelligent routing platform for compromised call handling. Disaster recovery telephony system has been commissioned and implemented. Calls taken by another service are passed back via ITK (interoperability toolkit) which is an electronic link, directly to our Trust. HCPs/Police and Fire - direct phone number to the EOC.</p>	2 Achieving	A&E Operations Head of A&E Ops/ Chief Operating Officer

EOC Data 1 April - 26 November 2023:

- 999 calls answered per day = 2,758
- 999 Emergency calls answered per day = 2,027
- 111 calls answered per day = 4,223
- Responses per day (i.e. patients treated on scene or over the phone) = 2,206

Call Answering Mean	Cat 1 Mean	Cat 2 Mean	Hear & Treat	See & Treat	See & Conveyed
50 secs	09:44	42:07	8.7%	28.1%	63.3%
13 secs	08:33	30:57	8%	27.7%	64.3%

The average answer time for 999 calls has reduced significantly from 0.50 seconds to 0.13 seconds this year. 80.4% of calls are being answered within target compared to 2022/23 (60.1%).

Mental Health Response Vehicles (MHRVs)

YAS has a large transformation programme which includes training, education, specialised roles, mental health professional support to the Emergency Operations Centre (EOC), which is where we take 999 calls.

There are also Mental Health Response Vehicles (MHRVs).

Mental Health Nurses in Emergency Operations Centre (EOC) have provided specialist support for patients. Our Mental Health Nurses conduct clinical consultations for patients who have mental health needs. YAS is seeking to increase Mental Health professional support to the EOC, which includes 'PUSH' model and suicide co-production workshop, Dementia training and a focus on learning disabilities and neurodiversity.

- Mental Health Response Vehicles are targeted at people who call 111 or 999 with a mental health need if they need a face-to-face response from the ambulance service.
- They provide a less clinical environment and are staffed with colleagues who have additional training.
- The vehicles can provide transport if required or refer on to another provider.
- Staff aim to only take people to the emergency department if there is a physical reason for them to be there or if it is not possible or safe for their needs to be met in the community.
- MHRV staff work closely with mental health and voluntary sector services such as safe spaces.

		<p>It is difficult in an emergency or urgent situation to collect data relating to protected characteristics. However, because we know social determinants of health include disability, gender identity, sex, ethnicity and sexual orientation and that people from these communities are more likely to experience health inequalities we have used deprivation quintiles as a proxy measure in relation to impact of the MHRVs for people with protected characteristics. When we plot this, we see that almost half of all MHRV calls were from the most deprived quintile. This is positive as it means that the MHRVs are being accessed by those most likely to be in need. We do collect data on patients' age and gender (we excluded transgender as the numbers are small and would therefore potentially lead to us sharing information which could be identifiable to individual patients) and when we plot this, we can see that the MHRVs attend to patients in the same age and gender profile as the overall number of calls. This shows us that we are targeting the MHRV at patients based on their mental health needs and not missing any particular age or gender.</p> <p>In the last 12 months, we have attended around 3,000 patients with the MHRVs and 60% of these have been treated, referred and discharged at the scene.</p> <p>160 patients have been transported to somewhere other than the Emergency Department which would not have happened in our traditional ambulance response model.</p> <p>We are continuing to evaluate and develop the model based upon feedback and looking at the workforce who work on the vehicle and developing Specialist Paramedics in Mental Health.</p> <p>We want to include more patient voice in our evaluation and are working with partners to do this.</p> <p>We are planning the roll-out of three more MRHVs in 2024 and by the end of 2024 all nine vehicles will be electric.</p>		
	<p>1B: Individual patients (service users) health needs are met</p>	<p>Emergency Operations Centre</p> <ul style="list-style-type: none"> • Hear and Treat – ability for clinicians to re-triage and give a more suitable outcome, rather than ambulance dispatch. • PUSH model – enables us to utilise local health services to provide patient care, such as falls, teams access GPs, and to provide further triage of some of our low acuity work (Category 3s) • EOC aims to audit 1% of all 999 calls received. This is on target. • EOC recertified as an Accredited Centre of Excellence for the 10th year, ensuring our call handlers provide high quality triage, instructions, and customer service to patients. 	<p>2 Achieving</p>	

		<ul style="list-style-type: none"> • EOC developed and implemented a Dispatch Audit Process to ensure dispatchers are adhering to Standard Operating Procedures to support effective allocation and management of resources to incidents. (Document can be supplied if required) • EOC developed and implemented a Clinical Audit Process to ensure clinicians conduct a clinical consultation and provide appropriate care to patients. (Documentation can be supplied) • A Clinical Navigation Model is now utilised in EOC. Once incidents have had an initial triage by a call handler, all low acuity and appropriate Category 2 incidents are promptly reviewed by a Clinical Navigator to signpost incidents to a more appropriate service or for further clinical assessment where appropriate. This may include upgrading, downgrading, referral to onward care providers, or to our own Clinical Hub. This allows us to concentrate our resources (such as double crewed ambulances) to those patients that need transportation to hospital. • Remote Clinical Hubs have been implemented to supplement clinical support and assist with further assessments and triage of patients in a remote setting. • The Emergency Operations Centre in York has had a full refurbishment and significant expansion to increase capacity and act as a business continuity site and provide additional training facilities. • Further specialist clinical roles in urgent and critical care have been introduced to EOC to provide additional specialist advice as required. • Expansion of the crew line to support operational clinicians with timely decision making and support. • Partner agencies and other HCPs can contact EOC for onwards support. • Integrated Transport Plan is a model between EOC and PTS to utilise resources more effectively to increase vehicle availability for travelling to hospital etc. • Developing a new role for Single Point of Access for HCP calls, safeguarding referrals, and recording incidents on Datix. • Provision of Mental Health Nurses in EOC. • Community First Response Desk supporting Community First Responders. • CORA – This is a system development which allows early allocation to Category 1 incidents based on the Nature of Call and nearest available resources, including Community First Responders. 		
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		<ul style="list-style-type: none"> • The EOC undertakes regular system updates to ensure we are utilising the most up-to-date triage tools and Computer Aided Dispatch. • EOC managers track staff compliance to statutory and mandatory training which includes dementia awareness, equality and diversity, and other EDS learning. • Defibrillator locations and access codes are stored on the system so call handlers can inform callers of their location on applicable emergencies. <p>Mental Health Response Vehicles (MHRV)</p> <p>It is difficult in an emergency or urgent situation to collect data relating to protected characteristics. However, because we know social determinants of health include disability, gender identity, sex, ethnicity and sexual orientation and that people from these communities are more likely to experience health inequalities we have used deprivation quintiles as a proxy measure in relation to impact of the MHRVs for people with protected characteristics. When we plot this, we see that almost half of all MHRV calls were from the most deprived quintile. This is positive as it means that the MHRVs are being accessed by those most likely to be in need.</p> <p>We do collect data on patients' age and gender (we excluded transgender as the numbers are small and would therefore potentially lead to us sharing information which could be identifiable to individual patients) and when we plot this, we can see that the MHRVs attend to patients in the same age and gender profile as the overall number of calls. This shows us that we are targeting the MHRV at patients based on their mental health needs and not missing any particular age or gender.</p> <ul style="list-style-type: none"> • Overall calls involving the MHRV were similar to the pattern of calls we saw for mental health need, with younger peaks in the female population. • The young and older populations were least likely to have a mental health related code and therefore be for some other kind of emergency – in those aged 10-49 almost 70% were mental health related. <p>Yorkshire Ambulance Service recognises that we have work to do in improving recording of the protected characteristics of people who use our services.</p>		
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	<p>1C: When patients (service users) use the service, they are free from harm</p>	<p>Emergency Operations Centre</p> <ul style="list-style-type: none"> • Expansion of the clinical hub providing more clinicians to conduct clinical consultations. • Remote clinical hubs providing additional clinicians and resilience to clinical consultations. • Introduction of the Clinical Navigator role to promptly review incidents and signpost. • Refining our comfort call process for patients who have had to wait longer for an ambulance. • Duplicate call model introduced to help dispatchers distinguish between duplicate calls and calls in the vicinity of each other to ensure patients receive a response when required. • Audits and one-to-ones are conducted across call handling, dispatch, and clinicians within the EOC. This helps to ensure learning takes place and staff receive support. • EOC Awareness – This is documentation which provides details of learning from complaints and incidents to promote openness, learning, and best practice. • Introduction of the EOC Wellbeing Team to support staff welfare and attendance. This helps to support the wellbeing of the workforce and attendance increasing capacity for our staff to help patients. This has had a positives impact on attendance which has improved over the past 12 months. • EOC Governance Team has expanded so that any incidents reported on Datix can be investigated in a timelier manner and to ensure learning. • Regular meetings occur with our language line provider to review any gaps in their service. • A new disaster recovery telephony system has been commissioned and implemented within EOC to ensure if we were to lose our telephony system we could move to a separate platform and still be able to take emergency 999 calls. • EOC commanders undertake commander training and exercises to support them during a business continuity or critical incident. • A debrief process is in place to ensuring learning and positive change from any critical or business continuity incident. • Clinical Safety Plan – This is a process which provides contingencies, actions, and guidance during times of high demand. • Internal process for reviewing and authorising new processes, policies, and procedures, along with regular review of the risk register. • EOC staff conduct a daily allocation of staff to business continuity roles in preparation for any untoward incident or business continuity (BC) event. • There is a mechanism for escalation of issues via an on-call structure which is communicated daily through our Regional Operations Centre. 	<p>2 Achieving</p>	
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	1D: Patients (service users) report positive experiences of the service	<p>Emergency Operations Centre</p> <ul style="list-style-type: none"> • Staff can recognise colleagues by submitting a Greatix and an internal staff recognition scheme is implemented. • EOC has taken a lead role in coronial processes and provides corporate witnesses to represent the Trust in court, explaining processes, investigation findings, learning, and actions. Essentially being open and honest to make the coronial process a more positive experience for relatives and friends. • Patient Relations and Corporate Communications share positive patient stories with EOC that may have been received from a variety of platforms including social media or our compliments process. Individual staff are then recognised via Greatix or the EOC recognition scheme. • When things don't go right EOC Senior Managers will conduct patient/relative meetings to be open and transparent about learning and actions taken, always wanting to provide the best patient care or service user experience with an open and just culture of learning and improving. • EOC doesn't directly control information regarding patient experience. • The compliments received displayed in the attached evidence are for the whole of YAS. The majority of compliments are for the frontline A&E Operations staff which make up 91% of all compliments received. • For the year (to date) end of October, the EOC service received 7 compliments whilst the A&E frontline operational service received 739 compliments. • The number of cases received for 999 call handling and dispatch has decreased by 11% from last quarter (down from 89 to 79). However, this is significantly lower than Quarter 2 in 2022/23 when we received 129 cases. • The number of call handling cases has increased (from 25 to 33) whilst the number of delayed response cases has decreased (from 59 to 44). • The largest category of complaint across the Trust relating to 999 call handling and dispatch this quarter is delayed responses to Category 2 calls followed by delayed responses to IFT calls. • Over half of the delayed responses to Category 2 calls are in the West Yorkshire ICB Area. 	2 Achieving	
Domain 1: Commissioned or provided services overall rating			Achieving	

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	<ul style="list-style-type: none"> Annual Health Needs Assessment carried out since 2022 to review and understand the health issues experienced by our staff. This has helped inform resource and Health and Wellbeing priorities. As part of this assessment the Health and Wellbeing Team have been capturing equalities data to help evaluate engagement and identified needs. Engagement with this assessment has been pushed out using various methods, including Trust weekly staff update, intranet site publicity, engagement via staff networks, Health and Wellbeing Group meetings and face-to-face engagement with staff across different sites. The Trust has a contracted service with external providers offering Occupational Health, Employee Assistance Programme and physiotherapy services. Employee Assistance Programme (EAP) – 24/7 telephone advise line to support YAS staff. Provide advice, signposting and clinical interventions such as counselling. Family member 16+ living in same household can access advise. Ease of access via a network of practitioners covering Yorkshire, range of expertise and gender to support protected characteristics. Can offer telephone, video, self-management and face-to-face interventions. The Trust has an annual Health and Wellbeing Plan which is developed utilising a range of data sources, national and local guidance, staff feedback and experience and outcomes from the NHS Health and Wellbeing Framework. Priorities set within the plan are approved at Board level and are focused on planning and implementing approaches to improve YAS staff health and wellbeing, with a specific focus on early intervention and support. The plan focuses on a holistic approach to supporting staff wellbeing and thus focuses on physical, mental, financial and wider emotional wellbeing. The plan is communicated across the Trust once approved. Focused health and wellbeing campaigns are delivered annually identified through emerging trends including focus on financial, physical, mental and emotional wellbeing. 	2 Achieving	

	<p>2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source</p>	<ul style="list-style-type: none"> • The Health and Wellbeing Passport is a fantastic resource that was launched to support our staff. It supports discussions around difficulties and long-term health conditions that the individual is living with, with an opportunity to agree and put in place any required reasonable adjustments. • Specific training in place in raising awareness of mental health and conditions, such as bespoke training developed for our staff supporting the mental health related call outs (training also open to other staff), Mental Health First Aid training, Zero Suicide Alliance, compassionate conversations training enabling our managers to appropriately support their teams. • Individual stress risk assessments undertaken where required and supporting staff with reasonable adjustments where required and practical. • Horizon scanning and benchmarking is something that is carried out regularly to inform improvements. This is when an organisation plans for the future by looking ahead at how an area might change, what people's needs are likely to be, and which services are likely to be available, and which will need to be developed. • Health Needs Assessment – 432 returns received. Key highlights: <ul style="list-style-type: none"> ○ 70% staff asked for further information to support around mental health and stress. ○ 55% staff asked for further information and access to activities to support physical wellbeing. ○ 70% requested more information on sleep. • Any new project, change or review has an EIA completed prior to start of work, which is then regularly reviewed to ensure no emergence of negative impacts. Communication mediums and methods used vary across the projects and are jointly agreed with wider stakeholders to ensure maximum reach. These have ranged from using intranet sites, printed leaflets, posters, booklets, Apps, emails, face-to-face input, Teambrief Live, newsletters etc. The Violence Prevention Team delivers a range of business-as-usual functions and service development work to support violence prevention and reduction. This includes monitoring current gaps in provision and establishing, with the support of other stakeholders, the measures required to reduce the frequency of incidents and level of harm to staff. • The Trust is working towards compliance with the Violence Prevention and Reduction (VPR) Standard; all indicators are being progressed, with over half completed: 	<p>1 Developing</p>	
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Area	Total No. of Standards	Fully Compliant	Partially Compliant	Not Compliant
Plan	14	6	8	0
Do	11	9	2	0
Check	12	11	1	0
Act	19	13	6	0
Total	56	39	17	0

- The development, approval and roll-out of the VPR Strategy, and subsequently VPR Policy, will further improve compliance with the Standard.
- The Body Worn Camera (BWC) pilot is now live across 43 ambulance stations and the Trust is seeing an increase in camera uptake. Expansion of the pilot has also begun in four stations across West Yorkshire for PTS staff. Work is also progressing to expand the camera use to commanders, in respect of major incident management, following the Manchester Arena Inquiry. Staff are reporting de-escalation of violence and aggression (V&A) during incidents following the presence of BWCs. In Quarter 2, there have been 25 incidents where staff are seeking prosecution following V&A incidents and BWC footage supports the success of these outcomes, while reducing the risk of psychological and emotional harm to staff who may be required to attend court.
- A Restrictive Intervention Policy has been drafted by the Violence Reduction Lead (VRL) and forwarded to the relevant Subject Matter Experts to review and amend. Comments have been received and actioned. Restrictive Intervention training will be available early next year, and the Trust's Training Needs Analysis (TNA) will be updated to reflect this requirement.
- During the early part of 2023, the Data Flag Policy and Safer Responding Policy and SOP were signed off at the Trust Management Group (TMG) and published. All V&A flags were reviewed and new wording as per the Data Flag Policy were applied.
- Within the organisation we have a well-established Freedom to Speak Up process, a specialised team with a newly appointed second FTSU Guardian for independent reporting of such issues. These reported incidents will also, where appropriate, lead into formal trust processes. Freedom to speak up is well embedded within the organisation and

		<p>promoted across all our sites and is also included in mandatory training packages for all employees. This training is accessed by all staff across the trust including those from protected characteristics. The team produces and shares quarterly and annual Freedom to Speak Up (FTSU) reports to show the action being taken, further encouraging people to speak up but also allowing us to highlight themes and trends.</p> <ul style="list-style-type: none"> • New starters reporting on Empactis, can understand ethnic data from the start of staff journey with us. We monitor needs of protected staff, gateway process for disciplinary cases in place ensuring fair and transparent process. • Staff support networks in place. 		
	<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source</p>	<ul style="list-style-type: none"> • HR, Trade Unions, FTSU, managers, HWB Team, staff networks - all provide support to staff. • Annual Health Needs Assessment to review and understand the health issues experienced by our staff. This has helped inform resource and Health and Wellbeing priorities. • The Trust has a contracted service with external providers offering Occupational Health, Employee Assistance Programme and physiotherapy services. • Employee Assistance Programme (EAP) – 24/7 telephone advice line to support YAS staff. Provides advice, signposting and clinical interventions such as counselling. Family member 16+ living in same household can access advise. Ease of access via a network of practitioners covering Yorkshire, range of expertise and gender to support protected characteristics. Can offer telephone, video, self-management and face-to-face interventions. 	<p>2 Achieving</p>	

	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<ul style="list-style-type: none"> For the majority of the workforce from protected groups, there is a significant number of colleagues who would recommend YAS as a place to work which is encouraging to see. However, there is a still a large proportion for whom this is not the case. The Trust overall score for agree/strongly agree to this statement is also less than half the workforce at 47.6%. Ensuring we place our staff and patients at the heart of what we do as a Trust is paramount and with tangible methods and programmes of wellbeing and support for staff, we are hopeful that the 2023 survey score for this statement will increase. NSS Q23c I would recommend my organisation as a place to work (<i>data represents those that agree/strongly agree to the statement</i>) - BAME = 63.4%, Disabled Staff = 63.4%, Gender = 66.6% (f), 65.3% (m), LGBTQ+ = 5.4%, Trust overall = 47.6% Q23d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation (<i>data represents those that agree/strongly agree to the statement</i>) BAME = 73%, Disabled Staff = 72.5%, Gender = 65% (f), 68% (m), LGBTQ+= 61.3%, Trust overall = 62.7%. <p>Leadership & Organisational Development</p> <ul style="list-style-type: none"> An ongoing action for the Trust is to improve leadership skills and behaviours including effective appraisals and career conversations through the following programmes: Aspiring Leaders Programme, Manage2Lead, Lead Together and Board Development Programme. YAS Academy offers an exciting range of apprenticeships, providing the opportunity to combine practical training in a job with study. To ensure our staff voice is heard at every level of the Trust, Executive Sponsors and Non-Executive Champions will now be working with each network from 2024. The Executive Sponsor role will not only help ensure we are embedding equity, diversity and inclusion, but will also be a resource to the Chair of their network and the protected characteristic the network represents. They will provide advice and guidance on how to influence appropriate change and bring their own knowledge and experience to help drive forward network agendas. Staff are supported and have the tools and skills to do their job. Our Leadership Behaviours and Talent Management Framework implemented as part of the Phase 2 roll out of 'YAS Together' - supporting the 'everyone together' pillar where we celebrate diverse contributions and strive for an inclusive, respectful and compassionate culture. 	<p>1 Developing</p>	
<p>Domain 2: Workforce health and well-being overall rating</p>			<p>Achieving</p>	

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 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	<ul style="list-style-type: none"> Recent changes have demonstrated a visible commitment through inclusive leadership at YAS. This includes the new governance structures with the addition of the People and Culture Group and the implementation of Business Operational Objectives. The Diversity and Inclusion Steering Group (DISG) consists of a range of members which include Support Networks, Union Reps and Freedom to Speak Up to help consult on EDI Objectives and progress. EDI Objectives and actions are reported on and monitored through the People and Culture Group and People Committee, with reporting for assurance to Trust Executive Group (TEG) and Trust Board. YAS recently streamlined leadership meetings, which has seen the creation of our People and Culture Group, replacing the Trust Management Group (TMG), enabling efficient and effective processes to maintain oversight, accountability and assurance of the work taking place across the Trust. The new Trust strategy 2024-29 will launch in January 2023. The Diversity and Inclusion Steering Group (DISG) meets every 6 weeks and includes the Diversity Team, the Chief Executive Officer, Executive Directors, Support Network Chairs, Union Representatives and other stakeholders who action or support our EDI objectives. This enables a breadth of members from across the Trust, to provide space for staff voice, engagement and accountability to the EDI strategy. The Trust's Business Operational Objectives have a focus on people and culture, in 2023 we established a new People and Culture Group as a subgroup of the People Committee to lead this agenda. 	1 Developing	Corporate Affairs Associate Director of Performance, Assurance & Risk

		<ul style="list-style-type: none"> • The group oversees the development and delivery of people strategies and initiatives for all aspects of the Business Assurance Framework (BAF), employee lifecycle/NHS People Promise and includes People planning and supply, People development, People engagement/experience, Cultural Development. • The People Committee is a standing committee that oversees the development and ongoing implementation of the Trust's people priorities so that all staff enjoy a positive working experience and improved health and wellbeing. One of the committee's main objectives is to oversee the implementation of the People Plan, which will include reviewing and driving performance improvement against key targets that include Equality, Diversity and Inclusion reports and action plans e.g. Gender Pay Gap, WRES, WDES etc. • The Trust's Executive Group (TEG) is a sub-group of the Trust Board which meets weekly and is led by the Chief Executive. The purpose of the group is to support the Trust Board in ensuring delivery of service. In 2023, membership of this group was expanded to include Directors from Fleet, Estates, Planning and Strategy, System Partnership Directors and the Corporate Secretary along with the Trust Board. TEG is a decision-making group and priority information and/or business cases are reviewed and actioned. • Trust Board membership includes our Executive Directors and Non-Executive Directors along with the Chief Executive Officer and Chair. The Board hosts both public and private meetings and meet monthly to keep updated on all directorates, analyse reports and continue to action our Business Operational Objectives. • In 2023 all Executive Director appraisals included mandatory EDI objectives following recommendations from the NHSE EDI Improvement Plan, demonstrating commitment from senior leaders to EDI for both staff and patients. • Strengthening the work around diversity and inclusion and the commitment to reducing health inequalities. The Trust supports and resources several initiatives. These include: 		
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		<ul style="list-style-type: none"> ○ 5 Support Networks for BME, Women, LGBT+, Disabled and Armed Forces colleagues. ○ An Executive Sponsor and Non-Executive Champion to support each network. ○ Implementation of the Say Yes to Respect Programme rolled out to educate staff on behaviours, language and 'banter' barriers. ○ Implementation of the cultural development programme - 'YAS Together'. ○ A Community Engagement Team (recently awarded the STARS Award for commitment to D&I) actively working on reducing health through programmes for those experiencing difficulties accessing health care. • The Trust Chief Executive, Peter Reading, is also Chair of the Disabled NHS Directors Network. This adds a wealth of knowledge to complement our EDI agenda at YAS. • Launched in 2019, the Say Yes to Respect programme aims to promote a positive, respectful and inclusive culture across Yorkshire Ambulance Service. The programme has been supported and endorsed by our Executive Board, Support Networks and Union reps. 		
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	<p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p>	<ul style="list-style-type: none"> • The Diversity and Inclusion Steering Group, the People and Culture Group, People Committee, the Trust Executive Group and Trust Board regularly identify equality and health inequalities related impact. • This is achieved using the Trust’s Business Assurance Framework, Strategy and Business Operational Objectives along with the data we gather through the Workforce Race Equality Standard, Workforce Disability Equality Standard and Equality Impact Assessments. • Risks are mitigated across the Trust’s services by providing progress updates and assurance within these governance structures. • The new Trust Strategy will launch in January 2024 focused on One Team and Best Care and was developed with extensive stakeholder engagement across the Trust it demonstrates key priorities over the next five years. • The Board Assurance Framework (BAF) includes EDI-related risks. This is reported quarterly to the Trust Board and is reviewed at the People Committee. The BAF has both staff and patient-related risks within it. This allows the Board to have oversight over the Trust as a whole and initiate targeted risk mitigation activities where needed. • The Trust’s business plan for 2023/24 has been developed in line with the Trust’s strategy for 2018 to 2023 and the eight strategic priorities. The 18 operational objectives have also been aligned with the 2023/24 NHSE objectives and the ICBs urgent and emergency care ambitions and priorities for 2023/24. • The Association of Ambulance Chief Executives (AACE) launched a consensus statement considering the role that everyone working in the sector can play in reducing health inequalities, both as providers of care and as anchor institutions within their regions. To determine where YAS may be able to add most value, a workshop was held which brought together key stakeholders from across the organisation and our integrated care systems. As a result of these conversations, framework has been produced which sets out the key activities we can undertake with the organisational enablers required to embed an approach to reducing health inequalities within the culture of the service. 	<p>2 Achieving</p>	
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		<ul style="list-style-type: none"> • WRES and WDES Data is reported annually and used to develop action plans aligned to the BAF, NHS High Priority Actions and the Disabled Directors Recommendations. For 2023, there was improvement against all 9 metrics for WDES, although this had deteriorated for BME Staff. • Implementation of the actions is monitored by the D&I Team, reported into DISG, People Committee, Trust Executive Group and Trust Board with regular progress reports. • Equality Impact Assessments (EIAs) are an essential tool to ensure policies and procedures have considered impact on protected characteristics. They are a cornerstone of our EDI work and demonstrate compliance to the PSED and Equality Act 2010. 		
	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	<p>The Trust understands the importance of monitoring impact which create an equitable and inclusive organisation for all staff and patients. The Trust monitors performance and progress by:</p> <ul style="list-style-type: none"> • Using the Workplace Race Equality Standard and Workplace Disability Equality Standard data, • Gender Pay Gap data, • Extensive consultation of the Trust Strategy 2024-29, • Monitoring Equality Impact Assessments, • Analysing Exit Interviews • Through accountability of the Trust's EDI action plan <p>Performance and progress are monitored and reported regularly through the Trust's governance structures</p>	2 Achieving	
Domain 3: Inclusive leadership overall rating			Achieving	
Third-party involvement in Domain 3 rating and review				
Trade Union Rep(s): GMB, Unite, Unison		Independent Evaluator(s)/Peer Reviewer(s):		
		Doncaster Bassetlaw Teaching Hospitals NHS Trust North West Ambulance Service NHS Trust		

EDS Organisation Rating (overall rating): **20 - Developing.**

Organisation name(s): Yorkshire Ambulance Service NHS Trust

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.**

EDS Action Plan	
EDS Lead: Nabila Ayub	Year(s) active – 2024/2025
EDS Sponsor: Mandy Wilcock, Director, P&OD	Authorisation date: 26/02/2024

The EDS Action Plan is aligned to the high-level actions in the Yorkshire Ambulance Service Equality, Diversity & Inclusion Action Plan 2024-27.

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services.	1A: Patients (service users) have required levels of access to the service			
	1B: Individual patients (service users) health needs are met			
	1C: When patients (service users) use the service, they are free from harm			
	1D: Patients (service users) report positive experiences of the service			

Domain	Outcome	Objective	Action	Completion date
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			
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source			
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source			
	2D: Staff recommend the organisation as a place to work and receive treatment			

Domain	Outcome	Objective	Action	Completion date
Domain 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	Improve our senior leaders understanding of the issues and barriers faced by our people from diverse backgrounds.	Board and executive team members continue to have EDI objectives that are specific, measurable, achievable, relevant, and timebound (SMART) and be assessed against these as part of their annual appraisal process.	March 2024
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed			
	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	Deliver and embed the year 2- 3 priorities for 'YAS Together' building upon the outcome of the culture change programme, supported by Moorhouse.	Continue roll out of YAS Together content across the trust. Embedding phase 1 and undertaking a maturity framework in Q4 to inform decision-making on interventions/assessing progress (Operational Objective 6)	March 2025

