LONDON AMBULANCE SERVICE NHS TRUST

ANNUAL EQUALITY REPORT 08- 09

1 INTRODUCTION

1.1. The last Annual Equality Report for the Trust, covering the period from April 1 2007 to March 31 2008 retrospectively, was presented to SMG in January 2009.

1.2. The timetable for all future reporting will be in May each year, to ensure timely reporting on the previous year's progress, from April to March.

1.3. The report will continue to be published on the LAS website and be made available on request in community languages and alternative formats to our customers and stakeholders, including the Patients' Forum.

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 2008 to March 31 2009.

2.2. Within the two months' gap from the previous report every effort has been made to obtain more robust statistics, quantitatively and qualitatively on each of the key functions and service areas of the Trust. However, given the necessity of a fundamental systems review in certain key areas of the Trust, some of the major improvements required to the collection, monitoring and review of data are not to be expected to take effect until the coming year.

2.3. The implementation of a new equalities monitoring approach this year, which will entail a fundamental review by all service managers and function holders on how they currently collect, monitor and review equalities data in their specific areas, as required by existing equalities legislation and the new Equality Bill, should facilitate clear enhancements in reporting for the next Annual Equality Report, covering the period from April 1 2009 to March 31 2010, to be reported to SMG and thereafter the Trust Board from May 2010.
from April 1 09 to March 31 2010.

2.2. Key Recommendations from Annual Equality Report 07-08

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

- A standard monitoring template for the collection of equalities monitoring data is being drafted, to be used by each service area across all its functions, activities, employment & training & engagement

practices. A report on this will go to SMG in July and thereafter the Trust Board.

- A survey is being drawn up to seek the views of staff on the possible establishment of new staff diversity networks.
- LAS has now joined the Employers Forum on Age and the Employers Forum on Belief; discussions have also been held with the Employers Forum on Disability, which LAS had joined previously, to promote dissemination of best practice on recruitment and retention of disabled people.
- An initial meeting has been held with Stonewall and an application for assessment of LAS against the Stonewall Workplace Equality index of the top 100 UK employers will be made this year before the deadline in September 2009.
- Management information processes are being looked at with a view to facilitating improvements to this for next year's reporting, with service managers and function holders beginning to look at trends in their respective areas, to identify areas of concern and progress.
- Benchmarking with other ambulance services is currently underway through involvement in the National Ambulance Association Diversity Forum and also through a questionnaire survey of other Ambulance Trust practice on equality monitoring.
- The Equality & Diversity Team are meeting with the Recruitment Manager and Communications Team to devise a strategy of initiatives targeting under-represented groups, including use of advertising media and involvement in recruitment events, schools & careers days and other external initiatives and to produce a specific strategy for addressing areas of under-representation.
- Meetings are underway with the Communications Team to discuss a PR campaign, aimed at promoting the service as an employer of choice for black and minority ethnic people, disabled people and women and members of other under-represented groups and this campaign will be launched later this year
- The Equality & Diversity Team are drafting the free profile 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

2.3. Other key initiatives

- To ensure the Trust's ongoing compliance with its duties under existing equalities legislation and its preparedness for the requirements of the forthcoming Single Equality Act, a new generic Single Equality & Diversity Strategy is being drawn up, which will take forward the work from the previous Race, Disability & Gender Equality Schemes and build in the three new additional strands of age, religion and belief and sexual orientation.
- All current equality impact assessments are being published on the LAS website and a new three-year schedule of equality impact

assessments of LAS policies, procedures, strategies & functions will be published shortly.

- ❖ A review of all the current equality & diversity training programmes within the Trust will be undertaken this year, covering induction, managers' and team leaders' training and recruitment & selection training, with a view to integrating and mainstreaming this training wherever possible and to identifying any further essential training required, which will assist the Trust in delivering its key aims and objectives.
- ❖ A separate report is going to this meeting of SMG, seeking SMG's approval for a new strategic approach to LAS involvement in key equalities initiatives, which will assist the Trust in meeting its duties on engagement under existing and forthcoming legislation as well as promoting the Trust as an employer of choice and leading practitioner organization on equality & diversity.

3. GOVERNANCE

3.1. The Trust is fully compliant with the core standards C7e – Healthcare Organisations challenge discrimination, promote equality and respect human rights - in 2008/09.The Clinical Governance Committee, which is a sub-committee of the Board, receives reports from the Equality and Diversity Manager who is a member of the Strategic Steering Group and Patient Public Involvement Forum of the Trust.. The Non-executive Chair of the Clinical Governance Committee provides the scrutiny and focus for equality and diversity. The Governance team ensures that all policies and procedures are assessed for Equality Impacts and these documents are published on the Trust website.

4. LAS WORKFORCE DIVERSITY PROFILE

4.1. LAS WORKFORCE PROFILE 2007-8

In the last Annual Equality Report, presented to SMG and the Trust Board in January 2009, covering the year April 1 2008 to March 31 2009, the LAS workforce was made up of 8.6% BME staff and 39.7% women, with no statistics available on the percentage of disabled staff.

4.2 LAS WORKFORCE PROFILE 2008-9

From April 12008 to March 31 2009 LAS staff comprised:
9% BME staff, a slight increase on the previous year's figure (although well below the Census 2001 estimate of 28.8%)
and 41% female, also representing a slight increase on last year's figure, but again not representative of the Census 2001 estimate of 51%.

As was the case in the last report for 2007-2008, again there are no statistics available on disabled staff. Disability status information needs to be entered onto each individual's HR record in order for these statistics to be available.

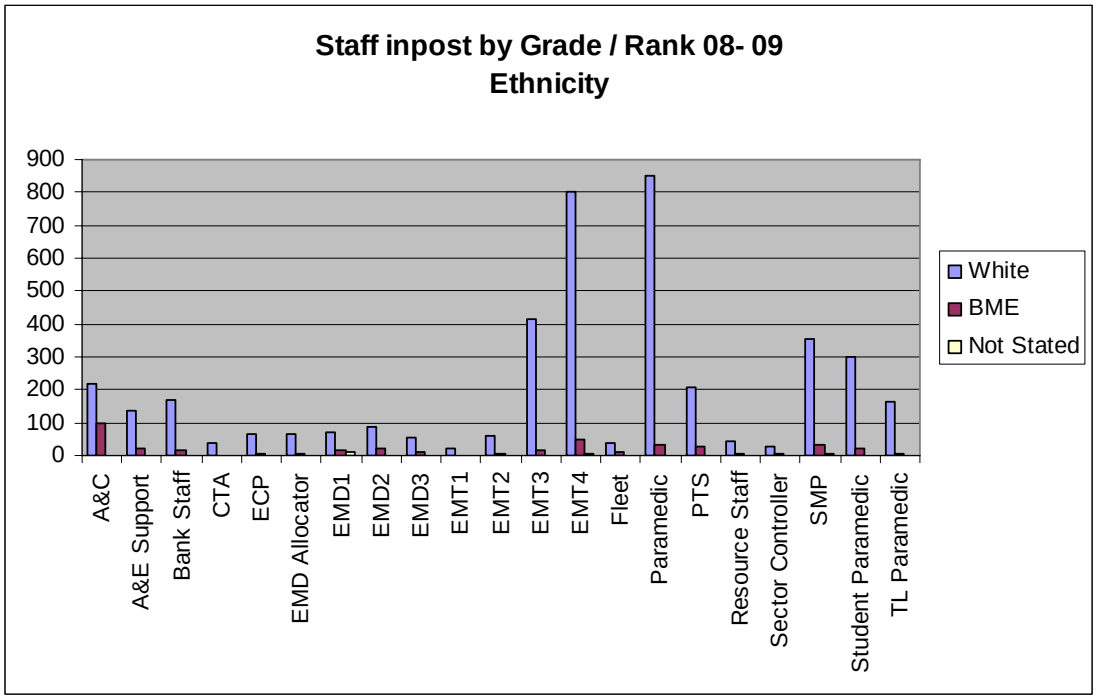
Currently, there is no facility for individuals to "self-serve" their own HR record, without this facility, it would require staffing resources within HR to

update all LAS staff records.

4.3. LAS PROFILE BY ETHNICITY

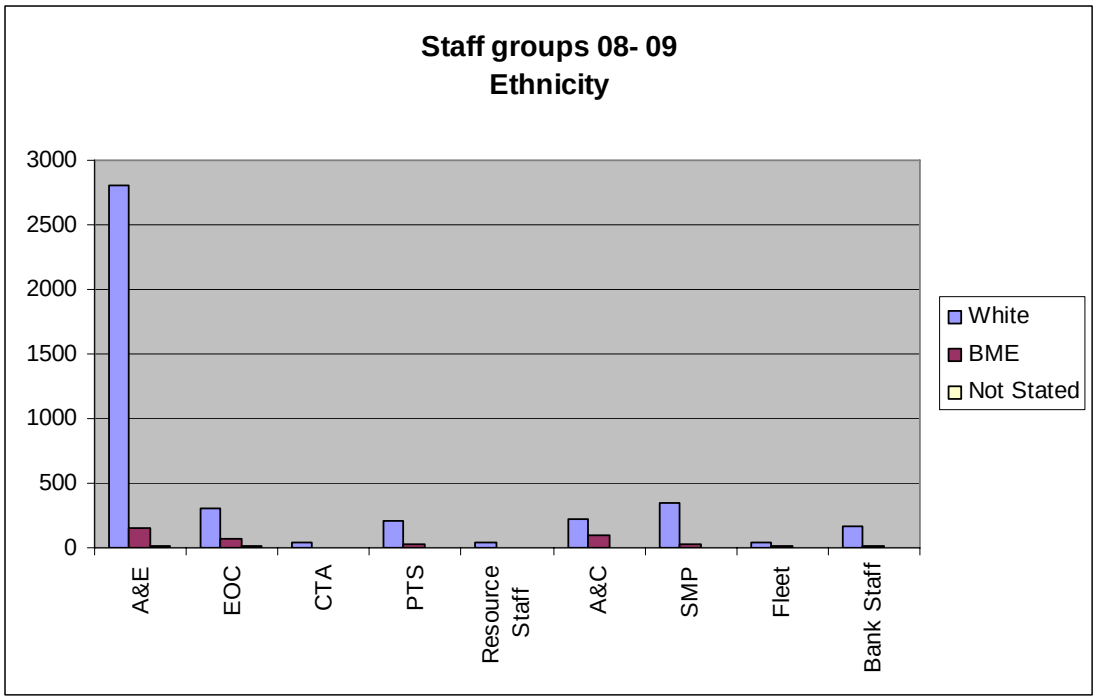
REPRESENTATION BY STAFF GRADE/RANK

The staff grades/ranks with the most representation of BME staff are A&C (25.7%), EMT4 (12.6%) and Paramedics (7.9%), as shown in the chart below:



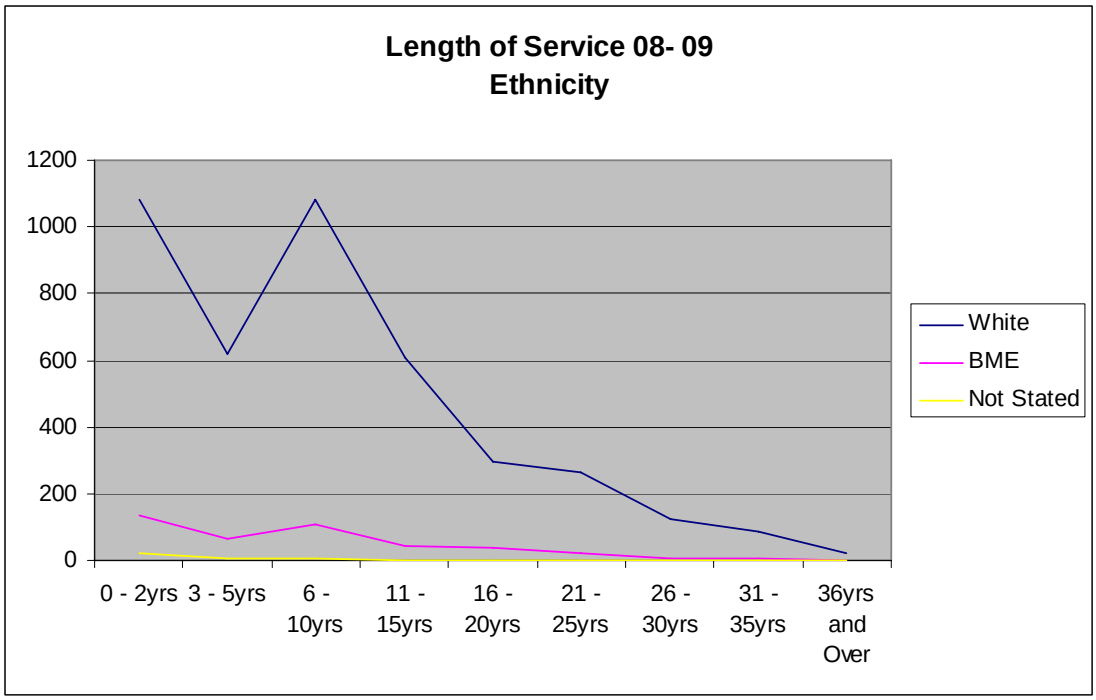
REPRESENTATION BY STAFF GROUP

Overwhelmingly, the greatest representation of BME staff falls in A&E (36.6%), followed by EOC (15.3%) and A&C (24.5%). 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%.



LENGTH OF SERVICE OF BME STAFF

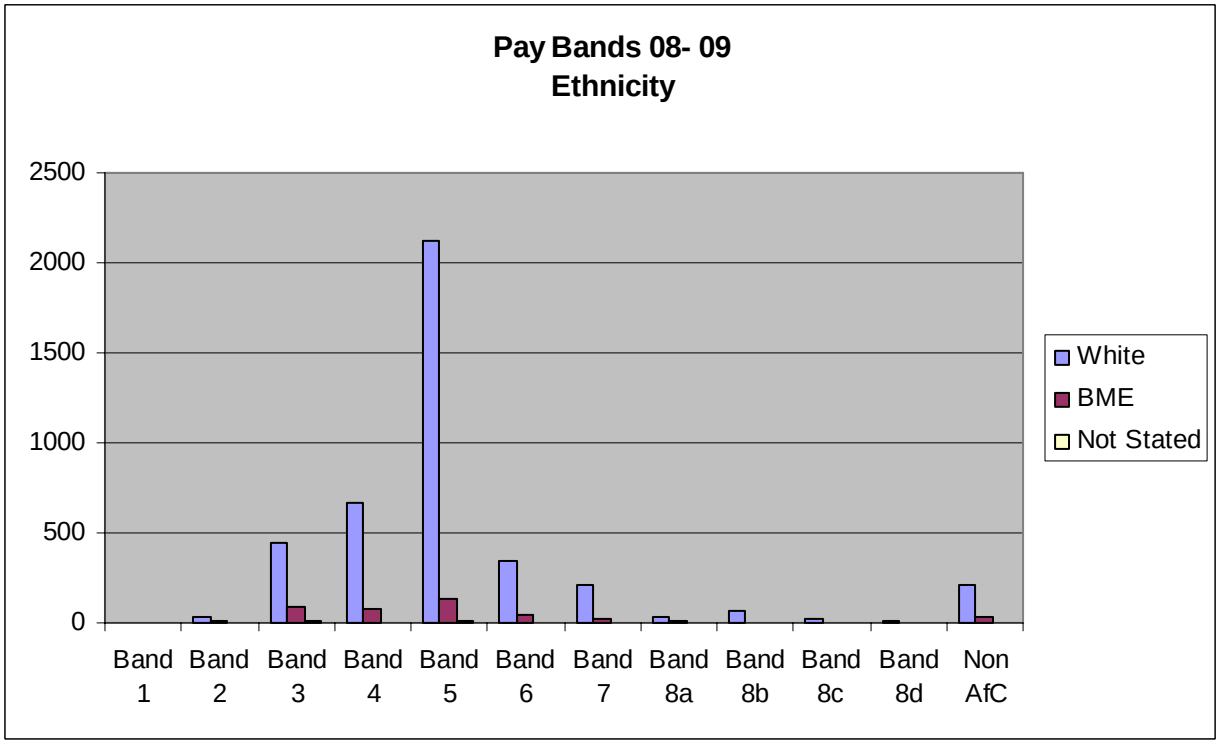
50% of BME staff have only up to two years service, with 13.6% between 3 and 5 years and 18.2% between 6 and 10 years, with the numbers of those with longer length of service tailing off rapidly after this. The preponderance of BME staff in the 0-10 years of service range (over 80%) may well be due to the recent attempts by LAS to actively recruit staff from the BME communities and may indicate the effectiveness of some of the recruitment initiatives. However, this statistic needs to be monitored to ensure that there is an increase in overall length of service of BME staff and that the BME staff recruited following successful recruitment initiatives stay and progress in the service.



REPRESENTATION BY PAY BANDS

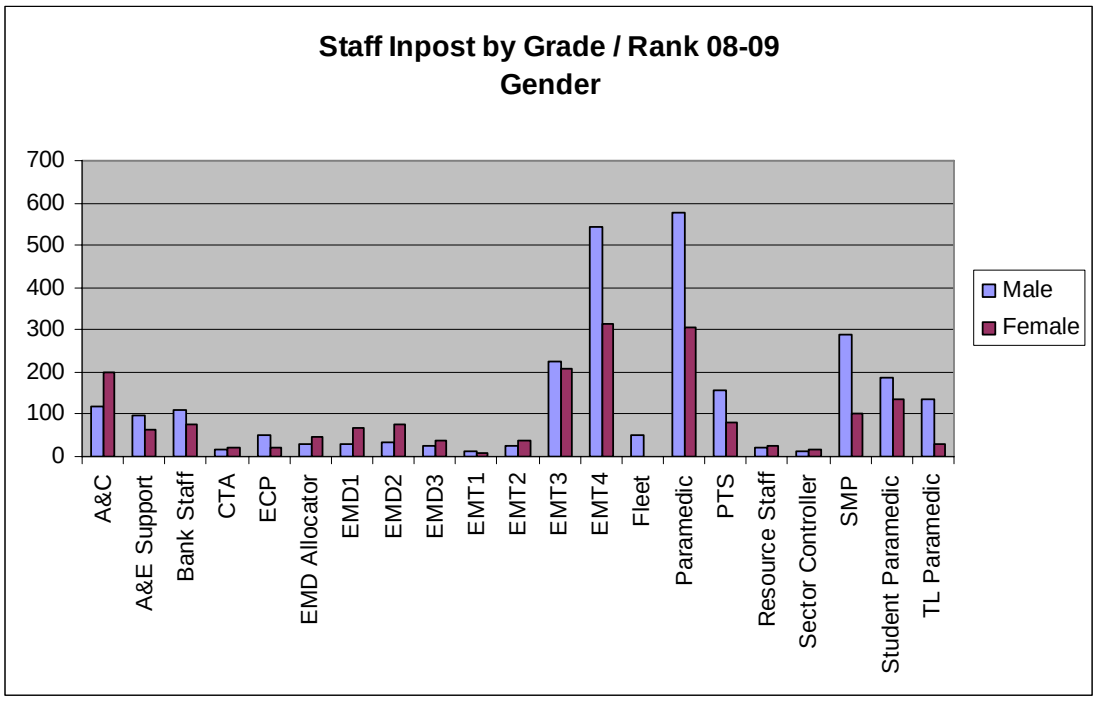
The Healthcare Commission's "Tackling the challenge – Promoting race equality in the NHS in England" report (March 2009) estimated that BME staff represented 16% of the total workforce, with fewer than 10% of senior managers being BME staff. With regard to last year's LAS diversity profile, there were 15.3% BME staff graded at Senior Management grades (Band 7 +) in the Trust, almost on a par with the NHS-wide representation, which is still significantly less than the Census estimate.

Targeted work needs to be undertaken by the Trust to increase representation by BME staff at senior grade level. An internal "Breaking Through " programme and the development of a new Talent Management programme are two initiatives, outlined later in this report, which may help to address this under-representation.



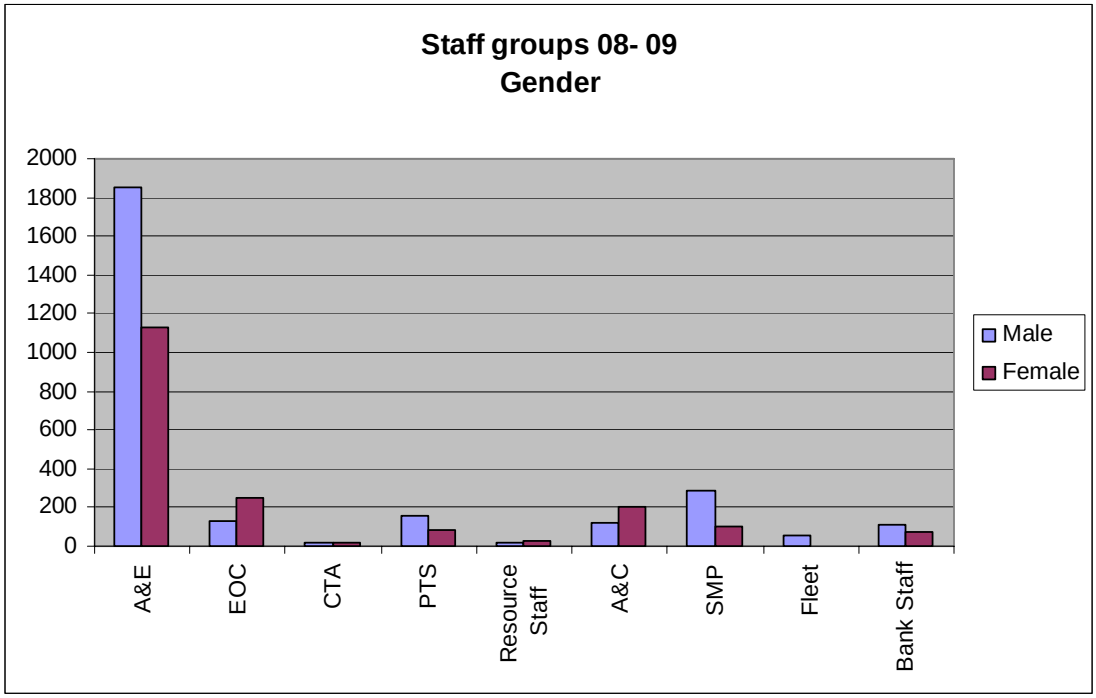
LAS PROFILE BY GENDER
REPRESENTATION BY STAFF GRADE/RANK

The highest representation by staff grade/rank by women is at EMT4, Paramedic & EMT3 grades, as shown by the chart below.



REPRESENTATION BY STAFF GROUPS

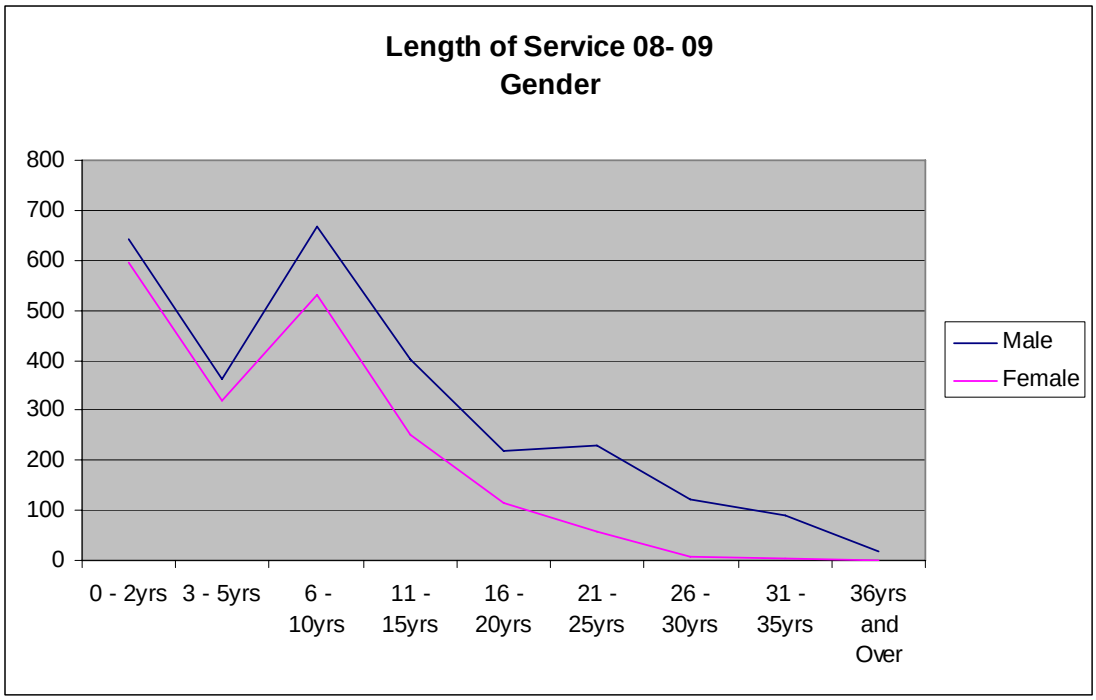
The highest representation in the workforce by women was found to be overwhelmingly in A&E (59.2%), followed by EOC (13.1%) and A&C(10.8%).



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

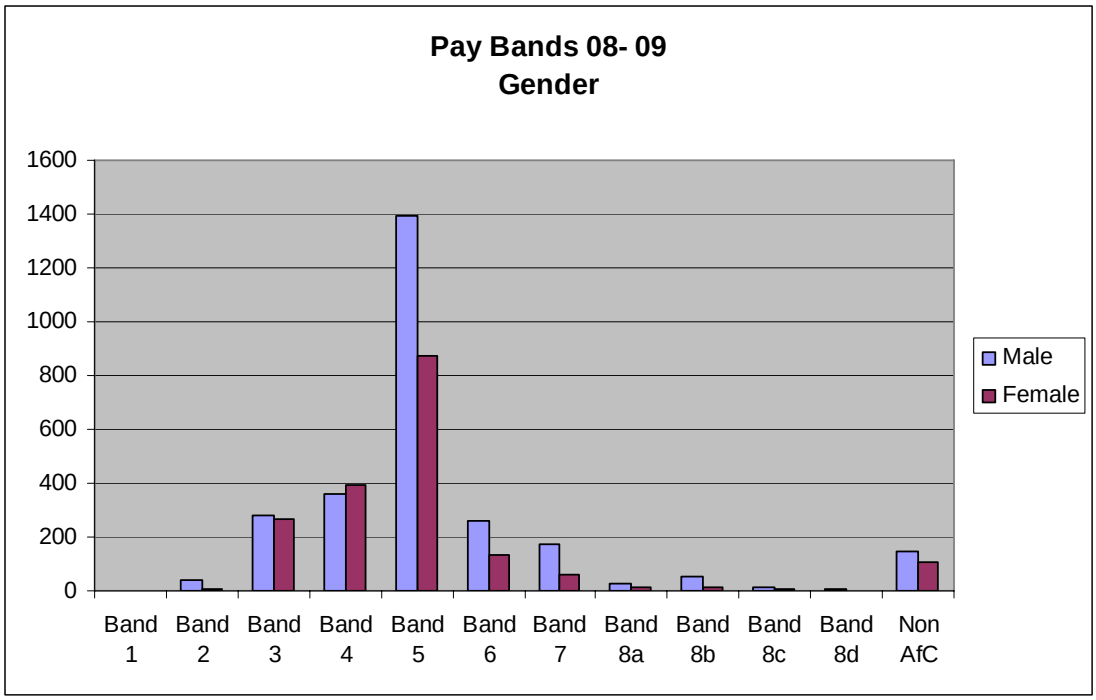
The chart below shows the difference in length of service by gender. Most staff, women or men, have length of service status between 0 to 2 years or between 6 and 10, with length of service for both sexes and even more so for women tapering off rapidly after that. The reasons for the clear trend in staff leaving the service after 10 years need to be looked at in more closely and, apart from Staff Survey questions, systematic exit surveys need to be carried out in each service area to identify any areas where there are retention issues.



PAY BANDS BY GENDER

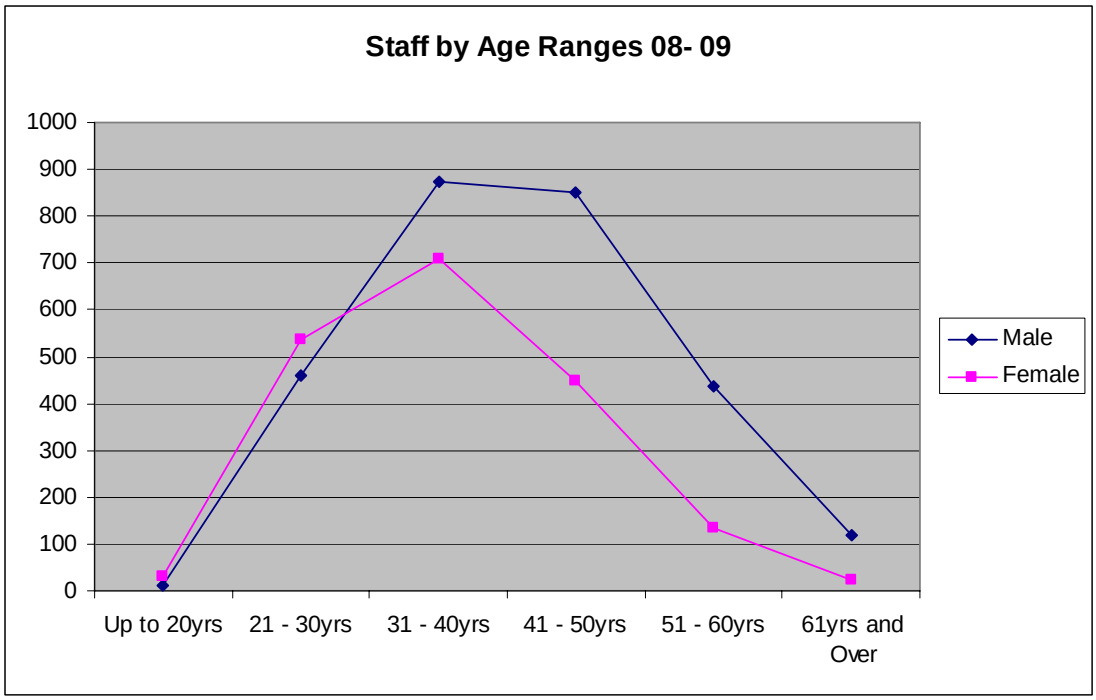
The overwhelming majority of women in the service are paid at Band 5 level (45.5%), followed by Band 4 (22.1%) and Band 3 (14.1%), with only 11.1% being paid at senior grade level, which is even less than the equivalent for BME staff. Given that women make up 41% of the current LAS workforce, this constitutes 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. The forthcoming requirement on LAS, along with other public sector bodies, to publish the results of its pay audits, will put equal pay issues and any existing or potential occupational segregation issues under further scrutiny.

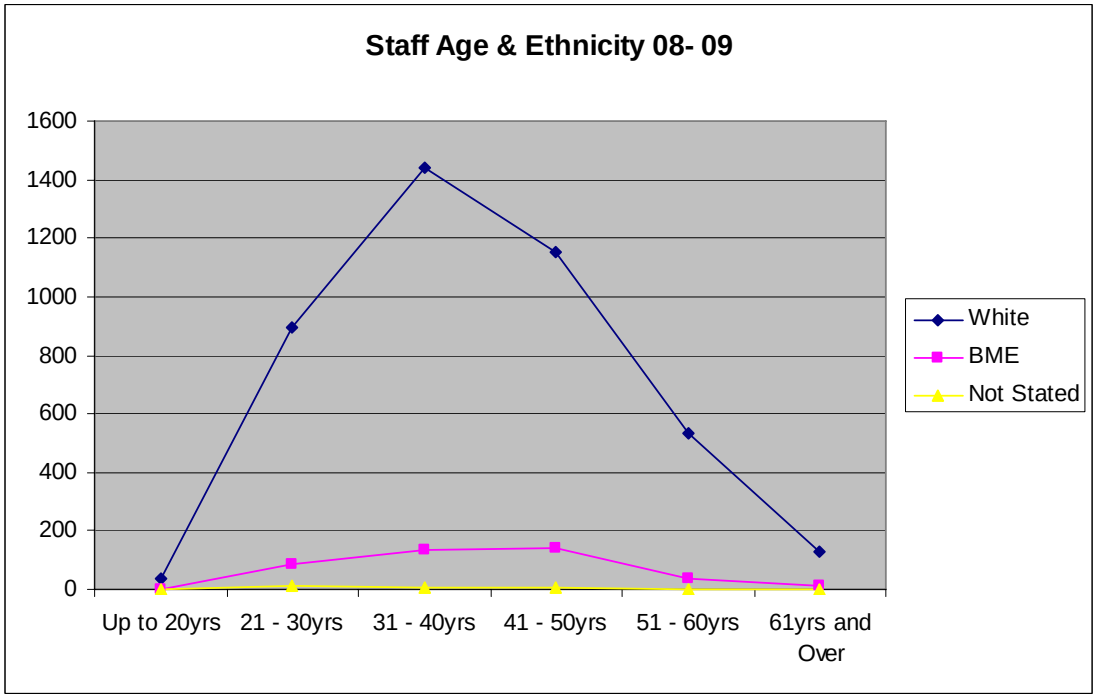
Increasing the representation of women, along with BME staff and disabled staff, will be one of the key aims informing the targeted recruitment initiatives being planned for this year and beyond.



4.5. LAS AGE PROFILE

As shown by the charts below, 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%).



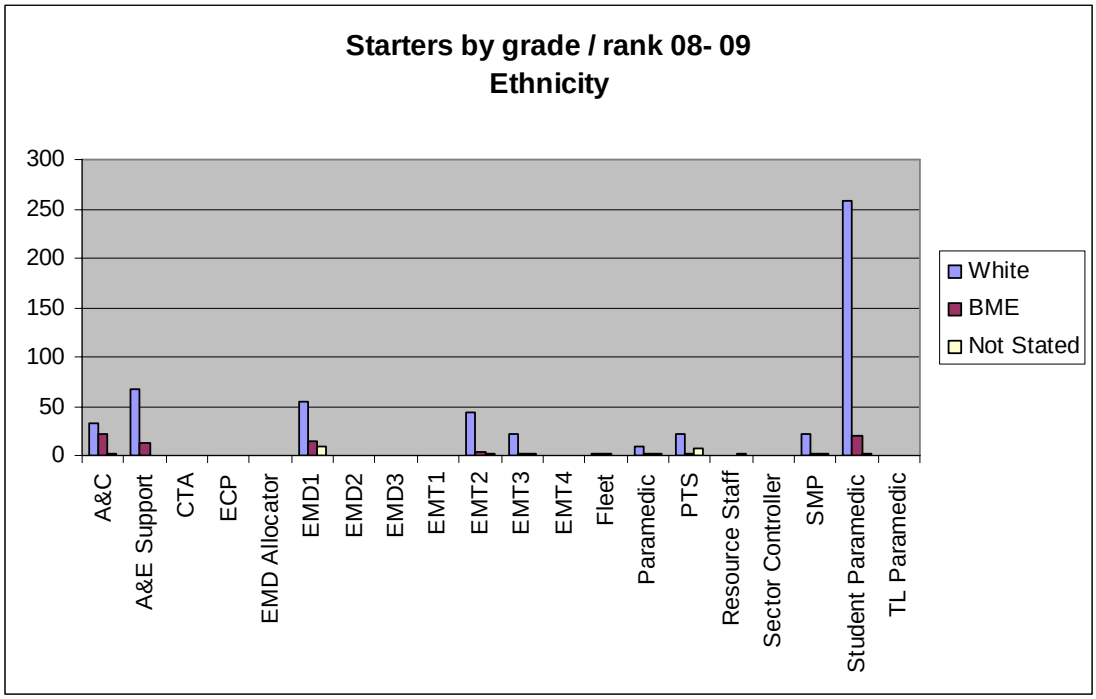


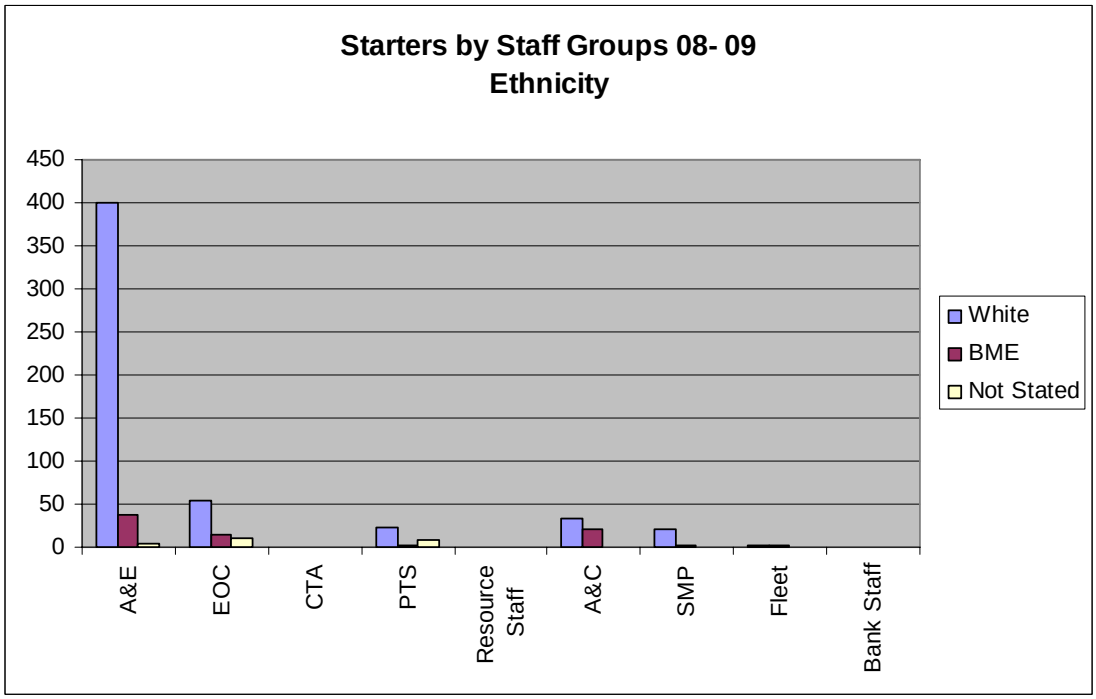
4.6. NEW STARTERS

In the last year there were a total of 640 new starters. of whom 80 (12.5%) were black and minority ethnic staff, which constitutes an increase on the 08-09 workforce profile representation, and 293 (48%) were women, which also constitutes an increase on the 08-09 figure.

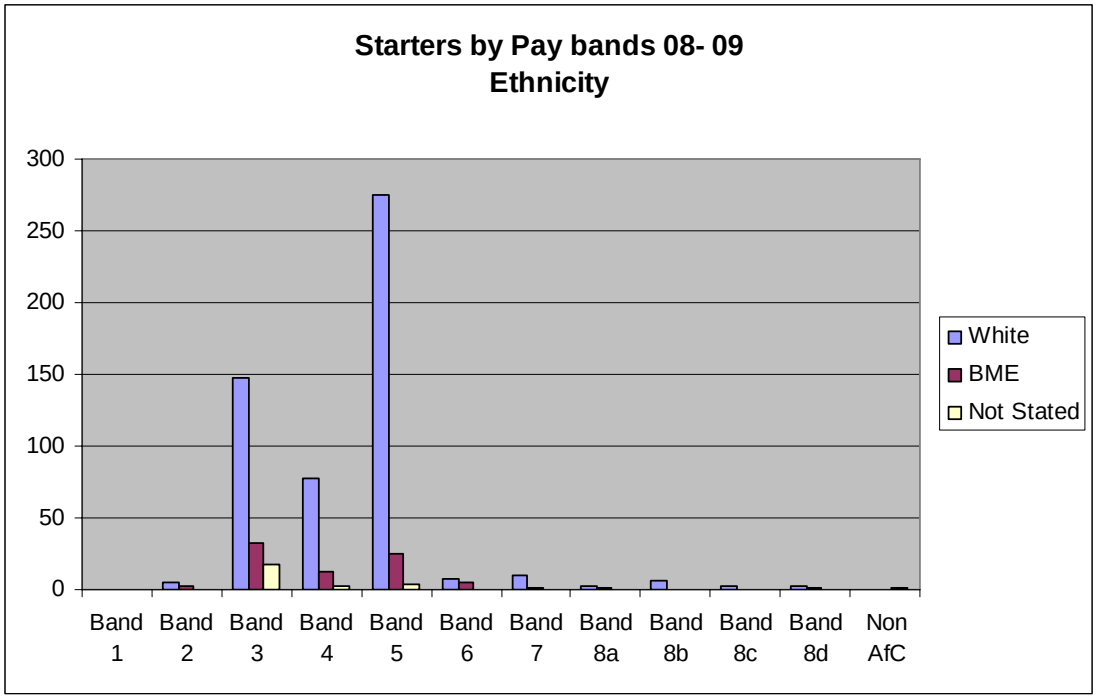
LAS STARTER PROFILE BY ETHNICITY

The majority of black and minority ethnic people starting with LAS started in A&C, were student paramedics or EMD Allocators, with A&E, A&C and EOC being the departments with the most take-up, as the charts below demonstrate.



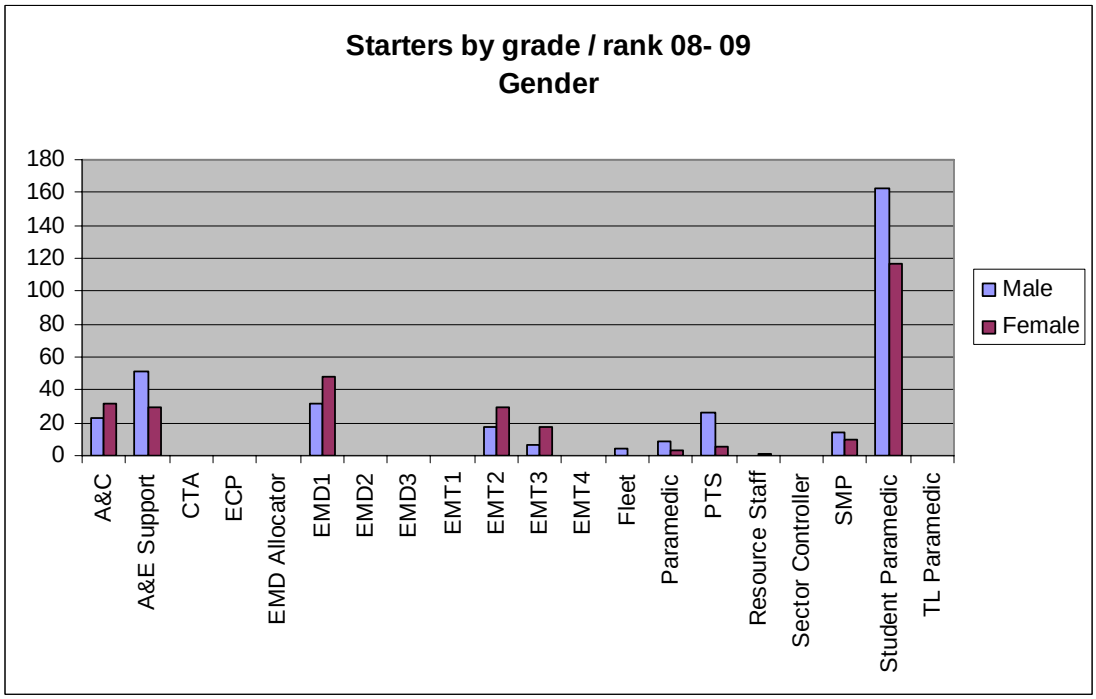


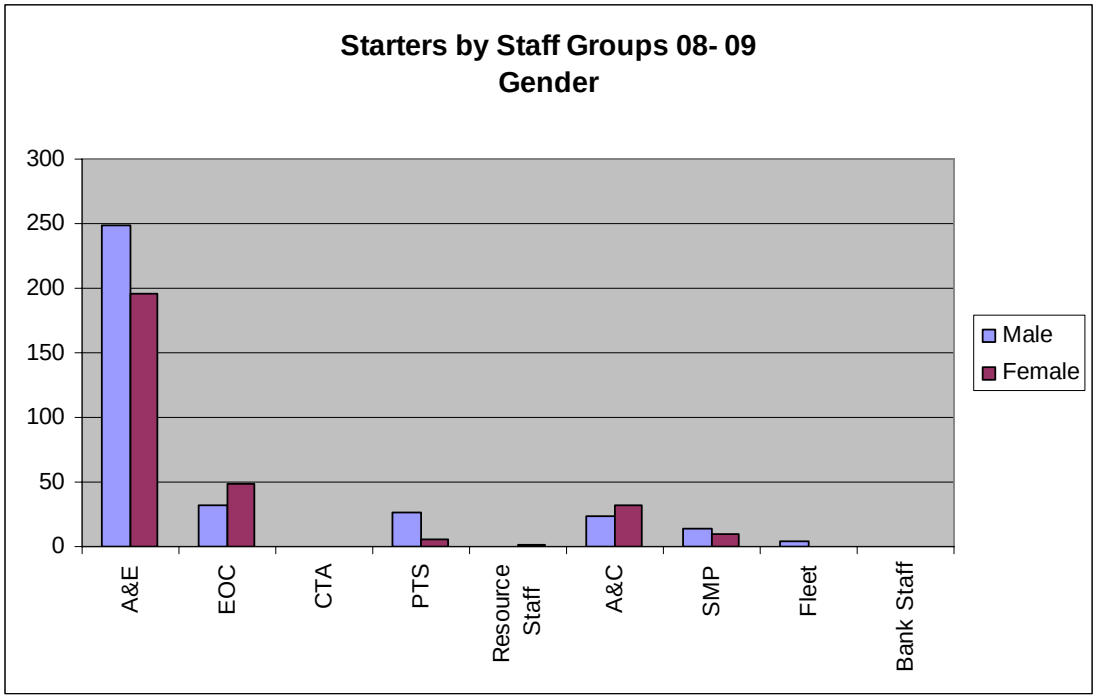
The majority of bme starters in the last year started on Band 3, 5 and 4 respectively, in order of prevalence , with only 3.75% starting at Senior Grade Level. The 08-09 workforce profile had Bands 5, 3 & 4 as the most prevalent bands.



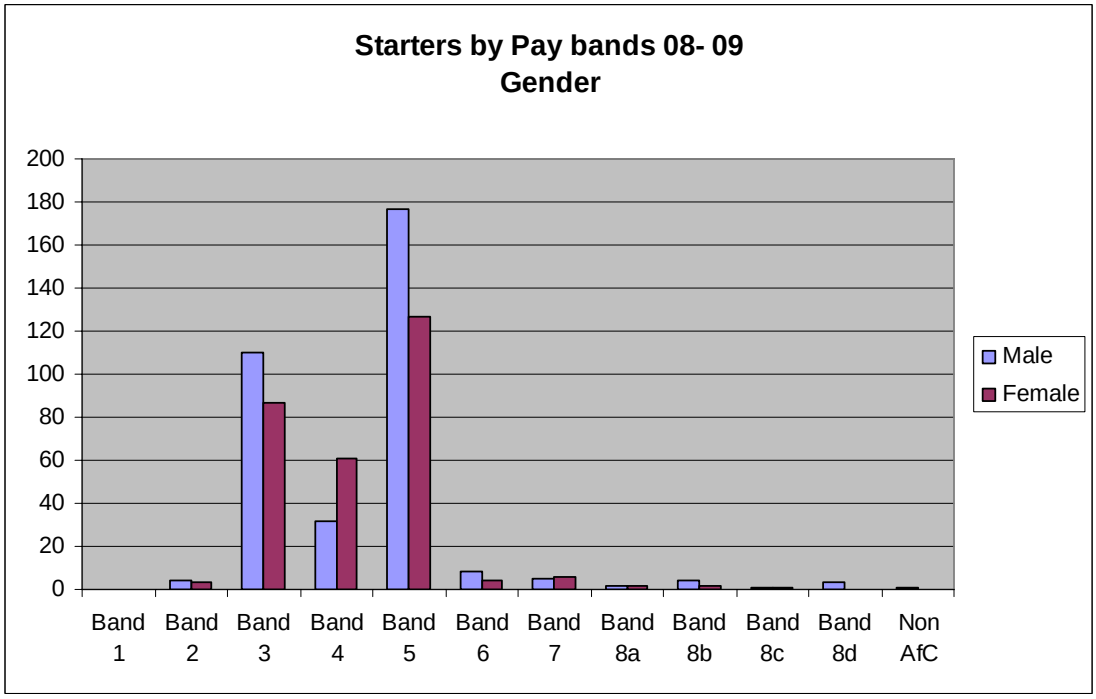
LAS STARTER PROFILE BY GENDER

The majority of new women recruits were started as EMD1s, followed by in A&C and as EMT2s, with A&E taking the overwhelming majority of recruits, followed by EOC and A&C, as the charts below illustrate:



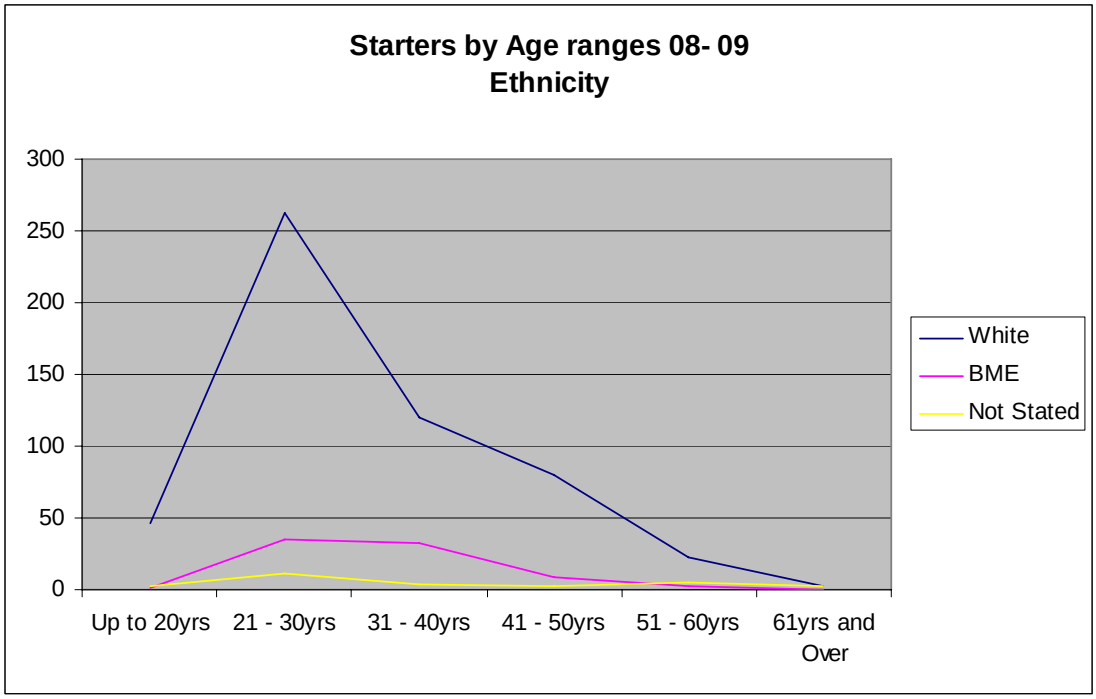


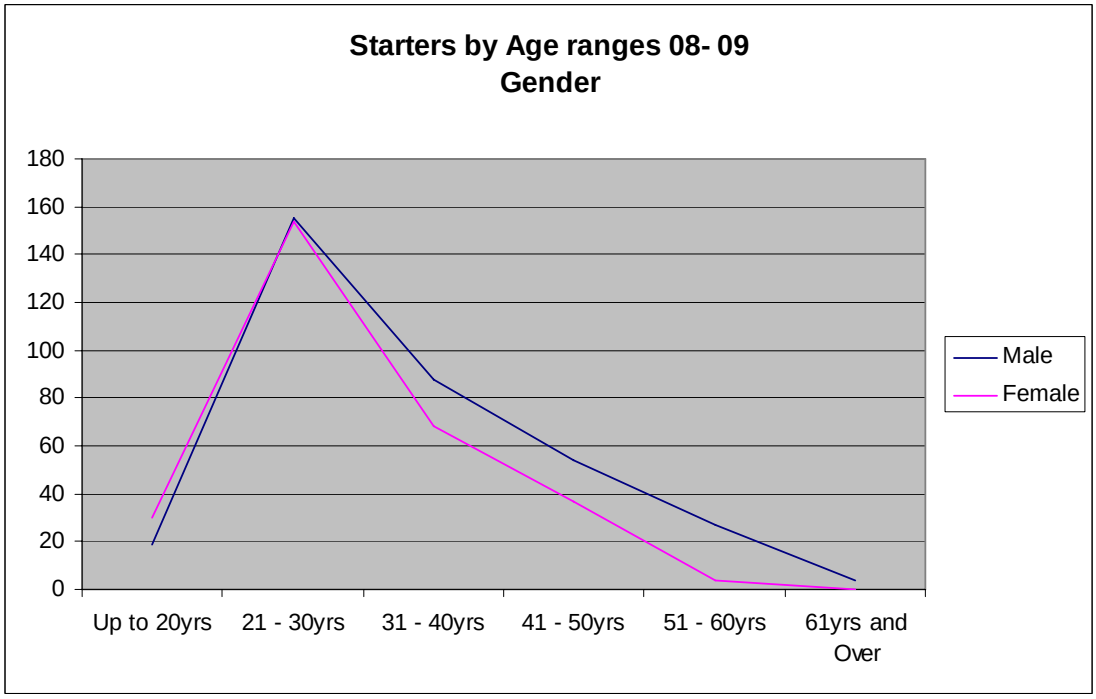
In terms of pay banding, the majority of women started in Band 5, Band 3 or Band 4, with only 31% of women starting in senior grade pay bands. The 08-09 workforce profile showed Bands 5, 4 and 3 to be the most prevalent.



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:





LAS STARTER PROFILE BY DISABILITY STATUS

No information is available on the number of disabled people starting with the Trust. As with the workforce profile statistics, this requires urgent attention, to ensure the Trust can demonstrate its compliance with the Disability Discrimination Act 2005 as well as under the new Equality Bill.

Suggested remedial action to address this includes implementation of a new equalities monitoring proforma, updating of staff and patient profile records and an updating of the LAS recruitment application form, which has already been amended to make it more accessible and welcoming of disabled people (LAS' s commitment to the Social Model of Disability is stated clearly on the new form).

REVIEW OF THE NEW STARTER FIGURES BY THE LAS RECRUITMENT MANAGER

A review of the recruitment figures for the last quarter OF 08-09 by the LAS Recruitment Manager revealed that LAS was attracting over a third of applicants from BME backgrounds; in certain types of recruitment this was up to nearly half of all applicants such as in the case of Emergency Medical Dispatcher applications (45 %). She considers that the issue is not to do with attracting BME applicants to our roles, it is more about numbers completing the LAS recruitment process. This could be due to a number of factors- people failing at short listing, not turning up or dropping out of the process themselves. However, it would appear that the biggest percentage drop-out rate is at shortlist and assessment stage. Therefore more work needs to be done to provide guidance to potential recruits on how to complete application forms and on reviewing the assessments utilised by LAS o ensure that they are appropriate.

On further analysis of the figures it would also appear that certain BME groups are not engaging with LAS as much as others; for example, consistently for the last two quarters Chinese and White and Asian have had the lowest percentage of BME applicants

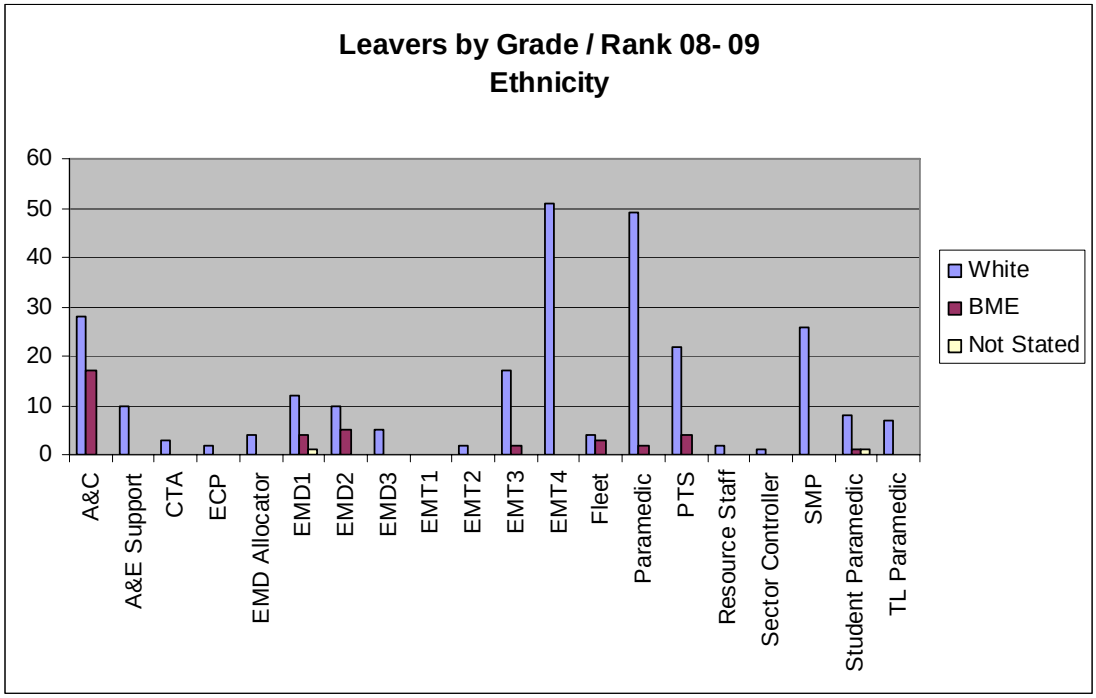
Work has already commenced to review EMD recruitment process to ensure that it delivers the best quality of applicants; within this the assessments are being reviewed. Also work has started on looking at the possibility of running awareness events for BME community groups- in particular focusing on one group- Bangladeshis - to see if awareness events improve their success rate.

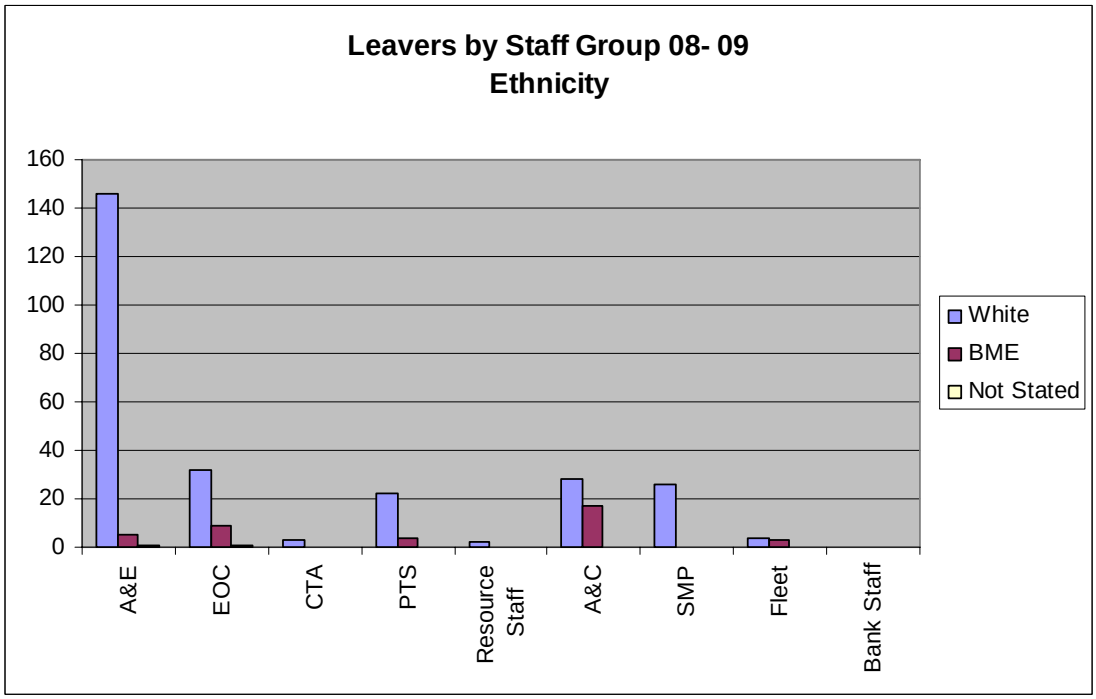
4.7. LAS LEAVERS PROFILE

Of a total of 303 leavers in the year from April 08 to March 09, representing 6.8% of the LAS workforce, 31% were female and 69% male (in the previous year there were a total of 339 leavers in the year from April 07 to March 08 42% female and 58% male. 9.5% of all leavers were from the black and minority ethnic communities, just over the percentage of BME staff in the 08-09t workforce profile.

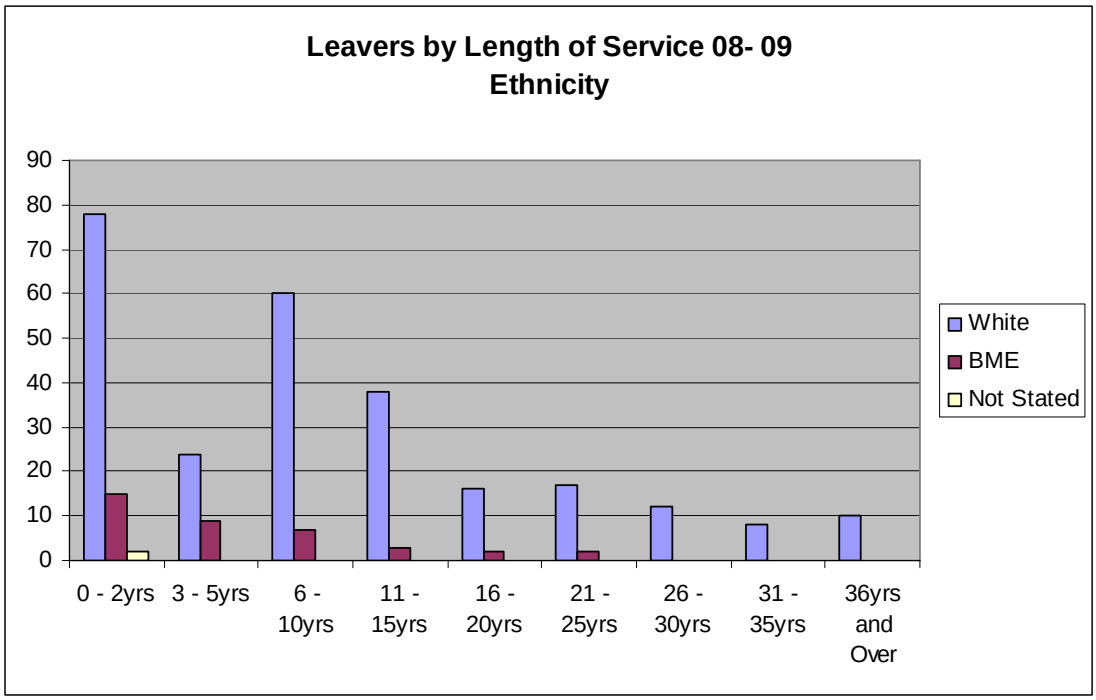
LEAVERS PROFILE BY ETHNICITY

As the charts below indicate, the majority of black and minority ethnic leavers had been employed in A&C, as EMD 3 & 1 respectively, with the departments losing the most staff A&C, EOC and A&E respectively:

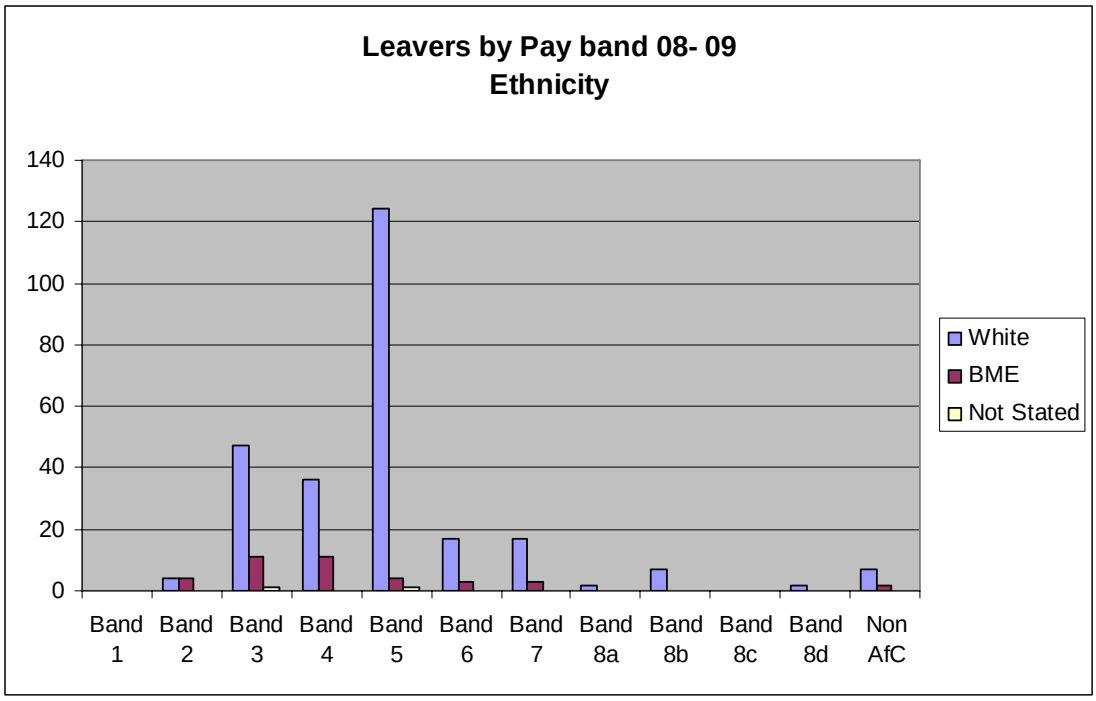




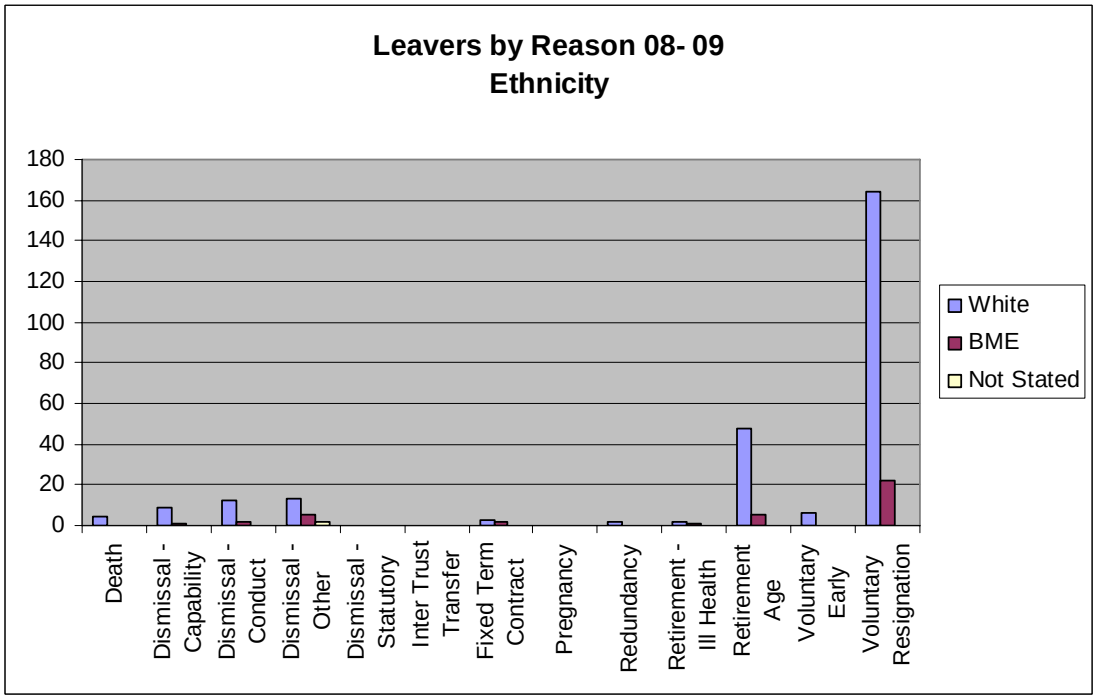
The majority of BME leavers, almost 50%, had a length of service between 0 to 2 years, which is a trend that is worrying and needs to be looked at through relevant questions in future staff surveys and exit surveys. The next most prevalent length of service range was between 3 and 5 years, followed by between 21-25 years.



In terms of pay banding BME leavers were from Bands 3 & 4 in equal number, followed by Band 5. Relevant questions on career progression in the staff and exit surveys may be able to detect the reason for the exodus from LAS in these band ranges.

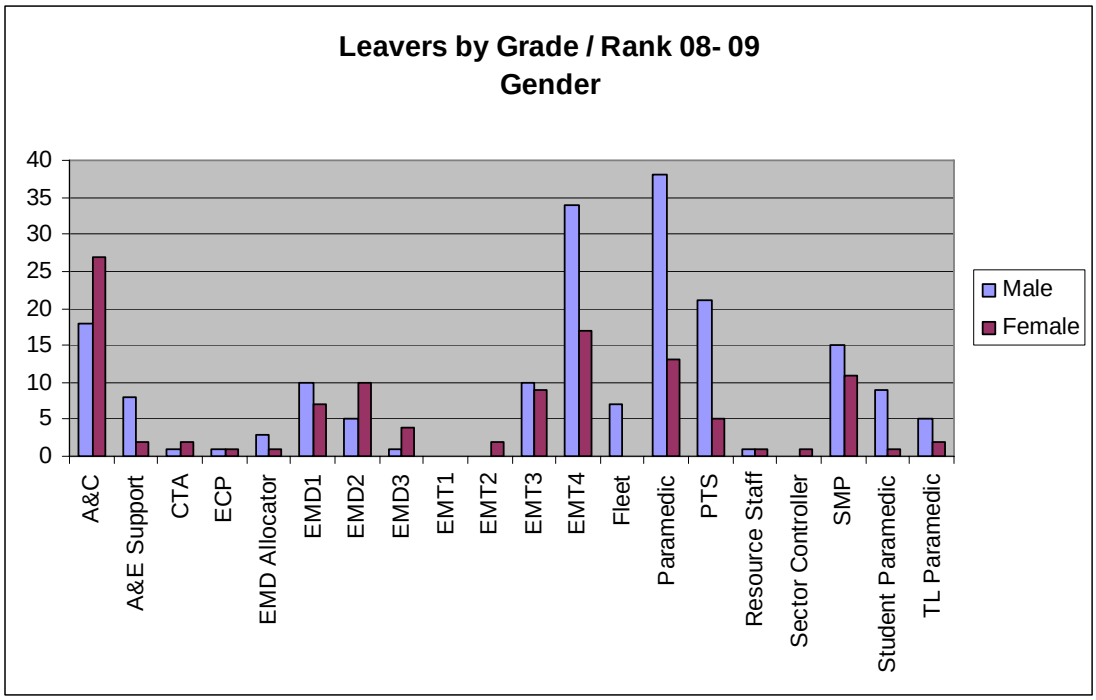


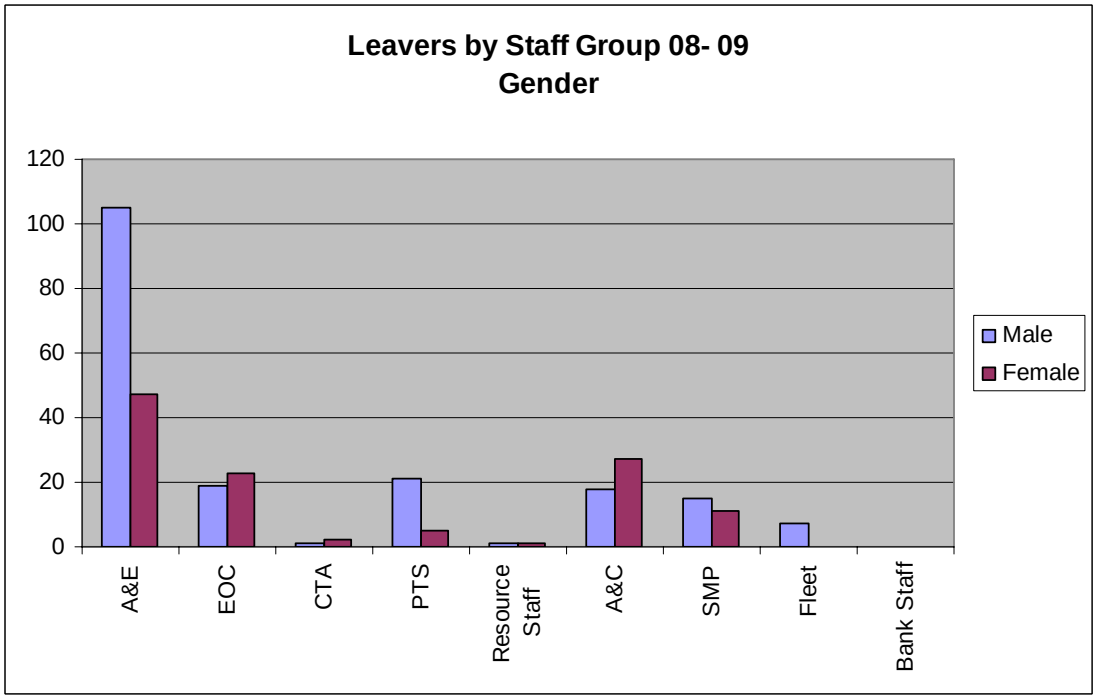
In regard to the reasons given for leaving, the overwhelming majority (22 from 38) went by voluntary resignation, followed by in equal numbers retirement and dismissal – other reasons. Exit surveys will identify for future reports wherever possible any further rationale behind this.



LAS LEAVERS PROFILE BY GENDER

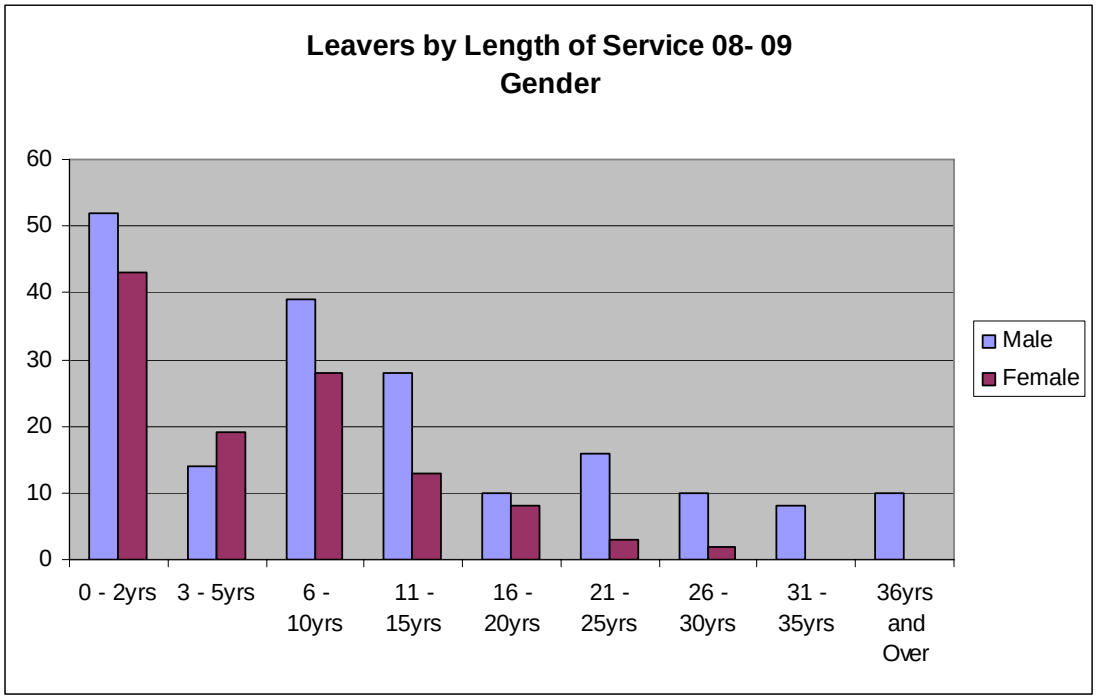
As the charts below indicate, the majority of women leaving LAS
Were from A&C, EMT4 and Paramedic grades, with the departments losing the most women A&E, followed by A&C and EOC.





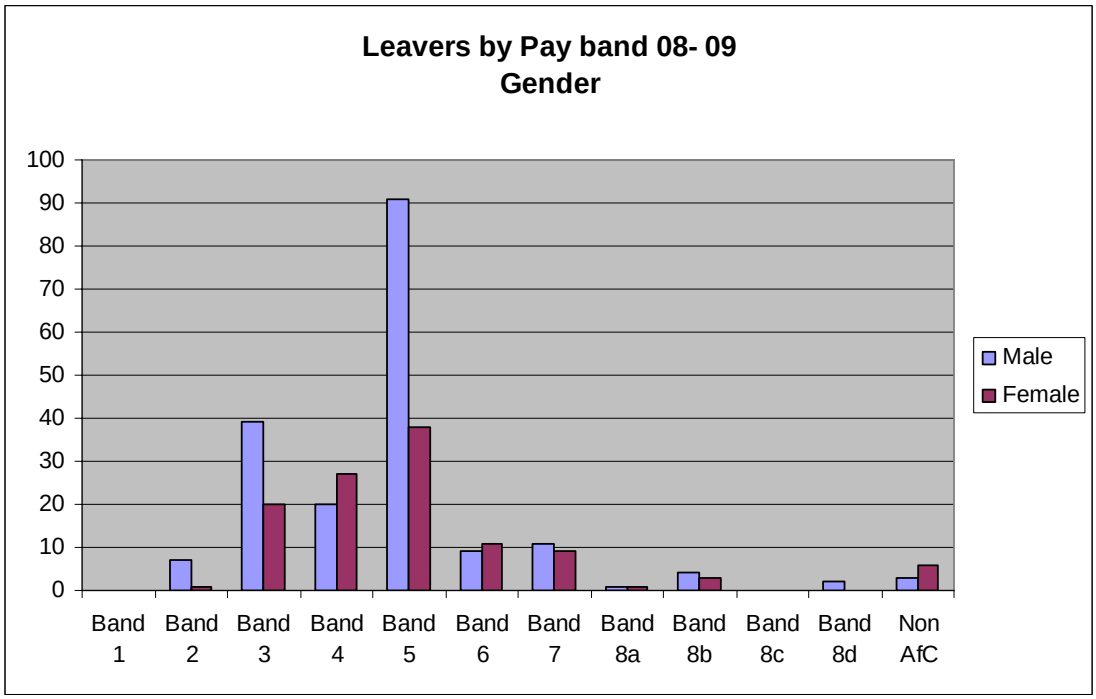
LENGTH OF SERVICE BY GENDER

As the chart below indicates, the greatest proportion of women leaving the service were women with between 0 to 2 years, followed by women with service between 6-10 then 3-5. Exit survey information should in future provide information on what the specific reasons for the loss of women in these first three length of service ranges are. This is an issue which will also need to inform future recruitment initiatives.



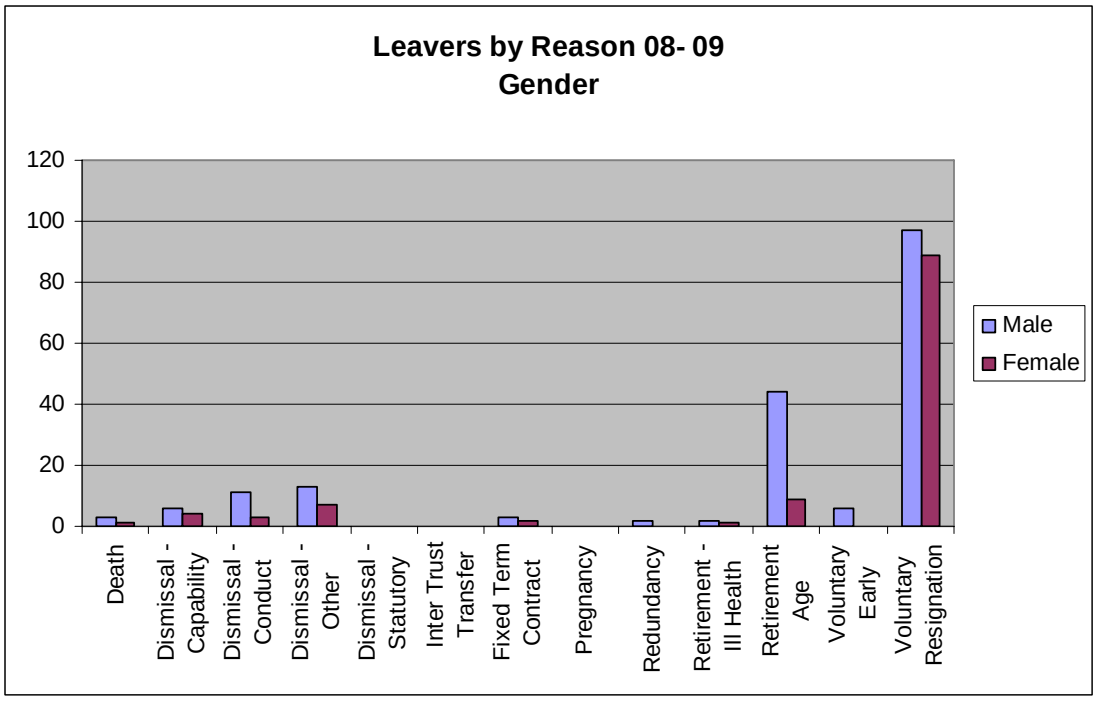
LEAVERS BY PAY BAND BY GENDER

The greatest numbers of women left the Trust in 08-09 predominantly in the pay band 5, followed by Band 4 and 3. Around 16% of women at senior management grade level (Band 7+) left the Trust in this year, which given the under-representation of women at senior grade level in the service gives cause for concern and requires further investigation.



LEAVERS BY GENDER – REASONS FOR LEAVING

With regard to reasons for leaving the service, the overwhelming majority of women leaving the service gave voluntary resignation as a reason, followed by retirement age and dismissal –other reasons. The numbers of women leaving who give voluntary resignation as the reason is almost equivalent to the numbers of men leaving in this category. Further work needs to be undertaken through exist surveys to determine the specific reasons behind those leaving the service on voluntary resignation and dismissal – other reasons.

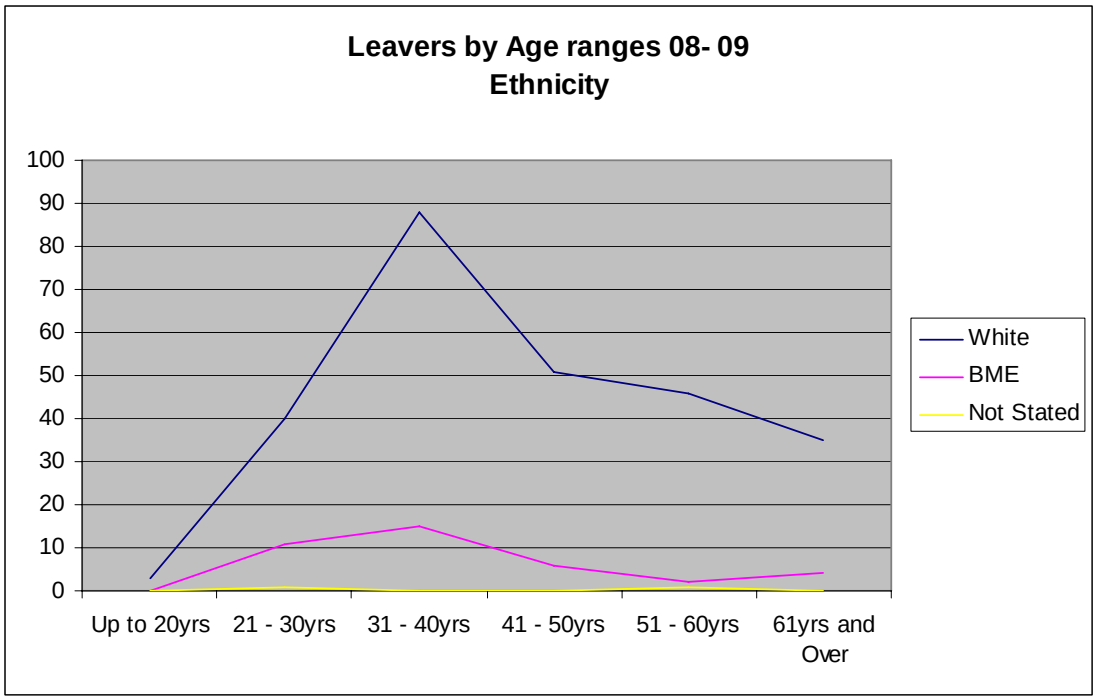


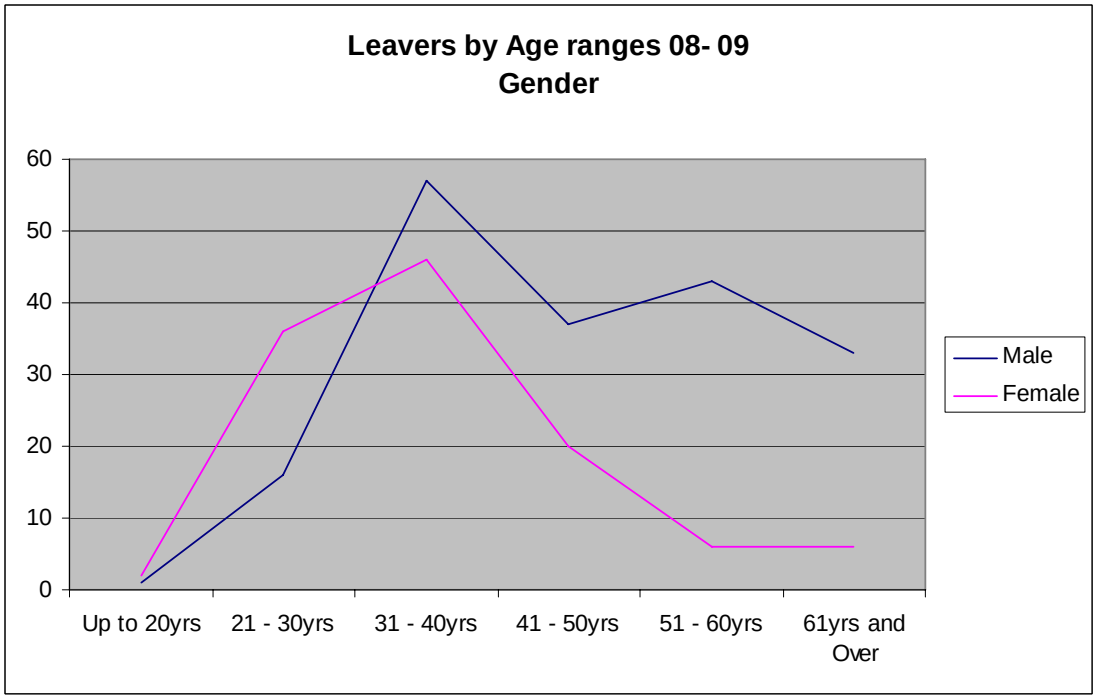
LAS LEAVERS PROFILE BY DISABILITY STATUS

This will need to be identified for future reports through the recommended initiatives mentioned elsewhere in this report.

LAS LEAVERS PROFILE BY AGE

The main age ranges of leavers were 31-40., 51-60 and 41-50 respectively. While the second age range may indicate some leavers moving for retirement reasons, the loss of people particularly in the 31-40, followed by the 41-50 age ranges, could represent the need for enhanced career development within the Trust, which will be investigated further for the next report. In terms of ethnicity and gender, the prevalent age ranges of those leaving parallel those of the leavers profile overall.





4.8. PROMOTIONS

There were 237 promotions in the year 08-09. 40.08% were of women, which is approximate to the 08-09 headcount figure**.** 6.33% were black and minority ethnic staff, less than the 08-09 headcount figure. The age range in which most staff were promoted was between

31-40, followed by 21-30 and 41-50, with hardly anyone being promoted in the 51-60 age range. No staff who were promoted self-identified as disabled people.

From these figures there is clearly some work to be done in terms of the career development of black and minority ethnic staff, which can in part be addressed through the proposed LAS internal Breaking Through programme and possibly through the new Talent Management Programme. The lack of any self-identifying disabled people in these statistics underscores the need for improving the statistics on disability status throughout the Trust and to encourage people to self-identify as disabled people, by promoting a positive message towards disability, engendered by LAS's being a Two Ticks – Positive about Disabled People employer. The provision and dissemination of new disability equality training throughout the Trust will also help reinforce this message.

4.9. CAPABILITY/ATTENDANCE PROCEDURES/DISCIPLINARIES/GRIEVANCES/EMPLOYMENT TRIBUNALS

Below is the information on employee relations activity from April 2008 to March 2009.

In total, the Disciplinary procedure was instituted 48 times, Grievance 34 and Attendance 61. The figure for Attendance includes people for whom capability in terms of their health was the key issue.

No cases were initiated during the period under the Capability Performance procedure.

A review of the information presented for 2007/08 and a data cleansing exercise has resulted in a revision of the figures. The revised figures for 2007/08 are; Capability 21, Disciplinary 41, Grievance 9 and Attendance 21. The Capability and Attendance figures require re-examination.

The Disciplinary Procedure was instituted with a total of 48 staff, 30 men and 18 women, all of whom were White British. 21 members of staff were in age band 31-40; 16 in band 41-50; and 11 in band 51-60.

14 women (38.8% of a total of 36) received warnings or were dismissed as a result of the Disciplinary proceedings; 18 members of staff were in age band 31-40; 13 in band 41-50; and 5 in band 51-60.

The Grievance Procedure was instituted by a total of 34 staff, 6 women and 28 men, of whom 1 was Asian or Asian British Pakistani, 1 Black or Black British African, 1 Black or Black British Other and 31 White British. One member of staff was disabled.

17 of the grievances were submitted by a single group of staff. These were later withdrawn. The remaining 17 grievances were submitted by 4 women and 13 men, of whom 1 was Asian or Asian British Pakistani, 1 Black or Black British African, 1 Black or Black British Other and 14 White British. One member of staff was disabled. Four grievances were related to bullying and/or harassment. 7 members of staff were in age band 31-40; 7 in band 41-50; 3 in band 51-60 and 1 over 61.

Of the grievances submitted, four were upheld and one was upheld in part; one submitted by a woman was upheld in full and one in part; one of the grievances submitted by a BME staff was upheld in part. One of the grievances relating to bullying and/or harassment was upheld. Four of those who had their grievances upheld or part upheld were in the age band 31-40; the other being in band 51-60.

The Attendance Procedure was instituted with 61 members of staff in total, 28 women and 33 men, 6 of whom were Black British or Black British Caribbean, 2 Mixed Other, 3 Mixed White & Black Caribbean, 1 Mixed White Asian, 1 Black or Black British Caribbean, 1 White Irish and 47 White British. 1 White British woman was disabled. 12 members of staff were in age band 21-30; 20 in band 31-40; 16 in band 41-50; 11 in band 51-50 and 2 over 61.

22 women (45.8% of a total of 48) received warnings or were dismissed as a result of Attendance proceedings; 11 (22.9%) were BME staff. 10 members of staff were in age band 21-30; 18 in band 31-40; 12 in band 41-50; 6 in band 51-50 and 2 over 60 received warnings or were dismissed as a result of Attendance proceedings . Although the numbers are small, the fact that, with one exception, all these staff were in front line roles possibly explains the proportionately higher numbers of staff in the higher age bands.

In the year 2008-09 there were a total of 11 claims made to the Employment Tribunal, 3 of which were by women. 4 members of staff were in age band 31-40; 6 in band 41-50; and 1 in band 51-60. Four of the claims were submitted by BME staff members, with two BME staff members making a claim on the ground of race discrimination (and unfair dismissal). In both cases the claim on the ground of race discrimination has been struck out by the Employment Tribunal at Pre-Hearing Reviews. The unfair dismissal claims have yet to be heard.

The remaining claims submitted were for unfair dismissal (3) – one of these cases has been withdrawn, the other two are yet to be heard; unfair dismissal and disability discrimination (2) – one of these claims has been dismissed by the Tribunal, the other has yet to be heard; unfair dismissal and age discrimination (1) – yet to be heard; unfair discrimination and sex discrimination (1) – settled; sex discrimination (2) – these claimants are men, the cases are yet to be heard; and constructive dismissal (1) - settled.

Due to the review of the information presented for 2007/08 and the data cleansing exercise, a revision of the analysis previously reported will be undertaken. This will allow for two year's figures (2007/08 and 2008/09) to be presented for comparison when the figures for 2009/10 are analysed. Where they exist, comparative figures for 2006/07 are shown below.

9% of our staff is from BME groups. No BME staff were disciplined during the period 2008/09 (8.33% for 06/07). Of the 34 grievances which were lodged, 3 (8.8%) were from BME staff (12.24% for 06/07); of the 17 grievances which were progressed 3 (17.6%) were from BME staff. Of the 48 people who received warning or were dismissed under the Attendance procedure, 11 (22.9%) were BME staff. This percentage is significantly higher than that seen in the total workforce. This will be monitored going forward.

Women represent 41% of our total workforce. 38.8% of those who received warnings or were dismissed following activity under the Disciplinary Procedure were women. Of the 17 grievances which were progressed 23.5% were from women. 22 women (45.8% of a total of 48) received warnings or were dismissed as a result of Attendance proceedings.

No disabled member of staff received a warning or was dismissed under the Disciplinary or Attendance procedure.

In terms of the age bands, the percentage figures for all warnings and dismissals is 21-30 = 9.6%; 31-40 = 41.2%; 41-50 = 33.3%; 51-60 = 14%; over 60 = 2.6%. This broadly reflects the age profile of our workforce.

5. TRAINING

5.1. Equality and Diversity Modular training

To support the delivery of the current one-day equality & diversity classroom-based training, an e-learning component has been developed which provides staff with an opportunity to consolidate their learning with a post-classroom element, which has an assessment at the end of it. Over 150 staff have been on the course to date and have begun to access the e-learning site, which is also available to all staff as a resource.

5.2. Learning Management System Project

A project is underway to introduce a learning management system which captures all the training and development opportunities that staff undertake. Once rolled out across the service, this system will enable LAS to more accurately report on all equality and diversity information currently held within staff employee records, in relation to the training they have received.

5.3.Talent Management Programme

A new talent management programme has been developed during 2008/9 with an expected launch date in the autumn of 2009. This programme will provide a framework for the LAS to identify and develop its most talented individuals and ensure that the service is able to respond to its leadership challenges for the future. The programme will be available for all staff and in particular those who may as yet not have realised their potential. One of the talent principles under which the programme operates is that it will seek to promote positive action with the objective of supporting and developing staff from under-represented groups, ensuring consistency with all other organisational policies.

5.4. TRAINING ORGANIZED BY LEARNING & ORGANISATIONAL DEVELOPMENT

In the year from April 1 2008 to March 31 2009 there were 1070 applications for training, of which 509 were from BME staff and 529 from women applicants. No staff identified as disabled people.

A total of 531 staff received training, of whom 143 were BME staff and 287 were women. No staff identified as disabled people.

During the past 12 months learning and organisational development have undertaken a series of diagnostics of many of its services including how it addresses a range of equality and diversity related issues . The following describes three key areas of success

The team have spent considerable resources reviewing the assessment and development centre processes employed by the Trust. This has resulted in forthcoming work on a trust wide policy and good practice guidelines to ensure greater fairness and equity over how these are undertaken and ways in which we can continue to manage and develop processes for quality assurance.

The Trust has been promoting opportunities for staff from groups that are traditionally underrepresented within the learning populations. The following two are examples of this work

We have successfully managed to gain 3 places on the *NHS Breaking Through* programme. This is a national leadership development opportunity for aspiring staff from key gender and BME backgrounds.

We have secured funding from the Strategic Health Authority to promote learning to staff within pay bands 1-4. This has included work on reviewing and developing our current provision for such staff, commissioning a training needs

survey and working with staff side to re-launch and enhance the learning representative role.

Statistically this year there has been a significant decrease in the number of staff applying for course training courses (1,070 vs. 4,664). Of this figure 529 of the applications are from women. We had no applications where gender was not declared; compared to last year where only 262 women declared their gender on application.
We had no applications this year from anyone declaring a disability whereas last year we only had six such applications.
In comparison to last year, 564 applicants declared their BME background, whilst this year that figure is 509. This means there were 706 applicants who chose not to declare BME background or disability, although there is a decrease in the number of applications we have received and from those attending who have identified themselves as disabled.

Over the next 12 months we will be introducing new polices, practice and management systems through which we will offer enhanced promotion and monitoring of our services particularly on sponsorship for study and those opportunities tailored to encourage a range of staff from within pay bands 1-4 to access learning. We shall also be looking at creating more leadership learning opportunities for staff from traditionally under-represented groups. To this end we will make full use of the new Certificate in First Line management qualification course and the shortly to be confirmed mentoring and coaching provision. Other work will increase evaluation and regular review of our courses to ensure they both fit the needs of the organization and provide a useful return on the investment.

5.4. EDUCATION & DEVELOPMENT

No statistics on applications for or take-up of training by staff from equality strand groups were available for Education & Development-run training. In order to ensure that this can be reported on for future reports, pending the implementation of the new learning management system, additional staff resourcing will be required in the forms of a second resource & planning coordinator and an additional administrative staff member to set up a system linking the details from Employee Staff records into the Education & Development booking scheme.

6 EQUALITIES INITIATIVES

6.1 EQUALITY IMPACT ASSESSMENTS

A revised Equality Impact Assessment Procedure has been drafted and with revised guidance, accompanied by training, will be rolled out across the Trust this summer. A new Equality Impact Assessment Schedule, spanning the next three years, will be produced in consultation with Chief Officers, to ensure that all the policies, procedures, functions and strategies of the London Ambulance Service, in line with existing and impending

equalities legislation, are adequately robust and subject to the requisite review and monitoring.

6.2.NEW EQUALITY MONITORING PROFORMA & GUIDANCE

A new equality monitoring procedure is being produced, for use across the functions and services of the Trust this year, which will go to SMG for approval this summer and should assist with the collection of sound equalities data for patient and staff profiling.

6.3 .RECRUITMENT & RETENTION

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

7 ACTIVITIES OF THE LONDON AMBULANCE SERVICE

7.1. PATIENT & PUBLIC INVOLVEMENT (PPI)

SIP 2012:

- *Improving access for deaf people*: Discussions with deaf Patients' Forum members and local groups for deaf people have informed the Service's plans to improve access for deaf people by providing a text messaging service.

- *Olympics*: As a member of the Communication and Engagement Project Board, the Patient and Public Involvement (PPI) Manager is ensuring patients and the public are involved with projects within the Olympic programme. This will involve the development of public education messages at the time of the Olympic games, and also ensuring that patients and the public are engaged with selected projects in the run-up to the games.

2. Public Education:

- A development programme was designed for staff involved in public education, in collaboration with South Bank University. Ten members of staff took part in the pilot programme, which included six days' training over a three-month period and used a learning set / reflective practice approach to support participants' learning. The pilot course ran from October 2008 to January 2009. A full evaluation is currently underway and the next course will run during the summer of 2009.

- A new post of PPI and Public Education Co-ordinator was introduced, with the post-holder being appointed in March 2009 (to commence work in April 2009). This role will be to co-ordinate PPI & Public Education activity and resources, supporting local teams to deliver effective PPI and public education, and set up reporting systems between all the teams doing public education work.

- The Public Education Strategy Steering Group commenced a project to consider which books and other resources would be suitable to use with children. It was agreed that resources should be focused initially on key stage 2 (age 10-11), as this is the age group we have the most contact with via Junior Citizens' Schemes.

- A new patient information leaflet was produced, explaining what happens when someone calls 999, what response they might expect, and how to contact the Service in a non-emergency situation (e.g. to arrange a school visit or make a complaint). The leaflet has a tear-off section which allows members of the public to register their interest in becoming involved with the LAS, for example by becoming a Foundation Trust member.

- Other materials and resources were also developed, e.g. pop-up banners with LAS images, to use at public events.

3. New Ways of Working

- Once the two first complexes were identified to be the first to adopt New Ways of Working (Barnehurst and Chase Farm), two Community Involvement Officers were appointed in September 2008. The aim of this post is to work closely with community groups, partner organisations, patients and the public in each of the complex areas. As well as leading on PPI and public education activity in the area, they also have a role in the management of frequent callers and the high risk register.

4. Tower Hamlets Project

- As one of a number of initiatives led by Tower Hamlets PCT, a health education pack and training programme, "Get the Right Treatment", was selected for the national finals of the 2008 Health & Social Care Awards. The training programme was delivered to NHS staff (including LAS staff from the Clinical Telephone Advice team and Silvertown ambulance station) and members of the public in Tower Hamlets. It highlights the range of NHS services in the area, and which should be accessed in a variety of circumstances. This is illustrated by a number of scenarios in a DVD, which was written, directed and produced by the LAS Events, Schools and Media Resources Manager, Richard Walker.

- There are plans to introduce Get the Right Treatment in schools in 2009, using different scenarios which will be more relevant to young people.

- An EMT at Poplar ambulance station designed and delivered training sessions with new mothers in Tower Hamlets, focusing on emergency life support, choking and bleeding. The aim of these sessions is to reduce infant mortality rates, which are higher in Tower Hamlets than other boroughs. Feedback from participants was excellent, and the questions they asked demonstrated their understanding of what they had learned.

5. NHS Centre for Involvement:

- Following their review of PPI in the LAS in 2007, the NHS Centre for Involvement returned in 2008 to assess progress against their recommendations. They were impressed with the developments made since last year, particularly the introduction of the Community Involvement Officer role and the involvement of a non-executive director in the PPI Committee.

6. Picker Category C Survey:

- The LAS was a pilot site for a new national survey, commissioned by the Department of Health and conducted by Picker Europe, looking at the experiences of patients receiving a Category C response from the ambulance service. The findings from the pilot were that most LAS patients were very satisfied with the service received, whether or not they were taken to hospital.

- The full national survey was undertaken late in 2008 and is expected to be published in April 2009.

7. Other PPI activity

- The Trust's PPI activity ranges from high-level involvement (e.g. members of the Patients' Forum being on key Trust committees, and holding events to consult with patients and involve them in our future plans), to PPI and public education activity which takes place across London.

- As well as continuing its relationship with the Patients' Forum, which has continued to operate as a limited company since they were officially abolished, the Trust started to develop relationships with the Local Involvement Networks (LINKs) in each borough which were introduced in 2008.

- The Trust's public consultation period on its future plans, including its plan to become a Foundation Trust, commenced in February 2009. A consultation event (which included some members of the public) took place on 20th March. In addition, the Trust is taking part in a series of public events organised by Healthcare for London as part of its own consultation on the future of stroke and trauma services.

- The Patient Care Conference was held in June 2008 and focused on the future of healthcare in London as well as including a number of breakout sessions. One of these was led by a group of year 11 students from schools in Barking & Dagenham who had done a work experience project for the LAS, finding out about young people's views of the Service. A number of patients and members of the public attended the conference.

- Throughout the year, a range of PPI and public education activities took place across the Service. Some examples of these activities are listed below:

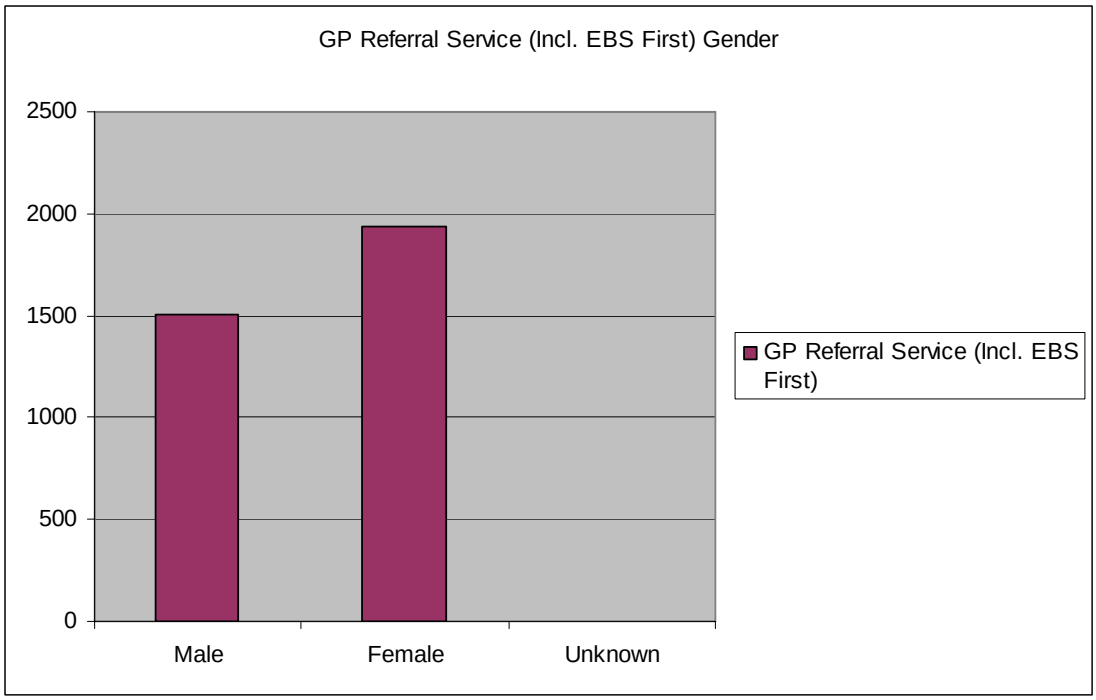
    - Knife and gun crime awareness events
    - Talks to groups of older people (e.g. Bexley Pensioners' Forum) and BME groups (including Bangladeshi women and Enfield Asian Welfare Association) and disabled people ("Enfield Vision", a local group formed by visually impaired people)
    - A range of community events across London
    - Open days to recruit community responders
    - An event in Hounslow for people with learning disabilities
    - Stakeholder events to support the development of new policies (e.g. mental health, older people, people with long term conditions)
    - School visits, including one to a school for blind and partially-sighted children. The aim of this was to reduce children's fear of ambulances and sirens.

7.2. EMERGENCY BED SERVICE

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

The table below indicates total volumes for each service area for the year from April 1 2008 to March 31 2009 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 Service Summary	**Total Enquiries**	*Male*	*Female*	*Unknown*	0 - 9	10 - 19
GP Referral Service (Incl. EBS First)	3450	1507	1941		39	89
Adult Intensive Care Service	1951	1014	727	210	52	52
Paediatric Bed & Cubicle	1997	1073	863	54		
Neonatal Intensive Care & Transfer Service	2118					
District Nursing	6107					
Medic Alert	225					
Mental Health Catchments	4484					



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.

7.3.THE PATIENT TRANSPORT SERVICE

No data for take-up in 2008-09 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 on the booking forms from our customer Trusts, very few customers actually provide the data.
Possible ways to obtain this data in future are:

- We could do a secondary research via hospitals themselves (where we hold a contract) to see what mix their patient groups were and proportionately derive a figure for PTS (of course this would be an approximation and not an accurate view of our patient group);
- Alternatively we could directly ask patients or carers, although it has been commented before that patients may have a fear of providing this data for fear that we will use it to discriminate against them – were we to take this action we would need to seek permission from the customer Trusts.

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

- The service is about to move to a system of e-booking and gender and ethnic data can be made mandatory fields for the bookings with this;

- A data matching exercise could be done with hospital records if they were willing; however, this could prove both time-consuming and costly for both LAS and the other Trust;
- 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 unlikely to happen in the near future.

7.4. CLINICAL TELEPHONE ADVICE

The Clinical Telephone Advice service has been collecting ethnicity data for a number of months, but when they have tried to extract the data their software provider advised us them the system wasn't set up to allow this data to be extracted. CTA are currently in discussions with them at the moment to rectify this and this data should hopefully be available for next year's report.

With regard to disability data this is currently not collected and in order for this to happen, CTA will need to liaise with their external suppliers and check the feasibility of building disability questioning into the operating model. From a performance perspective the service endeavours to speed up job cycle times; consideration would therefore need to be given as to how this question could be built in to the system without adversely affecting performance.

There have been inconsistencies with PSIAM, which has rendered the service unable to determine conclusively which are sends and no sends – the coding was previously ambiguous. However, the data on no sends is judged to be reliable from November 08 on. The statistics for 08-09 period indicate the number of total calls received to be 64,028, with 32,814 calls from women and 23131 from men. The most prevalent age ranges of callers were in the age ranges 16-25, followed by 26 to 35.

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.

7.5. COMPLAINTS & PATIENT EXPERIENCES DATA (FORMERLY PALS)

Complaints

The total number of complaints received between April 1 08 and March 31 09 was 362, of whom there were:

- ❖ 201 women complainants

- 15 black & ethnic minority complainants (however, as 316 complainants did not state their ethnicity, this may well not be the full number)
- No data on the age ranges of complainants was available
- No data on disability status of complainants was recorded

With the paucity of data available on the take-up of the service this year, similar to the position for 07-08, no sensible comparison can be undertaken.

Patient Experiences Data (Formerly PALS)

The total number of enquiries made to PALS from April 1 08 to March 31 09 is 5604.

Not all equality strand data were recorded, so from the data which was recorded:

- 1426 enquiries were from black & minority ethnic people
- 1725 from women inquirers
- The most relevant age ranges of inquirers was 46-60, followed by 31-45

No data on disability status of inquirers was recorded

The key difficulties facing collection of data for these services are:

- The difficulty & possible inappropriate timing of seeking out ethnicity & other equality strand details over the phone when talking to people who are either extremely upset or irate
- The response rate to ethnicity monitoring questionnaires sent out with all correspondence has attracted a very poor response rate

To improve the collection and recording of the equality strand information for these two services, consideration could be given to a dedicated staff resource to contact callers separately in retrospect, or alternatively this information could be sought through a customer satisfaction survey.

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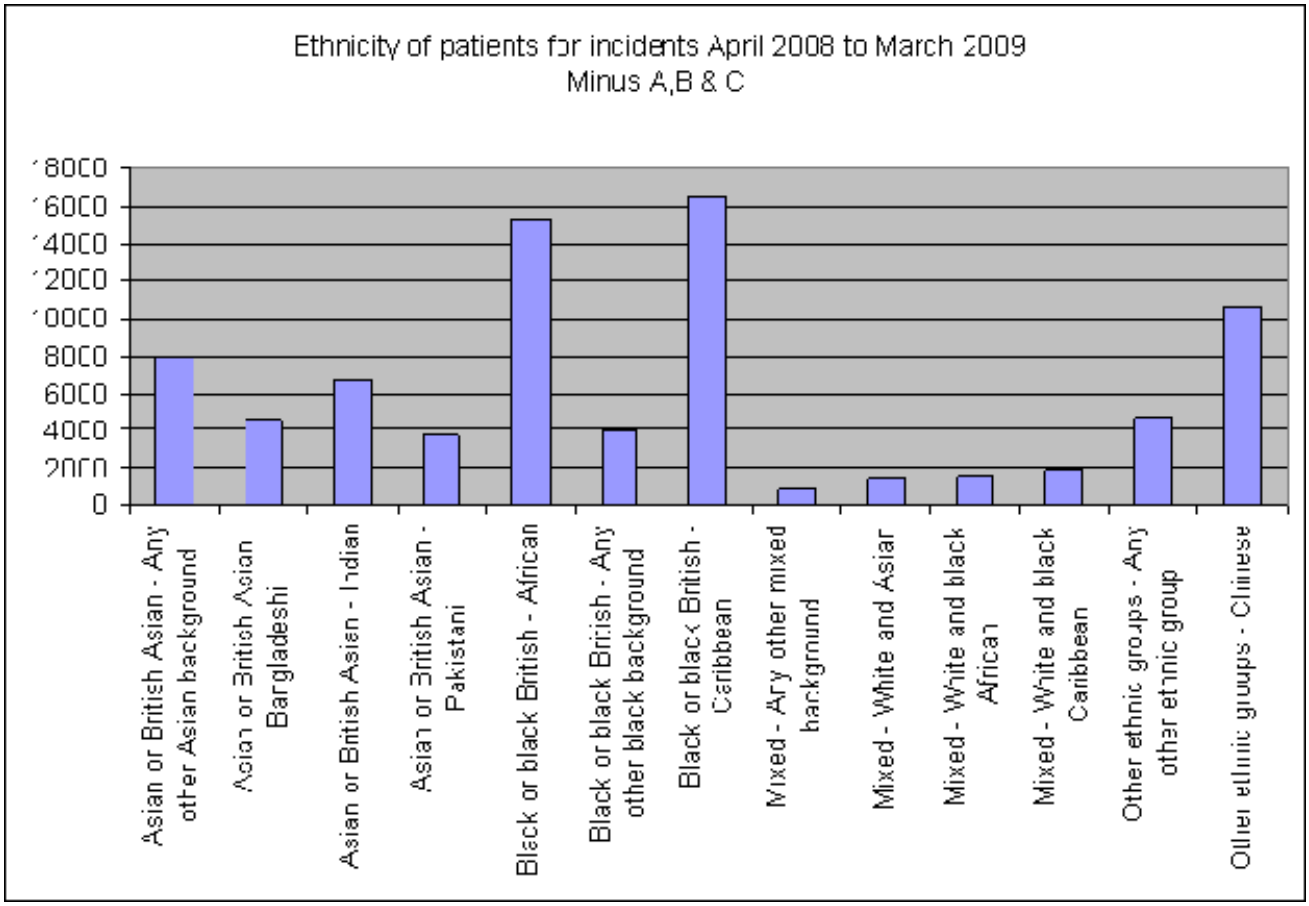
7.7. PATIENT PROFILING

A sizable number of service users were either unwilling or unable to provide their ethnicity, so the accuracy of this profile was not possible to confirm, similar to the previous year's reporting.

The Chart below shows the black & ethnic minority profile of patients recorded from April 1 08 to March 31 09, excluding those for whom no response was able to be recorded. The predominant groups identified are: Black or Black British – Caribbean, followed closely by Black or Black British – African, then Chinese.



In terms of the gender profile of patients, this was evenly balanced, with a total of 475667 women being recorded against incidents and 469980 men. The most prevalent age ranges recorded were for 60+ and 40-59, commensurate with the profiling in 07-08.

To improve the data collection & reporting on this area of LAS service, it is recommended that: disability data be included on the PRF forms; this would require the PRF to be modified along with the IM&T scanning systems being changed to accommodate the data.

8. CONCLUSION

Given the very short period of time between the collection of data and compilation for the 07-08 report and the collection of data for this, the 08-09 report, and the changes identified in that report for the improvement of data collection and reporting, there has not been sufficient time for substantial improvements to take effect. In some areas the improvement of the data collection and reporting will require discussions with IT providers.

Equality & diversity issues need to be further mainstreamed and embedded throughout every area of the Trust, including the collection, provision of and reporting on the management information required to show the Trust's

compliance with equalities legislation and promotion of good practice; not all service managers are currently monitoring the information within their service or function.

Several very positive initiatives are underway, including new training & development initiatives, which should effectively target under-representation including at senior management level grade. There has been substantial PPI activity and engagement with patients and key stakeholders and there are several equality & diversity initiatives planned, which will support and extend this activity.

The Trust has also undertaken some key steps to benchmarking its equality & diversity work, both through its involvement in the National Ambulance Diversity Network and through its impending application for assessment against the Stonewall Diversity Champions Workplace Equality Index of top 100 Employers.

Next year's Annual Equality Report should see the productive conclusion of a host of equality & diversity initiatives, outlined in this report and the previous one, presented to SMG in January.

9 RECOMMENDATIONS .

To ensure LAS's ongoing compliance with equalities legislation and promotion of best practice on diversity, it is recommended that:

- Where there are any I.T. systems currently in place (as highlighted in this report) which are not sufficient to provide comprehensive and qualitatively robust data, these be urgently reviewed, amended or changed by the departmental Director, to ensure the Trust is able to report on its workforce profile, service usage and engagement & decision-making practices across all six equality strands for the future (this will ensure LAS compliance with the Core Standard 7e discrimination and prepare LAS to meet the requirements of the new Equality Bill);
- All service managers and function holders throughout the Trust monitor and review the information on take-up or access to their function or service across equality strand groups, in accordance with existing and forthcoming equalities legislation, to ensure that any barriers faced by to people from disadvantaged groups when accessing services or employment and training can be identified and removed; this should form an intrinsic part of the equality impact assessments service managers and function holders are required to undertake on their service or function, along with any policy or procedure, **before** these are implemented (with any equality impact assessment of three years' standing needing to be reviewed immediately as a matter of course)
- As the responsibility for the review of the systems used in the collection of monitoring and reporting data lies with the department in which the service or function is based, the specific recommendations for enhancement in data collection and reporting made by individual

service managers in this report be considered and an action plan put in place to take immediate action to address any barriers to equalities monitoring, review and reporting, to ensure that the information required for the 2009-2010 report can be easily provided;

- A comprehensive data refresh be carried out, to update disability status & other equality strand data of staff, either through self-serve or a manual survey; this needs to be accompanied by advanced publicity, reinforcing the Trust's commitment to employing disabled people, as a "Two Ticks – Positive about Disabled People" employer;
- A systematic review of all equality & diversity training in the Trust, including induction, managers' and team leaders' training and recruitment & selection be undertaken by the Equality & Diversity Team, in conjunction with other relevant colleagues, to ensure the Trust's visions and values on equality & diversity are inculcated in and embodied by all staff;
- Exit surveys be conducted systematically throughout the Trust to identify reasons for staff leaving the organization, in particular staff from under-represented groups; the surveys should be conducted by a trained member of staff other than the individual's line manager;
- Future staff surveys include questions on staff satisfaction with the Trust as an employer, including questions around career development and diversity; these questions should be able to be evaluated to identify responses and satisfaction by equality strand groups;
- To ensure that the publications/media used by LAS in recruitment exercises are the most appropriate for attracting candidates from under-represented groups, the Recruitment Team track this through the relevant section on the application form asking where applicants were made aware of the job advertisement, so that application routes can be broken down by equality strands and the success of specific media can be assessed.