



# Equality Delivery System 2024/25

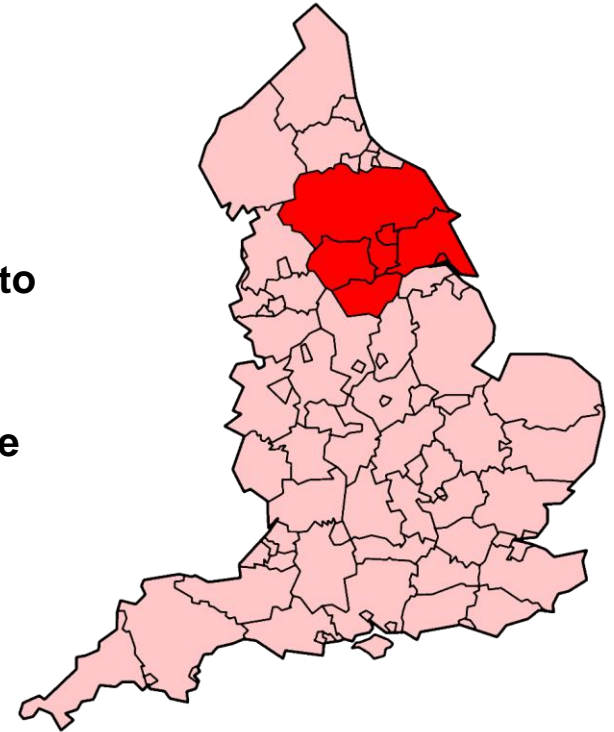
**Yorkshire Ambulance Service**



# 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, & over 1,300 volunteers, to provide a vital 24/7 emergency and healthcare service.
- We receive an average of over 3,500 emergency and routine calls a day.
- Our Clinical Hub which operates within the Emergency Operations Centre (EOC) triaged and helped around 90,700 callers
- Our Patient Transport Service made over 706,100 journeys in 2021-22, transporting patients to and from hospital and treatment centre appointments.

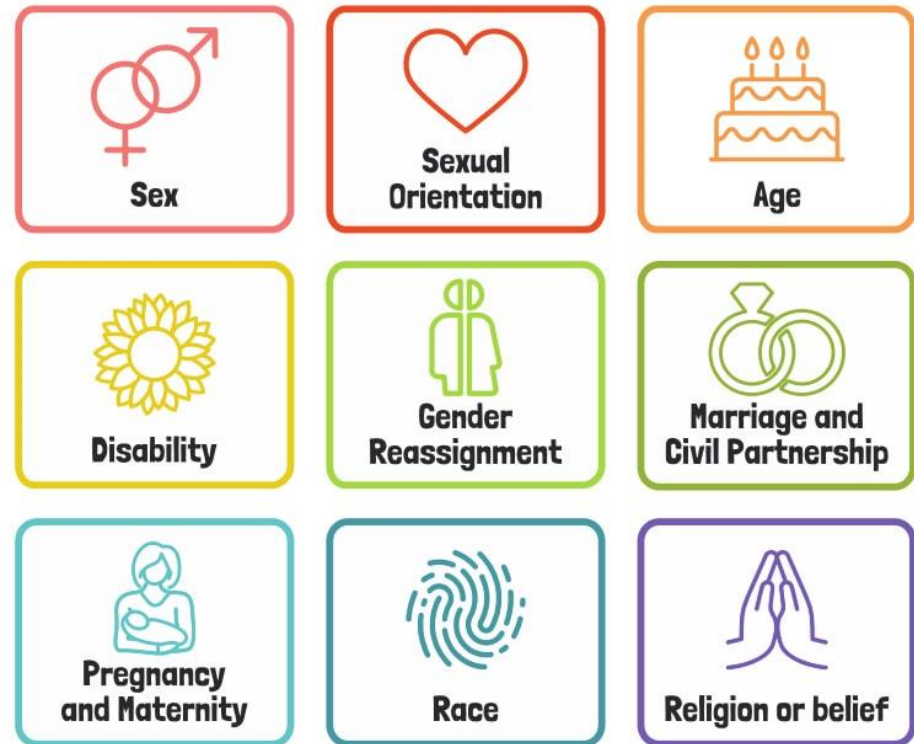


# Protected Characteristics



The Equality Act 2010 defines 9 Protected Characteristics 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





# 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 three people will experience poor mental health in their lifetime.
- The impact of the pandemic has increased the number of people experiencing mental health crisis.



# How does it work?



- **The YAS Mental Health Transformation Programme**
  - **Mental Health Training and Education**
    - Classroom based training for all patient facing employees
  - **Specialised Roles**
    - Mental Health Pathways Manager
    - Advanced Paramedic Mental Health
    - Specialist Paramedic Mental Health
  - **Mental Health Professional Support to the Emergency Operations Centre (EOC)**
    - MH PUSH model
  - **Mental Health Response Vehicles (MHRVs)**
    - 8 out of 9 MHRVs deployed

# Why we did this – The YAS picture



- In the last 12 months (Oct 23 to Oct 24) we took circa. 52,000 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.



# 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 Specialist Paramedic Mental Health and Clinician Support.
- 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

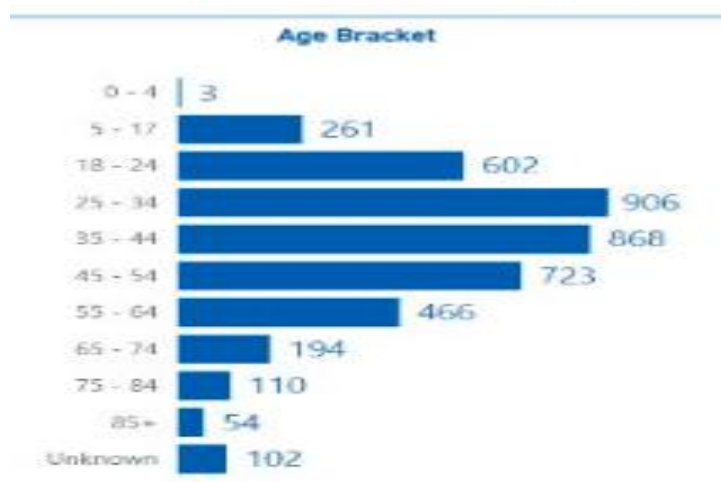
# MHRV 12-month data: Age & Gender 01/10/2023 to 31/10/2024



Female 2143

Male 2104

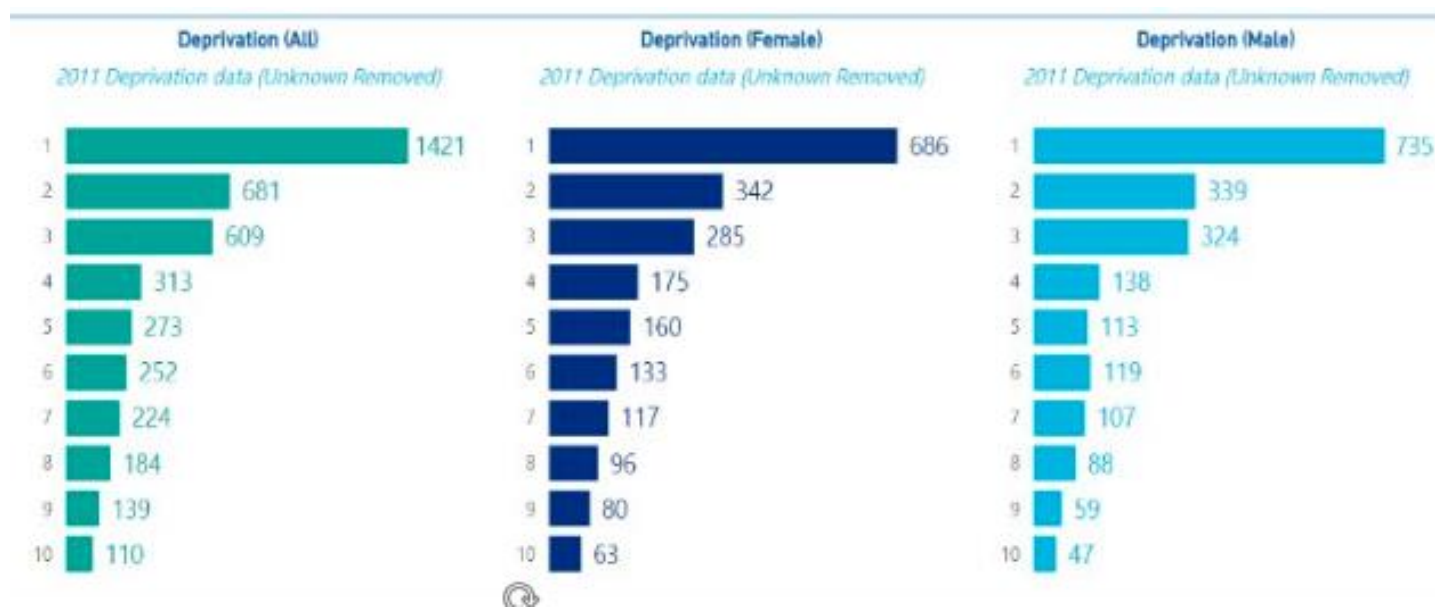
Unknown 42



- 4,289 Mental Health jobs were responded to by the MHRVs
- 2,143 were female patients & 2,104 were male patients
- The majority of patients (72%) that were seen by the MHRV were between the ages of 18 to 54 (top 4 age groups)

# MHRV 12-month data: Areas of Deprivation

## 01/10/2023 to 31/10/2024



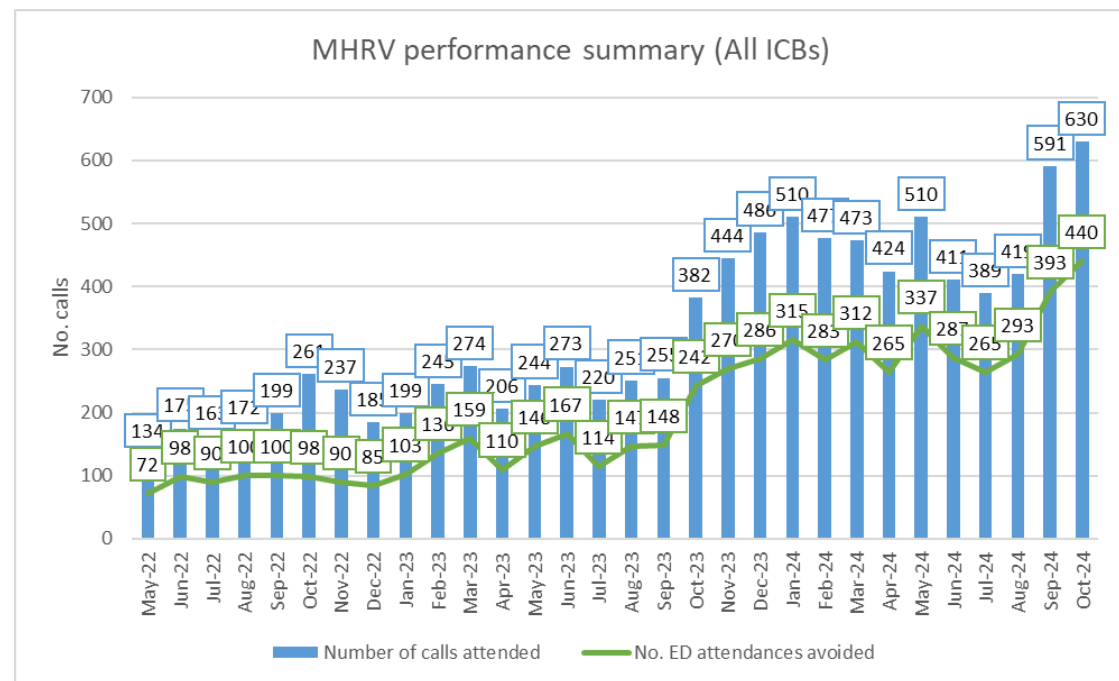
- 4,289 Mental Health jobs were responded to by the MHRVs
- The most deprived area of deprivation had the highest number of MHRV responses across the 3 metrics displayed above.
- The top 3 deprived areas account for 64% of all MHRV responses.

# Performance Summary



## In the last 12 months

- Over 4,000 Mental Health patients attended
- 72% patients treated, referred and discharged at scene
- These patients were not taken to the Emergency Department (A&E)
  - Alternative pathways were used such as;
    - Safe spaces
    - Crisis cafes



# Next Steps - Updated



## Development of workforce model – Specialist Paramedic in Mental Health

- We have recruited 15 SPMHs and these are currently in post. They started their University course in October 2024.
- We are in the process of recruiting a further cohort of 15 SPMHs.

## Patient experience feedback/patient voice

- It has proven to be difficult to obtain patient feedback. Patients are at their most vulnerable when they use this service and our staff find it difficult once they have calmed the patient down to immediately ask for service user feedback. We are currently working with the Patient Relations Team to create a QR barcode (short survey) and where appropriate to provide this by way of a handout to the patient / family members to provide feedback when appropriate.
- We are also looking at getting our SPMHs to work closely with MH Safe Spaces as part of their placements to capture service user feedback.

## Roll out of three more vehicles

- We currently have a total of 8 MHRVs in operation. 3 of these are electric.
- We have 1 further MHRV to be put into operation but timescales for this are tbc.
- We have plans to swap out a further 3 diesel engine vehicles with electric by the end of this financial year.
- The remaining 3 diesel engine vehicles will be swapped out next year.

## Have we improved recording of the protected characteristics of people who use our services.

- We now record the following data:
  - Gender of service users (male and female only)
  - Ethnicity (mainly white as there appears a reluctance from our staff to ask this question if it is not easily deduced therefore, we have a lot of “unknown”).
  - We record areas of deprivation
  - Other protected characteristics will be picked up on ePR

# Domain 1: Grading



## Self-Assessment Achieving Activity

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.

### Why...

- Over the last 12 months we have further embedded the MHRVs.
- We have 8 out of 9 MHRVs in operation.
- We also have 26 out of 30 SPMHs recruited and in post.
- 15 SPMHs have started their PGDip at University.



# **Domain 1**

## **Commissioned Services**

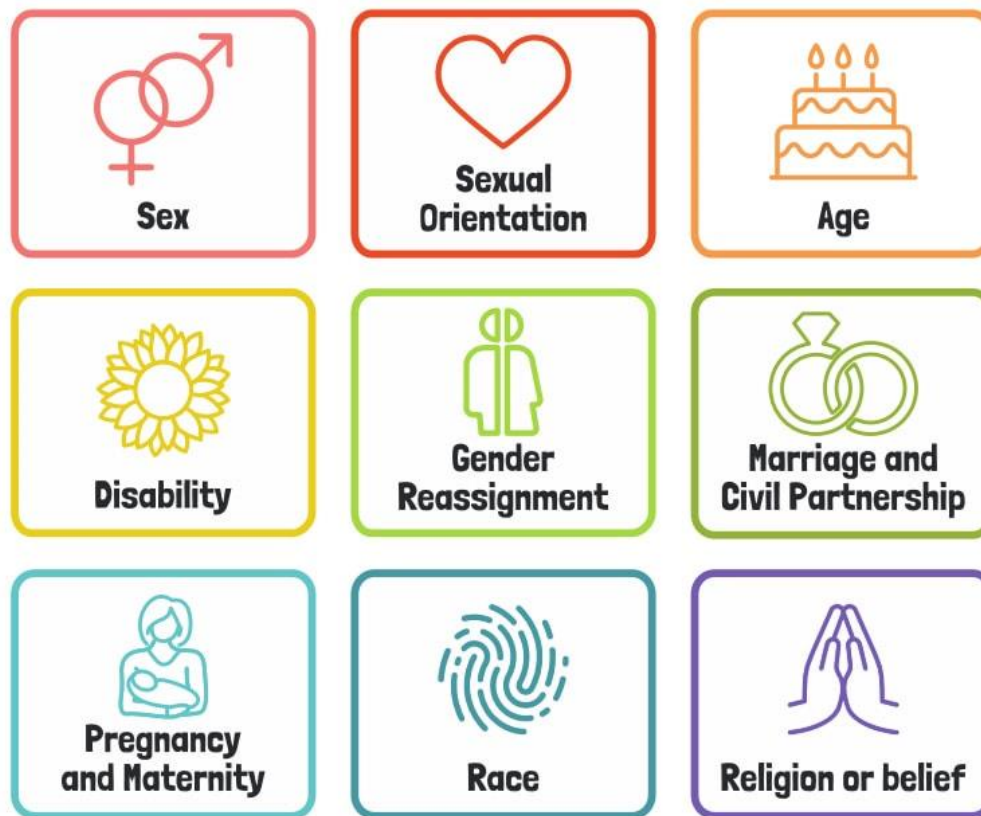
### **Accessibility within Emergency Operations Centre (999)**



# Protected Characteristics



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



Images and captions depicting different protected characteristics.



## Data, Evidence & Scoring

# Criteria 1a

*Service users have required levels of access to the service.*



# 1a | 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 you 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



# 1a | 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



# 1a | 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 & Treat, and onward referrals when it's safe and appropriate.



# 1a | How to 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, Sept '24 - 246.
- Staff Trained: 111 April 22-March 23, April '23-Nov'23 – 94 places, 105 Jan-Dec 2024.
- Access and training to language line to be used more in the Clinical Hub and Text Relay Service.
- Patients can be signposted by 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.



## Data, Evidence & Scoring

# Criteria 1b

*Individual service user's health needs are met.*



# 1b | 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 GP's, 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 10<sup>th</sup> year, ensuring our call handlers provide high quality triage, instructions, and customer service to patients. EOC is due to recertify in 2025.
- **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 Refurbishment** - refurbishment was completed last year in the York EOC. The Wakefield EOC is currently being refurbished. The significant expansion is 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.

# 1b | Meeting Health Needs



- **Expansion of crew line** to support operational clinicians.
- Partner agencies and other Healthcare Professionals can contact EOC for onwards support.
- The **Single Point of Access** role 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 and throwline locations and access codes** are stored on the system so call handlers can inform callers of their location on applicable emergencies.
- **Integrated 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.

# 1b | Meeting Health Needs



- **Life X Radio** a new updated radio system was installed in the EOC and training was arranged for all EOC staff who utilise the radios. The upgraded supports communication nationally.
- During 2024 the **EOC** undertook a **Restructure** aimed to support the growing workforce, increase performance, support and retain staff. EOC have already started to see increased performance following the introduction of new roles.
- **NHS Pathways Transformation Project** commenced in 2024 to change the 999-triage system from 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 is 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. Training includes modules to support patients with learning disabilities, neurodiverse patients, gender dysphoria, racial equality, wellness and anchor bias.



## Data, Evidence & Scoring

# Criteria 1c

*When service users use the service, they are free from harm.*



# 1c | Emergency Operations Centre (EOC) 2024



## 1st Jan - 31st Dec 2024:

- EOC Total calls answered = 1,080,623
- EOC Total emergency 999 calls answered = 813,291
- Average Call Answer = 10 seconds
- Patients treated on scene or over the phone = 371,951 (139,917 Treated over the phone)



Picture of an EOC Dispatcher sat at their desk, with multiple computer screens.

## Reasons for contact:

- Breathing Problems = 83,796
- Falls = 58,456
- Unconscious/Passing Out = 38,203
- Convulsions/Fitting = 32,698
- Chest Pain = 49,073
- Suspected Stroke = 19,684
- Suspected Cardiac Arrest = 10,757
- Heart Problems = 6,110

# 1c | YAS Response Vehicles



**362 Double Crewed Ambulance**



**90 Rapid Response Vehicles**



# 1c | 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, non-clinical trained to Safeguarding Level 2.
- Ambulance Quality Indicator – achieving 10s mean call answer, 20s 90th percentile.

# 1c | 999 Snapshot Data



Year	Call Answering Mean	Category 1 Mean	Category 2 Mean	Hear & Treat	See & Treat	See & Conveyed
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%
2024/25*	05 secs	08:02	32:53	15.7%	25.4%	25.4%

\*Data from 01 April – 31 December 2024

# 1c | Data Analysis



- The average answer time for 999 calls has reduced significantly from 50 seconds to 13 seconds, to 5 seconds this year.
- 89.7% of calls were answered within 5 seconds YTD 2024/25.
- 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.



**NHS**  
**Yorkshire**  
**Ambulance Service**  
NHS Trust



# 1c | Accessing 999 for the Deaf and Hard of Hearing



## Contact via

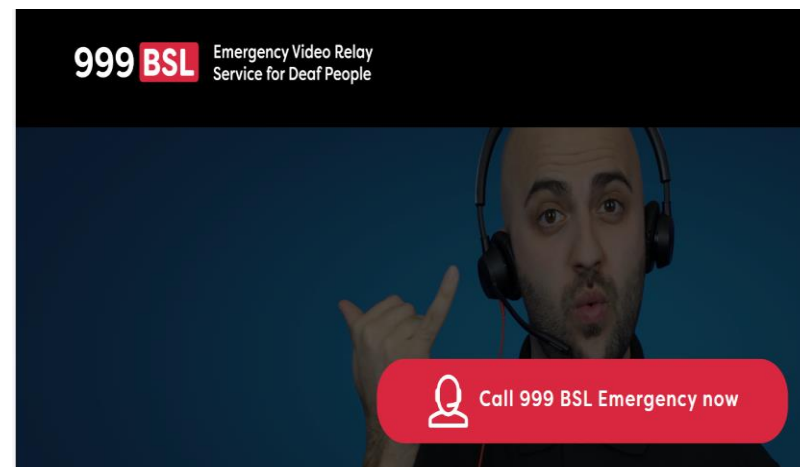
BSL Relay Service (111/999)

Text Relay Service (111/999)

RelayUK App (111/999)

Emergency SMS (999)

Textphone via 1800



# 1c | Mental Health Provision



- Mental Health Response Vehicles (MHRV) are targeted at people calling 999 or 111 with a primary mental health need.
- Less clinical environment.
- Crewed by Specialist Paramedic Mental Health and Clinician Support.
- 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

# 1c | Accessible Information Standards (AIS)



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

**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.**

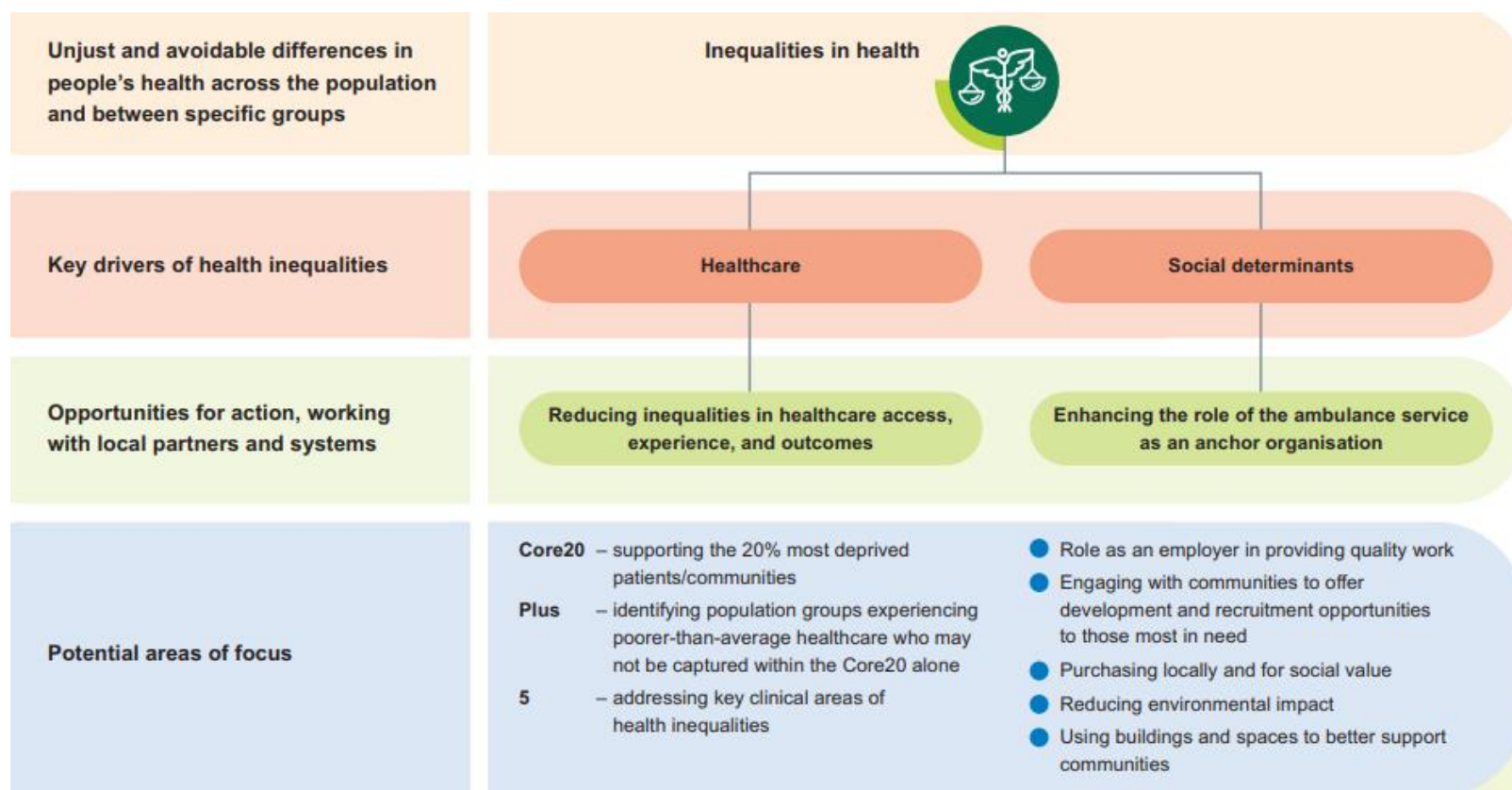
**999 have access to the Electronic Patient Records.**

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.**

# 1c | Health Inequalities



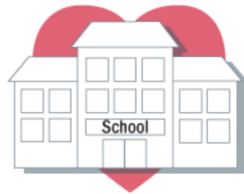
The Association of Ambulance Chief Executives (AACE) launched a consensus statement considering the role that everyone working in the sector can play in reducing health inequalities, both as providers of care and as anchor institutions within their regions. The following diagram sets out a summary of the opportunities for action.



# 1c: Restart the Heart Campaign



Since  
2014



1,047  
School visits



39,213  
Volunteer hours



234,708  
Students trained in  
CPR

Heart shaped images showing Restart A Heart initiative statistics.

- With ambitions to firmly place ourselves as an 'Anchor Institution' addressing Health Inequalities, YAS actively delivers its longstanding 11-year campaign 'Restart the Heart' in secondary schools across Yorkshire.
- This year saw the first five students, trained as part of the Restart a Heart Ambassador Programme, deliver the CPR training at E-ACT Parkwood Academy to their fellow pupils.
- In 2024, YAS launched the Heart of the Community accreditation scheme which recognises schools and colleges for their commitment to CPR training and defibrillator availability, another legacy of our Restart a Heart campaign.

# 1c | 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 121's 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



## Data, Evidence & Scoring

# Criteria 1d

*Service users report positive experiences of the service.*

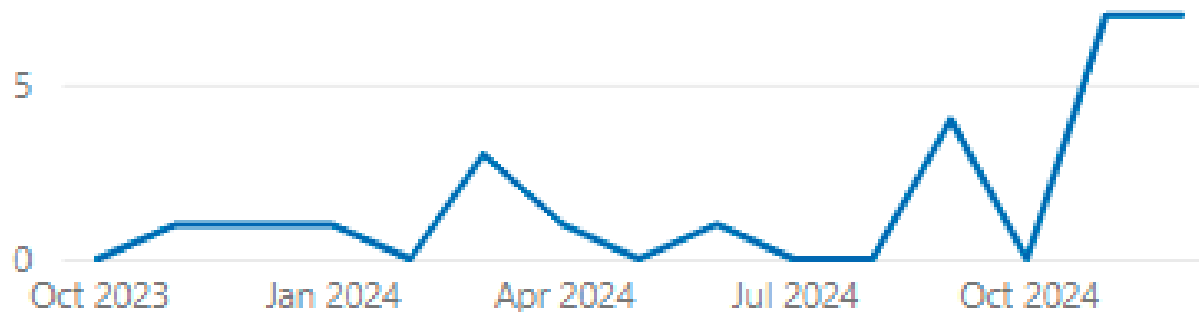


# 1d | Feedback from Service Users



The compliments received displayed in the chart are for the whole of YAS. Most compliments received are for the frontline A&E Operational staff which make up the majority. For the year to date to the end of December, the EOC service received 20 compliments whilst A&E frontline Operational Service received 821 compliments.

## Monthly Compliments



Graph of monthly compliments from Oct 23 to 24

# 1d | Feedback



- EOC received 94 complaints, 70 concerns, and 80 service to service complaints year to date December 2024.
- The number of complaints has decreased significantly in December 2024 where it received 12 complaints/concerns compared to October 2024 where it received 30 complaints/concerns.
- The EOC Governance team review themes and trends on a regular basis and share learning with colleagues through EOC Awareness documents and training.



## 999 Quality



Complaints, Concerns, Compliments, and Service to Service Quality Data

# 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

- NHS Pathways Implementation
- Integrated Computer Aided Dispatch System
- Expand Remote Clinical Capacity
- Integration of Remote Patient Care
- Embedding of the EOC Restructure
- Inclusive Recruitment



# Domain 1: Grade



## Internal Grade 2 Achieving Activity

### Why

- Increased capacity within EOC though restructure
- Introduction of new interpretation Service
- All staff have access to the Supporting Trans Patients Guidance
- Relay/Text Service for Deaf & 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
- NHS Pathways Project
- Life X Radio
- Caller Contact Module
- Scope how AI can benefit EOC



# **Domain 1**

## **Commissioned Services**

### **Accessibility within Integrated Urgent Care (111)**





## Data, Evidence & Scoring

# Criteria 1a

*Service users have required levels of access to the service.*



# 1a | Background of 111



NHS 111 is a nationally available service. Within the Yorkshire Ambulance Service, we cover 6,000 square miles with 5.5 million people.

On average we take around 3,300 calls on a weekday, 6,300 on a Saturday and 5,700 on a Sunday from service users within Yorkshire and the Humber.

We are 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, we can resolve the issue by giving home management advice, referring to our in-house clinicians or referring to most external services such as GP/ GPOOH, UTC, A&E, Dental.

# 1a | Increasing Access into IUC



## 999 into IUC

- Patients can be passed to a 111 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 111.

## DCABS into IUC

- If a patient presents to the Dental Clinical and Booking Service (DCABS) with symptoms other than dental, they have the ability to pass the case over to our service by ITK, to have a symptomatic assessment.

## Improving Average Handling Time

- As a service we have been working closely with staff to reduce their AHT in order to increase capacity to deal with demand.
- We have reduced the time around 30 seconds, from 670 in Jan/Feb to 620/630 seconds in August/September.

## Staffing/ drive in recruitment

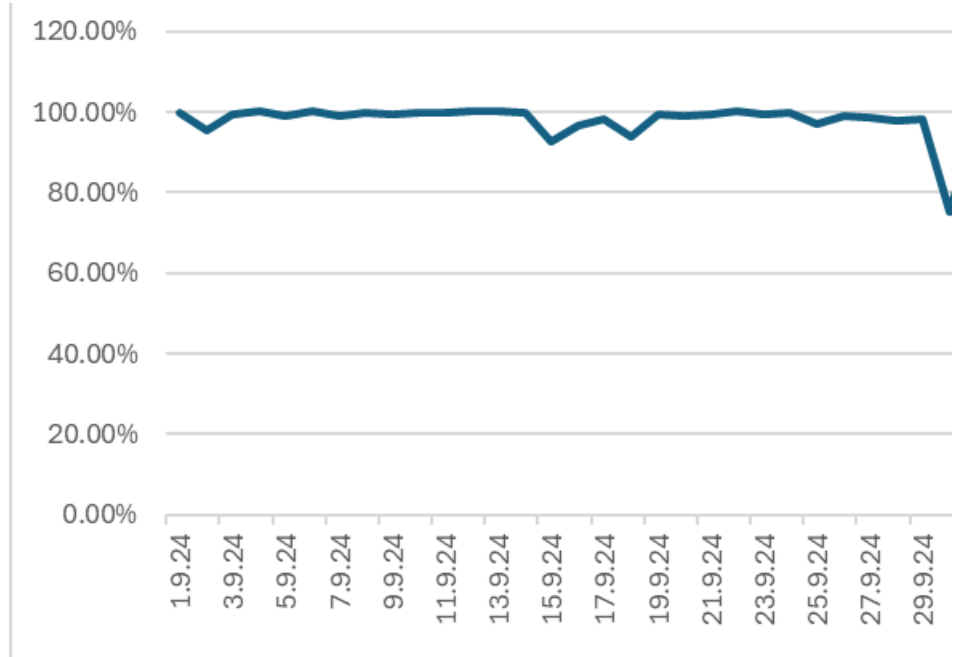
- In order to meet the demand of calls coming through to 111, we have been recruiting between 40-50 staff every month to increase our workforce.
- Due to this we have been consistently above 90% for SLA (Service level Activity) meaning shorter waiting times for a triage.

# 1a | Access Into IUC Data

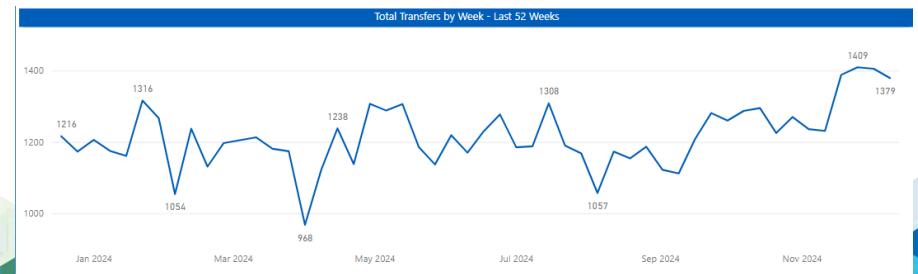


Date	Calls Forecasted	Calls Offered	Calls Answered	Answered In 120 Sec	Calls Answered in 120 Seconds (%)
1.9.24	5411	5057	4919	4911	99.84%
2.9.24	4410	4166	3917	3738	95.43%
3.9.24	3933	3546	3365	3347	99.47%
4.9.24	3901	3488	3323	3323	100.00%
5.9.24	3786	3339	3197	3165	99.00%
6.9.24	3823	3680	3522	3522	100.00%
7.9.24	6338	6099	5927	5858	98.84%
8.9.24	5775	5316	5197	5177	99.62%
9.9.24	4973	4157	3922	3899	99.41%
10.9.24	4283	3460	3310	3307	99.91%
11.9.24	4404	3503	3292	3286	99.82%
12.9.24	4097	3470	3185	3185	100.00%
13.9.24	4173	3592	3341	3341	100.00%
14.9.24	6440	6145	5891	5881	99.83%
15.9.24	5632	5421	5136	4762	92.72%
16.9.24	4563	4104	3773	3641	96.50%
17.9.24	4000	3852	3653	3593	98.36%
18.9.24	3930	4143	3863	3624	93.81%
19.9.24	3633	3679	3481	3460	99.40%
20.9.24	3924	4112	3889	3851	99.02%
21.9.24	5961	6635	6458	6412	99.29%
22.9.24	5372	5702	5459	5459	100.00%
23.9.24	4456	4387	4180	4154	99.38%
24.9.24	3929	4123	3915	3911	99.90%
25.9.24	4021	3898	3659	3550	97.02%
26.9.24	3821	4053	3814	3774	98.95%
27.9.24	3799	3836	3599	3547	98.56%
28.9.24	6503	6549	6319	6184	97.86%
29.9.24	5829	5560	5393	5304	98.35%
30.9.24	4410	4475	4029	3026	75.11%

## September Service Level Activity %



## 999 transfers to IUC



# 1a | Pilot- Booking Appointments for GP's Outside of Disposition Timeframes



- Following the successful introduction of this process by LAS, IUC have decided to run a pilot.
- If no appointments are available within the disposition timeframe, depending on the outcome, each Dx code has a new accepted timeframe in which an appointment can be booked if one is available.

Dx Code	Full Disposition	Proposed Bookable Timeframe
D x05	To contact a local service within 2 hours	4 hours
D x06	To contact a local service within 6 hours	Same working day
D x07	To contact a local service within 12 hours	By 12 noon next day
D x08	To contact a local service within 24 hours	Next day
D x11	Speak to a local service within 1 hour	2 hours
D x1111	Speak to a local service within 1 hour for possible Viral Haemorrhagic Fever	No Change
D x116	Speak to a local service within 6 hours for Expected Death	N/A
D x117	Speak to a local service within 1 hour for palliative care	N/A
D x12	Speak to a local service within 2 hours	4 hours
D x13	Speak to a local service within 6 hours	Same working day
D x14	Speak to a local service within 12 hours	By 12 noon next day
D x15	Speak to a local service within 24 hours	Next day
D x64	Speak to a local service within 2 hours for antiviral assessment	4 hours

Proposed Timeframes

# 1a | System Outages



If we experience any system outages, we implement Business Continuity solutions to maintain our usual level of service to ensure all patients can be triaged as normal. If our Adastra system goes down (which manages our clinical queue and hosts our Pathway system), or any other systems, we use the following:

## BC WeBB App

- The BC WeBB app is a system where we can electronically input patients' demographic details, enter what the outcome of their assessment came to and where they should be referred. It also enables us to monitor all of our cases.

## SOLO

- Solo is a backup system which also hosts Pathways. This allows us to still complete a Pathway assessment. We can input basic demographic details such as gender and age range, as throughout the Pathway it will ask questions based on age if needed.

## National Contingency

- If our service were to lose the ability to handle calls locally, we have the option to request National Contingency from NHSE where they can accept or reject this request. This redistributes calls fairly amongst other 111 providers nationally.

# 1a | Support for Protected Characterists



## SMS Care Advice -

This year we have implemented a new feature that enables a text message, including the care advice, to be sent to patients' mobile phones following their assessment. This allows patients to be able to read the information rather than remember it. This is very helpful to people who are neurodiverse and reduces call backs.

## Special Patient Notes (SPN's)

Special Patient Notes, allow GP surgeries access to our adastra system to give specific information regarding their patient, that our service may need to conduct a thorough assessment. At NHS 111 Health Advisors do not have access to medical records and use these notes to help guide the assessment.

# 1a | Overcoming Communications Barriers



## BSL / text relay

- British Sign Language video calls are used to connect the interpreter to the patient and the Health/Clinical Advisor. Text relay is also a free phone service for anyone with difficulty hearing or speaking.

## Language line

- If a patient's first language is not English, our staff will contact our interpreter service, who will translate the questions on the call to complete the Pathway assessment.

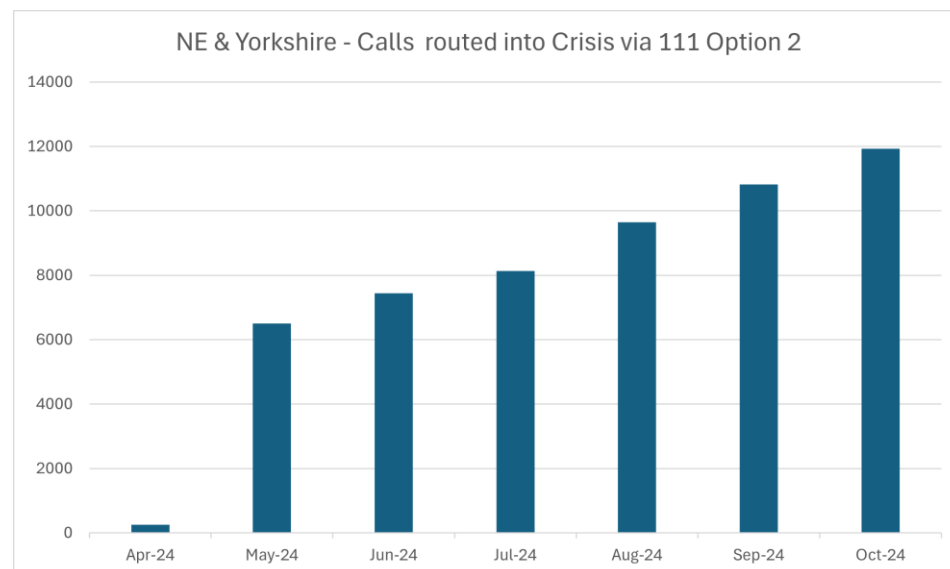
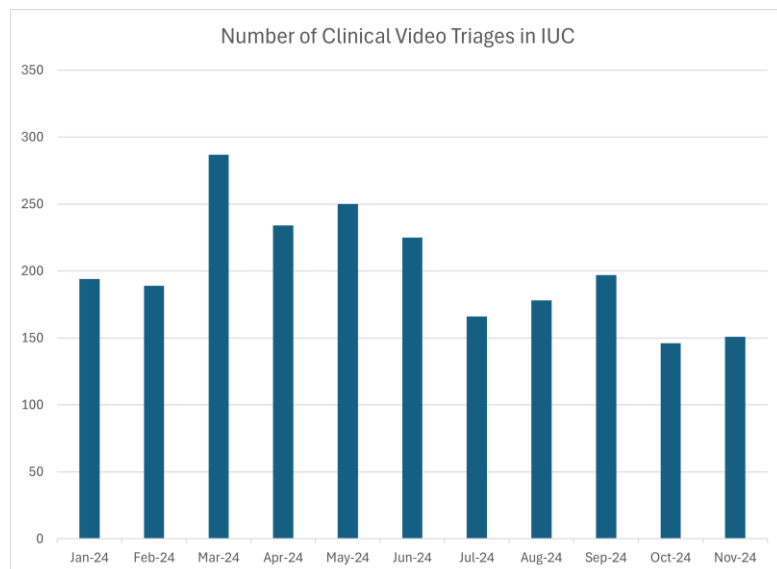
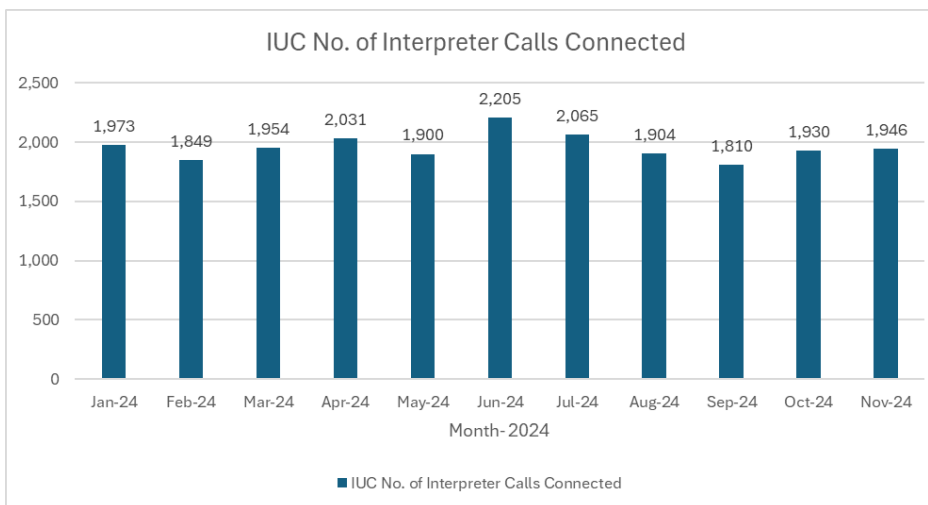
## Video Consultation

- The video consultation is for use only by clinicians; this is to give them a further look at the issue if the patient is finding it difficult to describe, to be able to provide the most appropriate care.

## Mental Health IVR

- The Mental Health Interactive Voice Response, has been implemented this year to reduce the amount of Mental Health patients going through an assessment with 111. This will hopefully remove the stress involved as pressing 2 on the IVR will take them directly to the service.

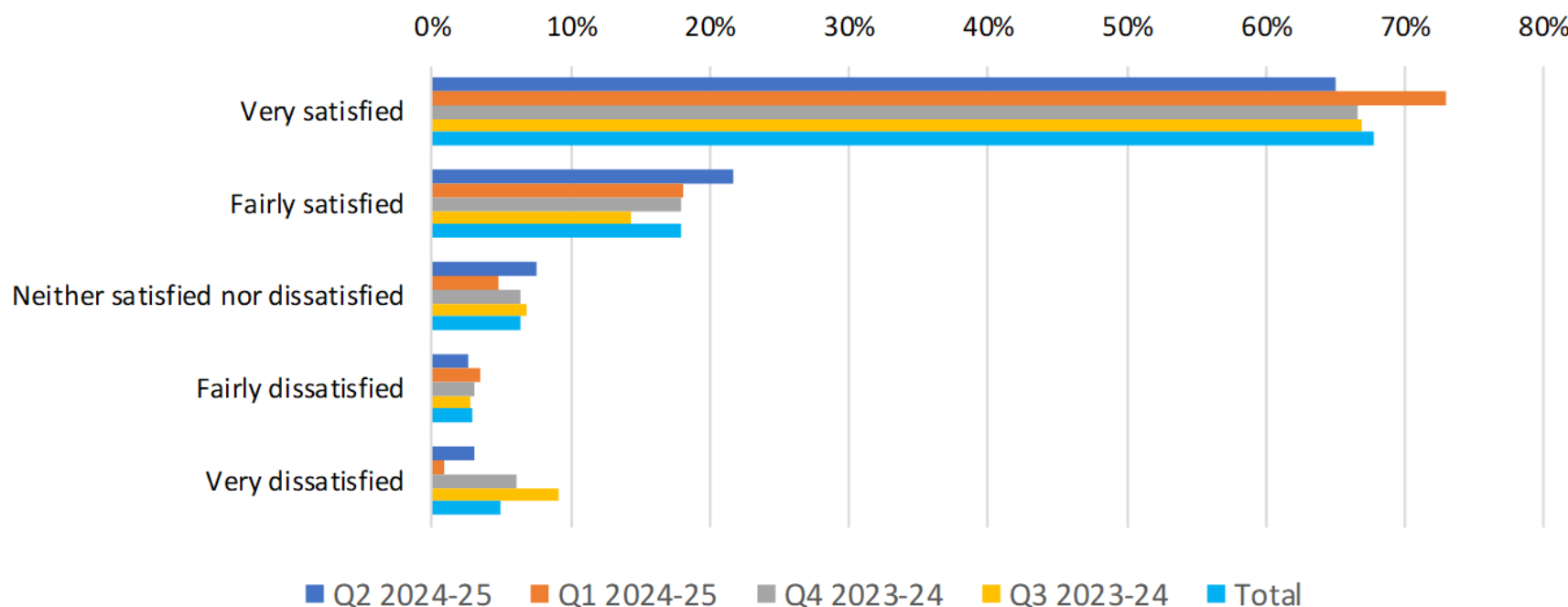
# 1a | Communication Barriers Data



# 1a | Drivers to Deliver 1a Outcome



How satisfied or dissatisfied were you with the time taken for the NHS 111 service to deal with your call?





## Data, Evidence & Scoring

# Criteria 1b

*Individual service user's health needs are met.*



# 1b | Meeting Health Needs



## Direct Booking Appointments

Referral Service Type	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024
Community Based	7	6	6	3	1					
Covid Medicines Delivery Unit (CMDU)		1	4	4	4	5	6	7	1	1
Dental Urgent Care					1					
Emergency Department (ED)	4173	3996	4264	3580		2				1
GP Access Hub						3	28	51	36	37
GP Practice	5238	5968	5672	5221	5445	4319	4414	4961	5009	2846
Infection Hub								3	9	6
Integrated Urgent Care (IUC) Clinical Assessment						1				
Integrated Urgent Care (IUC) Dental Clinical Assessment	1		1							
Integrated Urgent Care (IUC) Treatment	2	1	2	1	1		2			
Pharmacy Enhanced							1	1		
Primary Care Network (PCN) Enhanced Service			1	1	1	49	368	247	359	92
Urgent Care	490	521	574	519	470	416	485	524	500	274
Urgent Treatment Centre (UTC)	1028	826	978	802	606	572	508	550	576	295
Urgent Treatment Centre (UTC) Co-Located with ED	644	622	792	712	215	209	172	181	230	131
<b>Total</b>	<b>11583</b>	<b>11941</b>	<b>12294</b>	<b>10843</b>	<b>6744</b>	<b>5576</b>	<b>5984</b>	<b>6525</b>	<b>6720</b>	<b>3683</b>

# 1b | Right Care First Time



## Mental Health Interactive Voice Response

The MH IVR also supports 1b as by having the option of pressing 2, it allows them to go straight to the service shortening the patient journey

## Pre-determined Management Plans

In some instances when a patient has:

**A KNOWN HEALTH  
PROBLEM**

**CURRENT SYMPTOMS**

**FIRM PLAN**

They can be directed to the correct service immediately

# 1b | Health Needs for the Protected Characteristics



## Pathway Supporting Information

NHS Pathways - Joe Bloggs (Adult Male) Pathway: PA126.3100 (TxQuestion)

### NHS Pathways - Solo

45.2.0 111 Call Handler SG/SD/DX **EXIT**

Joe Bloggs

Non-trauma emergency, 1st Party  
**Are you a deathly colour?**  
To find out if there are features of life-threatening shock.

yes

This means the skin looks extremely pale.  
The skin may be tinged grey or blue, especially around the lips or inside the mouth i.e. the tongue or gums.  
On darker skin tones this may be more obvious on the palms of the hands  
This means an individual who looks as if they are about to die.

not sure

no

#### Summary

Injury, illness or other health problem  
Illness User comment - h  
Cool or cold

#### Call Report

The skin on the torso felt cool or cold.

The main reason for contact was not new confusion, declared diabetic hypo/hyperglycaemia, or ICD shock.

The main reason for the assessment was not an allergic reaction, heart attack, chest/upper back pain, probable stroke, recent fit/seizure or suicide attempt.

The individual was not fighting for breath.

An illness or health problem was the main problem. User comment - h

There was no blood loss.

An injury, illness or health problem was the reason for the contact.

# 1b | Drivers to Deliver 1B Outcome

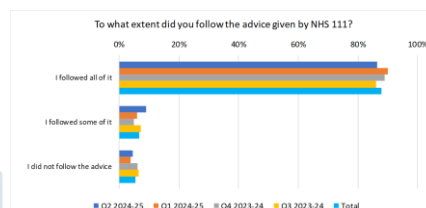
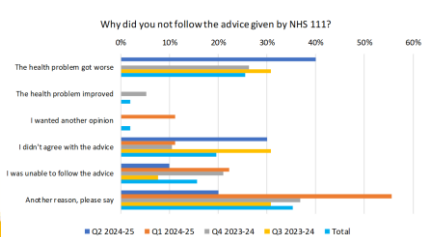


## Patient Survey

- In all our quarterly reports more than 87% out of patients that responded, stated that they followed all of the advice. Out of the 8% who did not follow the advice 40% of those were due to the problem getting worse.

## Trust Objectives

- A main strategic priority for our patients is to “Deliver the best possible response for each patient, first time and create a safe and high performing organisation”. This is one of our main drivers as we strive to ensure patients are referred to the correct service first time to meet their health needs.



Patient Survey Questionnaire

# 1b | Challenges to Meeting Health Needs



## Manual Changes to No Capacity

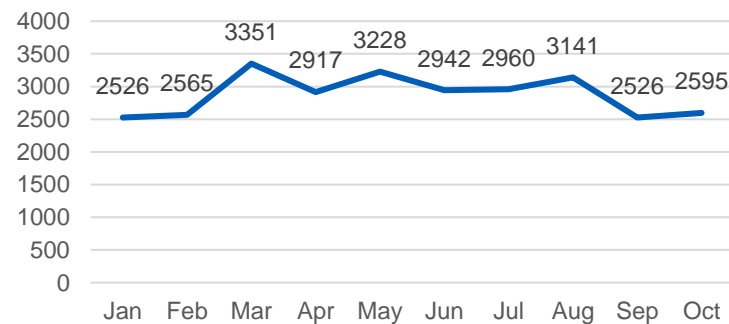
- Services are able to change themselves to red (no) capacity on the directory of services and they will no longer present. This can leave a gap in service for the patient if there is nowhere else to refer them.

## Patients Refusing Dispositions

## Location

- Depending on the area the patients lives, they may not have all service types available to them. Some services are limited to patients currently standing in their area only.

Refused Dispositions Gone onto the Clinical Queue





## Data, Evidence & Scoring

# Criteria 1c

*When service users use the service, they are free from harm.*



# 1c | Ensuring Patients are Free from Harm



## Challenging Caller Script

- To keep staff members and callers safe, we have a set script for staff to follow in situations where they are dealing with a challenging caller and may struggle to know how to respond.

## Pathway Assessment

- Pathways will ask the same questions for all patients based on the main symptom they provide. The system will also ask gender specific questions to rule out conditions for that gender within an appropriate age range.

## Safe Dispositions

- 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/contacted by.

## Age Protocols

- For children under 4 months old, Health Advisors must follow the process of ringing the clinical hunt to ensure the disposition and the services presented are safe for the child.

## ESR

- All staff must complete ESR training on Safeguarding and AIS to have the correct knowledge on how to support patients.

# 1c | Quality Assurance



## Audits

- All staff must have 3 audits completed every month, including 1 self-audit. Audits are completed using our competencies check list to ensure the call is safe.

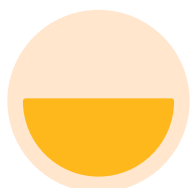
## CQC Visits

- Rated as “Good” in our last inspection.
- Referring to “Are services Safe?” It was documented we collated data, and actions were taken to implement change when necessary.

## Datix’s

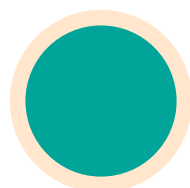
- All Datix’s are investigated by our governance team.
- All staff must report any near misses or incidents they have been involved in or witnessed.

# 1c | Challengers to Deliver Outcome 1C



## **Delayed callbacks from GP Services**

Once we have electronically sent a case over to the service selected, we mostly advise the patient to wait for a call back within the disposition time frame. If the service is not meeting this, we cannot guarantee the patients health needs are being met.



## **Services not updating DoS profiles**

If a service does not update what they wish to be profiled for, we could potentially refer a patient inappropriately which can cause disruption to the patient journey. We have a Key Performance Indicator to select the first service 80% of the time, which is affected by this due to us having to select the next service down.





## Data, Evidence & Scoring

# Criteria 1d

*Service users report positive experiences of the service.*



# 1d | Reporting of Positive Experiences by Patients



## SMS Patient Survey



To try and increase the number of responses from patients we decided to change our survey from postal to SMS. We also reviewed the questioning and reduced the amount patients receive.

Unfortunately, this has not had the desired effect on increasing our response rate to hit our 20% KPI, which is a significant driver to delivering this outcome.

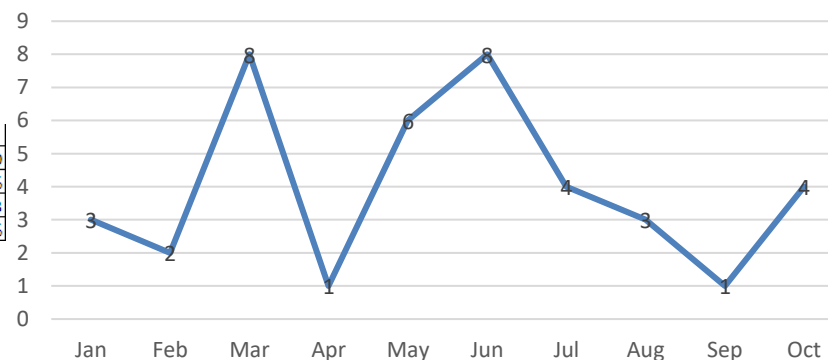
	Q3	Q4	Q1	Q2
Postal surveys sent 22/23	4448	4087	4070	3680
Postal Responses 22/23	192- 4%	320- 9%	367- 9%	289- 7.9%
SMS Surveys Sent 23/24	3680	4931	3754	3463
SMS Responses 23/24	251- 6.8%	329- 6.7%	233- 6.2%	226- 6.5%

## Compliments



Our governance team deal with any compliments the service receives and gives feedback to the staff member.

Compliments



# 1d | Protected Characteristics



## Anonymous Patient Survey

To keep the Patient Experience Survey free from bias, the system randomly pulls 1% of patient's mobile numbers from the previous Month.

This excludes any Health Care Professionals as they may call for multiple patients.

All responses are kept anonymous, if the patient wishes to receive a response, they must contact the service directly with the email provided to them.

Patients are more likely report negative experiences more than positive ones, which is a challenge for our service.

# Evaluation



- IUC is available for all patients 24/7, regardless of any protected characteristics, as Pathways is consistent based on age and gender.
- IUC is continually looking for ways to improve the service, with the Service Development team overseeing the larger changes to service.

## Next Steps

- Continue to embed the new GP referral pathway.
- Improve understanding of outcomes within different protected characteristic groups.
- Continue to improve the number of responses to the patient survey
- Engage with the end-to-end recruitment reviews to enhance the recruitment process for call handlers.



# Domain 1: Grade

## Internal Grade 1 Developing Activity



### Why

- SMS Care Advice
- Enhanced Special Patients Notes
- Reduction in call handling times allowing for more patients to be managed.
- Service level activity consistently above 90%
- Pilot booking appointments outside of GP booking dispositions
- Continually developing pathways
- Mental health interactive voice response
- 87% of patients who feedback report being 'Satisfied' with the service.
- Language Line Interpretation Service
- Clinical Video Consultations
- BSL / Text Relay available
- Dos Services for Protected Characteristics
- All staff complete ESR Stat & Man including AIS and Safeguarding

## Domain 2

# Workforce Health & Wellbeing



# 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 for 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.





## 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 acknowledge that for staff to be able to provide the best service possible to our patients, it must ensure that when at work, staff are provided with support to manage certain health conditions along with access to health and wellbeing services/information.
- A key objective on the Board Assurance Framework, is to ‘support staff health and wellbeing effectively’. Working towards this objective is a key focus for our Leadership community.
- The Trust has contracted services with external providers offering Occupational Health, Employee Assistance Programme and Physiotherapy services.
- The **Employee Assistance Programme (EAP)** ensures the workforce have 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



To date we received 664 Health Needs Assessments, from which we've extracted key highlights below:

	2023	2024
Responses	433	664
<u>Yes</u> to smoking	45	72
Drinking alcohol 4x per week	30	44
Trouble Sleeping	99	179

- Two sleep hygiene sessions delivered via Teams
- Sleep hygiene and Sleep podcast created by TASC
- Alcohol awareness promotion and resources shared
- Introduced pilot Swap to Stop campaign managed via Public Health

Health Needs Assessment Response

- Evidence captured through the **NHS Health & Wellbeing Framework**.
- Experiences through the wider environment, locally, nationally and globally such as the **cost-of-living crisis** and **demand pressures**.
- **Health and Wellbeing** one of the **Trust priorities**.
- **Feedback** and experience shared by staff through **F2F engagement** and via the **Support Networks**.
- **Data analysis** – including sickness absence and the type of services being accessed by our staff.

## 2a | Data & Evidence Overview



## 2a | Occupational Health Analysis



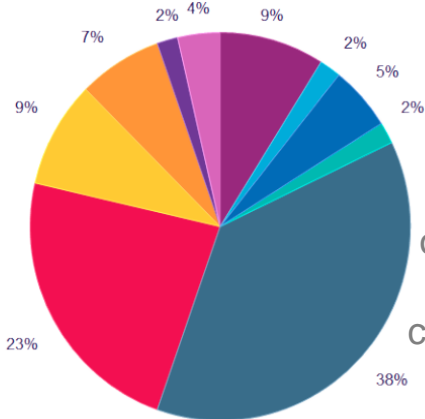
- **Annual Health Needs Assessments** have been carried out since 2022 to review and understand the health needs of our staff which has helped inform resource and Health and Wellbeing priorities.
- The **Employee Assistance Programme (EAP)** offers a 24/7, 365 days a year advice line to support staff for mental health, physical, financial or personal issues to support staff as well as family members who are 16+. Providing advice, signposting and clinical interventions such as counselling.
- The **Annual Health & 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 seasonal **Health & Wellbeing Campaigns** are delivered annually identified through emerging trends including focus on financial, physical, mental and emotional wellbeing.
- The **Health & Wellbeing Passport** supports discussions around difficulties and long-term health conditions that the individual is living with, with an opportunity to agree and put in place any required reasonable adjustments.
- Specific **training to raise awareness of mental health and conditions** such as bespoke training developed for our staff supporting the mental health related call outs (training also open to other staff). Zero Suicide Alliance and compassionate and difficult 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.
- There are **four multi-purpose welfare vehicles** which are available for use across the whole Trust for events and staff welfare, including informal meetings, network engagement, seasonal vaccinations, and more. The Health & Wellbeing team utilise a larger wellbeing vehicle to provide a range of health and wellbeing support.

# 2a | Occupational Health Reports

To ensure the Trust can deliver the best Health & 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 24/25 Occupational Health and EAP report which is used to support the work mentioned in the previous slide.

- Anxiety
- Bereavement/Loss
- Depression/Low Mood
- Health Concerns
- Other
- Stress
- Trauma
- Work Related Stress
- Undisclosed at this time
- Work Relationship Issues

Yorkshire Ambulance Service NHS Trust  
Presenting Issue

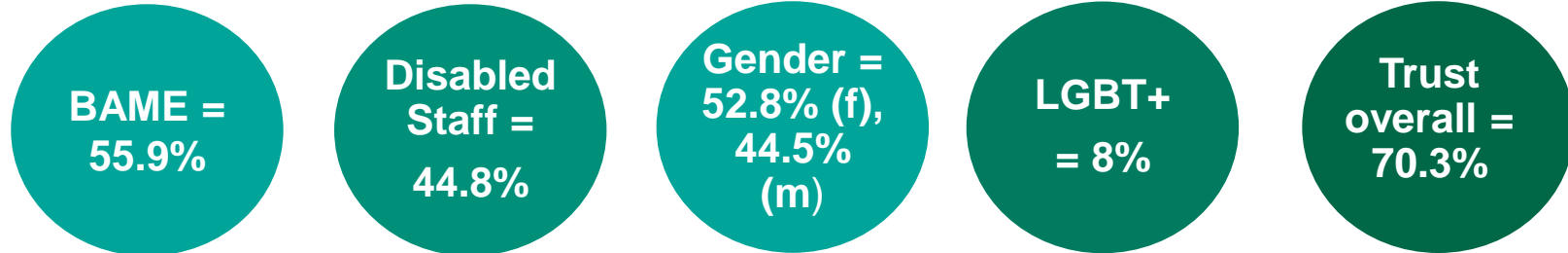


Pie chart showing occupational health concerns data

Optima Health   Occ. Health Service Summary   Data updated 12/18/24													
CONDITION GROUP AND WORK RELATED BY MONTH													
Condition Group	Jan 2024	Feb 2024	Mar 2024	Apr 2024	May 2024	Jun 2024	Jul 2024	Aug 2024	Sep 2024	Oct 2024	Nov 2024	Dec 2024	Total
Mental Health	14	11	15	9	3	9	6	16	8	16	8	5	120
Not work related	5	4	8	3	1	4	3	4	1	12	2	1	48
Primarily work related	5	2	4	3	1	1	2	7	1	3	3	1	33
Work related factors	4	5	3	3	1	4	1	5	6	1	3	3	39
Musculo-Skeletal Disorders	10	9	9	13	6	5	5	15	7	6	11	2	98
Not work related	3	7	5	12	5	3	4	12	5	5	8	2	71
Primarily work related	4	2	3	1				3		1	1		15
Work related factors	3		1		1	2	1		2		2		12
Other	16	11	15	11	5	7	7	7	4	10	8	3	104
Not work related	14	11	13	9	4	5	7	6	3	9	5	3	89
Primarily work related	2		1		1	1		1			1		7
Work related factors			1	2		1			1	1	2		8
Total	40	31	39	33	14	21	18	38	19	32	27	10	322

Occupational Health Service Data Summary

## 2a | Staff Survey – Health & Wellbeing



*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 continued to provide FREE sanitary products within all YAS toilets.

## 2a | Data Analysis - Absence reason by Protected Characteristics



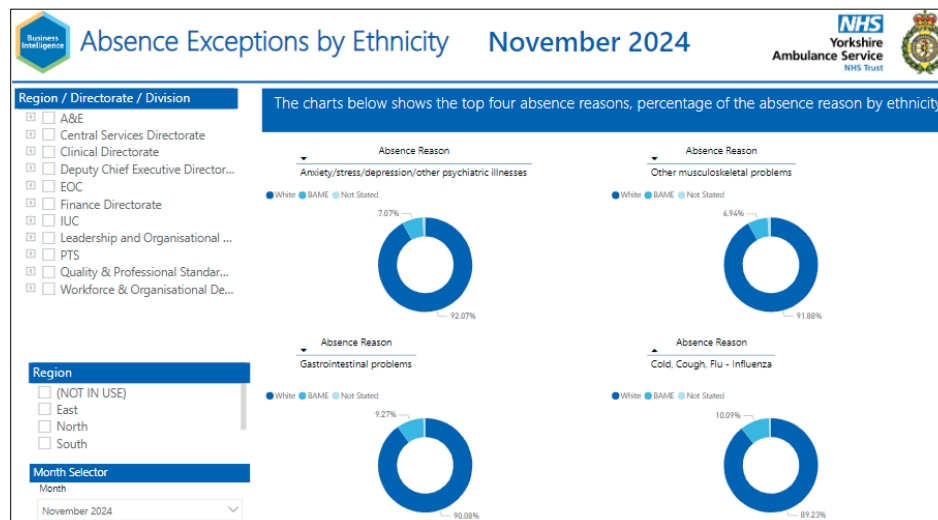
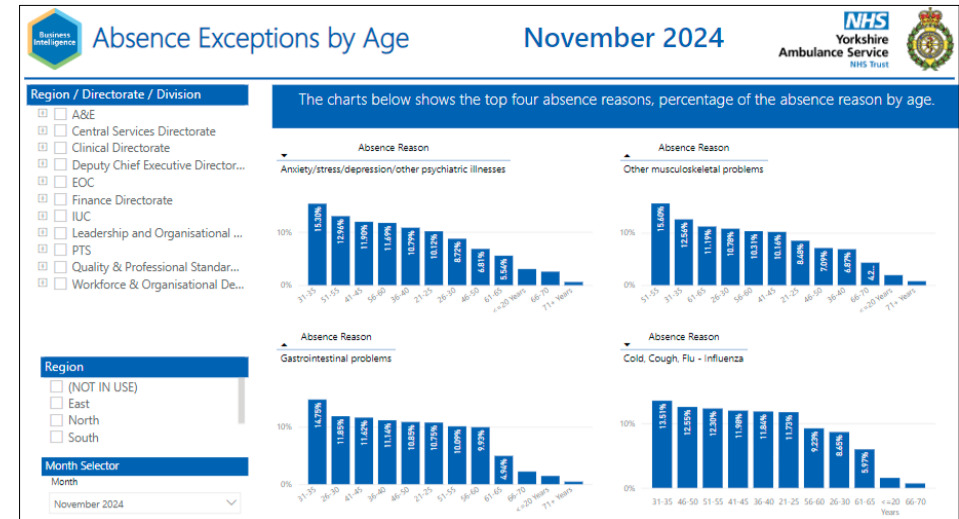
- One of the objectives for the Organisation Efficiencies Sub-Group is the monitoring and management of absence. The group scrutinises the data and uses this information to review processes and interventions to manage workforce absence which ultimately builds staff morale and reduces the time taken off due to sickness.
- The following slide provides a snapshot from November 2024 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.



Screenshot images of Trust colleagues' absence data by ethnicity and age

## 2a | Challenges



Map of Geographical Coverage for YAS  
Services

- **Geographical Location**

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

- **Disclosing Information**

Staff do not always disclose service area or protected characteristic for their cases.

- **Reporting**

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

## 2a | Policy and Group Work



### **New Policies to support Health and Wellbeing:**

- 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.
- This focusses on support for staff with long-term health conditions using tools such as Health and Wellbeing Passports and Access to Work Assessments to ensure tailored accommodations.

### **Development Groups and Initiatives:**

- 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 will start the development of a Reasonable Adjustment Policy to further support staff wellbeing at Yorkshire Ambulance Service.



### **Supporting Attendance Policy and Guidance**

Author: Human Resources Business Partner

Date Approved: February 2024



Image of Supporting Attendance  
Policy and Guidance



## 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 Trusts 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. Deliver high-quality patient care and achieve the Ambulance Clinical Outcome measures.	2. Provide access to appropriate care.
2. Ensure our culture is one where our people are listened to, encouraged and enabled to speak up when they have concerns about patient or colleague safety and wellbeing, or when they have suggestions for how the Trust might be better run.	7. Support staff health and well-being effectively.
3. Become a great place to work and volunteer, with staff survey engagement and feedback scores above average for the NHS.	11. Collaborate effectively to improve population health and reduce health inequalities.
4. Use our resources wisely and ensure value for money.	13. Deliver safe and effective digital technology developments and cyber security arrangements.

## 2b | Data & Evidence Overview



## 2b | WRES & WDES Data



- This data summary is from our latest 2024 Workforce Disability Equality Standard (WDES) and Workforce Race Equality Standard (WRES) Reports.
- Unfortunately, the number of BME staff who have experienced bullying and harassment from patients has negatively increased. 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 comparatively high to their non-disabled colleagues.

WRES Metric 5 & 6 Trust Data 2023/2024

Metric		2023	2024
Metric 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White	39.8%	40.3% <span style="color: red;">↑</span>
	BME	41.2%	44.6% <span style="color: red;">↑</span>
Metric 6: Percentage staff experiencing harassment, bullying or abuse from staff in last 12 months.	White	23.2%	22.1% <span style="color: green;">↓</span>
	BME	27.5%	19.4% <span style="color: green;">↓</span>

WDES Metric 4 Trust Data 2023/2024

Metric		2023	2024
% 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	50.2%	47.5% <span style="color: green;">↓</span>
	Non-Disabled	35.3%	37% <span style="color: red;">↑</span>
% of staff experiencing harassment, bullying or abuse from managers in the last 12 months.	Disabled	18.6%	16.6% <span style="color: green;">↓</span>
	Non-Disabled	9.2%	6.9% <span style="color: green;">↓</span>
% of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months.	Disabled	25.0%	23.8% <span style="color: green;">↓</span>
	Non-Disabled	14.7%	14% <span style="color: green;">↓</span>
% 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	50.6%	51.3% <span style="color: green;">↑</span>
	Non-Disabled	48.2%	49.8% <span style="color: green;">↑</span>

## 2b | Employee Relations Casework Data



01.04.23-31.03.24					
DIGNITY AT WORK	Protected Characteristics	GRIEVANCE	Protected Characteristics	DISCIPLINARY	Protected Characteristics
DAW2024-0011	Disability	IR2023-0040	Disability	DIS2023-1035	Race
DAW2023-0013	Race	IR2023-0019	Disability	DIS2023-1041	Race
DAW2024-0004	Disability	IR2024-0001	Disability	DIS2023-1045	Race
DAW2023-0009	Gender			DIS2024-1002	Race

### ER Casework Data Overview

This 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.

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 actions taken demonstrate a commitment to maintaining a work environment free from abuse, harassment, bullying, and violence.

## 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.



## 2b | Body Worn Camera - Project Purpose



The original/ agreed purpose of the body worn camera (BWC) pilot between NHS England and national Ambulance Trusts was to establish:

***“...the utilisation of the technology to support Ambulance Trusts in achieving a cohesive and systematic approach, which mitigates and reduces the escalating incidental rates of violence, against NHS staff and for staff to feel supported and safe at work.”***



Body Worn Camera

## 2b | Key Performance Indicators



The following Key Performance Indicators were used (as per the MOU between YAS and NHSE) to assess and measure the success of the BWC pilot:

- 1) Increase in staff reporting violent aggressive incidents.
- 2) Increase in the number of successful prosecutions/sanctions for violent or aggressive incidents against staff, where this is appropriate.
- 3) A reduction in the number of complaints from service users.
- 4) An improvement in reflective practice by reviewing footage and staff reflecting on their own behaviours/handling of violent/aggressive situations.

**During the lifecycle of the pilot, the scope of the purpose within YAS, was amended to cover as many locations as the funding would allow.**



## 2b | Timeframe



The Trust agreed to pilot this work for an initial 12 months; this was later expanded twice following receipt of two further sets of revenue from NHSE and a years' further investment from YAS budget for the final year.

**The pilot coincided with all other Trusts for 3 years, nationally.**

At the beginning of the pilot, NHSE directed Ambulance Trusts including YAS to include and evaluate two key issues:

- 1) The potential impact of the presence of body worn cameras in deterring acts of violence and aggression towards staff.
- 2) The potential effectiveness of body worn cameras in providing conclusive visual evidence to support the prosecution of perpetrators of violence and aggression towards staff.

## 2b | Equipment



- YAS initially invested in providing BWC at 48 locations Trust wide (inc Gold Cell) by June 2023.
- Camera's charge and upload footage whilst on station via Trust internet.
- The equipment to conduct this includes:
  - X1 14 Port docking station
  - X1 Dock controller
  - X1 RFID reader
- Cameras capture audio and visual footage.
- The cameras have recently turned off their 30 second pre-record function.
- Cameras are worn on uniform in a variety of manners.



Images of  
Body Worn  
Camera  
equipment



## 2b | Equipment



- The cameras weigh 5.7oz (An average mobile phone weighs between 4.9oz – 5.9oz)
- Camera size = 2.7 x 3.5 x 1.04in
- Current camera batteries cannot be bought separately, impacting costing.
- Current camera costs to remain at £160.00 per unit until the end of Feb 2025, when cameras will increase to £280 per unit.
- The current cameras require a licence per unit, which is funded for 24/25. A new business case would be needed for change in equipment

### For the Future

- NEW RELEASE - Smaller V200 camera to be released by Motorola in 2025 – these have 4hr continuous recording, enough capacity for manual pre-record function, USB charging facility which reduces requirement of station charging and Wi-Fi connection allows for upload when in station vicinity.



## 2b | Camera fixtures



Clips are available to staff to apply the equipment to their uniform in a variety of methods:

- 1) Klick Fast RSM Tag Radio loop
- 2) Magnetic Clip
- 3) Radio loop belt clip
- 4) Klick Fast Peter Jones crocodile clip
- 5) 3 Point harness

Images of various camera fixtures



## 2b | Business Case metrics 2024/25

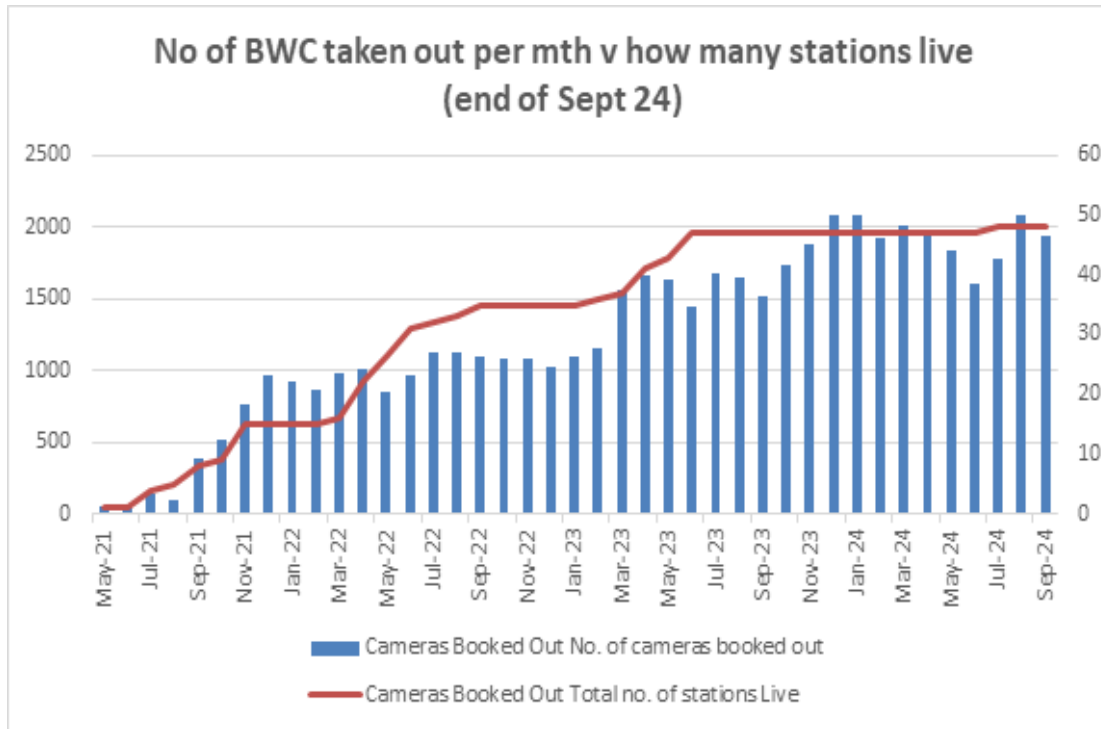


### Our People - To invest in our people to improve care and support delivery

Metrics, Definitions & Targets	Trajectory Sept 2024	Actual Sept 2024	YTD	Drivers & Actions	What Next/Support Required
Strategic Priority - (4) Workforce Plans: Embed Body Worn Cameras					
Increase in the number of staff trained to utilise body-worn cameras by 10% to 1,235	1,123 staff trained to use body-worn cameras Q1 = 75 more users added Q2 = 85 more users added Current Total = 1,283			Promote local uptake following training using BWC champions. Workshop held to gain further insight into barriers to BWC uptake.	Q2: Extend body-worn camera licenses complete (End of June 24, camera licences were extended for a further 12 months) Q2: Procure body-worn camera uniform fixtures complete. (Order placed for +300 radio loops – 100 received, pending a further 200 to be sent) Q2: Review of training for body worn cameras complete. (Reviewed the current process at the BWC Review & Refresh Day – Stakeholders agreed to get the training onto ESR for ease of management – Academy contacted and no response to date) Q4: Review of equipment vs international usage complete. Q4: VPR Communications Plan implemented at operational levels.
Increase in the number of staff using body-worn cameras and reporting it on Datix by 20% to 118	98 reports on Datix with body-worn camera activated Q1 = 19 activations Q2 (11.09.24) = 33 activations Current running Total = 150			Workshop held with BWC champions and core team to review barriers to regular use of BWC. Issues with equipment led to review of options as part of 25/26 business case.	
Increase in the number of successful convictions, as a result of using body-worn cameras 20% to 18	15 successful convictions, as a result of using body-worn cameras Q1 = 1 staff seeking prosecution Q2 (up to 11/09/24) = 5 staff are seeking prosecution. Not yet known if prosecuted due to court processes. Total remains 15 at present.			Number of prosecutions can act as wider deterrent to public and patients. Support given by core team to staff wishing to undertake process for conviction.	
Reduce the number of physical assaults by 0.5% to a 16% because of body worn camera use	16.5% physical assaults annualised average Q1 = 54 physical assaults in 374 reports = 14.4% Q2 (11.09.24) = 56 physical assaults in 444 V&A reports = 12.6%  Total = 818 (V&A Datix reports received) 110 of these are physical assaults = 13.45% These figures are likely to fluctuate over the year due to known reporting trends seen between winter pressures and all other times of the year.			Drivers and actions as above - in addition Conflict resolution training has been improved for 24/25 - with focus on early interventions to reduce conflict and dynamic risk assessment process to reduce risk of physical assault	

## 2b | Violence & Aggression Data

### Staff trained to use BWC



### Business Case:

#### KPI 1:

Increase the number of staff trained to utilise the BWC by 10% to 1,235 from 1,123:

- 2024/25 Q1 = 75 more users
- 2024/25 Q2 = 85 more users
- 2024/25 Q3 = 40 more users (12/11/2024)

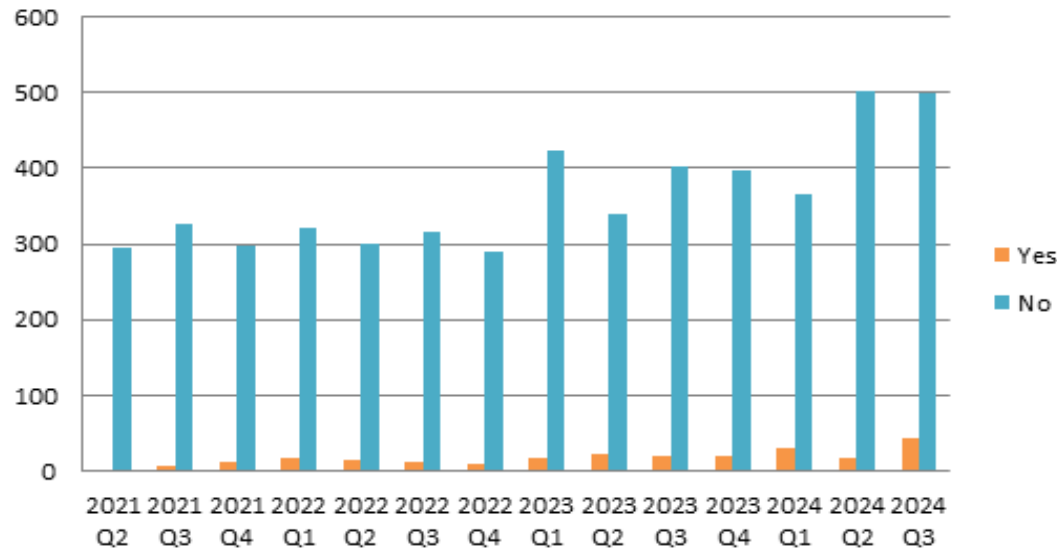
Current total = 1,323 (increase of 17% so far this year)

## 2b | Violence & Aggression Data

### BWC activation



Incidents by Reported date (Quarter) and Was a body-worn camera (BWC) activated?  
(2021 - 2024)



### Business Case:

#### KPI2:

Increase the number of staff using BWC and reporting it on Datix by 20% to 118.

2023/24 = 98 BWC activations and Datix reports

2024/25 Q1 = 19 activations

2024/25 Q2 = 44 activations

2024/25 Q3 = 7 activations  
(to 12/11/2024)

Current year levels for 2024/25 are at 70 activations, which if reporting remains the same should result in 126 activations with Datix reports.

## 2b | Violence & Aggression Data

### BWC activation versus V&A reports



Dates	BWC activated v V&A Reports			
	Yes	No		
21/22 Q1	2	312	40	
21/22 Q2	8	327		
21/22 Q3	12	297		
21/22 Q4	18	320		
22/23 Q1	14	301	54	Increased by 35% from 1 year
22/23 Q2	12	317		
22/23 Q3	11	289		
22/23 Q4	17	423		
23/24 Q1	24	339	96	Increased by 78% from year 2 to year 3 or 140% from year 1
23/24 Q2	21	403		
23/24 Q3	20	398		
23/24 Q4	31	365		
24/25 Q1	19	502	61	If stays on trend should see total = 122. This equals 27% increase from Year 3 or a 205% increase
24/25 Q2	44	498		

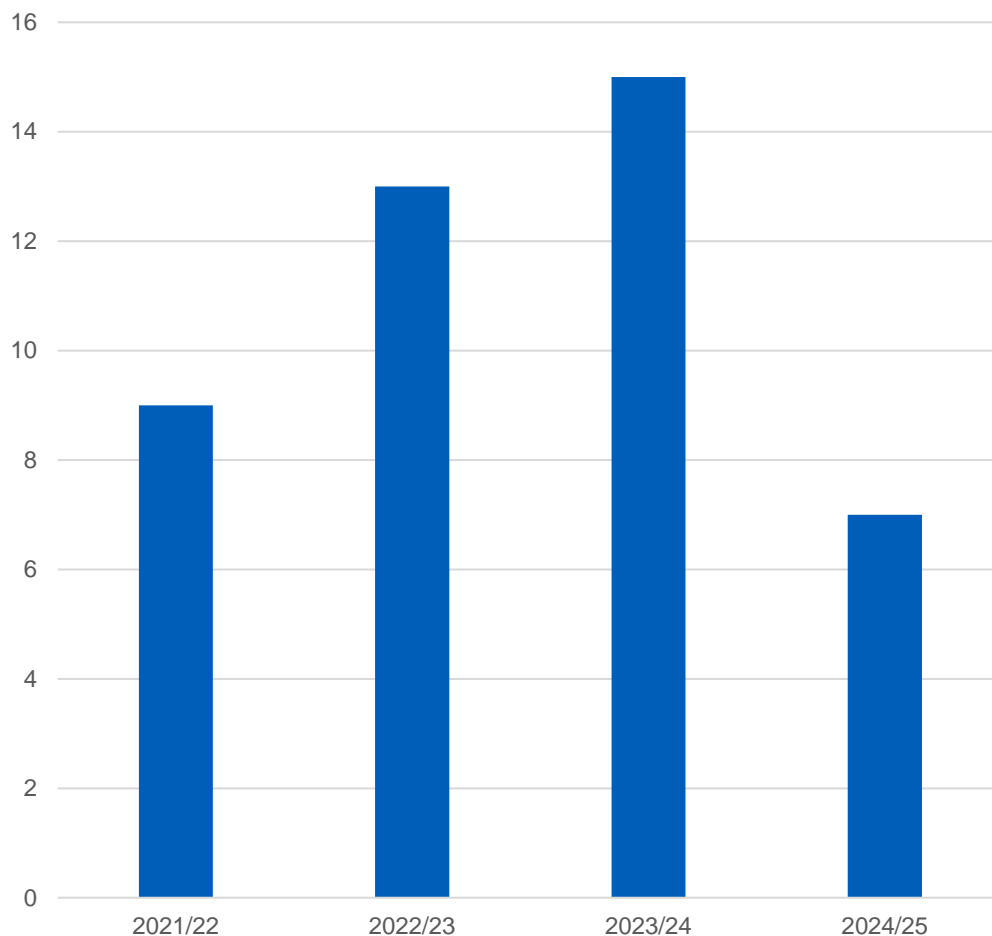
Violence and aggression data with and without Body Worn Camera activated



## 2b | Violence & Aggression Data Successful Convictions



V&A Datix reports and prosecutions



### Business Case:

#### KPI3:

Increase the number of successful convictions, because of using BWC by 20% to 18.

2023/24 = 18

2024/25 = 7 so far  
(12/11/2024)

# 2b | Violence & Aggression Data

## Reduce Physical Assaults



### Business Case:

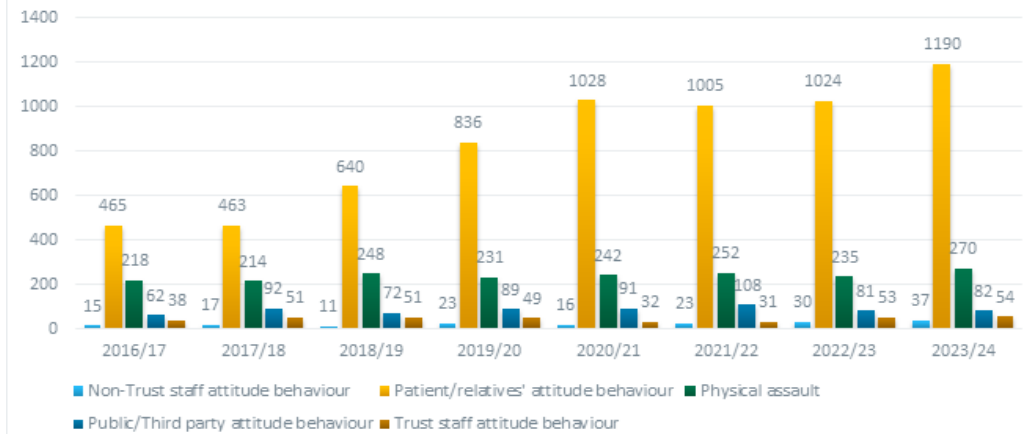
#### KPI4:

Reduce the number of physical assaults by 0.5% to 16% of all reported V&A Datix reports because of BWC use.

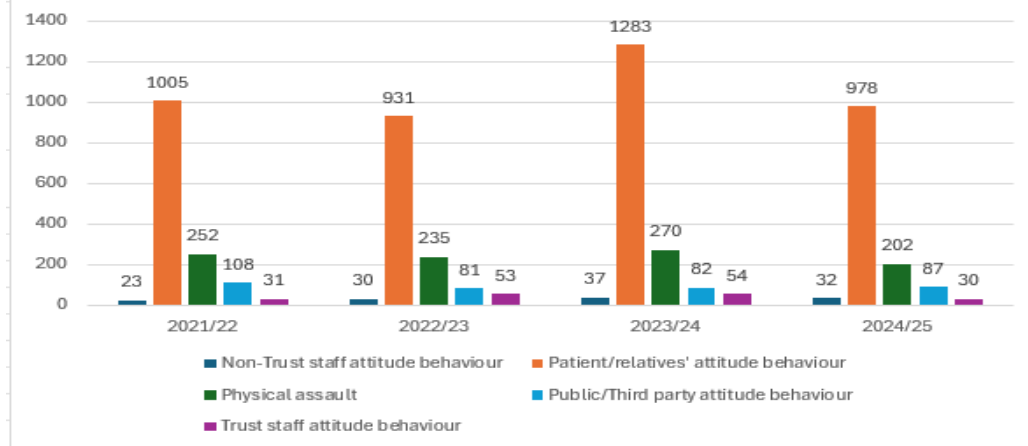
Using the figures from the data for Q1 & Q2, it is expected that V&A reporting will again increase in 2024/25 to an estimated total of 2,196.

The forecasted total of physical assaults will be approx. 332 which equates to 15% of all reported incidents.

All Types of AAV reports from 2016



All Sub Categories of V&A from 2021 onwards



## 2b | Further Trust Investment 2024



- YAS has invested in additional BWC equipment in 2024 to ensure all A&E Ops stations Trust wide have access to the cameras - 15 more stations have been equipped during 2024.
- 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.



## 2b | Plans for increasing uptake of Body Worn Cameras

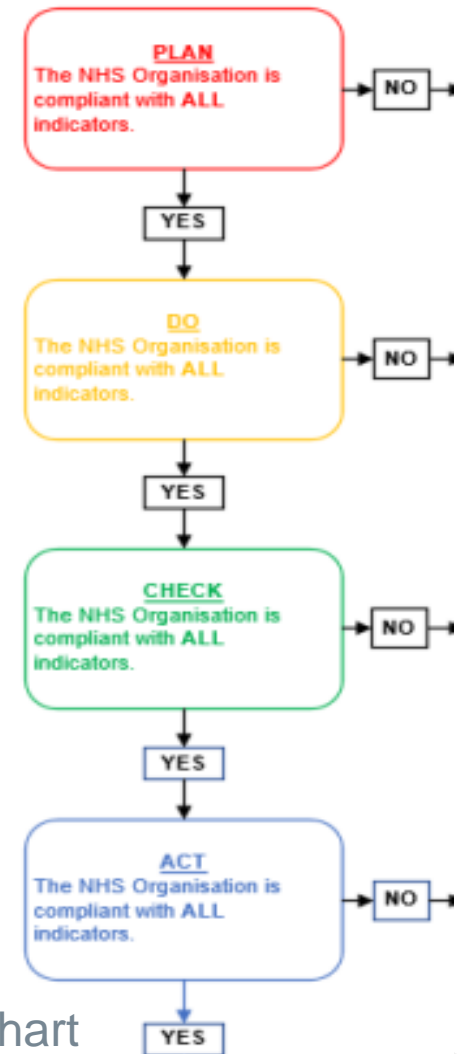


- Workshop held to identify barriers – Camera fixtures explored
- Champion-led training to eLearning – providing better availability
- Utilise the VPR Communications Plan alongside the #Workwithoutfear Campaign
- Independent evaluation from RAND to be fully assessed and implications for further uptake understood
- Development of a Commander SOP & expansion to PTS
- EOC implementation of Joint Decision Model (JDM) recording and expansion on JDM training for EOC staff
- Restrictive Intervention/ Guiding Skills (MAYBO) training to be implemented in April 25/26 with active monitoring.
- Datix revisions to include recording avoidable incidents, utilising best practice conversational learning/ lessons learned
- Strategic monitoring and compliance at the Violence Prevention and Reduction Strategic Group (VPRSG)

## 2b | Violence Protection and Reduction Standards – NHS England



- The VPRS, published in January 2021 and is a risk-based framework supporting a safe and secure work environment, safeguarding NHS staff against abuse, aggression and violence in the workplace.
- The standard employs a Plan, Do, Check, Act (PDCA) approach which is a four-step management method to validate, control and achieve continuous improvement of processes.
- The VPRS has 56 indicators, and the compliance test is set at a high bar, and Trusts are either “compliant” or “not compliant”.



VPRS improvement flowchart

## 2b | Violence Protection and Reduction Standards – NHS England



The VPRS indicators include the following themes:

- Strategy, planning, objectives, policies
- Resource assessment and allocation
- Information flows, data, analysis and reporting
- Managerial and Board oversight and accountability
- Communications and stakeholder engagement
- Workforce planning, training and development
- Risk and incident management

The indicators and above requirements will be monitored and reviewed by the Violence Prevention and Reduction Strategic Group (VPRSG), to ensure compliance is maintained.

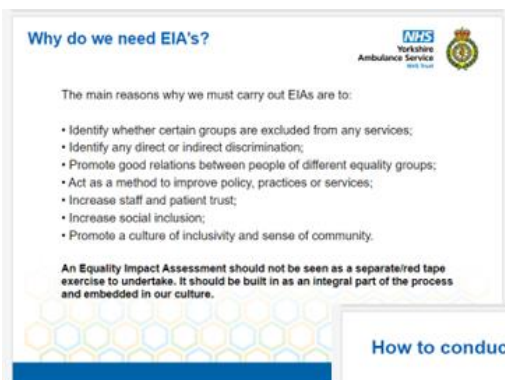


## 2b | Reviewing Policies



**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.
- The Diversity & Inclusion Team conducted a review of the EIA template in Q4 23/24 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.
- Between April 23-March 24, **118 EIAs** have been successfully completed.



*Image of support  
provided to  
complete EIA's*



## 2b | Freedom to Speak Up - 2024



Total Cases Raised - **123**

**87** Worker Safety  
or Wellbeing  
Cases

**24** Patient  
Safety/Quality  
Cases

**14** EOC Cases

**3** Cases raised  
Anonymously

**25** Inappropriate  
Attitude/  
Behaviours  
Cases

**22** Bullying &  
Harassment  
Cases

- It is worth noting, despite disparities in the numbers above, certain complex concerns may span multiple categories in the data provided.
- **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 23/24.

Data from 31 March 23 – 1 April 24

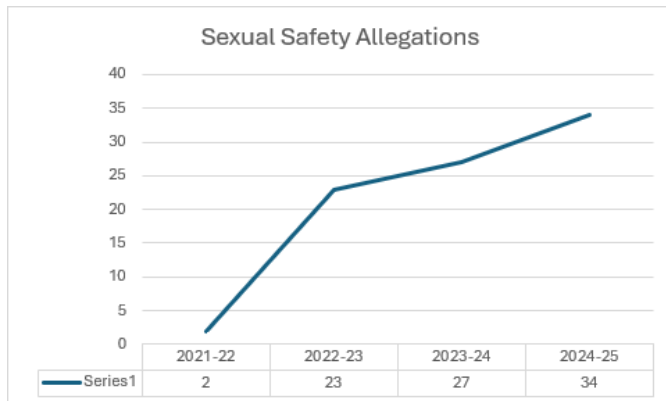
- Specific details such as **race and gender** have not previously been reported in the old FTSU log. This has now been introduced in the new log since October 23 and **will be captured where disclosed**.
- A **communication campaign including drop-in sessions** conducted by the FTSU Guardian has been ongoing throughout the year.

## 2b Safeguarding



### ‘Let’s Talk’ Sexual Safety

If someone crossed the line –  
talk about it.



- Increased reporting of incidents year on year
- 80% compliance with the NHS sexual safety assurance framework
- Plan to work with protected groups through staff networks to understand unique challenges and under-reporting

## 2b Safeguarding – Domestic Abuse



### YAS Supports 16 Days of Activism Against Gender-Based Violence

23 November 2023



Clare Ashby, Deputy Director of Quality & Nursing, is the Trust's Domestic Abuse and Sexual Violence Lead: "In April 2024, I was designated as the Trust's Domestic Abuse and Sexual Violence Lead. I am passionate about the Trust responding to domestic and sexual abuse in a proactive way, consistent with our healthcare partners, and I am proud of YAS being the first ambulance service in the country to have a specialist role in relation to domestic abuse.

"In November 2023, the Trust signed up to the NHS England Sexual Safety Charter and launched its own internal [Sexual Safety Charter](#) to support the sexual safety climate within the organisation. I look forward to working with everyone across the Trust on this important issue."

#### 4.4 Employees who Experience Domestic Abuse

- 4.4.1 The Trust is a large employer, and some staff will currently be or will have experienced domestic abuse within their lifetime.
- 4.4.2 The workplace can be a lifeline for survivors of domestic abuse as it offers an opportunity to seek help.
- 4.4.3 The Trust understands it can be difficult for an employee to make a disclosure of domestic abuse, and that internal support is important. Employees can expect support in a sensitive, non-judgement, practical, and discrete method with a robust safety plan in line with the Department of Health & SafeLives: Response to Colleagues experiencing domestic abuse guidance and the Domestic Abuse Act (2021).
- 4.4.5 Being in a supportive workplace provides physical, psychological and mental health benefits. Supporting employees who are affected by abuse to remain in work can therefore sustain their wellbeing over the long term.
- 4.4.6 It is imperative that Trust staff members who receive disclosures of domestic abuse also consider that the victim-survivor may also have children, care for children or be considered an adult at risk. Therefore, safeguarding referrals may be required, and the staff member should be made aware if it is safe to do so.

- Deputy Director of Quality and Nursing appointed as named lead for DASV
- 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.

## 2b | Staff Survey - Violence



**BAME =  
1%**

**Disabled  
Staff =  
1%**

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

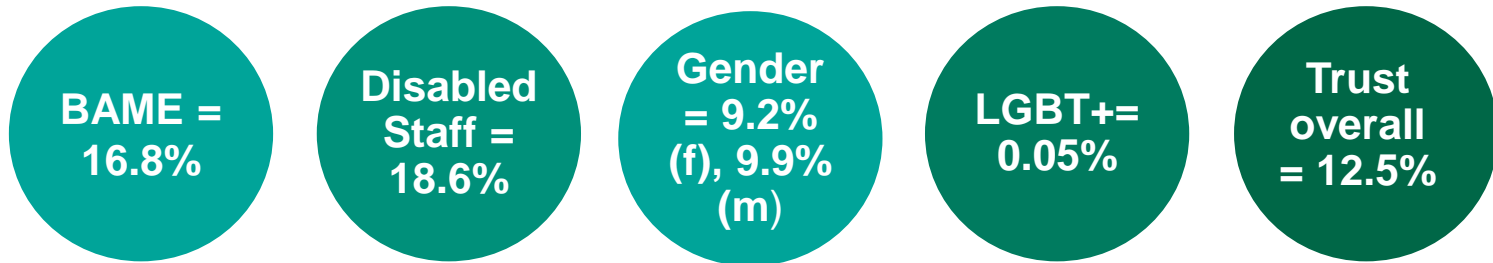
**LGBT+=  
1%**

**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



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 LGBT+ 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 disciplinarys for protected staff through a gateway process. This is in place to double check the process is fair and transparent for protected groups. Support Networks are in place providing additional support to staff.



Images of YAS Staff



## 2b | Challenges



- A deep dive into the data relating to staff groups has not been feasible due to capacity issues.
- Data is recorded through the National Staff Survey, FTSU and in HR however, capacity to triangulate has also been limited.





## 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.
- The Trust has contracted services with external providers offering Occupational Health and the Employee Assistance Programme services.
- 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.
- 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.

## 2c | Data & Evidence Overview



Union  
Representatives

Resilience  
Hubs

Employee  
Assistance  
Programme

Improving  
Access to  
Psychological  
Therapies

HR

Suicide  
Prevention  
Tool Kit

Freedom to  
Speak Up

Post  
Incident  
Care

Support  
Networks

Say YES to  
Respect  
programme

Financial  
Wellbeing

Welfare  
and  
Wellbeing  
Vehicles

Health &  
Wellbeing  
Team



## 2c | Internal Support for Staff



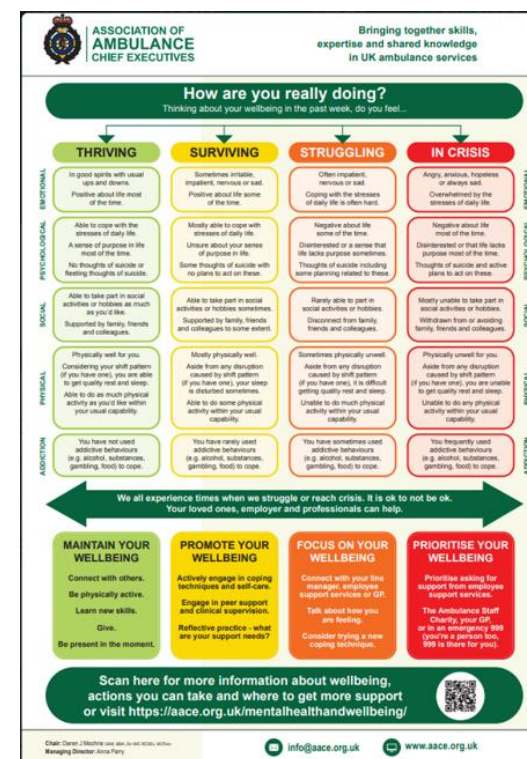
- **Welfare and Wellbeing Vehicles** provide the workforce with a confidential and safe space to talk comfortably over refreshments.
- **Employee Assistance Programme** offers a 24/7, 365 days a year advice line to support staff for mental health, physical, financial or personal issues to support staff, signposting and clinical interventions such as counselling.
- **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 Trusts 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.
- **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.
- **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).
- **Blue Light Peer Support (BLIPS)** provides support to the frontline Blue Light family.
- **Andy's Man Club** men's suicide prevention charity offering free to attend peer-to-peer support groups across the UK and online.

## 2c | The Ambulance Staff Charity (TASC)



- TASC support 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 phonenumber** – 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)**

**LGBT+  
= 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 do 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 LGBT+ 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)**

**LGBT+  
= 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 to see, however, the Trust acknowledge that more needs to be done for staff to feel comfortable to be able to speak up.



## Data, Evidence & Scoring

# Criteria 2d

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



## 2d | Staff Survey – Place to Work



**BAME =  
63.4%**

**Disabled  
Staff =  
63.4%**

**Gender  
= 66.6%  
(f),  
65.3%  
(m)**

**LGBT+  
= 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 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 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)**

**LGBT+  
= 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 the majority of 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 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.

# Self-Assessment Grading



## 2 Achieving Grade Activity

### Why...

- YAS has put in place a variety of accessible processes and policies to meet the diverse needs of our staff.
- Seeking and incorporating staff feedback, along with other evidence sources, to prioritise initiatives that enhance staff health, safety, and wellbeing.
- Fostering staff wellbeing through a comprehensive approach, equipping them with tools and resources to independently manage their health, safety, and confidence, while also offering specialised support when 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 Annual Business Plan.
- 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.
- The new Trust Strategy 2024-29 was launched in January 2024.
- Community engagement initiatives continue to support our Health Inequalities framework.

# 3a | Data & Evidence Overview



# 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 6 weeks and includes the Diversity Team, the Chief Executive Officer, Executive Directors, Support Network Chairs, Union Representatives and other stakeholders who action or support our EDI objectives. This enables a breadth of members from across the Trust, to provide space for staff voice, engagement and accountability to the EDI strategy. Below is a snapshot of the DISG meeting agenda and the EDI highlight report shared with members.

DIVERSITY AND INCLUSION HIGHLIGHT REPORT – 29 October 2024	
Chair:	Mandy Wilcock, Director of People and Organisational Development
Lead:	Nabila Ayub, Head of Diversity and Inclusion
Area:	Diversity & Inclusion Team
Key Highlights	Output
Communications & Awareness Dates	<b>Notable dates for communications:</b> <ul style="list-style-type: none"><li>• Ouse 29 October – 31 November 2024</li><li>• Remembrance Day 11 November 2024</li><li>• Disability History Month 16 November – 16 December 2024</li><li>• Trans Day of Remembrance: 26 November 2024</li></ul> <b>Focused actions for 2024-25 are included below with progress updates.</b>
Recruitment Overhaul	<ul style="list-style-type: none"><li>• Phase 1 of the Inclusive Recruitment Review is underway, with stakeholder workshops holding regular meetings.</li><li>• Each workshop's Terms of Reference have been drafted and shared with relevant stakeholders.</li><li>• Initial meetings have centred around outlining the project plan, establishing timelines, and researching recruitment practices from other Trusts and organisations, with an emphasis on attracting protected characteristics. Each workshop will work towards the 6 objectives outlined in the overall project plan.</li><li>• Next steps: Workstreams to continue reviewing data, JOTs and Marketing with a view to provide recommendations in March 2025 specific to 5 key roles.</li></ul>
Health and Wellbeing	<ul style="list-style-type: none"><li>• Efforts are underway to enhance the onboarding and recruitment experience with a focus on Health and Wellbeing.</li><li>• The Health and Wellbeing Team is preparing a new starter pack, which will include a welcome letter for new employees.</li><li>• This will also include a D&amp;I welcome with information on Support Networks sent with the initial employment pack.</li></ul> <b>Next steps:</b> Finalising the Health and Wellbeing pack for new starters and initiating the first phase of its rollout.
EDI Action Plan	<b>Centralised Reasonable Adjustments Budget</b> <ul style="list-style-type: none"><li>• Since June, the centralised reasonable adjustments budget has been in a soft launch phase, with HR directing requests through their portal. Requests are submitted to HR and processed, coordinating with IT and procurement for further action.</li><li>• The Enabling Staff Working Group plans to promote the centralised process more broadly through the Disability Support Network and across the People Directorate to encourage more cases to be processed via the portal.</li><li>• A formal launch will take place once the policy is finalised.</li><li>• To date, 10 test cases have been submitted through the portal, with an additional 10 requests through other channels.</li><li>• A review of the Trust's software offerings is ongoing, as 30 different software packages are currently available through IT for staff requiring adjustments. The aim is to streamline the software options and promote them through the new policy.</li></ul>
<b>What has gone well</b> <ul style="list-style-type: none"><li>• Progress towards EDI Action Plan 2024-27</li><li>• Implementation of Anti-Racism Framework within South Yorkshire</li><li>• International recruitment review and implementation</li><li>• Progress towards Inclusive Recruitment Overhaul</li><li>• EDIC meetings with Domain Leads</li><li>• Diversity Census Campaign (Count Me In)</li><li>• Appointment of Interim Deputy Chair for Race Equality Network</li><li>• Collaboratively working with F&amp;SU with regular meetings.</li><li>• Wellbeing and Health inequalities embedded into EDI process.</li><li>• Support to Enabling Staff Working Group, Financial Wellbeing Group, Just Cause Testing, AD Working Group and Policy Development Group continues.</li></ul>	
<b>Challenges</b> <ul style="list-style-type: none"><li>• Gender Pay Gap Data collation continues to be a slow process, with confusion on where some data can be provided from Workforce, EDIR, Payroll, BI Delivery of EDI 2022 – Teams provided support since April 2024, monthly drop-in sessions have low up take and slow progress with collating information.</li><li>• Support Networks<ul style="list-style-type: none"><li>o Low Engagement for some groups, but cross cutting theme of engaging front line staff across the board is challenging into networks.</li><li>o Pride@YAS Review with network sponsor underway to look at how we engage LGBT+ staff at progressing support internally outside of external Pride Events.</li></ul></li><li>• Ongoing: Continued high volume of ongoing work i.e. Equality Impact Assessments, support with individual grievances, complaints on workplace adjustments/ other support/queries. Team is currently struggling with pressure and demand.</li></ul>	
<b>Emerging work</b> <ul style="list-style-type: none"><li>• Activity Programme – Scoping and development</li><li>• AACE EDI Improvement Action recommendations implementation / what's next and key deadline dates</li><li>• Launch of Anti-Racism Framework at YAS and review against AACE Recommendations</li><li>• Recommendation/Key Considerations/Links<ul style="list-style-type: none"><li>• Sexual Safety Training – embedding this into YAS</li><li>• Review of Onboarding/Induction Process at YAS Academy to weave in elements of EDI for educators and Speech Out culture specific to Sexual Safety.</li></ul></li></ul>	
<b>Recommendations/Key Considerations/Links</b> DISG are asked to note the report and support ongoing work.	

No.	Description	Format/ Attachment	Raised by	Timings
	Apologies / Declarations of Interest			5 mins
1.0	Minutes of the Meeting held on 17 September 2024 including Matters Arising			10 mins
1.1	Action Log Update			
2.0	Staff Equality Networks Update			
2.1	Pride@YAS Network	Verbal	RL	5 mins
2.2	Race Equality Network	Verbal	HM	5 mins
2.3	Disability Support Network	Verbal	SH	5 mins
2.4	Women and Allies Network	Verbal	DA	5 mins
2.5	Armed Forces Network	Verbal	CH	5 mins
3.0	Standing Items			
3.1	D&I General Update	Paper	NA	15 mins
3.2	Enabling Staff Working Group	Highlight Report	KR	-
4.0	Operational Issues			
4.1	Gender Pay Gap – Initial Data	Verbal	KP	20 mins
4.2	Anti Racism Framework – Implementation	Verbal	EB	15 mins
5.2	Midway Staff Survey Results	Verbal	FC	
5.0	Strategic Issues	Highlight Report	NA	-
5.1	EDI Action Plan Update			
6.0	Dates of Future DISG Meetings 2024			10 December 2024

Diversity and  
Inclusion Steering  
Group – October  
2024.

## 3a: People and Culture Group



- The Trust's Annual Business Plan focuses on people and culture, the new People and Culture Group was established as a subgroup of the People Committee to lead this agenda.
- The group demonstrates a strong dedication to tackling equality issues by reviewing and endorsing the Diversity Action Plan, as well as overseeing the Gender/Disability/Ethnicity Pay Gaps, WDES, WRES, and Workforce Equality reports.
- The group receives enhanced awareness of Trust-related concerns through consistent updates on YAS Together, People and OD Reporting, and insights from the Staff Survey.
- The group contributes to policy evaluation and approval e.g. the Transgender Guidance Documents for Patients and Staff (approved in April 2024).

2C Ability to promote and embed a positive and inclusive workplace culture								
Diversity - Action plan (Approval or progress)	NA	Paper / Presentation			✓			✓
Gender Pay Gap Report	NA	Paper						✓
Workforce Equality Report	NA	Paper			✓			
WDES	NA	Paper		✓ (data only)		✓ (action plans)		
WRES	NA	Paper		✓ (data only)		✓ (action plans)		
Equality Delivery System (EDS2)	NA	Paper / Presentation						✓

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.

- Received and noted the Workforce Race and Disability Standards data. The Committee discussed the recruitment metric at length, with concern that this metric is deteriorating, but that gaining data on reasons, is difficult. The Committee asserted that efforts need to be invested to support articulation of what resources and changes need to happen. Also, where support needs to be enlisted outside of the organisation.

Example of concerns  
noted in People  
Committee chair's report  
– Sept '24.

One of the committee's main objectives is to oversee the implementation of the People Plan, which will include in-depth reviewing and driving performance improvement against key targets that include Equality, Diversity and Inclusion reports and action plans e.g. Pay Gaps, WRES and WDES.



## 3a: Trust Executive Group (TEG)



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. This structure ensures TEG maintains a comprehensive overview and can take a proactive role in decision-making and prompt responses.

TEG24//11	Any Other Business
11.1	MW shared what had been discussed regarding Civil Disturbances at the network meeting the previous day. Comms were to be released today in a similar vein to the London Ambulance Service statement, when staff were faced with patients in difficult situations.
11.2	A Risk Assessment for BME staff has been suggested to assess whether staff were at higher risk, as well as looking at lone working, travel to and from work and a buddy system. In addition, staff may be able to work at home or leave work early if they were in areas of civil unrest.
11.3	There was also a suggestion that if staff were off sick as a result of this, sickness absence stages were not triggered.
11.4	HE suggested that the briefing from Healthcell was used to share information to ensure as many frontline staff received the information as possible.

AL:-

System Leaders Executive

- There was a presentation on the Anti-Racism Framework from NWAS. It will be good to see what learning can be taken from this for the WRES Action Plan.

Extract from TEG minutes.

Example of issue around civil unrest  
in summer '24 raised at TEG.



# 3a: The Trust Board



- Trust Board membership includes our Executive Directors, Non-Executive Directors, 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.

## BoD24/05/5 Patient Story

- 5.1 Dave Green introduced a patient story about Trust Board Homelessness and Rough Sleepers review with Healthwatch Kingston upon Hull. This includes a wider project outlining experiences of rough sleepers when accessing emergency services. YAS in particular wanted to improve what they can offer to these vulnerable people. 70 homeless people had been spoken to with weekly visits to the breakfast club and hostels. Healthwatch Hull staff have also liaised with YAS front line paramedics, call centre staff, 111 and Patient Transport Services.
- 5.2 If patients are not registered with a GP and have no fixed abode this can cause challenges for the management team and crews on where to pick them up and where to drop them off in a safe place. YAS has developed a Standard Operations Procedure (SOP) on how to process patients with no fixed abode.
- 5.3 A steering group has now been set up and will involve Communications for wider shared learning. Helen Edwards agreed to take an action to raise the profile with all ICBs to build a multi-agency response. Helen also confirmed Jeevan Gill has alerted the ICB with this report. Peter Reading also suggested

BoD24/05/7  
7.1

## Chief Executive's Report

Peter Reading presented the Chief Executive's report and drew attention to the following key matters:

- Section 2.2 provides the link to the full report outlined in the patient story.
- Hidden disabilities sunflower network
- The Trust's Business Intelligence (BI) team has been shortlisted at this year's HSJ Digital Awards for Place-Based Population Health Management Analytics Tool for Ambulance and Integrated and Urgent Care.
- Community engagement and installation of Public Access defibrillators in Bradford
- Planting of 100 trees and 50 plants at Fairfield.

## 3. Enhanced support for people with hidden disabilities

- 3.1 The Trust has joined the [Hidden Disabilities Sunflower network](#) to better support our staff, volunteers and patients who have an invisible disability.
- 3.2 The Hidden Disabilities Sunflower symbol indicates to people that the wearer may need additional support, help or a little more time. By becoming a member of the initiative, we are committed to:
- ensuring that our staff and volunteers with a non-visible disability are, and feel supported and can access the help they need
  - providing our staff and volunteers with training to enable them to better support colleagues and patients with invisible disabilities.

Extract of minutes from Trust  
Board meetings.

# 3a: Non - Executive Director (NED) Recruitment



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.

The best boards are those that reflect the workforce and communities they serve. We particularly welcome applications from women, people from local black, Asian and minority ethnic communities, and people with disabilities, who we know are all under-represented in these important roles.

Additions to NED information Pack.

We value and promote diversity and are committed to equality of opportunity for all. All appointments are made on merit. We believe that the best boards are those that reflect the communities they serve. We welcome applicants from all communities, all backgrounds, and all walks of life.

We particularly welcome applications from groups we know are often under-represented in chair and non-executive roles. These groups include women, people from black and minority ethnic communities, and people who live with long term conditions/disabilities.

Our recruitment processes are conducted in accordance with the NHS Code of Governance to ensure that they are made on merit, after a fair and open process, so that the best people, from the widest possible pool of candidates, are appointed and can thrive in our organisation.

Recent recruitment secured 2 new  
Non-Executive Directors with a protected  
Characteristic to ensure diversity at Board.

Working together for patients*	Compassion
Building a trusted relationship with partners and communities	Creating a compassionate, just and positive culture
Respect and dignity	Improving lives
Promoting equality and inclusion and reducing health and workforce inequalities	Setting strategy and delivering long term transformation Driving high quality sustainable outcomes
Commitment to quality of care	Everyone counts
Driving high quality and sustainable outcomes Setting strategy and delivering long term transformation	Promoting equality and inclusion and reducing health and workforce inequalities Creating a compassionate, just and positive culture
Providing robust governance and assurance	







NED person spec

# 3a: Diversity in Health Care Programme



In 2024, YAS joined the Diversity in Health Care Programme, to support Board development following last years EDS 2022 findings. 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 Inclusion in the workplace. The programme is designed around the ambitions set out in the NHS Long Term Workforce Plan and the NHS Equality, Diversity, and Inclusion Plan. It provides access to sector experts, good practice guidance, thought leadership, resources and networking opportunities.

The programme is delivered via a series of events for Board members and other leaders, including four in-person modules and specialist virtual masterclasses. 3 members of the YAS Trust Board have engaged with the programme.

Themes	Links to NHS People Promise
<b>Building inclusive cultures</b> Going beyond compliance, working to ensure that the deeper and systemic changes necessary to successfully embed diversity and inclusion are discussed and are available to be actioned by members. 	We are a team We work flexibly
<b>Infrastructure and support</b> Promoting integrated systems, complementing the national work on 'Making the NHS the best place to work', improving the leadership culture and population health management. 	We are safe and healthy We are recognised and rewarded
<b>Standards and accountability</b> Insights that further develop inclusive policies, processes and practices through a focus on capabilities to achieve recognised internal and external standards and benchmarks. 	We are recognised and rewarded
<b>Inclusive leadership</b> Developing leaders at all levels of the organisation, promoting and role modelling the values, language and behaviours that promote a culture of inclusion and belonging. 	We are compassionate and inclusive We are safe and healthy
<b>Research and practice</b> Shining a spotlight on the latest thinking, evidence-based research findings and practices that further develop excellence in inclusive workforce cultures and health and care service provision. 	We are always learning We are safe and healthy
<b>Shared learning</b> Providing opportunities to gain maximum benefit from the power of networking with, and learning from, the range of partners and diversity and inclusion experts. 	We are always learning We have a voice that counts

Themes covered as part of the Diversity in Health Care Programme.



## 3a: EDI Leadership Objectives



Each Director (Trust Chair, Non-Executive, Chief Executive, and Executive Directors) have objectives linked to Equality, Diversity and Inclusion agenda and/or health inequalities. Some examples include:

- Actively and personally promote the YAS EDI Development Plan
- Successfully deliver and implement actions as part of the People Promise Exemplar programme focusing on flexible working, EDI and being compassionate and inclusive.
- Champion and support the implementation/development of population health approaches and, with our partners and communities, work to address health inequalities by understanding of, and reduction in, unwarranted variation and support for system work to reduce health inequalities, positively impacting our local communities.
- Support the development of the 2024/25 WDES Action Plan.
- Improved scores in all 10 DES metrics for 2024/25.
- Support improving the experience of staff and patients with protected characteristics (through sponsorship of staff networks).



## 3a: EDI Leadership Objectives



- Following the development of the EDI Leadership Objectives, both Directors and the CEO will monitor progress and achievements in the appraisal process.

g. The Chief Executive is a visible advocate for equality and diversity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. The Director is a visible advocate for equality and diversity.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

An example of the EDI objective metric included in the appraisal form.

- A dashboard with regional census data (2021) for comparison has been shared with all Directors.
- 1:1 meetings with Directors and HR Business Partners are in progress to introduce the dashboard for data informed decisions on improving diversity within service areas.

## 3a: Leadership Visibility



This year, 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.

Examples of events include:

- Melting the Racial Glacier: Trust Chair and Non-executive Director attend Seacole Group's annual conference
- Homeless Voices Showcase: Trust representation at Showcase to share YAS involvement with the purpose of addressing health inequalities
- Women in Leadership for Finance: Director of Finance attended Women in Leadership Conference as a panellist for Resilience during challenging times.
- Restart a Heart: Senior leaders attended local events
- Doncaster Pride, York and Leeds Pride: Attended by Director of Operations
- SY Root out Racism: Attended by Director of Operations
- Diversity in Health and Care Partner: Attended by Director of Operations



## 3a: EDI Aims and Objectives



- 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.
- The objectives outlined in the EDI Action Plan for 2024-2027 were prioritised in phased projects annually. This has been communicated across the organisation using a Plan on a Page.
- Projects Leads have been assigned, with the Diversity and Inclusion Team supporting delivery and monitoring progress.
- Action plans are co-designed with stakeholders and include; Trade Unions, Freedom to Speak up Guardians, Support Networks and the Leadership Community. WRES, WDES and Pay Gap actions are also incorporated for '24-27.
- Data analysis, implementation and progress is reviewed, monitored and reported on regularly to DISG, People and Culture Group, People Committee, Trust Executive Group and the Trust Board.

# 3a: RAG rated EDI Action Plan (Year 1)



Undertake a comprehensive review of end-to-end recruitment process and associated procedures with recommendations to improve inclusive recruitment

• Review advertising and attraction stage of interview process

Introduce a clear and consistent stay conversations and an exit interview process.

• Incorporate learning from data, identifying any trends for protected characteristics leaving the organisation, analysing negative experiences to address.

Ensure international recruits receive clear communication, guidance and support around conditions of employment

• Embed international recruitment toolkit to continue good practice and processes across Nurse and Paramedic occupational groups.

Analyse data to understand pay gaps by protected characteristic and put in place an improvement plan

• Introduction of data led Director level objectives on recruitment and progression for service areas to increase the diversity of the workforce.

Deliver and embed the year 2- 3 priorities for 'YAS Together'

• Continue roll out of YAS Together content across the Trust

To tackle race discrimination effectively YAS must proactively raise awareness of their commitment with patients and public.

• Launch and deliver the reciprocal mentoring programme

Actively promote the YAS Sexual Safety Charter and implement the NHSE Sexual Safety in Healthcare Organisational Charter.

• Raise awareness of the YAS Sexual Safety Charter and Lone Worker policy, how to raise concerns and the support available

All staff with disabilities/long-term health conditions have adequate adjustment(s)

• Embed process for centralised budgets to access reasonable adjustments so that there is a consistent and robust process across the whole Trust.

To tackle race discrimination effectively YAS must proactively raise awareness of their commitment with patients and public.

• Develop a "root out racism" campaign to raise awareness of racial discrimination within the workplace.

The Trust is an LGBTQ+ Friendly Workplace for staff to bring their true selves to work.

• Embed Trans-inclusion guidance for staff and managers including minimum requirements for estates for refurbishments and new fits.

# 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) 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 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  
Trust Board- May  
2024

Board of Directors (held in Public)  
Meeting Date: 30 May 2024  
Agenda Item: 3.7

**NHS**  
Yorkshire  
Ambulance Service  
NHS Trust

Report Title	Freedom to Speak Up
Author (name and title)	Kirsty Holt - Freedom to Speak Up Guardian Sam Bentley - Freedom to Speak Up Guardian
Accountable Director	Peter Reading - Chief Executive Officer
Previous committees/groups	N/A
Recommended action(s) Approval, Assurance, Information Purpose of the paper	Information/Assurance <ul style="list-style-type: none"> <li>To provide the Board of Directors with an overview of the progress and development of the FTSU service.</li> <li>The paper also includes themes arising from the concerns received by the Freedom to Speak Up Guardians (FTSUGs) from January 2023 to the end of March 2023.</li> <li>Finally, the paper highlights key learning points and actions planned for the coming year.</li> </ul>
Recommendation(s)	<ul style="list-style-type: none"> <li>Board of Directors to continue in their support of speaking up at YAS and encouraging learning from concerns.</li> <li>Commit to supporting the future plans/developments with a view to strengthening the speak up provisions within YAS.</li> </ul>

**Executive summary (overview of main points)**

The paper gives a summary of the following key items:

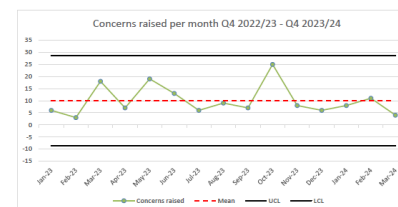
- Improvements made to FTSU
- Summary of concerns raised via FTSU
- Commonly occurring themes
- Learning from FTSU
- Future plans/developments to FTSU at YAS

## 3. Concerns raised via FTSU.

3.1 The below chart outlines the number of concerns raised via FTSU per month from the beginning of Q4 2022/23 to the end of Q4 2023/24. The data has been captured from the beginning of the first full quarter which Sam was in post to the end of last quarter. There are clear spikes in FTSU contact, which can be explained as follows;

- March 2023. The rise in concerns here follows the publication of the National Guardian's Office review into Ambulance Trusts 'Listening to Workers. A Speak Up Review of ambulance trusts in England' in Feb 23.
- May 2023 - This spike in concerns was a result of focused engagement at a particular station in A&E Ops North due to several anonymous reports pertaining to ongoing cultural issues and inappropriate behaviour.
- October 2023. The significant rise here is attributed to the coordinated engagement plans of Guardians and Ambassadors during Speak Up Month; an annual initiative led by the NGO. During October the FTSU team attended key areas within Yorkshire, actively engaging with workers in their own settings, to talk all things FTSU.

Although the number of cases appears to be decreasing, the significance and complexity of the cases is broadening.



3.2 To coincide with the above, please see below concerns raised by 'element' (NGO reporting categories). From March 2023 to February 24 'Worker Safety or Wellbeing' was consistently the highest reported concern from workers with all other categories fluctuating throughout this period.

## 3a: Freedom to Speak Up - 2024



**Total Cases Raised - 123**

**87** Worker Safety  
or Wellbeing  
Cases

**24** Patient  
Safety/Quality  
Cases

**14** EOC Cases

**3** Cases raised  
Anonymously

**25** Inappropriate  
Attitude/  
Behaviours  
Cases

**22** Bullying &  
Harassment  
Cases

Data from 31 March 23 – 1 April 24

- It is worth noting, despite disparities in the numbers above, certain complex concerns may span multiple categories in the data provided.
  - 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 agreed to initiate a new programme of targeted development and staff communication to start in Q1 24/25.
- 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 and will be captured where disclosed.

## 3a: Inclusive Leadership



To strengthen the work in diversity and inclusion and reducing health inequalities the Trust supports and resources several initiatives, these include:

- 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.



# 3a: YAS Together Improvement Priorities 24-25

**NHS**

**Yorkshire  
Ambulance Service**  
NHS Trust



Lead Together



Everyone Together



Excel Together



Grow Together



Care Together

<ul style="list-style-type: none"> <li><b>We ensure leaders have the development and opportunity to empower others</b></li> <li><b>To set the tone for collaborative and inclusive working</b></li> </ul>	<ul style="list-style-type: none"> <li><b>We celebrate our diverse contributions</b></li> <li><b>Strive for an inclusive respectful and compassionate culture</b></li> </ul>	<ul style="list-style-type: none"> <li><b>We find ways to improve and innovate</b></li> <li><b>Relentlessly pursuing excellence in what we do</b></li> </ul>	<ul style="list-style-type: none"> <li><b>We give our people opportunities to learn</b></li> <li><b>To progress as individuals in their roles and careers</b></li> </ul>	<ul style="list-style-type: none"> <li><b>We deliver quality, person centred care</b></li> <li><b>Collectively supporting patients, families and our own people</b></li> </ul>
<p>Promote and embed YAS Behavioural Framework</p> <p>Promote and embed YAS Development Pathway (leadership development)</p> <p>Strengthen our freedom to speak up culture</p> <p>Embed restorative 'Just and Learning' culture</p> <p>Review flexible working process</p> <p>Implement outcomes and recommendations of Team-Based Working review</p> <p>Embed Governance Framework</p>	<p>Review of end-to-end recruitment process (inclusive recruitment review)</p> <p>Scope/develop/launch Active Bystander to Upstander programme</p> <p>Embed Compassionate and Inclusive conversations within mental health programme</p> <p>Launch and roll out Anti-Racist Framework</p> <p>Improve usage of body worn cameras</p> <p>Commit to the principles and actions of the Sexual Safety Charter</p> <p>Promote professional standards and boundaries to ensure student/learner safety</p>	<p>Promote Appreciation and Recognition Guide</p> <p>Develop a Culture Dashboard to use our workforce data more effectively</p> <p>Improve engagement with National Staff Survey and People Pulse</p> <p>Build quality improvement capability to embed Quality Improvement Enabling Plan</p> <p>Roll out stay interview process</p> <p>Improve exit interview process</p>	<p>Review induction/onboarding</p> <p>Implement a talent management model</p> <p>Refresh newly qualified paramedic preceptorship programme</p> <p>Improve appraisal and career conversation quality and compliance</p>	<p>Ensure pension info/advice is accessible, and options are clear</p> <p>Develop a health and wellbeing campaigns calendar (mental, physical, emotional and financial wellbeing)</p> <p>Roll out health and wellbeing dashboard to ensure support is accessible to staff and line managers are trained to hold meaningful wellbeing conversations</p>

# 3a: Project Highlights



Lead Together



Everyone Together



Grow Together

## Flexible Working Review

**PURPOSE:** To review flexible working to ensure that we have robust process, guidance and support in place to help us deliver an improved and more equitable flexible working offer across the Trust aligned to updated policy.

- Workshop (hold the date) 20 Sep
- Updated Policy and Process Flow Chart to go to Sep PDG for review/approval
- National Retention Communities of Practice showcase SWAST as an example of good practice
- National NHSE Flexible Working Team have committed to provide support around rotas/rostering
- Project resource will be required to support this project

## Inclusive Recruitment Review

**PURPOSE:** To review and update the current YAS Recruitment and Selection Process to ensure it is fully inclusive.

- Workshop Delivered 16 July
- Phase 1 - Advertising and Attraction/Application and Shortlisting objectives agreed
- Workstreams Identified:
  1. Application Barriers
  2. Application Process
  3. Marketing and Communications
- Workstream leads and group members have been agreed
- National Retention Team are sighted on the work and have shared resources to inform the work

## Inclusive Talent Development Model

**PURPOSE:** To attract, develop, and retain skilled, engaged, and diverse people to ensure high-quality service delivery.

- Workshop delivered 9 August
- NHSE Talent Team attended to provide regional context, priorities and support offers
- Model/Framework agreed
- Vision statements drafted:  
*Ensure YAS has the right people with the right skills in the right roles to deliver high quality patient care and to support organisational resilience.*  
*Empowering every individual through inclusive talent development, fostering a culture where everyone can thrive to deliver exceptional care and services.*
- Priorities agreed, with focus on workforce planning

# 3a: Support Networks



There are 5 Support Networks: Race Equality, Women & Allies, Armed Forces, Disability Support and Pride@YAS. The networks have key roles within senior leadership meetings, ensuring the voice of members and YAS staff is heard at all levels.



To support and resource networks YAS has:

- Secured funding from Dragon's Den to launch the Sunflower Scheme, which provides training, information and visibility for hidden disabilities.
- Approved and financed the roll out of sanitary products in all women's and accessible toilets across the Trust.
- Senior leaders joined the Pride@YAS network at multiple Pride events across the summer.
- The CEO and senior leaders attended the first on-site Remembrance Service on the 11<sup>th</sup> of November and laid wreaths.
- Supported the Race Equality Network to ensure staff safety during the civil unrest and put in place measures to manage racist incidents.



## 3a: Disabled NHS Directors Network



A summary of the Yorkshire Ambulance Service CEO's involvement with the Disabled NHS Directors Network (DNDN) in 2024:

- **Leadership Role:** 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.
- **Leadership Programme Participation:** Represented DNDN in the NHS Providers/DNDN Aspiring Senior Leaders Programme. Contributions included creating a promotional video and serving as a panellist for the initiative.
- **Disability History Month Contribution:** Produced a video for national distribution during Disability History Month 2024, addressing ways employers can foster a more disability-inclusive workplace. Video link: <https://youtu.be/wf8SHpWXkJ8>.
- **Project Paws Development:** Played a key role in Project Paws, an AACE initiative that created guiding principles for transporting assistance dogs. This project was presented to and approved by the AACE Council in November 2024, with plans for adoption across all AACE member trusts.



# 3a: Say Yes to Respect (SYTR)



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.

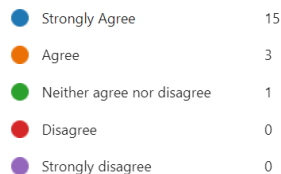
SYTR is delivered with discussion and videos, using a train the trainer model.

As of January 2024:  
Facilitators trained: 238  
Staff Trained:1793

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

[More Details](#)

[Insights](#)



## e able to respectfully challenge another member of my team or colleague

[Insights](#)



## 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.
- As part of the Community Engagement Strategy 2024 - 2026, 5 key principles have been identified:

### Community Engagement Principles

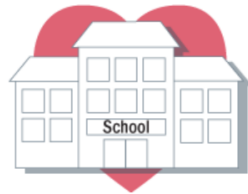
The principles underpinning our approach to community engagement are:

1. **Focus on health inequalities** - Target community engagement activity for communities most likely to need our services now or in the future and those experiencing barriers to accessing services
2. **Partnerships** - Develop and deliver community engagement with partners, working with those that understand and are trusted by our communities
3. **Anchor organisation** - Act as an anchor organisation, seeking to improve life chances through education, training, employment support and building capacity in communities
4. **Insight led** - Be insight led in our engagement, using evidence to guide who we engage and how we engage them
5. **Doing with** – Work collaboratively with communities, developing projects together and involving people with lived experience

## 3a: Restart the Heart Campaign



Since  
2014



1,047  
School visits



39,213  
Volunteer hours



234,708  
Students trained in  
CPR

- With ambitions to firmly place ourselves as an 'Anchor Institution' addressing Health Inequalities, YAS actively delivers its longstanding 11-year campaign 'Restart the Heart' in secondary schools across Yorkshire.
- This year saw the first five students, trained as part of the Restart a Heart Ambassador Programme, deliver the CPR training at E-ACT Parkwood Academy to their fellow pupils.
- In 2024, YAS launched the Heart of the Community accreditation scheme which recognises schools and colleges for their commitment to CPR training and defibrillator availability, another legacy of our Restart a Heart campaign.

## 3a: Homeless Voices Project



- The Homeless Voices Project has been funded by YAS Charity. The project was initiated by the Community Engagement Team as part of their strategy to address health inequalities. It is known that people at risk of rough sleeping have worse health outcomes; they have more complex needs and A&E access for homeless people has been rising steadily. The aim of the project was to gain a full picture of the issues faced by homeless people and ask Healthwatch Hull to provide recommendations based on their findings.
- YAS worked with the voluntary sector and ICB to commission the work from Healthwatch Hull and there has been considerable interest from across the region and nationally, as no other Healthwatch organisations have undertaken this type of work. A report was submitted to YAS in July 2024 and a Task and Finish Group developed to ensure all recommendations are implemented.

Examples from the Voices of the Street report.





## 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 Trusts Business Assurance Framework, Strategy and Annual Business Plan 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 Trusts services by providing progress updates and assurance within these governance structures.



## 3b | Data & Evidence Overview



Trust  
Strategy

Board  
Assurance  
Framework

Annual  
Business  
Plan

Equality  
Impact  
Assessment

Health  
Inequalities  
Framework

WDES

WRES



## 3b: Trust Strategy 2024-29



The vision for YAS 2024-29 strategy is: **Great Care, Great People, Great Partner.** By 2029, YAS will be best known for delivering great care, being a great place to work and being a great partner to work with.

To achieve this, the Trust has set out four bold ambitions that will drive the actions and outcomes over the next five years, centred around: Our Patients, Our People, Our Partners and Our Planet and Pounds.



## 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.

STRATEGIC RISKS 2024/25

Strategy Objective: Bold Ambition	Strategic Risk: The Trust is unable to...	
Our Patients	1	Deliver a timely response to patients
	2	Provide access to appropriate care
	3	Support patient flow across the urgent and emergency care system
	4	Strengthen quality governance and medicines management to develop a culture of improvement, safety, and learning.
	5	Develop and maintain effective emergency preparedness, resilience, and response arrangements.
Our People	6	Develop and sustain an open and positive workplace culture
	7	Support staff health and well-being effectively
	8	Deliver and sustain improvements in recruitment and retention.
	9	Develop and sustain improvements in leadership and staff training and development.
Our Partners	10	Act as a collaborative, integral, and influential system partner.
	11	Collaborate effectively to improve population health and reduce health inequalities.
Our Planet and Pounds	12	Secure sufficient revenue resources and use them wisely to ensure value for money.
	13	Secure sufficient capital resources and use them wisely to ensure value for money.
	14	Deliver safe and effective digital technology developments and cyber security arrangements.
	15	Act responsibly and effectively in response to climate change.

Strategic Risk from BAF 2024/2025

# 3b: Annual Business Plan



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) ensures equality and diversity is strongly embedded into the culture of YAS over the coming year.

## YAS 2024-2025 Annual Business Plan on a Page

2024-25 Strategic Priorities at a glance: YAS commitments to patients, staff and stakeholders. What YAS will do to improve what by March 2025

### Our Patients: To improve safety and quality for patients.

#### (1) Improve Response including Category 2:

YAS will improve ambulance and 999 and 111 call **response** times, particularly **Category 2 ambulance response**, by strengthening staffing and vehicle availability and deployment, by working intensively with acute partners to reduce Emergency Department (ED) handover times and by strengthening collaboration with Place partners to deliver more care remotely, in people's own homes and closer to home, utilising analysis of clinical and population health data, so that only where it is the best option for the patient are they conveyed to ED.

#### (2) Strengthen Quality and Safety:

YAS will improve **quality and safety** through strengthening Quality Governance (including complaint handling) and medicines management, embedding the Patient Safety Incident Response Framework (PSIRF), implementing Clinical Supervision for all front-line staff, and evolving Quality Improvement (QI) to embed it culturally across the Trust.

#### (3) Deliver Integrated Clinical Assessment:

YAS will invest further in developing **integrated clinical assessment** across 999 and 111, streamlining triage and care navigation processes to ensure patients get the most appropriate care at the earliest point in their journey. YAS will deliver this by aligning systems, expanding multi-disciplinary clinical capacity and support for clinical staff, and working closely with each of our 15 Places to develop consistent pathways into Place-based care coordination services.

### Our People: To invest in our people to improve care and support delivery.

#### (4) Deliver Workforce Plans:

YAS will strengthen the **workforce** within existing establishments, through improvements in recruitment, retention, training, staff support and sickness management across EOC, 999, 111 and PTS, with a particular focus on implementing the IUC change programme and the EOC change programme.

#### (5) Improve Health, Wellbeing and Safety:

YAS will improve the **health, wellbeing and safety** of staff with a particular focus on strengthening Mental Health and Wellbeing support, implementing the Sexual Safety Charter and the deterrence of violence and aggression including funding and extending the continued deployment of body-worn cameras.

#### (6) Culture, Equality, Diversity and Inclusion:

YAS will drive improvements in the **culture** of the organisation by implementing the NHS People Promise and the YAS Together programme, with a particular focus on leadership development, improving **equality, diversity and inclusion**, and creating a more open culture, where staff are well informed and are encouraged and supported to Speak Up.

### Our Partners: To collaborate with our partners to improve response and population health outcomes.

#### (7) Partnership working to improve response:

YAS will further embed **partnership working** and **system collaboration**, with a particular focus on working with acute partners on handover delays and Place partners on appropriate clinical pathways for patients.

### Our Planet & Pounds: To invest in the infrastructure and resources to improve the effectiveness of direct delivery.

#### (8) Effective use of Resources, Efficiencies and Value for Money:

YAS will deliver a **balanced break-even financial plan** and drive more effective use of resources, through implementing a structured **productivity and cost improvement** programme.

#### (9) Optimise fleet availability & performance:

YAS will strengthen staffing and vehicle availability by investing further in the **ambulance fleet** and fleet management support, increasing the numbers and reducing the average age of vehicles, and reducing environmental impact through telematics systems.

### YAS's Business Plan supports the ongoing strategic focus on:

**Emergency Preparedness, Resilience and Response**, implementing the Manchester Arena inquiry recommendations if the required funding (revenue and capital) is made available.

Addressing **health inequalities**, improving population health outcomes and delivering on the Core20PLUS approach.

Continuing to utilise and develop **digital technology** to support and improve patient care, including investment in development of an iPad-based ePR application for A&E crews in 2024-25.

**Environmental sustainability**, with continuing efforts to tackle climate change and progress towards net zero.

**Improving the Estate** by creating options for new ambulance stations in Scarborough and Hull which reflect escalating building costs and available capital and implementing (within resource availability) a planned maintenance and

Plan on a  
page – Annual  
Business Plan

## 3b: Health Inequalities



- 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 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: Health Inequalities

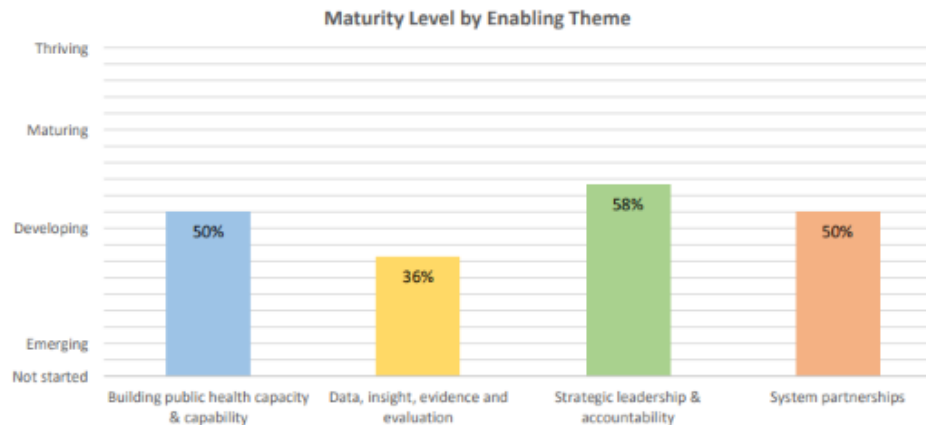


AACE has developed a maturity matrix for use by ambulance services to support implementation of the recommendations within the national consensus statement on the role of the ambulance sector in reducing health inequalities. During the process of developing this consensus, a series of enablers were identified that will support the embedding of approaches to reducing health inequalities into the culture of ambulance service working practices.

YAS current maturing matrix as reported to Trust Board September 2024:

### Overview

**Organisational Maturity Level: Developing (building up good practice)**



## 3b: WRES and WDES Summary



- The next slides show excerpts from our latest 2024 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 have been imbedded into the EDI Action Plan 2024-27.
- 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



Metric		2023	2024
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 headcount	6104	6518 <span>↑</span>
	% declared BME	6.2%	7.1% <span>↑</span>
	BME headcount	381	463 <span>↑</span>
	White headcount	5686	6016 <span>↑</span>
	Not stated	37	39 <span>↑</span>

Metric	2023	2024
Metric 2: Relative likelihood of white staff being appointed from shortlisting compared to that of BME staff being appointed from shortlisting across all posts.  (The target here is 1.0 where BAME and White staff have equal likelihood of being appointed.)	1.69	2 <span>↑</span>

Metric	2023	2024
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.  (The target here is 1.0 where BAME and White staff have equal likelihood of entering the disciplinary process.)	2.42	1.26 <span>↓</span>

Metric	2023	2024
Metric 4 - Relative likelihood of staff accessing non-mandatory training and CPD	0.93	1.15 <span>↑</span>

Metric		2023	2024
Metric 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	White	39.8%	40.3% <span>↑</span>
	BME	41.2%	44.6% <span>↑</span>
Metric 6: Percentage staff experiencing harassment, bullying or abuse from staff in last 12 months.	White	23.2%	22.1% <span>↓</span>
	BME	27.5%	19.4% <span>↓</span>

Metric		2023	2024
Metric 7: Percentage of staff believing that Trust provides equal opportunities for career progression or promotion.	White	54%	55.3% <span>↑</span>
	BME	41.2%	46.2% <span>↑</span>
Metric 8: In the last 12 months have you personally experienced discrimination at work from any of the following - Manager/team leader or other colleagues?	White	9.1%	8.2% <span>↓</span>
	BME	16.7%	17.9% <span>↑</span>

# 3b: WDES Data Summary



Metric 1		2023	2024
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	6104	6518 ↑
	Overall % of staff living with a disability	5.78%	7.79% ↑
	Disabled headcount	353	508 ↑
	Non-disabled headcount	5600	5851 ↑
	Not stated	151	159 ↑

Metric	2023	2024
Metric 2 - Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.	1.19	1.08 ↓
(The target here is 1.0 where staff living with or without disabilities have equal likelihood of being appointed.)		

Metric	2023	2024
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.	0.00	0.00* ↔
(A figure above 1.00 indicates that disabled staff are more likely than non-disabled staff to enter the formal capability process)		

Metric		2023	2024
Metric 5: Percentage of disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion.	Disabled	49.3%	50.2% ↑
	Non-Disabled	55.3%	57% ↑


Metric		2023	2024
% 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	50.2%	47.5% ↓
	Non-Disabled	35.3%	37% ↑
% of staff experiencing harassment, bullying or abuse from managers in the last 12 months.	Disabled	18.6%	16.6% ↓
	Non-Disabled	9.2%	6.9% ↓
% of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months.	Disabled	25.0%	23.8% ↓
	Non-Disabled	14.7%	14% ↓
% 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	50.6%	51.3% ↑
	Non-Disabled	48.2%	49.8% ↑



Metric		2023	2024
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	32.4%	32.5% ↑
	Non-Disabled	23.1%	20.1% ↓


Metric		2023	2024
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	25.5%	25.9% ↑
	Non-Disabled	33.1%	34.3% ↑

## 3b: WDES Data Summary



Metric	2023	2024
<b>Metric 8:</b> Percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	65.7%	68.8% 

Metric		2023	2024
<b>Metric 9a:</b> The staff engagement score for disabled staff, compared to non-disabled staff and the overall engagement score for the organisation.	<b>Disabled</b>	5.7	5.8 
	<b>Non-Disabled</b>	6.4	6.5 

Metric	2023	2024
<b>Metric 9b:</b> Has your Trust taken action to facilitate the voices of disabled staff in your organisation to be heard? (yes) or (no)	Yes	Yes 



# 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 Public Sector Equality Duty (PSED) and Equality Act 2010.
- YAS had undertaken EIAs consistently over the years to comply with PSED.

2. Analysis of impact The fundamental question which all EIA's must attempt to answer is: Does the proposed changes to policies, procedures and practices have a disproportionate impact on people with a protected characteristic, whilst considering the Public Sector Equality Duty to have due regard to			
<ul style="list-style-type: none"> <li>• Eliminate unlawful discrimination;</li> <li>• Advance equality of opportunity</li> <li>• Foster good relations</li> </ul>			
	Are there any likely disproportionate impacts on any of the groups below? Please describe, including stating that you have no data.	Are these negative, neutral or positive. (N, Neu or P)	What action will be taken to address any negative impacts or enhance positive ones?
Age	Any discriminatory employment practices including recruitment, personal development, promotion, entitlements and retention. Services should be provided regardless of age.		
Disability	Things to consider <ul style="list-style-type: none"> <li>• Physical access</li> <li>• Digital access</li> <li>• Format of information</li> <li>• Time of interview or consultation event</li> <li>• Personal assistance</li> <li>• Interpreter</li> <li>• Induction loop system</li> <li>• Independent living equipment</li> <li>• Content of interview of course etc.</li> </ul>		State in here the actions that can be taken to address the issues that have been identified i.e. change to the process or way that the process can be ran, Reasonable adjustments considered  Ask those impacted what could be actions to mitigate the risk

- The Diversity & Inclusion Team conducted a review of the EIA template in Q4 23/24 and included a section on Wellbeing Impact Assessment and Health Inequalities Assessment.
- 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.

Example  
of EIA  
Template

4. Health Inequalities Assessment: Consider how the proposed policy, guidance, service, or function could impact on people who are likely to experience health inequalities for example people living in deprived areas, homeless people, people with poor literacy, refugees, asylum seekers, those experiencing modern slavery and people at risk of digital exclusion.	
Are there any risks that your work may unintentionally increase inequalities in health? e.g. it is more accessible to those who do not experience health inequalities. Please detail any data you have used to evidence this.	
What specific actions can you take to maximise the potential for positive impacts on health inequalities? e.g. targeting action on population groups who face the biggest inequalities? Please detail any data you have used to evidence this.	
What further partnerships might increase the positive effect of your work? e.g. engagement and co-production with staff, patients, relevant members of the public/communities, VCSE organisations and other system partners.	

- Between April 23-March 24, **118 EIAs** have been successfully completed.



## 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.



## 3c: Data & Evidence Overview



## 3c: Gender Pay Gap



- The Gender Pay Gap Report 2024 has been completed, including stakeholder engagement, and will be shared with the People & Culture Group for approval.
- In line with the NHS EDI Improvement Plan and High Impact Actions, the Trust has established 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 Action Plan 2024-27 The infographic below is from the 2024 Gender Pay Gap report.

**Our workforce has an employee base that is predominantly female**

3103 men  
43.90%



3970 women  
56.10%

Mean – gender pay gap (in hourly pay)



Mean men  
hourly salary  
£19.60

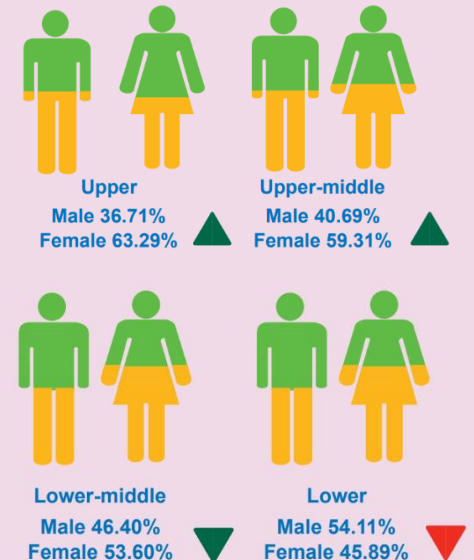


Mean women  
hourly salary  
£17.68

Mean 9.78%



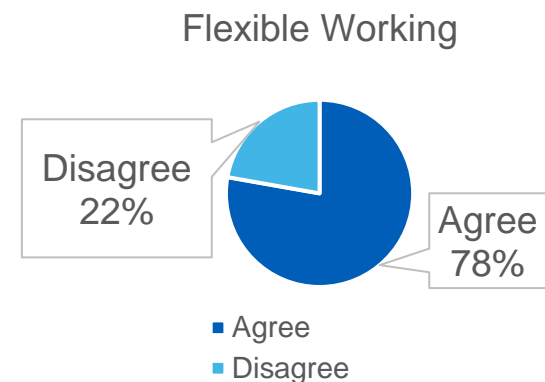
Data shared in the gender pay gap infographic



## 3c: Exit Interviews



- YAS offers all leavers the choice to complete an exit interview when leaving the Trust.
- 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.
- Historically, exit interviews have a low staff take up. Plans are in place to enhance stay interviews, and as part of the YAS Together programme and will look at more robust exit interview process.
- Data from December 2024 is provided below.



## 3c: Equality Impact Assessments



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

Number	Date Received by D&I for checking	Equality Impact Assessment Title	Originating Directorate/Team	Owner	Checked by D&I	D&I Comments	Checked by H&W	H&W Comments	Meeting Date	10 day deadline	Date Returned to originator	Check with Risk amended documents received
						carers support						
234	12/08/2024	ACGL Consultation	A&E Ops	Paul Mudd	Emily Brenson	Increased representation in band 8a, positively and disproportionately. Management of future recruitment.	NA	NA			18/09/2024	Y
235	05/07/2024	Domestic Abuse Policy	Safeguarding	Linsey English	Emily Brenson		Vicky Pickles					
236	05/07/2024	Safer Patient Moving and Handling	Quality and Professional Standards	Emily Stirling	Kirti Patel	Data, impact on protected characteristics. Meeting booked to discuss EIA for further support (24/09/24)	Dave Kirk	Comment added in physical wellbeing		19/07/2024	22/08/2024	Y
237	16/08/2024	Research Governance Policy	Research	Fiona Bell	Kirti Patel	Data, how to address impact on other socio-economic groups.	Dave Kirk	No comment - approved		30/08/2024	18/09/2024	
239	22/08/2024	Management of Cancelled Overtime	Remote Patient Care	Mike Modder-Fitch	Kirti Patel					05/09/2024	03/09/2024	
240	05/09/2024	Low Acuity Transport / ITP Standard Operating Procedure	A&E Ops	Andrew Pippin	Nabila Ayub/Kirti Patel		NA	NA		19/09/2024	06/09/2024	
241	09/09/2024	Treasury Management Policy	Finance	Chris Powell	Kirti Patel	Neurodiversity	Dave Kirk	No Additional Comments - Approved		23/09/2024	24/09/2024	
242	17/09/2024	YAS Volunteer Policy		Amy Ingham	Kirti Patel	Data, impact on protected characteristics. Meeting booked to discuss EIA for further support (17/09/24)	Vicky Pickles	No Additional Comments - Approved		30/09/2024	20/09/2024	
243	18/09/2024	GP Referral Pathway	IUC	Jade Thornton	Emily Brenson	Meeting held 25/09. Small updates but EIA limited. Data requests from BI. (Emma Jones)	Vicky Pickles	No Additional Comments - Approved			09/10/2024	Y
244	16/09/2024	Leavers Policy	HR	Emma Jones	Emily Brenson					30/09/2024		
245	26/09/2024	Moving and Handling of Loads Policy	Quality and Professional Standards	Shelley Jackson	Emily Brenson					10/10/2024		

## 3c: EDI Action Plan



The EDI Action Plan is monitored by the Diversity and Inclusion Team, and highlights shared with the Diversity and Inclusion Steering Group and the People and Culture Group regularly. This ensures regular monitoring and accountability.

EDI Action Plan	<b>Focused actions for 2024-25 are included below with progress updates.</b>
	<b>Recruitment Overhaul</b> <ul style="list-style-type: none"><li>• Phase 1 of the Inclusive Recruitment Review is underway, with stakeholder workstreams holding regular meetings.</li><li>• Workstream 1: Job Description – The workstream has been engaged with Job Evaluation and recruitment to review all JD's listed in the review. This includes ensuring inclusive non-gendered language and clearer job descriptions aligned to the role. The group aims to provide 5 updated JD's that are clearer for non-NHS staff to understand the requirements and purpose of each role, without impacting the grade/band of the role so that these are implemented following recommendation.</li><li>• Workstream 2: Application Process - the group has created a survey designed to gather feedback on the current application process. This survey was distributed through support networks and other YAS communication channels. It aims to collect insights from individuals, regardless of whether they have applied for a job or not.</li><li>• Workstream 3: Marketing and Advertisement - the group has been concentrating on gathering insights from external stakeholders, internal recruitment teams, and community engagement efforts to shape a comprehensive marketing strategy. This involves reviewing past and present strategies, leveraging the existing volunteer community, and examining current recruitment materials. The goal is to enhance how YAS communicates its available support and facilities more effectively.</li><li>• <b>Next steps:</b> Workstreams to continue reviewing data, JD's and Marketing with a view to provide recommendations in March 2025 specific to 5 key roles.</li></ul> <b>Centralised Reasonable Adjustments Budget</b> <ul style="list-style-type: none"><li>• A dedicated workstream group has been formed to evaluate the Trust's software offerings, as 30 different software packages are currently available through IT for staff needing adjustments. Each software package will be assessed to determine whether it should be retained or streamlined. An additional IT portal will be developed to centralise access to software packages, facilitating a more efficient reasonable adjustments process.</li><li>• Kerry Rigby (HR), Caroline Morris (HR), and Bill Baggot (IT) are holding regular meetings to review cases submitted via the reasonable adjustment's portal, ensuring swift responses to staff needs.</li></ul>

Snapshot of DISG  
highlight report

Key Highlights of the current EDI Action Plan, monitored and performance managed by senior leaders include:

- Development and roll out of new Menopause Policy
- Supporting Trans Patients and Staff Policy and Guidance
- End-to-End Inclusive Recruitment Overhaul
- Reciprocal Mentoring and Women & Allies Mentoring launch
- Centralised Reasonable Adjustments Budget

# 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:

- Continuing to work with the Support Networks and Executive Sponsors to give voice to staff from BME and disabled backgrounds and improve outcomes.
- Focus on the retention and progression of women across the Trust.
- Educational training
- Continue to enact the EDI Action Plan 2024-27.
- Further development of Exit and Stay Interviews
- Continue to expand the Health Inequalities maturity matrix.
- Embed the end-to-end recruitment overhaul.



## Why:

# 2 Achieving Grade Activity

- Inclusion and Health Inequalities on all agendas across the Trusts governance structure.
- Support Networks supported by an Exec sponsor and NED Champion.
- Board members and senior leaders demonstrate commitment to health inequalities, equality, diversity and inclusion.
- Equality and health inequalities impact assessments are completed for all projects and policies.
- Equality and health inequalities are reflected in the annual business plans to help shape work to address needs .



# Overall Scoring Criteria



	Score
Domain 1: Commissioned Services	6
Domain2 : Health & Wellbeing	8
Domain 3: Inclusive Leadership	6
Peer Review – Doncaster & Bassetlaw Teaching Hospitals	2 (included within Domain 3 score)
<b>Total YAS EDS Score:</b>	<b>20</b> <b>Developing Activity</b>

<b>Undeveloped activity</b> – organisations score 0 for each outcome	Those who score <b>under 8</b> , adding all outcome scores in all domains, are rated <b>Undeveloped</b>
<b>Developing activity</b> – organisations score 1 for each outcome	Those who score <b>between 8 and 21</b> , adding all outcome scores in all domains, are rated <b>Developing</b>
<b>Achieving activity</b> – organisations score 2 for each outcome	Those who score <b>between 22 and 30</b> , adding all outcome scores in all domains, are rated <b>Achieving</b>
<b>Excelling activity</b> – organisations score 3 for most outcomes	Those who score <b>31 and above</b> , adding all outcome scores in all domains, are rated <b>Excelling</b>