

LONDON AMBULANCE SERVICE NHS TRUST

Senior Management Group

Date of meeting: 16 July 2012

ANNUAL EQUALITY REPORT 2011-2012

1. INTRODUCTION

1.1. The 2011-12 Annual Equality Report provides information on the Trust's workforce and access to services for the year from April 1 2011 to March 31 2012.

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 2010-2011

2.1. The current report provides the workforce profiling and access to key services statistics for the period from April 1 2011 to March 31 2012.

2.2. A Staff Data Refresh across the new protected characteristic groups was held in December 2011 and reported to SMG in January 2012.

2.3. 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, for publication by April 6 2012. The new equality objectives will be mainstreamed into the business planning of the Trust.

2.4. 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.

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

2.6. A new Positive Action Strategy, In line with the Equality Act 2010 and the commitment given in the Trust's Equality & Inclusion Strategy to address under-

representation and achieve a workforce truly reflective of the diverse communities it serves, has been produced, which will allow the Trust to implement Positive Action, wherever appropriate.

2.7. The Trust's new 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. 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.

2.8. A number of recommendations were made in the previous report, which have been progressed as follows:

- ❖ New Equality Act 2010 training has been held for HR Managers and Assistants and is being rolled out to the Trust Board, Senior Managers', Managers' and Admin Staff Conferences; specific half-day workshops for managers and staff will be held. New equalities induction training has been produced and the trainers trained; equalities briefings continue to be delivered at the All in one refresher training and other sessions on request. The equality and inclusion e-learning module will be updated in line with the requirements of the Equality Act 2010 and will be available from July 2012.
- ❖ Pending the publication of the updated Department of Health Equalities Monitoring Guidance, Directors and Heads of Service will consider any necessary actions to enhance the data collection and analysis of take-up of services, employment and training, engagement activities and access to decision making in the Trust;
- ❖ Regular Staff Data Refreshes across the new protected characteristic groups, in line with the Equality Act 2010 Public Sector Duty, are to be programmed in;
- ❖ New members of staff are joining the Trust's Staff Diversity Forums and the activities of the forums are supported by Directors and Heads of Service, as well as through access to budgetary support;
- ❖ Directors and Heads of Service continue to resource their actions in the Trust's Equality and Inclusion Strategy action plan;
- ❖ No major new recruitment campaign has taken place, due to the cuts to the service, but on the next available opportunity, in line with the Trust's Positive Action Strategy, the Trust will seek to actively encourage people from protected characteristic groups who do not appear to be proportionately represented at present in the Trust; the Trust is continuing to profile itself in the equalities media,

including in the annual Stonewall “Starting Out” Guide, which goes to schools, colleges, universities and employment centres.

- 2.9. Following the application against the 2012 Stonewall Workplace Equality Index, the Trust became a Top 100 Employer, coming joint 94th, the only ambulance service in the country and emergency service in London to do so.

3. GOVERNANCE

- 3.1 During 2011/12 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 Senior Management Group (the executive team) and the following directors are members of the group: Human Resources & Organisation Development, Finance, and Corporate Services.

The nominated lead non-executive director for equality and inclusion also attends.

4. FOUNDATION TRUST

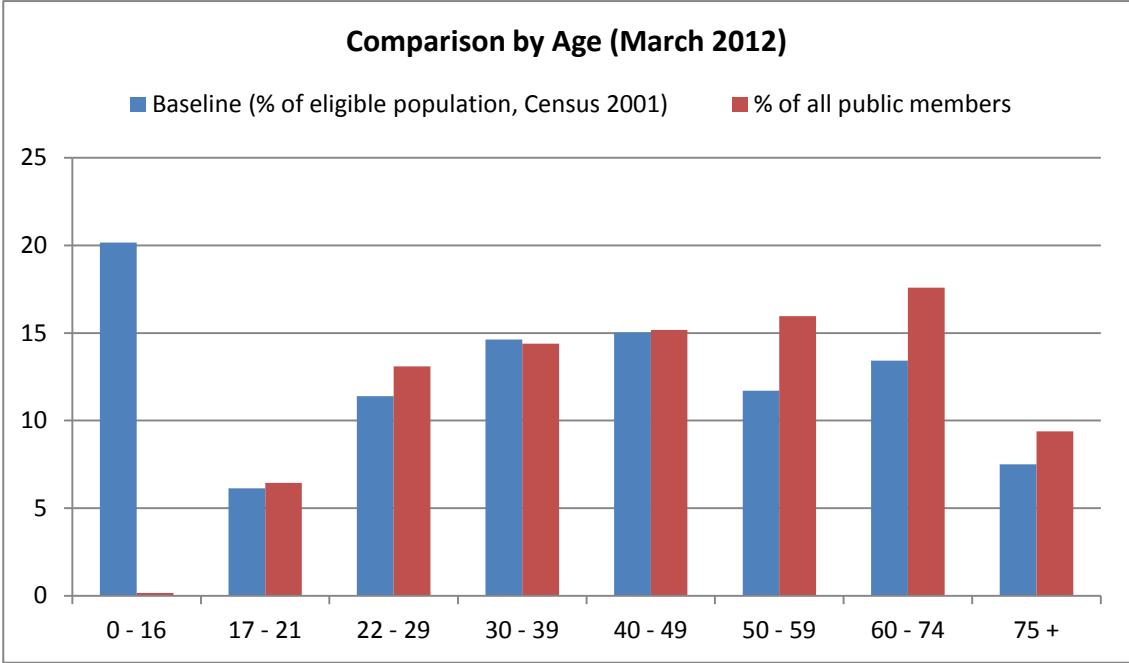
4.1. Membership Strategy

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.

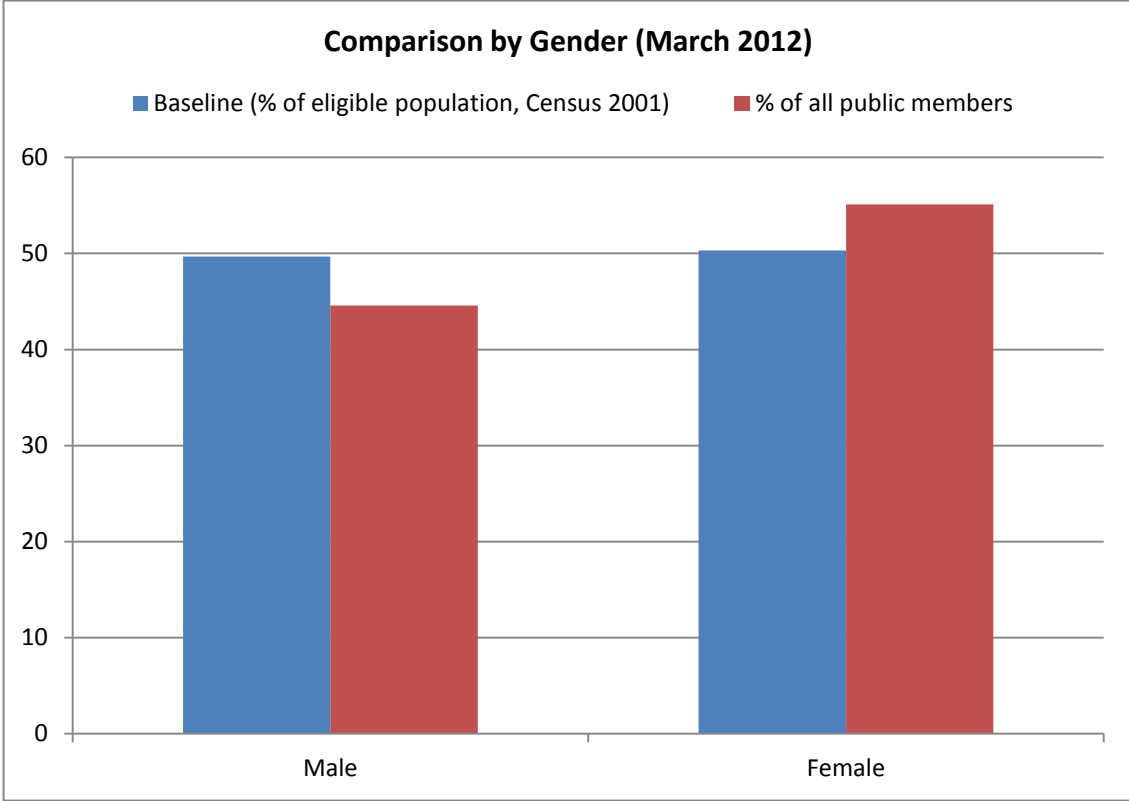
4.2 Analysis of Membership

At 31 March 2012 the Trust had 6,073 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.

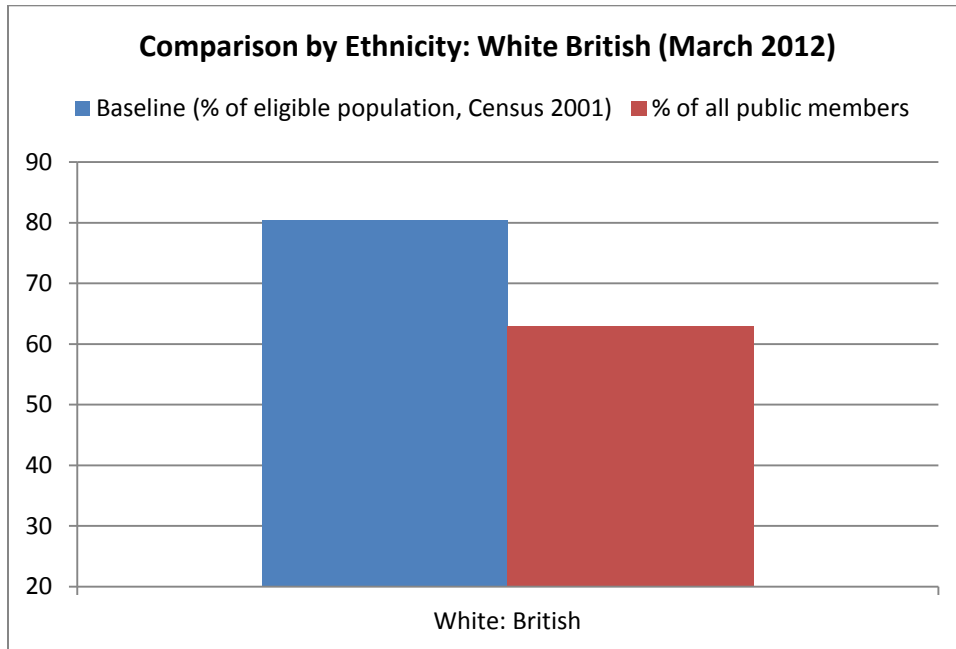
11% of our public members (6,237) have indicated that they consider themselves to have a disability.



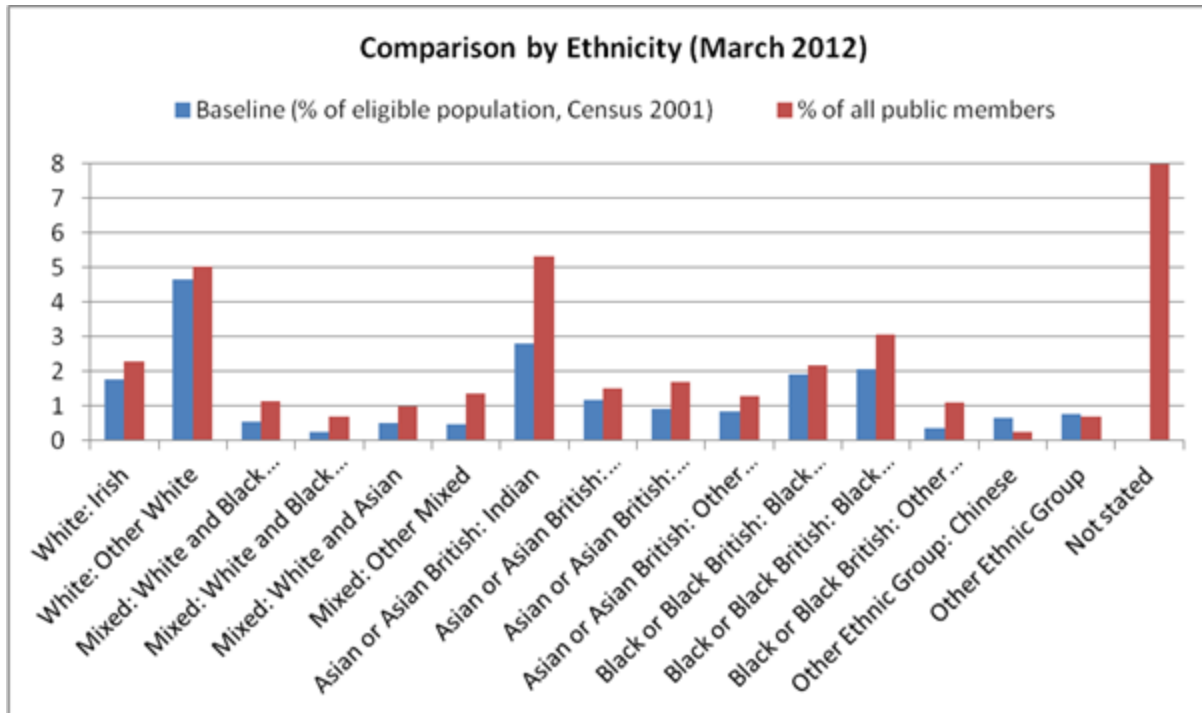
People aged 16 years and over are eligible to become members. The chart shows that the membership is slightly under-represented in the 50-59 and 60-74 age categories.



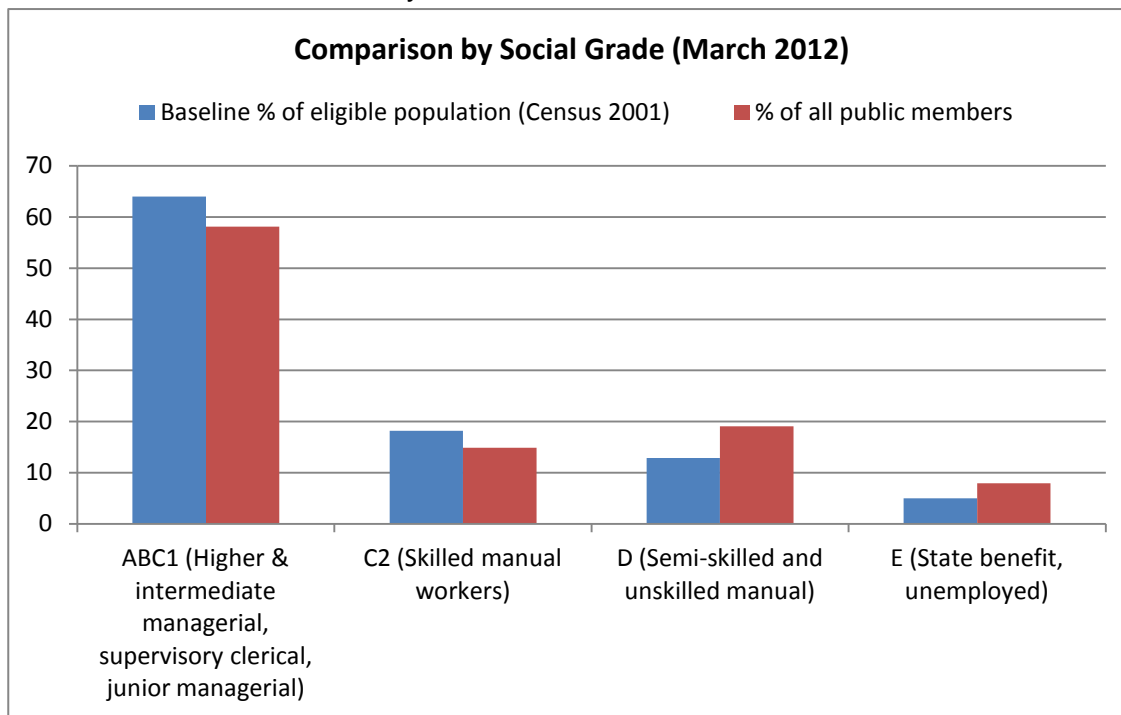
The chart shows some under-representation in the membership for men.



The chart shows significant under-representation in the White British ethnic 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 59.29%.



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 chart 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 opportunity for members to learn and understand more about the Service, how it works, key achievements and plans for the future.

During 2011/12 the Trust held a programme of meetings and events for members. These included events on the Trust's corporate objectives, urgent care plans and our equality objectives. We also held events to tell members more about our public education work and our plans and involvement in the 2012 Olympic Games.

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

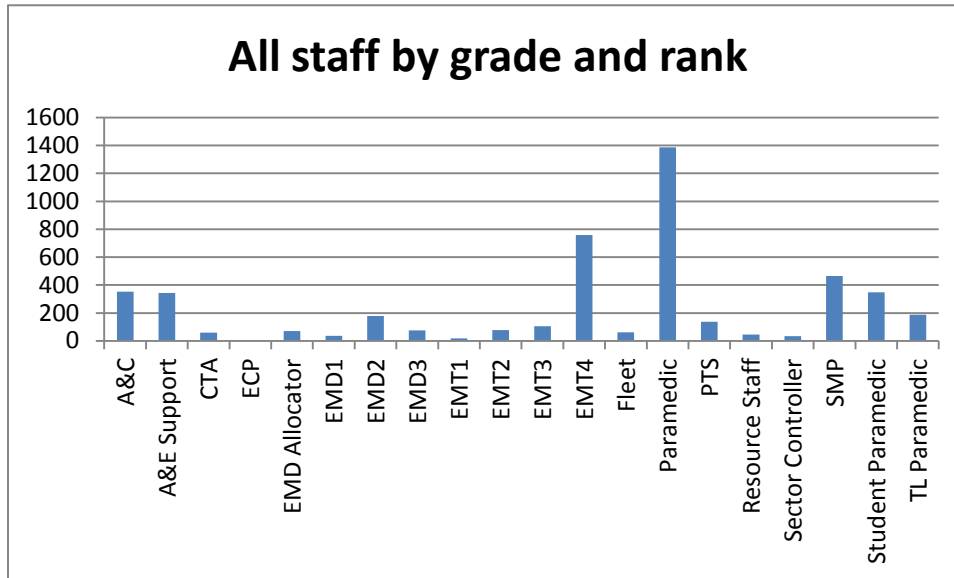
The Trust is aiming to become an FT in 2013-14.

5. LONDON AMBULANCE SERVICE NHS TRUST WORKFORCE DIVERSITY PROFILE 2010-2011

- 5.1.** In the last Annual Equality Report, covering the period from April 1 2010 to March 31 2011, presented to SMG and the Trust Board in January 2012, following publication of the awaited Equality Act 2010 Public Duty Specific Regulations, the Trust's workforce comprised 9% BME staff and 42% female. The number of people saying that they were disabled was very small - 19.

5.2. LONDON AMBULANCE SERVICE NHS TRUST WORKFORCE PROFILE 2011-12

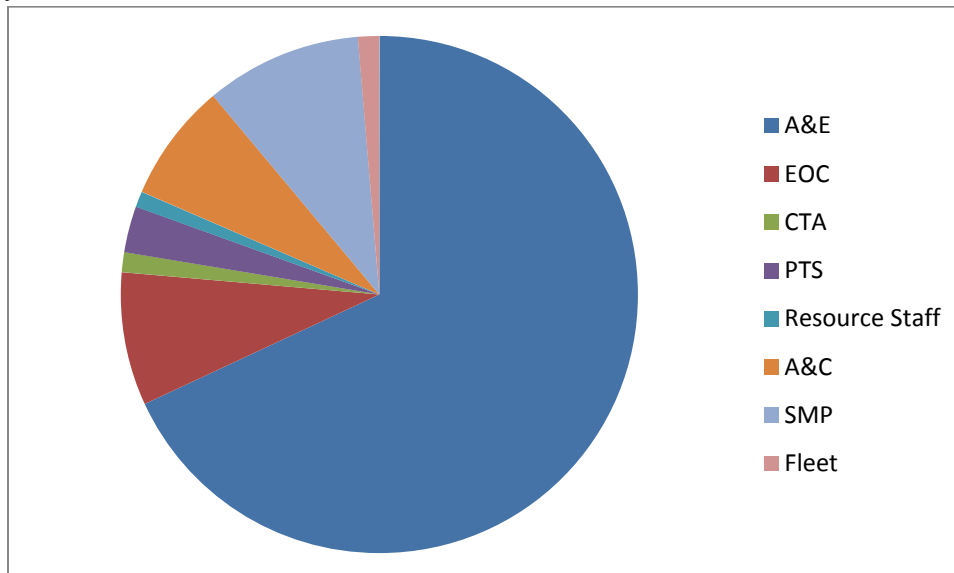
ALL STAFF BY GRADE AND RANK



The highest number of Trust staff were, as expected, Paramedics (1385 – 29.2% of all staff), followed by EMT4 (759 – 16%) and SMP (466 – 9.8%). In the previous year, the highest number were Paramedics, followed by EMT 4, then Student Paramedics.

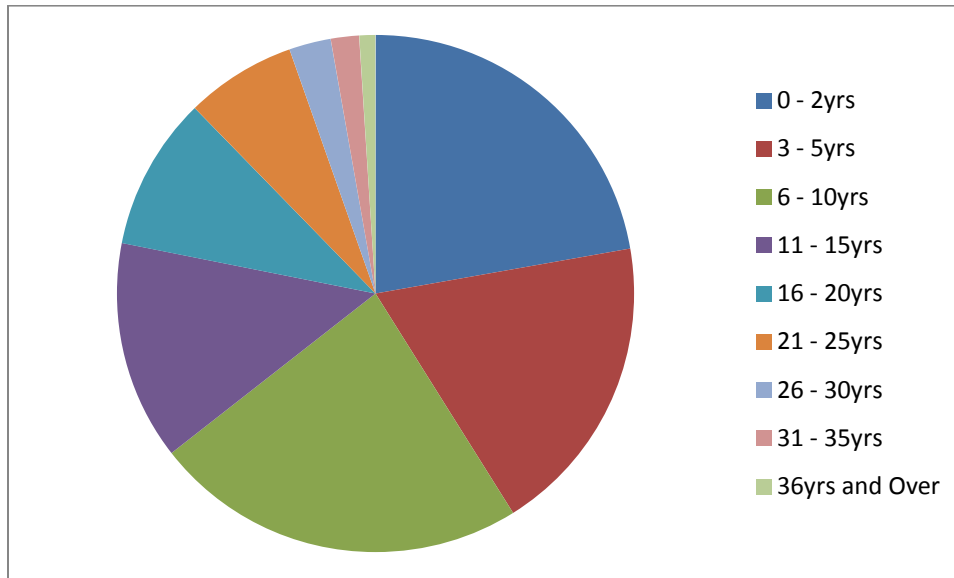
ALL STAFF BY STAFF GROUP

As the chart below shows, 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%), mirroring last year.



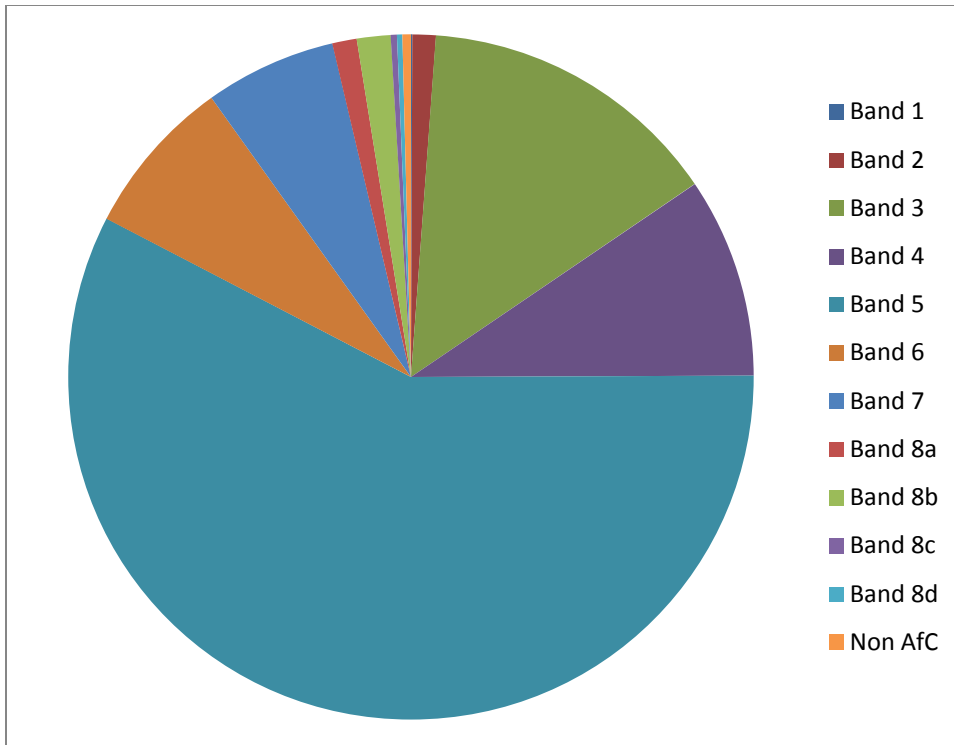
ALL STAFF BY LENGTH OF SERVICE

As shown by the chart below, the highest number of staff have been with the Trust between 6–10 years (1,110 – 23.4% of all staff), followed by 0–2 years (1055 – 22.2%), then 3–5 (896 – 18.9%). In the previous year most staff had been with the Trust for 0–2 years (30.4%), 6–10 years (22.8%), then 3–5 years (14.9%).



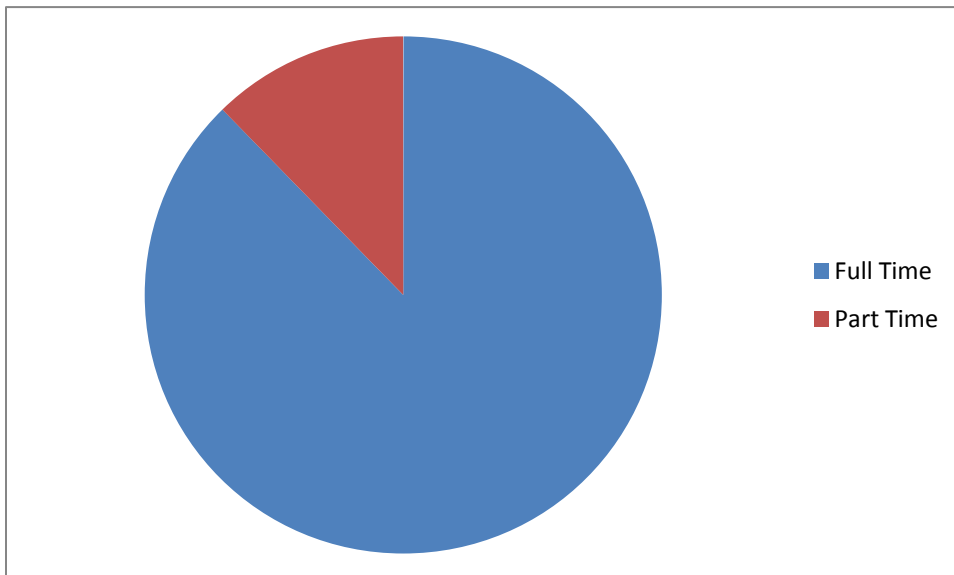
ALL STAFF BY PAY BAND

As the chart below shows, by far the highest number of staff are in Band 5 (2741 – 57.7% of all staff), followed by Band 3 (681–14.3%), then Band 4 (448–9.4%), with 10% of staff at Senior management level. In the previous year the highest percentages were: Band 5 – 56.3%, Band 3 – 15.2%, then Band 4 – 10.2%, with 9.9% of staff at Senior management level.



ALL STAFF BY EMPLOYMENT CATEGORY

In the year 2011-12 the overwhelming majority of staff were employed in full-time positions (4,166 – 87.7% of all staff), with 584 (12.3%) employed in part-time position.



RECRUITMENT AND NEW STARTERS

166 people started with the Trust in 2011-12. The overwhelming majority of new starters were through our university recruitment programme , 88 new joiners, with the most

prevalent age range 21-30 and grade Band 4 (95). 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 sending increased correspondence by email, for example, invites to assessment interview; this has led to a faster recruitment service for candidates. Other Recruitment processes, such as the internal recruitment process, were reviewed in order to ensure that they were consistent and to ensure fairness to all candidates. During this period of time external recruitment was significantly reduced, with the recruitment team being restructured and the loss of two roles within the team. There were no student paramedic courses running and only a few EMD courses planned.

The recruitment team did not therefore attend any careers events, due to the lack of available vacancies. The vacancies which existed in the Trust were for more ad hoc positions- such as in IM&T, HR Manager, HR assistant, Financial Analyst - the advertising method utilised was NHS jobs due to budgetary constraints preventing spending in advertising. A vast majority of recruitment time was spent in completing the university recruitment process, where around 80 students in their final year of paramedic science degree course are offered the opportunity of completing the recruitment process and if successful are offered positions within the trust.

Looking at the equality statistics for 2011-12, it would seem that the majority of our applicants' sexual orientation was heterosexual (86 % of all applicants). Applicants who said they were Gay/Lesbian and or Bisexual were 2.58%, those who did not wish to disclose were 9.18% and those who did not answer were 2.1%. There was a significant and positive reduction in those preferring not to disclose their sexual orientation from 41 % in 2010-2011 to 9 % in 2011-12, Therefore, it would seem that applicants are more willing to state their sexual orientation than previously, but we are attracting low numbers of applicants who are gay/ lesbian or bisexual. Stonewall's estimate of the representation of LGB people in the workforce is between 6 and 7%.. Through our profiling in the gay, lesbian and bisexual press, our membership of the Stonewall

Diversity champions programme and our achievement in becoming a top 100 employer on the Stonewall Equality Index as well as our forthcoming application to be chosen as one of the new Health Champions, we would hope to greatly increase our intake of applicants from these protected characteristic groups, so that we can at least be on a par with the Stonewall workplace representation estimate.

In regard to our equality statistics for gender, our percentage of female applicants has reduced from 47 % in 2010-2011 to 41 %. This will need to be reviewed quarterly to ensure that, if this trend continues, further analysis is completed to look at why and what action to address this can be put in place. It is recommended that profiles of women in the service across different roles are placed in key careers publications and on our website.

With reference to religion or belief, this question is now being answered on our application form; in 2010-2011 33 % of people left this part blank, but now this is being completed by all applicants. The main religion or belief stated is Christianity at 53% with Islam second at 11 % and Hinduism third with 7.5%. All of these have significantly increased from the equality statistics of 2010-2011. Again, further work is needed to engage with those from different religious backgrounds such as Sikhism and Judaism, as people from these religions do not appear to be applying for roles within London Ambulance Service.

It is also recommended that the Trust looks into holding awareness events for certain sections of the community on how to complete an application form, but only in the circumstances when the Trust is able to have a large recruitment campaign, so that the effectiveness of this initiative can be measured. It is also recommended that profiles of individuals in different positions across the trust representing certain sections of the community are displayed in key careers publications. However, recruitment does not have a budget for undertaking this therefore it would need to be agreed where this would come from. Currently, the Trust profiles itself in a wide range of equalities media,

including in Stonewall's annual Starting Out Guide, which is distributed free to schools, colleges and universities and employment centres.

LEAVER PROFILE

In the year from April 1 2011 to March 31 2012 a total of 344 staff left the Trust. The overwhelming majority of those leaving were in A&E (183-53.2% of all staff), followed by A&C (51-14.8%), then EOC (43-12.5%). In the previous year the majority of staff leaving were also from A&E (182), followed by the Patient Transport Service (68) and A&C (31). Staff with between 0 and 2 years were by far the highest (123-35.8% of all staff), followed by 3-5 (61-17.7%) and 6-10 (60-17.4%). This mirrors the previous year's trend exactly.

PROMOTIONS

From April 1 2011 to March 31 2012 a total of 148 staff were promoted (in the previous year this was 172). Breakdown by protected characteristic group is provided later.

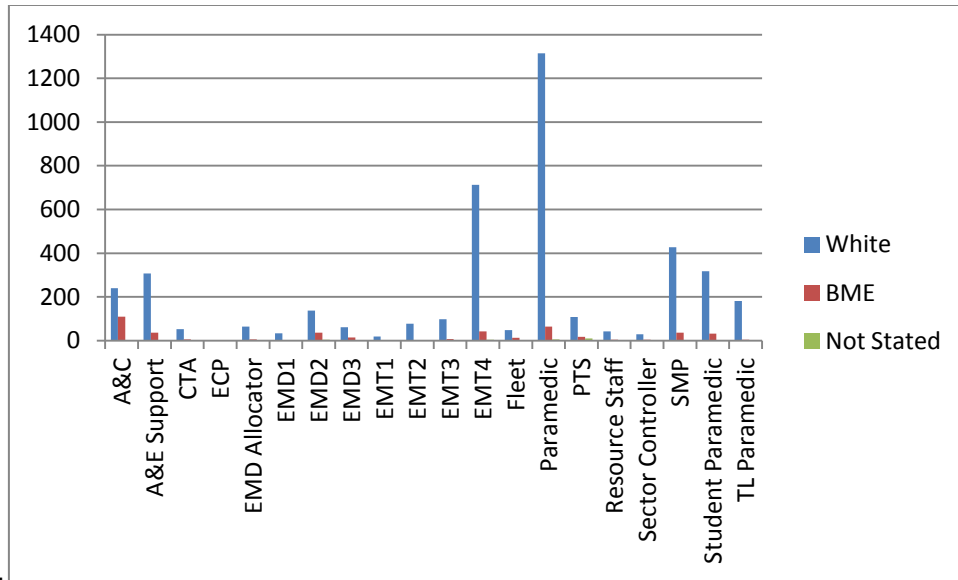
In September 2011 a system change was applied to the NHS-wide Electronic Staff Record System (ESR) to prompt HR staff to give a reason as to why a change has been made to an employee's position/job title. This will enable easier and more accurate reporting, with regard to race and the other protected characteristic groups, rather than relying on current manual systems.

5.3. LAS PROFILE BY ETHNICITY

From 2011 to 2012 the representation of BME staff was 9.3% of the total workforce, which was a slight increase on the previous year (9%). However, pending the results of the 2010 national census, expected by the end of 2012, this is still way below the Census 2001 estimate of 28% BME people in the capital.

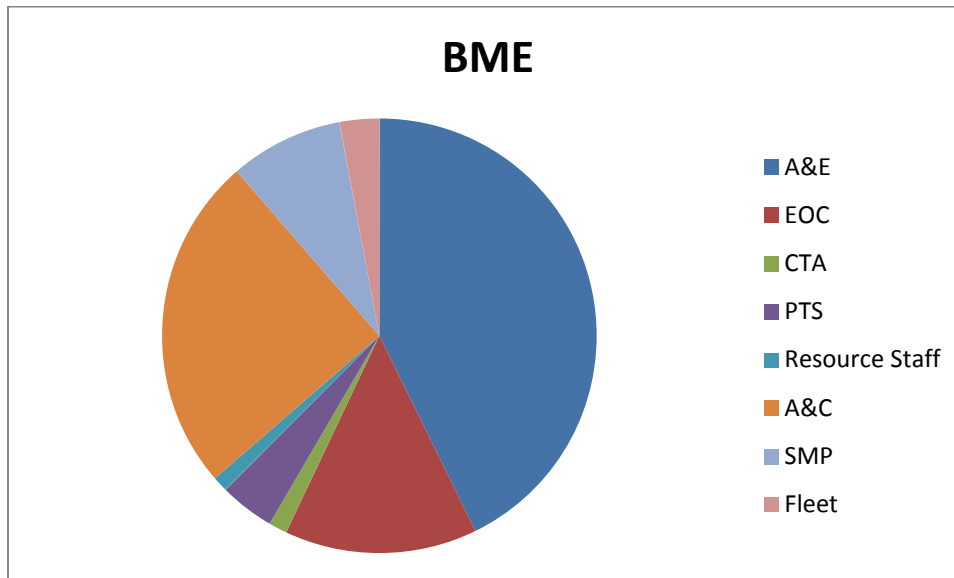
STAFF IN POST BY GRADE AND RANK BY ETHNICITY

As the chart below shows, most BME staff are in A&C (110-31.25% of all staff at that grade/rank), followed by Paramedic (64-4.6%) then EMT4 (42-5.5%). In the previous year the highest representation was in A&C (29.5%), then EMT4 (5.7%), then Student Paramedic (7%).



BME REPRESENTATION BY STAFF GROUP

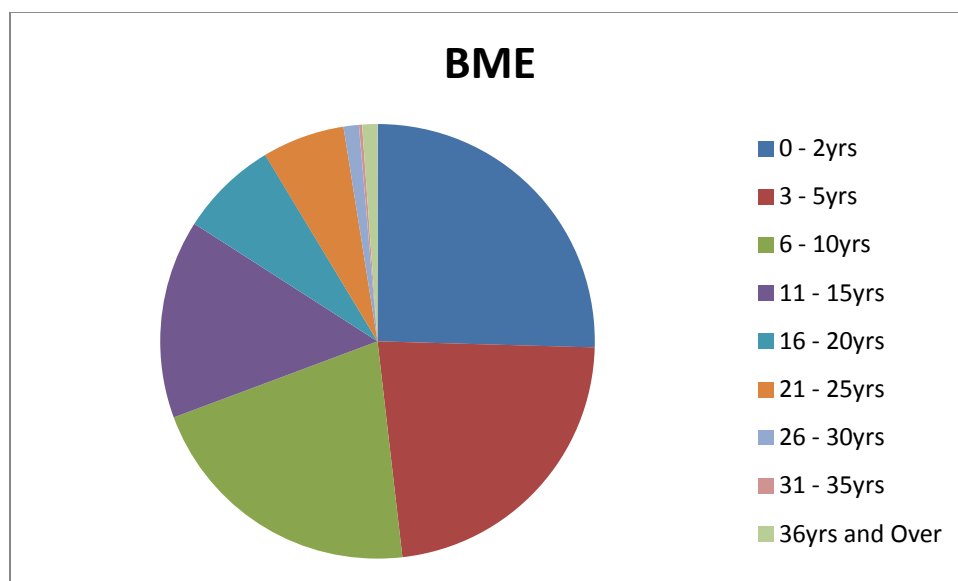
By staff group the highest representation of BME staff was at A&E (188–5.81% of all staff in that staff group), followed by A&C (110–31.25%) and EOC (63–15.9%). This mirrors exactly the representation for the previous year (A&E – 193 – 5.7% of all staff, followed by A&C – 105 – 29.5%, then EOC – 70 – 16.4%).



LENGTH OF SERVICE OF BME STAFF

As the chart below shows, in the year 2011-12 the highest number of BME staff had been with the Trust between 0-2 years (112–10.6% of all staff), followed by 3-5 years (100–11.1%) and 6-10 years (93–8.37%). This compares with the representation last

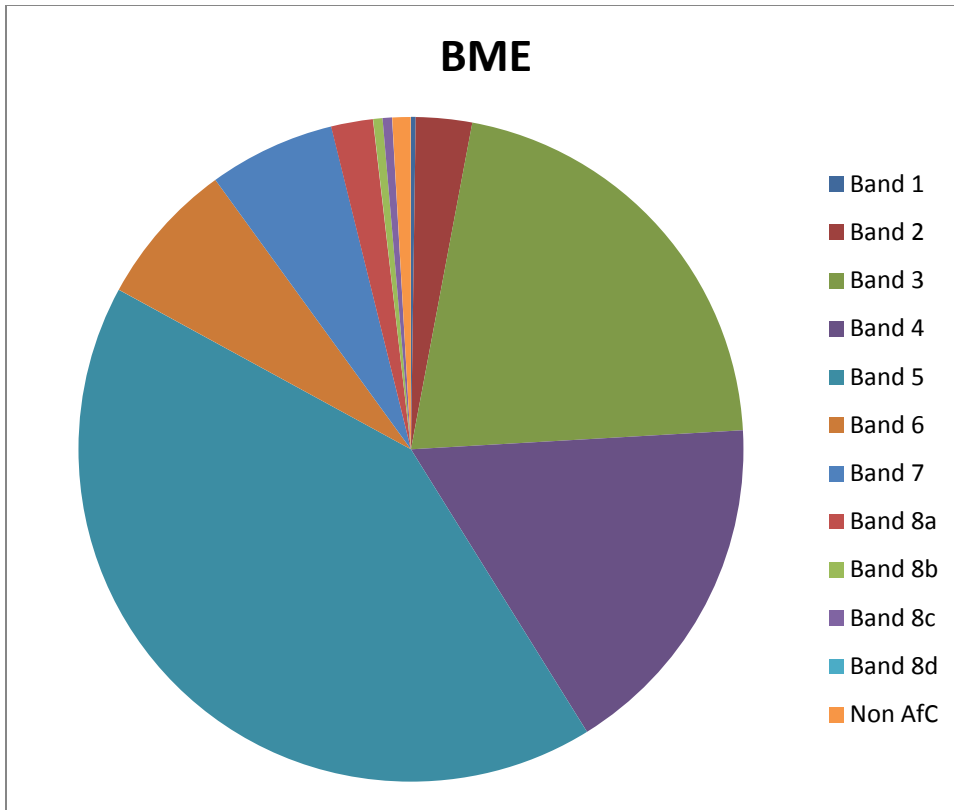
year, which was 0-2 years (158– 0.5%), followed by 6-10 years (97– 8.6%) then 3-5 years (67 – 9.1%).



BME REPRESENTATION BY PAY BAND

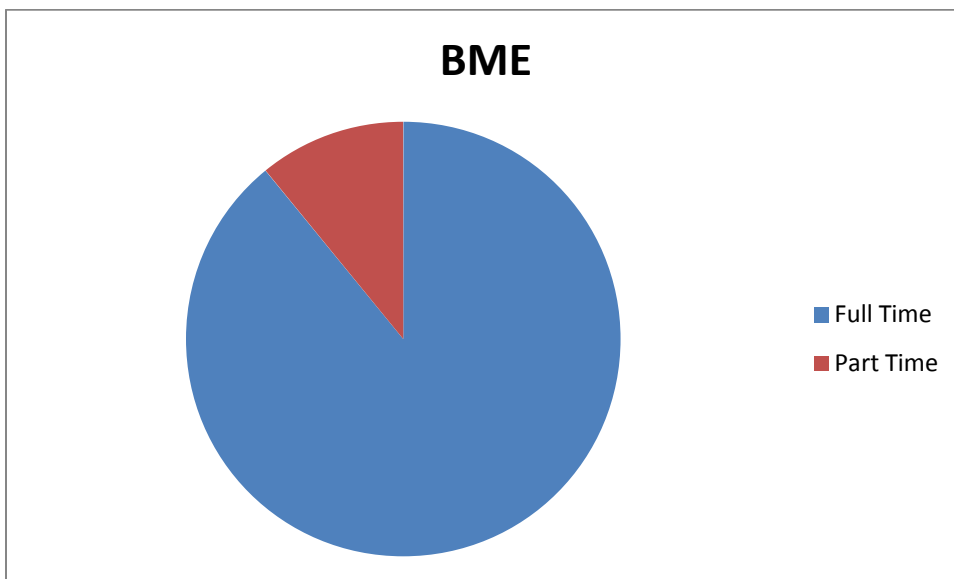
The former Healthcare Commission’s report “Tackling the challenge – Promoting race equality in the NHS in England” (March 2009) estimated that BME staff represented 16% of the total workforce, with fewer than 10% of senior managers being BME staff. In 2010-11 BME staff were most represented at Band 5 (176 – 6.3% of all staff), followed by Band 3 (109 – 14.5% of all staff, then Band 4 (74 – 14.7% of all staff).

In the year 2011-12, as the chart below shows, the highest number of BME staff were at pay band 5 (184–6.7% of all staff), followed by Band 3 (93–13.6% of all staff) and Band 4 (75–16.7% of all staff). This is similar to last year and mirrors the pay band profile of the total Trust workforce. 44 BME staff were in senior management grades (9.4% of all staff at senior management grades – just above the representation of BME staff in the Trust – and 10% 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 9.4% 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

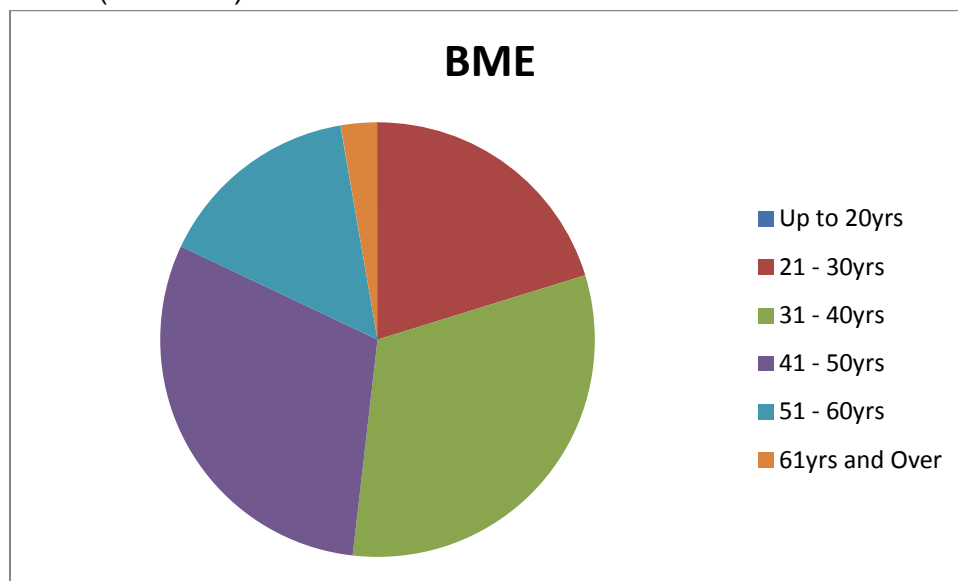
In terms of employment type, 392 BME staff were full-time (9.4% of the total number of staff employed in that category) and 48 part-time (8.2%).



STAFF AGE RANGE BY ETHNICITY

In 2010-11 the majority of BME staff were in the age ranges 31-40 (9% of all staff), followed by 41-50 (9.7% of all staff) and 21-30 (8.7%).

In the year 2011-12, as the chart below shows, the majority of BME staff were in same order of age prevalence, namely 31-40 (139–9.5%), followed by 41-50 (133–9.3%) and 21-30 (89–8.6%).

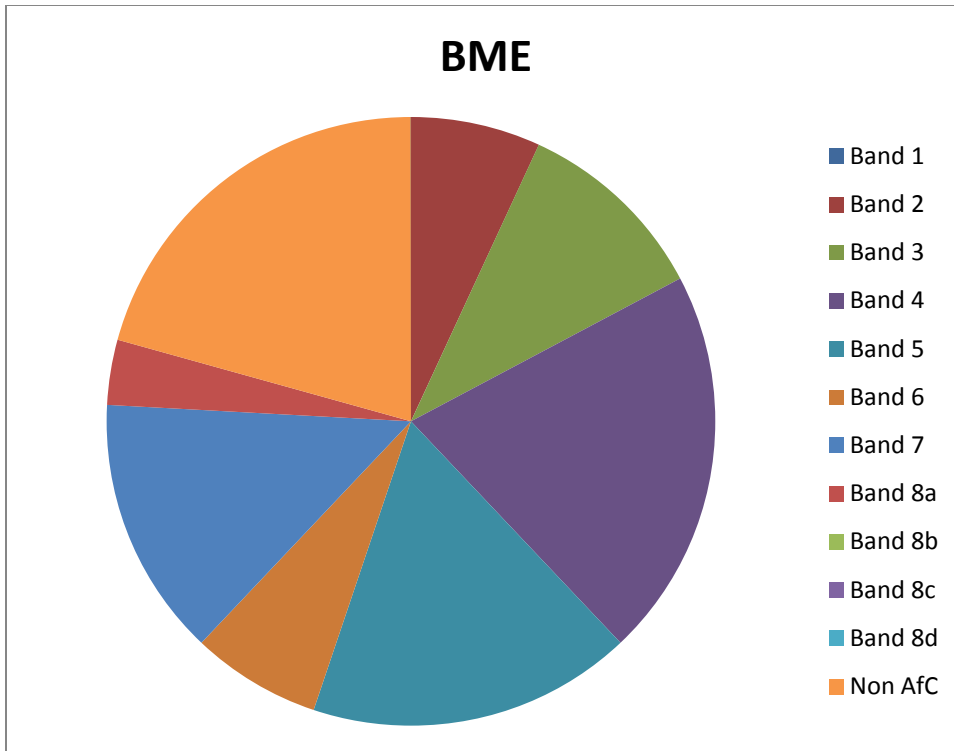


STARTER PROFILE

In the year 2011-12 a total of 29 BME staff started with the Trust (17.4% of the total number of new starters) against a smaller number of staff recruited overall, which is encouraging. In the previous year 30 BME staff joined the Trust.

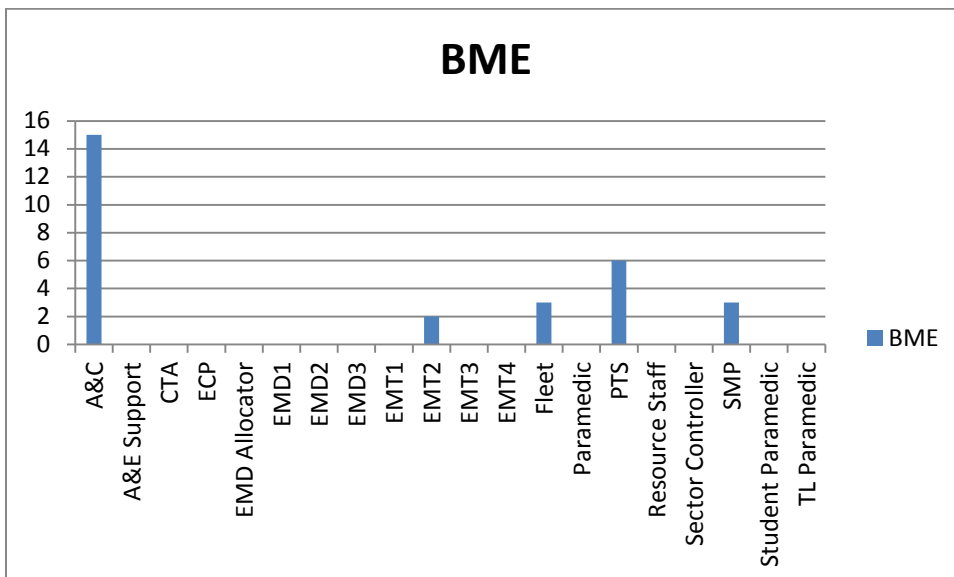
BME STARTERS BY PAY BAND

As the chart below shows, the majority of black and ethnic people starting with the Trust came in at Band 4 (6–6.3% of all starters) and non-Afc level (6–50% of all starters) jointly, followed by Band 5 (4–27.7% of all starters) and Band 7 (4–50% of all starters). This represents an increase in higher band level entry from the previous year, when the highest prevalence of BME new starters was on Band 3, followed by Band 4 then Band 7.



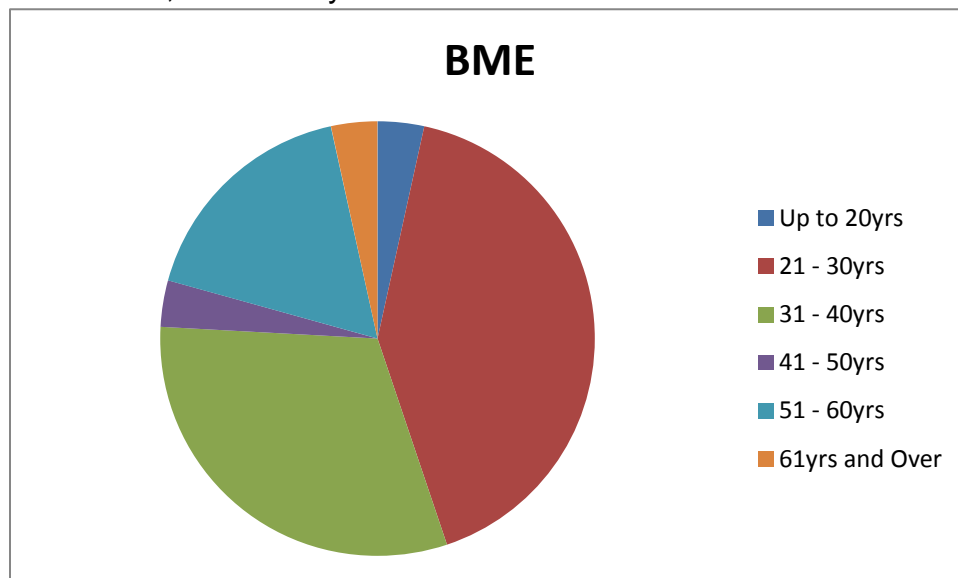
BME STARTERS BY GRADE AND RANK

As the chart below indicates, the highest number of BME new starters came into the Trust as A&C (15–46.8%), followed by PTS (6–60%) and Fleet (3–23%) and SMP (3–33.3%) jointly. In the previous year the representation by grade and rank was highest at A&C, too, followed by A&E Support then EMD1 and SMP jointly.



BME STARTERS BY AGE

As the chart below indicates, the most prevalent age range for BME new starters was 21-30 (12–16.4% of all new starters), followed by 31-40 (9–42.8%) and 51-60 (5–35.7%). This is similar to the previous year, in which the most prevalent age ranges were 21-30, followed by 31-40 then 41-50.

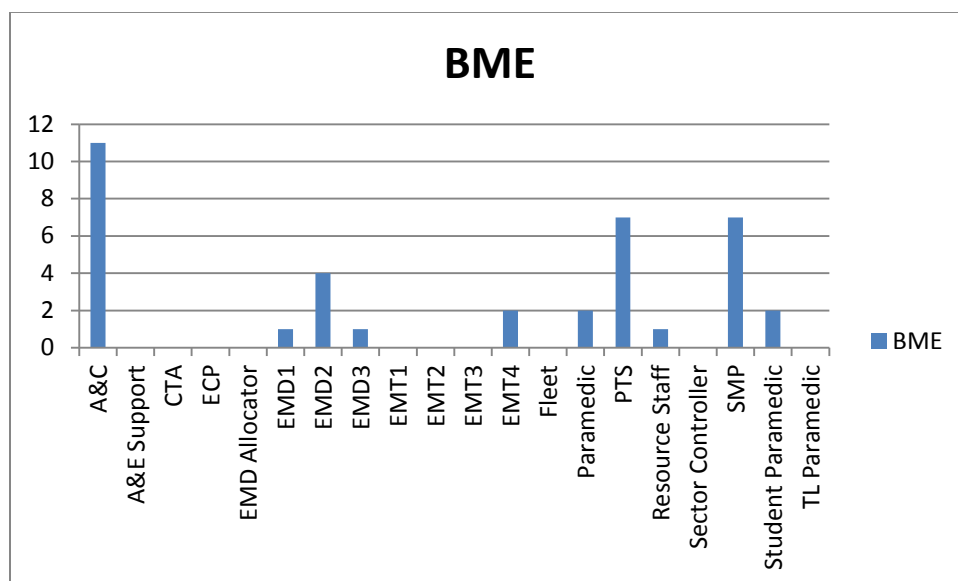


LEAVER PROFILE

In the year 2011-12 a total of 38 BME staff left the Trust (11% of all leavers); in the previous year 28 BME staff left the Trust.

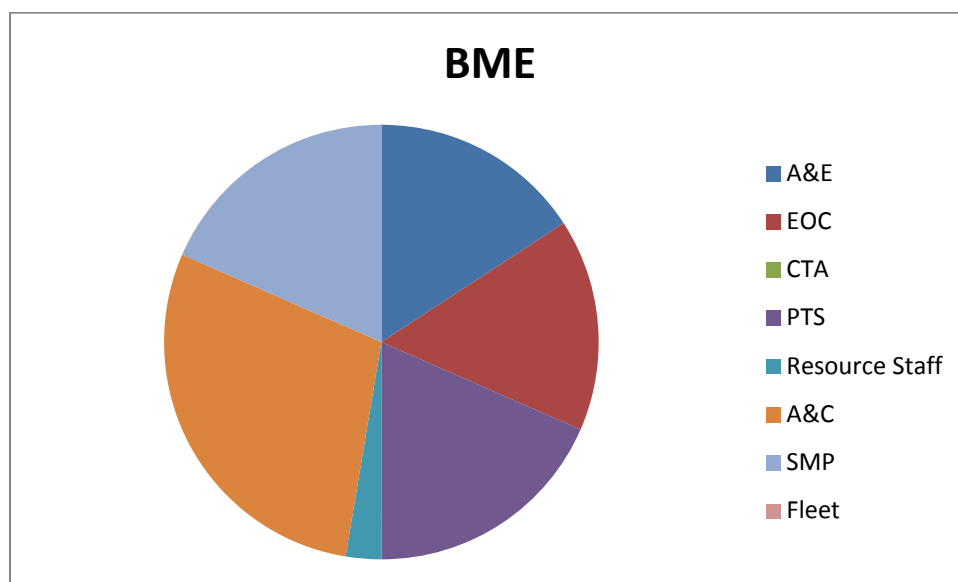
As the chart below shows, most BME leavers came from A&C (11–21.5% of all leavers in that grade/rank), followed by PTS (7–31.8%) and SMP (7–21.8%). This was very similar to the previous year, in which most BME staff left from A&C, followed by SMP and PTS.

BME LEAVERS BY GRADE AND RANK



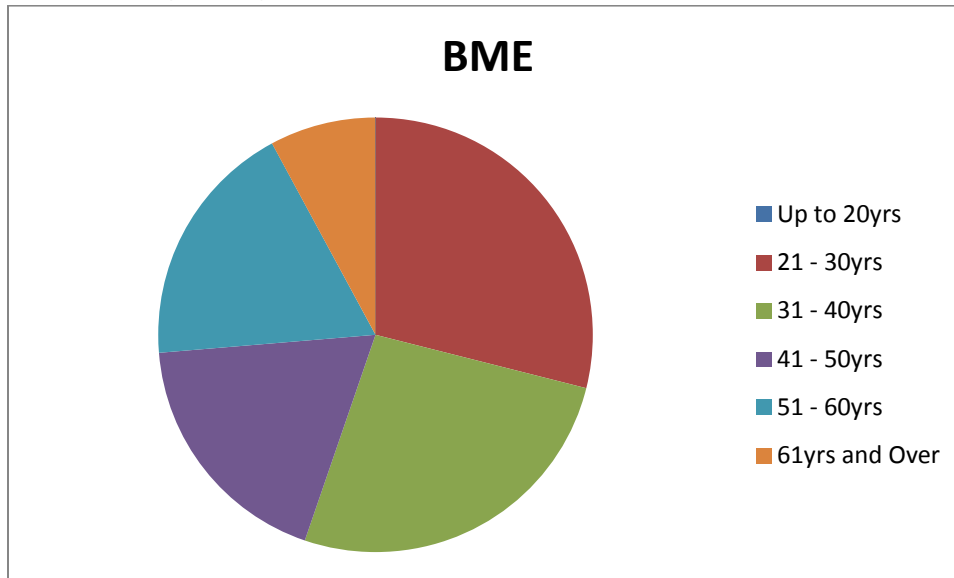
BME LEAVERS BY STAFF GROUP

As the chart below shows, most BME leavers were from A&C (11–21.5% of all leavers in that staff group), followed by SMP (7–21.8%), then A&E (6–3.2%) and EOC (6–13.9%) jointly. In the year before most BME leavers were in the staff groups A&C, A&E then SMP.



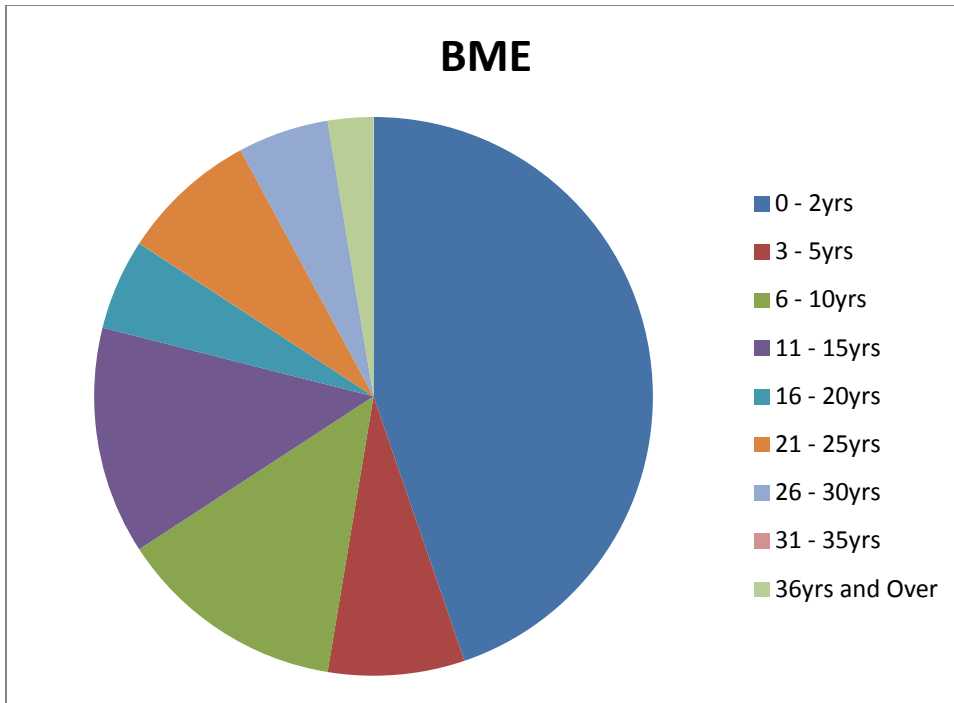
BME LEAVERS BY AGE

In the year 2011-12, as the chart below shows, the most prevalent age range for BME leavers was 21-30 (11–12% of all leavers in this age range), followed by 31-40 (10–10.9%%), then 41-50 (7–9.5%) and 51-60 (7–13%) jointly. In the year before the most prevalent age ranges for BME leavers were 41-50, then 31-40 and 21-30 equally.



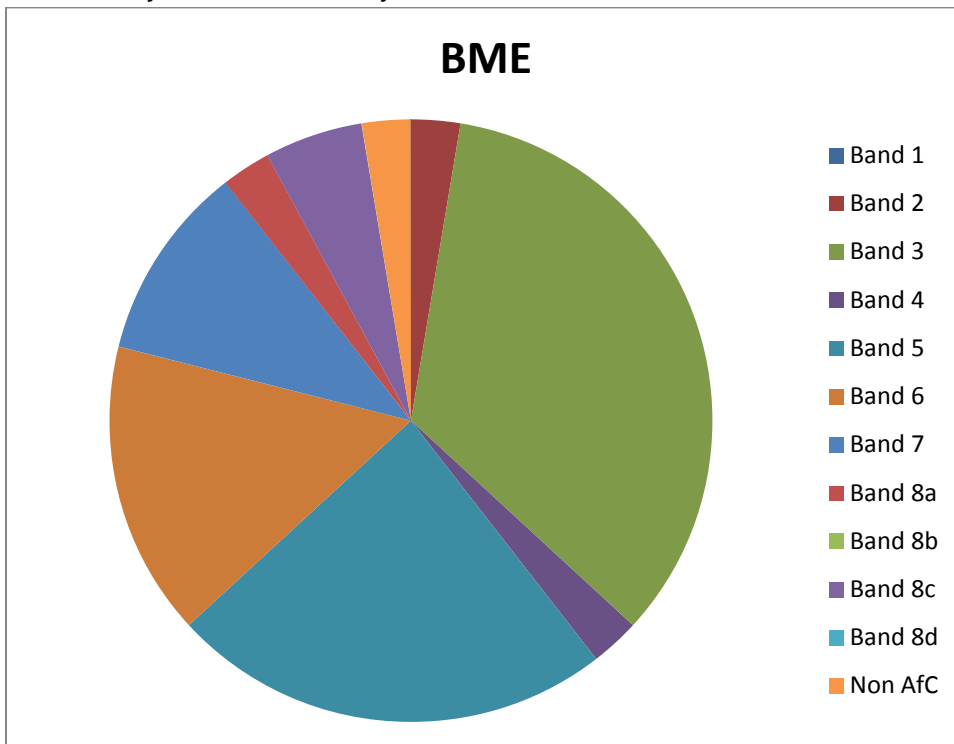
BME LEAVERS BY LENGTH OF SERVICE

In 2011-12, as shown by the chart below, the majority of BME staff leaving the Trust had a length of service of between 0-2 years (17–13.8% of all staff leaving with that length of service), followed by 6-10 (5–8.3%) and 11-15 (5–15%) jointly. In the previous year the majority of BME staff leaving had length of service between 0-2 years, followed by 3-5 and 6-10 years equally.



BME LEAVERS BY PAY BAND

In 2011-12, as the chart below indicates, the majority of BME leavers were in Band 3 (13– 15.4% of all leavers in that pay band), followed by Band 5 (9–5.3%) and Band 6 (6–19.3%). In the previous year the majority of staff leaving were again in Band 3, followed by Band 5, then by Band 4.



BME LEAVERS BY REASON

In 2011-12 the reason for most BME staff leaving was Voluntary resignation (23–10% of all staff leaving for that reason), followed by Voluntary Early Retirement (5–38.4%) and Retirement on Age (4–8.8%). The previous year the main reasons for BME staff leaving were Voluntary Resignation, followed by Retirement on Age, Fixed Term contract and Dismissal Other Reasons.

PROMOTIONS

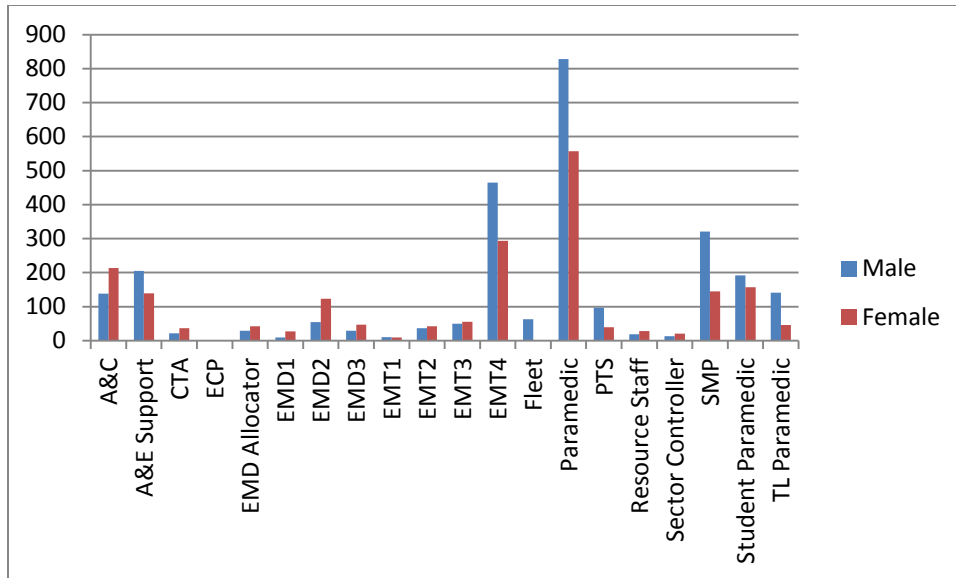
8.8% in the year 2011-12 were for Black and Minority ethnic staff, which is just below the current representation of BME staff in the Trust and a slight decrease on the previous year, which was 9.9%.

5.4. LAS PROFILE BY SEX

In the year from April 1 2011 to March 31 2012 the Trust's workforce comprised 42.6% female and 57.4% male staff (as compared to the previous year's representation, which was 42% female and 58% male). Representation of women in the workforce is still below the estimated female population for London figure from the Census 2001 statistics of 51%.

REPRESENTATION BY STAFF GRADE/RANK

With regard to representation by staff/grade rank, most women staff were represented at Paramedic (557-40.2% of all staff at that grade), followed by EMT4 (294-38.7%) then A&C (214-60.7%). This parallels the representation in the previous year, which was Paramedic, followed by EMT4 then Student Paramedic. In comparison the male representation within the Trust is Paramedic (828-59.7%), followed by EMT 4 (465-61.2%), then SMP (321-68.8%). In the previous year it was Paramedic, followed by EMT 4 then Student Paramedic, similar to the representation of women that year.



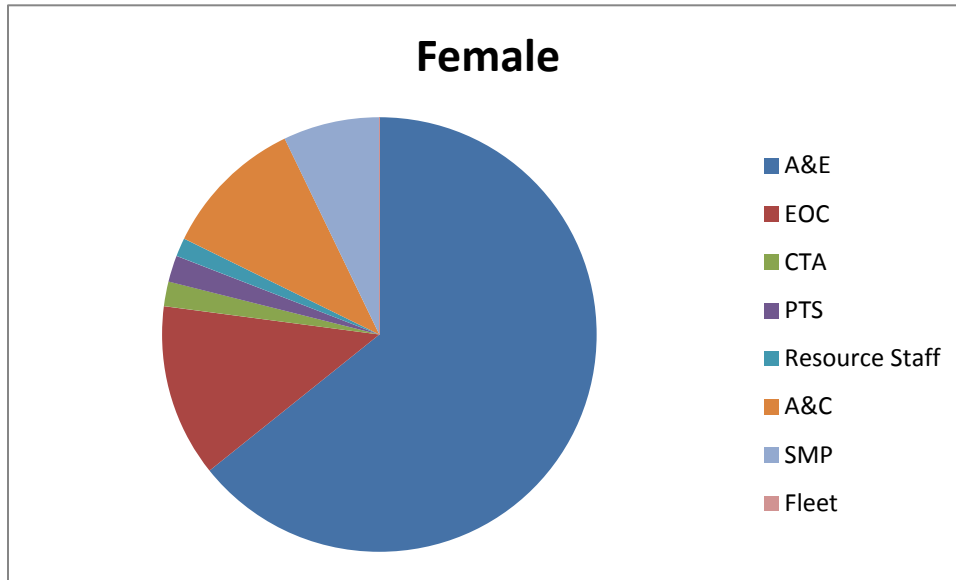
REPRESENTATION BY STAFF GROUP

In the year 2011-12, as the chart below indicates, the highest representation of women by staff group was in A&E (1301-40.2% of all staff in that staff group) , followed by EOC (260-65.8%) and A&C (214-60.7%), the same as in the previous year.

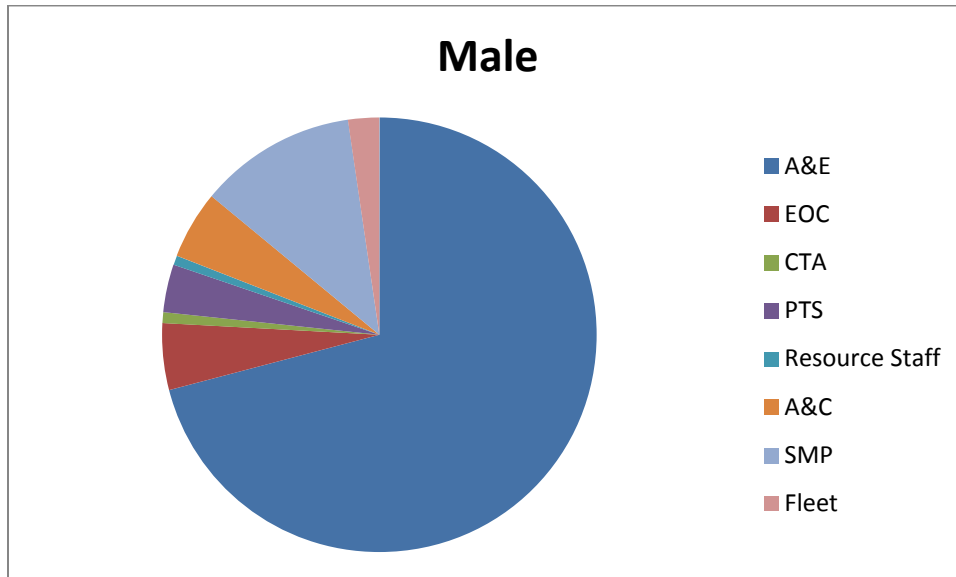
For men, the highest representation was in A&E (1932-59.7% of all staff), followed by SMP (319-68.7%), then A&C (138-39.2%). In the year before most male staff were in A&E, followed by EOC & A&C.

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



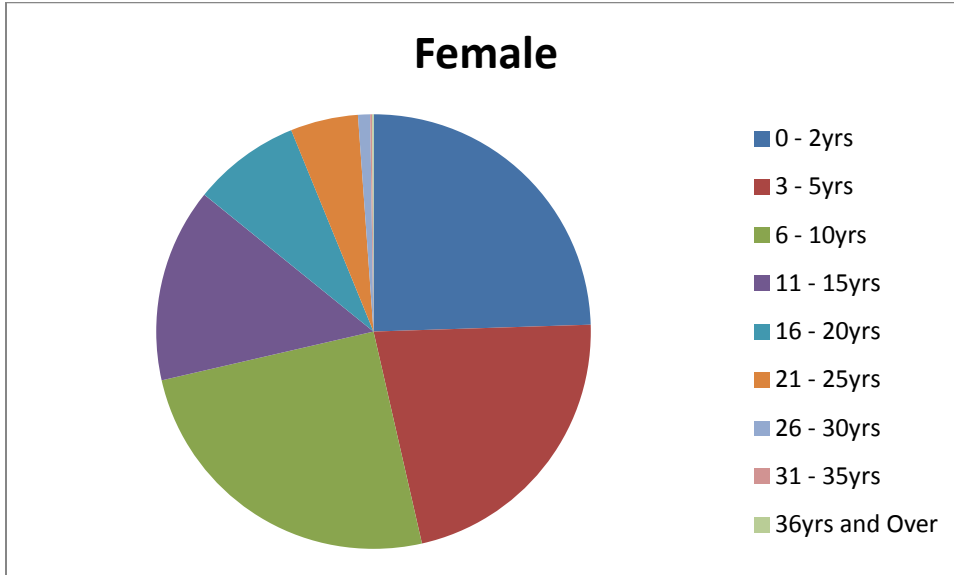
LENGTH OF SERVICE BY SEX

In the year 2011-12 most women in the Trust's workforce had been employed between 6-10 years (506-45.5% of all staff in that length of service), followed by 0-2 (496-47%) and 3-5 (444-49.5%). In the previous year the most prevalent length of service for women was 0-2, followed by 6-10, then 3-5.

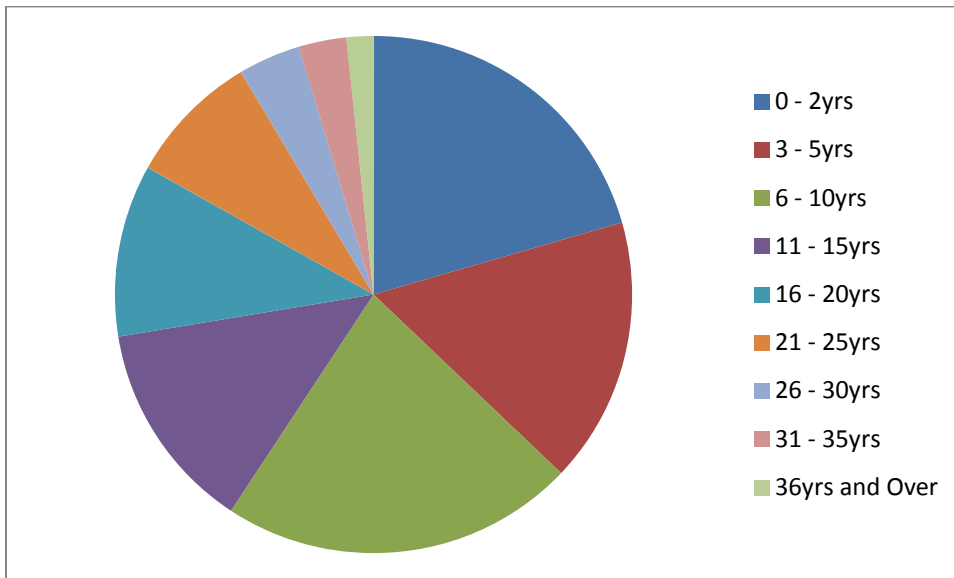
Most men employed in the Trust had also been employed with the Trust between 6-10 years (604-54.4% of all staff with that length of service), followed by 0-2 (559-52.9%)

then 3-5 years (452-50.4%). In the previous year most men had been with Trust for between 0-2 years, then 6-10 and 11-15.

FEMALE STAFF IN POST BY LENGTH OF SERVICE



MALE STAFF IN POST BY LENGTH OF SERVICE



PAY BANDS BY SEX

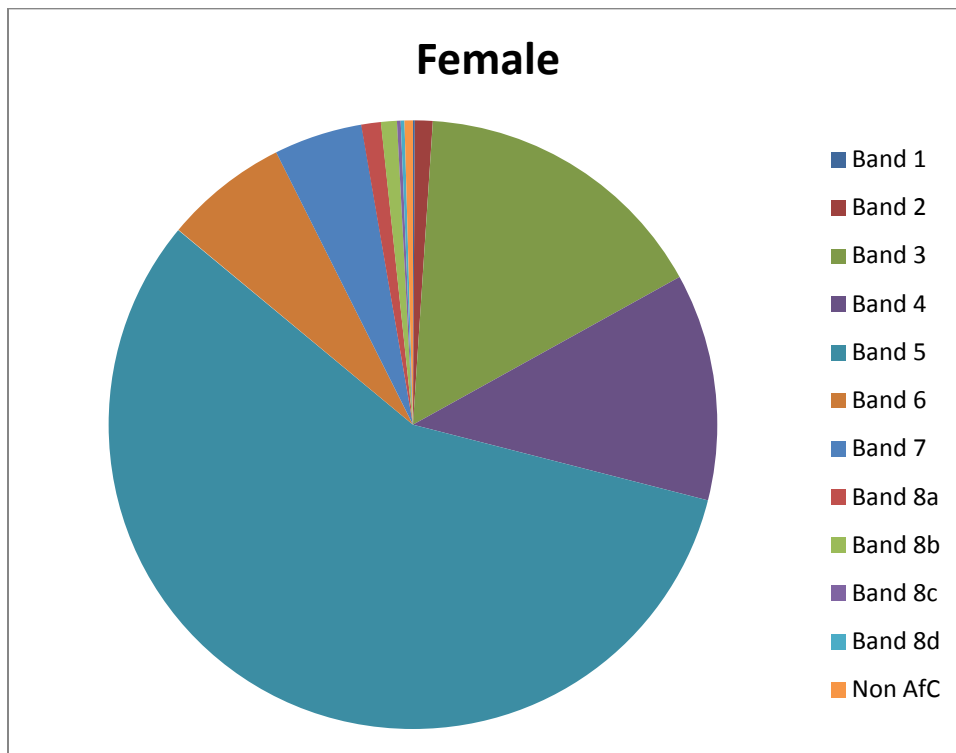
In the year 2010-11 the majority of women were paid at Band 5, followed by Band 3 and Band 4, with only 6.9% of women being paid at senior grade level. In the year 2011-12 the majority of women were paid at Band 5 (1155-42% of all staff at that grade), followed by Band 3 (322-47.2%) and Band 4 (244-54.4%). Only 7.4% of all women were

at senior management grade level, which is an increase on the previous year. This constitutes 31.9% of all staff in senior management posts in the year 2011-12.

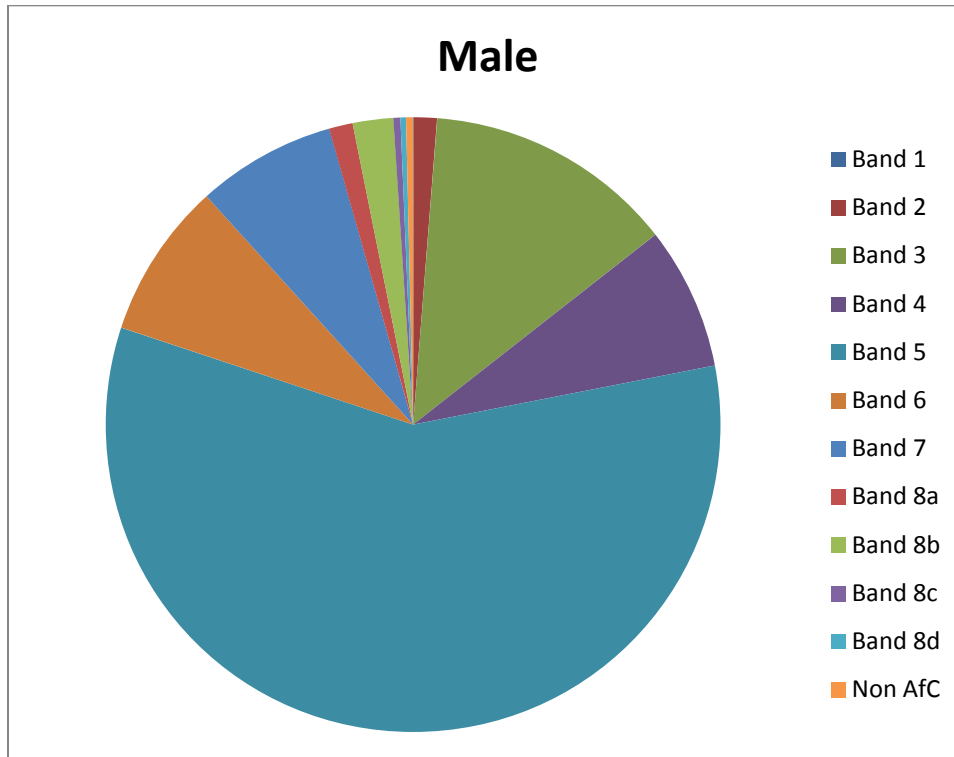
In comparison, most men were at Band 5 (1586-57.8% of all staff at that grade), followed by Band 3 (359-52.7%) then Band 6 (223-62.6%). 68% of senior management positions were held by men (11.7% of the male workforce), which is considerably higher than the estimated London-wide Census 2001 representation of 49%.

Given that women make up 42.6% 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.

FEMALE STAFF IN POST BY PAY BAND



MALE STAFF IN POST BY PAY BAND

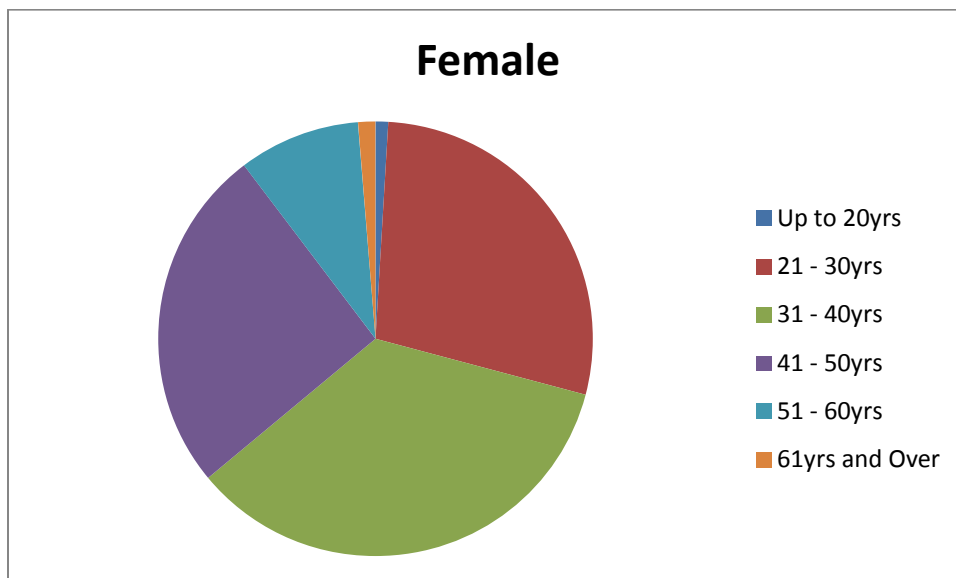


STAFF AGE RANGE BY SEX

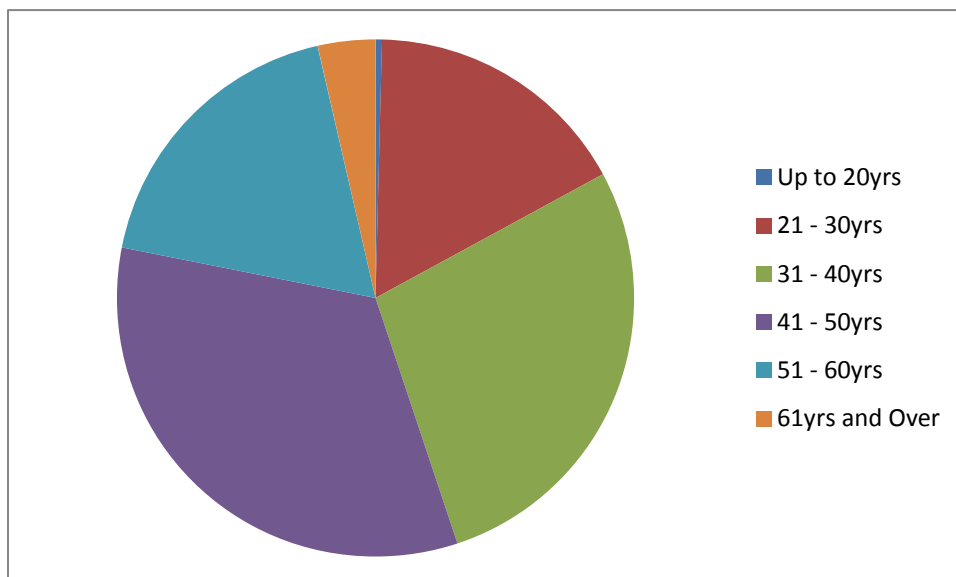
The majority of women in post are in the age ranges 31-40 (705-48.1% of all staff in that age range), followed by 21-30 (571-55.7%) then 41-50 (521-36.5%). This mirrors the previous year when the prevalent age ranges for women were exactly the same.

The majority of men in post are in the age ranges 41-50 (906-63.4% of all staff in that age range), followed by 31-40 (758-51.8%) and 51-60 (498-73.1%). This compares with the previous year in which the most prevalent age ranges for men were 41-50, followed by 31-40 then 21-30.

FEMALE STAFF IN POST BY AGE RANGE



MALE STAFF IN POST BY AGE RANGE

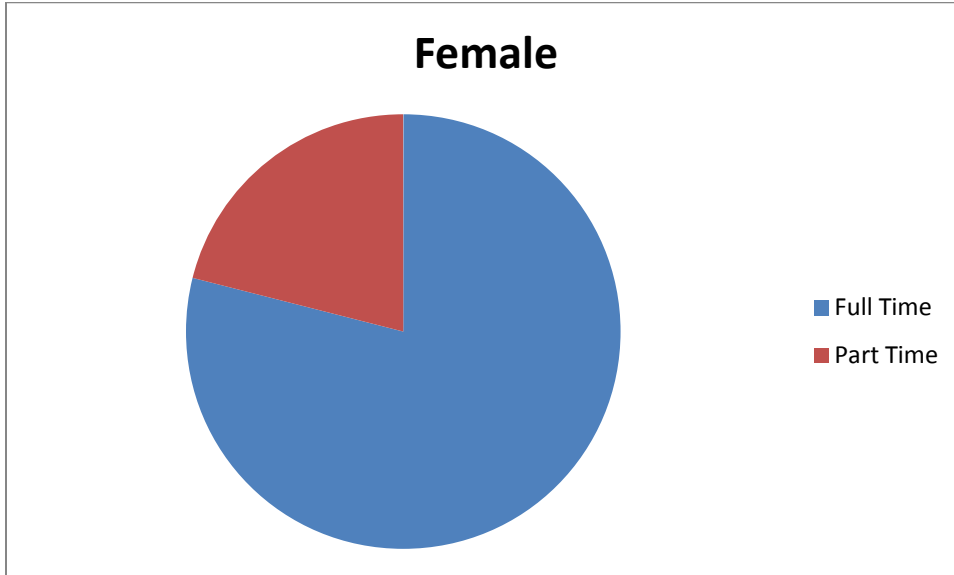


STAFF IN POST BY EMPLOYMENT CATEGORY

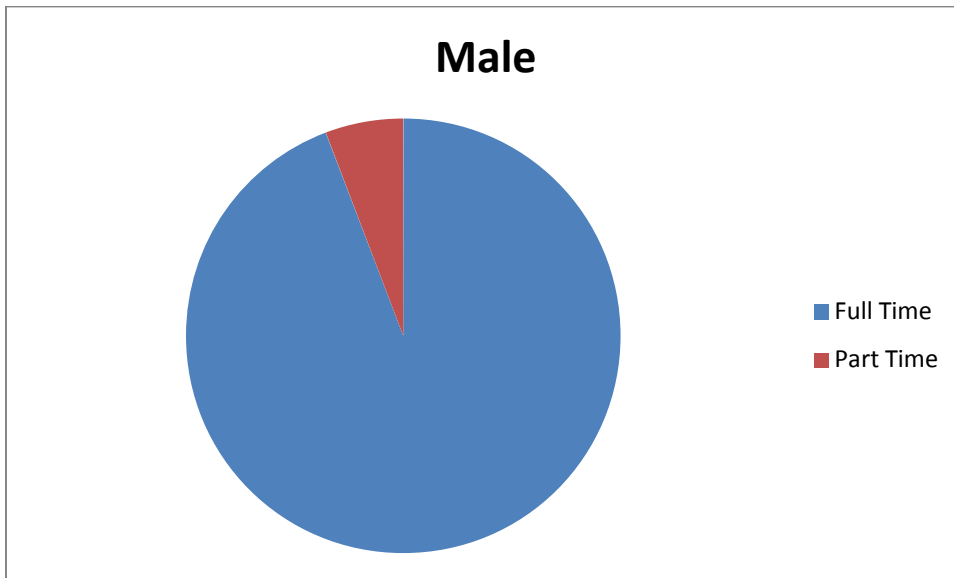
The majority of women in post are in full-time employment (1599-38.3% of all full-time employed staff) with 426 staff in part-time employment (72.9% of all part-time staff). In comparison, 2567 men in post are in full-time employment (61.6% of all full-time employed staff) with 158 in part-time employment (27%).

This is the first time statistics have been able to be reported on this employment category and this will be included in all future reporting to identify any trends arising.

FEMALE STAFF IN POST BY EMPLOYMENT CATEGORY



MALE STAFF IN POST BY EMPLOYMENT CATEGORY



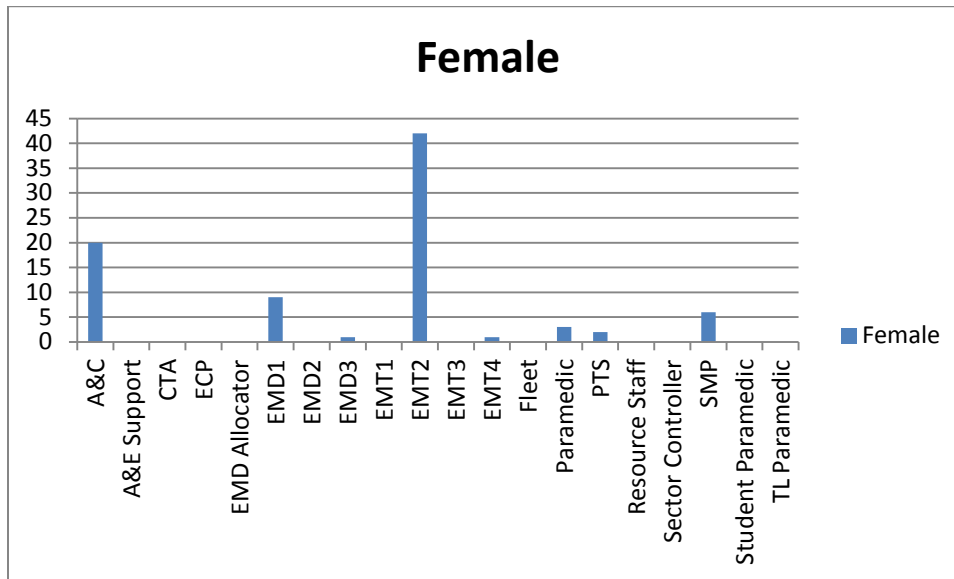
STARTER PROFILE

In the year 2011-12 there were a total of 166 new starters to the Trust, of whom 84 (50.6%) were women and 82 (49.39%) men. (In the previous year of all new starters 176 were women and 149 men).

STARTER GRADE/RANK PROFILE BY SEX

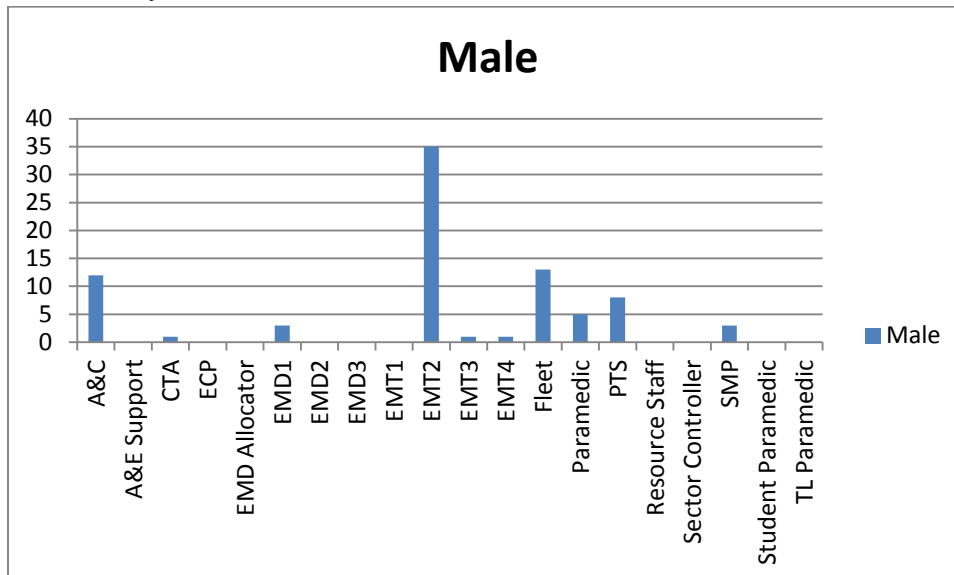
In 2011-12, as the chart below shows, the majority of women starting with the service started as EMT2 (77-54.5% of all starting in that grade/rank), followed by A&C (20-62.5%) then EMD1 (9-75%). (In the previous year the majority of women started as EMT2, followed by A&E Support then EMD1).

FEMALE STARTERS BY GRADE AND RANK



MALE STARTERS BY GRADE AND RANK

The majority of men starting with the service started as EMT2 (35-45.4% of all staff starting in that grade/rank), similar to the women, followed by Fleet (13 (100%)), then A&C (32-37.5%). In the previous year the majority of men started as A&E Support, followed by EMT2 and EMD1.

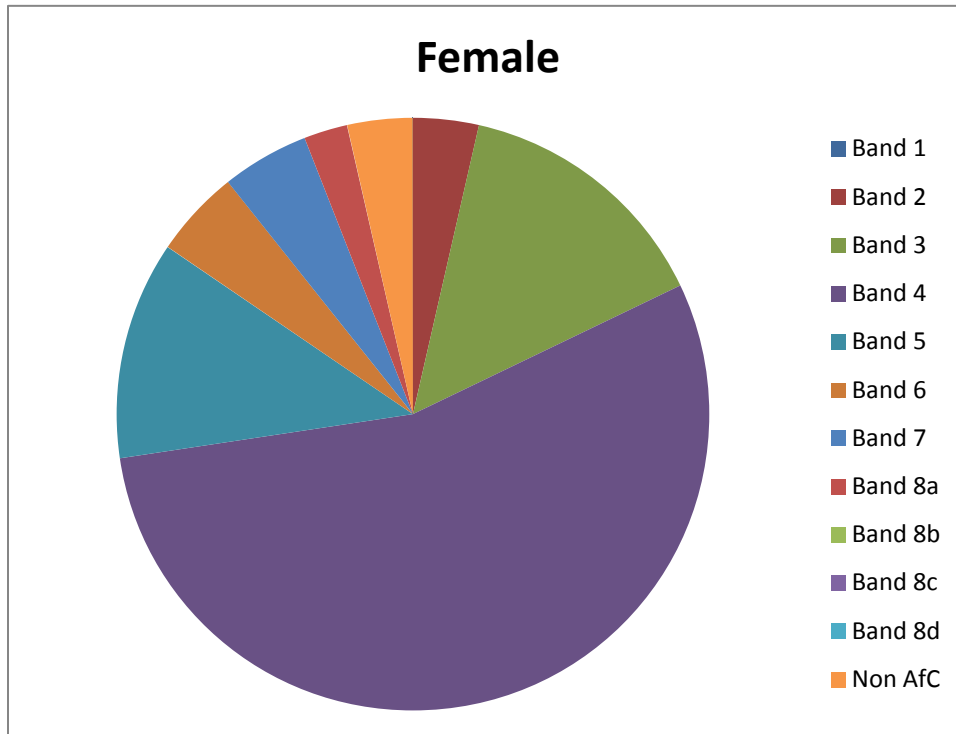


STARTERS BY PAY BAND BY SEX

In the year 2011-12, as the chart below shows, the majority of women starting with the Trust started at Band 4 (46-48.4% of all new starters at that pay band), followed by Band 3 (12-70.5%) then Band 5(10-55.5%). In the previous year most women started at Band 3, followed by Band 4 then Band 5.

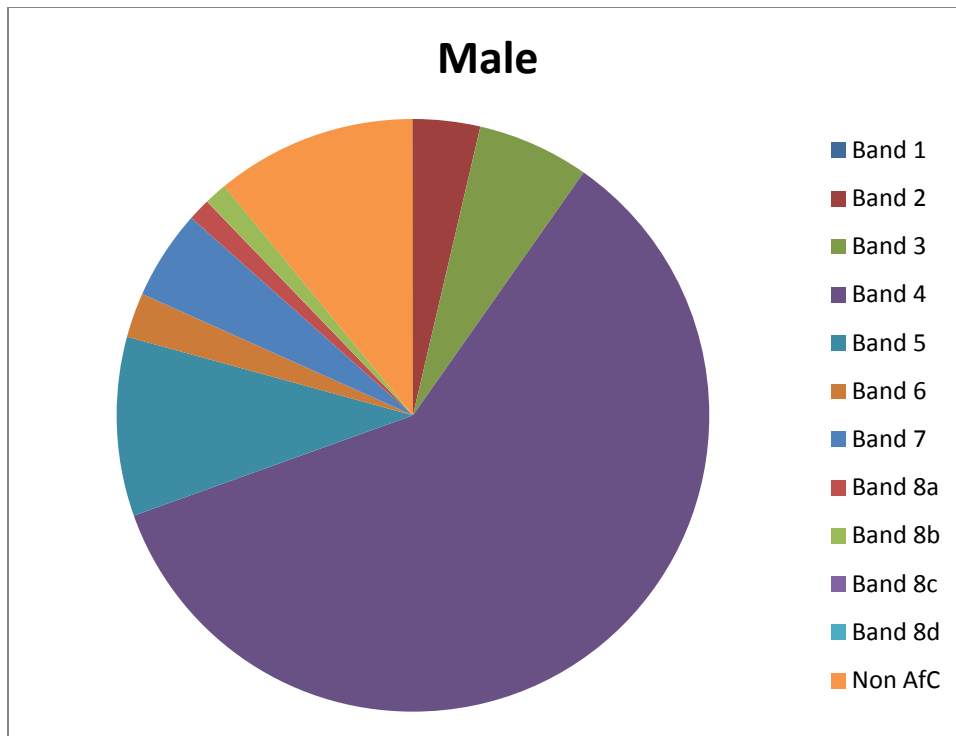
Nine women started in senior management grades (37.5% of all new starters at that grade).

FEMALE STARTERS BY PAY BAND



MALE STARTERS BY PAY BAND

In the year 2011-12 the majority of men starting with the Trust started in Band 4(49-51.57% of all starting in that pay band), followed by non-AFC(9-75%), then Band 5 (8-44.4%). In the previous year the majority of men starting were at Band 3, followed by Band 4 then Band 5. The number of men starting in senior management grades was 15 (62.5% of all new starters at that level).



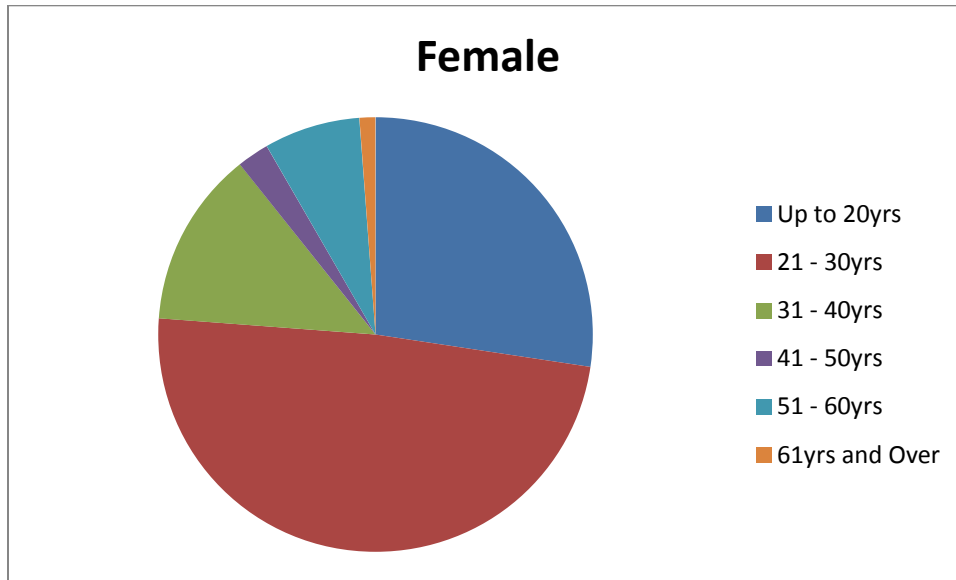
STARTERS BY AGE RANGE

The majority of staff starting with the Trust in the year 2011-12 were in the age range 21-30 (73-43.9% of all new starters), followed by up to 20 (40-24%) then 31-40 (21-12.6%).

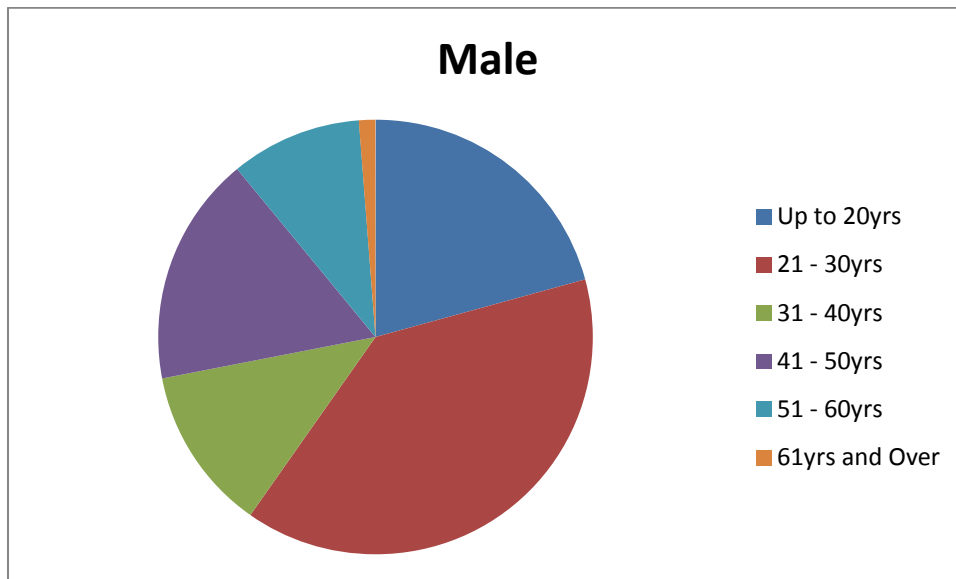
As the chart below shows, women starting with the Trust were predominantly in the age ranges 21-30 (73-56%), followed by up to 20 (23-57.5%) then 31-40 (11-52.3%). In the previous year the most prevalent age ranges were exactly the same and in the same order.

For men starting with the Trust, as the chart below shows, the most prevalent age ranges were 21-30 (32-43.8% of all new starters), followed by up to 20 (17-42.5%) then 41-50 (14-87.5%). In the previous year the most prevalent age range of men starting with the Trust was 21-30, followed by 31-40 then up to 20.

WOMEN STARTERS BY AGE RANGE



MALE STARTERS BY AGE RANGE

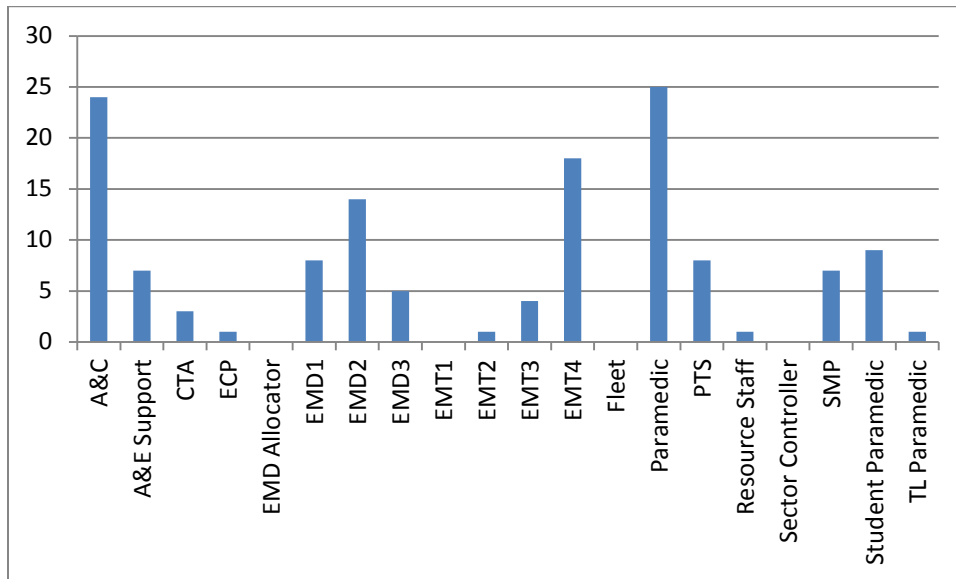


LEAVER PROFILE

In the year 2011-12 a total of 344 people left the Trust, of whom 136 (39.5%) were women and 208 (60.4%) were men, similar to the previous year.

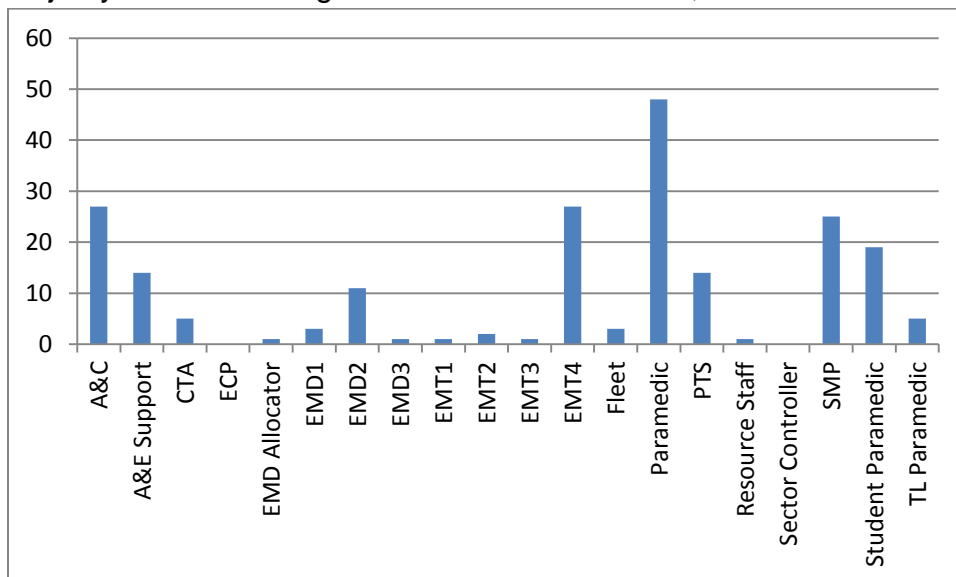
LEAVERS BY GRADE AND RANK BY SEX
FEMALE LEAVERS BY GRADE AND RANK

As the chart below indicates, the majority of women leaving the Trust were Paramedic (25–34.2% of all leavers), followed by A&C (24–47%) then EMT4 (18–40%). In the previous year the majority of women leaving the Trust were from A&C, PTS then Student Paramedics.



MALE LEAVERS BY GRADE AND RANK

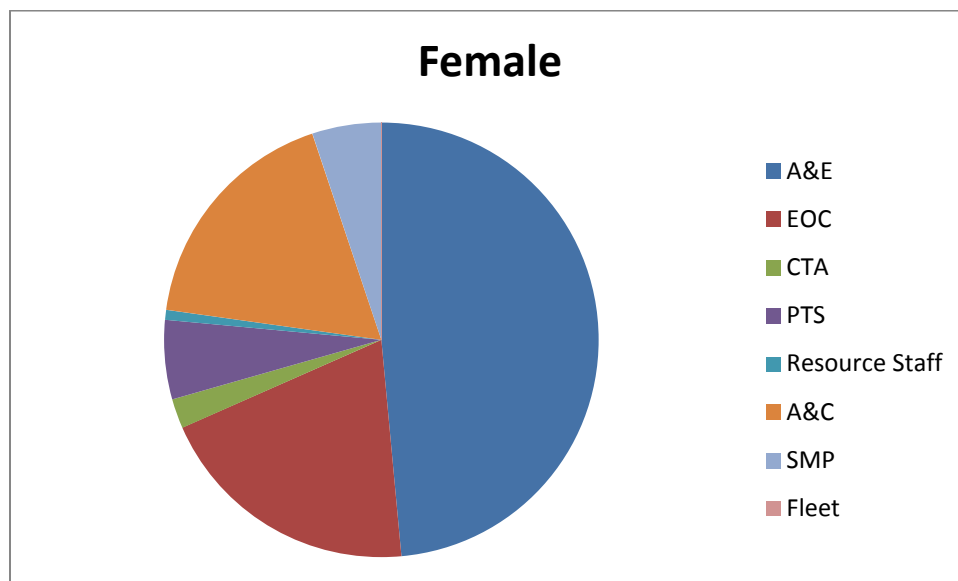
As the chart below shows, the majority of men leaving the Trust in the past year were Paramedics (48–65.7% of all leaving at that grade and rank), followed by EMT4 (27–60%) and A&C (27–52.9%) jointly, then SMP (25–78%). In the previous year the majority of men leaving the Trust were from PTS, Fleet and EMT4.



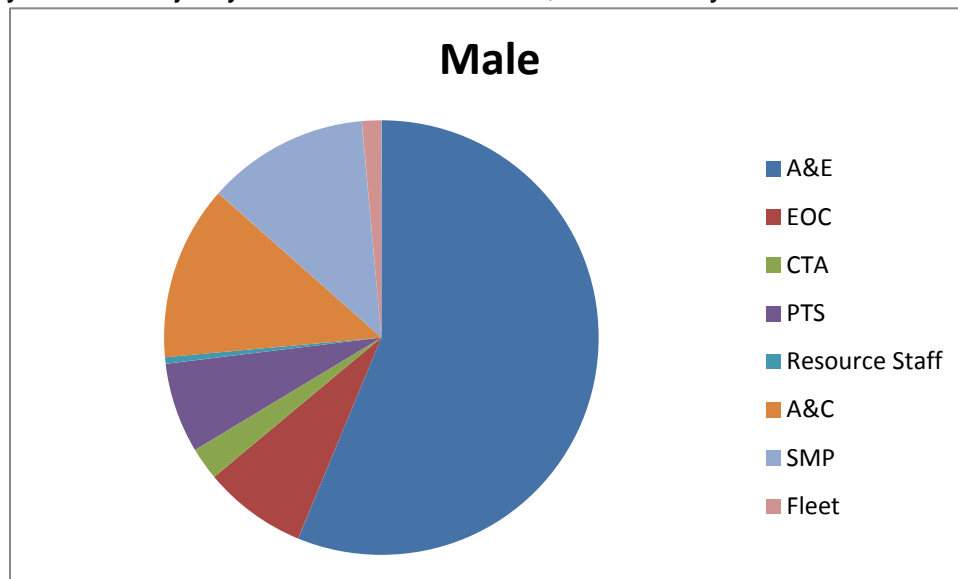
LEAVERS BY STAFF GROUP BY SEX

As the chart below shows, in the year 2011-12 the majority of women leaving the Trust were predominantly from A&E (66–36% of all staff leaving in that staff group), followed by EOC (27-62.7%) then A&C (24–47%). In the previous year the majority of women left from A&E, followed by A&C then PTS.

FEMALE LEAVERS BY STAFF GROUP



In the year 2011-12 the majority of men leaving, as the chart below shows, were from A&E (117-63.9%), followed by A&C (27-52.9%), then SMP (25-78%). In the previous year the majority of men left from A&E, followed by PTS then SMP.

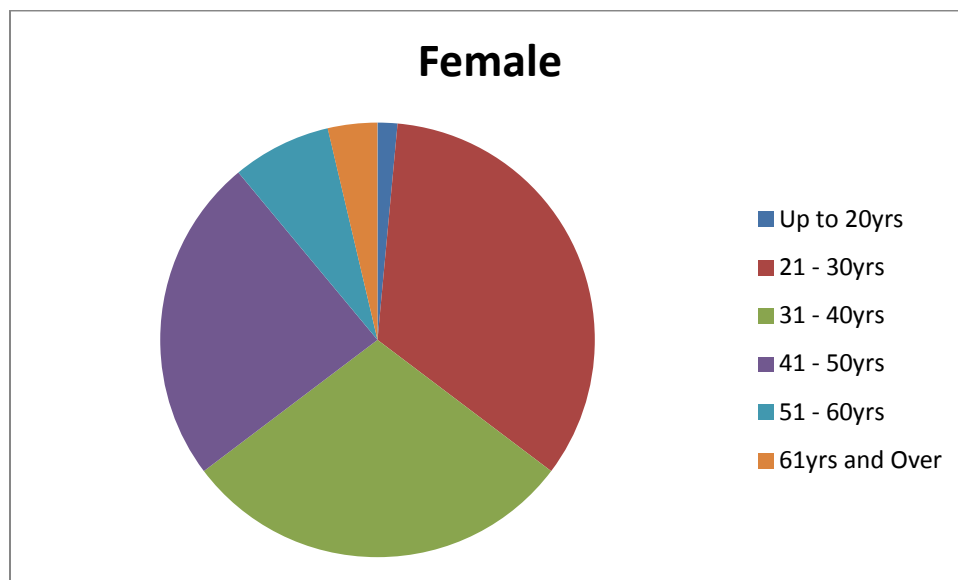


STAFF LEAVING BY AGE BAND

In 2011-12 the majority of staff leaving the Trust were in the age bands 21-30 and 31-40 jointly (91–26.4% of all leavers each).

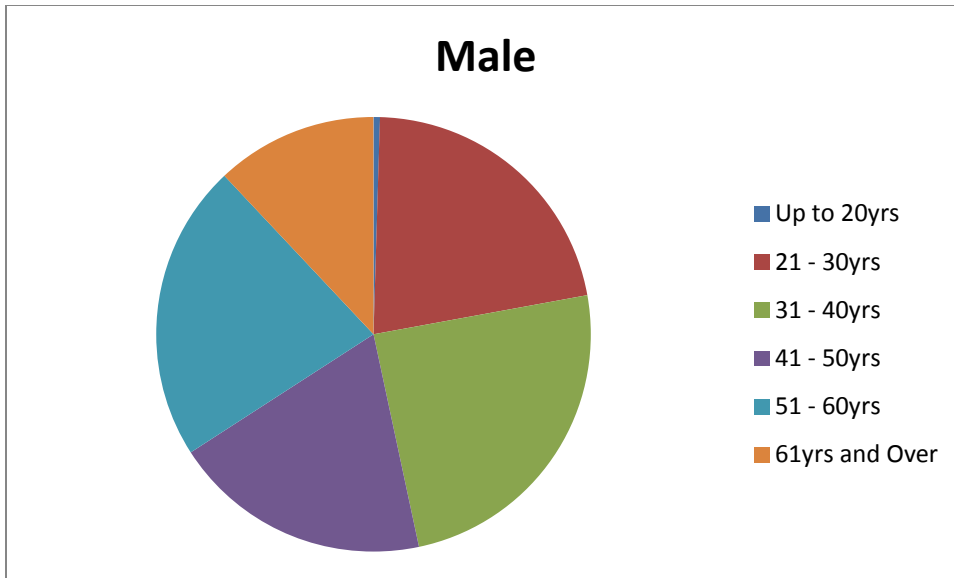
In the year 2011-12, as shown below, the majority of women leaving the Trust were from the age bands 21-30 (46- 50.5% of all leavers in that age band), followed by 31-40 (40-43.9%), then 41-50 (33-45.2%). In the previous year the majority of women leaving were in the age bands 21-30 and 31-40 equally, followed by 41-50.

FEMALE LEAVERS BY AGE BAND



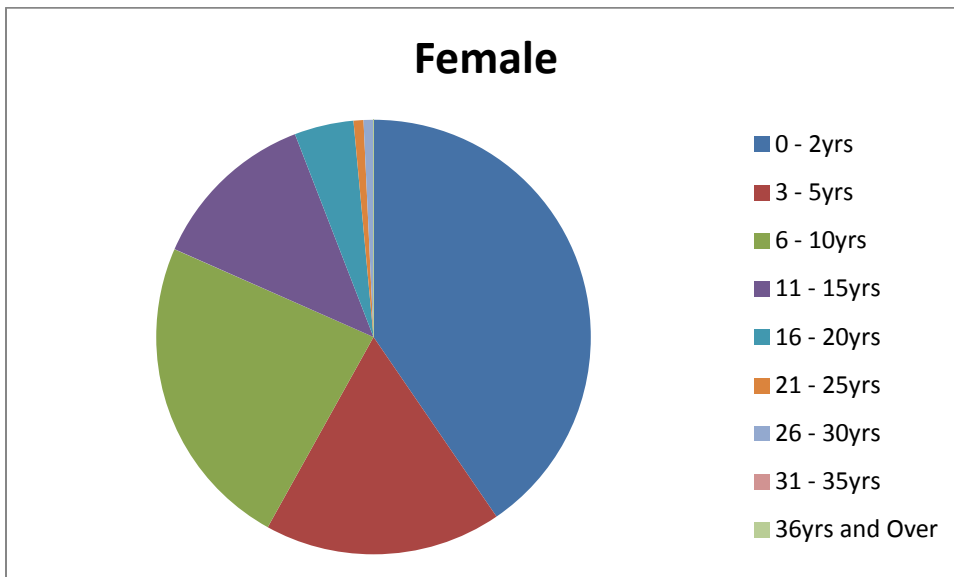
MALE LEAVERS BY AGE BAND

In the year 2011-12, as indicated by the chart below, the majority of men leaving the Trust were in the age bands 31-40 (51–56% of all staff leaving in that age band), followed by 51-60 (46–82.1%) then 21-30 (45–49.4%). In the previous year, by contrast, the majority of men leaving the Trust were in the age bands 41-50, followed by 51-60 then 61 and over.



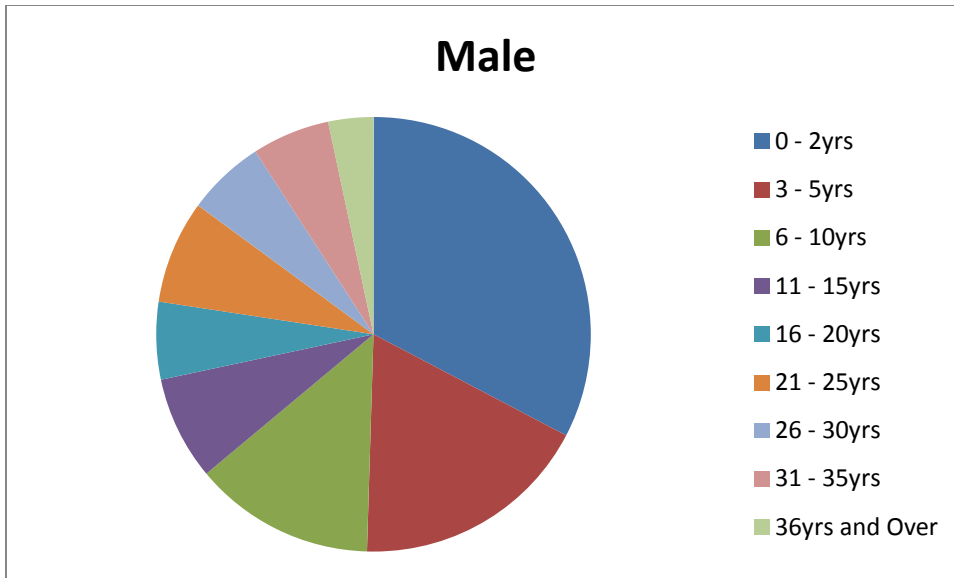
**LEAVERS BY LENGTH OF SERVICE BY SEX
FEMALE LEAVERS BY LENGTH OF SERVICE**

As the chart below shows, the majority of women leaving in 2011-12 had length of service 0-2 years (55-44.7%), followed by 6-10 (32-53.3%) then 3-5 (24-39.3%). This mirrored the profile for women leaving the Trust in the previous year.



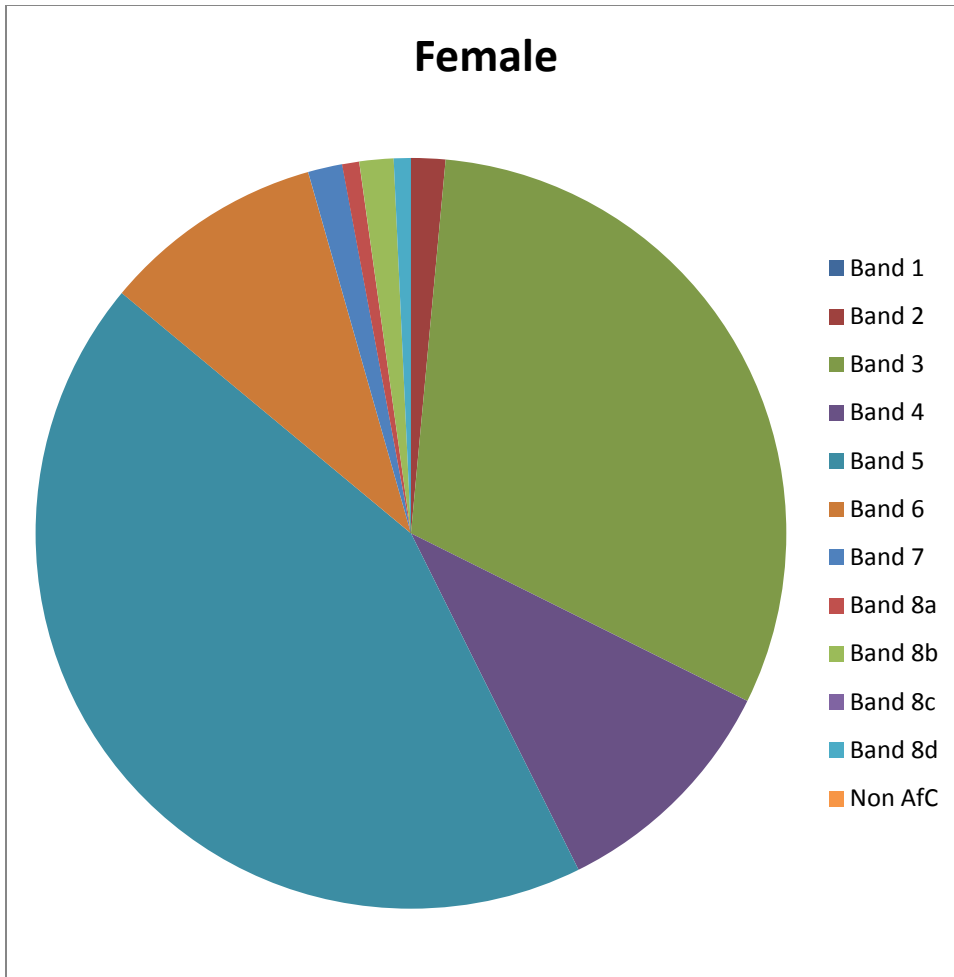
MALE LEAVERS BY LENGTH OF SERVICE

As the chart below shows, in the year 2011-12 the majority of men leaving the Trust had length of service 0-2 years (68-55.2%), followed by 3-5 (37-60.65%) and 6-10 (28-46.6%). This mirrored the profile of men leaving the Trust in the previous year.

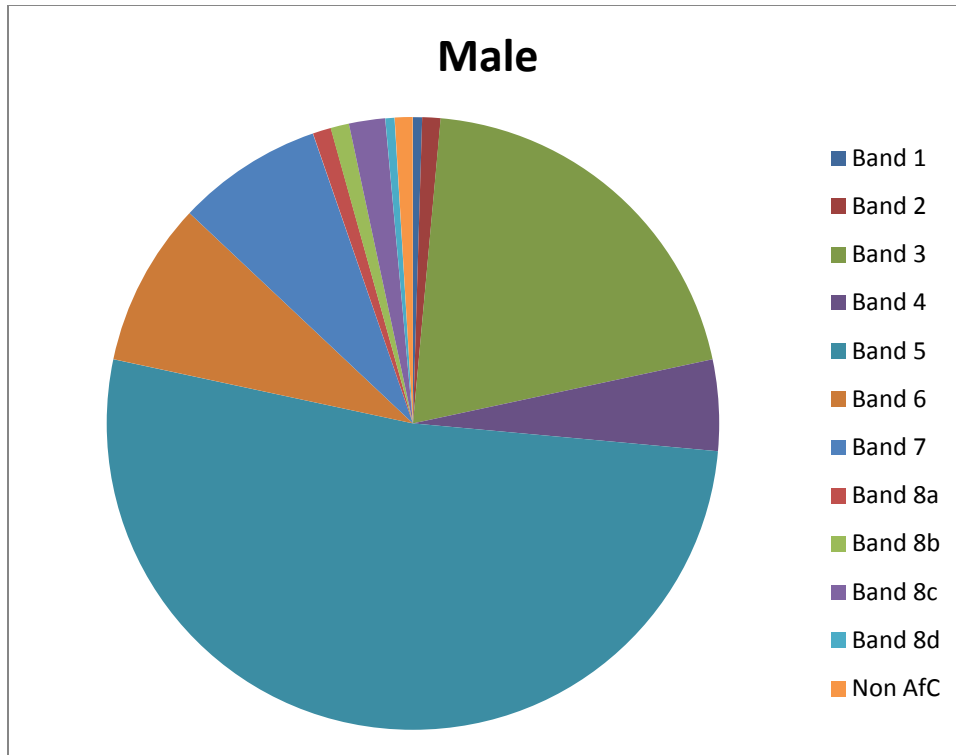


LEAVERS BY PAY BAND BY SEX
FEMALE LEAVERS BY PAY BAND

In the year 2011-12, as the chart below shows, the majority of women leaving the Trust were in Band 5 (59-35.3% of all staff leaving in that pay band), followed by Band 3 (42–50%), then Band 4 (24-58.3%). In the previous year the majority of women left in exactly the same order of pay bands.



In the year 2011-12, as indicated by the chart below, the majority of men leaving the Trust were in Band 5 (108-64.6% of all staff in that grade), followed by Band 3 (42-50%), then Band 6 (18-58%). In the year before the majority of men leaving were in Band 5, followed by Band 3 then Band 4.



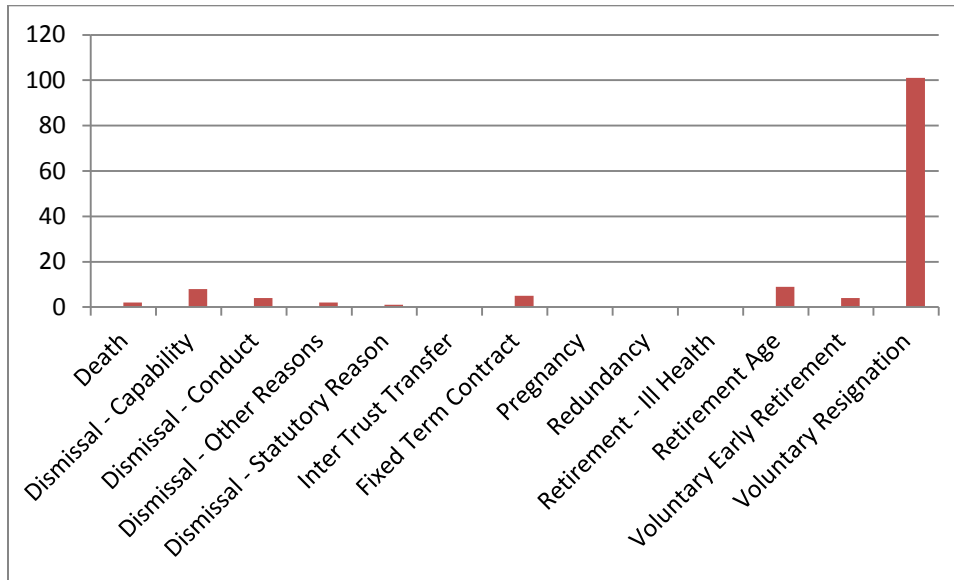
LEAVERS BY EMPLOYMENT CATEGORY

In 2011-12 out of a total of 344 staff leaving the Trust 291 (84.6%) were full-time and 53 (15.4%) were part-time. Of the women leaving the Trust, 99 were in full-time employment (34% of all staff leaving in that employment category), while 37 (69.8%) were part-time. Of the men leaving the Trust 192 (65.9% of all staff leaving in that employment category) were full-time and 16 part-time (30.1%).

LEAVERS BY SEX – REASONS FOR LEAVING

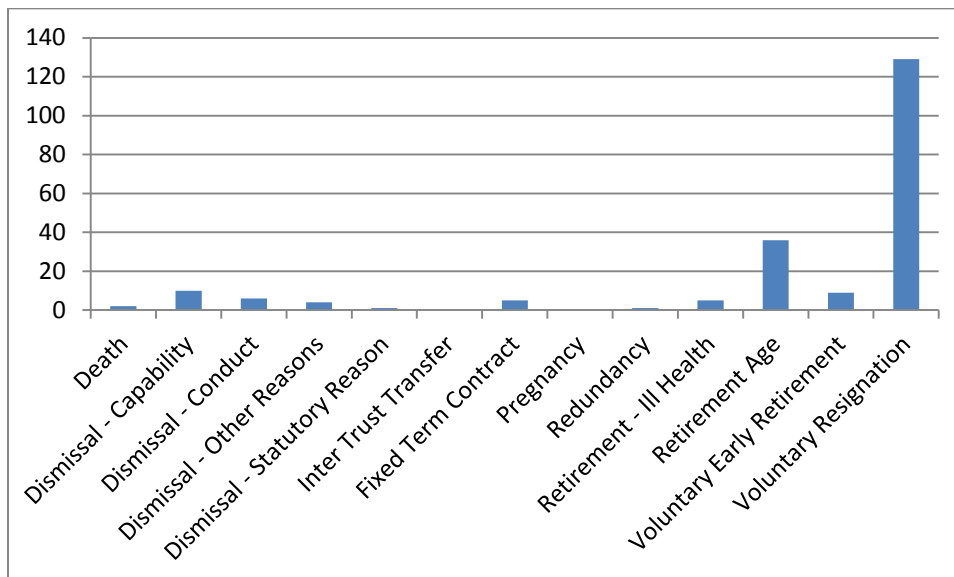
In the year 2011-12, as the chart below shows, the majority of women leaving the Trust left on the following reasons – Voluntary Resignation (101-43.9% of all staff leaving on those grounds), followed by Retirement Age (9-20%) then Dismissal – Capability (8-44.4%). In the previous year the majority of women leaving left on Voluntary Resignation, followed by Inter Trust Transfer, then Retirement – Age.

REASONS FOR WOMEN LEAVING THE TRUST



As the chart below demonstrates, in the year 2011-12 the majority of men leaving the Trust left on the grounds of Voluntary Resignation (129-56% of all staff leaving on those grounds), followed by Retirement – Age (36-80%) then Dismissal-Capability (10-55.5%). In the previous year the majority of men left on Voluntary Resignation, followed by Retirement – Age then Inter Trust Transfer.

REASONS FOR MEN LEAVING THE TRUST



PROMOTIONS BY SEX

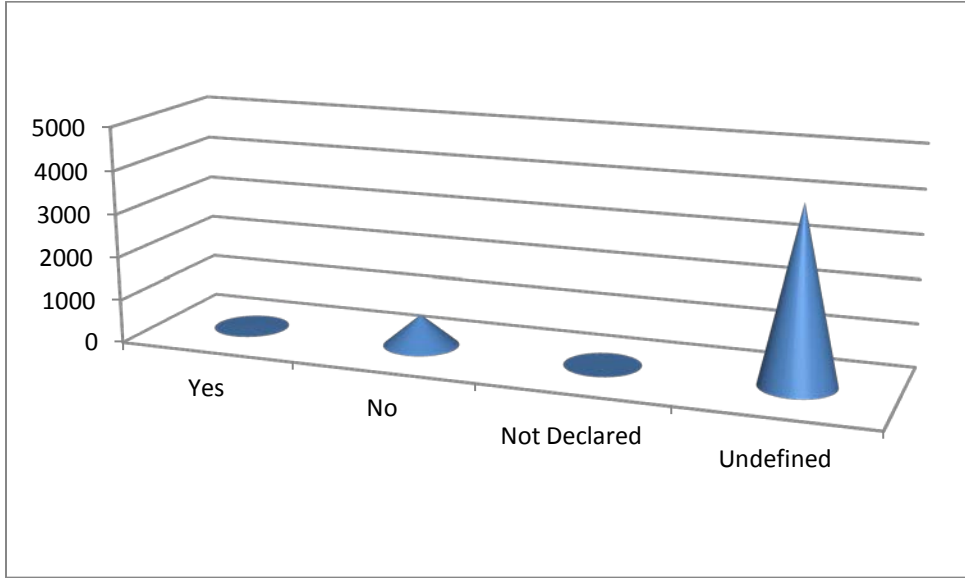
In September 2011 a system change was applied to the NHS-wide Electronic Staff Record system (ESR) to prompt HR staff to give a reason as to why a change had been made to an

employee's position/job title. This will enable easier and more accurate reporting in regard to the protected characteristic groups, rather than the previous reliance on manual systems. In 2011-12 the total number of promotions was 148, of which 69 (46.6%) were for women and 79 (53.4%) were for men. In terms of overall representation of staff, the percentage of women being promoted is above the overall representation in the Trust (42%), though under the estimated representation in the capital.

5.5. PROFILE BY DISABILITY

As the chart below shows, the number of staff declaring themselves to be disabled was very low (17-0.35%) of the total Trust workforce. In the previous year 19 staff had declared themselves to be disabled. However, a very high number of staff were not declared or undefined (4012- 84.4%) with 721 staff (15%) 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

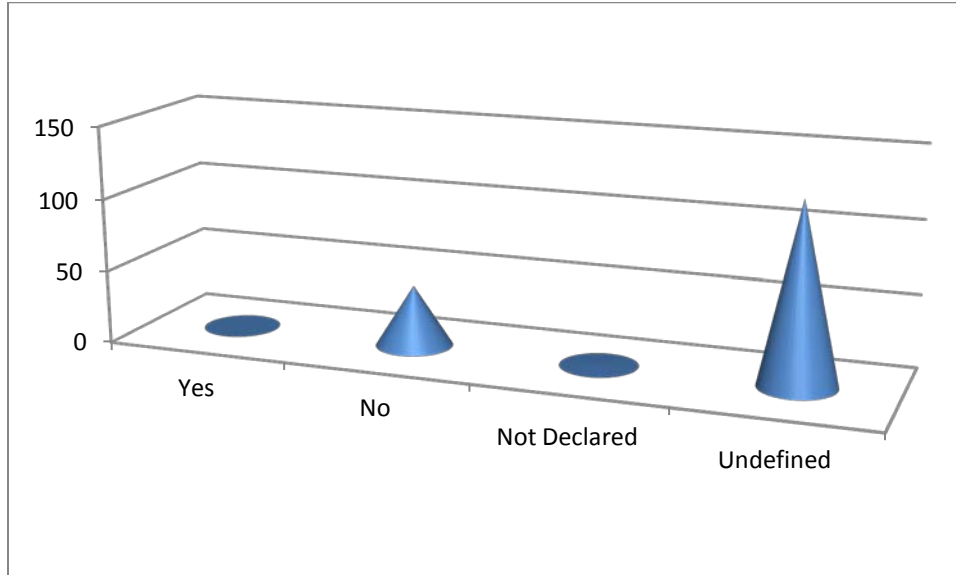


STARTER PROFILE

Of 166 new starters to the Trust, no one self-identified as disabled, 42 (25.3%) said they were not disabled, while 124 (74.69%) did not declare either way. The Trust's membership of the leading UK Employers' Forum on Disability, its commitment to being a Two Ticks Employer, as well as the establishment of 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 2 new starters had identified as disabled, 130 as not disabled and 193 did not declare either way.

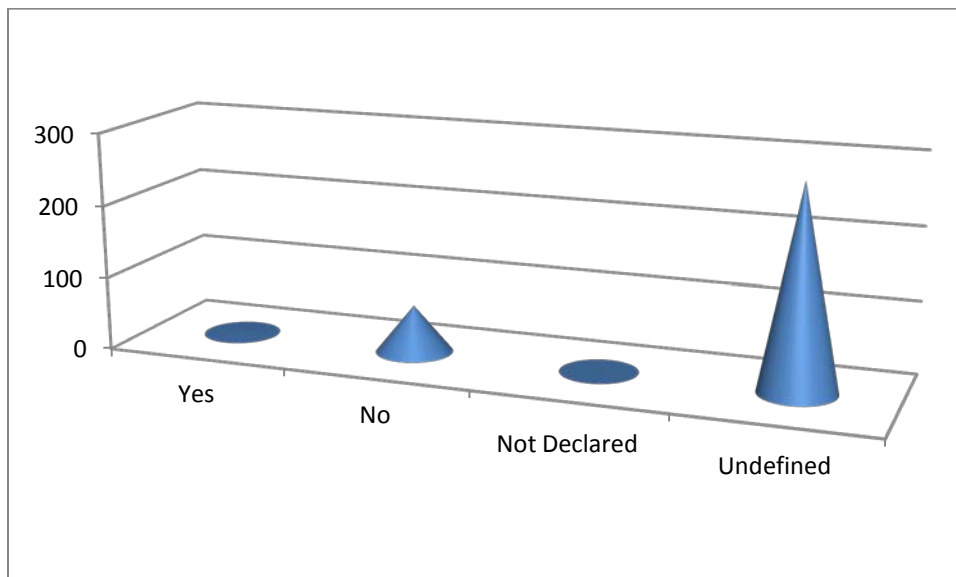
DISABLED STAFF STARTERS



LEAVER PROFILE

As the chart below shows, of the 344 staff leaving the Trust, 2 said they were disabled (0.5%), 65 said they were not disabled (18.8%) and 277 (80.5%) did not declare either way. In the previous year 2 leavers said they were disabled, 30 said they were not and 320 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



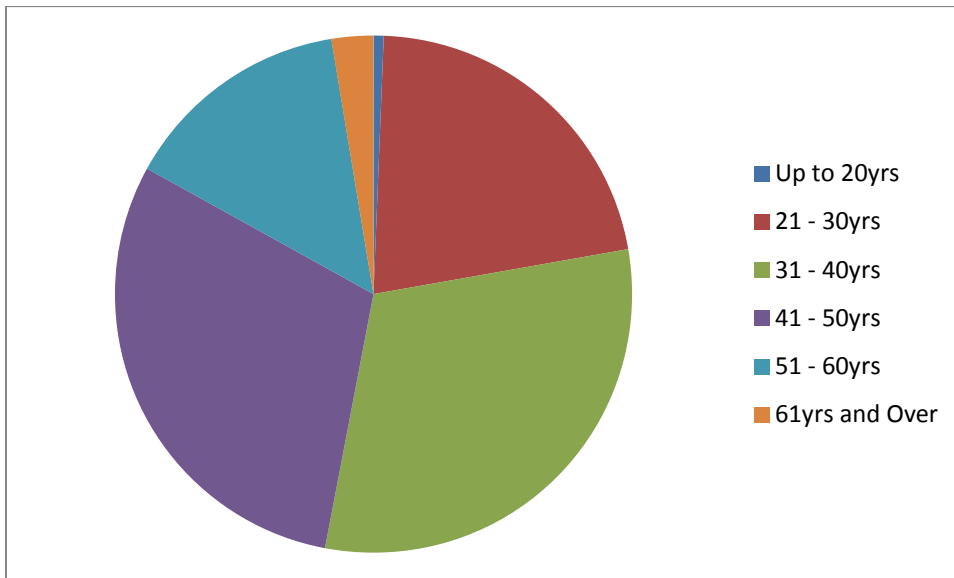
PROMOTIONS

In the year 2011-12 no staff who said they were disabled staff were promoted , 6 staff (4%) were promoted who said they were not disabled and 142 staff (96%) were promoted who did not declare either way.

5.6. WORKFORCE PROFILE BY AGE

As the chart below shows, in the year 2011-12 the majority of Trust staff (1463 -30.8% of the total workforce) were in the age ranges 31-40, followed by 41-50 (1427-30%) then 21-30 (1025-21.6%). This mirrors the same age prevalence in the years 2010-11 and 2009-10.

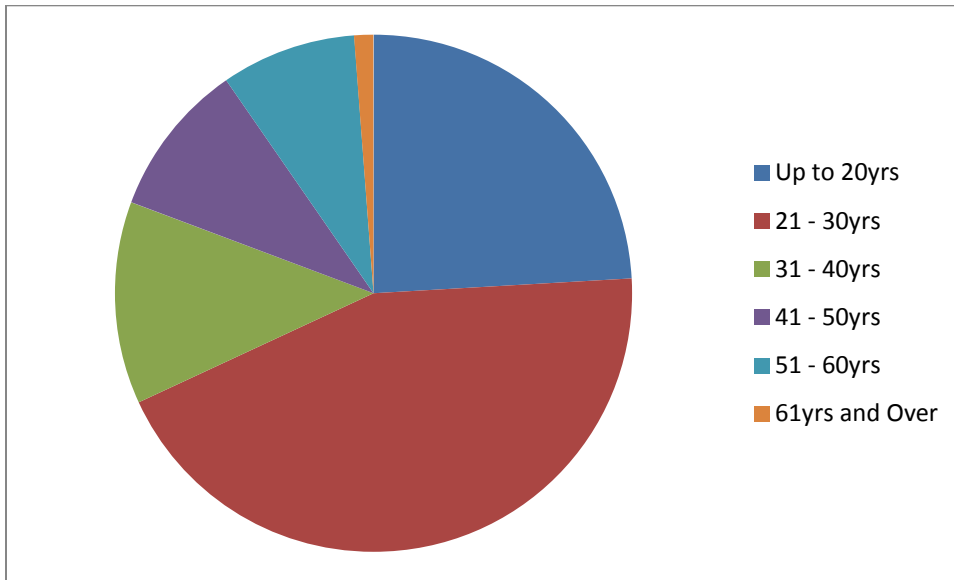
STAFF IN POST BY AGE



STARTER PROFILE

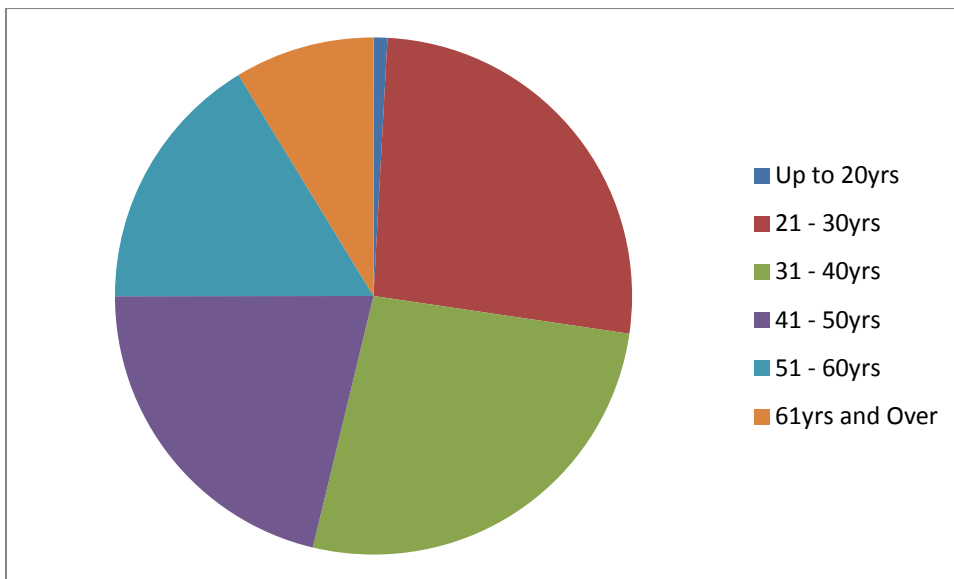
As shown by the chart below, the majority of new starters to the Trust (166) were in the age ranges 21-30 (73-44% of all new starters), followed by up to 20 (40-24%) then 31-40 (21-12.7%). This mirrors exactly the starter by age profile for the year 2010-11.

STARTER PROFILE BY AGE



LEAVER PROFILE

As shown by the chart below, the most prevalent age range of staff leaving the Trust was 21-30 (91–26.5% of all staff leaving the Trust) and 31-40 (91–26.5%) equally, followed by 41-50 (73–21.2%). In the previous year the profile was instead 31-40, then 41-50 and 51-60.



PROMOTIONS

The age ranges in which staff were promoted were 31-40 (61–41.2%), followed by 21-30 (54–36.5%) then 41-50 (26 - 17.6%). This mirrored the promotions by age profile for the previous year. There continues to be visible equal opportunity for promotion within the Trust, regardless of age.

5.7.EMPLOYEE RELATIONS ACTIVITY – April 2011–March 2012

Recording of employee relations activity has continued to improve and this will account for a proportion of the increase in activity. The incidences of gaps in completeness of information have again fallen since the last report to a level that can now be considered as negligible.

In total, records show that the Disciplinary procedure was instituted 110 times; Grievance 33 times; and Managing Attendance 682 times. The figure for Managing Attendance includes people for whom capability in terms of their health was the key issue.

Only one case was initiated during the period under the Capability Performance procedure.

The Disciplinary Procedure was instituted with a total of 95 different staff, 58 men (61.0%) and 37 women (39.0%). Eleven people (11.6%) were BME staff. One disciplined member of staff had undetermined ethnicity.

- 2 members of staff (1.6%) were in the age band 20 or under;
- 21 (12.5%) in band 21-30;
- 33 (39.1%) in band 31-40;
- 30 (29.7%) in band 41-50;
- 6 (15.6%) in band 51-60;
- 3 (1.6%) over 60 years.

The Disciplinary Procedure was not instituted with any member of staff who self-identified as a disabled person.

In no instance did disciplinary allegations relate to bullying and/or harassment.

71 staff were dismissed or received warnings as a result of the Disciplinary proceedings. 32 of these were women (45.0%) and 8 BME staff (11.3%).

- 4 members of staff were in the age band 20 or under;
- 16 in band 21-30;

- 29 in age band 31-40;
- 18 in band 41-50;
- 3 in band 51-60;
- 1 over 60 years.

The Grievance Procedure was instigated by a total of 33 staff, 18 women and 15 men, of whom two (6.0%) were BME staff. No member of staff self-identified as a disabled person.

- 2 members of staff were in age band 21-30;
- 7 were in age in band 31-40;
- 13 in band 41-50;
- 10 in band 51-60;
- 1 over 60 years.

Nine grievances were related to bullying and/or harassment.

Of the grievances submitted, one was upheld. This was submitted by a white male in the age band 31-40. The remainder were either not upheld or have not yet been concluded.

The Managing Attendance Procedure (MAP) was formally instituted (i.e. the member of staff was issued with a warning or dismissed) with 661 members of staff in total; 313 (47.4%) women; 348 (52.6%) men; 54 (8.2%) BME staff.

Eight members of staff (1.2%) either self-identified as a disabled person or were declared by the Occupational Health department to be treated as protected by legislation.

- 2 members of staff (0.3%) were in age band 20 or under;
- 131 (19.8%) in band 21-30;
- 198 (30.0%) in band 31-40;
- 222 (33.6%) in band 41-50;
- 96 (14.5%) in band 51-60;
- 12 (1.8%) were over 60.

The Capability Performance Procedure was instituted with one member of staff, who was female and in the age band 21-30.

In the year 2011-12 there were a total of 9 claims lodged in the Employment Tribunal, four of which were by women.

- 1 member of staff was in age band 21-30
- 2 in band 31-40
- 5 in band 41-50
- 1 in band 51-60.

Two claims were made by BME members of staff.

Five claims were for disability discrimination; one claim for age discrimination. There were no claims for race discrimination. One of the claims for disability discrimination was successful.

Analysis

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.

		07/08	08/09	09/10	10/11	11/12
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	No	%	No.	%	No.	%	No.	%	No.	%
Disciplinary Procedure			36		51		64		95	
Male			22	61.2	36	70.6	34	53.1	58	61.0
Female			14	38.8	15	29.4	30	46.9	37	39.0
BME		8.33	0	0	7	13.7	8	12.5	11	11.6
Disabled			0	0.0	0	0.0	0	0.0	0	0.0
Grievances			17		16		34		33	
Male			13	76.5	8	50.0	21	61.8	15	45.5
Female			4	23.5	8	50.0	13	38.2	18	54.5
BME		12.24	3	17.6	4	25.0	3	8.8	2	6.0
Disabled			1	5.9	1	6.3	0	0	0	0.0
Managing Attendance			48		403		613		661	
Male			26	54.2	233	57.8	339	55.3	348	52.6
Female			22	45.8	170	42.2	274	44.7	313	47.4
BME			11	22.9	16	4.0	16	2.6	54	8.2
Disabled			0	0.0	7	1.7	5	0.8	8	1.2
Capability Performance			0		2		2		1	
Male			0	0.0	0	0	1	50.0	0	0.0
Female			0	0.0	2	100.0	1	50.0	1	100.0
BME			0	0.0	1	50.0	0	0	0	0.0
Disabled			0	0.0	0	0	0	0	0	0.0
Age (all activity)					472		713		790	
20 or under				0.0	5	1.1	2	0.3	6	0.8
21 - 30				9.6	58	12.3	122	17.1	155	19.6
31 - 40				41.2	166	35.3	231	32.4	239	30.3
41 - 50				33.3	183	38.7	232	32.5	265	33.5
51 - 60				14	60	12.6	111	15.6	112	14.2
Over 60				2.6	0	0	15	2.1	13	1.6

In 2011/12 women represented 42.6% of our total workforce. The figures for disciplinary action show a gender split broadly similar to the workforce as a whole. Activity figures under the MAP also reflected this gender split, as they have done for the three previous years.

9.3% of our workforce is from BME groups. The figures show that the percentage of disciplinary investigations in which the subject is from BME groups is steadily declining and, at 11.6%, is broadly in line with the total workforce proportion. The total number of cases is, however, increasing.

The number of BME staff who received a warning or were dismissed under the Managing Attendance Procedure in 2011/12 (8.2%) is broadly in line with the total workforce proportion.

Activity under the Grievance policy in 2011/12 reflected broadly the composition of the workforce so far as gender is concerned. However, at 6.0%, fewer grievances were received from BME staff than the workforce mix would suggest.

The figures show a continuing increase from the last reported period in the number of people being managed under the MAP. Although the numbers are small, the number of disabled people within this caseload was just 1.2%. In terms of age, as with gender, activity under the MAP reflected broadly the composition of the workforce.

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

The Trust is investigating what steps it should take to record employee relations in respect of other protected characteristic groups.

5.8.RETURN TO WORK FOLLOWING MATERNITY LEAVE

In the year from April 1 2011 to March 31 2012 a total of 123 women took maternity leave. 75 have since returned to work, with 41 still on maternity leave and 7 people leaving the service. In the previous year 143 women had taken maternity leave, with 133 returning to work with the Trust afterwards.

5.9.ACCESS TO FLEXIBLE WORKING

In the 2011 annual Staff Survey, questions were asked again around access to flexible working. In the 2011 Department of Health NHS Staff Survey benchmarking report the Trust scored better than average for the percentage of staff using flexible working options (48% compared with an average of 44%) A breakdown of responses by protected characteristic groups to the flexible working questions in the Trust's survey revealed the following:

In response to the question "Can I approach my immediate manager to talk openly about flexible working", to which 48.2 agreed or strongly agreed (in the previous

year it was 49.2%), staff from the different protected characteristic groups responded as follows:

- ❖ 35.9% of staff who identified as having a long-standing illness, health problem or disability agreed; 12.3% strongly agreed
- ❖ 36.3% of staff in age range 16-30 agreed; 10.5% strongly agreed
- ❖ 38% of staff in age range 31-40 agreed; 14.1% strongly agreed
- ❖ 35.3% of staff in age range 41-50 agreed; 13.6% strongly agreed
- ❖ 33.7% of staff in age range 51-65 agreed; 11.3% strongly agreed
- ❖ 28.9% of staff in age range 66+ agreed; 15.8% strongly agreed
- ❖ 35.8% of White British staff agreed; 12.3% strongly agreed
- ❖ 33.3% of White Irish agreed; 9.5% strongly agreed
- ❖ 31.2% of White any other background agreed; 11.7% strongly agreed
- ❖ 41.7% of Mixed White and Black Caribbean/African agreed; 33.3 strongly agreed
- ❖ 28.6% of Mixed White and Asian agreed; none strongly agreed
- ❖ 21.4% of Mixed/any other mixed background agreed; 14.3% strongly agreed
- ❖ 57.1% of Asian British agreed; 19% strongly agreed
- ❖ 33.3% of Asian British/Pakistani/Bangladeshi agreed; 8.3% strongly agreed
- ❖ 18.2% of Asian British/any other Asian background agreed; 27.3% strongly agreed
- ❖ 44.4% of Black British Caribbean agreed; 16.7% strongly agreed
- ❖ 32.1% of Black British African /any other black background agreed; 25% strongly agreed
- ❖ 46.2% of Chinese/any other background agreed; 7.7% strongly agreed
- ❖ 37.9% women agreed; 14% strongly agreed
- ❖ 34.2% of men agreed; 11.4% strongly agreed
- ❖ 36.8% of staff who said they had no religion agreed; 11.5% strongly agreed (* the Trust has asked for there to be a national question including both religion and belief to be included in all future surveys – at present the question in the national survey only refers to “religion”. As the survey does not release data on any numbers less than 11 for reasons of confidentiality, the responses from Sikh and Jewish staff were not available.)
- ❖ 36% Christians agreed; 13.5% strongly agreed
- ❖ 25% of Buddhists agreed; 18.8% strongly agreed
- ❖ 33.3% of Hindus agreed; 20% strongly agreed
- ❖ 42.9% of Muslims agreed; 9.5% strongly agreed
- ❖ 33.3% of staff who said they had Any other religion agreed; 33.3% strongly agreed

- ❖ 30.4% staff who said they would prefer not to state their religion agreed; 8.7% strongly agreed
- ❖ 36.3% of staff who said they were heterosexual/straight agreed; 12.3% strongly agreed
- ❖ 30.4% gay men agreed; 19.6% strongly agreed
- ❖ 34.1% of gay women agreed; 18.2% strongly agreed
- ❖ 14.3% of bisexual staff agreed; 9.5% strongly agreed
- ❖ 36.4% of staff who described their sexual orientation as “other” agreed; 9.1% strongly agreed
- ❖ 30.8% of staff who preferred not to state their sexual orientation agreed; 12% strongly agreed

In response to the question “In your job at this Trust, do any of the flexible working options apply to you”, staff from protected characteristic groups responded in the affirmative as follows:

- ❖ Staff who identified as having a long-standing illness, health problem or disability said they were taking up the following options for flexible working: 23.1% had flexi-time; 12.7% reduced hours (e.g. part-time); 9.4% working from home in normal hours; 4.9% said they were working an agreed number of hours over the year (e.g. annualised hours); 6% said their team was making its own decision about rotas
- ❖ 19.8% of white British were working flexi-time; 11.8% reduced hours; 8.8% working from home in normal hours; 4.7% working an agreed number of hours over the year; 0.3% working during school term-time only; 7.3% said their team was making its own decision about rotas; 0.8% were job sharing
- ❖ 21.4% white Irish were working flexi-time; 14.3% reduced hours; 9.5% working from home in normal hours; 7.1% working an agreed number of hours over the year; 2.4% working during school term-time only; 9.5% said their team was making its own decision about rotas
- ❖ 20.8% of staff from any other white background were working flexi-time; 5.2% reduced hours; 6.5% working from home in normal hours; 7.8% working an agreed number of hours over the year; 1.3% working during school term-time only; 2.6 said their team was making its own decisions about rotas
- ❖ 50% of staff who are Mixed – White and Black Caribbean/African were working flexi-time; 33.3% working from home in normal hours; 16.7% said their team was making its own decisions about rotas
- ❖ 14.3% Mixed- White and Asian staff were working flexi-time; 7.1% working from home in normal hours; 7.1% working an agreed number of hours over the year

- ❖ 21.4% of staff from Any other mixed background were working flexi-time; 14.3% working from home; 7.1% working an agreed number of hours over the year; 7.1% said their team was making its own decisions about rotas
- ❖ 42.9% Asian British were working flexi-time; 9.5% reduced hours; 19% working from home; 9.5% working an agreed number of hours over the year
- ❖ 33.3% of Asian British – Pakistani/Bangladeshi were working flexi-time; 8.3% reduced hours; 16.7% working from home; 25% said their team was making its own decisions about rotas
- ❖ 36.4% of Asian British – any other Asian background were working flexi-time; 9.1% reduced hours; 9.1% working from home; 18.2% said their team was making its own decisions about rotas
- ❖ 41.7% Black British Caribbeans were working flexi-time; 25% reduced hours; 2.8% working from home; 2.8% working during school term-time only; 11.1% said their team was making its own decisions about rotas
- ❖ 53.6% of Black British – any other black background were working flexi-time; 28.6% reduced hours; 10.7% working from home; 21.4% working an agreed number of hours over the year; 7.1% working during school term-time only; 7.1% job sharing
- ❖ 30.8% of Chinese/any other background were working flexi-time; 15.4% working from home; 15.4% working an agreed number of hours over the year; 7.7% said their team was making its own decisions about rotas
- ❖ 26.2% women were working flexi-time; 17% reduced hours; 9.5% working from home; 4.8% working an agreed number of hours over the year; 0.3% working during school term-time only; 5.6% said their team was making its own decisions about rotas
- ❖ 19% of men were working flexi-time; 8% reduced hours; 8.8% working from home; 5.6% working an agreed number of hours over the year; 0.7% working during school term-time only; 8.5% said their team was making its own decisions about rotas
- ❖ Of staff who said they had no religion, 22.2% were working flexi-time; 13.6% reduced hours; 10.2% working from home; 4.8% working an agreed number of hours over the year; 0.4% working during school term-time only; 6.7% said their team was making its own decisions about rotas
- ❖ 23.8% Christians were working flexi-time; 10.9% reduced hours; 8.6% working from home; 5.8% working an agreed number of hours over the year; 0.6% working during school term-time only; 7.2% said their team was making its own decisions about rotas
- ❖ 6.3% of Buddhists were working flexi-time; 6.3% reduced hours; 18.8% said their team was making its own decisions about rotas

- ❖ 26.7% of Hindus were working flexi-time; 13.3% reduced hours; 13.3% working from home
- ❖ 33.3% of Muslims were working flexi-time; 4.8% reduced hours; 9.5% working from home; 23.8% said their team was making its own decisions about rotas
- ❖ 16.7% of staff who said they followed Any other religion were working flexi-time; 5.6% working an agreed number of hours over the year
- ❖ Of staff who preferred not to state their religion, 27.2% were working flexi-time; 12% reduced hours; 13% working from home; 5.4% working an agreed number of hours over the year; 6.5% said their team was making its own decisions about rotas
- ❖ 22.1% of heterosexual/straight staff were working flexi-time; 11.7% reduced hours; 9% working from home; 5.1% working an agreed number of hours over the year; 0.5% working during school term-time only; 7.3% said their team was making its own decisions about rotas
- ❖ 12.5% of gay men were working flexi-time; 8.9% reduced hours; 8.9% working from home; 3.6% working an agreed number of hours over the year; 7.1% said their team was making its own decisions about rotas
- ❖ 20.5% of gay women were working flexi-time; 9.1% reduced hours; 9.1% working from home; 9.1% working an agreed number of hours over the year; 2.3% working during school term-time only; 9.1% said their team was making its own decisions about rotas
- ❖ 9.5% bisexual staff were working flexi-time; 9.5% reduced hours; 4.8% working from home
- ❖ 9.1% of staff who described themselves as “other” were working flexi-time; 9.1% working an agreed number of hours over the year
- ❖ Of staff who preferred not to state their sexual orientation, 24.8% were working flexi-time; 12.8% reduced hours; 9.4% working from home; 6% working an agreed number of hours over the year; 0.9% working during school term-time only; 6% said their team was making its own decisions about rotas; 1.7% were job sharing

A wide range of flexible working options appear to be available to and taken up by staff across all the protected characteristic groups.

This is the first report in which the responses were analysed across the new protected characteristic groups. Responses for future years will be analysed to identify any trends arising and any issues needing to be addressed.

5.10. STAFF ENGAGEMENT

A number of initiatives have been launched as part of the Staff Engagement Strategy in 2011-12. These have focussed on improving employee voice and enabling two-way communication between senior management and staff. These have been equality analysed as having the potential to promote equality across the range of protected characteristic groups, by providing more opportunities for staff to raise any concerns or suggest improvements.

A new staff suggestion scheme, “change one thing”, was launched in July 2011. This provides a structured way for any member of staff to submit an idea (by web form, e-mail, telephone or in person) which they believe could improve working life within the Service and/or improve patient experience. A total of 65 suggestions have been received. 2 have been implemented and a number of others are being investigated further. The main reason for not progressing suggestions is that work is already underway within the Service. No suggestions have yet been received which relate to specific protected characteristic groups.

A three-yearly “temperature check” staff survey was introduced in June 2011, with the second and third surveys having been conducted in September 2011 and February 2012. This consists of 12 core questions and has the potential to include a small number of topical questions. Staff can also provide anonymous written feedback. The findings of these surveys are fed back to SMG. The data is used to track the progress of improvement work across the Service and a number of the questions will be included on the Trust’s balanced scorecard for 2011-12. No concerns have yet been raised through the temperature check surveys in regards to protected characteristic groups.

In 2011, more staff responded to the comprehensive 140 question annual NHS Staff survey than ever before (1793 in total, 39.5% of the eligible workforce). For the first time, it has been possible to break down the results by sexual orientation and religion, in addition to gender, age, ethnic background and disability. The results for key equality questions were as follows:

Trust wide scores

Question	Response	2010	2011
17. Does your Trust act fairly with regard to career progression/promotion, regardless of ethnic background,	Yes	46.6%	41.3%
	No	17.2%	19.5%

gender, religion, sexual orientation, disability or age?	Don't know	35.4%	37.2%
	Not answered	0.8%	2.0%
18a. 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%
	No	78.6%	76.3%
	Not answered	1.8%	2.7%
18b. In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleagues?	Yes	12.4%	12.8%
	No	85.5%	84.0%
	Not answered	2.1%	3.1%
18c. (If yes to Qs 18a or 18b) On what grounds have you experienced discrimination?	Ethnic background	37.4%	34.5%
	Gender	32.7%	32.0%
	Religion	6.2%	5.5%
	Sexual Orientation	11.3%	10.8%
	Disability	5.8%	5.3%
	Age	22.2%	26.0%
	Other	24.3%	28.6%
	Not answered	5.5%	5.9%

Q17 by gender

Question	Response	Male 2011	Female 2011
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%
	No	21.0%	16.10%
	Don't know	38.3%	36.5%
	Not answered	1.1%	1.0%

Q17 by age

Question	Response	16-30	31-40	41-50	51-65	66+
Does your Trust act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	Yes	54.7%	41.1%	40.5%	35.7%	34.2%
	No	13.7%	18.5%	22.2%	22.2%	26.3%
	Don't know	31.3%	39.1%	35.7%	41.1%	39.5%
	Not answered	0.3%	1.3%	1.6%	1.10%	0%

Q17 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	41.5%	66.10%	54.5%	28.6%	45.5%	34.2%
	No	19.7%	10.7%	6.8%	42.9%	27.3%	21.4%
	Don't know	37.7%	23.2%	38.6%	28.6%	27.3%	43.6%
	Not answered	1.1%	0%	0%	0%	0%	0.9%

Q17 by religion

Question	Response	Religion								
		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	44.7 %	43.4 %	37.5 %	46.7 %	*	23.8 %	*	38.9 %	29.3%
	No	17.8 %	19.6 %	18.8 %	20 %	*	38.1 %	*	5.6 %	25%
	Don't know	36.5 %	35.8 %	43.8 %	33.3 %	*	38.1 %	*	55.6 %	44.6%
	Not answered	1.0%	1.3 %	0%	0%	*	0%	*	0%	1.1%

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

Q17 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	36.0%	43.0%
	No	30.0%	17.6%
	Don't know	32.6%	38.6%
	Not answered	1.5%	0.8%

Question	Response	White- British	White- Irish	White- Any other	Mixed- White and Black Caribbean/ African	Mixed- White and Asian	Mixed- any other	Asian/ Asian British- Indian	Asian/ Asian British- Pakistani/ Bangladeshi	Asian/ Asian British- Any other	Black/Black British- Caribbean	Black/ Black British- African/ Any other	Chinese/ Any other
Does your Trust act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?	Yes	43.9%	26.2%	37.7%	50%	35.7%	57.1%	42.9%	16.7%	45.5%	25%	21.4%	46.2%
	No	17.9%	33.3%	20.8%	25%	7.1%	21.4%	23.8%	41.7%	27.3%	25%	32.1%	30.8%
	Don't know	37.2%	40.5%	41.6%	25%	57.1%	21.4%	33.3%	41.7%	27.3%	47.2%	42.9%	23.1%
	Not answered	1.0%	0%	0%	0%	0%	0%	0%	0%	0%	2.8%	3.6%	0%

5.11. LINC WORKER SERVICE

There are usually 6 Forums per year. They address current issues, and those that have been identified by the LINC Workers, and last for three hours. On average, 30 LINC Workers attend each Forum, held in the Conference room at Headquarters. In addition to the educational content, Forums are a good arena for LINC Workers from across the Trust to network with each other. They share experiences and viewpoints, and often gain a unique insight and understanding of other people's roles and backgrounds. Certificates of attendance are issued. Forums held included:

Open Forum

LINC Workers discussed LINC related concerns and shared experiences. This Forum included a presentation from the Olympic Planning Team.

Boundaries and Confidentiality

This included a discussion about LINC policy regarding confidentiality and discussed maintaining boundaries with colleagues. There was also a guest speaker from the EAP provider and a member of the HR Team talking about the results of the staff survey.

Forums planned for the future include:

Research Findings

Facilitated by a LINC Worker who has undertaken research into the psychological health of ambulance staff.

Peer Support Networks

The aim is to invite other agencies to attend and compare peer support structures.

A personal experience

A LINC Worker will share his experiences of being a gay man and working for the LAS / Living with Cancer.

Understanding Self Harm

A LINC Worker will facilitate a workshop around the subject of self harm

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. 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.

During the Olympic Games and Paralympics, there will be staff from other Ambulance Trusts working with us (Pre Planned Aid (PPA)). LINC is offering support to these members of staff during this period. This was also the case during the recent 'Operation Amber'.

With regard to 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 will be invited to an assessment centre. From these, 30 will be selected to attend the training course. This will bring the total number of LINC Workers to 120.

LINC maintains an excellent reflection of the demographic make up of the Trust. This enables more choice and ease of access to appropriate support for all staff members.

In line with the expansion of the LINC network, the number of Senior LINC Workers (SLW's) is being increased. Currently there are 10 SLW's. Following a recruitment drive and subsequent training, this will increase to around 16. There were 20 LINC Workers who requested application packs, and from these 10 selected for interview.

Statistics for the financial year 2011/12, including the equalities breakdown, will be available later in 2012.

This year is the 10th Anniversary of the LINC network - a major milestone. To celebrate this, Service issue badges have been produced. 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 are two events to commemorate the 10th anniversary. The main event is an evening reception and awards night for LINC Workers. This is to acknowledge and thank the LINC

workers for the impact they have on colleagues and the Trust, through this voluntary role. A picnic is also being held in Hyde Park, for all LINC Workers and their families.

LINC is assisting the HR & OD Department to gain an in-depth understanding of some issues raised by the Staff Survey findings. This will take the form of focus groups, and acknowledges the broad representation of the network form across the Trust.

6. TRAINING & DEVELOPMENT

6.1. LEARNING & ORGANISATION DEVELOPMENT INITIATIVES 2011-12

Participants

In 2011/12 there were 486 applicants for training & development, of whom 52 cancelled of their own accord (10.6%). Of these 52 cancellations, only 10 of them (2.05%) were pertaining to courses facilitated by the learning & organisation development team.

In 2011/12 there were a further 80 delegates (16.4%) who were cancelled due to direct course cancellation. Of these cancellations resulting from course cancellation, only one delegate was cancelled as a result of the learning & organisation development course cancellation, which equates to 0.2%. In 2010/11 there were 719 applicants of whom 119 cancelled (16%)

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.

E-learning

Equality and inclusion

In this past year 33 people have attempted the e-learning package. In June/July 2012 the Trust will launch an updated e-learning package to reflect changes in the Equality Act 2010 and in line with the NHS Knowledge and Skills Framework (KSF).

E-Learning module

LAS LIVE (Learning in a Virtual Environment) was launched in 2009 and has over 4000 registered users who access the system 24 hours a day 7 days a week. In year 2010/11 232 staff completed the Equalities & Inclusion e-learning package. LAS LIVE the Trust e-learning website currently only tracks completion data and assessment score, not equality information of those that have completed E-learning or face to face training.

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 bands 1-4 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 76.55 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 106 hours of team development activity within departments.

Future Actions

Some key actions identified for the future include:

- ❖ Work to encourage more staff from BME backgrounds to access learning and review why the disability declaration remains a challenge for staff.
- ❖ Continue to improve attendance rates
- ❖ Continue to reduce the number of participant cancellations
- ❖ Increase the number of requests for type specific events.
- ❖ Increase the take-up of “one to one” coaching sessions and “consultancy” with L&OD team members
- ❖ Continue to develop the FLM accredited programme
- ❖ 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.

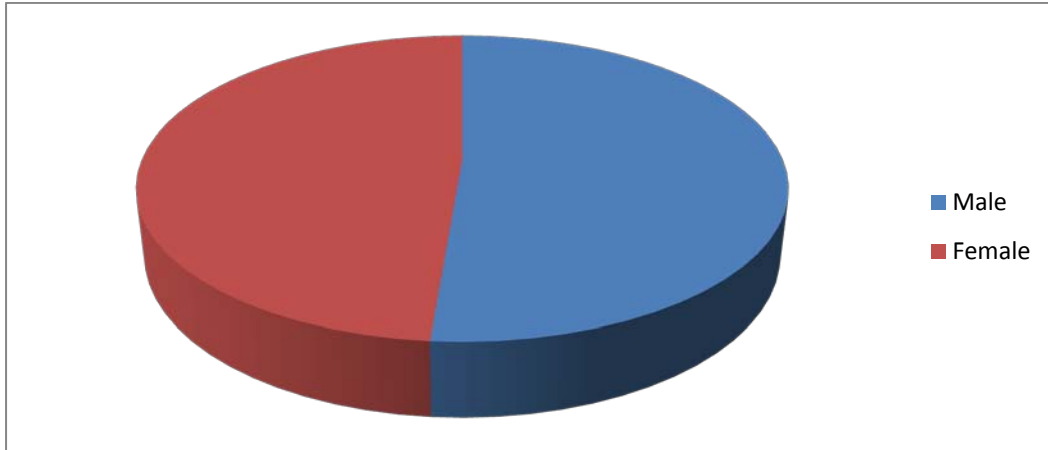
The table below shows a comparison of performance over the last two years.

Dimension	2011-2012	2011-2012 %	2010-2011	2010-2011 actual numbers
Courses Offered	90	100%	146	146
Courses cancelled	21 (only 3 of which were L&OD courses)	23.3 % (of which 3.3% were L&D courses)	36	36 (of which 17 was Managing Safety & Risk)
Nos. who applied for training	486	100%	719	719
Attendance	339	100%	83.4 % As a % of applied	600
Women attending	147 plus pending ELSA numbers	43.3% plus pending ELSA numbers	47.56% as a % of attendees	285
Known BME attending	48 plus pending ELSA diversity stats – but headcount already correct)	14.15% plus pending ELSA diversity stats – but headcount already correct)	19.50% as a % of attendees	117
Known Bands 1-4 (JIF)	44(excluding JIF bids etc) plus pending ELSA diversity stats – but headcount already correct)	12.97% plus pending ELSA diversity stats – but headcount already correct)	16.16% as a % of attendees (excluding JIF bids et c)	97(excluding JIF bids etc)
Known Disability	5	1.13% of applicants 1.47% of attendees	1 recorded	1 recorded

(*information above gathered from completion of training application forms)

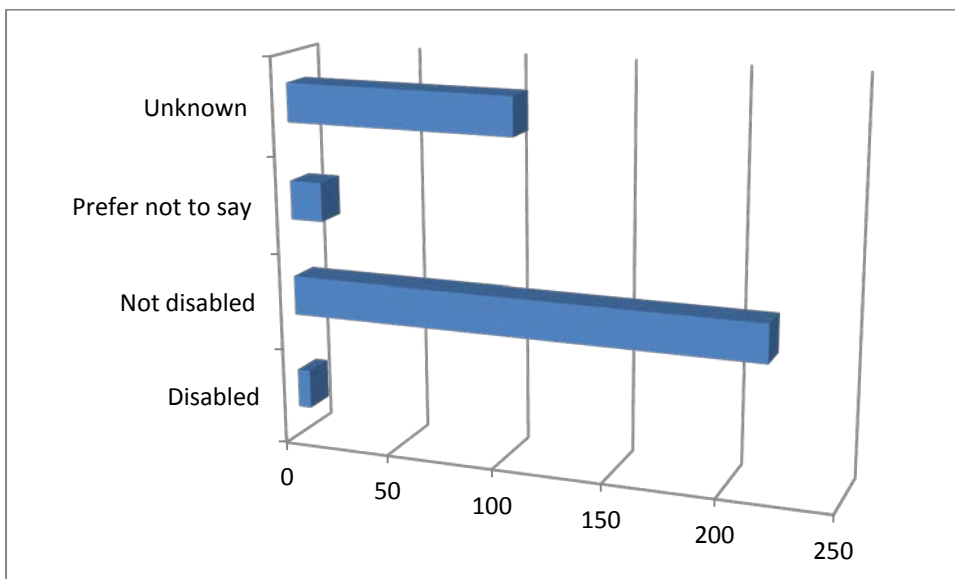
Delegates who attended courses

The total number of total delegates attending learning & development courses in 2011-12 reached 345. Of these, 168 were female delegates while 177 were male.

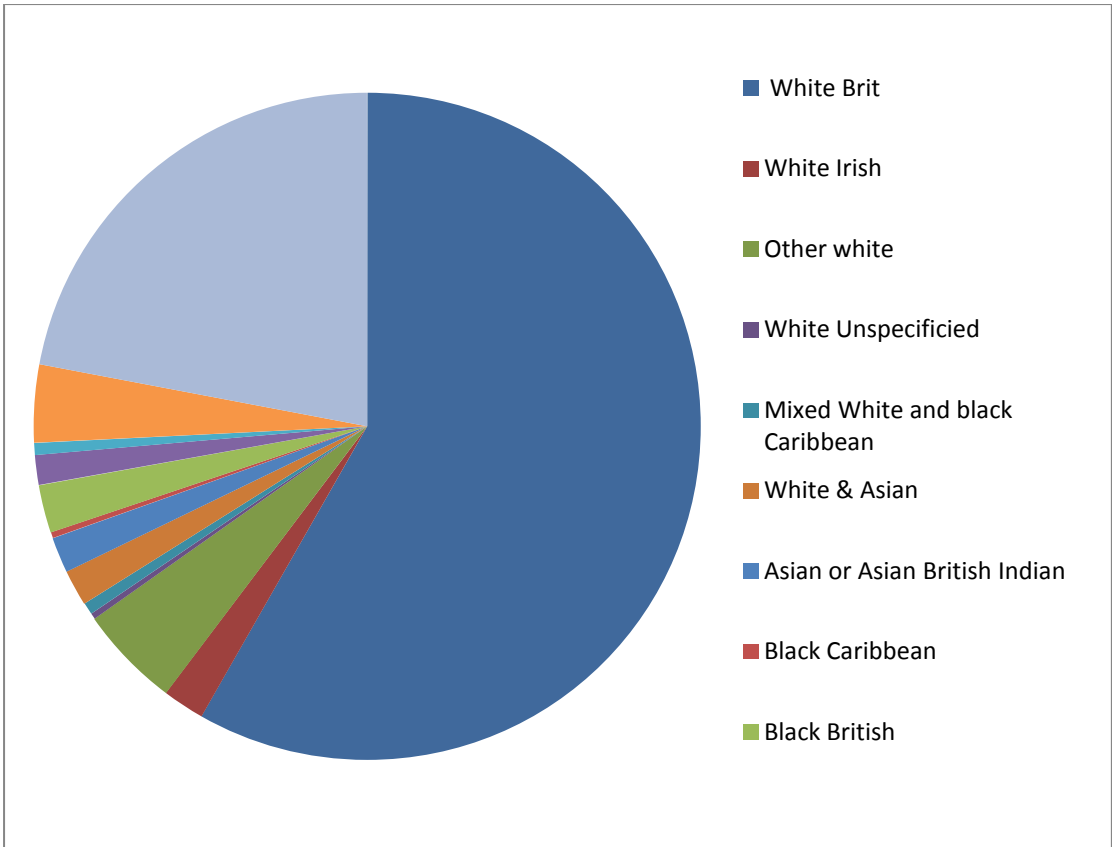


Of all the course delegates who attended, 6 of them identified themselves as disabled, 15 people preferred not to say and 218 delegates reported to be not disabled.

106 delegates did not complete this section of the equalities form, so it is currently not possible to comment on the status of these 107 course delegates due to a lack of information.



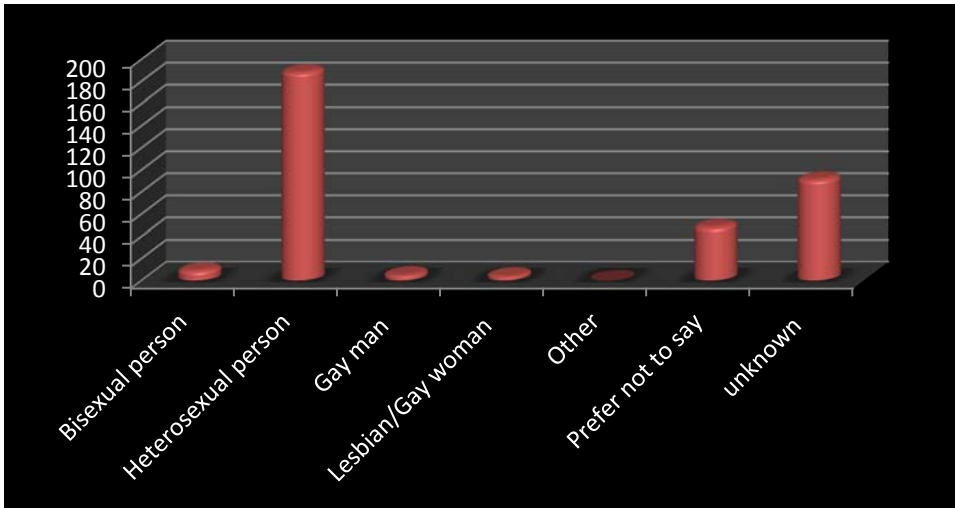
The chart below shows the BME breakdown of course delegates in 2011-12.



Of all the course delegates who attended learning & organisation development courses in the financial year of 2011-12, 201 were White British, 7 were White Irish, with 17 other white and one white and specified. 2 delegates identified themselves as being Mixed White and black Caribbean while six delegates identified themselves as being mixed ethnicity White & Asian.

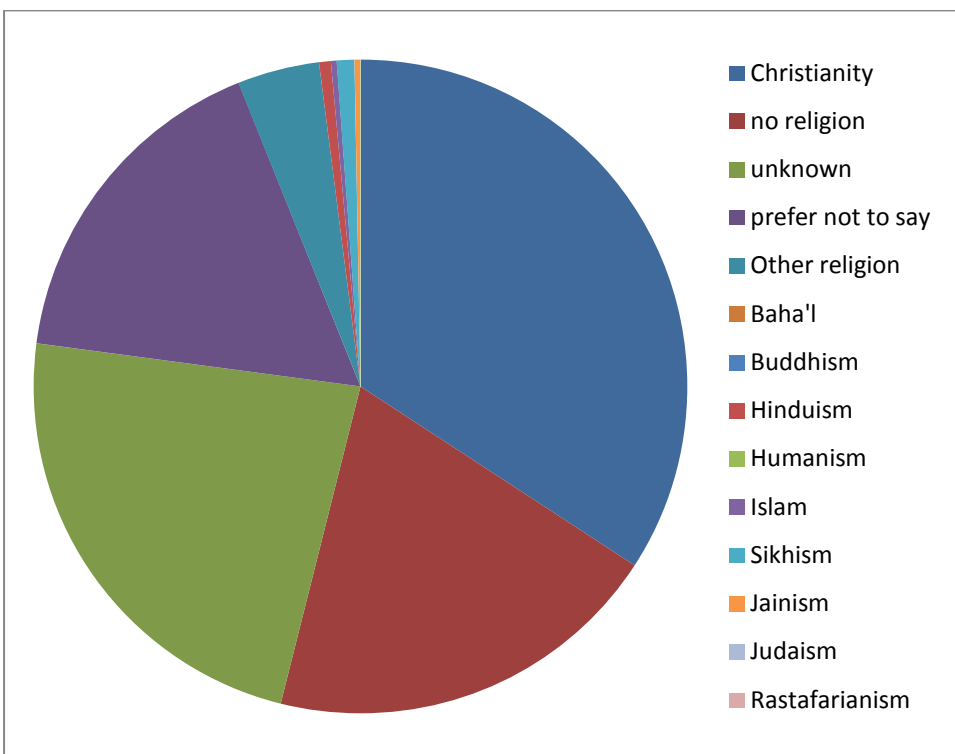
The pie chart above shows that six delegates were Asian or Asian British Indian; 8 delegates regarded themselves as Black British, 1 delegate Black Caribbean, and 5 as Black or Black British/ African. Two delegates identified themselves as being a member of any other ethnic group, while 13 delegates preferred not to identify themselves as being within an ethnic group, and the ethnic details of the remaining 76 delegates remains unknown

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 2011-12, nine delegates identified themselves as being bisexual, 188 delegates identified themselves as being heterosexual, 5 delegates identified as gay men and four delegates as gay women, with no delegates identifying themselves as “other” and 48 delegates preferred not to say. The details for 91 delegates remain unknown.

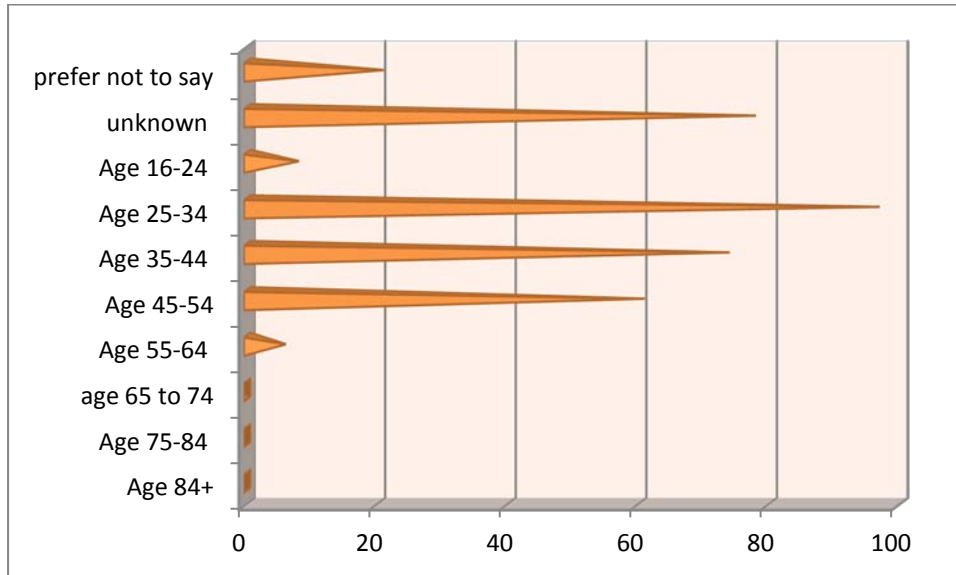
The chart below shows the breakdown by religion and belief of participants attending courses.



Of all the delegates who attended learning & organisation development courses during the financial year of 2011-12, no one identified themselves with the following beliefs; Baha'l, Buddhism, Humanism, Judaism, Rastafarianism, or Zoroastrianism.

68 delegates reported that they did not have a religion or belief, whereas 58 delegates preferred not to say, 14 delegates identified with 'other religion –unspecified', with the beliefs of 80 delegates remaining unknown. 118 delegates identified themselves with Christianity, two delegates with Hinduism, 1 with Islam, three delegates identified themselves with Sikhism and 1 with Jainism.

The chart below shows the breakdown of participants by age.



During the financial year of 2011-12 the majority of delegates attending learning & organisation development courses were those delegates aged between 25 and 34 (total of 97 delegates). There were also a number of delegates aged between 35 and 44 (74 delegates), and 45 to 54 (61 delegates). There were eight people who attended aged between 16 and 24, and six people attending aged between 55 and 64. 21 delegates preferred not to state their age range, and the age range for 78 delegates remains unknown. None of the delegates attending the courses during this financial year identify themselves with the following age ranges; 65-74, 75-84, and 84+.

The compilation of these statistics has been dependent on the availability of necessary information required from the application process which on occasion has not been completed by course delegates.

With the implementation of OLM (Oracle Learning Management) and NLMS (National Learning Management) Learning & Organisation Development should be able to provide equalities information across the protected characteristic groups on application to and take-up of training. This project is expected to take place in 2012/13.

6.2. TRAINING ORGANISED BY EDUCATION & DEVELOPMENT OVERVIEW

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 seven 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 aligned to individual working patterns wherever possible.

As an accredited provider of national ambulance training, the LAS 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 Professions Council (HPC) 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/HPC 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 the department's clinical training programmes also reflects 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 LAS. This is publicised to staff via 'the pulse' intranet site and forms the basis of all subsequent planning and provision.

SPECIFIC INITIATIVES – OPEN UNIVERSITY FOUNDATION DEGREE IN PARAMEDIC SCIENCE

Over the past year, the LAS has introduced a new vocational pathway for both A&E Support and Emergency Medical Technician (EMT) staff to progress to Paramedic status. This has been developed as a collaborative venture between representatives of both Education & Development and Staff Side, culminating in a four year Foundation Degree programme with the Open University.

In order to provide maximum support for students, a one year preparatory programme has been designed to equip candidates with the necessary skills to complete the entire course. This includes ensuring candidates have the pre-requisite skills in Maths and English, as well as undertaking an introductory Open University module i.e. OUY178 – Understanding Health.

During 2011-12, two cohorts of staff were selected onto OUY178 programme. These positions have been fully funded by the LAS, together with the first year of Foundation Degree studies for each individual. In addition, the LAS has given a commitment that the first group of staff who subsequently progress onto the full Apprentice Paramedic programme will be able to return to their original roles in the event of an unsuccessful outcome.

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 which 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 order to provide further support to students, the Department provided additional 'Study Day' events at various locations throughout the Service. These were primarily aimed at the Student Paramedic cohorts in preparation for the Gateway 1 & 2 assessments, as well as Module G Human Physiology prior to Paramedic course attendance. However, the Study Day events were open to all staff who wished to attend, which again were publicised via 'the pulse'.

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. These typically involved students who had failed to complete assessment papers in the allotted time, and/or who had indicated problems in reading the material.

SUMMARY OF SUPPORT GIVEN TO STUDENT PARAMEDICS WITH SPECIFIC LEARNING NEEDS (2011-12)

Screening Undertaken	
No of students with previous diagnosis of Dyslexia / Special Learning Needs	2
British Dyslexia Association Adult Checklist completed	0
LADS+ screening tool completed	6
LADS+ Low probability identified	4
LADS+ Moderate probability identified	2
LADS+ High probability identified	0
Support Given in Training Centre	
Study / Revision advice given	8
Extra times in Exams	3
Reader provided in exams	0
Scribe provided in exams	0
Handouts given prior to any theory session	8
Exams and handouts printed on coloured paper	2
Referral to Educational Psychologist	0

Fewer students received support during the 2011/12 period, as compared to 2010-11 when 23 students were provided with support. This has been due to the deferment of the Student Paramedic courses at Hannibal House as well as the fact that students who have returned had already been screened prior to April 2011.

FUTURE PLANS

In recognition of administrative difficulties over the year 2011-12 associated with the capture of equalities monitoring information, the Department ensured that it is a key participant in the impending introduction of the Oracle Learning Management (OLM) system. This represents a significant development for the Trust, with wide-ranging benefits accompanying the establishment of a centralised learning management provision integrated within the Electronic Staff Record (ESR).

The reporting mechanisms within OLM will enable the department to produce a detailed analysis of staff attendance on Education & Development programmes, reflecting the nine protected characteristic groups. This project is soon to be piloted in Learning and Organisation Development, with subsequent roll out throughout Clinical Education & Development during late 2012.

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 800 PPI & Public Education activities during the year 2011-12.

Patient & Public Involvement

- ❖ Events for Foundation Trust members were held throughout the year. They were well-attended and feedback was very positive. Examples of topics discussed were:
 - How the LAS can best engage with its members and governors
 - How members could help the Trust achieve its objectives
 - An overview of the Estate Strategy
 - How 999 calls are prioritised and how non-life threatening emergency calls will be managed in future, including the use of appropriate care pathways
 - The Trust's patient involvement and public education work, focusing on knife crime prevention, road safety initiatives, the role of Community Involvement Officers and the Tower Hamlets Project
 - Safeguarding vulnerable people

- ❖ Following focus group discussions with people with learning disabilities, the Service has produced a booklet in easy-read text, explaining what people should do when they are ill, what services are available, and what to expect if they call 999. People with learning disabilities have also been involved in the development of staff training resources (DVDs) and a communication booklet.
- ❖ Work continued on understanding more about the issues affecting Category C (non-life threatened) patients, and making recommendations for improvements. This activity arose from a patient survey carried out in 2008.
- ❖ The Trust worked in collaboration with Central & North West London Mental Health Trust on a survey of mental health service users who have been 'sectioned' under the Mental Health Act. The results of this survey have just been released and are generally very positive about the London Ambulance Service.
- ❖ The Head of PPI & Public Education is involved in a national group which is developing a national ambulance patient survey, with the support of Picker Europe and the Care Quality Commission.
- ❖ Patient involvement became more 'mainstream' in this year, with advice routinely being sought about how best to involve patients in various developments across the Trust. Key committees in the Trust still include patient/public representation, and this year a mental health service user has joined the Trust's Mental Health Committee.
- ❖ The PPI Committee continued to meet quarterly and to report to the Learning from Experience Group.

Public Education

- ❖ Approximately 600 members of staff have registered their interest in taking part or organising public education activities on behalf of the Service. Of these, 45 did over 25 hours of public education work during 2011, mainly in their own time. They have received certificates in recognition of this

commitment. Five members of staff did over 100 hours' public education work over the year and have been presented with a gift.

- ❖ The Public Education Staff Development Programme was run twice during the year, once in May and again in the autumn. A total of 21 staff completed the programme, which provides participants with opportunities to improve their skills and knowledge, in order to make the most of their involvement in public education activities.
- ❖ A member of staff was initially seconded, then became a permanent member of the PPI & Public Education Team, to focus specifically on developing the Trust's involvement in knife crime initiatives across London. He has been running regular hard-hitting sessions with youth offending teams, pupil referral units and schools / colleges, talking about the consequences of carrying knives.
- ❖ Large scale community events were held in Enfield and Bexley, with further similar health events planned for Camden & Islington in April 2012 and Friern Barnet in the autumn.
- ❖ The Public Education Strategy has now been fully implemented and elements of public education are to be included in the forthcoming Prevention Strategy (led by the Director of Quality & Health Promotion). In the meantime a short-term plan is being developed for the public education in the year 2012-13.

Community Involvement Officers

- ❖ Six Community Involvement Officers are now in post, based in different parts of London, with a seventh shortly to be recruited. In 2012/13 a further eight posts will be filled. 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.

Other PPI and public education activities

The Trust organised or took part in over 800 patient involvement and public education activities during the year 2011-12. These included:

- ❖ School visits (all ages)
- ❖ Learning disabilities events and visits
- ❖ Basic life support training, including defibrillator familiarisation
- ❖ Seminars and events for Foundation Trust members
- ❖ Consultation meetings with Age Concern, MENCAP and other voluntary sector organisations about quality indicators
- ❖ The opening of a new sheltered housing scheme for older people
- ❖ Visits to care homes and talks to groups of older people, e.g. a retirement talk, Kensington & Chelsea over 50s group
- ❖ Junior Citizen Schemes
- ❖ Hosting a visit for a group of Norwegian students and visitors from Australia
- ❖ Careers events and events for young people, including those at the Prince's Trust
- ❖ Public Services Days and Business Forums
- ❖ Brownies, guides, cubs and scouts visits
- ❖ Talks and displays at community events, e.g. Sunali Gardens, Stratford Spring Festival, Enfield Community Event
- ❖ Talks to groups of first aiders, e.g. about appropriate care pathways
- ❖ Health workshops and events, e.g. an event focusing on diabetes and stroke
- ❖ Talks and mock interviews for young people via the Prince's Trust
- ❖ Workshops for people in the Tamil and Polish communities
- ❖ Displays at shopping centres
- ❖ Safer Citizen scheme for deaf and hearing-impaired children
- ❖ Heartstart training including 'train the trainer' sessions for hospital volunteers, staff at health centres, nursing students, leisure centres and voluntary organisations.

- ❖ Basic Life Support sessions for staff in primary schools and as part of the Tower Hamlets Project.
- ❖ Community events.
- ❖ London Fire Brigade open days.
- ❖ Talks for groups interested in stroke and diabetes.
- ❖ Talks for members of pensioners' forums and care home staff.
- ❖ RAF Northolt 'families day'
- ❖ The Great Tooting Ambulance Pull
- ❖ Talks to college first-aiders
- ❖ Attendance at Patients' Forum meetings
- ❖ Ambulance station and Emergency Operations Centre visits
- ❖ Visits to mosques
- ❖ Visits to a group in a Tamil community
- ❖ Knife crime sessions at pupil referral units (attended by children who have been excluded from school), youth offending teams and other groups
- ❖ Summer fetes, fairs and fun days, including the Newham Show
- ❖ Presentation to staff at the British Library
- ❖ Hospital open days
- ❖ Talks at luncheon clubs, residents' associations and community centres
- ❖ Child safety events
- ❖ Road safety events, e.g. Driven by Consequences in Bromley and Safe Drive Stay Alive in other boroughs. These are hard-hitting participative theatre events for 16-18 year olds about the risks involved with driving.
- ❖ "How to Save a Life" at Heathrow Airport
- ❖ Prison Me No Way in Newham and in Chingford
- ❖ PTS awareness day at Queen Mary's Hospital, Roehampton
- ❖ Community and sporting events
- ❖ Play schemes and holiday clubs over the summer holidays
- ❖ An over-60s talk
- ❖ Charity events
- ❖ Transport for London's "Be Safe" week at the London Transport Museum
- ❖ Health awareness days and health promotion events
- ❖ Olympic events
- ❖ Involving FT members in the design of leaflets

- ❖ Health awareness days and health promotion events

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, Newham and Southwark PCT's) and does not include age, gender or disability.

In provision of the Safeguarding service, where EBS collects and forward child protection and vulnerable adult referrals, no information on gender or ethnicity was collected, but this omission has recently been identified and EBS are piloting a new referral mechanism from September 2012, which will allow subsequent reporting on this and other protected characteristic groups.

The table below indicates total volumes for each service area for the year from April 1 2011 to March 31 2012 with diversity categories profiled where possible, illustrated by the charts.

EBS Service Summary 2011 – 2-12 by Gender

	Total Enquiries	Gender		
		Male	Female	Unknown
GP Referral Service	1710	720	990	0
Adult Intensive Care Service	1413	778	510	125
Paediatric Bed & Cubicle	1485	818	626	41

EBS Service Summary 2011-2012 by Age Range

	0 - 9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70 - 79	80 - 89	90 >	Unknown
GP Referral Service	10	31	31	112	157	188	256	365	363	120	77
Adult Intensive Care Service	26	30	77	84	179	205	248	265	99	13	187

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 2011-12 the LAS PTS service delivered 154,862 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 has been limited from 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.

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.

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, is comparable to the data from 2010 to 2011. There is a slight increase in the returns for each area, although this is marginal and not statistically significant.

Patient Gender	JA	%
F	87658	57%
M	61636	40%
UK	5568	4%
Grand Total	154862	100%

Patient Age Profile	JA	%
0-20	996	1%
21-30	1572	1%
31-40	2102	1%
41-50	4544	3%
51-60	6379	4%
61+	95257	62%
UK	44012	28%
Grand Total	154862	100%

Ethnicity Of Patient	JA	%
A - White British	12011	8%
B - White Irish	287	0%
C - Any other White Background	714	0%
D - Mixed White & Black Caribbean	50	0%
E - Mixed White & Black African	14	0%
F - Mixed White & Asian	74	0%
G - Mixed Any other White Background	104	0%
H - Asian or British Asian Indian	373	0%
J - Asian or British Asian Pakistani	132	0%
K - Asian or British Asian Bangladeshi	66	0%
L - Asian or British Asian Any other background	248	0%

M - Black or Black British Caribbean	1037	1%
N - Black or Black British African	239	0%
P - Black or Black British Any Other Background	62	0%
R - Other Ethnic Groups Chinese	30	0%
S - Any other Ethnic Groups	530	0%
Z - No Information Available	138891	90%
Grand Total	154862	100%

The statistics above show that slightly more users of PTS services are women than rather than men and predominantly it is older patients who rely on the service to access healthcare.

The ethnicity of only 10% of patients was recorded in the past year. Of this 10%, the majority of patients recorded were of white British ethnicity. However, it is difficult to draw any clear conclusion from this, given that 90% 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.

7.4. CLINICAL TELEPHONE ADVICE

CTA are referring a significant amount of patients to Alternative Care Pathways and more appropriately attending 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 links will not be introduced in March 2012 as the specifications have not been finalised. It is envisaged that the technological solutions will be realised Summer 2012 during the 2nd or 3rd phase/release. 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

Patient Experiences data 2011/12

Complaints

596 complaints were received recorded during 2011/12. A further 77 approaches to PALS were received and notionally recorded as complaints under s8 *Local Authority Social Services & NHS Complaints Regulations (2009)*. These are not included

within this report as an analysis would involve examination of a separate but wider data set held within a distinct module within the case management system.

(Explanatory note: Very often a complaint may be placed by a relative or formal advocate acting on behalf of the patient involved; this means that some duality may occur in analysing recorded data entries).

Ethnicity

A disappointingly low 10.5% of cases recorded ethnicity data (Table 1); 17% of cases were recorded citing the patient directly involved (Table 2). This information is principally obtained from data recorded in the Patient Report Form.

Table 1 - Complainant

Ethnic group - Enquirer	Number
White British (1)	38
White Irish (2)	1
White other (3)	6
Mixed white and Asian (6)	1
Indian (8)	4
Pakistani (9)	1
Bangladeshi (10)	2
Other Asian (11)	2
Caribbean (12)	3
Black African (13)	3
Other ethnicity (16)	2
Not stated	406
No details	127
Total	596

Table 2 - Person/Patient involved

Ethnic group - persons	Number
White British (1)	61
White Irish (2)	5
White other (3)	14
Mixed white and Asian (6)	0
Indian (8)	5
Pakistani (9)	1
Bangladeshi (10)	2
Other Asian (11)	2
Black African	6
Caribbean (12)	4

Other black (14)	1
Other ethnicity (16)	1
Not stated (17)	290
No details	204
Total	596

Gender

Tables 3 &4

Gender where recorded (complainant)	Number
Male	231
Female	294
Total	525

Gender where recorded (patient)	Number
Male	176
Female	280
Total	456

Age Group

Table 5

74% of age data was recorded. The following table identifies data in relation to both complainant and patient (see explanatory note above).

Age bracket of person/patient/complainant	Number
Under 20	78
21-30	33
31-40	62
41-50	51
51-60	53
61-70	45
71-80	52
81 and over	70
Not stated	152
Total	596

The Department has set a Team 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 so that it may better monitor trends in complaints from black and minority ethnic (BME) service users.

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 has however after consideration decided not to make ethnicity monitoring at this stage mandatory, as complainants are often very distressed, upset and angry and experience has shown that seeking to undertake 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.

The Patient Experiences Department has also all offered training for case officers and facilitated workshops to highlight the importance of collecting gender and ethnicity data. Guidelines for staff are attached.

Every complainant is sent a monitoring questionnaire and the self-completed data received entered into the case management system. Unfortunately, this has historically produced a poor response rate, which is a common experience across health and social care. Department case officers are therefore now required to extract this information from the Patient Report Form, the record of the assessment and treatment provided by the attending ambulance staff.

It is hoped that by utilising the information recorded on the Patient Record Form continuous improvements in the data acquired can be made. Some limitations however remain:

- The validity of the data is unchallenged and totally dependant on the monitoring and recording undertaken by the ambulance staff involved.
- A distinction needs to be made between 'complainants' who are often not the patient but a friend, relative or even member of the public who was not directly involved.
- Budget restrictions would need to be lifted so that a stamped addressed envelope for return can be included with the mailshot.

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

been received claiming discrimination towards people who are homeless, people who abuse alcohol and/or narcotics and even private providers.

Contact details for the Patient Experiences Department have been made available to every NHS Trust and local authority pan-London. It is a requirement of the *Local Authority Social Services and NHS Complaints Regulations (2009)* that agencies work together where a complaint involves more than one organisation. The

department is therefore familiar with working across the health and social care economy in a joined-up approach to complaints management. Contact details and 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 now similarly 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

Interestingly, the most significant patient group to emerge are patients with mental health difficulties (irrespective of age, gender, etc) which perhaps represent the challenges in accommodating care provision in the community within this speciality.

7.6. PATIENT PROFILING

In the year 2011-12 a total of 1,005,276 incidents were recorded from April 1 2011 to March 31 2012. Of these a total of 497,593 were from women (50%) slightly down from 525,003 in 10-11) and 481,561 were from men (48%) (also down from 512,649 in 10-11); for 22,125 no sex was stated (2%) (a reduction from last year's total of 24,581). The BME communities with the highest number of incidents raised were Black Caribbean (4,675 (0.46%) – reduced from 14,392 in 10-11), followed by people describing themselves as from Any other ethnic group (4,261 – 0.42%) then Mixed Asian and White (4133 – 0.41%). In the previous year incidents were raised predominantly by the Black African communities, Black Caribbean communities then Asian or British Asian –

Indian. A high number of incidents were not identifiable by ethnicity (891,588 – 88.9%). The most prevalent age ranges were 21-30 (147,667 – 14.7%), followed by 81- 90 (134,467 – 13.4%) then 31-40 (115,768 – 11.5%). In the previous year the most prevalent age ranges were 21-30, followed by 31-40 then 81-90. A major revamp of the Patient Report Form is pending, which will include further protected characteristic groups, as required under the Equality Act 2010. Briefing for staff will follow on the use of this 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

This year the Service has taken part in community engagement events to promote the 2012 Games. Presentations have been made to the Trust's Patients' Forum and its FT Members about how the Service is planning for the Games, and how normal service will be maintained during this busy period.

The community engagement events and presentations included:

- ❖ An overview of 2012 Games events, concerts, parties in the park and local authority celebrations
- ❖ How the increase in calls at this time could lead to what the service calls the 'Games effect' and how the Trust will ensure it has enough capacity to not only cover the Games but manage its business as usual operation
- ❖ How the Trust is working with TfL to understand the transport issues
- ❖ Working to secure Games lane access/facilitate emergency service vehicles through barriers at critical junctions

Work is also ongoing with the 2012 Safeguarding Adults Reference Group, which is led by the Metropolitan Police and focused on London Borough of Newham. The group is considering all impacts from the 2012 Games, including the need to ensure a robust continuation of the normal service to reduce risks to Health and Social Care client groups.

The Olympic Games Planning Office is collating and will be analysing responses

from an equality and diversity questionnaire submitted to the LAS 2012 Games cohort along with their request for accreditation form.

8. CONCLUSION

In an extremely busy year leading up to a wide range of high-profile and unique Events, which the service will be involved in, including the London 2012 Games, the Trust has continued to be very proactive on the equality and inclusion front, investigating areas needing further improvement in the collection and analysis of data and setting up more initiatives directly intended to make the Trust's workforce more representative of the communities it serves, provide targeted and specific training for its staff, targeted and enhanced services to its patients and service users and enhanced engagement with all its stakeholders.

To ensure that the Trust is more able to capture the equalities breakdown of its staff across employment and training, a specific Staff Data Refresh was carried out in December 2011, the results of which were reported on in January 2012. The Equality and Inclusion Manager has asked NHS London and NHS Employers to request the NHS Central Team to expand the existing ESR system to include the new protected characteristic groups. If there is a delay in this taking place, the Trust should give consideration to a further Staff Data Refresh, to ensure that monitoring across the protected characteristic groups is able to take place in a systematic and comprehensive way as soon as possible. This should complement the implementation of OLM, led by the Trust's two training departments. The Department of Health's updated equalities monitoring guidance is still pending; the revamp of the Patient Report Form, which is being discussed with the Trust's Equality and Inclusion Steering Group, should reflect any key recommendations provided by this for the monitoring, in a sensible and effective way, of the Trust's patients, service users and other stakeholders.

The Equality and Inclusion Steering Group, comprising Directors, Heads of Service, non-Executive Director, Patients' Forum/LINks and staff side partner representation, continues to meet every two months to actively support and oversee the progress of all equality and inclusion work in the Trust.

Apart from the successful achievement of becoming one of the UK's top 100 employers on the Stonewall Workplace Equality Index, the Trust will also be applying to become one of Stonewall's leading Health Champions in the coming year.

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 use the EDS, including focusing activity on the 4 key

objectives and continue to monitor and report on progress against them.