NHS England

NHS Equality Delivery System 2022
EDS Reporting Template

2026 Review for South East Coast Ambulance Service

Version 1, 15 August 2022

Contents

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 should be submitted via england.eandhi@nhs.net and published on the organisation's website.

NHS Equality Delivery System (EDS)

Name of Organisation	South East Coast Ambulance Service NHS Foundation Trust		Organisation Board Sponsor/Lead		
			Sarah Wainwright – Chief People Officer		
Name of Integrated Care System	Surrey Heartlands; Frimley; Kent and Medway; Sussex				

EDS Lead	Dawn Chilcott		At what level has this been completed?		
				*List organisations	
EDS engagement date(s)	November 2025 – February 2026		Individual organisation	South East Coast Ambulance Service NHS Foundation Trust	
			Partnership* (two or more organisations)	South Central Ambulance Trust	
			Integrated Care System-wide*	Kent & Medway ICB	

Date completed	February 2026	Month and year published	February 2026
Date authorised	25th February 2026	Revision date	

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Action/activity	ipen
Develop targeted outreach to underserved communities (Domains 1B, 3A). March 2026	
Strengthen integration of equality impacts into board decision-making (Domains 3B, 3C). March 2026	To ensure equality and health inequalities are systematically considered in organisational decision-making, with clear mitigation of risks and strengthened Board-level accountability for inclusive outcomes.
Broaden availability and accessibility of staff support resources (Domains 2A, 2C). March 2026	To support workforce health and wellbeing by ensuring all staff, including those with protected characteristics or additional needs, have equitable access to appropriate, timely and independent support.
Enhance data collection and utilisation to address health inequalities (Domains 1C, 3C)	To improve the quality and use of equality and health inequalities data to inform service improvement, reduce risk of harm and enable leaders to monitor, challenge and improve outcomes for patients and staff.
March 2027 Increase leadership accountability and visibility in EDI activities (Domains 3A, 3B). March 2026	To embed inclusive leadership behaviours by ensuring senior leaders visibly champion equality, diversity and inclusion, actively engage with EDI priorities and are accountable for progress and impact.

EDS Rating and Score Card

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

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

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

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	• South East Coast Ambulance Service continues to strengthen accessibility and inclusivity across its services through a range of patient and public engagement initiatives. The Trust published a revised Patient and Public Engagement Strategy (2025-2029) in August 2025. This includes an Easy Read format co-produced with a dedicated champions group made up of individuals with lived experience, including those with learning disabilities, neurodivergence, and varied communication needs. The strategy reiterates a commitment to actively involving patients, carers and the public in shaping services, with a specific focus on inclusion, accessibility and reaching communities who may otherwise face barriers to engagement. • The strategy was developed following feedback from over 500 members of the public and stakeholders and aligns with recognised national standards for public involvement. SECAmb provides multiple avenues for patients to share experiences including online, paper-based and face-to-face methods. Efforts include the use of inclusive language, accessible formats and support for people with learning disabilities, neurodivergence and those whose first language is not English. • The Trust has taken a strategic and evidence-based approach to embedding equity of access across all aspects of planning and service delivery. Equity is positioned as a central principle within the organisation's overarching strategy, ensuring that access to emergency and urgent care is not influenced by geography, socio-economic status, or	2	Deputy Chief Strategic Partnerships. Strategic Partnerships & Systems Engagement Manager

		other population characteristics. This has been achieved through clinically led, patient-focused strategy development.		
		• To monitor equitable access, the Trust routinely analyses a wide range of data sources, including complaints, incidents, utilisation patterns, response and wait times, and patient outcomes to identify where variation or disparities may be present. Performance is also benchmarked against national operational and quality standards to understand where improvement is needed and to ensure service provision is both fair and consistent.		
		• The service recognises that not all communities access emergency or urgent care equally, with barriers such as cultural beliefs, language limitations, digital exclusion and varying levels of awareness about how and when to access services. In response, SECAmb has strengthened its engagement with seldom-heard groups. This included hosting a Health Inequalities Workshop to capture examples of good practice, highlight gaps, and inform a comprehensive cross-service action plan. Insights gathered from this work are shaping future engagement and supporting the development of targeted interventions across both emergency and urgent care.		
		• In line with national priorities, the Trust is aligning its work with the CORE20PLUS5 approach to reducing healthcare inequalities. SECAmb's current focus areas include maternity and mental health, where inequities are often most significant. The Trust has already progressed work on the children's asthma priority and has established two further workstreams to improve equity in pain management and ethnicity coding in pregnancy, and to ensure physical health needs are not overlooked in patients initially presenting with mental health concerns. These initiatives demonstrate the Trust's commitment to applying nationally recognised methodology to drive targeted improvement for the most disadvantaged groups.		
		•		

| | | Community forums, patient experience surveys and targeted engagement activity is used support equitable access to feedback mechanisms, supporting service improvement and amplifying patient voices. Other key access initiatives include:

• Language line support for translation and communication.
• National text provision for 111 services.
• Patient feedback collected through 111 and 999, including Patient Experience Questionnaires, Community Forums and focus groups.
• The Trust is currently undertaking a project to improve services for deaf/blind patients and exploring accessibility options.
• Digital booklet co-produced with patients and the public on using 111/999 services.
• Strong partnerships with Voluntary, Community and Social Enterprise (VCSE) organisations to diversify and amplify patient voices. The Trust receives regular representation from LGBTQ+ communities, ethnic minority groups, individuals with lived experience of mental health issues, physical disabilities and learning disabilities/neurodiversity within engagement activity.

35 Patient Engagement Ambassadors (PEAs) have been recruited across operational areas to act as conduits between the patient engagement team and local teams, ensuring feedback and ideas are captured and translated into actionable improvements. This structured approach helps the Trust identify gaps in service access, address health inequalities and ensure engagement reaches traditionally underrepresented groups. | | |
| | 1B: Individual patients (service users) health needs are met | SECAmb seeks to understand the needs of the diverse populations across the region, using patient feedback to identify where patient experience can be improved, using performance data to monitor key areas, knowing how the service is performing and proactively develop the service to meet individual patient's needs. The service has developed several Models of Care to | 2 | Deputy Chief Paramedic Officer |

ensure that service users health needs are met, modelling the response on the patient requirements rather than the other way around.

Models of Care

The Models of Care (MoC) programme underpins the Trust's strategy to deliver safe, high-quality, and equitable care by grouping demand into 11 clinically validated models. The 11 MoCs are grouped into "Group A" and "Group B".

Group A includes 5 MoCs associated with a need for Immediate Physical Response due to having actual or potentially new, acute onset clinical presentations which have a defined time to treatment e.g. cardiac chest pain, severe breathing problems, cardiac arrest.

Group B comprises the remaining 6 MoCs. These groups of patients have a range of presentations and will receive a virtual response initially. The purpose of a virtual response is to:

- Differentiate clinical need. What is the problem? Why is the patient calling?
- Stratify risks. What are the vulnerabilities that may affect the patient relative to the options open for their care?
- Schedule care. This could be an immediate physical response by a Paramedic DCA or Urgent Tier Vehicle, a scheduled or delayed response by an Urgent Tier Vehicle (aligned to system pathways and flow), referral to another service provider, or self-care leading to discharge.

The 11 MoCs were developed based on multi-level data analysis and validation of the regional population which grouped our demand into logical clusters based on triage coding, crew coding, and disposition outcomes. For example, there is synergy between the models of care for Reversible Cardiac Arrest and Palliative & End of Life Care. It was highlighted that many calls coded as cardiac arrest were expected deaths and could be managed more appropriately. The

data also highlighted the very high levels of See & Treat and the opportunity for safe and meaningful Hear & Treat.

Over the last year, SECAmb has focused on three key patient groups MoCs:

- Falls, frailty and older people
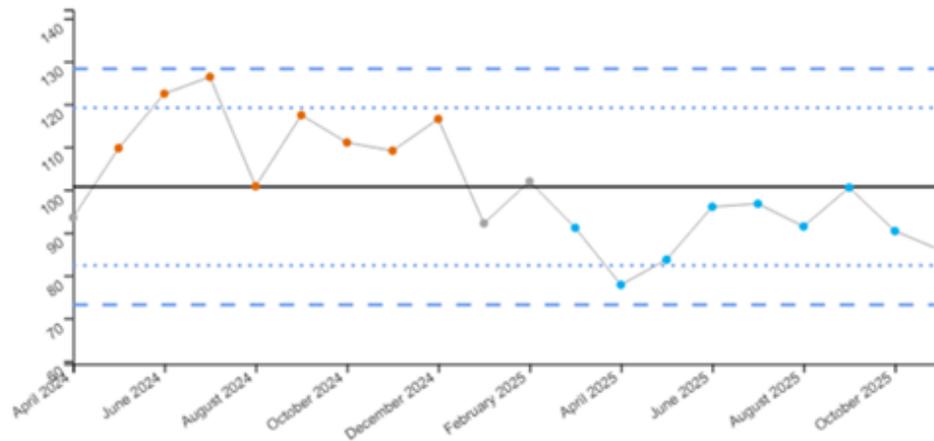- Palliative and End of Life Care
- Reversible Cardiac Arrest

This data-led approach to patient experiences and outcomes has helped to understand where inequities exist and to address these based on understanding our patient population and matching out workforce planning and delivery model rather than adopting a 'one size fits all' approach and is KPI driven.

Some examples are provided how we have used specific interventions to improve patient experience.

1. Falls, frailty and older people

As part of this MoC, it was identified that care home callers could have improved response times by working collaboratively with care homes to support appropriate calling of 999. Care home interventions aiming to reduce calls have freed up resource to attend C3 & C4 calls. Utilising existing and newly trained CFRs on falls calls and engaging with them on how they can help this patient cohort is underway and will contribute to improving this KPI. The pilot of the new approach to long lie falls using CFRs and virtual consultation is planned to go live in late Q3/ early Q4. This initiative means that vulnerable, older patients in these population groups now receive a faster response and are not disadvantaged compared to those in residential settings. The chart here shows how this work has consistently reduced our mean response time.

**Cat 3 Mean Response Time (Mins)**



2. Palliative and End of Life Care

Audit findings highlighted a recurring theme: highly complex community patients often require multiple phone calls when they are unknown to the wider system. This process significantly extends on-scene times for SECAmb, impacting overall efficiency. SECAmb are not commissioned to provide palliative and end of life care, yet this remains a patient group that the ambulance service routinely attends and often experiencing long scene times trying to access the right care for the patients. We have worked with ICBs to identify and understand this care gap, explore better access to single points of access for support and explore commissioning arrangements. This will better serve this vulnerable group and the wider system that have less ambulance resource available because of prolonged times.

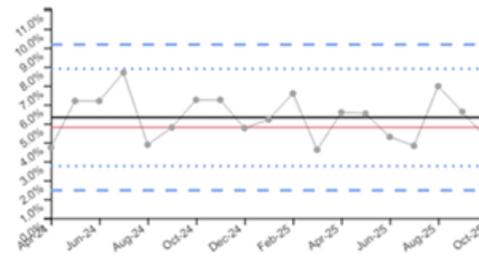|		By comparing differences by region, we can engage with data-led analysis to the ICBs of what is occurring and work to provide localised solutions. So far, the data shows we have more work to do, but we are now able to track this and understand what is causing the delays.		
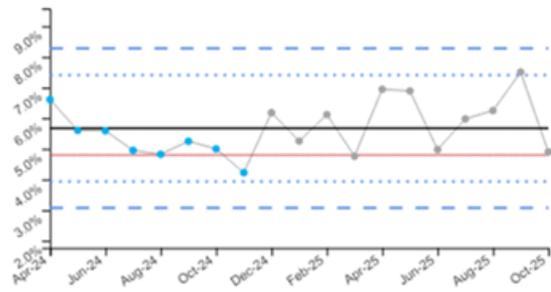
% of On Scene Over 3 Hours - Surrey

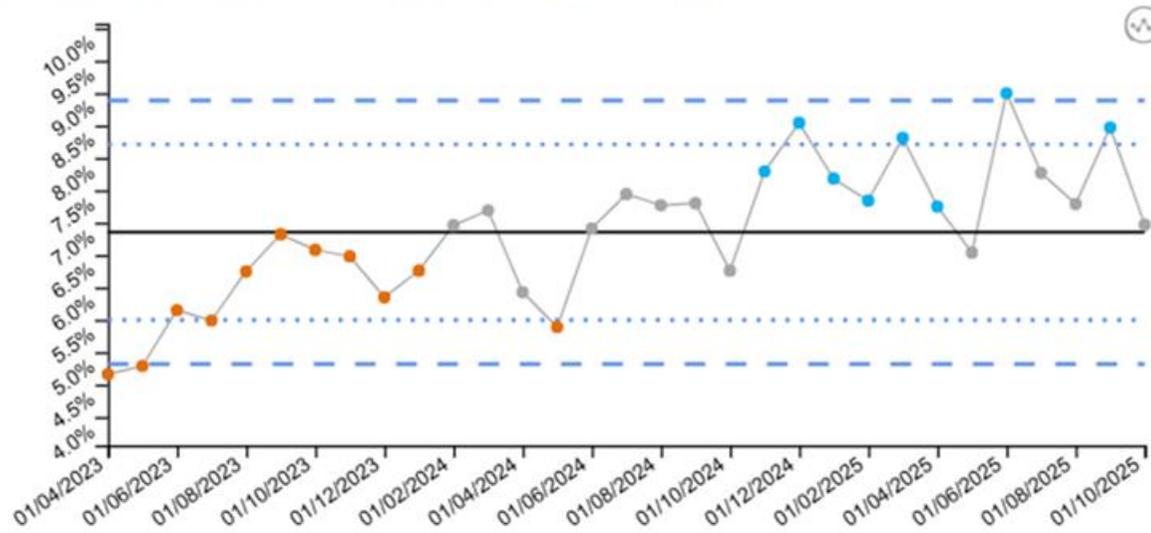% of On Scene Over 3 Hours - Trust
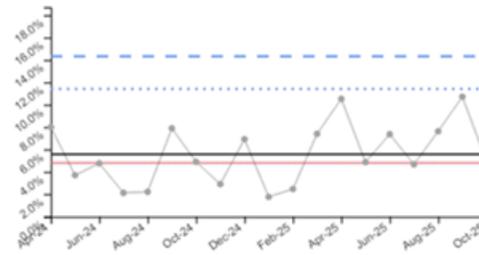
% of On Scene Over 3 Hours - Kent

% of On Scene Over 3 Hours - Sussex
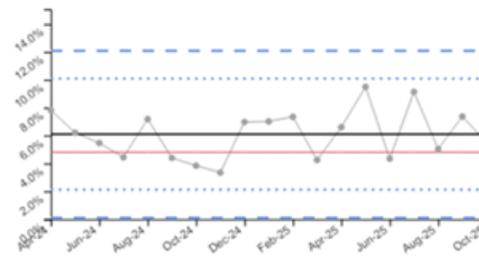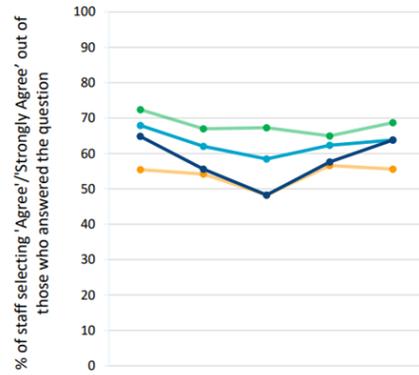
3. Reversible Cardiac Arrest

It is known that nationally there are inequalities associated with cardiac arrest chance of survival based on where patients live, their socio-economic background, sex, age and ethnicity. Community First Responders (volunteers who attend cardiac arrest in their community) may be more abundant in certain areas, as well as regional variability in dispatch. A programme to be more consistent in active recruitment and tasking to increase the numbers of CFRs across the Trust that are first on scene has increased the number, as well as highlighted areas where we need to have more consistent coverage, which will help to reduce this inequality and improve equity in outcomes.

CFR First On Scene % - Reversible Cardiac Arrest

Patient Feedback

The Patient and Public Engagement Strategy emphasises working with diverse populations, including people with disabilities, neurodivergent individuals, people from ethnic minority backgrounds and young people to ensure services are responsive to differing health needs and circumstances. Feedback is reviewed through governance structures, ensuring safe, effective and person-centred care.

Recent initiatives include:

- Co-designed patient materials, including the development of a bereavement information leaflet, a post CPR support leaflet and a leaflet explaining what an ePCR is and what to expect when patients / members of the public request a copy – developed in response to a negative patient experience.
- The development of a digital patient story submission form, co-designed with patients and carers, which will enable consistent capture of individual experiences.
- Plans are underway to embed patient voice in training and education, including workshops on empathy and communication, key skills sessions and call handler training, based on feedback from patient stories. Implementation is ongoing and will be evaluated for impact.
- Patient Safety Partner (PSP) roles are being developed with the Patient Safety team for recruitment and implementation to bring lived experience into governance and service improvement projects
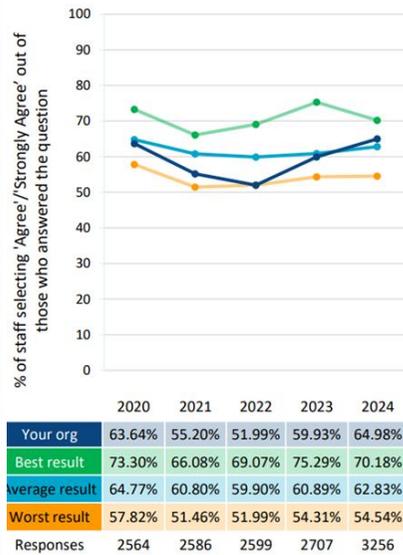
2024 Staff Survey Results:-

Q25b My organisation acts on concerns raised by patients / service users.

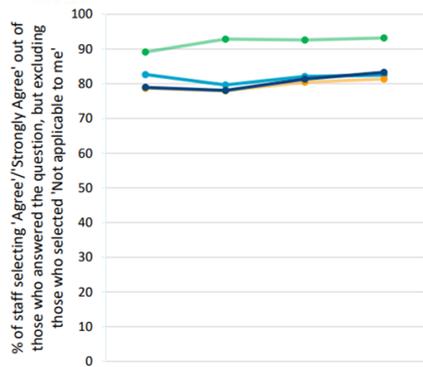|	2020	2021	2022	2023	2024
Your org	64.81%	55.58%	48.26%	57.63%	63.80%
Best result	72.40%	66.96%	67.25%	64.96%	68.73%
Average result	67.93%	62.03%	58.45%	62.32%	63.80%
Worst result	55.44%	54.17%	48.26%	56.59%	55.57%
Responses	2556	2584	2595	2701	3249

The Trust has demonstrated continued improvement in staff confidence regarding the standard of care provided, with positive responses increasing from 57.63% in 2023 to 63.80% in 2024 (+6.17%), indicating growing assurance in the quality and safety of services delivered.

Q25a Care of patients / service users is my organisation's top priority.

	2020	2021	2022	2023	2024
Your org	63.64%	55.20%	51.99%	59.93%	64.98%
Best result	73.30%	66.08%	69.07%	75.29%	70.18%
Average result	64.77%	60.80%	59.90%	60.89%	62.83%
Worst result	57.82%	51.46%	51.99%	54.31%	54.54%
Responses	2564	2586	2599	2707	3256

The Trust has demonstrated continued improvement, with positive responses increasing from 59.93% in 2023 to 64.98% in 2024 (+5.05%), indicating growing confidence year on year.

Q6a I feel that my role makes a difference to patients / service users.

	2021	2022	2023	2024
Your org	78.95%	78.07%	81.38%	83.30%
Best result	89.12%	92.88%	92.62%	93.19%
Average result	82.66%	79.65%	82.12%	82.51%
Worst result	78.72%	77.96%	80.46%	81.35%
Responses	2524	2534	2633	3178

Results remain consistently high, with a small positive movement between 2023 (81.38%) and 2024 (83.30%).

Q25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.
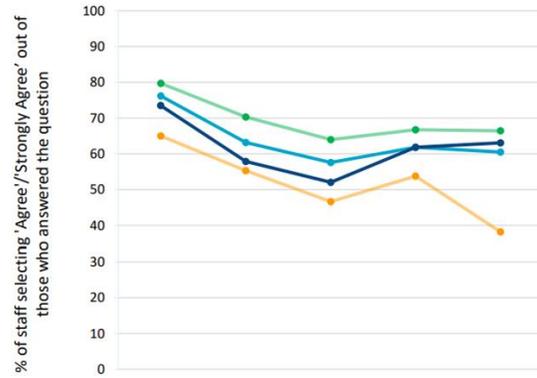
	2020	2021	2022	2023	2024
Your org	73.49%	57.87%	52.05%	61.85%	63.08%
Best result	79.73%	70.31%	63.98%	66.74%	66.43%
Average result	76.20%	63.18%	57.59%	61.85%	60.50%
Worst result	65.00%	55.30%	46.66%	53.77%	38.17%
Responses	2558	2584	2592	2702	3249

The Trust has seen an improvement from 61.85% in 2023 to 63.08% in 2024, representing a +1.23 percentage point increase.

1C: When patients (service users) use the service, they are free from harm	Patient safety remains a core priority for the Trust. Patient experience feedback from complaints, compliments, survey responses and engagement activities is used alongside incident reporting and quality data to identify potential risks, learning and improvement opportunities. Engagement activity supports early identification of safety concerns and helps the Trust understand how different patient groups experience care. The Trust is able to identify and	2	Deputy Chief Nursing Officer Safety Improvement Specialist

reduce health inequalities in our patient population through a range of patient experience feedback tools. We have:

- Identified underrepresented groups in our patient demographics through our Patient and Public Experience team.

- Established a cycle of community priority events aimed at serving these underrepresented groups.

- Provided information in accessible formats; for example, our Engagement Strategy is also available in an easy-read version.

- Developed plans for implementing a text message survey to improve access.

- Progressively strengthened our reporting processes to identify emerging health inequalities.

Assurance on the effectiveness of these initiatives is provided to relevant governance forums, including the Patient Safety and Experience Group (PSEG).

Additional actions include:

- Establishing an initiative to introduce British Sign Language (BSL) and hard-of-hearing technology in our Emergency Operations Centre (EOC) to support sign language and virtual consultations via FaceTime.

- Initiating a falls prevention intervention to improve services within care homes, which has led to a reduction in emergency call volumes from this underrepresented group.

- Ensuring that any learning related to health inequalities affecting our patient population is fed back and shared through quality governance forums. This learning informs policy review, service improvement and staff development.

The Engagement Strategy reinforces the Trust's commitment to listening to patients and taking action where care falls below expected standards. It supports a culture of openness, learning and harm prevention.

Analysis of Patient Experience Questionnaire data indicates that current feedback predominantly represents adults aged 55 to 74, women, heterosexual respondents and White or White British communities. Underrepresented groups include younger people (16 to 34), adults aged 75+, minority ethnic communities, LGBTQ+ patients and minority faith groups.

To address these gaps, the Patient and Public Engagement team is prioritising public events in areas of greater diversity and deprivation, strengthening relationships with community organisations, ensuring accessible formats and alternative communication channels, collaborating with South Central Ambulance Service and the Welsh Ambulance Service on inclusive digital surveys and recruiting Patient Safety Partners from a broad range of backgrounds.

The Trust routinely gathers patient experience feedback through its Patient Experience Questionnaire, community forums and targeted engagement activity. This insight is used to recognise good practice and inform quality improvement activity.

Learning and actions are shared with System Quality Leads and through governance reporting, supporting the Trust's commitment to closing the feedback loop and demonstrating how patient feedback informs service improvement.

	1D: Patients (service users) report positive experiences of the service	The Trust routinely gathers patient experience feedback through its Patient Experience Questionnaire, community forums and targeted engagement activity. This insight is used to recognise good practice and inform quality improvement activity. Learning and actions are shared with System Quality Leads and through governance reporting, supporting the Trust's commitment to closing the feedback loop and demonstrating how patient feedback informs service improvement. **999 Patient Experience Questionnaire (PEQ)** During Quarter 3 (October-December 2025), the Trust received 311 PEQ responses (October: 104, November: 116, December: 91). The slight reduction in December is consistent with expected seasonal trends and does not indicate reduced engagement. Key findings: • 80% very satisfied with how quickly their 999 call was answered. • 76% very satisfied with the initial contact with the call-taker. • 71% very satisfied with ambulance arrival time. • 91% strongly agreed they were treated with dignity and respect. • 90% strongly agreed care delivered was appropriate. Qualitative feedback consistently highlights staff kindness, reassurance and professionalism, providing assurance that compassionate, person-centred care remains embedded despite operational pressures. **Learning from negative feedback** Where experiences were less positive, feedback most commonly related to waiting times and uncertainty, rather than dissatisfaction with clinical care or staff behaviour. This reinforces the importance of clear communication during delays.	2	Deputy Chief Nursing Officer Head of Patient Experience

These insights are shared with System Quality Leads and inform improvement discussions focussed on managing expectations and communication=.

Health inequalities and experience monitoring

Analysis of PEQ data shows no significant disparities in overall satisfaction by protected characteristic. However, early indicators suggest some patients, particularly those with disabilities, long-term conditions or sensory impairments, may experience additional communication challenges.

This data is used as an early signal to:

- Improve identification of reasonable adjustments
- Tailor communication to individual needs
- Continue monitoring experience by protected characteristics

This supports compliance with the Equality Act and enables targeted activity.

Compliments and positive feedback

Compliments increased in Quarter 3 of 2025 compared to the same period in 2024 (510 vs 480). Themes closely mirror PEQ findings, particularly around professionalism, kindness and reassurance, and are used to reinforce good practice and shared learning.

111 Patient Survey (December 2025)

- 71% reported a positive experience
- 23% reported a negative experience

Demographic analysis shows broadly comparable experiences across ethnic groups, with greater variability for patients with disabilities, reinforcing the need for continued targeted monitoring.

		Summary Patient experience insight is triangulated across PEQs, surveys, community feedback and compliments. Learning is discussed with System Quality Leads, refined into actions and monitored through governance processes, demonstrating how feedback is actively used to improve patient experience and reduce inequality.		
Domain 1: Commissioned or provided services overall rating			8	

Domain 1: Commissioned or provided services

Domain 2: Workforce health and well-being

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)

Domain 2: **Workforce health and well-being**	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	The Trust provides a range of proportionate, preventative and responsive workplace wellbeing supports to enable staff with long-term physical and mental health conditions to remain well, safe and supported at work. Occupational Health (OH) provision is central to this offer, providing: • Health assessments, advice and management plans for colleagues with long-term conditions including obesity, diabetes, asthma, COPD and mental health conditions • Individual recommendations for reasonable adjustments, workload modifications and phased returns to work • Ongoing clinical advice to managers to support sustainable attendance and wellbeing The Trust's Wellbeing Strategy (2025–2030) adopts a preventative and holistic approach, recognising the interaction between physical health, mental wellbeing, work demands and organisational culture. This includes: • Access to mental health support, including, counselling, trauma support and signposting to specialist services • Wellbeing Strategy also priorities responsibility for self-care. • Promotion of psychological safety, compassionate leadership and supportive management practices • Training and guidance for managers to support colleagues experiencing mental health challenges at work Staff Survey Results 2024 *Theme: We are safe and healthy* 2024 – 5.73 compared to Benchmark Median of 5.65, and an improvement of 0.16% on last year.	2	Associate Director for Of People Services Head of Wellbeing

Staff Access to Wellbeing and Therapeutic Support

April 2024 – October 2025

During the reporting period, the Trust continued to provide accessible, responsive and confidential wellbeing support to colleagues, recognising the physical, psychological and emotional demands of working within an ambulance service.

Mental Health and Wellbeing Support
Between April 2024 and October 2025, there were **1,252 referrals** into Trust wellbeing and mental health support services. Of these, 300 colleagues required onward referral to Specialist Providers for talking therapy, demonstrating both appropriate triage and escalation where more complex or specialist mental health support for work-related trauma was required.

Trauma Risk Management (TRiM)
The Trust's TRiM provision continues to play a vital role in supporting colleagues following exposure to traumatic incidents. During this period, there were 387 TRiM referrals, with 77 colleagues requiring onward referral to Wellbeing Hub services. This indicates effective identification of colleagues who require additional psychological support beyond peer-led intervention.

Physiotherapy Services
Physical wellbeing remains a key component of the Trust's approach to supporting staff health. During the reporting period, there were **1,256 physiotherapy referrals**, highlighting both the physical demands placed on staff and the availability of timely, appropriate support to aid recovery, reduce long-term harm and support sustained attendance at work.

April 2024 – October 2025

The Trust routinely monitors equality data for staff accessing wellbeing and therapeutic services to ensure that support is accessible, equitable and responsive to need, and to identify any emerging inequalities.

Mental Health and Wellbeing Support – EDI Profile

Age
Referrals were received across all age groups, with the highest proportion coming from colleagues aged 26–35 (395) and 18–25 (326). This reflects the demographic profile of the workforce and highlights strong engagement with wellbeing support among early-career and mid-career colleagues. Access was also evident across older age groups, demonstrating that support is available and utilised across the career lifecycle.

Gender
The majority of referrals were from female colleagues (844), with 393 referrals from male colleagues. The Trust continues to promote inclusive wellbeing messaging to encourage access across all genders.

Ethnicity
Most referrals were from White British colleagues (1,008), reflecting the overall workforce profile. Importantly, colleagues from a wide range of ethnic backgrounds also accessed services, although numbers in each group were small. A relatively high number of colleagues (108) chose to prefer not to disclose ethnicity, highlighting ongoing opportunities to improve trust and confidence in equality data recording.

Disability
A significant proportion of colleagues accessing mental health and wellbeing support identified as disabled (303). Of those who disclosed a disability type, the most common were:

- **Mental health conditions (132)**
- **Neurodiversity (64)**

- **Long-standing illness (83)**

This demonstrates that wellbeing services are reaching colleagues with protected characteristics and supporting those with higher or more complex needs.

Religion and Belief
Colleagues with no religion or belief (546) and Christian colleagues (177) made up the largest groups accessing support. A substantial number (418) preferred not to disclose religion or belief, again reinforcing the need for continued work to build confidence in data disclosure.

Sexual Orientation
The majority of referrals were from colleagues identifying as heterosexual (855), with meaningful representation from LGBT+ colleagues, including 60 gay or lesbian and 47 bisexual colleagues. A sizeable proportion (278) preferred not to disclose,

Carer Status
133 carers accessed mental health and wellbeing support, demonstrating the importance of recognising caring responsibilities as a factor influencing wellbeing.

Physiotherapy Services – EDI Profile

Age
Physiotherapy referrals were most common among colleagues aged 26–35 (413), 36–45 (278) and 46–55 (255), reflecting the physical demands of operational roles across mid-career stages. Access across all age groups, including older colleagues, demonstrates inclusive provision.

Gender
Referrals were broadly balanced, with 720 female and 527 male colleagues accessing physiotherapy services, reflecting workforce composition and role distribution.

Ethnicity
As with mental health support, the majority of referrals were from White British colleagues (1,034), with smaller numbers from other ethnic groups. 50 colleagues preferred not to disclose ethnicity. This consistency across services suggests no immediate differential barriers to access, while reinforcing the need to continue improving equality data completeness.

Disability
197 colleagues accessing physiotherapy identified as disabled. The most commonly reported disability types included:

- Physical impairment (80)
- Neurodiversity (45)
- Long-standing illness (33)

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Religion, Sexual Orientation and Carer Status
Patterns broadly mirrored those seen in mental health support, with representation across groups and a consistent proportion preferring not to disclose. 100 carers accessed physiotherapy services, reinforcing the intersection between physical health, caring responsibilities and workforce wellbeing.

The Trust is procuring a new Employee Assistance Programme to provide 24/7 confidential, accessible and culturally competent support, including mental health counselling, trauma support and specialist pathways. This enhances early intervention, complements existing wellbeing services and strengthens equitable access to support for staff with long-term conditions.

The Reasonable Adjustments Passport enables staff with long-term health conditions or disabilities to agree, record and retain workplace adjustments, ensuring consistency when roles or managers change. It promotes early intervention, supports sustained attendance and

		embeds a clear, person-centred process for implementing clinically informed, regularly reviewed adjustments. **EDS Assurance Statement** Overall, the EDI data demonstrates that staff wellbeing and physiotherapy services are accessed across all protected characteristics, with particular reach among younger staff, disabled colleagues, carers and those experiencing mental health conditions. There is no evidence of exclusion or disproportionate barriers to access for any protected group. The Trust recognises the high levels of "prefer not to say" responses across several characteristics and continues to focus on improving equality data quality, trust and confidence as part of its wider EDI strategy. These insights are used to inform targeted communication, inclusive service design and workforce wellbeing priorities.		

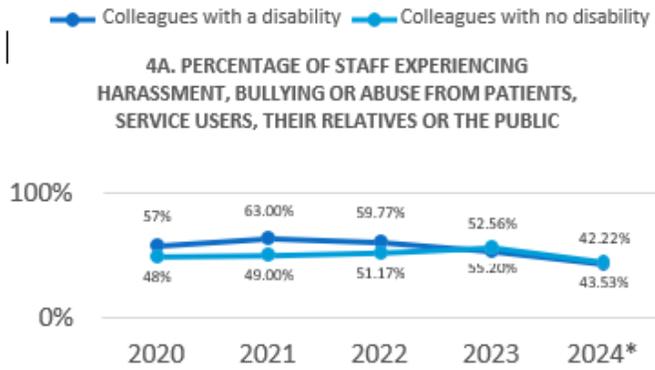| | 2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source | 2025 Workforce Race Equality Standards Report (WRES)

Workforce data from 31 Mar 2025 and Staff Survey results published in 2025.

% of Staff Experience Harassment, Bullying or Abuse

BME staff: 51.47% reported harassment, bullying or abuse (HBA). White staff: 47.36% reported HBA. This shows a 4.1 % point gap, with BME staff more likely to experience HBA. The data also shows a high overall prevalence across both groups (nearly half of staff who completed the survey reported being affected). While rates dropped in 2023, they rose again in 2024, with both groups reporting more incidents.

The Trust has achieved to date: -

• Staff safety initiatives (e.g., body-worn cameras, lone worker policies and procedures) introduced to reduce risks of abuse

• Active engagement with the Assaults on Emergency Workers Act, led by the government and the NHS updated Violence Prevention Reduction Standards | 2 | Security Manager

Assistant Director of Quality and Compliance |

- Collaboration with Operation Cavell, a joint workstream with Police, NHS Trusts and the Crown Prosecution Service tackling violence and aggression against staff

- Conflict resolution training introduced as part of key skills in April 2024, with excellent feedback. Training provides theory, breakaway techniques, and clinical restraint to help staff manage challenging behaviours. 86.34% colleagues completed the training as of Oct 2025. Training is also underway for students in collaboration with our partner training/university institutions.

- Internal collaboration between teams to provide a holistic approach to managing and reducing violence and aggression including History Marking, Frequent Caller and Mental Health Teams.

Activity Planned for 2026/2027

- Strengthen reporting and feedback mechanisms across divisions so staff feel confident incidents will be acted upon

- Track incident reporting and staff survey outcomes across divisions through the EDI dashboard

- Explore targeted resilience and wellbeing support for BME colleagues

- Continued collaboration between FTSU and staff networks to bridge the gap for communities who are less likely to speak up.

- Maintain focus on violence reduction initiatives and embed inclusive Leadership Training.

2025 Workforce Disability Equality Standards Report (WDES)

**% of Staff experiencing Harassment, bullying of abuse from patients, service users, their relatives or the public.**

4A. PERCENTAGE OF STAFF EXPERIENCING HARASSMENT, BULLYING OR ABUSE FROM PATIENTS, SERVICE USERS, THEIR RELATIVES OR THE PUBLIC

Colleagues with a disability — Colleagues with no disability

	2020	2021	2022	2023	2024*
Colleagues with a disability	57%	63.00%	59.77%	52.56%	42.22%
Colleagues with no disability	48%	49.00%	51.17%	55.20%	43.53%

- Reduction in HBA from patients for both colleagues with and without disabilities. Decline in rates indicates positive cultural shifts and better staff experience. On average, SECAmb remains aligned to other organisations, where the national average is 49.67%. This reflects continuing challenges of work in patient-facing environments.

Harassment from Managers

04B ⬇

HBA from managers
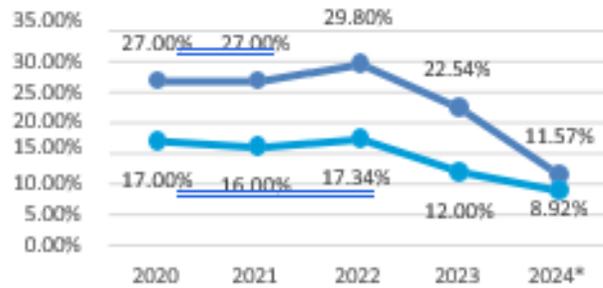
- This indicator reflects workplace culture, management accountability and leadership behaviours. Disabled staff reporting bullying or harassment has significantly reduced from 30% in 2022 to 11.57% in 2024, however the data (see 4D) also shows that more colleagues with a disability are reporting HBA than those without.

Harassment from Colleagues

04C

HBA from colleagues
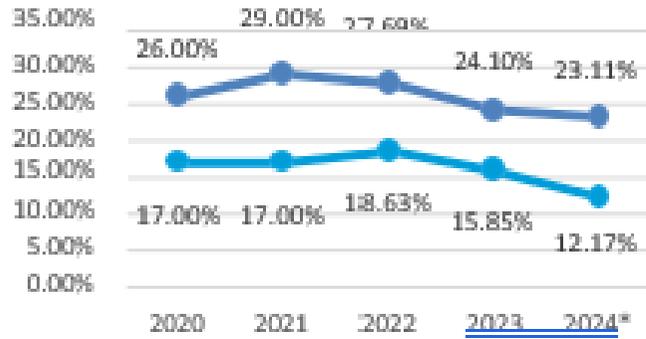
- This indicator highlights peer-to-peer culture and inclusivity within teams. Slight reduction since 2020, but disabled staff still report higher rates than peers. Steady decline indicates improved relationships and inclusive team dynamics, but still much work to be done.

The Trust has achieved to date: -

- Increased use of body-worn cameras as part of our violence reduction initiatives
- Further implementation of leadership training programmes for staff at all levels to strengthen inclusive and compassionate leadership practices.
- Staff safety initiatives (e.g., body-worn cameras, lone worker policies and procedures) introduced to reduce risks of HBA.

	• Active local engagement with the Assaults on Emergency Workers Act, led by the government and the NHS updated Violence Prevention Reduction Standards • Collaboration with 'Operation Cavell', a joint workstream with Police, NHS Trusts and the Crown Prosecution Service tackling violence and aggression against staff • Conflict resolution training introduced as part of key skills in April 2024, with excellent feedback. Training provides theory, breakaway techniques, and clinical restraint to help staff manage challenging behaviours. 86.34% colleagues completed the training as of 1 Oct 2025 **Activity Planned for 2026/2027** • Maintain focus on violence reduction initiatives and further embed inclusive and compassionate leadership training by refreshing the Trust's Leadership Framework and ensuring divisional teams have access to inclusive leadership development opportunities • Explore targeted resilience and wellbeing support for disabled colleagues • Strengthen escalation and feedback processes to ensure confidence in responses • Co-design peer-led awareness campaigns with the enable staff network • Enhance reporting feedback to demonstrate tangible outcomes when staff speak up • Launch new Values & Behavior Framework to embed Integrity, Kindness, and Courage, supporting inclusion and culture change across SECAmb. • Continued collaboration between FTSU and Staff networks to bridge the gap for communities who are less likely to speak up. **Report of Harassment, Bullying and Abuse**		

04D ⬆

Reporting HBA

- Increase in reporting reflects growing confidence in internal processes and support systems, suggesting enhanced awareness and trust in organisational response. However, with over half of those who responded to the survey indicating that they did not report incidents, there is still more work to do.

The Trust has achieved to date: -

- Improved visibility of reporting routes (e.g. Freedom to Speak Up)
- FTSU workshops delivered to 2nd and 3rd year university students.
- Overview of the FTSU process and sexual safety training provided to Year 1 college students.
- Engaged with staff networks to provide a brief overview and update on FTSU.
- Sessions now incorporated at Induction and onboarding days to cover ways to speak up at the Trust.

Activity Planned for 2026/2027

- Expand awareness of informal and formal support options through trust-wide communications and engagement and at a local level in divisional and directorate teams.
- Track trends via EDI dashboard and escalate longstanding issues with senior leaders as appropriate.

Year on year since 2019 the Trust has seen an increasing number of violence and abuse incidents reported.

Since 2022 an increased focus has been placed on supporting staff in reporting incidents of violence and abuse, so a rise was to be expected due to increased communication and encouragement of staff to report incidents affecting them.

The Trust has moved from a high of averaging 134 reports per month in 2024 to 118 incidents per month in 2025

Review of Violence and Abuse incidents directed towards staff April 2024 – October 2025

Between April 2024 and October 2025 there were 2361 incidents of violence and abuse reported by staff that had been directed towards them by patients or other members of the public.

These figures can be broken down further –

April 2024 - October 2025	Numbers	Percentage
Verbal	986	42%
ASB	517	22%
Assault	517	22%
Attempted Assault	146	6%
Criminal Damage	11	0.50%
Hate Crime	83	3.50%
Sexual Words	54	2%
Sexual Assault	45	1.90%
Drug seeking behaviour	2	N/A

The highest reporters across the Trust were the call handling centres which accounted for 583 or nearly 25% of incidents involving violence or abuse.

Body Worn Cameras

Body Worn Cameras have been available to staff since 2022. Staff trust and usage in the equipment has gradually increased.

The table below shows that staff recording on Datix that they wish to pursue a prosecution and resulting incidents created have increased in comparison to a similar time period.

The Trust has allocated a budget for yearly licence renewal and equipment upgrades. Some camera batteries have degraded, and this budget has allowed for quick replacement where faults are identified.

Body Worn Cameras are discussed within conflict resolution training and communications are delivered to staff through the Trust communications team where appropriate.

The camera usage and camera deployment tables below indicate 12 months' worth of data from June 2024 – June 2025
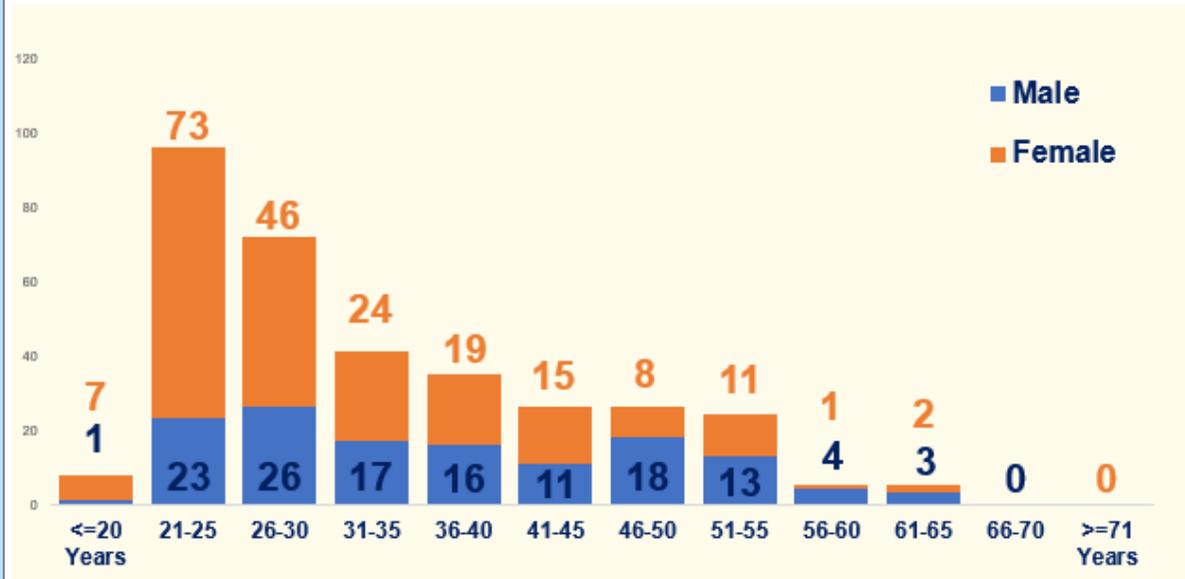
April 2024 -December 2025	
Cameras Activated	195

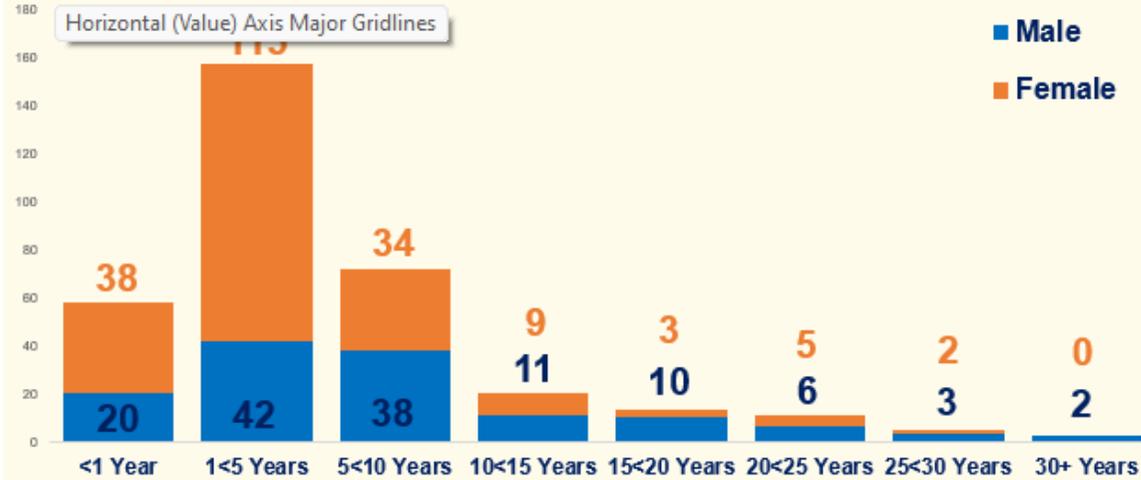|	
Pursue a Prosecution	131
Incidents Created	104
April 2023 -December 2024	
Cameras Activated	239
Pursue a Prosecution	88
Incidents Created	72

Trust Response

- Established security team in place with strong links to regional police teams. Oversight and governance is via the Health & Safety Working Group to Trust Board.
- Resource available via a security portal on the zone (internal website) including a supporting staff experiencing violence or abuse document.
- A comms campaign has commenced call handling centre to increase awareness and a podcast with Kent Police relating to hate crimes has been completed with the first soundbite published on The Zone in January 2026.
- Collaboration with call handling centre staff and Clinical Education to explore potential training available in conflict management for call handlers.
- Repeat victim data to be reviewed to understand potential lessons learned and supportive interventions that may be available.
- Greater engagement with staff through the monthly Violence Reduction Working Group.

Protected Characteristics Data

Data has been available for the since June 2024. This has allowed us to establish that females under 30 yrs old and with less than 5 years' service are most at risk of being subjected to violence or abuse. In response to this clinical education will be training new members of staff in conflict resolution before they go out on an ambulance to third man shifts. This allows for new members of staff to receive training before they attend any calls and understand the training that staff have already received.
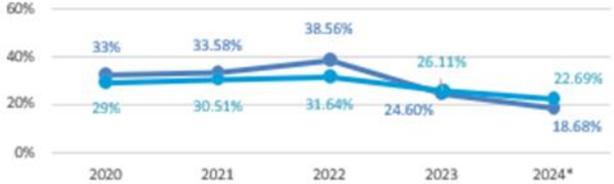
Chart showing Male and Female counts by length of service:
- <1 Year: Male 20, Female 38
- 1<5 Years: Male 42, Female 115
- 5<10 Years: Male 38, Female 34
- 10<15 Years: Male 11, Female 9
- 15<20 Years: Male 10, Female 3
- 20<25 Years: Male 6, Female 5
- 25<30 Years: Male 3, Female 2
- 30+ Years: Male 2, Female 0

NHS Violence Reduction Standards

NHS England updated the Violence Prevention and Reduction Standard in December 2024. The Trust were previously showing as being fully compliant with the previous standards.

Initial reviews in May 2025 showed the Trust as being compliant in 37 of the 43 competencies or 86% compliant.

Reviews in August 2025 showed that the Trust had improved to 93% compliance.

The Trust has now developed a comprehensive Action Plan to support full compliance. The next phase of delivery will focus on a detailed and systematic review of violence reduction policies, procedures, and strategies to ensure they are fully aligned with a trauma-informed approach.

| | | This work will also ensure that all relevant documentation and associated processes are compliant with GDPR requirements, particularly in relation to the management, storage, and sharing of sensitive personal data. Through implementation of the Action Plan, the Trust will strengthen a consistent, lawful, and compassionate approach to violence reduction, providing assurance that colleagues are appropriately supported while meeting regulatory and statutory expectations. An independent audit has been completed by BDO (the Trusts Internal Auditors) reviewing the Trust compliance with the Violence Reduction Standards. Compliance with the standards was identified as an area of strength with some minor recommendations for improvement during 2026. | | |

	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	**2025 Workforce Race Equality Standards Report (WRES)** **% of staff Experiencing Harassment, Bullying or Abuse.** - This is the first time since 2020 that BME staff reported lower levels of HBA from colleagues than White staff. The figures show an improvement for both groups. The Trust has achieved to date:- - Consistent reduction in harassment from staff since 2022, showing positive cultural change - Staff networks and Freedom to Speak Up Guardians providing safe spaces to raise issues - Launched the Mediation Service in March 2025 to support conflict being resolved quicker and informally Activity Planned for 2026/2027:- - Use staff networks and leadership programmes to model inclusive behaviours	2	Assistant Director or Culture & EDI – Assistant Director of Quality and Safeguarding Deputy Chief People Officer

- Deliver structured training sessions on the new Resolution Policy to all line managers ensuring they are confident in applying early resolution and mediation approaches in the first instance, from Q4 2026..

- New Values and Behaviour Framework launching Q1 2026 to embed Integrity, Kindness and Courage, supporting inclusion and culture change across SECAmb.

The Trust provides a range of confidential, independent and specialist support mechanisms to ensure staff experiencing stress, abuse, bullying, harassment or physical violence can access timely advice, advocacy and support, independent of their line management or immediate working environment.

1. Independent Emotional and Psychological Support

Staff have access confidential support:

- Independent trauma-focused talking therapy and emotional support

- Advice on stress, anxiety, trauma and work-related pressures

- Support following incidents of violence, aggression or harassment

- Access without referral and independent of Trust management

This service provides an important early-intervention and self-referral route, supporting staff wellbeing and resilience.

2. Freedom to Speak Up (FTSU)

The Trust has a Freedom to Speak Up Guardian and champions, offering:

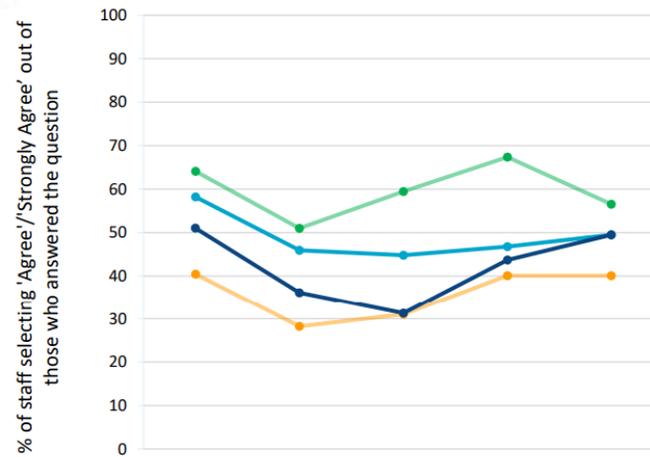|		
	• Independent, confidential advice for staff who feel unable to raise concerns through normal management channels • Support for colleagues experiencing bullying, harassment, discrimination or unsafe behaviours • Advocacy and guidance on options available, including informal resolution or formal processes This ensures staff have access to a safe, impartial and trusted route to raise concerns without fear of detriment. **3. Occupational Health (OH)** Occupational Health provides independent clinical advice and support, including: • Assessment and advice for stress-related and mental health concerns • Support following incidents of physical violence or traumatic events • Recommendations for reasonable adjustments, phased returns or temporary modifications • Confidential clinical input, separate from line management decision-making **4. Dignity at Work, Bullying and Harassment Processes** The Trust has clear policies and procedures addressing: • Bullying, harassment and abuse (including from colleagues, patients or members of the public) • Access to impartial advice through People Services / HR • Supportive, trauma-informed approaches to resolution Staff are supported to raise concerns formally or informally, with signposting to appropriate independent support.	

5. Violence, Aggression and Trauma Support

Recognising the unique risks in an ambulance service environment, the Trust provides:

- Support following physical violence, aggression or verbal abuse, regardless of the source

- Access to trauma-informed care and psychological support after incidents

- Clear reporting routes for violent incidents, supported by Health & Safety and People Services

- Ongoing review of risks and learning to reduce future harm

6. Staff Networks and Peer Support

Staff Networks provide:

- Safe, supportive spaces for colleagues to share experiences

- Peer-led support and signposting to independent services

- Additional support for colleagues who may experience compounded harm linked to protected characteristics

7. Wellbeing Governance and Culture

The Wellbeing Strategy reinforces:

- A zero-tolerance approach to bullying, harassment, abuse and violence

- Compassionate leadership and psychologically safe working environments

- anager training to recognise stress, trauma and early signs of harm.

This ensures staff are not solely reliant on line management and have access to multiple independent routes of support.

| | 2D: Staff recommend the organisation as a place to work and receive treatment | **Staff Survey Results 2024**

Question 25.c – "I would recommend my organisation as a place to work".

The 2024 NHS Staff Survey results demonstrate a continued and notable improvement in colleagues' likelihood to recommend the Trust as a place to work.

• **2022:** 31.30%

• **2023:** 43.72%

• **2024:** 49.53%

This represents an overall increase of 18.23 percentage points since 2022, with a further positive uplift of nearly 6 percentage points between 2023 and 2024.

While the Trust recognises that there is more to do to improve colleague experience, this sustained upward trend provides clear evidence of progress and reflects the impact of ongoing work to strengthen leadership visibility, culture, wellbeing support, staff engagement and inclusion. | 2 | Assistant Director of Culture and EDI

Deputy Chief People Officer |

Q25c I would recommend my organisation as a place to work.

	2020	2021	2022	2023	2024
Your org	51.02%	36.15%	31.30%	43.72%	49.53%
Best result	64.13%	51.00%	59.49%	67.39%	56.52%
Average result	58.22%	45.94%	44.81%	46.78%	49.53%
Worst result	40.45%	28.22%	31.05%	40.10%	40.10%
Responses	2562	2584	2599	2705	3251

Q25d – If a friend of relative needed treatment I would be happy with the standard to care provided by this organisation.

Q25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.
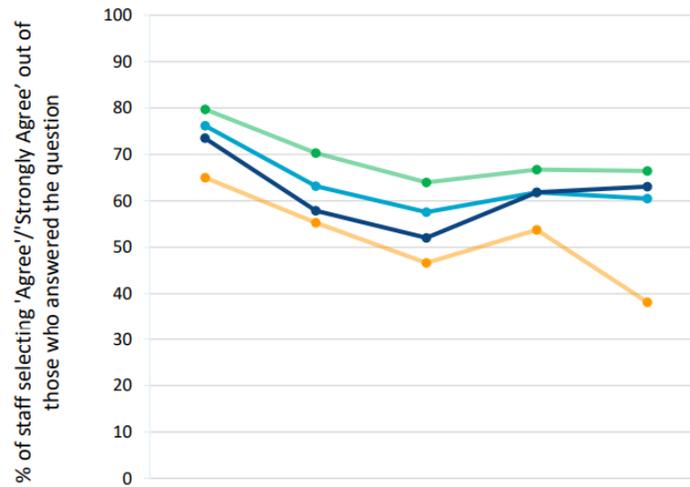
	2020	2021	2022	2023	2024
Your org	73.49%	57.87%	52.05%	61.85%	63.08%
Best result	79.73%	70.31%	63.98%	66.74%	66.43%
Average result	76.20%	63.18%	57.59%	61.85%	60.50%
Worst result	65.00%	55.30%	46.66%	53.77%	38.17%
Responses	2558	2584	2592	2702	3249

Staff Survey Results 2024

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

The 2024 National NHS Staff Survey results show a continued and positive improvement in staff confidence in the quality of care provided by the Trust.

• **2022:** 52.05% agreed or strongly agreed • **2023:** 61.85% agreed or strongly agreed • **2024:** 63.08% agreed or strongly agreed This represents an increase of over 11 percentage points since 2022, with a further improvement between 2023 and 2024. The sustained upward trend indicates growing confidence among colleagues in the standard of care delivered by the organisation and provides positive assurance regarding patient safety, quality and staff pride in the service.		
Domain 2: Workforce health and well-being overall rating	8	

Domain 3: Inclusive leadership

Domain	Outcome	Evidence	Rating	Owner (Dept/Lead)

Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	The Trust demonstrates strong and visible leadership commitment to equality and health inequalities through active Board involvement in the development, oversight and delivery of the Equality, Diversity and Inclusion (EDI) Plan. The EDI Plan was developed with direct engagement from the Board and senior system leaders and was formally reported to the Public Board in June 2025, providing transparency, scrutiny and organisational accountability. Board members, Executive Directors and Non-Executive Directors contributed to shaping the EDI Plan by: • Participating in regular EDI discussions through Board Development Days. • Reviewing and challenging workforce equality data and trends • Considering staff experience and insight gathered through Staff Networks and engagement activity. • Agreeing priority areas where focused leadership action is required to reduce inequality and inequity. **EDI Plan – Four Key Focus Areas**	2	CEO

The EDI Plan is structured around four key focus areas, agreed with Board oversight and reported to the Public Board in June 2025:

1. **Staff Development**
   Ensuring equitable access to learning, development, progression and compassionate leadership opportunities, with a particular focus on addressing under-representation and differential outcomes.

2. **Inclusive Recruitment**
   Improving fairness, accessibility and consistency across recruitment and selection processes to reduce bias and increase representation at all levels of the organisation.

3. **Data Insight**
   Strengthening the use of workforce equality data, insight and analytics (including WRES and WDES) to inform decision-making, track progress and provide assurance to the Board.

4. **Staff Networks**
   Strengthening the role, governance and impact of Staff Networks, ensuring lived experience informs organisational priorities and decision-making.

Leadership Accountability and Sponsorship

		To embed accountability and leadership ownership:		
		- All Staff Networks are now sponsored by both an Executive Director and a Non-Executive Director, strengthening links to Board-level decision-making and governance. - Board members and senior leaders actively engage with Staff Networks, EDI reporting and assurance mechanisms. - All Board members have EDI objectives, set through the annual appraisal process and reviewed at 121's and mid-year reviews. Board members, system leaders and managers demonstrate inclusive leadership by: - Championing equality and health inequalities within their portfolios - Using data and staff insight to inform decisions - Role-modelling inclusive behaviours and holding the organisation to account for progress.		

3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Board and Committee papers consistently identify equality and health inequality impacts, associated risks, and the actions required to mitigate and manage them. This is evidenced through routine Board questioning, dedicated agenda items, strategy development, and assurance reporting. Throughout 2024 and 2025, health inequalities have been explicitly considered across a range of Board and Committee discussions. For example, in June and August 2024, Board questions (Papers 25/24 and 38/24) focused on health inequalities, including the launch of a strategy linked directly to reducing inequalities and the mechanisms for monitoring impact. In December 2024 (Paper 77/24), the Board discussed leadership responsibilities in integrating Equality, Diversity and Inclusion (EDI) and health inequalities into decision-making and organisational culture. In April 2025, a Board Story (Paper 12/25) explored reversible cardiac arrests, explicitly highlighting inequality impacts and learning to inform future service improvement. This focus continued in June 2025, where an external volunteer review (Paper 32/25) and EDI papers (33–37/25) included discussion of health inequalities and mitigating actions, supported by the Volunteer Strategy.	2	Director of Corporate governance and company secretary

Further assurance is demonstrated through August 2025 Board and Committee discussions, including questions regarding inequalities in relation to charitable activity (Paper 49/25) and Quality, Patient Safety Committee (QPSC) papers (55–57/25) which examined inequalities in cardiac care, with associated risks and actions clearly set out.

Collectively, these papers demonstrate that equality and health inequality impacts are routinely identified, scrutinised, and addressed at Board and Committee level, with mitigation actions embedded within strategy, service design, leadership accountability, and quality governance arrangements.

Please note - Board Meetings – regularly discussed. All minutes publicly available using this link - Trust Board meeting dates and papers - NHS South East Coast Ambulance Service

Trust Board Meeting.pdf
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Agenda No.pdf

38-24 SECAmb
Strategy Document f

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Trust Board Meeting
30th April.pdf

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Trust Board Meeting
6June24.pdf

Trust Board Meeting
8Aug24.pdf

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Trust Board Meeting
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| | 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 | Board members and Senior Managers ensure that clear governance and performance management levers are in place to monitor and drive progress on equality and inclusion for both staff and patients.

Executive oversight is provided through the Inclusion Programme Group, which reports into the Senior Management Group and Executive Management Board.

The Group is chaired at Executive level and brings together senior operational, quality, workforce and strategy leaders, alongside staff network chairs, trade union representatives, ensuring inclusive and informed decision-making.

Equality and inclusion risks are formally recorded on the Trust risk register and reviewed routinely. Senior leaders are accountable for action delivery, assurance of controls, risk grading reviews and escalation where progress is not on track. Performance against the Equality Delivery System, Workforce Race Equality Standard and Workforce Disability Equality Standard is regularly monitored and reported, enabling targeted intervention where inequalities are identified.

Clear reporting and escalation routes ensure Board visibility of progress, risks and impact, including | 2 | CEO |

		patient-related equality issues through quality and safety governance. Senior leaders also ensure that operational managers are supported to embed equality analysis and evidence-based action planning into service delivery and workforce decision-making. Through these arrangements, board members and system leaders actively hold the organisation to account, providing strong assurance that equality, inclusion and performance are effectively monitored and continuously improved for staff and patients.		
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):**		

EDS Organisation Rating (overall rating):
Organisation name(s):
Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped.** Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing.** Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving.** Those who score **33,** adding all outcome scores in all domains, are rated **Excelling.**

EDS Action Plan

EDS Lead		Year(s) active	
Dawn Chilcott		2026/2027	
EDS Sponsor		**Authorisation date**	
Sarah Wainwright – CPO		25th February 2026	

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services.	1A: Patients (service users) have required levels of access to the service	Improve equitable access to ambulance services and information for diverse communities, ensuring access barriers related to language, disability, digital exclusion and geography are identified and addressed.	• Use Patient and Public Engagement insights, complaints, compliments and equality data to identify access barriers for protected and underserved groups. • Ensure patient-facing information is available in accessible formats (Easy Read, translated materials, alternative formats) and promoted via community engagement routes. • Strengthen engagement with local communities and ICS partners to inform service access improvements, particularly for seldom-heard groups.	On-going

	1B: Individual patients (service users) health needs are met	Ensure patient care pathways are responsive to individual health needs and reduce health inequalities through personalised, needs-led care.	• Embed equality and health inequalities considerations into clinical pathway reviews, including urgent and emergency care pathways. • Use patient equality data, clinical audit and outcomes to identify variation in care and address unmet needs. • Strengthen collaboration with system partners to support continuity of care and tailored responses for patients with complex or additional needs.	On-going
	1C: When patients (service users) use the service, they are free from harm	Reduce harm and improve safety outcomes for all patients, with a focus on identifying and addressing disproportionate risks for specific groups.	• Monitor incidents, near misses and safety data through an equality lens to identify any disproportionate impact on protected groups. • Ensure learning from patient safety incidents informs service improvement and staff training. • Strengthen assurance through governance forums that equality and health inequality risks are identified, mitigated and monitored.	On-going

1D: Patients (service users) report positive experiences of the service	Improve patient experience across all communities, ensuring feedback from diverse patient groups informs service improvement.	• Analyse patient experience data, Friends and Family Test feedback and complaints by protected characteristic where available. • Actively seek feedback from underrepresented and seldom-heard groups through engagement and co-production activities. • Use insight to inform quality improvement actions and monitor impact through patient experience reporting.	On-going

Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Support staff with long-term physical and mental health conditions to remain healthy, safe and productive at work through timely access to appropriate support and adjustments.	• Promote access to Occupational Health, Wellbeing and Mental Health services, including physiotherapy, psychological support, TRiM and specialist referrals. • There is a personal responsibility in assessing local primary care support services • Support managers to implement reasonable adjustments, rehabilitation plans and flexible working arrangements where appropriate. • Use wellbeing referral and equality data to identify trends and inform targeted wellbeing interventions. • The Models of Care have a workstream looking into Mental Health, this will be progressed throughout 26/27.	On-going

2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	Create a safe, respectful and inclusive working environment where abuse, harassment, bullying and violence are not tolerated.	• Reinforce expected standards of behaviour through Trust values, policies and leadership behaviours. • Promote reporting routes including incident reporting, Freedom to Speak Up, mediation and grievance processes. • Monitor incidents of abuse, harassment and violence (including from patients or the public) and take action where patterns or risks are identified. • Provide suitable and sufficient training based on threat and risk to all relevant staff and identified risk groups. • Continued implementation and review of the NHS Violence reduction Standards.	On-going

	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	Ensure staff can access confidential, independent and timely support when experiencing distress or harm at work.	• Maintain access to independent support routes including Occupational Health, Wellbeing services, trauma-focused talking therapies, mediation, TRiM, and Freedom to Speak Up. • Ensure managers and staff are aware of available support and how to access it. • Regularly review uptake and feedback to ensure services remain accessible and responsive to staff needs. • The Trust also has an internal website called the "Sone, which holds Policies, procedures and support guides for Managers.	On-going
	2D: Staff recommend the organisation as a place to work and receive treatment	Improve staff experience, engagement and pride in the organisation, reflected in staff survey results and retention.	• Use NHS Staff Survey results, People Pulse data and local feedback to identify priority areas for improvement. • Implement targeted actions to improve staff experience, leadership visibility and wellbeing support. • Monitor progress through annual survey results and workforce metrics, sharing learning and improvements transparently.	On-going

Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	Ensure inclusive leadership behaviours are embedded at all levels, with senior leaders actively championing equality, diversity, inclusion and the reduction of health inequalities.	• Ensure Board members, Executive and Non-Executive Directors, Band 9 and VSM leaders visibly sponsor EDI priorities, including Staff Networks and EDI programmes. • Embed EDI and health inequalities within leadership development, organisational development and management training programmes. • Involve senior leaders in the design, delivery and oversight of the Trust's EDI Plan, including its four key focus areas: staff development, inclusive recruitment, data insight and staff networks.	On-going
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Strengthen Board and Committee assurance by ensuring equality and health inequalities are routinely considered in decision-making.	• Require equality and health inequalities considerations to be explicitly addressed within Board and Committee papers, supported by Equality Impact Assessments where appropriate. • Provide guidance and support to report authors to improve the quality and consistency of equality and health inequalities analysis.	On-going

			• Monitor compliance through Board and Committee governance processes, with feedback provided to authors where improvements are required.	
	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	Ensure leaders have clear mechanisms to oversee, challenge and improve performance on equality, inclusion and health inequalities.	• Use workforce and patient data (including Staff Survey, WRES, WDES, EDS and wellbeing data) to monitor progress and identify areas for improvement. • Receive regular EDI and health inequalities updates through Board and Committee reporting, including progress against the EDI Plan and EDS actions. • Use Board and senior leadership oversight to hold the organisation to account for delivery of agreed actions and outcomes.	On-going

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