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NHS Equality Delivery System South Central Ambulance Service NHS Foundation Trust **EDS Report 2025**

March 2025

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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/

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 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	
				Natasha Dymond, Interim 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		At what level has this been completed?		
				*List organisations	
EDS engagement date(s)	September 2024 (PSIRF & DAT) October 2024 (ED&I Steering group) December 2024 (Leadership- Governance) February 2025 (Patient Experience Group)		Individual organisation	Oxfordshire County Council Hampshire & Isle of White ICS	
			Partnership* (two or more organisations)	N/A	
			Integrated Care System-wide*	Buckinghamshire, Oxfordshire, and Berkshire West ICB & ICS Frimley ICS Hampshire & Isle of White ICS	
Date completed	March 2025		Month and year published		
Date authorised			Revision date		

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

EDS - Evidence template for Domains 1

Provided service: Patient Safety Incident Response Framework (PSIRF)

Domain	Outcome	Evidence (Below are examples of evidence you can use)	Rating
Domain 1: Commissioned or provided services.	1A: Patients (service users) have required levels of access to the service	<p>Take up of service analysed by protected characteristics.</p> <p>Take-up by any other inclusion group (e.g. homeless service users)</p> <p>Accessible Information System alert in place+ Reasonable Adjustments for patients</p> <p>Within patient safety we are now required to demonstrate meaningful engagement with families and as part of that we discuss individuals needs. This is outlined in our PSIRF Policy.</p>	<p>0-Undeveloped 20%</p> <p>1-Developing 40%</p> <p>2-Achieving 40%</p> <p>3-Excelling 0%</p> <p>1A Grade =2</p>
	1B: Individual patients (service users) health needs are met	<p>Friends and family Test results</p> <p>Accessible Information Standards in place</p> <p>Patient panels (mental health, LD and young people)</p> <p>NASPEG survey on delays</p> <p>Patient Survey</p>	<p>0-Undeveloped 20%</p> <p>1-Developing 60%</p> <p>2-Achieving 20%</p> <p>3-Excelling 0%</p> <p>1B Grade =1</p>
	1C: When patients (service users) use the service, they are free from harm	<p>Implemented Patient Safety Incident Response Framework (PSIRF) Policy</p> <p>Revised Duty of Candour Policy, Clear process outlined in the policy re: meaningful engagement and what this means.</p> <p>Process for reporting safety events, and actions for improvement and learning in place.</p> <p>Board stories.</p> <p>Patient Safety Partners being recruited.</p> <p>Risk profile and focus on high risk repeat safety events improvement plans in place being monitored and tracked.</p> <p>Patient safety review Panels, MDT Review panels, and Executive sign off panels in place with ToR.</p>	<p>0-Undeveloped 20%</p> <p>1-Developing 0%</p> <p>2-Achieving 40%</p> <p>3-Excelling 40%</p> <p>1B Grade =3</p>

		<p>Training at all levels in accredited safety systems.</p> <p>Oversight and scrutiny at Board Level and ICB level (training)</p> <p>Working with system partners of sharing and learning from safety improvement journeys</p> <p>Implemented governance processes for assuring quality of safety incident investigations. (Quality metrics peer review tool)</p>	
	1D: Patients (service users) report positive experiences of the service	<p>Patient Surveys</p> <p>Patient Panel – Subgroups – Learning Disability & Mental Health</p> <p>Positive reporting of patient experience from staff within datix.</p> <p>Capture compliments and feedback</p> <p>Patient Stories presented to Board</p> <p>In person feedback at Engagement events</p>	<p>0-Undeveloped 20%</p> <p>1-Developing 40%</p> <p>2-Achieving 20%</p> <p>3-Excelling 20%</p> <p>1D Grade =1</p>
Domain 1: Patient Safety Incident Response Framework (PSIRF) overall rating (by stakeholder panel)			7

EDS - Evidence template for Domains 1

Provided service: The Community Engagement & Training Team - Defib Awareness Training (DAT)

Domain	Outcome	Evidence (Below are examples of evidence you can use)	Rating
<i>Domain 1: Commissioned or provided services</i>	1A: Patients (service users) have required levels of access to the service	<p>The Community Engagement & Training Team (CET) deliver Defib Awareness Training (DAT) to community groups either by request or by using the data to target the LSOA. Using our community outreach approach, South Central Ambulance Service (SCAS) aims to engage and train as many community groups/volunteers as possible.</p> <p>We have communicated with the various Health Watch groups, local authorities and community /Voluntary sector groups in raising the profile of the BHF's AED grant scheme, we are aware those living in areas with health inequalities are less likely to have access to a defibrillator and therefore the outcome from sudden cardiac arrest is poorer. We aim to ensure that we can encourage the take up of the training by people from all Protected characteristics (particular those with a greater prevalence such as Black, Asian and minority Ethnic groups and the elderly population) and also those in Inclusion groups such as the Homeless.</p> <p>By having a dedicated Community team consisting of local authority, ICB and Ambulance Service we could work together on targeting deprived areas, gaining responses and enhancing the services whereby their access to services improves.</p> <p>Currently utilising data from British Heart Foundation (BHF) that identifies the total number of defibrillators per 10,000 population in Lower Super Output Areas (LSOA) in SCAS. 25% of these have no defibrillators registered on the "Circuit" (National Defibrillator Network) this is a focus area for SCAS.</p>	<p>0-Undeveloped 0%</p> <p>1-Developing 80%</p> <p>2-Achieving 20%</p> <p>3-Excelling 0%</p> <p>1A Grade =2</p>

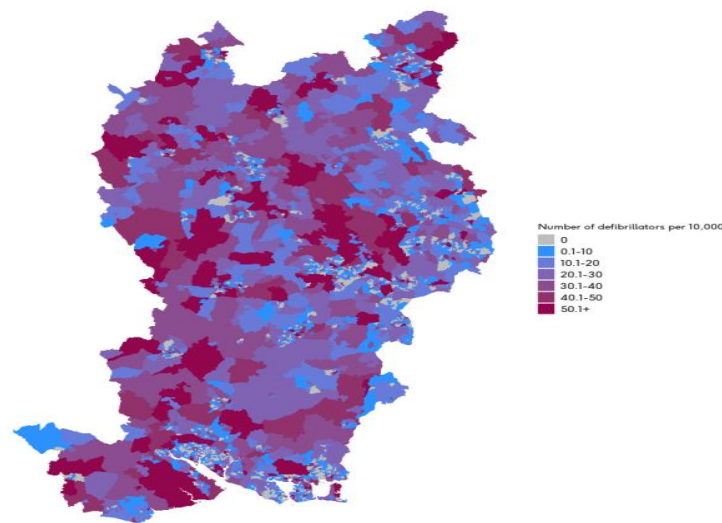


Figure 4: total number of defibrillators per 10,000 in Lower Super Output Area (LSOA) in South Central Ambulance Service.

25% of LSOA's in South Central Ambulance Service area have 0 defibrillators registered. Figure 5 shows the % of LSOA's that have 0 defibrillators registered by Indices of Multiple Deprivation (IMD).

Additionally, we are raising awareness of Health Inequalities with our volunteer responders and have been successful in signposting some of our patients to other services within their communities that they would have otherwise not known.

1B: Individual patients (service users) health needs are met

We are developing a response survey so that we can demonstrate the effectiveness of the DAT Training and be able to report on the findings.

Visits regarding Health inequalities sign posting could be captured in a patient survey, the volunteer would alert a central team who in turn could contact the service users.

0-Undeveloped 0%
1-Developing 80%
 2-Achieving 20%
 3-Excelling 0%
1B Grade =2

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

To date there have not been any reported incidents or near misses for service users or those trained.

0-Undeveloped 0%
 1-Developing 20%
 2-Achieving 40%
3-Excelling 40%
1C Grade =3

	1D: Patients (service users) report positive experiences of the service	With the development of the survey we will be able to report about their experience of the service, this is only currently done verbally, through the show of appreciation in the delivery and education of CPR & AED.	0-Undeveloped 0% 1-Developing 60% 2-Achieving 40% 3-Excelling 0% 1D Grade =1
Domain 1: Defib Awareness Training (DAT) overall rating (by stakeholder panel)			8

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

<p>domain 2: Workforce health and well-being</p>	<p>2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD, and mental health conditions</p>	<p>The Health and Wellbeing team continually work 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 Health and Wellbeing Portal is updated daily so that support can be found under the umbrella of the six pillars of wellbeing and to provide colleagues working for SCAS with Health and Wellbeing services, information, and advice to proactively look after their own wellbeing.</p> <p>Promotion of webinars and events are added to the portal with a calendar on the home page. We have run workshops such as Men's Health for Men's health week and <u>webinars on Loss and Bereavement Awareness (Cruse) and Affinity Connect</u> regarding retirement / financial wellbeing continue to run throughout the year. We run a <u>monthly hot topic menopause session</u>, 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. We are looking to link with more closely with our Women's network to progress opportunities.</p> <p>As well as aligning with ICBs across our footprint to ensure we are remaining current and in line with any Best Practice, such as working with HIOW ICS on joint webinars.</p> <p>We have also run drop in wellbeing sessions across the footprint throughout the year.</p> <p>Since March 2022 we have had 10045 visitors to the portal, this year so far 3251, last month 789, the homepage is the most viewed page, then benefits and discounts pillar then mental health. The portal pages can be found - SCAS Staff Wellbeing Portal – SCAS Staff Wellbeing Portal (scasbenefits.co.uk)</p> <p>We continue to work on increasing engagement of the health and wellbeing support available, utilising the internal viva engage platform. The total members of the Health and Wellbeing pages has increased from 1664 to 2140 to date.</p> <p>SCAS currently have approx. 120 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)</p> <p>We have also launched our online stress risk assessment via our occupational health provider, which is all completed on a portal link and a report produced for individuals to share with their line managers.</p>	<div data-bbox="1910 167 2130 485"> <p>0% (0)</p> <p>1 100% (6)</p> <p>2 0% (0)</p> </div> <p>Average = 1 Developing</p>
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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 various dates across the year for 30 minute Health MOT Checks for staff (**see poster attached**)



160623_Health
MOT_30.pdf

[160623_Health MOT_30.pdf](#)

Our occupational health provider and our EAP Health Assured contract are due for renewal in May 2024. They both produce monthly management information (MI) reports for us to analyse the data and look for trends/patterns so that we can seek to make any improvements to reduce any negative impacts of the working environment.

The most recent statistics for occupational health highlight that referral rates remain high with the majority as MSD problems, mainly lower back, Mental Health referrals are the second highest reason. The MI also highlights we are one of the best Trusts for managers submitting OH referrals in a timely manner as well as one of the highest numbers for cases created per 1000 employees, meaning that managers are well encouraged and taking a proactive approach in completing referrals so that staff can get the support they need.

Our usage of our EAP, Health Assured has seen an increase in annualised utilisation, currently calculated as counselling and advice calls against employee headcount of 4,500, which is at 20 %, the highest it has been for over 4 years.

92.2 % of these calls account for counselling calls, anxiety was the most common reason accounting for 21.8 % of calls.

Advice calls, 30% the most common reason was employment.

The value of the EAP and the positive impact that the service is having on employees can be evidenced on the monthly information report that at the start of therapy 26.9% of employees were out of work, after engaging in therapy this reduced to 19.2% with 29.0% of employees returning to work.

To support our workforce with mental health the team have distributed anxiety packs in one area of the Trust, which consisted of a fidget spinner, TASC cards and HWB cards. These packs were well received by all staff.

		<p>To support our workforce with financial support we continue to link with Vivup for various discounts and benefits, we also set up a food pantry in our control rooms which SCAS Charity funded for 1 year, this was very well received.</p> <p>To support our workforce with physical health we have linked with PureGym and Anytime Fitness to ensure our staff receive a discounted rate when joining.</p>	
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2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source

[The Workforce Race Equality Standard \(WRES\)](#) was mandated through the NHS standard contract from 2015/16. The WRES comprises nine specific metrics to compare the profile and experiences of Black, Asian, and Minority Ethnic (BAME) and White staff within an NHS organisation. The WRES is [published](#) on our website

The WRES contains two indicators (5 & 6) that focus on bullying & harassment.

Indicator 5 percentage of staff experiencing harassment, bullying or abuse from patients or public

- The percentage of BAME staff experiencing harassment, bullying or abuse from patients or the public is 38%, this is not as good as last year when it was 35%. Comparable Ambulance Trusts average of this indicator for BAME staff is 39%.
- This compares with the experience of white staff at 41%, this is also not as good as last year when it was 38%. Comparable Ambulance Trusts average of this indicator for white staff is 44%.

Indicator 6 Percentage of BAME staff experiencing harassment, bullying or abuse from staff

- The percentage of BAME staff experiencing harassment, bullying or abuse from staff is 16%, this is comparably better than last year when it was 22%. Comparable Ambulance Trusts average of this indicator for BAME staff is 24%
- This compares with the white staff experiences at 26%, this is not as good as last year when it was 23%, which was similar as the BAME staff experience last year. Comparable Ambulance Trusts average for white staff at 25%. There could be anecdotal suggestion that BAME staff are likely to under report.

Action plans for these Metrics are contained within the full published document.

[The Workforce Disability quality Standard \(WDES\)](#). 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 has parts (a, b, c, & d) under Metric 4 that focuses on bullying and harassment:

0 - underdeveloped activity

28% (2)

1 - developing activity

71% (5)

2 - achieving activity

0% (0)

Average = 1
Developing

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 **worse for Disabled staff** (45%) than for Non-disabled staff (39%).
- 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 **45% this worse than the previous year** (42%). We **better than the comparable Ambulance Trusts average** for disabled/LTC staff at **48%**.


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 **worse for Disabled staff** (18%) than for Non-disabled staff (12%).
- The percentage of disabled staff experiencing harassment, bullying or abuse from managers was **18% better than the previous year** (21%). We are **similar to comparable Ambulance Trusts average** for disabled/LTC staff at **18%**

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 **worse for Disabled staff** (23%) than for Non-disabled staff (17%).
- The percentage of disabled staff experiencing harassment, bullying or abuse from other colleagues was **23% slightly worse than the previous year** (22%). We are **better than the comparable Ambulance Trusts average** for disabled/LTC staff at **25%**.

Action plans for these Metrics are contained within the full published document.

	<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, 67 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. 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.</p> <p>We also host external speakers or internal awareness sessions which are recorded and shared amongst the network, For example, in April we have arranged for to do a shortened version of a recommended Zero Stigma presentation regarding HIV.</p> <p>StRaW –Sustaining resilience at work is aimed at assisting staff within and organisation who experience occupational pressures or stress and might affect their mental health. Across SCAS we have 6 managers and 9 practitioners trained to hold STRAW conversations and develop plans for staff with follow ups. There have been 25 referrals in progress to date, since launch in November 23</p> <p>To ensure the continued effectiveness and growth of STRAW, certain recommendations must be addressed. These include increasing practitioner and manager numbers, enhancing training and development opportunities, expanding awareness and engagement efforts, integrating with existing support services, and securing managerial support and time allocation.</p> <p>Investments will be required to implement these recommendations successfully, including funds for recruitment and training. By committing to these investments, SCAS can further strengthen the impact of the STRAW programme and continue to prioritize the mental health and wellbeing of its invaluable workforce.</p> <p>In essence, the journey with STRAW is not just about maintaining a programme; it's about nurturing a culture of resilience, support, and wellbeing that empowers every member of our organization to thrive.</p> <div data-bbox="591 1291 797 1358"></div> <p>Sustaining Resilience at Work (StRaw) (A4 (Landscape))</p> <p>Sustaining Resilience at Work (StRaw) (A4 (Landscape)).pdf</p>	<div data-bbox="1910 167 2130 1008"><p>0 - underdeveloped</p><p>0% (0)</p><div data-bbox="1935 432 2110 448"></div><p>1 - developing activity</p><p>100% (6)</p><div data-bbox="1935 711 2110 727"></div><p>2 - achieving activity</p><p>0% (0)</p><div data-bbox="1935 983 2110 999"></div></div> <p>Average = 1 Developing</p>
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We have worked with teams across SCAS to promote The Ambulance Service Crisis Line (TASC) and work with TASC reviewing reports of anonymised usage data.

Also, we launched Maximus, a cost free mental health support mechanism / coincided with stress awareness day early November23, to date we have received 33 referrals since we launched, all staff have support plans in place for at least 6 months.



ATWMHSS Employee
Poster.pdf

[ATWMHSS Employee Poster.pdf](#)

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.

We promote The Ambulance Service Crisis Line and work with TASC reviewing reports of usage anonymised data. [Caring For Those Who Care For Us | TASC \(theasc.org.uk\)](#)

All managers and leaders can undertake a Wellbeing conversations programme, which is now a national E-learning module. This equips them to ensure they feel confident to undertake wellbeing conversations within their teams in line with our Just and Learning Culture.

We also have Occupational Health and the Employee Assistance Programme (EAP) services available for staff. [Health, Wellbeing and Benefits - EAP-info.pdf - All Documents \(sharepoint.com\)](#)

Our preparedness to support staff through HWBE is bolstered by a robust plan outlining clear strategy and resource allocations. This structured approach ensures effective management, minimizes disruptions.

Looking forward in 2025 we will be reviewing the NHS Employers national framework regarding Baby Loss to develop an inhouse Pregnancy and Baby Loss Framework to support employees that have suffered from these experiences and assist with training of our

Management Teams to support employees. We will also be looking at introducing therapy dogs into the Trust through a recognised charity. We are finalising a process with a communication plan for trialling at 8/9 sites.

We are also developing a men's health network as this seems to be a current key focus area that we can do more in this space with. As well as continually addressing mental health and physical health priorities.

Sexual safety/misconduct campaign

There are multiple strands to the work being conducted within the Trust to both promote the sexual safety charter and encourage staff to report any issues so that these may be addressed appropriately. We have just re-launched our updated [Hub Page](#).

We are also developing a **Sexual Safety Alliance** will review case, actions amongst other prioritise. We are also developing a **sexual misconduct policy**.

The new (second) sexual safety poster has been distributed and displayed on all SCAS sites and clearly and simply sets out the routes people may use to gain support and raise their concerns.

Sexual Safety training is also now conducted as part of Operations and CCC face to face training for frontline staff. This is delivered by our educators in both the clinical and CCC education teams and has been taking place since April 2024.

The FTSU and OD team have delivered training sessions to operational groups, including a face to face sessions with the senior operational teams. They have also presented the sexual safety information in Level 1 meetings with team leaders/CTE's across SCAS and this has included sessions with the NW and SE nodes. Additionally sessions have also been run covering the NE and SN nodes.

Sexual safety is also included in the Induction training, through 'the Culture of engagement, Inclusion & belonging' training from our Head of ED&I.

The FTSU team have extended an open offer to present to teams whenever requested.


		<p>There are regular meetings between the Senior HR Operations team and Safeguarding where issues can be discussed and relevant information then shared with the HR Advisors to ensure wider awareness of areas of concern across the Trust.</p> <p>The Sexual Safety Upstander training has been developed with a view to holding train the trainer sessions and launched to all managers and leaders. There will be a push to train as many managers as possible in the initial 3 months and to continue to train on an ongoing basis thereafter.</p>	
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	<p>2D: Staff recommend the organisation as a place to work and receive treatment</p>	<p>Latest staff survey results Exit interviews analysed by protected characteristics Focus group feedback Service user feedback Trends from sickness and absence data to understand how staff with LTCs can be supported.</p> <p>Local data trends on complaints, disciplinaries, recruitment/appointments and staff retention, Further focus groups are encouraged to investigate commonalities and themes.</p>	<div> <div>0 - underdeveloped</div> <div>50% (3)</div> <div></div> <div>1 - developing activity</div> <div>50% (3)</div> <div></div> <div>2 - achieving activity</div> <div>0% (0)</div> <div></div> </div> <div>Average = 1</div> <div>Developing</div>
Domain 2: Workforce health and well-being overall rating			4

Domain 3: Inclusive leadership

Domain 3: Inclusive leadership – Scoring template - HLOW

Domain	Outcome	Evidence examples	Rating	Comment
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<p>Domain 3: Inclusive leadership</p>	<p>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>	<p>Embedding and demonstrating Equality, Diversity & Inclusion (ED&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 Executive Staff Network Sponsor 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"> 1. Race & Inclusion Network 2. Multi-faith Network 3. DARE Network 4. LGBT+ Network 5. Women’s Network 6. Military Champions Network 7. Men’s Health Network <p>The Executive Staff Network Sponsors have received training as to their role and functions (briefing paper below)</p> <div data-bbox="495 1145 696 1283">  <p>Executive Sponsors.docx</p> </div> <p>Executive Sponsors.docx</p> <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</p>	<p>2</p>	<p>Significant progress made to embed equality into the leadership roles and responsibilities</p> <p>Key objectives have been set across the leadership body with specific attention given to data from across the organisation.</p> <p>Even better ifs:</p> <p>Progress on impact shared from the board level objectives.</p> <p>Network sponsors to codesign and support the delivery of network activity and developing a voice for networks across the organisation.</p>
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Board paper
Protected Time for Staff

[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

[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

[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

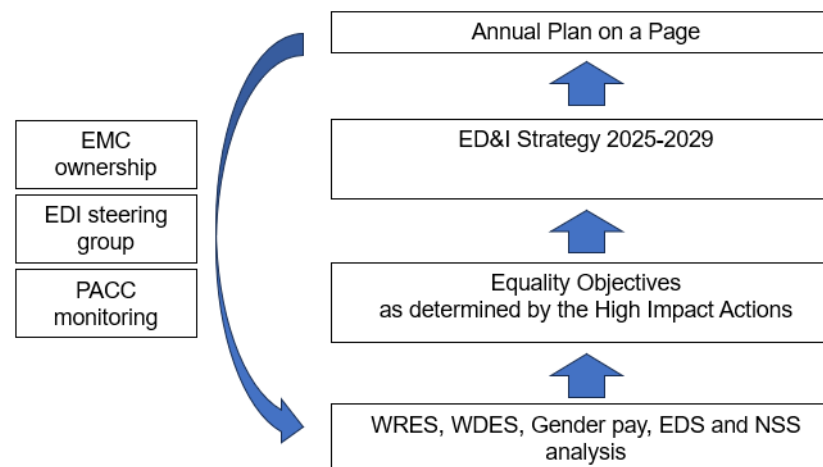
PowerPoint presentation attached taken from the workshop shows the impact of the Wider determinants of health and its impact on the services we deliver.







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

An additional EDI and Health inequalities board seminar is planned for the current financial year (February 2025). We are also aiming to use this opportunity to look to refresh our Equality Objectives and align them with the NHSE High Impact Actions (HIAs) and update our EDI Strategy for 2025-2029. This implementation plan was ratified in by the Executive Management Committee on 2 July 2024. See figure 1 below that describes how we intent to plan, prioritise and monitor the implement the process in the next year.

Figure 1 Implementation process



	<p>3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed</p>	<p>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.</p> <div data-bbox="495 237 696 379">  <p>Terms of reference ED&I Steering Group</p> </div> <p>Terms of reference ED&I Steering Group March 2023.doc</p> <p>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)</p> <div data-bbox="495 576 696 718">  <p>PACC Agenda - 21.09.23.docx</p> </div> <p>PACC Agenda - 21.09.23.docx</p> <div data-bbox="495 756 696 898">  <p>PACC Unconfirmed Minutes 13.07.23v2.docx</p> </div> <p>PACC Unconfirmed Minutes 13.07.23v2.docx</p> <p>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.</p> <div data-bbox="495 1096 696 1238">  <p>EqIA Board report template.docx</p> </div> <p>EqIA Board report template.docx</p> <p>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</p>	<p>2</p> <p>Strong level of EIA support and training. Embedded into governance structure and reporting culture within the organisation.</p> <p>Whilst some examples have been given how are these captured in central place for audit ?</p> <p>Is training provided to the organisation on EIAS ? How are key actions or gaps measured collectively through audit ?</p>
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on the Hub [Equality and Diversity - Home \(sharepoint.com\)](#), the document is attached blow:



EqIA Toolkit v.8.pdf

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

Examples of completed EqIAs:



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](#)

	<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 Equality and Diversity South Central Ambulance Service (scas.nhs.uk)</p> <p>The reports published are:</p> <ul style="list-style-type: none"> • The Workforce Race Equality Standard (WRES) NHS Workforce Race Equality Standard Annual Report 2024 South Central Ambulance Service • The Workforce Disability Equality Standard (WDES) NHS Workforce Disability Equality Standard Annual Report 2024 South Central Ambulance Service • The Gender Pay Analysis report Gender Pay Analysis Report 2023-24 South Central Ambulance Service (the current report is still to be ratified for publication by the statutory publication date of 31 March 2025) • Annual Public Sector Duty (PSED) Equality report (contained within our organisational Annual report) – See attached document below <div data-bbox="539 759 712 877">  <p>PSED Annual report 2022-2023.pdf</p> </div> <p>PSED Annual report 2023-2024.pdf</p> <p>The Board also have to demonstrate their commitment to ED&I as one of the SCAS statutory Equality Objectives 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 criteria to achieve.</p> <p>These Equality Objectives form part of the SCAS ED&I Strategy 2022- 2026 which further ensures the Boards commitment and understanding of ED&I. The ED&I Strategy and the SCAS Equality Objectives are published on our website SCAS EDI V5.pdf These are to be updated in 2025</p> <p>The roles of Board members and leaders in taking responsibility and committing to EDI & health inequalities has become increasingly important through the roll out of the NHS England EDI Improvement plan. The Board took part in a workshop (30/11/2023) around their EDI responsibilities and setting EDI actions to meet</p>	<p>2</p> <p>Strong level of board awareness for statutory and mandatory reporting obligations and good governance procedures in place to highlight progress against mandates.</p> <p>Where does inclusion permeate through the wider leadership practices ? How do leaders ensure the organisation is aware of its responsibilities through the programme development, role modelling and highlight of key data.</p>
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organisational EDI objectives for their own appraisal and to monitor the organisational and their own progress. The **slide below** shows the template that Board members were required to complete.

Specific Objectives	Outcome	Actions (SMART)	Assessment Criteria	Informs	Mechanism
Routinely demonstrate commitment to promoting Equality, Diversity & Inclusion within and beyond SCAS	To understand and promote the Trust's strategic approach to the Public Sector Equality Duty (PSED) and the impact of the Trust's role as a major stakeholder within the communities and regions served			ED&I Strategy & Equality Objectives (Objective 1: Inclusive Leadership)	<ul style="list-style-type: none"> WRES WDES Gender Pay report Annual PSED report EDS
Papers that come before the Board and other major Committees served identify equality-related impacts including risks, and say how these risks are to be managed	All papers must be accompanied by an Equality Impact Analysis (EQIA) Inclusive Policies			PSED 'Due regard' to the impact of our actions on the Protected characteristics	<ul style="list-style-type: none"> EQIA Toolkit EQIA Template Board cover sheet
Implement Messenger report recommendations <ul style="list-style-type: none"> Embed inclusive leadership practice as responsibility of all leaders. Commit to promoting equal opportunity and fairness standards. Enforce existing measures to improve equal opportunities and fairness. 	Positive equality, diversity, and inclusion (EDI) action			Messenger report recommendations & Equality Objectives (Objective 1: Inclusive Leadership)	<ul style="list-style-type: none"> WRES WDES Annual PSED report EDS CQC assurance

Domain 3: Inclusive leadership overall rating

6

Third-party involvement in Domain 3 rating and review


Trade Union Rep(s):

Independent Evaluator(s)/Peer Reviewer(s):

**Dan Winter-Bates
Head of Inclusion and Sustainability
Hampshire and Isle of Wight Integrated Care Board**

Domain 3: Inclusive leadership – Scoring template - HLOW & Oxfordshire County Council

Domain	Outcome	Evidence examples	Rating	Comment
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<p>Domain 3: Inclusive leadership</p>	<p>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>	<p>Embedding and demonstrating Equality, Diversity & Inclusion (ED&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 Executive Staff Network Sponsor 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> <ul style="list-style-type: none"> 8. Race & Inclusion Network 9. Multi-faith Network 10. DARE Network 11. LGBT+ Network 12. Women’s Network 13. Military Champions Network 14. Men’s Health Network <p>The Executive Staff Network Sponsors have received training as to their role and functions (briefing paper below)</p> <div data-bbox="495 1145 696 1284">  <p>Executive Sponsors.docx</p> </div> <p>Executive Sponsors.docx</p> <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</p>	<p>2</p>	<p>Documents suggest that equality and health needs are standing agenda items and are conversations that leaders meet with staff networks often to action challenges, and support their growth.</p> <p>There isn’t an indication of multiple senior sponsors for networks, though there is mention of a matrix style of managing cross-cutting issues across the cohort.</p> <p>Conversations are rich and involve the collaboration of a wide stakeholder list, which have oversight and accountability for improving equality</p>
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Board paper
Protected Time for Staff

[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

[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

[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

outcomes. There Steering Group are committed and accountable for the management of resources and holding poor performance to account. There is also a clear indication that the communication of health and inequality issues is fully communicated to staff and partners.

Can you evidence more than one sponsor for networks, outside of the matrix style of managing equality issues inside of the cohort?

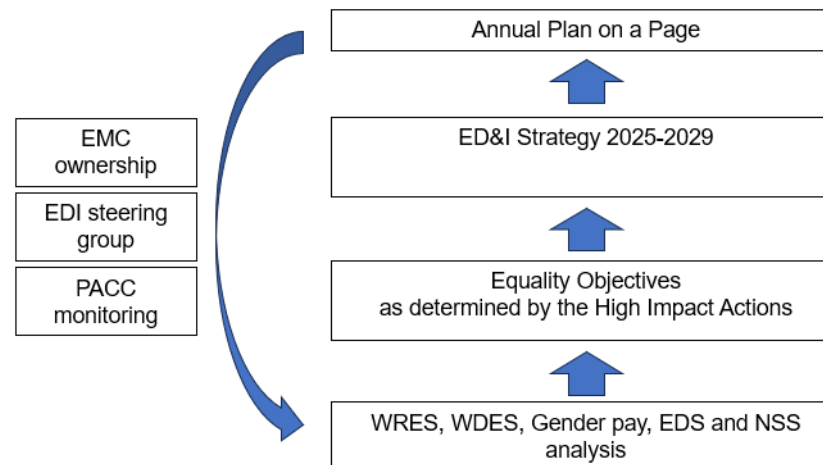
PowerPoint presentation attached taken from the workshop shows the impact of the Wider determinants of health and its impact on the services we deliver.







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

An additional EDI and Health inequalities board seminar is planned for the current financial year (February 2025). We are also aiming to use this opportunity to look to refresh our Equality Objectives and align them with the NHSE High Impact Actions (HIAs) and update our EDI Strategy for 2025-2029. This implementation plan was ratified in by the Executive Management Committee on 2 July 2024. See figure 1 below that describes how we intent to plan, prioritise and monitor the implement the process in the next year.

Figure 1 Implementation process



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on the Hub [Equality and Diversity - Home \(sharepoint.com\)](#), the document is attached below:



EqIA Toolkit v.8.pdf

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Examples of completed EqIAs:



Equality Impact
Analysis screening tool



Equality Impact
Analysis screening (template)




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](#)

with appropriate interventions fed into the business plans.

	<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 Equality and Diversity South Central Ambulance Service (scas.nhs.uk)</p> <p>The reports published are:</p> <ul style="list-style-type: none"> • The Workforce Race Equality Standard (WRES) NHS Workforce Race Equality Standard Annual Report 2024 South Central Ambulance Service • The Workforce Disability Equality Standard (WDES) NHS Workforce Disability Equality Standard Annual Report 2024 South Central Ambulance Service • The Gender Pay Analysis report Gender Pay Analysis Report 2023-24 South Central Ambulance Service (the current report is still to be ratified for publication by the statutory publication date of 31 March 2025) • Annual Public Sector Duty (PSD) Equality report (contained within our organisational Annual report) – See attached document below <div data-bbox="539 759 712 874">  <p>PSD Annual report 2022-2023.pdf</p> </div> <p>PSD Annual report 2023-2024.pdf</p> <p>The Board also have to demonstrate their commitment to ED&I as one of the SCAS statutory Equality Objectives 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 criteria to achieve.</p> <p>These Equality Objectives form part of the SCAS ED&I Strategy 2022- 2026 which further ensures the Boards commitment and understanding of ED&I. The ED&I Strategy and the SCAS Equality Objectives are published on our website SCAS EDI V5.pdf These are to be updated in 2025</p> <p>The roles of Board members and leaders in taking responsibility and committing to EDI & health inequalities has become increasingly important through the roll out of the NHS England EDI Improvement plan. The Board took part in a workshop (30/11/2023) around their EDI responsibilities and setting EDI actions to meet</p>	<p>2</p>	<p>Strong evidence base on the assurance that statutory, regulatory and mandatory reporting is published as required.</p> <p>There's a requirement to have year-on year improvements across all reports. Am I missing the question's meaning here?</p> <p>I saw no specific reference to the support provided to those experiencing menopause.</p> <p>There's a clear evidence base that these reports are used to reflect on progress, and set objectives for future cycles. Clear indication</p>
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organisational EDI objectives for their own appraisal and to monitor the organisational and their own progress. The **slide below** shows the template that Board members were required to complete.

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Papers that come before the Board and other major Committees served identify equality-related impacts including risks, and say how these risks are to be managed	<p>All papers must be accompanied by an Equality Impact Analysis (EQIA)</p> <p>Inclusive Policies</p>			PSED 'Due regard' to the impact of our actions on the Protected characteristics	<ul style="list-style-type: none"> • EQIA Toolkit • EQIA Template • Board cover sheet
<p>Implement Messenger report recommendations</p> <ul style="list-style-type: none"> • Embed inclusive leadership practice as responsibility of all leaders. • Commit to promoting equal opportunity and fairness standards. • Enforce existing measures to improve equal opportunities and fairness. 	Positive equality, diversity, and inclusion (EDI) action			<p>Messenger report recommendations</p> <p>& Equality Objectives (Objective 1: Inclusive Leadership)</p>	<ul style="list-style-type: none"> • WRES • WDES • Annual PSED report • EDS • CQC assurance

and linkage of the reports being used to evidence the case for change.

Domain 3: Inclusive leadership overall rating

7

Third-party involvement in Domain 3 rating and review

Trade Union Rep(s):

Independent Evaluator(s)/Peer Reviewer(s):

Jamie Kavanagh – Senior Policy Lead (Equalities), Oxfordshire County Council.

Third-party involvement in Domain 3 rating and review	
Hampshire & Isle of White ICS	Oxfordshire County Council

EDS Organisation Rating (overall rating): 18 (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 score: 7

Domain 2 score: 4

Domain 3 score: 7

Action Plans and Domain Evaluations

Domain 1: Commissioned or Provided Services

This year we looked at our *Patient Safety Incident Response Framework (PSIRF)* and *The Community Engagement & Training Team - Defib Awareness Training (DAT)*.

This was scored for the first time using our Patient Experience Panel and the method we chose for this scoring to remain anonymous was to use Microsoft Forms. There were 5 respondents who scored but no comments were provided. However, both PSIRF & DAT received a score of “Excelling” for outcome 1C with PSIRF receiving “Excelling” for 1D. As the services that we choose vary each year there is no score comparison with the previous year.

Domain 1 recommendations:

- There needs to be a better collection and/or use of protected characteristic data regarding service users, patient experiences and outcomes.
- Creating a narrative for stakeholder to better understand the service
- To include a service that relates to the *Core20Plus* health inequality outcomes

Action planning for Domain 1

For Domain 1, we are recommended to choose three services which can be described as doing well (Service 1); not doing well (Service 2); and performance unknown (Service 3). It is also recommended that we take this opportunity to review a service that contributes to reducing health inequalities that impact upon our population (ref [CORE20PLUS5](#)).

Domain 1 can include services delivered in partnership with commissioners and provider partners on a system-wide footprint.

Domain 2: Workforce Health & Wellbeing

This domain looks at access to health and wellbeing support for the workforce and is led by our Health & Well-being team. It looks at data collected on the workforce, including WRES and WDES, sickness and long term conditions data. This year we added information regarding our ‘Sexual Safety campaign’

This Domain was scored by our ED&I Steering group, that consists of our Staff Networks and our Union colleagues. To provide anonymity we used ‘Polls’ in MS Teams, there were 6 responses for this, but no specific comments were given. This Domain was also scored as ‘Developing’ last year but with a slightly higher score of 6/12, this year it was 4/12

Domain 2 recommendations:

- There needs to be a better collection and/or use of protected characteristic data regarding staff
- It has also revealed what is known, that despite improvements across our staff survey and targeted campaigns to increase safety, too many of our staff continue to experience violence and aggression at work—in particular, from patients and members of the public. Bullying and harassment between colleagues is experienced too frequently and, at times, colleagues do not feel confident in reporting these issues or receive treatment. Therefore, a primary aim in 2025/26 should be ensuring that our colleagues ‘feel safe’ both psychologically and physically

Objective 1: Improve Collection and Use of Protected Characteristic Data for Staff

Action	Owner(s)	Outcome Measure
Review current data collection methods and identify gaps in protected characteristic data.	HWB Team	Gap analysis completed
Integrate protected characteristic data insights into planning and decision-making.	HWB Team	Data used in strategic workforce planning
Provide training for managers on how to interpret and use diversity data to inform inclusive practices.	HWB Team	Training sessions delivered; manager feedback collected

Objective 2: Reduce Violence, Aggression, and Bullying Against Staff

Action	Owner(s)	Outcome Measure
Strengthen policies and procedures for reporting violence, aggression, bullying, and harassment.	HWB Team	Updated policies in place
Implement an anonymous reporting system to ensure staff feel safe reporting incidents.	HWB Team	Increased reporting of incidents
Launch a staff-led ' Safe at Work ' campaign to increase awareness and support mechanisms.	HWB Team	Campaign launched; engagement measured
Expand training for all staff on de-escalation techniques, conflict resolution, and bystander intervention.	HWB Team	Training participation rates
Strengthen security measures and provide enhanced protection in high-risk areas.	HWB Team	Security audits and risk assessments completed

Domain 3: Inclusive Leadership

This domain explores how leadership at SCAS demonstrates a commitment to equality and how it works in a way that identifies equality issues and manages them and is led by our Governance team. This domain was scored by our external stakeholders and this year they were the EDI leads from Hampshire & Isle of White (HIOW) ICS and Oxfordshire County Council. Although there was not much more additional evidence from last year, this Domain was scored as 'Developing' last year it was scored a 4/9 and this year 'Achieving' scoring 7/9. There were several comments made by both stakeholders that were positive regarding progress made in embedding equality into leadership roles and responsibilities and Board members. That there is a strong mechanism to ensure impact assessments are robust, with a focus on mitigations and evidence-based decision-making. The board demonstrates strong awareness of statutory and mandatory reporting obligations

Domain 3 recommendations:

- Show greater visibility of progress and impact from board-level objectives.
- Network sponsors to actively co-design and support network activities, fostering a stronger voice for networks across the organisation
- EqIA training should be provided organisation-wide
- Leaders need to demonstrate how inclusion permeates wider leadership practices beyond reporting
- Leaders should ensure organisational awareness of responsibilities through programme development and role modelling,

Objective 1: Increase Visibility of Progress and Impact from Board-Level Objectives

Action	Owner(s)	Outcome Measure
Introduce a quarterly equality and inclusion impact report, published internally and externally.	Board & Comms Team	Reports published and accessible
Establish regular board-led staff briefings to share progress on equality objectives.	Board & HR	Staff engagement and feedback

Objective 2: Strengthen Network Sponsorship and Involvement

Action	Owner(s)	Outcome Measure
Assign multiple Executive sponsors to each network to provide guidance and advocacy.	Executive	Sponsors allocated and active
Establish co-design workshops where sponsors and networks collaboratively shape activities and objectives.	Sponsors & Network Leads	Workshop participation and feedback
Implement a structured funding and resource plan to support network initiatives.	Finance & HR	Funding allocated and utilised effectively

Objective 3: Deliver Organisation-Wide Equality Impact Assessment (EqIA) Training

Action	Owner(s)	Outcome Measure
Develop and roll out mandatory EqIA training for all managers and decision-makers.	Head of EDI & Education Team	Training completion rates
Establish EqIA champions across departments to provide ongoing support and guidance.	HR & Senior Management Team	Champions identified and active

Objective 4: Embed Inclusion into Leadership Practices Beyond Reporting

Action	Owner(s)	Outcome Measure
Implement reverse mentoring between senior leaders and staff from diverse backgrounds.	OD & Staff Networks	Mentor-mentee pairings and impact tracking
Include EDI goals and accountability in leadership performance reviews.	Board & Executive	Board Equality Objectives & Performance review outcomes

Objective 5: Strengthen Organisational Awareness of Responsibilities through Programme Development & Role Modelling

Action	Owner(s)	Outcome Measure
Launch monthly leadership spotlights, showcasing inclusive leadership practices in action.	Comms Team & SMT	Engagement metrics and feedback
Ensuring senior leaders actively engage in key discussions with the ED&I Steering Group	SMT & Executive	Participation

Conclusion

While the Trust's overall rating was **Developing**, there were several areas where it was perceived as Achieving and Excelling, despite score rounding. It is important to recognise that the Equality Delivery System (EDS) is not a self-assessment tool; rather, it relies on the perception, experience, and strength of evidence provided by those scoring each outcome. A key takeaway is the need for stronger, clearer evidence presentation to support future assessments. Encouragingly, there were valuable recommendations for the Board and Executive to serve as role models for equality, reinforcing leadership's role in driving inclusive practices.

However, the sample size for this assessment was small, limiting the ability to draw definitive conclusions. Moving forward, it is crucial to enhance outreach and engagement efforts to ensure broader and more representative participation in future cycles. Lessons learned from this year will be used to refine our approach, ensuring a more comprehensive and accurate assessment of our progress.

Additionally, greater efforts should be made to communicate the positive impact of our services to key stakeholders. Initiatives such as Defib Awareness Training (DAT) serve as strong examples of the Trust's wider contribution to the community and should be highlighted more effectively. The EDS Reporting Template will be attached to this paper for NHSE Assurance.