NHS
Yorkshire
Ambulance Service
NHS Trust

Equality Delivery System 2022
Yorkshire Ambulance Service

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Equality Delivery System (EDS 2022)

- The NHS Equality Delivery System (EDS) 2022 is a tool designed to help NHS Trusts, in partnership with local stakeholders to review and improve performance with characteristics protected by the Equality Act 2010, and to support them meeting the Public Sector Equality Duty (PSED).

- Since 2015/16, the NHS standard contract has stated that all provider organisations are required to complete the EDS. The NHS System Oversight Framework requires the completion of EDS for indicator 51.

Yorkshire Ambulance Service

- Yorkshire Ambulance Service NHS Trust (YAS) was formed on 1 July 2006.

- We cover nearly 6,000 square miles of varied terrain.

- We serve a population of over five million people across Yorkshire and the Humber.

- We employ more than 7,200 staff and over 1,300 volunteers, to provide a vital 24/7 emergency and healthcare service.

- We receive an average of over 3,300 emergency and routine calls a day.

- Our Clinical Hub which operates within the Emergency Operations Centre (EOC) triaged and helped around 146,000 callers in 2022-23.

- Our Patient Transport Service made over 722,466 journeys in 2022-23, transporting patients to and from hospital and treatment centre appointments.
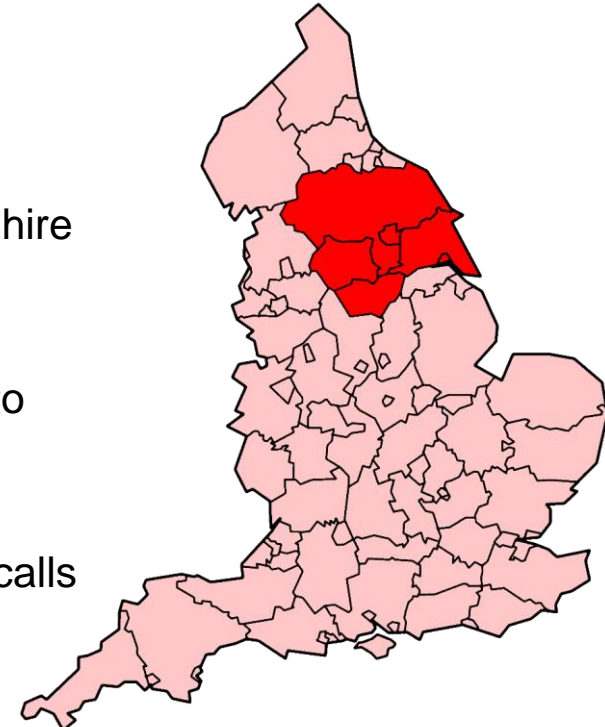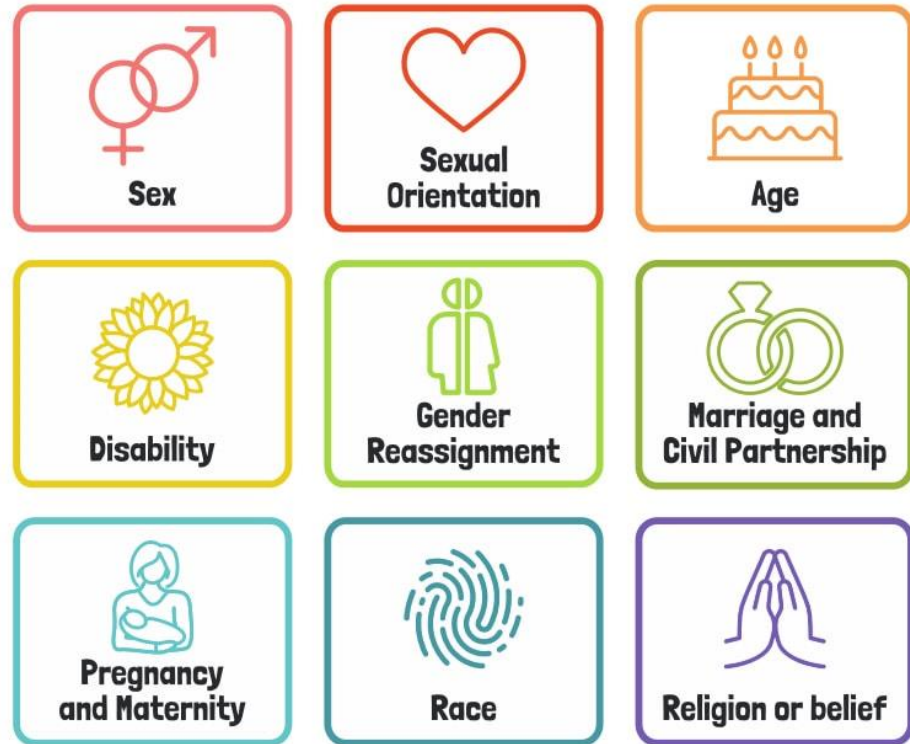
Protected Characteristics

The Equality Act 2010 defines 9 Protected Characterises for which discrimination has been legally identified.

Under the Public Sector Equality Duty (PSED) the Trust has further legal duties to ensure its patients and staff are free from discrimination and to promote positive relations between groups.

Protected Characteristics

Other groups to consider

People who are:

- Carers
- Homeless
- Living in poverty
- Long-term unemployed
- In stigmatised occupations
- Misusing drugs and alcohol
- Socially or geographically isolated
- Digitally excluded

EDS Scoring Criteria

The EDS score is based on four key criteria stated below;

Excelling activity **– organisations score 3** for each outcome
Activity exceeds requirements.

Achieving activity **– organisations score 2** for each outcome
Required level of activity taking place.

Developing activity **– organisations score 1** for each outcome
Minimal/basic activities taking place.

Undeveloped activity **– organisations score 0** for each outcome
No or little activity taking place.

Domain 1

Commissioned Services

Domain 1 | Criteria

Domain 1: Commissioned Services			
1A: Service users have required levels of access to the service.	1B: Individual service user's health needs are met.	1C: When service users use the service, they are free from harm.	1D: Service users report positive experiences of the service.

SERVICE 1
Mental Health Response Vehicles

Why we did this…

- There is no health without mental health.

- One in four people will experience poor mental health in their lifetime.

- The impact of the pandemic has increased the number of people experiencing mental health crisis.

Why we did this – The YAS picture

- In 2022/23 we took 50,000 calls in 999 which related to a person's mental health.

- Between 111 and 999 we take on average 200 calls per day where a patient or someone close to them is worried about their mental health.

- Mental health investment was provided by NHS England to support transformation in ambulance response to people in mental health crisis.

How does it work?

- The YAS Mental Health Transformation Programme

    – Training and Education

    – Specialised Roles

    – Mental Health Professional Support for the Emergency Operations Centre (EOC)

    – Mental Health Response Vehicles
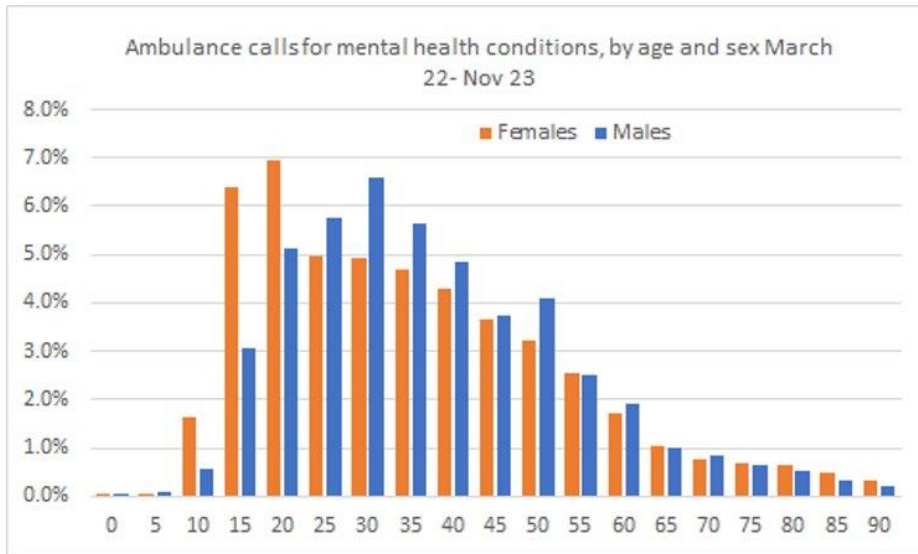
Mental Health Response Vehicles (MHRV)

- MHRV is targeted at people calling 999 or 111 with a primary mental health need.
- Less clinical environment.
- Crewed by staff with additional training.
- Able to transport or refer on to another provider.
- Conveyance to ED is the last resort.
- Works closely with Mental Health and voluntary sector services e.g. Safe Spaces.
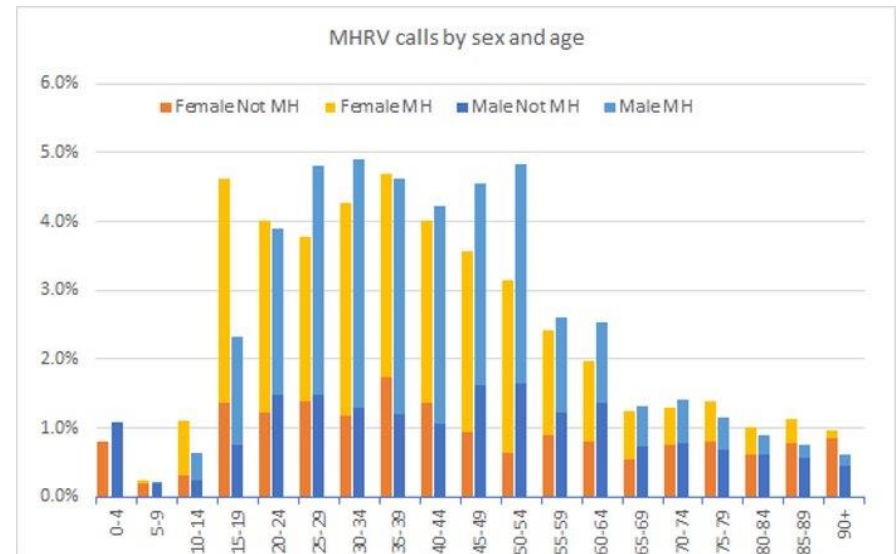

A silver Mental Health Response Vehicle with YAS logo

Protected Characteristics

Showing all calls relating to mental health with different coloured bars for males and females.

Showing calls attended by the mental health response vehicles with different coloured bars for males and females.

- 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 very 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.

Protected Characteristics

- Difficult to collect data relating to protected characteristics in an urgent or emergency situation.

- Proxy measures used relating to health inequalities.

- Almost half of all MHRV calls were from the most deprived quintile.
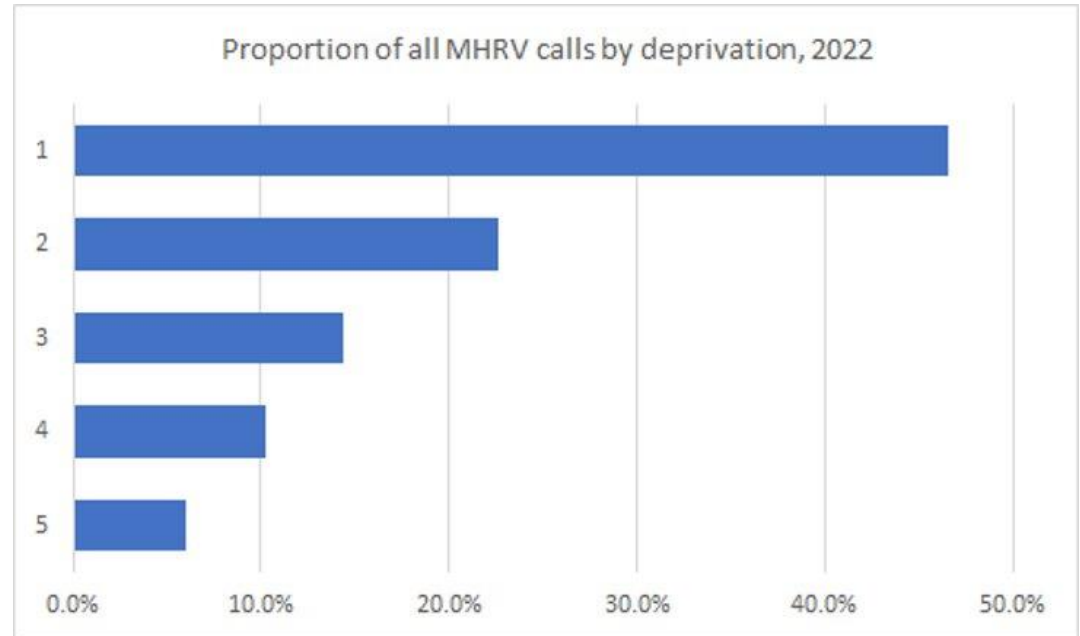
A graph showing Mental Health Response Vehicle calls by deprivation, from the year 2022.

Evaluation and Next Steps

In the last 12 months

- 3,000 patients attended.
- 60% patients treated, referred and discharged at scene.
- 160 patients transported to an alternative to Emergency Department.

Next steps

- Development of workforce model – Specialist Paramedic in Mental Heath.
- Formal evaluation.
- Patient experience feedback/patient voice.
- Roll-out of three more vehicles (pending funding agreements).

Domain 1: Grading

Self-Assessment
1
Developing
Activity

Why…

- We have done a great deal of work over the last three years but as we have still to embed MHRVs into our service delivery model and more work to do on evidencing our impact we have rated ourselves as developing.

Stakeholder Grade
2
Achieving
Activity

- After the presentation, the stakeholders had graded YAS '2 – Developing Activity' for Domain 1 due to the work which had been implemented around Mental Health Response Vehicles.

SERVICE 2
Accessibility within Emergency Operations Centre (999)

Reviewing EOC for EDS

- Emergency Operations Centre (EOC) otherwise known as 999 is an integral part of our service offered to a population of 5 million people.

- The public will call 999 for an ambulance when it is obvious that they or another person is seriously ill and in need of immediate emergency medical care.

Here are some examples of situations when a call is made to 999:

- Chest pain
- Difficulty breathing
- Loss of consciousness
- Severe loss of blood
- Severe burns and scalds
- Choking
- Fitting/convulsions
- Drowning
- Severe allergic reaction
- Head injury

Accessibility is Key

- Recognising diversity in our population means the needs of individuals will vary when making that emergency call.

- It is therefore crucial we consider the needs of our patients and service users from a lens of inclusion.

- This includes specific support to groups who may;
  - Be deaf or hard of hearing
  - Have a speech impediment or use non-verbal communication
  - Support with language barriers
  - LGBTQ+
  - Religious considerations
  - Young or elderly
  - Parents and or pregnant

Accessibility in EOC

- EOC was reviewed to ensure the provision of our services meets the needs of the population we serve.

- Ensuring we get the 'Right Response First Time'.

- Evolution of Ambulance services – no longer a drive to A&E.

- Dispatching an ambulance when it's time-critical.

- Hospital admission when needed.

- Hear and Treat, and onward referrals when it's safe and appropriate.

How do ensure access

- The 999 service is a national provision, available to all regardless of protected characteristics.

- YAS increased call handling capacity - April '22 -189, Nov '23 -196.

- Staff Trained: 111 April 22-March 23, April '23-Nov'23 – 94 places.

- Additional 45 placed planned Jan-Mar '24.

- Access and training to language line to be used more in clinical hubs and Text Relay service.

- Patients can be signposted by NHS 111, 111 online or other Healthcare Professionals 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.

- Healthcare Professionals, Police and Fire Service - direct phone number to the EOC.

Meeting Health Needs

- **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 triage.
- Emergency Operations Centre (EOC) **aim to audit 1% of all 999 calls** received. This is on target.
- **Recertified Accredited Centre of Excellence** for the 10th year, ensuring our call handlers provide high quality triage, instructions, and customer service to patients.
- **Dispatch Audit Process** to ensure Dispatchers are adhering to Standard Operating Procedures to support effective allocation and management of resources to incidents.
- EOC developed and implemented a **Clinical Audit Process** to ensure Clinicians conduct a clinical consultation and provide appropriate care to patients.
- **Clinical Navigation model** is now utilised in EOC.
- **Remote Clinical Hubs** have been implemented to supplement clinical support and assist with further assessments and triage.
- **EOC York** - 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.

Meeting Health Needs

- **Expansion of crew line** to support operational clinicians.
- Partner agencies and other Healthcare Professionals can contact EOC for onwards support.
- Developing a new role for **Single Point of Access** for HCP calls, safeguarding referrals, and recording incidents on Datix.
- **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.
- The EOC undertakes **regular system updates** to ensure we are utilising the most up to date triage tools and Computer Aided Dispatcher.
- 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.
- I**ntegrated Transport Plan** is a model between EOC and Patient Transport Service which increases vehicle availability for travelling to hospital.
- **Community First Response desk** supporting Community First Responders.
- **Trans Inclusion** – Z-cards for call handlers using correct forms and updated PRF to include Trans for clinical assessment needs.

Averages within Emergency Operations Centre (EOC)

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

Reasons:

- Breathing Problems = 186
- Falls = 140
- Chest Pain = 130
- Suspected Stroke = 46
- Suspected Cardiac Arrest = 25
- Heart Problems = 15

YAS Response Vehicles

362 Double Crewed Ambulances

90 Rapid Response Vehicles

EOC Process

- Calls are answered in time order unless identified as critical (not breathing, cardiac arrest).

- Ambulance Medical Priority Dispatch System (the triage tool used by call handlers) provides training in supporting patients with mental health problems.

- Clinicians are trained to Safeguarding Level 3.

- Ambulance Quality Indicator – achieving 10s mean call answer, 20s 90th percentile.

999 Snapshot Data

	Call Answering Mean	Category 1 Mean	Category 2 Mean	Hear & Treat	See & Treat	See & Convey
2022/23	50 secs	09:44	42:07	8.7%	28.1%	63.3%
2023/24	13 secs	08:33	30:57	8%	27.7%	64.3%

Data from 01 April - 26 November 2023

Data Analysis

- 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 of 5 seconds compared to 2022/23 (60.1%).

- YAS acknowledges that, while it collects a lot of information about patients and their outcomes/experiences, it currently does not collect, and therefore does not routinely analyse, outcomes by protected characteristic. This is something that must be addressed.

Interpreting Services

96% successful connection to linguist

40,000 total minutes

3,500 volume of calls

86 languages offered

- Although 96% of service users currently successfully connected to a linguist; our supplier has been underperforming in connection response time.

- Recently Yorkshire Ambulance Service embarked on a collaborative procurement with London Ambulance Service for a future five-year contract. The outcome of which is yet to be determined.

Accessing 999 for the Deaf and Hard of Hearing

Contact via

- BSL Relay Service (111/999)
- Text Relay Service (111/999)
- RelayUK App (111/999)
- Emergency SMS (999)
- Textphone via 1800

999 BSL — Emergency Video Relay Service for Deaf People

Call 999 BSL Emergency now

Contact 999 using Relay UK

Deaf or speech impaired person **types** → Relay Assistant **talks** → Hearing person **listens**

Deaf or speech impaired person **reads** ← Relay Assistant **types** ← Hearing person **talks**
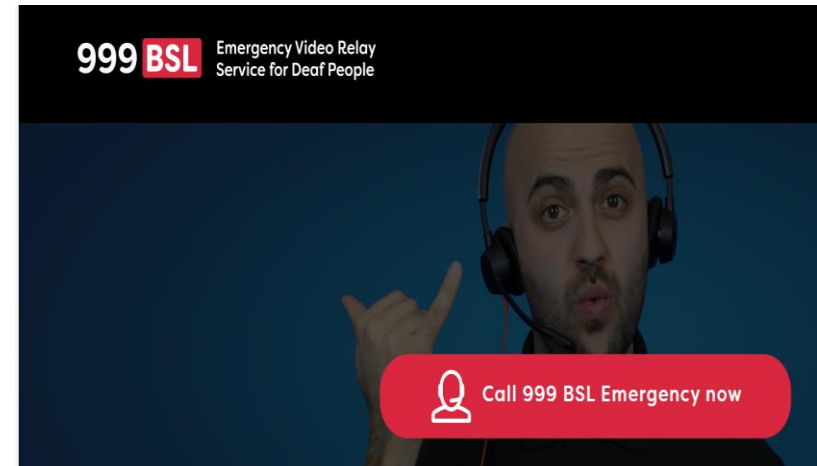
Mental Health Provision

- Provision of Mental Health Nurses in Emergency Operations Centre (EOC).

- Mental Health Nurses conduct clinical consultations for patients who have mental health needs to provide specialist support.

- Increasing MH professional support to the EOC includes:
  - 'PUSH' model and Suicide co-production workshop
  - Dementia
  - Focus on learning disabilities and neurodiversity.

Side view of mental health vehicle - silver RV

Accessible Information Standards (AIS)

All staff complete the Accessible Information Standard training on Electronic Staff Record.

We have access to text relay service to assist in the assessment of callers.

We have access to translation service to assist in the assessment of callers.

We have access to the British Sign Language Service to assist in the assessment of callers.

Clinicians have access to a video triage consultation to assist in the assessment of callers.
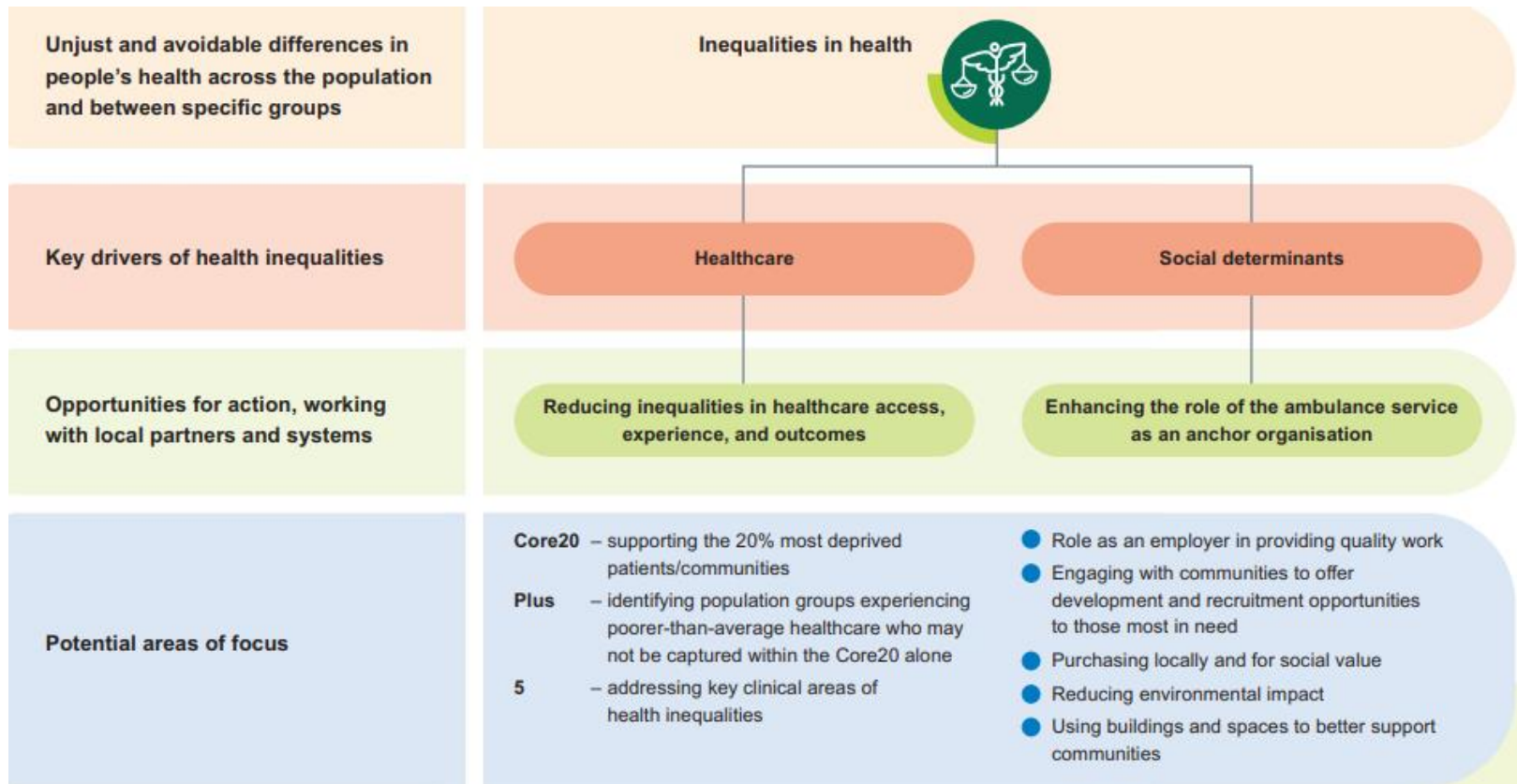
999 have access to the Electronic Patient Records.

The NHS 111 Governance team can input patient specific information on to the Datix system to record how the patient wants responding e.g. Font size and type, different paper colours etc, response types (letter, email, telephone), alternative languages and Braille. **This is not viable to implement in the 999 environment.**

Health Inequalities

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. The following diagram sets out a summary of the opportunities for action.

Unjust and avoidable differences in people's health across the population and between specific groups	Inequalities in health	
Key drivers of health inequalities	Healthcare	Social determinants
Opportunities for action, working with local partners and systems	Reducing inequalities in healthcare access, experience, and outcomes	Enhancing the role of the ambulance service as an anchor organisation
Potential areas of focus	**Core20** – supporting the 20% most deprived patients/communities **Plus** – identifying population groups experiencing poorer-than-average healthcare who may not be captured within the Core20 alone **5** – addressing key clinical areas of health inequalities	• Role as an employer in providing quality work • Engaging with communities to offer development and recruitment opportunities to those most in need • Purchasing locally and for social value • Reducing environmental impact • Using buildings and spaces to better support communities

Restart a Heart – 10 years!!

Restart a Heart Day is a designated date of 16 October. On this date we host a 'big bang' mass training at multiple schools across the region.

- On Restart a Heart Day 2023 - **166** training events, for **32,179** people.

- 166 events in secondary schools/ colleges across the region.

- An additional **136** CPR training events were recorded events all ages.

- Those 136 events provided an additional **23,282** trained for Restart a Heart 2023.

Ensuring patients are free from harm

Duplicate call model	EOC Governance team has expanded	New Disaster Recovery telephony system.	A debrief process is in place	Clinical Safety Plan

|			
There is a mechanism for escalation of issues via an on-call structure which is communicated daily	Internal process for reviewing or authorising new processes, policies, and procedures, risk register.	EOC Awareness – learning from complaints and incidents to promote openness, learning, and best practice.	Expansion of the clinical hub providing more clinicians to conduct clinical consultations.
Refining our comfort call process for patients who have had to wait longer for an ambulance.	Regular meetings with language line provider to review any gaps in their service.	Audits and 121s are conducted across call handling, dispatch, and clinicians within the EOC.	Introduction of the Clinical Navigator role to promptly review incidents and signpost.
EOC staff conduct a daily allocation of staff to business continuity roles.	Remote clinical hubs providing additional clinicians and resilience to clinical consultations.	EOC Wellbeing team to support staff welfare and attendance.	EOC Commanders undertake commander training and exercises

Feedback from Service Users

The compliments received displayed in this chart are for the whole of YAS. Most compliments received are for the frontline A&E Operations staff which make up 91%. From April to the end of October 2023, the EOC service received 7 compliments whilst the A&E frontline operational service received 739 compliments.
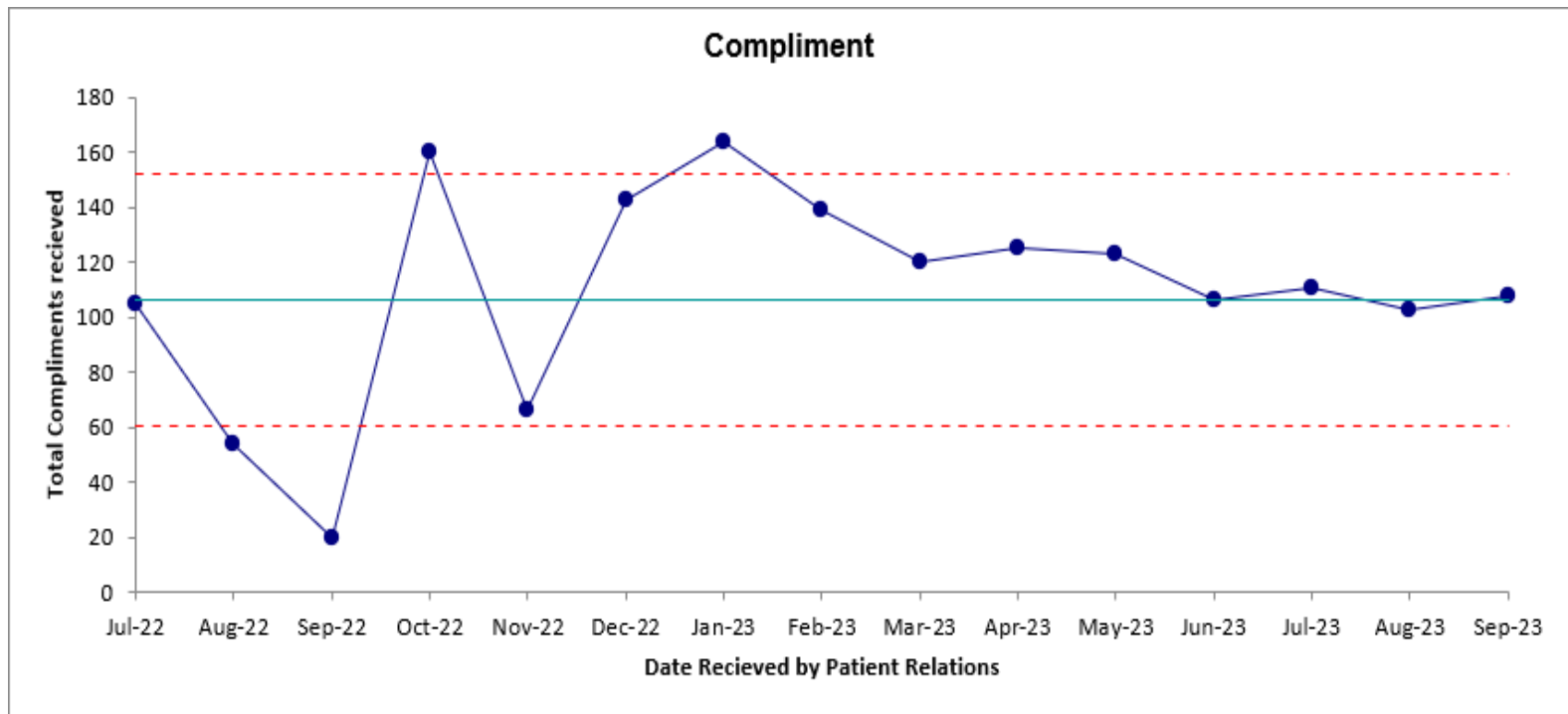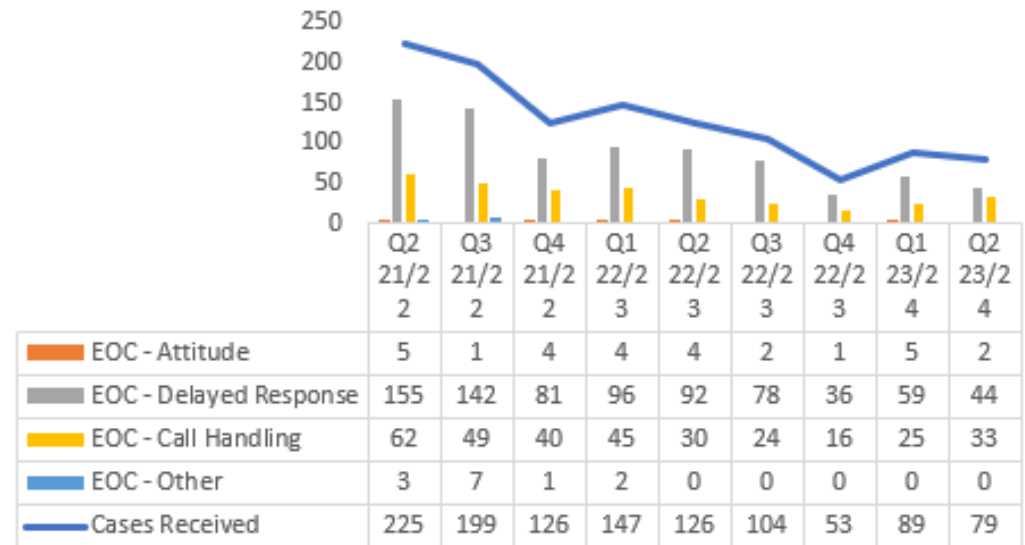
Feedback

- Cases received for 999 call handling and dispatch has decreased by 11% from last quarter (down from 89 to 79). Significantly lower than Quarter 2 in 2022/23 when we received 129 cases.

- Call handling cases have increased (from 25 to 33) whilst the number of delayed response cases have 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 IHT calls.

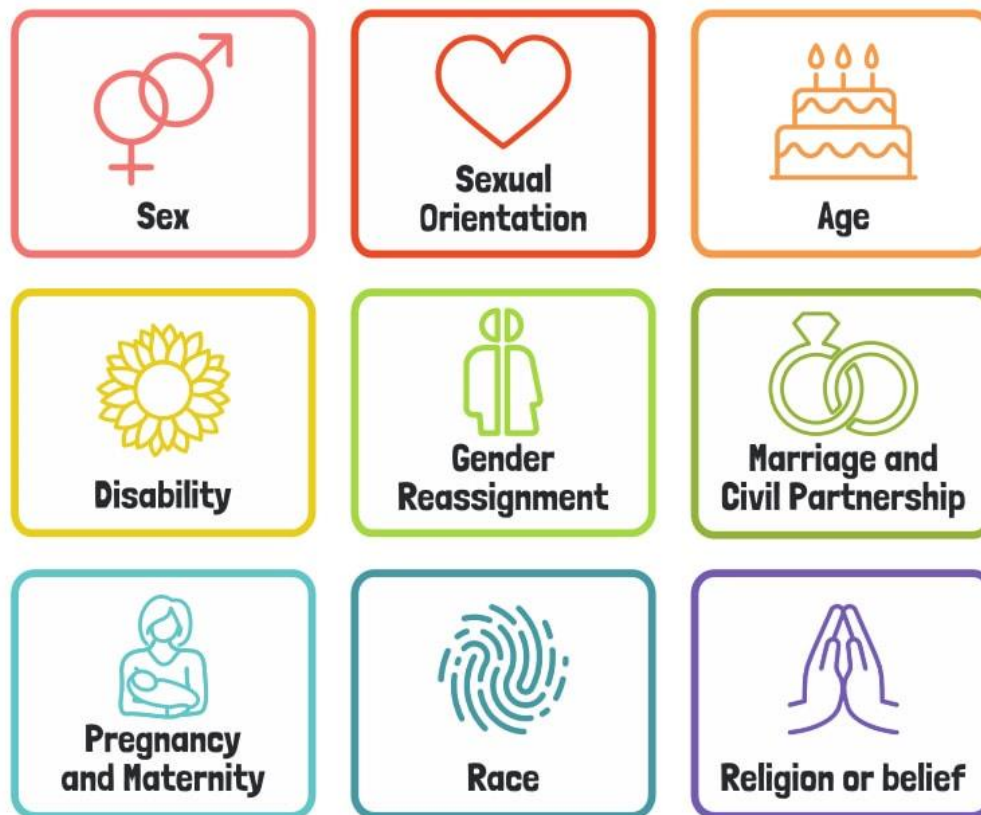- Over half of the delayed responses to Category 2 calls are in the West Yorkshire ICB Area.

A&E Call Handling and Dispatch 4Cs

	Q2 21/22	Q3 21/22	Q4 21/22	Q1 22/23	Q2 22/23	Q3 22/23	Q4 22/23	Q1 23/24	Q2 23/24
EOC - Attitude	5	1	4	4	4	2	1	5	2
EOC - Delayed Response	155	142	81	96	92	78	36	59	44
EOC - Call Handling	62	49	40	45	30	24	16	25	33
EOC - Other	3	7	1	2	0	0	0	0	0
Cases Received	225	199	126	147	126	104	53	89	79

Protected Characteristics

999 is a service inclusive to all service users and therefore provision is available to all protected characteristics.

Sex

Sexual Orientation

Age

Disability

Gender Reassignment

Marriage and Civil Partnership

Pregnancy and Maternity

Race

Religion or belief

Evaluation

- EOC processes do not exclude individuals and by its very nature is inclusive and provides emergency care to all.
- We are always wanting to improve, and any next steps will focus on what we can do better for the benefit of patients to ensure parity and consistency for anyone accessing emergency care services.

Next Steps

- Recruitment and retention of call handlers.
- YAS currently does not collect, and routinely analyse, outcomes by protected characteristic.
- Educational training.
- Re-procurement process of language line underway.
- Attending recruitment fairs and working with local job centres.
- Creative advertising.

Domain 1: Grade

Internal Grade 2
Achieving Activity

Stakeholder Grade 2
Achieving Activity

Why
- Increased capacity within EOC
- Interpreting Service
- Pronouns to avoid misgendering on calls
- Relay/Text Service for Deaf and Hard of Hearing
- Availability of BSL
- Clinicians available on video call
- All staff complete Accessibility Information Standard Training on ESR (Employee portal)
- Hear and Treat signposting
- Remote Clinical Hubs
- Mental Health Vehicle Project
- Specialist Mental Health Crew
- Restart a Heart initiative

Domain 2 | Criteria

Domain 2: Workforce Health & Wellbeing			
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 2 | Data & Evidence Overview

This image showcases a non-exhaustive list of sources from where the evidence has been collated from Domain 2. Each of these data points and case studies align with the criteria within Domain 2 as outlined by NHS England.

Through this evidence pack, you will see similar images to show you the evidence used for each part of the Domain.

HR

Resilience Hubs

Employee Assistance Programme

Safeguarding Team

Union Representatives

WRES and WDES

Freedom to Speak Up

Workforce Intelligence

Staff Survey

Support Networks

Occupational Health

Case Studies

Health & Wellbeing Team

Data, Evidence & Scoring

Criteria 2a

When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions.

2a | When in work staff are provided with support

- The Trust acknowledges that for staff to be able to provide the best service possible to our patients, it must also ensure that when at work, staff are also provided with support to manage certain health conditions.

- A key objective on the Board Assurance Framework, is the 'ability to ensure the physical and mental wellbeing of staff'. Working towards this objective is a key focus for our Leadership community.

- The **Employee Assistance Programme (EAP)** was therefore commissioned to ensure the workforce had provisions for support to manage their health. Whilst we don't have specific programmes to manage obesity, diabetes and asthma, the EAP provision is holistically supported by other interventions and does provide our staff with a bespoke service to support their physical, mental and emotional wellbeing.

- This meets the needs of those with protected characteristics and all staff with specific concerns with tailored support and access to this provision.

2a | Key Drivers for Outcome

Having received 432 Health Needs Assessments, we have been able to extract the key highlights below:

70% of staff asked for **support** and further information **around mental health and stress**	**55%** of staff asked for further information and **access to activities to support physical wellbeing.**	**70%** of staff requested more **information on sleep.**

- Evidence captured through **the NHS Health and Wellbeing Framework.**
- Experiences through the wider environment, locally, nationally and globally such as the **pandemic** leading to **increase in isolation** and **impact on mental wellbeing**, **cost of living crisis**, **demand pressures.**
- **Health and Wellbeing** one of the **Trust priorities.**
- **Feedback** and experience shared by staff through **face-to-face engagement** and via the **Support Networks.**
- **Data analysis** – including sickness absence and the type of services being accessed by our staff.

2a | Occupational Health Analysis

- **Annual Health Needs Assessments** have been carried out since 2022 to review and understand the health issues experienced by our staff which has helped inform resource and Health and Wellbeing priorities.

- The **Employee Assistance Programme (EAP)** has a 24/7 telephone advice line to support YAS staff as well as family members who are 16+. Providing advice, signposting and clinical interventions such as counselling.

- The **Annual Health and Wellbeing Plan** 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.

- Focused **health and wellbeing campaigns** are delivered annually identified through emerging trends including focus on financial, physical, mental and emotional wellbeing.

- The **Health and Wellbeing Passport s**upports discussions around health challenges and long-term health conditions that the individual is living with, providing an opportunity to agree and put in place any required reasonable adjustments.

- Specific **training to raise awareness of mental health and conditions** which is bespoke for staff supporting mental health related call outs e.g. Mental Health First Aid training, Zero Suicide Alliance and 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 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, which services are likely to be available, and which will need to be developed.

2a | Occupational Health Reports

So that the Trust can deliver the best Health and Wellbeing provisions for its workforce, the team use various data sources such as the Health Needs Assessment and Staff Survey results. Here you can see an example of the data taken from the 2022/23 Occupational Health report which is used to support the work mentioned in the previous slide.

Problem Source reported this month	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Total
Work	6	5	1	7	7	7	4	5	3	6	6	5	62
Personal	26	19	15	20	27	20	12	23	11	25	17	25	240
Both work and Personal	26	25	14	22	35	29	33	34	31	34	30	34	347

Personal related issues this month	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Total
Absent from work	0	0	0	0	0	0	0	0	0	0	0	0	0
Addiction	0	0	0	1	1	1	0	0	1	0	0	1	5
Bereavement	5	1	1	3	5	5	3	4	2	5	1	6	41
Carer (Elder/Child/Other)	1	2	3	2	2	4	6	3	0	4	2	5	34
Debt/Finance	0	1	3	0	0	1	1	0	0	2	0	0	8
Domestic Violence	0	0	1	0	1	0	0	0	0	1	0	2	5
Housing/Accommodation	0	0	0	1	0	0	1	1	1	2	1	1	8
Legal	4	2	1	0	0	0	0	4	0	0	2	3	16
Mental Health (stress/Anxiety/Depression)	26	25	25	31	38	30	30	32	28	42	34	36	377
Personal Relationships	8	5	8	12	12	10	12	12	5	11	12	8	115
Physical Health	1	1	1	1	3	2	1	2	3	2	3	2	22

Work related issues this month	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Total
Working Pattern/Shift Patterns	0	0	0	0	0	0	0	0	0	0	0	0	0
Accident at work	1	0	2	0	0	0	0	1	2	0	0	1	7
Bullying Harassment	1	0	1	0	1	1	0	4	1	1	0	1	11
Change management - identifying blocks at interview	0	0	0	0	0	0	0	0	0	0	0	0	0
Change management - identifying core transferrable skills	0	0	0	0	0	0	1	0	0	0	0	1	2
Discrimination	0	0	0	0	0	0	0	0	0	0	0	0	0
Generic HR type query	1	4	0	0	3	0	2	1	0	0	0	0	11
Manager coaching re holding difficult conversations	0	1	0	0	0	0	0	0	0	0	0	0	1
Manager emotional support for difficult cases (e.g. dismissal)	0	1	0	0	0	0	0	0	0	0	0	0	1
Operational / Process issues	0	0	0	0	0	0	0	0	0	0	0	0	0
Traumatic incident at Work	5	3	4	4	9	3	3	4	6	6	10	3	60
Work related stress	13	9	14	22	22	18	21	19	17	24	31	25	235

Screenshot of data analysis on absence

2a | Case Study – Therapy Dogs
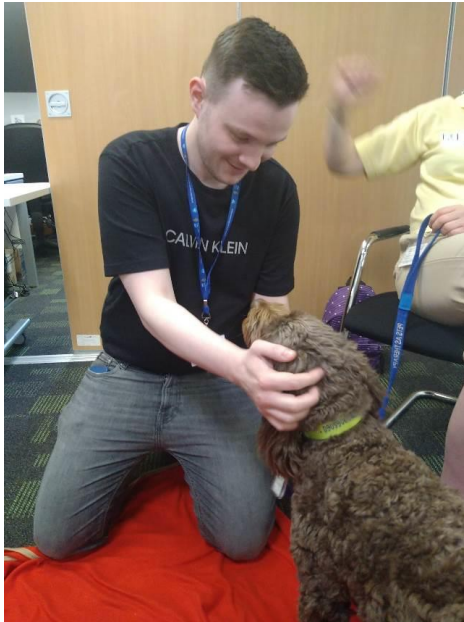
Health Advisor Steven and Maggie the Therapy Dog

Special moment alert!!...
One of our Health Advisors Steven was admitted to the ICU ward at LGI during 2019. He has since fully recovered and is thriving. However, during his time there he found himself bedbound for a full 10 days.

Maggie the Therapy dog visited the unit and in Steven's words…
**"Maggie coming into the unit gave me the willpower to really try and get out of bed that day."**

Steven ended his 10 days of being bed bound and found the strength to get himself to stand. During Maggie's visit to our Wakefield call centre on 18th May, Steven and Maggie were reunited again for the first time.

Maggie's handler seemed to become a little emotional and said this is exactly why the charity do the work that they do.

2a | Staff Survey – Health & Wellbeing

BAME = 55.9%

Disabled Staff = 44.8%

Gender = 52.8% (f), 44.5% (m)

LGBTQ+ = 8%

Trust overall = 70.3%
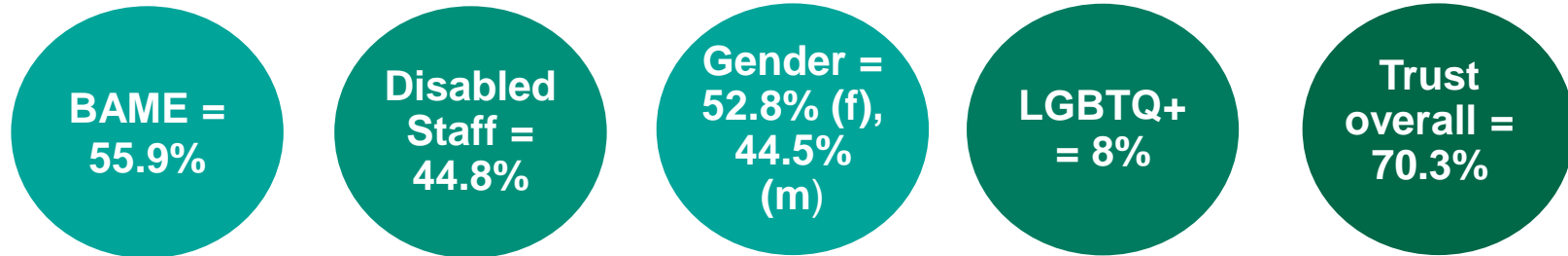
Q11a My organisation takes positive action on health and well-being
(data represents those that agree/strongly agree to the statement)

70.3% of staff at YAS felt positive or neutral that the Trust had taken positive action on health and wellbeing. However, this high percentage was not reflective for staff with protected characteristics. For example, only 8% of LGBTQ+ staff felt this to be the case. To ensure we take tangible steps to actively support our LGBTQ+ staff, we have the Trans Policy Guidance launching in 2024, with minimum building requirements for Estates and have launched free sanitary products within all YAS toilets.

2a | Data Analysis - Absence reason by Protected Characteristics

- One of the objectives for the Organisation Efficiencies Sub-Group is the monitoring and management of absence. The group scrutinises the data and uses this information to review processes and interventions to manage workforce absence which ultimately builds staff morale and reduces the time taken off due to sickness.

- The following slide provides a snapshot from November 2023 for the absence reasons for our staff with protected characteristics.

2a | Data Analysis - Absence reason by Protected Characteristics

Using business intelligence, the Team can breakdown the absence data by various criteria which can allow them to analyse the primary reason for staff absence to put measures of support in place for the workforce.
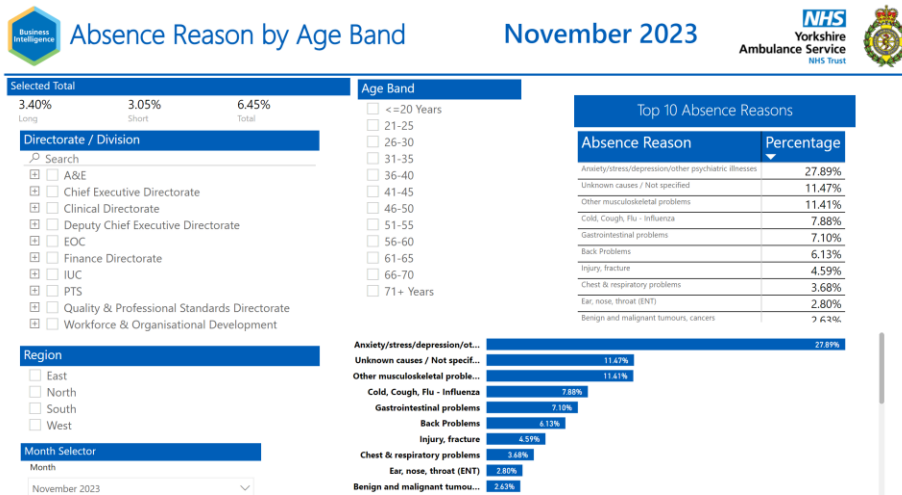
Absence reason for Trust colleagues by age
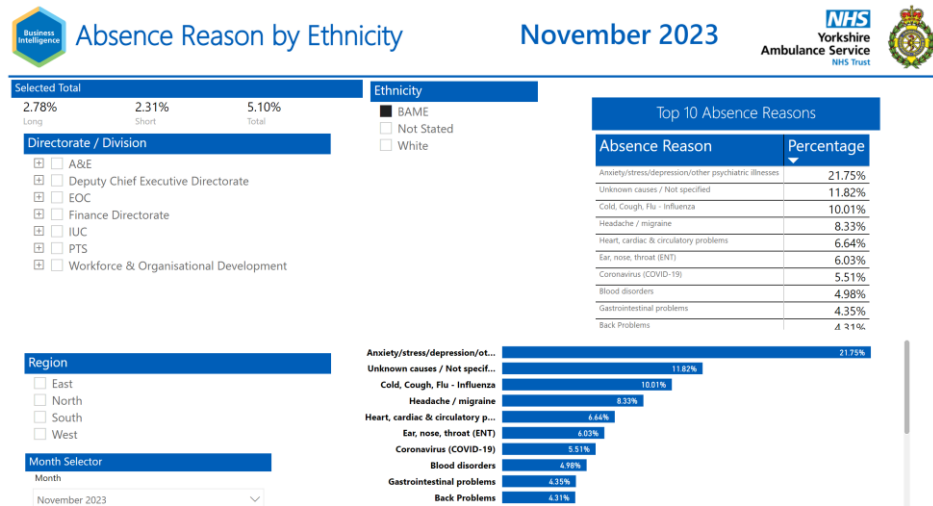
Absence reason for Trust colleagues by ethnicity

2a | Challenges

- **Geographical Location**

The main challenge has been trying to get maximum engagement when the Trust's geographic spread is vast including the varied roles and shifts in operation. There are a lot of complexities to consider and thus can cause delay in getting information out.

- **Disclosing Information**

Staff not always disclosing which service area or protected characteristic in all cases.

- **Reporting**

Staff not always formally reporting where issues/concerns have been encountered, thus affects full accuracy of data and the resulting interventions.

Scoring Criteria – 2a: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions

Underdeveloped	Developing
The organisation does not consider the health of its workforce. The organisation does not engage with staff about self-management of the mentioned conditions. The organisation does not widely/regularly communicate about available support to staff about health conditions	The organisation targets reading materials about the mentioned health conditions to staff about the mentioned conditions. The organisation promotes work-life balance. The organisation signposts to national support.

Achieving	Excelling
The organisation monitors the health of staff with protected characteristics. The organisation promotes self-management of conditions to all staff. The organisation uses sickness and absence data to support staff to self-manage long term conditions and to reduce negative impacts of the working environment. The organisation provides support to staff who have protected characteristics for all mentioned conditions. The organisation promotes work-life balance and healthy lifestyles. The organisation signposts to national and VSCE support.	The organisation monitors the health of all staff. The organisation supports all staff to actively manage their conditions via various methods. The organisation uses sickness and absence data to support staff to self-manage long term conditions and to reduce negative impacts of the working environment. The organisation actively works to increase health literacy within its workforce. The organisation promotes and provides innovative initiatives for work-life balance, healthy lifestyles, encourages and provides opportunity to exercise. **The organisation signposts to national and VSCE support. The organisation uses data to support their workforce in making healthy lifestyle choices.**

Data, Evidence & Scoring

Criteria 2b

When at work, staff are free from abuse, harassment, bullying and physical violence from any source.

2b | When at work, staff are free from abuse

The Trust has an ambition to ensure staff are free from abuse, harassment, bullying and physical violence from any source. This is evidenced through the Trust's strategic ambition and our Board Assurance Framework to:

- Create a safe and high performing organisation based on openness, ownership and accountability.

- Equip our people with the best tools, technology and environment to support excellent outcomes.

- Attract, develop and retain a highly skilled, engaged and diverse workforce.

2b | Key Drivers for Outcome

Strategic Ambition	Board Assurance Framework Strategic Risk
1. Patients and communities experience fully joined-up care responsive to their needs.	1a Ability to deliver high quality care in 999/A&E Operations.
2. Our people feel empowered, valued, and engaged to perform at their best.	2b Ability to ensure the physical and mental well-being of staff.
3. We achieve excellence in everything we do.	3a Capacity and capability to plan and deliver Trust strategy, transformation and change.
4. We use resources wisely to invest in and sustain services.	4b Ability to delivery key technology and cyber security developments effectively.

2b | Data & Evidence Overview

Violence Prevention Team

Violence Prevention and Reduction (VPR) Standard

WRES and WDES Data

The Body Worn Camera (BWC) Pilot

Staff Survey

Freedom to Speak Up

Restrictive Intervention Policy

2b | WRES & WDES Data

- This data summary is from our latest 2023 Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES) Reports.

- Unfortunately, the number of BME staff who have experienced bullying and harassment has negatively increased. This number is disproportionately higher when compared to their white colleagues.

- Overall, there is a positive decline in disabled staff experiencing bullying and harassment however, this is still comparatively high to their non-disabled colleagues.

WRES Metric 5 & 6 Trust Data

Metric		2022	2023	
Metric 5 - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White	43.4%	39.8%	↓
	BME	38.5%	41.2%	↑
Metric 6 - Percentage staff experiencing harassment, bullying or abuse from staff in last 12 months.	White	25.6%	23.2%	↓
	BME	26.0%	27.5%	↑

WDES Metric 4 Trust Data

Metric 4		2022	2023	
% of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public in the last 12 months	Disabled	51.2%	50.2%	↓
	Non-Disabled	39.5%	35.3%	
% Of staff experiencing harassment, bullying or abuse from managers in the last 12 months	Disabled	19.2%	18.6%	↓
	Non-Disabled	11.1%	9.2%	
% Of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	Disabled	28%	25.0%	↓
	Non-Disabled	16.6%	14.7%	
% Of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	Disabled	47.2%	50.6%	↓
	Non-Disabled	42.5%	48.2%	

2b | Violence Prevention and Reduction (VPR) Standard

- 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:

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.

2b | Body Worn Camera Pilot

- The Body Worn Camera (BWC) pilot is now live across 43 ambulance stations with the Trust 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 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 were 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.
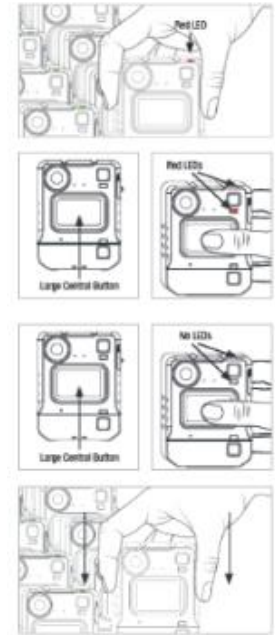
Body Worn Camera

2b | Restrictive Intervention Policy

- A Restrictive Intervention Policy has been drafted by the Violence Reduction Lead (VRL) and forwarded to the relevant stakeholders to review for amendments.

- Restrictive Intervention training will be available at the start of 2024 and the Trust's Training Needs Analysis (TNA) will be updated to reflect this requirement.

YAS Ambulances & Wellbeing Bus

2b | Reviewing Policies

During the early part of 2023, the Data Flag Policy, Safer Responding Policy and SOP were signed off at the Trust Management Group (TMG) and published. All Violence & Aggression flags were reviewed and new wording as per the Data Flag Policy were applied.

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 Public Sector Equality Duty (PSED) and Equality Act 2010.
- YAS had undertaken EIAs consistently over the years to comply with PSED.
- In 2023, we launched a new in-depth review of our guidance to support the effective delivery of our services, functions and process.

2b | Freedom to Speak Up

- The Trust has identified a **need for targeted independent reviews** in specific work areas through several cases, concerns raised and triangulated with other information.

- **Action plans** have been **developed and are being implemented** with OD and HR support following each of these reviews.

- In Quarter 4, new concerns were raised in relation to behaviour by staff towards colleagues in one ambulance station. As a result, and other concerns raised previously at other ambulance stations, the **Trust Executive Group has agreed to initiate a new programme** of targeted development and staff communication to start in Q1 2023/24.

- Specific details such as **race and gender** have not previously been reported in the old FTSU log. This has now been introduced in the new log since October 23 and **will be captured where disclosed.**

- A **communication campaign including drop-in sessions** conducted by the FTSU Guardian has been ongoing throughout the year.

- A **new Guardian** was recruited in 2023 as an additional resource. The Ambassador network was therefore strengthened.

11/38 concerns relating to Bullying & Harassment

22/38 concerns relating to Worker Safety or Wellbeing

3/38 concerns were from EOC

Data from 31 October 2022 – 31 March 2023

2b | Staff Survey - Violence

BAME = 1%

Disabled Staff = 1%

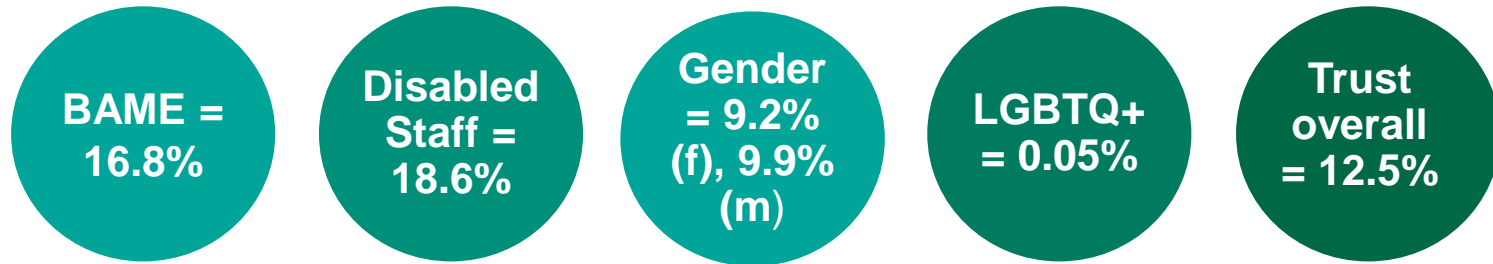**Gender = 0.4% (f), 1.3% (m)**

LGBTQ+ = 1%

Trust overall = 29.3%

Q13b In the last 12 months have you personally experienced physical violence at work from managers
(data represents those that agree/strongly agree to the statement)

The overall number of colleagues from protected characteristic groups who have personally experienced physical violence at work from managers is low. This is reassuring and the Trust will continue to work hard to reduce this number further. However, for the Trust as a whole, this is the case for less than a third of colleagues – 29.3% which is significantly high.

2b | Staff Survey – Bullying & Harassment

BAME = 16.8%

Disabled Staff = 18.6%

Gender = 9.2% (f), 9.9% (m)

LGBTQ+ = 0.05%

Trust overall = 12.5%

Q14b In the last 12 months have you personally experienced harassment, bullying or abuse at work from - Managers
(data represents those that agree/strongly agree to the statement)

One eighth of the Trust overall have personally experienced harassment, bullying or abuse at work from managers in the last 12 months. Although the average percentage of colleagues with protected characteristics who agreed/strongly agreed to the above statement was low; for example, this was the case for only 0.05% of staff from the LGBTQ+ community. It is vital to recognise that data collated from the Staff Survey is not an accurate measure of these statements as not all staff complete the survey. The data is therefore not reflective of the Trust in its entirety.

2b | Meeting the needs of Protected Characteristic Groups

- New starters report on Empactis which is aligned to other Trusts in the sector, ethnicity data can be drawn from the start of a staff members journey with us.

- We monitor needs of protected staff through a gateway process for disciplinaries. This is in place to apply a fair and transparent process. Support Networks are in place providing additional support to staff.

2b | Challenges

- **Resource within the Violence Protection and Reduction (VPR) Team is a significant barrier to achieving this outcome.**

  - A Gate paper was submitted at the start of 2023 to secure additional Band 5 Coordinator resource within the team which was approved. There are now 2 FTE Band 5 Coordinators who solely focus on the VPR workstream. A Business Planning Proposal to request further Band 3 administrative support from April 2024 has also now been submitted.

- In May 2023, when the **Band 3 Administrator left the team**, we finally recruited to this role in the summer of that year. We also set on a light duties member of staff to assist with the increasing administrative workload, which both the Coordinators had to cover for a few months. Due to this, the Violence Protection and Reduction Lead did not have the support to progress with 'strategic' work, due to the Coordinators in the team having to fulfil administrative duties whilst the recruitment process of the new team member. The Band 3 Administrator and supporting member of staff are now settling into their new roles, therefore enabling the Coordinators to support the VRL as originally hoped.

- **People do not always report** against protected characteristics – sexual orientation in particular.

Scoring Criteria – 2b: When at work, staff are free from abuse, harassment, bullying and physical violence from any source

Underdeveloped	Developing
The organisation does not support staff who have been verbally and physically abused. The organisation rarely or does not penalise staff who abuse or bully other members of staff. Staff are not supported to report patients who verbally or physically abuse them.	The organisation acts and supports staff who have been verbally and physically abused. The organisation acts to penalise staff who abuse or bully other members of staff. Staff are supported to report patients who verbally or physically abuse them.

Achieving	Excelling
The organisation has a zero-tolerance policy for verbal and physical abuse towards staff. The organisation penalises staff who abuse, harass or bully other members of staff and takes action to address and prevent bullying behaviour and closed cultures, recognising the link between staff and patient experience. Staff with protected characteristics are supported to report patients who verbally or physically abuse them. The organisation provides appropriate support to staff and where appropriate signposts staff to VSCE organisations who provide support for those who have suffered verbal and physical abuse.	The organisation has and actively implements a zero-tolerance policy for verbal and physical abuse towards staff. The organisation penalises staff who abuse, harass or bully other members of staff and takes action to address and prevent bullying behaviour and closed cultures, recognising the link between staff and patient experience. Staff with protected characteristics are supported to report and refuse treatment to patients who verbally or physically abuse them. The organisation provides appropriate support to staff and where appropriate works with VSCE organisations to provide support for those with protected characteristics who have suffered verbal and physical abuse. **The organisations can provide evidence that percentages for bullying and harassment are decreasing year on year for any staff group were there are higher than average incidents. The organisations use evidence from people's experiences to inform action and change and influence other system partners to do so**

Data, Evidence & Scoring

Criteria 2c

Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source.

2c | Staff have access to independent support and advice

- For staff to have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source is paramount for the Trust.

- There are various initiatives and campaigns run by internal staff and external providers to enable our colleagues to be fully supported to be able to bring their best selves to work.

- In addition to the independent support and advice, the Trust continues to assess and review our internal policies and procedures to ensure where possible, staff members with protected characteristics and managers are supported through policies such as the New Parent Support Policy, Menopause Policy and Transgender in the Workplace Guidance.

HR

Resilience Hubs

Employee Assistance Programme

Improving Access to Psychological Therapies

Union Representatives

Suicide Prevention Tool Kit

Freedom to Speak Up

'HNY Our People' App

Say YES to Respect programme

Support Networks

Financial Wellbeing

Welfare and Wellbeing Vehicles

Health & Wellbeing Team

2c | Internal Support for Staff

- **Welfare and Wellbeing Vehicles** provide the workforce with a confidential and safe space to talk comfortably over refreshments.

- **Employee Assistance Programme** supporting the workforce with provisions to manage health conditions.

- **Support Networks** are committed to developing a culture that promotes the diversity and inclusion of our workforce by providing everyone with standards of service that are personal, fair and diverse wherever possible, regardless of their protected characteristics.

- 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.

- Staff at YAS are encouraged to 'speak up' to improve the quality and safety of patient care and staff wellbeing. The **Freedom to Speak Up** (FTSU) Team play a vital role in ensuring staff voice is heard by the Trust's leadership.

- **Health & Wellbeing Team and Call Centre Wellbeing Teams** – Providing independent support and advice to staff at their time of need.

- **Financial Wellbeing Campaign** supports staff with fuel and travel costs through discounts and alternative travel methods that could help staff save money.

YAS Colleagues

2c | Internal Support for Staff

- The **Suicide Prevention Tool Kit** provides advice and guidance on steps to support someone that is struggling with their mental wellbeing. It also provides guidance in the unfortunate event of bereavement.

- The **YAS Charity** supports YAS colleagues through health and wellbeing projects and financial hardship grants of up to £250.

- **Peer Supporter** is an evidence-based approach, providing mental health support from peer to peer. They are our confidential listening ear and support network for our staff and volunteers.

- **Trauma Practitioners** support colleagues who have experienced potentially traumatic or challenging incidences, helping him to understand their reactions and taking steps to self-care.

- **Local Management** – having compassionate conversations with staff and being visible to support as and when required.

- The **Mental Health Continuum** is a tool developed by the Association of Ambulance Chief Executives (AACE), which helps us to think about our wellbeing and what actions we can take to improve it. It also helps us identify where our mental health is now.
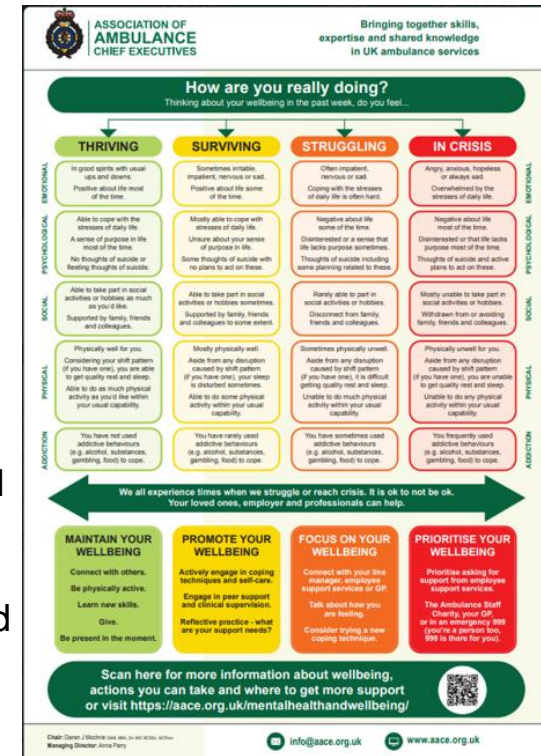
Mental Health Continuum Tool

2c | External Support for Staff

- **Resilience Hubs -** As well as YAS-specific provisions, Resilience Hubs which are designed as 'one-stop shops' for mental health and wellbeing support are provided by local integrated care systems which staff can access. The hubs are free of charge and offer confidential advice and support to NHS staff.

- The **'HNY Our People' App** is an interactive tool designed to maintain and improve the wellbeing and physical and mental health of staff by providing a range of self-help resources to people 'on the go'. Staff can access a range of advice, tips, challenges, podcasts or take that next step and develop your personalised wellbeing plan.

- **Improving Access to Psychological Therapies** aims to increase the availability of talking therapy treatments. A range of support is provided for people who are dealing with a number of difficulties including depression, anxiety and Post Traumatic Stress Disorder (PTSD).

2c | The Ambulance Staff Charity (TASC)

- TASC supports all ambulance staff who have at least 12 months' service with an NHS Trust or a CQC registered independent ambulance service.

- They provide confidential, impartial and independent advice and can provide access to a range of support services including:
  - **Mental health support** including access to counselling services.
  - **Rehabilitation** when recovering from illness, injury or disability.
  - **Bereavement** - help with grant applications for the family of any member of staff who has died in service, including support claiming bereavement payments and allowances.
  - **Financial Guidance** – supported by an experienced Money/Debt advisor.
  - **Financial grants** and other support.

- **The Ambulance Staff Charity ambulance staff crisis phoneline –** This 24/7 Ambulance Staff Crisis Phoneline provides immediate and ongoing suicide and mental health care for all UK ambulance staff.

2c | Staff Survey – Speaking Up

BAME = 62.7%

Disabled Staff = 52.4%

Gender = 62.5% (f), 56.6% (m)

LGBTQ+ = 5.2%

Trust overall = 57.1%
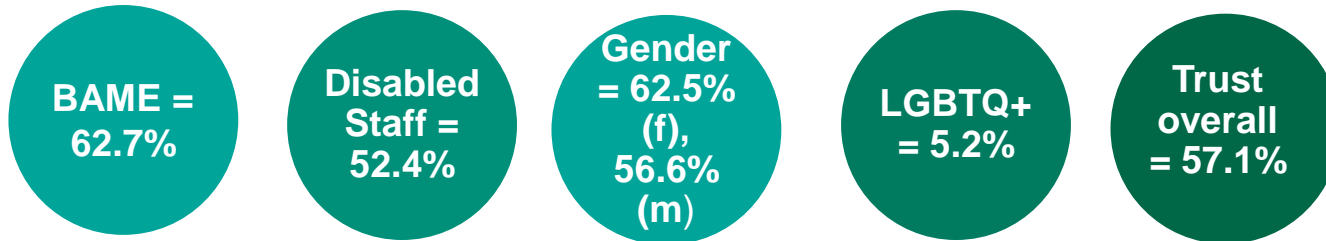
Q23e I feel safe to speak up about anything that concerns me in this organisation
(data represents those that agree/strongly agree to the statement)

As a whole, almost three fifths of YAS colleagues feel safe to speak up about anything that concerns them in this organisation. Although this is encouraging, the Trust does need to be seen as more visible and approachable as more than 40% of staff do not agree to this statement. As previously highlighted, it is vital to recognise that data collated from the Staff Survey is not an accurate measure of these statements as not all staff complete the survey. The data is therefore not reflective of the Trust in its entirety.

A key concern for the Trust is to ensure that our LGBTQ+ staff are able to share their challenges as they are one of the most marginalised community groups.

2c | Staff Survey – Speaking Up

BAME = 55.3%

Disabled Staff = 50.6%

Gender = 52.6% (f), 46% (m)

LGBTQ+ = 3%

Trust overall = 48.8%
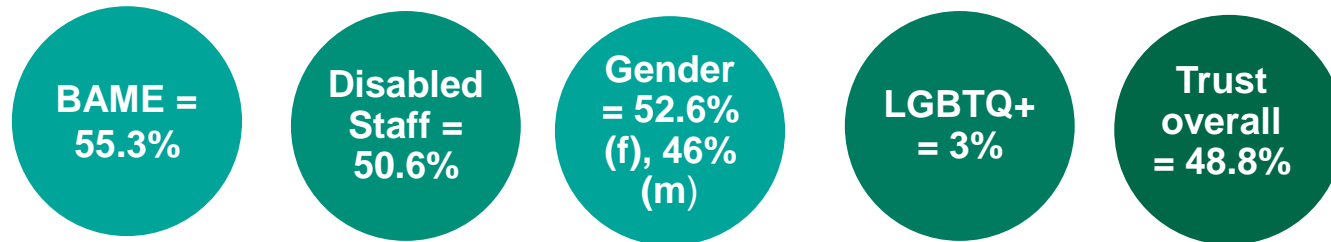
Q14d The last time you experienced harassment, bullying or abuse at work (in the last 12 months), did you or a colleague report it?
(data represents those that agree/strongly agree to the statement)

More than 50% of colleagues from protected groups such as BAME, disabled and females said the last time they experienced harassment, bullying or abuse at work in the last 12 months, they reported it. This is also the case for less than half of the colleagues at YAS overall.
This is encouraging, however the Trust acknowledges that more needs to be done for staff to feel comfortable to be able to speak up.

Scoring Criteria – 2c: Staff have access to independent support and advice when suffering from stress, physical violence from any source

Underdeveloped	Developing
The organisation has mandated staff support available. The organisation does not have active staff networks in place.	Freedom to Speak Up guardians are embedded in the organisation. Relevant staff networks are active and accessible. Staff support available via channels provided by NHS England.

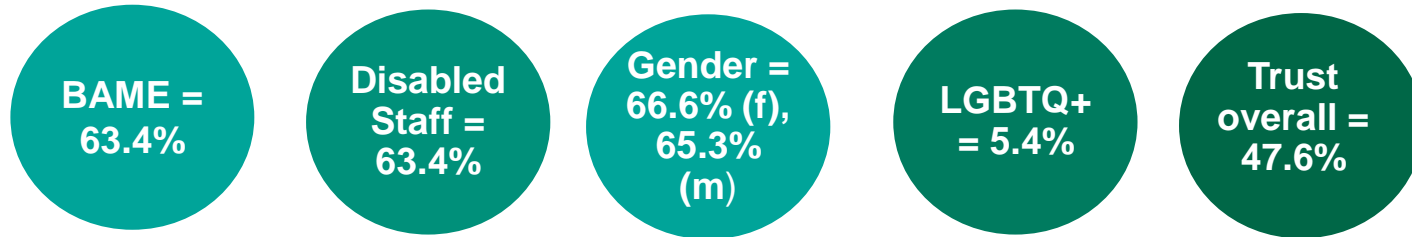| Achieving	Excelling
The organisation supports union representatives to be independent and impartial. Freedom to Speak Up guardians are embedded. Relevant staff networks are active, accessible and staff led. Equality impact assessments are applied when amending or creating policy and procedures for reporting abuse, harassment, bullying and physical violence. Support is provided for staff outside of their line management structure.	The organisation facilitates pooling union representatives with partner organisations, to encourage independence and impartiality. Freedom to Speak Up Guardians are embedded **and empowered**. Relevant staff networks are staff led, **funded and provided protected time to support** and guide staff who have suffered abuse, harassment, bullying and physical violence from any source. Relevant staff networks are engaged, and equality impact assessments are applied when amending or creating policy and procedures for reporting abuse, harassment, bullying and physical violence. Support is provided for staff outside of their line management structure. **The organisation monitors, and acts upon, data surrounding staff abuse, harassment, bullying and physical violence.** **The organisations use evidence from people's experiences to inform action and change and influence other system partners to do so**

Data, Evidence & Scoring

Criteria 2d

Staff recommend the organisation as a place to work and receive treatment.

2d | Staff Survey – Place to Work

Yorkshire Ambulance Service NHS Trust

- BAME = 63.4%
- Disabled Staff = 63.4%
- Gender = 66.6% (f), 65.3% (m)
- LGBTQ+ = 5.4%
- Trust overall = 47.6%

Q23c I would recommend my organisation as a place to work.
(data represents those that agree/strongly agree to the statement)

For 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 considerable minority for whom this would not be the case. The Trust overall score who 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.

2d | Staff Survey – Receive Care

BAME = 73%

Disabled Staff = 72.5%

Gender = 65% (f), 68% (m)

LGBTQ+ = 61.3%

Trust overall = 62.7%
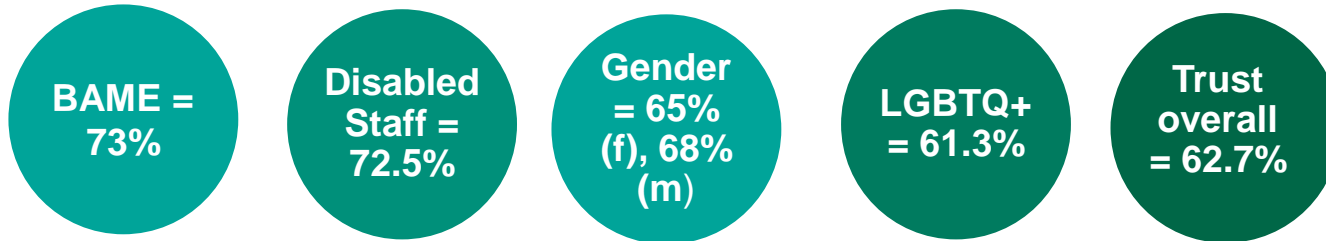
Q23d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.

(data represents those that agree/strongly agree to the statement)

From our Staff Survey results, it is evident that while majority of the staff would be happy with the standard of care provided by the organisation if a friend or relative needed treatment, a significant minority would not. This data however is a snapshot from the survey conducted in Autumn 2022. Due to the various initiatives and programmes mentioned today that have been put in place over the course of this past year at YAS, we are hopeful that the data from the Autumn 2023 survey will be a more positive reflection.

2d | Staff recommend the organisation as a place to work and receive treatment

- **Leadership & Organisational Development**
  - 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.

Scoring Criteria – 2d: Staff recommended the organisation as a place to work and receive treatment

Underdeveloped	Developing
Over 50% of staff who live locally to services provided by the organisation do not/would not choose to use those services. Over 50% of staff who live locally are unhappy and would not recommend the organisation as a place to work. The organisation does not compare the experiences of BAME, LGBT+ and Disabled staff against other staff members.	Over 50% of staff who live locally to services provided by the organisation do/would choose to use those services. Over 50% of staff who live locally are happy and regularly recommend the organisation as a place to work. Over 50% of staff who live locally to services provided by the organisation would recommend them to family and friends. The organisation collates and compares the experiences of BAME, LGBT+ and Disabled staff against other staff members.

Achieving	Excelling
Over 70% of staff who live locally to services provided by the organisation do/would choose to use those services. Over 70% of staff who live locally are happy and regularly recommend the organisation as a place to work. Over 70% of staff who live locally to services provided by the organisation would recommend them to family and friends. The organisation uses sickness and absence data to retains staff. The organisation uses data from end of employment exit interviews to make improvements. The organisation collates and compares the experiences of BAME, LGBT+ and Disabled staff against other staff members, and acts upon the data.	**Over 85% of staff** who live locally to services provided by the organisation do/would choose to use those services. **Over 85% of staff** who live locally are happy and regularly recommend the organisation as a place to work. Over 85% of staff who live locally to services provided by the organisation would recommend them to family and friends. The organisation uses sickness and absence data to retain staff, with a staff retention plan in place. The organisation uses data from end of employment exit interviews **to make improvements.** The organisation collates and compares the experiences of BAME, LGBT+ and Disabled staff against other staff members, and acts upon the data. **The organisation works with partner organisations to better the experiences of all staff.**

Domain 2: Grade

Internal Grade
2
Achieving Activity

Stakeholder Grade
2
Achieving Activity

Why…

- YAS has considered the diverse needs of its staff and thus has ensured a range of processes/policies and interventions are in place that are easily accessible to all staff.

- Actively seeking staff feedback and using this with other evidence sources to drive focused priorities that will support the health, safety and wellbeing of our staff.

- Providing a holistic approach to health, safety and wellbeing of our staff which includes providing staff with the tools, resources and confidence to manage their own wellbeing supported by specialist provisions where required.

Domain 3

Inclusive Leadership

Domain 3 | Criteria

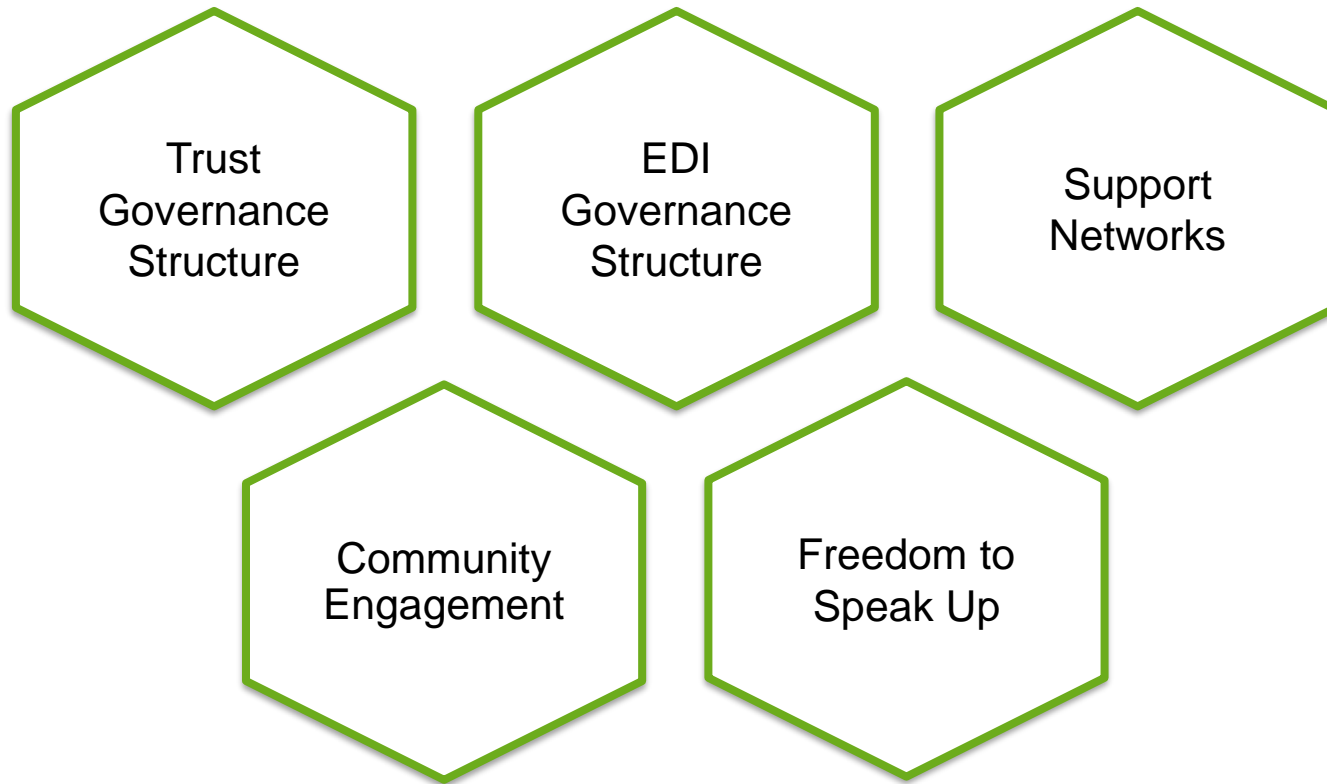| Domain 3: Inclusive Leadership		
3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities.	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.	3C: Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients.

Data, Evidence & Scoring

Criteria 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.
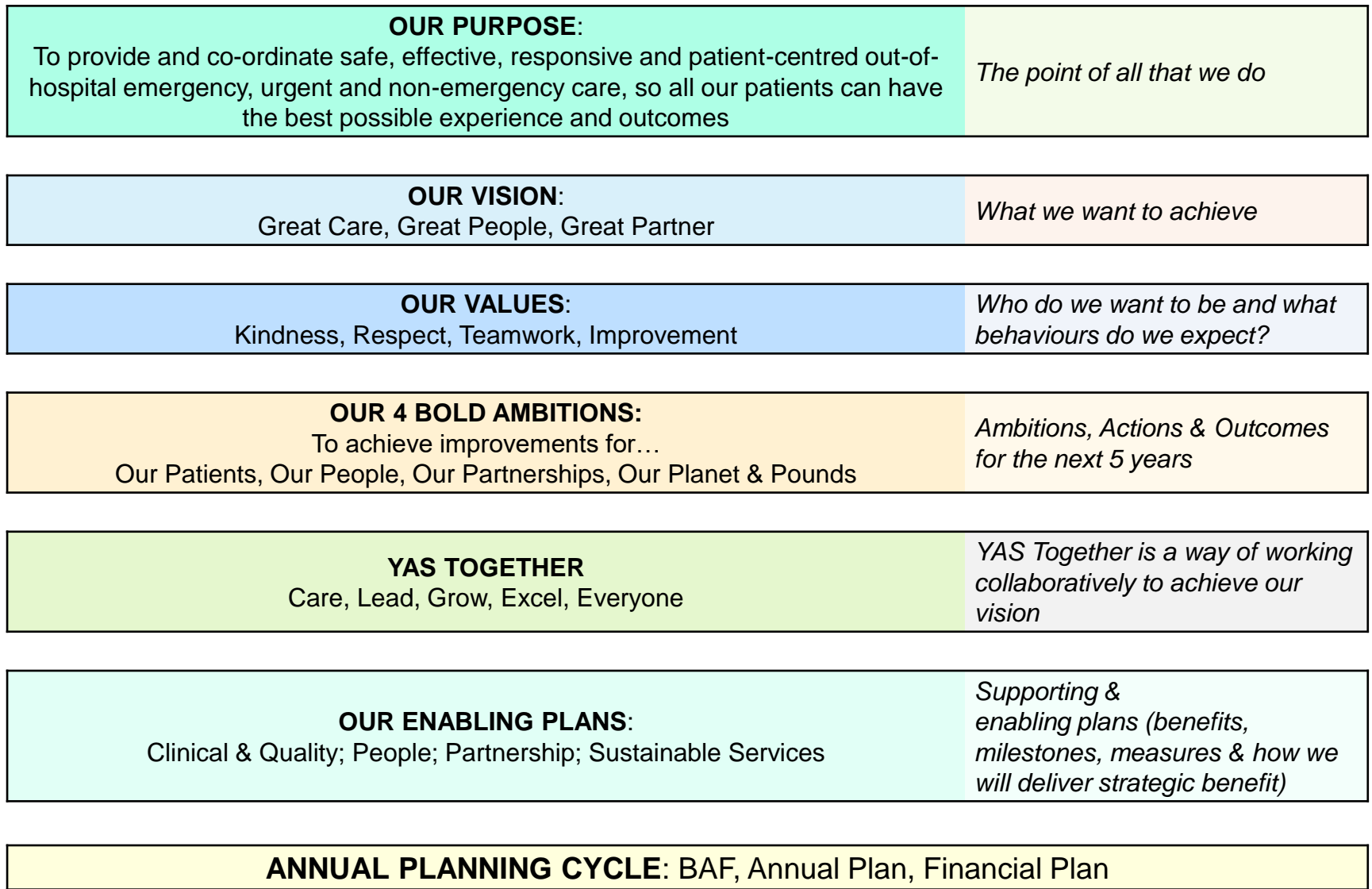
Criteria 3a: Overview

- Recent changes have demonstrated a visible commitment through inclusive leadership at YAS. This includes the new governance structures with the addition of the People & Culture Group and the implementation of Business Operational Objectives.

- The Diversity & 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 2024.

3a | Data & Evidence Overview

Trust Governance Structure

EDI Governance Structure

Support Networks

Community Engagement

Freedom to Speak Up

3a: What are we trying to achieve?

OUR PURPOSE:
To provide and co-ordinate safe, effective, responsive and patient-centred out-of-hospital emergency, urgent and non-emergency care, so all our patients can have the best possible experience and outcomes

The point of all that we do

OUR VISION:
Great Care, Great People, Great Partner

What we want to achieve

OUR VALUES:
Kindness, Respect, Teamwork, Improvement

Who do we want to be and what behaviours do we expect?

OUR 4 BOLD AMBITIONS:
To achieve improvements for…
Our Patients, Our People, Our Partnerships, Our Planet & Pounds

Ambitions, Actions & Outcomes for the next 5 years

YAS TOGETHER
Care, Lead, Grow, Excel, Everyone

YAS Together is a way of working collaboratively to achieve our vision

OUR ENABLING PLANS:
Clinical & Quality; People; Partnership; Sustainable Services

Supporting & enabling plans (benefits, milestones, measures & how we will deliver strategic benefit)

ANNUAL PLANNING CYCLE: BAF, Annual Plan, Financial Plan

3a: Diversity and Inclusion Steering Group

The Diversity and Inclusion Steering Group (DISG) meets every six 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. Below is a snapshot of the DISG meeting agenda and the EDI highlight report shared with members.

DIVERSITY AND INCLUSION HIGHLIGHT REPORT – 17th October 2023

Chair:	Mandy Wilcock, Director of People and Organisational Development
Lead:	Nabila Ayub, Head of Diversity and Inclusion
Area:	Diversity & Inclusion Team

Key Highlights	Output
Diversity Census	The Diversity Census campaign was launched online and has seen a positive reduction of staff data on protected characteristics. Not declared/blanks have decreased by 0.95% BME, 1.27% Religion & Belief, 0.91% Sexual orientation 0.06% Disability. The campaign will continue to ensure staff complete this information to support with initiatives developed across the EDI agenda.
Communications	Relationship between Communications and D&I has continued positively with a streamlined plan in place to handle Diversity and Inclusion comms. Process in place to make sure all events happening throughout the year are pre planned for significant campaigns and events we want to highlight to staff. This includes a comms push on policies and support in place at YAS. Plans advancing for changes to the D&I pulse page and overhaul of key information including the launch of a new Trans inclusion Page. Comms continue supporting Joint Network Conference with merchandise, design and communicating information to staff.
D&I Action Plan	Action Plan for 2024-2027 will be developed with stakeholders in January 2024 to be signed off in March 2024 in line with business operational objectives and BAF. 2022/23 plan closed with 24/28 actions complete.
Equality Impact Assessments (EIA)	6 EIAs received since last DISG. EIA training has taken place with HR services and EIA presentation & new guidance added to D&I pulse page. Ongoing support given to build EIA's and more teams coming forward with processes as well as policies for guidance.
Workforce Diversity Profile	The Workforce Diversity Profile was approved at TEG 20/09/23 and People Committee 26/09/23 – this is uploaded on the external webpage: workforce-diversity-profile-report-2023.pdf (yas.nhs.uk) a hard copy is attached for reference.
Joint Staff Networks	Joint staff network meetings are in place and Chairs are meeting regularly, this includes planning for the Joint Network Conference booked for the 8th of November at Waterton Park Hotel, invitations to go out at the beginning of September. Plans to host up to 100 people with a theme of Intersectionality and The Power of Staff Networks. Staff Networks will be leading workshops as part of the event, a guest speaker is lined up for the event and Design/Comms are also involved with planning.
Recruitment	Plans to review recruitment and retention process, from Job Descriptions to Offer as part of the new recruitment overhaul this will include the attraction stage in year 1 – first meeting has taken place with a workshop planned for Oct to pursue.
Staff Networks	Staff Network chairs/deputies were invited to the Annual Leadership Forum 2023 2-3 Oct 2023 in Wales. Delegates were invited to attend a National Ambulance Diversity and Inclusion Forum (NADIF) hosted session to consider how we can collectively make the ambulance sector less impervious to equality, diversity and inclusion. Around 400 participants came together to network, listen, learn and share at ALF 2023. 'Making the urgent and emergency care connection' – along with exploring the welfare of staff and organisational culture – as the main themes.

All staff networks are currently developing their sessions for the Joint Staff Network event to be hosted on 08th November 2023 as the key focus for this month |

No.	Description	Format/ Attachment	Raised by	Timings
	Apologies / Declarations of Interest		SH	3 mins
1.0	Minutes of the Meeting held on 11th of April 2023 including Matters Arising	Paper	SH	5 mins
1.1	Action Log Update	Paper	SH	5 mins
2.0	**Staff Equality Networks Update**			
2.1	Pride@YAS Network	Verbal	RL/AS	5 mins
2.2	BME Staff Network	Verbal	UK	5 mins
2.3	Disability Staff Network	Verbal	SH	5 mins
2.4	Women and Allies Network	Verbal	DA	5 mins
2.5	Armed Forces Network	Verbal	DG/JT	5 mins
3.0	**Standing Items**			
3.1	D&I General Update	Paper	NA	10 mins
3.2	Enabling Staff Working Group	Verbal	KR	10 mins
3.3	Minimum Building Requirements	Verbal	KR	5 mins
4.0	**Operational Issues**			
4.1	EDS 2022	Verbal	NA	5 mins
4.2	Joint Staff Network Event	Verbal	KP/EB	5 mins
5.0	**Strategic Issues**			
5.1	EDI Objectives 2023/24 -forward planning	Verbal	NA	10 mins
6.0	**Dates of Future DISG Meetings 2023** Teams: 12 December 2023, 13:00-15:00			

3a: People and Culture Group

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. The group oversees the development and delivery of people strategies and initiatives for all aspects of the Board Assurance Framework (BAF), employee lifecycle/NHS People Promise and includes:

- People planning and supply
- People Development
- People Engagement/ Experience
- Cultural Development

2B Ability to support the physical and mental health and well-being of staff						
Health and Wellbeing Plan - impact and outcomes	DA	Paper				✓
Attendance Management Update	SH	Presentation	✓	✓		✓
Freedom to Speak Up - themes	SP/SB	Paper	✓		✓	
2C Ability to promote and embed a positive and inclusive workplace culture						
Diversity - progress on action plan	SH	Paper	✓		✓	
Gender Pay Gap Report	SH	Paper				✓
Workforce Equality Report	SH	Paper				
WDES	SH	Paper	✓			
WRES	SH	Paper	✓			
Staff Survey Results/Action Plan	DA	Paper				✓
Employment Tribunals and Employee Relations	SH	Paper			✓	
Future ways of working - culture / staff engagement	DA/MW	Verbal	✓	✓	✓	✓

A snapshot of the People and Culture Group Work Plan

3a: People Committee

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.

11.	1115-1130	**Workforce Race Equality Scheme (WRES) and Workforce Disability Equality Scheme (WDES) data and action plans** *(Assurance/to support 2c BAF and Business Priority 11)*	PC23.028 PC23.029 Paper	Nabila Ayub Head of Divers & Inclusion
12.	1130-1145	**Equality, Diversity & Inclusion (EDI) update** *(Assurance/to support 2c BAF and Business Priority 11)*	PC23.030 Paper	Nabila Ayub Head of Divers & Inclusion
13.	1145-1200	**Annual Workforce Equality Report** *(Information to support 2C BAF and Business Priority 11)*	PC23.031 Paper	Nabila Ayub Head of Divers & Inclusion
14.	1200-1220	**Operational Objective 10 – Deliver Recruitment and Retention Plans across 999, 111 and PTS, update against trajectory** *(Assurance/to support 2a BAF and Business Priority 10)*	PC23.032 Presentation	Nick Smith, Interim Chie Operating Offi
15	1220-1230	**Employment Tribunal and Employee Relations cases, update including lessons learnt** *(Information to support 2c BAF)*	PC23.033 Presentation	Alison Cocker Head of Peop Services
16.	1230-1235	**End of Shift Protection**	PC23.034	Nick Smith, Interim Chie Operating Offi

People Committee Agenda

3a: Trust Executive Group (TEG)

- 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 Sectary along with the Trust Board. TEG is a decision-making group and priority information and/or business cases are reviewed and actioned.

- Below is an example of TEG's agenda in January 2024 which approved a new contact for the Trust's Interpretation and Translation Service in our Emergency Operations Centre ensuring accessibility for the diverse communities we serve.

3.	ITEMS FOR APPROVAL			
3.1	**Contract Award: Interpreter and Translation Services** *(approve)*	Attached	Simon Marsh Chief Information Officer	
3.2	**Q3 Variation to A&E Contract: Urgent Care Dental** *(approve)*	Attached	Kathryn Vause Executive Director of Finance	
3.3	**Pathways Business Case** *(approve)*	Attached	Nick Smith Chief Operating Officer	

3a: The Trust Board

- 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.

- Below is an excerpt of the October 2023 Trust Board meeting. This shows the board has regular updates and discussion around equality and health inequalities that effect our staff and patients.

1.7 Report of the Trust Chair
Reported on the Trust's decision to host an aspirant Non-Exec Director for 6 months as part of a programme to provide Board level experience to people with protected Characteristics.

1.8 Report of the CEO
Reports on initiatives related to EDI, such as cultural issues raised via FTSU and the development of the Trust's Sexual Charter.

2.2 Trust Business Plan 2023/24
Report from CEO setting out progress on the 18 business plan priorities which include workforce and cultural work with EDI elements.

3.1 Trust Response to Lucy Letby Verdict
Sets out measures relating to inclusive and open workplace culture, FTSU and Sexual Safety

3.2 Risk report
Specific actions reported included targeted work to improve the diversity profile of the EOC, the diversity census and other cultural initiatives such as Say Yes To Respect, Support Networks, Authentic Allyship, Cultural Ambassadors and FTSU.

4.9 People Report
From the Director of People and Organisational Development which included a range of people and workforce matters including cultural work towards an inclusive organisation.

4.10 FTSU Report
Concerns relating to team culture and leadership behaviour, including racism bullying and harassment, staff not being treated equally and inappropriate behaviour and alleged unfair treatment of staff with protected characteristics.

4.11 Report from the chair of the people committee
Update on WRES and WDES actions and wider Trust EDI Priorities.

3a: EDI Leadership Objectives

In 2023 all Executive Directors 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. These EDI objectives include;

- Active engagement and support for staff networks.

- Participation in reciprocal mentoring with colleagues who have protected characteristics.

- Ensuring that YAS actively promotes the reduction of health inequalities, in terms of access to services, patient experience, and health outcomes.

- Ensuring that YAS supports the physical and mental health and well-being of people who have protected characteristics.

- Career development and volunteering opportunities for people from under-represented groups.

- Recruitment and retention actions to ensure the Trust workforce is more representative of the communities it serves.

- Actions to reduce the Gender Pay Gap and to improve the outcomes reported under WRES and WDES.

3a: EDI Aims and Objectives

- Our EDI objectives for 2024-2027 are aligned to the Business Assurance Framework, Trust Strategy and Business Operational Objectives. This has allowed us to embed EDI through all areas of the Trust to take forward the Trust Vision.

- EDI Aims and Objectives were agreed by DISG and TEG in 2023-24, the 2024-27 action plan will transition to a three-year cycle to ensure sustainable and longer-term projects that can be measured for impact. This is currently in development.

- All action plans are co-designed with stakeholders which include, Trade Unions, Freedom to Speak up, Support Networks and our leadership community.

- Analysis of our data, our commitments, and reviewing implementation of actions is monitored and reported on regularly to DISG, People and Culture Group, People Committee, Trust Executive Group and the Trust Board.

3a: EDI Aims and Objectives

Aim	Objectives
We understand our barriers to recruitment and selection practices to ensure they are inclusive to prospective candidates. Our workforce profile represents the communities we serve.	- Undertake a comprehensive review of end-to-end recruitment process and associated procedures with recommendations to improve inclusive recruitment. - Line managers and supervisors should have regular effective wellbeing conversations with their teams, utilising resources such as the national NHS health and wellbeing framework. - Implement an effective flexible working policy including advertising flexible working options on organisations' recruitment campaigns. (March 2024)
We have accurate data that supports focus on diversity and inclusion	- Analyse data to understand pay gaps by protected characteristic and put in place an improvement plan.
Our culture is inclusive and compassionate, bullying, harassment and abuse against staff is prevented and tackled to create a culture of civility and respect	- Improve our senior leaders understanding of the issues and barriers faced by our people from diverse backgrounds. - Staff Network Chairs have access to Board Members for updates and feedback on any areas of concern. - To provide management and leadership development opportunities to all people leaders at all leadership levels; first line managers to executive leaders. To increase employee morale and retention by improving leadership skills and behaviours including effective appraisals and career conversations.
Staff from diverse backgrounds have a voice regarding issues they face to improve working experience. All staff can bring their true selves to work, and any differences are celebrated and supported.	- Awareness and involvement in Staff Equality Networks is increased and staff feel confident to raise issues. - Strengthen policy, process and guidance on sexual safety to provide managers within YAS the tools and scope to take a robust approach to managing sexual misconduct cases. - All staff with disabilities/long-term health conditions have adequate adjustment(s) to enable them to carry out their work, where they are required.

Excerpt from the EDI Action Plan 2023/24

3a: Freedom to Speak Up

- Staff at YAS are encouraged to 'speak up' to improve the quality and safety of patient care and staff wellbeing. The Freedom to Speak Up (FTSU) Team play a vital role in ensuring staff voice is heard by the Trust's leadership. Following the Speak Up review by the National Guidance Office, YAS has appointed a second FTSU guardian to build resource within the team and ensure staff voice continues to be a priority.

- FTSU Guardians present at Trust Board twice a year, People Committee quarterly and attend the People and Culture Group. The Chief Executive is the Trust's FTSU Exec Lead and attends monthly meeting with the guardians, along with the Non-Executive FTSU Lead, to identify themes of concern and consult on cases of significance. A framework is in place to escalate any cases of significance directly to Executive Leadership.

Example of report sent to People Committee - September 2023

3.2   Concerns raised between 1 July and 13 September 2023 are as follows:

Table 1 – cases by department

Number of cases	Department
9	A&E Operations: 9 South Yorkshire - 0 North Yorkshire - 5 Hull & East Riding - 2 West Yorkshire - 2
4	EOC
2	Digital
1	QGPA
1	Fleet & Estates

Table 2 – (NB some cases may relate to more than one category)

Number of cases	Category
4	Patient safety/quality
12	Worker safety or wellbeing
3	Bullying or harassment
0	Other inappropriate attitudes or behaviour

Department /Category	Issue/Themes	Action Outcome
A&E Operations	• Poor clinical practice with potential impact on patient safety. 3 concerns raised separately from senior staff members regarding the same person. • Concerns raised regarding lack of support and visibility of A&E Ops Team Leaders. • Multiple cases of staff having already raised concerns elsewhere or currently within a Trust process – all of which feel their voices aren't being heard or necessary action has not been taken.	Escalated to COO immediately for necessary review. Process now in place including HR and Safeguarding. Signposted to appropriate structural reporting routes. FTSU escalated to necessary levels where appropriate. HR provided confirmation they are aware of outstanding cases with unfortunate delays.
A&E EOC	• Concerns raised suggestive of bullying and harassment culture within EOC	Signposted to appropriate structural reporting routes.
Digital – ICT	• Peer to peer sexual safety concern	Escalated to HR and Safeguarding. Other concerns already raised, so feeding into ongoing process as new evidence.
Fleet and Estates	• Staff facing barriers from managers to fulfil job role requirements	FTSU escalated to relevant Executive level.

3a: Inclusive Leadership

Strengthening the work around diversity and inclusion and the commitment to reducing health inequalities. The Trust supports and resources several initiatives . These include:

- 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'

- The Community Engagement Team (recently awarded the STARS Award for commitment to D&I) is actively working on reducing health inequalities through programmes for those experiencing difficulties accessing healthcare.

3a: Support Networks

In 2023, we saw our Support Networks grow to five: BME, Pride@YAS, Disability Support, Women & Allies and Armed Forces. Throughout 2023, we have been focusing on laying strong foundations within our networks.

To support and resource networks YAS:

- Increased the number of protected hours to 15 hours a months.

- Introduced an Executive Sponsor to each network who will Support Network Objectives as well as being a voice for the network at board level.

- Introduced a Champion (Non-Executive Director) for each protected characteristic to be represented at board level.

- Introduced volunteers into the networks.

- Hosted a Joint Staff Network Conference focused on intersectionality and allyship.

- Set clear Network objectives for 2024.

3a: Disabled NHS Directors Network

- 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.

- The Disabled NHS Directors Network, formed in Autumn 2020 and is the first national network representing NHS leaders with disabilities. It currently has 49 members, 39 Non-Executive Directors including six Trust chairs and 10 Executive Directors.

- The Network was created to strengthen the collective impact and voice of disabled leaders and disabled staff within the NHS and to provide a peer support network for disabled NHS directors.

- Peter often shares openly about his disability and has been a speaker for several events to raise awareness of issues faced by those living with a disability.

- The recommended actions from the DNDN are included in the Trust's EDI Objectives for 2024-27.

3a: Say Yes to Respect

- 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.

- The programme was developed as a response to addressing cultural change within a traditional command-and-control environment. The Leadership and OD Team trains Managers and Team Leaders who then facilitate the session within their own teams.

- A range of programme materials has been produced including four internal training videos featuring scenarios - based on real-life staff experiences - about online bullying, racism, homophobia and sexual harassment.

- The aim of the programme is to raise awareness of the importance of professional behaviours in the workplace, encourage staff to get the banter balance right, empower colleagues to constructively challenge inappropriate behaviours and language so that workplace conflict can be dealt with at the in an informal manner where appropriate.

- So far 206 facilitators have been trained and 781 members of staff have attended SYTR sessions.

3a: Say Yes to Respect

SYTR sets out the responsibilities of:

- employees who will not engage in inappropriate or unprofessional behaviour and will feel confident in challenging and reporting it
- managers who will set a culture of dignity and respect and deal correctly with inappropriate behaviour in a timely manner.

- Feedback from the sessions is positive, with staff reporting they feel more comfortable challenging inappropriate behaviour, attendees have a better understanding of 'banter' and managers feel comfortable facilitating their own sessions.

"Very open, engaging, frank and thought provoking. I felt comfortable being me, being challenged and exploring others' opinions and thoughts."

"Lots of positive feedback and it worked very well."

3. **I am aware of my options to challenge behaviour / inappropriate comments**

More Details   💡 Insights

🔵 Strongly Agree	15	
🟠 Agree	3	
🟢 Neither agree nor disagree	1	
🔴 Disagree	0	
🟣 Strongly disagree	0	

el more able to respectfully challenge another member of my team or colleague

💡 Insights

gree	12	
	5	
🟢 Neither agree nor disagree	1	
🔴 Disagree	1	
🟣 Strongly disagree	0	

3a: Community Engagement

Community Engagement is crucial within YAS serving a range of diverse communities and a population of 5 million people. Our Community Engagement Team actively work with members of our community who are experience health inequalities and poorer health outcomes. Some examples of the work the Community Engagement Team have been involved in are:

- **Engagement of rough sleepers and their experience of YAS** – Healthwatch Hull joined our engagement team to meet ambulance crews to get feedback on their experience of working with rough sleepers.

- **Engagement of people with a learning disability/autism** – Co-produced events and workshops with a focus on addressing the sensory experience of using our services; raising awareness of the different roles within the ambulance service and gathering feedback on experiences of our services.

- **Prince's Trust to support young people into work** - In September we ran our fourth employability programme with The Prince's Trust. Participants took part in classroom and practical exercises and met people from different services across YAS.

3b: Restart a Heart Campaign

With ambitions to firmly place ourselves as an 'Anchor Institution' addressing health inequalities, YAS actively delivers its longstanding 10-year campaign 'Restart a Heart' in secondary schools across Yorkshire.

Research confirms the training has a positive impact on people's confidence and competence to step in and save the life of someone in cardiac arrest.

Results of a study among students who took part in last year's training revealed that the life-saving lesson led to:

- **83.64%** being able to identify someone in cardiac arrest (42.25% increase from pre to post training).

- **86.82%** being confident to perform chest compressions (43.97% increase from pre to post training).
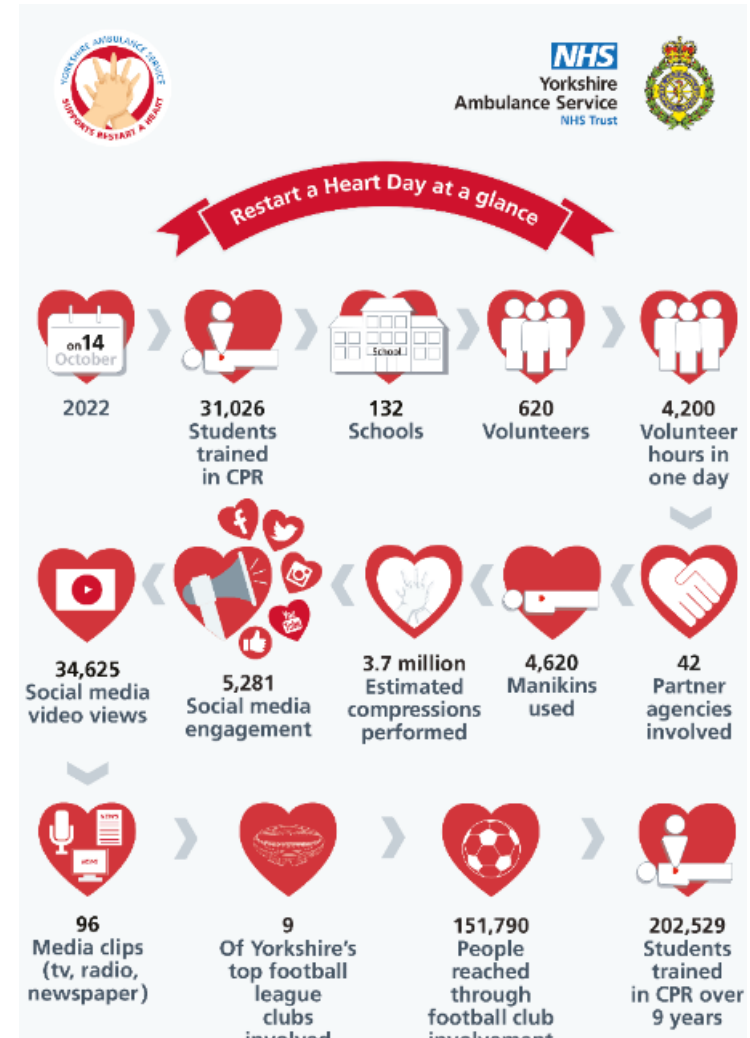
Restart a Heart Data

Data, Evidence & Scoring

Criteria 3b

Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.

Criteria 3b - Overview

- 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.

3b | Data & Evidence Overview

Trust Strategy

Board Assurance Framework

Business Operational Objectives

Equality Impact Assessment

Health Inequalities Framework

WDES

WRES
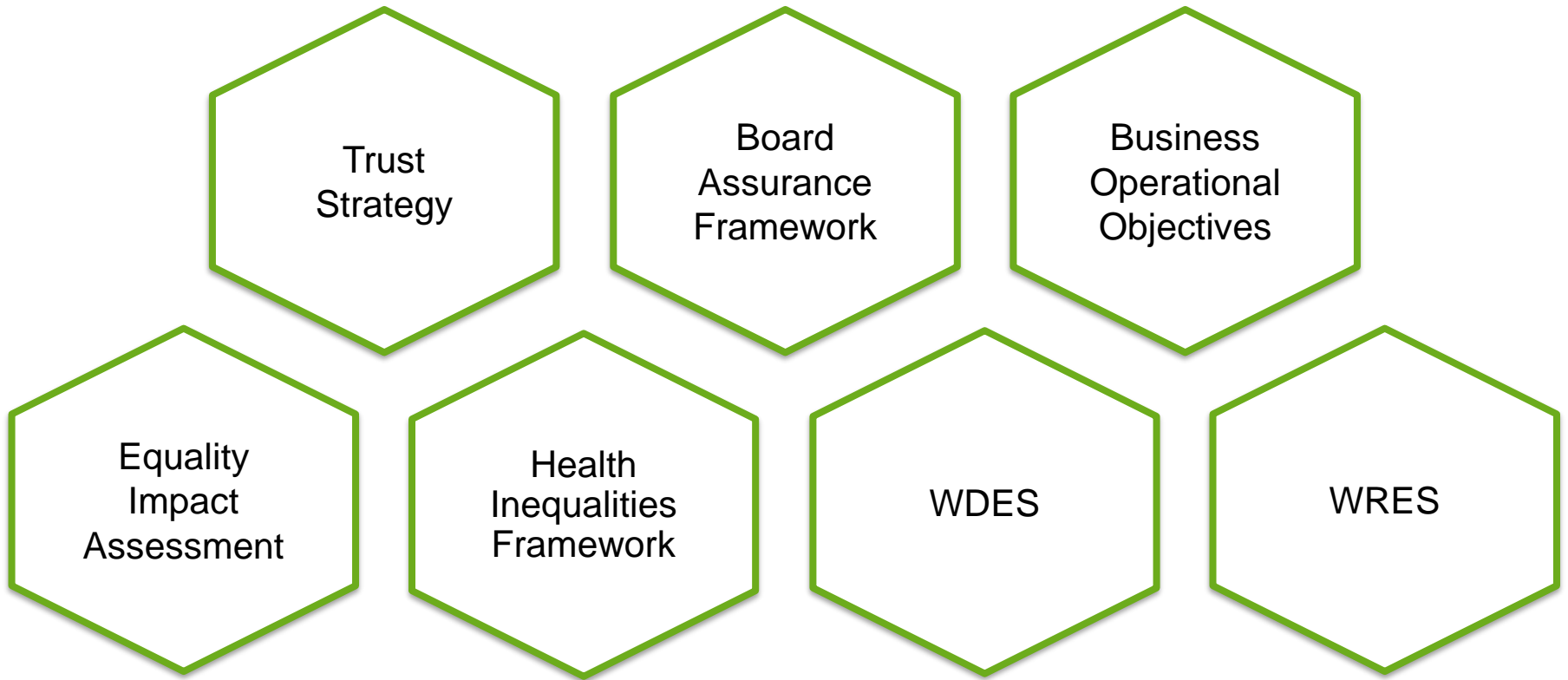
3b: Trust Strategy 2024-29

- The new Trust Strategy will launch in January 2024 focused on One Team and Best Care.

- Developed with extensive stakeholder engagement across the Trust it demonstrates key priorities over the next five years.

- The strategy has been influenced by local demands and national policy.

- Our strategy incorporates our Trust values to help deliver the best care for our patients and improve the health of everyone in Yorkshire.

YAS Strategy Video

3b: Board Assurance Framework

- 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.

- These risks are considered when developing the Trust Objectives and in aligning the EDI Strategy 2024-27.

2023/24 Business Plan Priorities Mapped to BAF Risks

	2023/24 Business Plan Priority	Committee Assurance	Executive Lead	BAF Risk(s)
1	Develop and approve five-year strategy for the organisation.	Trust Board	CEO	3a
2	Deliver improvements in Category 2 response times	Finance & Performance	COO	1a
3	Develop and fully utilise alternative pathways and specialist response to improve access for patients and avoid conveyances to A&E.	Quality	EMD	1a
4	Develop an integrated clinical assessment service across EOC and IUC	Quality	COO	1a, 1b
5	Implement the national patient safety incident response framework and other patient safety measures.	Quality	EDQGPA	3b
6	Deliver and embed the year 1 priorities for 'YAS Together' building upon the outcome of the culture change programme supported by Moorhouse.	People	DPOD	2c
7	Deliver and implement an effective organisational operating model.	People	CEO	3a
8	Implement a robust performance management framework.	Finance & Performance	EDQGPA	3a
9	Review, develop and embed our approach to quality improvement; create an academic research unit.	Quality	EDQGPA	3b
10	Deliver recruitment and retention plans across 999, 111 and PTS.	People	COO	1a, 1b, 1c, 2a
11	Improve staff health and wellbeing with a focus on inclusion and flexible and supported employment.	People	DPOD	2b
12	Respond to priorities within the staff survey and focus on improved response rates.	People	DPOD	2c
13	Develop and implement a new leadership development programme.	People	DPOD	2c
14	Understand and utilise data and intelligence to improve patient care and population health.	Finance & Performance	CIO	4b
15	Complete the development of a long-term estates plan and open new facilities for logistics and EOC.	Finance & Performance	DOF	4c
16	Increase the number and variety of volunteering opportunities and develop supporting infrastructure	People	CEO	1a, 1c
17	Develop and embed our approach to system working.	Finance & Performance	CEO	3b
18	Embed rigorous financial oversight to ensure efficient use of resources.	Finance & Performance	DOF	4a

Business Plan Priorities Screenshot

3b: Business Operational Objectives

- 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 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.

- For 2023/24, the Trust Board agreed 18 operational objectives, which support the delivery of requirements set by NHSE and Trust priorities for the year. These correlate to the strategic priorities and ambitions of the Trust.

Business Operational Objectives Screenshot

3b: Health Inequalities

- The Association of Ambulance Chief Executives (AACE) recently 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.

ICS Core Purposes	Improve outcomes in population health and healthcare inequalities		Help the NHS support broader social and economic development		Enhance productivity and value for money		Tackle inequalities in outcomes, experience and access	
Activities	Socially responsible procurement	Supporting delivery of the YAS Green Plan	Reviewing and improving clinical care for vulnerable population groups	Creating a workplace environment that supports staff & volunteer health and wellbeing	Ensuring our job opportunities are accessible to those most in need through targeted outreach and inclusive recruitment	Understanding and reviewing Trust estate to better support communities	Identifying and developing community assets that improve access to emergency care and wider support	
Enablers	Building system partnerships to establish joint pieces of work that will impact on the wider determinants of health	Using our data to better understand population need, ensuring datasets are complete & timely	Understanding experience, barriers and outcomes for specific population groups (CORE20PLUS5)	Developing strategic leadership & accountability	Building public health capacity & capability across the organisation			

3b: Health Inequalities

Following the development of the framework, key objectives were identified as high-level priorities for 2024/25.

Extra capacity and actions were agreed at Trust Board in October 2023 to begin work on these objectives with the full support of our Executive Leadership Team.

Objectives
Building public health capacity & capability.
Developing data, insight, evidence & evaluation in order to more effectively review and improve clinical care for vulnerable population groups.
Embedding strategic leadership & accountability.
Ensuring our job opportunities are accessible to those most in need through targeted outreach and inclusive recruitment.

3b: WRES and WDES Summary

- The next slides show excerpts from our latest 2023 WDES and WRES Reports.

- They show a generally declining picture for BME staff and general improvement for staff with disabilities and long-term health conditions.

- WRES and WDES data was presented to stakeholders including Support Networks, Freedom to Speak Up Guardians and Trade Unions. Actions were developed following feedback from these sessions along with Gender Pay Gap data and Trust-wide objectives.

- The actions were approved following consultation by the Trust Executive Group.

- 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.

3b: WRES Data Summary

NHS Yorkshire Ambulance Service NHS Trust

Metric 1

Metric 1		2022	2023
Metric 1 - Percentage of staff in each of the AfC bands 1 - 9 or medical and dental subgroups and VSM (including executive board members) compared with the percentage of staff in the overall workforce.	Workforce head count	5907	6104
	% declared BME	6.5%	6.2% ⬇
	BME headcount	386	381 ⬇
	White headcount	5496	5686
	Not stated	25	37 ⬆

Metric 2

Metric 2	2022	2023
Metric 2 - Relative likelihood of white staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts	1.36	1.69 ⬆

Metric 3

Metric 3	2022	2023
Metric 3 - Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff, as measured by entry into a formal disciplinary investigation.	0.59	2.42 ⬆

Metric 4

Metric 4	2022	2023
Metric 4 - Relative likelihood of staff accessing non-mandatory training and CPD	1.80	⬇ 0.93

Metric 5 - 6

Metric 5 - 6		2022	2023
Metric 5 - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White	43.4%	39.8% ⬆
	BME	38.5%	41.2% ⬇
Metric 6 - Percentage staff experiencing harassment, bullying or abuse from staff in last 12 months.	White	25.6%	23.2% ⬇
	BME	26.0%	27.5% ⬆

Metric 7-8

Metric 7-8		2022	2023
Metric 7 - Percentage of staff believing that Trust provides equal opportunities for career progression or promotion.	White	49.7%	54% ⬆
	BME	42.7%	41.2% ⬇
Metric 8 - In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	White	10.1%	9.1% ⬇
	BME	10.4%	16.7% ⬆

3b: WDES Data Summary

Metric 1		2022	2023
Percentage of staff in each of the AfC bands 1 - 9 or medical and dental subgroups and VSM (including executive board members) compared with the percentage of staff in the overall workforce..	Workforce headcount	5907	6104
	Overall % of staff living with a disability	4.38%	5.78%
	Disabled headcount	259	353 🔼
	Non-disabled headcount	5542	5600
	Not stated	106	151 🔺

Metric 2	2022	2023
Metric 2 - Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.	1.29	1.19 🔽

Metric 3	2022	2023
Metric 3 - Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.	8.56	0.00 ↔️

Metric 4		2022	2023
% of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public in the last 12 months	Disabled	51.2%	50.2% 🔽
	Non-Disabled	39.5%	35.3%
% Of staff experiencing harassment, bullying or abuse from managers in the last 12 months	Disabled	19.2%	18.6% 🔽
	Non-Disabled	11.1%	9.2%
% Of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	Disabled	28%	25.0% 🔽
	Non-Disabled	16.6%	14.7%
% Of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	Disabled	47.2%	50.6% 🔽
	Non-Disabled	42.5%	48.2%

Metric 5		2022	2023
Metric 5: Percentage of disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.	Disabled	43.8%	49.3% 🔼
	Non-Disabled	52.0%	55.3%

3b: WDES Data Summary

Yorkshire Ambulance Service NHS Trust

Metric 6		2022	2023
Metric 6: Percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	Disabled	32.8%	32.5% ⬇
	Non-Disabled	23.6%	23.1%

Metric 7		2022	2023
Metric 7: Percentage of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work.	Disabled	21.5%	25.5% ⬆
	Non-Disabled	30.9%	33.1%

Metric 9a		2022	2023
Metric 9a: The staff engagement score for disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.	Disabled	5.5	5.7 ⬆
	Non-Disabled	6	6.4

Metric 9b	2022	2023
Metric 9b: Has your Trust taken action to facilitate the voices of disabled staff in your organisation to be heard? (yes) or (no)	Yes	Yes ↔

Metric 8	2022	2023
Metric 8: Percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	60.9%	65.7% ⬆

3b: Equality Impact Assessments

- 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.

- YAS had undertaken EIAs consistently over the years to comply with PSED

- In 2023 we launched a new in-depth review of our guidance to support the effective delivery of our services, functions and process.

- All EIAs are reviewed by the D&I Team with recommendations to incorporate before final approval prior to submission through our governance structures.

- New training was given to our Employee Relations Team who hold most of our policies. This is shared regularly via internal communications and our intranet.

Data, Evidence & Scoring

Criteria 3c

Board members, system and senior leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients.

Criteria 3c - Overview

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:

- 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

Performance and progress is monitored and reported regularly through the Trust's governance structures.

3b | Data & Evidence Overview

Trust Strategy

Trust Board

Diversity and Inclusion Steering Group

Equality Impact Assessment

Gender Pay Gap

WDES

WRES

Exit Interviews
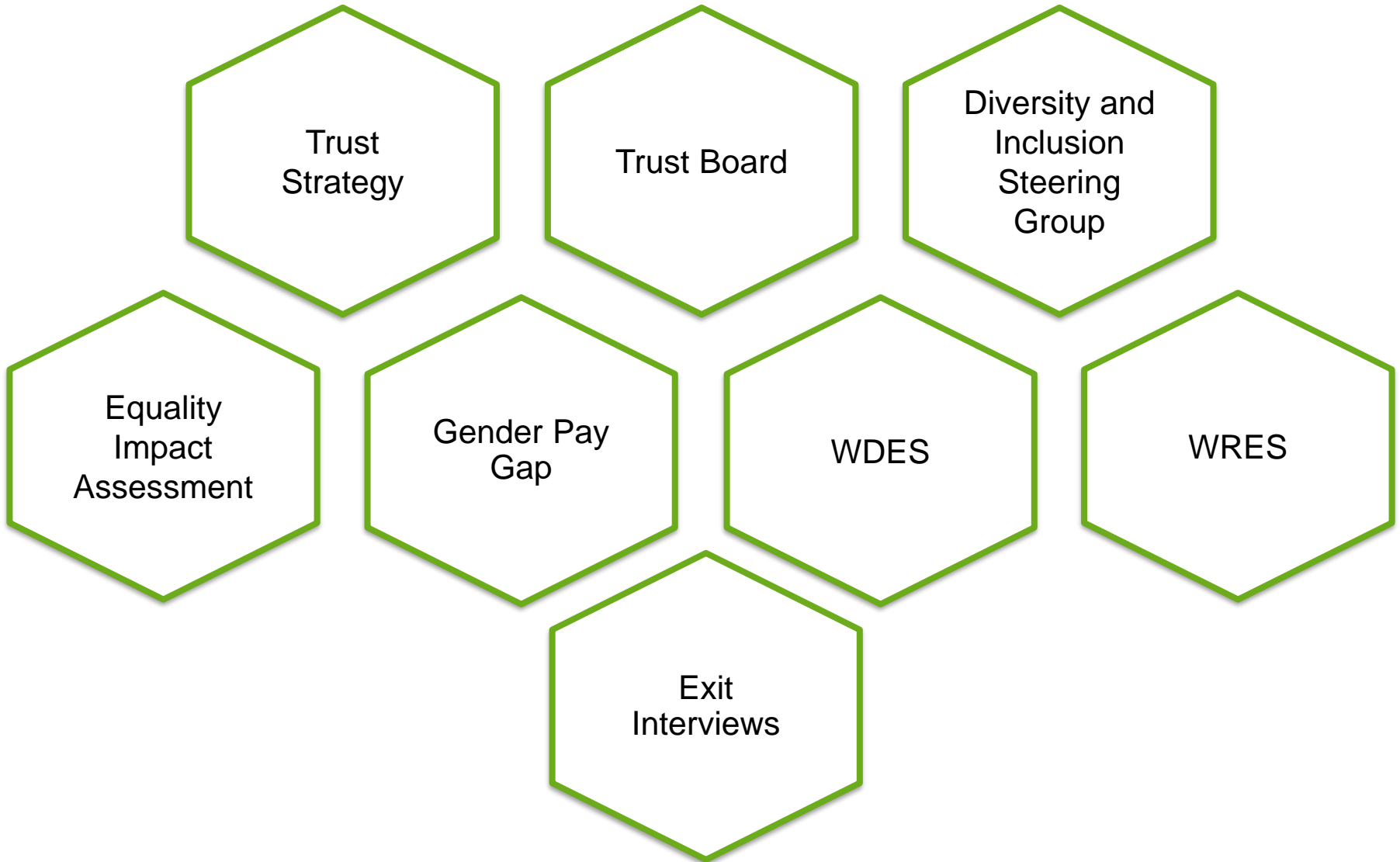
3c - Gender Pay Gap

- The Gender Pay Gap Report 2023 is currently in consultation with stakeholders with clear actions to reach equilibrium in pay.

- Following consultation this will be shared with the People & Culture Group for approval on 26 February 2024.

- In line with the NHS EDI Improvement Plan and High Impact Actions the Trust will establish baseline data to report on our Disability and Ethnicity Gap.

- The reports and the resulting actions will enable the Trust to continue to work to close the gap. The Gender Pay Gap actions are embedded into our overall EDI Strategy.

3c: Gender Pay Gap

The infographic below is from the 2023 Gender Pay Gap report.

Our workforce has an employee base that is predominantly female

2671 men
45.9%

3148 women
54.1%

Mean – gender pay gap (in hourly pay)

Mean men hourly salary £18.52

Mean women hourly salary £16.88

Mean 8.84%

Median – gender pay gap (in hourly pay)

Median men hourly salary £16.80

Median women hourly salary £15.28

Median 9.07%

Upper
Male 55.5%
Female 44.5%

Upper-middle
Male 48.7%
Female 51.3%

Lower-middle
Male 39.7%
Female 60.3%

Lower
Male 39.7%
Female 60.3%

3c: Diversity and Inclusion Steering Group

The Diversity and Inclusion Steering Group (DISG) meets every six 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. Below is a snapshot of the DISG meeting agenda and the EDI highlight report shared with members.

DIVERSITY AND INCLUSION HIGHLIGHT REPORT – 17th October 2023

Chair:	Mandy Wilcock, Director of People and Organisational Development
Lead:	Nabila Ayub, Head of Diversity and Inclusion
Area:	Diversity & Inclusion Team

Key Highlights	Output
Diversity Census	The Diversity Census campaign was launched online and has seen a positive reduction of staff data on protected characteristics. Not declared/blanks have decreased by 0.95% BME, 1.27% Religion & Belief, 0.91% Sexual orientation 0.06% Disability. The campaign will continue to ensure staff complete this information to support with initiatives developed across the EDI agenda.
Communications	Relationship between Communications and D&I has continued positively with a streamlined plan in place to handle Diversity and Inclusion comms. Process in place to make sure all events happening throughout the year are pre planned for significant campaigns and events we want to highlight to staff. This includes a comms push on policies and support in place at YAS. Plans advancing for changes to the D&I pulse page and overhaul of key information including the launch of a new Trans inclusion Page. Comms continue supporting Joint Network Conference with merchandise, design and communicating information to staff.
D&I Action Plan	Action Plan for 2024-2027 will be developed with stakeholders in January 2024 to be signed off in March 2024 in line with business operational objectives and BAF. 2022/23 plan closed with 24/28 actions complete.
Equality Impact Assessments (EIA)	6 EIAs received since last DISG. EIA training has taken place with HR services and EIA presentation & new guidance added to D&I pulse page. Ongoing support given to build EIA's and more teams coming forward with processes as well as policies for guidance.
Workforce Diversity Profile	The Workforce Diversity Profile was approved at TEG 20/09/23 and People Committee 26/09/23 – this is uploaded on the external webpage: workforce-diversity-profile-report-2023.pdf (yas.nhs.uk) a hard copy is attached for reference.
Joint Staff Networks	Joint staff network meetings are in place and Chairs are meeting regularly, this includes planning for the Joint Network Conference booked for the 8th of November at Waterton Park Hotel, invitations to go out at the beginning of September. Plans to host up to 100 people with a theme of Intersectionality and The Power of Staff Networks. Staff Networks will be leading workshops as part of the event, a guest speaker is lined up for the event and Design/Comms are also involved with planning.
Recruitment	Plans to review recruitment and retention process, from Job Descriptions to Offer as part of the new recruitment overhaul this will include the attraction stage in year 1 – first meeting has taken place with a workshop planned for Oct to pursue.
Staff Networks	Staff Network chairs/deputies were invited to the Annual Leadership Forum 2023 2-3 Oct 2023 in Wales. Delegates were invited to attend a National Ambulance Diversity and Inclusion Forum (NADIF) hosted session to consider how we can collectively make the ambulance sector less impervious to equality, diversity and inclusion. Around 400 participants came together to network, listen, learn and share at ALF 2023. 'Making the urgent and emergency care connection' – along with exploring the welfare of staff and organisational culture – as the main themes. All staff networks are currently developing their sessions for the Joint Staff Network event to be hosted on 08th November 2023 as the key focus for this month

No.	Description	Format/ Attachment	Raised by	Timings
	Apologies / Declarations of Interest		SH	3 mins
1.0	Minutes of the Meeting held on 11th of April 2023 including Matters Arising	Paper	SH	5 mins
1.1	Action Log Update	Paper	SH	5 mins
2.0	**Staff Equality Networks Update**			
2.1	Pride@YAS Network	Verbal	RL/AS	5 mins
2.2	BME Staff Network	Verbal	UK	5 mins
2.3	Disability Staff Network	Verbal	SH	5 mins
2.4	Women and Allies Network	Verbal	DA	5 mins
2.5	Armed Forces Network	Verbal	DG/JT	5 mins
3.0	**Standing Items**			
3.1	D&I General Update	Paper	NA	10 mins
3.2	Enabling Staff Working Group	Verbal	KR	10 mins
3.3	Minimum Building Requirements	Verbal	KR	5 mins
4.0	**Operational Issues**			
4.1	EDS 2022	Verbal	NA	5 mins
4.2	Joint Staff Network Event	Verbal	KP/EB	5 mins
5.0	**Strategic Issues**			
5.1	EDI Objectives 2023/24 -forward planning	Verbal	NA	10 mins
6.0	**Dates of Future DISG Meetings 2023** Teams: 12 December 2023, 13:00-15:00			

3c: The Trust Board

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.

Below is an excerpt of the October 2023 Trust Board meeting. This shows the Board has regular updates and discussion around equality and health inequalities that effect our staff and patients.

1.7 Report of the Trust Chair
Reported on the Trust's decision to host an aspirant Non-Exec Director for 6 months as part of a programme to provide Board level experience to people with protected Characteristics.

1.8 Report of the CEO
Reports on initiatives related to EDI, such as cultural issues raised via FTSU and the development of the Trust's Sexual Charter.

2.2 Trust Business Plan 2023/24
Report from CEO setting out progress on the 18 business plan priorities which include workforce and cultural work with EDI elements.

3.1 Trust Response to Lucy Letby Verdict
Sets out measures relating to inclusive and open workplace culture, FTSU and Sexual Safety

3.2 Risk report
Specific actions reported included targeted work to improve the diversity profile of the EOC, the diversity census and other cultural initiatives such as Say Yes To Respect, Support Networks, Authentic Allyship, Cultural Ambassadors and FTSU.

4.9 People Report
From the Director of People and Organisational Development which included a range of people and workforce matters including cultural work towards an inclusive organisation.

4.10 FTSU Report
Concerns relating to team culture and leadership behaviour, including racism bullying and harassment, staff not being treated equally and inappropriate behaviour and alleged unfair treatment of staff with protected characteristics.

4.11 Report from the chair of the people committee
Update on WRES and WDES actions and wider Trust EDI Priorities.

3c: Trust Strategy 2024-29

- The new Trust Strategy will launch in January 2024 focused on One Team and Best Care.

- Developed with extensive stakeholder engagement across the Trust it demonstrates key priorities over the next five years.

- The strategy has been influenced by local demands and national policy.

- Our strategy incorporates our Trust values to help deliver the best care for our patients and improve the health of everyone in Yorkshire.

YAS Strategy Video

3c: WRES and WDES Summary

- The next slides show excerpts from our latest 2023 WDES and WRES Reports.

- They show a generally declining picture for BME staff and general improvement for staff with disabilities and long-term health conditions.

- WRES and WDES data was presented to stakeholders including Support Networks, Freedom to Speak Up Guardians and Trade Unions. Actions were developed following feedback from these sessions along with Gender Pay Gap data and Trust wide objectives.

- The actions were approved following consultation by the Trust Executive Group.

- 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.

3c: WRES Data Summary

Metric 1		2022	2023
Metric 1 - Percentage of staff in each of the AfC bands 1 - 9 or medical and dental subgroups and VSM (including executive board members) compared with the percentage of staff in the overall workforce.	Workforce head count	5907	6104
	% declared BME	6.5%	6.2% ⬇
	BME headcount	386	381 ⬇
	White headcount	5496	5686
	Not stated	25	37 ⬆

Metric 2	2022	2023
Metric 2 - Relative likelihood of white staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts	1.36	1.69 ⬆

Metric 3	2022	2023
Metric 3 - Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff, as measured by entry into a formal disciplinary investigation.	0.59	2.42 ⬆

Metric 4		2022	2023
Metric 4 - Relative likelihood of staff accessing non-mandatory training and CPD		1.80	0.93 ⬇

Metric 5 - 6		2022	2023
Metric 5 - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White	43.4%	39.8% ⬆
	BME	38.5%	41.2% ⬇
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	BME	26.0%	27.5% ⬆

Metric 7-8		2022	2023
Metric 7 - Percentage of staff believing that Trust provides equal opportunities for career progression or promotion.	White	49.7%	54% ⬆
	BME	42.7%	41.2% ⬇
Metric 8 - In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues	White	10.1%	9.1% ⬇
	BME	10.4%	16.7% ⬆

3c: WDES Data Summary

NHS Yorkshire Ambulance Service NHS Trust

Metric 1		2022	2023
Percentage of staff in each of the AfC bands 1 - 9 or medical and dental subgroups and VSM (including executive board members) compared with the percentage of staff in the overall workforce..	Workforce headcount	5907	6104
	Overall % of staff living with a disability	4.38%	5.78%
	Disabled headcount	259	353 ⬆
	Non-disabled headcount	5542	5600
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Metric 2	2022	2023
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Metric 3 - Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.	8.56	0.00 ↔

Metric 4		2022	2023
% of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public in the last 12 months	Disabled	51.2%	50.2% ⬇
	Non-Disabled	39.5%	35.3%
% Of staff experiencing harassment, bullying or abuse from managers in the last 12 months	Disabled	19.2%	18.6% ⬇
	Non-Disabled	11.1%	9.2%
% Of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	Disabled	28%	25.0% ⬇
	Non-Disabled	16.6%	14.7%
% Of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	Disabled	47.2%	50.6% ⬇
	Non-Disabled	42.5%	48.2%

Metric 5		2022	2023
Metric 5: Percentage of disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.	Disabled	43.8%	49.3% ⬆
	Non-Disabled	52.0%	55.3%

3c: WRES/WDES Conclusions

- Representation at Board level has shown an increase in 2023 for BME and those living with a disability.

- We strive to see this continue, with plans to host an 'aspirant Non-Executive Director' for six months as part of a programme to provide Board level experience to people with protected characteristics.

- Our EDI strategy is fully informed by WDES and WRES data.

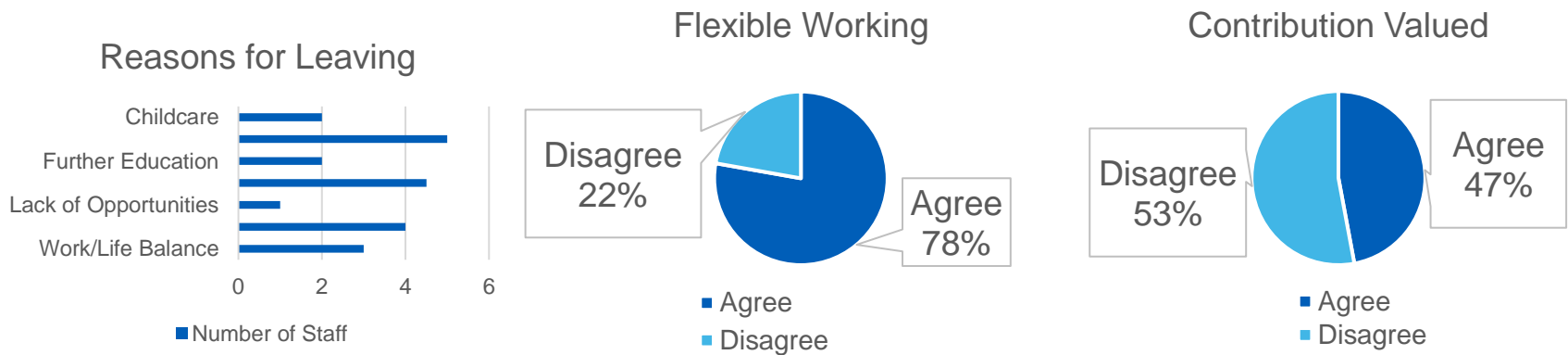| Metric		2022	2023
Metric 9 - Percentage difference between the organisations' board membership and its overall workforce disaggregated	White	87.5%	84.6%
	BAME	12. 5%	15. 4% ⬆

Metric		2023	2023
Metric 10 - Percentage difference between the organisations' board membership and its overall workforce disaggregated:	**Disabled**	18.18%	23.08% ⬆
	Non-Disabled	81.82%	76.92%

3c: Exit Interviews

- YAS offers all leavers the choice to complete an exit interview after they've left the organisation.

- A monthly report is produced to analyse trends and areas of concern which inform future objectives.

- This is used to identify solutions for staff retention.

- A pilot is underway in EOC/IUC to create a robust exit interview process and ensure data is collated on protected characteristics, with a view to roll out Trust-wide.

- Data from December 2023 is provided below.

Reasons for Leaving

Childcare
Further Education
Lack of Opportunities
Work/Life Balance

0   2   4   6

- Number of Staff

Flexible Working

Disagree 22%
Agree 78%

- Agree
- Disagree

Contribution Valued

Disagree 53%
Agree 47%

- Agree
- Disagree

3c: Equality Impact Assessments

- In compliance to PSED, embedding Equality Impact Assessments has been a priority for the Diversity and Inclusion Team.
- All polices and processes are regularly monitored and reviewed every 2 years to ensure recommendations are implemented.
- The EIA Tracker is evidenced below:

155	07/06/2023	YAS Patient Consent Policy	Clinical	Mark Millins	Emily Brenson	Consider racial bias when treating someone under the mental health act (higher numbers of black men detained) and sensitive consent if a patient is transitioning.	12/07/2023	Y
156	20/06/2023	IUC Career Restructure	IUC	Karen Sellers	Emily Brenson	EIA written together	03/07/2023	Y
157	26/06/2023	Microsoft Office 365 Usage Policy	ICT	Martin Lane	Emily Brenson	No comments	03/07/2023	Y
158	26/06/2023	BOYD and Remote Access	ICT	Martin Lane	Emily Brenson	No Comments	03/07/2023	Y
159	26/06/2023	Patient Experience Survey	IUC	Lauren Lee	Emily BRenson	Anonymous and Randomized so no comment.	03/07/2023	Y
161	12/07/2023	Updated PPCI Clinical Pathway	Clinical	Derek Hatley	Emily BRenson	No comment - anonymous	17/07/2023	Y
162	20/07/2023	Probationay Policy	ER Services	Louise Harrop	Emily Brenson	Went to D&I and Suzanne for comments and updated three times.	02/08/2023	Y
163	25/07/2023	Infastructure Team Organisational Structure	Digital	Martin Lane	Emily Brenson	No comment	02/08/2023	Y
164	31/07/2023	Stroke Video Triage implementation	A&E Ops (South)	Katy Priest	Emily Brenson	Triage staying perm after good pilot, EIA reviewed.	02/08/2023	Y
165	18/08/2023	Supporting Reservists	ER Services	Alison Cockerill	Emily Brenson	Additions of Cadets, Special Leave for Family/Partners	18/08/2023	Y
166	23/08/2023	Community First Responder & Co Responder Activation & Allocation Procedure	EOC Development and Quality Team	Ben Rushworth	Emily Brenson	No additions comments - policy same as normal EOC procedure but for volunteers.	23/08/2023	Y

Evaluation

Challenges:

- The WDES/WRES data continues to highlight challenges faced by staff from ethnic minority backgrounds and those living with a disability. Although we have seen some improvement for those living with a disability but there is further to go before the data is equitable for all.

- The Gender Pay Gap shows although we have more women in our workforce, majority sit in the lower bands. Progression and retention of women is a priority to close the gap.

- Representation of protected characteristics could be increased in the Executive Leadership Team.

Next Steps:

- Drive work with the Support Networks and Executive Sponsors/Champions.

- Focus on the retention and progression of women within the EDI action plan.

- Increase in educational interventions to support managers with inclusion.

- Deliver and embed the development programme 'YAS Together'.

- Further development of exit interviews.

- Develop brief learning webinars to support people managers to effectively support diverse staff.

Domain 3: Grade

Internal Grade

1

Developing Activity

Stakeholder Grade

1

Developing Activity

Peer Review

2

Achieving Activity

Why?

- YAS has embedded strong foundations in 2023-2024 in compliance, governance and visibility of EDI, building on the Health Inequalities Framework.

- This demonstrates commitment, engagement and monitoring of our work with clear lines of accountability.

- The 2024-2028 Strategy launch will enable the Trust to score a stronger '2' or even '3' in this area in the near future.

Overall Scoring Criteria

	Score
1. Commissioned Services	8
2. Health & Wellbeing	6
3. Inclusive Leadership	5
4. Peer Review – Doncaster Bassett Law Hospital	1
Total YAS EDS Score:	**20 – Developing Activity**

Undeveloped activity – organisations score 0 for each outcome	Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped**
Developing activity – organisations score 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 2 for each outcome	Those who score **between 22 and 30,** adding all outcome scores in all domains, are rated **Achieving**
Excelling activity – organisations score 3 for most outcomes	Those who score **31 and above,** adding all outcome scores in all domains, are rated **Excelling**

If you would like any supporting documents or resources, please contact the Diversity and Inclusion Team on yas.diversity@nhs.net