London Ambulance Service NHS
NHS Trust

LONDON AMBULANCE SERVICE NHS TRUST

Trust Board **Date of Meeting: 25 May 2010**

ANNUAL EQUALITY REPORT 2009- 10

1 INTRODUCTION

1.1. The last Annual Equality Report for the Trust, covering the period from April 1 2008 to March 31 2009, was presented to the Trust Board in May 2009.

1.2. 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.

2. PROGRESS SINCE LAST ANNUAL EQUALITY REPORT

2.1 The current report provides the workforce profiling & access to key services statistics for the period from April 1 2009 to March 31 2010.

2.2. Following the adoption of a new equalities monitoring approach covering all six equality strands, in line with the new Equality Act 2010, service managers and function holders will in future be able to more comprehensively analyse the performance in their service areas in regard to take-up and satisfaction across the equality strand groups. The analysis from this will inform the next Annual Equality Report 2010-2011, to be reported to SMG and the Trust Board in May 2011.

2.3. **Key Recommendations from Annual Equality Report 08-09**
A number of recommendations were made in the previous report, which have been progressed as follows:

- An equalities monitoring proforma, to enable all services across the Trust to capture equality profiling information across all six equality strands, in line with the new Equality Act 2010, has been approved following extensive consultation. Prior to its implementation the Trust will inform staff, patients and service users the reasons for carrying out the monitoring and what the Trust intends to do with the information gleaned. Training on best practice in equality monitoring will be integrated into the new equality & inclusion training, to be shortly rolled out across the Trust;
- IM&T systems have been enhanced to allow for comprehensive reporting across the six equality strands, with the required data fields ready for use;

- A comprehensive data refresh, to update the disability status and additional equality strand data of staff, is planned to take place this year;
- A systematic review of all equality & inclusion training in the Trust has been carried out and a new equality & inclusion training programme devised, which will raise awareness among all Trust staff of the needs of the diverse communities we serve, as well as instilling confidence in staff in regard to how to best meet these needs;
- Exit surveys are being carried out across the Trust by HR managers, in accordance with best practice;
- With the approval of the new equalities monitoring proforma, all future Trust surveys will be able to capture staff satisfaction by equality strand groups;
- The Recruitment Team have been tracking how applicants for Trust jobs have been made aware of job advertisements, to ensure that the success of specific media can be assessed and any further media needing to be targeted identified.

2.4. **Other key initiatives**

- A Staff Survey was held on staff views regarding the establishment of new Staff Diversity Forums. Following feedback, a developmental day for an LGB Forum was successfully held on Friday April 9. Developmental days for additional staff forums will be arranged following indications of staff interest.
- Meetings have been held with representatives from the six Equality Employers' Forums the Trust has joined (the Employers Forums on Age, Belief and Disability, Opportunity Now, Race for Opportunity and Stonewall, to look at how best practice on recruitment, service delivery and engagement can be further implemented in the Trust.
- In September 2009 the Trust submitted an application to Stonewall for benchmarking against other Diversity Champions on Stonewall's Workplace Equality Index. The Trust came 299th out of 350; however, as several key initiatives were being developed at the time of the application and thus not eligible for scoring, this was regarded by Stonewall as a good first application. Applications will continue to be made annually and the feedback provided by Stonewall will fed into the Trust's future policy and decision making.

  Stonewall commended the Trust on its scores in the independent survey conducted of lesbian, gay and bisexual staff. The Trust scored higher on most responses than the leading top 100 employers:

  -of the Trust staff responding 98% felt they could be open about their sexual orientation at work (compared to the sector average of 86% and top 100 employers' average of 85%);

  - 93% felt there was a culture which was inclusive of bisexual, gay and lesbian staff (sector average – 72%; top 100 employers – 78%);

  - 70% felt they had supportive line managers (sector average – 63%; top 100 employers – 68%);

  - 93% of staff felt able to be themselves at work (sector average – 83%; top 100 employers – 82%);

  and 85% felt loyal to their employer (sector average – 73%; top 100 employers – 73%).

- Benchmarking with the National Ambulance Diversity Forum continues through Trust representation at this and the National Ambulance BME forum;
- The Trust is profiled annually in the Stonewall “Starting Out” recruitment guide, aimed at students and people wishing to follow a new career; 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 ran a very popular stall at the first-ever Stonewall-sponsored Diversity Recruitment Fair in November 2009 and will be taking part again this year in this well-attended, high profile recruitment fair;
- A new generic three-year Equality & Inclusion Strategy has been produced following extensive consultation. The new strategy, which is being reported to SMG and the Trust Board in May 2010, takes forward the work of the previous Disability, Gender and Race Equality Schemes and, in line with the new Equality Act 2010, which received Royal Assent on April 8, incorporates work to promote equality of opportunity on the grounds of age, religion or belief and sexual orientation, as well as addressing multiple discrimination. An equality impact assessment screening has been undertaken on the new draft strategy;
- All current equality impact assessments continue to be published on the Trust’s website. A new three-year schedule of equality impact assessments has been compiled and will be published with the new Equality & Inclusion Strategy. A new simplified equality impact assessment procedure has been produced, which will shortly be rolled out through training across the Trust. The new approach incorporates a specific “critical friend” element, in line with best practice;
- Strategic Steering Group approved a new strategic approach to the Trust’s involvement in key equalities initiatives in May 2009. The new approach to engagement, raising the profile of the Trust as an employer of choice for the diverse communities of London, will be taken forward by the separate Staff Diversity Forums as part of their annual work programmes and progress reported to the Equality & Inclusion Steering Group.

3. GOVERNANCE

3.1. During 2009/10 the Trust implemented the Policy and Procedure for the development and implementation of procedural documents as guidance for staff. The policy incorporated the existing Equality Impact Assessment process to ensure that policy developers assessed the impact of the document before finalising it. The new Equality Impact Assessment has subsequently been added and the policy is available to staff on The Pulse. In addition, the governance & compliance team have worked with the Equality & Inclusion Manager on the review of policy documents that are required for the NHSLA assessment later in 2010.

3.2. Front sheets for Board and formal committees include the Equality Impact Assessment for the relevant document under consideration and although

compliance levels are variable the new Equality Impact Assessment simplifies the process for managers.

3.3. The Trust assessed the evidence for core standard 7e in November 2009 and declared compliance with the standard. The Care Quality Commission (CQC) introduced the new registration process for NHS providers in January 2010 and the Trust reviewed the evidence against all requirements and has since been awarded unconditional registration. The new 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. During 2009/10 the Equality & Inclusion Steering Group reported to the Clinical Governance Committee; however, with effect from 1st April 2010 the committee will report to the Senior Management Group under the revised governance structure. The following directors are members of the steering group: Human Resources & Organisational Development, Service Development and Corporate Services.

4. FOUNDATION TRUST

4.1. Membership Strategy

The Membership Strategy is the document that 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 will form part of the application for NHS foundation trust status. An Equality Impact Assessment has been carried out on the strategy.

4.2. Public Consultation

London Ambulance Service NHS Trust ran a public consultation from February 9 to May 15 2009 to seek the views of key audiences on its proposed governance arrangements as an NHS foundation trust and its future plans. A wide range of media was used including writing formally to key stakeholders, a key stakeholder event, 32 public consultation events (one in each London borough), web based information, adverts and editorials in local newspapers and distribution of consultation documents on PTS vehicles. Over 300 formal responses were received and a third of these were from staff. The tone of responses to the consultation was generally supportive of the Trust's proposals. Constructive comments were

received about the proposed make-up of the Trust's public constituencies and membership of its Council of Governors, as well as about the membership of people who work but do not live in London, and the Trust's options for staff groups. The Trust took these views into account when reviewing its proposals.

4.3. Membership Recruitment

The Trust reached its initial membership target of 4,000 public members by March 31 2010. Members were recruited through a variety of methods including through face-to-face contact at consultation and other outreach events, mailings, telephone recruitment and online. A further 2,000 public members will recruited to achieve the Trust's target of 6,000 members by December 2010.

4.4. Ambulance News

To date public and staff members have received two editions of **Ambulance News,** a quarterly publication for members with information about the Trust and its plans to become an NHS foundation trust.

4.5. NHS Foundation Trust application

The Trust hopes to submit its application to become an NHS foundation to the Secretary of State late in 2010. As part of the process the Trust will conduct elections for staff and public Governors and will aim to encourage participation and engagement from as many members as possible.

5. LONDON AMBULANCE SERVICE NHS TRUST WORKFORCE DIVERSITY PROFILE

5.1. LONDON AMBULANCE SERVICE NHS TRUST WORKFORCE PROFILE 2008-9

In the last Annual Equality Report, presented to SMG and the Trust Board in May 2009, covering the year April 1 2008 to March 31 2009, 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 2009-10

From April 1 2009 to March 31 2010 the Trust's workforce comprised 9%BME staff and 41%% female, exactly the same as the workforce representation last year, still some way below the Census 2001 estimate respectively of 28% and 51%. The reasons for the percentages for the representation of women and black and ethnic minority people remaining exactly the same as the previous year are because the increase in the Trust's workforce has been fairly uniform across the gender/ethnicity groups, for example:

- The workforce as whole has increased within the year by 11.7%
- The percentage of men has increased by 10.4%
- The percentage of women has increased by 13.4%

- ❖ The percentage of white people employed by the Trust has increased by 11%
- ❖ The percentage of BME staff employed by the Trust has increased by 11.1.%
- ❖ The number of people, for whom no ethnicity details could be collected, increased by 106%

The representation of women in the workforce increased in effect from 40.62% to 41.26% and the BME representation fell from 8.97% to 8.93%.

As was the case in the last report, no comprehensive statistics are available for disabled staff, although work is now underway to address this for both new starters and existing staff.

Equality strand information across the six equality strand groups will now be captured in the Trust's recruitment application form, which will provide the Trust with a clear picture of the equalities profile of new recruits to the Service.

In addition, a Data Refresh exercise across the six equality strands will be carried out this year. This will update and expand on the equalities profile of current staff..

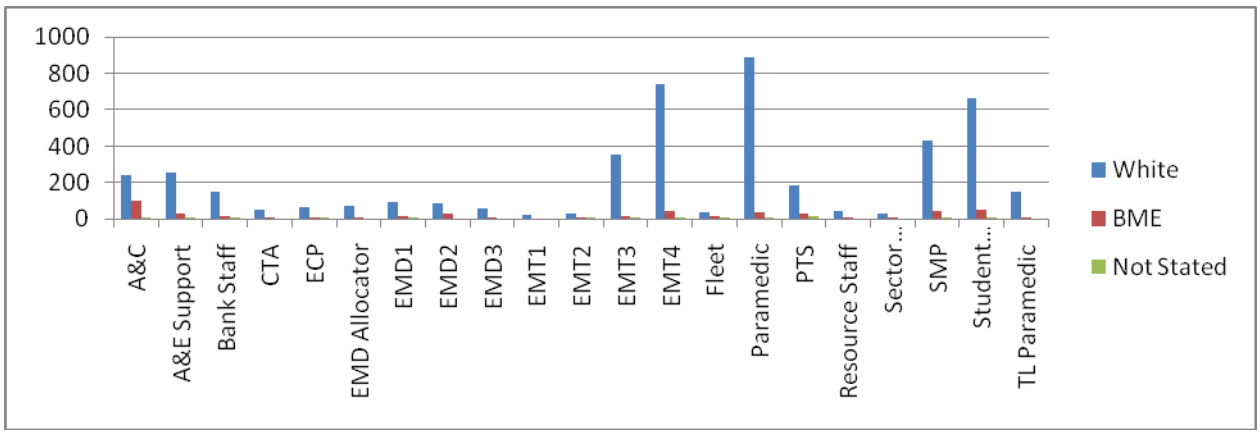
Both initiatives should result in the Trust being able to monitor and report more comprehensively on workforce data across all six equality strand groups for future reports to SMG and the Trust Board.

5.3. LAS PROFILE BY ETHNICITY

REPRESENTATION BY STAFF GRADE/RANK

The staff grades/ranks with the highest percentage of BME staff are: A&C (21.4%), followed by Student Paramedics (10.6%) and EMT4 (9.7%), as shown on the chart below. (Last year the highest representation was A&C, followed by EMT4 and Paramedic.)

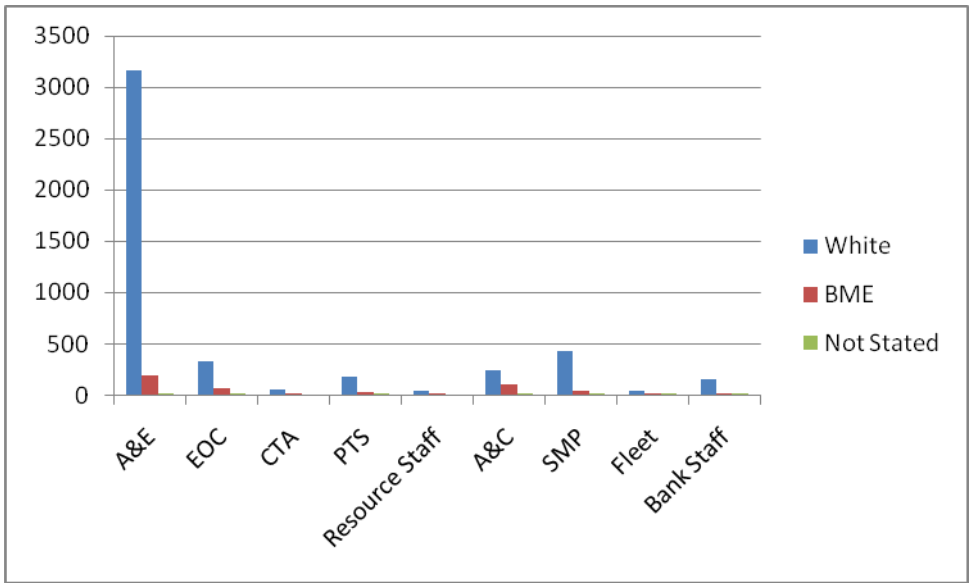
STAFF IN POST BY GRADE/RANK BY ETHNICITY



BME REPRESENTATION BY STAFF GROUP

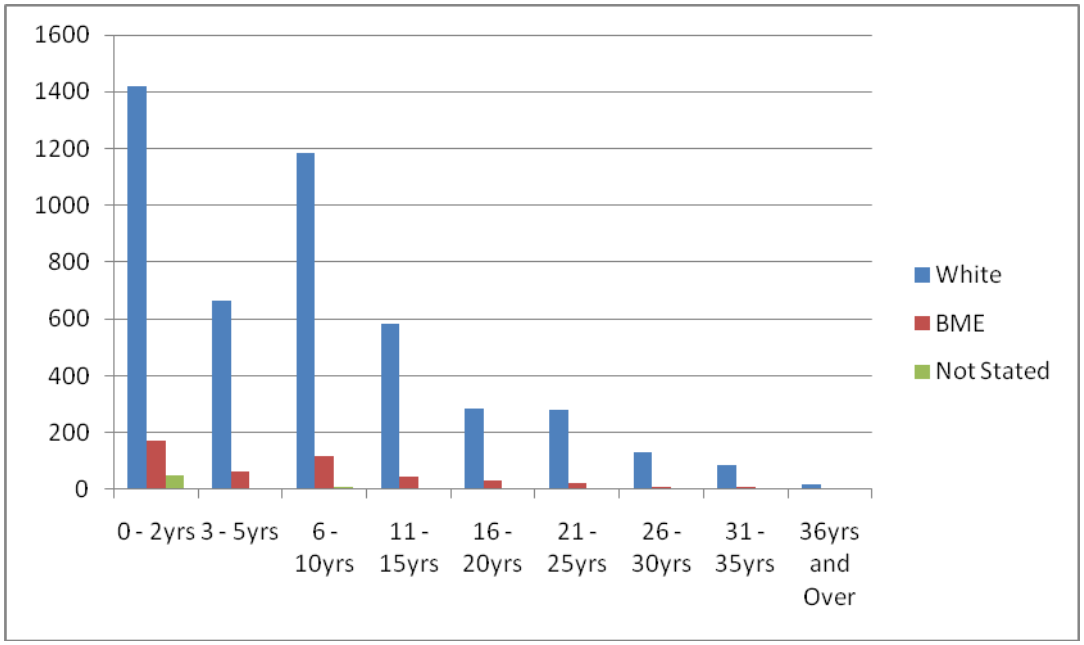
Overwhelmingly, the greatest representation of BME staff falls in A&E (41.1%), A&C (21.4%) and EOC (14.3%), as shown by the chart below. (Last year the highest representation was in A&E, followed by EOC and A&C). Further work will need to be undertaken to ensure that the other service areas within the Trust attract and retain BME staff, as the representation of BME staff across the service still falls far short of the Census 2001 estimate of 28.8%.

STAFF GROUPS BY ETHNICITY



LENGTH OF SERVICE OF BME STAFF

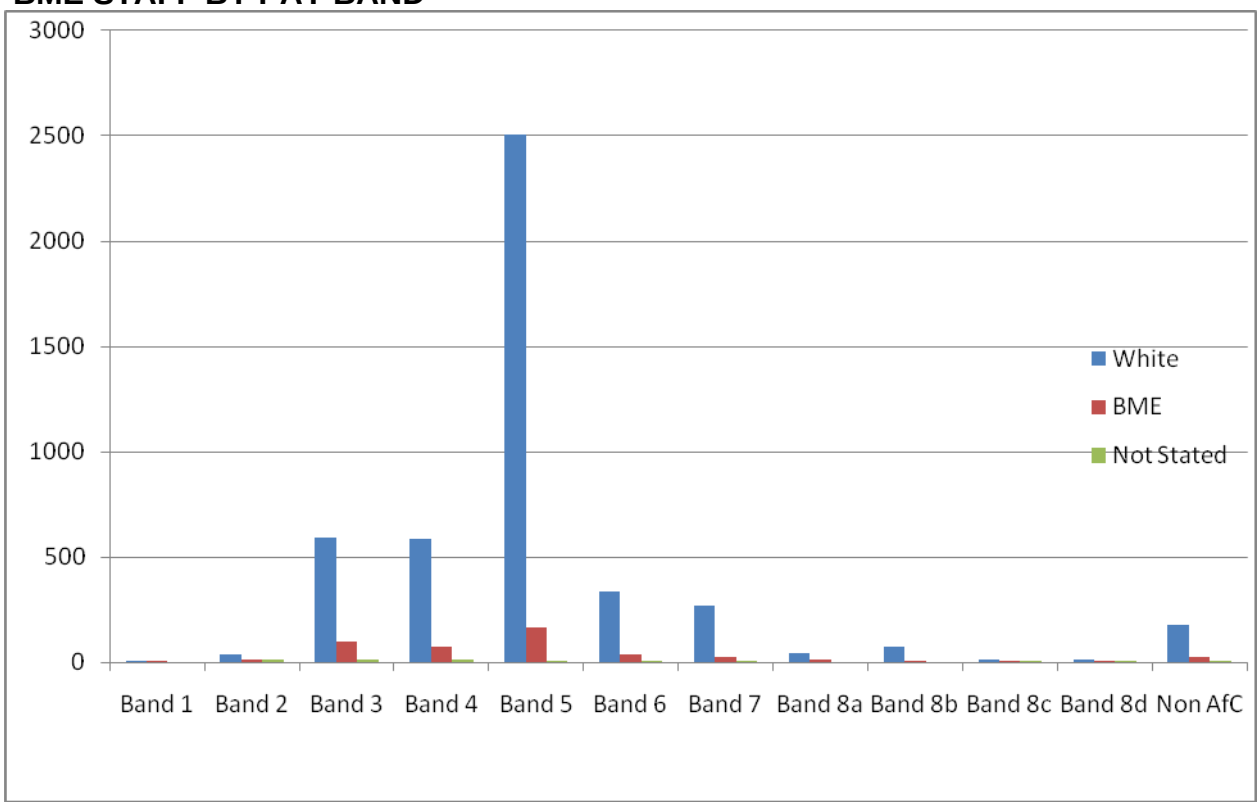
In the year 09-10 37.2% of BME staff had length of service between 0 and 2 years, 25.3% between 6 and 10 years and 13.4% between 3 and 5 years, as indicated by the chart below (In 08-08 50% of BME staff had between 0 and 2, 18.2% between 6 and 10 and 13.6% between 3 and 5 years).



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 08-09 there were 15.3% BME staff graded at Senior Management grades (Band 7 +) in the Trust, almost on a par with the NHS-wide representation. In the last year, as indicated by the chart below, only 14% of BME staff were from Band 7 level up, which is a slight 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 being established, which will also assist the Trust with identifying new forms of support and development for our BME staff.

BME STAFF BY PAY BAND

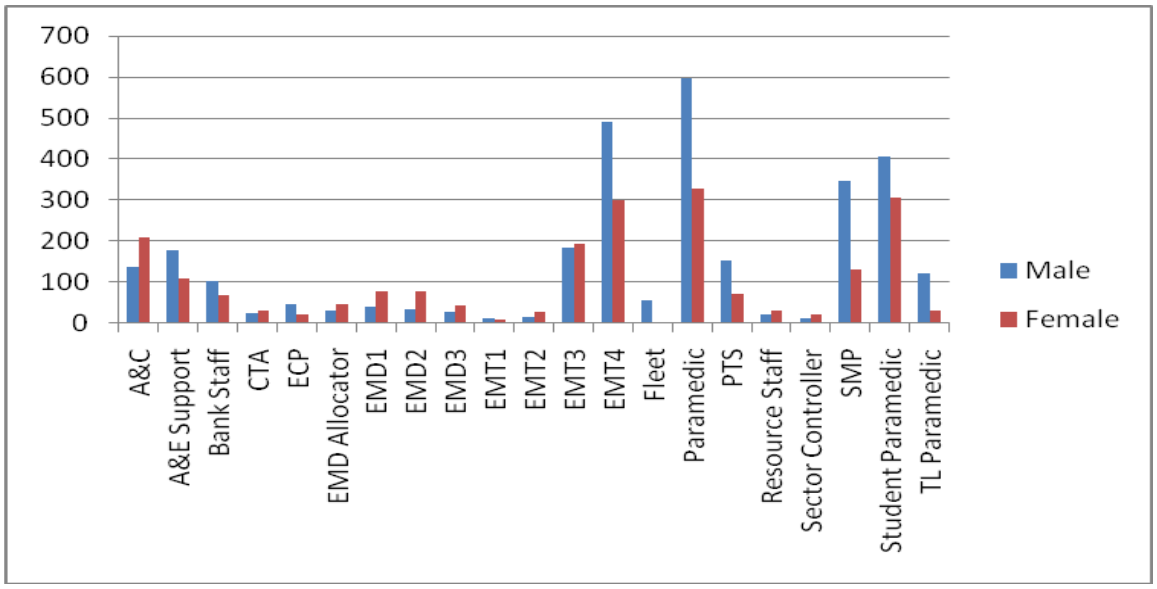


5.4. LAS PROFILE BY GENDER

REPRESENTATION BY STAFF GRADE/RANK

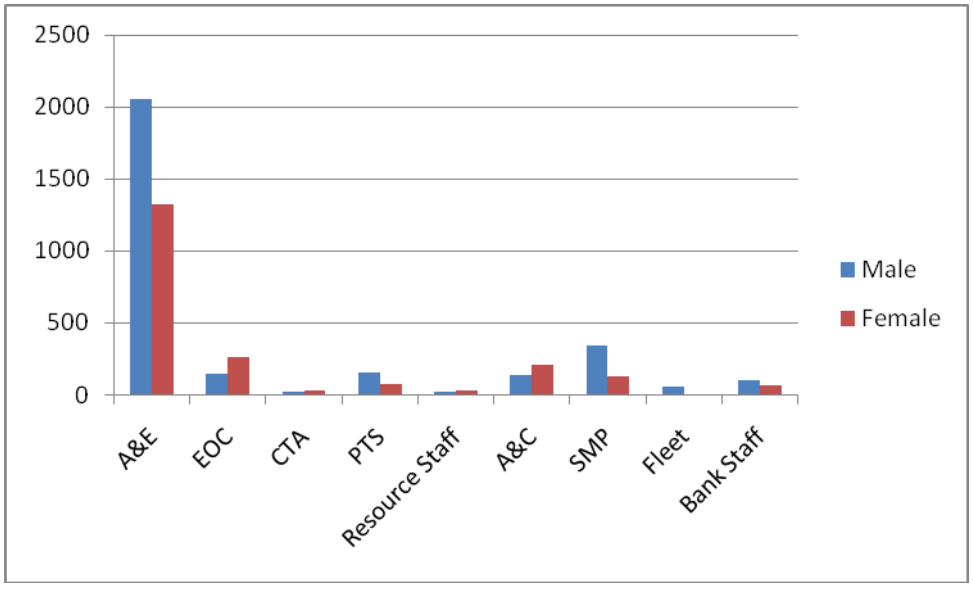
In 2008-9 the highest representation by staff grade/rank of women was at EMT 4, followed by Paramedic and EMT3 grades. In the year 2009-10 the highest representation was at Paramedic (15.4%) followed by Student Paramedic (14.3%) and EMT4 (14.1%), as shown in the chart below.

STAFF GRADE/RANK BY GENDER



REPRESENTATION BY STAFF GROUPS

In 2008-9 the highest representation in the workforce by women was found to be overwhelmingly in A&E, followed by EOC and A&C In the year 09-10 the staff groups in which there was the greatest representation of women were again A&E (62.2%), followed by EOC (12.5%) and A&C (9.8%), as shown by the chart below.

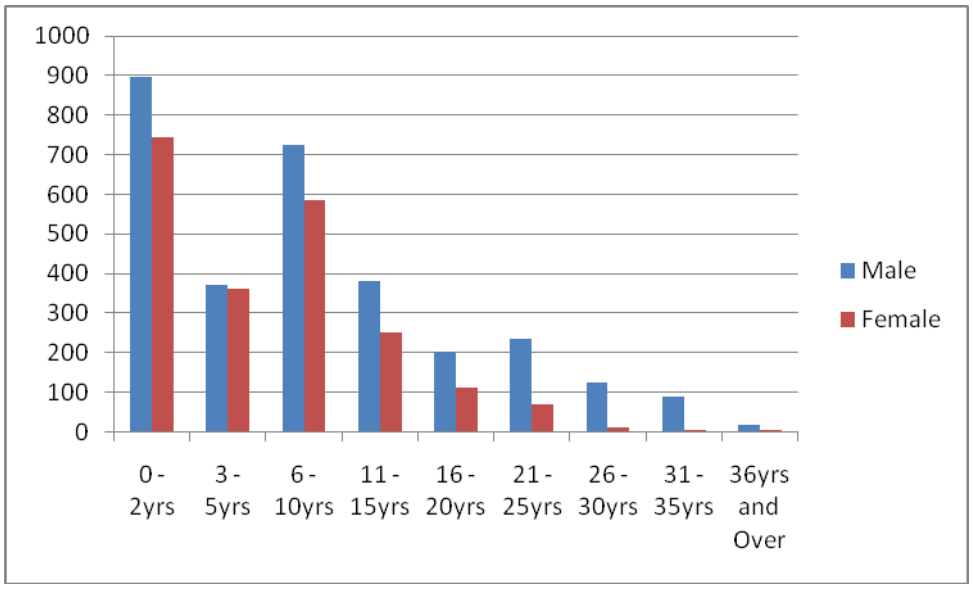


Both these charts show that further action needs to be taken to improve recruitment of women in other parts of the service and in a wider range of occupations.

LENGTH OF SERVICE BY GENDER

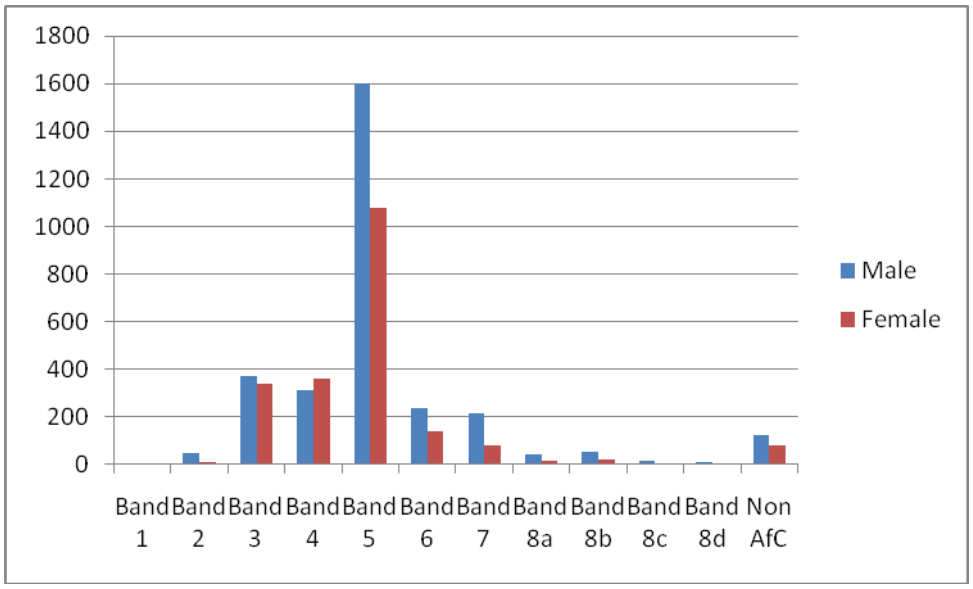
The chart below shows the length of service most prevalent for women staff in the Trust, with most women having between 0-2 years (34.8%), followed by between 6 -10 years (27.4%) and 3-5 years (17.0%). This was similar to last year's figures, where most women had length of service between 0 and 2 years, followed by 6 and 10.

LENGTH OF SERVICE BY GENDER



PAY BANDS BY GENDER

In the year 08-09 the overwhelming majority of women in the service were paid at Band 5 level (45.5%), followed by Band 4 (22.1%) and Band 3 (14.1%), with only 11.1% being paid at senior grade level, which is even less than the equivalent for BME staff. In this last year 09-10, as the chart below illustrates, the overwhelming majority of women staff were again 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, which is a worrying decrease on last year's statistics. Given that women make up 41% of the current LAS workforce, this constitutes a considerable under-representation at senior grade level. Again, as with the under-representation of BME staff, specific targeted action is required to address this, which will include some of the training initiatives referred to later in this report.

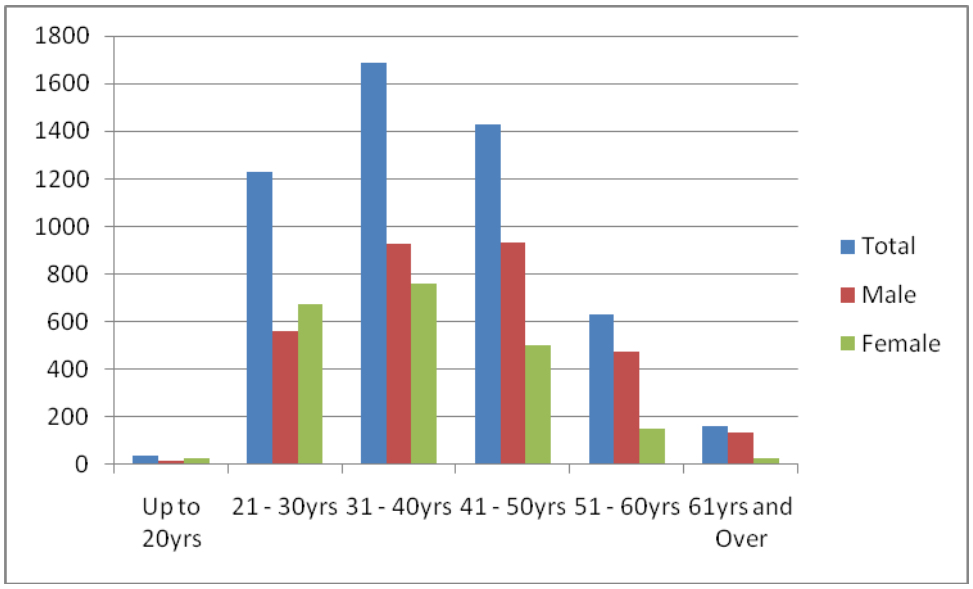


5.5. LAS AGE PROFILE

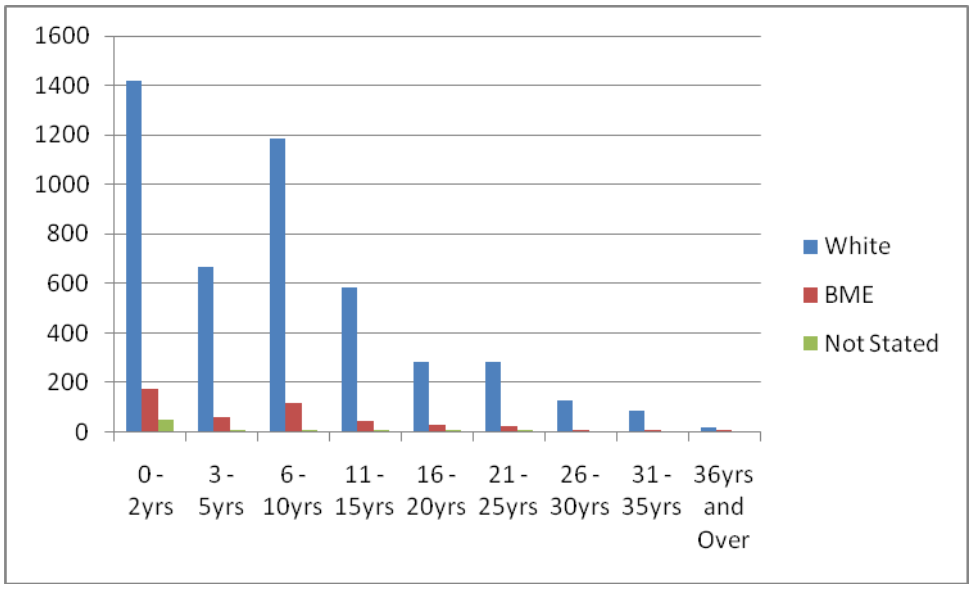
In the year 08-09 the majority of LAS staff were in the following age ranges: 31- 40 (34.6%), 41-50 (28.1%) and 21-30 (20.6%). The highest representation of BME people were in the age ranges 41-50 (34.2%), 31-40 (32.4%) and 21-30 (20.5%). Women were most represented in the age ranges 31-40 (38%), followed by 21-30 (28.2%) and 41-50 (9.5%).

In this last year, as the charts below indicate, the majority of Trust staff were again in the age ranges 31-40 (32.6%), followed by 41-50 (27.7%) and 21-30 (23.8%). BME staff were again mostly represented in the age ranges 41 -50 (32.0%), 31 – 40 (31.2%) and 21 – 30 (22.5%). Women were mostly represented in the age ranges 31 -40 (35.6%), 21 – 30 (31.4%) and 41 – 50 (23.5%), again similar to last year's representation.

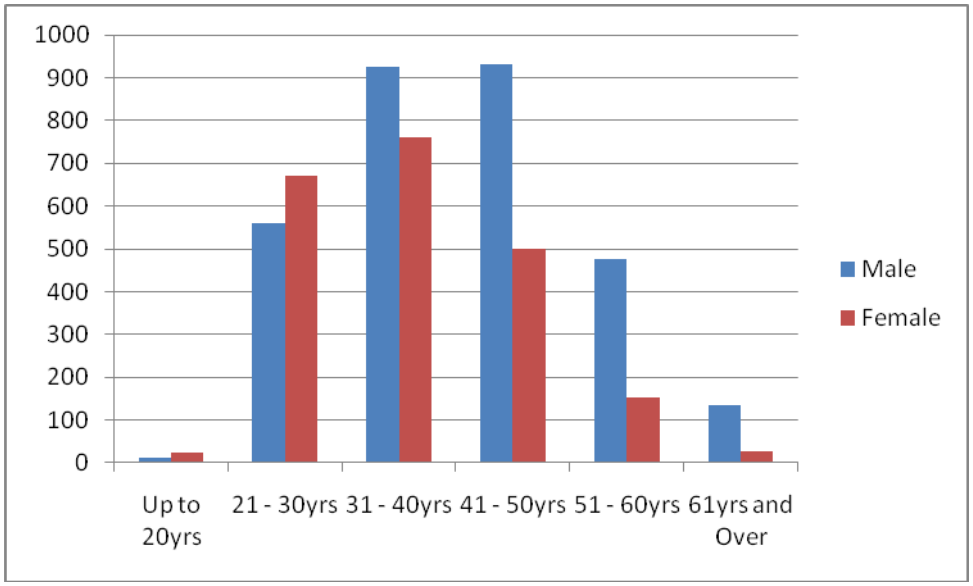
STAFF BY AGE RANGE



STAFF AGE RANGE BY ETHNICITY



STAFF AGE RANGE BY GENDER



5.6.RECRUITMENT

A review of the recruitment figures for the last quarter in 2010 demonstrated that the Trust is still attracting just over a third of applicants from BME backgrounds (39 %). It is encouraging that the Trust continues to attract applicants for a wide range of roles from across varied ethnic backgrounds. However, again under further analysis, candidates from BME backgrounds fail short listing more than any other recruitment stage.

It would also appear that certain ethnic groups are less likely to apply to the Trust for employment, for example, consistently over the last year, the lowest number of applications has been from Chinese applicants. However the highest number of applications is from people from either African or Indian backgrounds.

Recently, the Recruitment Team has adapted its application form guidance

notes to include more detailed guidance on how to complete an application form. This change went live from the beginning of March, so will not have made any visible impact yet on the recruitment figures. This guidance will hopefully aid potential recruits to complete full applications which meet the short listing criteria, where this may not have been the case previously.

The Recruitment Team attended a number of careers events in 09-10 in order to ensure that all sections of the community were aware of the Trust's vacancies and the Trust as an employer, who embraces diversity. In November 2009, the Recruitment Team attended alongside the Equality & Inclusion Team the Stonewall Diversity Careers Fair. In February 2010, the Recruitment Team attended a Somali community event run to make the Somali community aware of the range of careers on offer. At both events, the team handed out application packs for theEmergency Medical Dispatcher role, which was the only ongoing open recruitment at the time. The Recruitment Team have also continued to ensure that the Trust has a visible presence in diversity publications such as Zee Tv (Asian network) and Independent Newspaper- Pride supplement.

Work will be undertaken this year in conjunction with the Equality & Inclusion Team to look at engaging or targeting certain BME groups such as Chinese who continue to have low numbers of applications.

An analysis of applications received from disabled people shows that this remains at two percent of all applications. This could be because applicants are not ticking yes to the disability question on the application form. To help address this, throughout this year the Recruitment Manager has had meetings with Remploy (a charity helping disabled people to return to work) which resulted in a representative from Remploy attending an open day organised for EMD recruitment and also sitting the assessment in order to get an understanding of the role.

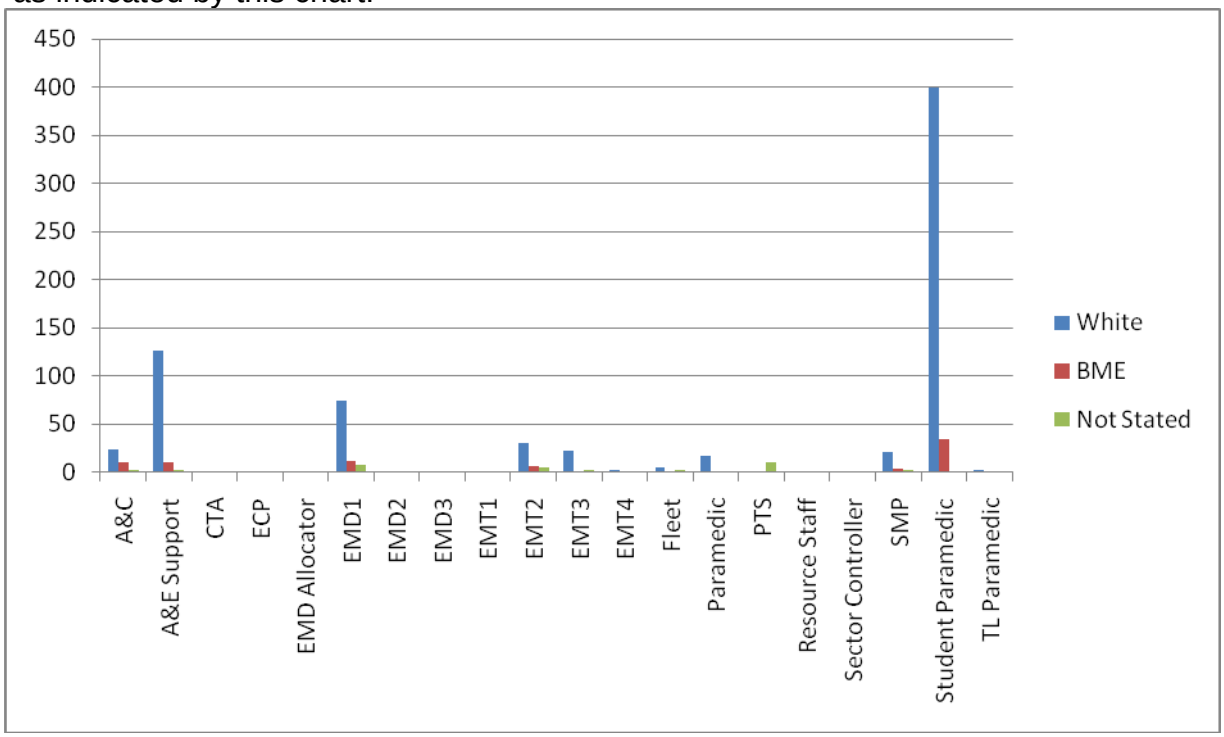
The Trust's application form has also been amended in order to include all six equality strand categories and therefore from next quarter the Recruitment Team will be able to analyse recruitment figures for age, sexual orientation and religion or belief. This will help identify further work required to engage with and recruit under-represented sections of the community.

In the last year there were a total of 840 new starters, of whom 77 (8.3%) were black and minority ethnic staff (no ethnicity details were available for 38 new starters) which represents a decrease on the 08-09 starter workforce profile and 388 (46%) were women, representing a decrease on the 08-09 figure. No figures were available for disabled people.

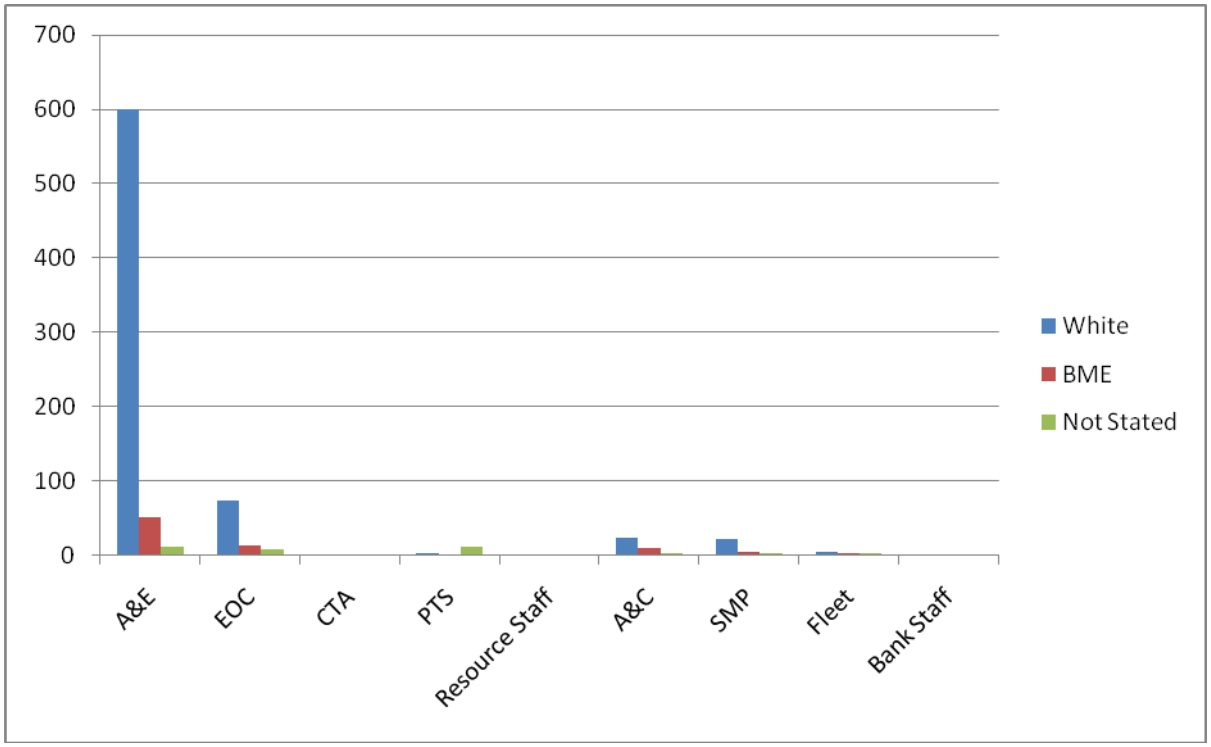
5.6.1.LAS STARTER PROFILE BY ETHNICITY

The majority of black and ethnic minority people starting with LAS started as Student Paramedics, followed by EMD1, A&C staff and A&E Support,

as indicated by this chart:

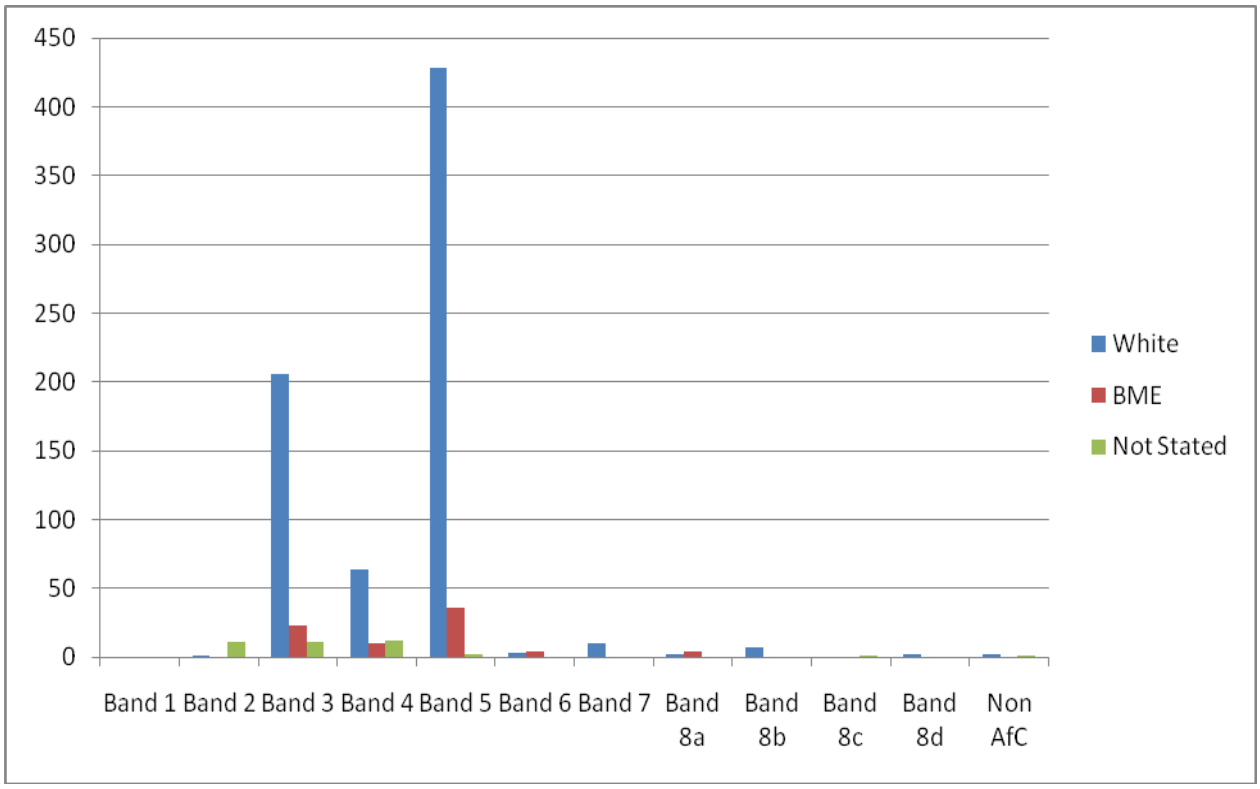


The overwhelming majority of black and minority ethnic people starting with the Trust were in A&E, followed by EOC and A&C, as the chart below indicates:



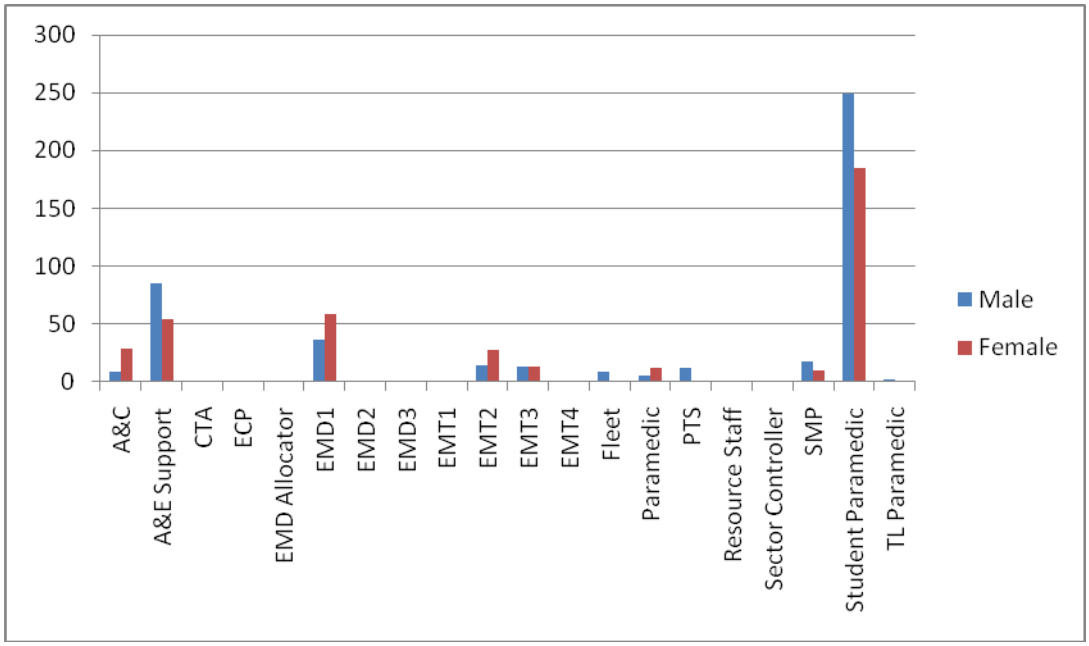
BME Starters by pay band

The majority of BME starters in 09-10 started on Band 5 (36), followed by Band 3 (23), then Band 4 (10) with 4 people starting at Senior Manager level.

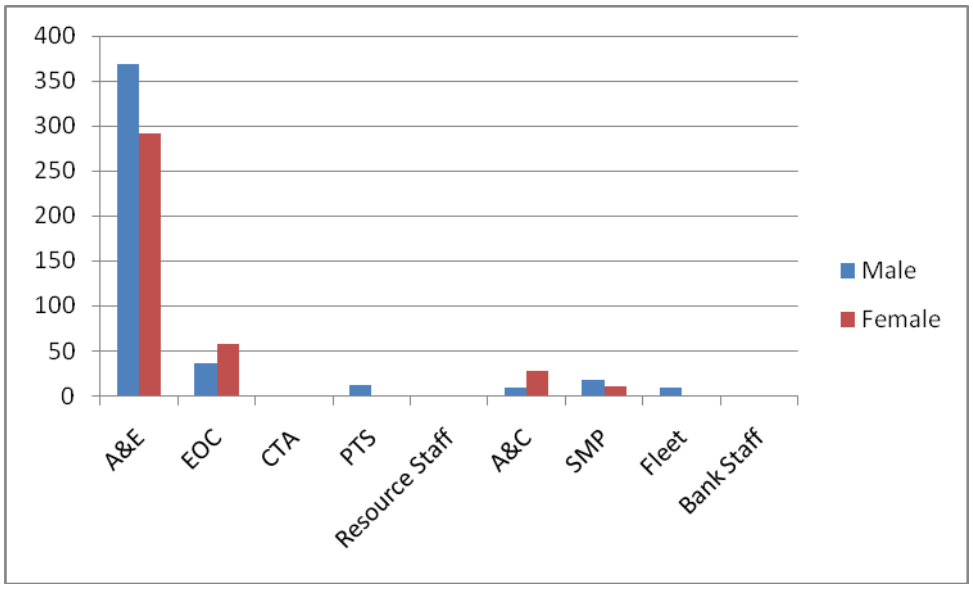


5.6.2.LAS STARTER PROFILE BY GENDER

In 2009-10 the majority of women started as Student Paramedics, followed by EMD1 and A&E Support, as shown by the chart below:

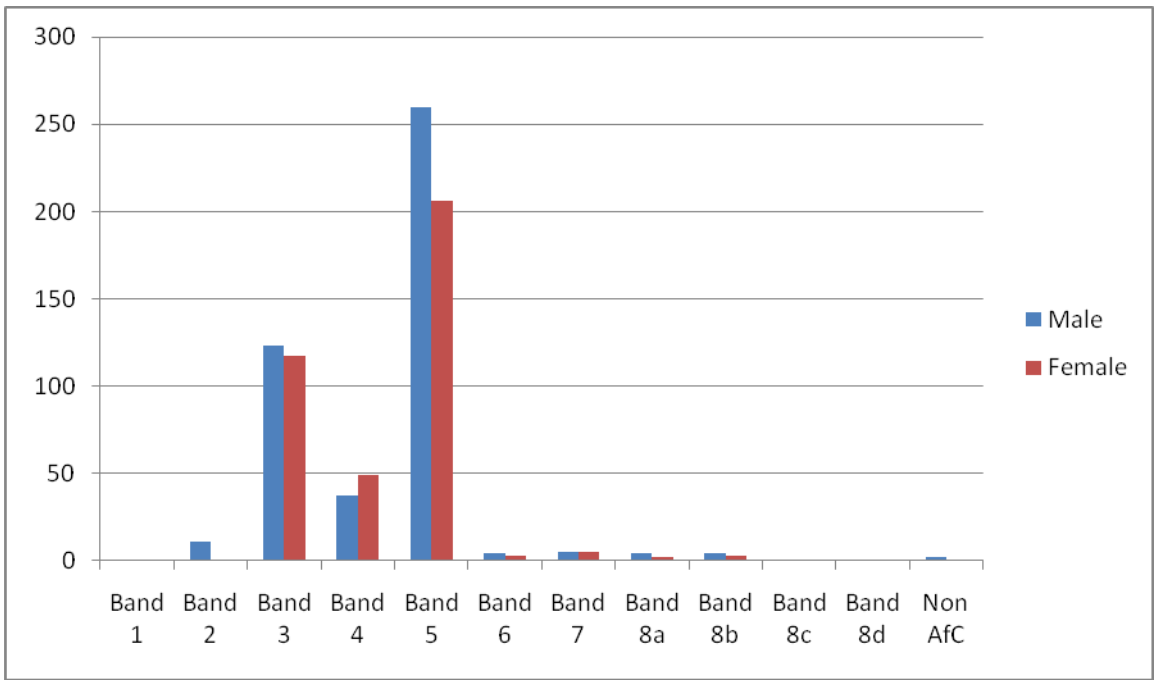


In this last year the majority of women started in A&E, followed by EOC and A&C.



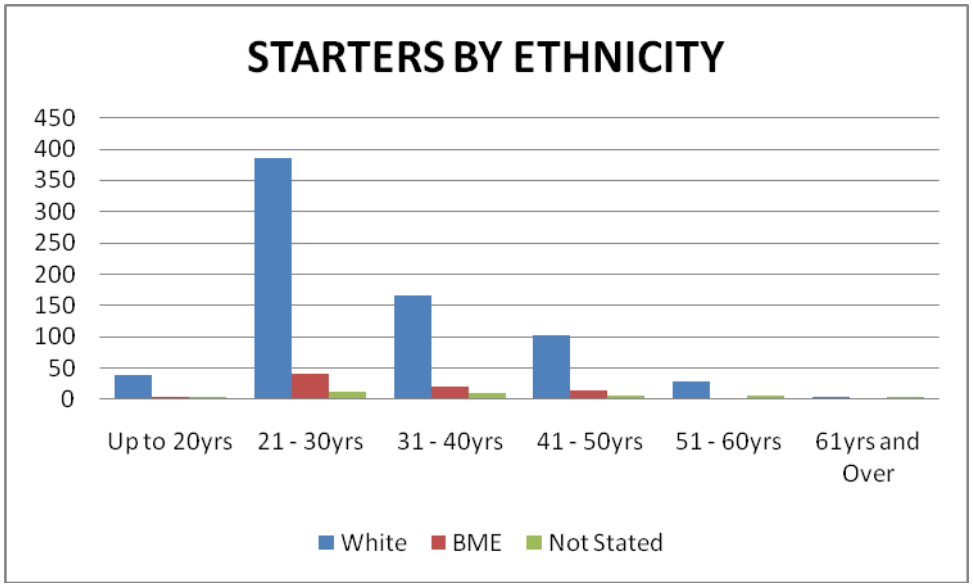
Starters by pay band by gender

In terms of pay banding, the majority of women started in Band 5, Band 3 or Band 4, with only 23 women starting in Band 7 plus pay bands.

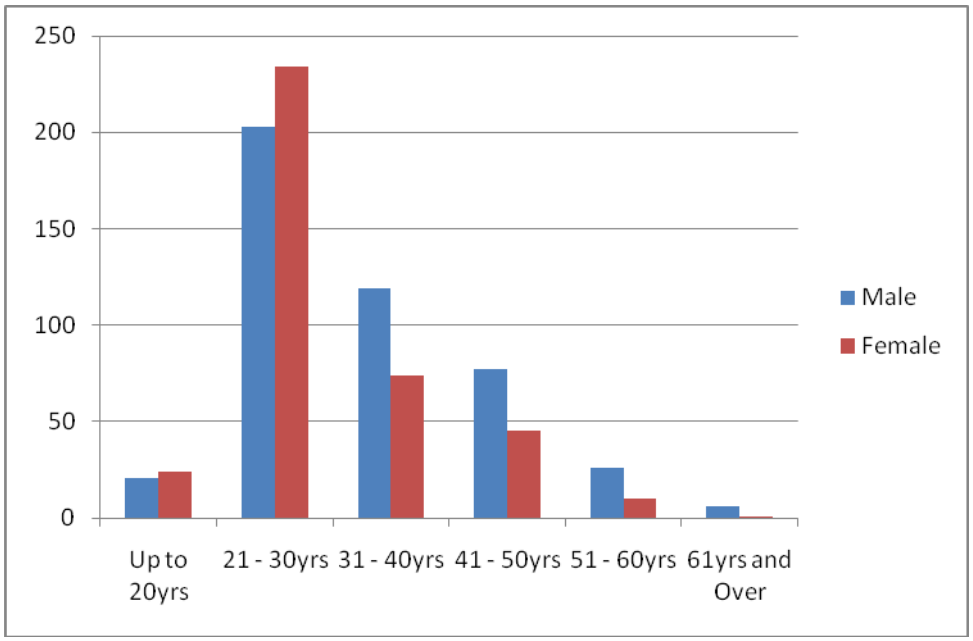


5.6.3.LAS STARTER PROFILE BY AGE

The majority of new starters to LAS were in the age ranges 21-30, 31-40 and 41-50 in terms of prevalence. These were the predominant ranges both for BME staff and women, as illustrated by the charts below:



STARTERS BY AGE RANGE BY GENDER



5.6.4. LAS STARTER PROFILE BY DISABILITY STATUS

No information is available on the number of disabled people starting with the Trust. This needs to be addressed through improvements to the collection of workforce profile statistics, to ensure the Trust can demonstrate its compliance with the Disability Discrimination Act and the new Equality Act. The changes being made to the application form and the Data Refresh exercise planned for this year should ensure that statistics on the representation of disabled staff are available for next year's report on the workforce profile, including the starter and leaver profile on the

numbers of disabled staff.

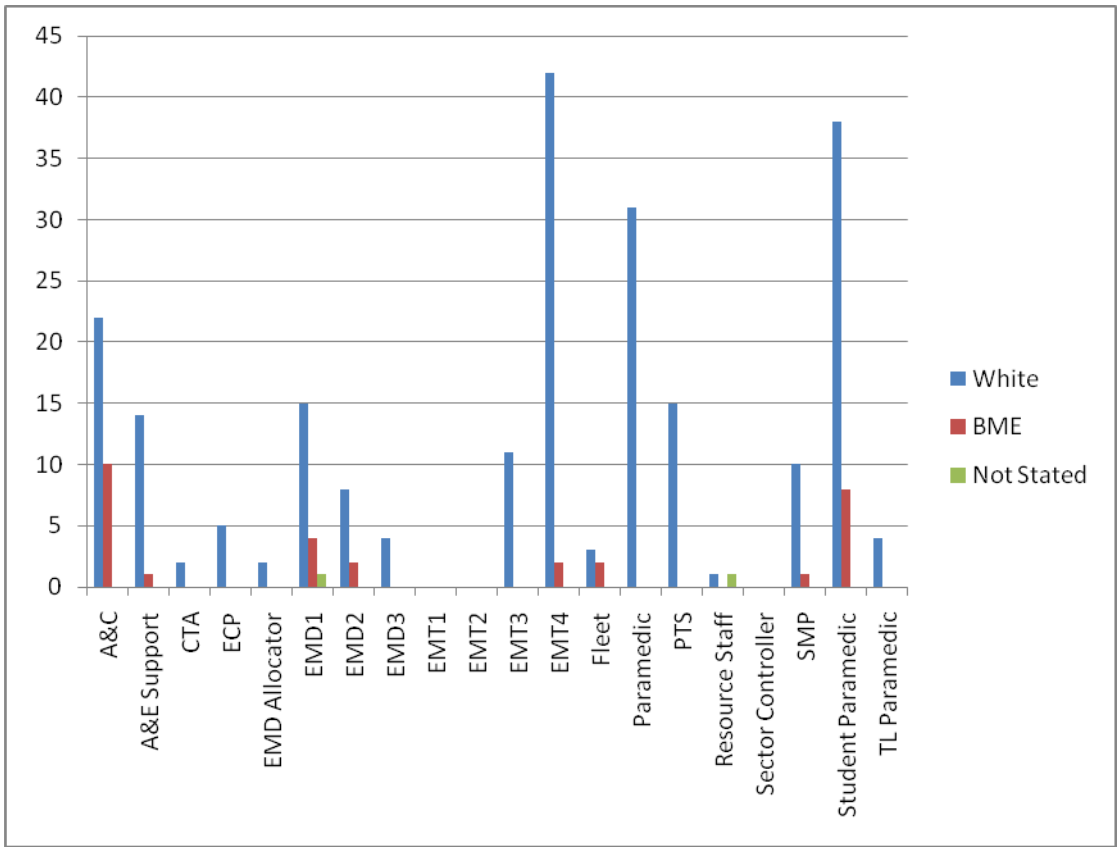
5.7.LAS LEAVERS PROFILE

In the year 09-10 a total of 259 staff left the Trust, comprising 5.2% turnover, of whom 98 (37.8%) were women and 30 (11.5%)BME staff.

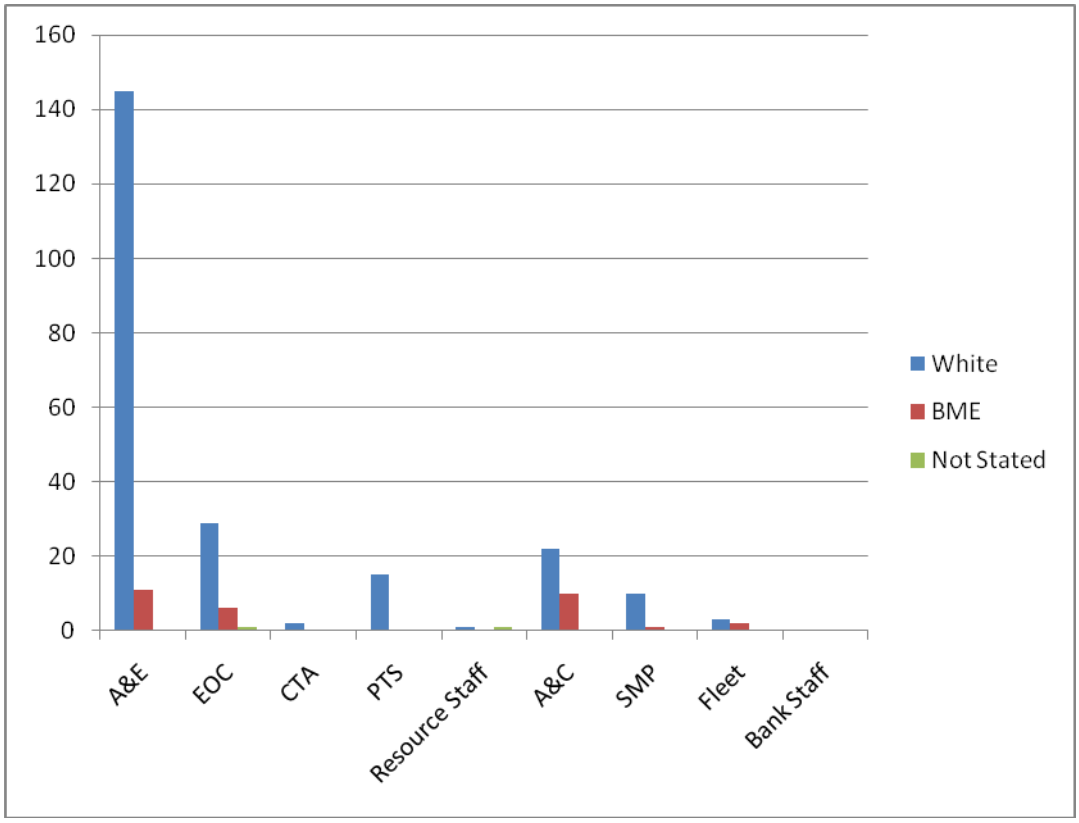
LEAVERS PROFILE BY ETHNICITY

As the charts below indicate, the majority of black and ethnic minority staff who left had been employed in A&C, as Student Paramedics and EMD1, with the departments losing most staff A&E, A&C and EOC.

LEAVERS BY GRADE/RANK BY ETHNICITY

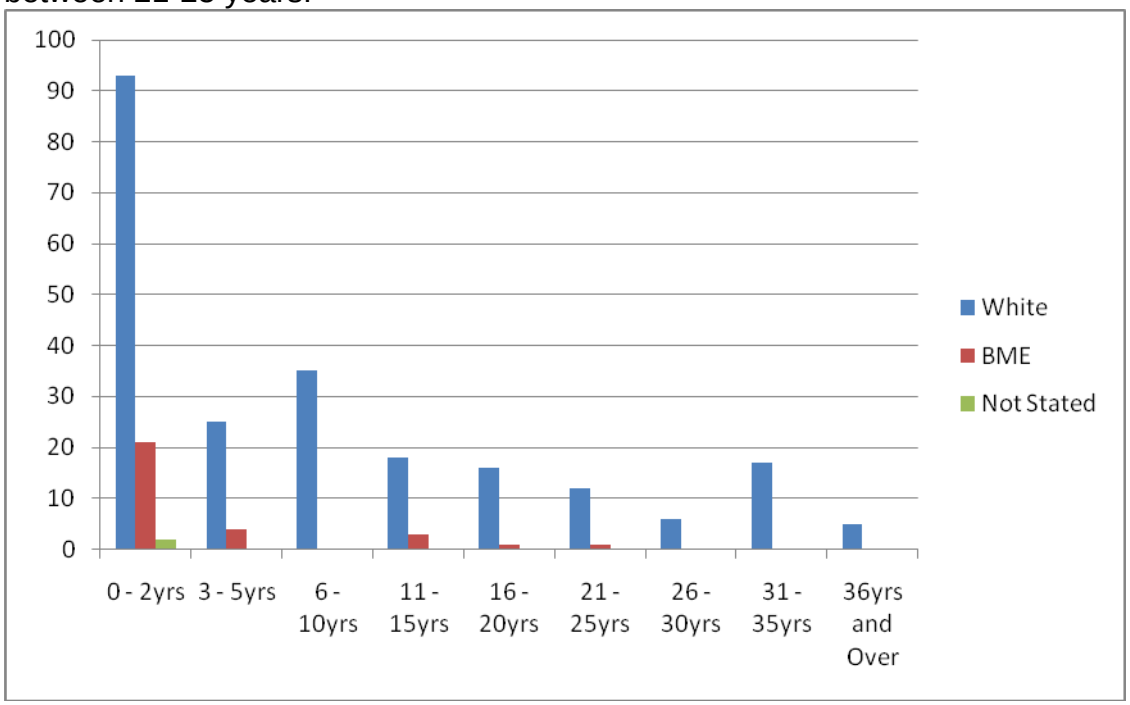


LEAVERS BY STAFF GROUP BY ETHNICITY

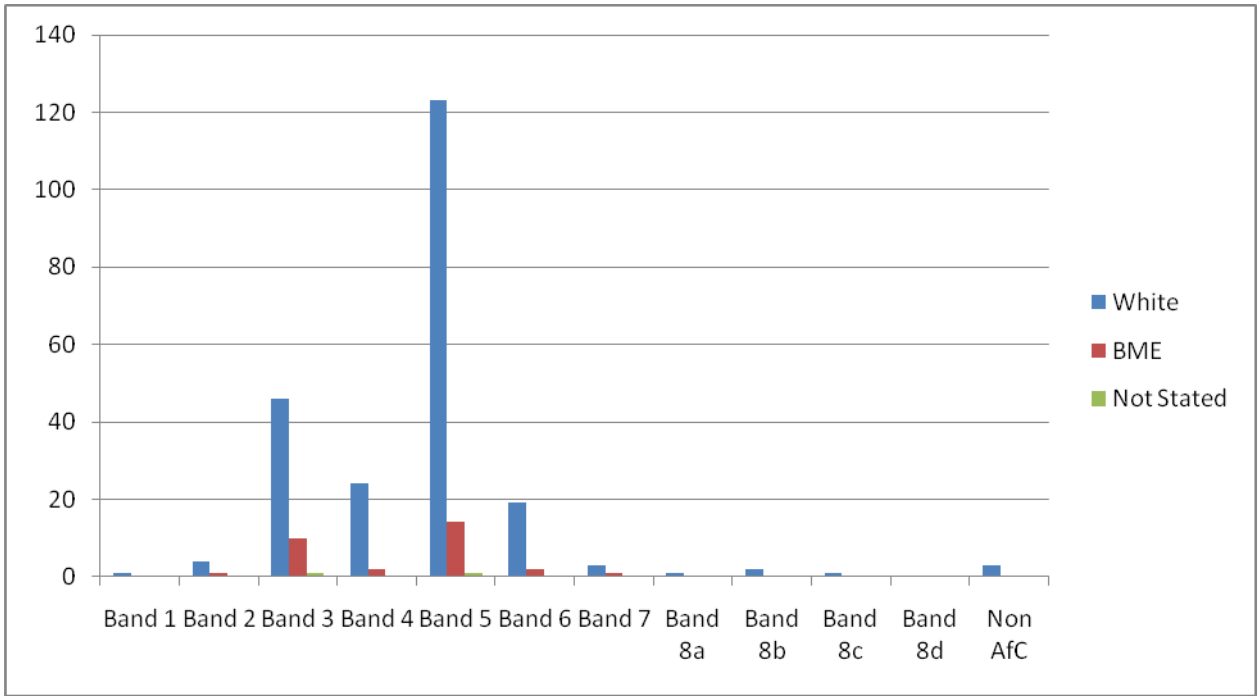


LEAVERS BY LENGTH OF SERVICE BY ETHNICITY

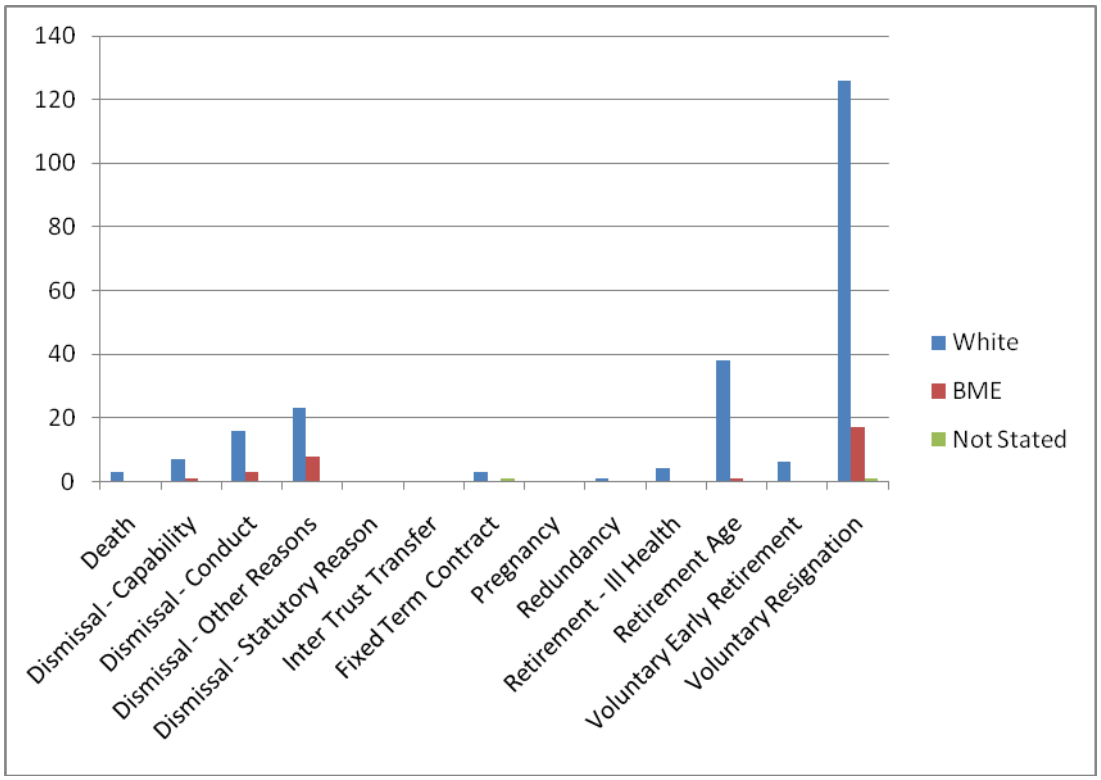
In 2009-10 the majority of BME leavers, 21 from 30 had a length of service between 0 to 2 years, followed by between 3 and 5 (4) years, followed by 3 staff between 21-25 years.



LEAVERS BY PAY BAND BY ETHNICITY
In 2009-10 the majority of BME staff were at Band 5, followed by Band 3.

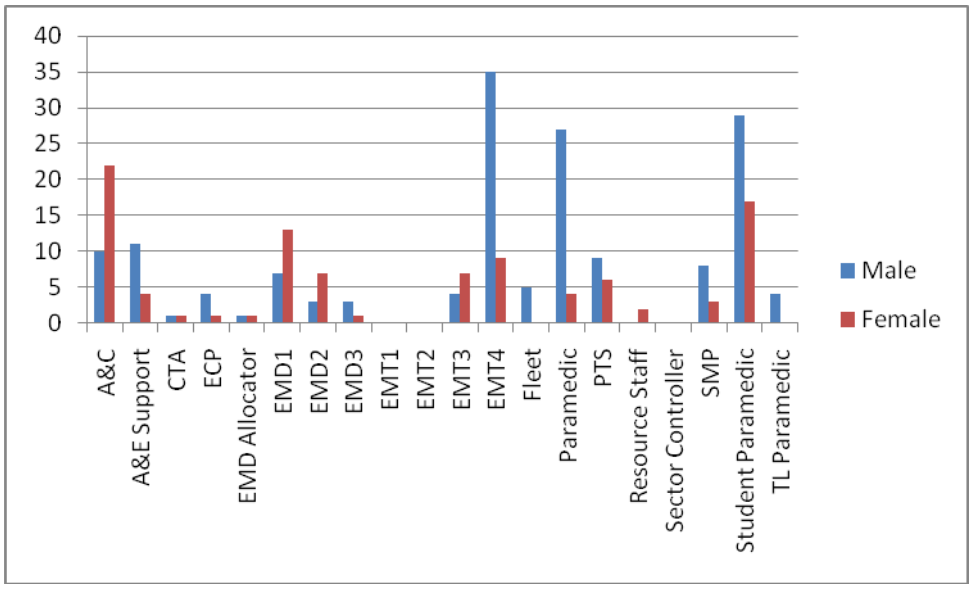


LEAVERS BY REASON
In 2009-10 the majority of BME staff leaving went by voluntary resignation (17 out of 30), followed by Dismissal – other reasons (8).

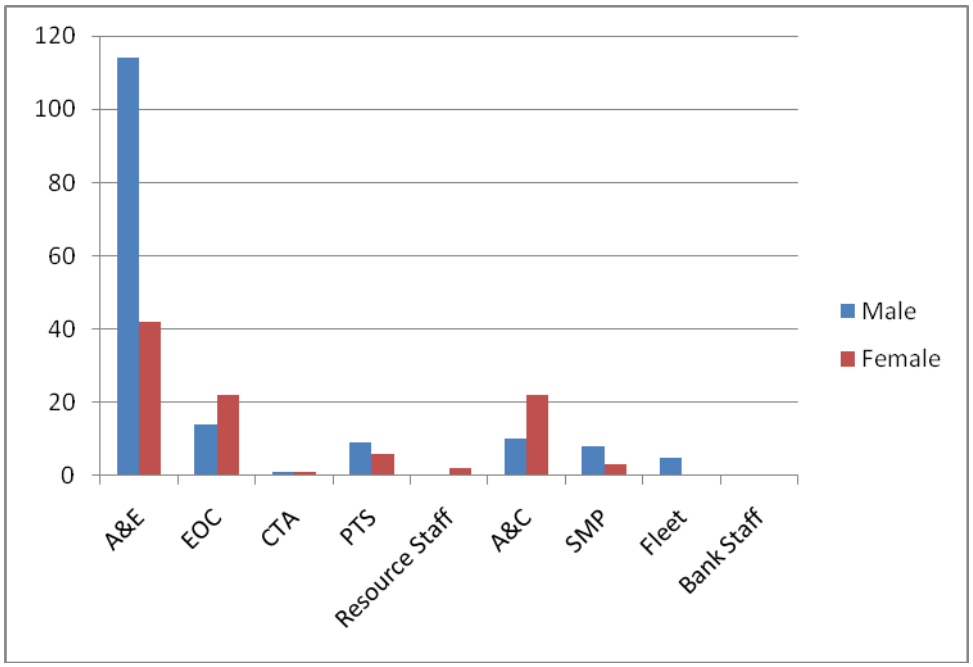


LAS LEAVERS PROFILE BY GENDER

In the last year the majority of women leaving were from A&C, Student Paramedics or EMD1, with the departments losing most women A&E, followed by EOC and A&C equally.



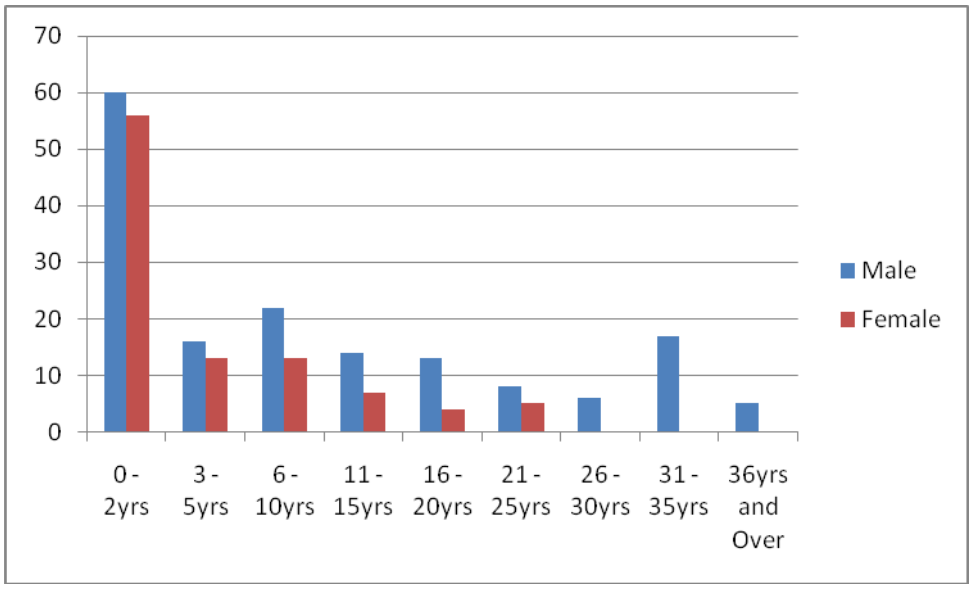
LEAVERS BY STAFF GROUP BY GENDER



LEAVERS BY LENGTH OF SERVICE BY GENDER

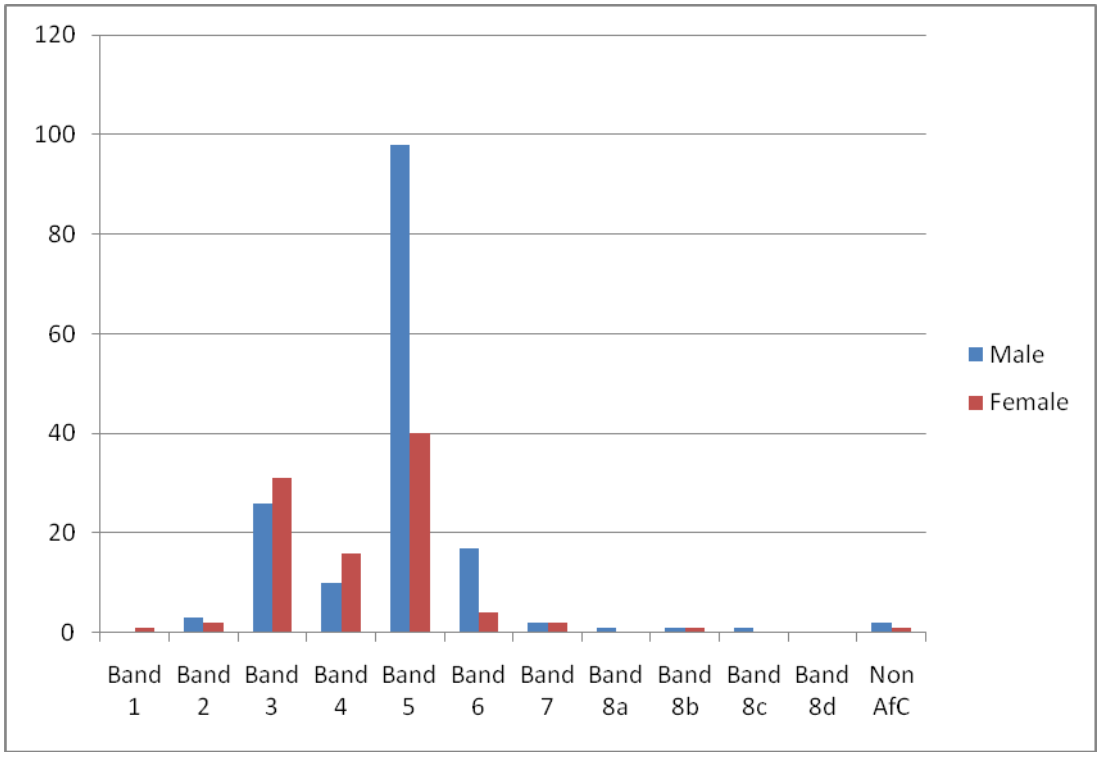
In 2009-10 women leaving the service had been employed mostly between 0-2 years (56 out of a total of 98), followed by 13 who had between 3-5 years and

13 with 6-10 years' service.



LEAVERS BY PAY BAND BY GENDER

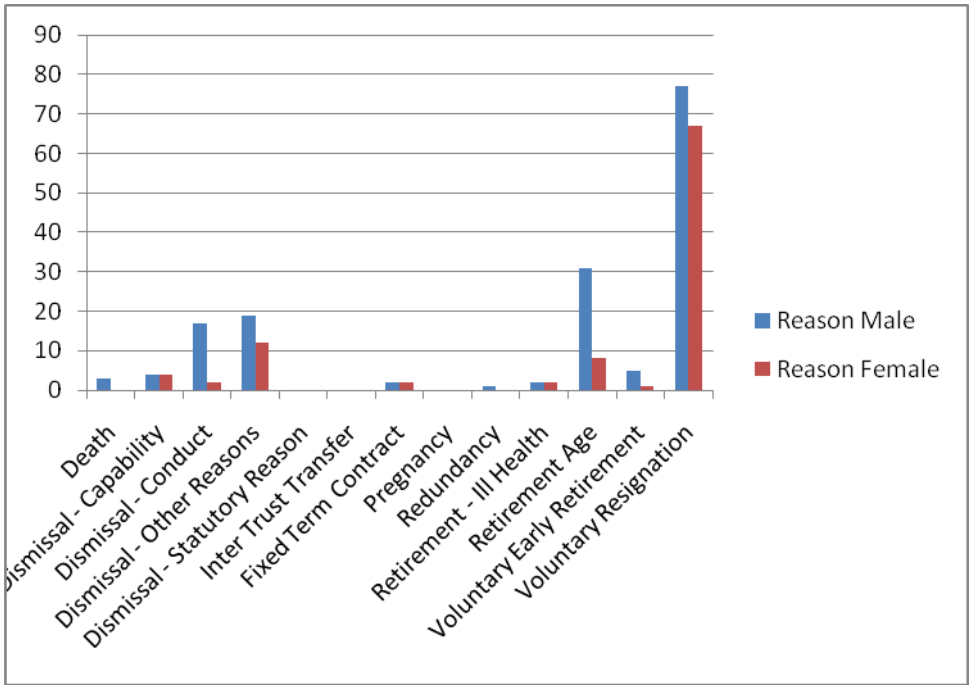
In this last year the majority of women leaving were at Band 5 (40), followed by Band 3 (31) and Band 4 (16).



LEAVERS BY GENDER – REASONS FOR LEAVING

In 2009-10 the majority of women (67 out of a total of 98) left on voluntary resignation, followed by 12 staff who left on the grounds of dismissal – other reasons and 8 because of retirement age.

LEAVERS BY REASON BY GENDER



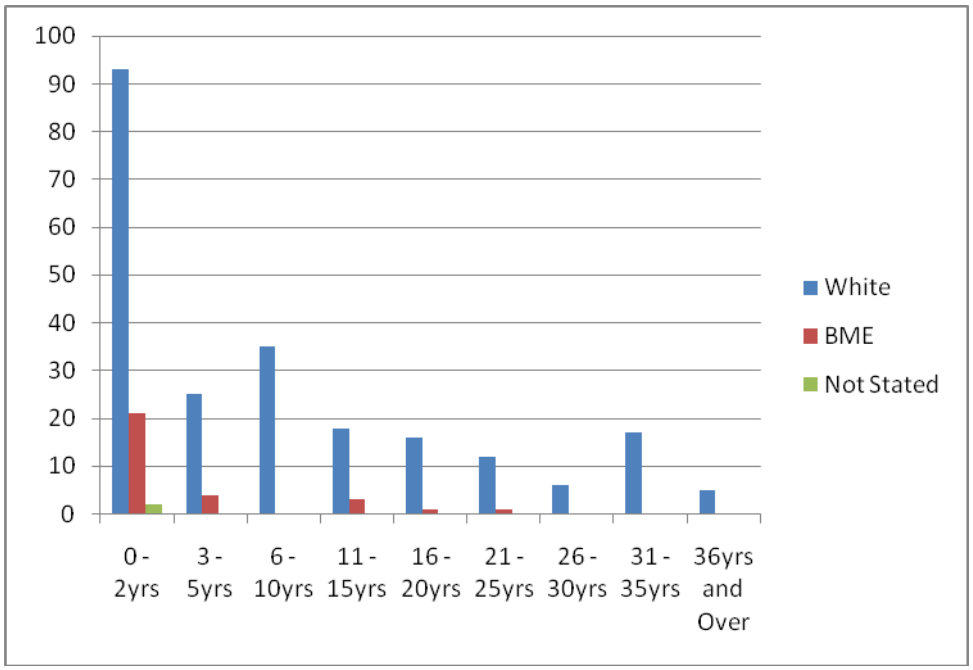
LAS LEAVERS PROFILE BY DISABILITY STATUS

No information is available on this as yet, but the proposed data collection initiatives should ensure that information is available for future reports.

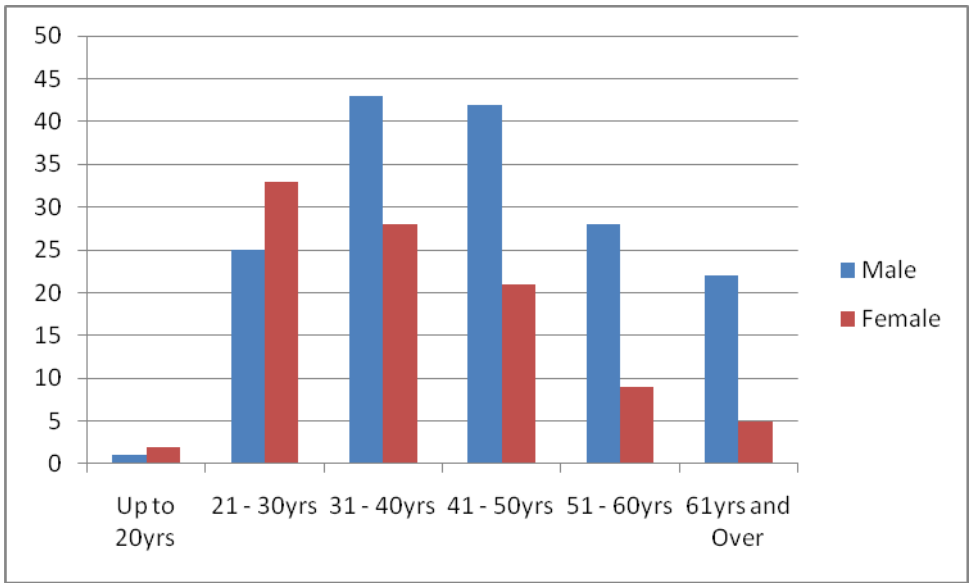
LAS LEAVERS PROFILE BY AGE

In 2009-10 the main age ranges of those leaving the Trust were in the 31-40 years range, followed by 41-50 then 21-30. The predominant age ranges of BME staff leaving the Trust were 21-30, followed by 41-50 then 31-40. The predominant age ranges of women leaving the Trust were in the 21-30 age range, followed by 31-40 then 41-50, as the following charts show.

LEAVERS BY AGE RANGE BY ETHNICITY



LEAVERS BY AGE RANGE BY GENDER



5.8.PROMOTIONS

In the year April 09 to March 2010 there were a total of 238 promotions. 34.87% were for women, which is beneath the current headcount representation and less than last year's total (40.08%). 7.56% were for Black and Ethnic Minority staff, which again is below the workforce representation, although more than last year's percentage (6.33%). No staff identified as disabled; however, the percentage of staff who did not declare under this category was 93.7%, which is a worrying amount, which may indicate some reservation by some staff in disclosing any disability. This

should hopefully improve with the equalities monitoring work to be undertaken this year. The age ranges in which most staff were promoted were: 31-40 (36.13%), followed by 21 – 30 (35.71%).

Currently Employee Staff Records do not have the facility to record a change of position as a promotion. The only way of identifying what constitutes a summary 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. Consideration will need to be given to how best to capture all promotions for future reporting.

The above figures indicate that there is still work to be done in terms of promoting career development opportunities for women and black and ethnic minority staff. A number of planned initiatives, such as the Talent Management Programme & Coaching & Mentoring initiatives should go some ways to addressing this. Targeted training on disability equality issues, ongoing partnership working with the Employers Forum on Disability, the HR data refresh exercise and dissemination of positive messages in regard to the recruitment and retention of disabled staff in the Trust should hopefully increase the percentage of disabled staff known to be promoted.

5.9. EMPLOYEE RELATIONS ACTIVITY

Recording of employee relations activity has improved since the last report and this is reflected in the higher levels of reported activity, particularly in the area of attendance management where all activity (including Informal Warnings) is now reported.

However, gaps in information which were identified during the compilation of this report demonstrate that room for improvement remains. Obviously, the more complete the data, the more reliable the interpretation that can be made.

In total, records show that the Disciplinary procedure was instituted 72 times; Grievance 15 times; and Managing Attendance 403 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 72 staff, 53 men (73.6%) and 19 women (26.4%). Ten people (13.9%) were BME staff. One member of staff (1.4%) was in the age band 20 or under; 11(15.3%) in band 21-30; 19 (26.4%) in band 31-40; 31 (43.1%) in band 41-50; and 10 (13.9%) in band 51-60.

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

In one instance the allegations related to bullying and/or harassment.

15 women (29.4% of a total of 51) and seven BME staff (13.7%) received warnings or were dismissed as a result of the Disciplinary proceedings. One member of staff was in the age band 20 or under; eight in band 21-30; 12 in age band 31-40; 18 in band 41-50; and five in band 51-60.

The Grievance Procedure was instituted by a total of 16 staff, eight women and eight men, of whom four (25%) were BME staff. One member of staff self-identified as a disabled person. One member of staff (White British/male) submitted two grievances

Two members of staff were in age band 21-30; six were in age in band 31-40; five in band 41-50; and three in band 51-60.

Four grievances were related to bullying and/or harassment.

Of the grievances submitted, one was upheld. This was submitted by a white male in the age band 41-50. Five grievances were not upheld; one of these was submitted by a BME member of staff and three by women; two members of staff were in the age band 31-40; two in band 41-50 and one in band 51-60. Five cases were resolved through discussion; one was closed as the further information requested of the claimant was not provided; one was withdrawn and four remain open.

The Managing Attendance Procedure (MAP) was formally instituted (i.e. the member of staff was issued with a warning or dismissed) with 403 members of staff in total; 170 (42.2%) women; 233 (57.8%) men; 16 (4%) BME staff.

Seven members of staff (1.7%) either self-identified as a disabled person or were declared by the Occupational Health department to be treated as protected by the Disability Discrimination Act (1995)

Four members of staff (1%) were in age band 20 or under; 47 (11.7%) in band 21-30; 147 (36.5%) in band 31-40; 150 (37.2%) in band 41-50; 48 (11.9%) in band 51-50 and seven (1.7%) over 61.

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

In the year 2009-10 there were a total of 15 claims made to the Employment Tribunal, five of which were by women. Six members of staff were in age band 31-40; eight in band 41-50; and 1 in band 51-60.

Three claims were made by BME members of staff.

Three claims for discrimination on the grounds of race (and unfair dismissal) were brought; two by BME staff. One of these claims was withdrawn; one failed in the Tribunal; and one has yet to be heard.

The remaining claims submitted were for:

unfair dismissal (8) – one of these cases has been withdrawn; two failed; one has been settled; four are yet to be heard;
unfair dismissal and disability discrimination (1) – withdrawn
religious discrimination (1) – withdrawn
discrimination of the grounds of TU activities (1) – yet to be heard
unfair deduction of wages (1) – yet to be heard.

Analysis

A review of the information presented for 2007/08 has been undertaken, but inadequate record keeping has made any meaningful revision of the analysis impossible. It is clear that record keeping and reporting of employee relations activity is improving. At this time, it is reasonable to assume that the apparent increase in activity is actually due to this improvement. Nevertheless a comparison of the data (where data is available) is made in the table below.

		07/08		**08/09**		**09/10**
	No.	%	No.	%	No.	%
Disciplinary Procedure			**36**		**51**	
Male			22	61.2	36	70.6
Female			14	38.8	15	29.4
BME		8.33	0	0	7	13.7
Disabled			0	0	0	0
Grievances			**17**		**16**	
Male			13	76.5	8	50.0
Female			4	23.5	8	50.0
BME		12.24	3	17.6	4	25.0
Disabled			1	5.9	1	6.3
Managing Attendance			**48**		**403**	
Male			26	54.2	233	57.8
Female			22	45.8	170	42.2
BME			11	22.9	16	4.0
Disabled			0	0	7	1.7
Capability Performance					**2**	
Male			0	0	0	0
Female			0	0	2	100.0
BME			0	0	1	50.0
Disabled			0	0	0	0
Age (all activity)					**472**	
20 or under				0	5	1.1
21 - 30				9.6	58	12.3

31 - 40				41.2	166	35.3
41 - 50				33.3	183	38.7
51 - 60				14	60	12.6
Over 60				2.6	0	0

Women represent 41% of our total workforce. Activity figures under the MAP reflect this gender split, as they did last year; however the Disciplinary figures show a lower proportion of women being subject to disciplinary action.

9% of our workforce is from BME groups. This year the figures show that a disproportionately high number of BME staff were disciplined during the period, whereas in comparison last year no member of BME staff was disciplined. Last year a disproportionately high number of BME staff received a warning or were dismissed under the Managing Attendance Procedure, this year the figure is disproportionately low.

The activity under the Grievance and Capability procedure is however perhaps too low to allow meaningful conclusions to be drawn.

It should be noted that this year seven disabled people were managed under the MAP. This figure will be monitored going forward to ensure that, whilst continuing to manage attendance robustly, the Trust adheres to its responsibility under the Disability Discrimination Act and forthcoming Equality Act.

The figures show that a disproportionately high number of staff in the age band 41 – 50 received warnings or were dismissed under both the MAP and Disciplinary procedure. These figures too will be monitored going forward in order to identify and address any adverse impact arising.

6. TRAINING

6.1. TRAINING ORGANISED BY LEARNING & ORGANISATIONAL DEVELOPMENT

6.1.1. New e-learning Module on Equality & Inclusion

The new e-learning Equality & Inclusion Module has been updated to improve the random nature of the final test questions. The final module was made available for testing at the end of April and will be made generally available to staff as soon as the LAS LIVE platform is running.

LAS LIVE (Learning in a Virtual Environment) is the Trust's new e-learning platform that is currently under development. The platform is designed specifically for LAS staff and developed with their learning needs in mind. Through this staff will find access to a wide range of regional and national e-learning courses. Enrolment is through a link: http://live.londonambulance.nhs.uk

The new Platform will be available to staff at Chase Farm from May, then rolled out across the Trust.

6.1.2.Talent Management Training

The new 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, will go live in Autumn 2010. The programme will be available 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 will operate is that it will seek to promote positive action with the objective of supporting and developing staff from under-represented groups.

6.1.3. Learning & Development initiatives 2009/10

The eligibility for the ELSA, Exploring Leadership and Self Awareness, programme was only for first line managers who had direct reports. This excluded staff who work at this level but have to gain consensus and agreement and complete significant pieces of work without line management authority, using leadership and influencing skills. The opportunity for this group of staff to attend the ELSA programme is now available. The applications are sorted so that there is representation from all areas within the Trust. The ELSA programme is now an accredited programme ILM level 3. This enables staff from all areas of the Trust to gain access to an accredited programme.

The NVQ level 3 First Line Management programme ran for the first time as a pilot and was aimed at first line managers from all areas of the service. Applications were also supported from staff aspiring to be first line managers who had the opportunity in their working environment of meeting the competencies.

The all in one core and statutory refresher training day is for non-operational staff. This is a new change for the Trust, since previously non operational staff had to attend the same event as clinical staff, which may have resulted in their specific needs not being met.

Through JIF (Joint Investment Framework) funding, positive action has been sustained in targeting training and development opportunities at staff in bands 1-4. Subject focus has concentrated on effective verbal and written communication, career/development review planning and a range of MS Office courses. Take up this year has increased significantly, in part due to a personalised mail shot to all staff in bands 1-4.

Annual Equality and Inclusion report 2009-10 - Information from Learning and Organisation Development

Dimension	2008-09	2008-9 actual nos	2009-10	2009-10 actual nos	Difference
Nos. who applied for training		1070		528	Decrease 49.34%
Attendance	49.62% (as a% of applied)	531	69.32% (as a% of applied)	366	Increase 19.69%
Women attending	54.05% (as % of attendances)	287	62.85% (as % of attendances)	230	Increase 8.8%
BME attending	39.07% (as % of attendances)	208	35.16% (as % of attendances)	129	Decrease 3.91%
Bands1-4 (JIF)	15.57% (as % of attendances)	833	46.45% (as % of attendances)	170	Increase 30.88%
Disability	None recorded		None recorded		No change

During 2009-10, learning and organisation development focussed on two areas of delivery: the first to reduce the number of courses provided; and secondly to focus on attendance at bands 1-4 in response to the national initiative to encourage more staff from these groups in learning. The department also introduced some new programmes and pilots, outlined below.

In 2008-9 there were a significant number of courses offered and cancelled. Cancellations were mainly due to small numbers applying and operational pressures to reduce the number of courses cancelled throughout the year. In 2009-10, the department offered nearly a 50% reduction in its open courses. By lessening the number of choices of courses which staff could choose to attend, the department achieved a higher overall attendance rate. Those specific groups that appeared to have benefited from this change of emphasis appear to be women staff and staff within the pay bandings 1-4.

Although there is a decrease in the BME numbers who have attended over the last year, within this figure there is a slight increase in attendance amongst those who declared themselves Black / Caribbean and African and a decrease in those who declared themselves of Asian ethnic origin in some way. The increase in those from black Caribbean and African origin can be directly attributed to the Jif initiatives.

For a second year running no staff completed the disability declaration on application forms. Therefore no information is available on this.

Of the six key areas on the L&D has provided information there is an increase in the percentage values in three areas and improvement(by decrease) in a fourth. For the others there is no change and one worse value.

For the coming year the department expects to sustain this overall improvement in these figures, although some 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.

6.2. Training organised by Education & Development

In the year 2009-10 22 Team Leaders were trained, of whom 7 were female and 15 male. Collection of other data on application or take-up of training by staff from equality staff groups is not available at the present time due to lack of resourcing of a post identified as essential for collating necessary gender and ethnicity data on recruitment. The additional staff resourcing required is in the form of a second resource and planning coordinator and an additional administrative staff member needed to set up a system linking the details from Employee Staff records into the Education & Development booking scheme.

In the past year the Clinical Education Department introduced a dyslexia screening tool to assist with identifying people who would require additional assistance with learning and have raised the profile of dyslexia with the department's training officers.

7 EQUALITIES INITIATIVES

7.1 EQUALITY IMPACT ASSESSMENTS

Following extensive consultation, a revised Equality Impact Assessment Proforma with guidance has been produced, which will shortly be incorporated into a new e-tool, to be rolled out through the training. The new simplified procedure, incorporating a "critical friend approach", will assist managers in carrying out impact assessments on new and reviewed policies & procedures etc.

A new three-year Equality Impact Assessment Schedule has been produced, as part of the new Equality & Inclusion Strategy, which sets out the Trust's priorities for impact assessments over the next three years.

All equality impact assessments will continue to be published on the Trust's website.

7.2. NEW EQUALITIES MONITORING PROFORMA & GUIDANCE

Following extensive consultation, a new equalities monitoring proforma has been produced, to enable the Trust to capture equalities information across all its functions and services. Training will be provided to enable staff to follow best practice and the new equalities monitoring categories should enable the Trust to attain a more comprehensive and holistic picture of its staff, patient and service user profile for future years.

7.3.RECRUITMENT & RETENTION

The Equality & Inclusion Team have been working with the Recruitment Manager to produce a new bias-free application form and will continue to work on joint initiatives to address under-representation.

8. ACTIVITIES OF THE LONDON AMBULANCE SERVICE

8.1.PATIENT & PUBLIC INVOLVEMENT (PPI)SERVICE IMPROVEMENT PLAN 2012:

PATIENT & PUBLIC INVOLVEMENT (PPI)

The London Ambulance Service NHS Trust (LAS) is committed to patient and public involvement (PPI) and aims to involve patients and the public in all key developments, as well as through public education and other activities such as public fairs and events.

As the only pan-London Trust, the LAS is in a unique position to involve a diverse range of patients and members of the public from a number of different areas.

Some of the PPI and public education activities undertaken within the last year are outlined in the following sections.

1. Identifying priority target groups

With a population of over 7 million people in London, it is essential to ensure resources for PPI and public education are prioritised appropriately. A new prioritisation system for PPI and public education activities, for use at times of high demand, was introduced in April 2009.

2. The Patients' Forum

Although Patients' Forums were replaced by Local Involvement Networks (LINks) in the most recent legislation governing PPI, the LAS Patients' Forum established itself as a limited company. The Trust has made a commitment to work with the Forum as it did before, until it has achieved Foundation Trust status.

The Patients' Forum continues to meet monthly, and colleagues from across the Trust are invited to discuss a range of topics. In the last year, these have included quality standards for Patient Transport Services, learning from incidents and accidents, equality and inclusion, the Olympics and the Foundation Trust application.

In August 2009 an induction meeting was held for new members of the Forum, many of whom are also LINks members in their boroughs. Topics included how we respond to 999 calls, PTS, the Foundation Trust

application, the Trust's strategy and future direction, equality and inclusion, staff training and development, and how we use feedback to improve our services.

Patients' Forum members are involved in a number of the Trust's projects and initiatives (e.g. use of translation services, Patient Environment Access Teams, access for deaf people), having instigated some of them. Forum members also attend some of our committees, including the Trust Board.

3. Local Involvement Networks (LINks)

The Trust is keen to engage with LINks, and sees the new statutory PPI structure as an opportunity for greater engagement with community and social care organisations. Developing relationships with the 32 LINks in London also provides an opportunity to recruit a wide range of patients for PPI activities and Foundation Trust membership.

Meetings have been held this year with LINks in some boroughs (e.g. Islington, Hillingdon and Hounslow). The LAS has also been invited to participate in a number of larger public events organised by LINks, e.g. in Tower Hamlets and Islington.

The Foundation Trust Membership Group has discussed how to work with LINks and use them as a mechanism to engage with local people.

A break-out session at the Patient Care Conference (January 2010) focused on LAS involvement with LINks, and the event was attended by a number of LINks representatives.

4. Category C Service User Survey

In 2008 Picker Europe were commissioned by the Healthcare Commission (now the Care Quality Commission) to assess how changes in the way Category C calls are managed have affected patients' perceptions of ambulance care.

The national picture was very positive and the LAS also performed well overall. However, the scores were generally lower than those for other ambulance services and the free text comments highlighted a number of areas where improvements could be made. The survey findings contributed to the Service failing in the patient experience area of the Annual Health Check, despite achieving patient satisfaction scores of over 90%.

During the last year a group was established to explore the findings of the survey and take forward actions and recommendations arising from it, to improve the experience of this group of patients. Most of these actions are either underway or planned within the Service Improvement Programme. Others are expected to be included in existing work

programmes. A small number will require additional resources to achieve.

5. Community Involvement Officer role

As part of New Ways of Working (NWOW), a new role of Community Involvement Officer (CIO) has been created. There are currently two CIOs, at Chase Farm and Barnehurst.

The role has been designed to be flexible, so the post-holders can adapt to the needs of the local complex and the local population. As well as community engagement work, such as leading on the organisation of Junior Citizen Schemes in their areas, the CIOs also undertake partnership activities with other agencies.

The CIOs also take a lead on managing frequent callers in their areas, and encourage other staff from their complex to get involved in engagement and partnership activities.

The NWOW roll-out will continue during 2010/11, with the introduction of up to 5 further CIO positions.

6. 2012 Olympic and Paralympic Games

A timetable for PPI and public education activity in the run-up to the Olympics has been developed, as well as a method to identify PPI and public education events where Olympic messages can be included.

As part of its plans for stakeholder engagement, an event has been held for representatives from the five Olympic borough LINks, and members of the Olympic programme team are now arranging to attend LINks meetings in those boroughs, to gain a wider perspective on local residents' views.

The Media Resources Unit is working with the Olympic team and external partners to produce of a number of videos to be used to support staff training. These include wheelchair-handling skills, working with people with pre-existing spinal cord injury including aspects specifically related to athletes who are wheelchair users; raising deaf and deaf/blind awareness, and issues for people with learning disabilities.

Within the next six months meetings will be set up to engage with Local Involvement Networks (LINKs) in the five Olympic boroughs. These initial meetings will hopefully enable:

- any key issues to be highlighted
- the community the opportunity to input into key decisions
- the Trust to provide updates to the community on its progress in regard to the planning for the Games

The initial meetings will be quite high level with the aim being to focus on communicating the Trust's public health messages e.g. how and when to the public can contact the service during Games time, what hospital/polyclinic they should to go to and will include key public health messages such as to drink lots of water, wear sun cream etc...

As time goes by, the Trust will be looking to cover issues which are more specific to each of the five boroughs as a result of the changes in their areas being brought about by the Games.

A series of training packages are being developed to enhance staff knowledge of disabilities and improve the standard of care that the London Ambulance Service NHS Trust provides to these user groups. This work will also benefit staff from other UK Ambulance Services who are providing assistance with pre-planned aid for the 2012Olympic and Paralympic Games. A bursary has been applied for from the National Leadership Council which would help the Trust to produce high quality educational material and a practical pocket handbook to aid staff in their work with service users.

The Olympic Games equality impact assessment action plan was reviewed in the last quarter of 2009 and is up to date.

7. Prince's Trust

Two events were held during the year for staff interested in working for the Prince's Trust on a secondment basis. So far, 20 members of staff have been selected for these opportunities. As well as the benefits for the young people involved, releasing staff for secondments to the Prince's Trust provides an opportunity for their own development, and also benefits the Trust when they come back into their core roles.

An event is now being planned for all the Trust staff who have been seconded to the Prince's Trust. At this meeting they will be able to discuss their experiences, and it will be considered how best to use their new knowledge and experience within the Trust, e.g. they may be the ideal group of staff to get involved with knife crime events and other public education activities involving teenagers and young people.

8. Tower Hamlets

As part of the Tower Hamlets project, regular basic life support training sessions are held in local Children's Centres for (mostly Bengali) women with babies and young children. They were set up because there was known to be a higher infant mortality rate in the Bengali community.

Through the PPI team's contacts in the area the team has also been invited to other local health events and recently took part in an event organised for 67 Imams.

Following the implementation of Get the Right Treatment in 2008, the original DVD produced by the Media Resources Unit is being updated. A new DVD for children and young people is also now being developed to show them how to access health services in the area, using a number of scenarios. Students at a local Tower Hamlets school are to be involved in the development of this project.

9. Public Education Strategy

In the last year, the following key elements from the strategy have been achieved:

- The public education staff development programme, which had been piloted between October 2008 and January 2009, was evaluated and rolled out to the second group in October and November 2009. This was extremely successful, and the next course is planned for June and July 2010.

  The aim of the programme is to support and develop staff who are involved in public education work. It is now an eight-day programme, and includes training in presentation skills, risk assessment, equality & inclusion, communication and key messages, deaf awareness, media interviews, policy and resources.

- A new public education resource library has been developed, and is available on *the pulse*. It includes information about regular public education activities (e.g. Junior Citizen Schemes and the Tower Hamlets project), as well as links to policies, lesson plans and the PPI and public education events database. There is also information about the materials available to support staff taking part in public education activities, and about the public education staff development programme.

- A number of new materials and resources have been developed and purchased. These include rulers, 'fuzzy bugs', pens, bookmarks, Oyster-card holders, display banners and new leaflets. Other materials still in development include multi-lingual CPR advice cards, knife crime awareness information and resources aimed at children aged 10-11 years. Children's (and teachers') pages are also being developed for the website, and the Media Resources Unit is looking at the development of a range of educational video resources that can be used on the LAS website and at events and school visits. The unit has already produced video material to support work we are doing around knife crime in Haringey schools.

- Through the public education strategy steering group and PPI Committee, priority target groups have been identified. These include teenagers (e.g. events focusing on knife crime and road safety), children (aged 10-11, when they attend Junior Citizen Schemes), the

Bengali community in Tower Hamlets, people with learning disabilities, people in the Olympic boroughs, Category C patients and people with mental health problems.

In 2010 the PPI team plans to hold an event for people working on knife and gun crime events across London to come together and share information and ideas.

10. Patient Care Conference

The Patient Care Conference was held in January 2010 and focused on the theme of "engagement." The conference was a mixture of plenary and break-out sessions, including the following topics:

- Table discussions about participants' experiences of consultation
- Staff consultation and involvement
- A debate on the value of responding to consultations
- Public accountability in the NHS
- Making experiences count
- Equality and Inclusion
- Measuring the quality of ambulance care
- The 2012 Olympic and Paralympic Games
- Local Involvement Networks (LINks)
- Patient Transport Services
- New Ways of Working
- The role of a Foundation Trust governor

Feedback about the event was generally very positive, with most delegates finding the conference informative and enjoyable.

8.2. LEARNING DISABILITIES WORKING GROUP

In 2009 a short-term working group was set up to look at how how the Trust can best manage patients with learning disabilities, addressing identified needs and any gaps. Representatives on this group were from the medical directorate, patient experience, communications, patient and public involvement, Olympic planning office and equality & inclusion. The following issues were important to shaping the strategic direction of this group:

- “Death by indifference” (March 07)
- “Healthcare for all” (2008)
- Care Quality Commission findings
- Comments from the Southwark Learning Disabilities Partnership Board (09)

The main areas intended for the group to address were:

- Staff education and development
- Accessibility of information

- Partnership working
- Data capture
- Fulfilment of the Trust's equality & inclusion requirements

In June 2010 a presentation will be made to the Quality Committee informing senior managers of the work undertaken and proposals for CPD training. The status of this Learning Disabilities group will then be determined.

8.3.EMERGENCY BED SERVICE

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.

EBS has recently taken over the role of processing the Trust's Child Protection and Vulnerable Adult Safeguarding process. The department is still at the stage of developing a reporting and governance structure for this process, and it will form part of any future EBS diversity report.

EBS Service Summary 09-10 By Gender

	Total inquiries	Male	Female	Unknown
GP Referral Service	2166	925	1241	
Adult Intensive Care Service	1087	596	395	96
Paediatric Bed & Cubicle	2102	1138	899	65
District Nursing	7354	Not recorded	Not recorded	

EBS SERVICE SUMMARY 09-10 BY AGE RANGE

	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90+	unknown
GP Referral Service	21	50	128	137	196	209	286	476	516	147	0
Adult Intensive Care Service	26	17	48	66	124	161	193	180	85	6	181

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 PCTs) and does not include age, gender or disability.

8.4.THE PATIENT TRANSPORT SERVICE

No data for take-up in 2009-10 was available from this service.

Although the PTS system has the ability to record ethnic diversity for all patients conveyed by the service and the data is asked for both on the paper and electronic booking forms from customer Trusts, very few customers actually provide the data. Barriers around this stem from information available at the time when the booking is being made, patients being reluctant to provide this in the first instance, and a wide range of different NHS staff both clinical and admin-based making the bookings, which creates inconsistencies in the individual bookings made from the multiple sites the Trust serves across London.

Possible ways to obtain this data in future are:

• the department could do a secondary research via hospitals themselves (where it holds a contract) to see what mix their patient groups were and proportionately derive a figure for PTS (which of course would be an approximation and not an accurate view of the patient group);

• Alternatively PTS could directly ask patients or carers, although some patients may be afraid of providing this information in their worry that releasing this information might be used to discriminate against them – were the Trust to take this action, permission would need to be sought from the customer Trusts.

In terms of what can be done to improve the data collection over the coming year:

• The service has now started to use a web-based system of e-booking for all patient journeys. This is being rolled out to all LAS Contracts during 2010/11 and gender and ethnic data can be made mandatory fields for the bookings; however, the department would need the approval of the individual Trusts to implement this part of the process;

• A data matching exercise could be undertaken against hospital records with hospital buy-in; however, this could prove both time-consuming and costly for both LAS and the other Trusts;

• The ideal solution would be an interface between LAS's systems and individual hospitals, to enable LAS to automatically access hospital data, which is an option which has been looked at over a long period. However, this is unlikely to happen in the near future. The NHS data spine would prove a good solution, but this is also unfortunately unlikely to happen in the near future.

8.5. 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 will be introduced into the Control Centres in February 2011. The CTA PSIAM links will not be introduced in February 2011 as the specifications have not been finalised. It is envisaged that the technological solutions will be realised late 2011, or possibly early 2012 during the 2nd or 3rd phase/release.

The LAS Management Information department is also unable to access this data for the same reasons. CTA are hopeful that the new release will be tested and made live by end May 2010.

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 on the current and future years, balanced against the need to ensure no adverse impact on performance.

8.6. COMPLAINTS & PATIENT EXPERIENCES DATA (FORMERLY PALS)

Complaints

Unfortunately, not much progress in reporting has been achieved since the previous year. Equality strand information is still minimal, rendering any analysis unreliable and potentially unrepresentative.

A reminder has been issued to the departmental team to ensure data is recorded when returned, and this process is enshrined in the departmental operational manual. However, it remains the case that public compliance is voluntary and there are no means at the department's disposal to compel completion of monitoring returns. Neither is there a facility to capture monitoring data according to presenting condition, for example mental health , which is not a feature of the case management system. The position also represents a significant drain on Trust resources as the process involves extensive postage costs.

Discussions have been held on this with various networks including national ambulance Complaints & PALS Group and London Safeguarding Adults Network (comprising, 32 x local authorities). Unfortunately, the position is common to all the participating agencies.

The only possible solution to improve the position is for information to be gleaned from other sources, for example the PRF, hospital records etc, and for a dedicated officer to exclusively pursue enquiries with the complainant etc, who of course is not necessarily the patient involved. This would require additional resourcing as the department has no capacity to undertake this.

COMPLAINTS

465 Complaints
209 received from women (45%)
185 received from men (40%)
71 where gender not specified (15%)

48 received from white British (10%)
17 from black & ethnic minority (4%)
400 where ethnicity not specified (86%)

Complainant Age Bracket	Number	%
21-30	4	1%
31-40	6	1%
41-50	2	0%
51-60	3	1%
61-70	3	1%
71-80	2	0%
Not Stated	445	96%
Total	465	

PALS Cases
1843 received from women (24%)
1373 received from men (30%)
2442 where gender not specified (40%)

PALS Age Bracket		
21-30	11	0.2%
31-40	59	1.0%
41-50	17	0.3%
51-60	12	0.2%
61-70	8	0.1%
71-80	4	0.1%
81-90	5	0.1%
Not Stated	5558	98.0%
Total	5674	

The subjects of complaints and PALS cases are broken down below, and include percentages of totals:

EM Report	Code	Total	Percentage of Total
COMP	Aggregating Factors	2	0.4%
	Attitude & Behaviour	148	32.2%
	Clinical Equipment	5	1.1%
	Clinical Incident	2	0.4%
	Conveyance	19	4.1%
	Delay	91	19.8%
	Driving	23	5.0%
	Frequent Callers	1	0.2%
	Information	1	0.2%
	Locality Information	2	0.4%
	Lost Property	1	0.2%
	Non-Conveyance	75	16.3%
	Not Our Service	14	3.1%
	Serious Untoward Incident	1	0.2%
	Treatment	67	14.6%
	Use of Sirens	7	1.5%
	Total	**459**	
PALS	Access	32	0.6%
	Aggregating Factors	10	0.2%
	Appreciation	76	1.3%
	Attitude & Behaviour	51	0.9%
	Clinical Equipment	7	0.1%
	Clinical Incident	146	2.6%
	Communication	59	1.0%
	Conveyance	54	1.0%
	Delay	165	2.9%
	Dignity & Privacy	1	0.0%
	Driving	40	0.7%
	Explanation of Events	134	2.4%
	Frequent Callers	144	2.5%
	Information	2221	39.1%
	Locality Information	16	0.3%
	Lost Property	703	12.4%
	Medical Records	400	7.0%
	Non Clinical Equipment	4	0.1%
	Non-Conveyance	40	0.7%
	Not Our Service	12	0.2%
	Other	57	1.0%
	Patient Specific Protocol	19	0.3%
	Policy & Procedure	71	1.3%
	Referred Local Authority	2	0.0%

	Safeguarding	104	1.8%
	Serious Untoward Incident	57	1.0%
	Social Services	282	5.0%
	Solicitors Enquiry	735	12.9%
	Treatment	2	0.0%
	Unknown	5	0.1%
	Use of Sirens	30	0.5%
	Total	**5679**	
Grand Total		6138	

8.7. PATIENT PROFILING

A total number of 1019163 incidents were recorded from April 2009 to March 2010. Of these a total of 500,412 were from women, 487,961 from men (for 30790 no gender was stated). The BME communities with the highest number of incidents raised were Black African (18,337), followed closely by Black Caribbean (17,573) then Other ethnic groups – Chinese (10,836). The most prevalent age ranges were 21-30, followed by 31-40 then 80-90.

This year has seen a slight improvement in the NULL line, which has fallen by ca. 52,000 since last year. This is where no entry has been made on the PRF, but there is more work to be done in this regard with staff training and awareness during 2010-11. 1,635 more people have agreed to answer the questions as compared to the same time last year, which is a small step in the right direction. Categories of ethnicity have broadly stayed the same and there are no trends that cause concern.

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.

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 the staff, patients or service users, accessing their service areas. Difficulties in capturing equalities information are common to most Trusts and other public sector bodies. This is an incremental exercise in particular in regard to two of the three additional equality strand groups. The Mayor's 2009 State of Equality Report has highlighted for a "continuing serious lack of data on religious groups, LGB(T) and linguistic minorities. The 2006 Annual London Survey included responses from the lesbian and gay community for the first time, and 2007 was the third year of responses

from religious groups. However, sample sizes are often too small to consider data on religious groups."

With the new equalities monitoring categories the Trust now has a clear way forward on capturing equalities monitoring information:

- For employment and training through the inclusion of the six equality strand categories in the Trust's New Starter form and through the forthcoming data refresh exercise of all current Trust staff;
- For service delivery & engagement with patients and service users – through the new equalities monitoring proforma, which can be easily attached to any customer satisfaction questionnaire and potentially incorporated into patient records

Over the coming year the Trust will need to consider how it best seeks to capture equalities information from its patients and service users. There are some clear logistical problems related to the capturing of equalities data in certain service areas, as highlighted in the report. However, this is an area that the Trust will need to make progress on and service managers will be asked to consider how this can be best progressed within their service areas. 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, including work to produce a new interpreting and translation policy for the Trust. The Patient Conference, held in January this year, had as its specific focus Engagement and two workshops were held by the Equality & Inclusion Team with patients, service users, staff and stakeholders to identify what priorities they had for inclusion in the new Trust Equality & Inclusion Strategy. A new Equality & Inclusion Steering Group, comprising Directors, Heads of Service, non-Executive Director, Patients' Forum/LINks and staff side representation, was set up in November 09 to oversee the work of the Trust on equality & inclusion for the future.

With the new Equality & Inclusion Strategy 2010-2013 the Trust has a clear strategic framework for its equality & inclusion work over the next three years. This new strategy will ensure compliance with the new Equality Act and encourage the involvement and engagement of our patients, service users and partners in the ongoing equality & inclusion work of the Trust. The strategy is complemented by a new Equality & Inclusion Training Programme, which has been drawn up, to equip Trust staff with the knowledge and confidence to provide world class health care to one of the most diverse communities in the world.

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:

- The resourcing, IM&T systems, protocol sharing requirements highlighted in this report by respective service managers as being obstacles to the collection of comprehensive, robust equality data in their service areas be looked at urgently by respective Directors and Heads of Service to identify a positive and practical way forward;

- Directors and Heads of Service resource the actions identified in the Equality & Inclusion Action Plan, to enable the Trust to progress its strategic equality & inclusion goals;

- the PDRs of all Trust staff include equality & inclusion objectives through KSF;

- the Trust considers new ways of finding out staff satisfaction with the Trust as an employer, including career development, by equality strand groups;

- Directors and Heads of Service encourage and enable their staff to access the new equality & inclusion training programme to be rolled out across the Trust;

- Directors and Heads of Service actively support staff who join the new Staff Diversity Forums, in order to enable their active participation on behalf of the Trust in future equalities initiatives.