NHS
North West
Ambulance Service
NHS Trust

NHS Equality Delivery System (EDS) 2022

Evidence Pack for Domains 1, 2 & 3

Year 2023

Improving services and measuring progress in NWAS

Evidence assessed between
December 2023 - February 2024

Contents

Introduction

The Equality Delivery System (EDS) helps the NHS improve services for local communities, and provides a framework for better working environments, free of discrimination, for NHS staff. As an NHS trust we are expected to annually assess our progress against the EDS outcomes to ensure we are delivering in the best possible way for our people and communities.

The EDS process allows us to demonstrate our 'due regard' for the for Public Sector Equality Duty enshrined within the Equality Act 2010.

Across the EDS framework, there are eleven outcomes which need to be assessed. They are grouped into the following three domains:

- Domain 1: Commissioned or provided services
- Domain 2: Workforce health and well-being
- Domain 3: Inclusive leadership

This evidence pack highlights work undertaken across the organisation in the last year for the benefit of patients and staff, in an inclusive way – meeting the needs of the diversity of communities who we serve and those who work for us. The evidence will be assessed by a panel of internal and external stakeholders, against the criteria set out in the Framework. The outcomes of the grading exercise will be shared with the Trust Board and NHS England.

Glossary

- **BME** – Black and Minority Ethnic (NHS England definition)
- **EOC** – Emergency Operations Centres – control centres
- **HRBP** – Human Resources Business Partners
- **L&OD** – Learning and Organisational Development
- **MDT** – multi-disciplinary team
- **OH** – Occupational Health
- **PES** – Paramedic Emergency Services
- **PTS** – Patient Transport Service

Domain 1: Commissioned or provided services

1A: Patients (service users) have required levels of access to the service

Evidence provided by: Integrated Contact Centre Team

1. Summary of the work that has been undertaken in the past year relating to this EDS outcome

The Trust utilises a nationally approved and licenced triage tool, NHS Pathways, to assess all patients who access 111 or 999 provision. This licenced tool has provision built in to ensure equitable access despite protected characteristics, it utilises several differing questions to rule out life-threatening illness or injury and apply an appropriate disposition. Some of these questions will consider protected characteristics, such as age or sex, where they are clinically relevant. NHS Pathways continues to develop mechanisms to ensure parity of access despite protected characteristics, an example of this is the provision of pulse oximetry (Oxygen levels) when assessing individuals with difficulty in breathing. NHS Pathways considered those patients with darker skin tones when developing this pathway, ensuring that it catered for any abnormal readings that this patient group may present with, specifically requesting that this group of patients are assessed by a clinician before a disposition is reached.

The trust utilises the British Sign Language 999 app, this allows those patients who have hearing disorders the ability to rapidly and effectively access our service. We also use a text relay service for some patients, so they can utilise text to place a 999 call and receive and appropriate response with our service. Further to this, the trust utilises both language line and the language line app to ensure that those service users whom English is not their first language are able to access the service effectively, and under accurate and safe triage and subsequent management of their health issue. We also have the option to provide video calling through the GoodSam app, this allows our clinicians who are based remotely to assess a patients needs utilising a live video feed, reducing the burden on verbal communication.

Through freedom to speak up, staff have developed an acronym, and training for staff when dealing with individuals who have speech difficulties. The acronym WAIT was formed:

W – Welcoming. Be friendly and polite.

A – Acknowledge a speech difficulty.

I – Identify ways and tools to make it easier.

T – Time. Offer time and be patient.

This has been launched through posters and adopted by the trusts Integrated Contact Centres.

The Trust monitors how individuals are accessing services through the capturing of data through Electronic Patient Records (EPR). As part of the review into the Equality Delivery System (EDS), a sample of one month data has been reviewed to understand how individuals with protected characteristics are accessing the service.

2. In delivery of this outcome, how have the needs of protected characteristics groups been considered and met?

The Integrated Contact Centres strive to ensure those with protected characteristics are able to access services through the provision of appropriate communication tools, which mitigate the risks posed by those who may

struggle with verbal communication. Wherever possible and practicable, the trust attempts to utilise options other than telephony in accessing services, this has been implemented nationally with 111 online and locally with the provision of online booking for Patient Transport Services (PTS).

Further to this, the systems in place are continually developed to ensure that clinical bias is removed, our triage systems, whilst nationally mandated, consider any impact on those with protected characteristics when been developed.

Specifically, when reviewing the data for face to face access of our services, we have considered those protected characteristics which we regularly record on our EPR systems and electronic ICC systems. This has allowed us to pin-point challenges and any potential themes that may warrant further exploration.

3. What have been the drivers for delivering this outcome?

- Trust objectives and priorities
- Area based learning forums, including feedback from staff in response to adverse incidents.
- Feedback received from assurance audits of ICC processes and procedures
- Freedom to Speak Up feedback.
- Engagement with our Patient Public Panel, with representation on appropriate meetings.
- Patient experience collated via all our surveys and engagement approaches e.g. Friends and Family Test (FFT) surveys, engagement with specialist and cultural patient groups.
- Working with our staff networks; Race Equality, Disability, Women's, Faith Religion and Culture etc.
- National engagement with other trusts and NHS England, reviewing lessons and issues encountered across the country allows us to take best practice and implement locally.

4. Provide an overview of challenges (if any) which have affected delivery of this outcome

The size and scope of our service proves challenging, ensuring that our service caters to a large geographical area and many individuals with protected characteristics. Changes to such a complex system can often introduce unforeseen risks and challenges which must be addressed real-time.

Challenges to data collection has been evident in reviewing the dip sample of Face to Face access. There is a lack of consistent recording of patient ethnicity that poses a challenge to collating data around inequalities of access. Further review of options and engagement with front-line staff to understand the root causes and explore alternative methods of gathering data should be undertaken.

1B: Individual patients (service user's) health needs are met

Evidence provided by: Patient & Public Panel/Communications Team

1. Summary of the work that has been undertaken in the past year relating to this EDS outcome

The trust actively engages with patients with protected characteristics and other groups at risk of health inequalities about their experience of the service through our annual engagement plans. The trust has a patient engagement implementation plan, supported by the annual priority mapping exercise, which helps determine which protected characteristics groups will be worked with and on which topics. Groups worked with in relation to the 999 service including patients from the following protected characteristics: disability, age, gender, race/religion.

Most recently the trust has worked with disability groups from the deaf community to support them accessing the 999 service which has influenced the roll out of the Insight App across the 999 service. The trust has also engaged with the deaf community regarding accessibility to services i.e. BSL Emergency Video Relay Service to ensure they are aware and understand the aids that are available to them when accessing the emergency service.

The trust has worked closely with learning disability groups, particularly 'People First Merseyside' on producing new easy read 999 leaflets. Consultation with the learning disability groups on the trust database to share feedback on the leaflet, to ensure it was appropriate for somebody with a learning disability. People First shared feedback with us, which supported to finalise the leaflet and it is now available on the trust website to access.

The trust also engaged with 'People First' on another occasion., providing AED training. Since this training session, the trust has seen a considerable amount of interest from other community groups and organisations to deliver similar training. The trust has visited the African Caribbean Care group, a 50+ community group, Deaf village, and Thornton Medical Practice PPG to deliver CPR/AED training. The trust has also been involved with targeted engagement work in the Cheshire and Merseyside area contacting community groups in to offer opportunity of booking a training session, as a result have received an overwhelming number of requests. These are currently being managed and booked by the CREO team in this area.

The trust undertook targeted engagement activities with community, specialist and hard to reach groups, e.g. attended Oldham Volunteers Fair and the Winter Well-being event hosted by Preston Community Hub who work with the community to educate them about the various health services available to them. Also attended the Preston Asian Cultural Mela event, Diverse City North Manchester, Burnley East Primary Care Network Health and Wellbeing Mela Event, Disability Awareness Day in Warrington, Windrush, Multicultural Cumbria Culture Bazaar and Pride events in Cheshire, Cumbria and Liverpool. Collectively these included the following protected characteristic groups: race/culture, gender, disability, sexual orientation and age.

The trust sends out regular 'info bursts' on self-care, changes and new services, as well as what projects have been worked on as a team, in addition to events and groups that have been engaged with.

The trust also produces a weekly newsletter for our Patient and Public Panel (PPP) members which contains stories about what panel members have been involved with and what has changed because of the feedback. This features members from many of the protected characteristic groups. And always actively encourage new members to complete personal profiles so can support individual needs and identify any challenges. The trust produces an accessible version and work with our panel members to refresh the layout of the newsletter.

The trust host annual community listening events, held in each of the five geographical areas covered, and attend numerous events across the North West to talk and listen to patient experiences. These include Health Melas, PRIDE events, Windrush, disability awareness days and both large and small community events. Many attendees at these listening events are patients from the following protected characteristic groups: race, religion, age, gender and disabilities).

The trust targets attendance from race/religion, disability and mixed age/gender groups, actively selecting venues used and known by the community. Also review venues for accessibility and look at the communities contained within the area, to ensure that every opportunity to engage with groups representing the protected characteristics is taken. A lot of time spent ensuring special needs are met, e.g. provision of interpreters, signers, accessible formats and subtitles, additional facilitators and buddies for groups as well as dietary and other requirements.

Attendance at the community listening events included representation from groups such as the Liverpool Arabic Centre, Lancashire Women, Deaf Village, Brothers of charity, RNIB, Age UK, Lancashire Council of Mosques, Greater Manchester Jewish community. At every event we host we educate attendees about out 999 service through lightning talks with support from frontline colleagues and various literature on how to access and use our services appropriately, which are also accessible in alternative formats. The lightning talk for 999/PES is an overview on the service, what the trust does, any local initiatives in the area, statistics for emergency calls handled and any challenges that are faced. Also hold a focussed 999 service tabletop activity, asking attendees to tell us why they think they may call for an ambulance and what they would expect if they had to make this call. The activity allows us to gain insight into the understanding, expectations and experiences that patients have using the 999 service.

Examples of improvements made because of patient feedback from diverse groups at the events includes creation of posters and other promotional materials for future events without faces to be used in mosques as well as the importance of staff wearing foot coverings where possible. These both came from separate Muslim ladies.

The trust work collaboratively and co-produce improvement work with the trust Patient and Public Panel (PPP).

Through an annual work plan, PPP members are invited to participate in numerous projects and share their feedback, which includes young as well as mixed age people and members from diverse ethnic communities, as well as members with physical and learning disabilities.

When planning communications campaigns, such as winter health and 999 demand management campaign, the trust uses research and insight to develop key messages. In this instance, before starting campaign planning, the insights from 999 calls data are used to identify the most frequent types of calls /reasons for using the emergency service. This identified calls relating to falls as one of the top reasons for the corresponding period last year. Whilst receiving high numbers of fall related calls across the NW, it was identified that these were highest in Greater Manchester and relating to older patients, both male and female. As a result, the trust focussed on producing hard copy leaflets, and physical adverts in GM newspapers together with face-to-face community events to target people who are generally offline and hard to reach via social media and digital platforms. These messages were focused on helping patients self-care and access the right health care service in relation to falls.

The trust sent out hundreds of copies of the falls leaflet to various organisations, community and user groups, health watch and GP surgeries. The trust has also made these available in alternative languages for users for whom English is a second language, i.e. Arabic, Farsi and Polish. This in turn reduces demand on the 999 service and supports patients who are not familiar with the 999 service. This work supported patients from protected characteristic groups in relation to age, gender, race and religion.

In addition to using data to help us target the right audience groups, there is work with PPP and community group contacts to test messaging and share content. This helps to ensure the trust are reaching the right patient groups with messaging tailored to their wants and needs. In relation to above winter health and 999 demand management campaign, the trust worked with PPP members representing the protected characteristic groups of age, sex, race and disability.

The trust capture and share filmed patient and staff stories to increase understanding of the needs of patients with protected characteristics as well as identify and deliver improvements. An example is production of a story involving a PPP member who lives with several neurological conditions and as a result must regularly use the 999 service. Her conditions are complex and relatively rare so unlikely to be experienced by many

staff members. Working with patients from groups with disabilities allows us to improve our services for the benefit of these and other patients.

2. In delivery of this outcome, how have the needs of protected characteristics groups been considered and met?

The trust engages with patients, community groups, and the public, to design, introduce change and cease services in ways that suit them. Our PPP offers involvement in many ways, both virtual and face to face, in and out traditional office hours, at different venues and in ways that suit the lifestyles and needs of protected groups as well as community groups identified as seldom heard. The trust also works with local Healthwatch and other healthcare providers to improve outcomes for people with a protected characteristic and other groups at risk of health inequalities. Some examples include:

- Supported with the national ambulance data set with NHS England. The project was about how the trust communicated the data sharing aspects with patients, i.e. once ambulance crews have handed over patients at ED, the crew do not know outcome the patient care. This was to enable the crews to have further insight re outcomes that would have future input into patient care. Those involved included young as well as mixed age people and members from our diverse ethnic communities, together with members with physical and learning disabilities.

- Remote verification of death procedure within the 999 Emergency Operations Centre (EOC) - Obvious patient deaths recognised by NHS Pathways with police on scene are usually categorised as prioritisation 3 or 4 and can experience up to 16 hours delay for a face-to-face response. This leads to a poor experience by the caller and places pressure on the responding ability of the local Police Force, whilst waiting. During periods of industrial action within the ambulance service, a system was utilised where the police were able to contact an NWAS clinician within the EOC and seek remote verification that the patient was deceased. This process has been developed and deployed in line with the Royal College of General practitioners' guidance, and provides a timelier response, improved caller and patient experience with increased resource efficiency.

  For this project the trust Panel members covered the ages of 45-65+, of white British backgrounds, 6 males and 2 females. The protected characteristic of disability was also represented by members with mental health conditions, hearing impairments, mobility and cerebral palsy being involved. The trust also had a PPP member from the Pakistani community who shared their views and concerns from their personal and cultural perspectives.

- EPR referrals – Changing the way we are working, with Band 6 paramedics and above having the option to leave scene following a referral into an Acute Visiting Service (AVS) provider for low acuity patients. Panel views were sought on this impact on the public as previously they would have had clinicians waiting in their house whilst the GP called back to accept the referral, but they will now be left with appropriate information once the referral has been made. Panel involvement included young as well as mixed age people and members from our diverse ethnic communities, as well as members with physical and learning disabilities.

- End of life care - Supported with research project looking at how ambulance services respond to patients with palliative care needs to gather feedback on the planned approach. Those involved also supported with an end-of-life care internship. For this work members covered the ages of 45-68+, white British, Jewish and white other backgrounds, 4 female and 3 males attended. The protected characteristic of disability was also represented by members with mental health conditions, hearing impairments and mobility issues.

- Supported with Hidden Disabilities Sunflower Scheme – the trust surveyed PPP members to see if they were aware of the Sunflower Scheme, their thoughts, any personal experiences of wearing the sunflower and how they would feel about the scheme being rolled out across the trust. Respondents replied positively with support for the scheme. Respondents were both male and female. Ethnicity included white British, Bangladeshi, Asian and Black African. Ages span from 25-65+. Disclosed disabilities are mental health, ASD spectrum- being ADHD, Aspergers Syndrome, rheumatoid arthritis, mobility impairments, hearing and learning impairments.

- Updated 999 Pictorial Handbook. This was developed as a hard copy guide to assist crews communicating and caring for patients where learning, language and disability challenges presented. The guide has now been updated with help from PPP members to become a new resource available to all crews via iPad. Panel members involved in providing their thoughts and feedback on the images and wording for this guide included representation of age, gender, disability and race protected characteristics.

- The trust PPP members join the Religion, Belief and Culture Forum every quarter and share personal experiences from their cultural background with the group to improve services for patients from different cultures including work on the Religion, Belief & Culture card. This work specifically involved PPP members from the Jewish, Christian, Muslim, Bengali, Methodist and Bengali communities. Members were mixed ages and both female and male.

- As part of the winter health and 999 service communications campaign, the trust uses insights from calls data to identify the most frequent types of calls /reasons for using the emergency service. An example from this year's campaign would be falls. Whilst the trust receives high numbers of fall related calls across the NW, it was identified that these were highest in Greater Manchester and with older patients. As a result, the focus went on producing hard copy leaflets, a physical advert in GM newspapers, and face to face community events to reach people who are offline, and particularly the elderly. Whilst demographic information was not available, the trust is aware from working with mixed ethnic groups that public health messages are better delivered by those in their own community, which included radio adverts on Islamic radio stations.

- The trust sent out hundreds of copies of the leaflet to various organisations, community and user groups, Healthwatch organisations and GP surgeries. The trust received several requests for the information to made available in different languages and had it translated into. Arabic, Farsi and Polish.

3. What have been the drivers for delivering this outcome?

- Trust objectives and priorities
- Trust Communication and Engagement Strategic Plan
- The aims of our Patient Public and Community Engagement Framework together with the trust's Equality Diversity and Inclusion priorities
- Patient demographic stats., which from the April 2023 shows that on average across all our PE survey returns, 40.1% of respondents had mobility impairment, with 19.2% having more than one impairment. Analysis also indicated that on average, 5.7% were from Black and minority ethnic communities.
- Patient experience collated via all our surveys and engagement approaches e.g. Friends and Family Test (FFT) surveys, engagement with specialist and cultural patient groups.
- Working with the trust staff networks; Race Equality, Disability, Women's, Faith Religion and Culture etc.

- Learning from our trust wide Community Listening Events – annually, one per area.
- Our trust commitment to listening and learning - The patient voice provides external independent insights based on actual lived experience which in turn provides us with qualitative information to better understand how and where we can make changes to result in improvements.

4. Provide an overview of challenges (if any) which have affected delivery of this outcome

The challenges encountered have been ensuring that representation on panel mirrored, as closely as possible, the diverse communities, by age, gender, ethnicity and disability. From the PPP database, 27.1% of members declared a disability impairment and 18.1% indicated that they were from Black and minority ethnic communities. With the gender split as 56.9% female and 42.8% male and remainder 'prefer not to say'. Also age split of 43.8% aged 16-34, 26.8% aged 35-54 and 29.1% aged 55+.

To overcome these challenges, there is regular review and cleanse of the PPP membership database, as well continuous promotion, and recruitment. There is also an action plan in place to help achieve the trust diversity targets.

In recent years the trust has found challenges in engaging with some groups whose membership and digital attendance was affected by the pandemic. The trust is now seeing engagement levels return to pre pandemic levels.

5. Additional comments

The trust continues to receive regular requests from various departments within the trust to support with new initiatives and review of policy and procedures.

The trust receives requests from NHS England to support with national projects. NHS England has also requested to use some of the trust messaging campaign which PPP members supported with and are featured in.

The PPP has been short-listed two years in a row for PENNA (Patient Experience Network National Awards), in the 'engaging and championing the public' category. This was based on the establishment of the PPP and the impacts and benefits achieved from the work of panel members. The PPP has also been short-listed for a regional award, the North West Coast Research and Innovation award. This was based on the 'right care at home scheme' with the quality improvement team.

The trust share patient experience feedback and identify areas for improvement via bespoke service line patient experience dashboards, also reporting monthly to Board via IPR and quarterly via Comms and Engagement Dashboard.

Reporting in the trust's annual report, the quality account, the EDI annual report and patient engagement annual report.

With assistance from patients, have developed a new faith and culture card, introduced the BSL insight app, easy read service guides, a pictorial handbook and other aids to improve accessibility.

1C: When patients (service users) use the service, they are free from harm

Evidence provided by: Risk & Assurance Team & F2SU Guardian

1. Summary of the work that has been undertaken in the past year relating to this EDS outcome

Datix April 2022 to March 2023 shows:

- 6168 total Datix events
- 313 Ethnicity data (5855 blank fields)
- 314 Gender data (5854 blank fields)
- 28 Disability (6140 blanks)

New Patient Safety Incident Response Framework being embedded which takes an increasingly patient-centred approach to patient safety event reviews – tailored around the needs of the patient and family, and involving them at all stages of the investigation, and in the resulting improvement work

PSIRF Policy has section devoted to Healthcare Inequalities and notes that our safety improvement work will utilise data around our populations and patient safety data to identify variations of inequality to ensure it is considered as part of future development process. Also references availability of easy read/large print information resources

Developing safety improvement plans for thematic reviews for PSIRF local and national priorities, which includes maternity and mental health, which will consider healthcare inequalities and how these can be addressed as part of the improvement work.

NWAS has engaged 3 Patient Safety Partners (PSPs), a requirement of the 2019 NHS Patient Safety Strategy. The PSPs will advocate for the needs of patients and work alongside to do so on patient safety agenda. Also set to undertake a further round of recruitment and are keen to recruit from a population with protected characteristic or at risk of health inequalities, potentially from groups who may have difficulty accessing healthcare services. This is to enable the trust to increase our insight into communities and develop new methods of reaching out to them with regards to improving patient safety and experience.

A patient safety staff member is currently attending a University of Salford-led course on Healthcare Inequalities in Greater Manchester. As part of this course, a project will be undertaken to improve learning and services with regards to healthcare inequalities.

NWAS is currently working with a number of prison services to address healthcare inequalities around the prison population and difficulties of ambulance service access and look at how improvements can be made. We are also attending an NHS Resolution webinar on delivering care to the prison population to help develop our insights into the challenges and where improvements can be made.

Currently undertaking a thematic analysis of patient harm over the winter period (December 2023 – January 2024) with a focus on healthcare inequalities such as frailty and nursing home residents, mental health patient calls etc

Establishment of Regional Clinical Learning & Improvement Group, a NWAS-platform for sharing learning and improvement relating to patient safety, which allows the discussions of cases relating to health inequalities where a risk-based approach to learning and improvement is taken, seeking subject matter expertise.

2. In delivery of this outcome, how have the needs of protected characteristics groups been considered and met?

Freedom 2 Speak Up (F2SU) have continued to embed the trust culture of openness and transparency, encouraging staff to raise any concerns they have regarding patient care. Since April 2023 the trust has

received 129 concerns which is a 29% rise on the previous year and of that 26 concerns relate to patient safety. The trust continues to monitor the protected characteristics of staff who raise concerns via the Freedom to speak up guardians and work alongside the networks to ensure all staff can raise concerns about patient inequalities.

Datix April 2022 to March 2023 shows:

- 313 Ethnicity data with:
  - White (266)
  - Asian or Asian British (5)
  - Black or Black British (4)
  - Chinese (2)
  - Any Other Ethnic Group (3)
  - Other Specified (1)
  - Unspecified (9)
  - (5855 blank fields)
- 314 Gender with:
  - Male (153)
  - Female (158)
  - Prefer not to say (3)
  - blank fields (5854)
- 28 Disability with:
  - Dementia (10)
  - Hearing Impairment (2)
  - Mental Health Condition (2)
  - Mobility Impairment (8)
  - Visual Impairment (1)
  - Other Disability (3)
  - Two people affected in this event hence two different EDI information (2)

In the above, the needs of protected characteristics have been considered as outlined.

3. What have been the drivers for delivering this outcome?

The driver for delivering this outcome with regards to the patient safety team is the NWAS Trust Strategy and the NWAS Quality Strategy. The Trust Strategy includes the aim ‘To provide high quality, inclusive care. The trust will put the patient at the centre of everything and listen to them so that we understand their needs. The trust will work together to prevent harm and continuously improve services’. From this, the Quality Strategy has measure relating to the reduction in patient treatment, outcomes and experience for patients with maternity, mental health or frailty presentation; evidence of listening and learning from when things go wrong; productive partnerships for learning and improvement. These are being delivered through the improvement of safety culture, creating better insight into safety, and strengthening safety partnerships. The trust is also developing person centred partnerships through shared decisions, building our community, listening to patients when things go right and wrong, and establishing co-design for ‘experience-based design’

4. Provide an overview of challenges (if any) which have affected delivery of this outcome

Challenges around the usual workload pressures and operational pressures which can impact project delivery.

1D: Patients (service users) report positive experiences of the service

Evidence provided by: Communications Team

1. Summary of the work that has been undertaken in the past year relating to this EDS outcome

Engagement with patients for them to provide feedback is undertaken via a variety of channels; bespoke patient experience surveys by service line, national friends and family test question (FFT) survey for the 999 service (see and treat), community and focus group engagements, Patient and Public Panel and our regional annual community listening events.

The trust actively engages with patients with protected characteristics and other groups at risk of health inequalities about their experience of the service through annual engagement plans. The trust has a patient engagement implementation plan, supported by annual priority mapping exercise, which helps determine which protected characteristics groups will be worked with and on which topics. Groups worked with in relation to the 999 service include the Jewish community, disability groups and the Lancashire Council of Mosques. This year the trust has also developed relationships with new community groups, e.g. the African Carers Group and Connect Africa to educate group users about the services we provide and to plan bespoke 999 life-saving skills sessions.

Specific examples include engagement with the deaf community to support accessing our 999 service which influenced the roll out of the Insight App across the 999 service. The trust has engaged with the deaf community regarding accessibility to our services i.e. BSL Emergency Video Relay Service to ensure they are aware and understand the aids that are available to them when accessing our emergency service.

The trust has worked closely with our learning disability groups, particularly ‘People First Merseyside’ on producing our new easy read 999 leaflets. The trust asked all the learning disability groups on database to share feedback on the leaflet, to ensure it was appropriate for somebody with a learning disability. People First shared feedback, which supported to finalise the leaflet and it is now available on trust website to access.

The trust also engaged with ‘People First’ on another occasion., providing AED training. Since this training session, the trust has had a considerable amount of interest from other community groups and organisations to deliver similar training. The trust has visited the African Caribbean Care group, a 50+ community group, Deaf village, and Thornton Medical Practice PPG to deliver CPR/AED training. Also have been involved with targeted engagement work in the Cheshire and Merseyside area where have contacted community groups in to offer opportunity of booking a training session, to which have received an overwhelming number of requests. These are currently being managed and booked by the CREO team in this area.

The trust hosts annual community listening events, held in each of the five geographical areas, and attend numerous events across the North West to talk and listen to patient experiences. These include Health Melas, PRIDE events, Windrush, disability awareness days and both large and small community events. Many attendees at these listening events are patients from the following protected characteristic groups: race, religion, age, gender and disabilities).

The trust targets attendance from race/religion, disability and mixed age/gender groups, actively selecting venues used and known by the community. The venues are reviewed for accessibility and look at the communities contained within the area, to ensure that we harness every opportunity to engage with groups representing the protected characteristics. A lot of time is spent ensuring special needs are met, e.g. provision of interpreters, signers, accessible formats and subtitles, additional facilitators and buddies for groups as well as dietary and other requirements.

Attendance at the community listening events included representation from groups such as the Liverpool Arabic Centre, Lancashire Women, Deaf Village, Brothers of charity, RNIB, Age UK, Lancashire Council of Mosques, Greater Manchester Jewish community. At every event the trust hosts we educate attendees about out 999 service through lightning talks with support from frontline colleagues and various literature on how to access and use services appropriately, which are also accessible in alternative formats. The lightning talk for 999/PES is an overview on the service, what the trust does, any local initiatives in the area, statistics for emergency calls handled and any challenges faced. The trust also holds a focussed 999 service tabletop activity, asking attendees to tell us why they may call for an ambulance and what they would expect if they had to make this call. The activity allows the trust to gain insight into the understanding, expectations and experiences that patients have using the 999 service.

The trust works collaboratively and co-produce improvement work with the trust Patient and Public Panel.

The trust uses the themes and findings from an annual review of the preceding year's feedback from patient experience surveys e.g. the 999 and Urgent Care Services to revise the questions for the next year's surveys. The trust works with both respective service line colleagues and Panel members to gain additional insight on touchpoints of the patient experience from an operational and a patient perspective. Panel members include male and female, young as well as mixed age people and members from diverse ethnic communities, as well as members with physical and learning disabilities.

Data is collated from patients with protected characteristics, using the Friends and Family Test survey (via postal comment cards, QR Codes on vehicles, SMS invitation and digital channels via smart phone devices and our trust website). Information about their experience of the service is used to gain insight into how and where service delivery improvements can made to further enhance the patient experience. As a trust recognising the need to be able to better understand, analyse and report patient experience broken down by demographics, i.e. gender, age, ethnicity and impairments. At present the trust is reliant on patients declaring this on returned surveys and this is not provided in sufficient volumes to enable to get an informed picture of the experience of patients from protected characteristic groups. To this end, the trust is developing reporting frameworks to enable the dissection of patient experience demographically.

From the 999 surveys in 2022/23 3.2% of respondents were from Black and minority ethnic communities, (Black, dual heritage, Bangladeshi, Indian and Pakistani) of which 89.7% rated their overall experience of the service as 'very good/good' and 92.3% indicating that they were 'cared for appropriately, with dignity compassion and respect'. 10.2% of respondents reported hearing impairment and of this group, 88.1% rated their overall experience of the service as 'very good/good' and 93.7% indicating that they were 'cared for appropriately, with dignity compassion and respect'.

Qualitative and quantitative feedback is captured in patient experience dashboards and shared with the 999 service leads to inform improvements. One example of an improvement came because of feedback from a mixed ethnic group in relation to providing further information and estimated time of arrival of an ambulance. Patients are now informed of an ETA giving them information to enable them to make an informed decision about their care and reassurance to those in need.

The trust captures and shares filmed patient and staff stories to increase understanding of the needs of patients with protected characteristics as well as identify and deliver improvements. An example is production of a staff story on use of the Language Line App when it was being piloted. This was based on a staff member's positive experience of using the app which enabled them to communicate effectively with a female patient of mixed ethnic origin with a pregnancy related condition who did not speak English.

2. In delivery of this outcome, how have the needs of protected characteristics groups been considered and met?

The trust has a diversity action plan in place which includes our area of focus and how aim to engage and recruit panel members from ethnic minority communities as well as maintain youth involvement. The plan outlines which protected groups the trust will engage with and recruit from which are race/culture and youth, e.g. the Chinese community, Jewish community and the Somalian community and how aim to achieve this through attendance at events such as freshers' fayres.

PPP involvement in the 999 service has included projects such as remote verification of death procedure within the Emergency Operations Centre, EPR referrals, End of Life Care, the Sunflower Scheme and the Blood Pressure Data Sharing project which linked local GPs with diagnosis of undetected high blood pressure.

Other examples include a refresh of the FFT (Friends and Family Test question) comment cards for 999 service users. Feedback included changes to layout to ensure patients could share comments on their experience and that it was accessible for all patients, simplification of the questions and use of easily understandable imagery. Members also helped in the design of posters with QR codes which directs them to survey feedback pages on the trust website.

The trust listens to the experiences of PPP members who have used services and share their experience across the trust. Some Panel members are also Patient Safety Partners for the trust and their experiences help to improve the patient safety culture across the trust and to encourage staff members to speak up about any concerns they have which in turn enables better patient experiences.

One of PPP members told us that she had been treated very well by the 999 service overall but wanted her disabilities to be better understood. This lady is from the Afro-Caribbean community and wanted to share her experience to improve patient care and accessibility for other individuals from her community.

3. What have been the drivers for delivering this outcome?

- Trust objectives and priorities
- Trust Communication and Engagement Strategic Plan
- The aims of the Patient Public and Community Engagement Framework together with the trust's Equality Diversity and Inclusion priorities
- Patient demographic stats., which from the April 2023 shows that on average across all survey returns, 40.1% of respondents had mobility impairment, with 19.2% having more than one impairment. Analysis also indicated that on average, 5.7% were from Black and minority ethnic communities.
- Patient experience collated via all our surveys and engagement approaches e.g. Friends and Family Test (FFT) surveys, engagement with specialist and cultural patient groups.
- Working with trust staff networks; Race Equality, Disability, Women's, Faith Religion and Culture etc.
- Learning from trust wide Community Listening Events – annually, one per area.

4. Provide an overview of challenges (if any) which have affected delivery of this outcome

Ensuring that sufficient survey responses obtained that are representative of different user groups and communities. (randomly select minimum of 1% of service users to invite to complete patient experience survey, hence no control over who is surveyed). Of the returns since Apr 2023, from randomly sent 999 PE surveys, 4.8% were from Black and minority ethnic communities, with 17.4% having hearing impairment, 3.1% learning disability and 5.4% visual impairment, with mobility impairment highest at 34.1%.

The trust is currently unable to identify representation at source so are reliant on survey returns including demographic information and is not always provided. This is a current improvement project.

5. Additional comments

The trust shares positive patient experience feedback via bespoke respective service line patient experience dashboards, also reporting monthly to Board via the Integrated Performance Report and quarterly via Comms & Engagement Dashboard reports.

Positive patient feedback being shared through ‘Electronic Wall Boards’ at trust sites, stations and emergency operation centres.

High level feedback and scores shared via social media sites.

Reporting in the trust’s annual report, the quality account, the EDI annual report and our own patient engagement annual report.

Domain 2: Workforce health and well-being

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

Evidence provided by: Human Resources Business Partnering Team

1. Summary of the work that has been undertaken in the past year relating to this EDS outcome

Initial support for all of these health issues often comes, for a lot of employees, at their initial work health assessment at this stage Occupational Health will advise us on any declared health conditions that may affect the individual's ability to carry out their role safely and effectively. Where the condition is not detrimental to the individual's safety to conduct the role or the ability to fulfil the role requirements we will be advised on what "reasonable adjustments" we may need to consider when employing this individual. Other circumstances would be whereby an individual develops a condition over the course of their employment and they come forward of their own accord to discuss the support and adjustments they need, or an occupational health appointment can be attended to provide better, expert medical advice. This would also help to support people with a disability, or a chronic illness recognised as a disability to ensure they are supported to have a fair and equal opportunity to fulfil the same job role as a fully able staff member.

When at work, staff are provided with support to manage obesity:

We have recently reviewed our process for work place health assessments in relation weight/BMI. Whilst we still assess weight for Helicopter paramedics for safety reasons. The only other role where specific weight is assessed to provide advice and support is control room staff, to identify requirements where an alternative chair may be more appropriate.

We have now moved to understand BMI on the basis that NHS guidance states:

- 18.5 to 24.9 – you're in the healthy weight range
- 25 to 29.9 – you're in the overweight range
- 30 to 39.9 – you're in the obese range
- 40 or above – you're in the severely obese range

Therefore OH will advise specifically when:

- BMI has been identified as being below 18.05 and therefore you may want to consider a risk assessment around the strength to conduct the role safely
- BMI has been identified as being above 40 and therefore you may want to consider a risk assessment around the ability to conduct the role safely.

OH will also provide advice at this stage on helping an individual to lose weight should this be their goal. Onwards from Occupational Health we then have a vast wellbeing support offering on our Invest In Yourself website that allows self-serve access to support on fitness, heart health and healthy eating. There is also an equivalent manager section which provides information to help managers support an employee struggling with obesity.

In our recent retendering decision on awarding the new occupational health contract we have selected a provider with a full wellbeing platform that provides comprehensive access to support on wide ranging health conditions which includes engaging videos, support programmes and workplace health advice when managing a condition. They will also help support our in house wellbeing team to provide health clinics and an annual wellbeing calendar covering key health topics such as obesity. Some of these events have been held at stations internally this year with the support of our wellbeing team.

The recent beat the burnout campaign run across the organisation was also a fairly comprehensive wellbeing offering accessible to all staff members covering – mental health support, healthy eating/nutritional advice and physical activity.

We also had 2 cohorts of NWAS staff attend the NHSEI funded long term rehab programme provided by TP Health which provided a similarly focused programme of activity to help people with conditions such as diabetes, long covid, COPD and mental health issues. (see appendix)

To help support with conversations to enable role adjustments in account for conditions we have always had a “Wellbeing passport” that is currently being revamped and a newly developed process for reasonable adjustments. (see appendix)

As we come onto support for other conditions which may be recognised as a disability we have also recently introduced training and advice for managers and HR on how to manage “reasonable adjustments” which also goes as far as a process for considering adjusting sickness triggers to support people who may be off more frequently as a result of a condition (see appendix)

When at work, staff are provided with support to manage diabetes:

The support offered to individuals in managing diabetes is very similar to above as it would often be identified during recruitment or an OH referral during employment where they would comment on the type of diabetes and how well it is managed, providing advice on how we could support the management of this condition in work including storage and access to medication including time to take/administer medication.

There is also support and advice provided as detailed above on healthier lifestyle changes to help begin to reverse or ward off the possibility of type 2 diabetes due to diet.

When at work, staff are provided with support to manage asthma/COPD

Again a lot of the principles for staff managing asthma/COPD are similar to the above in terms of reasonable adjustments/time to take medication however I must allude to specific support during Covid times and also the after effects of Covid that have left some people with lasting respiratory conditions.

During Covid, as all organisations did and supported by government advice – provisions were made to protect those classed as Clinically Vulnerable or Clinically Extremely Vulnerable. This is most cases included those with severe asthma and COPD who were able to isolate from work over a significant period of time and also upon their return, risk assessments were carried out to identify ways of continuing to protect these people from risk which included things like redeployment or additional PPE.

Covid times also brought around consideration over some protected characteristics groups who were identified as having a higher level of risk/susceptibility to certain Covid strains – these individuals were also covered with an individual risk assessment and adjustments to mitigate risk which may have involved isolation or home working etc.

For those that developed asthma/COPD as a long-lasting effect of Covid infection were able to access numerous NHS long covid support groups to help build stamina but also deal with the knock on mental health

effects. On some occasions these conditions lead to redeployment/role adjustments to support the individual to continue to work and maintain their career.

When at work, staff are provided with support to mental health conditions

As mental health is our biggest absence driver there has been an awful lot of work been put into helping staff with these different conditions.

Whilst we have always had self-referral access to all employees for counselling services and complex counselling services (EMDR/CBT) through occupational health with over 1700 sessions delivered last year we also do a great deal to signpost staff to other support organisations. The mental health support matrix (see appendix) identifies a number of mental health support organisations accessible to ambulance service staff to gain confidential support with their mental health be that crisis lines or more formal routes into counselling. These services are available to all staff including those of protected characteristics.

Whilst these services are available and, as mentioned previously, those resources enclosed within our Invest in Yourself wellbeing page on our intranet, these are fairly reactive methods.

We have developed training for all managers (see appendix) to understand the management support required for staff with mental health conditions or who are suffering with stress.

Other great resources have been developed to support these conversations such as the mental health conversation template and mental health continuum guidance (see appendix).

We have also recently across the trust developed better access and a process for those staff with potential neurodivergent conditions such as autism and ADHD.

2. In delivery of this outcome, how have the needs of protected characteristics groups been considered and met?

As mentioned earlier, the support of occupational health at pre employment of during the course of employment through manager referral can help identify people with a disability who need to be supported in work with reasonable adjustments.

In the various wellbeing offerings discussed in relation to obesity, diabetes, respiratory conditions and mental health – all of these offerings as well as the supporting manager training is accessed and targeted at the full NWAS population to ensure protected characteristics groups have equal access to support.

As identified earlier in times of Covid and the impact of respiratory conditions extra consideration was given to a number of diverse groups in relation to age, gender (pregnancy), disability and race as a number of these things potential increased risk and susceptibility to Covid. This was captured in Covid risk assessments that advised on isolation but also upon RTWs for a lot of these people in 2022 it advised on ongoing protection measures and consideration of continued redeployment or home/agile working.

The incoming occupational health provider has a wealth of support available to those people suffering with chronic conditions and will also provide expertise on things like menopause to support females (and males) through what can be a difficult time to continue attending work.

3. What have been the drivers for delivering this outcome?

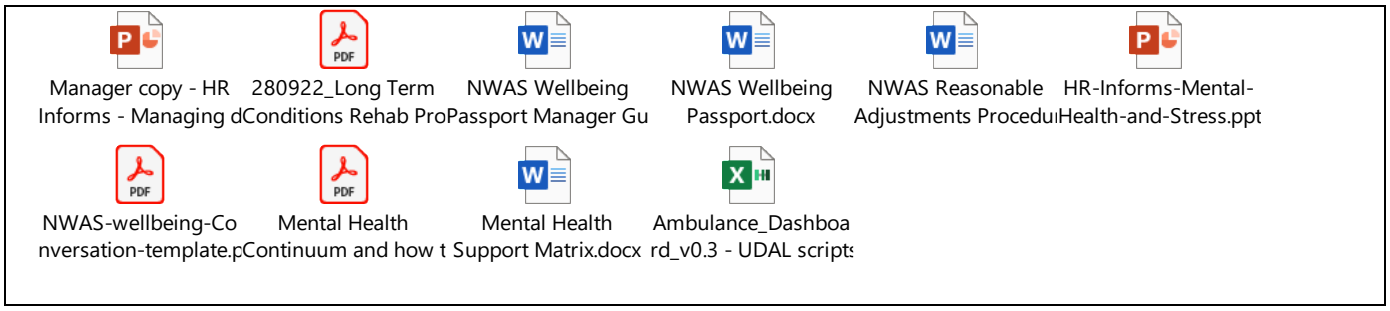
Ambulance dashboard data (see appendix). as well as our own internal data shows the difficulties, we face with mental health related absence which has driven our focus on mental health support. It was also clear the effects that Covid had on respiratory conditions which also brought about real focus on Asthma and COPD support.

Obesity and diabetes although no specific data available to support has always had a focus born out of workplace health assessments and OH referrals.

4. Provide an overview of challenges (if any) which have affected delivery of this outcome

The main challenge in the delivery of this outcome to be honest is the level of absence and the overall state of peoples mental and physical health following the Covid pandemic. This has put extra strain on resources such as the occupational health service to get people the help and support they need. Equally NHS health services are also well over capacity leading to long wait times for support that we may not be able to directly provide or fund internally.

5. Appendices



2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source

Evidence provided by: Violence Prevention and Reduction Group

1. Summary of the work that has been undertaken in the past year relating to this EDS outcome

Incidents are aggregated and collated to inform dashboards received at Health, Safety, Security sub-committee. The Violence prevention and reduction group (VPRG) meet every 2 months. Progress towards meeting the NHS Violence prevention security standards has been positive – currently 74% compliant and this has been peer reviewed by other ambulance trusts in the sector. VPR information pieces have been issued in regional bulletins. NWAS staff engaged in national violence reduction programmes. Restrictive intervention training received by frontline staff in person – this programme supports the national ambulance training programme.

2. In delivery of this outcome, how have the needs of protected characteristics groups been considered and met?

Annual violence and aggression deep dive paper reviews staff survey results against internal incident reporting and breaks down the data as far as possible to include protected groups. Engagement with REN and Women's network primarily is beginning to surface discussions which will help to identify future focus areas.

3. What have been the drivers for delivering this outcome?

Staff survey, RIDDOR and general incident reporting data. Trust values. National focus on civility in the workplace, sexual safety in the workplace, misogyny.

4. Provide an overview of challenges (if any) which have affected delivery of this outcome

Time for local management to review and focus on incidents. Data quality – protected groups are not easily identifiable from the reporting systems as currently set up. Dedicated VPRG team not in place.

5. Additional comments

Two initiatives that will support the outcome further are in early stages or due to be started:

- Sexual safety in the workplace group initiated.
- Piece of work due to take place – suicide prevention for staff particularly in ICCs.

2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying, harassment, and physical violence from any source

Evidence provided by: Human Resources Business Partnering Team

1. Summary of the work that has been undertaken in the past year relating to this EDS outcome

How are these issues reported?

From a conventional reporting method where any of the above issues have led to an absence, we have recently improve our absence reporting system to provide better data on sickness causes and not just sickness reasons. When recording absences now, whilst we have the main reason i.e. anxiety, stress, depression but we also have the below clear sickness causes. This has allowed us to identify specific cases of Stress (work related or personal) and also Physical violence to ensure managers and HR to provide the necessary support for these individuals. This will also over time, as the data builds, allow the HRBP to look at trends and hotspots and work with teams such as Health & Safety on issues with physical violence to better protect our staff members.

Sickness Cause Definition
1. Unknown - Manager to update
2. Work related injury - Violence & Aggression
3. Work related injury - Needlestick
4. Work related injury - Service RTC
5. Other Work related injury
6. Work related illness
7. Non work related - Illness
8. Non work related - Injury

Whilst the above comes only from absence data we also have more traditional policy driven avenues for proactive reporting. The HR team on a 3 yearly cycle review all policies - such as grievance policy and the dignity at work procedure (which is all encompassing through bullying and harassment and discrimination etc) to ensure they are fit for purpose and easy for both staff members and managers to navigate. These policies allow people to come forward more openly for allegations to be investigated. Please see attached policy examples. Each policy review also contains equality impact assessment is completed similar to the example embedded in this report.

NWAS as a trust recognise and collaborate with a number of Trade Unions (GMB, Unison and Unite) who help work together with us to identify any issues within their membership and also the wider organisation that relates to stress, abuse, bullying, harassment, and physical violence. They will also help support individuals through any policy processes they may be entered in to in order for us to listen respond and take action. Whilst we may not specifically analyse data to look for disparity with protected characteristic groups, all issues would be investigated with the same diligence regardless of background/characteristics.

Within the organisation itself we have a well-established Freedom to Speak up procedure (embedded in evidence), a specialised team with a newly appointed lead and guardians for independent reporting and investigation of such issues. These reported incidents will also, where appropriate, lead in to grievance or disciplinary procedures depending on the outcome. Freedom to speak up is well embedded within the organisation and promoted across all of our sites and is also included in mandatory training packages for all employees. This training is accessed by all staff across the trust including those from protected characteristics as can be seen through WRES/WDES reports.

The team produce and share Quarterly and Annual freedom to speak up reports to show the action being taken, further encouraging people to speak up but also allowing us to highlight trends and triangulate with other ER data to identify hotspots and take proactive action. Please see embedded example. The most recent report shows clear examples of speaking up in a number of different circumstances including racism.

What is the data saying?

- Anxiety, **stress**, depression currently represents 27% of all of our absences which is a reduction from 30% in the previous year. Although a catch all on mental health related absence we do report more specifically on stress (both personal and work related) on a weekly basis. Whilst we support people equally whatever their cause of stress, the vast majority of stress reported is related to

personal life rather than directly work related. Sample weeks show work related stress at approximately 11% of all reported stress cases.

- **Bullying and Harassment** – 2022 staff survey shows above average results on reporting bullying, harassment or abuse at 45.7%. Whilst clearly all reported instances are captured and dealt with procedurally through either the grievance or disciplinary policy (wherever the report may have originated - Freedom to speak up complaint etc) and seen through to appropriate action we are unable to quantify the specific number of cases amongst other grievance and disciplinary reasons.

- **Physical violence** – 2022 staff survey results show positive results in that 72% of people who experience physical violence at work reported it. We take the safety of our staff members very seriously - clearly most reports of this come from patient aggression when treating. Under 1% of absences reported over the course of the last 3 months have been as a result of physical violence.

What have we done and what support is available?

Stress: The HRBP team over the last year via their Attendance Improvement Team have developed and trained out a number of key resources over the last 12 months to help both proactively combat stress to avoid absence but also reactive resources in cases where stress may have already caused absence.

These resources include:

- Specific HR training module developed “Manging Stress and Mental Health”
- Launched a new wellbeing conversation template linked the mental health continuum
- Developed a catalogue of mental health support services both internal and external signposting immediate and ongoing help staff members have access to e.g. EAP, crisis lines, The Ambulance Staff Charity, Mind, Stockport Occupational Health
- Heavily invested in standard counselling support allowing staff members to access 4 counselling sessions initially with potential of an additional 4 where required. This has resulted in the delivery of over 1750 counselling sessions across the last year
- Invested in additional complex therapies such as CBT and EMDR for not only stress cases but being used in recovering from the effects of Bullying and Harassment, Trauma related to difficult jobs attended, mental health struggles following physical violence etc. This has involved spend of over £30,000 on “additional counselling services”.
- Relaunched and retrained the formal Stress Risk Assessment process used in cases of work place stress being reported

Alongside the work of the HRBP team we also have resources freely accessible on the greenroom through our Invest in Yourself self-service pages for staff members to access support for their mental health and stress in particular.

We have also recently gone through an Occupational Health retender where the access to health support and the overall mental health offering was heavily weighted in bidder assessments. This has allowed us to select a provider with the best level of hands on support for individuals’ mental health but also access to self-serve resources.

Bullying and Harassment: As stated previously, specific data on Bullying and Harassment in amongst all of the other Grievance and Disciplinary cases is difficult to quantify but does come through the Freedom to Speak up annual reports and the staff engagement survey giving us assurance that people feel confident to speak up when instances of this occur. Whilst dealt with through relevant procedures, the HRBP team retain the local level visibility to spot trends emerging and ensure appropriate response alongside operational leaders. Attached is the monthly ER dashboard showing summary case volumes. Here in areas with high case volumes the Head of HR works with local HRBP team and operational managers to ensure that cases are being managed in an appropriate way but also to understand if there are any deeper behavioural issues or trends emerging in specific stations or relating to specific managers/colleagues that needs addressing.

In this year specifically there has been a big focus on sexual safety on the back of issues identified in a number of public sector organisations on the news. NWAS HR leadership team have proactively engaged in

a reflective learning session which has resulted in a sexual safety charter and commitment being developed and beginning to be rolled out across the organisation led by the Director for People. This will ensure robust processes for the reporting of sexual misconduct and a clear procedure to be followed when instances are reported to act quickly and appropriately.

Support, advice and knowledge also extends across our wide range of staff networks run collaboratively with employee volunteers. These networks also give a voice and a listening ear to tackle issues before or as they arise to ensure all staff groups are being treated equitably. Staff networks have employee elected chair and vice chairs and all employees are permitted to attend should they wish to do so. The HRBP team will act on specific issues raised at these networks when it is in the scope of the HRBP role to do so. They will also work with operational and other corporate teams when there is crossover of responsibility.

Violence and Aggression: Whilst cases involving violence and aggression tend to be fairly low in relative terms, we may begin to get a truer more accurate representation across the next year now the reporting process has been revamped.

That being said, we do have a specific support mechanism owned by the operational teams in the form of Trauma Risk Management (TRiM). TRiM is a peer delivered risk assessment tool. It is used to determine by what degree, if any, a member of staff has been affected by an incident, provide a degree of peer support and advice to promote recovery and, if necessary, refer the individual for further professional help through the Occupational Health system. The assessment is voluntary, one to one and fully confidential. It is carried out by a trained TRiM assessor who has undertaken a recognised TRiM assessor's course. The structure of the assessment is:

- Introduction, setting off the ground rules and structure
- Structured conversation around the incident, using the 'before, during and after' model
- Closure, normalisation, after care advice and plans moving forward

The end result of this structured discussion is a score, this helps indicate whether further support would be beneficial. A second assessment is carried out approximately 28 days later, at this point, a referral may or may not be recommended. Throughout the 28 days further support is offered by the individual's line manager.

In these specific instances of violence and aggression relating to patient care we are also able to share information with our health and safety team to evaluate the safeguarding of our employees providing front line health care and put measures in place to improve their safety.

The HRBP team also support the violence prevention reduction group (VPRG), a new group made up of staff from a wide range of departments across the trust including operations, contact centres, communications, HR, H&S, training as well as a representation from TU colleagues. Chaired by senior managers of the quality directorate, the group meet monthly to discuss current violence and aggression (V&A) cases, how the trust is tackling the issues and providing support to staff who are victims of V&A.

In a nutshell, we aim to:

a) Ensure measures are put in place to minimise the risk of all incidents of assaults and abuse on all NWAS staff including contact centre staff/ EOC/111 and corporate staff.
b) Ensure any staff who are the victims of all violence, aggression and verbal incidents receive appropriate support.
c) Ensure the trust is compliant with the Violence Prevention and Reduction standards as incorporated in the 2022/23 NHS Standard Contract.
d) Review the results of all violence and abuse incidents activity and identify lessons that can be actioned to prevent and reduce variation and promote improvement.

2. In delivery of this outcome, how have the needs of protected characteristics groups been considered and met?

The needs of protected characteristics groups have been met and considered through the establishment and voice from the afore mentioned staff groups.

As well as the cited examples of staff groups we also have further meetings such as the religion, belief and culture forum that helps raise awareness of any potential issues and ensure an inclusive and diverse offering across all of our working populations, nationalities and beliefs.

As also mentioned, each of the relevant policies identified that support these instances have been through a thorough equality impact assessment and have been ratified in collaboration with our recognised trade unions.

Within our workforce information team we are also able to run reports on diversity and inclusion from our initial recruitment processes and workforce make up but also cross reference protected groups in employee relations data to ensure we have awareness on their treatment within the organisation to ensure there is fair and consistent offering throughout NWAS.

Whilst we've established specific data on some areas such as bullying and harassment aren't published on a wider level, the HR teams are trained locally to ensure they understand and can identify instances where protected groups may have been subjected to unequitable treatment. The answer to the previous question hopefully demonstrates however that we have proactive measures in place and support to ensure that whatever background or group your needs are equally met.

3. What have been the drivers for delivering this outcome?

There have been a number of examples cited in this paper where data is used to gather trends and protect the safety of all employees including those with protected characteristics to allow everyone the confidence to speak up for themselves and others around them when things aren't right.

We do however of course utilise data from our annual staff survey This has however always reported fairly favourable data on compassion, diversity and inclusivity, as well as people's confidence to speak up and raise concerns. Clearly we would act upon feedback identified where people are reporting discrimination and physical abuse through the staff survey. Our only challenge is completion rates being low which may not give an accurate representation of the workforce as a whole.

4. Appendices

Please see below evidence:

Freedom-to-Speak-Up-Policy-and-Proceduive-grievances-policy-

Individual-and-collect

Dignity-at-Work-Policy-June-2019KE.pdf

Equality-Impact-Assessment-Form-Record

NSS22-Benchmark-Reports_RX7.pdf

Annual Report2223v2.docx

ER Dashboard September 23.pdf

2D: Staff recommend the organisation as a place to work and receive treatment

Evidence provided by: Inclusion & Engagement Team

1. Summary of the work that has been undertaken in the past year relating to this EDS outcome

This outcome relates to questions 23 C and D from the NHS Staff Survey. In 2022, NWAS achieved an overall response rate of 33%, which equates to over 2200 responses from staff.

Q23c I would recommend my organisation as a place to work.

Results from the Staff Survey showed that overall, **46.4% of staff would recommend NWAS as a place to work.**

The responses in the subsequent National Quarterly Pulse Surveys (NQPS) were more positive on this question:

- **Q1 2023-24 (April 2023) 14% response rate**
  I would recommend my organisation as a place to work. 5.86/10

- **Q2 2023-24 (July 2023) 13% response rate**
  I would recommend my organisation as a place to work. 6.05/10

The annual Staff Survey asks a series of equality monitoring questions, and the results therefore provide an insight in the experiences of different staff groups. On this question, the responses from protected characteristics groups are as follows:

NWAS Average		46.4%
Age	16-20	50%
	21-65	45.9%
	66+	73.3%
Disability	Yes	38.4%
	No	49.7%
Ethnicity	Mixed/ Multiple ethnic groups, Asian/ Asian British, Black/ African/ Caribbean/ Black British, Other ethnic groups	49.5%
	White	46.3%
Gender	Female	50.2%
	Male	43.0%
Sexual orientation	Heterosexual / straight	48.2%
	Gay / lesbian, Bisexual, Other	41.1%
Religion	No religion	43.1%
	Christian	52.0%
	Muslim	50.0%
	Other	37.5%

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

In the 2022 Staff Survey, **60.8% of staff said they would be happy with the standard of care provided by NWAS if a friend or relative needed treatment.**

The results from the NQPS remained consistent with the annual survey in Q1 and improved in Q2:

- **Q1 2023-24 (April 2023)**
  If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation. 6.79/10

- **Q2 2023-24 (July 2023)**
  If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation. 7.03/10

For this question, the responses from protected characteristics groups in the annual Staff Survey are as follows:

NWAS Average		60.8%
Age	16-20	71.4%
	21-65	59.8%
	66+	80.0%
Disability	Yes	56.4%
	No	62.7%
Ethnicity	Mixed/ Multiple ethnic groups, Asian/ Asian British, Black/ African/ Caribbean/ Black British, Other ethnic groups	60.9%
	White	60.9%
Gender	Female	62.4%
	Male	59.9%
Sexual orientation	Heterosexual / straight	62.8%
	Gay / lesbian, Bisexual, Other	54.2%
Religion	No religion	58.0%
	Christian	65.3%
	Muslim	57.1%
	Other	65.6%

Support for staff

- The Attendance Improvement Team works to support staff on long-term sick, and is focused on reducing sickness and long term absence.

- Our comprehensive health and wellbeing offer aims to help staff be proactive in their approach to look after their wellbeing. A range of providers support this, from physical to mental health and beyond.

- Staff networks have been established and are flourishing across the organisation, often acting as key stakeholders in organisational plans.

- The NWAS strategy includes an aim to ‘be a brilliant place to work for all’. Staff engagement links into the NHS People Promise themes, such as, ‘we each have a voice that counts’ & ‘we are a team’ to name a few.

Exit interviews

Exit interview are undertaken with staff who are leaving the organisation. Currently an online form is used, but we recognise that the interview form, questions, and process can be improved, and the business case approval process is currently ongoing to enact this change.

The preferred option includes utilising Power Automate to notify line managers when the form has been completed. This notification will contain a link for a short follow-up ‘actions’ form to provide real-time data to

managers and ensure a feedback loop is maintained. This will drive improvements from more robust data, working in conjunction with other avenues of information such as the Staff Survey.

Based on equalities monitoring data (self-declaration in the form) collected from exit interviews so far, the tables below show the top three reasons why people leave organisation. This data has been collected since the current exit interview form was launched in 2020. Where there have been questions with the same number of responses, these have all been included.

Disability	Responses	Reason 1	Reason 2	Reason 3
No Disability	440	Improved Work life balance (42.5%)	Career Progression (41.36%)	Career Change (26.82%)
Disability	64	Improved Work life balance (54.69%)	Higher Pay (32.81%)	Career Progression (31.25%)

Ethnicity	Responses	Reason 1	Reason 2	Reason 3
Asian or Asian British	21	Career Progression (%) 11	Career Change (%) 10	Improved Work life balance (%) 7
Black or Black British	5	Improved Work life balance (40%)	Experienced Harassment / Discrimination (20%)	
			Closer to Home (20%)	
			Carer Responsibilities (20%)	
		Relocation (40%)	Career Progression (20%)	
			Career Progression (187%)	
White or White British	476	Improved Work life balance 217	Career Progression (187%)	Higher Pay 123
Mixed	8	Difficulties with Work Hours (37.5%)		
		Higher Pay (37.5%)		

Sexual orientation	Responses	Reason 1	Reason 2	Reason 3
Heterosexual	437	Improved Work life balance (45.31%)	Career Progression (40.05%)	Higher Pay (25.63%)
LGBT+	49	Career Progression (40.81%)	Career Change (38.77%)	Improved Work life balance (36.73%)

The reasons for leaving are broadly comparable between each demographic with ‘improved work life balance’, ‘higher pay’ and ‘career progression’ persistently ranking in the top three. However, ‘Black or Black British’

colleagues have indicated ‘Harassment / Discrimination’ as a reason for leaving, which is not in the top three reasons for any other demographic.

Moreover, colleagues who identified as ‘Mixed’ describe difficulties with work hours in addition to the more common reasons for leaving.

2. In delivery of this outcome, how have the needs of protected characteristics groups been considered and met?

The Staff Survey questions have been developed to ensure sound understanding of working experience via robust and validated questions and indexes. There is a gold standard approach to developing the questions. This includes identifying high quality questions used in other surveys wherever possible, extensive engagement with experts and stakeholders, and testing with staff from many different backgrounds and roles.

The aggregated survey results are official statistics, providing a rich source of data that is used by a wide range of NHS organisations to inform understanding of staff experience locally, regionally and nationally. From individual NHS trusts in England and regional staff experience experts to national organisations and programmes such as Trust SMEs, NHS England, Regional / Integrated Care System Leads, Care Quality Commission, Staff Networks, LGBTQ+, Workforce Race Equality Standard, Workforce Disability Equality Standard, Freedom To Speak Up and National Guardians Office, Social Partnership Forum, Temporary Staff Team, Retention Team, Patient Safety, Equality and Health Inequalities Team, Staff Survey Leads and the Pay Review Body.

The survey collected background data that allows reporting for WRES and WDES.

3. What have been the drivers for delivering this outcome?

The NHS Staff Survey collects our staff view about working in their organisation. The results are used to improve local working conditions, and ultimately to improve patient care. The Survey is administered annually so views can be monitored over time. It also allows us to compare the experiences of our NHS people in similar organisations, and to compare the experiences of those in a particular organisation with the national picture. The data is also used by the organisation to help shape and inform development plans. The NQPS data gives a more regular snapshot of staff engagement that can link into plans.

4. Provide an overview of challenges (if any) which have affected delivery of this outcome

The 2022 NHS National Staff Survey response rate was lower than we had hoped at 33%, this gives us an indicator of how staff feel but due to the low response rate this does not necessarily give a true reflection. For the 2023 survey we are trying a different survey incentive approach of a £5.00 coffee voucher for each staff member that completes the survey.

The National Quarterly Pulse Survey runs three times per year in January, April and July. Again, the response rate is low.

National operational pressures have impacted staff across the organisation and the wider NHS.

5. Additional comments

Local people plans were developed by departments across the organisation along with an organisation wide plan. Anonymised survey data gave initial indications on the areas to address for improvements however local engagement and data triangulation using other metrics such as workforce data were employed to ensure plans drawn up were meaningful to staff. Plans are fluid with regular updates and adjustments made as required.

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

Evidence provided by: Corporate Governance Team

1. Summary of the work that has been undertaken in the past year relating to this EDS outcome

The Board, together with VSM leaders are committed to leading, promoting and demonstrating their commitment to improving equality and health inequalities outcomes across the Trust. This is through partnership working by engaging with ICBs as part of the system working, Healthwatch and other provider trusts. There are clear links between staff experience and patient experience so it is vital for the Board to show visible leadership on matters of diversity. Part of this commitment is for the Board of Directors to develop their understanding of the barriers facing different groups of patients and staff through Patient and Staff Stories at Board meetings.

All Board members, system leaders and staff with line management responsibilities continue to support a large number of events and programmes to promote and raise awareness of relating to equality and health inequalities.

Engagement with Staff Networks
Directors continued in their Executive Champion roles aligned with Networks or particular equality strands. Champions are accountable for supporting network objectives, acting as allies and advocates and for bringing the perspective of their equality strands to ELC debate and decision making.

The Trust has five network groups set up to discuss issues related to protected characteristics:

- Armed Forces Network
- Disability Network (Disability)
- LGBT Network (Gender reassignment/civil partnership/sex/sexual orientation)
- Race Equality Network (Race)
- Women's Network (Gender reassignment, marriage and civil partnership/pregnancy and maternity/sex/sexual orientation)

Another forum, that is regularly attended by various members of the Board is the Religion, Belief & Culture Forum. This forum covers the protected characteristics of religion or belief/race.

In particular, the Trust made available a guidance on the Green Room providing information and key considerations for our Muslim staff and patients during Ramadan 2022.

The Director of Quality, Innovation and Improvement launched the Women's Network in October 2022 as Executive Sponsor and also hosted a roundtable event for the Women's Network.

All networks continue to make progress in raising awareness of any prejudices that members may face. The Trust works collaboratively and welcomes discussion and learning as a result of their work. To mark Black History Month, the Race Equality Network and Women's Network hosted an event on 5 October 23 to raise awareness of maternal health inequalities faced by people from Black and ethnic minority backgrounds from a patient safety and staff wellbeing perspective.

All networks are provided with an annual budget to fund their activities.

Health inequalities
During 2022/23, the Deputy Director of Quality lead the work relating to health inequalities on behalf of the Trust against 4 identified key pillars of safety, effectiveness, experience and digital. These are detailed in the EDI Annual Report 2022/23.

For 2023/24, the Board have recognised a strategic risk in *not working with partners in the health and care system to shape a better future leading to poor effects on our communities and the environment*. This strategic risk was recognised to ensure area teams work closer with partner organisations to shape the external service delivery and ensuring dialogues are constructive and at the right level. The Knowledge Vault is a key source of assurance for senior managers to understand discussions that have taken place across the trust.

The governance structure includes the Diversity and Inclusion Sub Committee which has strengthened focus and assurance key aspects of the work relates to the progress against the EDI strategic priorities and objectives; progress in relation to diversity aspects of the Quality Strategy and the Trust's published equality objectives and plans, progress in relation to WRES, WDES and gender pay gap however this is a small snapshot of the work covered by the Sub Committee. Assurance is reported via a Chairs Assurance Report to the Resources Committee and Quality and Performance Committee.

Further to this the Trust now employs two Public Health Registrars who have recently established a Public Health Delivery Group to focus on health inequalities and track progress against the NWAS Public Health Plan and ensure the trusts plan is aligned to population health objectives, across the trust and through its supporting strategies. The work of this group reports into the Clinical Effectiveness Sub Committee.

The Trust has a mental health team who work at a strategic level with organisation and externally to engage ICBs, mental health partners and other system partners to improve the prehospital response to mental health. Mental health conditions include mental disorder and psychosocial disabilities as well as other mental health states associated with distress, impairment in functioning or risk of self-harm. As well as those patients with learning disabilities and autism. The team strive to ensure funding is accessed and secured through the Mental Health Investment Standard, coordinating improvement work, and use data to understand the variation in care for mental health patients. The objectives of the team are to promote parity of esteem, reducing health inequalities, promoting patient safety, and improving the patient experience. A Mental Health Plan 2023-2026 is currently being developed working with internal and external stakeholders to develop the plan.

Board development
The Board of Directors receive regular updates relating to workforce equality, include race, gender and disability. The e-learning assessment relating to Equality, Diversity and Human Rights is also undertaken by Board members. Board Development sessions during 2022/23 focussed on EDI (WRES, WDES/Gender Pay Gap) and health and wellbeing. The 2023/24 Board Development programme continues to support the EDI agenda through collaborative discussion and further learning.

EDI and other pertinent areas such as sexual safety, promoting anti-racism and delivery of actions set out within the Board E&D priorities continue to be a focus within objectives for Directors as well as continuing to champion the networks as executive sponsors. Such work links to the Race Equality Network.

Assurance reports relating to regulatory and statutory EDI Workforce Reporting and progress against targets, and the EDI Annual Report and Health and Wellbeing Report Annual Report are submitted to the Resources

Committee and Board of Directors. Progress against these targets are included with the EDI Annual Report 2022/23.

The Board continue to attend meetings internally and externally to support them in their role to promote the EDI agenda and bring learning back into the Trust.

During 2022/23, work continued to develop a 'culturally competent' organisation and covers all protected characteristics. As part of the Making a Difference Leadership programme an internal leadership programme was launched in October 2022 called Beyond Bias. This session is a half day workshop attended in person for all leaders and managers to:

- Examine bias, prejudice and discrimination and how this impacts the workplace
- Develop cultural competence in the field of equality, diversity and inclusion
- Embrace and leverage diversity for better patient care and improved staff experience.

In support of the LGBT Network, Directors and staff attended the Pride Parade to celebrate the diversity of our teams and show support for each other.

CEO EDI communications

The CEO through his update reports to Board during 2022/23 has included the following in order to raise awareness to the Board, across the Trust and to the public:

- **Launch of Armed Forces Network**. Hosted by Chairs of the Network. Whilst the network had been in existence for a number of years, the launch marked a new beginning as an official network. The network offers a sense of community for veterans, reservists, cadet forces as well as support friends and families of the military. The Director of Corporate Affairs is the Executive Champion for this network.

- **Ramadan** – Raising awareness of the religious obligations of those staff who observe Ramadan in support of the Religion, Belief and Culture Forum.

- **Staff Survey Results** – highlighted areas of focus such as retention, career progression, flexible working, supporting immediate managers, wellbeing and burnout, bullying and harassment.

- **Mental Health Awareness Week** – Launch of the Mental Health Awareness Week on 9th May 2022

- **Health Inequalities** – The Trusts role in helping to tackle health inequalities by working with health and social care partners across the region to be included in the refreshed Trust Strategy..

- **Pride Month** – recognising June as PRIDE month and promoting the LBGT Network.

- **Recognition of Armed Forces colleagues** – Series of celebrations to mark the contribution of our armed forces colleagues.

- **Turn Off Blues Podcast** – A podcast for staff by staff. Episodes feature life after cancer diagnosis and health and wellbeing relating to staff talking about their menopause journey. Purpose of the podcast is to talk openly about difficult subjects which can open doors for other people feeling alone.

- **Staff Survey** – action in recognition of staff survey telling us that their health and wellbeing had suffered as a result of the pandemic. The trust invested in burnout programmes for staff and managers and enabled contact centre staff to have access to independent mental health support conversations.

- **Black History Month** – **Theme 'Time for change; Action not words'**. As part of AACE membership, all UK ambulance service pledged to play a fundamental role in achieving positive and lasting change in stamping out racism. Collective promise to: raise awareness, response, represent, respect and; be responsible.

- **Trust Strategy** – outlines commitment to equality, diversity and inclusion. Proud that staff networks and forums have provided safe environments where people are encouraged to be themselves, provide challenge and work with leaders to improve NWAS for all.

- **Launch of Women's Network – October 2022**

- **Ambulance staff crisis phoneline** – AACE commissioned The Ambulance Service Charity (TASC) to provide a new crisis phoneline to provide immediate and ongoing mental health care for all ambulance staff in the UK.

- **Armed Forces Covenant** – A promise to those who serve, who have served in the ~Armed Forces and their families, ensuring they are treated fairly by signing the Armed Forces Covenant. The Trust's support has been recognised in the form of a Gold Award by the Ministry of Defence's Employer Recognition Scheme.

- **Disability History Month** – HEE Mental Health Programme launched a new training package for all staff to help them feel prepared when attending mental health incidents.

- **Employers Network for Equality and Inclusion (ENEI)** - Trust received Gold Award for Talent, Inclusion and Diversity Evaluation (TIDE).

- **Women's HART taster day** – 19 paramedics attended the Trust's first women's taster day.

- **2022 NHS Staff Survey** – Recognised more to be done in relation to disabled colleagues or those with long term conditions, focus on health and well being initiatives such as the rollout of wellbeing phone calls from 'Just B'.

- **LGBT History Month** – Promoting LGBT Network and during the month colleagues shared their stories and experiences of working in the service.

- **Meetings with Network Chairs** – Chief Executive undertook the bi-annual review meetings with Network Chairs and Executive Leads to understand the progress made in identifying where NWAS can enhance its approach to support and improve our network communities.

- **Royal Garden Party** – Chief Executive requested the Chair of the Race Equality Network to present NWAS at the Royal Garden Party.

Achievements during 2022/23:

- Employers Network for Equality and Inclusion's (enei) Gold Award for Talent, Inclusion and Diversity Evaluation (TIDE).
- TIDE is enei's self assessment evaluation and benchmarking tool, measuring an organisation's approach to and progress on diversity and inclusion.
- Deputy Chief Executive awarded King's Ambulance Medal (KAM) in the 2023 New Year Honours List.
- Revaluation of the Ministry of Defence Employer Recognition Scheme Gold Award received by the Director of People

2. In delivery of this outcome, how have the needs of protected characteristics groups been considered and met?

The Board approved three EDI priorities (2021-2024):

- **Priority 1:** We will ensure our current employees and future talent have fair opportunities and access to jobs and career progression resulting in improved representation of diverse groups at all levels of the organisation, including Board.

- **Priority 2:** We will educate and develop our leaders and staff to improve understanding of racism, discrimination and cultural competence to deliver a step chance in the experience of our staff and patients.

- **Priority 3:** We will improve our use of patient data and patient experience to drive improvements in access and health inequalities, for patients from diverse communities.

The Trust's ED&I Annual Report reports progress against these priorities during 2022/23 and provides a snapshot of the priority areas aligned to the EDI objectives for 2023/24.

The Trust Strategy (2022-2025) recognises that the trusts priorities continue to be guided by national legislation and recommendations. These priorities include closer working between health and social care at a local level, reducing delays and longs waiting, improving access to primary care (GP and community services) and mental health services, managing health and inequalities within populations and staff health and wellbeing.

Through the continuation of work highlighted in s1, the trust will continue to review, learn and improve from experiences of those with needs of protected characteristics in line with the EDI priorities and the Trust strategy.

3. What have been the drivers for delivering this outcome?

- Results from Staff Survey.
- WRES, WDES data and gender pay gap data.
- Trust priorities: EDI, regulatory and statutory EDI workforce data requirements
- Learning from FTSU processes
- Areas of focus from Network groups
- Trust's Strategy
- Trust Annual Planning processes

4. Provide an overview of challenges (if any) which have affected delivery of this outcome

There is a vast amount of work being undertaken by the Trust to address this outcome, it important for the Board and senior leaders to listen to staff feedback and improve any barriers experienced. There are a large number of external meetings at system level designed to tackle health inequalities, it is important the Trust has the right resources for this work to continue.

5. Additional comments

The Board clearly supports all work undertaken to progress the equality, diversity and inclusion agenda. The aim is keep the conversation fresh at Board level with continuous education relating to these topics during 2023/24 and beyond.

The Board through the Committee assurance structure will continue to receive assurance and annual reports, with further opportunity to become further involved to support developments.

The Chairman is the Non-Executive champion for equality, diversity and inclusion and will continue to drive this agenda forward.

Objectives relating to equality and diversity are implemented into the objectives of senior managers to provide visible leadership around the diversity and inclusion agenda. This continues at Board level who are leading from the front in order to promote equality and equity across the organisation.

Looking forward into 2023/24, strengthened processes have been introduced at an operational level to attend Accountability Reviews presenting data on a number of areas including EDI data together with their engagement at with their local systems.

3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed

Evidence provided by: Corporate Governance Team

1. Summary of the work that has been undertaken in the past year relating to this EDS outcome

Any recognised Equality related impacts are a key focus of the reporting processes to the Board of Directors, Committees and Sub-Committees. Specifically, reports/proposals are expected to highlight whether any specific staff or patient groups would be impacted by any decision made by the Board and where possible how this can be mitigated.

The completion of an Equality Impact Assessment (EIA) is an evidence-based approach, designed to help the Trust ensure that policies, practices, events and decision-making processes are fair and do not present barriers to participation or disadvantage any groups, with protected characteristics, from participating. The EIA process assesses the impact to these group compared to those not from the 9 protected characteristics and other linked/similar groups.

EIAs are required to be carried out at the beginning of any decision making process to allow engagement with diverse groups as part of any policy development/proposal.

This is an essential element of the Boards decision making and demonstrates compliance with the Public Sector Equality Duty.

The Corporate Governance Team support this work through the use of report templates and ensuring policy authors have engaged with the Inclusion Team in relation to completing an EIAs to accompany policies and strategies.

Risks are discussed: both the broader aspects of approaches and the impact on individual groups

- All report templates feature a section for authors of reports to indicate whether there are any impacts relating to equality or sustainability. Any identified impacts are required to be reported within this section setting out what mitigations are in place, should there be any.

- This section of the report is a key focus for the Board and completion has vastly improved as a result of the work and focus on equality and health inequalities being undertaken by the Trust.

- The Board receives information about the staff survey and information about the responses of different staff groups. Directorates are requested to submit their local people plan in response to the results of the staff survey to improve those areas where performance may have been low or where improvements to working practices have been identified.

- The Resources Committee receive an overview of workforce data that the Trust is required to publish in relation to WRES, WDES and Gender Pay Gap. This report details the actions in places to address inequalities in the workplace and areas of focus. For example: WRES data includes experiences of colleagues from Black and minority ethnic backgrounds (BAME), headcount of BAME staff, work being undertaken to develop a representative workforce.
- The Board review and approve the Annual Equality report for publication.

- The Committees receive the Board Assurance Framework (BAF) strategic risks that are aligned to areas of work. In addition, D&I Sub Committee receives the EDI risk register providing the sub committee with an opportunity to discuss, identify the controls/gaps that require further assurance to mitigate these risks i.e. mental health/patients with disabilities.

2. In delivery of this outcome, how have the needs of protected characteristics groups been considered and met?

Delivery of an EIA for any strategy/policy and consideration of the equality impacts within reports that come before Committees/Board is essential. The Board need to understand whether any decisions they make impact on staff or communities that can be identified within the 9 protected characteristics.

3. What have been the drivers for delivering this outcome?

- Results from Staff Survey.
- WRES, WDES data and gender pay gap data.
- Trust priorities: EDI, regulatory and statutory EDI workforce data requirements
- Learning from FTSU processes
- Areas of focus from Network groups
- NWAS People Plan
- Trust's Strategy
- Trust Annual Planning processes

4. Provide an overview of challenges (if any) which have affected delivery of this outcome

Failure to identify any equality related impacts through non completion of an EIA as a result of not engaging with relevant group that might be considered to be impacted. This further delays the assurance/decision making process until a completed EIA is received to ensure protected characteristics are considered.

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

Evidence provided by: Corporate Governance Team

1. Summary of the work that has been undertaken in the past year relating to this EDS outcome

There are a number of mechanisms for the Board to manage performance and monitor progress as follows:

- **Board receives assurance through the Annual Equality, Diversity and Inclusion Annual Report.** The report shows progress and updates on the EDI priorities, around attraction, recruitment and progression, developing a culturally competent organisation and addresses health inequalities. It also provides an overview of the statutory regulatory data reporting including WRES, WDES, delivery of community and patient engagement and the work of the Staff Networks who make a positive contribution to the culture of the organisation.

- **Resources Committee received the Regulatory and Statutory EDI Workforce Report for 2022/23.**
    - WRES Data highlighted increase in headcount of BME staff from 325 on 31 March 2022 to 365 at the end of March 23 and linked to the protected characteristics of race.
    - WDES data highlighted increase in the representation of staff with disabilities: non-clinical rose from 7.1% to 8.3% in 2023; clinical (non-medical) rose from 4.8% in 2022 to 6.3% in 2023; total workforce from 5% in 2022 to 6.5% in 2023. This links to the protected characteristic of disability.
    - Gender Pay Gap – continuing increase in female staff 52.14% in 2023 compared to 51.60% in 2022. Links to the protected characteristic of gender reassignment/sex.
    - Report included ongoing actions to address inequalities within the workplace.

- Diversity and Inclusion Sub Committee provides assurance to Resources Committee and Quality Performance Committee on the progress of its work through the Chairs Assurance Report. Examples include increasing recruitment opportunities for staff from ethnic minorities (BAME), analysis of the staff survey for protected characteristics and updates in relation to health inequalities to improve services for mental health patients/learning and autism patients.

- Workforce Indicator Report to Resources Committee provides bi-monthly assurance against sickness levels; mandatory training and performance against targets; appraisal completion rates against targets, turnover; vacancy position; casework; disciplinaries. Assurance is provided to the Board via the Resources Committee Chairs Assurance Report.

- Bi-monthly Integrated performance Report to Board: this report provides bi-monthly data to the Board in relation to a set of metrics required by the Single Oversight Framework relating quality, effectiveness, operational performance, finance and workforce data. A review of the data against protected characteristics to understand and improve patient experience is undertaken by the Diversity and Inclusion subcommittee.

- The Board support the introduction of guidance to enable managers to understand menopause and support those staff affected. The Trust has in place Menopause Champions and a Menopause Policy.

2. In delivery of this outcome, how have the needs of protected characteristics groups been considered and met?

The Board approved three EDI priorities (2021-2024):

Priority 1: We will ensure our current employees and future talent have fair opportunities and access to jobs and career progression resulting in improved representation of diverse groups at all levels of the organisation, including Board.

Priority 2: We will educate and develop our leaders and staff to improve understanding of racism, discrimination and cultural competence to deliver a step chance in the experience of our staff and patients.

Priority 3: We will improve our use of patient data and patient experience to drive improvements in access and health inequalities, for patients from diverse communities.

The Trust's ED&I Annual Report reports progress against these priorities during 2022/23 and provides a snapshot of the priority areas aligned to the EDI objectives for 2023/24.

The Trust Strategy (2022-2025) recognises that the trusts priorities continue to be guided by national legislation and recommendations. These priorities include closer working between health and social care at a local level, reducing delays and longs waiting, improving access to primary care (GP and community services) and mental health services, managing health and inequalities within populations and staff health and wellbeing.

Through the continuation of work highlighted in s1, the trust will continue to review, learn and improve from experiences of those with needs of protected characteristics in line with the EDI priorities and the Trust strategy. This list below illustrates some of the work undertaken for each EDI priority. Full details can be found in the EDI Annual Report 2022/23.

Progress against Priority 1: Recruitment

- HR Hub continue to ensure recruitment and selection methods are inclusive. This is ongoing with the underlying aim to remove barriers and obstacles which may discourage, or disadvantage prospective applicant form apply or progressing through the recruitment and selection processes.
- The Trust engaged the Employers Network for Equality and Inclusion (enei) to undertake a recruitment audit. A deep drive into the end to end recruitment processes, exploring the experiences of applicants and hiring personnel (such as HR Hub staff) as they navigate each stage.
- Positive action recruitment: a voluntary measure that employers can take under the Equality Act 2020 to improve equality of opportunities for people who share one or more protected characteristic.

Progress against Priority 2: Developing a 'culturally competent' organisation

- Learning& Development Team embeds equality, diversity and inclusion throughout all training and development opportunities in the Trust. The team seek feedback from staff around how training modules can be more inclusive and represent diversity. This has been undertaken through:
    - Making a Difference – Beyond Bias internal leadership programme.
    - Reverse mentoring:
    - Board development – EDI exploring inclusive leadership, 'bystander' effect and micro-inequities.

Progress against Priority 3: Reducing health inequalities and improvement patient access through data and experience

- Four key pillars were identified to deliver this work:

- **Safety:** reduce long ambulance waiting times for mental health patients, leading to parity between physical and mental health patients.
- **Effectiveness:** focus on improving data input and analysis through the Electronic Patient Record (EPR), Power BI and partnerships including the affiliate programme. Share data with key partners and deliver as a system partner in Cardio Vascular Disease (CVD) prevention.
- **Experience:** continue to understand the impact of protected characteristics on patient experience and make improvements including implementation of the British Sign Language app and delivery of the Learning Disability and Autism plan. Also, focus on staff experience.
- **Digital:** develop access to data on our patients including ethnicity and communications requirements to improve experience. With ever-increasing digital innovation and adoption, provide a supportive work environment ensuring staff are not digitally excluded.

- The Trust launched a Mental Health Dashboard which has significantly increased our insight into the disparity in response times for Mental Health Patients
- Following the recruitment of a Learning, Disability and Autism Practitioner, the trust developed an LD&A Plan through co-production with a range of stakeholders. This collaborative approach led to the emergence of a number of themes which underpin the LD&A Plan 2023 - 2026.

3. What have been the drivers for delivering this outcome?

- Results from Staff Survey.
- WRES, WDES data and gender pay gap data.
- Trust priorities: EDI, regulatory and statutory EDI workforce data requirements
- Learning from FTSU processes
- Areas of focus from Network groups
- Trust's Strategy
- Trust Annual Planning processes

4. Provide an overview of challenges (if any) which have affected delivery of this outcome

- Hard to maintain consistent framework for EDI within areas
- Conscious diverse communities within footprint of NWAS, need to offer bespoke avenues of support for areas with specific needs
- Unable to commit to permanent resources rely on third parties to assist the trust in this work.