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# NHS Equality Delivery System South Central Ambulance Service NHS Foundation Trust **EDS Report**

February 2024

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NB: documents embedded within this reporting template are available, please quote the specific document/s and contact the [dipen.raiyaguru@scas.nhs.net](mailto:dipen.raiyaguru@scas.nhs.net) Head of ED&I

# Equality Delivery System for the NHS

## ***The EDS Reporting Template***

Implementation of the Equality Delivery System (EDS) is a requirement on both NHS commissioners and NHS providers. Organisations are encouraged to follow the implementation of EDS in accordance EDS guidance documents. The documents can be found at:

[www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/](http://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/eds/)

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

The EDS Report is a template which is designed to give an overview of the organisation's most recent EDS implementation and grade. Once completed, the report will be submitted via [england.eandhi@nhs.net](mailto:england.eandhi@nhs.net) and published on the Trust's website.

# NHS Equality Delivery System (EDS)

**Name of Organisation**

South Central Ambulance Service NHS Foundation Trust

**Organisation Board Sponsor/Lead**

Melanie Saunders, Chief People Officer

**Name of Integrated Care Systems**

Buckinghamshire, Oxfordshire, and Berkshire West ICB & ICS

Frimley ICS

Hampshire & Isle of White ICS

**EDS Lead**

Dipen Rajyaguru

**EDS engagement date(s)**

December 2023 – January 2024 (external)

11 January 2024 (ED&I Steering group)

**Individual organisation**

Oxford Health NHS Foundation Trust

**Partnership\* (two or more organisations)**

N/A

**Integrated Care System-wide\***

Buckinghamshire, Oxfordshire, and Berkshire West ICB & ICS

**Date completed**

January 2024

**Month and year published**

February 2024

## Completed actions from previous year

### Action/activity

This is a new version of EDS and is the first publication (benchmark)

The Equality, Diversity & Inclusion Strategy 2022-26 was developed following [the last version of EDS and is available on the trust's website](#)

## Executive Summary

This is our first roll out of this 'refreshed' EDS reporting mechanism we have chosen this year two services to review in Domain 1 rather than the 3 expected for future years. Of these two, one was expected to fit under the 5 clinical priorities cited in the *Core20Plus5* and the second was suggested to be an operational business service. We chose the [EarLy Surveillance for Auto-immune diabetes study](#) as a good example of innovative programme that meets the health inequalities target for *Core20Plus5* and our [Patient Transport Service](#) which is a good example of a service that works collaboratively across the health & social care system.

For each Domain a template is used with a number of outcomes that require evidence. A separate evidence pack was compiled for each Domain. Compilation of evidence packs largely utilised already existing data and reports, with creation of new data being avoided. Visual aids such as graphs were also produced to support interpretation of the data. The original datasets were also made available for the evaluators so they could conduct their own analysis and then to score, evaluate and grade each Domain outcome. A summary of the evidence collated against each outcome with the feedback and score from the evaluators for each domain is provided in the (linked) [Evidence Templates](#) for each domain.

The Evaluators (or stakeholders) consisted of 'internal' or those who understand the process or mechanism for Domain and can include service users, Trade unions, staff networks and FTSU guardians. These groups evaluated Domains 1 & 2 (through the ED&I Steering group), Domain 3 required independent or peer reviewers as well as the Trade unions and we were fortunate and grateful to gain the insights of Oxford Health NHS Foundation Trust and BOB ICS to provide a robust review and grade. The templates evidence packs were distributed in early December to the Independent & peer reviewers to submit back to us by 8/01/24 the 'internal' review took place on 11/01/24 at the ED&I Steering group (using slido to collate the score/grade and comments).

### **Ratings**

Overall, the Trust was given a rating of **Developing** (score of 16). To determine the overall rating, scores provided by evaluators were averaged for each outcome (rounding to the nearest whole number). The average scores across each outcome were then totaled, with the total score being given the corresponding grade as per the EDS (linked) [Scorecard and Ratings Guidance](#)

### **Summary of Key Findings and recommendations from evaluators**

This is from the feedback of the evaluators based on the evidence presented and interpreted by them and although it is subjective it does provide an indication and perception of the services.

#### [For Domain1: Commissioned/provided services \(PTS\)](#)

- More data needed to have a greater understanding of our service users and their experiences.
- Opportunity to provide data about renal patients and other patients who have higher needs and suffer from Health inequalities.
- Good to see a steady number of compliments, would like to understand the number as a % of patient journeys.  
\*Addendum evidence provided for 1C but not graded.

#### [For Domain1: Commissioned/provided services \(EarLy Surveillance for Auto-immune diabetes study\)](#)

- Already met targets initially set to reach by August 2024
- Overall, the team could develop a database on community center's they could access to promote such a valuable service -especially among communities where there is a higher prevalence of diabetes.
- ~~Need to be more proactive in getting feedback.~~

### For Domain 2: Workforce health and well-being

- The Trust offers a range of H&WB support to its staff, unclear from the evidence how much it is accessed or what staff view of the support is.
- Whilst there have been improvements, there are still concerns of negative cultures.
- There needs to be further use/ promotion of MHFAs and HWB champions. Includes more support for those doing the roles (as volunteers).

### For Domain 3: Inclusive leadership

- A good amount of work has gone into producing the various reports and analysis with reference to the main national drivers and initiatives with updates to senior leaders. Plenty of published information.
- There is evidence of both equality and health inequalities being discussed in board and committee meetings, but Board members and senior leaders need to be demonstrating and communicating their commitment or allocating resources to health inequalities, equality, diversity and/or inclusion.
- The Staff networks have a senior sponsor who have a defined role to meet and support them. However, no evidence of sponsoring (supporting) religious, cultural, or local events and/or celebrations. Staff Networks still need better executive sponsor input.

### **Conclusion**

Whilst the Trust's overall rating was Developing, there were many outcomes where the Trust was perceived to be as achieving. Additionally, even though outcomes in Domain 1 were all rated as Developing, had the EarLy Surveillance for Auto-immune diabetes study been rated in isolation, it would have been rated Achieving for all Outcomes. For Domain 2, the health & well-being team were recognised for their work and enthusiasm to progress and offer more variety of health support when/where they can. For Domain 3, there was some difference relation to how it was scored by the ED&I Steering group and Union representatives who gave a higher score and externally by BOB ICS and Oxford Health NHSFT who gave a lower score. Nevertheless, the average score gave a fair view when taking into consideration the work currently underway that will be evidenced/established next year, such as the Executive Staff Sponsors and the Board Equality objectives.

Many of the recommendations and findings (above) aimed at enhancing EDS performance align closely with existing plans within the Trust, integrated into various ongoing programs. Consequently, the EDS process serves to fortify the Trust's current initiatives, and highlighting potential measures our services can take to meet the needs and expectations of our service users and staff. We should aim to be 'achieving' next year.

## EDS Rating and Score Card Guidance

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

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

**Undeveloped activity** – organisations score out of 0 for each outcome

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

**Developing activity** – organisations score out of 1 for each outcome

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

**Achieving activity** – organisations score out of 2 for each outcome

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

**Excelling activity** – organisations score out of 3 for each outcome

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



NB:



Our independent external assessors were Buckinghamshire, Oxfordshire, and Berkshire West ICB & ICS (BOB ICS) for Domains 1 & 3 & Oxford Health NHS Foundation Trust for Domain 3  
Our internal assessors were the ED&I Steering Group with support as external assessors by the staff Unions for Domains 1,2 & 3




# EDS - Evidence template for Domains 1

Table 1: Commissioned/Provided service: Patient Transport Service (PTS)


Outcome	Evidence Provided	Score & Lead
1A: Patients (service users) have required levels of access to the service	<p><b>Take up of service analysed by protected characteristics</b></p> <p>Within Patient Transport Service pre Covid we conducted a free post patient satisfaction survey. These were distributed via the Ambulance Care Assistants. We reported on these quarterly to our contracted Commissioners. Our response rate at this time was averaging around 250 per month.</p> <p>This survey collected captured protected characteristics, <b>Age, Disability, Gender, Race, Religion, or belief</b></p> <p>During Covid for Infection prevention and Control all free post surveys had to be removed of all resources. These surveys have now been reissued due to reduce cross contamination.</p> <p>During Covid we conducted a focussed survey regarding the Renal service. Our aim was to survey patients that use the NEPTS for renal patients, to allow focussed improvements for this vulnerable group. The method used to conduct the survey was via a telephone. 297 responses were received. This survey collected captured protected characteristics, Age, Gender, and Race</p> <div>   </div> <p>PTS-survey-design Jan-2016.pdf      Draft V4 Renal survey.pdf</p> <p><a href="#">IresPTS-survey-Jan-2016-PRINT.pdf</a></p> <p><a href="#">Draft V4 Renal survey.pdf</a></p> <p>The Trust are looking at different methods to obtain more responses as the return rate has been quite low. A Business case is going to the Board to review a free text survey submission which will be outsourced to a 3<sup>rd</sup> party to conduct the text survey as the previously used methods are quite dated and time consuming.</p>	



	<p>Take-up by any other inclusion group (e.g., homeless service users) Within the Patient Transport Service, we have not previously taken up any other inclusion group surveys.</p> <p><b>Accessible Information System alert in place+ Reasonable Adjustments for patients</b> Currently there is no system alert or reasonable adjustments <u>for our surveys</u>, the Business Case for Board approval the 3<sup>rd</sup> party provider does have an accessibility criterion meets the accessible information standard.</p>	<p>0 – Undeveloped 9% <b>1 – Developing 64%</b> 2 - Achieving 27% 3 - Excelling 0%</p> <p>Lead: Patient Experience Team and Commercial services</p>
1B: Individual patients (service users) health needs are met	<p><b>Friends and family Test results</b> <b>Accessible Information Standards in place</b></p> <p>As above in 1A the Friends and Family Test (FFT) is conducted at the start of all Patient Transport Surveys.</p> <p>1. Q1. Overall, how was your experience of our service? Very Good Good Neither Good nor Poor Poor Very Poor Don't Know</p> <p>2. Please can you tell us the main reason for the answer you have given?</p> <p>3. Please tell us what we could have done better?</p> <p>We also monitor diversity via the FFT Question survey card <b>Please see FFT Questions survey card</b></p> <p> FFT Question Survey Card V1.pdf <a href="#">FFT Question Survey Card V1.pdf</a></p> <p><b>Please see the FFT (excel) monthly report from January to November 2023</b></p> <p> FFT Data.xlsx <a href="#">FFT Data.xlsx</a></p>	<p>0 – Undeveloped 0% <b>1 – Developing 64%</b> 2 - Achieving 36% 3 - Excelling 0%</p> <p>Lead: Patient Experience Team and Commercial services</p>
1C: When patients (service users) use the service,	<p><b>Serious incidents, never events and complaints.</b> *Addendum</p> <p>The patient safety team review all incidents that are graded as “moderate” or above by the reporter. During this daily review, if the level of harm to the patient is deemed low/no harm, then this is downgraded, and the standard investigation takes place. If it is deemed as a</p>	<p><b>0 – Undeveloped 45%</b> 1 – Developing 36% 2 - Achieving 9% 3 - Excelling 9%</p>

they are free from harm	<p>moderate or severe, this is then taken to the Safety Review Panel, and it is then established whether the incidents are a detailed investigation or a serious incident investigation.</p> <p>If the incident is deemed a detailed investigation/serious incident, the report is taken to the monthly Clinical Governance Meeting, where it is signed off by the service line leads. SCAS also hold monthly Learning from Events meetings where learning can be shared trust wide</p>	Lead: Patient Experience Team and Commercial services
1D: Patients (service users) report positive experiences of the service	<p><b>Patient Survey</b> <b>Other forms of patient feedback</b></p> <p>The Patient Transport Service receive many compliments through via channels. Telephone, Email, Post, verbally and Survey responses. All response where identifiable information is supplied the staff member will be informed of the positive feedback. We also review positive feedback to see if this can be implemented in other areas of Patient Transport to enhance patient experience.</p> <p><b>See PTS Compliments</b></p> <p> PTS Compliments.xlsx</p> <p><a href="#">PTS Compliments.xlsx</a></p>	<p>0 – Undeveloped 9% 1 – Developing 9% <b>2 – Achieving 55%</b> 3 - Excelling 27%</p> <p>Lead: Patient Experience Team and Commercial services</p>
	<b>Domain 1: Commissioned or provided services overall rating (by stakeholder panel)</b>	<b>4</b>

## EDS - Evidence template for Domains 1

Table 2: Commissioned/Provided service: SCAS research team - Early Surveillance for Auto-immune diabetes study

Outcome	Evidence	Score & Lead
1A: Patients (service users) have required levels of access to the service	<p>The ELSA study (<b>EarLy Surveillance for Auto-immune diabetes</b>) is a research opportunity providing screening <u>for children aged three – thirteen</u> for antibodies that can indicate risk of developing type 1 diabetes. This screening is conducted through collection of small blood spots on a testing card, post finger prick test.</p> <p>South Central Ambulance Service is active in supporting this project and is the only ambulance service trust currently engaged with ELSA. Through the utilisation our innovative 'Research – Rapid Response Vehicle' (R-RRV) team, clinicians are providing opportunities for children to undertake screening at convenient locations such as pre-schools / nurseries, religious events (Hindu temple), public centres, primary schools, and general practices. The aim of using these locations is to try and break down access barriers by taking these opportunities to the patient rather than them be forced to travel. This positive action enables us to reach communities with the greatest health inequalities which may include socio-economic deprivation and coupled with those that may have greater prevalence for type 1 diabetes.</p> <p>We have found that this change in practice means we have been able to reach a wider patient demographic. However, we also have a poster that helps to explain the study (<b>see poster</b>)</p>  <p>elsa-poster-2-v1.0-14.10.22.png  <a href="#">elsa-poster-2-v1.0-14.10.22.png</a></p>	<p>0 – Undeveloped 9%            1 – Developing 36%  <b>2 – Achieving 45%</b>            3 – Excelling 9%</p> <p>Leads: Research Operations &amp; Patient experience</p>
1B: Individual patients (service users) health needs are met	<p>Using our community outreach approach, South Central Ambulance Service have within the first few months of the study already screened significantly over the 300 patients target we were initially set to reach by August 2024.</p> <p>The ELSA statistician team predict that 1 in 100 children will be screened as 'high risk' meaning South Central Ambulance Service has likely already identified at least 3 children who are likely to develop type 1 diabetes.</p>	

	<p>Un-controlled diabetes can cause significant health risks to eyes, heart, Kidneys, Feet, nerves, and gums. With significant life-threatening complications if blood sugar levels rise too high or fall too low. There is also evidence to show that patients with diabetes are at an increased risk of developing some cancers (Diabetes.org.uk). Through early identification of diabetes, patients' local diabetes centres can support regular screening and treatment for these complications alongside their general practitioners. The ELSA Study also allows us to engage with communities and provide health education and support for patients and their families who have been identified as 'high risk'. This education package can help support the psychological effects of chronic disease diagnosis for both patient and family.</p> <p>We also disseminated information about the research through social media and news articles on World Diabetes Day (<b>see World Diabetes Day social media and news article</b>)</p>  <p>World Diabetes Day.docx</p> <p><a href="#">World Diabetes Day.docx</a></p>	<p>0 – Undeveloped 0% 1 – Developing 27% <b>2 – Achieving 55%</b> 3 – Excelling 18%</p> <p>Lead: Research Operations &amp; Patient experience</p>
1C: When patients (service users) use the service, they are free from harm	<p>The ELSA study has a low index of risk, the finger prick test is quick, and the amount of blood required is just 5 small drops per patient onto the testing card. No Serious incidents are expected to occur during this testing.</p> <p>Although low risk, the reassurance of having an ambulance clinical team conducting the testing can reassure the patients and help them feel safe. If the worst were to happen, those you would call, are already present, with all the equipment. This is a level of reassurance no other community-based research delivery team can provide.</p> <p>The study designed a fully online consent module with patient identifiable information and would be difficult to redact effectively enough for publication. (<b>See consent form</b>)</p>  <p>ELSA Study Parents Consent form.pdf</p> <p><a href="#">ELSA Study Parents Consent form.pdf</a></p>	<p>0 – Undeveloped 0% 1 – Developing 27% <b>2 – Achieving 55%</b> 3 – Excelling 18%</p> <p>Lead: Research Operations &amp; Patient experience</p>
1D: Patients (service users) report positive experiences	<p>The patient experience reported so far, has been widely positive. We have utilised the opportunity to conduct public engagement at the events. Using our R-RRVs and un-used trust ambulances, we welcome children and adults from the locations to come and speak to the team and have a look around the vehicles (when no patient present). This has at times included full classes from schools / nurseries being able to sit in the vehicles and others having the opportunity to ask health questions of have general discussions. Patients have been enthusiastic about the opportunity to sit on an ambulance and the provision of stickers</p>	

of the service	<p>after completing the screening means we have had very few leaving the vehicles without a positive experience.</p> <p>The experience of a parent and their child that attended a community event was captured by ITV news (See link <a href="https://www.itv.com/news/meridian/2023-07-31/boy-tells-of-living-with-diabetes-as-study-begins-screening-condition-in-kids">https://www.itv.com/news/meridian/2023-07-31/boy-tells-of-living-with-diabetes-as-study-begins-screening-condition-in-kids</a> )</p> <p>The Clinical Research Network (CRN) do request feedback opportunities are available and so far, we have handed out feedback questionnaire links to most parents or carers of ELSA screened children, however nationally there is not a great completion rate and ours is no different, since screening started, we have only had 10 responses from our ELSA feedback questionnaires, but all have been positive.</p>	<p>0 – Undeveloped 0%</p> <p>1 – Developing 36%</p> <p><b>2 – Achieving 36%</b></p> <p>3 – Excelling 27%</p> <p>Lead: Research Operations &amp; Patient experience</p>
	<b>Domain 1: Commissioned or provided services overall rating (by stakeholder panel)</b>	<b>8</b>

## Domain 2: Workforce health and well-being - Health and Wellbeing Department

Table 3: Workforce health and well-being - Health and Wellbeing Department

Outcome	Evidence examples	Score & Lead
2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions	<p>South Central Ambulance Service NHS Foundation Trust has created a <b>Health and Wellbeing Portal</b> to provide colleagues working for SCAS with Health and Wellbeing services, information, and advice to proactively look after your own wellbeing. All webinars and events are added to the portal with a calendar on the home page. We have run <u>webinars on Managing Periods at Work, Diabetes Type 1 &amp; 2, how to manage IBS, expectant parent, and emotional eating</u>. Affinity Connect Webinars re: retirement / financial wellbeing and their new pension tax allowance course. We run a <u>monthly hot topic menopause session</u>. The Menopause Café - Let's Talk Menopause café with the first half hour on a Hot Topic, followed by 30 minutes open discussion/café, we also have a dedicated Menopause page on Portal. The SCAS <u>Menopause policy (see attached)</u> was released in September to support colleagues and managers.</p> <div data-bbox="421 730 627 871" data-label="Image"> <p>Menopause-Policy.pdf</p> </div> <p><a href="#">Menopause-Policy.pdf</a></p> <p>Men's Health – we have just launched a Men's Health page on the portal to provide support to this group of our staff.</p> <p>The Health and Wellbeing team are continually working to improve what is offered to all SCAS colleagues through research, local and national support, further engagement, and communication with everyone and in line with the SCAS People Strategy. The portal can be accessed here - <a href="#">SCAS Staff Wellbeing Portal – SCAS Staff Wellbeing Portal (scasbenefits.co.uk)</a></p> <p>We have also developed a booklet with most of these support offerings. (see attached booklet)</p> <div data-bbox="421 1267 627 1407" data-label="Image"> <p>Wellbeing offerings booklet (online version)</p> </div> <p><a href="#">Wellbeing offerings booklet (online version).pdf</a></p>	<p>0 – Undeveloped 0%  1 – Developing 25%  <b>2 – Achieving 58%</b>  3 - Excelling 17%</p> <p>Leads: Health, Wellbeing team &amp; HR</p>

SCAS currently have approx. 190 stress risk assessors trained to support staff. Stress Risk Assessments and Maternity Risk Assessments are undertaken, data recorded and reported to the Health, Safety and Risk Committee every 6 weeks, to update the group and reassure of compliance and general wellbeing of staff. **(see attached stress risk assessment form)**



Stress risk  
assessment form - blank.docx

[Stress risk assessment form - blank.docx](#)

In conjunction with our Occupational health provider, Optima Health we have run a series of 30 minute Health MOT Checks for staff **(see poster attached)**



160623\_Health  
MOT\_30.pdf

[160623\\_Health MOT 30.pdf](#)

Collaborative working with their Occupational Health provider has made SCAS the first ambulance service nationally to create and successfully implement a Long Covid Programme which has resulted in decreased absence levels and retention of staff.

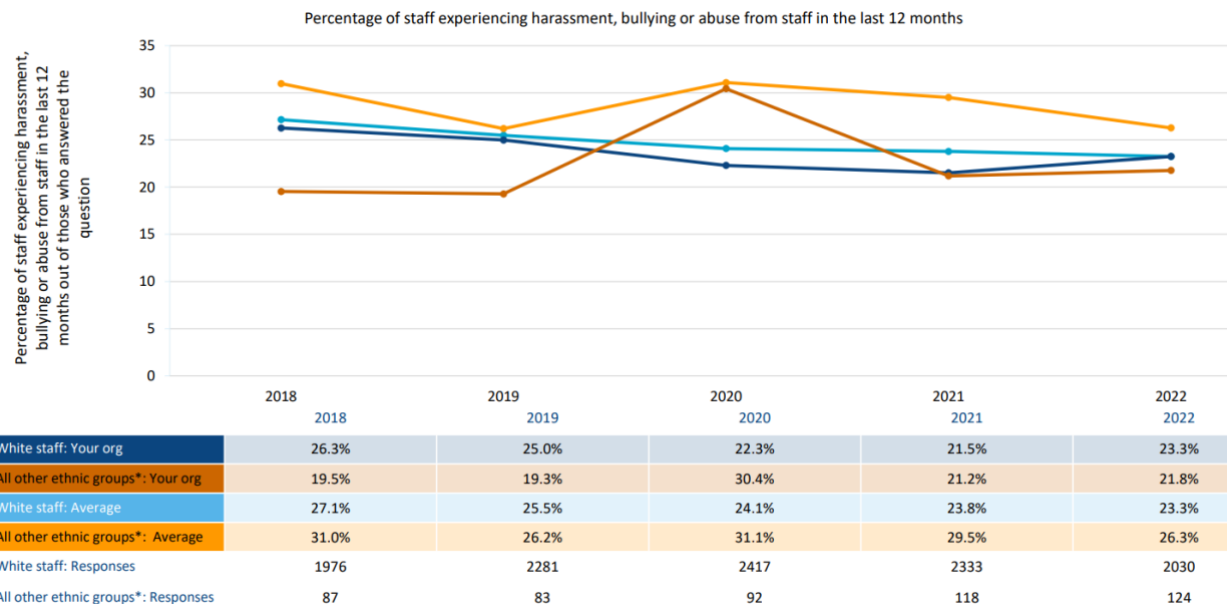
The Covid Rehabilitation Programme was six-week duration, staff would attend for two hours each week, including an education component involving evidence based CBT based psycho-education delivered by a Psychological Wellbeing Practitioner and Chartered Physiotherapist. This session also included understanding Covid 19 and the psychological implications of Covid-19, such as low mood, fear, and anxiety.

In addition to the education component the programme covered:

- A functional and pulmonary rehabilitation exercise class delivered by a Chartered Physiotherapist
- Mindfulness based relaxation
- Weekly resources to encourage adherence to the programme such as information sheets, podcasts, webinars, mood, and exercise diaries as well as a bespoke home exercise programme



	<p>•Participants also received a weekly 1:1 consultation with one of the Occupational Health clinicians to discuss any concerns, monitor progress and encourage motivation and adherence to the programme.</p> <p>We are now providing these staff with an opportunity to attend a long term rehabilitation programme, <b>(see attached information)</b> that Optima Health are delivering. A multi-disciplined education and rehabilitation programme will help staff with long term conditions including:</p> <ul style="list-style-type: none"> <li>• Mental Health (stress, anxiety, and depression)</li> <li>• Musculoskeletal Health (chronic pain, joint and back pain)</li> <li>• Post Covid Syndrome (fatigue and mental health)</li> <li>• Common Long-Term Conditions (diabetes, obesity, fibromyalgia, hypertension, cardiovascular or respiratory diseases)</li> </ul> <div data-bbox="421 598 627 737" data-label="Image"> </div> <p><a href="#">080223 Long Term Conditions Rehabilitation Programme AACE. Info Sheet.pdf</a></p> <p>Each participant will be medically screened and assessed by a clinician to ensure they are appropriate and safe to participate in the programme. This will also involve a number of functional tests and outcome measures so that progress can be monitored throughout the programme.</p>	
2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	<p>Chart below shows the Percentage of BAME staff experiencing harassment, bullying or abuse from staff over a 5 year period</p>	<p>0 – Undeveloped 0%</p> <p><b>1 – Developing 92%</b></p> <p>2 - Achieving 8%</p> <p>3 - Excelling 0%</p> <p>Leads: Health, Wellbeing team &amp; HR</p>



The Workforce Disability Equality Standards (**WDES**). Within this framework, there exist ten workforce metrics, facilitating a comparative analysis of data and responses from both disabled and non-disabled staff. The WDES is published on our website [NHS-Workforce-Disability-Equality-Standard-report-WDES-2023-2.pdf](https://scas.nhs.uk/NHS-Workforce-Disability-Equality-Standard-report-WDES-2023-2.pdf) ([scas.nhs.uk](https://scas.nhs.uk))

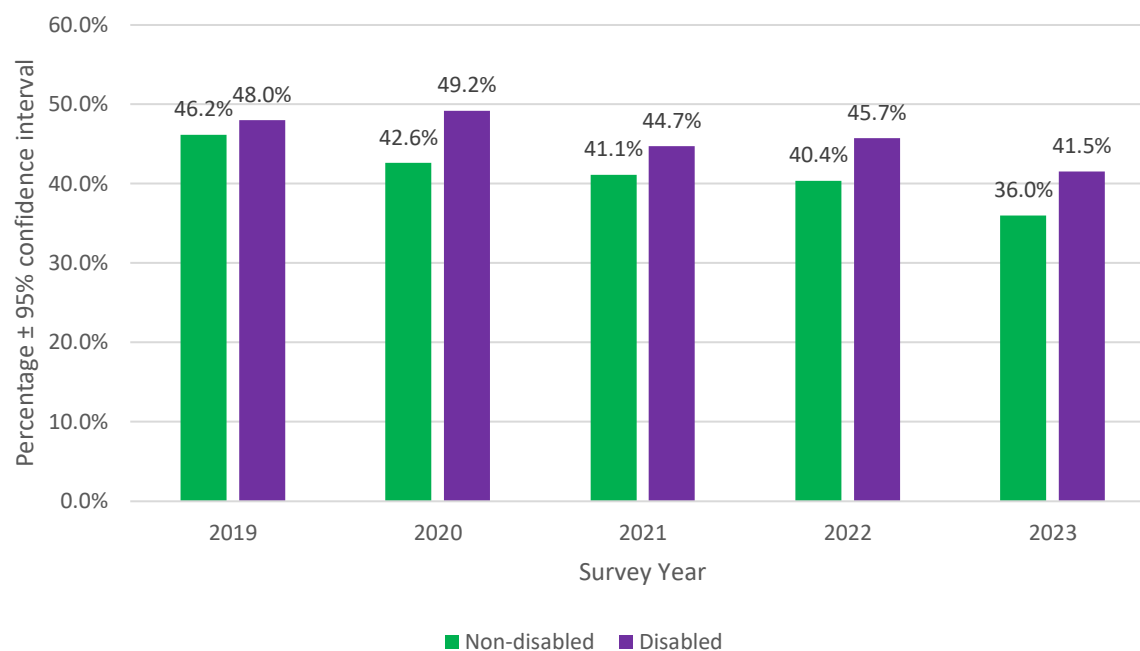
The WDES has parts (a, b, c, & d) under Metric 4 that focuses on bullying and harassment:

**Metric 4 (a) Percentage of staff experiencing harassment, bullying or abuse from patients relatives, or the public**

The percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in last 12 months was higher for Disabled staff (41.5%) than for Non-disabled staff (36.0%).

Chart below shows the percentage of disabled staff experiencing harassment/bullying or abuse from patients, relatives, or the public over a 5 year period.

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

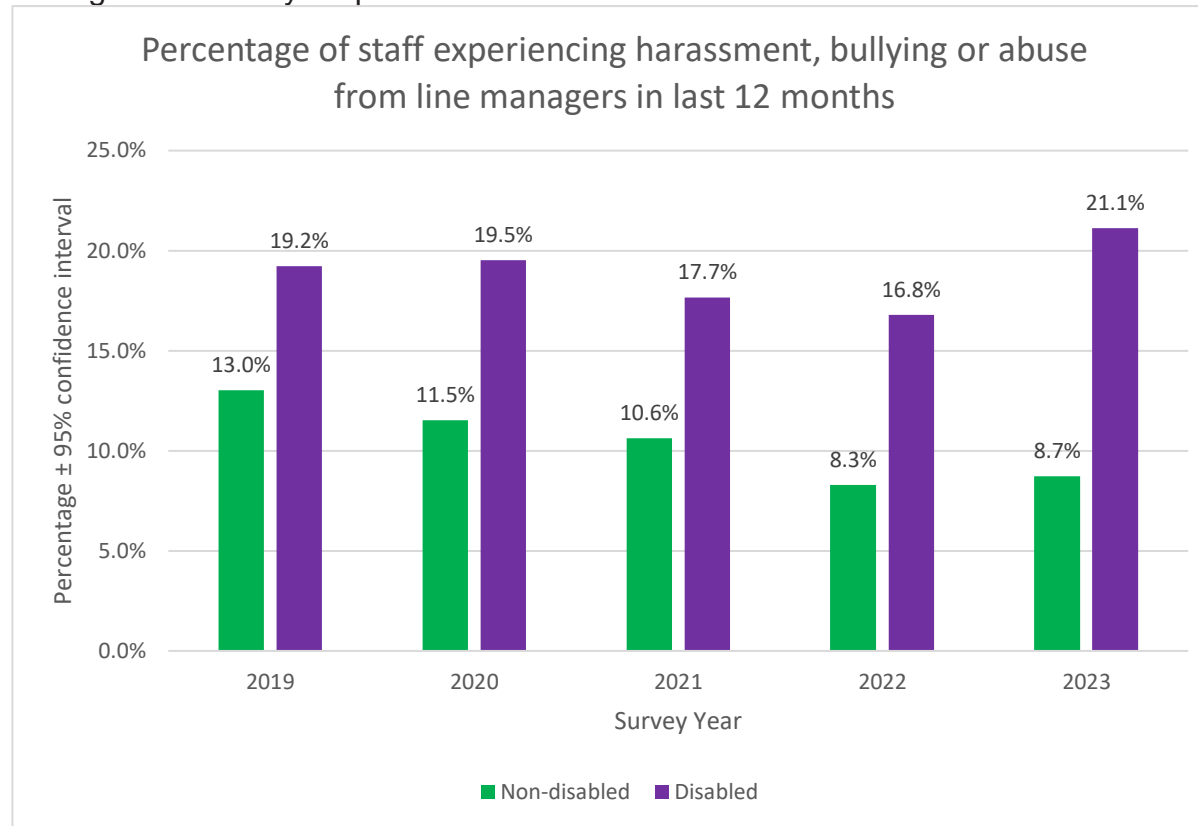


- The percentage of disabled staff experiencing harassment, bullying or abuse from patients, relatives, or the public for during this year's National Staff Survey (NSS) was **41.5%** a drop from the previous year (45.7%). We are also better than the comparable Ambulance Trusts average for disabled/LTC staff at **50.2%**.

**Metric 4 (b) Percentage of staff experiencing harassment, bullying or abuse from managers in last 12 months**

The percentage of staff experiencing harassment, bullying or abuse from line managers in last 12 months was higher for Disabled staff (21.1%) than for Non-disabled staff (8.7%).

The Chart shows the Percentage of disabled staff experiencing harassment, bullying or abuse from managers over a 5 year period



- The percentage of disabled staff experiencing harassment, bullying or abuse from managers was **21.1%** an increase from the previous year (16.8%). We are exactly the same as the comparable Ambulance Trusts average for disabled/LTC staff at **21.1%**

**Metric 4 (c) Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months**

The percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months was significantly higher for Disabled staff (22.4%) than for Non-disabled staff (14.4%).

The Chart shows the percentage of disabled staff experiencing harassment, bullying or abuse from other colleagues over a 5 year period

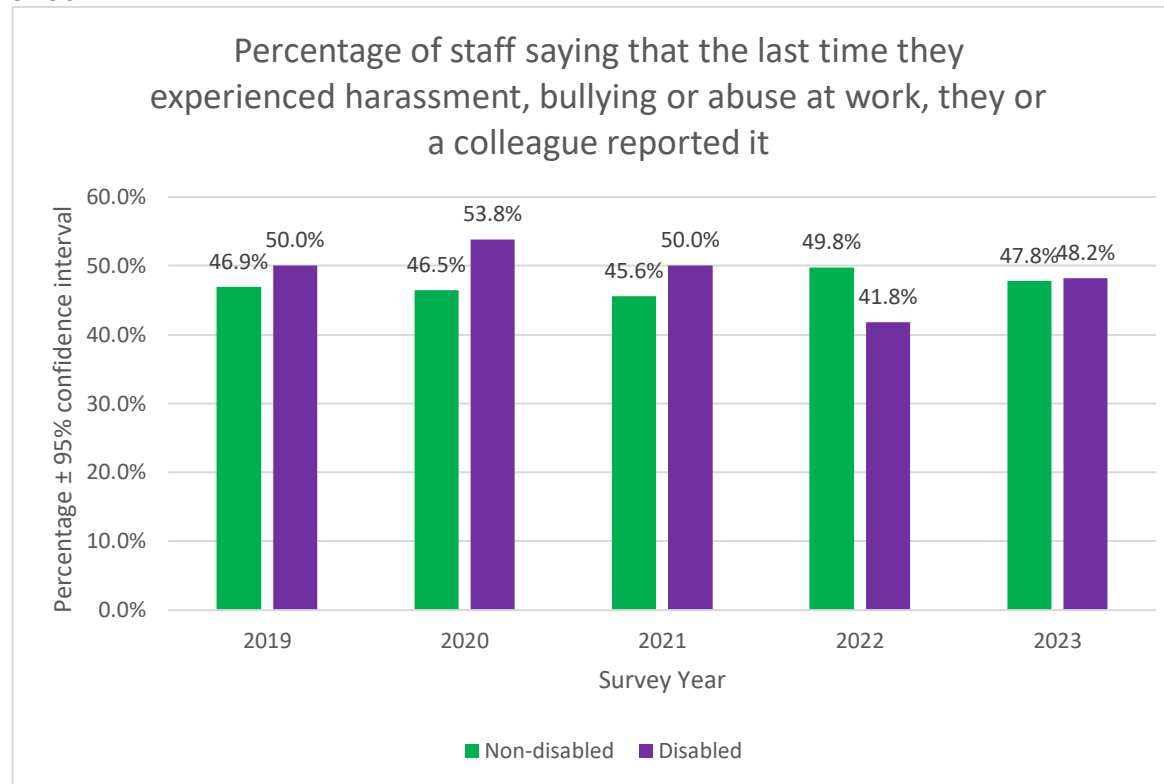


- The percentage of disabled staff experiencing harassment, bullying or abuse from other colleagues was **22.4%** similar to the previous year (22.9%). We are better than the comparable Ambulance Trusts average for disabled/LTC staff at **23.4%**.

**Metric 4 (d) Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it**

The percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it was similar for Disabled staff (48.2%) and for Non-disabled staff (47.8%).

The Chart below shows the percentage of disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it, over a 5 year period



- The percentage of disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it was **48.2%**, an increase from the previous year (41.8%). We are better than the comparable Ambulance Trusts average for disabled/LTC staff at **47.3%**.

To ensure that our staff are protected from bullying and harassment from patients, public and staff we are implementing the following in the WRES and WDES action implementation plans 2023.

- To protect our Staff, violence towards any SCAS member of staff is unacceptable we will work with the police to implement and publicise Operation Cavell and use Assaults against emergency workers act 2018 to do so.

[We don't think violence towards any SCAS member of staff is acceptable and we need your help! \(sharepoint.com\)](#)

- Promote the Harassment and Sexual safety Disclosure checklist to managers & team leads



Harassment and  
Sexual safety checklist


[Harassment and Sexual safety checklist v.2.docx](#)

- To develop an Active Bystander Programme to address inappropriate and unacceptable behaviours and support an inclusive culture.
- Champion the Just & Learning culture to enhance the Trust's work around perceived bullying, harassment, and abuse at work, ensuring that processes are transparent, and set out the key routes to reporting incidents. We have a Just & Learning culture hub page [Learn more about a Just and Learning Culture in SCAS \(sharepoint.com\)](#)
- The roll out of the 'Good Start' induction training programme to address negative cultures and engender inclusion, belonging & reporting
- We launched the SCAS Sexual Safety campaign and a dedicated Hub page for further support and guidance [Sexual Safety at SCAS - Home \(sharepoint.com\)](#) a
- We also launched and publicised the SCAS 'Sexual Safety Charter' that has also been included in the NHSE Equality repository for NHS organisation to adopt/adapt





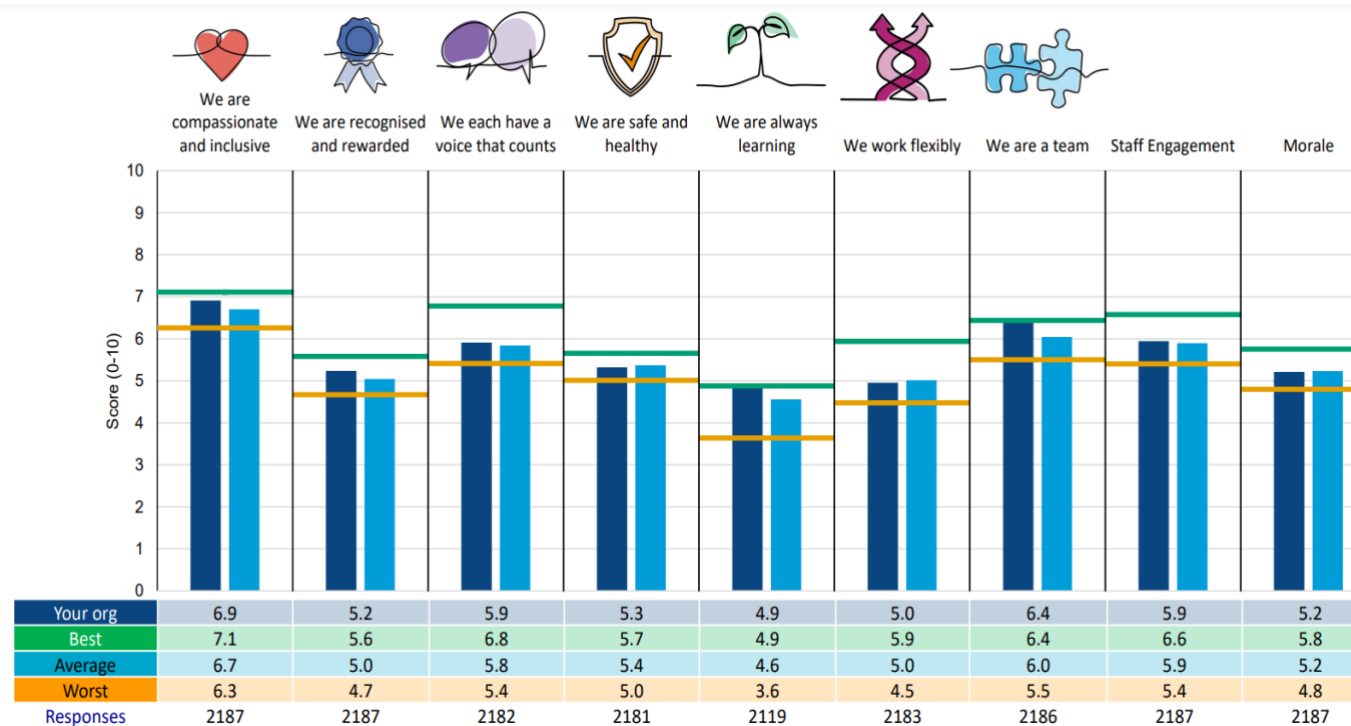
SCAS Sexual Safety  
Charter (2).pdf

[SCAS Sexual Safety Charter \(2\).pdf](#)

<p>2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment, and physical violence from any source</p>	<p>We have a Wellbeing Champions established network with a diverse mix of champions, approximately 50 wellbeing champions across the Trust, A Health and Wellbeing Champion plays a key role in supporting and developing a culture that contributes not only to improve the physical and mental health and wellbeing of their colleagues but also themselves. The role is to -</p> <ul style="list-style-type: none"> <li>• Promote and support our approach to health and wellbeing within SCAS</li> <li>• Encourage and signpost colleagues to access relevant health and wellbeing information, opportunities, and support</li> <li>• Raise awareness of wellbeing activities by supporting at least 4 events per year; promote healthy lifestyles and positive mental health</li> <li>• We hold monthly Champions chats where we discuss various topics for the champions to promote and it's an opportunity to learn from each other</li> </ul> <p>We have approximately 60 Mental Health First Aiders across SCAS, who have all attended the MHFA England course to achieve certification, to equip them with the knowledge and skills required to undertake this role.</p> <p>We promote The Ambulance Service Crisis Line and work with TASC reviewing reports of usage anonymised data. <a href="#">Caring For Those Who Care For Us   TASC (theasc.org.uk)</a></p> <p>All managers and leaders undertake a Wellbeing conversations programme, and this equips them to ensure they feel confident to undertake wellbeing conversations within their teams in line with our Just and Learning Culture.</p> <p>We have just launched Maximus – a cost free mental health support mechanism / coincided with stress awareness day early November. <b>See attached information.</b></p> <div data-bbox="421 1125 627 1268">  <p>ATWMHSS Employee Poster.pdf</p> </div> <p><a href="#">ATWMHSS Employee Poster.pdf</a></p> <p>Launch of StRaW – end of November (<b>see attached information</b>)</p>	<p>0 – Undeveloped 0%  1 – Developing 25%  <b>2 – Achieving 42%</b>  3 – Excelling 33%</p> <p>Leads: Health, Wellbeing team &amp; HR</p>
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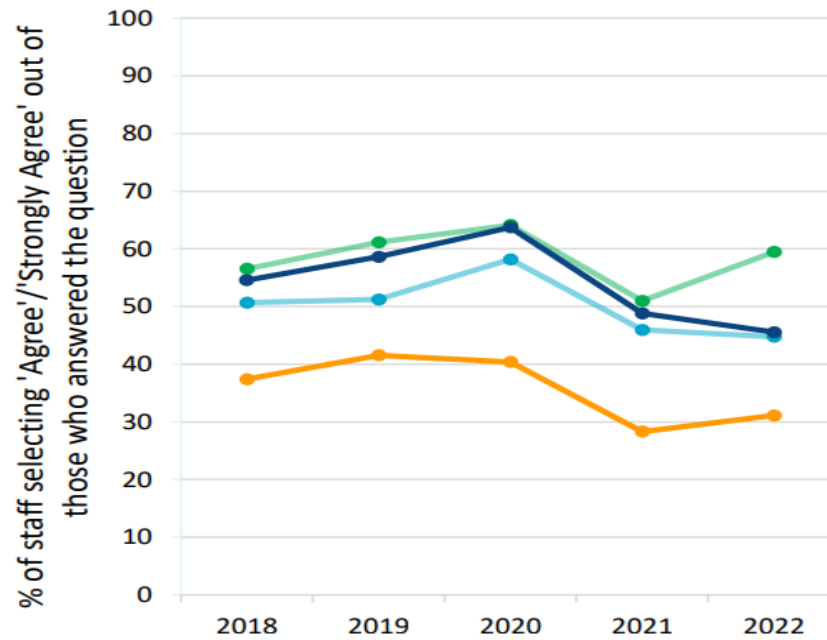
	 <p>Sustaining Resilience at Work (StRaw) (A4 (Landscape)).pdf</p> <p>We also have Occupational Health and the Employee Assistance Programme (EAP) services available for staff. <a href="#">Health, Wellbeing and Benefits - EAP-info.pdf - All Documents (sharepoint.com)</a></p>	
2D: Staff recommend the organisation as a place to work and receive treatment	<p>The NHS Staff Survey is carried out every year to improve staff experiences across the NHS. The full benchmark report is published by NHS England and can be found below.</p>  <p>RYE-benchmark-2022.pdf</p> <p><a href="#">RYE-benchmark-2022.pdf</a></p> <p>The survey focuses on a range of themes and sub themes aligning with the NHS People Promise. Questions are grouped under the following areas. The Graph shows how we responded (in the last survey) against the areas. All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score.</p>	<p>0 – Undeveloped 0%</p> <p><b>1 – Developing 55%</b></p> <p>2 – Achieving 45%</p> <p>3 – Excelling 0%</p> <p>Leads: Health, Wellbeing team &amp; HR</p>



We will focus on the specific questions, Q23c “*I would recommend my organisation as a place to work*” and Q23d “*If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation*”.

The Chart below shows our staffs response to the statement, “I would recommend my organisation as a place to work”, over a 5 year period.

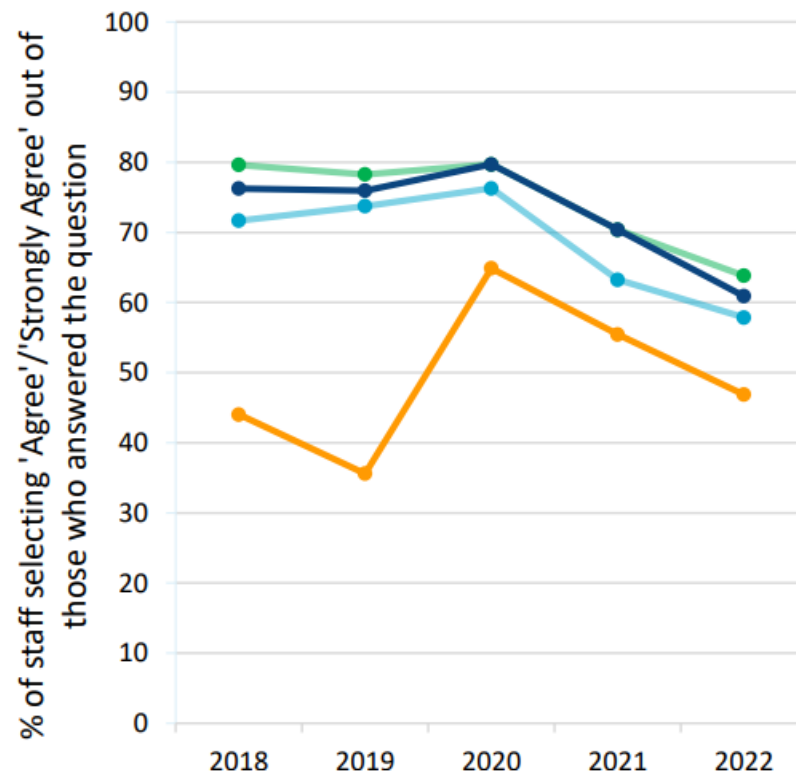
Q23c I would recommend my organisation as a place to work.



	2018	2019	2020	2021	2022
Your org	54.6%	58.6%	63.7%	48.8%	45.5%
Best	56.5%	61.1%	64.1%	51.0%	59.4%
Average	50.7%	51.2%	58.2%	45.9%	44.8%
Worst	37.4%	41.5%	40.4%	28.3%	31.1%
Responses	2099	2418	2651	2527	2183

- There has been a decline in the percentage of staff who agreed or strongly agreed to recommending SCAS as a place to work from the previous year. However, this has been a general (average NHS for Ambulance Trusts) positive decline to this question.

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



	2018	2019	2020	2021	2022
Your org	76.2%	75.9%	79.7%	70.4%	60.9%
Best	79.6%	78.3%	79.7%	70.4%	63.8%
Average	71.7%	73.7%	76.3%	63.2%	57.9%
Worst	44.0%	35.6%	64.9%	55.4%	46.9%
Responses	2094	2417	2653	2527	2183

- In the previous year, we ranked as the best but there has been a decline in the percentage of staff who agreed or strongly agreed to feeling happy with the standard of care their friend or relative would receive at SCAS. However, we are better than the general (average NHS for Ambulance Trusts).

The **'People's Voice'** Hub collects feedback from colleagues about what affects them at work. This includes through People Pulse surveys, the National Staff Survey, Freedom to Speak Up and employee relations themes, joiners and leavers surveys, student feedback, leadership visits, and Bright Ideas. [People Voice - Home \(sharepoint.com\)](https://sharepoint.com).

The Monthly **People Pulse Survey** enables free type commentary from this NHSE-owned platform is thematically analysed and where possible, sorted into directorates. We can measure the 'pulse' or mood of our staff regularly and feedback issues or concerns of colleagues.

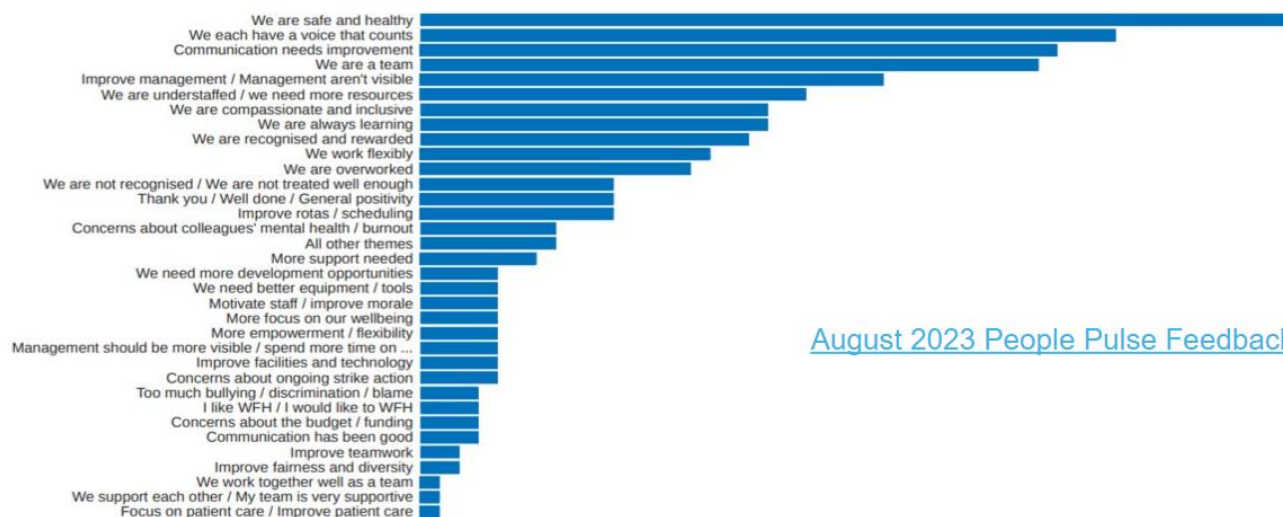
**Example slide below**



**NHS**  
South Central  
Ambulance Service  
NHS Foundation Trust

## Feedback to Organisation

**What one piece of feedback at this time would you like to share with your organisation?**




[August 2023 People Pulse Feedback](#)

	<b>Domain 2: Workforce health and well-being overall rating</b>	<b>6</b>
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## Domain 3: Inclusive leadership

Table 4: Inclusive leadership

Outcome	Evidence examples	Feedback and Lead
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	<p>Embedding and demonstrating Equality, Diversity &amp; Inclusion (ED&amp;I) is not just a legal requirement (Equality Act 2010) it is integrated into the functions and operational objectives of SCAS.</p> <p>However, the commitment to EDI is more than just a legal responsibility it is also about ensuring that the diversity of our staff feel that they 'belong'. The Board has recognised the need to be further involved and engaged with our Staff Networks to deepen their understanding and champion diversity and inclusion. The role and establishment of an <b>Executive Staff Network Sponsor</b> is also highlighted in the action implementation plans with the Workforce Race Equality Standard (WRES), the Workforce Disability Equality Standard (WDES) and our statutory Equality Objectives. The Staff Network Executive Sponsors plays an important role in a network to achieve their objectives, champion cause at Executive level and establish themselves within SCAS.</p> <p>SCAS currently has the following Staff Networks each with an Executive Sponsor:</p> <ol style="list-style-type: none"> <li>1. Race &amp; Inclusion Network</li> <li>2. Multi-faith Network</li> <li>3. DARE Network</li> <li>4. LGBT+ Network</li> <li>5. Women's Network</li> <li>6. Military Champions Network</li> </ol> <p>The Executive Staff Network Sponsors have received training as to their role and functions (<b>briefing paper below</b>)</p> <div data-bbox="367 1299 571 1437">  <p>Executive Sponsors.docx</p> </div> <p><a href="#">Executive Sponsors.docx</a></p>	<p><b>Internal (ED&amp;I Steering groups) &amp; Unions:</b></p> <p>0 – Undeveloped 0%  <b>1 – Developing 45%</b>  2 – Achieving 45%  3 – Excelling 9%</p> <p><b>Oxford Health NHS Foundation Trust:</b>  <b>Grade for 3A= Developing (1)</b></p> <p><b>BOB ICS:</b>  <b>Grade for 3A= Developing (1)</b></p> <p>Leads: Governance &amp; Compliance &amp; ED&amp;I</p>

The Board have also understood the time that Staff Network Chairs volunteer to help staff and the organisation and have agreed that 'Protected Time for Staff Networks' is necessary. **See Board paper below**



[Board paper Protected Time for Staff Networks v.2.docx](#)

Our internal leadership programme, SCAS Leader, comprises three modules each of which have a separate focus:

Module 1: compassion

Module 2: inclusion

Module 3: collaboration

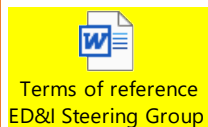
Module 2 specifically explores identity, difference, the benefit of diversity and majority privilege. It looks at group development, the impact of leadership styles on different people and the risk of not listening or paying attention to all of our people. It also summarises for participants what it is to be an Inclusive Leader.

### **See breakdown of the curriculum**



[SCAS Leader summary curriculum Oct22.pdf](#)

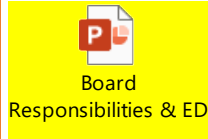
To ensure that the Board and management understand and act on EDI and health inequalities the **ED&I Steering Group** has been established and is integrated into the governance process that reports to the People & Culture Committee and the Board. **See Terms of Reference below:**



[Terms of reference ED&I Steering Group March 2023.doc](#)



The Board took part in a workshop (30/11/2023) around their EDI responsibilities and setting EDI actions to meet organisational EDI objectives for their own appraisal and to monitor the organisational and their own progress. The workshop also highlighted the SCAS's role in understanding health inequalities and addressing it. The PowerPoint presentation attached taken from the workshop shows the impact of the Wider determinants of health and its impact on the services we deliver.



[Board Responsibilities & EDI objective setting slides.pptx](#)

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

The **ED&I Steering Group** has been established to implement the statutory and mandatory requirement of EDI, the Public Sector Equality Duty (PSED) and support, assure and Advise the Board. **See Terms of Reference below.**



Terms of reference  
ED&I Steering Group

[Terms of reference ED&I Steering Group March 2023.doc](#)

The Steering Group is integrated into the governance process that reports to the **People & Culture Committee** which has EDI as a standing Agenda item. (**see PACC agenda item 7 and minutes below**)



PACC Agenda -  
21.09.23.docx

[PACC Agenda - 21.09.23.docx](#)



PACC Unconfirmed  
Minutes 13.07.23v2.docx

[PACC Unconfirmed Minutes 13.07.23v2.docx](#)

In 28/04/2023 the Board approved the new Equality Impact Assessment (EqIA) Toolkit (**see attachment below**). The EqIA is a way to make sure individuals and teams think carefully about the likely impact of their work on the local population and take action to improve strategies, policies, and projects.



EqIA Board report  
template.docx

[EqIA Board report template.docx](#)

An EqIA helps to meet our Public Sector Equality Duty under s.149 of the Equality Act 2010, the EqIA toolkit provides a detailed guide and 'at a glance flow chart' to help staff conduct a EqIA screening or a full EqIA. The Head of EDI 'sense checks' and provides challenge to ensure a robust EqIA. The EqIA toolkit and forms are available on the Hub [Equality and Diversity - Home \(sharepoint.com\)](#), **the document is attached below:**

**Internal (ED&I Steering groups) & Unions:**

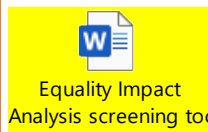
0 – Undeveloped 0%  
1 – Developing 18%  
**2 – Achieving 73%**  
3 – Excelling 9%



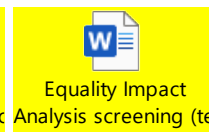
EqlA Toolkit v.8.pdf

[EqlA Toolkit v.8.pdf](#)

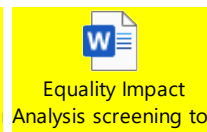
Examples of completed EqlAs:



Equality Impact  
Analysis screening tool



Equality Impact  
Analysis screening (te



Equality Impact  
Analysis screening tool

[Equality Impact Analysis screening tool & Due regard Category 2 Segmentation Project Draft1 - DR.docx](#)


[Equality Impact Analysis screening \(template\) - Accessibility regulations.docx](#)

[Equality Impact Analysis screening tool & Due regard Partis House project Draft v0.2 DR.docx](#)

**Oxford Health NHS  
Foundation Trust:  
Grade for 3B=  
Developing (1)**

**BOB ICS:  
Grade for 3B=  
Developing (1)**

Leads: Governance &  
Compliance & ED&I

<p>3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients</p>	<p>The Board has oversight and ratifies <u>all</u> the statutory, regulatory, and mandatory reporting obligations. The statutory reports are published on our website <a href="#">Equality and Diversity   South Central Ambulance Service (scas.nhs.uk)</a></p> <p>The reports published are:</p> <ul style="list-style-type: none"> <li>• The Workforce Race Equality Standard (WRES) <a href="#">scas.nhs.uk/wp-content/uploads/2023/12/NHS-Workforce-Race-Equality-Standard-WRES-report-2023.pdf</a></li> <li>• The Workforce Disability Equality Standard (WDES) <a href="#">NHS-Workforce-Disability-Equality-Standard-report-WDES-2023-2.pdf (scas.nhs.uk)</a></li> <li>• The Gender Pay Analysis report <a href="#">Gender-Pay-Analysis-Report-2022-23-1.pdf (scas.nhs.uk)</a></li> <li>• Annual Public Sector Duty (PSED) Equality report (contained within our organisational Annual report) – <b>See attached document below</b></li> </ul> <div data-bbox="416 719 618 858">  <p>PSED Annual report 2022-2023.pdf</p> </div> <p><a href="#">PSED Annual report 2022-2023.pdf</a></p> <p>The Board also have to demonstrate their commitment to ED&amp;I as one of the SCAS <b>statutory Equality Objectives</b> is '<i>Inclusive Leadership</i>', that includes an Action Implementation Plan with 5 specific actions with a direct alignment with this EDS Domain and success criterions to achieve.</p> <p>These Equality Objectives form part of the SCAS <b>ED&amp;I Strategy 2022- 2026</b> which further ensures the Boards commitment and understanding of ED&amp;I. The ED&amp;I Strategy and the SCAS Equality Objectives are published on our website <a href="#">SCAS EDI V5.pdf</a></p> <p>The roles of Board members and leaders in taking responsibility and committing to EDI &amp; health inequalities has become increasingly important through the roll out of the <b>NHS England EDI Improvement plan</b>. The Board took part in a workshop (30/11/2023) around their EDI responsibilities and setting EDI actions to meet organisational EDI objectives for their own appraisal and to monitor the organisational and their own progress. The <b>slide</b></p>	<p><b>Internal (ED&amp;I Steering groups) &amp; Unions:</b></p> <p>0 – Undeveloped 0%  1 – Developing 27%  <b>2 – Achieving 73%</b>  3 – Excelling 0%</p> <p><b>Oxford Health NHS Foundation Trust:</b>  <b>Grade for 3C= Developing (1)</b></p> <p><b>BOB ICS:</b>  <b>Grade for 3C= Developing (1)</b></p> <p><b>Overall Totals:</b>  <b>Unions (inc. ED&amp;I Steering group) =5</b>  <b>Oxford Health NHS FT =3</b>  <b>BOB ICS =3</b></p> <p><b>Mean Ave.=<u>3.66 (4) – (Developing)</u></b></p>
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**below** taken from the workshop shows the Boards responsibility to ED&I that are linked to statutory as well as mandatory priorities that will inform their Appraisal objectives.

<p><b>Board EDI Principles:</b></p> <p><b>Fiduciary Duty:</b> Board members have a fiduciary duty to act in the best interests of the Trust. This involves advancing EDI initiatives to enhance performance and reputation.</p> <p><b>Legal Compliance:</b> Boards are legally obligated to ensure that the Trust complies with the <b>Equality Act 2010, specifically S.149 (PSED)</b></p> <p><u>1. Eliminate discrimination, harassment and victimisation</u> and any other conduct prohibited by the Equality Act 2010</p> <p><u>2. Advance equality of opportunity</u> between persons who share a relevant protected characteristic and persons who do not.</p> <p><u>3. Foster good relations between people from different groups.</u> This involves tackling prejudice and promoting understanding between people from different groups.</p> <p><b>Anti-Discrimination:</b> Board members must take proactive steps to prevent and address discrimination.</p> <p><b>Governance Oversight:</b> Boards are responsible for setting the tone at the top of the Trust, establishing governance structures, and ensuring the Trust's leadership is accountable for EDI goals.</p> <p><b>EDI Strategy '22 - '26 Equality Objective 1: Inclusive Leadership</b></p> <p>Having strong, compassionate, inclusive and committed leadership will be critical to our success and achieving the ambitions of this strategy. We will develop, support and hold our leaders to account in managing in a way that embeds and promotes equality, diversity and inclusion. We will continue to ensure that diversity considerations are fully integrated into the "business" of the organisation through our committee structures, documentation, planning processes and the management of risk. We will strive for continuous improvement in all that we do and will benchmark ourselves against best practice. <u>Through fulfilling the Objectives and assessment criteria within the Action Plans.</u></p>	<p><b>The case for change:</b></p> <p>Staff survey and workforce data reflecting the <b>lived experience</b></p> <p><b>WRES</b> The areas for improvement where are doing less well than last year are:</p> <ul style="list-style-type: none"> <li>• BME staff appointed from shortlist (indicator 2)</li> <li>• Percentage of BAME staff experiencing harassment, bullying or abuse from staff, marginally worse but better than comparable Ambulance Trusts average (indicator 6)</li> <li>• Percentage of staff believing that Trust provides equal opportunities for career progression or promotion, marginally worse but better than comparable Ambulance Trusts average (indicator 7)</li> </ul> <p><b>WDES</b> The areas for improvement where are doing less well than last year are:</p> <ul style="list-style-type: none"> <li>• Relative likelihood of Disabled staff compared to non-disabled staff being appointed from shortlisting (metric 2)</li> <li>• Likelihood of Disabled staff entering the formal capability process (metric 3)</li> <li>• Percentage of disabled staff experiencing harassment, bullying or abuse from managers (metric 4b)</li> <li>• Percentage of disabled staff who believe that the trust provides equal opportunities for career progression or promotion (metric 5) but better than the comparable Ambulance Trusts average.</li> <li>• Percentage of disabled staff satisfied with the extent to which their organisation values their work (metric 7) but Although better than the comparable Ambulance Trusts.</li> <li>• Percentage of disabled staff with a long-lasting health condition/illness saying their employer has made adequate adjustment(s) to enable them to carry out their work (metric 8) which also worse than comparable Ambulance Trust average</li> <li>• Staff engagement score for Disabled staff (metric 9) but better than the comparable Ambulance Trusts average</li> </ul>	<p><b>EDI Improvement Plan</b></p> <p><b>High impact action 1:</b></p> <ul style="list-style-type: none"> <li>• Board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable. (03/24).</li> <li>• Leaders to demonstrate compassion and inclusion. Staff will in turn feel more empowered to deliver great care and patient experience. (03/25).</li> <li>• As highlighted in the <a href="#">Messenger Review</a>, principles of EDI should be embedded. Board members should have distinct objectives on improving inclusion in the Trust and have a personal commitment to mainstream EDI as the responsibility of all, such that the provision of an inclusive and fair culture should become a key metric (BAF) by which leadership at all levels is judged.</li> </ul> <p>Other High Impact responsibilities:</p> <ul style="list-style-type: none"> <li>• Fair &amp; Inclusive Recruitment and talent management processes</li> <li>• Eliminating race, disability and gender total pay gaps</li> <li>• Address health inequalities within the workforce</li> <li>• Induction and onboarding for internationally recruited staff</li> </ul>
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**Domain 3: Inclusive leadership overall rating**

**4**

## Third-party involvement in Domain 3 rating and review

**Trade Union Rep(s):** As part of & including this year the ED&I Steering group

**Independent Evaluator(s)/Peer Reviewer(s):** BOB ICS, Oxford Health NHS Foundation Trust

EDS Organisation Rating (overall rating): 16 (Developing)

Organisation name(s): South Central Ambulance Service NHS Foundation Trust

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

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

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

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

**Domain 1 average score: 4+8 divided by 2=6**

**Domain 2 score: 6**

**Domain 3 score: 4**

## Summary of Key Findings, actions, and recommendations from evaluators

This from the feedback from the evaluators based on the evidence presented and interpreted by them and although it is subjective it does provide an indication and perception of the services.

### For Domain1: PTS

- More data needed to have a greater understanding of our service users and their experiences.
- Opportunity to provide data about renal patients and other patients who have higher needs and suffer from Health inequalities.
- Good to see a steady number of compliments, would like to understand the number as a % of patient journeys.

### For Domain1: EarLy Surveillance for Auto-immune diabetes study

- Already met targets initially set to reach by August 2024
- Overall, the team could develop a database on community center's they could access to promote such a valuable service -especially among communities where there is a higher prevalence of diabetes.
- Need to be more proactive in getting feedback.

### For Domain 2: Workforce health and well-being

- The Trust offers a range of H&WB support to its staff, unclear from the evidence how much it is accessed or what staff view of the support is.
- Whilst there have been improvements, there are still concerns of negative cultures.
- There needs to be further use/ promotion of MHFAs and HWB champions. Includes more support for those doing the roles (as volunteers).

### For Domain 3: Inclusive leadership

- A good amount of work has gone into producing the various reports and analysis with reference to the main national drivers and initiatives with updates to senior leaders. Plenty of published information.
- There is evidence of both equality and health inequalities being discussed in board and committee meetings, but Board members and senior leaders need to be demonstrating and communicating their commitment or allocating resources to health inequalities, equality, diversity and/or inclusion.
- The Staff networks have a senior sponsor who have a defined role to meet and support them. However, no evidence of sponsoring (supporting) religious, cultural, or local events and/or celebrations. Staff Networks still need better executive sponsor input.