

NHS Equality Delivery System 2022 EDS Reporting for Yorkshire Ambulance Service NHS Trust 2024/2025

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Equality Delivery System for the NHS

The EDS Reporting

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

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

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

NHS Equality Delivery System (EDS)

Name of Organisation		Yorkshire Ambulance Service NHS Trust		Organisation Board Sponsor/Lead		
				Mandy Wilcock, Director of People and Organisational Development		
Name of Integrated Care System		West Yorkshire ICB				
EDS Lead	Nabila Ayub, Head of Diversity & Inclusion		At what level has this been completed?			
				*List organisations		
EDS engagement date(s)	15 January 2025 – Domain 2 & 3 20 January 2025 – Domain 1 22 January 2025 – Domain 1 24 January 2025 – Peer Review Domain 3		Individual organisation			
			Partnership* (two or more organisations)	Yorkshire Ambulance Service NHS Trust Doncaster Bassetlaw Teaching Hospitals NHS Trust South West Yorkshire Partnership NHS Foundation Trust		
			Integrated Care System-wide*			
Date completed	30/01/2025		Month and year published	February 2025		
Date authorised	25/02/2025		Revision date	February 2026		

Completed actions from previous year	
Action/activity	Related equality objectives
<ol style="list-style-type: none"> 1. Development of the workforce model – Specialist Paramedic in Mental Health. 2. A formal evaluation undertaken of the Mental Health Response Vehicles service 3. Further patient experience feedback/patient voice 4. Impact measure following the roll out of three more Mental Health Response vehicles (pending funding agreements). 5. Recruitment and retention of call handlers. 6. Attending recruitment fairs and working with local job centres to support recruitment. 7. Creative advertising to attract a diverse workforce with a specific focus on health inequalities. 8. YAS currently does not collect, and routinely analyse, outcomes by protected characteristic this needs to be improved. 9. Educational training for staff in EOC – Supporting Staff with Neurodiversity, Supporting Trans/Non-Binary Staff and Race Equity in the Workplace. 10. Re-procurement process of language line 	We aim to attract, select and retain a diverse range of talented people to work at the Trust and value the contribution made by everyone.
<ol style="list-style-type: none"> 1. A review of impact from EDI Objectives set for Directors in 2024/25. 2. Measure of impact on Support Networks from new Executive Sponsors and NED Champions in 2024/25. 3. Roll out and embedding of the YAS Together cultural development programme with success metrics. 4. Implementation of the new Trust Strategy 2024-29. 	We embrace the diversity of all our staff, patients, service users, visitors and everyone associated with the Trust to create a harmonious environment where people are comfortable being themselves and can realise their full potential
<ol style="list-style-type: none"> 1. Sharing of information gathered for EDS to staff through support networks, the range of provision for staff health and wellbeing is not widely known. 2. The development of the Violence Protection and Reduction (VPR) strategy and capacity within the team to ensure staff are free from abuse at work. 3. Improvement of Workforce Race/Disability Equality Standards data specific to metrics relating to staff experiencing bullying and harassment. 	We challenge inequality in all its forms and promote dignity, respect and understanding within the Trust and the wider community.

EDS Rating and Score Card

The EDS rating and score card set out below is provided by NHS England to ensure consistency of ratings.

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

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

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

Domain 1: Commissioned or provided services

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services.	1A: Patients (service users) have required levels of access to the service	<p>Emergency Operations Centre (EOC)</p> <p>The 999 service is a national provision, available to all regardless of protected characteristics. YAS increased call handling capacity over the last 3 years: April '22 -189, Nov '23 -196, Sept '24 – 246. YAS trained 111 staff between April 2022 and March 2023, 94 staff between April and November 2023, and 105 staff between January and December 2024. Calls are answered in time order unless identified as critical (not breathing, cardiac arrest).</p> <ul style="list-style-type: none"> • AMPDS (the triage tool used by call handlers) provides training in supporting patients with mental health problems. • Clinicians are trained to Safeguarding Level 3. • AQI – achieving 10s mean call answer, 20s 90th percentile. <p>A new interpreter service was introduced to support patients and callers whose first language is not English. Regular contract meetings are held between the EOC performance and governance teams, other YAS stakeholders and the interpretation service to review performance and any issues that may arise. The interpreter service includes access to British Sign Language interpreters, although this is primarily used in A&E Operations, as deaf service users who call 999 can access the text relay service, which all new call handlers are trained in. Clinical and non-clinical call handlers have access to use the interpreter service.</p> <p>Following a multi-disciplinary team meeting with EOC and the interpreter service additional training/guidance was developed to support effective communication during translation calls.</p> <p>The 999 service is a national provision and is available to everyone. Business continuity measures are in place to provide national contingencies if any of the UK ambulance services experience issues with demand or technology. Where call handling ability is compromised, the Intelligent Routing Platform looks at the national call handling capacity and will redirect calls to</p>	1 Developing Activity	A&E Operations Head of A&E Ops/ Chief Operating Officer

		<p>another service. Any calls taken by another service are passed back via ITK (interoperability toolkit), an electronic link directly to the Trust. A Disaster Recovery Checks and Escalation Action Card for the Telephony System is in place to test the telephony weekly. This ensures patients/service users are not affected by any telephony issues which would restrict them from getting through to an EOC Call Handler.</p> <p>Health Care Professionals (HCPs) and partner agencies such as Police and Fire have a direct phone number to the Emergency Operations Centre. The calls are directed at specific groups of staff, which then frees up emergency call handlers to deal with 999 calls, and EOC has direct lines to other supporting agencies. Patients can also be signposted by 111 / 111 online / other HCPs to the 999 service.</p> <p>A new Advanced Caller Contact Module within our Computer Aided Dispatch (CAD) system, allows us to send messages to callers. Initially this is to reassure callers that we are still arranging help during times of high service demand and give instructions of when to call back and what to do if they no longer require help. It also notifies callers who cleared the line to call back and provide more information.</p> <p>The LifeX radios system was installed in the EOC, and training was arranged for all EOC staff who utilise the radios. The upgraded supports communication between EOC and operational crews as well as between partner agencies nationally.</p> <p>Throughout 2024, EOC underwent an organisational change through the EOC Restructure. EOC has already started to see increased performance through the introduction of new roles. The restructure aims to support the growing workforce, increase performance and support and retain staff.</p> <p>NHS Pathways is a transformation project commenced in 2024 to change the 999-triage system from Advanced Medical Priority Dispatch System (AMPDS) to NHS Pathways. NHS Pathways is utilised nationally for NHS 111 service and across seven Ambulance Services in England. Training and go-live is planned for 2025. One of the key benefits of the NHS Pathways will enable 999 call handlers to refer patients who do not require an ambulance to various other health care pathways. Currently 999 call handlers will refer patients to NHS 111 to assess this need. The project will streamline this process to give patients a better experience. The training</p>		
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		<p>includes modules to support patients with learning disabilities, neurodiverse patients, gender dysphoria, racial equality, wellness and anchor bias which is where there may be bias due to a heavy reliance on the first piece of information/ topic someone receives rather than working this out or learning.</p> <p>EOC Data 1 Jan – 31 December 2024:</p> <ul style="list-style-type: none"> • EOC Total calls answered = 1,080,623 • EOC Total emergency 999 calls answered = 813,291 • Average Medium Call Answer = 10 seconds • Patients treated on scene or over the phone = 371,951 (139,917 Treated over the phone) <p>The average answer time for 999 calls has reduced significantly from 0.13 seconds to 0.5 seconds this year. 89.7% of calls are being answered within target compared to 2023/24 (80.4%).</p> <p>Integrated Urgent Care (IUC)</p> <p>IUC is a nationally available service and is available for all patients 24/7, regardless of any protected characteristics, as Pathways is consistent based on age and gender. Depending on the patient's health needs, issues can be resolved by giving home management advice, referring to our in-house clinicians or referring to most external services such as GP - General Practitioner GPOOH - General Practitioner, Out of Hours, A&E - Accident and Emergency, UTC - Urgent Treatment Centre and Dental. Calls are answered in time order.</p> <ul style="list-style-type: none"> • EOC into IUC: Patients can be passed to an IUC queue, where they will receive a call back from a Health Advisor. This is passed via ITK (Interoperability Toolkit). This allows 999 to focus on the emergency calls coming through, as they can pass urgent Cat 5 cases to IUC. • If a patient presents to the Dental Clinical and Booking Service (DCABS) with symptoms other than dental, the case can be passed over to IUC by ITK, to have a symptomatic assessment. • As a service we have been working closely with staff to reduce their average handling time (AHT) to increase capacity to deal with demand. We have reduced the call time by 		
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		<p>around 30 seconds, from 670 seconds in Jan/Feb to 620-630 seconds in August/September 2024.</p> <ul style="list-style-type: none"> To meet the demand of calls coming through to IUC, we have been recruiting between 40-50 staff every month to increase our workforce. Due to this we have been consistently above 90% for the Service level Agreement (SLA) meaning shorter waiting times for a triage. <p>The Mental Health Interactive Voice Response (IVR) process allows people who need mental health care to be able to press option 2 when ringing 111, which takes them directly to the mental health line. This shortens the length of the patient journey and prevents patients going through an assessment by IUC prior to being provided the number to ring the same service.</p> <p>Working closely with staff, we are improving call answer rate and average handling time (AHT) to increase capacity and meet incoming demand. Shortening AHT means patients spend less time speaking to Health Advisors and are correctly signposted to the right service for their symptoms. New processes have proven successful, such as 'Trust the Triage' focus month.</p> <p>The British Sign Language provision is used by patients that are deaf or hard of hearing and enables patients to have a video call with a BSL interpreter and health advisor. If patients prefer a call, they also have the option to use the text relay service.</p> <p>Language Line is the Trusts interpretation service which ensure that all patients, regardless of first language, can gain access to and complete a healthcare assessment in their preferred spoken language. Once a health advisor identifies the preferred language required, an interpreter joins the call to assist the assessment.</p> <p>The Business Continuity Web App is the backup solution in the event of an Adastra system outage to enable business continuity. Adastra is the application that IUC use to triage patients. The app keeps everything online using clear and easy to access pages, enabling IUC to control cases and the clinical queue more accurately, ensuring a higher level of care for patients. Previously the standard procedure was to use paper forms, however this resulted in a plethora of paper which was very difficult to keep control of.</p>		
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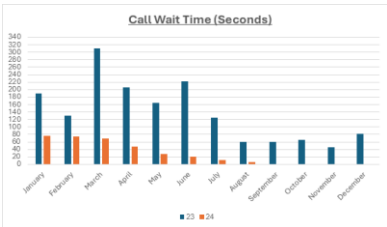
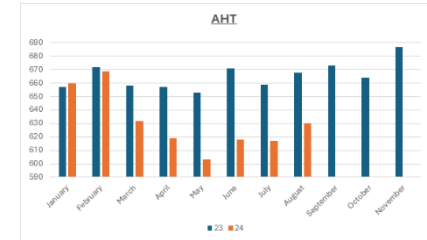
Video Consultation is an assessment tool for clinicians to use to triage individuals with physical symptoms that are hard to describe. Before, clinicians only had access to patients via the telephone making it difficult in many cases to assess things such as rashes, wounds and third party laboured breathing accurately. The newly introduced video call allows the clinician to be able to see the physical symptoms clearly, ensuring they receive prompt and accurate triage alongside access to the right care pathway the first time.

SMS Care Advice is a new feature that enables patients to have fast and constant access to their care advice following their assessment. This means that patients can read their advice as and where necessary. This also reduces callbacks to the service when patients cannot remember parts of their care advice, such as what painkillers were recommended.

Special Patient Notes (SPNs) allow external services to create specific notes on their patient’s care and how we should manage that patient. This is not done for all patients, only ones where they may have certain care needs. Health Advisors do not have access to medical records and therefore these notes can help guide an assessment correctly, if a medical condition that is not covered in the pathway.

IUC Data 01 January – 31 December 2024

- Weekday Average – 3,300 calls
- Saturday Average – 6,300 calls
- Sunday Average – 5,700 calls



The average mean call wait time has dropped from 133 seconds in 2023, to 37 seconds to date in 2024. The

average mean handling time has dropped from 609 seconds in 2023, to 465 seconds in 2024 so far.

		<p>Mental Health Response Vehicles (MHRVs)</p> <p>The Mental Health Programme has entered its final year of the 5-year Programme. The Programme Team have focused on the following priorities:</p> <ul style="list-style-type: none"> • Invest to improve Mental Health response from Yorkshire Ambulance Service • Workforce training and development – provide all patient facing employees with Mental Health training. • Mental Health professionals within ambulance control rooms • Introduction of Mental Health Response Vehicles (MHRVs) to a national specification. • Ambitions to improve Ambulance response to patients in crisis for 999 calls. <p>The Mental Health Programme is a transformation programme which includes training, education, specialised roles, mental health professional support to the Emergency Operations Centre (EOC). Mental Health Nurses in the Emergency Operations Centre (EOC) have provided specialist support for patients. Our Mental Health Nurses conduct clinical consultations for patients who have mental health needs. YAS is seeking to increase Mental Health professional support to the EOC, which includes the 'PUSH' model (patient management system*) and suicide co-production workshop, Dementia training and a focus on learning disabilities and neurodiversity.</p> <p>*The PUSH model is system used in A&E to 'push' patients through the system, to create capacity and lower waiting times.</p> <p>The Mental Health Response Vehicles are a key component to The Mental Health Programme:</p> <ul style="list-style-type: none"> • Mental Health Response Vehicles are targeted at people who call 111 or 999 with a mental health need if they need a face-to-face response from the ambulance service. • They provide a less clinical environment and are staffed with colleagues who have additional training. • The vehicles can provide transport if required or refer on to another provider. • Staff aim to only take people to the emergency department if there is a physical reason for them to be there or if it is not possible or safe for their needs to be met in the community. • MHRV staff work closely with mental health and voluntary sector services such as safe spaces. 		
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		<p>To determine the location of the MHRVs, data was provided by the Forecasting & Capacity Team. This was analysed (12 months of actual Mental Health call data) and helped determine areas of Yorkshire & Humber that would benefit from having a dedicated Mental Health Response Vehicle. We also determined the shift pattern that would be most suited for this vehicle by understanding the most consistent block of 12 hours where 999 Mental Health calls were taken (between 13:00 – 03:00). Data for areas of deprivation was also considered when placing vehicles which led to the MHRVs being placed in densely populated areas.</p> <p>We currently have a total of 8 MHRVs in operation, 3 of these are electric, and 1 further MHRV to be put into operation. We require 30 specialist mental health paramedics to work from the MHRV's, with currently 26 posts filled (as of 13/11/2024). The remaining vacancies will be recruited to locally.</p> <p>MHRV data 1 October 2023 – 31 October 2024</p> <ul style="list-style-type: none"> • 4,289 Mental Health calls were responded to by the MHRVs • 2,143 were female patients & 2,104 were male patients • Most patients (72%) that were seen by the MHRV were between the ages of 18 to 54 (top 4 age groups) • The most deprived area of deprivation had the highest number of MHRV responses across the 3 metrics displayed above • The top 3 deprived areas account for 64% of all MHRV responses. • 72% patients treated, referred and discharged at scene and not transferred to the Emergency Department (A&E) with alternative pathways used, such as safe spaces or crisis cafes. 		
	1B: Individual patients (service users) health needs are met	<p>Emergency Operations Centre (EOC)</p> <ul style="list-style-type: none"> • Hear and Treat – ability for clinicians to re-triage and give a more suitable outcome, rather than ambulance dispatch. • PUSH model – enables us to utilise local health services to provide patient care, such as falls, teams access GPs, and to provide further triage of some of our low acuity work (Category 3s) • EOC aims to audit 1% of all 999 calls received. This is on target. 	2 Achieving Activity	

		<ul style="list-style-type: none"> • EOC recertified as an Accredited Centre of Excellence for the 10th year, ensuring our call handlers provide high quality triage, instructions, and customer service to patients. EOC are due to recertify in 2025. • EOC developed and implemented a Dispatch Audit Process to ensure dispatchers are adhering to Standard Operating Procedures to support effective allocation and management of resources to incidents. • EOC developed and implemented a Clinical Audit Process to ensure clinicians conduct a clinical consultation and provide appropriate care to patients. • A Clinical Navigation Model is now utilised in EOC. Once incidents have had an initial triage by a call handler, all low acuity and appropriate Category 2 incidents are promptly reviewed by a Clinical Navigator to signpost incidents to a more appropriate service or for further clinical assessment where appropriate. This may include upgrading, downgrading, referral to onward care providers, or to our own Clinical Hub. This allows us to concentrate our resources (such as double crewed ambulances) to those patients that need transportation to hospital. • Remote Clinical Hubs have been implemented to supplement clinical support and assist with further assessments and triage of patients in a remote setting. • The Emergency Operations Centre in Wakefield is undergoing refurbishment for significant expansion to increase capacity and act as a business continuity site and provide additional training facilities. York was completed in 2024. • Further specialist clinical roles in urgent and critical care have been introduced to EOC to provide additional specialist advice as required. • Expansion of the crew line to support operational clinicians with timely decision making and support. • Partner agencies and other HCPs can contact EOC for onwards support. • Integrated Transport Plan is a model between EOC and PTS to utilise resources more effectively to increase vehicle availability for travelling to hospital, etc. • The role of Single Point of Access for HCP calls, safeguarding referrals, and recording incidents on Datix (YAS staff incident reporting system) is in place. There is scope to develop this role further in the future. • Provision of Mental Health Nurses in EOC. • Community First Response Desk supporting Community First Responders. 		
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		<ul style="list-style-type: none"> • 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 Dispatch. • EOC managers track staff compliance to statutory and mandatory training which includes dementia awareness, equality and diversity, and other EDS learning. • Defibrillator locations and access codes are stored on the system so call handlers can inform callers of their location on applicable emergencies. • Outreach Patient Assessments (Clinical) EOC receive frequent calls from some patients due to a variety of mental and physical health concerns. Our Outreach team support these groups of patients, liaise with other health care providers and partner agencies to put care plans in place. These care plans are accessible to clinicians within the EOC Clinical Hub to ensure vulnerable patients get the right help. <p>Integrated Urgent Care (IUC)</p> <ul style="list-style-type: none"> • Predetermined Management Plans are used in instances where a patient has a known health problem, a GP can give them direct instructions to follow should specific symptoms start. Our Health Advisors do not complete an in-depth assessment but instead pass the patient over to the correct service mitigating delay to patient care. • Special Patient Notes (SPNs) - with the ability to add SPNs notes, GPs can ensure a patient's health needs are met. • Mental Health Interactive Voice Response (IVR) allowing direct transfer through to the relevant team. • Direct booking into services such as GPs means we can make sure they are getting an appointment within the correct timeframe. • The pathways process is reviewed quarterly by NHS Pathways by clinical members of staff, to determine if pathways are still correct and consistent and that the outcomes NHS Pathways produce are safe. • The directory of services offers age specific services to ensure areas have the required specialised staff in that skill, enabling patients to receive the right care first time. 		
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		<ul style="list-style-type: none"> • Maternity units are split between different gestation periods, to ensure the correct resources are being spread efficiently between those who require them, and staff who specialise in these areas can be utilised. • Staff participate in specific training during week 3 of joining our service to cover equality and diversity. • NHS Pathway questions that relate to medical conditions involving the skin provides supporting information with numerous descriptions to help identify the issue on darker skin tones. <p>Mental Health Response Vehicles (MHRV)</p> <p>It is difficult in an emergency or urgent situation to collect data relating to protected characteristics. However, because we know social determinants of health include disability, gender identity, sex, ethnicity and sexual orientation and that people from these communities are more likely to experience health inequalities, we have used deprivation quintiles as a proxy measure in relation to impact of the MHRVs for people with protected characteristics. When we plot this, we see that almost half of all MHRV calls were from the most deprived quintile. This is positive as it means that the MHRVs are being accessed by those most likely to be in need.</p> <p>We do collect data on patients' age and gender (we excluded transgender as the numbers are small and would therefore potentially lead to us sharing information which could be identifiable to individual patients). When we plot this data, we can see that the MHRVs attend to patients in the same age and gender profile as the overall number of calls. This shows us that we are targeting the MHRV at patients based on their mental health needs and not missing any age or gender.</p> <ul style="list-style-type: none"> • Overall calls involving the MHRV were like the pattern of calls we saw for mental health need, with younger peaks in the female population. • The young and older populations were least likely to have a mental health related code and therefore be for some other kind of emergency – in those aged 10-49 almost 70% were mental health related. <p>Yorkshire Ambulance Service recognises that we have work to do in improving recording of the protected characteristics of people who use our services. We now record the following data:</p> <ul style="list-style-type: none"> • Gender of service users (male and female only) • Ethnicity 		
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		<ul style="list-style-type: none"> • Areas of deprivation <p>Other protected characteristics can be recorded on the electronic patient record (ePR).</p> <p>This year, we have sought to improve the relationship between staff on the MHRV's and colleagues in local mental health pathways. Mental Health service users are often known to the local mental health teams. A good relationship between both system partners allows for the service user to get the right care at the right time.</p>		
	1C: When patients (service users) use the service, they are free from harm	<p>Emergency Operations Centre</p> <ul style="list-style-type: none"> • The Concern for Welfare Advanced Questioning Module was implemented to consider a range of circumstances with the objective of establishing if the ambulance service or an alternative service is best placed to help the caller or patient. Sometimes members of the public and partner agencies call 999 for an ambulance because they are unsure what alternative help is available. The module ensures we are helping patients who need ambulance assistance and freeing up an ambulance where it is not required by referring callers to the appropriate service. The initial data is promising, and further development is under way to enhance it further. • The expansion of the clinical hub providing more clinicians to conduct clinical consultations. • Remote clinical hubs providing additional clinicians and resilience to clinical consultations. • The Clinical Navigator role to promptly review incidents and signpost. • Refining our comfort call process for patients who have had to wait longer for an ambulance. • Duplicate call model continues to be trialled and reviewed to help dispatchers distinguish between duplicate calls and calls in the vicinity of each other to ensure patients receive a response when required. • Audits and 121's are conducted across call handling, dispatch, and clinicians within the EOC. This helps to ensure learning takes place and staff receive support. • EOC Awareness – This is a documentation which provides details of learning from complaints and incidents to promote openness, learning, and best practice. • The EOC Wellbeing team support staff welfare and attendance. This helps to support the wellbeing of the workforce and attendance increasing capacity for our staff to help 	2 Achieving Activity	

		<p>patients. This has had a positives impact on attendance which has improved over the past 12 months. They regularly run health and wellbeing initiatives to support staff.</p> <ul style="list-style-type: none"> • EOC Governance team has expanded so that any incidents reported on Datix can be investigated in a timelier manner and to ensure learning. They produce regular EOC Awareness articles to share learning with all EOC staff. This has included introducing action cards for silent callers and those flagged as difficult addresses (patients with history of previous incidents of safeguarding, harassment, racism, violence towards staff). • Regular meetings occur with our language line provider to review any gaps in their service. • EOC Commanders undertake commander training and exercises to support them during a business continuity or critical incident. • A debrief process is in place to ensuring learning and positive change from any critical or business continuity incident. • Clinical Safety Plan – This is a process which provides contingencies, actions, and guidance during times of high demand. • Internal process for reviewing and authorising new processes, policies, and procedures, along with regular review of the risk register. • EOC staff conduct a daily allocation of staff to business continuity roles in preparation for any untoward incident or Business Continuity event. • There is a mechanism for escalation of issues via an on-call structure which is communicated daily through our Regional Operations Centre. • The EOC has undergone a restructure to support its growing workforce which in turn supports the growing demand upon the service. This includes additional commanders and specialist roles to provide further support to staff and patients. • EOC Alerts share changes in processes with staff. Changes are implemented to assist patient care and staff welfare. An example is the changes to the Interfacility Transfer process and ‘Patients on the Floor’. • A new Call Handling Escalation Process has been implemented at the start of 2025 and is in the process of being trialled. Staff are aware of the mechanism for escalation of issues via an on-call structure which is communicated daily. • All staff complete the Accessible Information Standard training on the Electronic Staff Records (ESR) platform. 		
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		<p>Integrated Urgent Care (IUC)</p> <ul style="list-style-type: none"> • Within IUC there is a set script that staff must follow when they are dealing with a challenging caller, this is to keep both the patient and our staff member free from harm. • All dispositions are generated based on the answers the patient provides to each question. This includes a service type and timeframe in which the patient must be spoken to. • NHS Pathways is a series of algorithms, that links questions based on the answer to the previous question. Questions are asked in a clinical hierarchy to rule out the most life threatening first. • For any child under 4 months old, the process is to always ring the clinical help line for advice, this is to ensure the safety of the child and to make sure they are being referred to the correct service. • The pathway assessment will produce alternative questions at critical parts of the assessment dependant on gender and age. For example, women between the ages of 11-55 will be asked about pregnancy. • All staff must complete ESR training on Safeguarding adults and children. This is to ensure they are aware of different forms of abuse that can take place, and how to spot them when dealing with patients. • By auditing our staff using the competency quick guide, this allows us to quality check the calls taking place. All staff must complete three (3) audits every month including one (1) self-audit. Feedback is always on any call audit. If a call fails, staff will have a further 5 audits completed and may be put on action plan to improve their call taking skills. • The last inspection the Quality Care Commission (CQC) rated our service as “good”. In relation to the section “Are services safe?” CQC recognised we collated data regarding complaints, concerns, and compliments, where we reviewed at corporate level and actions taken to implement change when indicated. • All Datix reports are investigated by our governance team and staff must report any near misses or incidents they have been involved in or witnessed. <p>Mental Health Response Vehicles (MHRV)</p> <ul style="list-style-type: none"> • Additional training has been provided to our frontline staff such as the Mental Health Awareness classroom training. 		
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		<ul style="list-style-type: none"> • There are several e-learning ESR modules which are completed prior to undertaking the MHRV shifts. • All staff are required to complete the Oliver McGowan Mandatory Training (part 1) which provides further training and discussion for patients with learning disabilities and neurodiversity. • Cohort 1 of Specialist Paramedics Mental Health (SPMH's) started their PGDip in October 2024. Cohort 2 will start in October 2025. This will provide further education and support SPMHs in obtaining the best possible outcome for service users. • The use of Body Worn cameras is encouraged to protect both the service user and employee. • When people are in crisis, the situation at scene can change very quickly therefore risk assessment techniques must be always used for all service users. 		
	1D: Patients (service users) report positive experiences of the service	Emergency Operations Centre <ul style="list-style-type: none"> • Staff can recognise colleagues by submitting a Greatix. • Internal staff recognition scheme implemented. • When things do not go right/as intended, EOC Senior Managers conduct patient/relative meetings to be open and transparent about the learning and actions taken. • EOC has taken a lead role in coronial processes and provide corporate witnesses to represent the Trust in court, explaining processes, investigation findings, learning, and actions. Essentially being open and honest to make the coronial process a more positive experience for relatives and friends. • Patient relations and corporate communications share positive patient stories with EOC that may have been shared by a variety of platforms, including social media or our compliments process. Individual staff are then recognised via Greatix or the EOC recognition scheme. • EOC has aligned to the NHS England Patient Safety Incident Response Framework, conducting weekly Local Incident Review Groups and feeding into the Central Incident Review Groups. Various processes are in place to learn from incidents e.g. After Action Reviews, Multi-Disciplinary Meetings, Swarms, etc. • EOC delivered several presentations at the International Academies of Emergency Dispatch (IAED) Navigator UK conference in Sept 2024. The presentation shared the experiences of families we have engaged with during investigations. 	1 Developing Activity	

		<ul style="list-style-type: none"> • EOC received 94 complaints, 70 concerns, and 80 service to service complaints from January - December 2024. • The number of monthly complaints has decreased significantly in December 2024 where it received 12 complaints/concerns compared to October 2024 where it received 30 complaints/concerns. • In November 2024, EOC received 7 compliments. The highest number per month year to date. • The EOC Governance team review themes and trends on a regular basis and share learning with colleagues through EOC awareness documents and training. <p>Integrated Urgent Care (IUC)</p> <ul style="list-style-type: none"> • Staff can recognise colleagues by submitting a Greatix. • Internal staff recognition scheme implemented. • When things do not go right/as intended, IUC Senior Managers conduct patient/relative meetings to be open and transparent about learning and actions taken. • Patient relations and corporate communications share positive patient stories with IUC that may have been shared by a variety of platforms, including social media or our compliments process. Individual staff are then recognised via Greatix or the IUC recognition scheme. • The IUC Patient survey allows patients to show the call met their needs and was effective. It allows us to see how many of those patients followed the care advice, and if not why, and what action they took after the call. • The governance team deal with any compliments the service receives and gives feedback to the staff member. • The IUC anonymous patient survey randomly selects patients to receive the survey link via text message. If a child's case has been selected it would be sent to the person that called for them. The aim is to achieve a 20% completion rate out of the 1% of callers to whom the survey is sent, however the percentage of completion remains around 7% on average. <p>Mental Health Response Vehicles (MHRV)</p> <p>It has been difficult to obtain service user feedback for the MHRVs. We are currently working with our patient relations team to create a survey which can be accessed via a web link and QR code.</p>		
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		We have also included obtaining feedback from service users as part of the local mental health team placements for the Specialist Paramedics in Mental Health (SPMHs).		
Domain 1: Commissioned or provided services overall rating			Achieving	

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	<ul style="list-style-type: none"> Annual Health Needs Assessment carried out to review and understand the health needs of our staff, including identifying health and wellbeing topics where staff are interested in accessing further information, to improve and maintain a healthy workforce. This has helped to inform resource development and Health and Wellbeing priorities. As part of this assessment the Health and Wellbeing Team has captured equalities data to help evaluate engagement and identify needs. Engagement with this assessment has been promoted using various methods, including Trust weekly staff update, intranet site publicity, engagement via staff networks, Health & Wellbeing Group meetings and face to face engagement with staff across different sites. The Trust has contracted services with external providers offering Occupational Health, Employee Assistance Programme and Physiotherapy services. The occupational health service role is to promote and maintain the health and wellbeing of employees. They advise and support on the impact of work on health and wellbeing. This includes and is not limited to: <ul style="list-style-type: none"> Pre-employment checks Health surveillance Vaccinations and immunisations Review of ill health retirement applications Management referrals, information, and reports General health advice and support. The Employee Assistance Programme (EAP) offers a 24/7, 365 days a year advice line to support staff for mental health, physical, financial or personal issues they may be facing. Staff have access to a wide range of care, expert help and support specialists. The EAP service signposts and provides clinical interventions such as counselling. Family members aged 16+ living in same household can also access advice. The service is easily accessible via a network of practitioners covering Yorkshire, with a range of expertise and gender to support protected characteristics. The service can offer telephone, video, self-management and face to face interventions. 	2 Achieving Activity	Health and Wellbeing Director of People and Organisational Development

- The Musculoskeletal Physiotherapy service provides support for any work or non-work-related injury, aches or pains. Staff have access to the YAS Health and Fitness Advisors for additional health and fitness support and advice including training plans and nutrition.
- The Trust has an annual Health and Wellbeing Plan which is developed utilising a range of data sources, national and local guidance, staff feedback and experience, and outcomes from the NHS England Health and Wellbeing Framework self-assessment. 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 prevention, early intervention and support. The plan adopts a holistic approach to supporting staff wellbeing and thus focuses on physical, mental, financial and wider emotional wellbeing. The plan is communicated across the Trust once approved. Supporting plans are in place dedicated to Mental Health, Physical Fitness and Absence Management & Referrals Education. A Mental Health Advisor and two Health and Fitness Advisors have been recruited into the YAS Health & Wellbeing Team. The mental health plan provides a focus on elements such as training, creating psychological safe spaces for staff, bitesize videos and a variety of self-care resources. The plan ensures support for all YAS staff.
- Focused and seasonal health and wellbeing campaigns are delivered annually identified through emerging trends including a focus on financial, physical, mental and emotional wellbeing. National Awareness days are communicated to staff throughout the year with supporting information. Campaigns include:
 - Two sleep hygiene sessions delivered via Teams.
 - Sleep hygiene and Sleep podcast created by The Ambulance Service Charity (TASC).
 - Alcohol awareness promotion and resources shared.
 - Swap to Stop (smoking) pilot campaign managed via Public Health
- Four multi-purpose welfare vehicles are available for use across the whole Trust for events and staff welfare, including informal meetings, network engagement, seasonal vaccinations, etc. The Health & Wellbeing team utilise a larger wellbeing vehicle to provide a range of health and wellbeing support.
- The Health and Wellbeing Passport supports discussions around difficulties and long-term health conditions that an individual is living with, with the opportunity to agree and put in place any required reasonable adjustments.

	<ul style="list-style-type: none"> • Specific training in place to raise awareness of mental health and conditions, such as bespoke training developed for our staff supporting the mental health related callouts (this training is also open to other staff). Zero Suicide Alliance and compassionate and difficult conversations training enables our managers to appropriately support their teams. Individual stress risk assessments are undertaken, where required, and supporting staff with reasonable adjustments as needed and practical. • Horizon scanning and benchmarking is carried out regularly to inform improvements. • An objective 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 Trust has implemented a new Supporting Attendance Policy to provide structured support for managing long-term health conditions including obesity, diabetes, asthma, COPD, and mental health. A focus on support for staff with long-term health conditions using tools such as Health and Wellbeing Passports and Access to Work Assessments ensures tailored adjustments. • The Enabling Staff Working Group promotes inclusion by discussing reasonable adjustment opportunities on a wider scale, ensuring accessibility using a centralised budget process and identification of opportunities to improve the accessibility of adjustments. The Working Group has redeveloped the Workplace Adjustment Policy to further support staff wellbeing at Yorkshire Ambulance Service. 		
2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	<ul style="list-style-type: none"> • The corporate Risk Register includes the inherent risk to staff regarding abuse, aggression and violence; however, the Trust delivers a set of controls and measures to ensure similar future incidents are significantly reduced. • The Trust has introduced the Violence Prevention and Reduction Plan and associated policy in 2024. The governance aspect of monitoring and compliance of these two documents, is captured in the Violence Prevention and Reduction Strategic Group (VPRSG). The Safer Responding Operational Group (SROG) meet bi-monthly and discuss emerging issues, themes and trends in reported data, as well as the application of data flags. • The Violence Reduction Lead presents quarterly at the Health and Safety Group and provides statistical data regarding the reported violent and aggressive incidents. Recently 	2 Achieving Activity	

improvements have been made regarding the sharing of these reports linked to protected characteristics of the reporters, leading to a requirement for further exploration.

- The introduction of the new Violence Prevention and Reduction Policy has also seen consideration of staff groups and individuals protected characteristics in the content delivery.
- New starters submitting their diversity monitoring data through the Count Me In campaign on ESR—consistent with practices across the sector—enhances the understanding of diversity data throughout the staff experience journey. We actively monitor the needs of protected staff and have implemented a gateway process for disciplinary cases to ensure a fair and transparent approach.
- The Trust continues to invest in the Body Worn Camera (BWC) programme, extending this past its 3-year initial pilot phase, embedding it into business as usual. The Trust has also financially committed to expand access to this equipment at all operational stations, by the end of 2024 and this will allow for the use of the cameras to be expanded from A&E Operational staff to Patient Transport Service staff members as well. The business case includes 4 key performance indicators (KPIs) which are monitored and managed:

KPI	Target	Current Level	Progress (2024/25)	Notes
KPI 1: Increase the number of staff trained to use BWC by 10%	1,235 (from 1,123)	1,123	Q1: +75 users, Q2: +85 users, Q3: +40 users	17% increase from 2023
KPI 2: Increase staff using BWC & reporting on Datix by 20%	118 activations	70 activations	Q1: 19, Q2: 44, Q3: 7	If usage remains the same, expected 126 activations
KPI 3: Increase successful convictions due to BWC by 20%	18 convictions	18 (2023/24)	7 so far (as of 12/11/2024)	Progress ongoing
KPI 4: Reduce physical assaults to 16% of all reported V&A incidents	15% (approx. 332 cases)	Estimated 2,196 total V&A reports	Q1 & Q2 trends suggest 15% of incidents will be physical assaults	Expected reduction to 16%

- Finalisation of this implementation plan is due to complete at end of December 2024, to assist staff during the known increased risk during winter pressures.

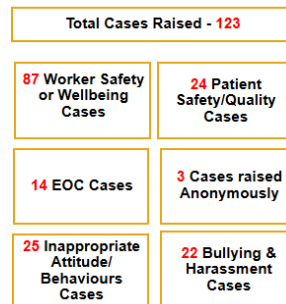
- The Trust has developed the Staff Safety Alert system for easier searching capacity for staff.
- The Trust continues to support the national #Workwithoutfear campaign, utilising Trust wide data to support the messages delivered at a national level.
- Workforce Race Equality Standard/Workforce Disability Equality data: reported on yearly and feeding into the EDI Action Plan, specifically asking staff their experiences of bullying, harassment or abuse at work. YAS data for 2024 shows the number of BME staff that have experienced bullying and harassment from patients has increased compared to 2023 data. This number is disproportionately higher when compared to their White colleagues. However, there has been a significant decline in BME staff experiencing the same from other staff, which is positive. Overall, there is a decline in disabled staff experiencing bullying and harassment however, this is still high compared to their non-disabled colleagues.
- The Employee Relations Casework data provides an overview of casework completed between 01/04/2023 and 31/03/2024 related to 'Dignity at Work'/Bullying and Harassment, Grievance, and Disciplinary cases, where the primary theme involved a protected characteristic.

01.04.23 - 31.03.24			
	Disability	Race	Gender
Dignity at Work	2	1	1
Grievance	3		
Disciplinary		4	

- The records illustrate a structured and consistent approach to addressing workplace concerns, ensuring that protected characteristics are carefully considered in the management and resolution of cases.
- The Diversity & Inclusion Team conducted a review of the Equality Impact Assessment (EIA) template in Q4 Jan-March 2024, and in collaboration with the Health & Wellbeing Team, included a section on Wellbeing Impact Assessment. Since April 2024, all policies now consider how the proposed policy, guidance, service or function could affect the psychological or physical wellbeing of staff and/or patients. This also includes

consideration of what action(s) will be taken to address any negative impacts or enhance positive ones.

- Support is available through all the Staff Networks: Women & Allies, Pride@YAS, Race Equality, Disability Support and Armed Forces Networks.
- Freedom to Speak Up Guardians offer staff an opportunity outside of formal reporting processes to share issues and concerns. Data from the last 12 months shows:



- 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.
- The Trust launched a sexual safety charter, to ensure acceptable behaviours and cultural change trust wide. The campaign, called 'Let's Talk' sexual safety which has been widely advertised across all stations and Headquarters. The Trust has seen an increase reporting of incidents year on year. The Trust is 80% compliance with the NHS sexual safety assurance framework. The safeguarding team plans to work with protected groups through staff networks to understand unique challenges and under-reporting.
- New domestic abuse policy launched which includes support for staff experiencing domestic abuse. All patient facing staff required to complete domestic abuse e-learning which includes guidance on intersectionality and protected groups.
- NSS 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) -

	<p>BAME = 1%, Disabled Staff = 1%, Gender = 0.4% (f), 1.3% (m), LGBTQ+ = 1%, Trust overall = 29.3%.</p> <ul style="list-style-type: none">NSS 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) - BAME = 16.8%, Disabled Staff = 18.6%, Gender = 9.2% (f), 9.9% (m), LGBTQ+ = 0.05%, Trust overall = 12.5%.Support Networks are in place providing additional support to staff.		
2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	<ul style="list-style-type: none">HR, Trade Unions, FTSU, managers, HWB Team, staff networks - all provide support to staff.Annual Health Needs Assessment to review and understand the health issues experienced by our staff. This has helped inform resource and Health and Wellbeing priorities.The Trust has a contracted service with external providers offering Occupational Health, Employee Assistance Programme and physiotherapy services.Employee Assistance Programme (EAP) – 24/7 telephone advice line to support YAS staff. Provides advice, signposting and clinical interventions such as counselling. Family member 16+ living in same household can access advise. Ease of access via a network of practitioners covering Yorkshire, range of expertise and gender to support protected characteristics. Can offer telephone, video, self-management and face-to-face interventions.Domestic abuse practitioner in place within the Trust, providing advice, support, guidance to staff and training to teams in understanding, identifying and supporting.Sexual safety charter in place with active promotion, and professional standards board in place to manage such cases.Welfare and Wellbeing Vehicles provide the workforce with a confidential and safe space to talk comfortably over refreshments.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.Health & Wellbeing Team and Call Centre Wellbeing Teams – Providing independent support and advice to staff at their time of need.	2 Achieving Activity	

	<ul style="list-style-type: none"> • 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. • 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. • 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. • NSS 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) - BAME = 62.7%, Disabled Staff = 52.4%, Gender = 62.5% (f), 56.6% (m), LGBTQ+ = 5.2%, Trust overall = 57.1%. • NSS 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) - BAME = 55.3%, Disabled Staff = 50.6%, Gender = 52.6% (f), 46% (m), LGBTQ+ = 3%, Trust overall = 48.8%. 		
2D: Staff recommend the organisation as a place to work and	<ul style="list-style-type: none"> • For the majority of the workforce from protected groups, there is a significant number of colleagues who would recommend YAS as a place to work which is encouraging to see. • However, there is a still a large proportion for whom this is not the case. • The Trust overall score for agree/strongly agree to this statement is also less than half the workforce at 47.6%. 	2 Achieving Activity	

	receive treatment	<ul style="list-style-type: none">Ensuring we place our staff and patients at the heart of what we do as a Trust is paramount and with tangible methods and programmes of wellbeing and support for staff, we are hopeful that the 2023 survey score for this statement will increase.NSS Q23c I would recommend my organisation as a place to work (<i>data represents those that agree/strongly agree to the statement</i>) - BAME = 63.4%, Disabled Staff = 63.4%, Gender = 66.6% (f), 65.3% (m), LGBTQ+ = 5.4%, Trust overall = 47.6%Q23d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation (data represents those that agree/strongly agree to the statement) BAME = 73%, Disabled Staff = 72.5%, Gender = 65% (f), 68% (m), LGBTQ+= 61.3%, Trust overall = 62.7%. <p>Leadership & Organisational Development</p> <ul style="list-style-type: none">An ongoing action for the Trust is to improve leadership skills and behaviours including effective appraisals and career conversations through the following programmes: Aspiring Leaders Programme, Manage2Lead, Lead Together and Board Development Programme.YAS Academy offers an exciting range of apprenticeships, providing the opportunity to combine practical training in a job with study.To ensure our staff voice is heard at every level of the Trust, Executive Sponsors and Non-Executive Champions will continue working with each network. 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 each network. The aim is to provide advice and guidance on how to influence appropriate change and bring the networks knowledge and experience to help drive objectives.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.			
Domain 2: Workforce health and well-being overall rating				Achieving	

Domain 3: Inclusive Leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	<ul style="list-style-type: none"> The Trust's Executive Group (TEG), a sub-group of the Trust Board, meets weekly under the leadership of the Chief Executive. Its primary role is to assist the Trust Board in overseeing service delivery. Comprised of senior leaders and members of the Trust Board, TEG holds bi-weekly meetings to remain informed about emerging concerns, share best practice, discuss action plans and strategies and ensure accountability across the directorates. Trust Board membership includes our Executive Directors, Non-Executive Directors (NED's), 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 Annual Business Plan. The Board recognises representation of diverse communities at board level is low, and worked to ensure the information pack and recruitment of new NED's reflects the community YAS serves. The pack included additions to attract a diverse range of candidates. Recent recruitment secured 3 new Non-Executive Directors with a protected. Characteristic to ensure diversity at Board. In 2024, YAS joined the Diversity in Health Care Programme. The Diversity in Health Care programme is run by NHS Employers and the NHS Confederation. It is a development programme that supports organisations to develop their leadership of Equality, Diversity, and 	2 Achieving Activity	Corporate Affairs Director of Corporate Services and Company Secretary

		<p>Inclusion in the workplace. 3 members of the YAS Trust Board have engaged with the programme.</p> <ul style="list-style-type: none"> • Each Director (Trust Chair, Non-Executive, Chief Executive, and Executive Directors) have objectives linked to Equality, Diversity and Inclusion agenda and/or health inequalities. The objectives will be monitored through the appraisal process. • A dashboard with regional census data (2021) for comparison has been shared with all Directors to support data informed decisions on improving diversity within service areas. • The Trust Board has attended multiple events, to enhance visibility, learning, and develop relationships across other Trust's and services to ensure YAS commitment to equality, inclusion and reducing health inequalities. • Our EDI objectives for 2024-2027 are aligned to the Board Assurance Framework, Trust Strategy and Annual Business Plan. This has allowed the Trust to embed EDI throughout all service areas aligned to the YAS Together cultural development programme and YAS Strategy. • 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) Guardian's play a vital role in ensuring staff voice is heard by the Trusts leadership. FTSU Guardians present at Trust Board quarterly and attend the People and Culture Group. The Chief Executive is the Trust's FTSU Exec Lead and attends monthly meetings 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. • Specific details such as race and gender have not previously been reported in the old FTSU log. This has 		
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		<p>now been introduced in the new log and will be captured where disclosed.</p> <ul style="list-style-type: none"> • 5 Support Networks for Race Equality, Women & Allies, LGBT+, Disabled and Armed Forces colleagues. • An Executive Sponsor and Non-Executive Champion to support each network who meet quarterly. • Implementation of the Say Yes to Respect Programme rolled out to educate staff on behaviours, language and 'banter' barriers. • Implementation of the cultural development programme - 'YAS Together' • A Community Engagement Team actively working on reducing health through programmes for those experiencing difficulties accessing health care. • YAS CEO Served as Co-Chair of the DNDN from April to September 2024, a position held since March 2021. Transitioned to a role on the DNDN Steering Group after stepping down as Co-Chair. 		
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	<p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p>	<ul style="list-style-type: none"> • The Diversity and Inclusion Steering Group, the People and Culture Group, People Committee, the Trust Executive Group and Trust Board regularly identify equality and health inequalities related impact. • This is achieved using the Trust's Business Assurance Framework, Strategy and Business Operational Objectives along with the data we gather through the Workforce Race Equality Standard, Workforce Disability Equality Standard and Equality Impact Assessments. • Risks are mitigated across the Trust's services by providing progress updates and assurance within these governance structures. • The new Trust Strategy launched in January 2024 focused on One Team and Best Care and was developed with extensive stakeholder engagement across the Trust it demonstrates key priorities over the next five years. • The Board Assurance Framework (BAF) includes EDI-related risks. This is reported quarterly to the Trust Board and is reviewed at the People Committee. The BAF has both staff and patient-related risks within it. This allows the Board to have oversight over the Trust as a whole and initiate targeted risk mitigation activities where needed. • The Trust's business plan for 2024/25 has been developed in line with the Trust's Strategy for 2024 - 2029 and the 8 strategic priorities. Our People (6) ensure equality and diversity is strongly embedded into the culture of YAS over the coming year. • Following the development of the YAS Health Inequalities framework, key objectives were identified as high-level priorities for 2024/25 as part of the AACE national census statement. Extra capacity and actions were agreed at Trust Board to begin work on these objectives with the full support of our Executive Leadership Team. 	<p>2 Achieving</p>	
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		<ul style="list-style-type: none"> • WRES and WDES Data is reported annually and used to develop action plans aligned to the BAF, NHS High Priority Actions and the Disabled Directors Recommendations. For 2024. They show a generally declining picture for BME staff and general improvement for staff with disabilities and long-term health conditions. • Implementation of the actions is monitored by the D&I Team, reported into DISG, People Committee, Trust Executive Group and Trust Board with regular progress reports. • Equality Impact Assessments (EIAs) are an essential tool to ensure policies and procedures have considered impact on protected characteristics. Since April 2024, all policies now consider how the proposed policy, guidance, service or function could affect potential Health inequalities, positively or negatively. This also includes consideration of what action(s) will be taken to address any negative impacts or enhance positive ones. 		
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	<p>The Trust understands the importance of monitoring impact which create an equitable and inclusive organisation for all staff and patients. The Trust monitors performance and progress by:</p> <ul style="list-style-type: none"> • Using the Workplace Race Equality Standard and Workplace Disability Equality Standard data, • Gender Pay Gap data, • Extensive consultation of the Trust Strategy 2024-29, • Monitoring Equality Impact Assessments, • Analysing Exit Interviews • Through accountability of the Trust's EDI action plan <p>Performance and progress are monitored and reported regularly through the Trust's governance structures</p>	2 Achieving Activity	
Domain 3: Inclusive leadership overall rating			Achieving	

Third-party involvement in Domain 3 rating and review	
Trade Union Rep(s): GMB, Unite, Unison	Independent Evaluator(s)/Peer Reviewer(s): Doncaster Bassetlaw Teaching Hospitals NHS Trust

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

Organisation name(s): **Yorkshire Ambulance Service NHS Trust**

Those who score **under 8**, adding all outcome scores in all domains, are rated **Undeveloped.**

Those who score **between 8 and 21**, adding all outcome scores in all domains, are rated **Developing.**

Those who score **between 22 and 32**, adding all outcome scores in all domains, are rated **Achieving.**

Those who score **33**, adding all outcome scores in all domains, are rated **Excelling.**

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

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

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services.	1A: Patients (service users) have required levels of access to the service			
	1B: Individual patients (service users) health needs are met			
	1C: When patients (service users) use the service, they are free from harm			
	1D: Patients (service users) report positive experiences of the service	Explore alternative options to collate patient experience feedback across MHRV and IUC.		March 2026

Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions			
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Our culture is inclusive and compassionate, bullying, harassment and abuse against staff is prevented and tackled to create a culture of civility and respect	<ul style="list-style-type: none"> • Implementation of Allyship Programme • Implementation of Root out Racism Framework • Embed and raise awareness of Sexual Safety Charter and Lone working Policy. 	March 2026
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source		<ul style="list-style-type: none"> • Implementation of Allyship Programme • Implementation of Root out Racism Framework • Embed and raise awareness of Sexual Safety Charter and Lone working Policy. 	March 2026

	2D: Staff recommend the organisation as a place to work and receive treatment			
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Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	Improve our senior leaders understanding of the issues and barriers faced by our people from diverse backgrounds.	Board and executive team members continue to have EDI objectives that are specific, measurable, achievable, relevant, and timebound (SMART) and be assessed against these as part of their annual appraisal process.	March 2026
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed			
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in	Deliver and embed the year 2- 3 priorities for 'YAS Together' building upon the outcome of the culture	Continue roll out of YAS Together content across the Trust.	March 2026

	place to manage performance and monitor progress with staff and patients	change programme, supported by Moorhouse.		
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