London Ambulance Service **NHS**
NHS Trust

SENIOR MANAGEMENT GROUP

DATE: 11TH JANUARY 2012

Document Title:	**Annual Equality Report 2010-11**
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Lead Director:	**Caron Hitchen**
Attachments:	**Annual Equality Report 2010-11**
This paper has been previously presented to:	
Recommendations for the SMG:	**To support the recommendations as set out on pages 62 and 63 of the report**

Executive Summary

The report provides detail on progress on equality & inclusion issues in the Trust for the year from April 1 2010 to March 31 2011, highlighting any key areas of under-representation for the Trust, improvements required in the collection required in the collection & provision of management information on the workforce, service delivery and patient profiling and suggests specific initiatives to be considered to address these gaps in line with the requirements of the Equality Act 2010 and the new Public Sector Duty. The report also updates SMG on action taken since submission of the last Annual Equality Report (09-10).

The report itself contains a significant amount of detail and SMG are directed primarily to:

- Progress since 09-10 report – page 1
- Conclusion and recommendations – pages 62 and 63

Key recommendations from this report include that:

- ❖ Directors and Heads of Service encourage and facilitate access to the new Equality Act 2010 training planned for all staff across the Trust;
- ❖ To ensure the Trust meets its duties under the Equality Act 2010 Public Sector Duty, all Directors and Heads of Service urgently review their monitoring systems in regard to the protected characteristic groups and build in any necessary resourcing, wherever identified as necessary, to enhance the data collection and analysis of take-up of services, employment and training and access to decision making in the Trust, using the Staff Data Refresh planned;
- ❖ The Staff Data Refresh be carried out by IM&T on an annual basis, to ensure Employee Staff Records are full and accurate;
- ❖ Directors and Heads of Service support their staff in joining the Trust's new Staff Diversity Forums;
- ❖ Equality and inclusion objectives be included in all PDRs for Trust staff;
- ❖ Directors and Heads of Service continue to resource their actions in the Equality and Inclusion Strategy Action Plan;
- ❖ On the next available opportunity, when there is a new recruitment campaign, the Trust look

⊠ at how it can engage actively with people from a wide range of backgrounds, who from the recruitment analysis currently do not seem to be applying to the Trust (e.g. Chinese Disabled people, Gay, Lesbian and Bisexual applicants) to enable them to consider this as a career option for any future recruitment campaign and consider holding awareness events for certain sections of the community on how to complete an application form, in line with the Trust's new Positive Action Strategy.

Risk Implications for the LAS (including clinical and financial consequences)

Gaps in monitoring of staff and patients/service users across the protected characteristic groups need to be urgently addressed by all service and function holders to ensure the Trust is able to meet its obligations under the Equality Act 2010.

Other Implications (including patient and public involvement/legal/governance/diversity/resources)

The initiatives recommended in this report together with more enhanced profiling of the Trust's workforce across protected characteristic groups and further equalities data on the Trust's patients, service users and stakeholders, will facilitate the Trust in meeting its duties under the Equality Act 2010 Public Sector Duty, including the specific regulations. This should also assist the Trust with improving its policies and practices in regard to the Equality Act 2010 General Duty and thus improve best practice across the board.

Resources required to be identified with the initiatives under consideration, in particular the setting up and resourcing of appropriate systems to facilitate monitoring, e.g. OLM.

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Corporate Objectives 2011/12
This paper supports the achievement of the following corporate objectives:

☐ CO1 - To improve outcomes for patients who are critically ill or injured
☐ CO2 - To provide more appropriate care for patients with less serious illness and injuries
☐ CO3 - To meet response time targets routinely
☐ CO4 - To meet all other regulatory and performance targets
☐ CO5 - To develop staff so they have the skills and confidence they need to do their job
⊠ CO6 - To improve the diversity of our workforce
☐ CO7 - To create a productive and supportive working environment where staff feel safe, valued and influential
☐ CO8 - To use resources more efficiently and effectively
☐ CO9 - To maintain service performance during major events, both planned and unplanned, including the 2012 Games
☐ CO10 - To improve engagement with key stakeholders

External Requirements

CQC Essential Standards
This paper links to the following CQC outcomes:

☐ Outcome 1: Respecting and involving people who use services
☐ Outcome 2: Consent to care and treatment
☐ Outcome 4: Care and welfare of people who use services
☐ Outcome 6: Cooperating with other providers
☐ Outcome 7: Safeguarding people who use services from abuse
☐ Outcome 8: Cleanliness and infection control
☐ Outcome 9: Management of medicines
☐ Outcome 10: Safety and suitability of premises
☐ Outcome 11: Safety, availability and suitability of equipment
⊠ Outcome 12: Requirements relating to workers
☐ Outcome 13: Staffing
☐ Outcome 14: Supporting workers
☐ Outcome 16: Assessing and monitoring the quality of service provision
☐ Outcome 17: Complaints

☐	Outcome 20: Notification of other incidents
☐	Outcome 21: Records

NHSLA Risk Management Standards
This paper links to the following NHSLA standards:

☐ Standard 1: Governance
☒ Standard 2: Competent and Capable Workforce
☐ Standard 3: Safe Environment
☐ Standard 4: Clinical Care
☐ Standard 5: Learning from Experience

LONDON AMBULANCE SERVICE NHS TRUST

Senior Management Group   Date of Meeting: 11 January 2012

ANNUAL EQUALITY REPORT 2010- 11

1   INTRODUCTION

1.1   The 2010-11 Annual Equality Report provides equalities information on the Trust's workforce and access to services for the year April 1 – March 31 2010.

1.2   A Staff Data Refresh, to update employee staff records, will be undertaken at regular intervals, to ensure information is accurate and as comprehensive as possible, to assist the Trust with identifying and combating any areas of disadvantage.

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

1.4   In line with the Trust's standard reporting timescales, the next Annual Equality Report will cover the period from April 1 2011 to March 31 2012.

2.   PROGRESS SINCE ANNUAL EQUALITY REPORT 09-10

2.1   The current report provides the workforce profiling & access to key services statistics for the period from April 1 2010 to March 31 2011.

2.2   The impending Staff Data Refresh across all protected characteristic groups should enable all managers and function holders to more comprehensively analyse performance in regard to employment and training in their respective service areas across all protected characteristic groups.. The analysis from this will inform future Annual Equality reports.

2.3.   Following the Equality Act 2010 Public Sector Duty Specific Regulations and forthcoming equalities monitoring guidance from the Department of Health, consideration will be given to how best and appropriately to monitor take- up and satisfaction with the services provided by the Trust in relation to their protected characteristic groups.

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

  ❖ A Staff Data Refresh across all protected characteristic groups has been actioned, which should provide more robust, comprehensive data in regard to the workforce.
  ❖ Resourcing has been provided for actions identified in the Equality & Inclusion Action Plan.

- ❖ Work is planned to embed equality and inclusion objectives within staff Performance Development Reviews.
- ❖ A new Positive Action Strategy has been produced, to encourage the recruitment and development of people from under-represented and protected characteristic groups.
- ❖ The delivery of new Equality Act 2010 training was actioned, with an additional focus on disability, targeted at specific groups of Trust staff, including HR Managers and Assistants, with presentations planned to the Trust Board, Senior Managers', Managers' and Admin Conferences and additional face to face workshops for managers and staff. Briefings on the new Equality Act 2010 are planned for the HR Directorate Team and the All-in-one Refresher training. New Equalities Induction Training material has been produced.
- ❖ The Chairs of the new Staff Diversity Forums, Enable (Disabled Staff & Carers Forum), LGB Staff Forum and the Deaf Awareness Forum have attended numerous meetings of the Trust's Equality and Inclusion Steering Group to discuss the forum terms of reference and activity plans, with a joint Staff Forum Day planned to raise staff awareness of the new forums and encourage an uptake in membership. Staff Forum members have also acted as critical friends in equality analysis .
- ❖ In September 2010 the Trust submitted its second application for inclusion in the Stonewall Workplace Equality Index. This time the Trust came 169th out of 378 organizations applying, with a score of 119 points, an increase of 130 places since the previous year, only 27 points less than the organization ranked 100th on the Workplace Equality Index.
- ❖ The Trust was commended for being the most improved Health organization in London and Ambulance Trust over the previous year and also for some of the answers in the confidential Staff Feedback Survey, including a 93% affirmative response to the question "Is your workplace inclusive?" (in comparison to an average for the Index of 73%) and "Do you feel loyal to your organization?" (affirmative response for Trust – 81%, as compared to an average of 70% across all organizations).
- ❖ Benchmarking with the National Ambulance Diversity Forum continues through Trust representation at this and the National Ambulance BME forum.
- ❖ The Trust has been profiled in a wide range of equality media, including annually in the Stonewall "Starting Out" recruitment guide, aimed at students and people leaving school and college; this guide goes out to all universities, secondary schools, career services and youth groups across the UK and is an important way to attract the best new talent into the service.
- ❖ The Trust was represented in October 2010 at the Stonewall-sponsored Diversity Recruitment Fair and attracted considerable interest from visitors to the Fair, both in regard to recruitment as well as in regard to membership queries.
- ❖ A new Equality Analysis procedure, incorporating a critical friend aspect, has been produced and briefings provided by the Equality and Inclusion Team on the new procedure and Equality Act 2010 implications to all teams undertaking equality analyses. All equality analyses continue to be published on the Trust's website.

❖ A six-monthly update on the new Equality and Inclusion Strategy was provided to SMG in September 2010, with an update on the first year scheduled for 2011.

3. GOVERNANCE

3.1 During 2010/11 the Trust 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 worked with the Equality & Inclusion Manager on the review of policy documents that were required for the NHSLA assessment in late 2010 and this contributed to a successful outcome.

3.2. Front sheets for Board and formal committees included the Equality Analyses for the relevant document under consideration and, although compliance levels are variable, the new Equality Analysis procedure simplifies the process for managers.

3.3. The Trust was awarded unconditional registration by the Care Quality Commission in April 2010 and continues to monitor progress against each of the outcomes. The requirements do not specify a standard for equality & inclusion but the application for registration included 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. With effect from 1st April 2010 the committee has reported to the Senior Management Group under the revised governance structure. The following Directors are members of the steering group: Human Resources & Organisational Development, Finance, Corporate Services, and a non-executive director who is also the Chair of the Quality Committee reporting to the Trust Board.

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.
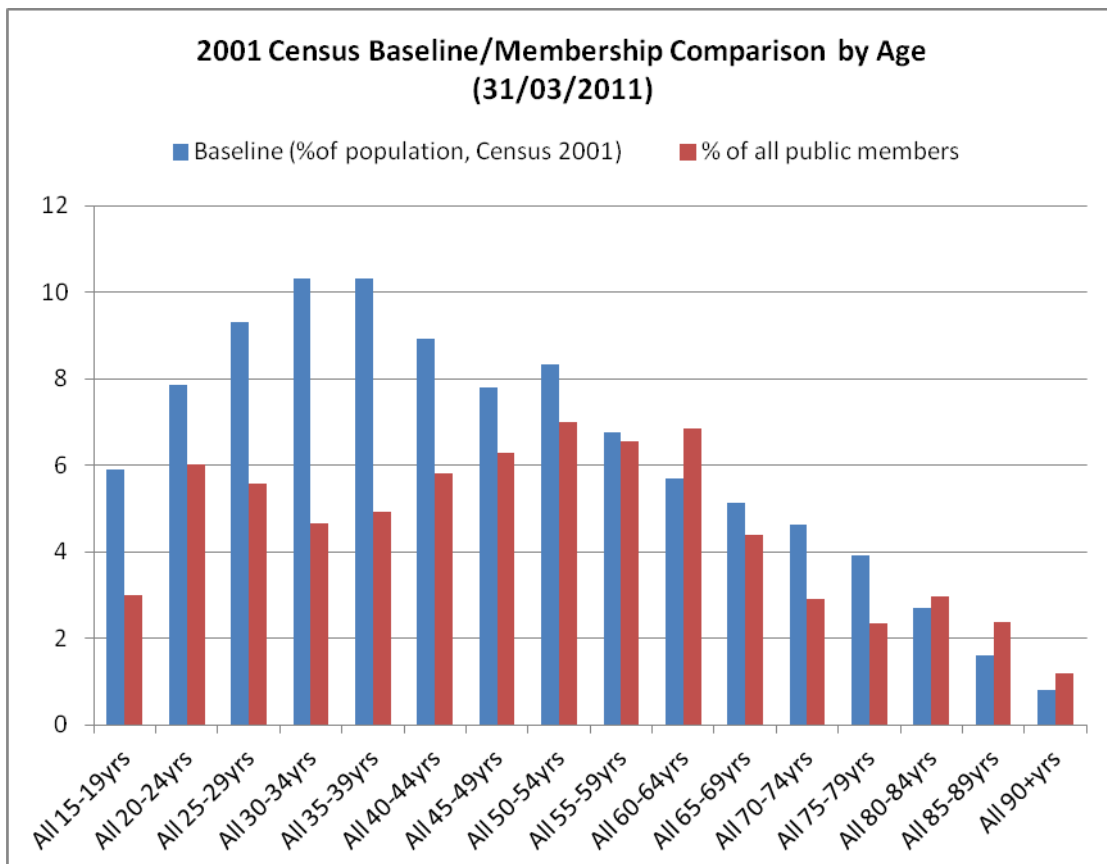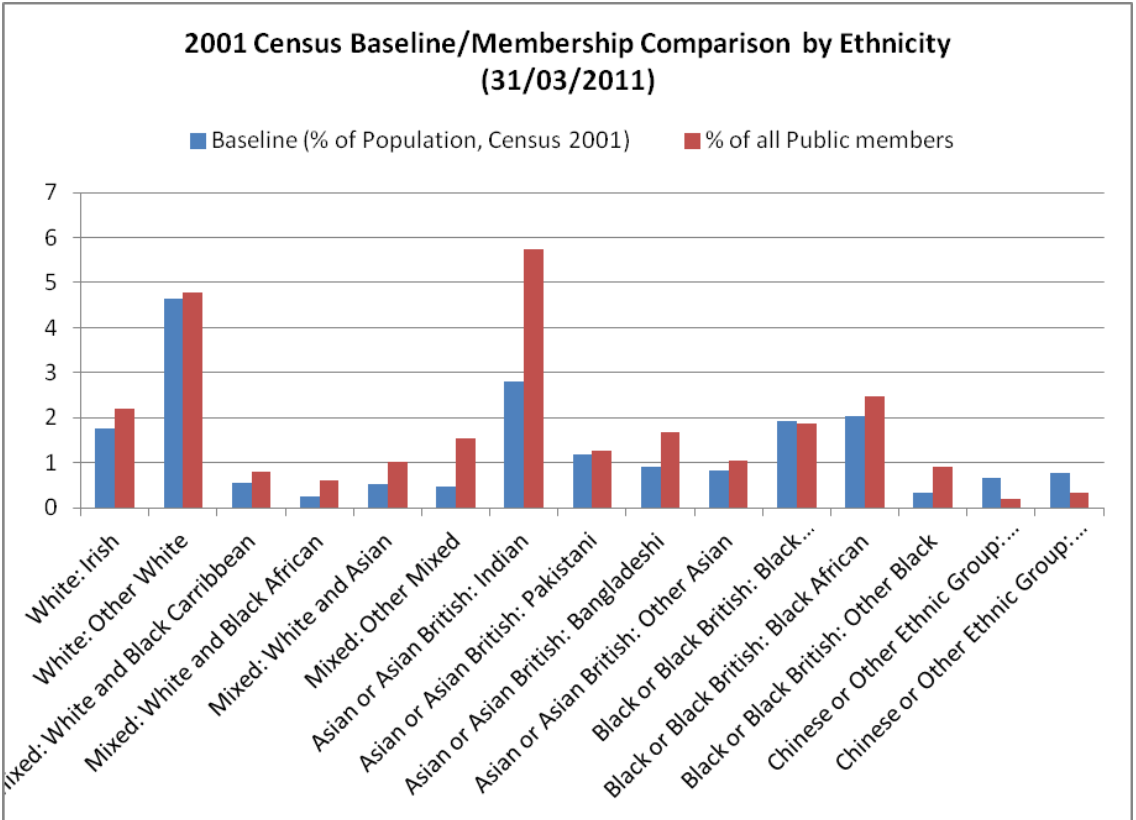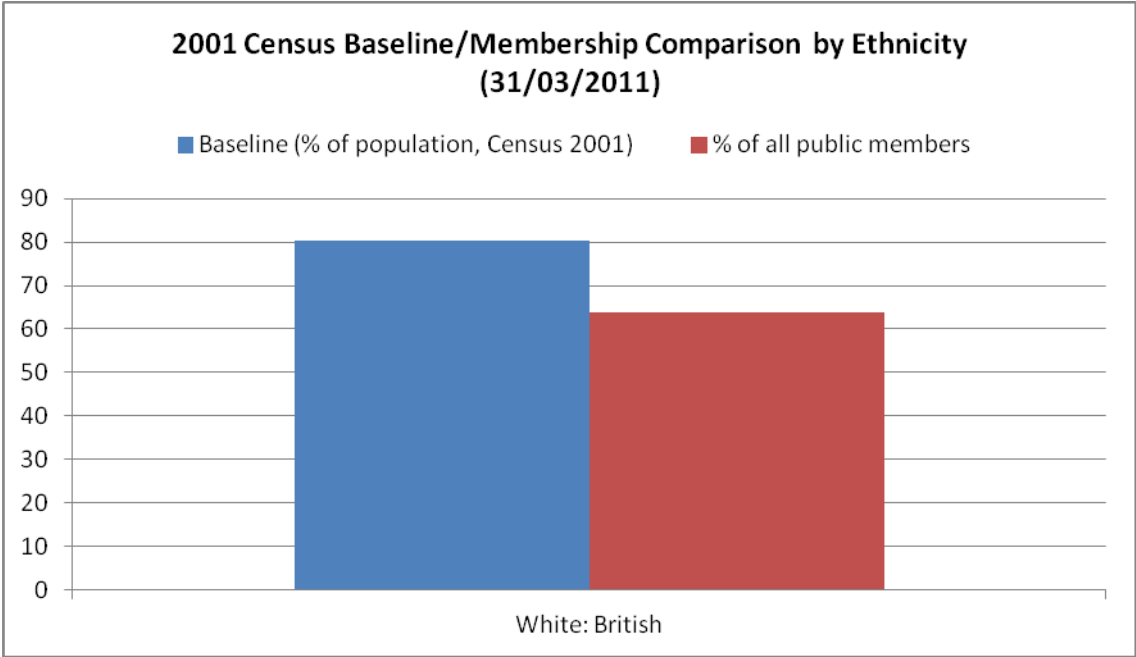
4.2 Analysis of Membership

Section 3.5 of the Integrated Business Plan outlines the profile of our public membership in relation to age, ethnicity, social grade, gender and constituency. This is compared against the London census population baseline 2001. From the data collected from our members who have provided ethnicity details, almost 6% are Asian/Asian British: Pakistani , and just under 5% are White: Other White. The remaining data is spread evenly across ethnic groupings.
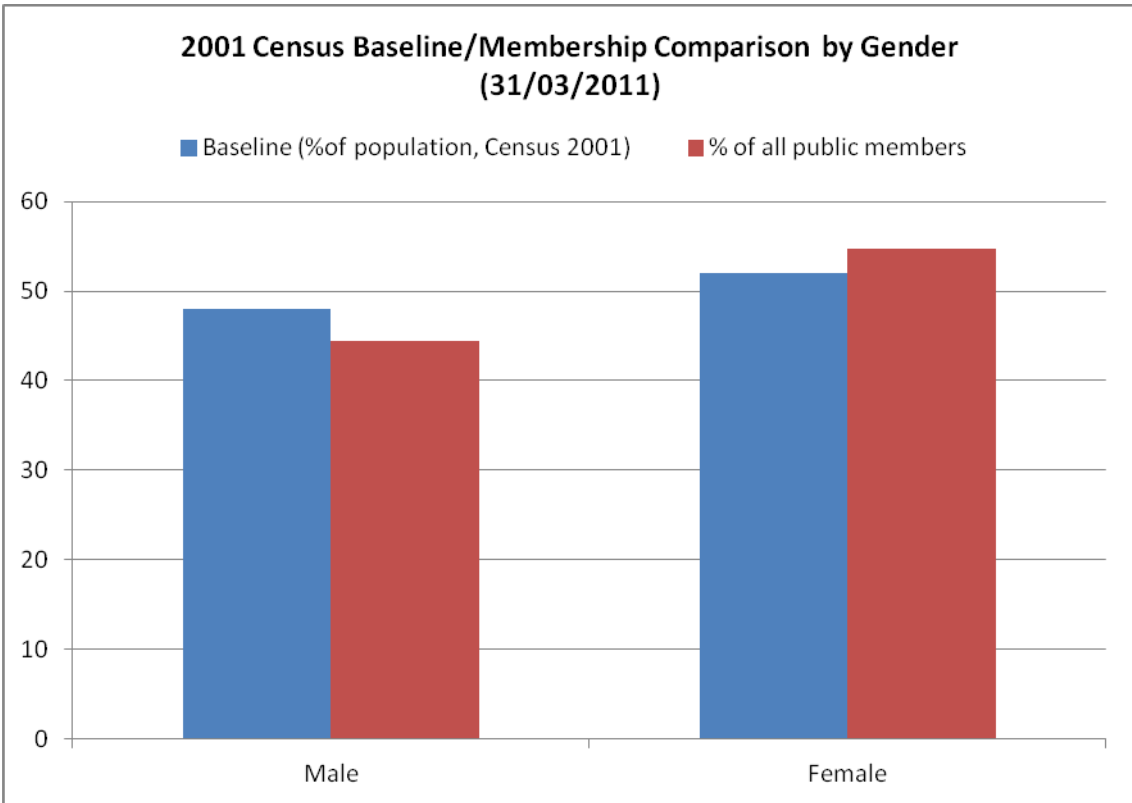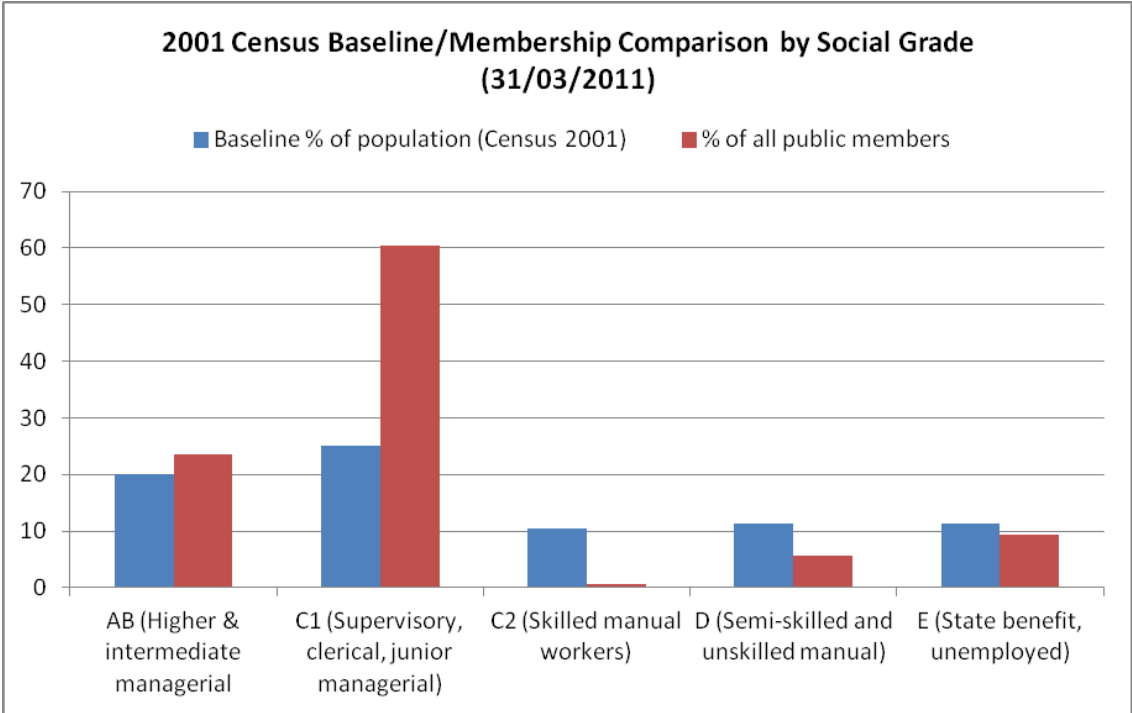
The majority of members (82%) state their socio-grade as ABC1 and we have identified that we need to focus on recruiting members from socio-grade C2, skilled manual workers.
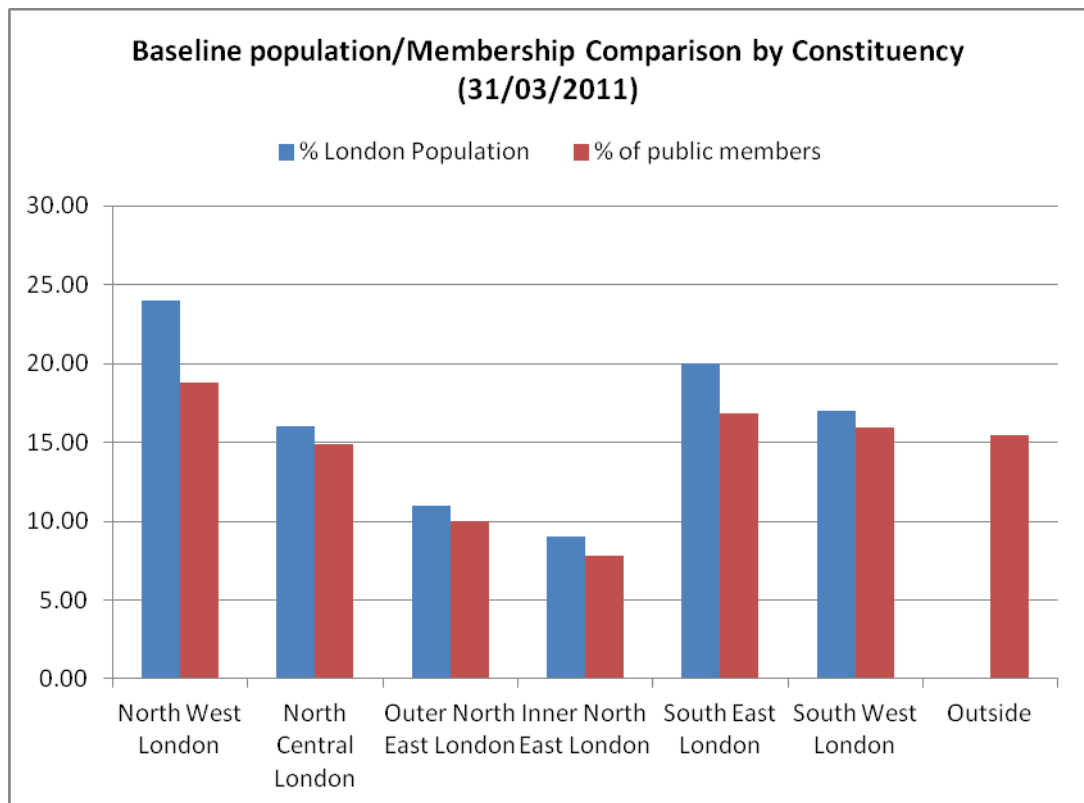
11% of our public members (5,781) have indicated that they consider themselves to have a disability.

At 31 March 2011 the Trust had 5,060 public members. Members have been recruited through a variety of methods including through face-to-face contact, mailings, telephone recruitment and online. 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 local population and to address any inequity through recruitment. The following graphs compare the public membership against the London population by age, ethnicity, socio-economic grade, gender and area.

2001 Census Baseline/Membership Comparison by Ethnicity (31/03/2011)

- Baseline (% of population, Census 2001)
- % of all public members

White: British

2001 Census Baseline/Membership Comparison by Ethnicity (31/03/2011)

- Baseline (% of Population, Census 2001)
- % of all Public members

White: Irish | White: Other White | Mixed: White and Black Carribbean | Mixed: White and Black African | Mixed: White and Asian | Mixed: Other Mixed | Asian or Asian British: Indian | Asian or Asian British: Pakistani | Asian or Asian British: Bangladeshi | Asian or Asian British: Other Asian | Black or Black British: Black... | Black or Black British: Black African | Black or Black British: Other Black | Chinese or Other Ethnic Group:... | Chinese or Other Ethnic Group:...

2001 Census Baseline/Membership Comparison by Social Grade (31/03/2011)

■ Baseline % of population (Census 2001)   ■ % of all public members

Categories (x-axis): AB (Higher & intermediate managerial), C1 (Supervisory, clerical, junior managerial), C2 (Skilled manual workers), D (Semi-skilled and unskilled manual), E (State benefit, unemployed)

2001 Census Baseline/Membership Comparison by Gender (31/03/2011)

■ Baseline (%of population, Census 2001)   ■ % of all public members

Categories (x-axis): Male, Female

Baseline population/Membership Comparison by Constituency (31/03/2011)

■ % London Population   ■ % of public members

4.3 Membership engagement and involvement

All Trust members receive the Trust's newsletter Ambulance News four times a year. This is a great opportunity for members to learn and understand more about the Service, how it works, key achievements and plans for the future.

We have commenced a programme of meetings and events for members with discussion groups on the Trust's corporate objectives and urgent care plans as well as an introduction to our clinical services: stroke and cardiac care and health education (anti-knife crime for example). By using different forms of social media and advertising membership on different sections of our website, we have started to attract a different profile of membership. We will monitor this as the year progresses.

More than 300 members have attended these events which have provided a fantastic opportunity for the Trust to showcase its work and gain a greater understanding of the views of the public.

4.4 Ambulance News

The membership newsletter is published quarterly and is available to members in hard copy, email and published on the website.

4.5 NHS foundation trust application

Due to a number of delays in the preparation stages the Trust did not apply to become an FT in 2010/11. It is now likely that we will achieve FT status in

2012/13.

## 5. LONDON AMBULANCE SERVICE NHS TRUST WORKFORCE DIVERSITY PROFILE

5.1. LONDON AMBULANCE SERVICE NHS TRUST WORKFORCE PROFILE 2009-10

In the last Annual Equality Report, presented to SMG and the Trust Board, covering the year April 1 2009 to March 31 2010, the Trust's workforce comprised 9% BME staff and 41% female. No statistics on disabled staff were available.

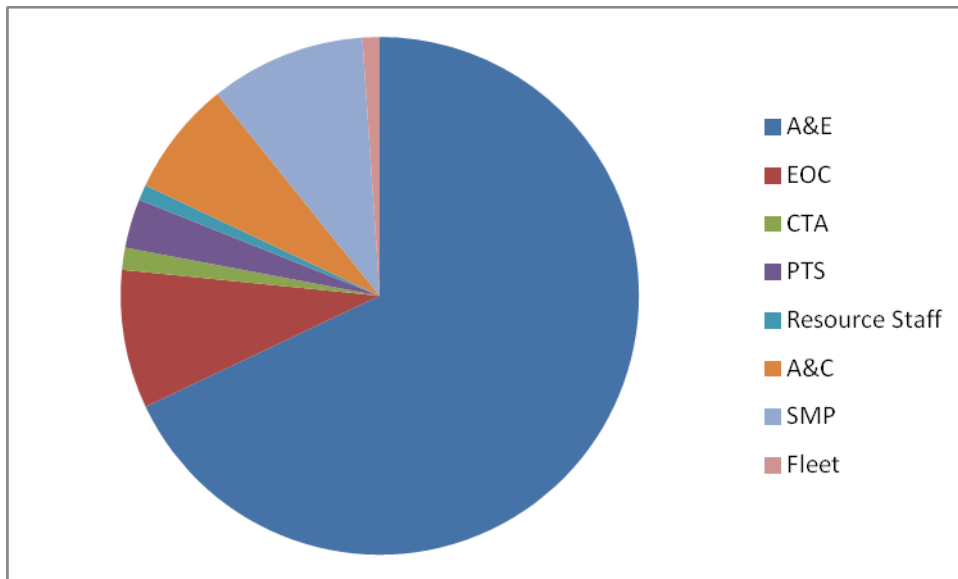### 5.2. LONDON AMBULANCE SERVICE NHS TRUST WORKFORCE PROFILE 2010-11

The charts below shows the representation of all staff within the Trust at grade and rank level, staff group and length of service.

ALL STAFF BY GRADE AND RANK
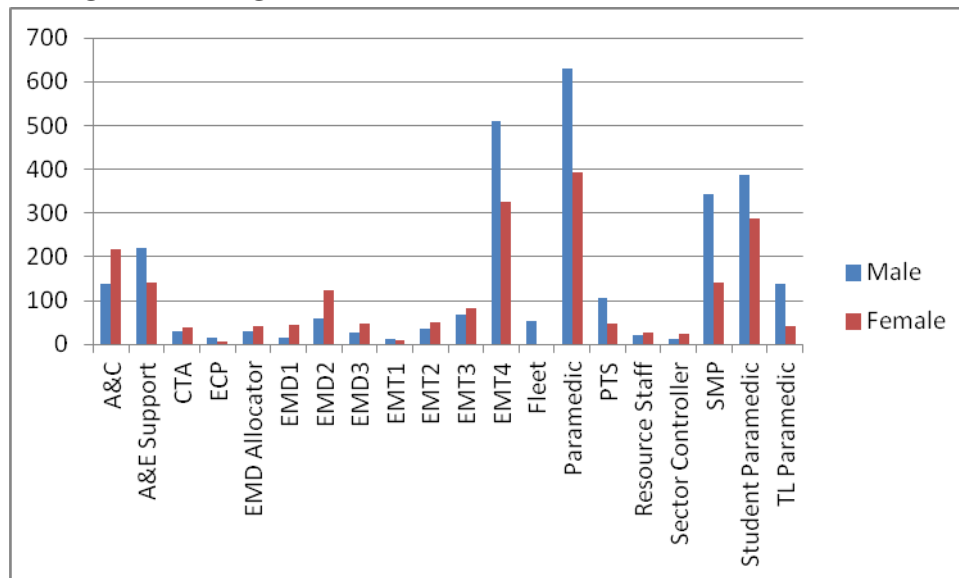
The highest number of Trust staff were, as expected, Paramedics (1025), followed by EMT4s (837) and Student Paramedics (674).
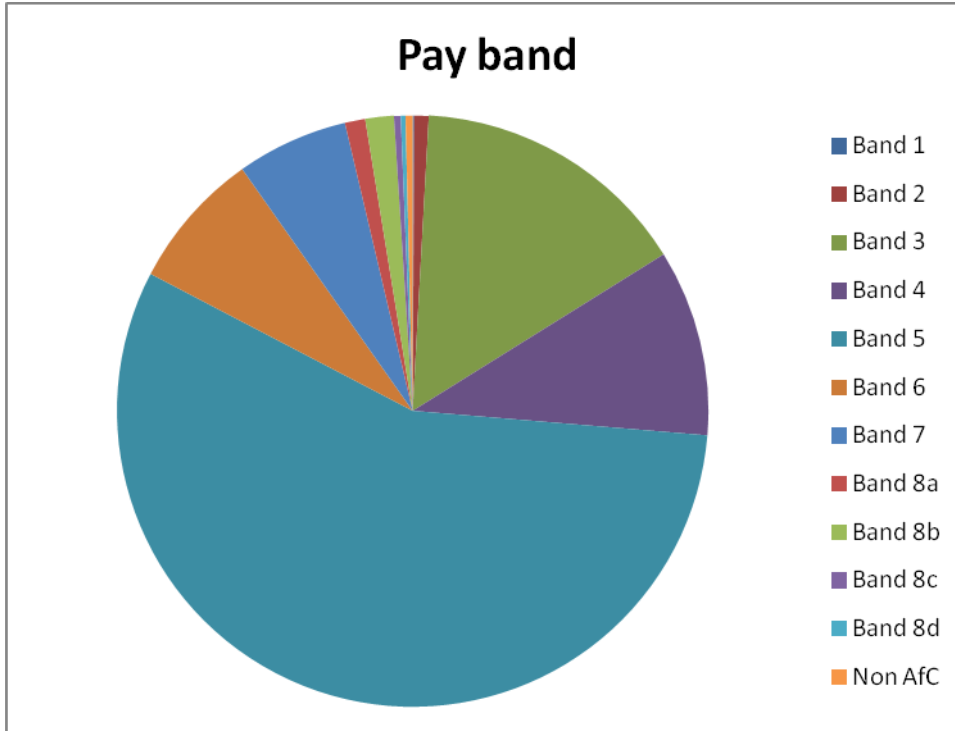
ALL STAFF BY STAFF GROUP

Again, as expected, the largest number of staff were employed in A&E (336), followed by SMP (480) and EOC (428).

ALL STAFF BY LENGTH OF SERVICE
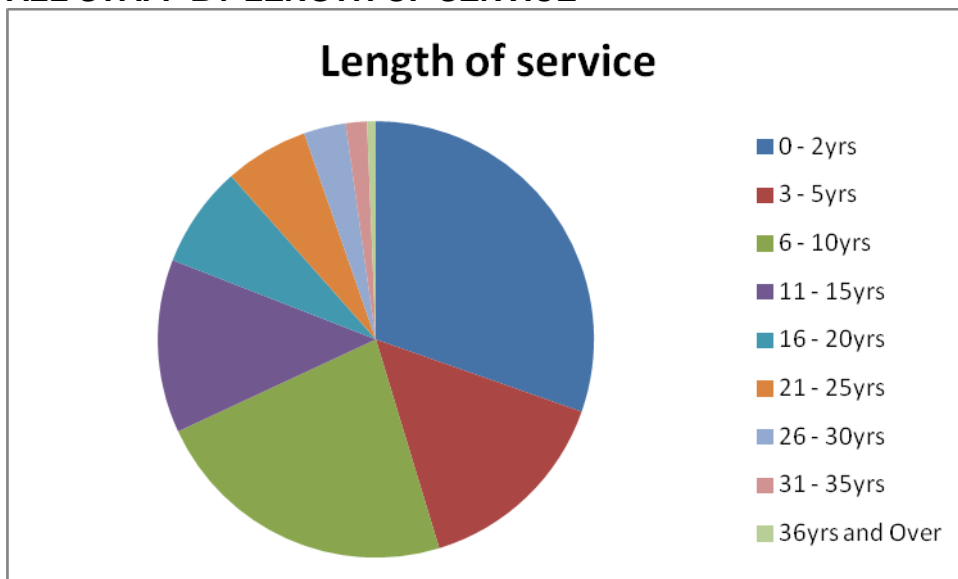
This chart shows that the highest percentage of staff within the Trust have been here for between 0 to 2 years (30.4%), 6-10 years (22.8%), then 3 – 5 years (14.9%).

ALL STAFF BY PAY BAND

Pay band

Staff in the Trust are predominantly at Band 5 level (56.3%), followed by Band 3 (15.2%), then Band 4 (10.2%), with 9.9% of staff at Senior Management level.

RECRUITMENT AND NEW STARTERS

325 people started with the Trust in 2010-11. The overwhelming majority of new starters were in A&E (206), with the most prevalent age range and pay band being 21-30 (157) and Bands 3 (151) and 4 (109) respectively. A breakdown of new starters by protected characteristic groups, where data is available, is provided later in this report.

The Recruitment Team made significant changes to the application process with updated guidance on how to complete an application form. This contains examples to aid potential recruits to complete a more detailed application form. The Trust's application system has also moved to the NHS jobs application form; previously candidates could apply using either the LAS application form from the Trust's website or the NHS jobs application form. Now all external applicants complete the same form in order to ensure a consistent and fair approach.

During this period of time external recruitment was significantly reduced with no student paramedic courses running and only a few EMD courses planned; therefore the recruitment team did not attend any careers events, due to the lack of available vacancies. For any vacancies the Trust had, for example IM&T, advertisements continued to be placed in a broad range of media in order to attract as wide a pool of applicants as possible but with the necessary skills.

Over 2010-11 the Trust's Recruitment Team amended the diversity reports completed and are now able to report and analyse recruitment figures for six of

the protected characteristic groups. For sexual orientation of applicants, for the whole of 2010-11, 56 % of applicants were heterosexual and with 41 % preferring not to answer or not completing this part of the form. Therefore, it would seems that we are attracting low numbers of applicants who are gay/ lesbian or bisexual, although this low figure could be attributed to the significant number failing to answer this question.

As well as being a Stonewall Diversity Champion, the Trust is regularly featured in Stonewall's Starting Out Guide, aimed at attracting people leaving school, college and university. Throughout the year the Trust has had profiles in a range of equalities media, including the disability, BME and LGB press, so this coverage should also assist with the recruitment of people from diverse backgrounds, wherever possible.

To ensure that people from a wide range of backgrounds, who from the recruitment analysis currently do not seem to be applying to the Trust (e.g. Chinese Disabled people, Gay, Lesbian and Bisexual applicants), consider this as a career option, it is recommended that the Trust looks at how we can engage actively with these sections of the community.

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.
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LEAVER PROFILE
In 2010-11 a total of 352 staff left the Trust. The highest number of those leaving were from A&E (182), then Patient Transport Service (68), followed by A&C (31) with those staff having between 0 and 2 years (133), 3 and 5 years (62), then 6-10 years (56) the greatest numbers of those leaving. Exit questionnaires continue to be circulated and exit interviews held with staff leaving the Trust. Enhanced monitoring of leavers' details will assist the Trust in identifying any equalities-related issues.

PROMOTIONS
In the year 2010-11 there were a total of 172 promotions. Breakdown by protected characteristic groups is provided later.

Currently, Employee Staff Records do not have the facility to record a change of position as a promotion. The only way of identifying this is to look at all changes to positions which involved both a change of job title and an increase in pay band. However, this may not necessarily capture all promotions, as for example where staff are rebanded in the same job, e.g. through Agenda for Change.

The statistics by protected characteristics shown later in this report indicate that there is still work to be done in regard to promoting career development opportunities for women, black and ethnic minority staff and disabled staff. Training and development initiatives should help to address this, as should the Equality Act 2010/disability equality training to be provided by the Employers' forum on disability, as well as the emergence of the new Staff Diversity forums.

In September 2011 a system change is to be applied to the NHS-wide Electronic Staff Record System to prompt HR staff to give a reason why a change has been made to an employee's position/job title. This will be a great improvement on the current manual system of reporting, enabling   more accurate reporting, also in regard to the protected characteristic groups.

5.3.LAS PROFILE BY ETHNICITY
From April 1 2010 to March 31 2011 the Trust's workforce comprised 9% BME staff, almost the same as the workforce representation last year. Representation in the Trust is still some way below the Census 2001 estimate of 28% BME people in the capital.

REPRESENTATION BY STAFF GRADE/RANK
Most BME staff are in the following grades/ranks: A&C (105 – 29.5% of all staff), followed by EMT4 (48 – 5.7%) and Student Paramedic (47- 7%), as shown on the chart below. (Last year the highest representation was A&C, followed by Student Paramedic then EMT4.)

STAFF IN POST BY GRADE/RANK BY ETHNICITY
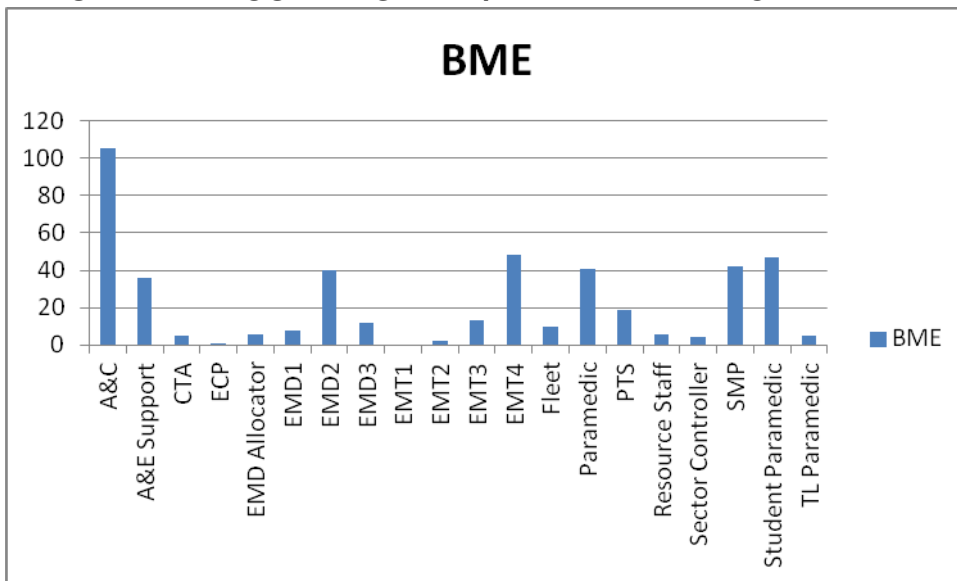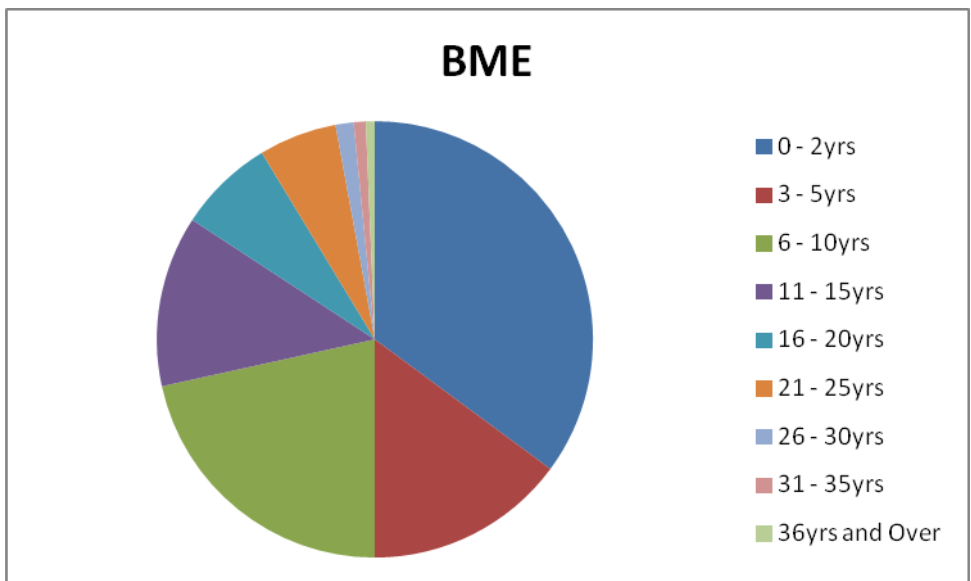

BME REPRESENTATION BY STAFF GROUP
Overwhelmingly, A&E has the greatest representation of BME staff
A&E (193 – 5.7% of all staff), followed by A&C (105 – 29.5%) and EOC (70 – 16.4%), as shown by the chart below. This was the same situation in 09/10.
Further work will need to be undertaken to ensure that the other service areas within the Trust attract and retain BME staff, wherever possible, in a t time of cuts, as the representation of BME staff across the service still falls far short of the Census 2001 estimate of 28.8% and seems very much concentrated in a small number of occupational groups.

BME

- A&E
- EOC
- CTA
- PTS
- Resource Staff
- A&C
- SMP
- Fleet
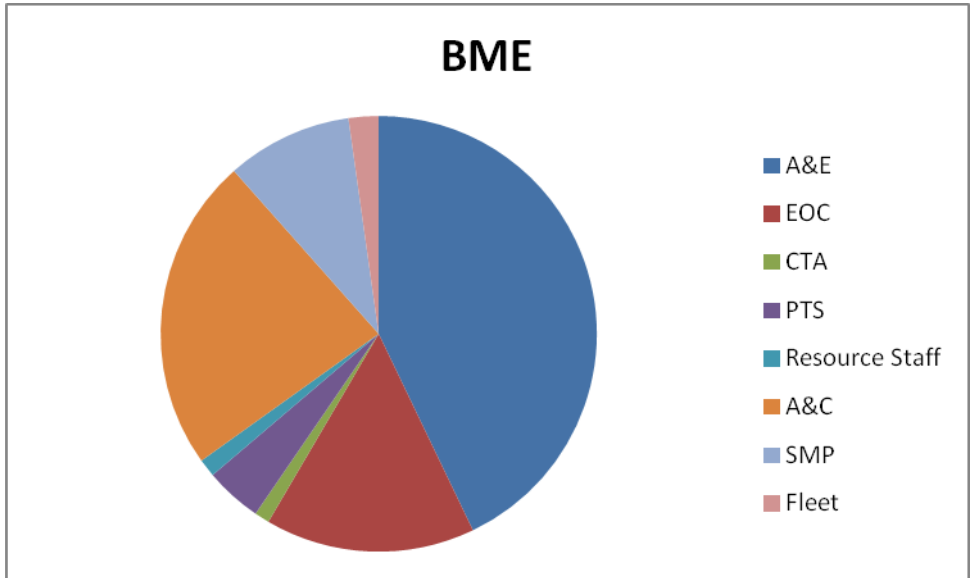
LENGTH OF SERVICE OF BME STAFF

In the year 2010-2011 the highest number of BME staff (158 – 10.5% of all staff) had length of service between 0 and 2 years, (97 – 8.6%) between 6 and 10 years and 67 (9.1%) between 3 and 5 years, as indicated by the chart below. This is the same trend seen in the previous year and mirrors the profile of all staff in this last year.


BME

- 0 - 2yrs
- 3 - 5yrs
- 6 - 10yrs
- 11 - 15yrs
- 16 - 20yrs
- 21 - 25yrs
- 26 - 30yrs
- 31 - 35yrs
- 36yrs and Over

REPRESENTATION BY PAY BANDS

The Healthcare Commission's "Tackling the challenge – Promoting race equality in the NHS in England" report (March 2009) estimated that BME staff represented 16% of the total workforce, with fewer than 10% of senior managers being BME staff. In 09-10 there were 14% BME staff graded at Senior Management grades (Band 7 +) in the Trust, almost on a par with the NHS-wide representation.
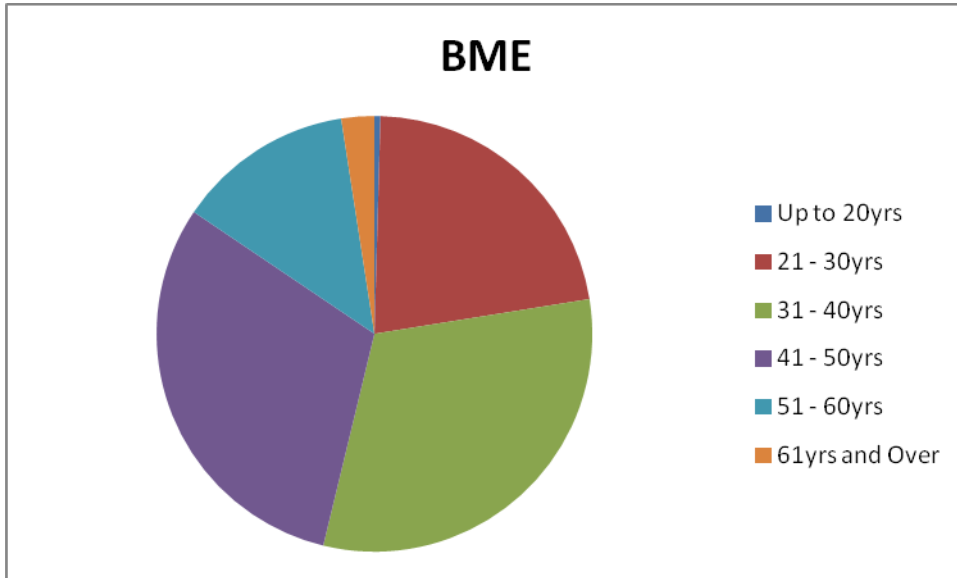
In 2010-11, as indicated by the chart below, the highest number of BME staff were at Band 5 (176 - 6.3% of all staff), followed by Band 3 (109 – 14.5%), then Band 4 (74 -14.7%). This mirrors the profile of all staff in the Trust. 10.2% of BME staff were at senior management grade; this is higher than the percentage of all staff at senior management grade (9.9%) and the representation within the Trust of BME staff (9%), but a decrease on the previous year. However, there are a number of specific developments underway (including Talent Management & Mentoring) highlighted in the Training section of this report aimed at promoting career development for under-represented groups, which should assist with ensuring that the Trust can grow and retain its own talent, including staff from black and ethnic minority backgrounds. A new BME Staff Forum is planned, which will also assist the Trust with identifying new forms of support and development for our BME staff.

BME STAFF BY PAY BAND
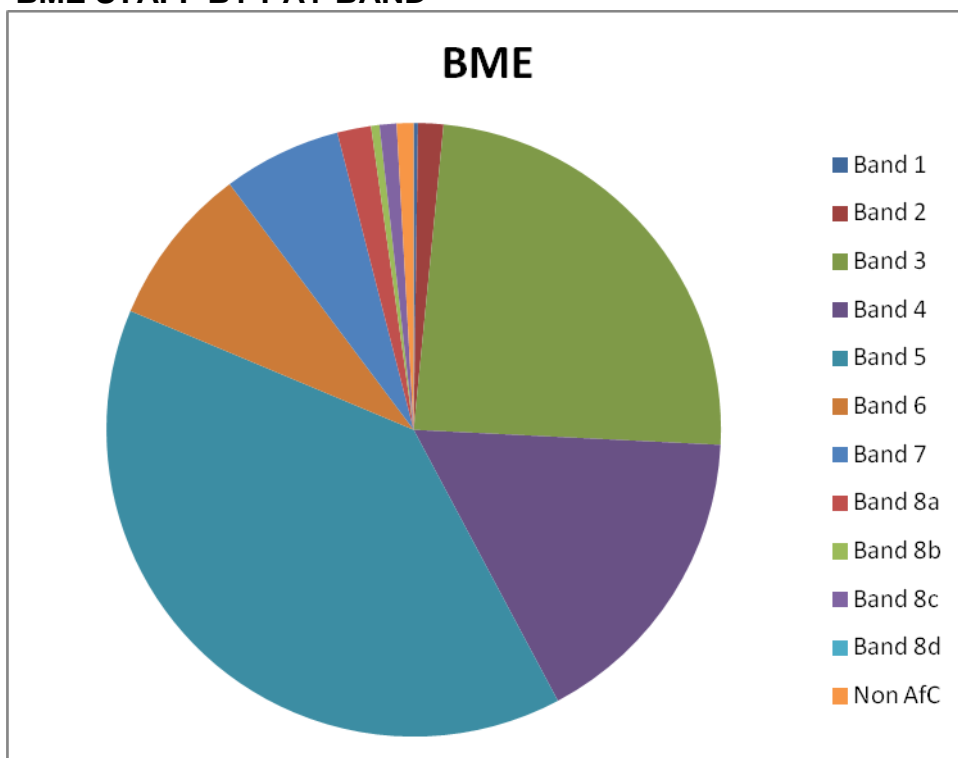
STAFF AGE RANGE BY ETHNICITY
The majority of BME staff were in the age ranges 31 – 40 (9% of all staff), 41 – 50 (138 – 9.7% of all staff) and 21 – 30 (8.7%).

BME

Legend:
- Up to 20yrs
- 21 - 30yrs
- 31 - 40yrs
- 41 - 50yrs
- 51 - 60yrs
- 61yrs and Over

STARTER PROFILE

A review of the recruitment figures for the last quarter in 2011 demonstrated that the Trust is still attracting just over a third of applicants (35 %) from BME backgrounds which is close to the figure for the year before (39%). It is encouraging that the Trust continues to attract applicants for a wide range of roles from across varied ethnic backgrounds. However, it would appear that candidates from BME backgrounds are more likely to fail during the recruitment process, with only 1 out of 28 Indian applicants being appointed; applicants from BME backgrounds appearing more likely to fail the short listing stage than any other stage of the recruitment process.

It would also appear that certain ethnic groups are less likely to apply to the Trust for employment, for example, consistently over 2010-11, the lowest number of applications was from Chinese applicants. In contrast, the highest number of applications was from people from either African or Indian backgrounds.

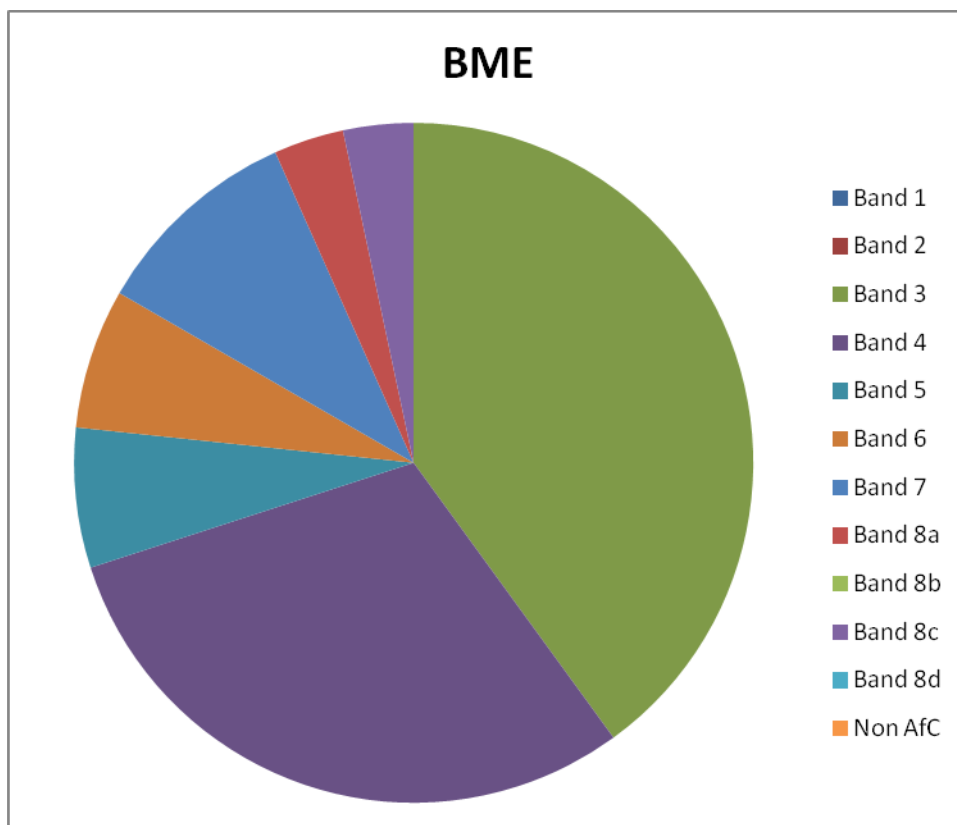In the year 2010-11 a total of 30 BME staff started with the Trust.

The majority of black and ethnic minority people starting with LAS started as A&C(15), followed by A&E Support (5), then EMD1 and SMP jointly (4) , as indicated by the chart below:
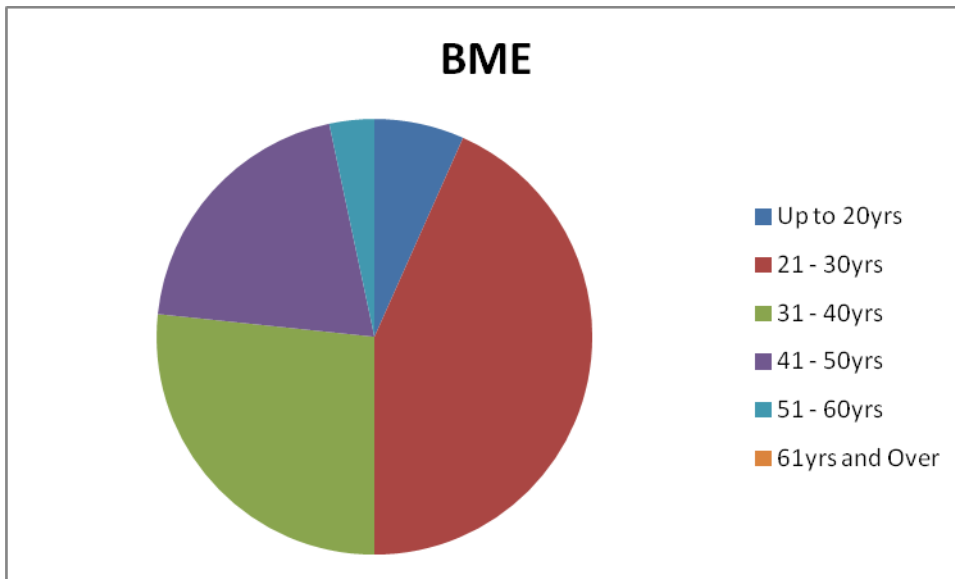
BME STARTERS BY GRADE/RANK
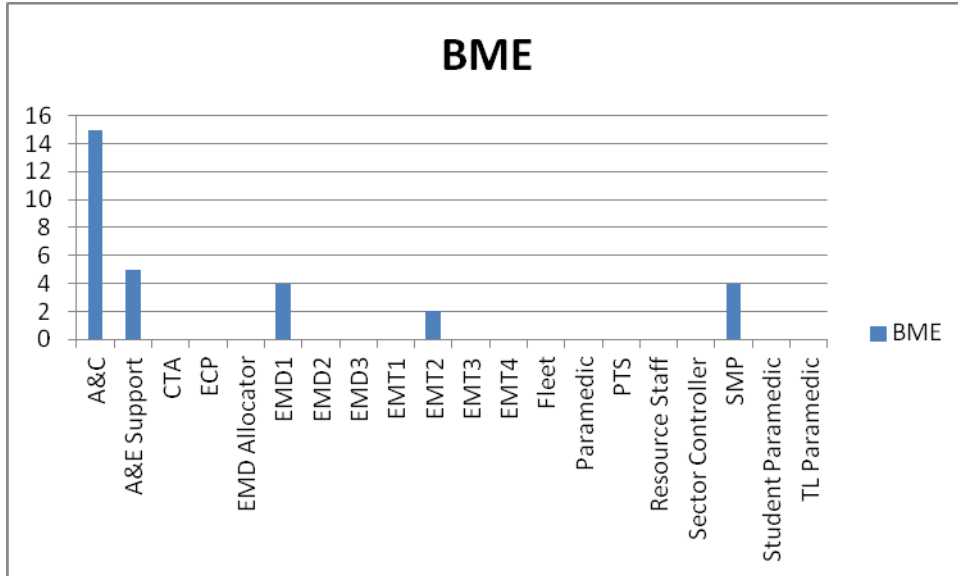
BME STARTERS BY PAY BAND

The majority of BME starters in 10-11 started on Band 3(12), followed by Band 4 (9), then Band 7(3).
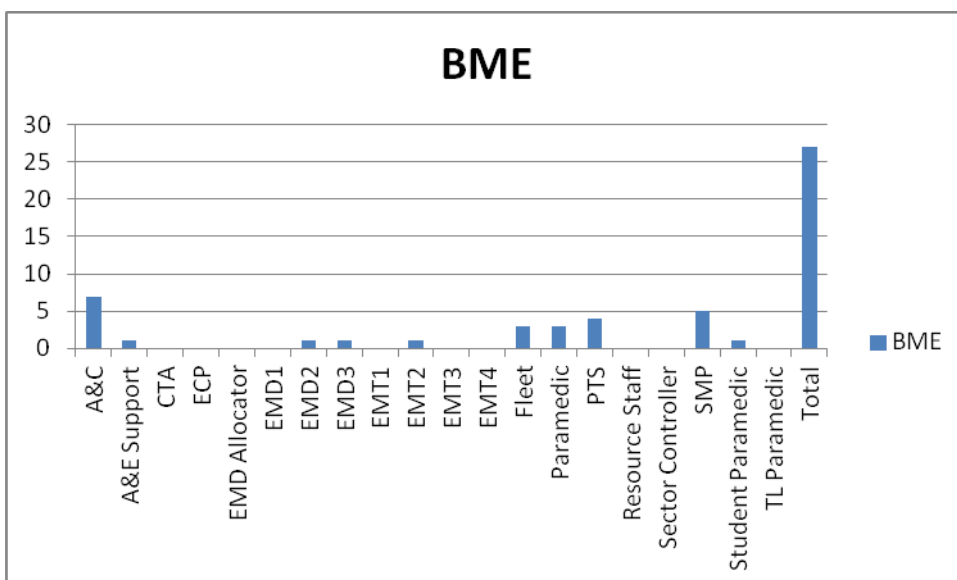
BME STARTERS BY AGE

The most prevalent age range for BME Starters was 21-30 (13), followed by 31-40 (8) and 41-50 (6).
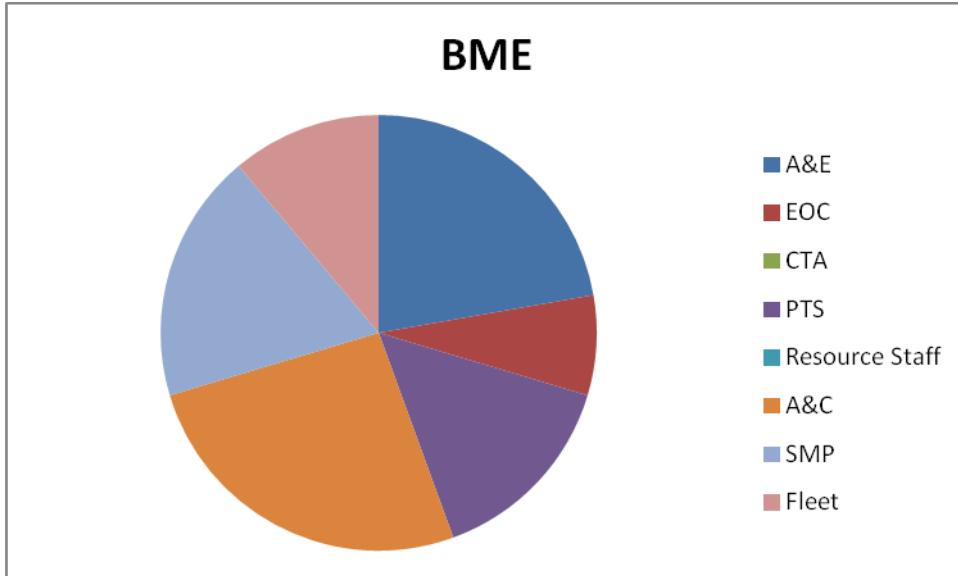

LEAVER PROFILE

In the year 2010-11 a total of 27 BME staff left the Trust. As the chart below shows, the majority of BME staff leaving had been employed as A&C (7), followed by SMP (5) and PTS (4).
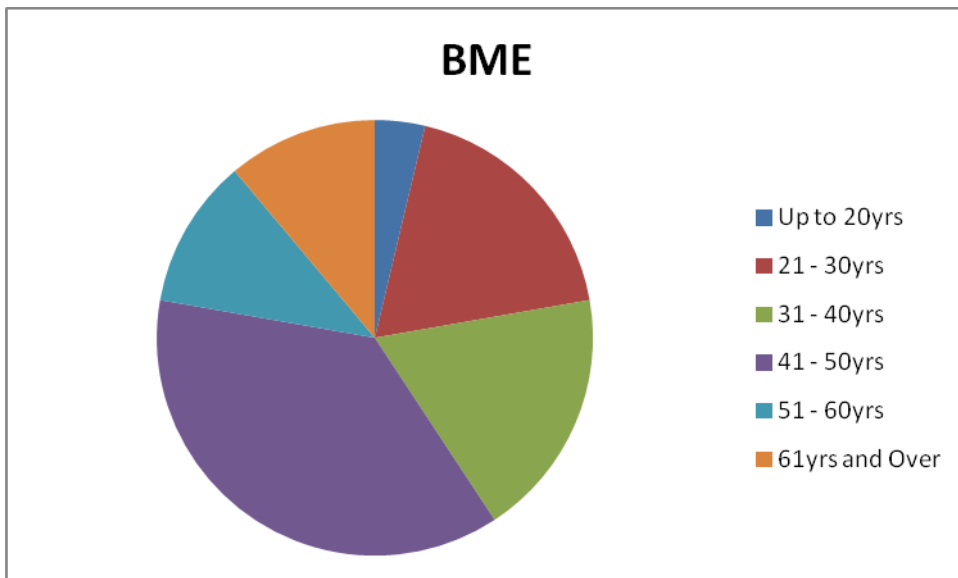
BME LEAVERS BY GRADE AND RANK

As the chart below shows, the majority of BME leavers were in the staff groups A&C, A&E, and SMP.

BME LEAVERS BY STAFF GROUP

BME LEAVERS BY AGE

In 2010-11 the majority of BME leavers were in the age bands 41-50 (10), followed by 31-40 and 21-30 equally (5).
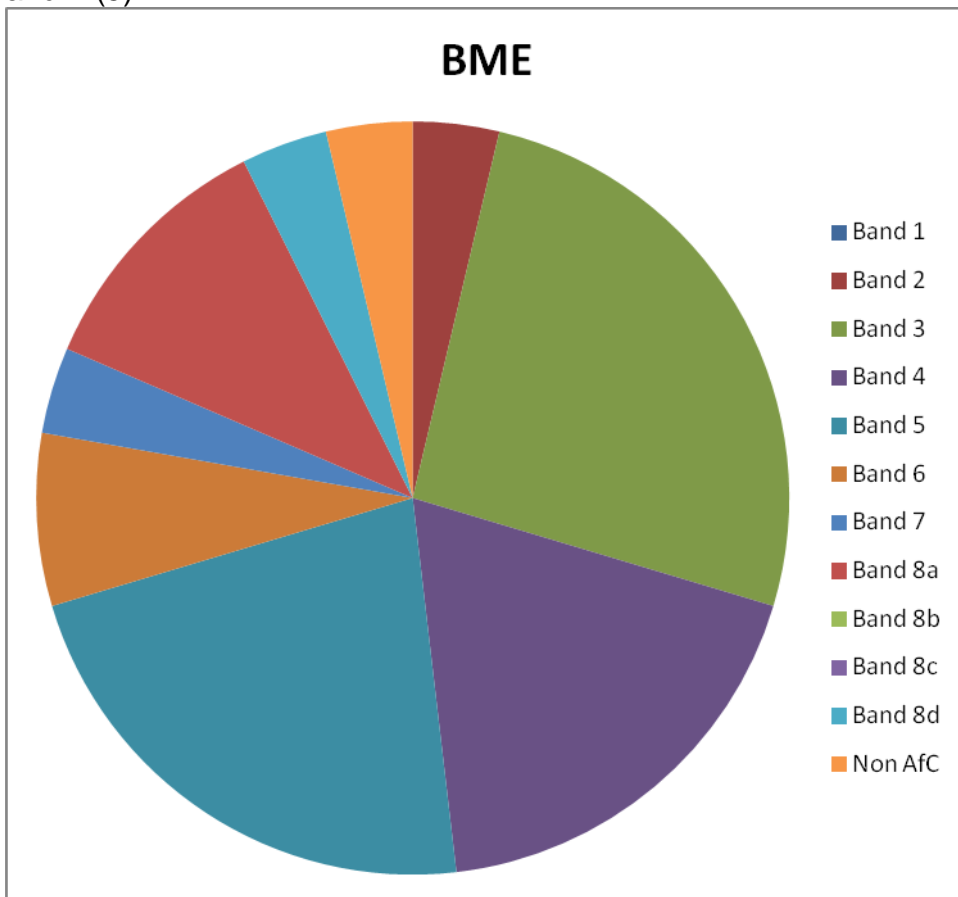

BME LEAVERS BY LENGTH OF SERVICE

In 2010-11 the majority of BME leavers, had a length of service of between 0 to 2 years (12), followed by 3-5 and 6-10 years equally (5).
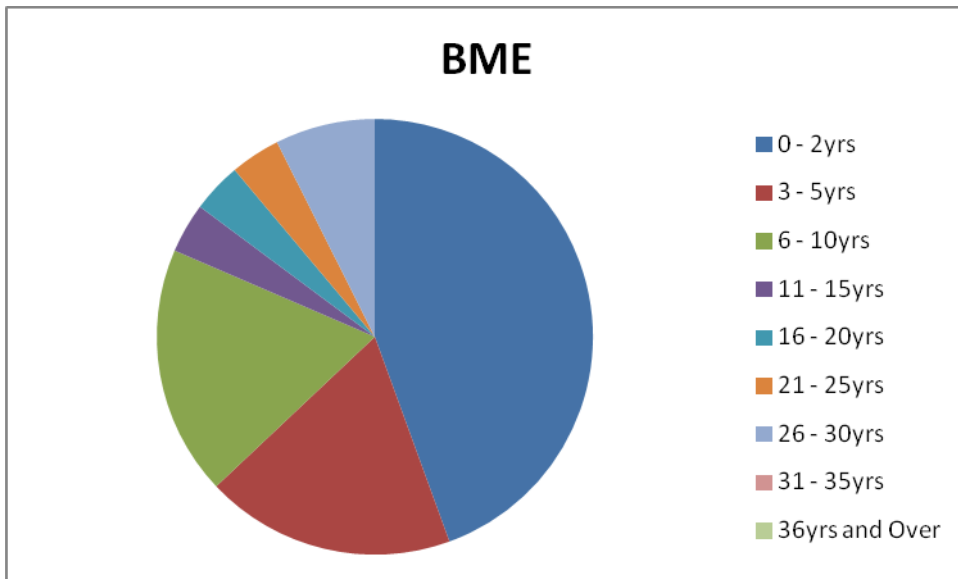
BME LEAVERS BY PAY BAND

In 2010-11 the majority of BME staff were at Band 3 (7), followed by Band 5 (6) and 4 (5).   .

BME LEAVERS BY REASON

In 2010-11 the majority of BME staff leaving went by voluntary resignation (16 out of 27), similar to the previous year, followed by Retirement on the grounds of age (2), fixed term contract (2) and Dismissal Other Reasons (2).

PROMOTIONS

9.9% were for Black and Ethnic Minority staff, which is marginally over the representation of Black and Ethnic minority staff in the Trust and an increase on last year's percentage of 6.33%.

5.4. LAS PROFILE BY SEX
PROFILE BY SEX

From April 1 2010 to March 31 2011 the Trust's workforce comprised 42 % female and 58% male, almost the same as the workforce representation last year. Representation in the Trust is still some way below the Census 2001 estimate respectively of 51% women in the capital.

REPRESENTATION BY STAFF GRADE/RANK

In 2009-10 the highest representation by staff grade/rank of women was at Paramedic (15.4% of all staff), followed by Student Paramedic (14.3%) and EMT4 (14.1%). In the year 2010-11 most women staff were again Paramedics (326 - 38.4% of all staff at that grade) followed by EMT4 (326 – 38.9% of all staff at that grade) and Student Paramedics (288 – 42.7 of all staff at that grade), as shown in the chart below.

STAFF GRADE/RANK BY SEX
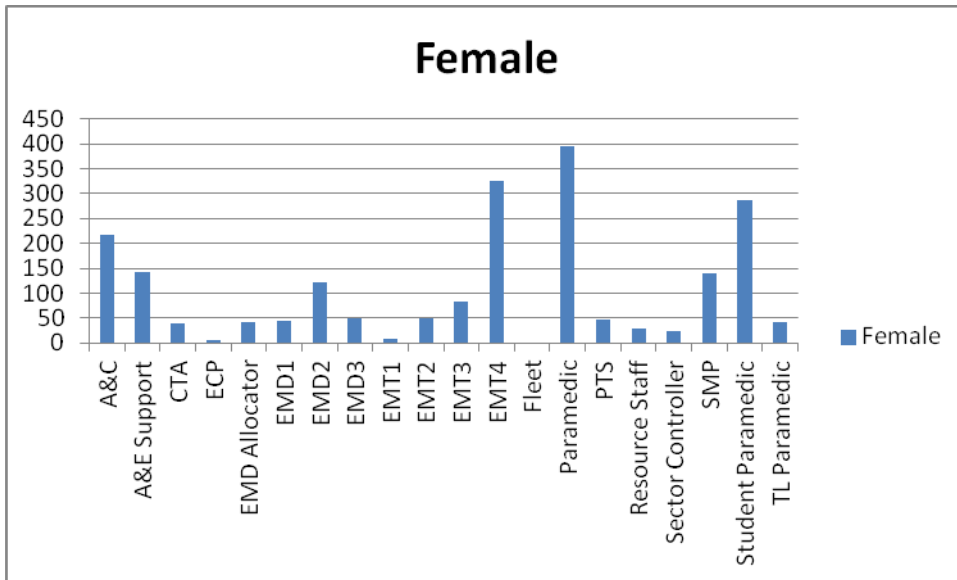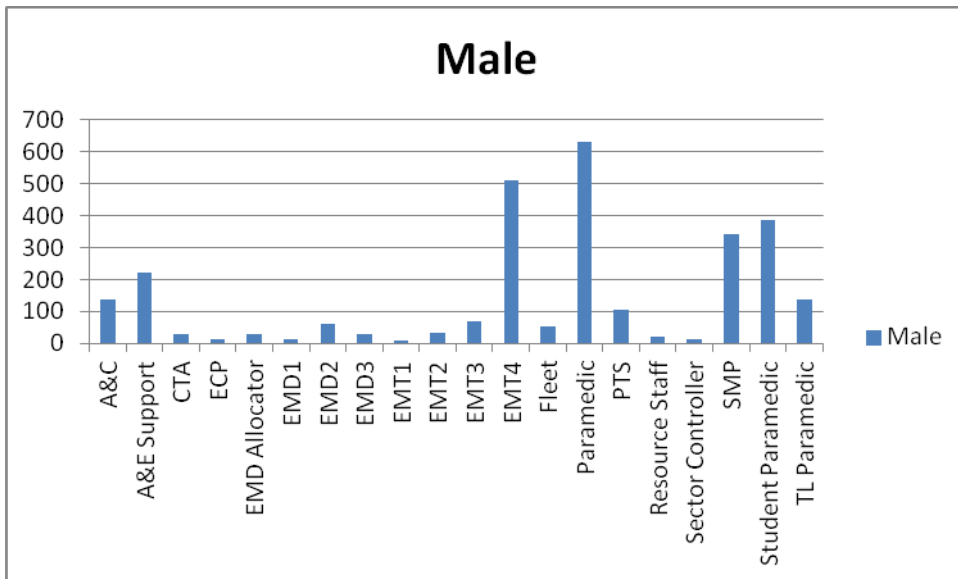
REPRESENTATION BY STAFF GROUP

In 2009-10 the highest representation in the workforce by women was found to be overwhelmingly in A&E, followed by EOC and A&C, mirroring exactly the representation of men. In the year 10 -11 the staff groups in which there was the greatest representation of women were again A&E (1342 – 39.9% of all staff at that grade), followed by EOC (283 – 66.1%) and A&C (218 – 61.2%). Further action needs to be taken to improve recruitment of women in other parts of the service and in a wider range of occupations.

LENGTH OF SERVICE BY SEX

The chart below shows the length of service most prevalent for women staff in the Trust, with most women having between 0-2 years (699 – 46.5% of all staff), followed by between 6-10 years (518 - 46%) and 3-5 years (375 – 50.7%) (this was similar to male staff, with the exception that the third most prevalent length of service for them was between 11 and 15 years). This was exactly the same situation in 09- 10.

LENGTH OF SERVICE BY SEX

Male

- 0 - 2yrs
- 3 - 5yrs
- 6 - 10yrs
- 11 - 15yrs
- 16 - 20yrs
- 21 - 25yrs
- 26 - 30yrs
- 31 - 35yrs
- 36yrs and Over
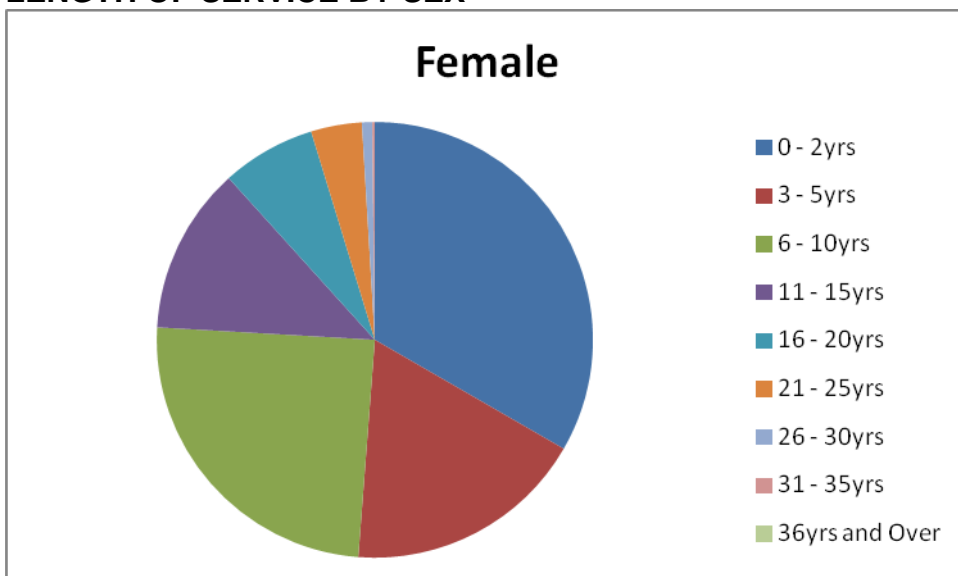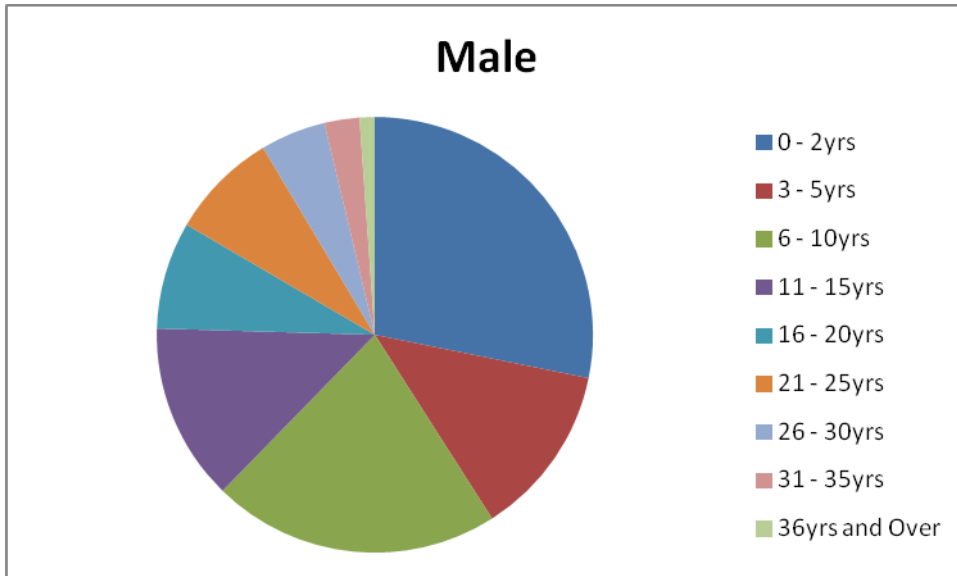
PAY BANDS BY SEX

In the previous year 09-10 the overwhelming majority of women staff were paid at Band 5 (50.6%), followed by 17% at Band 4 and 15.9% at Band 3. Only 9.4% of women staff were at Band 7 plus.   In the year 10-11, as the chart below illustrates, the overwhelming majority of women in the service were paid at Band 5 level (1148 – 41.2 of all staff at that grade%), followed by Band 3 (356 – 47.2%) and Band 4 (289 – 57.2), with only 6.9% of women being paid at senior grade level, which is even less than the equivalent for BME staff and for male staff (11.9%). The most prevalent pay bands for male staff in the Trust were similar: 57.5% of men were paid at Band 5, followed by 14.0 at Band 3, with the third most prevalent pay band being slightly higher than women – at Band 6 (8.1%).

Given that women make up 42% of the current LAS workforce, more work needs to be done to encourage women to apply for senior manager positions. Again, as with the under-representation of BME staff, specific targeted action is required to address this, which in a time of financial austerity will need to include some of the training initiatives referred to later in this report.

WOMEN STAFF BY PAY BAND

Female

- Band 1
- Band 2
- Band 3
- Band 4
- Band 5
- Band 6
- Band 7
- Band 8a
- Band 8b
- Band 8c
- Band 8d
- Non AfC

MALE STAFF BY PAY BAND

Male

- Band 1
- Band 2
- Band 3
- Band 4
- Band 5
- Band 6
- Band 7
- Band 8a
- Band 8b
- Band 8c
- Band 8d
- Non AfC
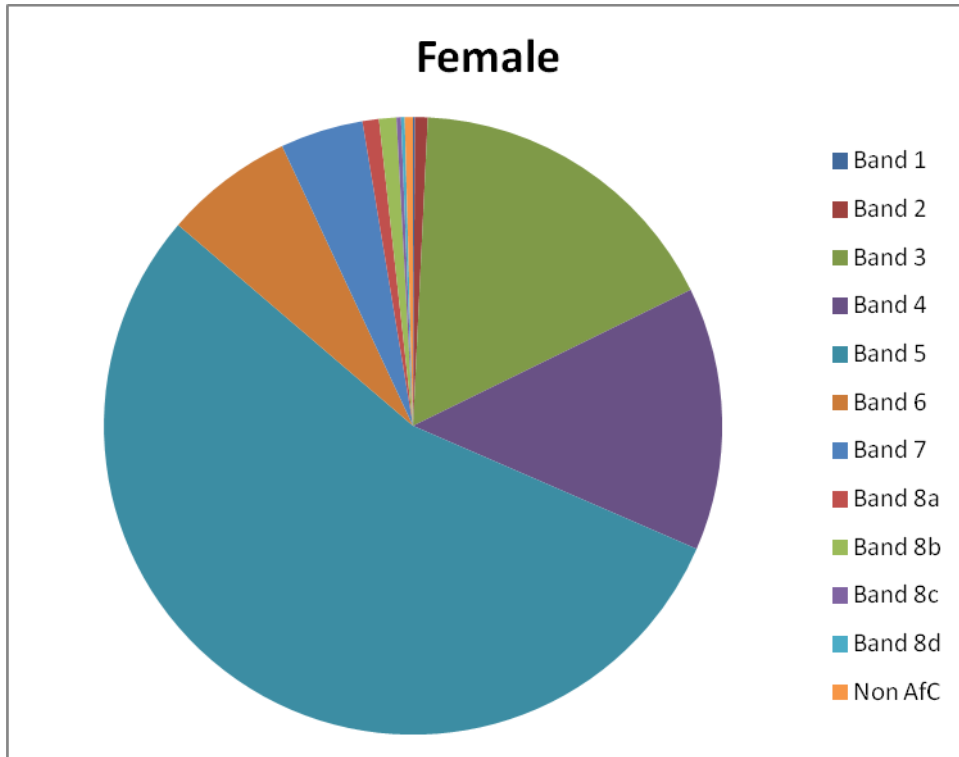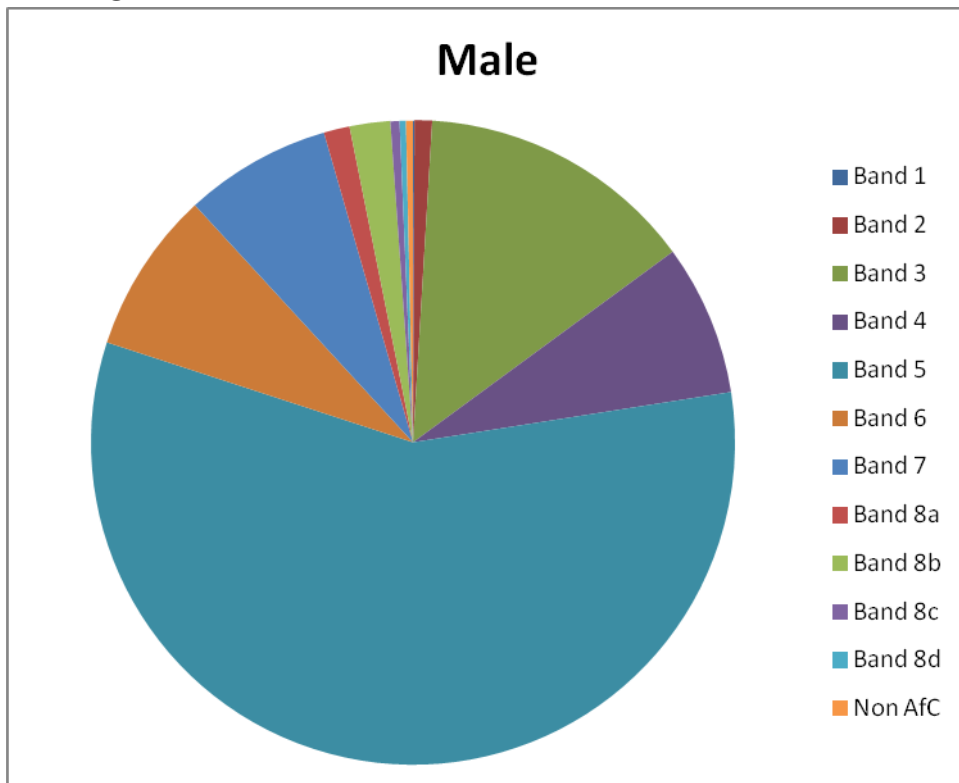
STAFF AGE RANGE BY SEX

The majority of women were in the age ranges 31 – 40 (743 – 47.4%), followed by 21 – 30 (626 – 54.8%), then 41 – 50 (512 – 36.2%), with men mostly in the

age ranges 41 – 50 (904 – 63.8% of all staff), 31 – 40 (823 – 52.6%), then 21 – 30 (517 – 45.2%).

Female

Male
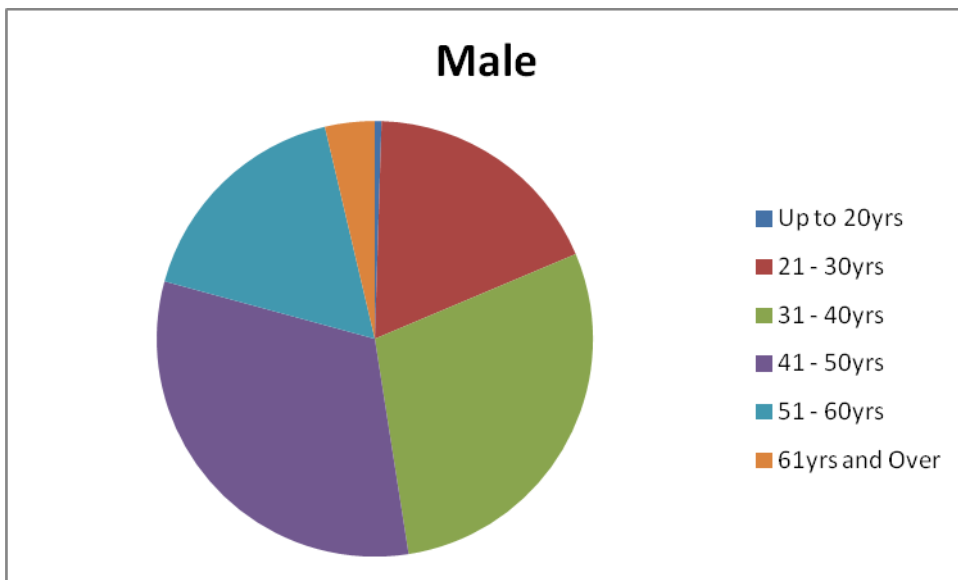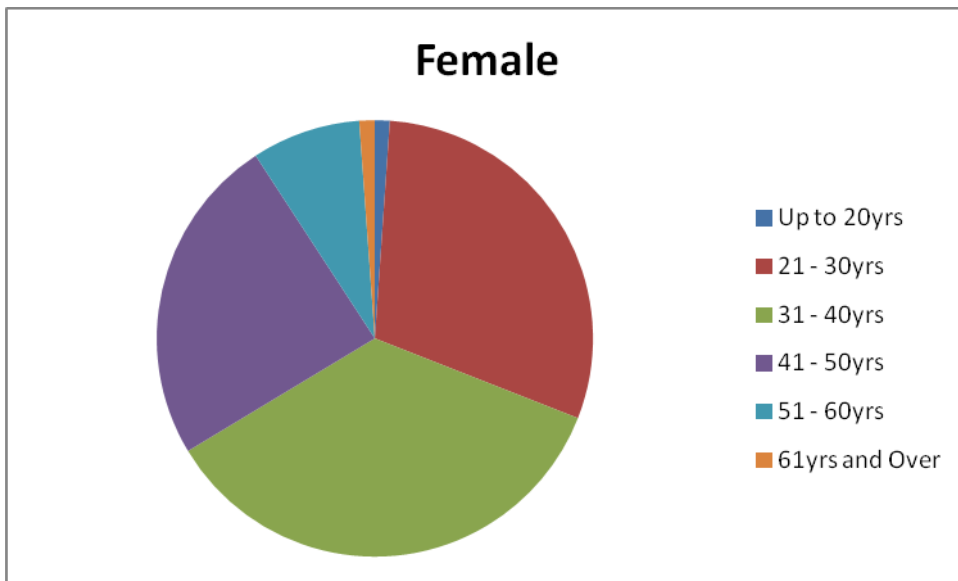
STARTER PROFILE

In 2010-11 of all new starters to the Trust 176 were women and 149 men. As the charts below show, in 2010-11 the majority of women started as EMT2 (51), followed by A&E Support (39) and EMD1(32), with the majority of men starting as A&E Support (54), followed by EMT2 (34) and EMD1 (17).

STARTER GRADE/RANK PROFILE BY SEX

Female

Male
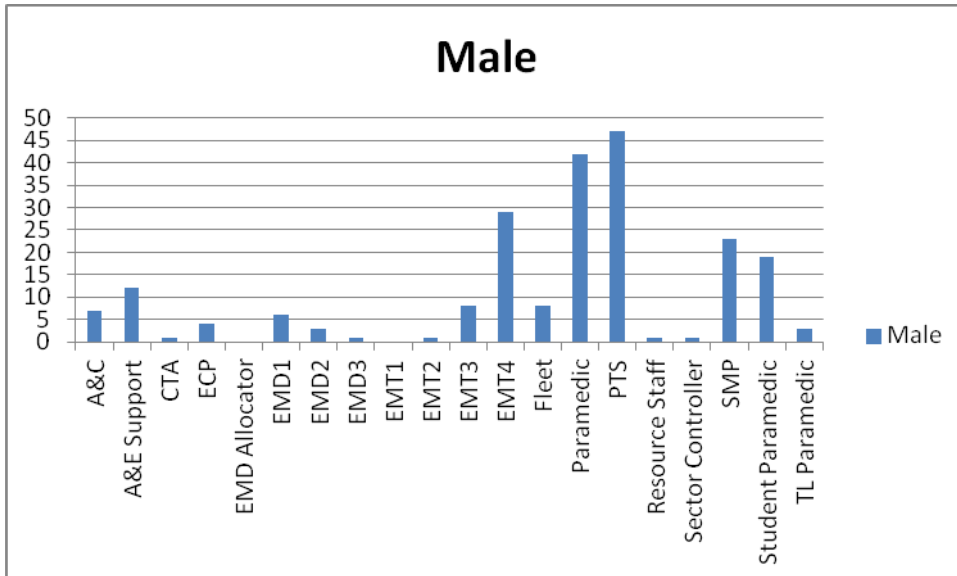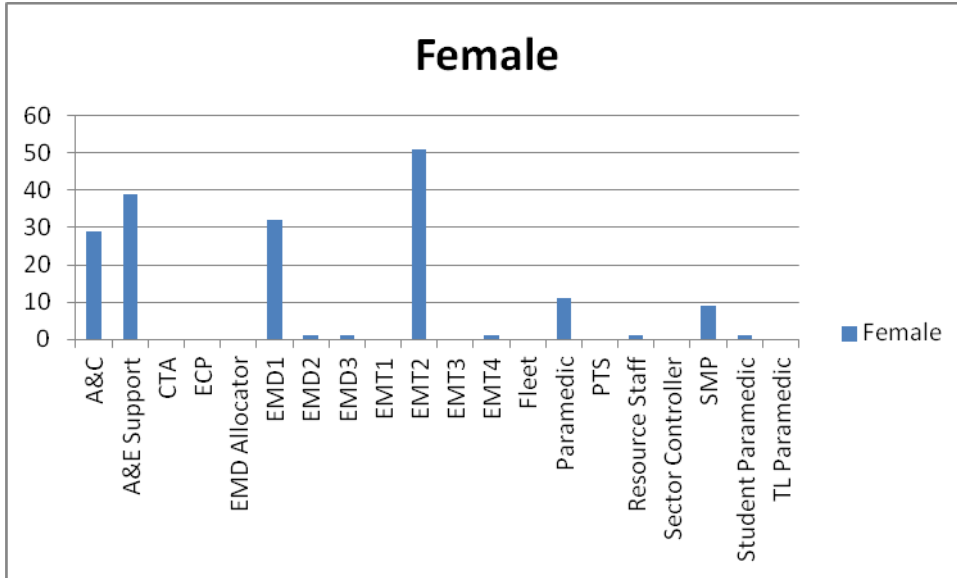
STARTERS BY PAY BAND BY SEX

In terms of pay banding, the majority of women started in Band 3 (77) and Band 4 (67), followed by Band 5 (18), with 10 women starting in Senior Management positions. Men started predominantly in Band 3 (74), followed by Band 4 (42), then Band 5 (20), with the same number as women in Senior Management positions.

Female

Legend:
- Band 1
- Band 2
- Band 3
- Band 4
- Band 5
- Band 6
- Band 7
- Band 8a
- Band 8b
- Band 8c
- Band 8d
- Non AfC

Male

Legend:
- Band 1
- Band 2
- Band 3
- Band 4
- Band 5
- Band 6
- Band 7
- Band 8a
- Band 8b
- Band 8c
- Band 8d
- Non AfC
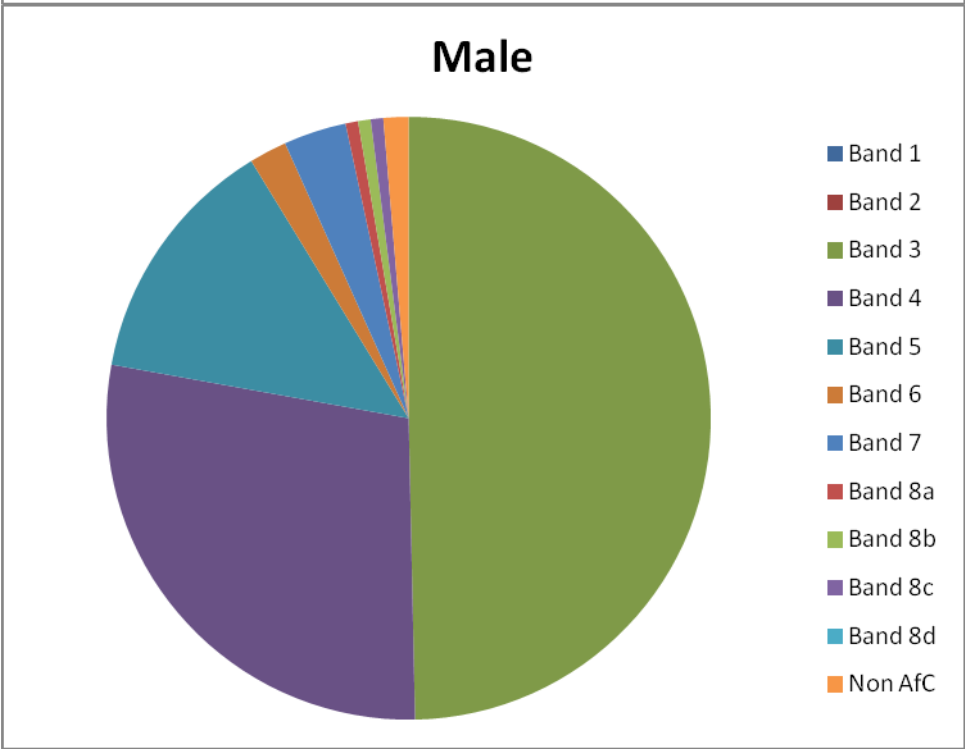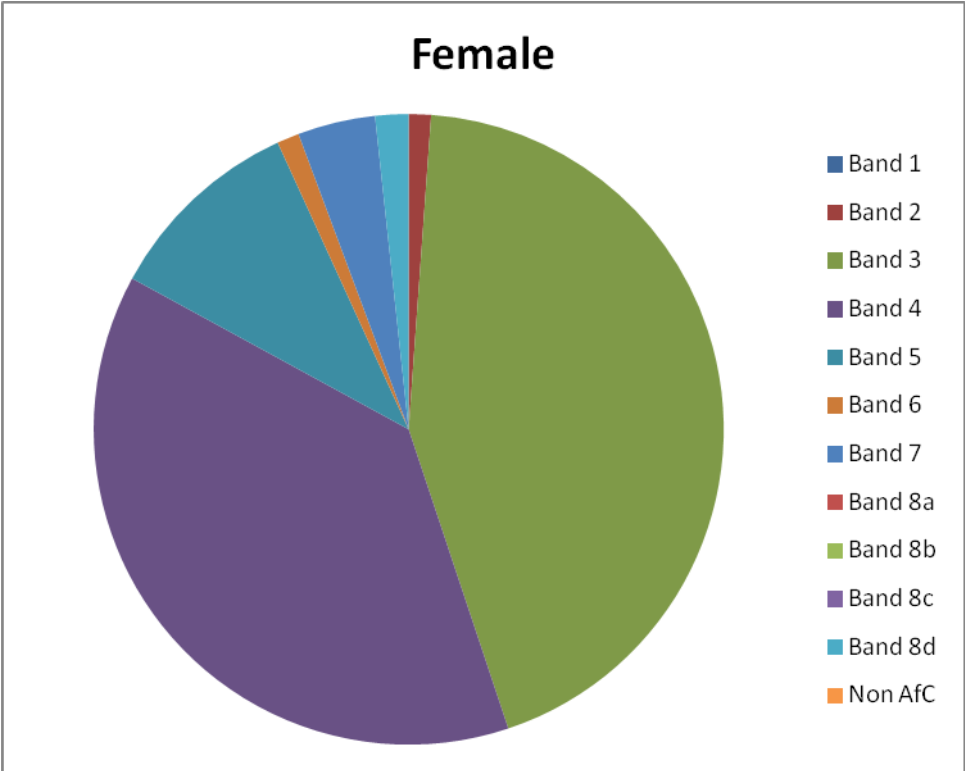
WOMENSTARTERS BY AGE RANGE

The most prevalent age ranges for women were 21-30 (92), followed by up to 20 (29) and 31-40 (28).
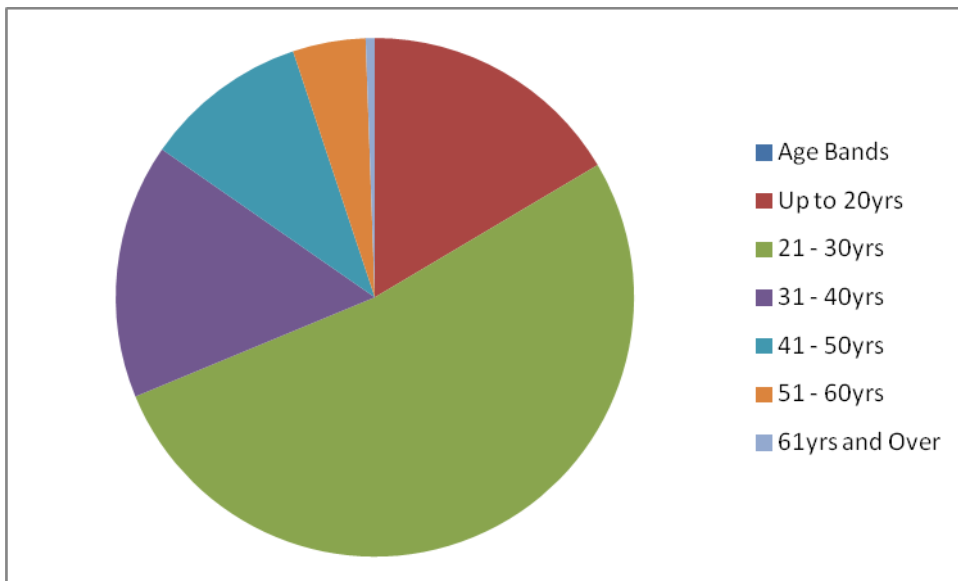
The most prevalent age ranges for men were 21-30 (65), followed by 31-40 (23) and up to 20 (22).
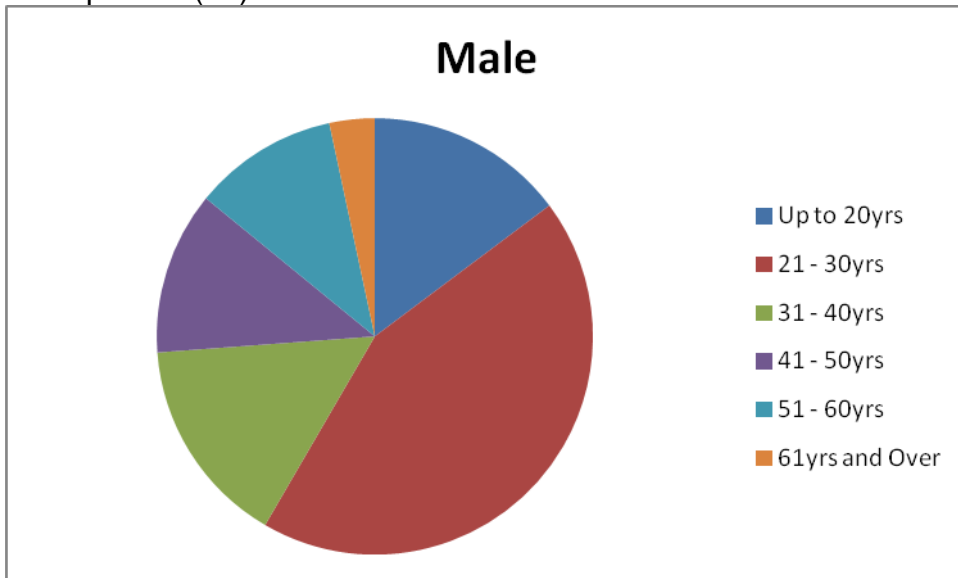
LEAVER PROFILE

In the year 2010-11 136 women and 216 men left the Trust. The majority of women leaving were from A&C (24), PTS (21) and Student Paramedics (17)., with the majority of men leaving from PTS (47), Fleet (42) and EMT4 (29).

LEAVERS BY GRADE AND RANK BY SEX
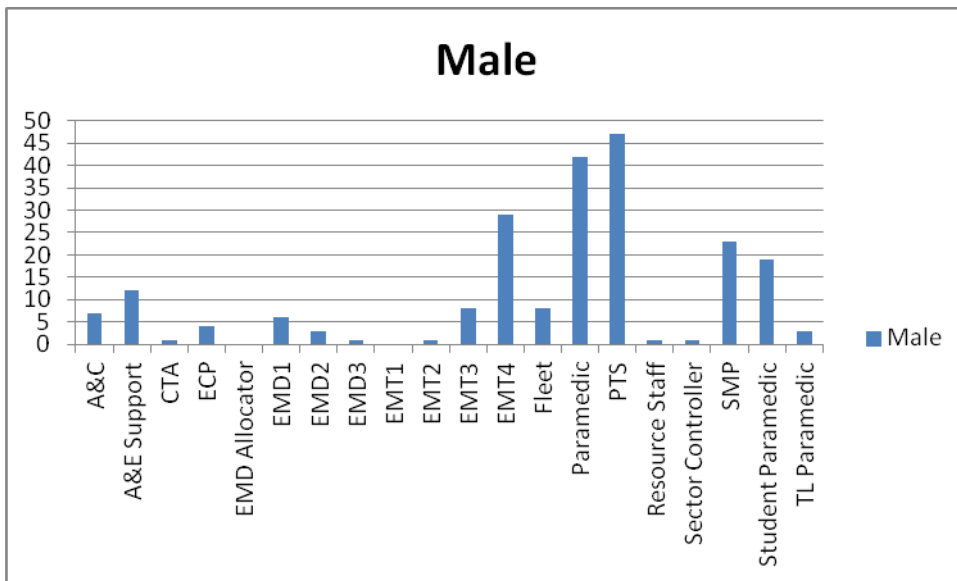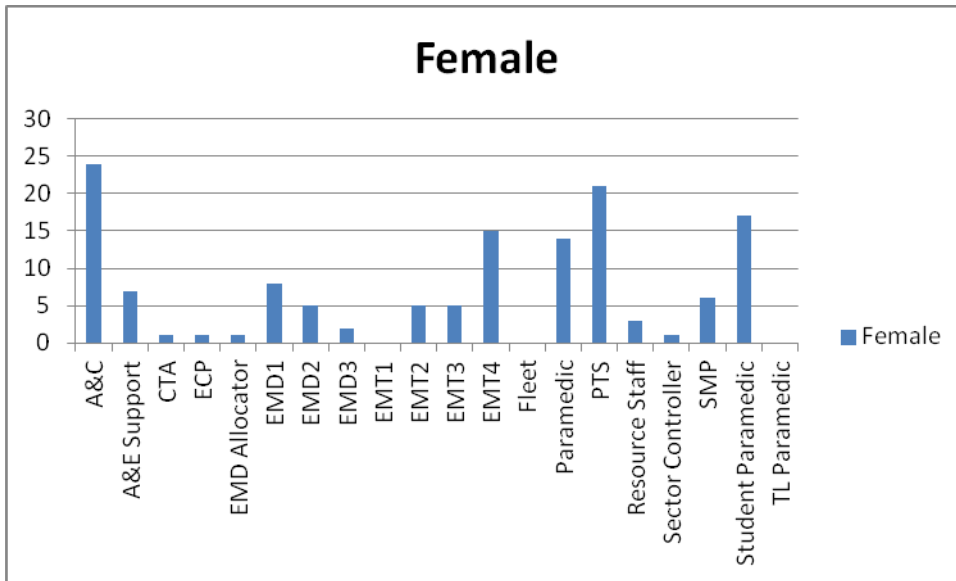
LEAVERS BY STAFF GROUP BY SEX

As the charts below show, the majority of women leaving were from A&E (64), followed by A&C (24) and PTS (21). The majority of men leaving were from A&E (118), followed by PTS (47) and SMP (23).

Female

Legend: A&E, EOC, CTA, PTS, Resource Staff, A&C, SMP, Fleet

Male

Legend: A&E, EOC, CTA, PTS, Resource Staff, A&C, SMP, Fleet
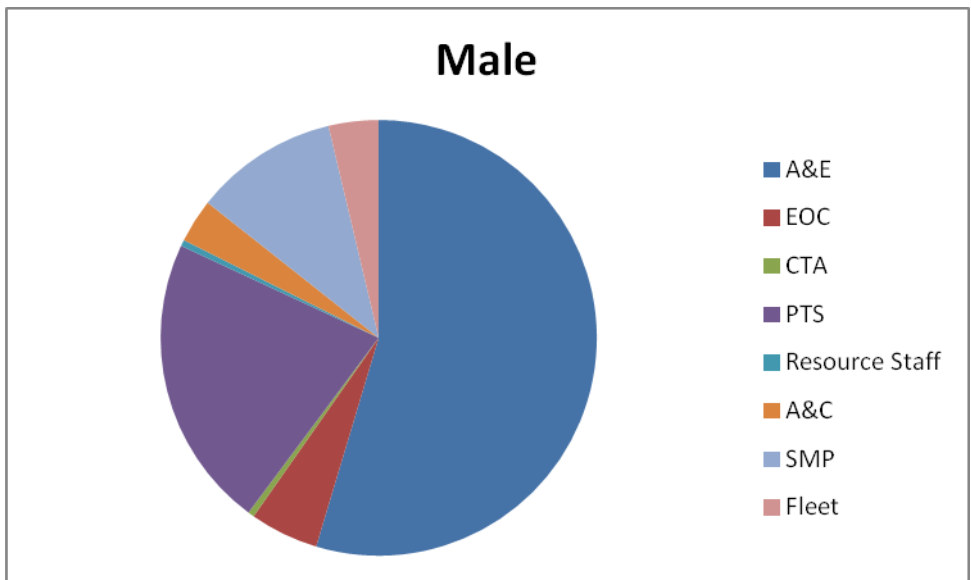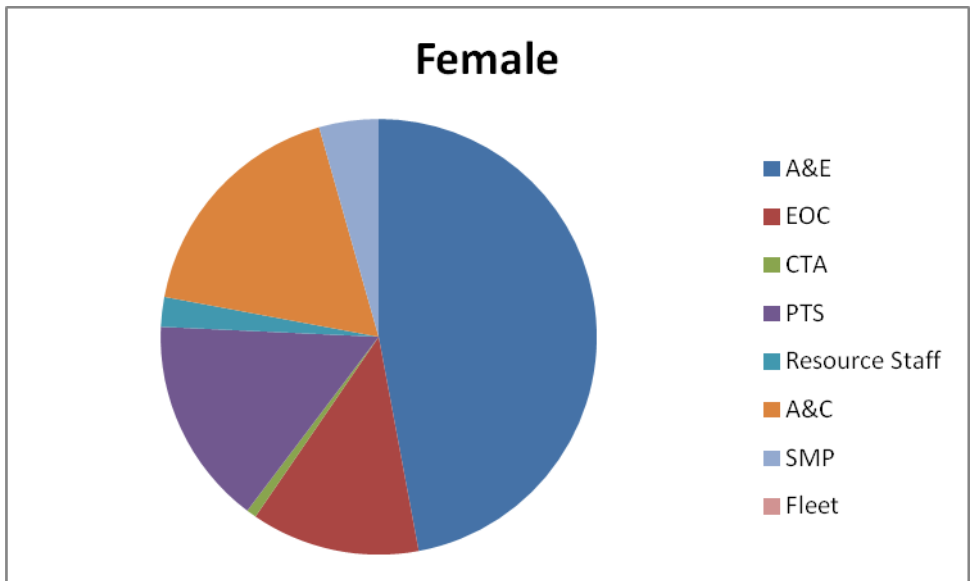
WOMEN AND MEN LEAVERS BY AGE BAND

The large majority of women leaving the Trust in 2010-11 were equally in the age bands 21-30 and 31-40 (41) followed by in equal measure 41-50 and 51-60 (23).

Female

- Up to 20yrs
- 21 - 30yrs
- 31 - 40yrs
- 41 - 50yrs
- 51 - 60yrs
- 61yrs and Over
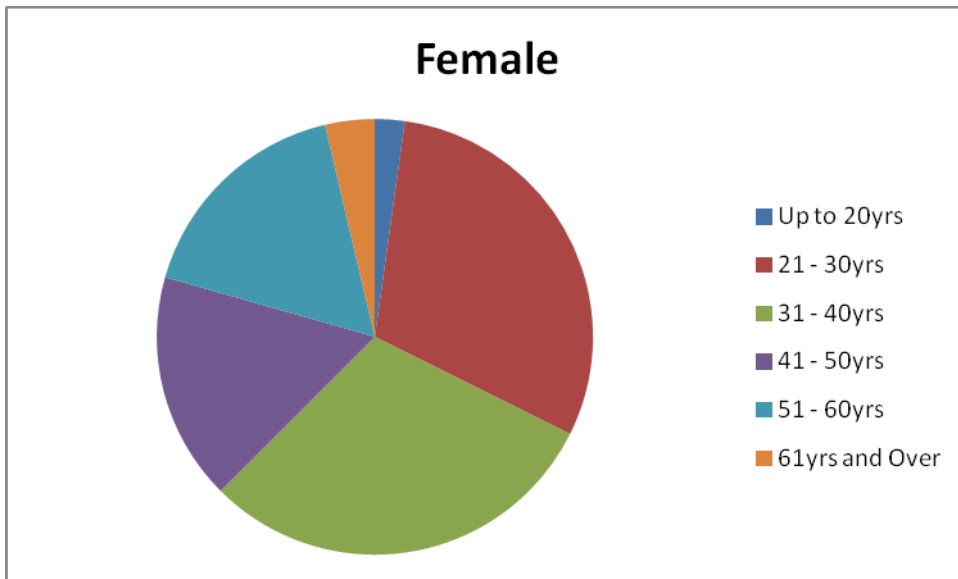
In contrast, the age profile of men leaving the Trust, as depicted below, shows that the majority leaving were in the age range 41 -50 (53), followed by 51-60 (49) and 61 and over (42).

Male

- Up to 20yrs
- 21 - 30yrs
- 31 - 40yrs
- 41 - 50yrs
- 51 - 60yrs
- 61yrs and Over
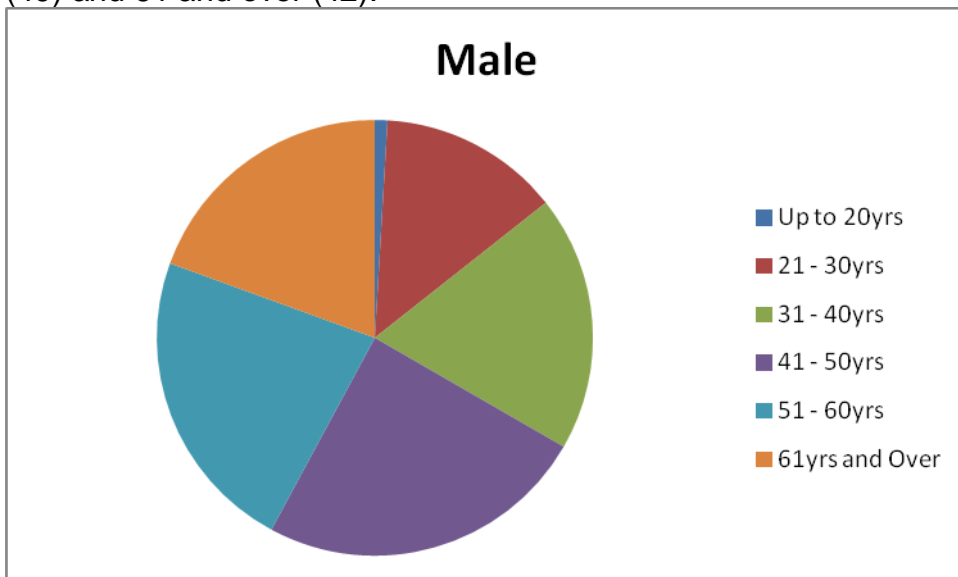
LEAVERS BY LENGTH OF SERVICE BY SEX
The majority of women leaving the Trust in 2010-11 had 0-2 years of service (60), then 6-10 (25), followed closely by 3-5 (24).

Female
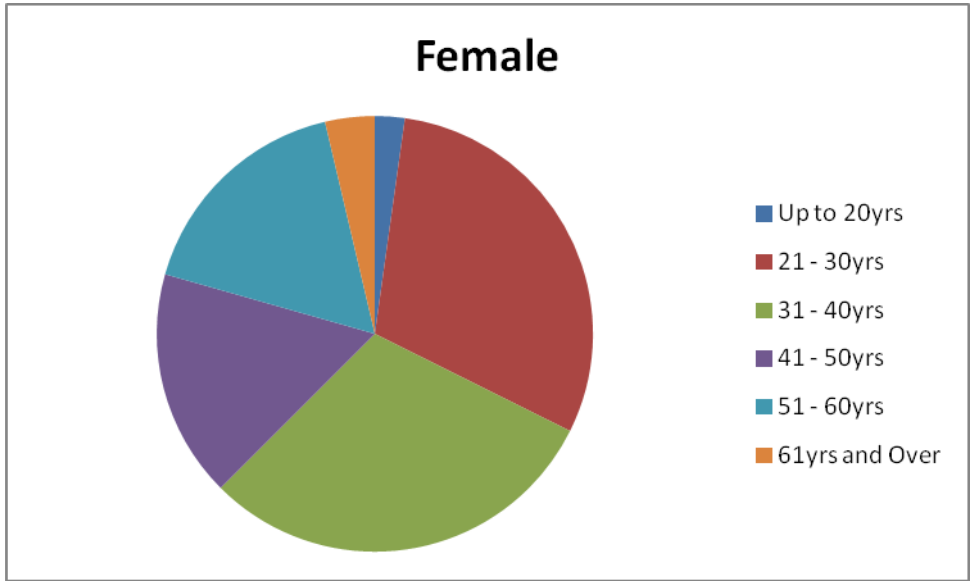
This compared to a length of service profile of men of predominantly 0-2, too (73), then 3-5 (38), followed closely by 6-10 (31).

Male
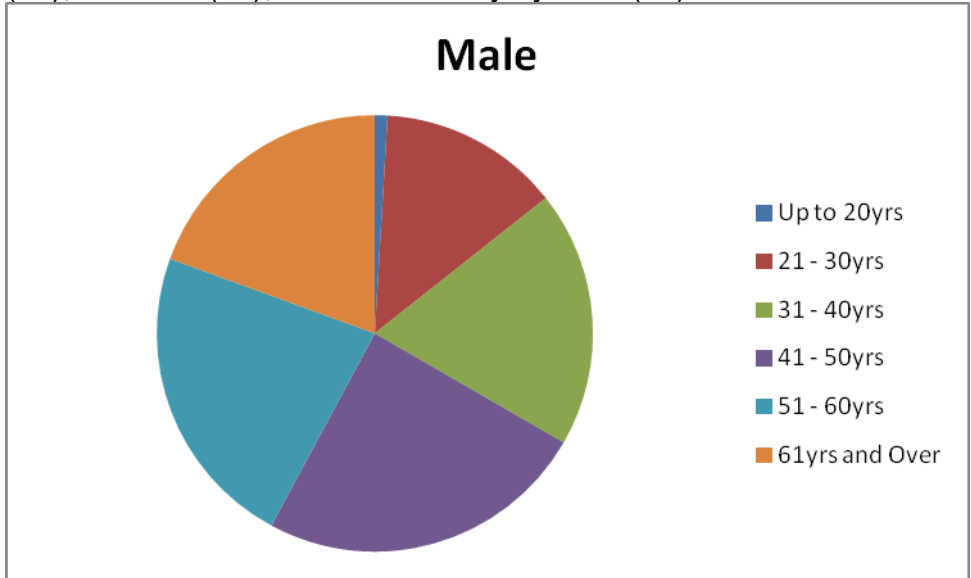
LEAVERS BY PAY BAND BY SEX

In 2010-11 the majority of women leaving the Trust were at Band 5 (55), followed by Band 3 (43), then Band 4 (22).

Female
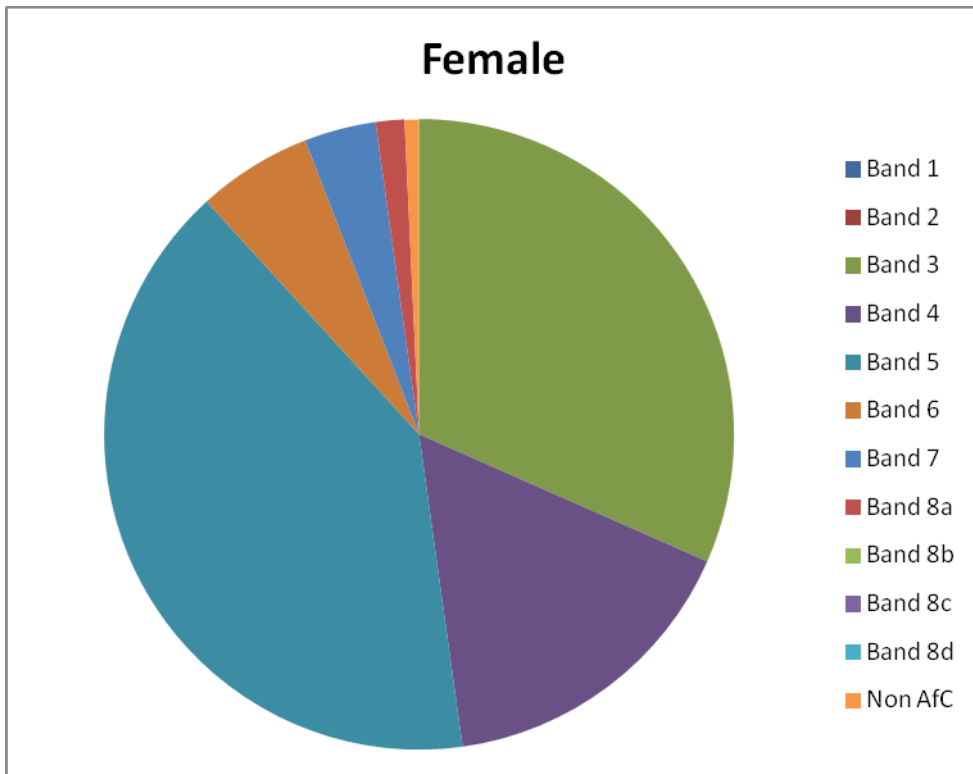
The majority of men were at Band 5 (98), followed by Band 3 (50), then Band 4 (17).
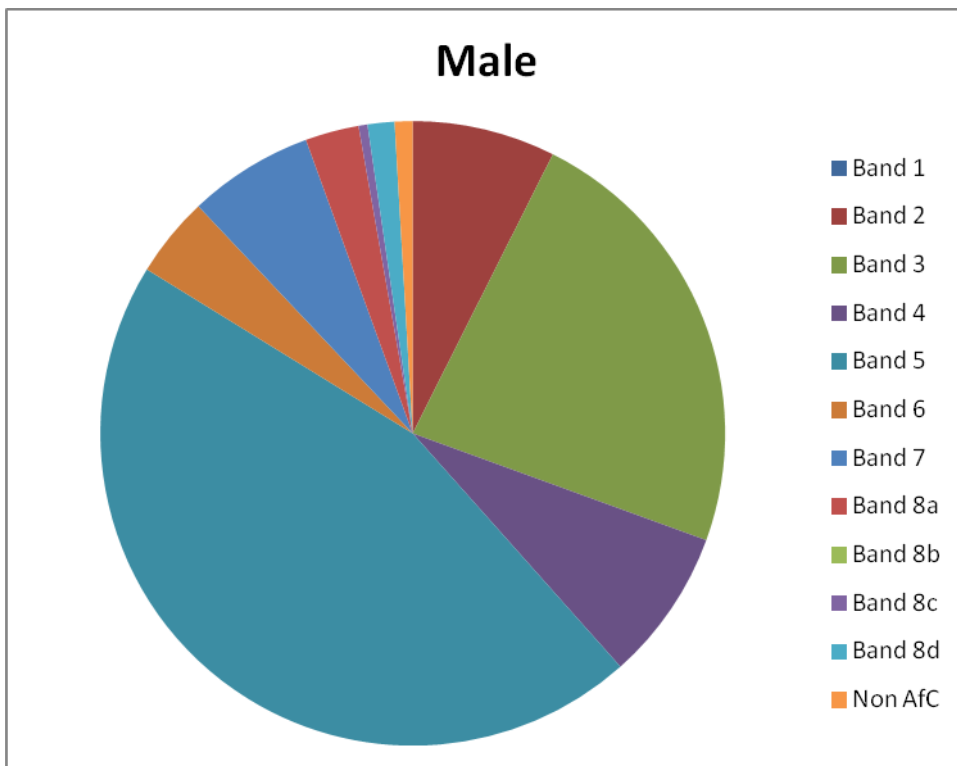
Male

LEAVERS BY SEX – REASONS FOR LEAVING

In 2010-11 the majority of women (96 out of 136) left on voluntary resignation, followed by Inter Trust Transfer (28) and Retirement on the grounds of age (37).

Most male staff retiring (102 out of 216) also went on voluntary resignation, followed by retirement on the grounds of age (37) then Inter Trust Transfer (28).

PROMOTIONS
Of all the promotions recorded for 2010-11 43% were for women, just above the representation of women in the workforce, 56.4% for men (0.6% unstated).

5.5. LAS PROFILE BY DISABILITY
As the chart below shows, the number of people declared that they were disabled was very low – 19 – with 757 stating that they were not disabled and 4169 not declaring either way. Due to issues related to the transfer of records across the Trust's legacy system to ESR, more comprehensive disability records were not available, which does not allow for any further breakdown of staff in terms of grade, length of service etc. This will be rectified through the Staff Data Refresh and in all future reporting from April 1 2012.
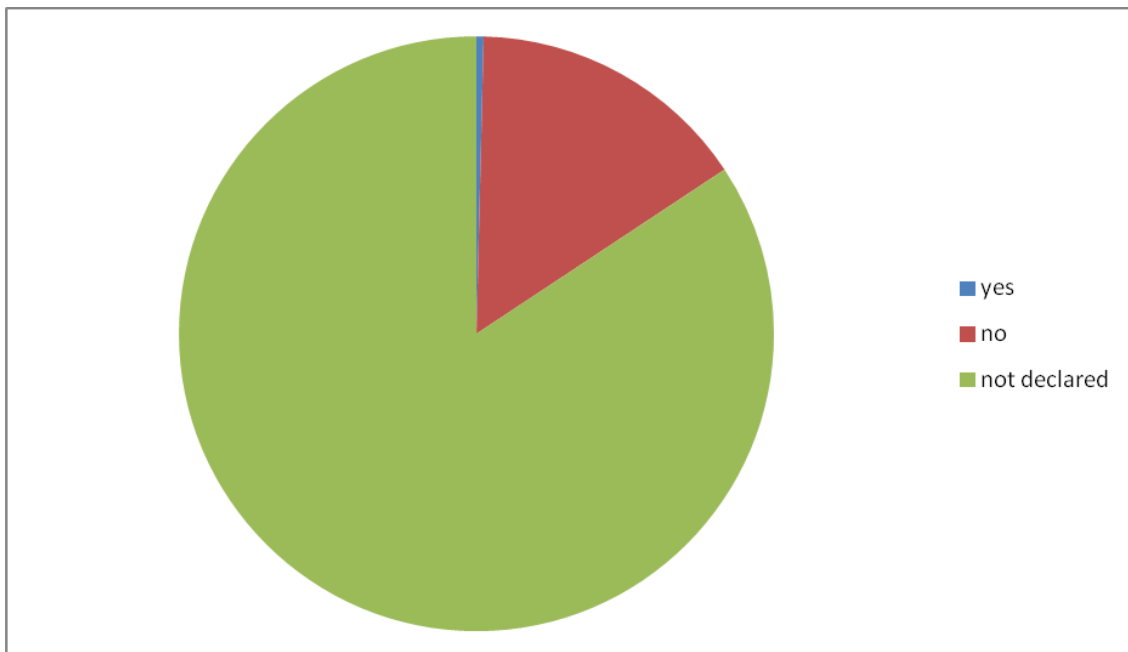
STARTER PROFILE
Only two people said that they were disabled; 130 said they were not and 193 did not declare. For the reasons highlighted earlier in this report, no further breakdown of disabled staff is available; this will be addressed through the Staff Data Refresh and through all future reporting from April 1 2012.

An analysis of applications received during this timescale from disabled people shows that for the whole of 2010-11, disabled applicants made up 4 % of all applications. This could be because applicants are not disclosing if they have a disability on the application form. Further work may be needed to engage with disabled communities in order to ensure that they are aware of our vacancies.

LEAVER PROFILE

Two leavers said they were disabled, 30 said they were not and 320 did not declare either way. For the reasons highlighted earlier in this report, no further breakdown of disabled staff is available; this will be addressed through the Staff Data Refresh and through all future reporting from April 1 2012.

PROMOTIONS

4.1% staff, who identified as disabled, were promoted; in the previous year no staff who were promoted had declared themselves to be disabled.

5.6.LAS PROFILE BY AGE

In the year 09-10 the majority of LAS staff were in the following age ranges: 31- 40, 41-50 and 21-30.

In 2010 – 11, as the charts below indicate, the majority of Trust staff were in the age ranges 31 – 40 (1566 – 31.7% of all staff), 41 – 50 (1416 – 28.6%), then 21 – 30 (1143 – 23.1%), the same profile as the previous year.

ALL STAFF BY AGE
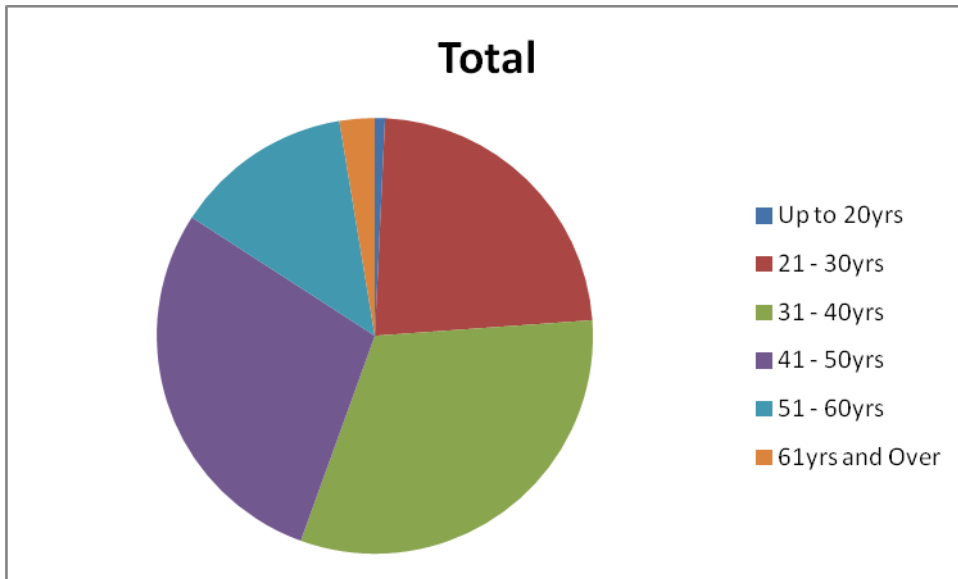
STARTER PROFILE

The majority of new starters to LAS (325) were in the age ranges 21-30 (157), followed by the age ranges up to 20 and 31-40 equally (51).

ALL STARTERS BY AGE

Total

Legend:
- Up to 20yrs
- 21 - 30yrs
- 31 - 40yrs
- 41 - 50yrs
- 51 - 60yrs
- 61yrs and Over
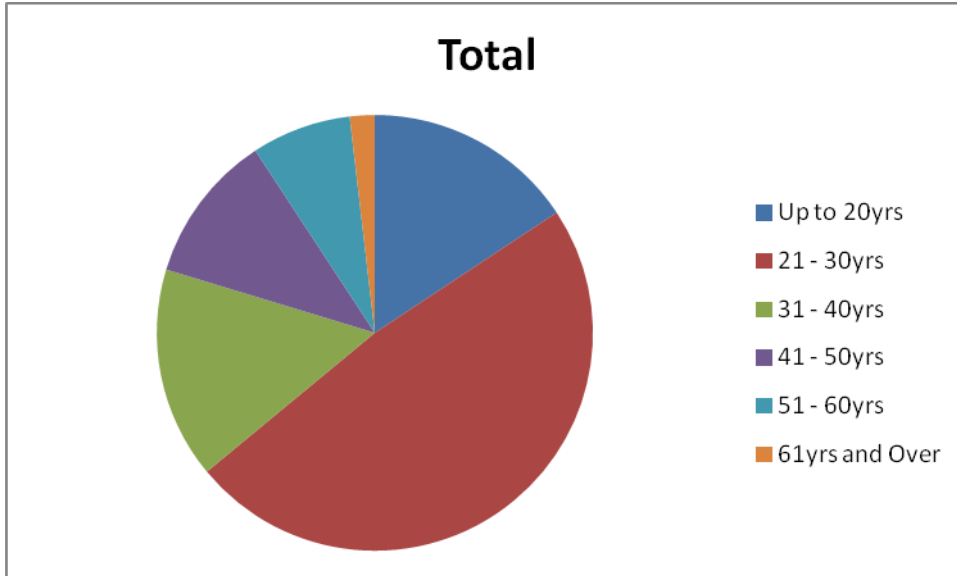
LEAVER PROFILE
The most prevalent age range of those leaving was 31-40 (82), followed by 41-50 (76) then 51-60 (72),

PROMOTIONS
The age ranges in which most staff were promoted were 31-40 (28.5%), 21-30 (26.7%) and 41-50 (24.4%), which was similar to the previous year. The percentages for these age ranges are very close to each other, indicating that there appears to be equal opportunity for promotion, regardless of age range

5.7. EMPLOYEE RELATIONS ACTIVITY
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 fallen since the last report.

In total, records show that the Disciplinary procedure was instituted 64 times; Grievance 15 times; and Managing Attendance 613 times. The figure for Managing Attendance includes people for whom capability in terms of their health was the key issue.

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

The Disciplinary Procedure was instituted with a total of 64 staff, 34 men (53.1%) and 30 women (46.9%). Eight people (12.5%) were BME staff. One member of staff (1.6%) was in the age band 20 or under; eight (12.5%) in band 21-30; 25 (39.1%) in band 31-40; 19 (29.7%) in band 41-50; ten (15.6%) in band 51-60; and one (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.

18 women (42.9 of a total of 42) and six BME staff (14.3%) received warnings or were dismissed as a result of the Disciplinary proceedings. One member of staff was in the age band 20 or under; four in band 21-30; 18 in age band 31-40; 14 in band 41-50; four in band 51-60; and one over 60 years.

The Grievance Procedure was instituted by a total of 34 staff, 13 women and 21 men, of whom three (8.8%) were BME staff. No member of staff self-identified as a disabled person.

Two members of staff were in age band 21-30; 12 were in age in band 31-40; eight in band 41-50; eight in band 51-60; and four over 60 years.

Ten grievances were related to bullying and/or harassment. Of this ten, seven were submitted by a single group of staff and were also related to TUPE issues

Of the grievances submitted, one was upheld. This was submitted by a white male in the age band 51-60. Six were upheld in part; all of these were submitted by men; one of these was submitted by a BME member of staff. Six cases were resolved through discussion; and one was withdrawn. 20 grievances were not upheld. Seven of these related to TUPE issues; two were submitted by BME members of staff and ten by women; one member of staff was in the age band 21-30;five in band 31-40; five in band 41-50; five in band 51-60 and four over 60 years.

The Managing Attendance Procedure (MAP) was formally instituted (i.e. the member of staff was issued with a warning or dismissed) with 613 members of staff in total; 274 (44.7%) women; 339 (55.3%) men; 16 (6.9%) BME staff.

Five members of staff (0.8%) either self-identified as a disabled person or were declared by the Occupational Health department to be treated as protected by legislation.

One member of staff (0.2%) was in age band 20 or under; 112 (18.3%) in band 21-30; 195 (31.8%) in band 31-40; 203 (33.1%) in band 41-50; 92 (15%) in band 51-50; ten (1.6%) were over 60.

The Capability Performance Procedure was instituted with two members of staff; one female; one in the age band 41-50; and one in band 51-60.

In the year 2010-11 there were a total of 20 claims lodged in the Employment Tribunal, eight of which were by women. One member of staff was in age band 21-30; 12 in band 31-40; three in band 41-50; and three in band 51-60.

Four claims were made by BME members of staff.

One claim for discrimination on the grounds of race (and unfair dismissal) was lodged by a BME member of staff; this claim was withdrawn.

Three claims were made for discrimination on the grounds of disability. One case included a claim for age discrimination and unfair dismissal as well. Following medical reports showing the claimant had no case for disability discrimination, this claim was settled. One case was withdrawn and the other is yet to be heard.

One claim for sex discrimination has been lodged by a woman. This has yet to be heard.

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	
	No	%	No.	%	No.	%	No.	%
Disciplinary Procedure			36		51		64	
Male			22	61.2	36	70.6	34	53.1
Female			14	38.8	15	29.4	30	46.9
BME		8.33	0	0	7	13.7	8	12.5
Disabled			0	0	0	0	0	0
Grievances			17		16		34	
Male			13	76.5	8	50.0	21	61.8
Female			4	23.5	8	50.0	13	38.2
BME		12.24	3	17.6	4	25.0	3	8.8
Disabled			1	5.9	1	6.3	0	0
Managing Attendance			48		403		613	
Male			26	54.2	233	57.8	339	55.3
Female			22	45.8	170	42.2	274	44.7
BME			11	22.9	16	4.0	16	2.6
Disabled			0	0	7	1.7	5	0.8
Capability Performance					2			
Male			0	0	0	0	1	50.0
Female			0	0	2	100.0	1	50.0
BME			0	0	1	50.0	0	0
Disabled			0	0	0	0	0	0
Age (all activity)					472		713	
20 or under				0	5	1.1	2	0.3
21 - 30				9.6	58	12.3	122	17.1

				41.2	166	35.3	231	32.4
31 - 40								
41 - 50				33.3	183	38.7	232	32.5
51 - 60				14	60	12.6	111	15.6
Over 60				2.6	0	0	15	2.1

In 2010/11 women represented 42% of our total workforce. The figures 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 two previous years.

9% of our workforce is from BME groups. The figures show that the number of BME staff who were the subject of a disciplinary investigation remained almost unchanged, but the increase in the total number of cases resulted in a slight fall in percentage terms. The number of BME staff who received a warning or were dismissed under the Managing Attendance Procedure in 2010/11 (2.6%) was disproportionately low for the second year running.
Activity under the Grievance policy in 2010/11 reflected broadly the composition of the workforce.

The figures show an increase from the last reported period of over 50% in the number of people being managed under the MAP. Although the numbers are small, the number of disabled people within this caseload fell by a similar amount from seven to five. 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.

5.8. RETURN TO WORK FOLLOWING MATERNITY LEAVE
In the year April 1 2010 to March 31 2011 143 women took maternity leave, with the overwhelming majority (133) returning to work with the Trust afterwards.

5.9.ACCESS TO FLEXIBLE WORKING
 In the last annual Staff Survey, completed in October to December each year, questions were asked around access to flexible working.

In response to the question "I can approach my immediate manager to talk openly about flexible working", to which 49.2% of all respondents agreed or strongly agreed that they can approach their immediate manager to talk openly about flexible working, the following protected characteristic groups responded in the affirmative:

- 30.1% of staff who identified as having a "long-standing illness, health problem or disability"(from 226 responses) agreed; 7.1% strongly agreed
- 42.1% of staff aged 21-30 agreed and 11.3% strongly agreed; 35.4% of staff aged 31-40 agreed and 15.3% strongly agreed; 34.2% of staff aged

41-50 agreed and 11.3% strongly agreed; 37.8% of staff aged 51-65 agreed and 10.9% strongly agreed (from 1674 responses)

- 38.4% of women agreed and 12.7% strongly agreed (661 responses) and35.8% of men agreed with 12.4% strongly agreeing (991 responses)
- 33% of Mixed White and Black Caribbean/Africans agreed and 8.3% strongly agreed (from 12 responses)
- 21.4% of Mixed White and Asians agreed (from 14 responses)
- 30.8% of Mixed/any other background agreed and 15.4% strongly agreed (13 responses)
- 48% of Asian British/Indian agreed and 4% strongly agreed (25 responses)
- 37.5% of Asian/British Pakistani/Bangladeshi/any other Asian agreed and 4.2% strongly agreed (24 responses)
- 33.33% of Black British Caribbean agreed and 4.8% strongly agreed (42 responses)
- 35.7% of Black British African/any other black backgrounds agreed and 14.3% strongly agreed (14 responses)
- 19% of Chinese/ any other background agreed (21 responses)
- 31.1% of White Irish agreed and 8.9% strongly agreed (from 45 responses)
- 27.2% of White British agreed and 8.2% strongly agreed (from 1335 responses)
- 27.1% of White Other agreed and 5.9% strongly agreed (from 85 responses)

In response to the question "In your job at this Trust do any of the flexible working options apply to you?" the following protected characteristic groups responded with "yes" in regard to working flexitime (able to vary start and finish times):
- 24.3% of staff who said they had a long-standing illness, health problem or disability (from a total of 1674 responses)
- 17.2% of staff aged between 21-30 (337 responses); 20.2% of staff aged between 31-40 (509 responses); 21.7% of staff aged between 41-50 (497 responses); 26.2% of staff aged 51-65 (294 responses)
- 24.4% of women (661 responses); 19.2% of men (991 responses)
- 60% of Asian/British – Indian (15 responses)
- 33.3% of Asian/British – Pakistani/Bangladeshi/any other Asian (8 responses)
- 40.5% of Black/British – Caribbean (17 responses)
- 35.7% of Black/British – African/any other background (5 responses)
- 14.3% of Chinese/any other ethnic background (3 responses)
- 41.7% of Mixed White and Black Caribbean/African (5 responses)
- 14.3% of Mixed – white and Asian (2 responses)
- 38.5% of Mixed – any other background (5 responses)
- 20% of White Irish (9 responses)
- 21.2% of White – any other background (18 responses)
- 19.4% of White – British (259 responses)

This is the first year this is being monitored. This question will be repeated in the next year's survey and any trends identified.

5.10. STAFF ENGAGEMENT

A new staff engagement strategy and action plan was ratified in July 2010, following a period of extensive research and consultation. This was supported by the introduction of the permanent role of HR Manager- Staff Engagement, recruited to in August 2010.

In line with the strategy, many activities have been aimed at increasing opportunities for staff to share their thoughts and ideas. December 2010 saw the completion of a project sponsored by NHS London, to conduct focus groups with staff regarding the implementation and improvement of appropriate care pathways. This had included training 14 members of staff in facilitation skills, including a number of staff side representatives. The project resulted in the presentation of 8 recommendations to the Senior Managers' Group, which it was agreed would be taken forward. From February 2011, a new team briefing system was piloted to encourage the sharing of key messages via face-to-face meetings, and to provide an opportunity to provide feedback to managers and senior managers in the Service.

As usual, staff were given the opportunity to complete the national NHS Staff Survey. The results were announced in March 2011 and analysed at department and complex level. Managers in each area committed to 3-5 things they would work to improve as a result of the feedback from the staff survey. Examples include commitments to improve access to computer facilities and e-learning opportunities, to improve communication between senior managers and their teams and to increase the amount of positive feedback offered to staff. These commitments were published on the Pulse.

5.11.   LINC WORKER SERVICE

The management information collected on how the Trust's LINC Worker Service has been operating over 2010-11 shows that LINC, in general, is very reflective of the demographics of the LAS. However, there is a need for more male LINC Workers.

The following activities were run:
1. 4 LINC Forums (2 cancelled due to REAP pressures)

    Usually, a minimum of 6 Forums run per year. They aim to address current issues, and those that have been identified by the LINC Workers. Between 20 – 30 LINC Workers attend each Forum, held in the Conference room at Headquarters.

    Open Forum   (LINC Workers could discuss any LINC related topic, raise concerns, share experience, network)
    Understanding Self Harming (A Senior LINC Worker spoke and held a Q&A session as an insight into this area)
    Understanding LAS work roles (About 10 speakers explained their

job roles within the Trust)
Bullying and Harassment (The LINC Manager and Senior LINC Worker led this Forum – the first to invite written feedback. The feedback was excellent – all attendees enjoyed the Forum and found it relevant, relaxed and informative).

Two forums are planned on:

A personal experience of being a gay man and working for the LAS / Living with Cancer.
Understanding Mental health
T

2. 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 – ensuring that the LINC Worker is complying with the LINC framework. It also is a time to check their own wellbeing.

3. LINC Workers continue to attend regular Clinical Supervision with external Counsellors.These afford time for the LINC Worker to talk through their LINC experiences, seek expert guidance and support. LINC Workers are required to attend 3 group meetings and 1 individual meeting per year.

4. Senior LINC Workers maintained an appropriate and supportive presence at **all** 7 / 7 inquest hearings, if a member of LAS staff was attending court, which was greatly appreciated.

5. Recruitment - in excess of 150 people requested application packs to become a LINC Worker. From this, 50 were shortlisted to attend an assessment centre. There were 29 successful candidates who went on to complete the 5 day (part residential) LINC Training Course. This bought the overall number of LINC Worker to more than a hundred, for the first time. There is an excellent geographical spread of LINC Workers across the LAS, which enables more choice and ease of access for all staff.

6. There has been a higher rate than ever of LINC Workers stepping down from the role, some because they are leaving the service; others, however, have fed back that it is due to having increasing demands and pressures to cope with.

7. The latest statistics show an increase of staff members accessing LINC, which is a continuing trend. The last financial year recorded 335 individuals who accessed the LINC Network. This should be taken as representative as a much greater number - the reporting rate from LINC Workers is currently quite low – a new reporting system is currently being developed. The main reasons people access LINC is due to *'Family and Relationship problems'* and *'Cumulative Stress'*.

Equalities profiling questions were added to the statistical analysis of LINC; however these were introduced part way through the year, so not yet as widely recorded. However what has been highlighted about staff who have accessed LINC includes:

- there was an even spread across the age range from 19 – 62years old.

- LINC was accessed mainly by heterosexual people; however, take-up was recorded by Lesbian / Gay women and Gay men.

- The first language of all people accessing LINC was English (where recorded)

- Work locations that have more LINC Workers report much higher usage, for example Friern Barnet and Camden.

- Access by people from BME backgrounds has more than doubled.

The make-up of Linc worker staff and clients is captured below:.

Staff by Gender

Staff by Length of Service

Staff by Age Band

43

Staff by Job Roles
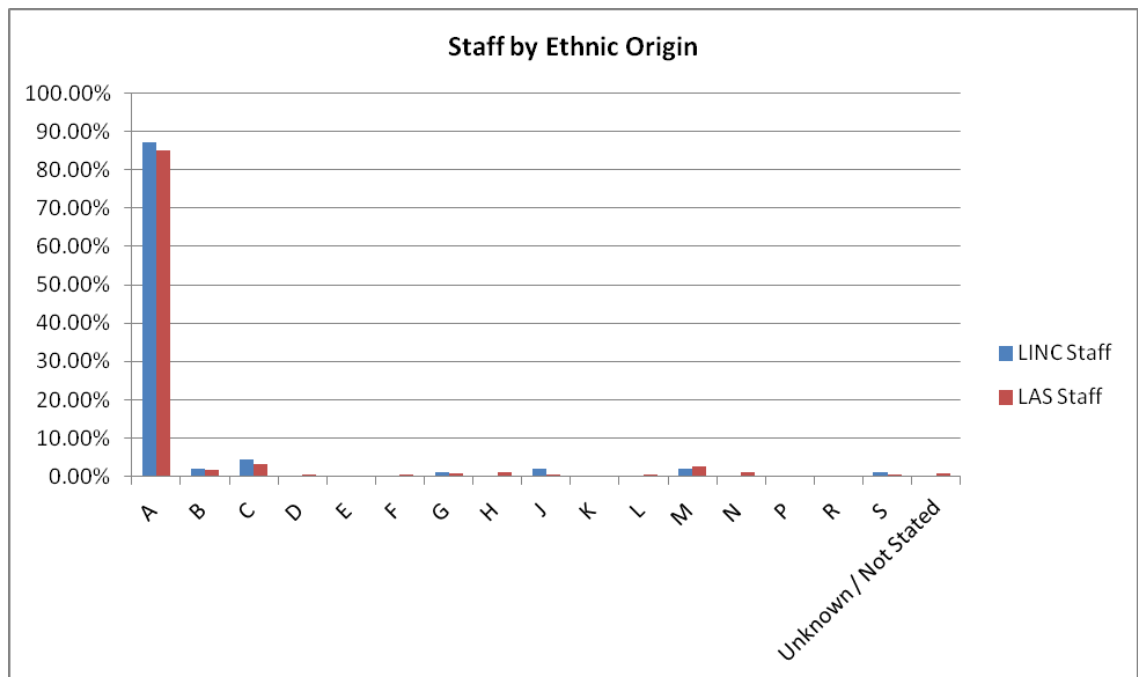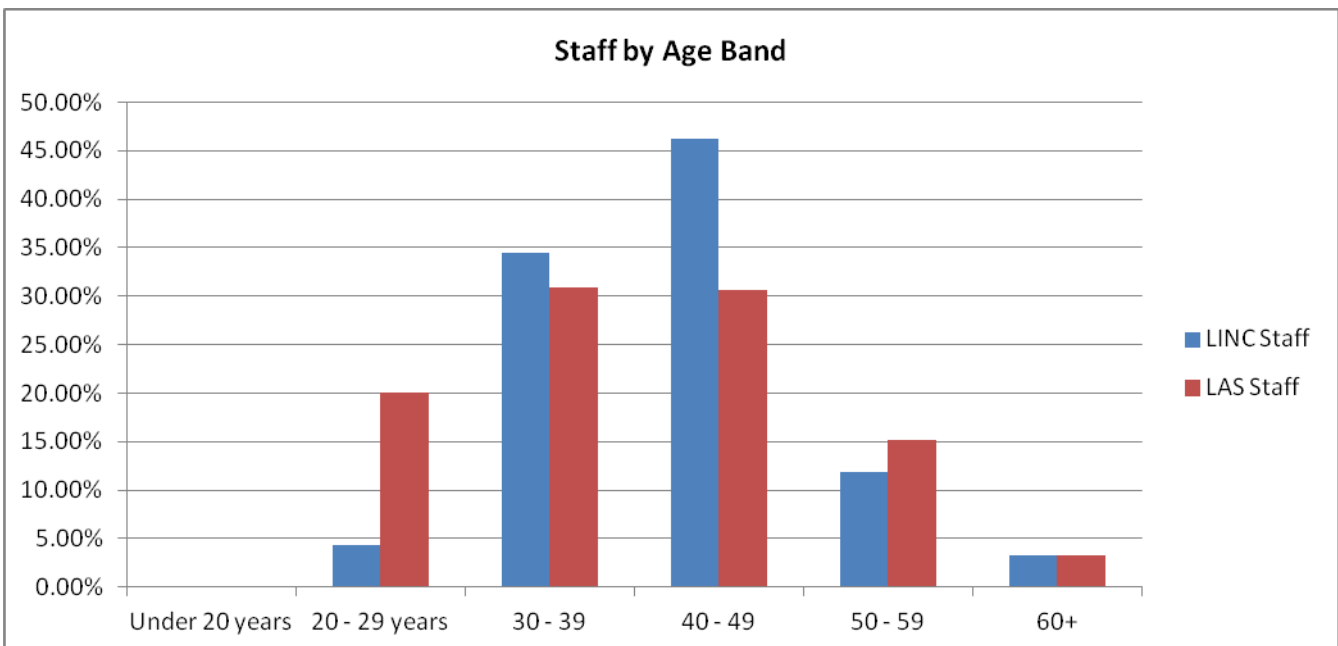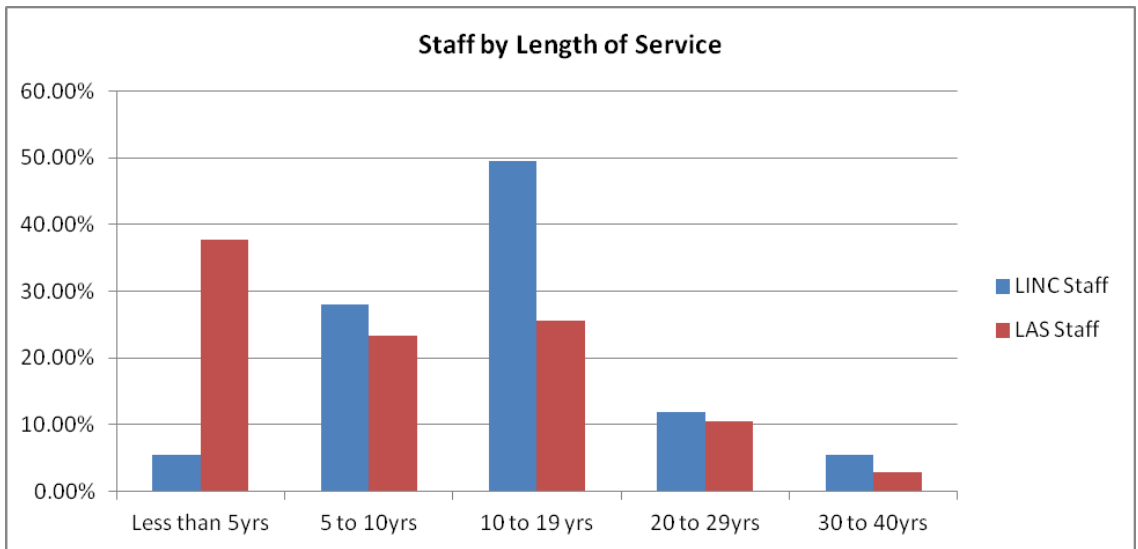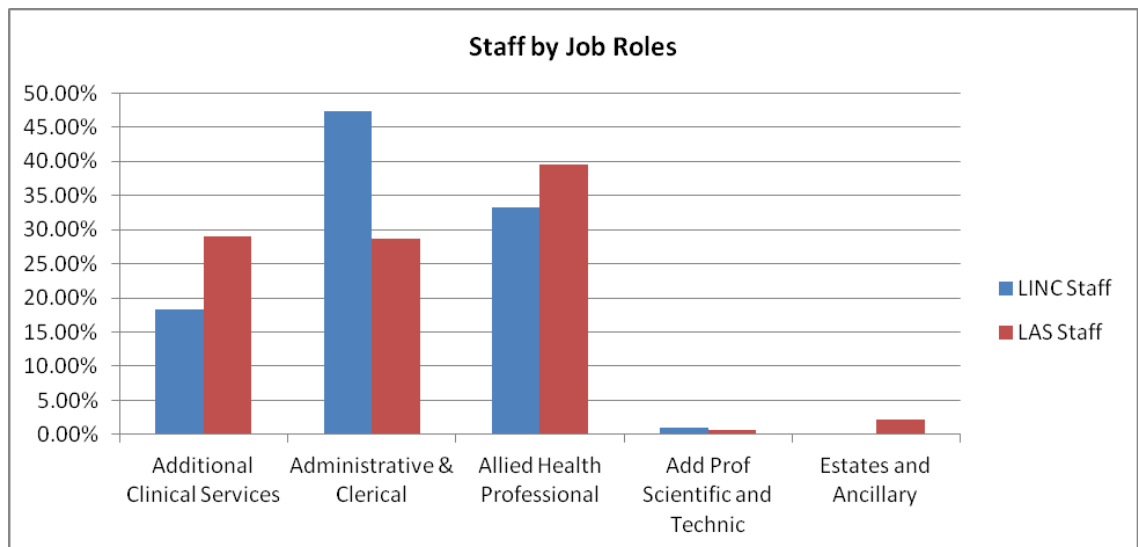
Regular monitoring of LINC, to ensure it is reflective of the workforce, continues to take place and any under-representation will be actively addressed, with applicants from any under-represented areas encouraged to apply. Analysis of the composition of LINC over this year has shown that more male workers are required. Six LINC Newsletters for the LINC Workers were distributed, which act as an update and to ensure LINC Workers remain included and aware of developments etc.

6.   TRAINING & DEVELOPMENT
6.1. TRAINING ORGANISED BY LEARNING & ORGANISATIONAL DEVELOPMENT

E-learning Module on Equality & Inclusion
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.

It is hoped that Learning & Development will be able to produce the required reports detailing the breakdown by protected characteristic groups when OLM (Oracle Learning Management) and NLMS (National Learning Management) are implemented. This project is expected to be delivered in 2012/13.

Talent Management Programme
The Talent Management Programme, aimed at providing the Trust with a framework to identify and develop its most talented individuals and ensure that the service is able to respond to its leadership challenges for the future, went live in Autumn 2010. The programme is available annually for all staff and in particular those who may not as yet have realised their potential. One of the Talent principles under which the programme operates, in line with all leadership development activity at the Trust, is that it seeks to promote positive

action with the objective of supporting and developing staff from under-represented groups.

In the first year of application, all four successful candidates were women. With the new Staff Data Refresh, more comprehensive analysis of successful applicants will be undertaken across all protected characteristic groups, with a view to being able to report on this from April 1 2012 on.

Learning & Development initiatives 10/11
Participants
In 2010/11 there were719 applicants of whom 119 cancelled (16%)
In 2009/10 there were 528 applicants of whom 114 cancelled (22%)
(an annual reduction of 6%)
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.

Sponsorship for Study (SFS)
This budget is designed to provide financial support to those staff pursuing academic course and/or attending conferences as part of their continual professional development.

2010/11 saw the introduction of a more robust, although administratively challenging, approach to SFS applications.
Applications were split into two pathways:
a) Academic/qualification led courses of study (e.g. Open University degree modules, Cert. Ed. PGCE, NVQ's etc
b) Courses, Conferences and workshops (non academic) route (e.g. professional seminars, short "one-off" 2 or 3 day courses etc. It must be noted that there was negligible interest in this latter route in 2010/11

The former saw the introduction of a panel approach to the consideration of applications. The panel met twice during the year, and consisted of 3 senior managers, ensuring a mix of both operational and non operational managers, reviewing applications, with the level of SFS funding awarded determined against a set of agreed criteria, with the process and outcomes managed by the L&OD Development Advisor.

Courses can involve considerable sums of money and this new panel approach has brought a corporate and rigorous approach to the level of awards made or in some circumstances rejected.

The panel process has confirmed to those seeking SFS funding that they must make clear what the benefits to the Service will be in supporting their application.

2 key factors have been highlighted in this year's round of applications and both are to be reviewed in terms of the administration/management of the SFS scheme in 2011/12:

i)   Although managed by the L&OD team the vast majority of academic applications for SFS have been for **clinically led** qualifications,the reason being that bursary funding only supports courses up to a maximum of £300 and applies to a limited range of short courses only.

ii) The Services budgetary year and requisitioning/invoicing processes do not sit well with either the academic cycle or many institutions payment procedures which has led to a considerable administrative overhead for the L&OD administrators relative to the number of awards made.

Both of the above issues will be reviewed as part of a wide piece of work in hand regarding revision of both Sponsorship and Study leave policy and administration

Joint Initiative Framework (JIF)*
This initiative is funded jointly by the Learning Skills Council and the Department of Health. It is designed to allow trusts to fund activities which promote greater access to learning for staff occupying bands1-4 within AFC pay scales.

Funding was received via NHS London who in turn required us to return a detailed Band 1-4 "Strategic Workforce Development Template" outlining our intended use of funds; and thereafter a quarterly return breaking down this fund usage by activity type, job type and band.

L&OD put considerable effort into promotion of JIF with 2009/10 seeing encouraging take-up of by staff of short 1 day courses specifically designed for, and targeted at bands 1-4; however by the spring of 2010 it was clear that this approach had served its purpose with those needing to attend having done so.

For 2010/11 the L&OD team determined that a more strategic/corporate approach be used; with the JIF funding being employed to maximise benefit to both the individuals and the Service.

1. Departments and teams were invited to bid for JIF funding, identifying the proposed activities, who for and the amount of funding required. All bids were reviewed by the L&OD team and Assistant Director, Equality & Organisation Development
    Funding was then transferred to a designated "bid lead" who organised the delivery of the proposed development with guidance from the L&OD Development Advisor. Attendance details were provided to L&OD for reporting purposes.

    Supported JIF funding activities included:
    -   A series of 1 day "Handling Change" workshops for staff in Control Services
    -   "Professionalism in Communications" to PTS staff
    -   Safe and Fuel efficient driving (ROSPA) for Logistics

- Funding development and build of an E:Learning infrastructure to support roll–out of on line development packages geared to bands 1-4

2. Funding via the above bid process for more significant development geared to individual development/career needs, e.g.:
- PRINCE training for a support staff member in the Olympics Office
- Certificate in Counselling Skills for and administrator in Human Resources & Organisational Development

3. Continuation of a suite of courses offered by external providers, notably MS Office suite training, funded via JIF and targeted specifically at bands 1-4 open courses

This approach worked well and the intention is to embed and build on this approach in 2011/2

In all some 150 staff in bands 1-4 have been able to secure personal development opportunities via the L&OD team JIF work.

Mentoring and Coaching
Driven by request or referral coming direct to the team, L&OD provided 50 days support to managers and staff from all areas in their personal or team development through coaching, mentoring and facilitation, at an overage rate of 30 hours per month.

Business Partnering
In addition to the team development within coaching and mentoring, L&OD made some further gains in employing the Business Partnering model within directorates.
One notable example of this was a series of short 2 day "Introduction to Management" workshops commissioned by Fleet and Logistics to develop their workshop technicians with 21 staff attending. The whole directorate are keen to build on this partnership model with a wider range of development activities planned for 2011/12.

Conclusions and Future Actions
Following its own review and subsequent changes the L&OD service have achieved the following:
- Improved attendance rates
- A reduction of participant cancellations
- Increased number of requests for type specific events.
- Increased take-up of "one to one" coaching sessions and "consultancy" with L&OD team members
- Introduction of a new FLM accredited programme
- Close working with Education and Development to support the A&E support staff.
The team will continue to:

- Sustain its focus on cost effectiveness in all area of its work – with particular reference to usage venues and third part providers and the longer term benefits accruing from OLM
- Ensure all our activities and their outcomes are aligned, and give support to the needs of the Service at individual, team and corporate level, in particular by promoting its business partner model to optimise focus in any activity.
- Act as a advocate of, and conduit for, key corporate messages and expectations – notably in the "people skills" arena
- Offer feedback and "intelligence" gained from its development interventions to other Service change agents – notably HR colleagues and SIP team and the wider NHS services.
- Focussed work needs to be undertaken to encourage more staff from BME backgrounds to access learning and review why the disability declaration remains a challenge for staff.

Dimension	2009-10	2009-10 actual numbers	2010-2011	2010-2011 actual numbers
Courses Offered	74	74	146	146
Courses cancelled	27	27	36	36 (of which 17 was Managing Safety & Risk)
Nos. who applied for training	528	528	719	719
Attendance	69.32% (as a% of applied)	366	83.4 % As a % of applied	600
Women attending	43.56% (as % of attendees)	230	47.56% as a % of attendees	285
BME attending	35.24% (as % of attendees)	129	19.50% as a % of attendees	117
Bands1-4 (JIF)	46.45% (as % of attendees)	170	16.16% as a % of attendees (excluding JIF	97(excluding JIF bids etc)

		bids et c)	
Disability	**None recorded**	**1 recorded**	**1 recorded**

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

6.2.TRAINING ORGANISED BY EDUCATION AND 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. These are either delivered directly by the Department, or in a support capacity to the New Ways of Working scheme currently being introduced throughout the LAS.

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 our clinical training programmes also reflect the NHS Knowledge & Skills Framework, which includes Equality and Diversity as one of the six core dimensions.

As part of the annual appraisal process, all clinical staff participate in an Operational Workplace Review (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.

Uptake of Clinical Training Activities (2010-11)

Course Name	Training Type	Number of Planned Places	Number of Attendees	Number of DNA's	% Uptake
A&E Support	Pre Registration	69	65	1	94%
Clinical Tutors Development Programme	Post Registration	79	63	0	79%
Clinical Update Day for Clinical Leads	Post Registration	26	21	0	81%
Clinical Update Day for Training Officers	Post Registration	75	70	0	93%
Core Skills Refresher	Post Registration	2146	1647	113	77%
CSD	Clinical/Technical	12	5	0	42%
CTA MPDS	Clinical/Technical	48	28	0	58%
CTAK (20 days)	Clinical/Technical	67	60	0	89%
Control Services Train the Trainer	Project	21	20	0	95%
Command Point- Call Taking	Project	195	174	0	89%
Command Point-Dispatch	Project	207	182	0	88%
Command Point-Clinical Telephone Advice	Project	24	18	0	75%
Dispatch	Clinical/Technical	30	0	0	0%
EMT 4 - Patient Assessment	Post Registration	538	131	16	24%
EOC EOY	Clinical/Technical	51	50	0	98%
HEMS Training (EOC)	Clinical/Technical	5	5	0	100%
LARP	Clinical/Technical	53	55	0	104%
Module J - Clinical Audit	Pre Registration	444	343	15	77%
Module J - Clinical Decision Making	Pre Registration	696	494	26	71%
Module J - Health Promotion	Pre Registration	636	432	24	70%
Module J - Law & Ethics	Pre Registration	564	460	15	82%
Module J - Psychology	Pre Registration	372	292	15	78%
Module J - Sociology	Pre Registration	720	529	21	73%
MPDS Course	Clinical/Technical	54	48	0	89%
MPDS One Hour Recert	Clinical/Technical	2	2	0	100%
MPDS Recert Course	Clinical/Technical	116	113	0	97%
MPDS Re-certification Paper	Clinical/Technical	95	95	0	100%
Paramedic (Incl Student Paramedic and APL)	Qualifiers	168	114	0	68%
Practice Placement Educator - Module 1 & 2	Post Registration	128	117	10	91%
Practice Placement Educator - Module 2	Post Registration	132	111	18	84%
Practice Placement Educator - Module 3	Post Registration	156	97	6	62%
Radio Training	Clinical/Technical	115	115	0	100%
Student Paramedic	Pre Registration	204	194	0	95%
Student Paramedic	Post Registration	14	11	0	79%
Team Leader	Post Registration	14	12	0	86%
VRC CTAK Refresher	Clinical/Technical	6	6	0	100%
WBT	Clinical/Technical	32	27	0	84%
Work Based Trainer EMD/CTA	Project	36	22	0	61%
XC Map Training (1Day)	Clinical/Technical	31	31	0	100%
		8381	**6259**	**280**	**75.0%**

	Number of Students Attending	Number of Students Passed	Number of Students Failed	% Pass Rate
Student Paramedic (Gateway 1)	488	479	9	98%
Student Paramedic (Gateway 2)	84	81	3	96%
Student Paramedic (Mod G)	85	66	19	78%

Training Documentation

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

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

The Department also provides individual 'Reflective Record' booklets that allow each student to reflect on their learning at the close of each day, and to seek assistance for any area causing concern. Entries are also monitored by the respective Course Tutor on a daily basis to ensure that any previously unidentified problems are highlighted and subsequently addressed. This is in addition to the student tutorial process which is conducted in accordance with the schedules outlined in the course programme.

Additional Student Support

In 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 our 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'.

During March 2011, the Department delivered three Area Clinical Development Courses for frontline staff. The topics included:

- 12 Lead ECG Review
- Consent & Capacity
- Patient Assessment Introduction / Review
- Focus Group Discussion

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.

In utilising the LADS tool throughout the remaining 2010-11 time period, a total of 23 students were identified as having specific learning needs. The support given is detailed in the table below:

Screening Undertaken	Number of Students
No. of students with previous diagnosis of Dyslexia / Special Learning Needs	6
British Dyslexia Association Adult Checklist completed	2
LADS+ screening tool completed	17
LADS+ Low probability identified	13
LADS+ Moderate probability identified	4
LADS+ High probability identified	0
Support Given in Education Centres	
Study / Revision advice given	23
Extra times in Exams	10
Reader provided in exams	1
Scribe provided in exams	1
Handouts given prior to any theory session	8
Exams and handouts printed on coloured paper	3
Referral to Educational Psychologist	1

Future Plans
In recognition of current difficulties in regard to staff capacity to capture

equalities monitoring information, the Department is pleased to be a key participant in the impending introduction of the Oracle Learning Management (OLM) system. This represents a key LAS development, with wide ranging benefits of having a centralised learning management provision that is integrated within the Electronic Staff Record (ESR). This should enable future reporting of application and take-up of clinical training across all the protected characteristic groups.

7 EQUALITIES INITIATIVES
EQUALITY ANALYSIS

In line with the requirements of the Equality Act 2010 and Public Sector Duty, an updated Equality Impact Assessment Procedure (now "Equality Analysis") was produced. Briefings on the use of the new tool have been provided to managers and teams carrying out equality analysis by the Equality and Inclusion Team. All equality analyses continue to be published on the Trust's website.

All equality analyses, as detailed in the Trust's Equality Analysis Schedule are being monitored by the Governance Team.

8.ACTIVITIES OF THE LONDON AMBULANCE SERVICE

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

There are three main components of the PPI Action Plan for the period 2008-2012:

- Continuation of what has already been established, including ongoing projects.

- Developments to improve how PPI activity is co-ordinated, recorded, evaluated and supported within the LAS.

- Developments to ensure that the LAS is engaged with strategic changes in the external environment.

Listed below are a brief update and progress report against the activities set out in the action plan during the year 2010/11.

Update against action plan
Continuation of existing systems and current projects
- The Head of PPI & Public Education continues to report regularly to PPI Committee, Learning from Experience Group and Trust Board.
- The introduction of the role of PPI & Public Education Co-ordinator has ensured that all databases are maintained.
- The PPI & Public Education Co-ordinators continue to support LAS colleagues organising and taking part in public events, e.g. use of risk assessments / event plans, provision of display materials and resources.   They have also created public education pages on the pulse and on the LAS website, with downloadable resources.

- Members of the Patients' Forum attend key Trust committees including the Trust Board, Learning from Experience Group, PPI Committee, Equality & Inclusion Steering Group, Clinical Audit and Research Steering Group, Mental Health Committee and Community Responder Steering Group.
- The Trust continues to work closely with the Patients' Forum Ambulance Services (London) Ltd., including the provision of meeting rooms and speakers, encouraging station visits, involvement in committees, projects and public events.
- PPI activity continues to be devised in line with the Trust's corporate objectives, e.g. access for deaf people, and that patients are involved in relevant projects.
- Six Community Involvement Officers are in post and meet monthly in a network, to share information and provide mutual support.
- Some PPI activity is still specifically focused on the Bangladeshi community in Tower Hamlets.
- The Public Education Staff Development Programme is now fully embedded in the Trust, providing staff involved in public education work with the skills and knowledge they need to be effective in this role.
- A series of Community Events is being held across London, with the aim of engaging with communities in different areas.

Developments to improve coordination, recording, evaluating and supporting PPI within the LAS
- Event planning forms are available to staff on the public education resource library on *the pulse*.
- Co-ordinators try to ensure local staff are involved in events and activities in their areas.
- Evaluation forms are provided for staff and organisers to give feedback following an event or activity.
- Trust-wide events (such as Know your Blood Pressure; community events; FT events) are managed by co-ordinating groups.
- A Non-Executive Director has joined the PPI Committee, providing Board-level support for this work.
- The Director of Corporate Services is also a PPI Committee member and has become actively involved in the Public Education Staff Development Programme.
- The findings of the Category C Service User survey, and the action plan arising from it, have been presented to various internal committees and to commissioners.
- Local management teams are supported by the central PPI and Public Education team.
- Community Involvement Officers take the lead on involvement activities in their areas.
- Quarterly newsletters are produced by the PPI & Public Education Co-ordinators.
- PPI and public education activities are also publicised through the public education resource library on the pulse.

- A prioritisation tool for PPI activity was written and agreed by PPI Committee and Public Education Strategy Group, for use at times when there are conflicting demands which cannot all be met.
- Two induction programmes have been held for Patients' Forum members wishing to engage with the Trust.
- The Foundation Trust membership strategy includes methods of engaging with members/governors and ensuring they contribute as fully as possible. Support and training will be available for FT governors.

Responding to the external environment and strategic changes
- Links have been formed with some of the Local Involvement Networks in London.
- There is now greater involvement and interest in PPI and public education by commissioners.
- FT membership and governor arrangements are being led by the FT team but with the involvement of others (PPI / Public Education team, HR, Communications).
- Additional methods of eliciting patient feedback are being introduced, e.g. the use of SNAP survey software, the website, FT members etc.
- Patient and public involvement forms part of most major service changes within the LAS.
- There are long-standing and robust patient involvement mechanisms for patients with long term conditions, cardiac problems etc.
- Patient involvement in plans for the Olympics has started in earnest, with a series of events being held in the Olympic boroughs.

8.2. 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 table below indicates total volumes for each service area for the year from April 1 2009 to March 31 2010 with diversity categories profiled where possible, illustrated by the charts.

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, whereby EBS collect 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 Jan 2012, which will allow subsequent reporting on this.

EBS Service Summary 10 – 11 by Gender

	Total	Male	Female	Unknown
GP Referral Service	2227	897	1329	1
Adult Intensive Care Service	955	519	358	78
Paediatric Bed & Cubicle	1852	1004	811	
District Nursing	8433	no recorded	no recorded	

EBS Service Summary 10 – 11 by Age Range

	Total	0 - 9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70 - 79	80 - 89	90 >	Unknown
GP Referral Service	2227	29	47	51	145	184	232	303	488	500	153	0
Adult Intensive Care Service	955	15	20	60	62	122	141	176	171	57	6	125

8.3. THE 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 2010-11 the LAS PTS service delivered 220,727 journeys the details of which are captured on the Services Meridian system. From this data we can determine the following equalities data.

PATIENT GENDER	JA	%
F	126390	57%
M	82653	37%
UNKNOWN	11684	5%

The unknown group is where the system has only registered a last name and initial and gender can not be ascertained.

Patient Age Profile	JA	%
0-20	1236	1%
21-30	1574	1%
31-40	3332	2%
41-50	6073	3%
51-60	10239	5%
61+	133938	61%
Unknown	64335	29%

The age profile shows that the largest group of patients using the service are aged 61 and over. This is expected as older patients, in general, require more assistance to access healthcare on a routine and ongoing basis.

Ethnicity Of Patient	JA	%
A - White British	10473	5%
B - White Irish	371	0%
C - Any other White Background	452	0%
D - Mixed White & Black Carribean	39	0%
E - Mixed White & Black African	9	0%
F - Mixed White & Asian	16	0%
G - Mixed Any other White Background	49	0%
H - Asian or British Asian Indian	223	0%
J - Asian or British Asian Pakistani	82	0%
K - Asian or British Asian Bangladeshi	60	0%
L - Asian or British Asian Any other background	80	0%
M - Black or Black British Caribbean	685	0%
N - Black or Black British African	170	0%
P - Black or Black British Any Other Background	48	0%
R - Other Ethnic Groups Chinese	61	0%
S - Any other Ethnic Groups	224	0%
Z - No Information Available	207685	94%

Booking forms for transport provide for the capture of ethnic monitoring data, however, as the table above shows this continues to be largely left blank. This may be as a result of patients not wishing for this data to be collected although it is more likely that it is unknown at the time that the booking is made as this is completed by someone other than the clinician.

PTS has reminded commissioners for the requirement to provide this data.

To overcome these blockages PTS has introduced a system of e-booking which provides for ethnicity to be collected, however, take up of this system by commissioners has been slow.

Work has also been carried out to establish whether ethnicity data can be collected via the NHS number, which the service has had more success in collecting. It appears that this data is not recorded against this unique identifier and therefore this does not assist in this data collection.

Without a central resource (such as the data spine) with which to collect this data the service continues to encounter barriers to obtaining the data. As an interim we will continue to establish whether access to separate PAS and HIS systems is available to help identify data, however, this will remain sporadic and time consuming without a true link into the LAS system.

8.4. 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 ethnic 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 ethnicity data for all these groups and activities (and where necessary, checking and updating records) is a major undertaking, on any examination of the facts.

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 LAS 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.

8.5. PATIENT EXPERIENCES

Patient Experiences

There were regrettably a number of inhibitors which impacted on data collection during the period. The department experienced administration difficulties and budget restraints had the effect that return envelopes were no longer issued. A further challenge is that the case management system uses a complex data extrapolation process that does not easily enable accurate analyses or reporting.

PALS

A total of 6033 PALS cases were entered on the case management system during the period.

Ethnicity
Of the data, only 1.4% of actual ethnicity data was recorded.

Ethnicity data where recorded	Number
White British (1)	54
White Irish (2)	8
White other (3)	8
Mixed white black Caribbean (4)	2
Indian (8)	1
Pakistani (9)	3
Bangladeshi (10)	1
Other Asian (11)	2
Caribbean (12)	1
Black African (13)	6
Other black (14)	1
Other ethnicity (16)	1
Not stated (17)	1537
No details	4408
Total	**6033**

Gender
1168 enquiries received were from women (19%)
969 enquiries received from men (16%)
3896 where gender was not specified (65%).

Age Group
Less than 2% of ages were recorded in the case management system

Age bracket of enquirer	Number
Under 20	10
21-30	20
31-40	23
41-50	19
51-60	20
61-70	16
71-80	6
81 and over	5
Not stated	5914
Total	**6033**

Complaints
There were 460 complaints recorded during 2010/11.

Ethnicity
The data below reflects the ethnicity monitoring of complainant/patient where recorded (hence higher than actual number of complaints). 19% of complaints recorded ethnicity data.

Ethnicity data where recorded (patient and enquirer information)	Number
White British (1)	57
White Irish (2)	1
White other (3)	5
Mixed white black Caribbean (4)	4
Mixed white and black African	2
Mixed white and Asian	1
Indian (8)	2
Pakistani (9)	3
Bangladeshi (10)	3
Caribbean (12)	2
Black African (13)	5
Chinese (15)	1
Other ethnicity (16)	3
Not stated (17)	305
No details	86
Total	**480**

Gender

Gender recorded (complainant)	Number
Female (52%)	248
Male (28%)	139
Not recorded (20%)	93
Total	**480**

Age Group

Only 12% of age data was recorded in the case management system.

Age bracket of enquirer	Number
21-30	11
31-40	10
41-50	8
51-60	14
61-70	6
71-80	5
81 and over	2
Not stated	424
Total	**480**

On a more positive note, there is now have a permanent administrator in post and the service has designed a new process to improve data collection at source. Ethnicity monitoring was also included in a recent training workshop highlighting the importance of collecting this data. As a result improved returns are expected for the future.

8.6. PATIENT PROFILING

A total number of 1,062,233 (1,019,163 in 09-10) incidents were recorded from April 2010 to March 2011. Of these a total of 525,003 were from women (up from 500,412 in 09-10), 512649 from men (up from 487,961 in 09-10); for 24,581 no sex was stated (a considerable reduction on the previous year's figure of 30,790 in 09-10). The BME communities with the highest number of incidents raised were Black African (16,854) (down from 18,337 in 09-10), followed closely by Black Caribbean (14,392) (also down from 17,573 in 09-10) then Asian or British Asian – Indian (8544). The most prevalent age ranges were the same as last year – 21-30, 31-40 then 81-90.

8.7. OLYMPIC PROGRAMME OFFICE
Community engagement
This year the Service has taken part in community engagement events to promote the 2012 Games.

The events organised by the Met took place in the five Olympic boroughs with the aim to promote the 2012 Games and the opportunities it will generate. The team spoke to members of the public about Games-related issues including impact on services and Games Legacy. The majority of people were positive about the 2012 Games and more events will be planned for next year. The Olympic Programme Equality Analysis has been updated.

Safeguarding

A member of the team is working on a project dealing with issues around trafficking and domestic violence. There is evidence that the latter increases during some major sporting events.

This work is focused through LB Newham who have set up a Safeguarding Group for the Olympics in conjunction with the Met. The group looks at the full range of issues, including capacity to deal with increased referrals, how to manage workload under the increased pressure on resources from staff leave/transport etc. during the Games-time. It also focuses on how capacity and normal working practices will be affected where referrals involve foreign nationals.

9. CONCLUSION

The Trust has been very active over the past year, investigating areas requiring improvement in the collection of data and establishing a number of new initiatives directly intended to improve the representativeness of the Trust's workforce, and access to training and development of its staff, more targeted and enhanced services to its patients and service users and better engagement with all its stakeholders. These initiatives will enable the Trust to make real progress in the coming years.

However, there remains a large amount of work needing to be done in terms of collecting and expanding equalities information, as required by the Equality Act 2010, both in regard to the workforce and patients and service users. More work remains to be done in the areas of data collection and respective service managers have clearly identified in this report any barriers such as resourcing, IT difficulties or cross-organisational restrictions facing them in providing clear and comprehensive profiles of staff, patients or service users across the new protected characteristic groups. Where data is captured by national systems, work is being done to make changes to the appropriate data sets to ensure that information/data related to the protected characteristics is able to be captured and used to facilitate the analysis of service provision. This work will also include reviewing the capturing and monitoring of data related to the workforce, patient and staff surveys.

Over the coming year the Trust should benefit from the impending Staff Data Refresh, which should enhance the protected characteristic information the Trust holds on its staff across all its employment and training functions. The Trust will need to consider how best to capture similar, proportionate information from its patients and service users. The Equality & Inclusion Team will work closely with respective service managers to devise the most sensible and effective approach, which will need to be tailored to the needs of the respective service.

The Trust continues its active engagement with its patients and service users through its work with the Patients' Forum and LINks and is taking this forward in a number of specific initiatives, highlighted in this report.

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

10.RECOMMENDATIONS .

To ensure that the Trust continues to be proactive in its equality & inclusion work and compliant with the requirements of the new Equality Act 2010, it is recommended that:

❖ Directors and Heads of Service encourage and facilitate access to the new Equality Act 2010 training planned for all staff across the Trust;

❖ To ensure the Trust meets its duties under the Equality Act 2010 Public Sector Duty, all Directors and Heads of Service urgently review their monitoring systems in regard to the protected characteristic groups and build in any necessary resourcing, wherever identified as necessary, to enhance the data collection and analysis of take-up of services, employment and training and access to decision making in the Trust, using the Staff Data Refresh planned;

❖ The Staff Data Refresh be carried out by IM&T on an annual basis, to ensure Employee Staff Records are full and accurate;

❖ Directors and Heads of Service support their staff in joining the Trust's new Staff Diversity Forums;

❖ Equality and inclusion objectives be included in all PDRs for Trust staff;

❖ Directors and Heads of Service continue to resource their actions in the Equality and Inclusion Strategy Action Plan;

❖ On the next available opportunity, when there is a new recruitment campaign, the Trust look at how it can engage actively with people from a wide range of backgrounds, who from the recruitment analysis currently do not seem to be applying to the Trust (e.g. Chinese, Disabled people, Gay, Lesbian and Bisexual applicants) to enable them to consider this as a career option for any future recruitment campaign and consider holding awareness events for certain sections of the community on how to complete an application form, in line with the Trust's new Positive Action Strategy.