

LONDON AMBULANCE SERVICE NHS TRUST

MEETING OF THE LAS TRUST BOARD

Date of Meeting: 27 January 2008

EQUALITY & DIVERSITY REPORT 07- 08

1 INTRODUCTION

- 1.1.** The last Equality & Diversity Report for the Trust was presented in May 2007. Due to vacancies in the Equality & Diversity Team and the Diversity Manager only commencing employment with the Trust in December 08, this is the earliest date at which a report could be submitted. LAS is completely committed to ensuring steady progress is made on equality & diversity issues and yearly reporting will take place in May each year, to ensure timely reporting of work completed in the previous year. The report will also be published on the LAS website and be made available on request in alternative formats to our customers and stakeholders.

2 CURRENT EQUALITY SCHEMES

- 2.1.** Currently, the London Ambulance Service has three separate equality schemes in force: the Race Equality Scheme, which was reviewed in 2005 and last updated in 2007; the Disability Equality Scheme, published in October 2006 and due to be reviewed in October 09; and the Gender Equality Scheme, approved by the Trust Board in March 2007 and due for review by 2010.

3 SINGLE EQUALITY SCHEME

- 3.1.** In preparation for the forthcoming Single Equality Act, which will harmonise existing equalities legislation and extend statutory duties for public sector bodies across all six equality strands, a new generic single equality, diversity & inclusion strategy will be drawn up and consulted on with staff and stakeholder groups within and outside of the LAS.

4 GOVERNANCE

- 4.1.** The Clinical Governance Committee receives minutes from the meetings of the Race Equality and Diversity Implementation Team, and the Race Equality and Diversity Strategy Group. These groups will be renewed by the newly appointed Diversity Manager and any replacement arrangements will continue to report to the Clinical Governance Committee.
- 4.2 .** The Non-executive Chair of the Clinical Governance Committee provides the scrutiny and focus for equality and diversity, with the Director Human Resources and Organisation Development providing the executive lead.
- 4.3.** The Governance team ensures that all policies and procedures are assessed for equality impacts and these documents are published on the Trust website.
- 4.4.** The Trust is fully compliant with the core standards C7e – Healthcare Organisations challenge discrimination, promote

equality and respect human rights.

- 4.5. The Trust Diversity Officer was seconded to the Department of Health in 2008 to help with developing policies and procedures.

5 STAFF DIVERSITY NETWORKS

- 5.1. There are two existing staff diversity networks in the Trust, Glass and Label.
- 5.2. Staff diversity networks provide a clear, two-way channel of communication between equality strand groups, enabling greater involvement in consultation and input into policy development and review.
- 5.3. Their existence also sends out a clear message of an organization's commitment to equality & diversity and helps to promote the organization as an employer of choice, thus assisting attracting and retaining talented staff.
- 5.4. Consideration should be given to seeking staff views on the establishment of any new staff diversity networks or a diversity forum.

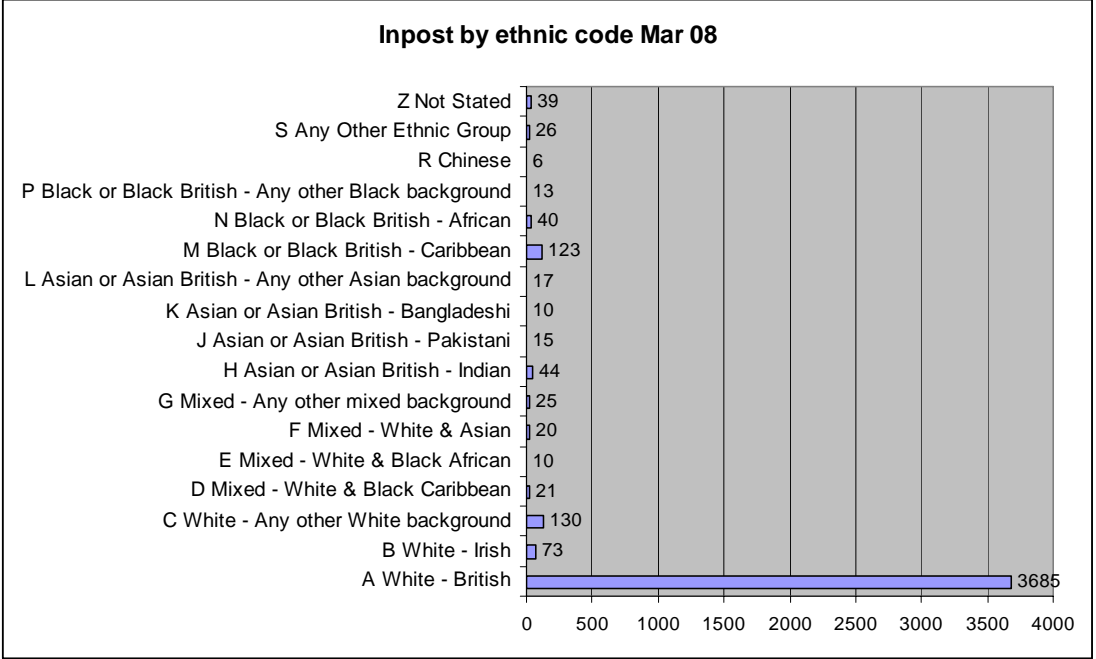
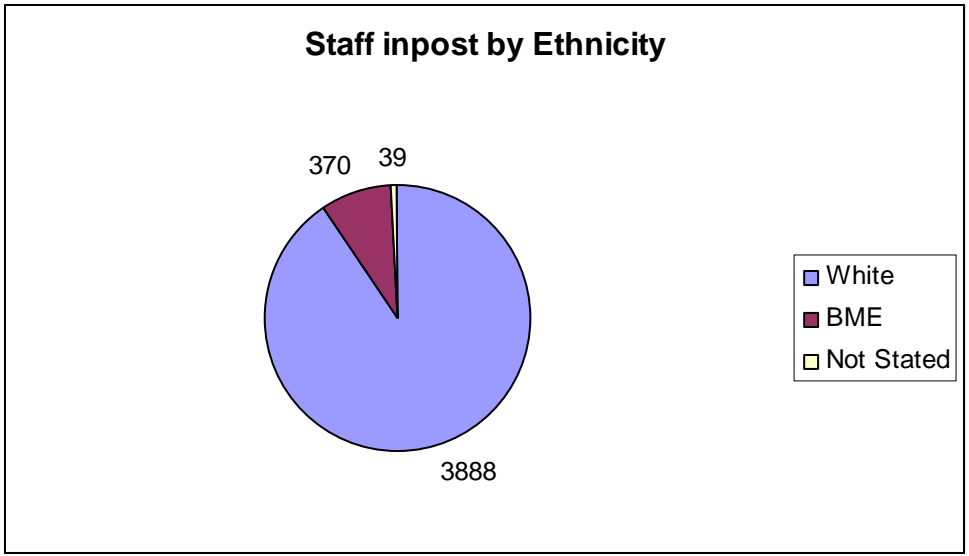
6 TRAINING & DEVELOPMENT

- 6.1. An e-learning equality & diversity module will shortly be available to support the delivery of the classroom-based module provided through the Education & Development Department. The e-learning module will support this through a review of the classroom-based session finished with an assessment at the end to test the students' learning.

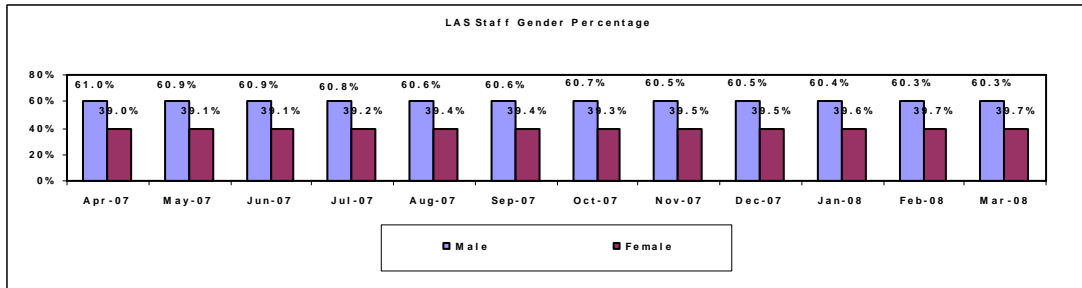
7 WORKFORCE DIVERSITY PROFILE

7.1. CURRENT STAFFING

- 7.1.1. The last workforce diversity profile report went to the Trust Board in May 07, showing the profile for 06-07, which showed that BME staff made up 8.4% of the workforce with women making up 38.9%.
- 7.1.2. From April 07 to March 08 LAS staff comprised:
 - 8.6 % Black & minority ethnic people (see graph below), which is almost the same as the figure in the last Annual Equality Report of (May 2007). This is still well below the 2001 Census figure of 28.8% in the London population.



- 39.7% women (see graph below), which is a slight increase to the 2007 figure of 38.9%, again however short of the 2001 Census figure of 51%.



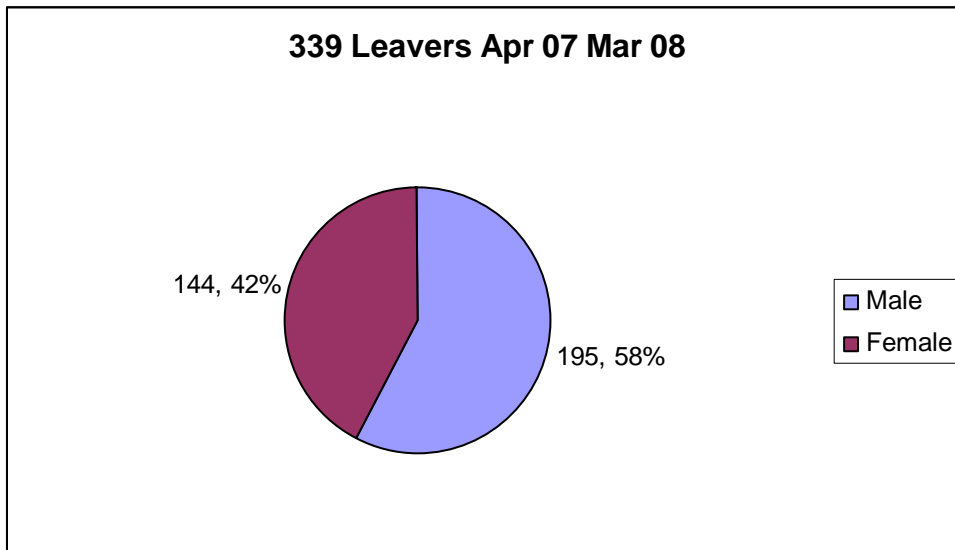
7.1.3. At present just over 90% of staff records are “undefined” in terms of disability; it is currently therefore not possible to provide any meaningful data on this.

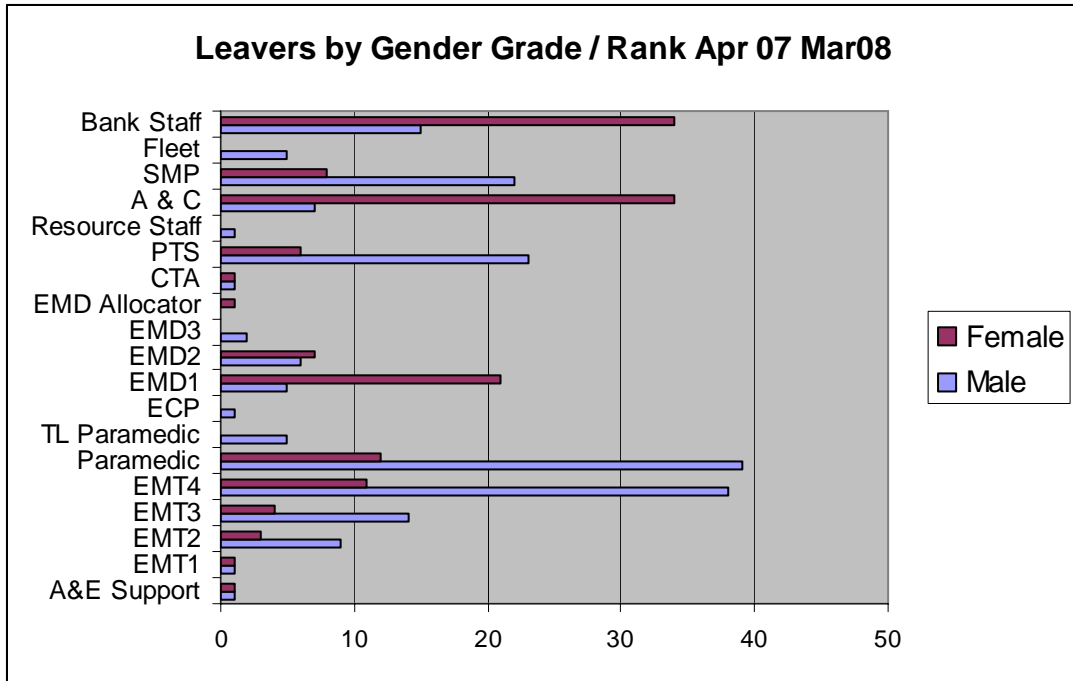
7.1.4. At the time of writing this report information is also not readily available on the levels of representation at senior management level of staff who are black & minority ethnic, women or disabled people. This information will be available in the report published in May 09.

7.1.5. Of the new starters to the service, 10.7% were BME (06-07 report figure: 10.1%), 51.2% female (06-07 report figure: 50% achieved), with no figures available on the disability status of new starters. The previous target figure for BME new starters was 15%, which was achieved in 07-08 (15.8%), while the target for women starters overall has also been achieved again in 07-08.

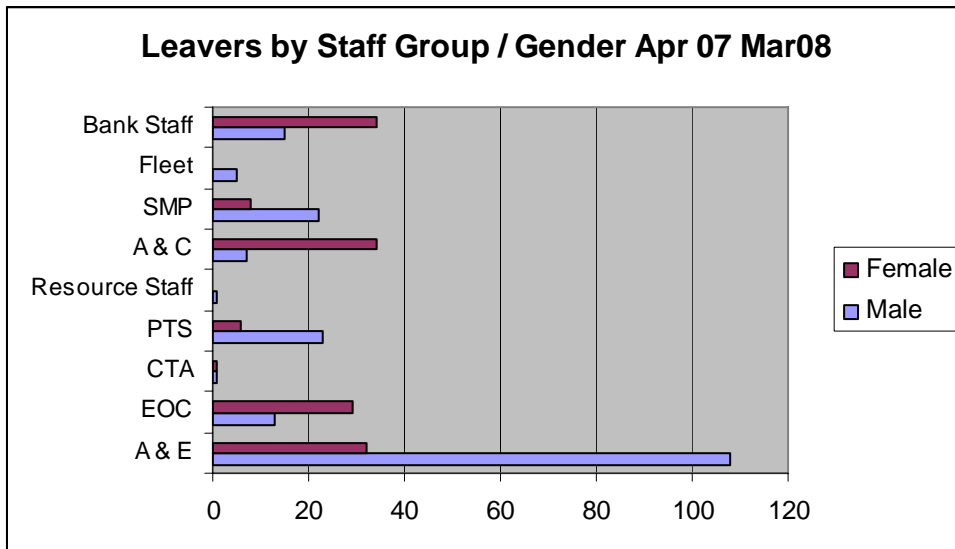
7.2. LEAVERS

7.2.1. Of a total of 339 leavers in the year from April 07 to March 08 58% were male and 42% female.

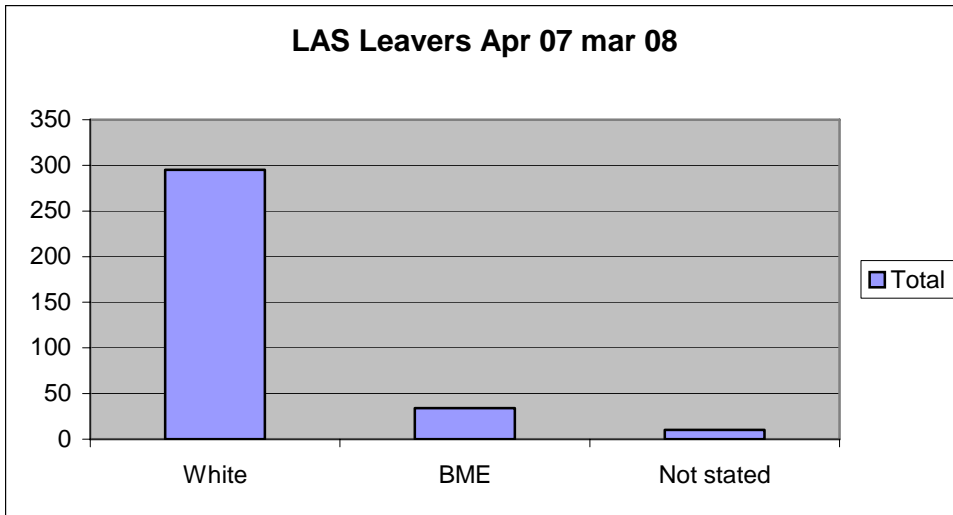




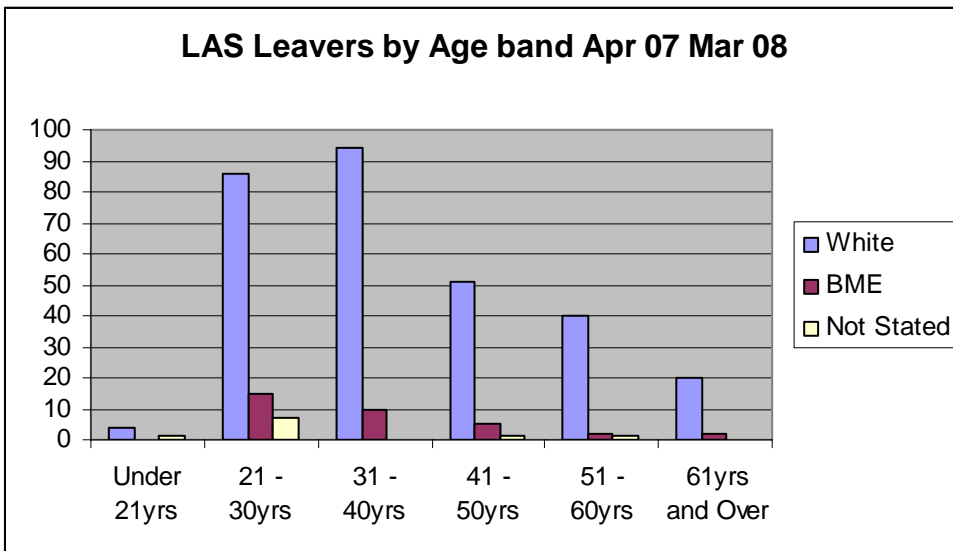
7.2.2. The majority of female staff leaving LAS were Bank staff or from A&C; the majority of male staff Paramedics or EMT4.



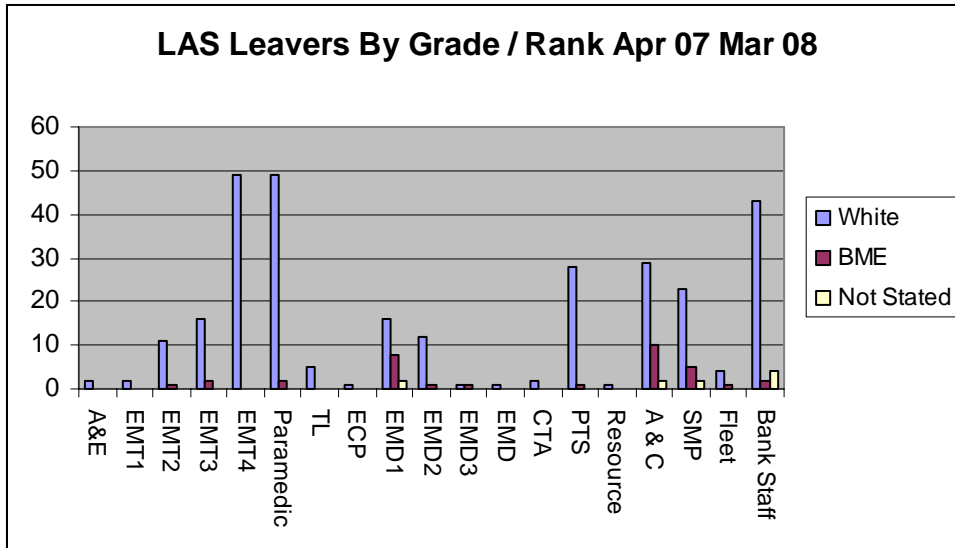
7.2.3. Of the 339 leavers 10% were from BME communities, 87% were white and 2.9% were not stated.



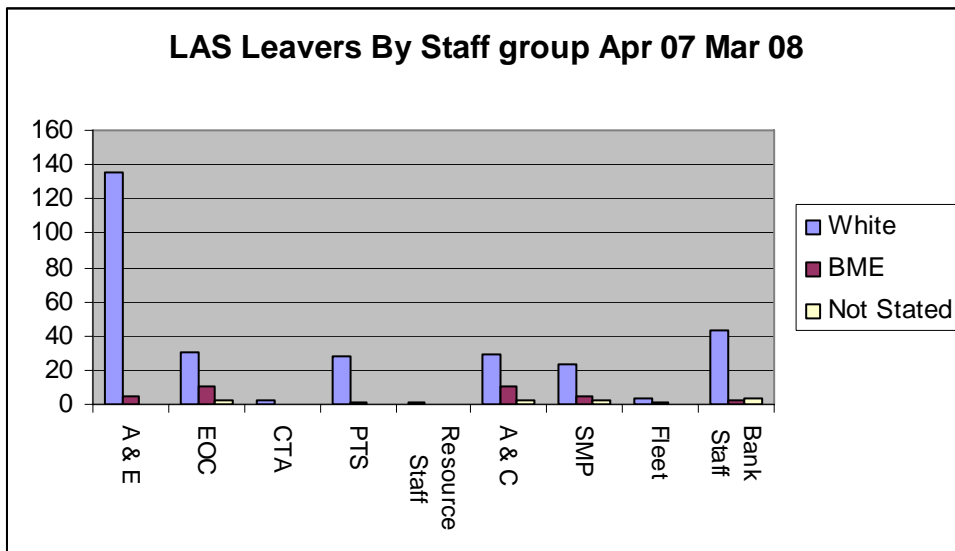
7.2.4. Of these the majority of staff were in the age range 21-30 – 31.9% and the age range 31-40 – 30.7%.



7.2.5. Of these the majority of leavers were in the ranks of EMD1, A&C and Bank staff for the age range of 21-30 and EMT4 & Paramedic for the age range 31-40.



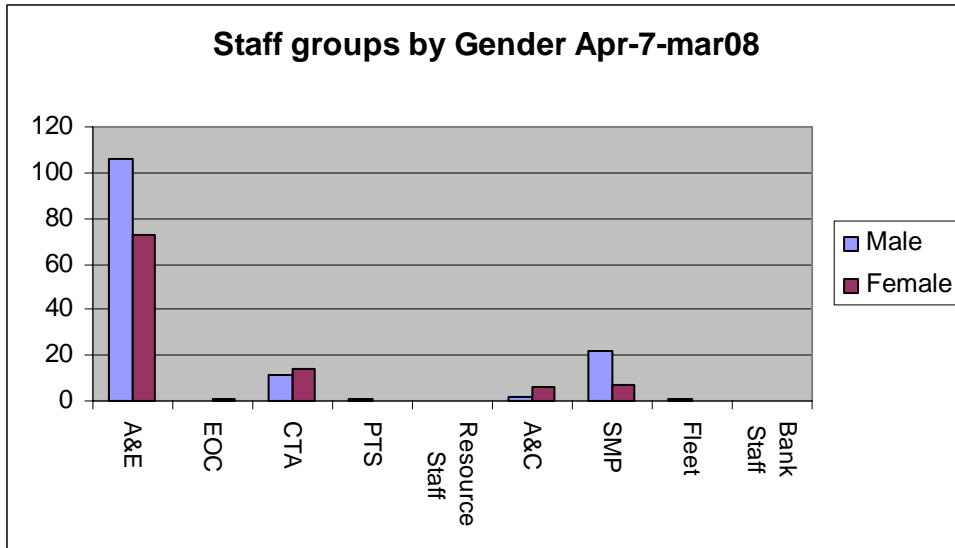
7.2.6. The majority of leavers were in A&E, which spanned the age ranges of 21- 30, 31-40, 41-50 and 51-60; EOC, particularly 21-30 and 31-40, A&C, in particular 21-30 and 31-40 and Bank staff especially in the age range 21-30.



7.2.7. No comparable statistics were provided in the 2006-07 report, so it is not possible to gauge any progress in this area.

7.3 PROMOTIONS

7.3.1. A total of 244 LAS staff were promoted from April 07 to March 08.



7.3.2. The overwhelming majority of these were white British or any other white, with less than 5% BME staff, which is less than the percentage of BME staff in the workforce for this time period.

7.3.3. Over 60% were male.

7.3.4. The department with the overwhelming majority of promotions was A&E.

7.3.5. The overwhelming majority of promotions were in the age ranges 21-30 and 31-40.

7.3.6. No comparable statistics were available in the 2006-07 report, so it is not possible to determine progress.

7.4 CAPABILITY/ATTENDANCE PROCEDURES/DISCIPLINARIES/GRIEVANCES/EMPLOYMENT TRIBUNALS

7.4.1. Below is the information on the total number of capability/attendance/disciplinary and grievance cases from April 07-March 08.

- 7.4.2. In total, the Capability procedure was instituted 38 times, Disciplinary procedure 94 times, Grievance 49 and Attendance 71.
- 7.4.3. The Capability Procedure was instituted against a total of 38 staff, 17 women and 21 men, of whom 1 was Black of Black British Caribbean, 1 White Irish, 1 White Other, 29 White British and 6 staff, for whom no ethnicity details were recorded.
- 7.4.4. 8 women (21% of the total) suffered detriment (receipt of warnings/dismissal) as a result of the Capability proceedings; 1 BME staff member (2.7% %)
- 7.4.5. The Disciplinary Procedure was instituted against a total of 94 staff, 28 women and 66 men, of whom 2 were Asian or Asian British Bangladeshi, 1 Asian or Asian British Indian, 1 Black of Black British African, 2 Black or Black British Caribbean, 3 Mixed White & Black Caribbean, 1 White Other, 75 White British and 9 staff, for whom no ethnicity details were recorded.
- 7.4.6. 17 women (18.1%) suffered detriment as a result of the Disciplinary proceedings; 8 BME staff (8.5%).
- 7.4.7. The Grievance Procedure was instituted by a total of 49 staff, 12 women and 37 men, of whom 1 was Asian or Asian British Pakistani, 2 Black of Black British African, 1 Black of Black British Other, 26 White British and 19 staff, for whom no ethnicity details were recorded.
- 7.4.8. Of the grievances submitted, two by women staff were upheld and one by a BME staff member was only partially upheld. However, as the overwhelmingly number had conclusions which were “not stated”, this can not be considered conclusive.
- 7.4.9. The Attendance Procedure was instituted against 71 members of staff in total, 31 women and 40 men, 6 of whom were Black British or Black British Caribbean, 2 Mixed Other, 2 Mixed White & Black Caribbean, 1 Mixed White Asian, 53 White British and 5 members of staff, for whom no ethnicity details were recorded.
- 7.4.10. 27 women (38%) suffered detriment as a result of the Attendance proceedings; 11 (15.4%) BME staff.
- 7.4.11. No details are available on disability status for any of the procedures.
- 7.4.12. In the year 2007-08 there were a total of 19 Employment Tribunal claims, just under 50% of which were from women.

- 7.4.13. Only one of the ET claims was submitted by a black and minority ethnic staff member.
- 7.4.14. 8 out of the 19 claims submitted were from disabled people. This appears a very high figure, although, given that currently records on disability status are not being kept comprehensively, it is not possible to determine how proportionate this is to the representation of disabled people within the current workforce.
- 7.4.15. The claims submitted by the 8 disabled people were all for Disability Discrimination.
- 7.4.16. The remaining claims submitted were for Unfair dismissal (5), Breach of contract/unlawful deduction of wages (2), Constructive dismissal (1), Unfair dismissal/racial discrimination (1) (submitted by a black and minority ethnic staff member) and Unfair dismissal/disability discrimination (submitted by two respondents, neither of whom self-identified as disabled).
- 7.4.17. Only one claim (Unfair Dismissal) submitted by a non-disabled white male member of staff was successful.
- 7.4.18. In the last report there were 48 disciplinary actions, of which 8.33% were of BME staff and 49 grievances, of which 12.24% were from BME staff. No complaints on racial grounds had been submitted to an Employment Tribunal.
- 7.4.19. In this last year, 07-08, of the total number of disciplinaries 10.6% were of staff from BME groups (higher than the previous year); of the total number of capability procedures, 5.2% were from BME staff groups (no comparable data available in the last report), which is less than the current representation of BME staff in the workforce; of the total number of grievances 8.2% were submitted by staff from BME groups, a sizable decrease on the previous report total; and of the total number of attendance procedures 15.5% were of staff from BME groups (no previous data available for comparison).
- 7.4.20. No previous data on gender or disability was available on these procedures in the last report.
- 7.4.21. In terms of gender, over the year 07-08 of the total number of capability procedures 42.8% were of women, which is 3.1% over the percentage of current representation in the workforce; of the total number of disciplinaries 36% were of women, below the percentage in the current workforce; of the total number of grievances 29.8% were of women, which is considerably below their representation in the workforce; and of the total number of attendance procedures 43.7% were from women, which is 4% over their representation in the workplace.

8.5 TRAINING

- 8.5.1. There were 4664 applications for training courses organized by

Learning & Development.

8.5.2. Of these 564 were from BME staff (see chart below).

8.5.3. 262 applications were from women (see chart below).

8.5.4. 6 applications were from disabled people (see chart below).

8.5.5. However, 4131 staff are not recorded in terms of gender, 4179 not recorded in terms of disability and 174 not recorded in terms of ethnicity, so no clear trends can be detected from this data.

8.5.6. A total of 345 staff (7%) received training.

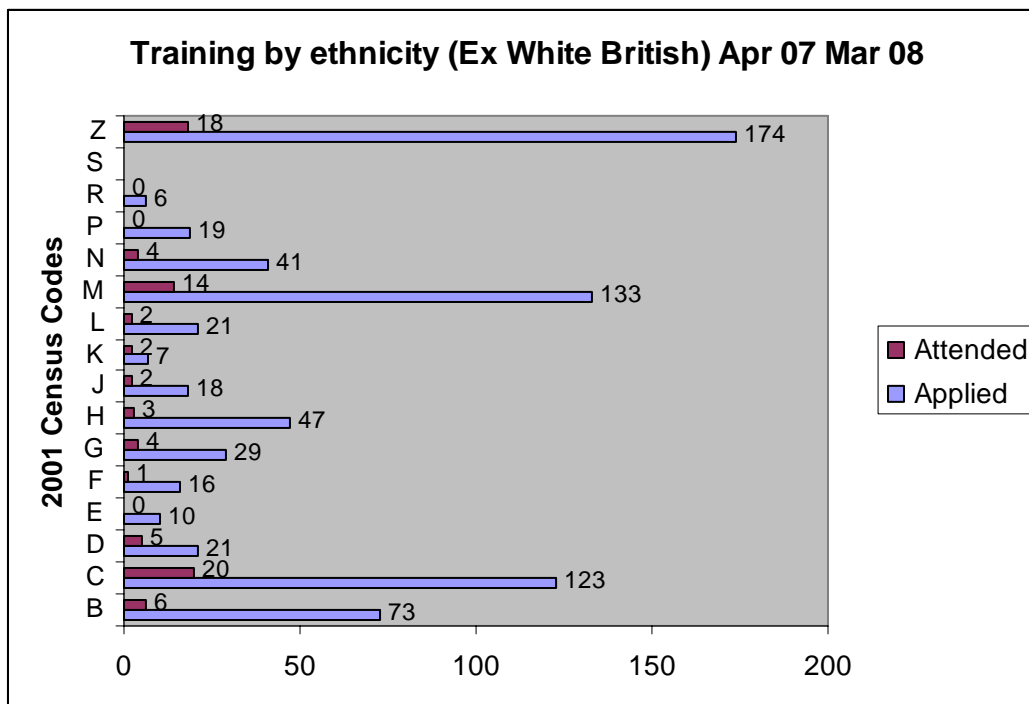
8.5.7. Of these 63 (18%) were BME staff.

8.5.8. 120 were women.

8.5.9. 2 were disabled people.

8.5.10. 97 staff were not recorded in terms of gender, 127 staff were not recorded in terms of disability and 18 staff were not recorded in terms of ethnicity, which makes it not possible to detect any clear trends in this data.

TRAINING APPLICATION & TAKE-UP BY ETHNICITY



Ethnicity Codes:

B – White – Irish

C – White – Any other background

D – Mixed – White & Black Caribbean

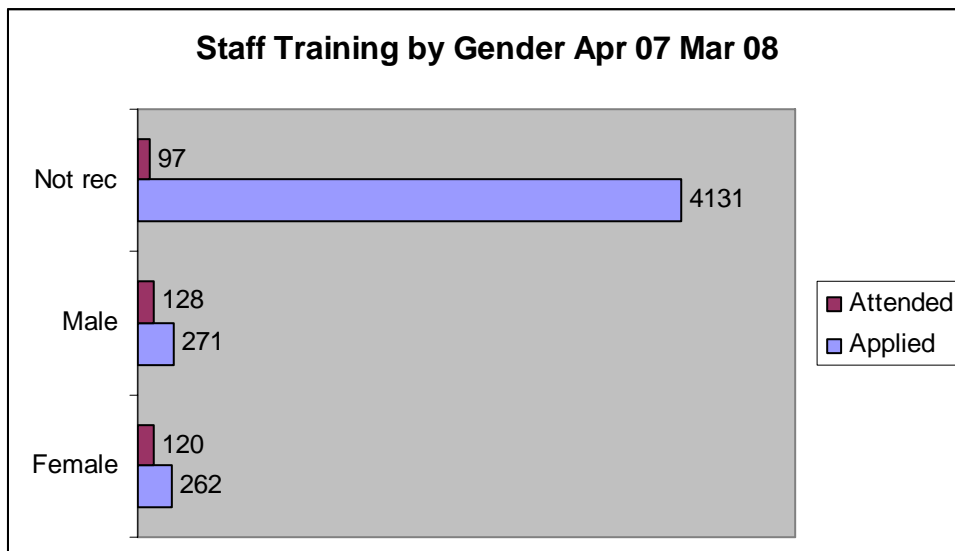
- E – Mixed – White & Black African**
- F – Mixed – White & Asian**
- G – Mixed – Any other mixed background**
- H – Asian or Asian British – Indian**
- J – Asian or Asian British – Pakistani**
- K – Asian or Asian British – Bangladeshi**
- L – Asian or Asian British – Any other Asian background**
- M – Black of Black British – Caribbean**
- N – Black or Black British – African**
- P – Black or Black British – Any other background**
- R – Chinese**
- S – Any other ethnic group**
- Z – Not stated**

A- White British:

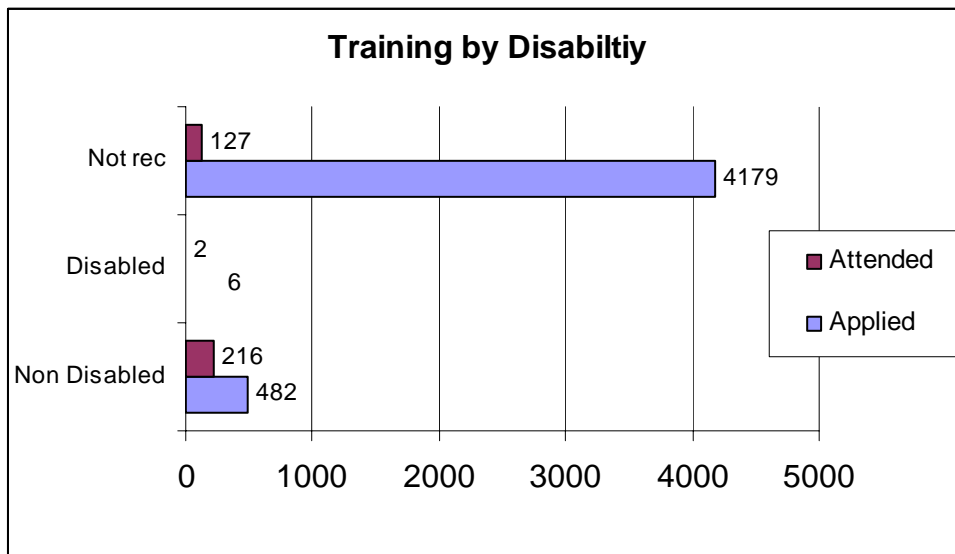
Applied 3926

Attended 264

TRAINING APPLICATION & TAKE-UP BY GENDER



TRAINING APPLICATION & TAKE-UP BY DISABILITY



8.5.11. No statistics on applications or take-up of training were available for the Education & Development division.

8.5.12. No statistics on application for or take-up of training were provided in the 2006-07 report, so it is not possible to gauge any progress.

9 EQUALITIES INITIATIVES

9.1 EQUALITY IMPACT ASSESSMENTS

A revised Equality Impact Assessment Procedure will be devised, with revised guidance and template, accompanied by training, which will assist the manager responsible for each function or policy and his/her team to complete the relevant impact assessments to the scheduled target date. 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 and functions of the London Ambulance Service, in line with existing equalities legislation, are adequately robust and subject to the requisite review and monitoring.

9.2. MEMBERSHIP OF EMPLOYER DIVERSITY FORUMS

9.2.1. LAS joined the Employers' Forum on Disability in March 1997 and the Stonewall Diversity Champions Programme in February 2008. To ensure that the LAS is also best placed to meet the other additional forthcoming requirements of the Single Equality Act on religion and belief and age, consideration should also be given to pursuing membership of the Employers' Forum on Age and the Employers' Forum on Religion & Belief.

9.3 RECRUITMENT & RETENTION

9.3.1. In conjunction with the recruitment manager, the Diversity Team will undertake an analysis of the advertising and recruitment initiatives previously undertaken to ensure a diverse range of media and outreach

initiatives can be undertaken for 09-10, aimed at greatly increasing the levels of representation by equality strand groups at each level and within each profession in the organization.

- 9.3.2. The introduction of a systematic approach to equality impact assessments of policies should ensure that all policies within LAS are inclusive of all staff and therefore actively assist in the retention of under-represented groups. Equality strand monitoring information from those leaving the organization as well as from staff surveys should also assist in highlighting any areas which need to be addressed, to prevent the service from losing valuable staff from these groups.

10 ACTIVITIES OF THE LONDON AMBULANCE SERVICE

10.1. PATIENT & PUBLIC INVOLVEMENT (PPI)

- The PPI Manager and PPI Committee aim to ensure that the Trust's PPI activities focus on the communities which will most benefit from engaging with the LAS, including those which experience health inequalities. For this reason, the Trust continues its work with the Bengali community in Tower Hamlets, as this is a community which currently suffers some of the worst health outcomes.
- Eight members of LAS staff at Tower Hamlets complex have undergone a 10-week course (60 hours in total) in the Bengali language, which has led to improved understanding between our staff and patients. There are plans to repeat this course – with another group of staff – early in 2009.
- Training sessions in paediatric emergency life support (including choking and bleeding) are being held in Children's Centres in Tower Hamlets, developed and led by an Emergency Medical Technician from Tower Hamlets complex. This group has been chosen because of the high infant mortality rate in the Bengali community. There are plans to work with Tower Hamlets PCT in 2009 to ensure these sessions are targeted at the women with the greatest need.
- A health education pack, "Get the Right Treatment," was produced in conjunction with Tower Hamlets PCT. This pack provides health advice and information about which part of the NHS to access in a variety of circumstances, with the aim of reducing A&E attendances at the Royal London Hospital for people with conditions which could be treated in another setting, e.g. a walk-in centre. The LAS wrote, directed and produced the DVD which is used in training sessions with NHS staff and people from the community in Tower Hamlets, showing a series of scenarios followed by health advice from a local GP and information about services available for people with each of the complaints illustrated. Get the Right Treatment won a London Health & Social Care Award in 2008.
- New Ways of Working includes the introduction of a new role, Community Involvement Officer. Two of these posts have been filled for the first two

NWOW sites – Barnehurst and Chase Farm. The role includes engaging with local communities and identifying priority groups in the area on which to focus our PPI and public education activity.

- The Public Education Strategy and Action Plans for 2007-08 and 2008-09 describe how particular sections of the community should be prioritized when the Trust is planning its public education activities. Materials and resources are being developed for use by LAS staff engaged in Public Education work and during 2008-09 10 staff have been undergoing a pilot development programme to ensure they have the right knowledge and skills to do this work effectively. This programme will be evaluated early in 2009 and will be extended to another group of staff in the spring or early summer of 2009. A Public Education Co-ordinator will also be appointed early in 2009 to support developments in this area of work.
- The Trust continues its involvement with multi-agency projects to improve health outcomes and reduce harm to a variety of vulnerable groups, e.g. those at risk of being victims of gun and knife crime. Two further examples are “Prison Me No Way” (demonstrating the effects on young people of getting involved with crime) and “Safe Drive, Stay Alive,” a powerful live event illustrating the importance of driving safely.
- In 2008 four schools in Barking & Dagenham came together to provide work experience placements for their year 12 students. This new approach to work experience provided teams of students with the opportunity to work together on a 'real' project within an organization. A team of five students came to the LAS and were supported by the Events & Schools Team. They conducted a project to find out about perceptions of the LAS amongst 14-16 year olds. The surveys were designed to find out people's experience of the Service, their views about its plans for the future, and whether they would consider a future career in the ambulance service. 186 surveys were completed and produced some interesting findings.
- The Trust also includes its work with younger children (age 10-11) through the Junior Citizens Scheme, which gives children an opportunity to learn how to call an ambulance and how to carry out basic first aid.
- The Trust routinely takes part in public events throughout London, e.g. the London Mela festivals (aimed at the Asian communities), the borough shows, local fairs and fetes, recruitment events, safety days, events at schools, etc.
- A member of staff has spoken on Asian radio stations a number of times, encouraging the community to access Heartstart training.
- Consultation and engagement events have been held for Patient Transport Service users; members of the public wishing to learn about – and comment on - the Service Improvement Programme, and help the Trust complete its equality impact assessment; and to develop the new mental health strategy, long term conditions strategy and older people's strategy. Large-scale consultation events are planned for early 2009, when the Trust will be

consulting on its future plans, including the plan to become a Foundation Trust.

- The Trust continues to engage with the Patients' Forum, which continues its work as an unregistered charity following changes in the law which saw Patients' Forums being abolished elsewhere. The Patients' Forum has a diverse membership, including a number of disabled people, a number of older people, and members from various ethnic backgrounds. Three deaf members of the Forum have been involved in the Service Improvement Programme project to improve access to the Service for deaf people.
- The Trust is also increasing its involvement and engagement with the borough Overview and Scrutiny Committees, and the new Local Involvement Networks, which exist in each borough. Local Involvement Networks, or LINKs, will be a good way of engaging with a wide variety of local people in all areas of London.
- A major public event in March 2008 "It's your call" (referred to later under "Stakeholder Engagement") which showcased the work LAS has been doing on equality impact assessments.

10.2. THE PATIENT TRANSPORT SERVICE

10.2.1. Although PTS has within its remit the recording of records by ethnicity, only 2% of records have been recorded, and only since this year, which does not make it possible to analyse take-up of this service.

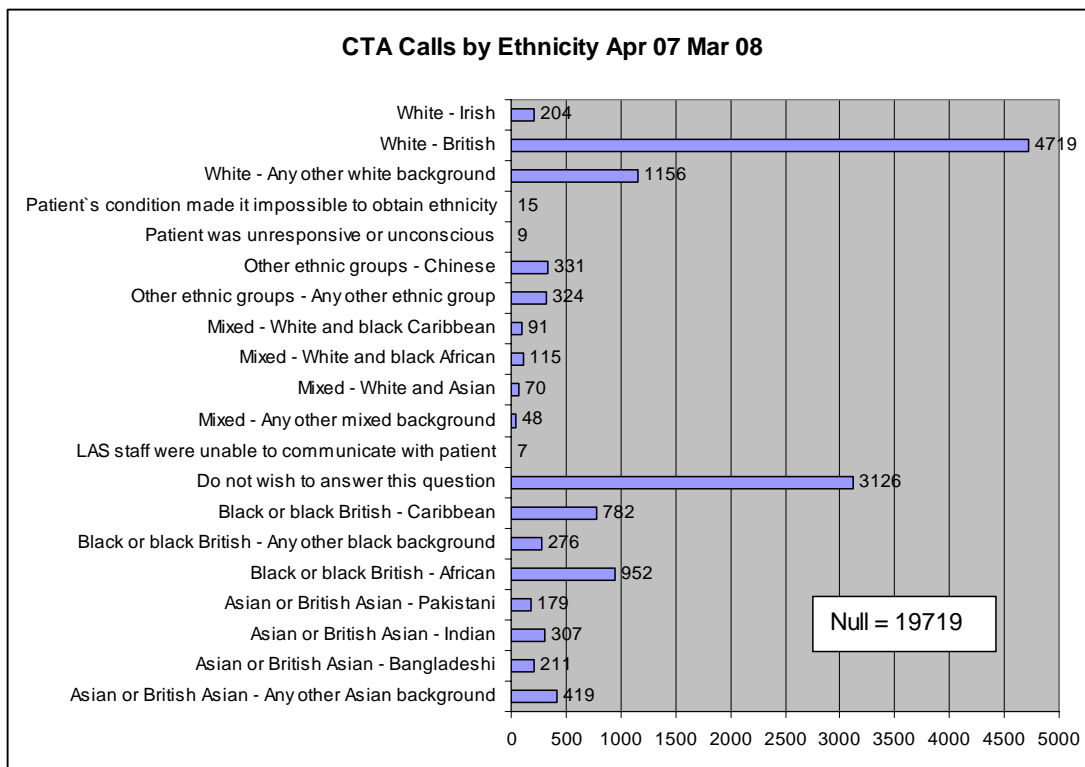
10.3. CLINICAL TELEPHONE ADVICE

10.3.1. Currently, the only data which can be provided is:

- Ethnicity data obtained from the emergency dataset, which would have been taken from the Patient Report Form
- Age and gender, taken from PSIAM

10.3.2. No information is currently available for "no sends", due to inconsistencies within the data, which makes it impossible to determine conclusively which are "sends" and "no sends". The data requested does not include ethnicity.

10.3.3. The graph below indicates the usage by ethnicity from April 07-March 08.



Ethnicity has been obtained through the data collected from PRF's where a crew has arrived on scene.

(Field question "Patient declined to indicate ethnicity" has been merged with "Do not wish to answer this question")

10.3.4. From April 2007 to March 2008 there was a total of 15,128 calls made through PSIAM (the CTA system) made by women, of whom the largest number were by women in the age ranges 16 to 25, 25 to 34 and 35 to 44.

10.3.5. In the same timeframe a total of 10,652 calls were made by/for men, of whom the largest number were in the same age ranges as above.

10.4. COMPLAINTS

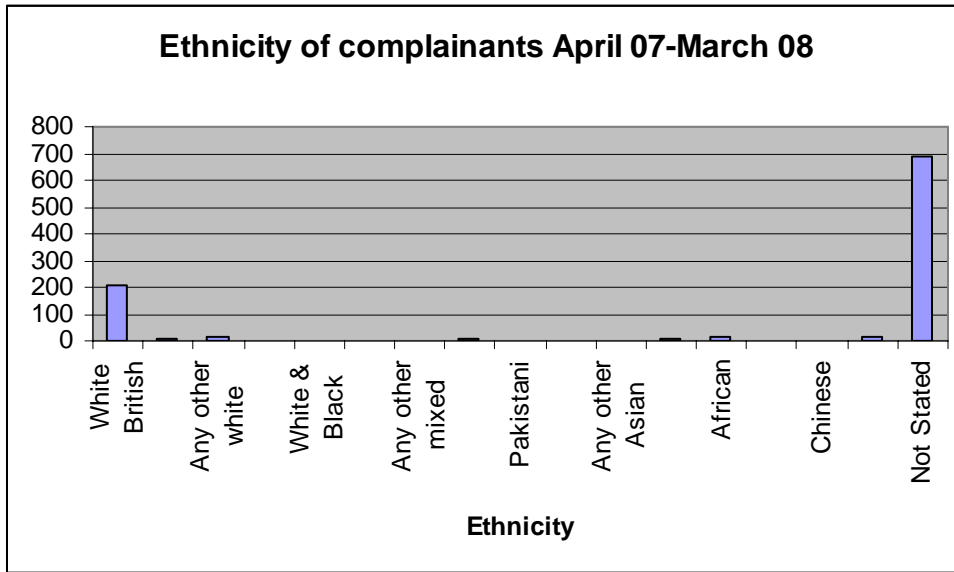
10.4.1. Equalities data on complaints is limited, as ethnicity monitoring forms are sent to complainants, rather than the information being sought over the telephone, following a recent complaint about a member of ambulance staff seeking to ask ethnic monitoring questions of a patient, who viewed this as instrumental in determining what she considered to be poor treatment. Although an SAE is always provided, only a relatively small percentage of completed forms are received back, making the provision of this data at best only very partial.

10.4.2. Ethnicity details on the patient are currently given by the complainant in the cases where someone other than the patient calls to complain.

10.4.3. The statistics on complaints received from April 07 to March 08 reveal that as indicated on the following graph that:

- The overwhelming number of complainants did not state their ethnicity

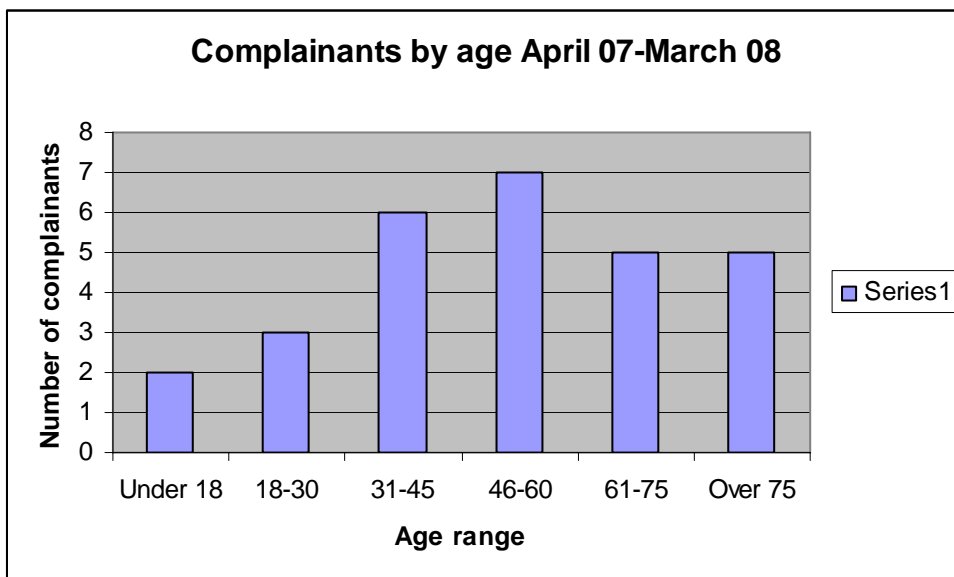
- The second highest reported ethnic background was White British
- Equal third highest reported was Any other ethnic group and African



(The above figures combine the information collected on patient and complainant; in some cases the complainant is the patient, although there is currently no data to determine what percentage this would comprise.)

10.4.4. Currently, although the gender and age of the patient/complainant are recorded, there is no easy way of obtaining a report on these statistics other than by going through more than 500 individual records on the database, so there is no reliable comprehensive information currently to hand.

10.4.5. The graph below indicates the age range of complainants (gained from the ethnic monitoring forms).



10.4.6. The greatest number of complainants come from the 46-60 age range, followed by 31-45 then equally 61-75 and over 75. However, given that the sample

obtained is very low (28), these statistics are not necessarily indicative of an overall pattern in the service take-up.

10.5. Patient Experiences Data (Formerly PALS)

10.5.1. Equalities data is limited, owing to the lack of opportunity to go through an ethnicity questionnaire each time an enquiry is received, as it currently may often appear inappropriate. An Equalities Monitoring Form is however sent out with each response to a PALS enquiry or a complaint, although the returns are relatively few. Attempts by crew staff to seek information have also resulted in complaints, in the light of misunderstandings about the purpose and possibly less than optimum explanations as to the rationale for asking for equalities information.

10.5.2. The lack of any systematic analysis is also inhibited as the Datix case management module for PALS was never set up to record this information. A bolt-on field was added on but it is not entirely satisfactory for this purpose.

10.5.3. From April 2007 to March 2008 from a total of possible 4709 contacts to PALS in terms of ethnicity the highest number of contacts (Enquirer/Contact) were not stated, followed by White British and any other White background. However, the low frequency of reporting precludes any reliability in this data.

10.6. PATIENT PROFILING

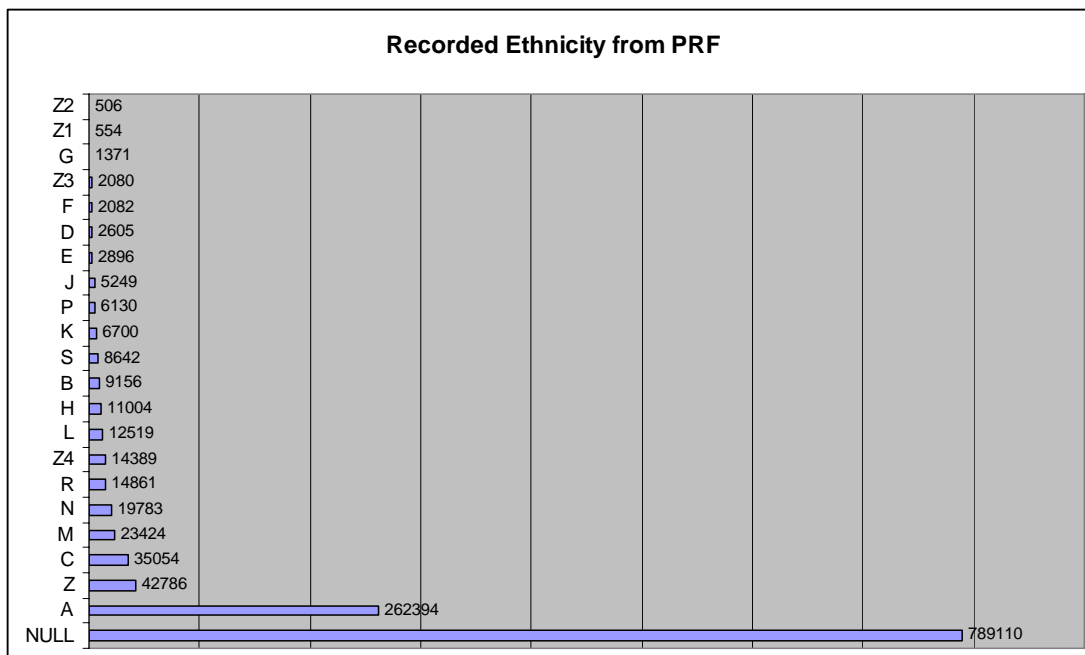
10.6.1. Recording of the ethnicity of patients started in 2005 through the use of the Patient Report Form.

10.6.2. In 2006-7 forms completed showed that the patient profile was then:

- Minority ethnic – 24.7%
- White – 75.3%

10.6.3. As the graph below shows, the current statistics indicate that the 2007-08 profile is now:
Minority ethnic – 13%
White – 77%

Given the Census 2001 estimate of 28.8% BME population in London, this represents a lesser take-up than expected. However, a sizable number of service users were either unwilling or unable to provide their ethnicity, so the accuracy of this profile is not possible to confirm.



Key

Based on the 2001 Census Ethnic coding and additional LAS PRF field codes. (see below)

Ethnicity Codes:

A – White - British:

B – White – Irish

C – White – Any other background

D – Mixed – White & Black Caribbean

E – Mixed – White & Black African

F – Mixed – White & Asian

G – Mixed – Any other mixed background

H – Asian or Asian British – Indian

J – Asian or Asian British – Pakistani

K – Asian or Asian British – Bangladeshi

L – Asian or Asian British – Any other Asian background

M – Black of Black British – Caribbean

N – Black or Black British – African

P – Black or Black British – Any other background

R – Chinese

S – Any other ethnic group

Z – do not wish to answer this question

Z1 – patient was unresponsive or unconscious

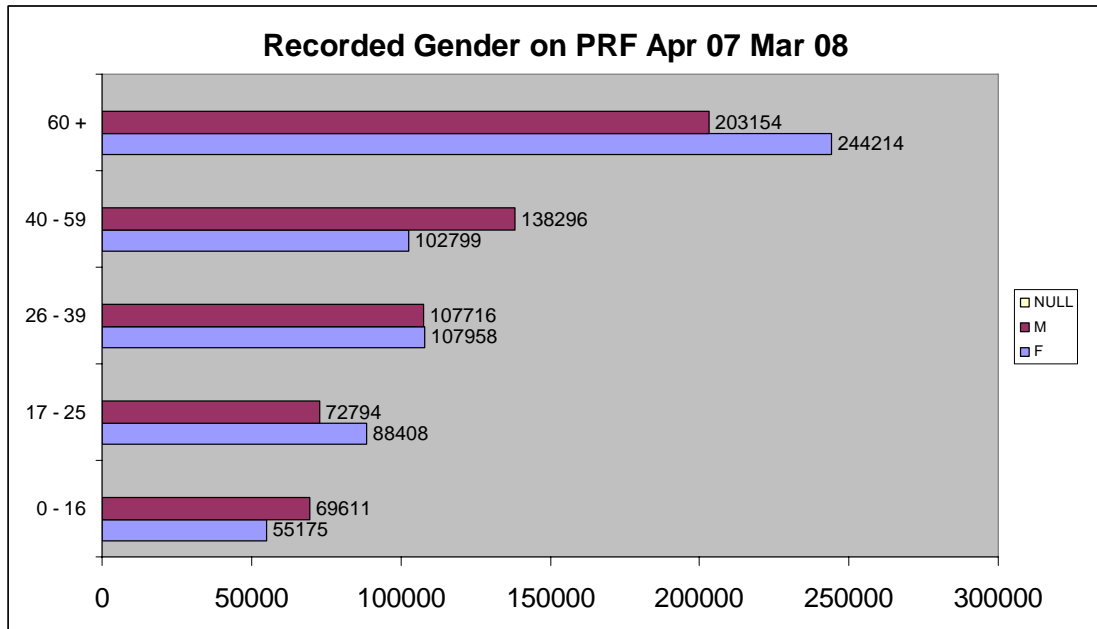
Z2 – LAS staff were unable to communicate with the patient

Z3 – Patient’s condition made it impossible to obtain ethnicity

Z4 – Patient declined to indicate ethnicity

10.6.4. The current profile in terms of gender, as shown by the chart below shows that in terms of gender of respondents, both males and females accessed the service in roughly equal sizes, with the most predominant age range being that of the 60+ followed by 40-59.

10.6.5. This information was not provided in the 2007 report, so it is not possible to determine any progress in this area.



11. STAKEHOLDER ENGAGEMENT

11.1. A highly successful stakeholder engagement event, the first Service Improvement Forum (“It’s your call”), was held at the end of March 2008.

11.2. The Service Improvement Forum focused on LAS’s plans for the future.

Speakers and workshops went through the five key areas of the Strategic Plan and asked participants for their feedback on proposals.

11.4. The first session focused on how people accessed the ambulance service and how LAS shared information with other healthcare services.

11.5. Two key projects were highlighted during the presentation:

- Work with the speech and hearing-impaired community to find a way they can access the service
- Use of translation cards by ambulance staff to improve how LAS staff communicate with service users whose first language is not English

11.6. Feedback was very positive:

- one of the key suggestions for improvements in access was for LAS to make use of EasyRead aids
- people were very keen to see the number of staff within the Trust who were able to speak additional languages increase; this was viewed as particularly beneficial with regard to the forthcoming Olympic and Paralympic Games being held in London Ambulance Service

- it was recommended that visitor packs for visitors be provided, to enable them how to find help and to contact where necessary the emergency services
- raising public awareness about LAS activities was also felt to be very important, particularly in regard to educating people and their carers about what to expect when a crew arrives
- another popular idea was to increase the work with school children of all ages, in regard to dialling for help or careers in the ambulance service
- suggestions included working with specific community groups and schools to promote careers in the service

12 CONCLUSION

12.1.1. A lot of highly positive work, highlighted above, has taken place in the year from 2007 to 2008 and the conclusions and recommendations contained in this report are aimed at making further improvements on this position. 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.

12.1.2. There is a wide variation in the quantity and quality of management information being collected on the different functions & activities of the Trust, which does not allow for a detailed analysis of progress in terms of workforce representation; access to, or satisfaction with the services LAS provides, in keeping with the requirements of current equalities legislation.

12.1.3. Currently there is a lack of consistency in regard to the information being gathered on equality strand categories of frequency or quality of the information being collected.

12.1.4. There is minimal data on disability throughout the Trust.

12.1.5. The way in which equality strand information is collected continues to inhibit best practice in this area, i.e. at times ethnicity data may be being classified by LAS personnel rather than allowing for self-identification by service users, which can be due to the circumstances surrounding the data collection, e.g. asking patients in an ambulance for this information when they are ill or anxious.

12.1.6. Information is not readily available on representation by BME staff, women or disabled people at senior grade level. However, there is scope for future reporting on this. This should be remedied by the next reporting period in May.

12.1.7. Some service areas in LAS are not systematically collecting information across the equality strands at all, although monitoring and reviewing information on access to and satisfaction with services is the responsibility of the function holder.

12.1.8. Some of the I.T. systems in place for collection of data are not best suited to capturing the data in sufficient comprehensiveness or quality.

12.1.9. To ensure LAS is able to meet fully its duties under existing equalities legislation, the information being gathered and reported on for each of the Trust's functions and services on race, gender and disability needs to be consistent, comprehensive and qualitatively robust, which currently is not the case across the Trust.

13 RECOMMENDATIONS .

13.1. To ensure the Trust is best placed to meet its obligations under existing and forthcoming equalities legislation, it is recommended that:

- a standard monitoring template for the collection of equalities data be drawn up, to be used by each service area across all its functions, activities, employment & training and engagement practices
- staff be surveyed on the possible establishment of new staff diversity networks
- consideration be given to LAS joining the Employer's Forum on Age and Employer's Forum on Religion or Belief, to ensure LAS stays at the forefront of good practice on all equality strands
- consideration be given to LAS seeking to become one of the top 100 UK employers on the Stonewall Workplace Equality Index
- current management information collection, review & reporting processes across the Trust be reviewed, with a view to ensuring standard, comprehensive and detailed data is readily available on each aspect of the Trust's functions and activities; this should include a review of the I.T. systems currently being used to collect data in service areas.
- progress on equality & diversity in LAS be benchmarked against other ambulance services & leading NHS Trusts, including those who have successfully achieved Foundation Status
- regular review and monitoring of equalities information on their service be undertaken by the function holders throughout the Trust, as well as being part of the equality impact assessment procedure; a new user-friendly procedure will be produced for use across the Trust in 2009
- to address the low representation in the LAS workforce of 8.44% minority ethnic staff and the potential low percentage of disabled staff, specific recruitment initiatives should be considered and planned over the coming year to target these under-represented groups and to investigate the reasons for the lack of take-up of a career in LAS by them.
- to assist with the recruitment & retention of under-represented groups a targeted communications campaign should be considered, which could feature life stories

of LAS personnel who are women, minority ethnic and disabled, to encourage more people from these sections of the population to join the service.

- LAS should seek to be included in the free Stonewall Recruitment Guide for college & university leavers, “Starting Out”, to further raise the profile of the service as an employer of choice