LONDON AMBULANCE SERVICE NHS TRUST
Executive Management Team **Date of meeting: 10 July 2013**

ANNUAL EQUALITY REPORT 2012-2013

1. INTRODUCTION

1.1. The 2012-13 Annual Equality Report provides information on the Trust's workforce and access to services for the year from April 1 2012 to March 31 2013.

1.2. The Annual Equality Report will continue to be published on the Trust's intranet and website and be made available on request in community languages and alternative formats to our patients, service users and stakeholders.

2. PROGRESS SINCE ANNUAL EQUALITY REPORT 2011-2012

2.1. The current report provides the workforce profiling and access to key services statistics for the period from April 1 2012 to March 31 2013.

2.2. The Trust has signed up to the new NHS Equality Delivery System. In line with this and the provisions of the Equality Act 2010 Public Sector Duty, the Trust engaged extensively with a wide range of internal and external stakeholders on its proposed equality objectives and published these in April 2012. The Trust continued to be represented on the Outer North East London Equalities partnership group, to ensure regular face-to-face engagement with service users from protected characteristic groups. The new equality objectives are being mainstreamed into the business planning of the Trust.

2.3. The updated equalities monitoring guidance from the Department of Health, in line with the Equality Act 2010 Public Sector Duty, is still awaited. Following publication of this, consideration will be given to how best and appropriately to monitor take-up and satisfaction with the services provided by the Trust in relation to their protected characteristic groups.

2.4. Specific, targeted workshops on Equality and Inclusion were provided to managers and staff in May and June 2012. A briefing was provided to Senior Managers' Conference and the Trust Board in May 2012. Further targeted Sessions to the Managers' and Admin Staff conferences and specific, targeted workshops will be taking place in 2013. The second module of the Trust's e-learning programme was launched in July 2012.

2.5. Briefings to project teams on the use of the Trust's updated Equality Analysis form and guidance continue to be provided by the Equality and Inclusion Team and all equality analyses are published on the Trust's website.

2.6. The Trust's Staff Forums, the LGB Staff Forum, Deaf Awareness Forum and Enable continue to be supported in their work by the Trust, with the Chairs of each of the forums invited to meetings of the Equality and Inclusion Steering Group, to discuss the aims and objectives of the forums for the coming year. Over the previous year the Deaf Awareness Forum has participated in Deaf Awareness Week, Learn to Sign week and the annual Deaf Day at City Lit, Undertaken a survey amongst England's NHS Ambulance Trusts to determine the level of activity within the deaf community and continued to raise deaf awareness amongst Trust staff . The Trust's LGBT forum has been at the forefront of a wide range of high-profile initiatives, including the Trust's involvement in the Stonewall Health Champions programme, its annual application to the Stonewall Workplace Equality Index and Health Equality Index. The Chairs of the forum facilitated at an LGB service user group meeting in March co-hosted with Stonewall and have launched the first ever national LGB&T Ambulance Forum, following extensive national consultation. The forum has a very visible presence each year at London Pride – in July 2012 over 70 Trust staff, including a Cycle Responder Unit, took part in the World Pride parade in London together with colleagues from other Ambulance services - and is represented also at Brighton Pride and other key LGBT events. In early 2013 the forum engaged with Trust staff on potential LGBT allies, staff confident and supportive of the LGBT community and their issues, a major initiatives actively supported by Stonewall.

Work is underway to run a series of joint Staff Forum events, to encourage new members to sign up and look at the possible establishment of further forums, depending on staff interest.

2.7. Following its application to the 2013 Stonewall Workplace Equality Index, the Trust again featured as a Top 100 Employer, coming 22nd, for the second year the top ambulance service in the country and 3rd highest NHS Trust.

2.8. Following its first ever submission to the new Stonewall Health Equality Index, the Trust came third out of all applicants, again the highest-performing ambulance service in the country.

2.9. Following up on the Trust's work to implement the national Equality delivery system, considerable work was undertaken to assist with the implementation of two key equality objectives. In this past year, the training element of the PTS objective was carried out, which should lead to the successful achievement of the objective:

"We will ensure that the satisfaction rates with our Patient Transport Service are equitable for both women and men using the service and for all our service users, regardless of sexual orientation." Objective 2 has

also been achieved: “We will improve the process for capturing equalities data in the area of patient complaints to ensure that more than 50 per cent of complainants have provided relevant details and begin to monitor trends in complaints from black and minority ethnic (BME) service users in 2012-13.”

3. GOVERNANCE

3.1. During 2012-13 the Trust has continued to undertake equality analysis in line with the *Policy and Procedure for the Development and Implementation of Procedural Documents* TP01). The Governance & Compliance team co-ordinate the completion of policies and procedures and support the Equality & Inclusion Manager and other managers in ensuring that an equality analysis has been undertaken for each new or revised document as appropriate.

3.2. Front sheets for Trust Board and formal committee documents ask the author to identify whether an Equality Analysis had been undertaken and if so, whether any specific issues had emerged. Compliance levels remain variable; however, assurance can be taken that any new or revised policy document taken to one of these committees will have a relevant and up to date equality analysis.

3.3. The Trust was awarded unconditional registration by the Care Quality Commission in April 2010 and continues to monitor progress against each outcome. The requirements do not specify a standard for equality & inclusion but registration includes a section on equality, diversity & human rights asking how we ensure people’s equality, diversity and human rights are actively promoted in our services and how these influence our service priorities and plans.

3.4 The CQC undertook a compliance review in March 2012 and found the Trust to be compliant with Outcome 1 *Respecting and involving people who use services*. Their judgement included the following: ‘People’s privacy, dignity and independence were respected. People who used the service were given appropriate information and support regarding their care or treatment.’ The CQC found evidence that ‘if a female patient wishes to be dealt with by a female member of staff (for example, for cultural background reasons) staff will, where possible, try to accommodate this. Where a patient’s first language is not English, staff will try to use people at the scene to interpret, balancing this against the need to ensure privacy and dignity.’

3.5 The Equality and Inclusion Steering Group reports to the Executive Management Team and the following directors are members of the group: Workforce, Finance, and Corporate Services.

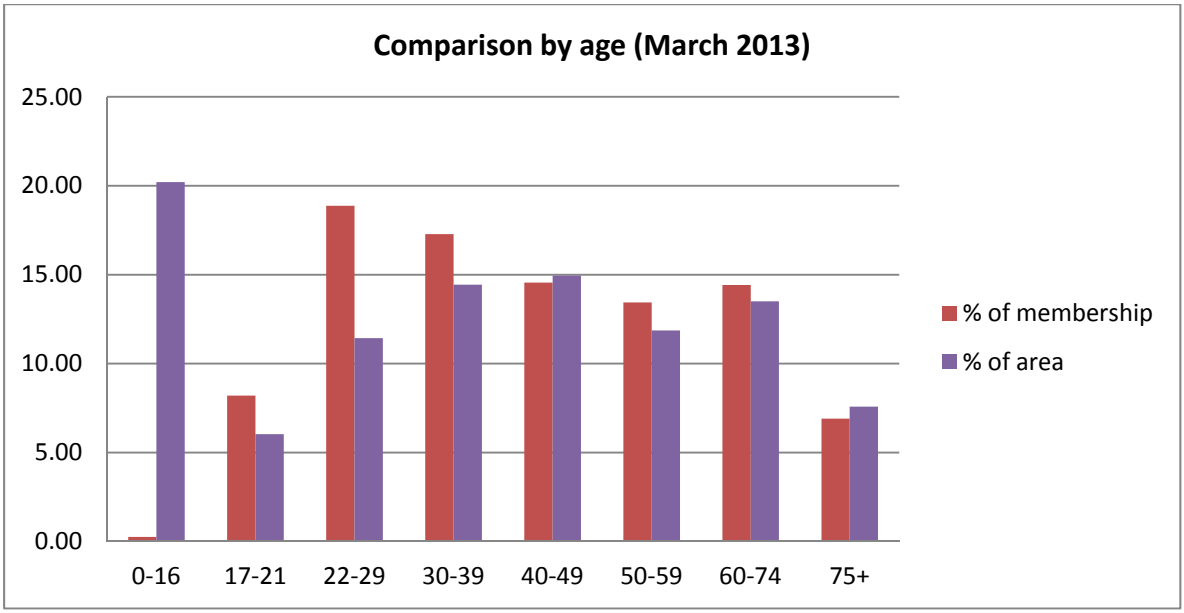
4. FOUNDATION TRUST

4.1. Membership Strategy

The Membership Strategy sets out the Trust's approach for growing, maintaining and developing an engaged and active public and staff membership. The strategy defines the membership community and sets out actions to help the Trust achieve its membership objectives. These objectives include achieving a membership consisting of the range of diverse communities of London's population and workforce and focusing on the development of our membership base and member-relations activities in order to achieve a representative membership. The document outlines how the Trust will evaluate its success in delivering the strategy and how it will continue to develop and benefit from an active and involved membership. The Membership Strategy is an appendix to the Integrated Business Plan and as such forms part of the application for NHS Foundation trust status. An Equality analysis has been carried out on the strategy.

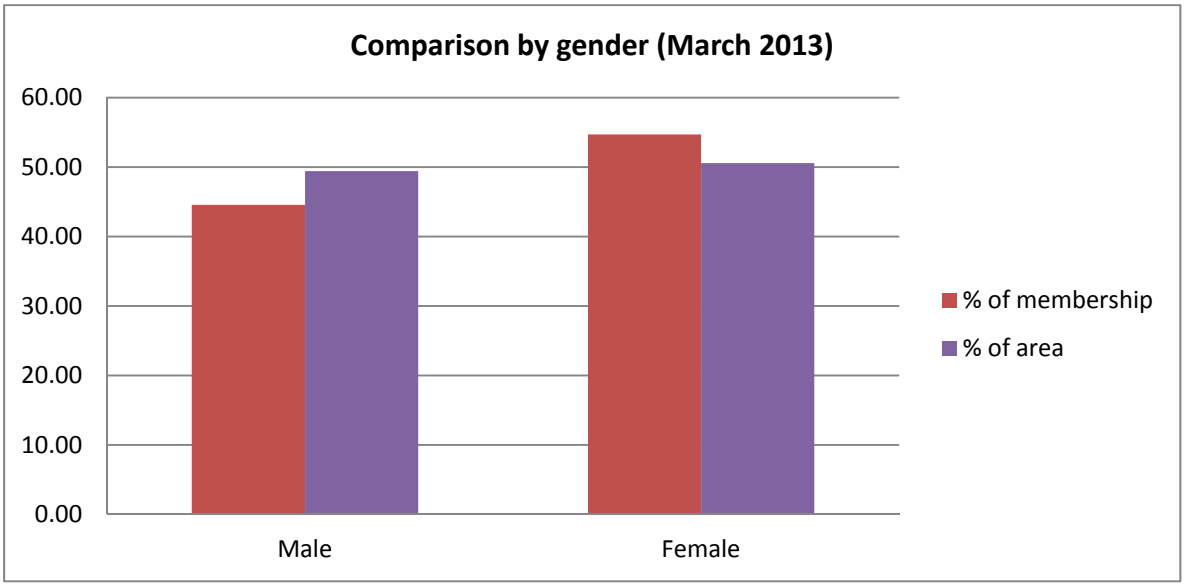
4.2 Analysis of Membership

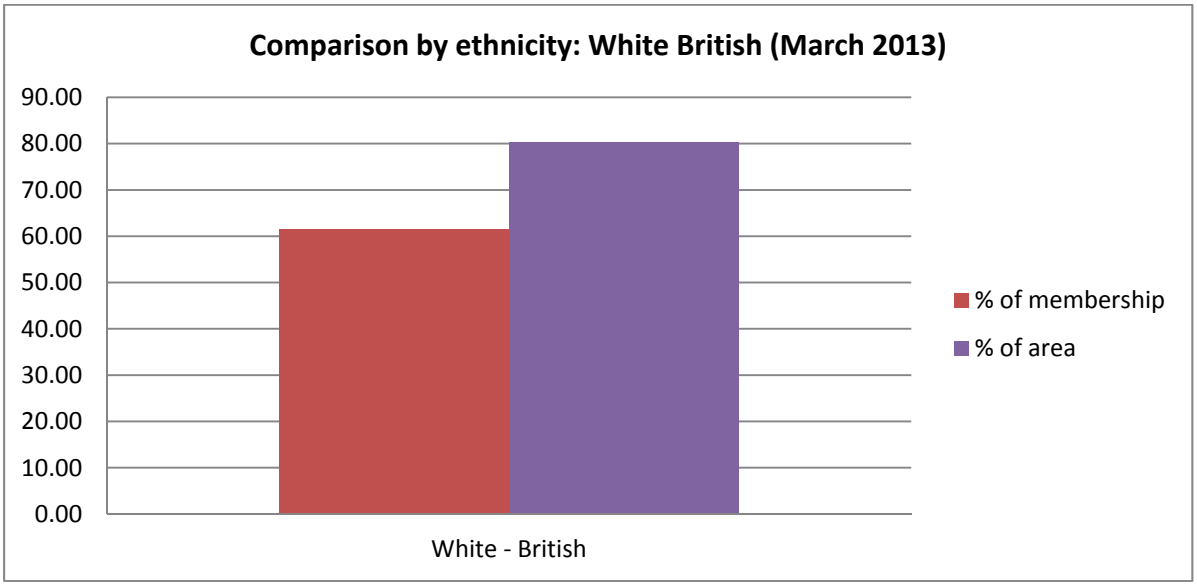
At 31 March 2013 the Trust had 8,144 public members. The Trust regularly and closely monitors the demographic profile of its public members to get a picture of how representative the membership is of the eligible population and to address any inequity in representation through recruitment. The following graphs compare the public membership against the eligible population (London and surrounding counties) by age, gender, ethnicity and socio-economic grade. 9% (708) of our public members have indicated that they consider themselves to have a disability.



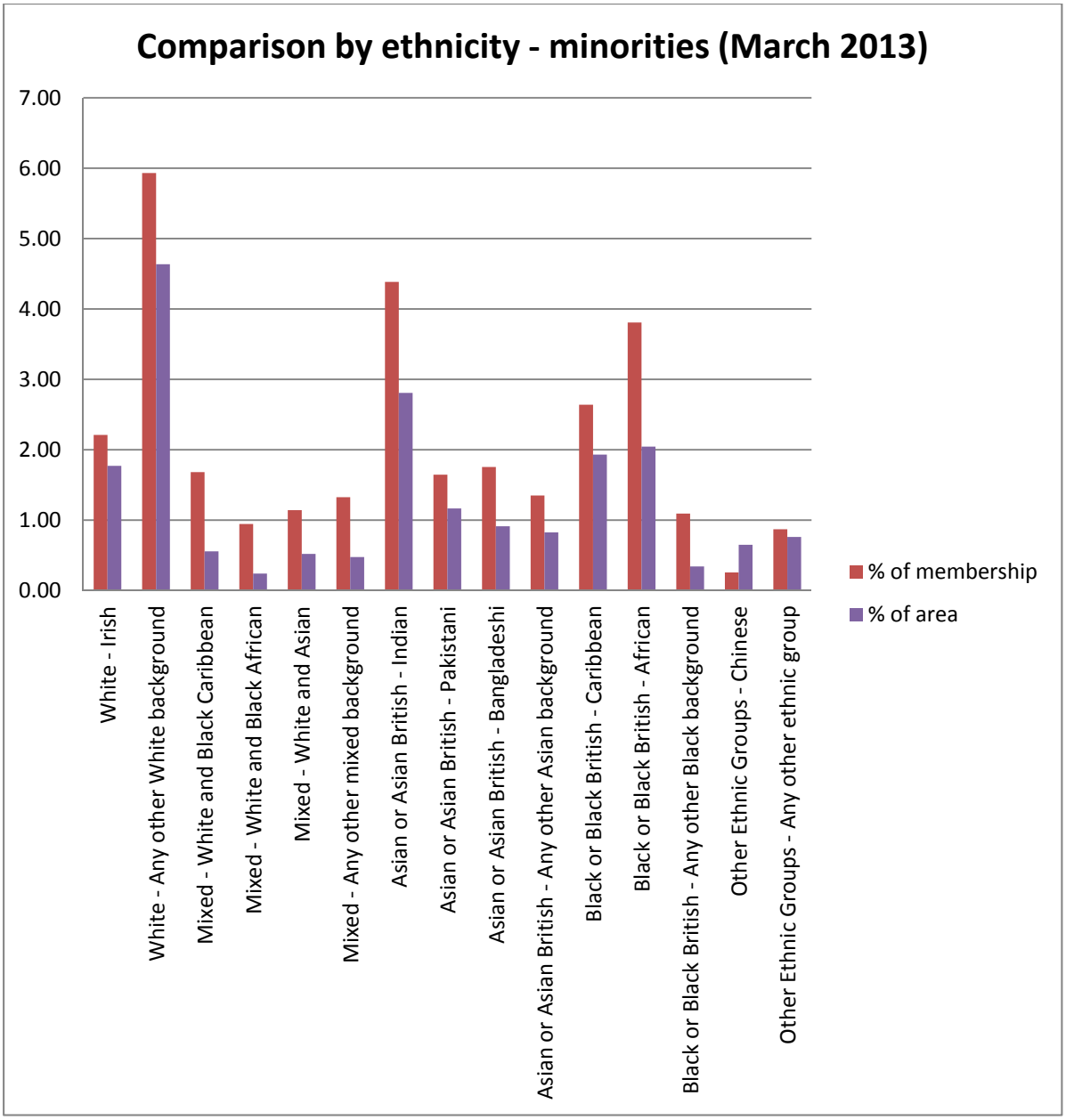
People aged 16 years and over are eligible to become members. The graph shows that the membership is representative of the area in all age categories and over-

represented in the 22 – 29 age group. This is likely to be a reflection of the recruitment of members via the Trust current vacancies page of the website.

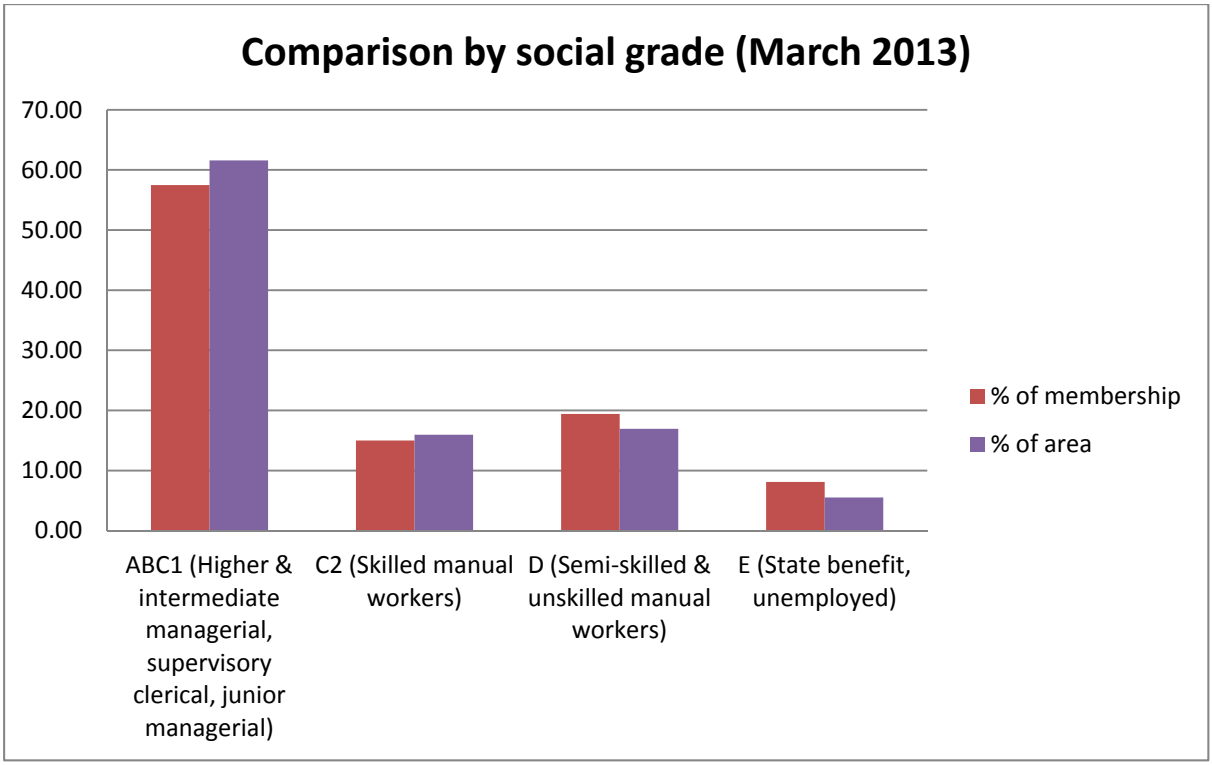




The graph shows significant under-representation (19%) in the White British population compared with the eligible population. However, it should be noted that when compared with the White British population for London only (59.79%) the membership is representative at 57.11%.



The chart shows the membership as being representative for almost all ethnic groups except for other ethnic group - Chinese. It should be noted that 8% of the membership have not stated their ethnicity.



The graph above shows that the membership is closely representative of the eligible population for social grade.

4.3. Membership engagement and involvement

All Trust members receive the Trust's newsletter Ambulance News four times a year. This is an important engagement opportunity for members to learn and understand more about the Service, how it works, key achievements and plans for the future. During 2012/13 the Trust held a programme of meetings and events for members. These included events on the Trust's equality objectives, carbon management plans, surviving serious injuries and how we deal with alcohol-related calls. More than 300 members have attended these events, which have provided an excellent opportunity for the Trust to showcase its work and gain a greater understanding of the views of the public.

4.4. NHS Foundation Trust Application

The Trust is aiming to become an FT in 2015.

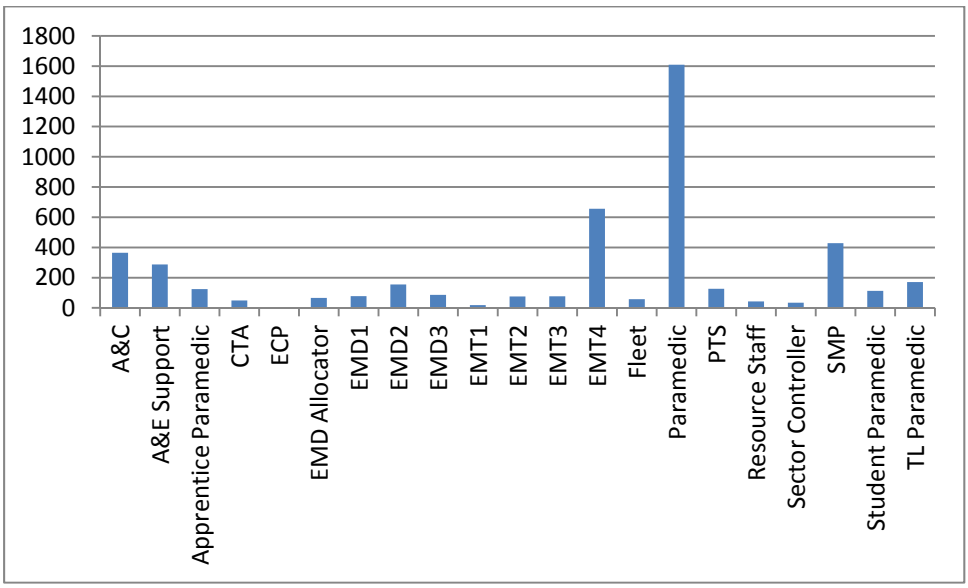
5.LONDON AMBULANCE SERVICE NHS TRUST WORKFORCE DIVERSITY PROFILE

5.1. In the last Annual Equality Report, covering the period from April 1 2011 to March 31 2012, the Trust's workforce comprised 9.3% BME Staff and 42.6% female. In the year from April 1 2012 to March 31 2013 the Trust's workforce comprised again 9.3% BME staff and 43.2% female, a slight increase on the previous year.

5.2. LONDON AMBULANCE NHS TRUST STAFF DIVERSITY PROFILE 2012-13

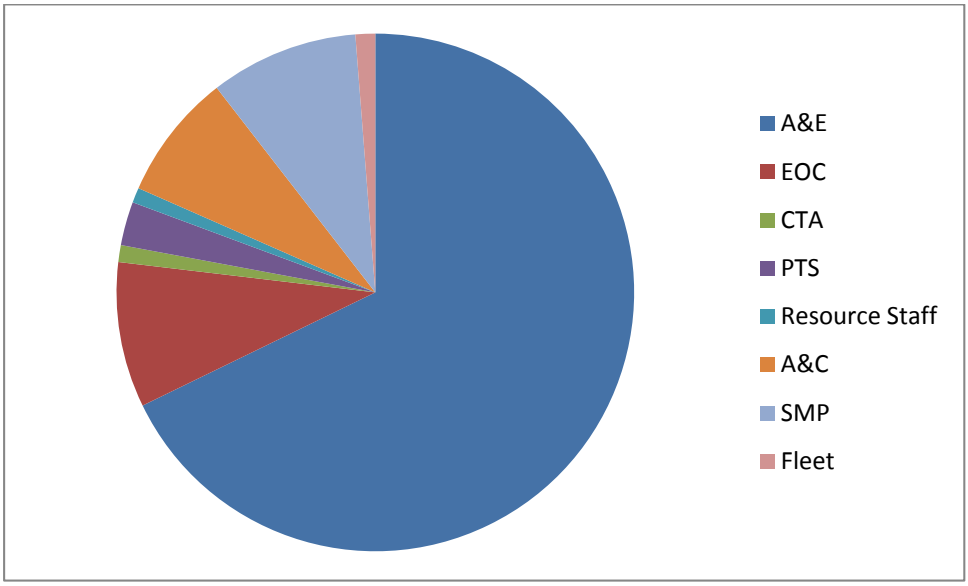
ALL STAFF BY GRADE AND RANK

The highest number of Trust staff were, as expected, Paramedic (1609 – 34.8% of all staff), followed by EMT4 (656 – 14.2%) and SMP (428 – 9.3%). In the previous year, the highest number were Paramedics, followed by EMT 4, then SMP.



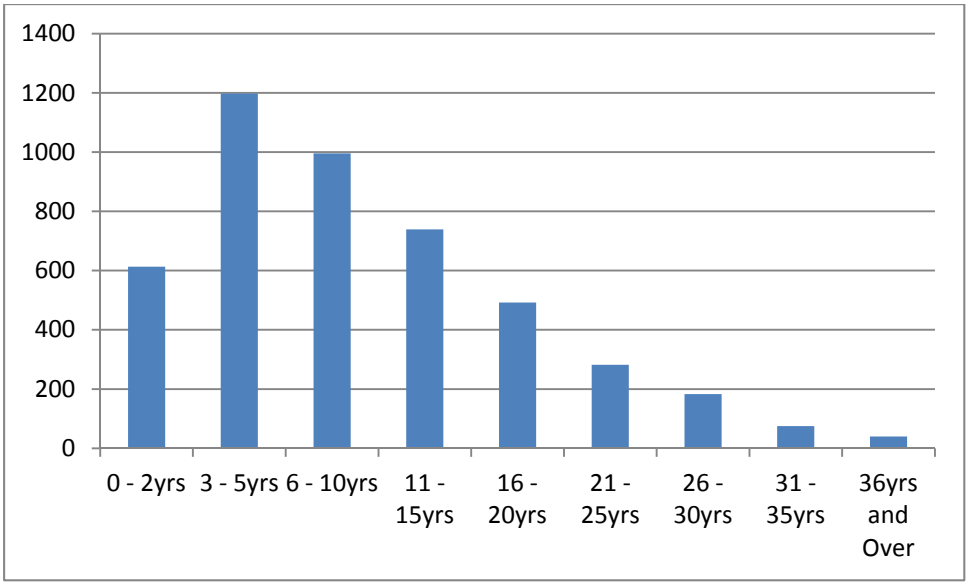
ALL STAFF BY STAFF GROUP

As the chart below shows, the largest number of staff were employed in A&E (3131– 67.8% of all staff), followed by SMP (428 – 9.3%) and EOC (419 – 9.8%), mirroring last year. In the previous year the largest number of staff were employed in A&E (3233 – 68.1% of all staff), followed by SMP (464 – 9.8%) and EOC (395 – 8.3%)



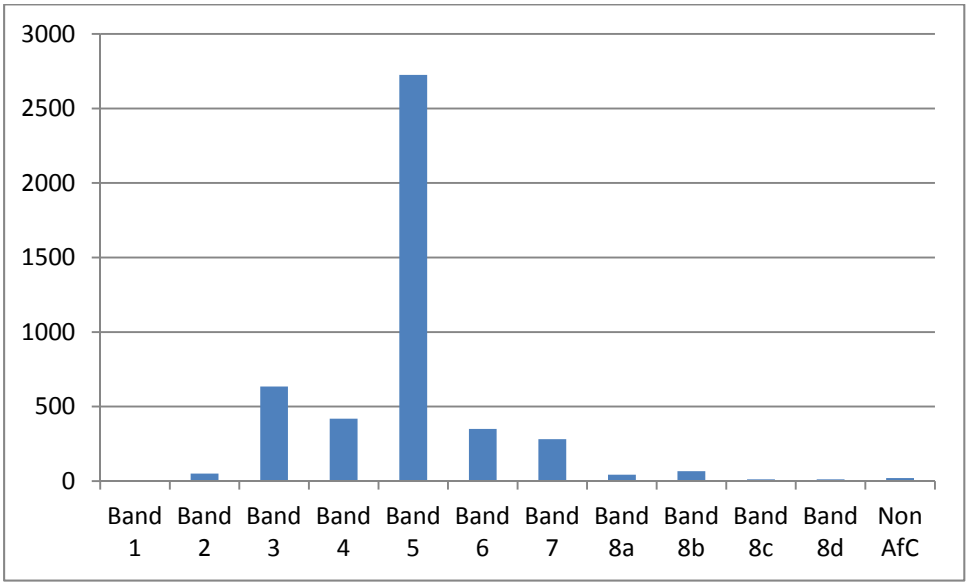
ALL STAFF BY LENGTH OF SERVICE

As shown by the chart below, the highest number of staff have been with the Trust between 3-5 years (1198 – 25.9% of all staff), followed by 6-10 years (996 – 21.6%), then 11-15 (739 – 16%). In the previous year most staff had been with the Trust between 6-10 years (23.4%) followed by 0–2 years (22.2%), then 3-5 years (18.9 %).



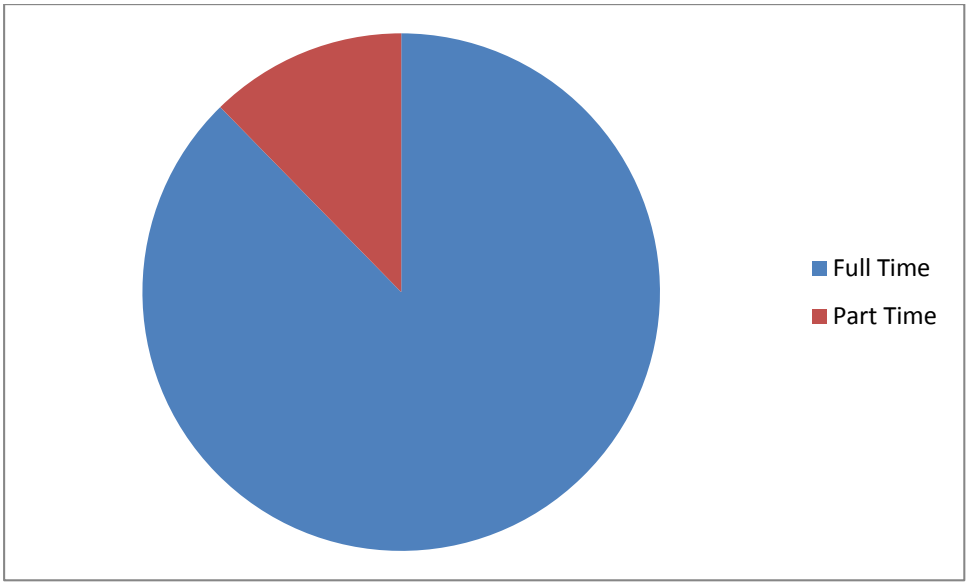
ALL STAFF BY PAY BAND

As the chart below shows, by far the highest number of staff are in Band 5(2725 – 59% of all staff), followed by Band 3 (635 – 13.8%), then Band 4(419 – 9.1%), with 9.5% of staff at Senior management level. In the previous year the highest percentages were : Band 5 – 57.7%, Band 3 – 14.3%, then Band 4 – 9.4%, with 10% of staff at Senior management level.



ALL STAFF BY EMPLOYMENT CATEGORY

In the year 2012-13 the overwhelming majority of staff were employed in full-time positions (4049 – 87.7% of all staff), with 569(12.3%) employed in part-time positions. In the previous year the percentage split between staff employed full-time and those part-time was exactly the same.



RECRUITMENT AND NEW STARTERS

A total of 317 people started with the Trust in 2012-13. The majority of those starting were in A&E (200 – 63.1%), followed by EOC (82 – 25.9%) then A&C (26 – 8.2%). The overwhelming majority of new starters were through our university recruitment programme and apprentice paramedic recruitment drive. 189 new joiners were in the age range 21-30, making this the most prevalent age band and salary-wise the most prevalent Band was Band 5. A breakdown of new starters by protected characteristic groups, including people from BME backgrounds, where data is available, is provided later in this report.

The Recruitment Team continued to improve the recruitment process by increased running of assessment centres combining a number of parts of the process on one day, in order to aid the candidate experience.

During this period external recruitment was mainly focused on Apprentice Paramedic and University recruitment. The Apprentice paramedic programme was given to recruitment with some very challenging deadlines owing to the deadlines for candidates to register with the Open University. A large number were therefore internal and advertising accordingly focused on the methods more likely to attract large numbers of candidates, i.e. NHS jobs, adverts in Metro, local London papers. There was no budget allocated to this recruitment, so the cost of any additional advertising outside of NHS jobs had to be agreed by EMT. There was also no budget allocated for designing creative adverts geared to attract different sections of the community. The Recruitment Team did, however, work in conjunction with Stonewall

and advertised a number of times on their website in order to increase the diversity of candidates at no additional cost.
The university recruitment focused on ca. 96 students in their final year of paramedic science degree who have worked for the organisation on placements. The Trust is only involved at interview stage of the recruitment process for these students; it is the university's decision on how and where to advertise to attract potential applicants.
From the diversity statistics for 2012-13, it would seem that the majority of the applicants' sexual orientation was heterosexual, at 87% of all applicants. There was a further reduction in those preferring not to say from 9% in 2011-12 to 6% in 2012-13. Therefore, it would seem that applicants are continuing to feel more able to inform us about their sexual orientation. There has been a slight increase in numbers applying who are gay men – 2.8% in 2012-13 from 1.6% in 2011-12 and the same slight increase for lesbians/gay women to 1.7% from 0.5%.
With regard to gender, the percentage of female applicants has increased to 47% from 41% the previous year. This demonstrates that the previous year's reduction in women was not an ongoing trend.
The main religious belief stated is still Christianity at 48% in 2012-13, compared to 53% in 2011-12. The second belief stated is Atheism at 13.3%, in comparison to the previous year, when it did not figure within the top three most prevalent religions/beliefs. The third is Islam at 9.9% then Hinduism at 7.5%. Further work is needed to engage with those from different religious/belief backgrounds such as Sikhism, Judaism etc. who are not applying for roles within the London Ambulance Service.
The pattern of applicants from BME backgrounds remains similar to the previous year with certain groups not engaging with the recruitment process, for example low numbers of applicants from the Chinese community – 0.5% of all applicants – and Bangladeshis – 3.2% of all applicants. Applicants from African backgrounds are the largest BME applicant group at 11.5%, but over 80% of these applicants fail at shortlisting. The Recruitment Team will therefore be holding an awareness event to try to advise and guide them to a more successful outcome at shortlisting in 2013-14.
It is also recommended that profiles of individuals in different positions across the Trust representing specific sections of the community are displayed in key careers publications. However, the Recruitment Team does not have a budget for undertaking this; therefore, there would need to be agreement in regard to the funding for this.

LEAVER PROFILE

In the year from April 1 2012 to March 31 2013 a total of 443 staff left the Trust. The overwhelming majority of those leaving were in A&E (268- 60.5% of all staff), followed by EOC(60 – 13.5%), then SMP (47 –10.6%). In the previous year the majority of staff leaving were from A&E, followed by A&C then EOC. In the previous

year the majority of staff leaving had between 0 and 2 years' service, followed by 3-5 then 6-10 .

PROMOTIONS

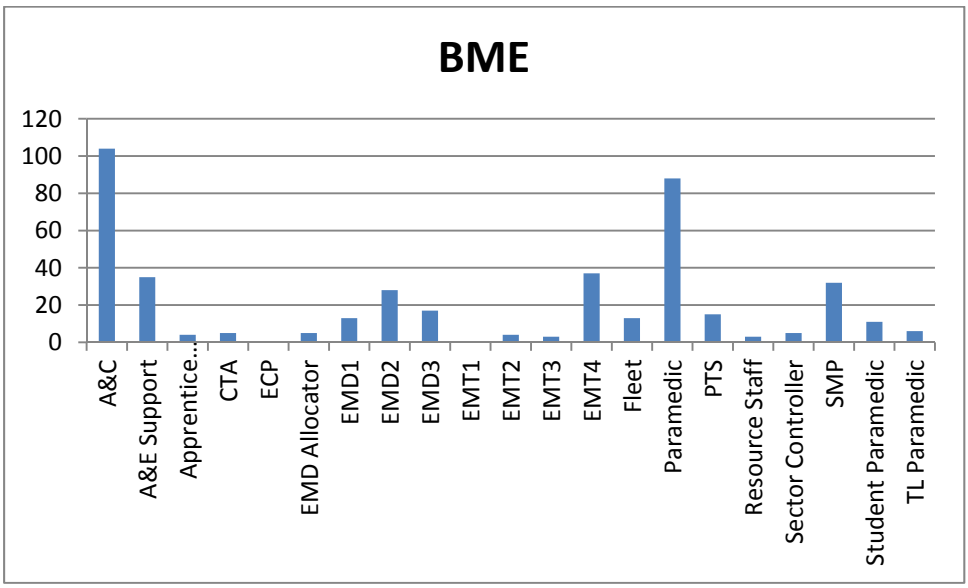
From April 1 2012 to March 31 2013 a total of 289 staff were promoted (defined as moving from a role in one Afc pay band to another role in a higher pay band) (in the previous year this was 148). Breakdown by protected characteristic group is provided later. In September 2011 a system change was applied to the NHS-wide Electronic Staff Record System (ESR) to prompt HR staff to give a reason as to why a change has been made to an employee's position/job title, with a view to enabling easier and more accurate reporting with regard to race and the other protected characteristic groups, rather than relying on manual systems.

5.3. LAS PROFILE BY ETHNICITY

From 2012 to 2013 the representation of BME staff was 428(9.3%) of the total workforce, which was exactly the same percentage as the previous year. However, the results of the 2011 national census indicate that BME people make up 40.2% of the residents of London, so more work will need to be undertaken to increase their representation in the Trust's workforce.

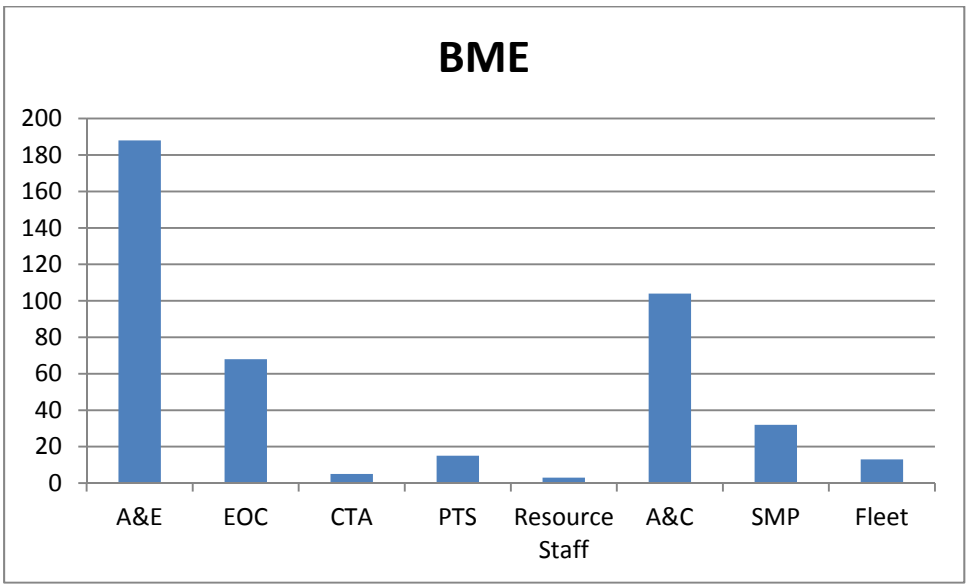
STAFF IN POST BY GRADE AND RANK BY ETHNICITY

As the chart below shows, most BME staff are in A&C(104– 24.2% of all staff at that grade/rank), followed by Paramedic (88 – 20.56%) then EMT4 (37– 8.64%). In the previous year the highest representation was in the same order - A&C (31.25%), then Paramedic (4.6%), then EMT4 (5.5%).



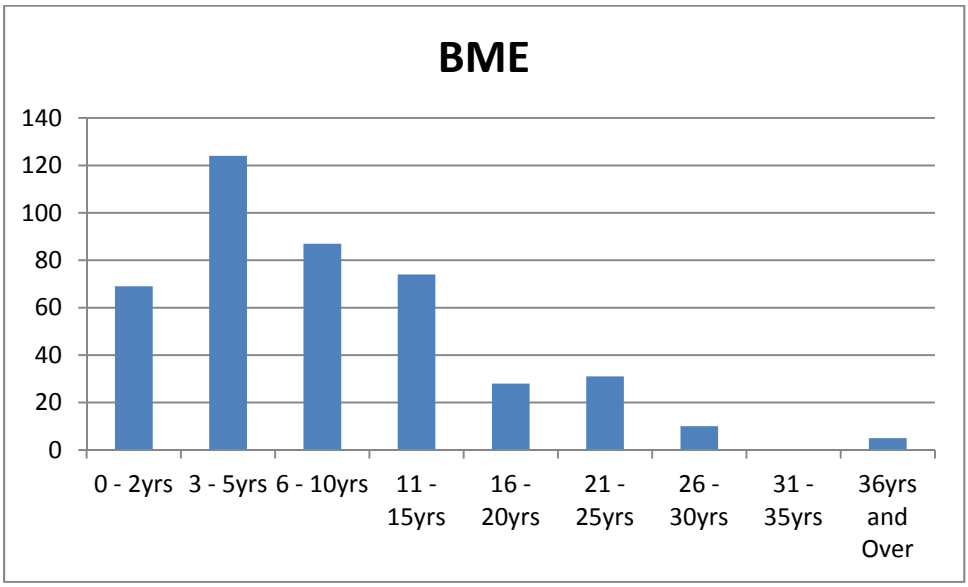
BME REPRESENTATION BY STAFF GROUP

By staff group the highest representation of BME staff was in A&E(188–6% of all staff in that staff group), followed by A&C(104 - 28.49%) and EOC(68 – 16.2%). In the previous year the representation was highest in A&E(188 – 5.81%), followed by A&C (110 – 31.25%), then EOC (63 – 15.9%).



LENGTH OF SERVICE OF BME STAFF

As the chart below shows, in the year 2012-13 the highest number of BME staff had been with the Trust between 3-5years (124– 10.3% of all staff), followed by 6-10 years (87 –8.7%) and 11-15years (74 –10%). This compares with the representation last year, which was highest at 0-2 years (112– 10.6%), followed by 3-5 years (100 – 11.1%) and 6-10 years (93 – 8.37%).

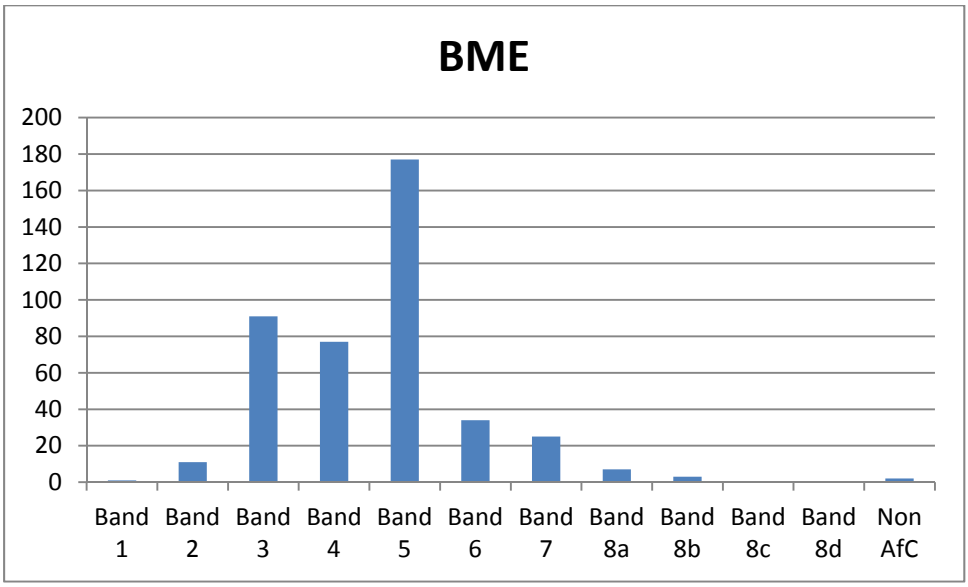


BME REPRESENTATION BY PAY BAND

The former Healthcare Commission's report "Tackling the challenge – Promoting race equality in the NHS in England" (March 2009) estimated that BME staff represented 16% of the total workforce, with fewer than 10% of senior managers being BME staff.

In 2011-12 BME staff were most represented at Band 5 (184 – 6.7% of all staff), followed by Band 3 (93 – 13.6% of all staff, then Band 4 (75 – 16.7% of all staff).

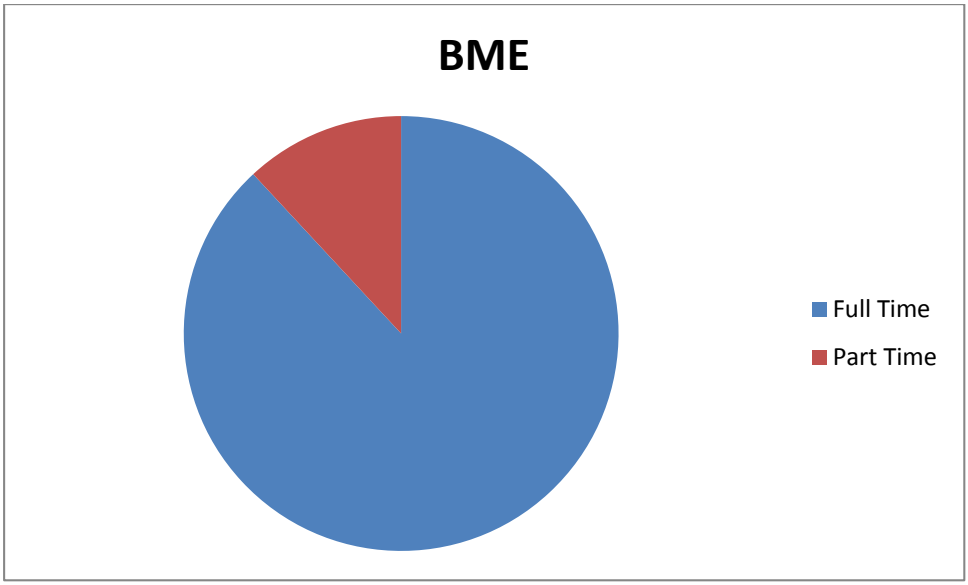
In the year 2012-13, as the chart below shows, the highest number of BME staff were at pay band 5(177– 6.49% of all staff), followed by Band 3(91 –14.3% of all staff) and Band 6(34 –9.7% of all staff). This is similar to last year and mirrors the pay band profile of the total Trust workforce, although the key difference is that the third highest banding is higher for BME staff in 2012-13 – Band 6 instead of Band 4 for the previous year and Band 4 for all staff in 2012-13.



37 BME staff were in senior management grades (8.5% of all staff at senior management grades – slightly below the representation of BME staff in the Trust – and 8.6% of all BME staff in the Trust). The overall representation of BME staff in the Trust is still below the estimated overall representation in the NHS (9.3% in comparison to an estimated 16% in the NHS-wide workforce, with the representation in the Trust at Senior Management Grade of 8.5%BME on a par with the NHS-wide percentage of fewer than 10% of senior managers being BME staff.

BME STAFF IN POST BY EMPLOYMENT CATEGORY

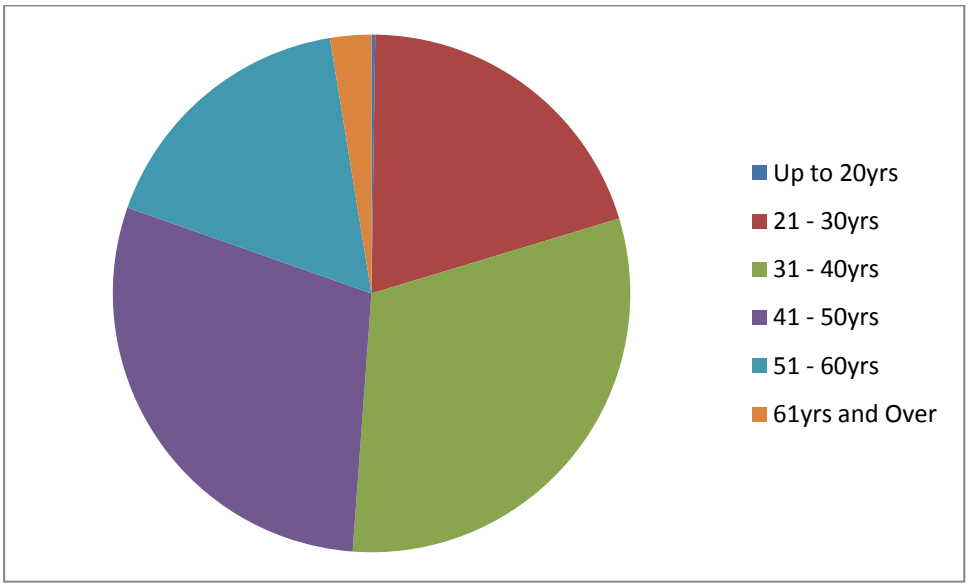
In terms of employment type, 377 BME staff were full-time (9.3% of the total number of staff employed in that category and 51 part-time (8.96%).



STAFF AGE RANGE BY ETHNICITY

In 2011-12 the majority of BME staff were in the age ranges 31-40 (9.5% of all staff), followed by 41-50 (9.3% of all staff) and 21-30 (8.6%).

In the year 2012-13, as the chart below shows, the majority of BME staff were in the age ranges 31-40 (132 - 9.62%), followed by 41-50(125 - 8.9%) and 21-30(86 – 8.7%), mirroring the previous year.

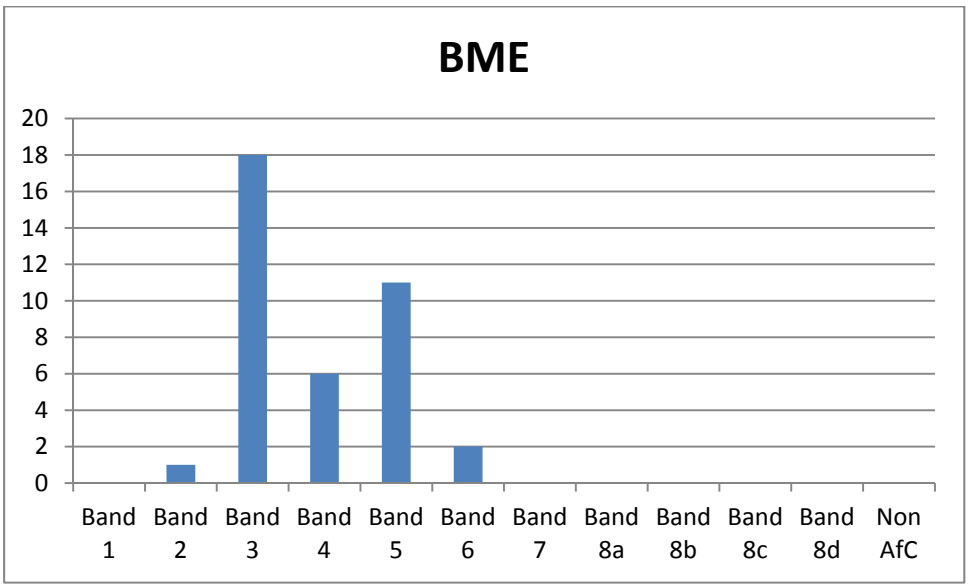


STARTER PROFILE

In the year 2012-13 a total of 38 BME staff started with the Trust (11.98% of the total number of new starters). In the previous year 29 BME staff joined the Trust.

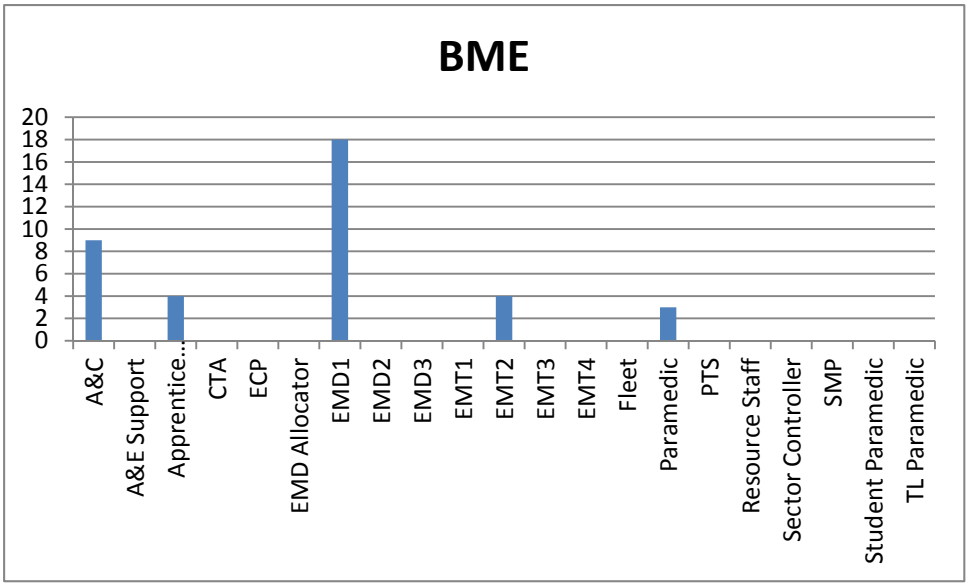
BME STARTERS BY PAY BAND

As the chart below shows, the majority of black and ethnic minority people starting with the Trust came in at Band 3 (18–21.68% of all starters), followed by Band 5(11 – 8.4% of all starters) jointly, and Band 4(6–7% of all starters). In the previous year the highest prevalence of BME new starters was on Band 4 and non-Afc level jointly, followed by Band 5, then Band 7.



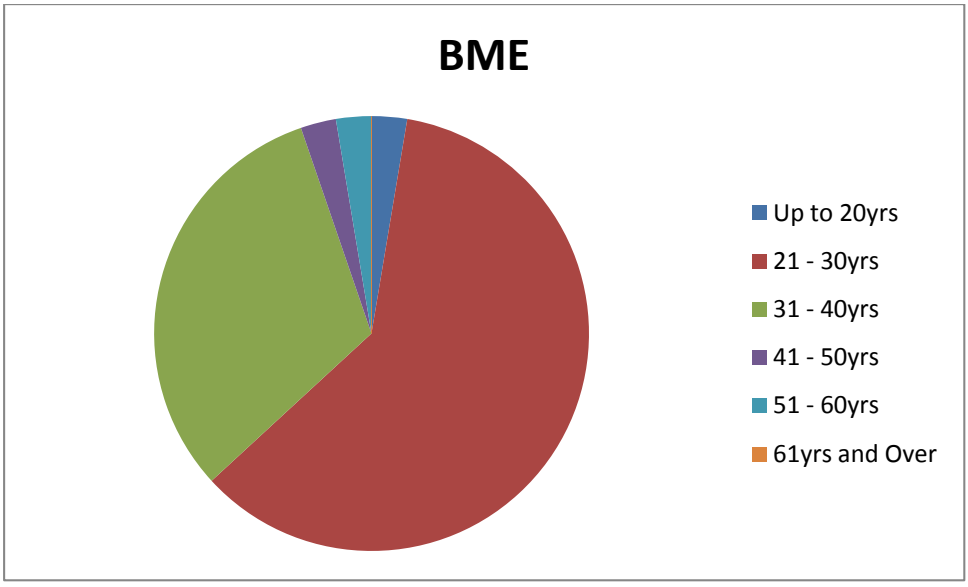
BME STARTERS BY GRADE AND RANK

As the chart below indicates, the highest number of BME new starters came into the Trust as EMD1 (18–21.95%), followed by A&C(9– 34.6%) and Apprentice Paramedic (4– 4.4%) and EMT2 (4– 5.1%) jointly. In the previous year the representation by grade and rank was highest at A&C, followed by PTS, then Fleet and SMP jointly.



BME STARTERS BY AGE

As the chart below indicates, the most prevalent age range for BME new starters was 21-30 (23 – 12.1% of all new starters), followed by 31-40 (12–23%) and up to 20 (1 - 2%), 41-50 (1 – 2%) and 51-60 (1 – 8.33%). In the previous year the most prevalent age ranges were also 21-30, followed by 31-40 and 51-60.

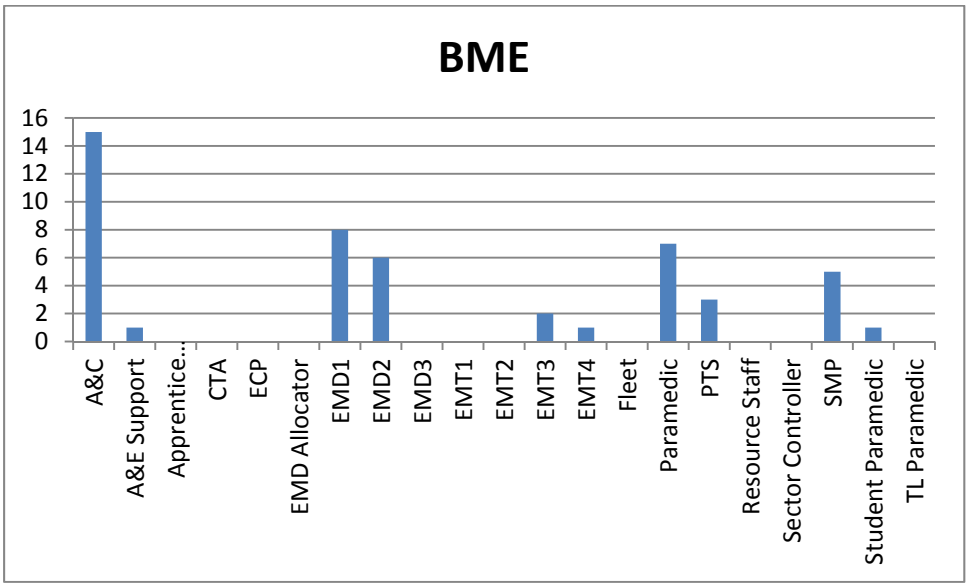


LEAVER PROFILE

In the year 2012-13 a total of 49 BME staff left the Trust (11% of all leavers); in the previous year 38 BME staff left the Trust.

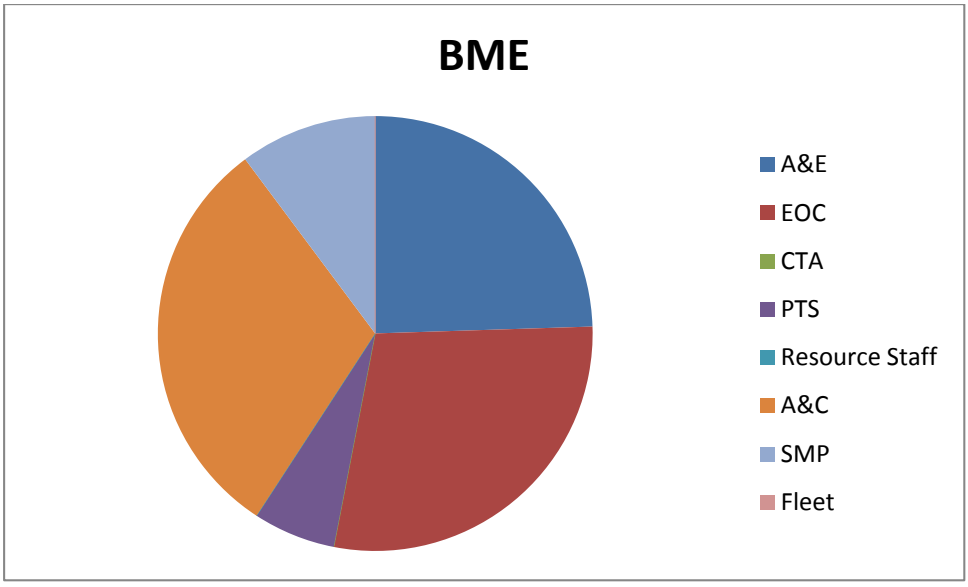
As the chart below shows, most BME leavers came from A&C(15 - 35.7% of all leavers in that grade/rank), followed by EMD1(8–33.3%) and Paramedic (7– 4.3 %). In the previous year most BME staff left from A&C, followed by PTS then SMP.

BME LEAVERS BY GRADE & RANK



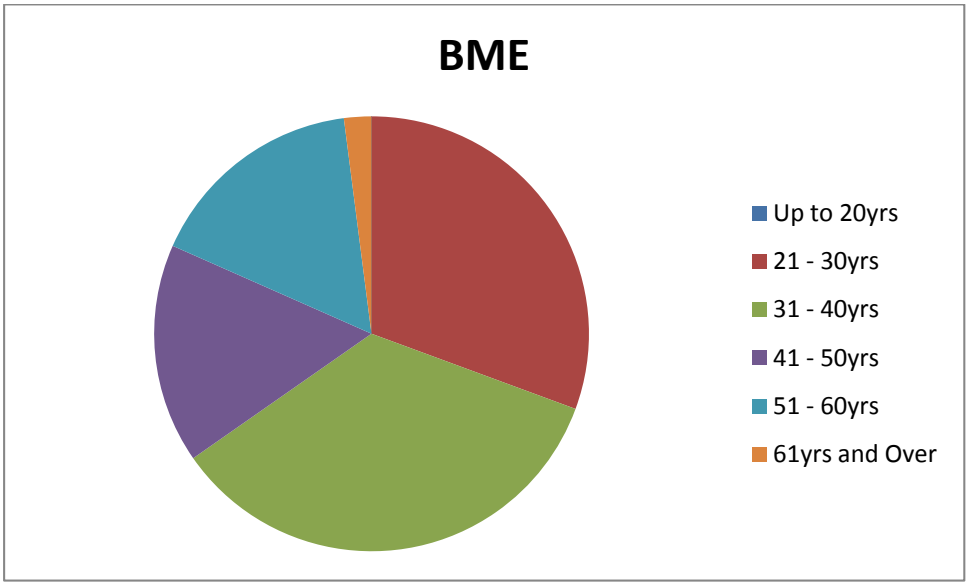
BME LEAVERS BY STAFF GROUP

As the chart below shows, most BME leavers were from A&C (15 – 35.7%) of all leavers in that staff group), followed by EOC (14– 23.3%), then A&E (12 – 4.47%). In the year before most BME leavers were in the staff groups A&C, followed by SMP then A&E and EOC jointly.



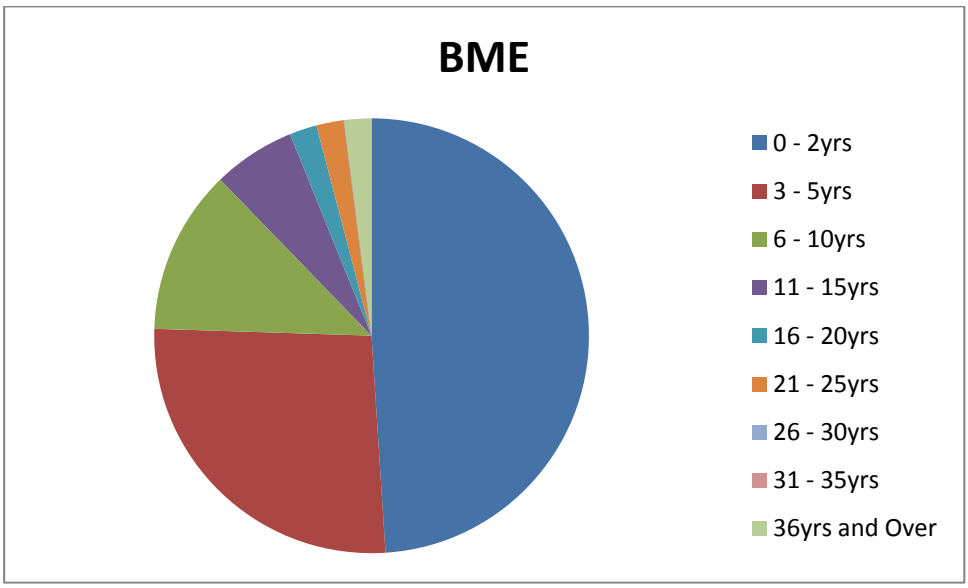
BME LEAVERS BY AGE RANGE

In the year 2012-13, as the chart below shows, the most prevalent age range for BME leavers was 31-40(17–13.7%) of all leavers in this age range), followed by 21-30 (15–12.5%), then 41-50 (8 – 9.5%) and 51-60 (8 – 10.1%) jointly. In the year before the most prevalent age ranges for BME leavers were 21-30, 31-40 then 41-50 and 51-60 jointly.



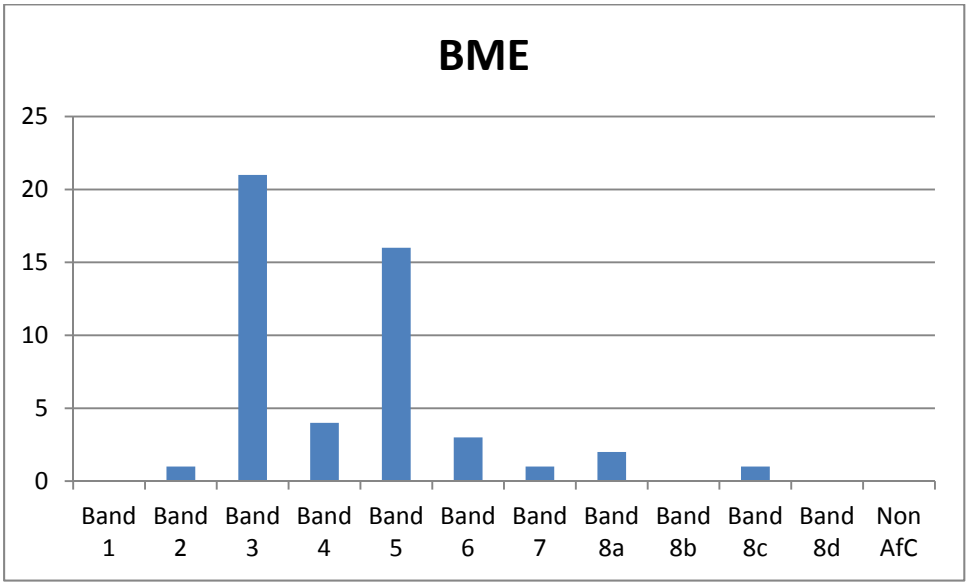
BME LEAVERS BY LENGTH OF SERVICE

In 2012-13, as shown by the chart below, the majority of BME staff leaving the Trust had a length of service of between 0-2 years (24 – 22.85% of all staff leaving with that length of service), followed by 3-5 years(13– 11.92%) and 6-10 years (6 –7%). In the previous year the majority of BME staff leaving had length of service between 0-2 years, followed by 6-10 and 11-15 jointly.



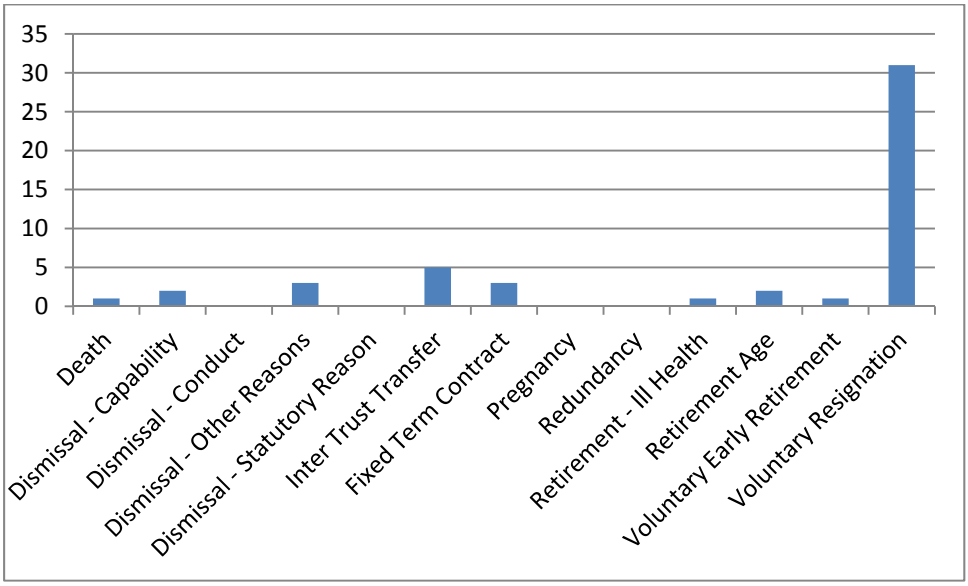
BME LEAVERS BY PAY BAND

In 2012-13, as the chart below indicates, the majority of BME leavers were in Band 3 (21 – 24.7% of all leavers in that pay band), followed by Band 5 (16 – 6.6%) and Band 4 (4– 13.3%). In the previous year the majority of staff leaving were in Band 3, followed by Band 5, then by Band 6.



BME LEAVERS BY REASON

In 2012-13 the reason for most BME staff leaving was Voluntary Resignation(31 – 9.96% of all staff leaving for that reason), followed by Inter Trust Transfer(5 – 83.3%), Dismissal other reasons(3 – 42.85%) and Fixed Term Contract (3 - 33.3%) jointly. The previous year the main reasons for BME staff leaving were Voluntary Resignation, followed by Voluntary Early Retirement then Retirement on Age.



PROMOTIONS

17 (5.9 %) of all promotions in the year 2012-13 were for Black and Minority ethnic staff, which is below the current representation of BME staff in the Trust.

It is currently not possible to report on the diversity statistics for internal applicants who have been unsuccessful for a promotion, as individuals are not presently asked to confirm if the position they have applied for is a promotion or not. The Recruitment Team is unable therefore to distinguish the promotions from the lateral moves; this would take significant Resourcing to complete.

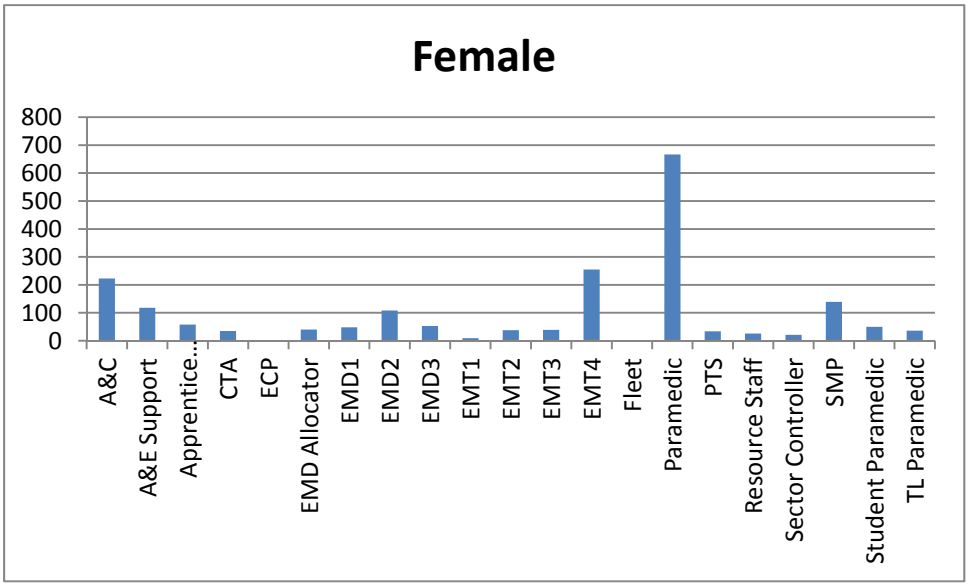
5.4. LAS PROFILE BY SEX

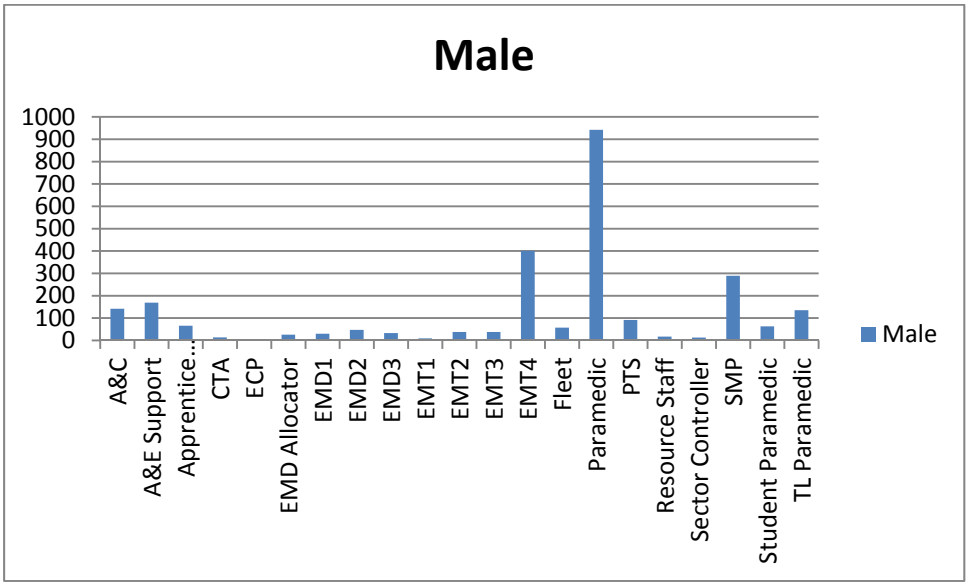
In the year from April 1 2012 to March 31 2013 the Trust's workforce comprised 1997 women (43.2%) female and 2621 (56.8%) male staff, a slight improvement in gender balance as compared to the previous year's representation, which was 42.6% female and 57.4% male. Representation of women in the workforce is still below the Census 2011 London female resident percentage of 50.7%.

REPRESENTATION BY STAFF GRADE/RANK

With regard to representation by staff/grade rank, most women staff were represented at Paramedic (667 - 41.45% of all staff at that grade), followed by EMT4 (255- 38.87%) then A&C (223-61%). In the previous year representation was highest at Paramedic, followed by EMT4 then A&C. In comparison the male representation

within the Trust is Paramedic (942- 58.54%), followed by EMT4(401 – 61.1%), then SMP(289- 67.5%), the same as in the previous year.





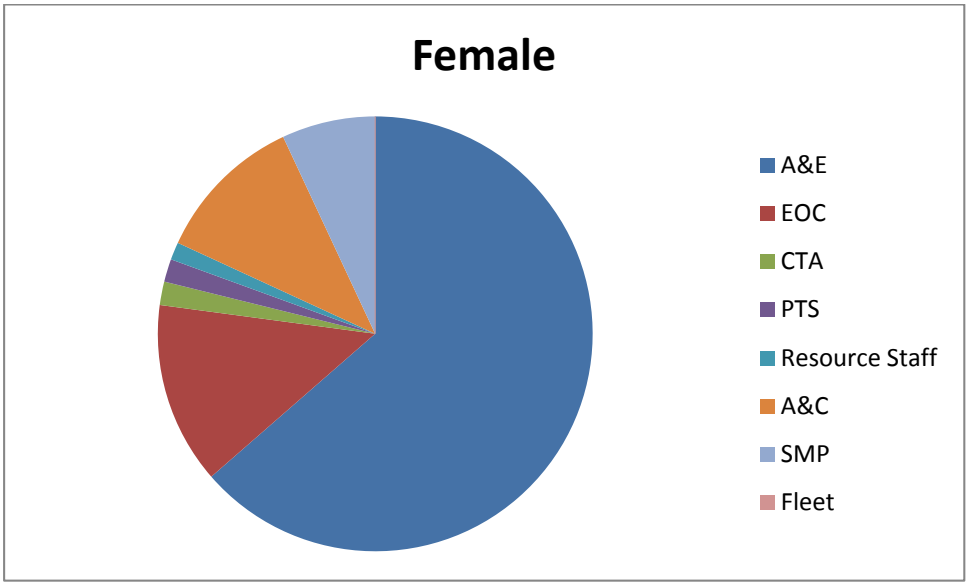
REPRESENTATION BY STAFF GROUP

In the year 2012-13, as the chart below indicates, the highest representation of women by staff group was in A&E (1270- 40.5%) of all staff in that staff group), followed by EOC (270 - 64.4%) and A&C(22361%). In the previous year it was A&E, followed by EOC and A&C.

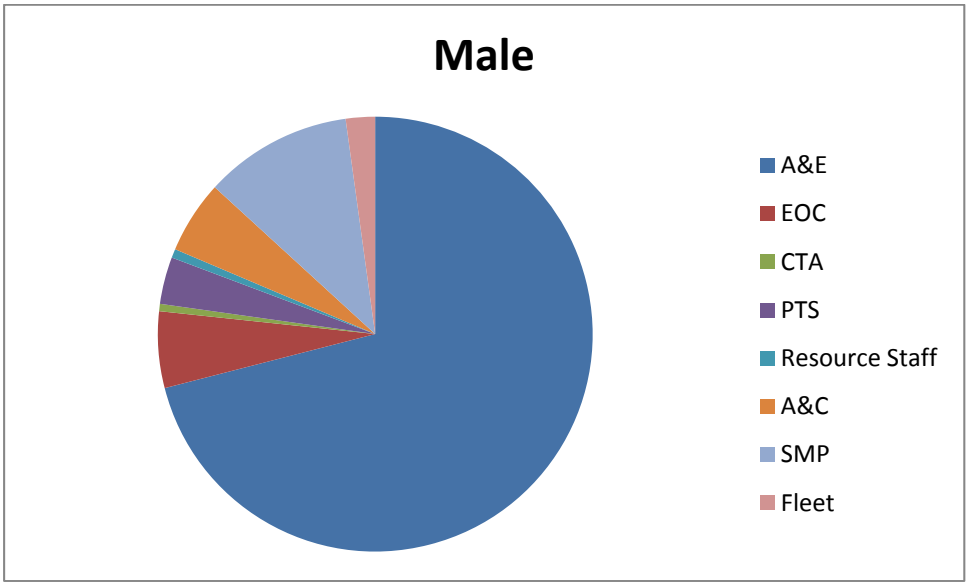
For men, the highest representation was in A&E (1861- 59.4% of all staff), followed by SMP (289 – 67.5%) then EOC (149 – 35.56%). In the year before most male staff were in A&E, followed by SMP then A&C.

More action needs to be taken to enable representation by women in different grades and occupations throughout the Trust.

FEMALE STAFF BY STAFF GROUP



MALE STAFF IN POST BY STAFF GROUP



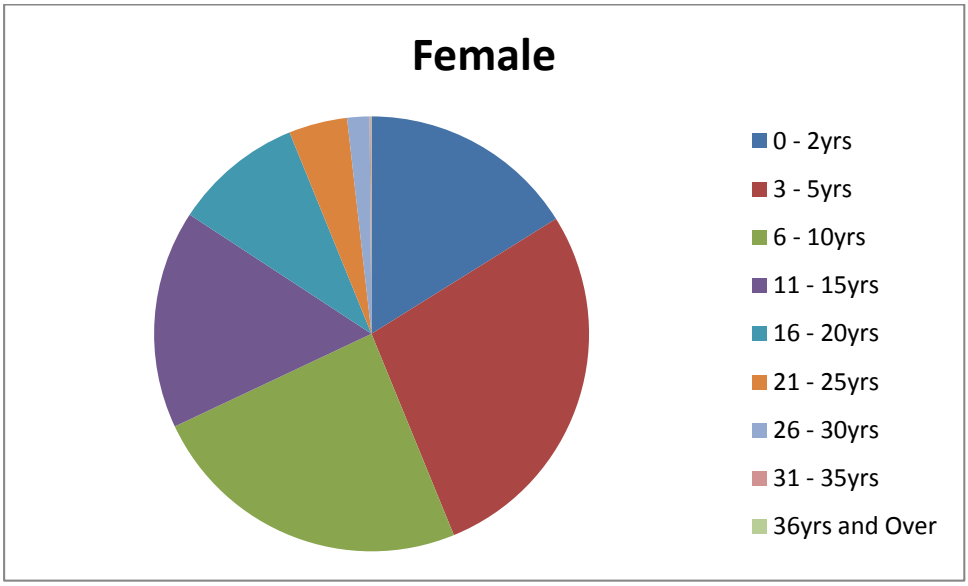
LENGTH OF SERVICE BY SEX

In the year 2012-13 most women in the Trust's workforce had been employed between 3-5years (553 - 46.1%) of all staff in that length of service), followed by 6-10 years(483- 48.49%) and 11-15 years(324- 43.8%). In the previous year the most prevalent length of service for women was 6-10 years, followed by 0-2, then 3-5.

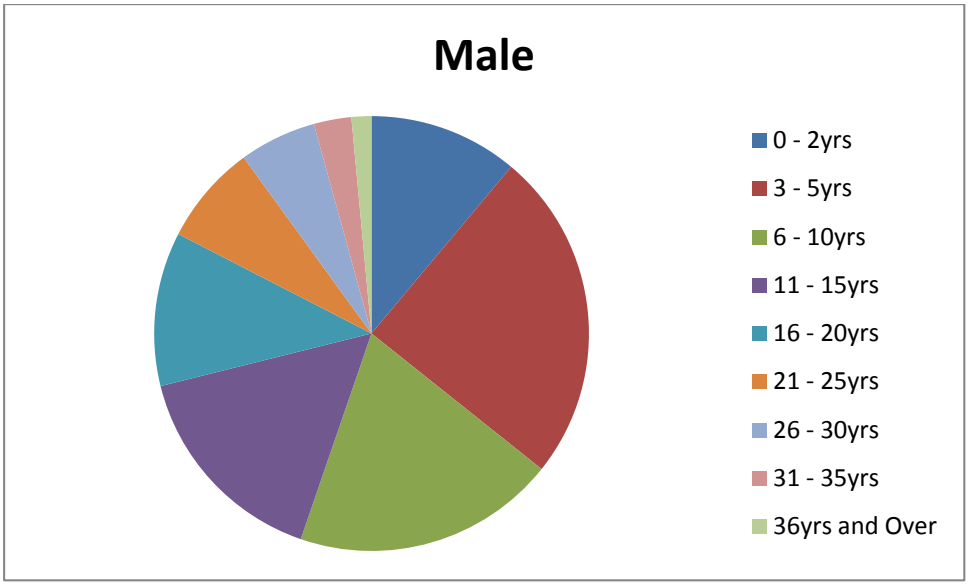
Most men employed in the Trust had also been employed with the Trust between 3-5 years (645 - 53.8% of all staff with that length of service), followed by 6-10 years

(513 - 51.5%) then 11-15 years (415- 56.1%). In the previous year most men had been with Trust for between 6-10 years, then 0-2, then 3-5.

FEMALE STAFF IN POST BY LENGTH OF SERVICE



MALE STAFF IN POST BY LENGTH OF SERVICE



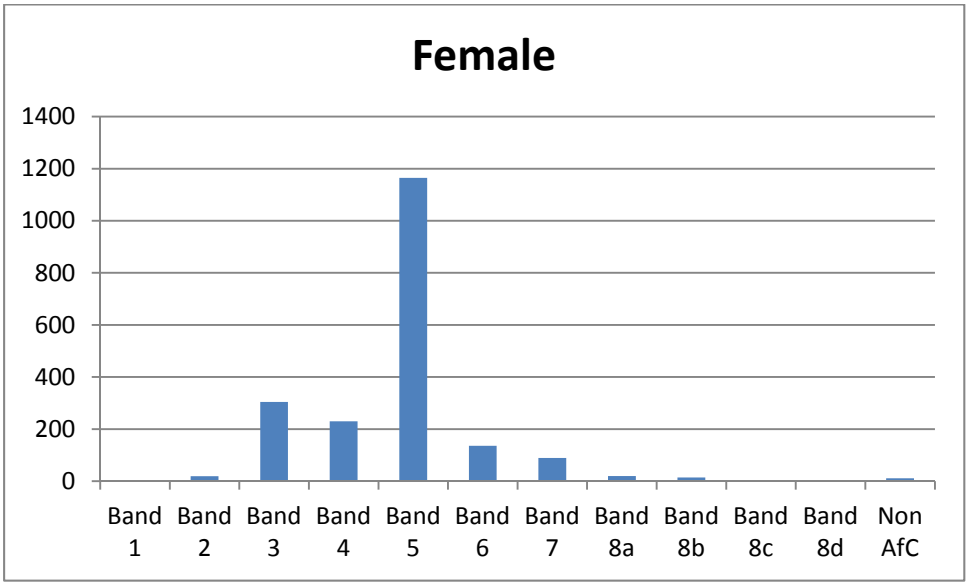
PAY BANDS BY SEX

In the year 2011-12 the majority of women were paid at Band 5, followed by Band 3 and Band 4, with only 7.4% of women being paid at senior grade level.

In the year 2012-13 the majority of women were again paid at Band 5(1165 - 42.75%) of all staff at that grade), followed by Band 3 (304 - 47.8%) and Band 4(230 - 54.89%). Only 7% of all women were at senior management grade level, which is a

decrease on the previous year. This constitutes 32.4% of all staff in senior management posts in the year 2012-13.

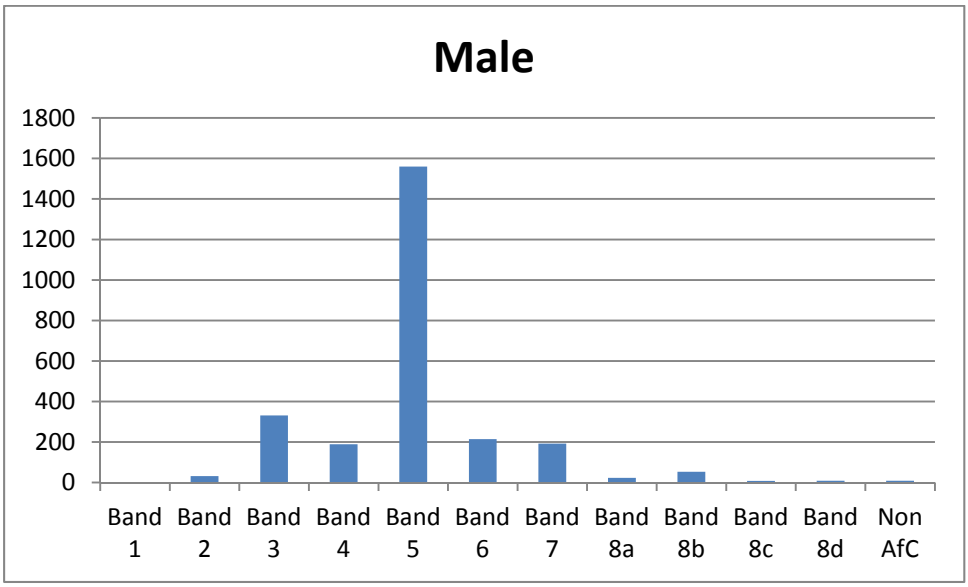
Women staff by pay band



In comparison, most men were at Band 5 (1560 - 57.2% of all staff at that grade), followed by Band 3 (331 - 52.1%) then Band 6 (214- 61.1%), the same as the previous year. 67.58% of senior management positions were held by men (11.2% of the male workforce), which is considerably higher than the Census 2011 London male resident population of 49.3%.

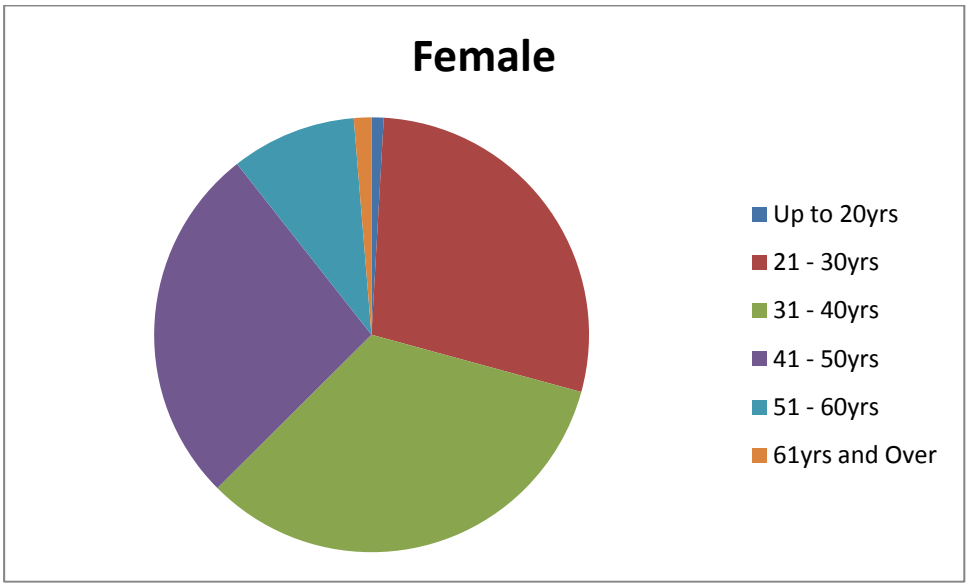
Given that women make up 43.2% of the overall Trust workforce, more work needs to be done to increase representation of women at senior management level, which could include coaching and mentoring as well as targeted recruitment, wherever external advertising occurs, to encourage women to apply for higher-graded posts within the Trust. In a time of ongoing austerity the training initiatives underway and planned, referred to later in this report, will carry considerable weight in addressing this under-representation.

MALE STAFF IN POST BY PAY BAND

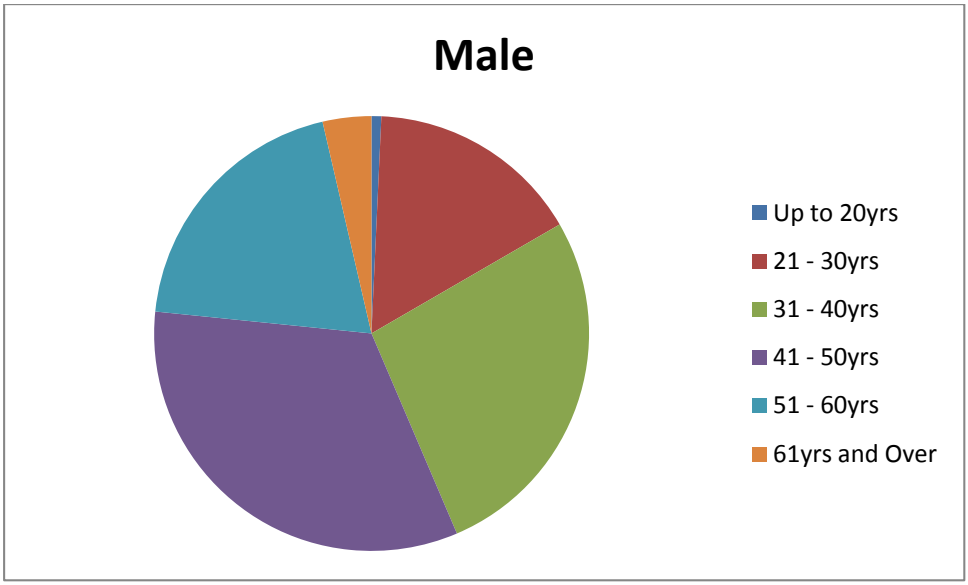


STAFF AGE RANGE BY SEX

The majority of women in post are in the age ranges 31-40 (665 - 48.5% of all staff in that age range), followed by 21-30 (566 - 57.57%) then 41-50 (536 - 38.2 %). In the previous year the prevalent age ranges for women were exactly the same.



The majority of men in post are in the age ranges 41-50 (866 - 61.76% of all staff in that age range), followed by 31-40 (706 - 51.49%) and 51-60 (518 - 73.57%). In the previous year the age profile for men was the same.

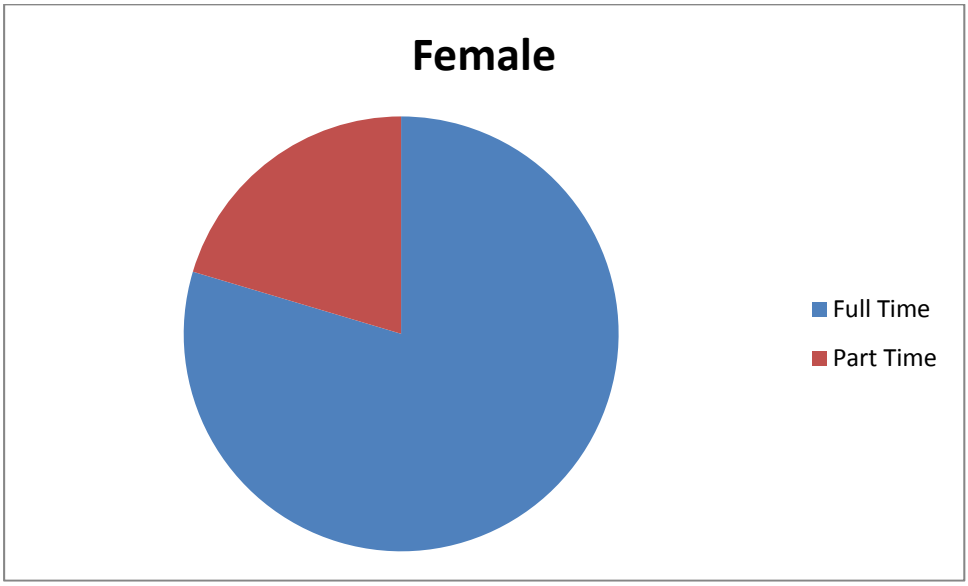


STAFF IN POST BY EMPLOYMENT CATEGORY

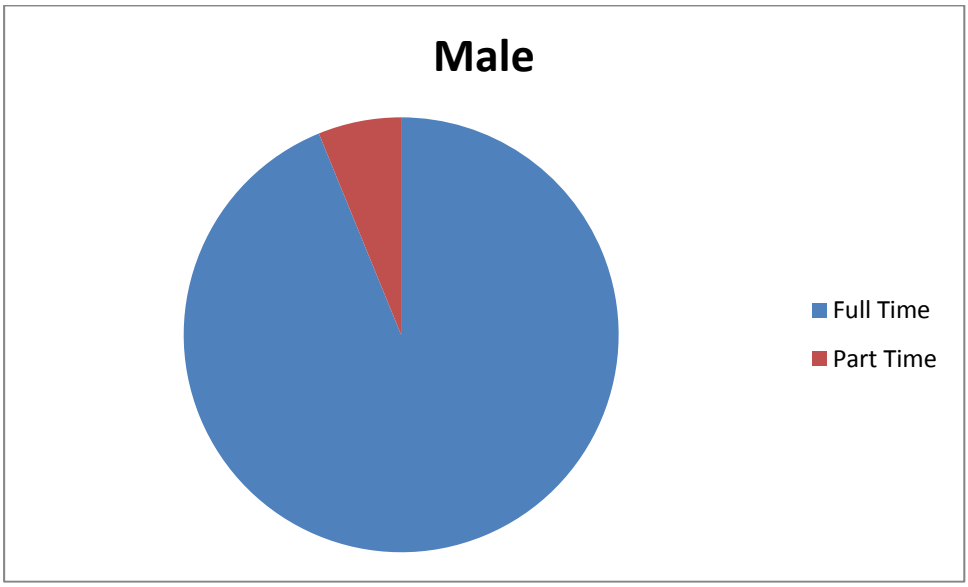
The majority of women in post are in full-time employment (1590 - 39.2 % of all full-time employed staff) with 407 staff in part-time employment (71.52% of all part-time staff). In comparison, 2459 men in post are in full-time employment (60.7% of all full-time employed staff) with 162 in part-time employment (28.47%).

This is very similar to the previous year in which 1599 (38.3%) of women and 2567 (61.6%) of men were in full-time employment, with 426 (72.9%) of women and 158 (27%) of men in part-time employment.

FEMALE STAFF IN POST BY EMPLOYMENT CATEGORY



MALE STAFF IN POST BY EMPLOYMENT CATEGORY



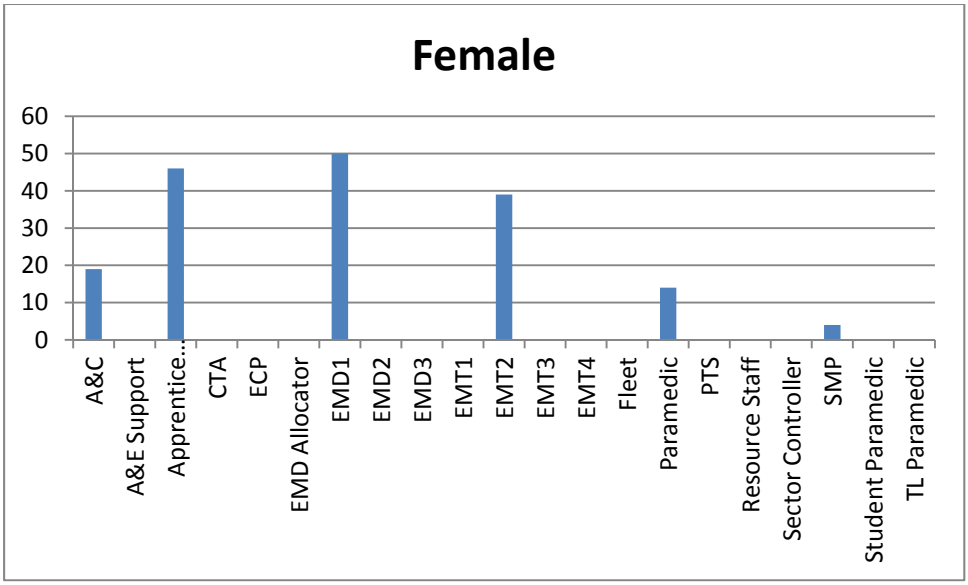
STARTER PROFILE

In the year 2012-13 there were a total of 317 new starters to the Trust, of whom 84 (54.3%) were women and 82 (45.7%) men. (In the previous year of all new starters 84 were women and 82 men).

STARTER GRADE/RANK PROFILE BY SEX

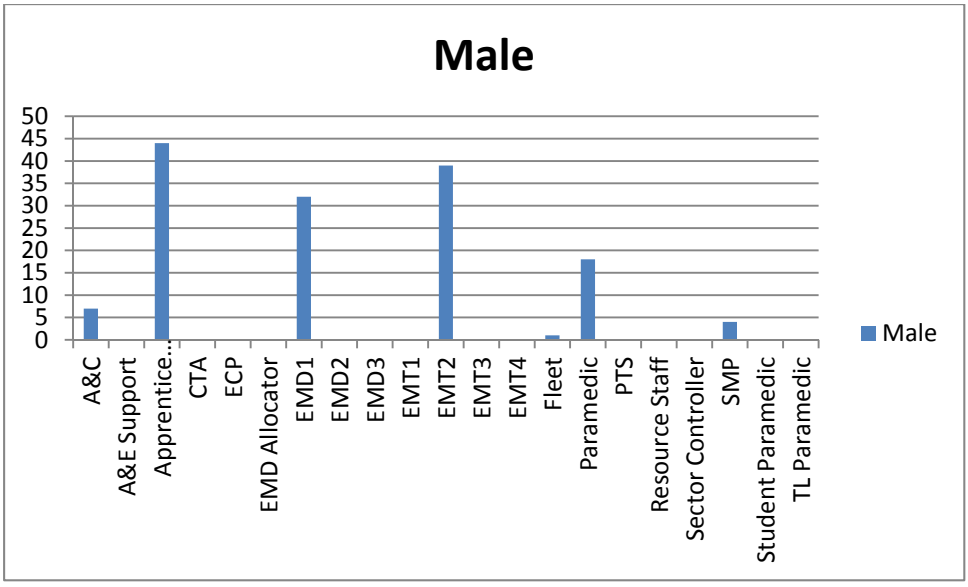
In 2012-13, as the chart below shows, the majority of women starting with the service started as EMD1 (50 - 60.97% of all starting in that grade/rank), followed by Apprentice Paramedic (46 - 51%) then EMT2 (39 - 50%). (In the previous year the majority of women started as EMT2, followed by A&C then EMD1).

FEMALE STARTERS BY GRADE AND RANK



MALE STARTERS BY GRADE AND RANK

The majority of men starting with the service started as Apprentice Paramedic (44 - 48.88% of all staff starting in that grade/rank), followed by EMT2 (39 - 50%), then EMD1(32 - 39%). In the previous year the majority of men started as EMT2, followed by Fleet, then A&C.

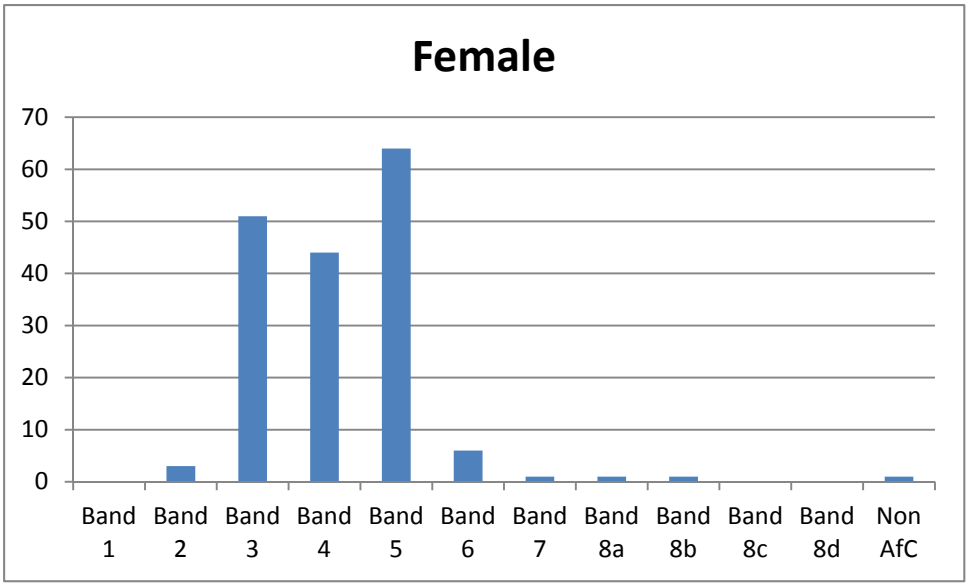


STARTERS BY PAY BAND BY SEX

In the year 2012-13, as the chart below shows, the majority of women starting with the Trust started at Band 5 (64 - 49.2% of all new starters at that pay band), followed by Band 3 (51 - 61.4%) then Band 4 (44 - 51.7%). In the previous year most women started at Band 4, followed by Band 3 then Band 5.

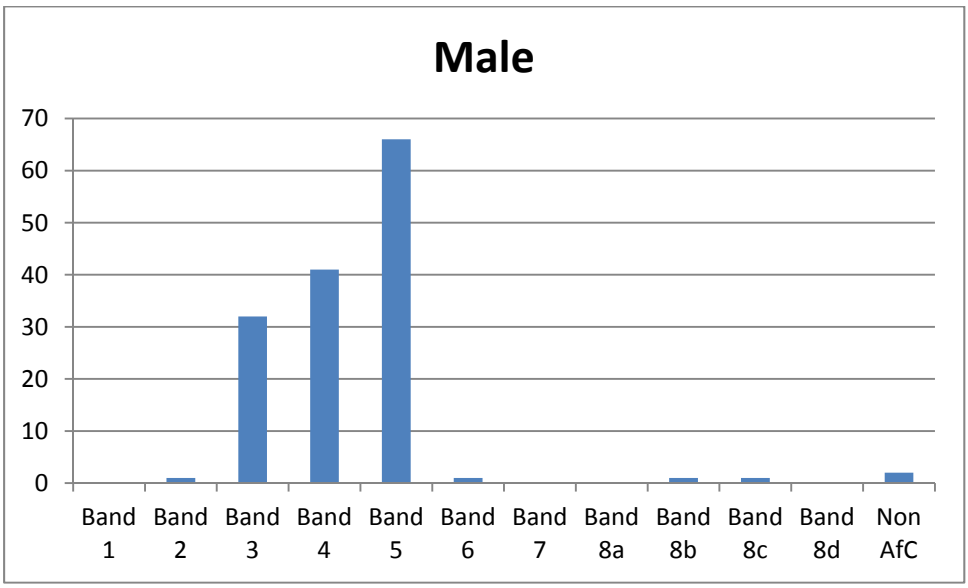
4 women started in senior management grades (50% of all new starters at that grade).

FEMALE STARTERS BY PAY BAND



MALE STARTERS BY PAY BAND

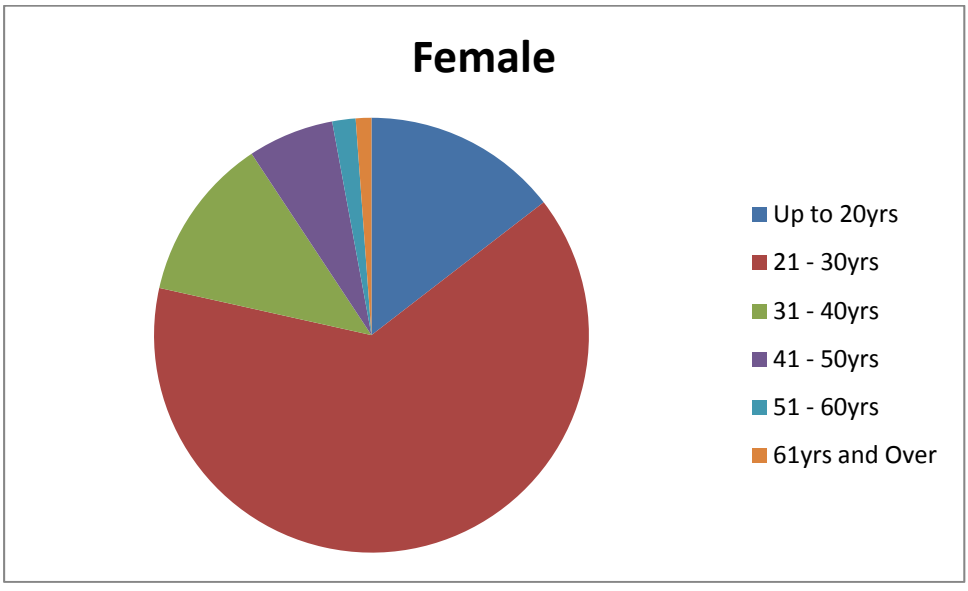
In the year 2012-13 the majority of men starting with the Trust started on Band 5 (66 - 50.76% of all starting in that pay band), followed by Band 4 (41 - 48.2%), then Band 3 (32 - 38.55%). In the previous year the majority of men starting were at Band 4, followed by non-AFC then Band 5. The number of men starting in senior management grades was 4 (50% of all new starters at that level).



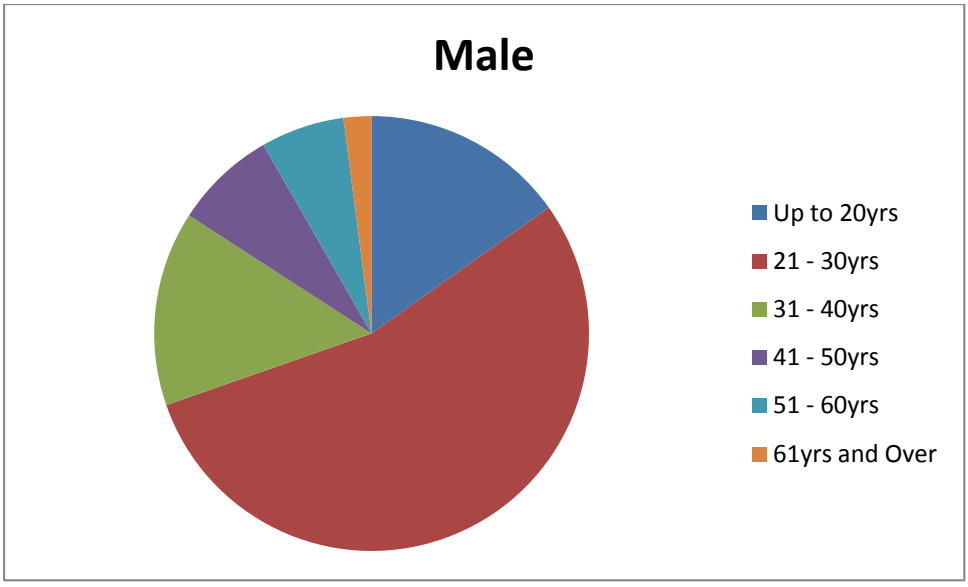
STARTERS BY AGE RANGE

The majority of staff starting with the Trust in the year 2012-13 were in the age range 21-30 (189 - 59.6% of all new starters), followed by up to 20 (47 –14.81%) then31-40 (42 – 13.2%), the same age profile as the previous year.

As the chart below shows, women starting with the Trust were predominantly in the age ranges 21-30 (110–58.2%), followed by up to 20 (25–53. 1%) then 31-40 (21–50%), the same as in the previous year.



For men starting with the Trust, as the chart below shows, the most prevalent age ranges were 21-30 (79-41.79% of all new starters), followed by up to 20 (22-46.8%) then 31-40 (42-50%). In the previous year the most prevalent age range of men starting with the Trust was similar for the first two age ranges 21-30, followed by up to 20, then 41-50.



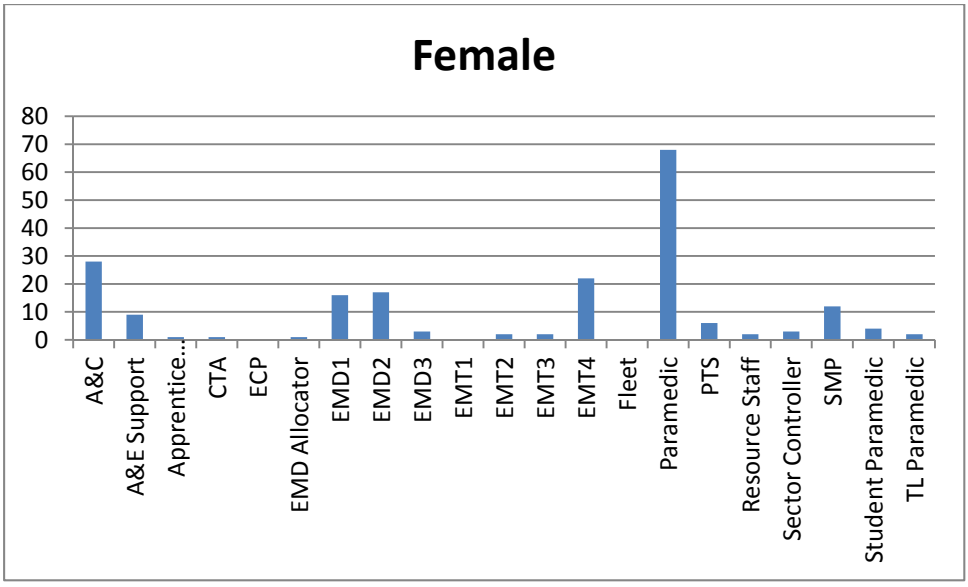
LEAVER PROFILE

In the year 2012-13 a total of 443 people left the Trust, of whom 199 (44.9%) were women and 244 (55.1%) were men. In the previous year a total of 344 people left the Trust, of whom 136 (39.5%) were women and 208 (60.4%) were men.

LEAVERS BY GRADE AND RANK BY SEX

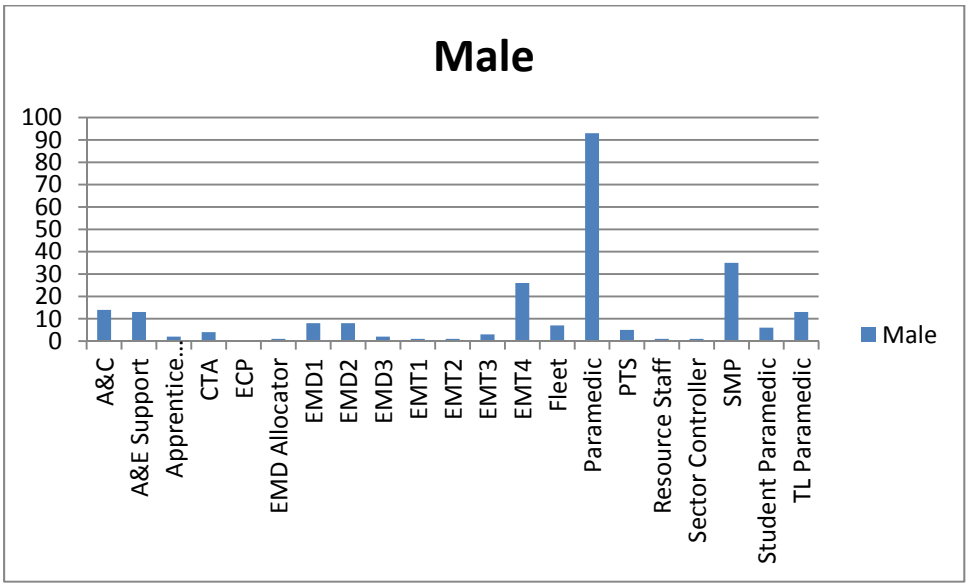
FEMALE LEAVERS BY GRADE AND RANK

As the chart below indicates, the majority of women leaving the Trust were Paramedics (68 – 42.2% of all leavers), followed by A&C (28 – 66.66%) then EMT4 (22 - 45.83%). In the previous year the majority of women leaving the Trust were similarly Paramedics, followed by A&C, then EMT4.



MALE LEAVERS BY GRADE AND RANK

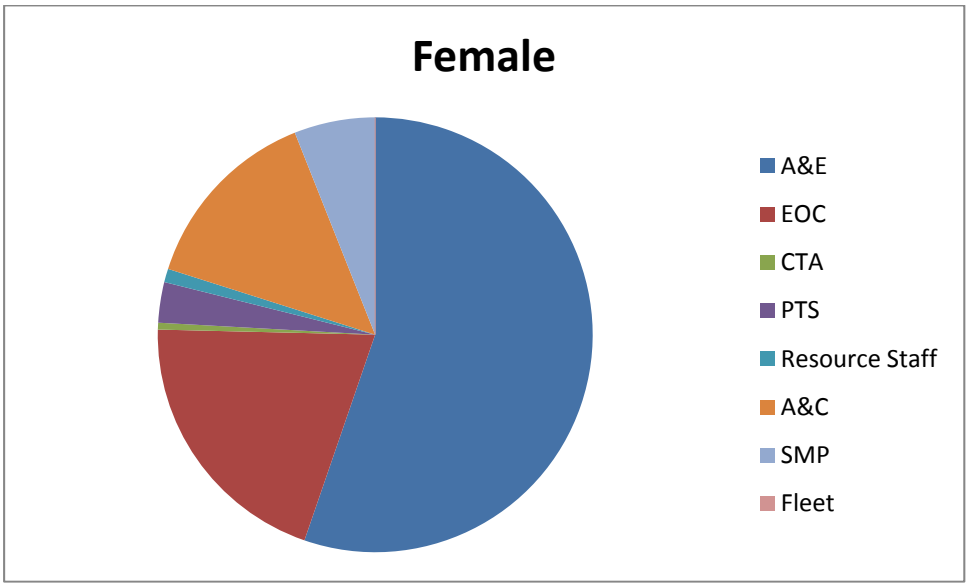
As the chart below shows, the majority of men leaving the Trust in the past year were Paramedics (93 – 57.76 % of all leaving at that grade and rank), followed by SMP (35 – 74.46 %) and EMT4 (26 – 54.1%) In the previous year the majority of men leaving the Trust were Paramedics, followed by EMT4 and A&C jointly, then SMP.



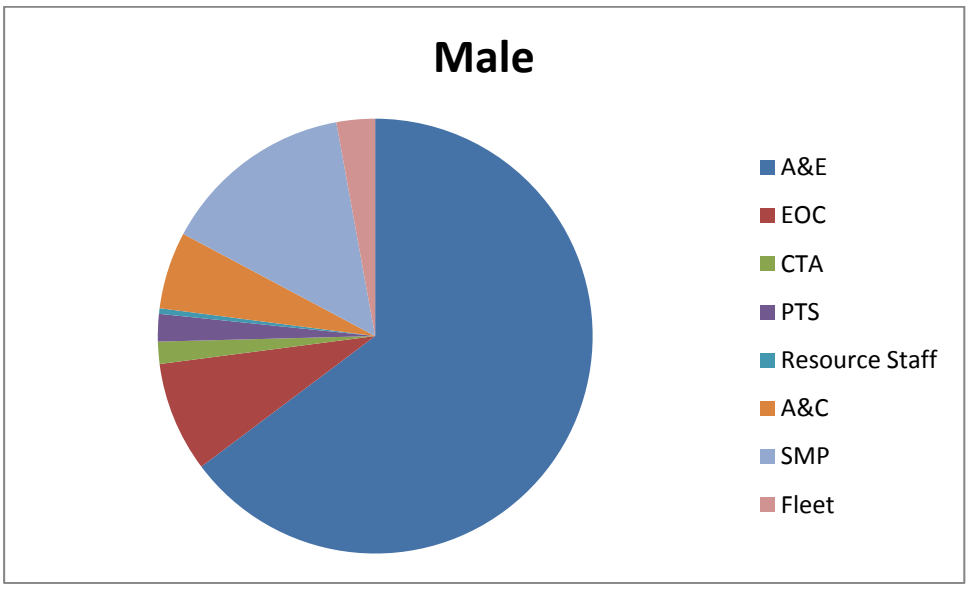
LEAVERS BY STAFF GROUP BY SEX

As the chart below shows, in the year 2012-13 the majority of women leaving the Trust were predominantly from A&E (110–29.89% of all staff leaving in that staff group), followed by EOC (40-66.66%) then A&C (28–66.66%). In the previous year the majority of women left from A&E, followed by EOC then A&C.

FEMALE LEAVERS BY STAFF GROUP



In the year 2012-13 the majority of men leaving, as the chart below shows, were from A&E (158-58.95%), followed by SMP (35 – 74.4%), then EOC (20 – 33.33%). In the previous year the majority of men left from A&E, followed by A&C then SMP.



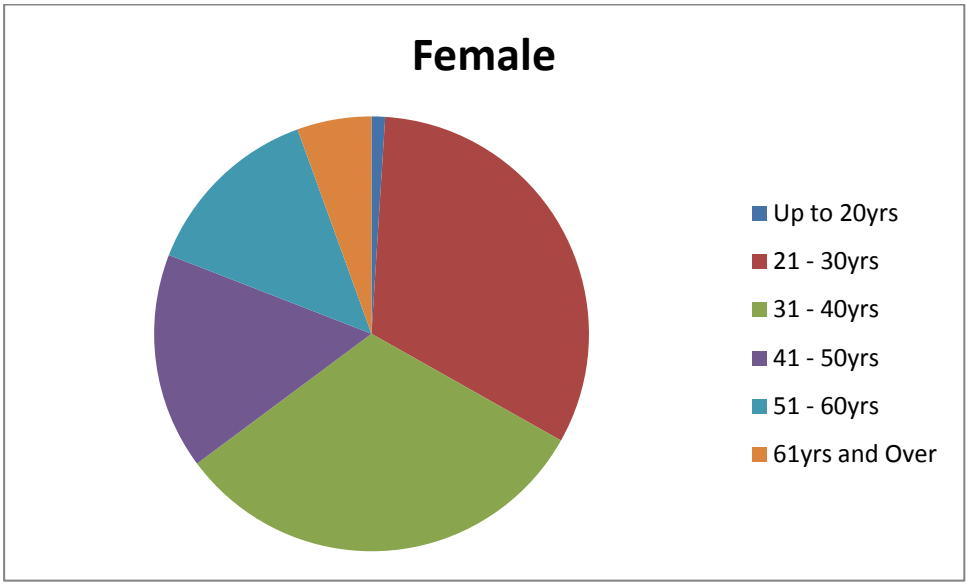
STAFF LEAVING BY AGE BAND

In 2012-13 the majority of staff leaving the Trust were in the age bands 31-40 (124 - 28%), followed by 21 - 30 (120 - 27.1%) and 41-50 (84 – 19% of all leavers). In the previous year the majority of staff leaving the Trust were in the age bands 21-30 and 31-40 jointly.

In the year 2012-13, as shown below, the majority of women leaving the Trust were from the age bands 21-30 (64 - 51.33 % of all leavers in that age band), followed by

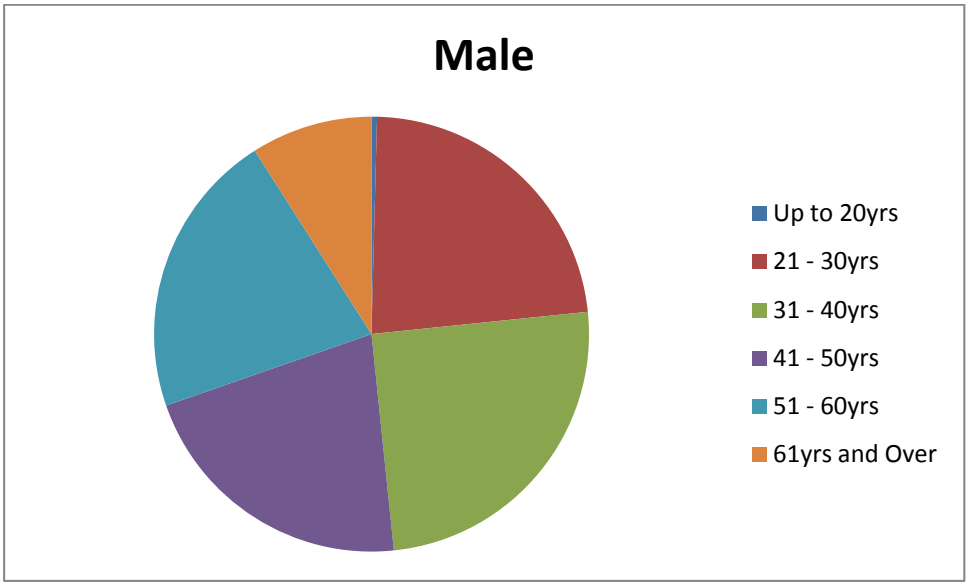
31-40 (63 - 50.8%), then 41-50 (32 - 38%). In the previous year the majority of women leaving were in the age bands 21-30, followed by31-40 then 41-50.

FEMALE LEAVERS BY AGE BAND



MALE LEAVERS BY AGE BAND

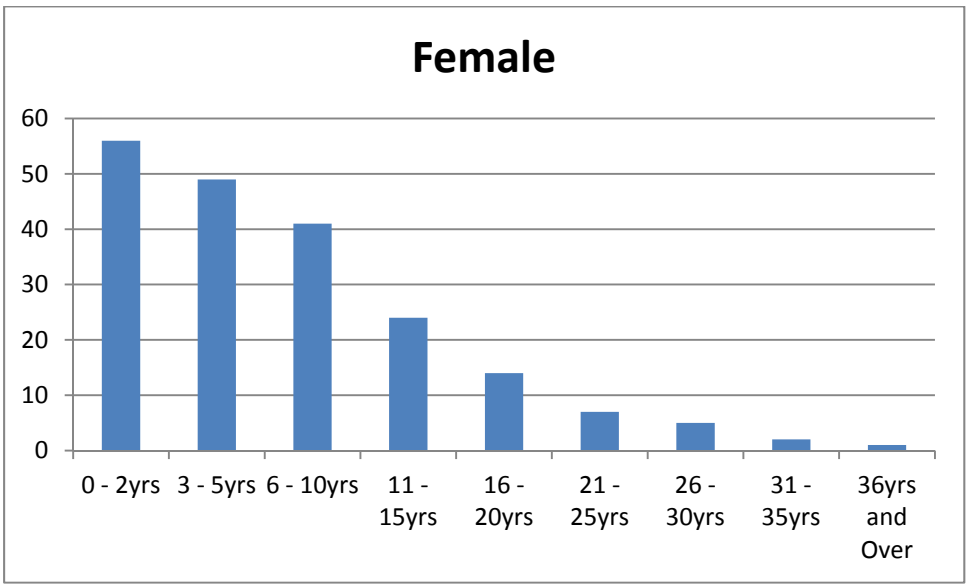
In the year 2012-13, as indicated by the chart below, the majority of men leaving the Trust were in the age bands 31-40 (61 – 49.19% of all staff leaving in that age band), followed by 21-30 (56 – 46.66%) then 41-50 (52– 61.9%) and 51-60 jointly (52 – 65.8%). In the previous year the majority of men leaving the Trust were in the age bands 31-40, followed by 51-60 then 21-30.



LEAVERS BY LENGTH OF SERVICE BY SEX

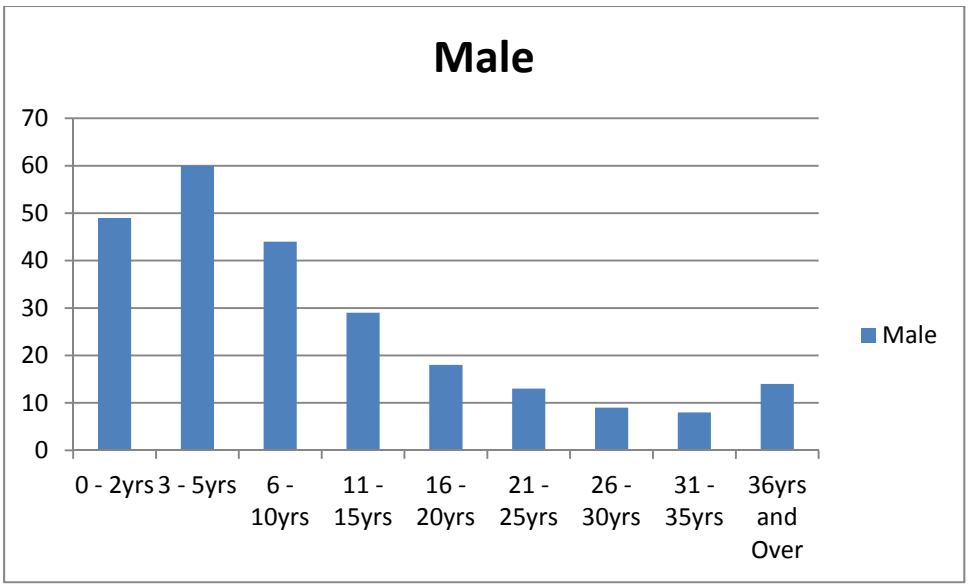
FEMALE LEAVERS BY LENGTH OF SERVICE

As the chart below shows, the majority of women leaving in 2012-13 had length of service of 0-2 years (56 – 53.3%), followed by 3-5 years (49 - 44.95%) then 6-10 (41 - 48.2%). In the previous year the majority of women leaving the Trust had length of service between 0-2 years, followed by 6-10 then 3-5.



MALE LEAVERS BY LENGTH OF SERVICE

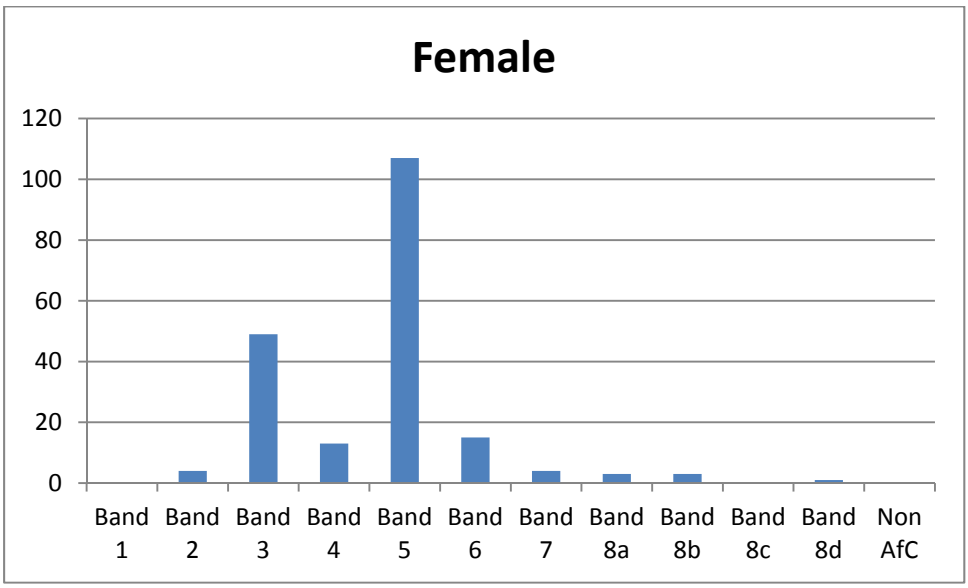
As the chart below shows, in the year 2012-13 the majority of men leaving the Trust had length of service of 3-5 years (60 - 55%), followed by 0-2 years(49 – 46.66%) and 6-10 years (44 - 51.76 %). In the previous year the majority of men leaving the Trust had length of service of 0-2 years, followed by 3-5 and 6-10



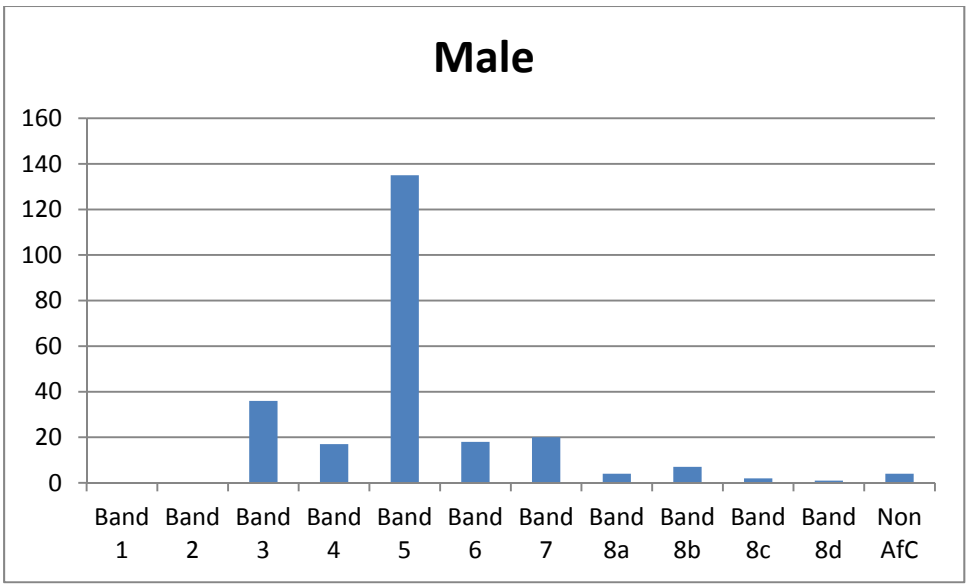
LEAVERS BY PAY BAND BY SEX

FEMALE LEAVERS BY PAY BAND

In the year 2012-13, as the chart below shows, the majority of women leaving the Trust were in Band 5(107 - 44.2% of all staff leaving in that pay band), followed by Band 3 (49 – 57.64%), then Band 6 (15 - 45.45%). In the previous year the majority of women who left were in Band 5, followed by Band 3 then Band 4.

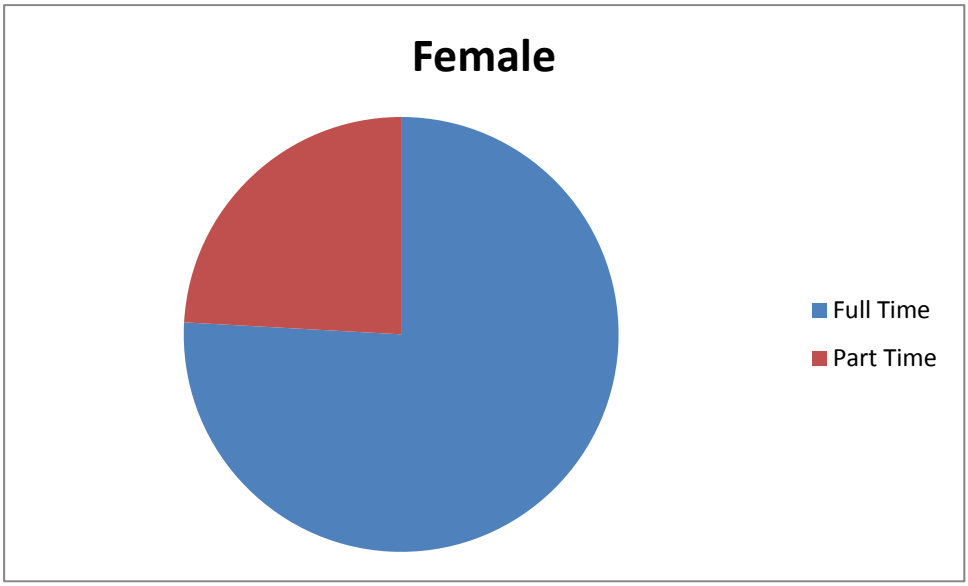


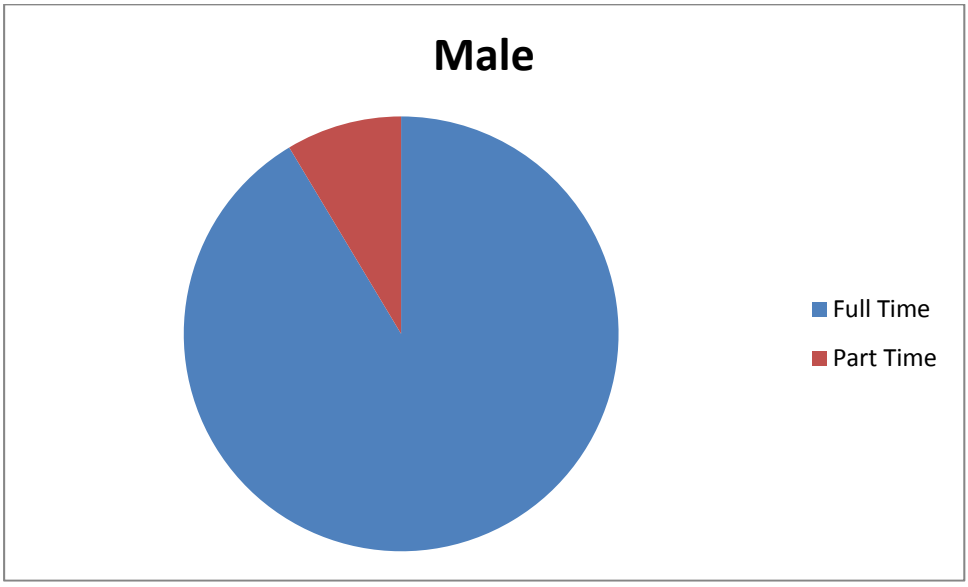
In the year 2012-13, as indicated by the chart below, the majority of men leaving the Trust were in Band 5 (135 - 55.78% of all staff in that grade), followed by Band 3 (36 - 42.35%), then Band 7 (20 - 83.3%). In the year before the majority of men leaving were in Band 5, followed by Band 3 then Band 6.



LEAVERS BY EMPLOYMENT CATEGORY

In 2012-13 out of a total of 443 staff leaving the Trust 374 (84.4%) were full-time and 69 (15.6%) were part-time. Of the women leaving the Trust, 151 were in full-time employment (40.37% of all staff leaving in that employment category), while 48 (69.56%) were part-time. Of the men leaving the Trust 223 (59.6% of all staff leaving in that employment category) were full-time and 21 part-time (30.43 %). In the previous year women made up 34% of full-time staff leaving, men 65.9%, while women made up 69.8% of part-time staff leaving and men 30.1%.



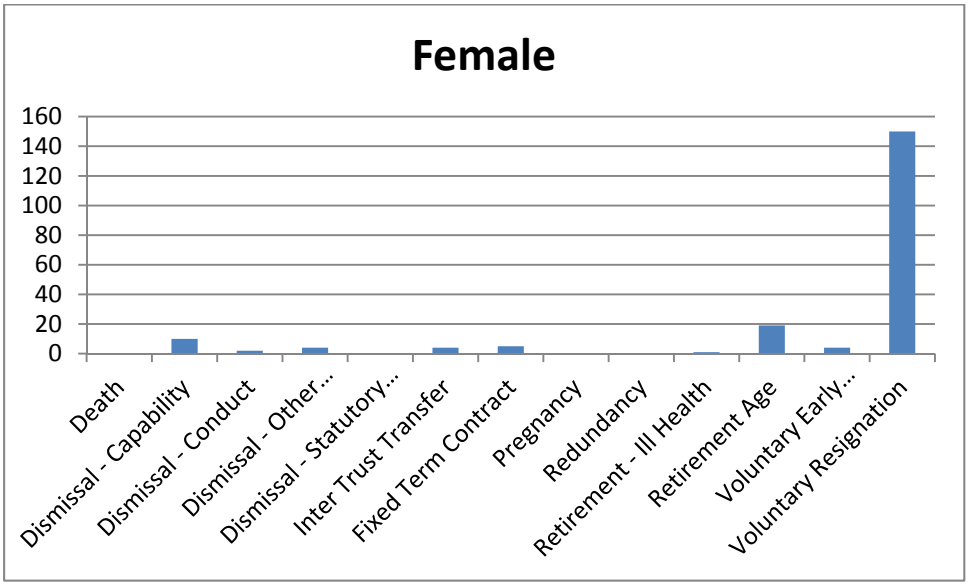


LEAVERS BY SEX – REASONS FOR LEAVING

In the year 2012-13, as the chart below shows, the majority of women leaving the Trust left on the following reasons – Voluntary Resignation (150 - 48.23% of all staff leaving on those grounds), followed by Retirement Age (19 - 32.2%) then Dismissal

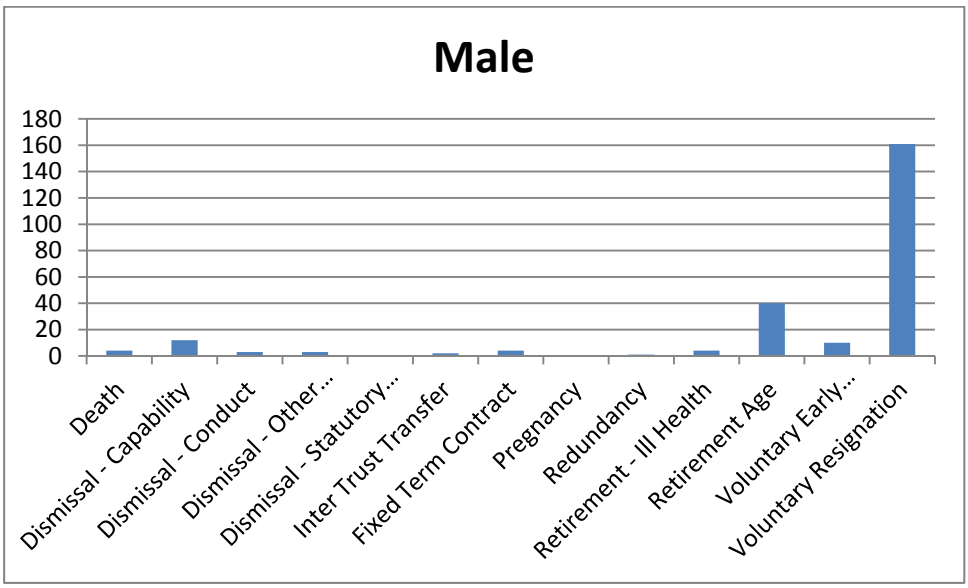
Capability(10 - 45.45%). In the previous year the majority of women leaving also left on Voluntary Resignation, followed by Retirement – Age, then Dismissal - Capability.

REASONS FOR WOMEN LEAVING THE TRUST



As the chart below demonstrates, in the year 2012-13 the majority of men leaving the Trust left on the grounds of Voluntary Resignation (161 - 51.76% of all staff leaving on those grounds), followed by Retirement Age (40 – 67.79%) then Dismissal-Capability (12 - 54.54%), the same as in the previous year, and similar to the women's profile.

REASONS FOR MEN LEAVING THE TRUST



PROMOTIONS BY SEX

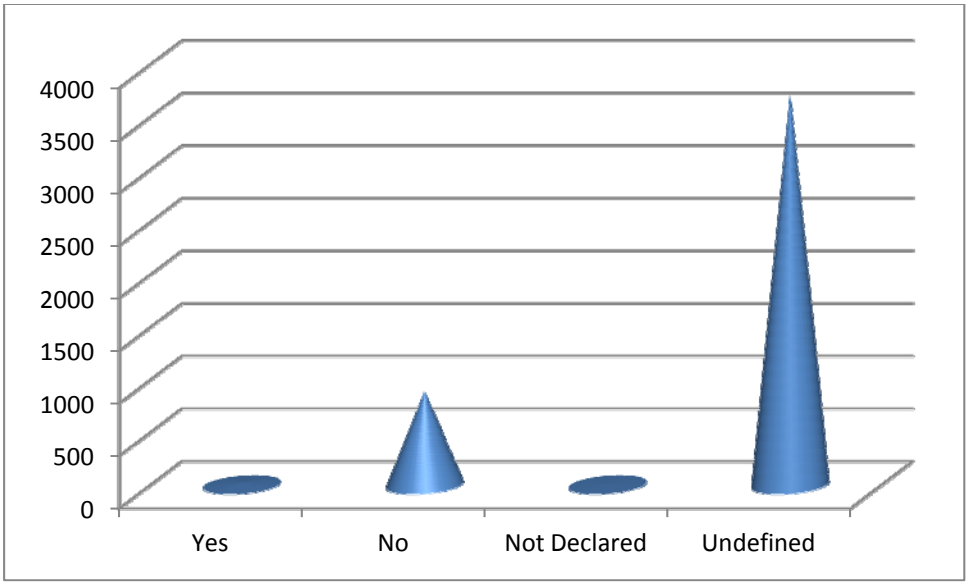
In 2012-13 the total number of promotions was 289, of which 133 (46%) were for women and 156 (53.97%) were for men, close to the workforce makeup. In terms of

overall representation of staff, the percentage of women being promoted is slightly above the overall representation in the Trust (43.2%), though under the Census 2011 female representation in the capital of 50.7%.

5.5. PROFILE BY DISABILITY

As the chart below shows, the number of staff declaring themselves to be disabled was very low (22 - 0.5%) of the total Trust workforce, in comparison with the Census 2011 total for residents of London reporting limiting long-term illness – 14.2%, the closest indicator to disability, as there are no specific census data on this. In the previous year 17 staff had declared themselves to be disabled. However, a very high number of staff were not declared or undefined (3783 - 80.4%) with 885 staff (19.2%) defining themselves as not disabled. More work needs to be done to ensure that the disability status of staff is covered, which is likely to be addressed through future changes to the national ESR system or through an internal Staff Data Refresh, which is then undertaken at regular intervals.

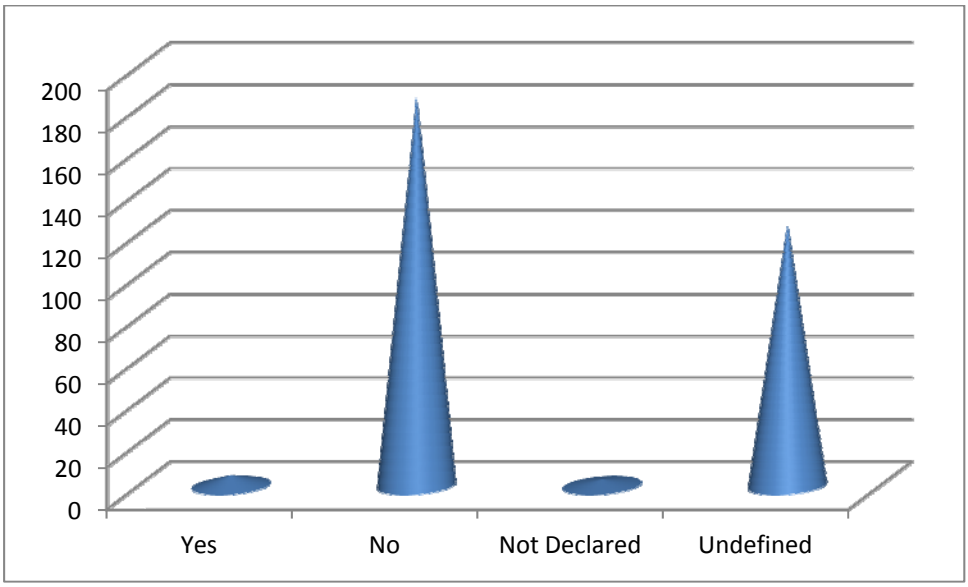
DISABLED STAFF IN POST



STARTER PROFILE

Of 317 new starters to the Trust, 5 people (1.6%) self-identified as disabled, 185 (58.4%) said they were not disabled, while 127(40%) did not declare either way. The Trust's membership of the leading UK Employers' Forum on Disability (the Business Disability Forum), its commitment to being a Two Ticks Employer, as well as its ongoing support for Enable – the Disabled Staff and Carers' Forum - and the Deaf Awareness Forum, should help to encourage new staff to self-identify as disabled and reduce the high number of new starters not declaring. In the previous year no one self-identified as disabled, 42 said they were not disabled and 124 did not declare either way.

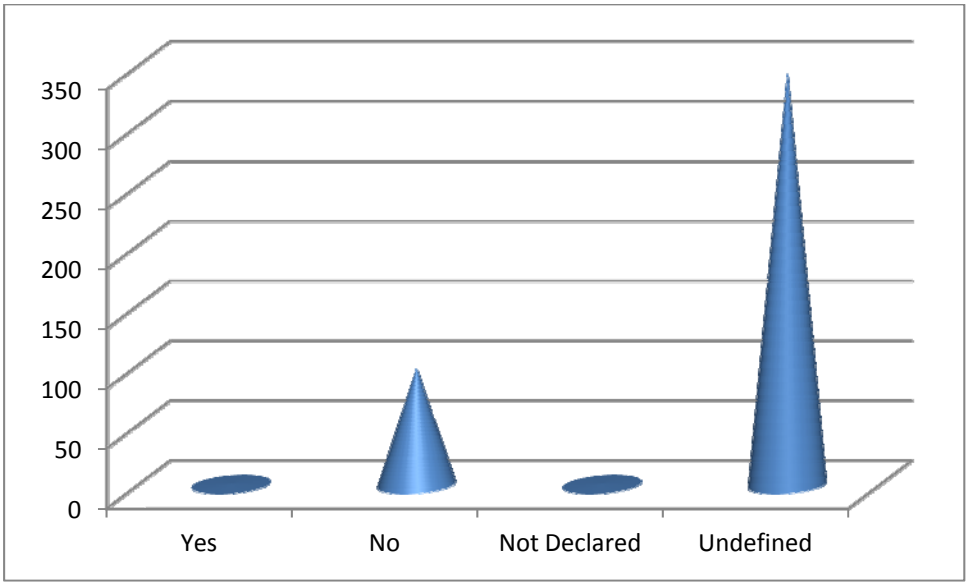
STARTERS BY DISABILITY STATUS



LEAVER PROFILE

As the chart below shows, of the 443 staff leaving the Trust, 1 (0.2%) said they were disabled 97 (21.9%) said they were not disabled and 345 (77.9%) did not declare either way. In the previous year 2 leavers said they were disabled, 65 said they were not and 277 did not declare either way. For administrative reasons no further breakdown of disabled staff is currently available; this will be addressed in future reports.

DISABLED STAFF LEAVERS



PROMOTIONS

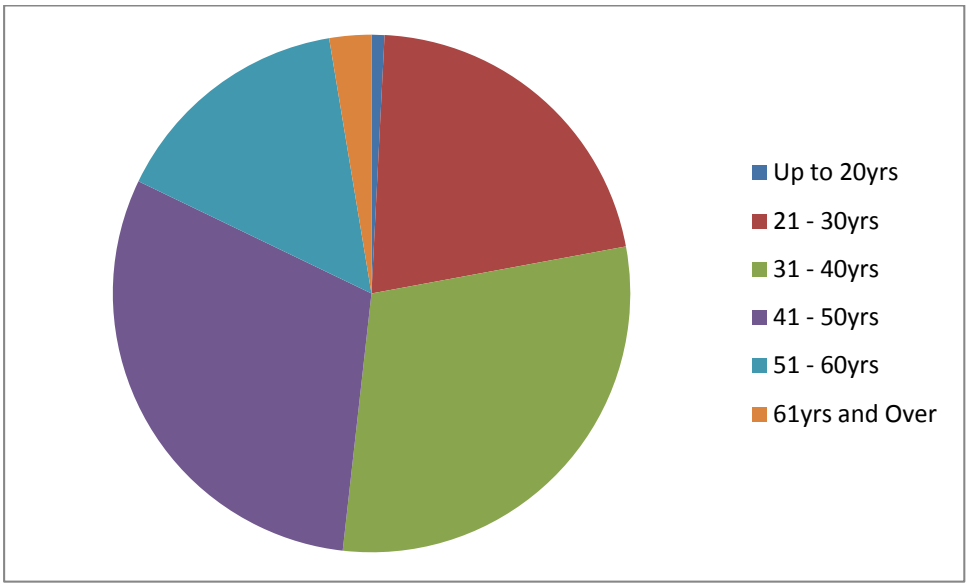
In the year 2012-13 1(0.3%) disabled staff were promoted , 94 staff (32.5%) were promoted who said they were not disabled and 194 staff (67.1 %) were promoted

who did not declare either way. In the previous year no one who self-identified as disabled was promoted.

5.6. WORKFORCE PROFILE BY AGE

As the chart below shows, in the year 2012-13 the majority of Trust staff (2756 - 81.4% of the total workforce) were in the age ranges 41-50 (1402 – 30.4%), followed by 31-40 (1371 – 29.7%) then 21-30 (983 - 21.3%). In the previous year the majority of Trust staff were in the age ranges 31-40, followed by 41-50 then 21-30.

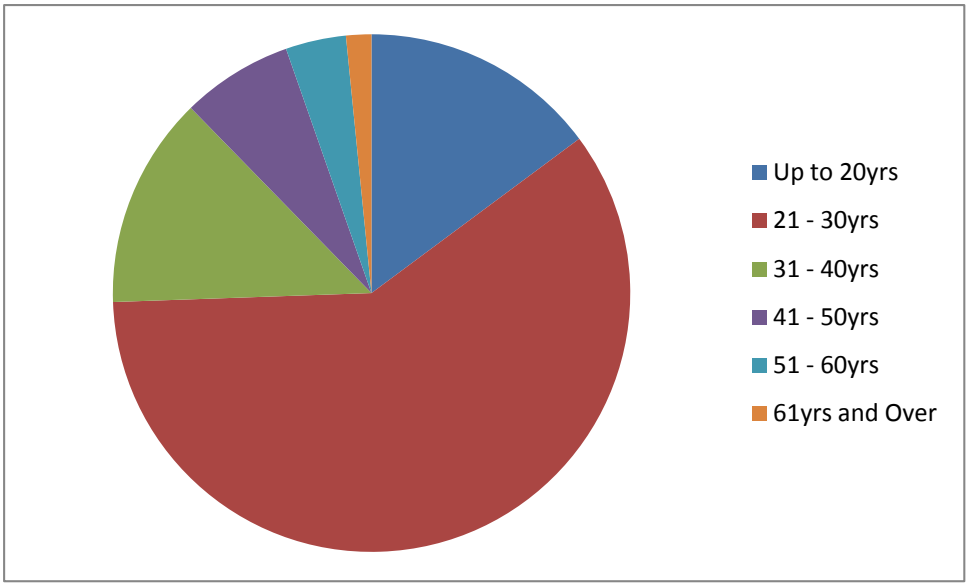
STAFF IN POST BY AGE



STARTER PROFILE

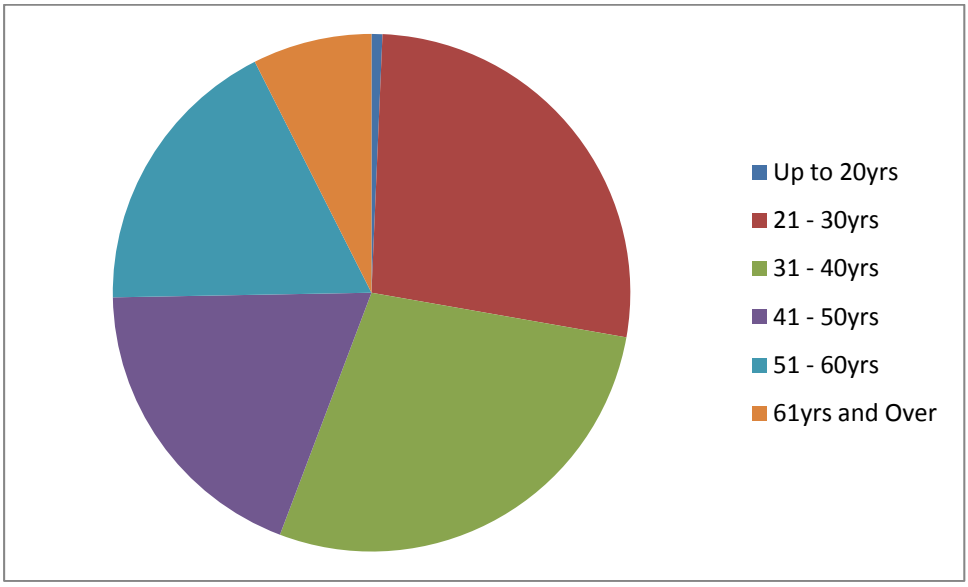
As shown by the chart below, the majority of new starters to the Trust were in the age ranges 21-30(189 - 59.6 % of all new starters), followed by up to 20 (47 – 14.8%) then 31-40 (42 – 13.2%), the same as in the previous year.

STARTER PROFILE BY AGE



LEAVER PROFILE

As shown by the chart below, the most prevalent age range of staff leaving the Trust was 31-40 (124– 28% of all staff leaving the Trust), followed by 21-30 (120 – 27.1%) then 41-50 (79 – 17.8%) In the previous year the profile was 21-30, then 31-40 then 41-50.



PROMOTIONS

The age ranges in which staff were promoted were 21-30 (129 – 44.6%), followed by 31-40 (85 – 29.4%) then 41-50 (60 - 20.8 %). In the previous year the age ranges in which staff were promoted were 31-40, followed by 21-30 then 41-50.There continues to be visible equal opportunity for promotion within the Trust, regardless of age.

5.7.EMPLOYEE RELATIONS ACTIVITY

For 2012-13 in total, records show that the Disciplinary procedure was instituted 118 times; Grievance 15 times; and Managing Attendance 504 times. The figure for Managing Attendance includes people for whom capability in terms of their health was the key issue.

Eight cases were initiated during the period under the Capability Performance procedure.

The Disciplinary Procedure was instituted with a total of 118 staff, 75 men (63.6%) and 43 women (36.4%). Twenty cases (16.9%) were BME staff. No members of staff (0.0%) were in the age band 20 or under; twenty-one (17.8%) in band 21-30; forty-two (35.6%) in band 31-40; forty-two (35.6%) in band 41-50; thirteen (11.0%) in band 51-60; and none (0.0%) over 60 years.

The Disciplinary Procedure was instituted with one member of staff who self-identified as a disabled person.

In five cases disciplinary allegations related to bullying and/or harassment.

Thirty-one women (72.1% of a total of 43) and seventeen BME staff (85.0%) received warnings or were dismissed as a result of the Disciplinary proceedings. No member of staff was in the age band 20 or under; eleven in band 21-30; twenty-two in age band 31-40; twenty in band 41-50; ten in band 51-60; and none over 60 years.

The Grievance Procedure was instituted by a total of 15 staff, 8 women and 7 men, of whom three (20.0%) were BME staff. One member of staff self-identified as a disabled person.

One member of staff was in age band 21-30; three were in age band 31-40; seven in band 41-50; two in band 51-60; and one over 60 years.

One grievance was related to bullying and/or harassment.

Of the grievances submitted, one was upheld. This was submitted by a white male in the age band 21-30. One was upheld in part and was submitted by a BME male in the age range 41-50. Three cases were resolved through discussion; and one was not heard, as the appellant had left the Trust.

The Managing Attendance Procedure (MAP) was formally instituted (i.e. the member of staff was issued with a warning or dismissed) with 504 members of staff in total; 256 (50.8%) women; 248 (49.2%) men; 31 (6.2%) BME staff.

No members of staff (0.0%) either self-identified as a disabled person or were declared by the Occupational Health department to be treated as protected by legislation.

No members of staff (0.2%) were in age band 20 or under; 88 (17.5%) in band 21-30; 153 (33.4%) in band 31-40; 175 (34.7%) in band 41-50; 71 (14.1%) in band 51-60; (1.6%) were over 60.

The Capability Performance Procedure was instituted with 8 members of staff; eight male and eight female; one in the age band 21-30; three in the age band 31-40; three in the age band 41-50; none in band 51-60 and one over 60.

In the year 2012-13 there were a total of 15 claims lodged in the Employment Tribunal and one in the County Court, six of which were by women. Four members of staff were in age band 21-30; two in band 31-40; seven in band 41-50; and three in band 51-60.

One claim was made by BME members of staff, all others by White British.

No claims for discrimination on the grounds of race were made; five claims were made for discrimination on the grounds of disability. Of these, one was withdrawn; one was settled through judicial mediation; one was subject to a conciliated settlement; the other cases are ongoing. One claim was unsuccessfully made in respect of gender discrimination.

As noted above, record keeping and reporting of employee relations activity continued to improve. Although it is reasonable to assume that this improvement accounts for some part of the increase in recorded activity, it is also the case, and particularly true for attendance management, that there has been increased organisational focus in ensuring that such issues receive appropriate management attention. A comparison of the data (where data is available) year-on-year is made in the table below.

	08/09		**09/10**		**10/11**		**11/12**		**12/13**	
	No.	%	No.	%	No.	%	No.	%	No.	%
Disciplinary Procedure	**36**		**51**		**64**		**95**		**118**	
Male	22	61.2	36	70.6	34	53.1	58	61.0	75	63.6
Female	14	38.8	15	29.4	30	46.9	37	39.0	43	36.4
BME	0	0	7	13.7	8	12.5	11	11.6	20	16.9
Disabled staff	0	0.0	0	0.0	0	0.0	0	0.0	1	0.8
Grievances	**17**		**16**		**34**		**33**		**15**	
Male	13	76.5	8	50.0	21	61.8	15	45.5	7	46.7
Female	4	23.5	8	50.0	13	38.2	18	54.5	8	53.3
BME	3	17.6	4	25.0	3	8.8	2	6.0	3	20.0
Disabled staff	1	5.9	1	6.3	0	0	0	0.0	1	6.7
Managing Attendance	**48**		**403**		**613**		**661**		**504**	
Male	26	54.2	233	57.8	339	55.3	348	52.6	248	49.2
Female	22	45.8	170	42.2	274	44.7	313	47.4	256	50.8
BME	11	22.9	16	4.0	16	2.6	54	8.2	31	6.2
Disabled staff	0	0.0	7	1.7	5	0.8	8	1.2	0	0.0
Capability Performance	0		**2**		**2**		**1**		**8**	
Male	0	0.0	0	0	1	50.0	0	0.0	4	50.0
Female	0	0.0	2	100.0	1	50.0	1	100.0	4	50.0
BME	0	0.0	1	50.0	0	0	0	0.0	1	12.5
Disabled staff	0	0.0	0	0	0	0	0	0.0	0	0.0

Age (all activity)			**472**		**713**		**790**		**647**	
20 or under		0.0	5	1.1	2	0.3	6	0.8	0	0.0
21 - 30		9.6	58	12.3	122	17.1	155	19.6	113	17.4
31 - 40		41.2	166	35.3	231	32.4	239	30.3	200	30.9
41 - 50		33.3	183	38.7	232	32.5	265	33.5	229	35.4
51 - 60		14	60	12.6	111	15.6	112	14.2	86	13.3
Over 60		2.6	0	0	15	2.1	13	1.6	11	1.7

In 2012/13 women represented 43.2% of our total workforce – an increase from the 42% reported in 2010/11. The figures for disciplinary action show a gender split broadly similar to the workforce as a whole although there is a trend towards action being taken against more male staff. Activity figures under the MAP also reflected this gender split, as they have done for previous years.

9.3% of our workforce is from BME groups. The figures show that the number of BME staff who were the subject of a disciplinary investigation have increased as a proportion but the absolute numbers are relatively low. The number of BME staff who received a warning or were dismissed under the Managing Attendance Procedure in 2012/13 (6.2%) was disproportionately low for the third year running.

The total number of grievances has reduced by more than one-half when compared to both of the two previous years. Activity under the Grievance policy in 2012/13 much less reflects the composition of the workforce, but absolute numbers are now low.

The figures show a decrease from the last reported period in the number of people being managed under the MAP.

The activity under the Capability Performance procedure remains too low to allow meaningful conclusions to be drawn.

5.8.RETURN TO WORK FOLLOWING MATERNITY LEAVE

In the year from April 1 2012 to March 31 2013 a total of 111 women took maternity leave. Of those 60 have since returned to work, with 45 still on maternity leave and 6 people leaving the service. In the previous year 123 women had taken maternity leave, with 75 returning to work with the Trust afterwards.

5.9. ACCESS TO FLEXIBLE WORKING

The National NHS Survey did not include any questions around access to flexible working, so data for this last year is not available. Consideration will need to be given to including questions on this in future surveys.

5.10. STAFF ENGAGEMENT

In 2012 1659 staff responded to the National NHS Survey, giving a response rate of 37.1%. The results are again able to be broken down according to the protected characteristics of gender, ethnicity, religion, age, disability and sexuality.

The results for key equality questions were as follows:

Question	Response	2010	2011	2012
22. Does your Trust act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	Yes	46.6%	41.3%	40.7%
	No	17.2%	19.5%	21.5%
	Don't know	35.4%	37.2%	36.6%
	Not answered	0.8%	2.0%	1.1%
23a. In the last 12 months have you personally experienced discrimination at work from patients/ service users, their relatives or members of the public?	Yes	19.6%	21.0%	18.2%
	No	78.6%	76.3%	78.8%
	Not answered	1.8%	2.7%	3.0%
23b. In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleagues?	Yes	12.4%	12.8%	12.3%
	No	85.5%	84.0%	84.1%
	Not answered	2.1%	3.1%	3.6%
23c. (If yes to Qs 23a or 23b) On what grounds have you experienced discrimination?	Ethnic background	37.4%	34.5%	37.2%
	Gender	32.7%	32.0%	37.2%
	Religion	6.2%	5.5%	5.7%
	Sexual Orientation	11.3%	10.8%	14.2%
	Disability	5.8%	5.3%	6.6%
	Age	22.2%	26.0%	20.1%
	Other	24.3%	28.6%	19.9%
	Not answered	5.5%	5.9%	9.6%

Q22 by gender

Question	Response	Male 2011	Female 2011	Male 2012	Female 2012
Does your Trust act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	Yes	39.6%	46.3%	38.6%	44.5%
	No	21.0%	16.10%	24.2%	17.6%
	Don't know	38.3%	36.5%	36.7%	37.5%
	Not answered	1.1%	1.0%	0.5%	0.5%

Q22 by age

Question	Response	16-30	31-40	41-50	51+
Does your Trust act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	Yes	45%	41.8%	38.3%	39.9%
	No	16.1%	21.9%	22.3%	23.8%
	Don't know	38.2%	35.5%	38.7%	36.1%
	Not answered	0.6%	0.8%	0.7%	0.2%

Q22 by sexual orientation

Question	Response	Hetero-sexual	Gay Man	Gay Woman	Bisexual	Other	Prefer not to say
Does your Trust act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	Yes	41.8%	47.9%	39.6%	35%	*	31.5%
	No	21.1%	11.3%	15.1%	25%	*	33.9%
	Don't know	36.6%	40.8%	45.3%	40%	*	34.7%
	Not answered	0.5%	0%	0%	0%	*	0%

*indicates that data is not available at this level as it would compromise confidentiality

Q22 by religion

Question	Response	No religion	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Any other	I would prefer not to say
Does your Trust act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	Yes	41.3%	45.5%	25%	*	*	22.2%	*	23.7%	28.5%
	No	19.6%	20.4%	41.7%	*	*	19.4%	*	18.4%	33.8%
	Don't know	38.9%	33.3%	33.3%	*	*	58.3%	*	57.9%	36.9%
	Not answered	0.2%	0.8%	0%	*	*	0%	*	0%	0.8%

*indicates that data is not available at this level as it would compromise confidentiality

Q22 by disability

Question	Response	Long standing illness, health problem or disability	No long standing illness, health problem or disability
Does your Trust act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	Yes	**31.8%**	**43%**
	No	**33.7%**	**19.2%**
	Don't know	**33.3%**	**37.4%**
	Not answered	**1.1%**	**0.4%**

Q22 BY ETHNICITY

Question	Response	White- British	White- Irish	White- Any other	Mixed- White and Black Caribbean	Mixed- White and Black African	Mixed- White and Asian	Mixed- Any other mixed background	Asian/ Asian British- Indian	Asian/ Asian British- Pakistani	Asian/ Asian British- Bangladeshi	Asian/ Asian British- Any other Asian background	Black/Black British- Caribbean	Black/Black British- African	Black / Black British - Any other Black background	Chinese	Any other ethnic background
Does your Trust act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	Yes	43%	36.1%	26.9%	27.3%	*	*	*	32.1%	7.7%	*	*	40.5%	27.8%	*	*	31.3%
	No	21.4%	22.2%	25.4%	27.3%	*	*	*	17.9%	15.4%	*	*	14.3%	5.6%	*	*	50%
	Don't know	35.3%	38.9%	47.8%	45.5%	*	*	*	46.4%	76.9%	*	*	42.9%	66.7%	*	*	18.8%
	Not answered	0.4%	2.8%	0%	0%	*	*	*	3.6%	0%	*	*	2.4%	0%	*	*	0%

Any issues of concern in regard to the protected characteristic groups will be explored further with the Trust's Staff Diversity Forums.

In the year 2012-13 three Temperature checks were conducted, which revealed the following key responses:

	May/June 2012 (223 respondents)	**August/September 2012** (489 respondents)	**February 2013** (427 respondents)
I enjoy working for the LAS	3.18	3.52	3.29
I am proud of the quality of care	3.18	3.60	3.28

the LAS provides to patients			
I believe I can make a positive difference to the success of the LAS	2.98	3.24	3.19
The LAS values employee suggestions for improvement	2.38	2.55	2.24
My manager shows appreciation for the work I do	2.45	2.82	2.67
My manager gives me the support I need to do my job well	2.55	2.83	2.72
There is a spirit of cooperation amongst my colleagues	3.27	3.43	3.30
I am happy with my work/life balance	2.69	2.87	2.76
I have access to the information I need to do a good job	2.85	3.11	2.82
I have access to the equipment I need to do a good job	2.21	2.56	2.28
I am given opportunities to develop my knowledge and skills	2.26	2.47	2.12

No specific information in regard to equality was provided.

In 2012-13 12 suggestions were submitted via Change One Thing, but have not been able to be progressed. This is primarily because the ideas were not feasible or had already been covered by existing. Listening into Action should be helpful in enhancing future staff engagement.

5.11. LINC WORKER SERVICE

LINC is the established and trusted peer support network, staffed by volunteers from across the London Ambulance Service. From the initial trial of 17 LINC Workers, there is now a solid structure that ensures the network remains fit for purpose. There are currently 110 LINC Workers and 15 Senior LINC Workers. Throughout the development of the network, there has been invaluable support from members of the the Trust's senior management team. This has enabled resilient growth. LINC has steadily gained in credibility and use.

LINC Workers operate within the ethics of the pneumonic LINC:
Listening,**I**nformal,**N**on-judgemental,**C**onfidential. LINC is not a network that patronises people, or takes away any personal responsibility. It has been developed and designed not to perpetuate reliance, but to value individual importance, and to promote a resilient workforce.

The network is available to all members of staff, and is available at any time. LINC aims to reflect the demographic make up of the Trust. LINC Workers are aware of their own limitations, and will 'refer on' to further appropriate support where appropriate.
LINC is a visible indicator to staff that the organisation takes their health and wellbeing seriously; this is in line with the Boorman report recommendations:

"Given the nature of their business, it is clear that NHS bodies should be at the forefront of supporting and improving staff health and well-being. Doing so is central to their duty of care to employees and a vital part of proper governance."
(Boorman, 2009)

LINC Forums

There are usually 6 Forums per year, each run for 3 hours, held in the Conference room at Headquarters. Forums are educational, informative, and also encourage networking between the LINC Workers. On average, 25 LINC Workers attend each Forum. They share experiences and viewpoints, gaining a unique insight and understanding of other people's roles and backgrounds. Certificates of attendance are issued. Topics covered included Communication skills, Psychological health in Ambulance Workers, Understanding Self-Harm, LINC resilience and boundaries, LGBT/Deaf Awareness Forum guest speakers, Understanding job roles within the Trust.

LINC 1-2-1's & Clinical Supervision

The LINC Manager has held 1-2-1's with most of the LINC Workers, and the Senior Counsellor with the Senior LINC Workers. These ensure that concerns and issues can be discussed and clarified. It is an opportunity to check that the LINC Worker is complying with LINC requirements and acting within the LINC framework. It also is a time to check their wellbeing. Many LINC 1-2-1's occur on complex, in order to lessen operational impact. LINC Workers continue to attend regular Clinical Supervision with external counsellors. These provide time for the LINC Worker to talk through their LINC experiences and seek expert guidance and support. LINC Workers are required to attend 3 group meetings and 1 individual meeting each year.

Olympics / Paralympics

During the Olympic and Paralympic Games, there were approximately 200 staff members from other Ambulance Trusts working with the Trust (Pre Planned Aid (PPA)). LINC offered support to these members of staff during this period. The LINC Manager, together with the Staff Support Adviser spoke at induction to all members of visiting staff, to ensure they were aware of available support from the Trust.

LINC recruitment

In excess of 200 people requested application packs to become a LINC Worker. From this, 50 were shortlisted to attend an interview at Headquarters. Successful applicants from this stage were invited to an assessment centre. From these, 30 were selected to attend the training course; 27 successfully completed the training. In excess of 40 people have added their name to a waiting list – in order to receive an application pack for the next recruitment process.

In line with the expansion of the LINC network, the number of Senior LINC Workers (SLW's) has been increased. Following a recruitment drive and subsequent training, this has increased the number of SLW's to 15. LINC maintains an excellent reflection of the demographic make up of the Trust. This enables choice and ease of access to appropriate support for all staff members across all protected characteristic groups

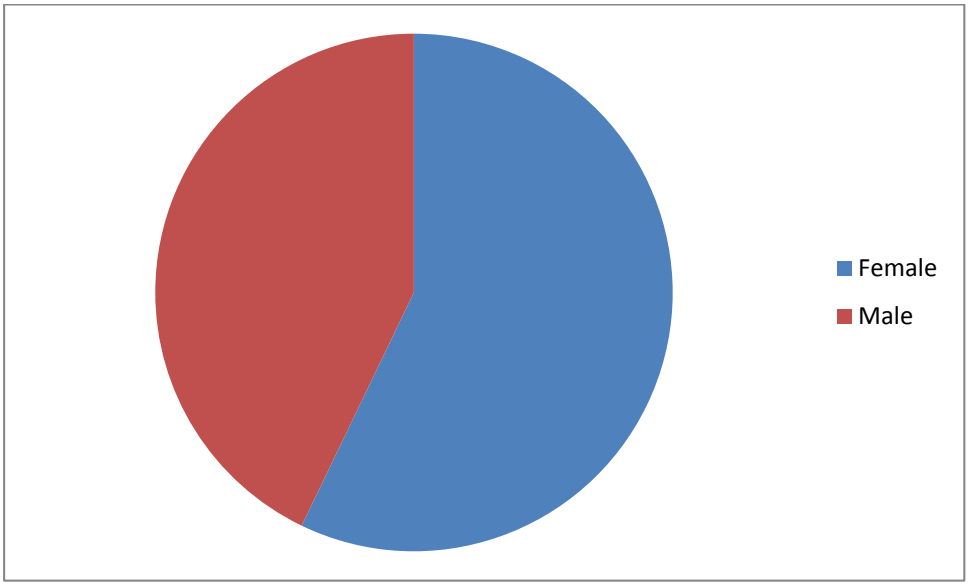
10 Years of LINC

2012-13 saw the 10th Anniversary of the LINC network - a major milestone. To celebrate this, Service issue badges were presented to the LINC Workers by the Chief Executive, Peter Bradley. Uniformed and non uniformed LINC Workers are able to wear the LINC badge, which is in recognition of the work and responsibility that a LINC Worker undertakes. The badges also serve as a constant reminder to all staff members of the support available to them. There was a 10th anniversary party / reception / awards night for LINC Workers to acknowledge and thank the LINC workers for the impact they have had on colleagues, the Trust and patient care, through this voluntary role. Senior managers were present, as were former members of staff who had played apart in the development of LINC.

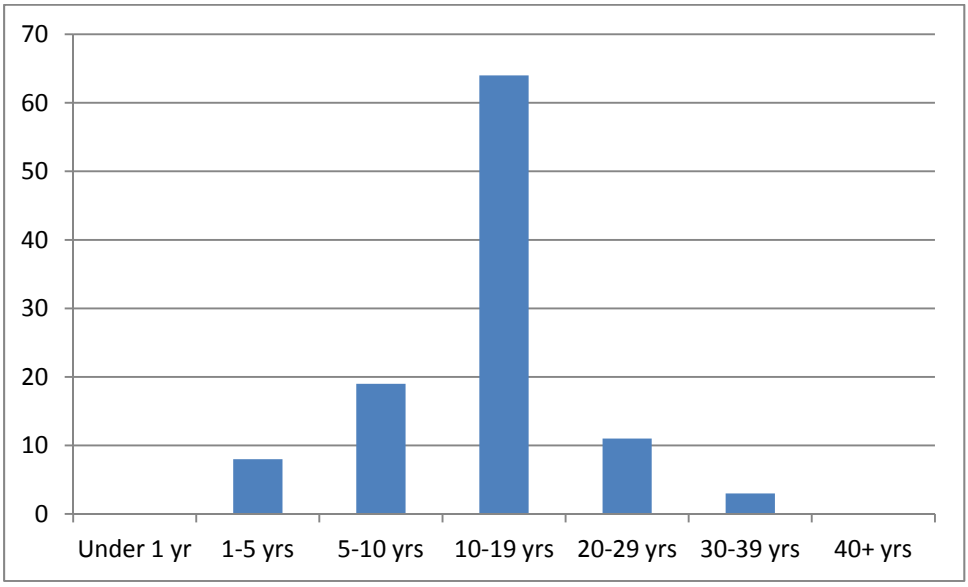
Additional LINC activity

Senior LINC Workers were present and available for staff at the London bombing inquests, the Lakanal fire inquest and will be present at the forthcoming Safeguarding Conference.

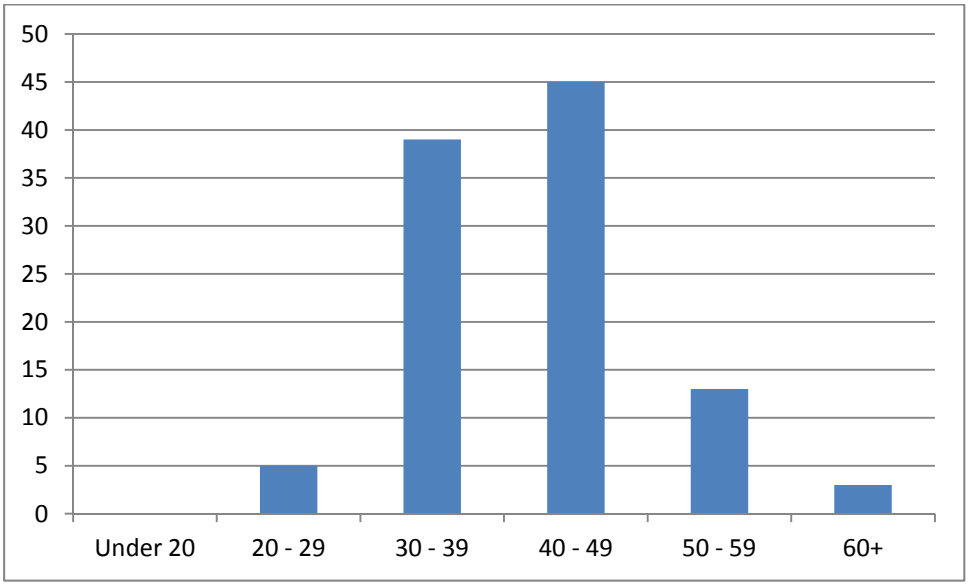
EQUALITIES PROFILE OF LINC WORKERS
BY GENDER



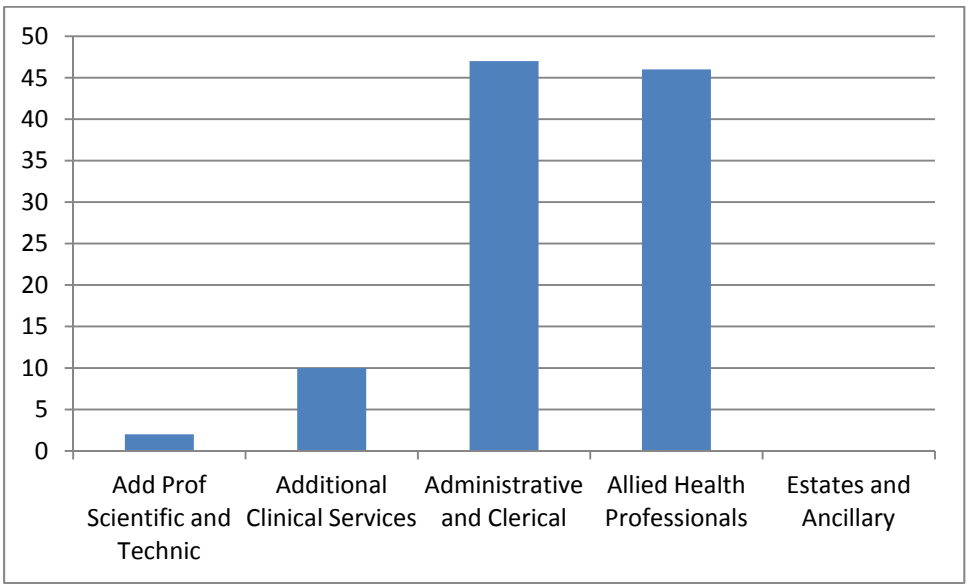
BY LENGTH OF SERVICE



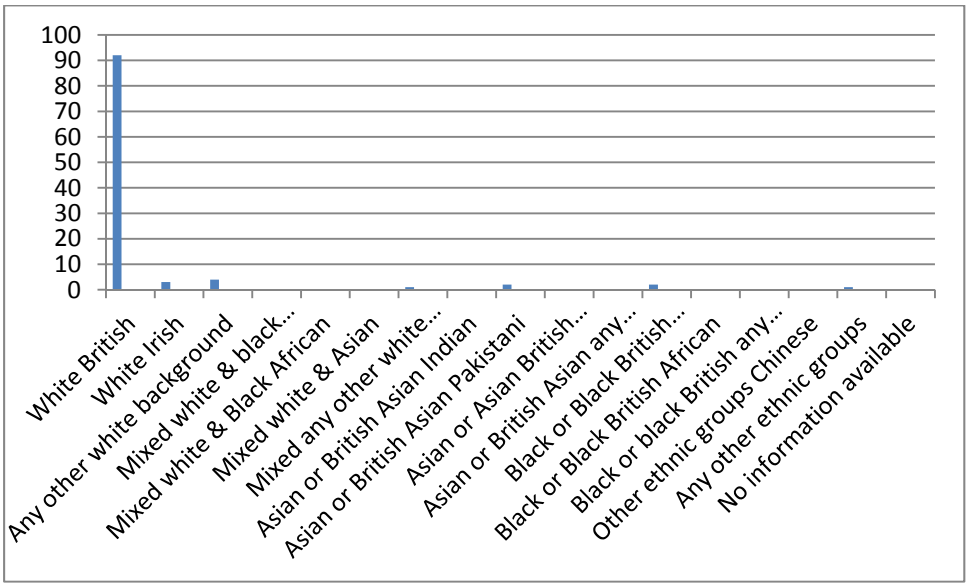
BY AGE BAND



BY JOB ROLE



BY ETHNICITY



6. LEARNING & DEVELOPMENT

6.1. LEARNING & ORGANISATION DEVELOPMENT INTIATIVES 2012-13

Participants

In 2012/13 there were 608 applicants for courses that were either facilitated or administered by the Learning and Organisation Development Team, L&OD; of these 608, 51 applicants cancelled of their own accord (8.4%). Of these 51 cancellations, 11 (1.8%) were for courses facilitated by L&OD. The remaining 44 delegates, who cancelled of their own accord (7.2%), were for courses administrated by L&OD. These cancellations were as follows:

HR Suite 12 delegates cancelled (2%) -

- Managing Attendance 11 delegates cancelled (1.8%)
- Managing Discipline & Grievance 1 delegate cancelled (0.2%)

Microsoft Based Courses 5 delegates cancelled (0.8%) –

- Excel 2007 Levels 1-3 5 delegates cancelled (0.8%)

All other courses 23 delegates cancelled (4.4%)

- Equality & Inclusion for managers and staff 7 delegates cancelled (1.2%)
- Introduction to Project Management 2 delegates cancelled (0.3%)
- Managing Process Improvement Projects 4 delegates cancelled (0.7%)

- Managing Safety & Risk for Managers 6 delegates cancelled (1%)
- Applying for Promotion 1 delegate cancelled (0.2%)
- Getting the most from your job in the service 2 delegates cancelled (0.3%)
- Motivating Your Team 1 delegate cancelled (0.2%)

In 2011/12 there were 486 applicants of whom 52 cancelled (10.6%)
In 2012/13, 12 delegates (2%) were cancelled due course cancellation.
This is a reduction of cancellations of 10.4%. No L&OD facilitated courses were cancelled.
In response to course and participant cancellations, key stakeholders were sent regular attendance and cancellation information. L&OD records identified all cancellations and the associated rationale and actions.

Dimension	**2012-2013**	**2012-2013 %**	**2011-2012**	**2011-2012 actual numbers**
Classes Offered	**148**	**100%**	**90**	**90**
Classes cancelled	**28 (only 9 of which were L&OD courses)**	**18.9 % (of which 6.1% were L&D courses)**	**21 (only 3 of which were L&OD courses)**	**21 (only 3 of which were L&OD courses)**
No. who applied for training	**608**	**100%**	**486**	**486**
Attendance	**339**	**100%**	**69.7% As a % of applied**	**339**
Women attending	**276**	**50.6%**	**43.3% plus pending ELSA numbers**	**147 plus pending ELSA numbers**
Known BME attending	**87**	**16%**	**14.15% plus pending ELSA diversity stats – but headcount already correct)**	**48 plus pending ELSA diversity stats – but headcount already correct)**

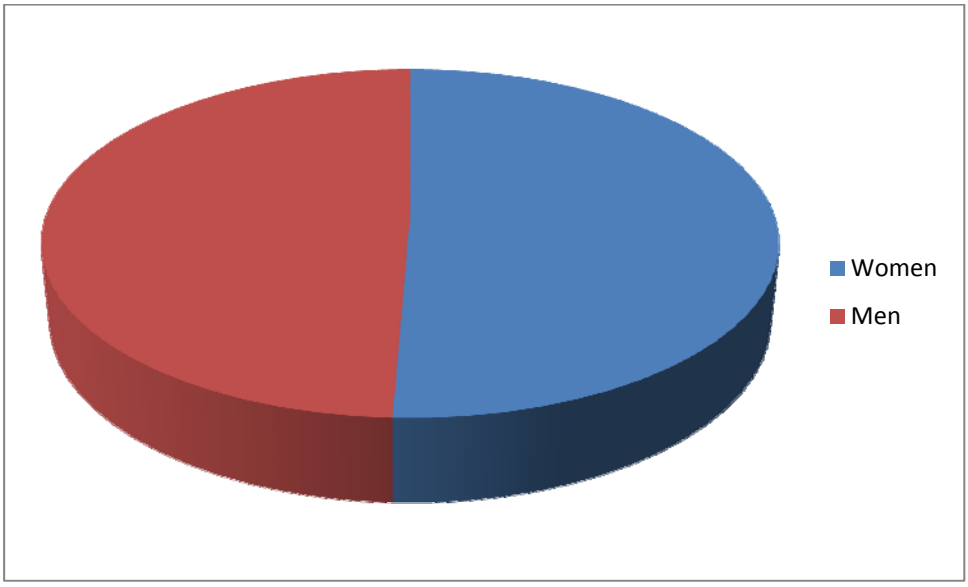
Known Bands1-4 (JIF)*	**0**	**0**	**12.97% plus pending ELSA diversity stats – but headcount already correct)**	**44(excluding JIF bids etc) plus pending ELSA diversity stats – but headcount already correct)**
Known Disability*	**0**	**0**	**1.13%of applicants 1.47% of attendees**	**5**

**Known bands 1-4 – this information is not available for 2012/13 due to a change in the IT system. This information will be available again for the 2013/14 Equality Report*

**Known Disability – this information is not available for 2012/13 due to a change in the IT system. This information will be available again for the 2013/14 Equality Report*

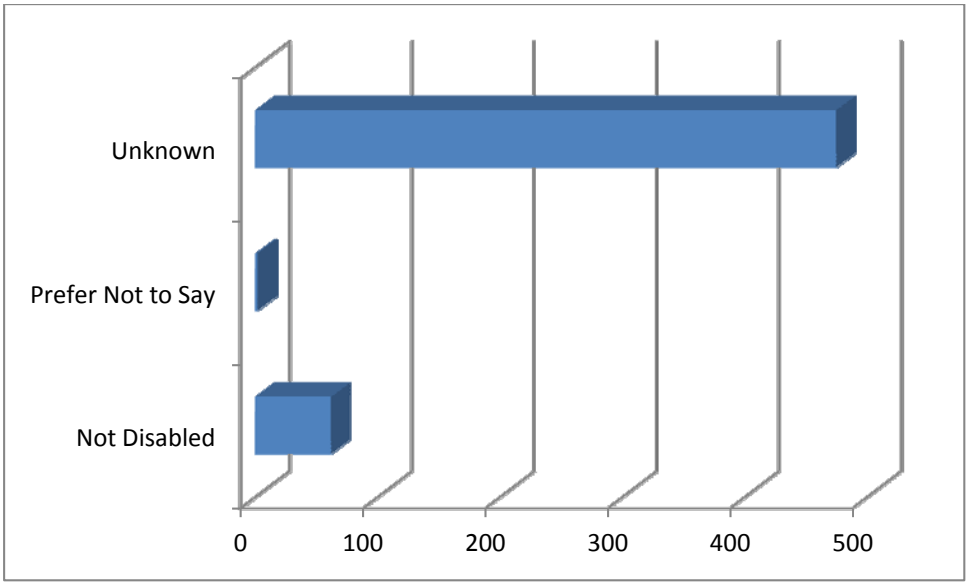
Delegates who attended courses

The total number of delegates attending Learning & Organisational Development courses in 2012-13 reached 545. Of these 276 were female delegates, while 269 were male.

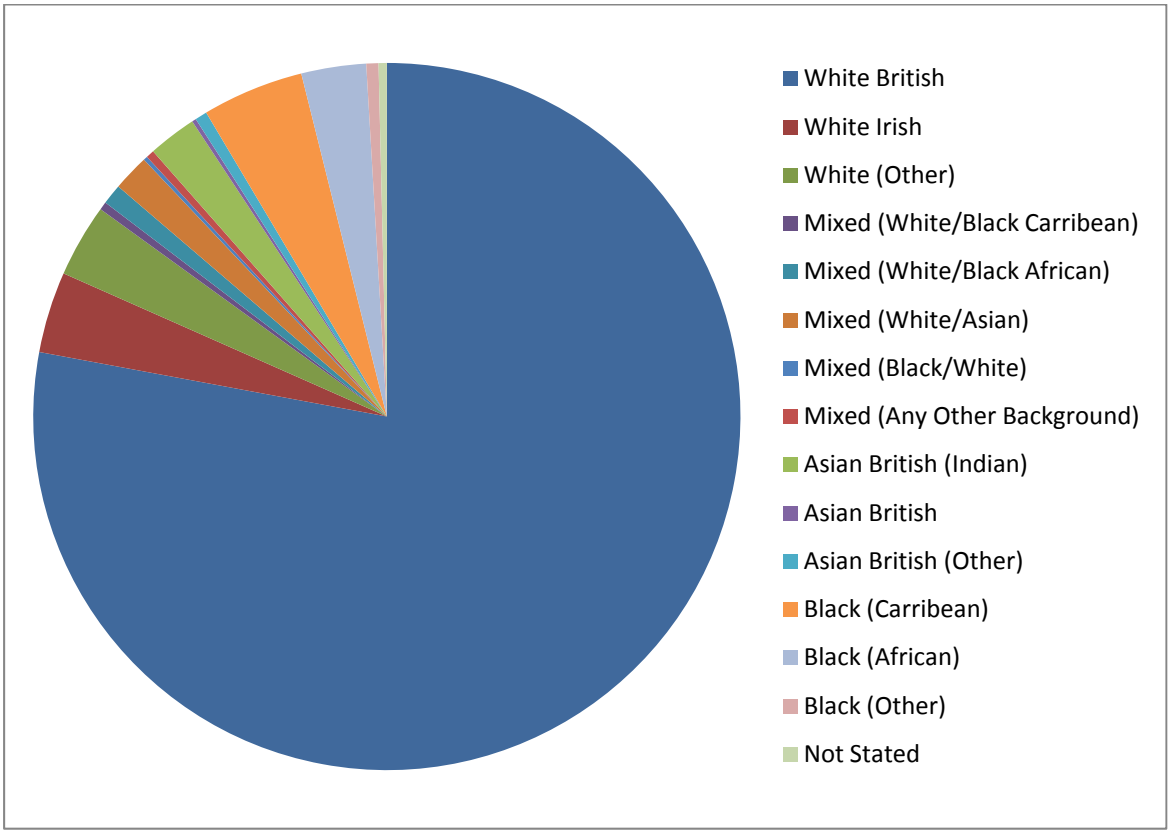


Of all the course delegates who attended, 2 people preferred not to say and 62 delegates reported to be not disabled.

The information for 475 delegates was unknown due to the new IT system currently being used. This information will be available for the 2013/14 Equality Report.



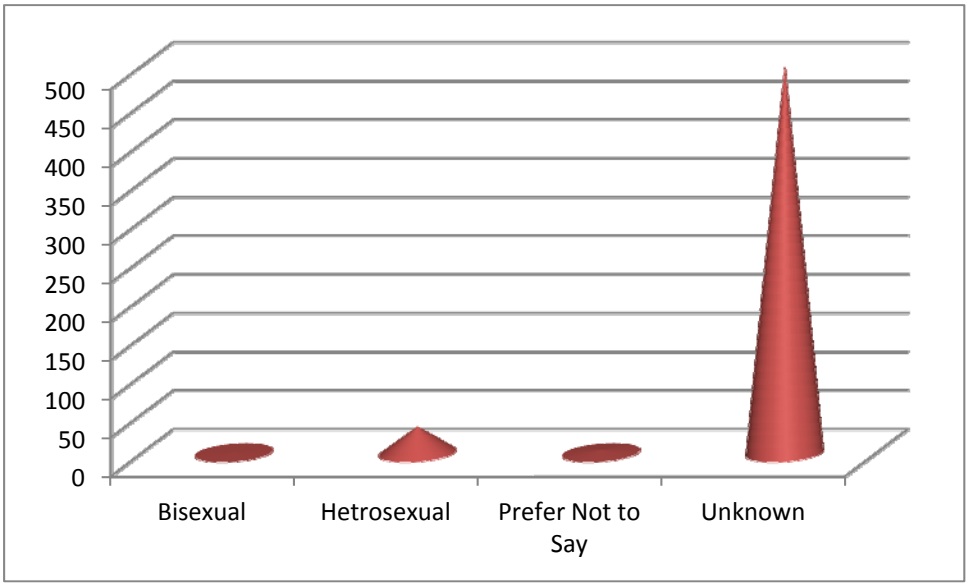
The chart below shows the BME breakdown of course delegates in 2012-13.



Of all the course delegates who attended learning & organisation development courses in the financial year of 2012-13, 420 were White British, 20 were White Irish, and 18 delegates were White (Other). 2 delegates identified themselves as being Mixed White and Black Caribbean, 5 delegates stated they were Mixed White and Black African, 9 delegates identified themselves as being mixed ethnicity White and Asian, 1 delegate Mixed Black and White and 2 delegates identified themselves as being Mixed from another background.

The pie chart above shows that 16 delegates were Asian British, Asian British Indian or Asian British (Other). 25 delegates identified themselves as Black Caribbean, 16 delegates Black African, and 2 delegates as Black (Other). Two delegates preferred not to identify themselves as being within an ethnic group.

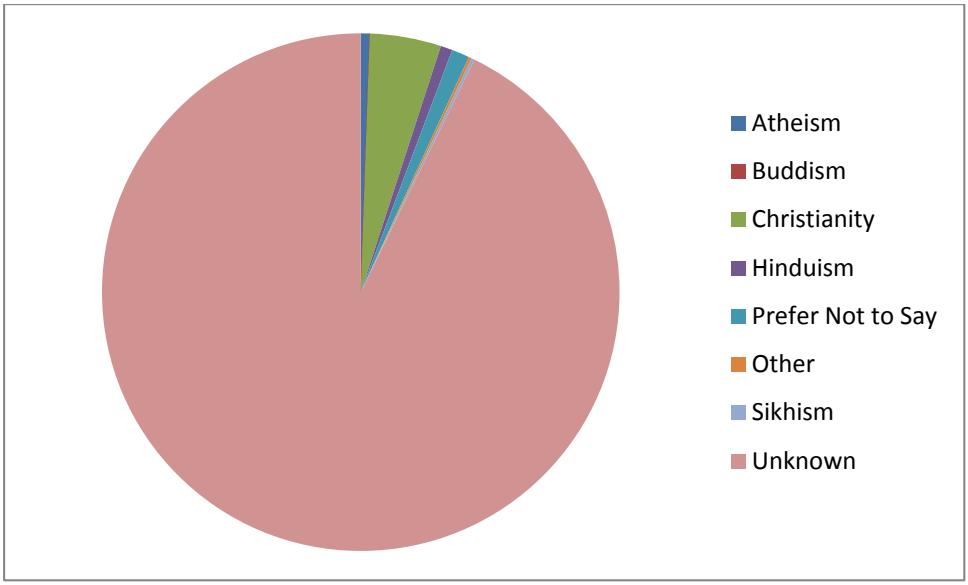
The chart below shows details of delegate attendance breakdown by sexual orientation.



Of the delegates who attended learning & organisation development courses during the financial year of 2012-13, 1 delegate identified themselves as being bisexual, 34 delegates identified themselves as being heterosexual and 4 delegates preferred not to say.

The information for 500 delegates was unknown due to the new IT system currently being used. This information will be available for the 2013/14 Equality Report.

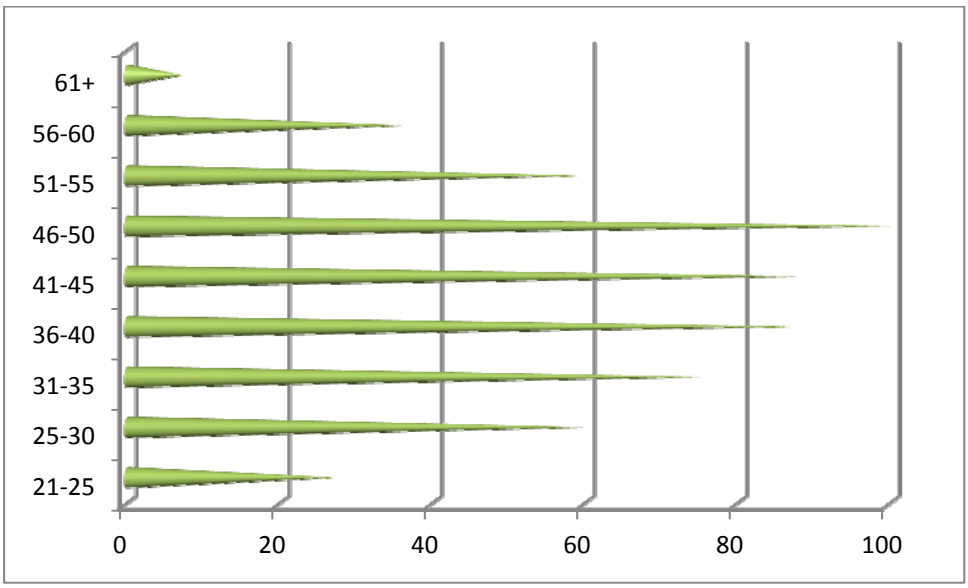
The chart below shows the breakdown by religion and belief of participants attending courses.



Of all the delegates who attended learning & organisation development courses during the financial year of 2012-13, 3 delegates identified themselves as Atheist, 24 delegates were Christians, 4 delegates were Hindu and 1 delegate identified themselves as being Sikh. 1 delegate followed another religion and 4 delegates preferred not to state their religious beliefs.

The information for 500 delegates was unknown due to the new IT system currently being used. This information will be available for the 2013/14 Equality Report.

The chart below shows the breakdown of participants by age.



During the financial year of 2012-13 the majority of delegates attending Learning & Organisation Development courses were those delegates aged between 46 and 50

(total of 100 delegates). There were also a large number of delegates aged between 41 and 45 (88 delegates), and 36 to 40 (87 delegates).
27 delegates attending Learning & Organisational Development courses were aged between 21 and 25, 60 delegates were aged between 26 and 30 and 75 delegates were aged between 31 and 35. 59 delegates were aged between 51 and 55, 36 delegates were aged between 56 and 60 and 7 delegates were aged between 61 and 65.

The compilation of these statistics has been dependent on the availability of information provided by our new IT system OLM. Unknown and missing information will be rectified for the 2013-14 Equality Report.

EQUALITY & INCLUSION E-LEARNING PACKAGE

In July 2012 an updated e-learning package, reflecting changes in legislation and NHS guidelines was launched.

The E-Learning Unit (ELU) manage LAS LIVE (Learning in a Virtual Environment) the trust's E-Learning platform, which was launched in 2009 and now has over 4500 registered users who access the system 24 hours a day 7 days a week. As the Trust had an already mature e-learning platform, it was decided that it would be faster and better suited to develop our own bespoke 'local' content with scenarios aimed at challenges that paramedics face. The Trust commissioned the development of two new e-learning packages increasing the range and the depth of previous training on offer.

The table below details the number of staff who have completed the Equalities and Inclusion e-learning in 2012-13

Level 1: 232 staff have completed 193 hours of learning *
Level 2: 164 staff have completed 164 hours of learning **

Total number of learning hours = 357 hrs

* Level 1 approximately 50 minutes
** Level 2 approximately 60 minutes

Reporting Equality and Inclusion statistics across all e-learning

In 2012/13 the Trust began implementing Oracle Learning Management (OLM) in Learning & Development (L&OD) and Clinical Education departments, leading to better record keeping of training and improvements in the quality of reporting.

The focus for the E-Learning Unit moving forward through 2013/14 is to utilise the e-learning functionality (National Learning Management System , NLMS) within OLM, and to fully embed a culture of e-learning within the Trust and ensure that staff are engaged in e-learning,as well as increasing the uptake of e-learning courses delivered through NLMS. The NLMS project is the e-learning arm of OLM and will

allow the delivery of e-learning through ESR, thereby improving the quality of equalities monitoring information, statistics on gender, age, ethnicity etc.

The functionality is fully integrated into the ESR solution and enables the additional benefits of:

* Delivery of national e-learning content to all employees with a staff record on ESR, free of charge;
* Delivery of locally developed e-learning courses;
* Training teams to manage e-learning course delivery in addition to traditional face to face training, through one single point of access, providing a fully blended approach to learning;
* Remote access for employees to national and local e-learning courses, creating a flexible way of learning to suit individual learners;
* Tracking of users' progress through each course and the ability to record results of tests and other data in ESR against the portable employee record;
* A consistent approach and delivery mechanism for local and national eLearning content across the NHS.

Based on case studies and visits to neighbouring trust, it is envisaged that additional administration support would be required to fully maintain the NLMS once implemented.

Joint Initiative Framework (JIF)*

This initiative is funded jointly by the Learning Skills Council and the Department of Health. It is designed to allow Trusts to fund activities which promote greater access to learning for staff occupying bands1-4 within AFC pay scales.
Funding was received via NHS London who in turn required the Trust to return a detailed Band 1-4 "Strategic Workforce Planning Template" outlining its intended use of funds; and thereafter a bi-annual spreadsheet return breaking down this fund usage by activity type, job type and band and spend.

As in 2010-11, departments and teams were invited to bid for JIF funding, identifying the proposed activities, who they were for and the amount of funding required. However, levels of engagement were very mixed requiring L&OD to put considerable effort into promotion of JIF. This effort saw encouraging (but far from universal) take-up by departments and staff of both short 1 day courses specifically designed for and targeted at bands 1-4 more formal qualifications. Examples of Supported JIF funding activities in 2011-12 included:

- An NVQ in Customer Service (level 2) for PTS Staff A "Mini Award" in Emergency Call Centre Operations for EOC staff
- The Open University Y178 "Understanding Health Science" module" for A&E support staff
- An "Effective verbal Communications" course open to all bands 1-4 staff
- A variety of MS Office courses open to all bands 1-4 staff

In all some 294 staff in bands 1-4 have been able to access personal development opportunities via the L&OD team JIF work in 2011-12.

Business Partnering

a) Mentoring and Coaching
Driven by request or referral coming direct to the team, L&OD provided a total of 82.15 hours support to managers and staff from all areas through coaching, mentoring and facilitation.

b) Team Development In addition to coaching and mentoring, L&OD provided 73.45 hours of team development activity within departments.

Future Actions
Some key actions identified for the future include:

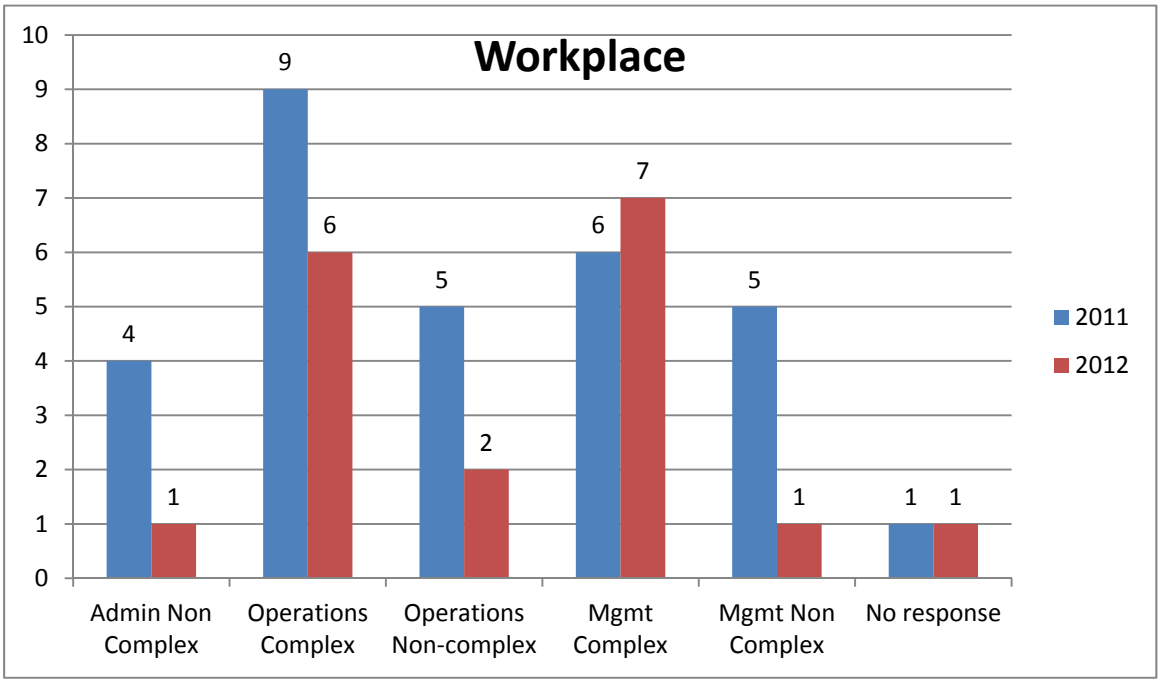
- Play a lead role in the L&OD National Forum and Health and wellbeing programme
- Continue to reduce the number of participant cancellations
- Confirm that the 2013/14 L&OD training plan fits in with the Equality & Inclusion Strategy
- Continue to work with Education and Development to support the A&E support staff.
- Sustain the focus on cost-effectiveness in all areas of L&OD work – with particular reference to usage venues and third part providers and the longer term benefits accruing from OLM
- Ensure all activities and outcomes are aligned, and give support to the needs of the Service at individual, team and corporate level, in particular by promoting the business partner model to optimise focus in any activity.
- Act as an advocate of, and conduit for, key corporate messages and expectations – notably in the “people skills” arena
- Offer feedback and “intelligence” gained from development interventions to other Service change agents – notably HR colleagues and SIP team and the wider NHS services.

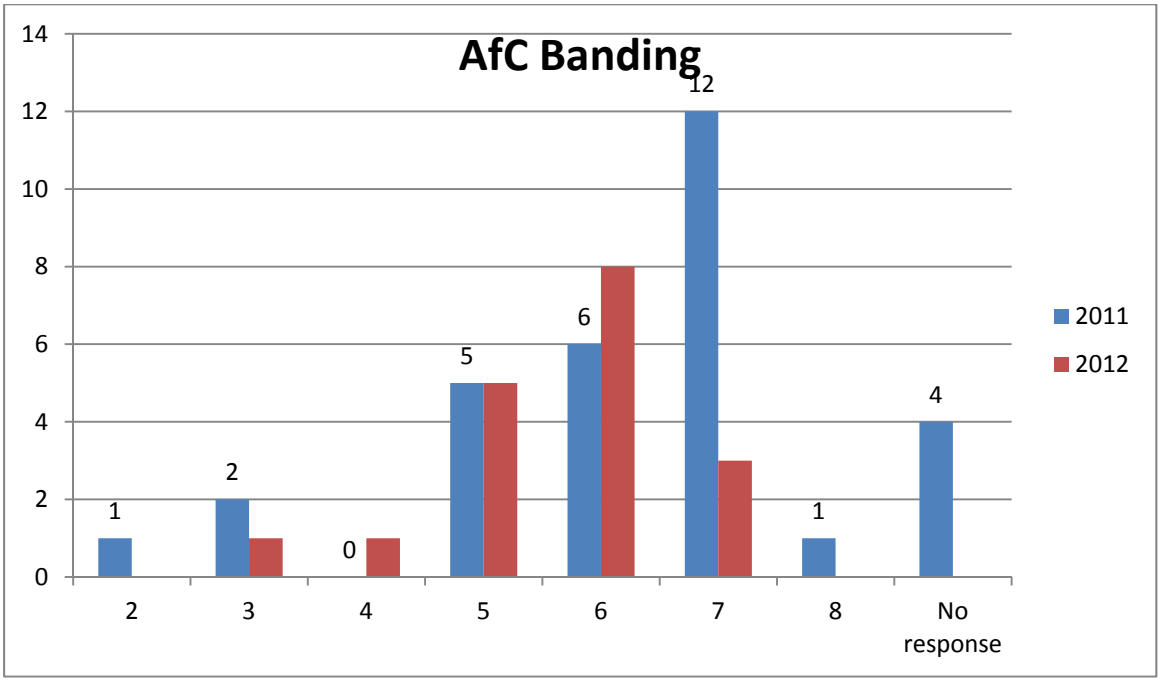
TALENT MANAGEMENT

Data was collected from Equal Opportunities monitoring forms for Talent Management Programme applications in December 2012 and compared to data gathered for second cohort in 2011.
18 applications were received (compared to 30 received in 2011). Three pre-application surgeries were conducted in autumn 2012

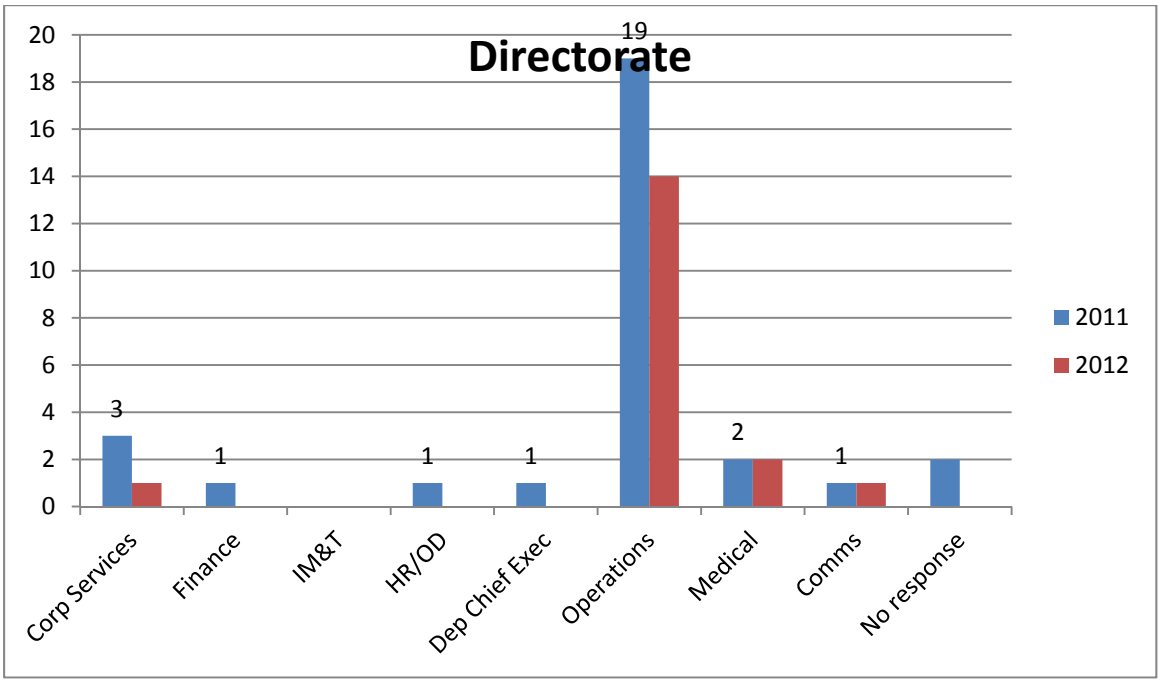
- All 18 respondents reported themselves as Full Time staff (in 2011, 28 x Full Time and 2 x no response).

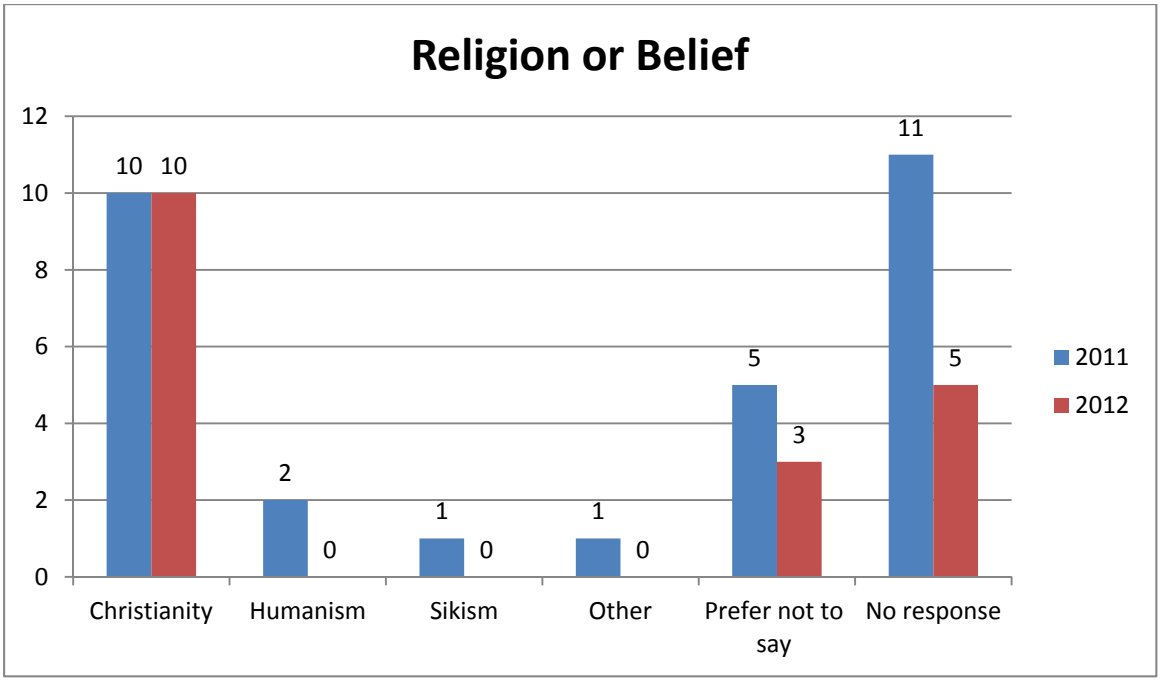
- All 18 respondents reported themselves as having no disability, (in 2011, 24 x No Disability, 1 x Prefer Not to Say and 5 x no response).
- Two applicants report themselves as having dyslexia.

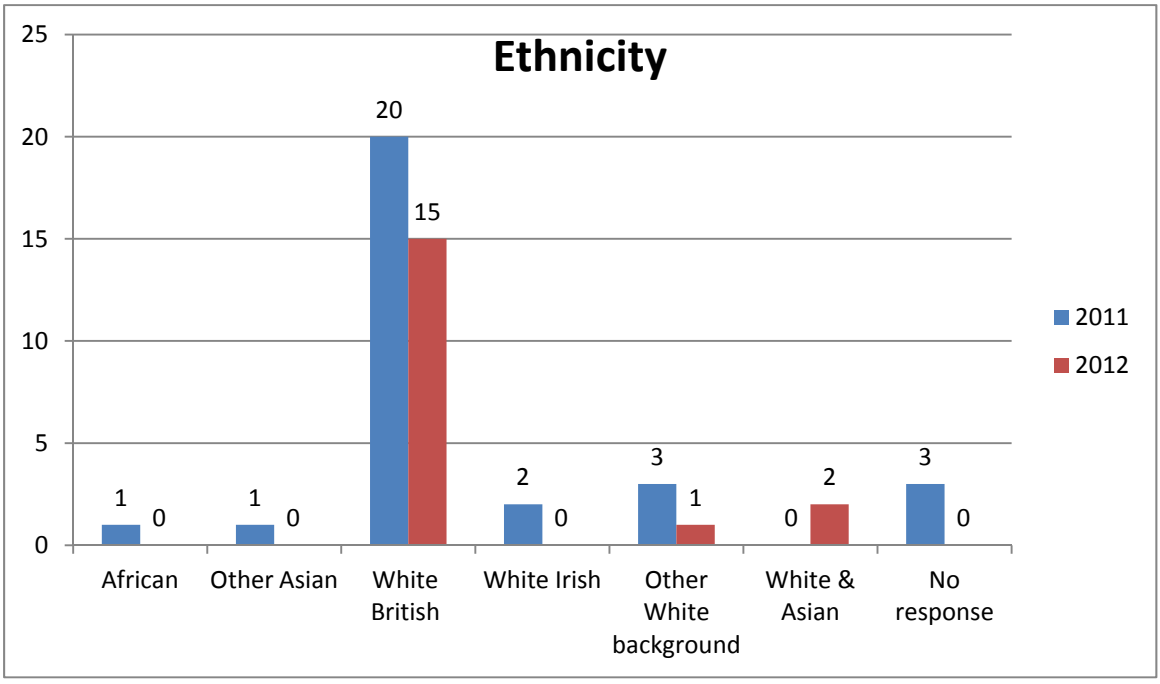




NB: Significantly fewer Band 7 applications received in 2012.

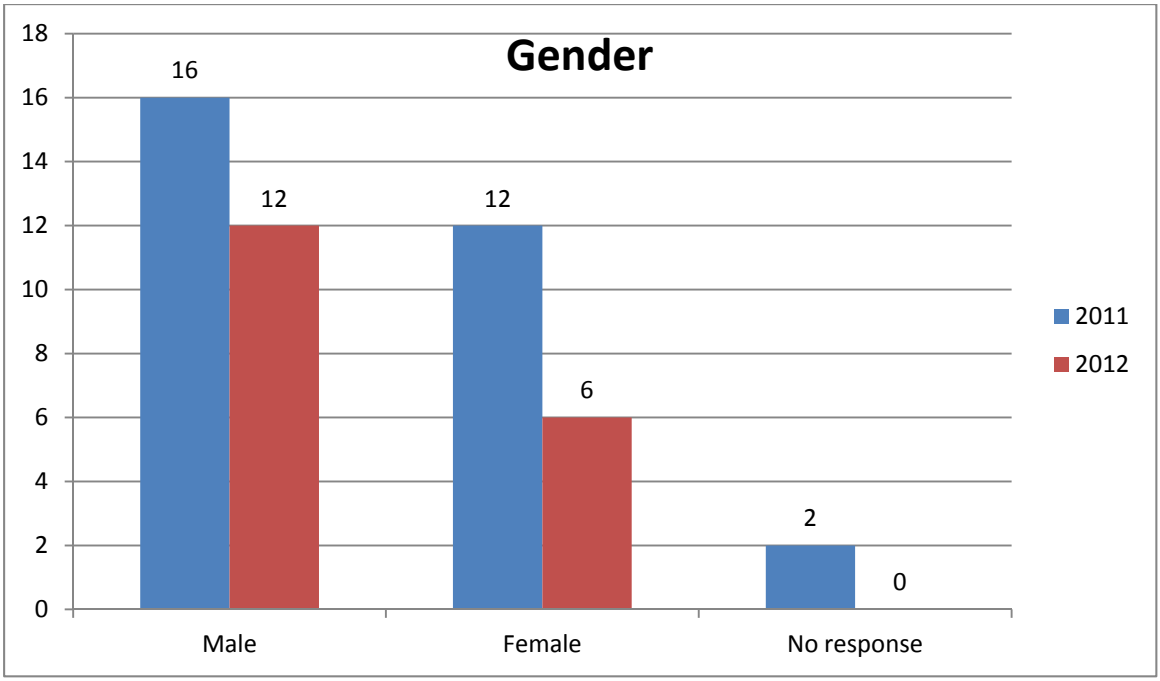


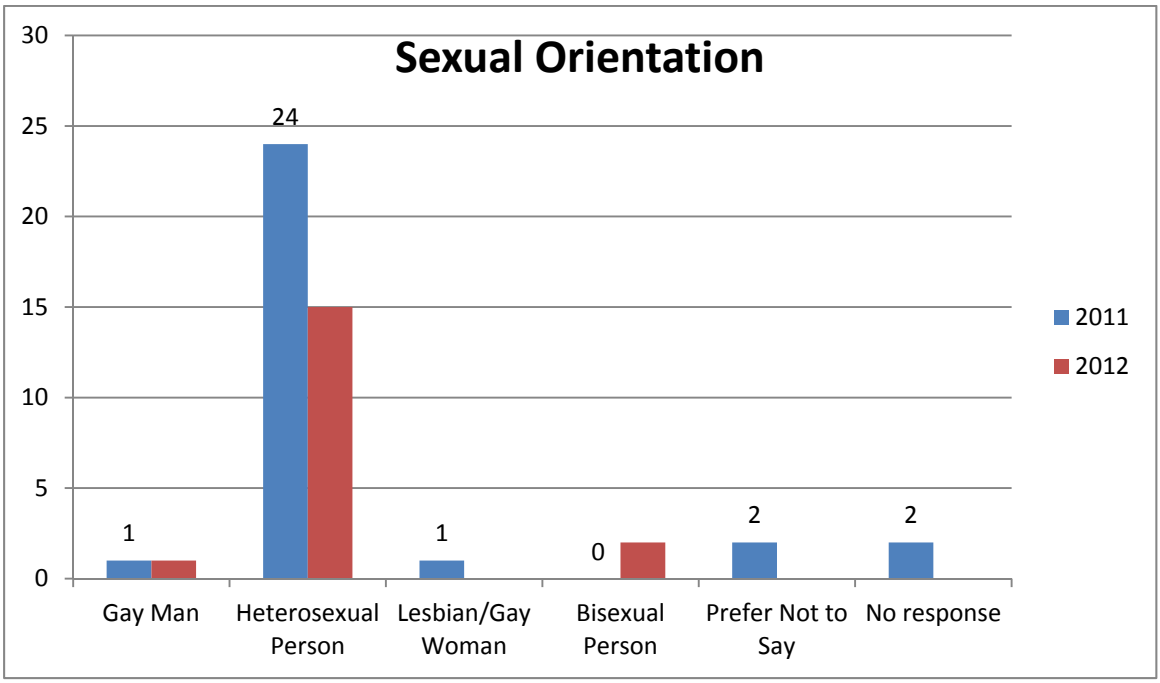


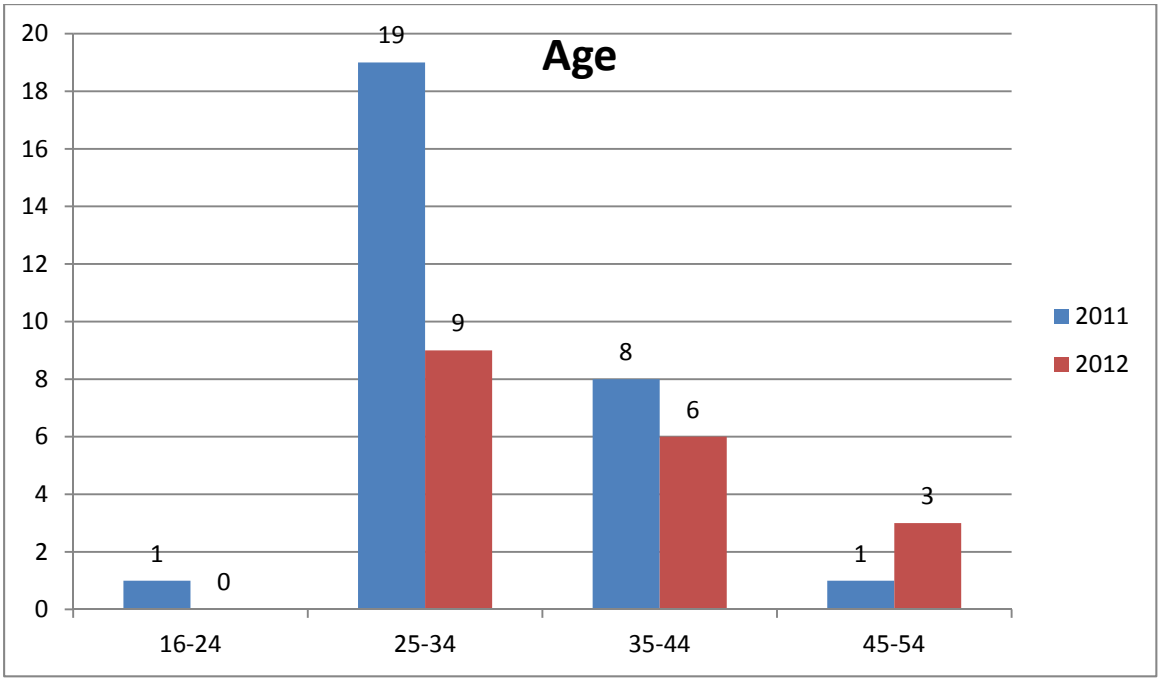


NB: There was a nil response for all other ethnic groups

In an attempt, in line with the Trust's Positive Action Strategy, to increase the representativeness of staff taking part in the Talent Management Programme, some pre-application surgeries, co-facilitated with colleagues from key protected characteristic groups, were held in this last year. More work will need to be undertaken to encourage staff from protected characteristic groups to apply in future and the involvement of the Trust's Staff Diversity Forums will be key in this process.


Gender
18
16
14
12
10
8
6
4
2
0
16
12
12
6
2
0
Male
Female
No response
2011
2012


Sexual Orientation
30
25
20
15
10
5
0
1
24
1
0
2
2
Gay Man
Heterosexual Person
Lesbian/Gay Woman
Bisexual Person
Prefer Not to Say
No response
2011
2012



6.2. TRAINING ORGANISED BY EDUCATION & DEVELOPMENT

The Department of Education and Development (Department) is the primary provider of clinical education and training within the LAS. It delivers its core services from six Education Centres throughout the London area, either directly or in conjunction with its three Higher Education partners. The Department also provides a range of clinical training services at station complex level, thereby enabling local access and support for staff that is aligned to individual working patterns wherever possible.

As an accredited provider of national ambulance training, the Trust has a duty to comply with the standards of its awarding body, the Institute of Healthcare and Development Ltd (IHCD), along with the requirements of the Health and Care Professions Council (HCPC) as the regulatory body. Both organisations require member services to meet a wide range of standards, which include various measures associated with equality and diversity and the support of students.

The Department ensures that all of its programmes are developed on student centred learning concepts, which are then firmly embedded in all clinical education and training practices delivered throughout the Trust. LAS clinical training programmes are designed specifically for the various staff grades/roles as required by the organisation. They contain the necessary skills and competencies set by the IHCD/HCPC as a minimum, with additional and/or LAS specific skills authorised and approved by the LAS Clinical Steering Group and Training Strategy Group. The content of our clinical training programmes also reflect the NHS Knowledge & Skills Framework, which includes Equality and Diversity as one of the six core dimensions.

As part of the annual appraisal process, all clinical staff participate in two Operational Workplace Reviews (OWR) with their Team Leader, as well as a Personal Development Review (PDR) with their line manager. These provide the opportunity

for each individual to demonstrate how they apply their knowledge and skills in the respective work area in order to fulfil their role. Where evidence demonstrates gaps between the level for the role and the level achieved, the remedial actions are reflected in a Personal Development Plan for ongoing monitoring and review.

The LAS utilises the outcomes from the PDR process, along with all statutory and mandatory training requirements etc, to inform the annual Training Needs Analysis. This is then reflected in the Clinical Training Plan which outlines all clinical training and development opportunities within the Trust. This is publicised to staff via 'the pulse' intranet site and forms the basis of all subsequent planning and provision.

Uptake of Clinical Training Activities (2012-13)

Course Name	Length of Training	Staff Group	Training Type	Number of places offered	Number of Students attending	Number of students passed	Number of DNA's	Number of Students failed	% Uptake
A&E Support	40 Days	A&E Support	Clinical/Technical	0	0	0	0	0	0%
A&E Support Pilot	4 Days	A&E Support	Pilot	30	31	31	0	0	103%
Student Paramedic	120 Days	Student Paramedic	Pre Registration	0	0	0	0	0	0%
Module J - Clinical Decision Making	1 Day	Student Para / APL Para	Pre Registration	2	2	2	0	0	100%
Module J - Sociology	1 Day	Student Para / APL Para	Pre Registration	18	18	18	3	0	100%
Module J - Health Promotion	1 Day	Student Para / APL Para	Pre Registration	52	63	63	2	0	121%
Module J - Law & Ethics	1 Day	Student Para / APL Para	Pre Registration	61	56	56	2	0	92%
Module J - Clinical Audit	1 Day	Student Para / APL Para	Pre Registration	32	34	34	1	0	106%
Module J - Psychology	1 Day	Student Para / APL Para	Pre Registration	123	121	121	1	1	98%
Paramedic (APL)	60 Days	EMT 3/4	Qualifiers	84	82	74	0	7	88%
Practice Placement Educator - Module 1	1 Day	EMT 3/4, Paramedics, University	Post Registration	236	145	145	0	0	61%
Practice Placement Educator - Module 1 & 2	2 Days	EMT 3/4, Paramedics	Post Registration	47	45	45	0	0	96%
Practice Placement Educator - Module 2	1 Day	EMT 3/4, Paramedics	Post Registration	124	85	85	0	0	69%
Practice Placement Educator - Module 3	1 Day	EMT 3/4, Paramedics	Post Registration	100	48	48	0	0	48%
Team Leader	10 Days	Paramedics	Post Registration	0	0	0	0	0	0%
Instructional Methods	15 Days	WBT Level 1	Post Registration	0	0	0	0	0	0%
Instructor Qualifying	10 Days	Paramedics	Post Registration	5	3	3	0	0	60%
Core Skills Refresher 1.11	1 Day	EMT 3/4, Paramedics /Operational Managers	Core Training	73	34	34	0	0	47%

Core Skills Refresher 1.12	1 Day	EMT 3/4, Paramedics /Operational Managers	Core Training	1423	467	467	27	0	33%
Core Skills Refresher 2a.11	1 Day	EMT 3/4, Paramedics	Core Training	71	30	30	1	0	42%
Core Skills Refresher 2b.12	1 Day	EMT 3/4, Paramedics	Core Training	1285	530	528	0	2	41%
Core Skills Refresher 3a.12	1 Day	EMT 3/4, Paramedics	Core Training	398	0	0	0	0	0%
Training Officers Development Programme	7 Days	Training Officer / Clinical Tutor	CPD	0	0	0	0	0	0%
Clinical Update for Clinical Leads		Team Leaders	CPD	0	0	0	0	0	0%
EMT 4 - Patient Assessment	1 Day	EMT 4	CPD	0	0	0	0	0	0%
One Day Clinical Update Day (Training Officers)	1 Day	Training Officer / Clinical Tutor	CPD	0	0	0	0	0	0%
Olympics - Train the Trainers	10 Days	Training Officer	Project	0	0	0	0	0	0%
Olympics - Clinical Staff	4 Days	EMT 3/4, Paramedics	Project	90	42	42	1	3	47%
Olympics - Officers	3 Days	Team Leaders/DSO's	Project	0	0	0	0	0	0%
D1 & D2 Driving Course	15 Days / 10 Days	PTS / VRG / Internship	Driving	104	78	74	0	4	71%
Blue Light Register Assessments	1 Day	All Grades	Driving	0	0	0	0	0	0%
Flu Vaccinator Training	0.5 Day	All Grades	Project	0	0	0	0	0	0%
LU Track-Side Safety	1 Day	All Grades		197	171	171	5	0	87%

Training Materials

The format of all LAS training material is designed to be clear and specific. Each student is provided with a personal copy of the respective training programme, which includes a comprehensive set of Learner Outcome Plans that detail each individual area of learning. This is designed to be retained by the student, and allows for subsequent note taking etc. for personal record purposes. The Department also produces any such material in coloured paper format etc., in accordance with the individual needs of students.

All competencies are then mirrored within an Achievement Record booklet. These are subsequently 'signed off' as the course progresses and individual competencies are achieved. Recognition of achievement is specifically designed to operate on a partnership basis between the student and tutor. The booklet also allows for easy monitoring of student progress, as well as for final checking that all learning areas have been addressed.

The Department also provides individual 'Reflective Record' booklets that allow each student to reflect on their learning at the close of each day, and to seek assistance for any area causing concern. Entries are also monitored by the respective Course

Tutor on a daily basis to ensure that any previously unidentified problems are highlighted and subsequently addressed. This is in addition to the student tutorial process, which is conducted in accordance with the schedules outlined in the course programme.

Additional Student Support

In June 2010, the Department facilitated two Tutors attending courses run by the British Dyslexia Association (BDA). The aim of this initiative was to enhance and develop more expertise of specific learning needs within the Department. Both Tutors attended two BDA modules, i.e. Understanding Dyslexia & Screening for Dyslexia Workshops.

As a consequence, the LAS purchased the Lucid Adult Dyslexia Screening (LADS) software and agreed to a trial of screening students who demonstrated potential learning needs. This trial has since grown into an established practice within the Department, and all students who are repeatedly unsuccessful in exams are screened for dyslexia to ensure that they are all receiving the appropriate support.

Summary of Support Given to Student Paramedics with Specific Learning Needs (2012-13)

Screening Undertaken	
No of students with previous diagnosis of Dyslexia / Special Learning Needs	6
British Dyslexia Association Adult Checklist completed	7
LADS+ screening tool completed	13
LADS+ Low probability identified	6
LADS+ Moderate probability identified	3
LADS+ High probability identified	4
Support Given in Training Centre	
Study / Revision advice given	15
Extra times in Exams	11
Reader provided in exams	0
Scribe provided in exams	0
Handouts given prior to any theory	7

session	
Exams and handouts printed on coloured paper	4
Referral to Educational Psychologist	6

One student who completed the screening received a 'Borderline' assessment. This arose as a result of the software being able to interpret the data to indicate a probability of dyslexia. As the student in question did not use English as his first language, he was supported throughout his studies with this factor in mind rather than dyslexia.

In addition, two students were not screened as they had already been statemented for dyslexia, and were therefore provided with support measures from the outset.

It should also be noted that more LAS staff have been accessing the programme on a more 'informal' basis, due to simply being curious of whether they display any dyslexia traits. As no tangible support was given to these staff members, they have not been included in the statistics detailed above.

Future Plans

In recognition of current difficulties associated with the capture of Equalities monitoring information, work is progressing with the introduction of the Oracle Learning Management (OLM) system within the Department. This represents a significant Trust development, with wide-ranging benefits - establishing a centralised learning management provision which is integrated within the Electronic Staff Record (ESR).

The department's aim is to utilise the reporting mechanisms within OLM to produce a detailed analysis of staff attendance on Education & Development programmes, which reflects the nine protected characteristics. Although this project has been delayed by technical issues during 2012, the department plans to further integrate OLM within the department over the coming months and achieve full Equality reporting by late 2013.

7. ACTIVITIES OF THE LONDON AMBULANCE SERVICE

7.1.PATIENT & PUBLIC INVOLVEMENT (PPI) AND PUBLIC EDUCATION

The PPI and Public Education Department organised or took part in over 1000 PPI and Public Education activities during the year 2012-13.

Patient & Public Involvement

- The PPI Committee continued to meet quarterly and to report to the Learning from Experience Group.
- Information and updates about the Trust's PPI and public education work have also been presented to the Quality Committee, Trust Board, Finance team and to

the Patients' Forum.

❖ Key patient involvement activities this year have included:

- A new PPI Action Plan (for the period to 2015) was produced and agreed by PPI Committee. The plan sets out the PPI priorities and key developments over the next three years.

- Community Events (health fairs) were held in April and November, in Islington and Southgate. These were extremely successful, with a number of staff volunteering to help at the events, and both events were well attended by the public. Partner agencies had stands at the events, and a range of activities took place, including mass-CPR demonstrations. The Mayors of both boroughs attended and spoke very positively about the Service.

  These events are an opportunity for the Trust to lead a health fair, involving other community partners in a local area, to raise the profile of the Service and engage with local people.

- The PPI team led on a CQUIN project to obtain patient experience data from patients who were not conveyed to hospital by ambulance. The project also included asking staff about their experiences of leaving patients at home, and the factors affecting their decisions to convey patients to hospital or leave them at home. Surveys were devised for staff and patients, both for situations where patients were assessed over the telephone and no ambulance was sent, and where a face-to-face assessment took place but the patient was not conveyed to hospital. The final report was submitted to the Clinical Quality Group in February 2013.

  Although patient satisfaction levels are generally high, the project found that patients who were given telephone advice were less satisfied with the Service than those who received an ambulance response. Staff responding to the survey provided rich information about the factors that affect their decisions not to take patients to hospital. A number of recommendations have been made, including increasing the amount of training and support provided to staff, and developing new key messages for patients about what they can expect when they call 999.

- The Trust has been involved in discussions about the development of a national patient survey which would allow some benchmarking across ambulance services to take place. Activities in the year 2012-13 have included holding meetings with the PPI leads in other ambulance services, with Picker Europe (who have been commissioned to carry out the survey) and with the Care Quality Commission (who have commissioned it). A data sampling pilot has also been undertaken, and plans are underway to host focus groups to help design the survey, which will be carried out during 2013-14. The survey will focus on "hear and treat" patients.

- In March a focus group event was held jointly with Stonewall, to find out about the views and experiences of lesbian, gay and bisexual patients.

- Meetings were held to discuss the possibility of using new (additional) methods of obtaining patient feedback via SMS (text) messaging and the LAS website. It was agreed that, rather than simply eliciting patient satisfaction or other general views, use of these methods should be focused on specific groups or projects. This work will be further developed in the coming year.

Public Education

- ❖ The Trust has an annual Public Education Action Plan, which identifies key messages and audiences for its public education activities.

- ❖ Over 700 members of staff have registered their interest in taking part or organising public education activities on behalf of the Service, mostly in their own time. The number of hours each of them spends on this work is recorded by the PPI and Public Education Co-ordinators, and staff receive certificates at the end of the year.

- ❖ The Public Education Staff Development Programme took place in the last week of October, with 11 delegates. The course covered topics such as the policies and support available for staff taking part in public education, communication and key messages, how to answer difficult questions, understanding diversity, presentation skills and lesson planning. Feedback from the course was excellent, and the next programme is planned for autumn 2013. The aim of the course is to provide participants with opportunities to improve their skills and knowledge, in order to make the most of their involvement in public education activities.

- ❖ The Trust continues to focus much of its public education on activities involving young people, e.g. knife crime awareness and road safety. Two Public Education Officers within the team spend the majority of their time on these two topics, and receive extremely good feedback both from participants and organisers. During this year one teacher wrote a letter of thanks, saying that a pupil who was involved in a gang had recently talked the other members out of carrying out an attack on another young person, as a result of hearing the LAS session on knife crime.

- ❖ Other public education activities have included school visits, basic life support training, careers events, and talks to groups of deaf people and older people in sheltered housing. There was also a Members' Meet for Foundation Trust members, focusing on the future strategy and commissioning of the LAS. Other activities have included school and college visits, talks to groups of NHS colleagues, Local Involvement Network (LINk) meetings, Junior Citizen schemes and community responder recruitment events. A Foundation Trust membership event (An Evening with Us) focussed on how the Service manages alcohol-related calls.

Community Involvement Officers

- ❖ Seven Community Involvement Officers are now in post, based in different parts of London. Their role encompasses patient and public involvement, public education, partnership working and staff engagement in their local area.

- ❖ The Head of PPI & Public Education continues to run monthly network meetings for the Community Involvement Officers, so that they can come together regularly and share their experiences and ideas.

- ❖ Examples of the Community Involvement Officers' recent activities include:

    - working with care homes to improve communication, understanding and access
    - liaising with other agencies about frequent callers
    - informing Trust staff, and getting feedback from them, following the introduction of 111 (Croydon)
    - trying to resolve issues for mental health patients, including Section 136 cases and referral pathways
    - engaging with local Safeguarding boards and their health sub-groups on safeguarding issues for adults and children
    - working with secondary school children, focusing on alcohol and avoiding involvement in crime
    - taking part in multi-agency mental health training with the police, social workers and mental health unit staff (Bromley)
    - working with other agencies to encourage people living in tower blocks to help each other, including the potential development of community first responders on these sites (Camden / Islington)

7.2. EMERGENCY BED SERVICE

In the delivery of its services, EBS deals mostly with Health Care Professionals, dealing with patients at one remove. Often the patient's details are unclear or the patient to be moved may not have been decided upon at the time the enquiry is taken. For that reason it has been the view of EBS Managers historically that there was no benefit to recording either ethnicity or disability in the operation of these services.

The ex-utero service is provided to premature babies, and the in-utero to women in the later stages of pregnancy: gender and age profiling has not been thought relevant in these services.

EBS does have patient contact in the delivery of its services to District Nursing clients. The dataset collected for those patients has been agreed by the commissioners of those services (the provider wings of Lewisham Southwark PCTs) and does not include age, gender or disability.

In provision of the Safeguarding service, whereby EBS collect and forward child protection and vulnerable adult referrals, no information on gender or ethnicity was collected. A new referral form is being piloted as part of a telephone referral trial

which includes specific reference to more protected characteristics including gender and sexuality. This trial will be formally evaluated in July 2013, and the fact of its better compliance with equality legislation will feature in the recommendations made to the Safeguarding Committee / EMT.

7.3. PATIENT TRANSPORT SERVICE

Patient Transport Services is responsible for the transport of patients to their non-emergency appointments at a range of clinical care facilities.

Transport is provided to patients who are disabled, with mobility difficulties, where their medical condition may deteriorate on route, or where failure to provide transport would restrict their ability access healthcare. The eligibility of patients to access this transport is assessed by a medical clinician at a GP's surgery or at a hospital or other NHS facility with an appropriate booking made with the London Ambulance Service.

In 2012-13 the LAS PTS service delivered 169,455 journeys. All aspects of a patient's booking through to delivery of service is captured on the Meridian Planning system. Bookings, and therefore details about each patient, are provided by their treatment centre. Although the Trust requests monitoring details about patients from each treatment centre, the data provided is dependant on the individual making the booking. These individuals are not employed by the Trust. In the past 2 years the Trust has encouraged its customers to adopt a system of e-booking which would force capture of the monitoring data; however, take-up of this service is limited within the existing customer base.

Additional work was undertaken to capture NHS Number for all patients and we have been relatively successful in this piece of work. However, although this number is unique to each individual, there is no centrally stored data regarding patients, which would help deliver more accurate breakdown of equalities information. There were 82% correct NHS numbers recorded for FY 2012-13, which is an increase from 62% at the start of the year. With the introduction of CCGs we expect to see this trend continue, however, as noted, access to this data is limited to the person making the booking.

Data could be collected from individuals by writing to each person who has travelled previously with an appropriate monitoring form. This would however be labour- and resource- intensive and therefore is cost prohibitive and yield little increase in response.

PTS will continue to work with customer Trusts to seek assistance to capture equalities information in a more consistent manner.

The data which has been collected, in percentage terms, shows a slight increase in comparison to the data from 2012 to 2013. There is a slight decrease in the returns for each area, which is attributable to the overall patient journey numbers being fewer than last year.

Patient Gender	JA	%
F	82099	58%
M	56281	39%
UK	4321	3%
Grand Total	**142701**	**100%**

Patient Age Profile	JA	%
0-20	788	1%
21-30	826	1%
31-40	1241	1%
41-50	3783	3%
51-60	6190	4%
61+	95494	67%
UK	34379	24%
Grand Total	**142701**	**100%**

Ethnicity Of Patient	JA	%
A - White British	13184	9%
B - White Irish	336	0%
C - Any other White Background	793	1%
D - Mixed White & Black Caribbean	124	0%
E - Mixed White & Black African	64	0%
F - Mixed White & Asian	16	0%
G - Mixed Any other White Background	32	0%
H - Asian or British Asian Indian	433	0%
J - Asian or British Asian Pakistani	188	0%
K - Asian or British Asian Bangladeshi	117	0%
L - Asian or British Asian Any other background	318	0%
M - Black or Black British Caribbean	1177	1%
N - Black or Black British African	343	0%
P - Black or Black British Any Other Background	195	0%
R - Other Ethnic Groups Chinese	34	0%
S - Any other Ethnic Groups	333	0%
Z - No Information Available	125014	88%
Grand Total	**142701**	**100%**

The statistics above show that from the data collected there are slightly more users of PTS services who are women than rather than men, which reflects a 1% increase from last year. As with last year's data, it is predominantly older patients who rely on the service to access healthcare (a 5% increase in records). Additionally, there are fewer journeys where the age is unknown, showing that the service is improving its our ability to capture this element of data.

This year the department has improved the collection of ethnicity reporting 12% data capture, which is an improvement of 2% from last year. Of this 12%, the majority of patients recorded were of white British ethnicity. However, it is difficult to draw any clear conclusion from this, given that 88% of records had no information.

To make this data more useful, the Trust will need to continue to engage with its customers more, both to collect the data in the first instance, but also to work with them to consider any issues over access of services where inequality may be identified and needs to be addressed.

In early March, PTS managers and staff underwent a half day Equalities Training session which was delivered by Stonewall. The session was well received with members of staff adding this development to their communication and personal development portfolios.
Last year advice was received from the Trust's Equality and Inclusion team regarding the redesign the PTS patient survey document. The finished document has yet to be amended due to time pressures on the communication department, so local copies have been edited in order that the document captured the updated characteristic groups and to enable surveys to be completed.
Surveys are not comprehensively completed for PTS contracts, as this is dependent on the customers' wishes predominantly based around mental health concerns. In this FY much work has been done by PTS managers to encourage our customers to engage with surveys. Where a patient survey is inappropriate, the department is requesting that they be done with service users instead. This will require a complete new set of survey questions to be written.

With all survey data, caution is advised as the source group is relatively small. The results of the latest surveys over two large Trusts reflect the patient demographic recorded in patient journey data noted above.

Question 27 – Is the user of the service...?

GENDER		
Male	32	43%
Female	42	56%
No response recorded	1	1%
Total	75	100%

The department has clearer ethnicity data than that provided from the patient journey data; however the ratios are similar to those who provided above.

Question 28 – How would describe your ethnic background?:

ETHNICITY		% against overall response
White		
British	60	79%
Irish	3	4%
other white background	1	1%
Total White	64	84%
Mixed		
White/Black	0	0%
White/Asian	0	0%
White/Black African	0	0%
other mixed background	0	0%
Total Mixed	0	0%
Asian/British Asian		
Indian	2	3%
Bangladeshi	0	0%
Pakistani	4	5%
Other Asian background	0	0%
Total Asian / British	6	8%
Black/British black		
Caribbean	3	4%
African	0	0%
other black background	1	1%
Total Black ; Black British	4	5%
Chinese/Ethnic other		
Chinese	1	1%
Ethnic other	1	1%
Total Chinese / Other Ethnicity	2	3%
Ethnicity Total	76	100%

Of the source group in the survey 12% would prefer not to say, whereas all of those who gave a specific response said that they were heterosexual.

Question 29 – Which of the following best describes how you think of yourself?

Sexual Orientation	Responses	% Answered Questions
Heterosexual	53	71%
Gay man	0	0%
Gay woman (Lesbian)	0	0%
Bisexual	0	0%

Other	0	0%
I would prefer not to say	9	12%
No response recorded	13	17%
Total	**75**	**100%**

The greatest response the departmentreceived on the surveys for religion or belief reflected a 57% Christian demographic response. The next largest group responding said they had no religious or other belief.

Question 30 – Please indicate your religion or belief?

Religion or Belief	Responses	% Answered Questions
Christian	43	57%
Judaism	2	3%
Muslim	5	7%
Other	3	4%
None	11	15%
Do not wish to disclose	6	8%
No response recorded	5	7%
Total	**75**	**100%**

57 (76%) survey respondents felt their illness to be a long-standing one or a disability.

Question 31 – Do you have a long-standing illness, health problem or disability?

Disability	Responses	% Answered Questions
Yes	57	76%
No	16	21%
Do not wish to disclose	1	1%
No response recorded	1	1%
Total	**75**	**100%**

Key challenges in delivering patient surveys is that they are labour intensive and reliant on the four Customer Relations Managers finding time to undertake this task. Historically, PTS have had an administrator to assist with this role, but cost pressures mean that this could not continue.

7.4. CLINICAL TELEPHONE ADVICE

CTA continue to refer a significant amount of patients to Alternative Care Pathways and more appropriately attend their individual clinical need and personal circumstances. The department is also reducing the number of inappropriate admissions to hospital by offering, for example, self-care advice at home.

Collecting equalities data places significant demands on those who collate such information locally. There are over one million staff in the health service, and a further one million in social services, of whom perhaps 30% are employed by Local Authorities. There are about eleven million Hospital Episode Statistics (HES) records each year, for inpatients alone (outpatients would at least double this). Getting equalities data for all these groups and activities (and where necessary, checking and updating records) is as a result a major undertaking.

Ethnicity data is collected by Psiam software, but this is not currently captured by management information. As such, exact data cannot be reported immediately, but a process will be identified for regular reporting by management information. To address future data collection requirements, CTA have been capturing ethnicity data since 16th September 2008 and this is a required field within their Clinical Decision Support Software PSIAM. The benefits of capturing this information by the team has allowed the London Ambulance Service to provide even more appropriate patient care and outcomes for our patients.

Ethnicity Monitoring has become part of the Quality Assurance process for CTA and the Psiam Quality Improvement case evaluation form will allow the monitoring and measuring of the effectiveness of the data, and will be appropriately scored under the Pre-Triage phase of the audit form.

Although this information has been captured and CTA staff are able to see and search individual patient records to view ethnicity information, they are still not able to report on the data captures, and are awaiting IM&T installation of the latest version of PSIAM to facilitate this. The current IT system is not fit for purpose, and the electronic link between PSIAM and CTAK has not been implemented due to restrictions on technological development. The department has not been able to make any significant changes to the current system as a new CAD system CommandPoint was due to be introduced into the Control Centres in June 2011. The CTA PSIAM is still to be introduced. The Trust's Management Information department is also currently unable to access this data for the same reasons.

The disability question exists within PSIAM, but is not currently being applied. Because of the difficulties in producing this data and the lack of data covering ethnicity, there is no basis for a sensible comparison with the figures, also incomplete, from the previous report.

Improvements to the I.T. systems used to obtain this data will be required for reporting across protected characteristic groups for future years, balanced against the need to ensure no adverse impact on performance.

A new solution to Psiam is currently being investigated and scoped by the Trust. A key requirement of any new software will be the accurate data capture of protected characteristic group information.

7.5. PATIENT EXPERIENCES

Complaints

975 complaints were received recorded during 2012/13. This includes 21 cases, where a referral has been made by another health and social care professional but is deemed to be on behalf of the patient.

Ethnicity

13% of cases recorded ethnicity data about the complainant (Table 1); 19% of cases were recorded citing the patient involved (Table 2). Sometimes this is the same person.

Table 1 - Complainant

Ethnic group - Enquirer	Number
White British (1)	88
White Irish (2)	1
White other (3)	8
Mixed white and black African (5)	1
Mixed white and Asian (6)	1
Indian (8)	5
Pakistani (9)	2
Bangladeshi (10)	2
Other Asian (11)	2
Caribbean (12)	5
Black African (13)	8
Other black (14)	3
Chinese (1)	1
Other ethnic category (16)	2
Not stated (17)	794
No details	52
Total	**975**

Table 2 - Person/Patient involved

Ethnic group - persons	Number
White British (1)	127
White Irish (2)	2
White other (3)	14
Mixed white and black Caribbean (4)	1
Other mixed (7)	1
Indian (8)	7

Pakistani (9)	2
Bangladeshi (10)	1
Other Asian (11)	2
Caribbean (12)	7
Black African (13)	14
Other black (14)	5
Other ethnicity (16)	3
Not stated (17)	552
No details	237
Total	**975**

Gender

Tables 3 &4

Gender where recorded (complainant)	Number
Male	394
Female	499
Total	**893**

Gender where recorded (patient)	Number
Male	344
Female	400
Total	**744**

Age Group

Table 5

37% of age data was recorded where a completed ethnicity form was received.

Age bracket of person/patient/complainant	Number
0-15 (1)	33
16-24 (2)	19
25-34 (3)	56
35-44 (4)	48
45-54 (5)	59
55-64 (6)	45
65-74 (7)	30
75-84 (8)	71
Prefer not to say (9)	3
Not stated	611
Total	**975**

Table 6

Using the data available the following age ranges are recorded (e.g. PRF's)

41% of such data was compiled from this source.

Age range of patient/complainant	Number
0-15 (1)	47
16-24 (2)	25
25-34 (3)	50
35-44 (4)	45
45-54 (5)	47
55-64 (6)	33
65-74 (7)	43
75-84 (8)	54
Over 85	52
Not stated	579
Total	**975**

The Department was set an objective for 2012/13 to improve the process for capturing equalities data to ensure that more than 50% of complainants have provided relevant details and this has been achieved.

Most complaints are received by telephone and email, with relatively few letters now sent to the Chief Executive. The Department has improved the recording process so that, where the gender of the enquirer is immediately known, this is recorded at source, for example by the Duty Officer who receives the initial telephone call to the department. The Department does not however undertake ethnicity monitoring at this stage, as complainants are often very distressed, upset and angry and experience has shown that seeking to explore monitoring at this point often meets with a hostile reaction. Indeed, it is not uncommon to receive 'complaints about complaints' where ethnicity monitoring is itself the subject of the complaint.

We have continued to remind staff about the importance of collecting gender and ethnicity data. Every complainant is also sent a monitoring questionnaire and the self-completed data received entered into the case management system. Unfortunately, this still has a poor response rate, which is a common experience across health and social care.

Although sometimes cited as an aggravating factor, there is no evidence to suggest that there is any discrimination in service delivery.

Extensive information about the department are also available on the Trust's website, see links from: http://www.londonambulance.nhs.uk/talking_with_us.aspx#servicecomplaints

Monitoring is also regularly undertaken in relation to the cohort of patients who make frequent and repeated 999 calls, managed using a care plan approach by the Patient Centred Action Team – see:
http://www.londonambulance.nhs.uk/health_professionals/caring_for_frequent_callers.aspx

7.6. PATIENT PROFILING

In the year 2012-13 a total of 1,087,811 incidents were recorded from April 1 2012 to March 31 2013. Of these a total of 544,192 were from women (50%), a higher total number but same percentage as in 2011-12 (497,593 – 50%) and 515,000 were from men (47.38%), slightly up from 481,561 (48%) in 2011-12; for 28,119 (2.58%) no sex was stated, up from 22,125 (2%) in 2011-12. The BME communities with the highest numbers raised were Black or Black British – Caribbean (27,704 – 2.54%), followed by people described as from Any other ethnic group (24,085 – 2.2.%), then Black or Black British African (21,731 – 1.99%). In the previous year incidents were raised predominantly by the Black or Black British communities, followed by people described as from Any other ethnic group then Mixed Asian-White. A high number of incidents were not identifiable by ethnicity (522,113 – 47.9%); as before, the ethnicity data cannot therefore be validated. The most prevalent age ranges were 21-30 (147,667 – 13.57%), followed by 81-90 (124,267 – 11.4%), then 31-40 (115,768 – 10.64%), followed closely by 71-80 (115,394 – 10.6%).The most prevalent three age ranges were in the same order of prevalence as in the previous year.

A revamp of the Patient Report Form is pending the publication by the Department of Health of its updated equalities monitoring guidance; this will include further protected characteristic groups, as required by the Equality Act 2010. Briefing for staff will follow on the use of the new form, which should enable the recording of more comprehensive patient data. Additional funding may be required to cover the cost of a redesign of the scanning system to capture the additional data or for additional data entry staff to capture this manually.

7.7. OLYMPIC PROGRAMME OFFICE

In 2012-13 the office provided Education on Safeguarding children, young people and adults at risk to 200 clinical staff from around the country who formed part of the Olympic Cohort; they also issued these colleagues with a Safeguarding prompt card. They also ensured the delivery of service-user led training to frontline staff involved in the London 2012 Games, which covered a wide range of disabilities and included best practice customer care and communication skills.

8. CONCLUSION

In an extremely busy year leading up to a wide range of high-profile and unique Events, which the service was involved in, including the Queen's Diamond Jubilee and the London 2012 Games, the Trust has continued to be very proactive on the equality and inclusion front: enhancing its engagement with communities from protected characteristic groups; investigating areas needing further improvement in the collection and analysis of Data; setting up more initiatives directly intended to make the Trust's workforce more representative of the communities it serves; providing targeted training for its staff and enhancing the quality of the services it provides to its patients and service users. The Trust's profile has been further

enhanced by its nomination as one of the first national Stonewall Health Champions as well as its rankings on the Stonewall Workplace Equality Index and Health Equality Index. This provides a solid basis for the Trust's equality and inclusion work for the coming years.

9. RECOMMENDATIONS

To ensure that the Trust continues to be proactive in its equality and inclusion work and compliant with the requirements of the Equality Act 2010, it is recommended that the LAS continue to use the EDS, including focusing activity on the four key objectives and continue to monitor and report on progress against them.