



# **Diversity and Inclusion Report 2020-21**

## Introduction

South East Coast Ambulance Service NHS Foundation Trust operates across a geographical area of 3,600 square miles, covering Brighton & Hove, East Sussex, West Sussex, Kent, Surrey, and North East Hampshire. This diverse geographical area includes densely populated urban areas, sparsely populated rural areas and some of the busiest stretches of motorway in the country.

Around 88% per cent of our workforce is made up of operational employees – those caring for patients either face to face, or over the phone receiving 999 or 111 calls.

This report provides an overview of our progress and achievements during 2020-21. This period was one in which we delivered our services and supported our colleagues impacted by an unprecedented global pandemic, which served to highlight the level of health inequalities that continue to exist in our society where global issues shone a light on inequity and the importance of developing an inclusive culture.

## Our commitment to equality and diversity

We believe in fairness and equity, and value diversity in our role both as a provider of services and as an employer.

We aim to provide accessible services that respect the needs of each individual and exclude no-one and are committed to eliminating discrimination based on the Equality Act 2010, which identifies the following nine protected characteristics:

Disability	Gender Reassignment	Marriage and Civil Partnership
Sex	Religion and Belief	Age
Race	Sexual Orientation	Pregnancy and Maternity

We recognise that discrimination can be direct or indirect and takes place within organisations and at a personal level. Such discrimination is unacceptable and unlawful: we have a zero-tolerance approach towards behaviour that amounts to harassment or the exclusion of any individual. We will create an environment where everyone is listened to, respected and well supported.

We expect all SECamb employees, volunteers, students and apprentices to fulfil their responsibilities and to challenge behaviour or practice that excludes or is offensive to our patients, their families and carers, suppliers or colleagues. SECamb will develop a healthcare workforce that is diverse, non-discriminatory and appropriately skilled to deliver modern healthcare services to all.

## Equality Objectives

As a public organisation, SECamb is required to prepare and publish one or more equality objectives in order to meet the requirements of the Public Sector Equality Duty (PSED).

In 2017, SECAMB moved to adopt a single equality objective based on the recommendation of our patient and public stakeholder group, the Inclusion Hub Advisory Group (IHAG). This was to allow for a more focussed approach to delivering continuous progress against the objective.

*‘The Trust will improve the diversity of the workforce to make it more representative of the population we serve’.*

The equality objective is in place for four years, and is supported by one-year specific, measurable, achievable, realistic and timely (SMART) action plans. The objective and action plan are reviewed and monitored by our Inclusion Working Group. The Trust reviews the workforce diversity via the Inclusion Working Group (IWG) and HR Working Group on a quarterly basis. The IWG will be reviewing recommendations on our equality objective for the next four years at its next meeting and these will be published to the Trust public website once agreed.

Our current workforce diversity is addressed later in this report. However, as a Trust we have increased our workforce by 25% since 31 March 2017. There have been positive increases in gender diversity of the organisation overall, and the year on year increase in women indicates that we are moving towards a more female workforce as seen in the NHS overall (77% women make up the NHS workforce), but in the same period have had only a small increase in the representation of women at Board level.

Overall, the Trust also saw the following:

- A 2.1% increase in Black, Asian and Minority Ethnic (BAME) colleagues in the Trust and an improvement in the number of colleagues choosing to share their ethnicity data with us.
- A small increase in the number of colleagues with disability in the Trust, but a significant increase of over 13% of people choosing to share their disability status with the Trust.
- A 2% increase in LGB representation within the Trust and increase of over 7% of people choosing to share their sexual orientation data with us.
- A 10% increase in colleagues from minority faith groups including Atheists. However, unlike other areas of diversity monitoring there has been an overall decrease in the number of colleagues choosing to declare their religion or belief.

Data of the workforce changes provided above can be found in appendix one.

Whilst we have made some progress towards increasing the diversity of our workforce over the past four years further progress is required in order to become more representative of the communities we serve, and this will be considered as part of the review of our equality objective.

## **The Public Sector Equality Duty**

The Public Sector Equality Duty, section 149 of the Equality Act, encourages us to engage with the diverse communities affected by our activities, to ensure that policies and services are appropriate and accessible to all, and meet the different needs of the communities and people we serve.

The Public Sector Equality Duty consists of a General Duty with three main aims. It requires us to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Having due regard means that we must consider these three aims as part of our decision-making processes:

- how we act as an employer
- how we develop, evaluate and review policy
- how we design, deliver and evaluate services
- and how we commission and buy services.

We have specific duties requiring us as a public sector organisation to:

- Publish relevant, proportionate equality information to demonstrate our compliance, which must include:
  - Information relating to employees who share protected characteristics
  - Information relating to people who are affected by our policies and practices, who share protected characteristics
- Prepare and publish equality objectives at least every four years starting from 6 April 2012
- Publish our annual Gender Pay Gap Data.

This report and the information contained within it provides evidence of compliance with our Public Sector Equality Duties for 2020-21.

## **Meeting our Duties**

SECAMB is committed to developing and implementing integrated employee, patient, public and stakeholder engagement as part of our core functions. To achieve this, we aim to demonstrate a real commitment to put the patient at the heart of everything we do.

As a service provider, we are committed to providing a service which is accessible to everyone and prevents unfair or unlawful discrimination on the grounds of age, disability, sex, gender identity, race, sexual orientation, or religion, faith or belief. We are working to promote good relations between different individuals and groups.

As an employer, we will ensure our employees work in an environment which respects and includes everyone and is free from discrimination, harassment and

unequal treatment. We are keen to attract employees from diverse backgrounds that are representative of the population we serve and seek to raise our profile as a potential employer, especially where we are under-represented.

Our equality commitments are embedded in our strategic objectives and governed through several committees including an Inclusion Working Group, HR Working Group and the Workforce and Wellbeing Committee.

We have an Inclusion Strategy and an Equality, Diversity and Inclusion policy, which set out our commitment and working practices.

We meet our legal duties in relation to the Public Sector Equality Duty and Gender Pay Gap Audit and our mandated requirements for the Equality Delivery System 2, Workforce Race Equality Standard and Workforce Disability Equality Standard.

We are members of the Employers Network for Equality and Inclusion and received their Gold award in 2020 for their Talent Inclusion & Diversity Evaluation benchmark. SECAMB was the only ambulance trust in a record 98 entries from organisations from across 26 sectors. A total of 51 achieved an award with SECAMB among 13 achieving the highly coveted gold award. Other gold winners included IBM UK Ltd, the Ministry of Justice and fellow NHS organisation, North East London NHS Foundation Trust.

In 2020-21, we were also one of NHS Employers' Diversity and Inclusion partners, a programme which supports the sharing of good practice between organisations. We are committed to the Job Centre Disability Confident scheme and had our Disability Confident Employer status renewed in 2020.

We have a robust process to ensure strategies, policies, procedures and major service changes are regularly assessed for impact on equality issues and our Inclusion Hub Advisory Group and staff networks help us to understand the needs and views of a range of diverse people and communities.



## How we engage with our employees

### Inclusion Working Group

The IWG meets every quarter. The group is chaired by Chief Executive Officer, Philip Astle as the Executive Director with overall responsibility for this workstream and also attended by the Executive Director of HR and OD. The group comprises of senior managers from across all directorates within the Trust to ensure equality and diversity work is embedded across the Trust at a senior level. Full membership also includes union partners, IHAG representation and members from our staff equality networks.

The purpose of the group is to steer the inclusion, equality and diversity agenda in relation to both employees and patients. It provides support, advice, assurance and governance to employees who are responsible for Inclusion, Equality and Diversity. It reports to the HR Working Group and Workforce Wellbeing Committee (WWC) and so has a direct reporting line to the Board.

Its responsibilities include meeting the Trust requirements in relation to equality, diversity and human rights legislation and codes of practice as set out by the NHS, Department of Health and the Equality and Human Rights Commission.

The IWG is committed to promoting, recognising and valuing the diverse nature of our communities, stakeholders and colleagues, and removing or minimising inequalities of access and discrimination, to enable the Trust to meet the needs of patients. The group is also responsible for implementation of the Equality Delivery System and Inclusion Strategy and oversees the development and monitoring of associated action plans.

### Our Staff Equality Networks

The Trust has a number of staff equality networks covering LGBT+, cultural diversity and faith, disability and carers, Diversity Champions which includes a sub-group of our Gypsy and Traveller Community team, and our recently launched Gender Equality Network.

During the last financial year, our colleagues faced enormous pressures to deliver care to their patients whilst also learning to live in a COVID19 world. The national lockdowns, remote working and necessary levels of reduced physical and social interaction, coupled with disproportionate impact of COVID19 on some communities meant that despite staff equality networks not being able to undertake their usual activities, they increased their visibility and stepped up to provide support to their colleagues as well as act as a conduit for the voices of minority groups within the Trust.

## Inspire – Cultural Diversity and Faith Network



Inspire (previously Aspire) was launched in October 2017. At the start of the 2020 financial year all non-essential meetings were paused as a result of the increased pressure on the organisation and the need to maintain social distancing.

In mid-April the Programme Manager for Equality Diversity and Inclusion became concerned about the increased levels of stress and anxiety that colleagues may be feeling in response to the discussions in the media that COVID was having a disproportionate impact on BAME communities from COVID. Following approval via the COVID Management Group (CMG), the Programme Manager sought the assistance of the network Chair, Jayne Phoenix Associate Director (Bank), and Deputy Chair, Ariel Mammana, Operational Team Leader, to provide culturally sensitive wellbeing support early on for BAME colleagues. All self-declared BAME colleagues in the Trust were contacted by one of the above to “check in”, undertake a welfare conversation and provided signposting to the Trust Wellbeing Hub where required. This was also extended to colleagues classed as clinically vulnerable who were shielding, and these calls were undertaken by the Programme Manager with the support of an Enable network member. The Inspire network also recommended the use of risk assessments to the organisation prior to it being mandated so that we had a better understanding of how we can best protect at risk groups.

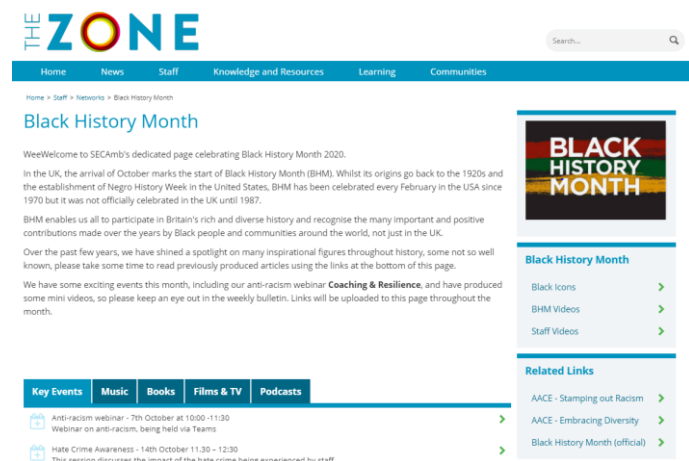
The team wrote to all colleagues who had self-identified their ethnicity as belonging to BAME community and clinically vulnerable colleagues individually to explain our approach and reasoning and 1:1 calls were commenced following this.

Following this we set up weekly follow up calls to those colleagues who were particularly isolated and in need of additional support. In addition, a number of referrals into our Wellbeing Hub and specialist wellbeing services were completed. We also provided bespoke support for people based on individual need.

As a result, the network commenced a programme of weekly listening events for BAME and shielding colleagues, which ran from May 2020 to April 2021. Network membership increased by over 140%. The Executive Director of HR took on the role of Executive Sponsor and the Board Chair the Non-executive sponsor role.

May 2020 also saw the murder of George Floyd by a policeman in the USA, and the impact of this was felt globally, including within our network. It was this conversation in the network which led to the response from the [National Ambulance BME Forum](#) on behalf of BAME colleagues in the sector, asking our organisations to do more and the Association of Ambulance Chief Executives (AACE) committing to an antiracism workstream. Our conversations also identified a need for and BAME therapists to provide specialist support to colleagues referred to our Wellbeing Hub who would better understand their lived experience and these were sourced. The Network Chair and Programme Manager also delivered a number of antiracism sessions to help increase awareness and understanding that it is no longer sufficient to not be racist, but there is also a need for us all to actively demonstrate our support and take a stand – to be actively antiracist.

Antiracism and employee wellbeing was also the focus of the network's Black History Month celebrations. The network developed a microsite as a resource tool for colleagues with support from the Communications Team, facilitated weekly events including a safe space employee resilience and coaching session with specialist coach and psychotherapist, as well as a session on hate crime awareness including the importance of recognising the additional impact of abusive behaviours that are aimed at a person's identity and how we can support colleagues better.



Colleagues have shared the following about how the network has impacted them over the past 12 months:

*“At a time of great uncertainty and disconnection having suddenly left the workplace the Inspire network was an invaluable resource to me personally. It gave me support and provided the opportunity to be connected to my colleagues and the workplace at a time of isolation. It offered a platform to discuss often commonly shared concerns (disproportionate Covid deaths, BLM, Faith issues) as well as world and national events, which helped me make sense of them, educate myself further and remind me I was not alone.”*

*Amanda Jagger, Inspire member, 2021*

*I don't think I would have made it through this last terrible year without the support of SECAMB and especially the Inspire Network.*

*The weekly meetings were a lifeline with a cathartic feeling because we felt "seen" and didn't have to suppress our "colourfulness". I am so proud to be part of the phenomenal Inspire Network and grateful that it exists.*

*Sairah Merchant, Inspire member, 2021*

The Programme Manager and the Network Chair are also the SECAMB representatives on the National Ambulance BME Forum, of which Jayne Phoenix is Deputy Chair. The events of 2020 and COVID19 has also increased the visibility of staff networks and in particular BAME networks in the NHS and the Programme Manager, Inspire Chair and Deputy continue to provide representation for the Trust across BAME workforce groups for Surrey Heartlands Integrated Care System (ICS).



## **Enable, the Disability and Carers Network**

The Enable network relaunched in June 2018 and is chaired by the Programme Manager.

COVID19 has had a significant impact on the role that Enable played in supporting colleagues due to the increased risk for those

with disabilities including a number of long-term health conditions, and the requirement to shield which impacted a significant number of our colleagues. The welfare calls for BAME colleagues were also extended to shielding colleagues whether it was due to existing health conditions or pregnancy. Similarly support to access wellbeing services and specialist support or signpost to alternative duties where this had not been picked up by a local manager was undertaken.

Colleagues spoke of their feelings of isolation, fear, and the impact of shielding on their mental health. Weekly listening meetings were also set up for this group of colleagues who shared their lived experiences to help inform the development of the risk assessment guidance and return to work support for when shielding was paused and later, ended. It was a member of the Enable network who came up with the idea of sharing the lived experience of colleagues for the fantastic video created for the [2020 Annual members meeting](#).

A colleague shared the message below to express their gratitude for the work that Enable did to support them during shielding:

*I wanted to thank you all for your amazing support, especially over the shielding period. As you will remember me not being able to work became quite distressing. You both helped me find alternative duties and I can honestly say, that during my time with them I have not felt like a burden because of my disability and felt appreciated for the skills I have.*

*Words cannot express how grateful I am to you both and keep up the excellent work you do supporting us folk with medical conditions.*

*Anon, Enable network member, 2021*

Colleagues shared their lived experience across a number of areas to help influence workstreams including during Carers Week, promotion of the Hidden Disabilities' sunflower lanyard scheme (currently in use by over 80 colleagues), help inform the development of the Neurodiversity Charter (launched in December 2020 in partnership with GMB union), and one of the biggest successes thus far for the group - the hearing impairment workstream.

The need for mask wearing as a result of COVID19 exacerbated difficulties colleagues with hearing impairments experienced with communication by removing their ability to lip read. The network has a sizeable hearing impairment subgroup made up of colleagues who supported the development and launch of the hearing impairment badge scheme in December 2020 during Disability History Month. The scheme supports awareness and good practice in communication especially in the operational environment. The idea first came from Jenna Gibson, a Paramedic from Thameside who in this [video](#) shares why the badge is so important to her. With 1 in 6 adults affected by hearing impairment, this could translate to a sizeable portion of our workforce. Between its launch in December 2020 and April 2021, 60 colleagues signed up to the badge scheme.



**Hearing Impairment Badges Scheme**

Hearing loss is surprisingly common throughout the Trust; there will almost certainly be people you work alongside who you may not realise are Deaf or have hearing loss.

Communication can be difficult if someone doesn't know that the person they are talking to has hearing loss or impairment. This can be made more difficult with current PPE requirements. Whilst many colleagues have learnt to adapt so they have the best chance of being able to understand what people are saying, this is not always easy, especially in a noisy and stressful working environment.

These badges are worn on your epaulettes or lanyards, depending on your role and provide a visual way of making others aware of the need to be more mindful of communication style. They can be worn in conjunction with the Hidden Disabilities sunflower lanyard, which the network also provides.

To request Hearing Impairment badges and/or a Hidden disabilities sunflower lanyard, please email [enable@secamb.nhs.uk](mailto:enable@secamb.nhs.uk) with your full address (either your station address, or home if you prefer).

**Enable**

The subgroup has more recently identified helmets which are compatible with bone anchored hearing aids due to known incompatibility with the standard issue helmet. This was previously an issue for the ambulance sector as a whole, and the team have shared their work to help the development of the AACE inclusive uniform workstream nationally.

Having launched the reasonable adjustments passports in March 2020, promoting the passport with colleagues was an important focus for the network over the past year and these have been received with great positivity by colleagues. The passport also supported those colleagues who were unable to remove their facial hair due to faith or disability during the pandemic to help identify alternatives.

Our work on reasonable adjustments also saw the allocation of a central reasonable adjustments budget within the Trust in January 2021 which has meant reasonable adjustments which come with a cost can be facilitated more easily, with spend monitored and tracked to support organisational learning and support. The central budget is widely recognised as gold standard practice in terms of reasonable adjustments, provided by only 13% of NHS organisations.

Over the last financial year, the network has more than doubled in size to over 50 members with another 30 colleagues in the hearing impairment subgroup and a newly formed carers subgroup. Moving forwards the network now has a new Chair in Amy Hoey, Estates Technical Manager, and will be seeking to confirm its Executive and non-Executive sponsors early in 2021/22.

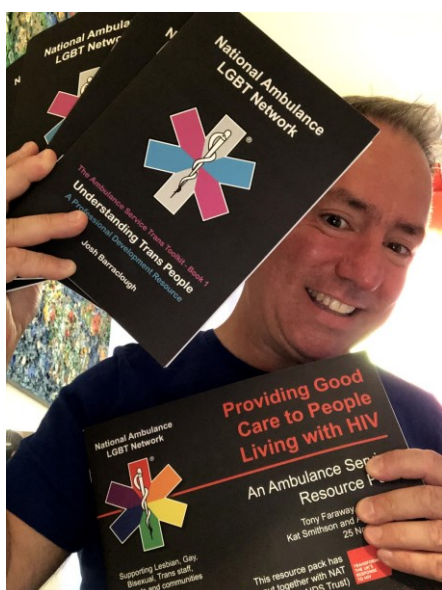
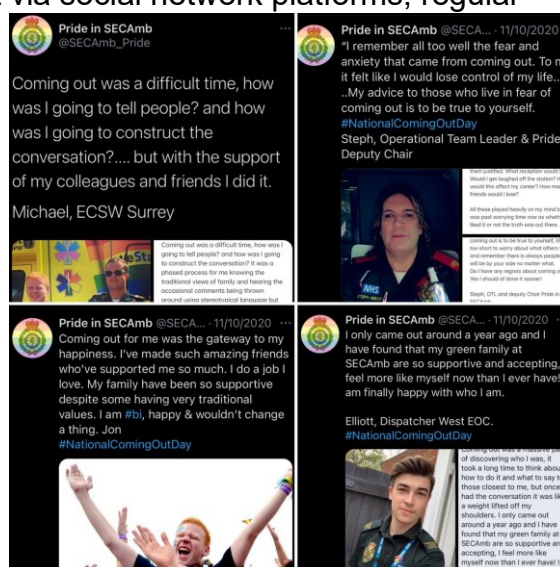


## Pride in SECamb

Our LGBT network group is our longest standing and most established staff equality network within the Trust. Members receive regular updates and can engage with the network through a number of mechanisms, including Facebook, Twitter, and email as well as in person and by phone. Twitter, Facebook and intranet pages continue to regularly keep wider employees up to date.

Pride in SECamb like many LGBT+ networks struggled during the pandemic, as their traditional engagement events were unable to go ahead. However, in the first quarter of last year the network took the lead from the Inspire and Enable and set up their "Pride in TEA-Camb" weekly drop in for network members who were experiencing isolation during the lockdown. With the cancellation of all physical Pride events the network built engagement via social network platforms, regular newsletters, and virtual social events. The network took part in the NHS Virtual Pride event as well as Virtual Brighton and Hove Pride.

Their National Coming Out Day social media campaign received 15,000 impressions online over the course of a few hours and more than 700 engagements from colleagues on our SECamb Community Facebook page. However, more significantly it was quoted as the reason why a new colleague to the Trust felt safe to come out as being their authentic self in SECamb.



The lack of physical events also provided the opportunity for network members to focus on education, and both network Chair Tony Faraway, Senior Union Officer, and Deputy Chair, Steph Meech Operational Team Leader have been involved in the development and delivery of two CPD courses as part of National Ambulance LGBT Network which were launched at the end of July for all ambulance colleagues. The courses focus on Trans Awareness and HIV awareness.

Our network chairs have also been invited to deliver the sessions for other NHS partners including the Care Quality Commission who wrote to share their feedback:

*“Just wanted to say thank you for the highly informative session you delivered to our ambulance team around trans awareness on Monday. The feedback was excellent with colleagues saying the session was informative, inspiring, excellent, touching and helpful amongst other things!”*

*Care Quality Commission, Hospitals Directorate 2021*

The network membership has continued to grow with over 230 members, making it the largest of our staff equality networks.



**GEN, our Gender Equality Network** was launched on International Women's Day after the launch planned for March 2020 was cancelled due to the emerging pandemic. Whilst this was a virtual launch, it was the largest network

launch to date with over 80 colleagues from across all areas and levels of the organisation tuning in as we heard from two external guest speakers. We also heard from Mark Eley, Associate Director of Operations who shared his past experiences and work to address gender inequality within his areas of responsibility in the police force and Tony Faraway, Chair of Pride in SECamb who discussed the essential role played by our staff equality networks.

GEN aims to promote gender equality opportunities for all, by supporting the interests of our colleagues in several areas, including:

- Equal pay and addressing gender pay gaps
- Health, wellbeing, and gender issues
- Supporting Women into leadership roles.
- Increasing access to flexible working

The network is chaired by Emma Williams, Director of Operations and the network is currently finalising their Terms of Reference and developing workplans for the next couple of years.



**The Diversity Champions network** is well established within the Trust. The network has met subject to operational pressures throughout the pandemic albeit for shortened sessions. The network meetings consist of a CPD session followed by a meeting to discuss network business. The meetings

also provide an opportunity for champions to receive updates regarding current work streams and a forum to discuss items of mutual interest and/ or concern.

CPD training over the last 12 months has included hearing and disability awareness and Antiracism training.

## Staff Engagement Advisory Group (SEAG)

The Trust has established a network of Staff Engagement Representatives across the organisation and has endeavoured to encourage diversity within this group. Their main role is to act as representatives for their local areas and ensure that all colleagues have a voice. Discussions and feedback on Trust-wide and local initiatives are encouraged amongst the reps, to ensure the sharing of best practice, and to encourage problem solving. Staff Engagement Reps collectively form the Staff Engagement Advisory Group (SEAG).

The Organisation Development and Engagement Leads who manage the network have identified that an increase in membership is required to be truly inclusive and representative of the diversity of our workforce across SECAMB.

The SEAG is made up of Staff Engagement Reps and a cross-section of governors and other key stakeholders. The group discuss a wide range of issues impacting on colleagues and patient care. It is part of the Trust's commitment to engage and involve employees in Trust developments and plans.



The purpose of the SEAG is to:

- Provide a forum for effective communication and consultation with employees on appropriate matters.
- Enable the Staff-Elected Governors to understand the views of a cross-section of employees from across the Trust, and vice versa.
- Provide a forum for discussion, critical review and analysis aimed at improving the service for patients, employees and/or other stakeholders.

During the COVID period the SEAG has been meeting monthly. This was with the intention of capturing more frequent feedback during the COVID period to feed into the COVID Recovery Learning and Improvement Group, and members have been involved in providing feedback on the following workstreams:

- Reward & Recognition programmes
- Leadership Development
- Wellbeing Strategy Review
- Agile Working.

At present, meetings are paused and will be resuming quarterly meetings in July 2021.

## Friends & Family (F&FT) Test

NHS England placed the Friends & Family Test on hold until further notice (due to COVID-19) and the Trust was not required to provide any reporting during this time.

The F&FT has now been absorbed into the People Pulse survey and will be known as the Quarterly Staff Survey going ahead. This will consist of the nine Staff Engagement Questions that form the Staff Survey, the F&FT questions plus any additional questions NHS England/Improvement decide each quarter.



The Quarterly Staff survey is launching from July 2021 and will run for one month each quarter across the whole Trust with the exception of quarter three when the full NHS Staff Survey will be run.

### **NHS Staff Survey**

The annual NHS staff survey was electronically sent to all employees. 2572 completed questionnaires were returned. This equates to a 63% response rate for 2020/21, which is an increase of 7% on the previous year, and higher than the ambulance trust average (56%).

This year the 'Personal Development' section was removed and instead a specific COVID19 section added to reflect the previous year. This included six new questions relating to staff experience of working through the COVID19 pandemic. Four of these questions cover: whether employees had worked on a COVID19 specific ward or area at any time, whether they had been redeployed due to the COVID19 pandemic at any time, whether they had been required to work remotely/from home due to the COVID19 pandemic, and whether they had been shielding.

The [full results for the 2020/21](#) survey are published nationally and are available to all colleagues. Results and free text comments are due to be released in the week commencing 7 July 2021.

The Trust's score of 8.1 for Equality, Diversity and Inclusion has dropped slightly from 8.3 in the previous year.

The amalgamated equality, diversity and inclusion score is made up of 5 questions:

- Q14 - Does your organisation act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?
- Q15a - In the last 12 months have you personally experienced discrimination at work from patients/service users, their relatives or other members of the public?
- Q15b - In the last 12 months have you personally experienced discrimination at work from a manager/team leader or other colleagues?
- Q26b - Has your employer made adequate adjustment(s) to enable you to carry out your work.

	2018		2019		2020	
	No.	%	No.	%	No.	%
(5h) Satisfied with opportunities for flexible working	648	37%	864	41%	1,124	43.8%
(13a) <b>Had not</b> experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public in the last 12 months	890	51%	1,086	52%	1,300	50.8%
(13b) <b>Had not</b> experienced harassment, bullying or abuse at work from a manager in the last 12 months	1,327	76%	1,673	81%	2,053	80.3%
(13c) <b>Had not</b> experienced harassment, bullying or abuse at work from other work colleagues in the last 12 months	1,361	79%	1,635	80%	2,038	80.4%
(13d) Last experience of harassment / bullying / abuse reported	373	39%	464	40%	585	42%
(14) The organisation <b>acts fairly</b> with regard to career progression / promotion, regardless of ethnic background, sex, religion, sexual orientation, disability or age	792	65%	915	65%	1080	63%
(15a) Had personally experienced discrimination from patients / service users, their relatives or other members of the public in the last 12 months	221	13%	247	12%	387	15%
(15b) had not personally experienced discrimination from manager / team leader or other colleagues in the last 12 months	1,484	86%	1,826	88%	2,235	87.6%
(15c) (Of those who had experienced discrimination in the last 12 months) Had experienced discrimination on the grounds of:						
Ethnic background	60	16%	66	16%	112	19%
Gender	141	37%	160	38%	286	48%

Religion	11	3%	11	3%	24	4%
Sexual Orientation	46	12%	55	13%	79	13%
Disability	32	8%	50	12%	74	12%
Age	129	34%	150	36%	229	39%
Other Reason (s)	92	24%	89	21%	107	18%
(18c) Would recommend as a place to work	787	46%	1008	48%	1,312	51%

Since the release of the results, some areas of the Trust have been working on improvement plans for their local areas, and the Executive and Senior Leadership Teams are currently still planning the overall Trust plan for our results.

## External Engagement

External engagement forms a significant part of our Inclusion Strategy and includes activities with the Inclusion Hub Advisory Group (IHAG), Governors, members of the public and the Foundation Trust Public Membership. Due to the pandemic and associated national and regional lockdowns our ability to undertake external engagement this last year has been severely restricted and has had to be undertaken entirely in the virtual environment.

### Membership

As a Foundation Trust (FT), we are committed to recruiting and engaging with as representative a public membership as possible.

We ask members to complete an 'About You' diversity monitoring form on becoming a member and are therefore able to report on our membership by the following protected characteristics: age, race, sex, gender reassignment, sexual orientation and disability.



We're starting our Annual Members Meeting today with a compilation film of our staff talking honestly about their experiences during COVID and we'll be sharing this later on today. Reminded of us how proud I am of the work our colleagues do...#TeamSECAmb



3:15 PM · Sep 4, 2020 · TweetDeck

6 Retweets 1 Quote Tweet 22 Likes

This data is used to plan membership targeted recruitment priorities for the year and is reviewed at the Council of Governors' Membership Development Committee (MDC).

This year's figures are compared to the previous three years to enable understanding of progress or otherwise. It should be noted that some of the reporting uses terminology/ranges set by our regulator, NHS Improvement (NHSI).

Where 'Index' figures are included, these show how close to the census data 2011 proportions our membership figures are.

## Membership totals:

Public constituency	Number of members	% increase/decrease on previous year
31 March 2019	10,033	1.3%
31 March 2020	10,080	0.46%
31 March 2021	9,837	2.41%
Staff constituency		
31 March 2019	3,567	7.5%
31 March 2020	4,005	12.2%
31 March 2021	4,367	9%

The Trust's MDC has recommended that the Trust ensure it recruits members to maintain a stable public membership. The focus is on achieving the most representative membership possible rather than increase the number of members ad infinitum, the rationale being that this is a big enough membership to achieve diversity and representation, while remaining manageable in terms of our ability (financial and other resources) to effectively communicate with them.

However, the global pandemic has significantly affected our ability to recruit and engage members through our traditional methods, so we have a natural dip in the figures. We continue to welcome members signing up via our website and had a noticeable boost in sign-ups after social media campaigns in 2020 focussing on the public's increased interest and support of the NHS at the time. It was a moment to remind people how they could be more involved with their local NHS ambulance service. Online member events were trialled for members to meet with Governors. Our Annual Members Meeting also took place online. This was recorded and shared on the Trust's social media platforms and reported on in the member newsletter (hard copy and electronic).

## Demographics of our public members

	2019 No.	% 2019	% increase/decrease	2020 No.	% 2020	% increase/decrease	2021 No.	% 2021	% increase/decrease
Patients	924	9%	13%	863	8.5%	6.6%	795	8%	7.8%
Carers	373	3.7%	2.75%	373	3.7%	-	363	3.6%	2.6%
Volunteers	279	2.7%	1.06	281	2.7%	0.7%	272	2.7%	3.2%

The MDC usually plans membership recruitment and engagement in February each year and analyses gaps in order to select target audiences for recruitment in 2020/21. This has been somewhat curtailed by the pandemic, but we are hopeful to pursue some in person events in the latter part of 2021 (guidance permitting).

## Ethnicity:

We ask our members to provide more specific information about their ethnicity than is required by our regulator, NHSI, since their categories are too broad to enable targeted membership recruitment. However, we can only report against these broad

categories since our database is set up to report according to the requirements of the regulator.

<b>Race:</b>	<b>2019 No.</b>	<b>2019 Index*</b>	<b>2020 No.</b>	<b>2020 Index*</b>	<b>2021</b>	<b>2021 Index*</b>
White	8,434	89	8,108	132	8,071	131
Mixed	104	50	81	35	74	30
Asian	224	50	230	55	235	24
Black	104	10	92	13	99	13
Other	196**	20	204	21	15	10

Index\*<100 is under-represented, and >100 is over-represented

We remain unrepresentative of the communities we serve based on ethnicity, but we are committed to developing representation within our membership. The pandemic has highlighted the need for all Trusts to better understand the health inequalities within our communities and we will continue working towards becoming more ethnically diverse in both our public and staff membership. This will help us to increase our engagement with seldom heard communities and understand their needs better.

#### **Sex:**

<b>Sex:</b>	<b>2019 No.</b>	<b>2019 Index*</b>	<b>2020 No.</b>	<b>2020 Index*</b>	<b>2021 No.</b>	<b>2021 Index*</b>
Male	3,937	80	3,948	79	3,840	78
Female	5,363	105	5,406	106	5,282	107

Index\*<100 is under-represented, and >100 is over-represented

There remain a higher proportion of women than men among the membership. This is the case with many membership organisations, where women are traditionally the 'joiners' on behalf of their families or partners.

#### **Gender identity:**

Our membership form asks whether members have always fully identified with the gender they were registered as at birth. The table below shows those who answered 'no' to this question. In 2017 and 2019, we attended TransPride in Brighton to specifically recruit more members.

Have you always fully identified with the gender you were registered as at birth?	<b>2019 No. of members</b>	<b>% increase/decrease</b>	<b>2020 No. of members</b>	<b>% increase/decrease</b>	<b>2021 No. of members</b>	<b>% increase/decrease</b>
	66	15%	78	16.6%	76	2.5%

Census figures for the South East Coast area's transgender population are not available to us and estimating the likely proportion of the population is difficult.

However, it is believed that around 1% of the UK population experience some degree of gender non-conformity. We will continue to work to make the Trust and membership more accessible to people who are gender non-conforming.

#### **Sexual orientation:**

<b>Sexual Orientation:</b>	<b>2019 No. of members</b>	<b>%of members</b>	<b>2020 No. of members</b>	<b>%of members</b>	<b>2021 No. of members</b>	<b>%of members</b>
Bisexual	85	0.86%	97	0.96%	95	0.96%
Gay Man	81	0.82%	88	0.87%	89	0.90%
Gay Woman/Lesbian	75	0.76%	79	0.78%	81	0.82%
Heterosexual/Straight	2,662	27%	2,780	27.5%	2,737	27.8%
Other	33	0.33%	40	0.39%	40	0.40%
Prefer not to say	257	2.6%	258	2.55%	253	2.61%

The Office for National Statistics found an estimated 1.4 million people (approximately 2% of the population) aged 16 and over in the UK identified as lesbian, gay or bisexual (LGB) in 2019 - a statistically significant increase from 1.2 million in 2018. It is likely that this figure may be higher in our patch as we serve the population of Brighton & Hove where between 11-15% of all adults identify as gay, lesbian or bisexual. We will continue to encourage representation from the LGBT+ communities we serve within our membership.

#### **Disability:**

	<b>2019 No.</b>	<b>2019 % of membership</b>	<b>2020 No.</b>	<b>2020 % of membership</b>	<b>2021 No.</b>	<b>2021 % of membership</b>
<b>Disability:</b>	1,073	10%	1051	10.4%	970	9.8%

It is disappointing but not surprising that we have seen a drop in the proportion of members declaring a disability as we have not been able to get out into the community in person to carry out membership recruitment. The disabled community has also been noticeably impacted by the pandemic and this is sadly somewhat reflected in the reduction in numbers. People with disabilities have been differentially affected by COVID-19 because of the increased risk of poor outcomes from the disease itself, reduced access to routine health care and rehabilitation, and the adverse social impacts of efforts to mitigate the pandemic.

The MDC will seek to address representation by attending disability positive public events when allowed as per government guidance.

20% of the population are thought to have a disability. Source: [Family Resources Survey \(2019 to 20\)](#)

#### **Age:**

The Trust does not have dates of birth for all our members and hence is under-represented, however the spread of representation is typical of FTs and other

membership organisations, as those who are older are more interested in volunteering and able to find the time. In addition, our regulator, NHSI, does not allow members under the age of 16 to vote or stand for election so there are limited reasons for younger people to get involved.

Age analysis:	2019 No.	2019 Index*	2020 No.	2020 Index*	2021 No.	2021 Index*
10-16	13	1	6	0	6	0
17-21	113	20	96	17	84	16
22-29	529	57	496	44	455	42
40-49	1,101	82	1,125	81	1,080	80
50-59	981	69	1,048	82	1,101	88
60-74	1,300	78	1,325	102	1,308	102
75+	638	67	688	98	727	105

**\*Index: <100 is under-represented, and >100 is over-represented**

## Inclusion Hub Advisory Group (IHAG)

To provide the best possible patient care, we know it is essential to understand the needs of the communities we serve, and to ensure their involvement in developing services to meet those needs. A core part of implementing the Inclusion Strategy was setting up and working alongside a diverse group of key stakeholders. The IHAG was established in 2012 to meet these criteria.



Image from pre COVID

The IHAG advise the Trust on effective engagement and involvement relevant to service design during both development and delivery of our services. Its diverse membership (both by protected characteristic and geography) provides us with insight at the start of planning and throughout development where relevant, which helps us get more things right first time, more often. The IHAG is also able to raise issues with us, and representatives from IHAG sit on the Trust's Inclusion Working Group (IWG) alongside senior managers, so that the IHAG's advice can be effectively incorporated into Trust activities.

The pandemic has meant that our traditional way of engaging with our IHAG members has had to change and this has increased challenges in accessibility for some members. However, we recognised the importance of continuing to ensure we had patient / public feedback in our work wherever possible and throughout 2020/21 a proportion of members met virtually on a quarterly basis.

<b>Key achievements of the IHAG during 2020/21 include:</b>
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Participated in focus groups during the process to recruit Non-executive Directors, ensuring the public/patient perspective were considered.	Took part in engagement sessions to feedback on the development of the Trust Quality Improvement Strategy and embedding of the Patient and Carers Experience strategy.
Regular participation in Quality Assurance meetings to help develop a model for identifying good practice across the Trust and opportunities for improvement.	Provided feedback on the development of a Trust wide engagement Toolkit designed as a practical guide to help workstream leads deliver effective and meaningful engagement activities.
Participated in a number of SECAMB working groups and subgroups and reported back on the outcomes. E.g. History Marking subgroup, Clinical Risk and Learning Group, Falls Working Group and Inclusion Working Group.	Provided feedback on appropriate public messaging for the development of our new Estates programmes.

## Working with our partners

### National Ambulance LGBT Network

Pride in SECamb work closely with and as part of the National Ambulance LGBT Network and have delivered national projects and undertaken widespread colleague and patient / public engagement as part of the network in the past. In 2020/21 our representatives on the national network have continued to support development of resources and provide training to other Trusts within our sector. Most notably, Tony Faraway, Pride in SECamb Chair, has collaborated on a number of the 15 minute reads which are published regularly by the network to raise awareness and build engagement around LGBT issues



Further information on the national network is available via <https://www.ambulancelgbt.org/>

### National Ambulance BME Forum

SECamb has been closely involved in the reinvigoration of the National Ambulance BME Forum (NABMEF) and in 2019 hosted the second national conference. Our nominated representatives are actively engaged with the network and with global events highlighting inequalities in health and experience for BAME people. The NABMEF and our representatives have played a lead role in planning and facilitating a number of conversations around Race, inclusive leadership and difficult conversations in partnership with AACE over the last 12 months as part of the commitment to antiracism within the ambulance sector.

Due to COVID19, the national events planned by both networks for 2020 and 2021 have postponed until 2021 and the NABMEF are currently exploring a virtual conference for 2021.

Some of the other organisations we have worked with in the last 12 months include the following;

Brighton and Hove Speak Out	Mary Frances Trust
Brighton Housing Trust	Maidstone and Tunbridge Wells NHS Trust
East Sussex Fire and Rescue Service	National Ambulance Diversity & Inclusion Forum (AACE)
Employers Network for Equality and Inclusion	NHS Employers
Kent Community Health Trust	Stockwell Training
Kent Police	Surrey and Downs Diversity Network
Kent Fire and Rescue	Surrey Police
KSS Inclusion Network	Surrey Minority and Ethnic Forum

## Accessibility

The Equality Act 2010 means that SECAMB, like other NHS trusts, is required to meet the enhanced duty to deliver reasonable adjustments.

Reasonable adjustments are the changes that can be made to remove 'substantial disadvantage' that could be faced by people with disabilities in accessing services, information or facilities, or a colleague just being able to do their job to the best of their ability. Reasonable adjustments are changes that may need to be made to the way we work and provide our services, so that people with disabilities are not disadvantaged.

### Employees

Of our workforce, 85% are employed within the operational directorate, with the majority of these roles being in front line emergency ambulance (A&E) work, or our non-emergency (111) and emergency (999) call centres. SECAMB also has a large number of employees employed within support service functions. Examples of the work undertaken by employees within the support service functions include Human Resources (HR), Finance, Fleet, and Information Technology.

We provide support and guidance to managers and colleagues during recruitment and throughout employment to ensure colleagues with, or who develop, a disability are appropriately supported. We recognise that colleagues may already have one or more disabilities when they join the Trust or, at a point during their career, some may experience life changing incidents or illnesses. When this is the case, their manager works closely with the individual concerned, HR, our Inclusion and Wellbeing Team, our Occupational Health provider and other relevant professionals and advisors as required, to make recommended reasonable adjustments. The nature of the reasonable adjustment is dependent on the specific support needs of the employee concerned.

Adjustments may be temporary or longer term, and the purpose may be to assist the colleague to remain in work or to return to work following a period of absence. The range of adjustments is wide and variable and tailored to meet the needs of the individual but may, for example, include the following:

- change in number of hours worked or working patterns
- provision of specialist equipment
- relocation or alternative employment
- change to duties or removal of some duties
- shadowing or buddying for confidence to be regained
- refresher training or appropriate training courses

The launch of the Reasonable Adjustments passport has provided further support as well as a framework for these important conversations, and identify support required. Following on from this work the Trust has now established a central reasonable adjustments budget, a move which is regarded a progressive and gold standard in supporting workplace disabilities. SECAMB is the first Ambulance Trust to implement this.

Under everyday circumstances managers seek the support of subject matter experts including our Wellbeing Team, Occupational Health provider and HR to ensure comprehensive return to work programmes are considered for employees who have been absent from work through illness or injury. During the pandemic, additional consideration had to be given to how we protect all our people, especially our most at risk colleagues whilst still providing a service to our patients. Both our COVID risk assessment and return to work from shielding processes were developed by a multi-disciplinary team to ensure colleagues were supported and their wellbeing prioritised. In addition, COVID specific alternative duties pathways were set up to support colleagues who were unable to undertake their substantive roles due to increased level of risk posed by COVID19 so that they could continue to support the organisation during this period of unprecedented demand in a meaningful way. Our risk assessment return to work and alternative duties pathways were shared as good practice with our ICS partners to help inform the development of processes in other Trusts.

## **Patients**

When we are looking at reasonable adjustments for our patients, we have a duty to anticipate the needs of those with disabilities. This means we must think about the barriers that people might face in trying to access and use our services and buildings, particularly those which are open to the public, both now and in the future.

We have worked with communities to ensure our services are accessible. We have worked with people with a variety of disabilities, including those with specific communication needs to support us designing our vehicles, producing easy read leaflets, developing equality training, developing a communications support guide and accessible information.

## **Communications**

Within SECAMB, we aim to communicate effectively with all our public and patients, providing information in a range of different formats where needed.



**Easy read**



**Large print**



**BSL**



**Braille**



**Email or  
SMS text**



**Other  
communication  
support**

<b>Communications area/mechanism</b>	<b>Details</b>
<b>Website</b>	Provide a “one stop” enquiries email address. More than 1,000 queries are received per annum
	Provide detailed information about how our services are provided and relevant contact details for specific requests
	The website is designed to meet accessibility criteria to World Wide Web Consortium (W3C) standards. W3C is an international community that develops open standards to ensure the long-term growth of the Web Standards and uses an in-built accessibility checker that must be satisfied to enable the publishing of new content.
	All content on the website is reviewed regularly to ensure timeliness and accessibility
<b>Social media</b>	Corporate social media accounts in use on Twitter, Facebook, Instagram & Linked-in
	All are used (in different ways) to provide updates on Trust issues and easy mechanisms for queries & feedback
	Significant numbers of followers – 24,000 (Twitter), Facebook (18,000), 9,000 (Instagram) 6,000 (Linked-in)
	Used to provide updates on Trust issues and provides a mechanism for queries
	All platforms are utilised to promote key achievements and facts, and demonstrate our E&D principles to our followers e.g., Diwali; Gypsy & Traveller week; Pride, etc.
<b>Corporate documents</b>	All corporate documents e.g., annual report, quality account, etc. are available in different formats on request
	All corporate documents include examples of how we are working hard with all our communities
	We work hard to ensure documents are understandable and avoid jargon
	<a href="#">All corporate documents are available on our website or in hard copy on request</a>
	<a href="#">Audio recording of both Board &amp; Council of Governor meetings made available via website</a>
<b>Media relations</b>	More than 50 press releases are issued per annum, including information on patient choice, service changes, health information
	An average of 10 to 20 media queries are responded to per day, including responses to specific local queries
	Media campaigns are undertaken around Equality & Diversity week, Pride etc.

<b>Corporate events</b>	Specific needs are catered for at corporate events, e.g., wheelchair accessible, hearing loops, speech to text reporting and specific dietary needs
	A wide range of guests are invited to the Annual Members Meeting/Open Day to learn more about SECAMB
	Specific groups are invited to take part in the Annual Members Meeting/Open Day
	Employee support & take part in wide range of events e.g., Pride
<b>Other</b>	Requests for visits to specific groups/communities are facilitated where possible (dependent on operational constraints)

## IT Systems

Where colleagues may experience disadvantage, we have a duty to consider reasonable adjustments, in relation to both new and existing disabilities. Managers work with individuals to consider what reasonable adjustments can be made.

Over the last 12 months, the IT department has undertaken the following:

- Installed Dragon voice recognition software for documentation creation.
- Provided DyslexieFont and Read&Write literacy software which makes the web, documents and files more accessible. Both products support people with dyslexia and other learning difficulties, or anyone whose first language isn't English.
- Provided laptops and tablets with a larger display to meet individual user requirements.
- Worked with Access to Work to provide assistance with software and hardware requirements for operational and corporate employees.
- Provided Bluetooth enabled mobile phones to users with hearing difficulties, enabling them to connect the phone to a Bluetooth enabled hearing loop.
- Provided smart phones to users who have experienced issues with repetitive strain injury which gives them a larger keyboard on which they can type.
- Several orders have been placed through the Procurement team with a Trust approved ergonomic equipment supplier for ergonomic mice and keyboards, footrests and laptop risers.

In addition to this, the IT team are also looking at further increasing accessibility of our electronic Patient Care Record (ePCR) and supported colleagues to trial the beta version of the system to provide feedback on its accessibility.

## Our buildings

Our Estates department are committed to ensuring that Trust premises and facilities take account of the diverse needs of our employees, which in turn facilitates them in providing care to our population.

During 2020-2021 there were no additional accessibility works carried out by the Estates department.

However, we continue to ensure that our processes around designing new capital projects ensure that employee wellbeing and inclusion are considered throughout. The Estates department continues to work closely with the Inclusion and Wellbeing team in the design of new Make Ready Centres at Banstead and Medway, so that building user needs can be captured during the design stage.

Several Estates related policies have been under review during this period and the Estates department have liaised with the Inclusion and Wellbeing team, and the Inclusion Working Group representatives, when undertaking equality analyses as part of this process. When assessing the potential effect of activities and policies on people with protected characteristics, the Estates department have undertaken research when benchmarking and seeking out best practice. In doing so we continue to ensure that our revised policies do not unfairly disadvantage colleagues and patients with protected characteristics.

The Estates department have facilitated the provision of gender-neutral toilet facilities at a building used for training, and at a refurbished Make Ready Centre.

This year, with Government restrictions requiring working from home, the team have been facilitating the provision of suitable furniture, to facilitate this. This work has been co-ordinated by the Estates department and Procurement team, and in consultation with individual colleagues and their managers, ensuring that reasonable adjustments are considered where required.

The diversity of the Estates department has broadened during this period, following recent recruitment. In addition to this, a member of the Estates department now sits on the Inclusion Working Group and has also taken up the post of Chair for the Enable, Disability & Carers staff network.



Design for the new Banstead Make Ready Centre at the site of our old headquarters.

## Workforce Race Equality Standard

The WRES was introduced by the NHS Equality and Diversity Council (EDC) for all NHS Trusts and Clinical Commissioning Groups (CCGs) in April 2015 as a mandatory requirement embedded within NHS contracts from 2015. It requires NHS organisations to demonstrate progress against nine indicators specifically focused on Race equality, to ensure effective collection, analysis and use of workforce data to address the under-representation of Black Minority Ethnic (BME) employees across the NHS. The report highlights a clear link between workforce diversity of NHS organisations and better patient access, experience, care and outcomes.

We met our mandated requirements outlined in the Workforce Race Equality Standard (WRES) and continue to work towards delivering progress against WRES metrics.

We proactively engaged with NHS England's WRES department and other NHS partners to learn from good practice and explore how we can improve. More work has been undertaken in 2020/21 to progress equality for BAME people. This included:

- Working closely with our Corporate Governance and Recruitment team to support greater Board diversity by strengthening equality and diversity processes for the recruitment of Executive and Non-Executive Board members.
- Working with the HR Workforce and Learning and OD teams to improve interview training and secure a mandate from our Executive Directors that all interview panel members must now have undertaken appropriate training.
- Secured funding for delivery of a locally commissioned cohort of the NHS leadership academy Stepping Up program as part of our planned positive action schemes.
- Reviewed and developed a refreshed exit interview process to which will provide us with data to inform future workstreams and improve the experience of colleagues leaving the organisation.

2019/20 WRES data showed the greatest increase in our BAME workforce since the implementation of the WRES, from 144 people on 31 March 2019 to 201 people on 31 March 2020. This increase (13.9%) is higher than the overall growth rate of the organisation (6.92%) and BAME colleagues at this point made up 5% of all Trust employees.

Our WRES return in 2020 showed that BME people continue to experience difficulty moving from shortlisting to the appointment stage in comparison to their White counterparts and also in the rate of BME employees being taken through the formal disciplinary process in comparison to their White colleagues. However, whilst more needs to be done to reduce inequity, consistent year on year improvements have been achieved in these areas. Actions to address this are ongoing as part of the 2020/21 Integrated Equality Action Plan which is monitored by the IWG and will be reviewed following the 2020/21 WRES submission.

The NHS People Plan has a strong focus on inclusion and creating a sense of “belonging in the NHS” and as part of this has also committed to supporting the work to reduce the ethnicity gap in both disciplines specifically.

As part of our WRES and system working commitment the Trust has also signed up to and offered placements to two individuals as part of the NExT Director scheme. This is a scheme led by NHS England and Improvement to support senior people from groups that are under-represented on trust boards to develop the skills and expertise necessary to take that final step into the NHS board room.

The placements are for a maximum of 12 months during which they will be given access as to Board and committee meetings and members to support their development. At the same time the Trust benefits from the diversity of thought they also bring to our organisation.

Supporting this scheme is one of the ways to help meet our strategic objective to develop, inspire and support an increasingly diverse workforce.

## Workforce Disability Equality Standard

The Workforce Disability Equality Standard (WDES) was commissioned by the Equality and Diversity Council (EDC). It has been mandated through the NHS Standard Contracts with all NHS Trusts required to annually submit their data to NHS England and Improvement by 1<sup>st</sup> August since 2019.

The WDES was introduced in response to the Government pledge to increase the number of disabled people in employment by one million in recognition of the data and research, which shows that 83% of disabled people acquire impairments/conditions in adulthood, (i.e., they are already in employment). Despite this people with disabilities have an employment rate 30.1% lower than non-disabled people. The ‘social model of disability’ recognises that it is the societal barriers that people face which is the disability, rather than an individual’s long-term condition or impairment. Providing an environment which is supportive of disability promotes positive cultural change for existing employees and contributes to a more inclusive environment for disabled people working in the NHS.

The Trust has met its mandated requirements as outlined in the Workforce Disability Equality Standard (WDES). Following the reporting in 2020 we now have two years of comparative data which has been used to help identify where our efforts should be focussed. Actions designed to help deliver progress are monitored as part of the Integrated Equality Action Plan.

Key findings from the 2020 submission note the disparity in disability declaration via the Electronic Staff Record (ESR, 3.5%) and the anonymised NHS staff survey (27%). This is also likely to be impacted by the slight variations on wording, with national ESR systems asking whether colleagues “consider themselves to have a disability” as opposed whether they “do you have a disability or long term health condition” as asked in the NHS staff survey. The data highlighted a significant number of colleagues registering as undeclared on our ESR systems.

The figures demonstrated that in all cases, those with a disability are more likely to experience harassment, bullying or abuse than non-disabled colleagues. However, results also showed improvements in that they were more likely than non-disabled colleagues to report the behaviours at 40.8% to 39.6%, and this was an improvement from the previous year. The report noted that less than 60% of employees responded positively to the question of whether their Trust had made adequate adjustments.

Overall whilst the WDES data showed that there is still more to be done to ensure an equitable level of experience between colleagues who have a disability and those who don't, in 2020 we reported improvements against all metrics for colleagues with a disability when compared to the benchmark data from the previous year.

The actions this year have focussed on increasing declaration rates by colleagues, and specifically reducing the number of those who choose to not declare. This work has been led by the HR Workforce team, and work to implement access to work experience for people with disabilities is also ongoing.

## Gender Pay Gap

We continue to meet our legislative requirements to publish our Gender Pay Gap audit since it was introduced three years ago. .

SECamb continues to have a gender pay gap. The table below shows the difference in the mean and median hourly rates, and the pay gap as a percentage for 2018 to 2020. There is an increase in the mean hourly rate resulting in an increase of SECamb's gender pay gap. However, there is a slight decrease in the mean (average) hourly rate of pay, but it is unknown whether this change is statistically significant overall.

Gender	31st March 2018		31st March 2019		31st March 2020	
	Mean Hourly Rate	Median Hourly Rate	Mean Hourly Rate	Median Hourly Rate	Mean Hourly Rate	Median Hourly Rate
Male	£13.80	£13.28	£14.52	£13.71	£15.78	£14.85
Female	£12.52	£11.60	£13.22	£11.96	£14.37	£13.17
Difference	£1.29	£1.68	£1.30	£1.75	£1.42	£1.68
Pay Gap %	9.00%	12.62%	8.95%	12.77%	8.99%	11.30%

Gender Pay Gap for 2018 to 2020

The figures below show a ranking of our employees from highest to lowest paid, dividing this into quartiles and providing a percentage breakdown for males and females in each of these. The highest variances for the quartiles continue to be in the upper pay quartile, where there is a 19.6% difference for a second consecutive

year. However, the increase in the number of employees in upper quartile is equitable and did not contribute to any increases in disparity, therefore maintaining the status quo from 2019. The percentage of males in the upper quartile continues to represent 31% of all males in the overall workforce, in comparison to 19.2% of all females in the organisation.

Quartile	2018				2019				2020			
	Female	Male	Female %	Male %	Female	Male	Female %	Male %	Female	Male	Female %	Male %
1- Lower pay quartile	477	369	56.38	43.62	512	374	57.79	42.21	595	410	59.20	40.80
2- Lower middle pay quartile	432	411	51.25	48.75	551	400	57.94	42.06	594	412	59.05	40.95
3 - Upper middle pay	390	459	45.94	54.06	443	493	47.33	52.67	510	496	50.70	49.30
4 - Upper pay	312	533	36.92	63.08	386	574	40.21	59.79	405	602	40.22	59.78
Total	1611	1772	47.00	53.00	1892	1841	51.00	49.00	2104	1920	52.28	47.71

Gender pay Gap by quartile, 2018 to 2020

Despite the continuing increase of females at lower pay bands, the equitable increase in men and women in the upper pay (quartile 4) quartile and increase of females in the upper middle (quartile 3) have prevented any further increase to our current gender pay gap as of 31 March 2021.

Overall, there was a 0.04% increase in SECAMB mean gender pay gap which is not considered to be significant, and a 1.47% improvement in our median pay gap. The latest workforce data shows positive improvements towards greater equity in some of the higher pay bands. However, comparative data across the sector, shows that SECAMB has a higher proportion of females in the workforce than in other Trusts. Whilst this is positive and more reflective of the NHS workforce overall, the disproportionately higher concentration in the lower quartiles will result in an overall higher gender pay gap for the Trust, therefore work to reduce this must be ongoing.

Action to date includes:

- Implemented Agenda for Change and developed a robust job evaluation process for all jobs.
- Development and launch of menopause guidance in recognition of the potential negative impact on career progression this has.
- Increased the frequency of diversity reports by demographics to the Inclusion Working Group and to the Board via the Integrated Performance Reports, on a quarterly basis for scrutiny and discussion.
- Developed and implemented processes and training to ensure that all interviews are undertaken by trained panel members.
- Launched of the Gender Equality Network who will act as a critical friend and help inform future workstreams to increase the representation of women in leadership.
- Previously received organisational commitment to ensure gender diverse interview panels for all roles at band 8 and above. This has now been

extended to mandate gender diversity as a minimum for all recruitment at band 7 and above and gender diversity to be strongly encouraged as the minimum level of diversity for any recruitment activity.

- Commenced delivery of a first cohort of the Springboard Women's development programme.

## EDS2

SECAMB made a commitment to implement the Equality Delivery System (EDS) from April 2012, migrating from the existing single equality scheme. We are committed to using the NHS EDS framework to help determine our Equality Objectives and help us meet the requirements of the Public Sector Equality Duty. The NHS launched EDS2 in November 2013 and together with our communities of interest we undertook the grading process in February 2014 and carried out a further grading exercise in March 2015. Details of the grading and outcomes are published on our website. EDS2 is designed to support NHS commissioners and providers to deliver better health care outcomes for patients, communities and better working environments for colleagues that are personal, fair, and diverse.

The 2019 Equality Delivery System 2 (EDS2) grading review took place on 21 March 2019 in consultation with both internal and external stakeholders. The planned review for March 2020 was unable to go ahead as we continue to await the release of Equality Delivery System 3 (EDS3) which was due in Autumn 2019. A review will be commenced once the guidance is published. The Trust remains compliant with mandated requirements.

## Equality Analysis

The Equality Analysis (EA) process is a tool aimed at improving the quality of our services by ensuring that individuals and teams think carefully about the likely impact of their work on different communities or groups. It involves anticipating the consequences of the Trust's policies, functions and services on different communities and making sure that any negative consequences are eliminated or minimised and opportunities for promoting equality are maximised. They must be evidence based, inclusive and consultative.

<b>Disability</b> Deaf, or hearing impaired, blind, or visually impaired, speech impaired, physical disability (including mobility issues), memory loss, dementia, learning disability, mental ill health etc.	<b>Gender reassignment</b> Related to a person who intends to, or who is undergoing or has undergone a process to change social gender role. How do we care for transgender / transsexual individuals?	<b>Pregnancy and maternity (breastfeeding)</b> Do we make sure the treatment of women positively takes pregnancy, maternity and breastfeeding into account, if at all possible?
<b>Age</b> Could age be a barrier to accessing/receiving services? This can be for older persons or younger persons/children	<b>Sexual Orientation</b> Do our services take a person's sexual orientation into account in what we do, say, and the information we give?	<b>Marriage and Civil Partnership*</b> Do our services take into account the need to involve civil partners?
<b>Race</b> Related to a person's genetics and place of birth, language, culture, etc.	<b>Religion and Belief</b> Related to a person's customs and beliefs – including non-belief	<b>Sex</b> Assuring all genders have equal opportunity and pay equality
* * = For marriage and civil partnership (including same sex marriage), only the first aim of the duty applies in relation to employment.		

The **protected characteristics** and some areas to consider in relation to them are outlined in the table above.

As a Trust we can access a number of groups and individuals for EA consultation, including the Inclusion Hub Advisory Group (IHAG), as well as a subgroup of the IHAG which was established to provide electronic or 'virtual' consultation as part of the EA process. This group, the Equality Analysis Reference Group, are volunteers who represent a diverse range of stakeholders and their work improves the quality of our services by ensuring that individuals and teams think carefully about the likely impact of their work on different communities or groups. EA involves anticipating the consequences of the Trust's policies, functions and services on different communities and making sure that any negative consequences are eliminated or minimised, whilst opportunities for promoting equality are maximised.

The EA process is currently being reviewed in collaboration with partner organisations in our lead ICS, Surrey Heartlands. This will help to ensure that all organisations in our region work learn from what works well in each organisation to develop a best practice process as a minimum standard.

## Confidence in our suppliers

The NHS standard terms & conditions reflect the current Equality & Diversity (E&D) legislation; this is reflected in all our new contracts as they are subject to the new national terms & conditions. Our policy states our commitment to diversity and inclusion within all its procurement activity and has Board approval.

Our Pre-Qualification Questionnaire (PQQ) is regularly reviewed and includes diversity and inclusion requirements from our suppliers on new contracts. Identifying that our suppliers have Equality & Diversity policies in place is now part of the PQQ assessment process, as shown below. In addition, the process also identifies

whether the supplier has Health & Safety, Carbon Management and Green policies in place.

RequirementsSection		Equality & Diversity Policy	
HeadingsLine	Question / Note to Suppliers	Description / Note Details	Mandatory
Yes/no	Equity & Diversity	Do you have a current Equality & Diversity Policy?	Y
Attachment	Equality & Diversity	If YES, please attach a copy to this PQQ saved as [Company Name] Equality & Diversity Policy.	Y
Text	Equality & Diversity No	If NO, are you planning to have your own equality and diversity policy and if so how soon will it be available?	Y

All suppliers are offered the opportunity to participate in diversity and inclusion training and events. This is done via a standard notification on all our purchase orders advising suppliers of our commitment to diversity and inclusion and offering them the opportunity of support and a contact address should they wish to participate in any of the processes, training and/or workshops.

## Delivering the best possible service to our population

To help us plan how we deliver services to meet the needs of our population and reduce health inequalities, we use the latest available information from sources such as Census data, Office of National Statistics, Joint Strategic Needs Assessments and the Public Health Observatory to ensure we understand and respond to the make up the population within the South East Coast Area. This information is updated annually and is available to support all those involved in the planning and delivery of our services.

We serve a population of over 4.8 million residents which equates to almost 7% of the UK.

This analysis uses the 2017 mid-year Office of National Statistics estimates, and therefore the data is presented by CCG. It should be noted that NHS England wants all CCGs to merge into their ICS boundaries by April 2022, as part of proposed changes to legislation. This work has already commenced across the area we serve.

COVID-19 has intensified social and health inequalities. The pandemic has had a disproportionate impact on people from BAME communities; on older people; on men; on those with obesity; and on those with a disability or long-term condition. The ICS's have a responsibility to reduce health inequalities which the Trust as a key partner will support as these workstreams develop.

ICS / CCG as at 31 <sup>st</sup> March 2021	Former CCGs	Population
<b>Kent and Medway CCG</b> (designated ICS status on 1 <sup>st</sup> April 2021)	Ashford	129,281
	Thanet	141,819
	Canterbury and Coastal	213,598
	South Coastal Kent	211,462
	West Kent	490,426
	Dartford, Gravesham and Swanley	264,478
	Swale	117,559
	Medway	277,855
<b>Surrey Heartlands Integrated Care system</b>	North West Surrey	348,734
	Guildford and Waverly	209,413
	Surrey Downs	292,579
	East Surrey	186,016
<b>Sussex Health and Care Partnership</b>	Brighton and Hove	290,395
	Crawley	112,448
	Horsham and Mid Sussex	238,955
	Coastal Western Sussex	507,449
	High Weald Lewes and Havens	174,475

	Hastings and Rother	<b>188,511</b>
	Eastbourne, Hailsham and Seaford	<b>191,604</b>
<b>Frimley CCG</b>	North East Hampshire and Farnham CCG	<b>211,590</b>
	Surrey Heath	<b>96,474</b>
<b>TOTAL</b>		<b>4,813,737</b>

The South East continues to be one of the healthiest regions in England, but in common with elsewhere in the country, faces many challenges to current and future health needs. Patients and the public contact the ambulance services in the United Kingdom with a much wider variety of care needs than in the past, and our colleagues must be able to recognise and meet these needs, either alone or as part of a multi-professional, multi-location team.

Population needs vary by county, ICS/CCG, and within each CCG. The following table provides a summary of the key issues distilled from the Joint Strategic Needs Assessments (JSNA) profiles for each of the former 21 CCGs in our area. The key features were chosen as being most insightful for understanding the overall health needs of the populations served. It should be noted that our areas have a mixture of urban and rural areas. (Excludes North East Hampshire as we only cover part of the area).

<b>Locality &amp; Population</b>	<b>Health Needs</b>	<b>Age Profile, Life Expectancy and Deprivation</b>	<b>Population Growth</b>	<b>Ethnicity</b>
<b>Regional</b>	<p>Mortality and morbidity rates are lower than England averages, with listed exceptions.</p> <p>They replicate the highest cases of mortality in England: cancer, circulatory disease and respiratory disease - exceptions are listed.</p>	<p>The area's age profile is mainly above the England average for those aged over 65 and 85 years.</p> <p>The areas are generally affluent, but with areas of significant deprivation.</p>	All areas are growing rapidly, with differing levels within counties.	All areas have lower ethnic diversity than the England (20.2%) and South East (SE) (14.8%) averages, excepting those listed.
<b>Kent and Medway</b>  <b>Population circa 1.84m</b>	<p>Priority areas:</p> <ul style="list-style-type: none"> <li>• Stroke</li> <li>• Cancer</li> <li>• Diabetes</li> <li>• Obesity</li> <li>• CVD/CHD</li> <li>• COPD</li> <li>• Mental illness</li> </ul>	<p>Dartford, Gravesham and Swanley are on a par for those aged 65 and over, and lower for those aged 85 and over. Medway has a significantly younger population.</p>	<p>Medway, Dartford, and Maidstone areas are expected to grow by 90,000 people (5%) over the next 5 years due</p>	<p>Dartford, Gravesham and Swanley are on par to the England average, Medway is on par with the SE average.</p>

	<ul style="list-style-type: none"> <li>Long term conditions</li> </ul> <p>Particular needs for Gypsy, Roma and traveller communities and for prison populations.</p>	Thanet has significant deprivation. Above average mortality in Swale and Thanet.	to housing plans; 20,000 of these people are in the new town in Ebbsfleet.  Growth will be 4 times greater with over 65s.	
<b>Surrey</b>  <b>Population circa 1.16m</b>	<p>Priority areas: As per Kent plus</p> <ul style="list-style-type: none"> <li>Musculoskeletal</li> <li>Women's &amp; children's</li> <li>Urgent &amp; emergency care</li> <li>Older people/frailty</li> <li>Long term conditions</li> <li>Respiratory</li> </ul>	All areas have an age profile on a par to, or above the England average for those aged over 65, and 4 of them for those aged over 85 years. Surrey is the second least deprived area in England but with a few deprived wards.	Over the next 10 years, the number of people aged 85+ will go up by 36% and by 2025 more than 20% of the population will be aged 65+.	<p>North West Surrey is slightly above the England average.</p> <p>3 of the former CCGs are above or on a par with the SE average.</p>
<b>Sussex</b>  <b>Population circa 1.67m</b>	<p>Priority areas: As per Kent plus</p> <ul style="list-style-type: none"> <li>Maternity &amp; Children's</li> <li>Armed forces</li> <li>Urgent &amp; emergency care</li> <li>Older people/frailty</li> </ul>	5 of 7 CCGs have an age profile above the England average for those aged over 65 and 85 years. Brighton and Crawley have significantly younger populations.	Information to follow	Crawley is on par to the England average.

Local Health Population Needs

## Age

The area we currently work with has a predominantly ageing demographic with 16 out of the 21 former CCGs having populations older than the England average for people aged over 65 years, and 15 having populations older than the England average for people aged over 85 years. An ageing population increases the level of morbidity including frailty, those with long-term conditions and multiple conditions, and therefore dependency on services. This includes increasing loss of hearing and sight and therefore may impact on overall utilisation of services.

## Ethnicity

Ethnicity is an important consideration because ethnicity has an impact on the disease prevalence, access to services and delivery of information. Certain ethnic groups have a higher prevalence for certain diagnoses and may need differing approaches to encourage access and improved outcomes from the health care system. For example, for people originating from Bangladesh, India, and Pakistan and those with an African Caribbean background, the risk of cardiovascular disease

is higher than for the rest of the UK population. Type 2 diabetes is also recognised as a higher risk for this group.

In addition, there is a need to consider where we are operating in any area that has a higher population who do not have English as a first language and how we deal with that in emergency situations. There is also a need to be aware of religious and cultural needs, specifically in circumstances such as end of life care.

This section has been updated to include North East Hants and Farnham CCG, but also to include the specific diagnoses that certain ethnic groups have a predisposition to.

The 2011 Census estimated the area served generally has a lower ethnic diversity than the England average of 20.2 %, and South East England (SEE) at 14.8%, except North West Surrey, which is higher, and Crawley, and Dartford and Gravesham that are on a par. Surrey Downs is higher than the SEE, and four CCGs listed below are on a par with or close to SEE. These results fit with SEE at 14.8%. which has a lower than England average.

- North West Surrey 20.7% (above England)
- Crawley 20.1% (=England)
- Dartford, Gravesham and Swanley (=England)
- Surrey Downs 15.9% (above SEE)
- Surrey Heath 14.5%
- Medway 14.5%
- Guildford and Waverley 14.1%
- East Surrey 13.7%

We also need to be aware that areas with low ethnicity may have hidden needs that require consideration.

In Kent and Medway, the last Census gave a combined resident population of 1,727,665 of which 198,453 (12%) were from a BAME group, lower than in the rest of the SEE (14.8%)

The 2017, population estimates published by the [ONS estimate](#) an increase of 1% in the BAME population in 2017. The largest BAME population was still in Gravesham (25%), and Dartford (19%), Medway (15%), Canterbury (12%) and Maidstone (12%). The largest BAME groups were Asian and Mixed. The majority of BAME population were young, with the 0-19-year old group having the largest percentage, and the 20-39-year olds the second largest.

Within Sussex, Crawley has the more diverse population, with higher levels of deprivation compared to the rest of the county. West Sussex has a young BAME population compared to the general population with the largest proportion being of working age (24-45 years). The Black and Asian communities both have a large concentration of their residents at working age and higher than average number of children of school and pre-school age.

East Sussex has the lowest BAME population in Sussex with 4.3% of the East Sussex population from BAME communities. In Brighton and Hove, 8.3% of the population do not have English as their main/first language and three out of five

migrants are from countries outside of the EU area. A 2015 report shows that Brighton has a young mixed BAME background whilst White Irish and White British residents have an older profile. There are larger proportions of 20-44-year olds and a peak of Black/Black British residents aged 20 to 24 years.

For Surrey, 83.5% of the population reported their ethnic group as White British” in the 2011 Census. A further 6.9% of the population belonged to other white ethnic groups; “Irish, “Gypsy or Irish Traveller” and “Other White” . The next largest ethnic group was “Indian” with 20,200 people (1.8% of the population) followed by Pakistani (1.0%).

Woking is the most diverse local authority in Surrey with 16.4% of its population from non-white ethnic groups. More people in Surrey (6.9%) were recorded in Other White Other ethnic groups than in England (5.7%).

### **Deprivation**

The areas covered are diverse, comprising of rural and urban areas, areas that are comparatively well off, and areas of deprivation. In total, overall health outcomes are better than national averages.

Within Sussex, Crawley has the more diverse population, with higher levels of deprivation compared to the rest of the county. Other areas of deprivation are Worthing, Bognor Regis, and Littlehampton. Eastbourne, Hastings & St Leonards-on-Sea which has high levels of deprivation. These areas also have the highest proportion of BAME people where English is an additional language. In Kent, areas of notable deprivation include Thanet, Swale and Medway.

In each of these there are challenging health needs, and health outcomes reflect this, as do the patterns of demands for services.

As a Foundation Trust, we can determine and respond to the local needs of our population and to do so, we will continue to embrace, develop and utilise clinical information, both to plan high quality service delivery, and to develop and support our workforce.

## The people we care for

### Patient clinical record data

In the financial year of 2020-21 the Trust continued to develop an electronic Patient Clinical Records (ePCR) system. This is in addition to a scanning system for all paper Patient Clinical Report (PCR) forms. There are fields on both forms to collect information pertaining to age, sex, and ethnicity, however data for ethnicity is not routinely validated on paper records. Disability is recorded as free text where relevant.

When a 999 call is received, the call is triaged based on the patient's condition using a nationally approved triaging system.

Having electronic patient clinical records means that the Trust can more accurately report on the characteristics of patients presenting to SECAMB. Codes documented on paper patient records are collated using character recognition software and this software is then validated by our Health Records team. As such, the data provided below is divided between paper and electronic records. It is recognised that this may not account for all cases but will provide a strong indication of the proportion of representation within each category.

ePCR Gender 2019/20	Proportion	Paper PCR
Male	45.68%	44.66%
Female	53.33%	51.9
Identifies as another term	0.01%	n/a
Not Specified (or Prefer Not to Say)	0.01%	0.91%
Not Known	0.98%	2.82%

Patient gender identities presenting to SECAMB via ePCR and papers PCR 1 April 2020 – 31 March 2021

ePCR Ethnicity	Proportion	Population Comparator
White	76.85%	81.46%
Mixed	0.29%	0.93%
Asian	1.89%	4.76%
Black	0.85%	1.10%
Other	0.47%	4.05%
Not stated	19.65%	-
BAME total	3.50%	10.69%

Patient ethnicity presenting to SECAMB via ePCR 1 April 2020 – 31 March 2021

Ethnicity is not stated in 19.65% of attendances, this may account for relatively low recording in other categories. Data suggests that poor recording of ethnicity data on PCRs may be for the following reasons:

a) The collection and recording of this data are recognised to be a challenge for crews when in an emergency, as the clinical condition of the patient (conscious/unconscious) may not facilitate the attainment of this data.

b) Colleagues have suggested that they feel that the ethnicity is clinically irrelevant, as they will treat the patient based on their clinical condition regardless of this information.

c) Colleagues may feel uncomfortable asking the patient their ethnicity as they are worried how this question may be perceived by the patient.

Training on how to collect ethnicity data continues. The Trust expects to see further improvements in the completion of these fields as a result of this.

The ethnicity categories used on the Trust's ePCR are in line with the NHS Data Dictionary and UK census. Due to differences between the data set on the patient records when compared to the Trust demographic data, it is difficult to provide a direct comparison to the ethnicity demographic data for the South East Coast region.

ePCR Age Group	Proportion	Paper PCR Age Group	Proportion
20 and under	7.08%	20 and under	8.95%
21-25	3.71%	21-25	3.28%
26-30	3.71%	26-30	3.99%
31-35	3.85%	31-35	4.10%
36-40	3.91%	36-40	4.18%
41-45	3.85%	41-45	3.89%
46-50	4.41%	46-50	4.59%
51-55	5.21%	51-55	3.32%
56-60	5.49%	56-60	5.19%
61-65	5.29%	61-65	5.10%
66-70	5.45%	66-70	5.13%
71 and above	48.04%	71 and above	42.4%

Patient age demographic presenting to SECAMB via ePCR and papers PCR 1 April 2020 – 31 March 2021

It is noted that a greater proportion of patients are from the 20 and under group (8.95%) and the 71 and above (42.4%) age brackets. This can be attributed to the wide brackets and the anatomical and physiological differences present in these age groups that leave individuals predisposed to a greater incidence of disease. The South East Coast demographic data also shows that over 20% of the population are over 65 years of age and over 2.7% of the population are over 85. Both figures are above the England average.

## Patient Experience

Our Patient Experience Team, which includes our Patient Advice and Liaison Service (PALS), is mindful of the need to ensure that everyone can access their

service. Details of how to contact our team are on our website. The team frequently communicates with callers who, for various reasons, find difficulty in communicating clearly and the team's well developed communication skills enables them to ensure that everyone receives the time and attention they require to provide their feedback.

As with other trusts, SECAMB is undergoing similar demographic changes to the rest of the country with a growing and aging population with ethnicity and health diversities. We have specific local area differences and challenges such as a large student population and areas with concentrations of retirees as well as significant variations in population densities.

During the past two years we noted an increase in complaints for patients experiencing mental ill health. To ensure we always manage these contacts with the appropriate care and consideration, mental health training was provided to the Patient Experience Team by our Mental Health Nurse Consultant.

SECAMB provides information in different formats such as:

- Alternative language options, including a translation service.
- British Sign Language and a text message service for people with hearing difficulties.
- Large print options for people with sight or visual impairments.

We previously identified that we need to do more to collect further data in relation to the protected characteristics within our patient feedback. This will ensure that we hear from our diverse population and understand the care we provide, so as not to disadvantage key groups; an online form has been designed and details are provided with all complaint responses and with compliment acknowledgements. This has been available since 1 April 2021. It was felt that an online survey is a good starting point for obtaining feedback as over 90% of our contact is now via this route.

In addition, work has begun to review how we analyse trends arising from our patient feedback aligned with incidents, serious incidents, and our emerging learning from deaths work, to ensure that patients with protected characteristics are not disadvantaged by our services.

Due to the nature of our service, and the short period of time we spend with our patients, SECAMB, as with other ambulance trusts, struggles to obtain meaningful feedback for the patient's Friends and Family Testing (FFT). Due to this acknowledgement, the requirement for patients' FFT changed from April 2020, and we opted to concentrate on improving the care that we provide to our patients with dementia. This project resulted in a Dementia Strategy which is currently out for consultation. Our project for 2021/2022 will be improving our Patient Experience reporting and how we use data to improve the service we provide.

The Trust developed a new Patient and Family/Carer Strategy in 2019 / 2020 with engagement from our patients, NHS colleagues and Healthwatch. The new strategy was signed off by the Trust Board in May 2020 and the actions to implement it are being progressed by the Patient Experience Group.

Occasionally we identify safeguarding concerns arising from either individual concerns or analysis of trends. Our internal safeguarding team are notified of any concerns and when appropriate referrals are made to local authorities with patient / parental consent in line with safeguarding procedures.

In addition, the team have started to collect feedback on our services from service users of mental health services. Currently we have focussed on feedback from our relationship with HealthWatch who have better access to mental health service users. However, the Trust Board has recently approved our Patient and Carer Experience Strategy which will gradually focus on specific groups of patients/carers as we implement our five-year plan. The strategy was co-developed with key partners including our patients, carers and families. Our strategy takes a Trust wide view on patient and carer experience, and over the next five years we will actively seek feedback, analyse it, and use it to improve care for all our patients.

## **Measuring patient experience in our 111 service**

The 111 Patient Survey is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. Listening to the views of patients and employees helps us identify what is working well, what can and should be improved, and what will be used to help set priorities for delivering a better service for patients.

The 111 opening message states: "We sometimes contact patients for views on our service at a later date. If you would prefer, we do not contact you, please let us know." Callers who indicate a wish to opt out will notify the call handler who record this on the system.

All calls to 111 are eligible to receive the survey unless caller is on landline phone or:

- Removed through request from caller.
- The call requires an ambulance or is about an expected death.

Details of the patients who are eligible for the patient satisfaction survey are collected by our Performance Information Team and are referred through a survey company to arrange weekly text message campaigns. The campaigns are capped to 500 transmissions per week, containing a random selection from eligible calls.

The KMS 111 survey began collecting data from 10 September 2020. From 10 September 2020 to 24 March 2021 a total of 456,964 calls were answered in 111 and 14,546 text messages were transmitted. From those transmissions, a total of 1,339 surveys were completed by service users.

To meet the needs of our patients, the families and their carers, accessibility of the survey was considered in the development phase and includes:

- A language selection screen to allow users to select an alternative language. The survey has been translated into the six languages which had the highest rate of selection on Language Line (our telephone interpretation service) based on the 2019/20 data - Polish, Spanish, Romanian, Bulgarian, Arabic and Mandarin

- Options to increase text size in the survey itself without loss of quality or function
- High contrast settings to improve access for older people, people with disabilities or with neurodivergent conditions.

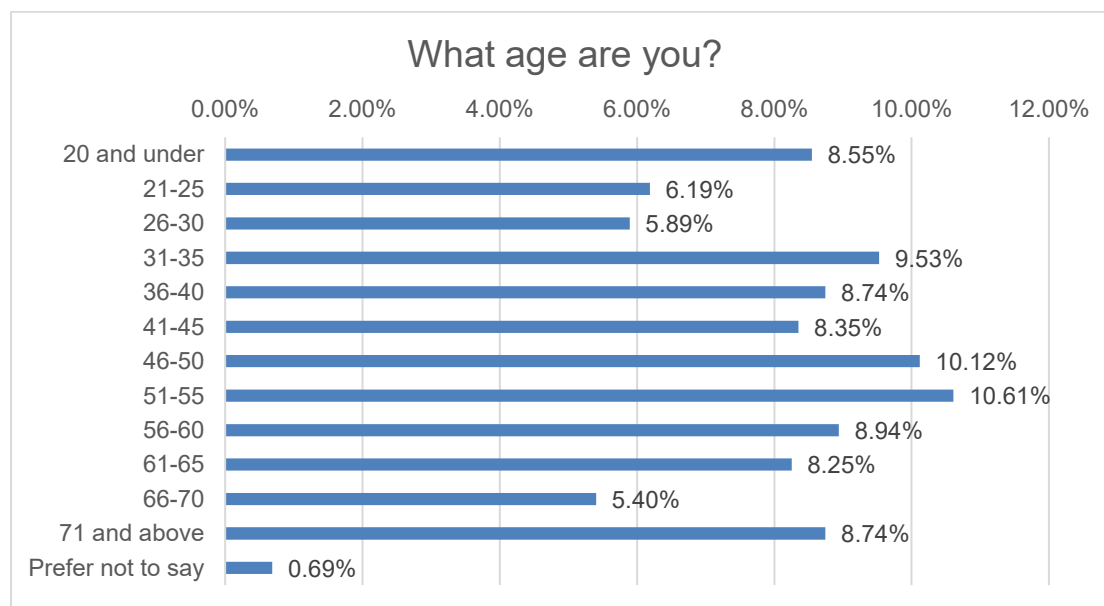
### What our survey told us

Of the completed surveys, 994 respondents answered the question “which of the following describes your gender identity?”. A table of the number of respondents to each option, other than those who did not answer, are below:

Which of the following describes your gender identity?	Count	Percentage
Female	625	62.88%
Male	360	36.22%
Prefer not to say	7	0.70%
I identify as another term	2	0.20%

Gender identity, 111 patient survey September 2020-31 March 2021

1,018 respondents answered the question “What age are you?” The graph below shows the age diversity of respondents, excluding those who did not answer, are below:



Age distribution, 111 patient survey September 2020-31 March 2021

The ethnicity data from our survey, indicates that 6.87% of 1,018 respondents were from minority ethnic groups.

What is your ethnic group?	Count	Percentage
White	937	92.04%
Asian/ Asian British	23	2.26%
Mixed/ Multiple ethnic groups	21	2.06%
Black/ African/ Caribbean/ Black British	20	1.96%

Prefer not to say	11	1.08%
Any other ethnic group	6	0.59%

Ethnicity, 111 patient survey September 2020-31 March 2021

From the completed surveys, 1,031 respondents agreed to answer the question “Do you have a disability?” 16.29% of people responded positively.

Do you have a disability?	Count	Percentage
No	834	80.89%
Yes	168	16.29%
Prefer not to say	29	2.81%

### Patient satisfaction and demographics

All respondents are asked the question “Overall, how was your experience of our service?” with options ranging from very good to very poor and don't know provided. 1,336 respondents answered this question. For the purposes of comparison, these results have been combined in the table below, to indicate that the overall experience of the 111 service was reported as positive for 80.6% of respondents:

Overall, how was your experience of our service?	Count	Percentage
Positive (Very good, Good)	1079	80.8%
Neutral (Neither good nor poor, don't know)	83	6.2%
Negative (Poor, Very poor)	174	13.0%

### Patient satisfaction and gender identity

Of these respondents, 802 responded to the question regarding gender identity. Of these respondents, the proportion that reported an overall positive experience with the service are as follows:

Which of the following describes your gender identity?	Positive Count	Total Count	Percentage
Female	515	625	82.4%
Male	284	360	78.9%
Prefer not to say	2	7	28.6%
I identify as another term	1	2	50.0%
Total respondents to question	802	994	80.7%

Whilst the numbers are small, these results indicate that a deeper dive into the surveys from patients who preferred not to reveal their gender identity or identified as a term other than male or female, would be beneficial, as their experiences of the service appeared to be more negative than the proportion of respondents overall.

### Patient satisfaction and age

823 respondents responded to the question “what age are you?” Of these respondents, the proportion that reported an overall positive experience with the service are as follows:

What age are you?	Positive	Total	Percentage
20 and under	60	87	69.0%
21-25	50	63	79.4%
26-30	42	60	70.0%
31-35	77	97	79.4%
36-40	70	89	78.7%
41-45	66	85	77.6%
46-50	86	103	83.5%
51-55	90	108	83.3%
56-60	76	91	83.5%
61-65	81	84	96.4%
66-70	49	55	89.1%
71 and above	73	89	82.0%
Prefer not to say	3	7	42.9%
Total	823	1018	80.8%

This data indicates a proportionately less positive response amongst respondents aged 20 and under, or who prefer not to say.

### **Patient satisfaction and ethnicity**

A total of 823 respondents responded to the question “What is your ethnic group?”. Of these respondents, the proportion that reported an overall positive experience with the service are as follows:

<b>What is your ethnic group?</b>	<b>Positive</b>	<b>Total</b>	<b>Percent</b>
White	755	937	80.6%
Asian/ Asian British	20	23	87.0%
Mixed/ Multiple ethnic groups	17	21	81.0%
Black/ African/ Caribbean/ Black British	17	20	85.0%
Prefer not to say	8	11	72.7%
Any other ethnic group	6	6	100.0%
Total	823	1018	80.8%

This data indicates that responses from minority ethnic groups were more positive than that responses from those who self-identified as White. The lowest levels of satisfaction were amongst respondents who preferred not to disclose their ethnicity.

### **Patient satisfaction and disability**

A total of 1,031 respondents responded to the question “Do you have a disability – physical, mental, learning disability and/or impairment?”. Of these respondents, the

proportion that reported an overall positive experience with the service are as follows:

<b>Do you have a disability – physical, mental, learning disability and/or impairment?</b>	<b>Positive</b>	<b>Total</b>	<b>Percent</b>
Yes	125	168	74.4%
No	688	834	82.5%
Prefer not to say	22	29	75.9%
Total	835	1031	81.0%

This data indicates a proportionately less positive response amongst respondents who reported a disability or preferred not to say.

Whilst the patient survey is still in its early days, these results are beginning to provide an indication of areas to target for improvement.

## **Translation and interpretation**

The Trust will always do its utmost to ensure that those who use our services are able to be fully involved in discussions about their treatment or any concerns they may have, and is happy to provide interpreters or advocates where needed

When a member of the public makes a 999 call and there is a language difficulty due to English not being the patient's first language, the colleagues in our Emergency Operations Centres (EOC) and 111 call centres have access to interpreting services via LanguageLine.

LanguageLine is also available to front line operational colleagues via the EOC and in addition, all vehicles should have a copy of the Multilingual emergency phrasebook produced by the NHS Confederation.

### **999 services**

During 1 April 2020 – 31 March 2021 a total of 753,630 calls were received in 999 services run by SECAMB. LanguageLine was used in a total of 2,687 of these calls (0.33% of total answered 999 calls). 63 languages were accessed during this time, up from 54 the previous year.

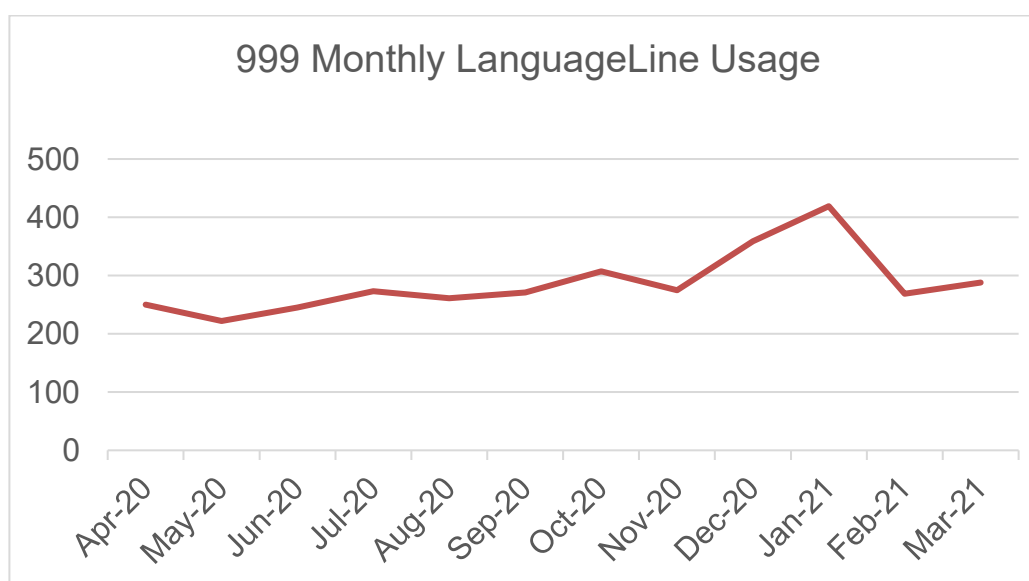
The table below shows the top 10 languages accessed by percentage and against the Top 10 main “other” languages in England and Wales from the 2011 Census. Only three of the top ten languages in the 2011 Census were seen in the 2020/21 list of top ten languages with an increased representation of European languages identified.

Main "Other languages" in England and Wales, 2011 Census	2019/2020			2020/2021		
	Language	Count	Percentage	Language	Count	Percentage
Polish	Romanian	410	15.30%	Romanian	499	14.54%
Punjabi	Polish	390	14.50%	Polish	464	13.52%
Urdu	Russian	205	7.60%	Arabic	304	8.86%
Bengali (with Sylheti and Chatgaya)	Arabic	190	7.10%	Russian	247	7.19%
Gujarati	Bulgarian	107	4.00%	Nepali	226	6.58%
Arabic	Nepali	103	3.80%	Bulgarian	212	6.18%
French	Slovak	96	3.60%	Portuguese	124	3.61%
All other Chinese (1)	Lithuanian	95	3.50%	Punjabi	117	3.41%
Portuguese	Hindi	92	3.40%	Slovak	112	3.26%
Spanish	Punjabi	85	3.20%	Lithuanian	107	3.12%

Top ten languages accessed in 999 services in 2019/20 and 2020/21

1. 'All Other Chinese' is an aggregate of Chinese languages and excludes those that wrote in Mandarin Chinese and Cantonese Chinese.

The trend analysis for LanguageLine use in 999 call centres reflects a slow but increasing level of use, which is likely to be representative of the increasing diversity of the population we serve. It also demonstrates that European language access has significantly increased since 2011, this is reflective of the changing profile of our communities.



Monthly LanguageLine, April 2020 – March 2021

## 111 services

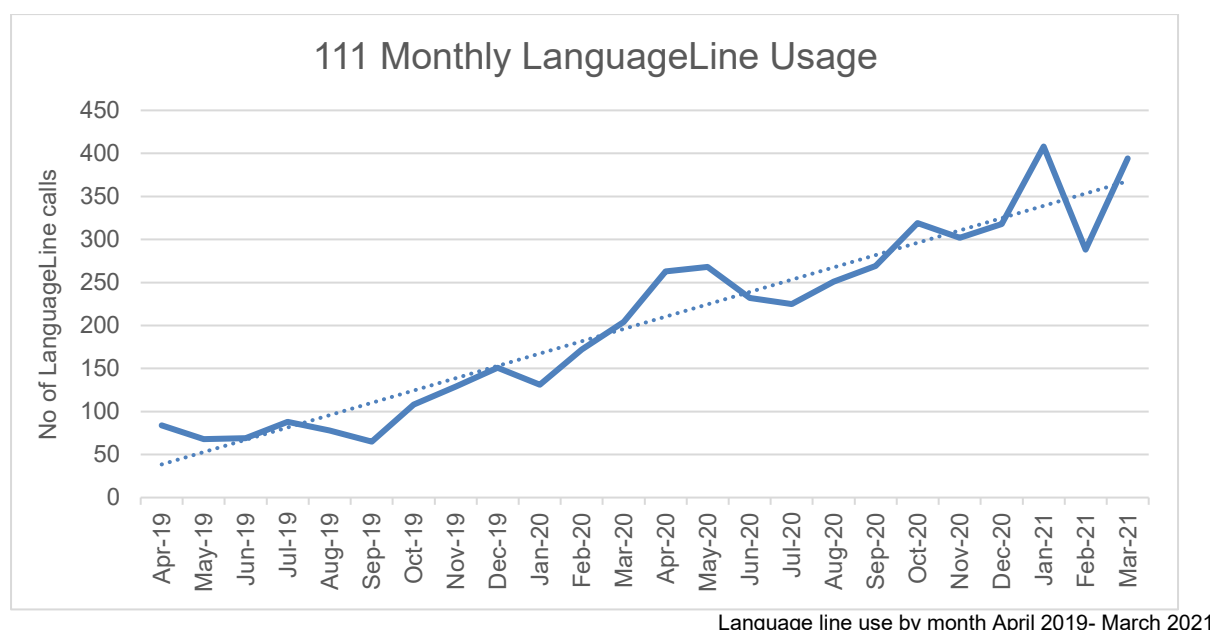
During 1 April 2020 – 31 March 2021 a total of 738,726 calls were answered in 111 services run by the Trust. LanguageLine was used in a total of 3531 of these calls (0.48% of total answered 111 calls). A greater range of languages were accessed than via our 999 service with 71 languages accessed overall during this time. A breakdown of the top ten languages accessed by 111 users is given below against comparators for both the previous year and the 2011 Census. The data also shows a small level of variation in between the top languages access via 111 and 999.

111	2019/2020			2020/2021		
Main "Other languages" in England and Wales, 2011 Census	Language	Count	Percentage	Language	Count	Percentage
Polish	Polish	184	13.70%	Arabic	393	11.13%
Punjabi	Arabic	101	7.50%	Romanian	371	10.51%
Urdu	Spanish	99	7.30%	Polish	301	8.52%
Bengali (with Sylheti and Chatgaya)	Romanian	90	6.70%	Spanish	191	5.41%
Gujarati	Mandarin	74	5.50%	Bulgarian	186	5.27%
Arabic	Bulgarian	68	5.00%	Russian	180	5.10%
French	Punjabi	66	4.90%	Punjabi	144	4.08%
All other Chinese (1)	Russian	58	4.30%	Portuguese	140	3.96%
Portuguese	Bengali	50	3.70%	Bengali	128	3.63%
Spanish	Italian	42	3.10%	Slovak	117	3.31%

#### Top ten languages accessed in 999 services in 2019/20 and 2020/21

1. 'All Other Chinese' is an aggregate of Chinese languages and excludes those that wrote in Mandarin Chinese and Cantonese Chinese.

The trend analysis for LanguageLine in the 111 environment shows an increasing level of use of interpreters. The data does not tell us whether all sections of the communities we serve are accessing our service. However, it does indicate an increasing level of diversity in our patch, and that messaging to use 111 as an alternative route to access healthcare advice is reaching communities where English is not a first language.



Interpreters are provided as required when meeting with complainants who have language needs and the Patient Experience Team also have access to LanguageLine as required.

# Workforce Equality Data

## Our Employees

SECAMB aims to deliver a fair and equitable service for our workforce through:

- Clear policies that are applied consistently throughout the Trust
- Fair and equitable salary provision under the Agenda for Change framework
- Career progression and opportunities for our workforce
- Promoting equality and diversity in all areas of the Trust.

A significant data cleansing exercise has been underway for diversity information in the past year, and the greatest area of improvement is the quality of the disability information stored. Further cleansing is in progress now to ensure that all information given at application is still stored for the employee.

ESR Self Service enables employees to view, and more importantly amend their personal diversity information including, religious belief, sexual orientation, and disability information. The impact of an incomplete picture in terms of the makeup of the workforce may influence the accuracy of information and decisions around how the Trust manages equality within the organisation. The current data available is considered sufficient to make informed decisions, however it is accepted that the situation could be improved in the future with better engagement in completing equality monitoring. This is a continuing piece of work and colleagues will be encouraged to view the information held for them by banners on ESR Self Service, items in bulletins and customised approaches to different employee groups.

## Workforce Equality Overview

Sex	Mar-20		Mar-21	
	Headcount	%	Headcount	%
Female	2,152	53.7%	2,394	54.8%
Male	1,853	46.3%	1,973	45.2%
<b>Total</b>	<b>4005</b>	<b>100%</b>	<b>4367</b>	<b>100%</b>

Workforce by Sex, March 2020 - March 2021

The last 12 months show a continuation in the growth of the female workforce that we started to see four years ago. With the increase over the last 12 months, the organisation now has 10% more women than men, and a 2% increase in the organisation overall.

Ethnic Origin	Mar-20		Mar-21	
	Headcount	%	Headcount	%
White	3,712	92.7%	4,026	92.2%
BAME	195	4.9%	246	5.6%
Unknown/Null	98	2.5%	95	2.2%

Workforce by ethnicity, March 2020 and March 2021

The last 12 months continued to see a steady growth in diversity by ethnicity. However, despite an increase in BAME headcount the Trust continues to be under representative of the Black, Asian and Minority Ethnic (BAME) population.

Age Band	Mar-20	% Total Workforce	Mar-21	% Total Workforce
<=20 Years	71	1.8%	43	1.0%
21-25	526	13.1%	610	14.0%
26-30	714	17.8%	763	17.5%
31-35	565	14.1%	645	14.8%
36-40	424	10.6%	465	10.6%
41-45	471	11.8%	486	11.1%
46-50	490	12.2%	526	12.0%
51-55	379	9.5%	416	9.5%
56-60	247	6.2%	268	6.1%
61-65	96	2.4%	114	2.6%
66-70	17	0.4%	25	0.6%
>=71 Years	5	0.1%	6	0.1%
<b>Total</b>	<b>3,768</b>	<b>100.00%</b>	<b>4,005</b>	<b>100.00%</b>

Workforce by age, March 2020 - March 2021

The largest age group within the Trust continues to be the 26-30 cohort, closely followed by those aged 31-35 and 21-25. This may be reflective of the number of direct entry students that the Trust is recruiting as we seek to increase our operational workforce, as well as those who are joining the Trust as a second career.

Disability	Mar-20		Mar-21	
	Headcount	%	Headcount	%
No	2,247	56.1%	3,845	88.0%
Yes	143	3.6%	182	4.2%
Not declared / Unspecified	1,611	40.2%	337	7.7%
Prefer not to answer	4	0.1%	3	0.1%
<b>Total</b>	<b>4,005</b>	<b>100.00%</b>	<b>4,367</b>	<b>100%</b>

Workforce by disability, March 2020 - March 2021

The Trust disability declaration has increased over the last 12 months, by 0.6% which whilst not large, is the largest increase we've seen in a number of years. More significant however is the drop in colleagues choosing not to declare which was addressed as part of a data cleanse exercise from 40.2% to 7.7%.

It should be noted that the % declaration rate within our Trust is slightly higher than the NHS average of 3%. However, this differs significantly from the 27% of Trust employees who declared having physical or mental health conditions, disabilities or illnesses that are expected to last for 12 months or more in the 2020 NHS staff survey.

Some of the disparity between declared disability and staff survey results may also be a result of staff not classing themselves as being disabled, particularly when

consideration is given to the social model of disability. The NHS staff survey questions ask about disability in its wider sense, in comparison to ESR. specifically considering long-term illnesses and mental ill health which again people may not personally class as a disability.

Sexual Orientation	Mar-20		Mar-21	
	Headcount	%	Headcount	%
Bisexual	68	1.7%	82	1.9%
Gay or Lesbian	184	4.6%	213	4.9%
Heterosexual or Straight	3,187	79.6%	3,512	80.4%
Other sexual orientation not listed	2	0.0%	5	0.1%
Undecided	6	0.1%	7	0.2%
Not stated (person asked but declined to provide a response)	558	13.9%	548	12.5%
<b>Total</b>	<b>4,005</b>	<b>100%</b>	<b>4367</b>	<b>100%</b>

Workforce by Sexual orientation, March 2020 - March 2021

Our data shows that we continue to see increasing numbers of colleagues feeling safe to declare their sexual orientation at the Trust, as well as an increasing LGB representation, which now sits at 6.9% against a population estimate of 2%. This further supports the work that we have been doing to promote the Trust as an LGBT employer of choice.

Religious belief	Mar-20		Mar-21	
	Headcount	%	Headcount	%
Atheism	938	23.42%	1,085	24.85%
Buddhism	19	0.47%	25	0.57%
Christianity	1,575	39.33%	1,703	39.00%
Hinduism	21	0.52%	24	0.55%
Islam	17	0.42%	27	0.62%
Jainism	0	0.00%	2	0.05%
Judaism	5	0.12%	4	0.09%
Other	502	12.53%	557	12.75%
Sikhism	5	0.12%	8	0.18%
Unspecified / Null	923	23.05%	932	21.34%
<b>Total</b>	<b>4,005</b>	<b>100%</b>	<b>4,367</b>	<b>100%</b>

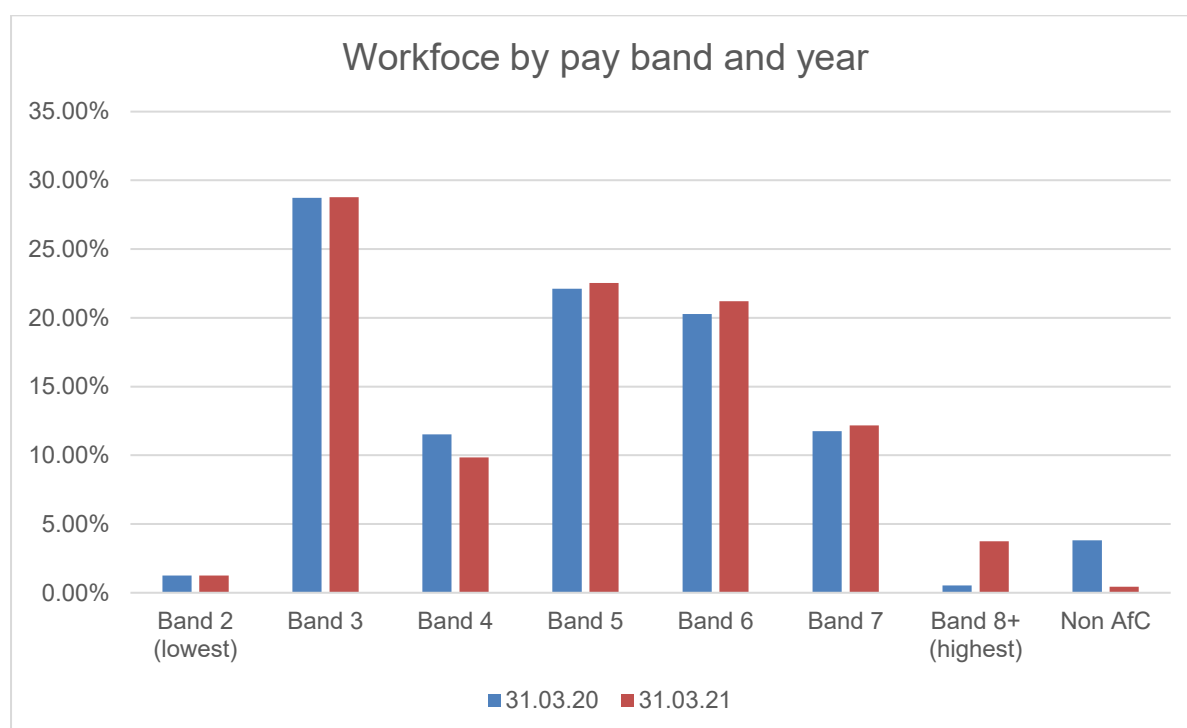
Workforce by Religion and belief, March 2020 - March 2021

Declaration by religion and belief including non-belief remains steady with small increases by both individual belief and the number of colleagues sharing this information with us.

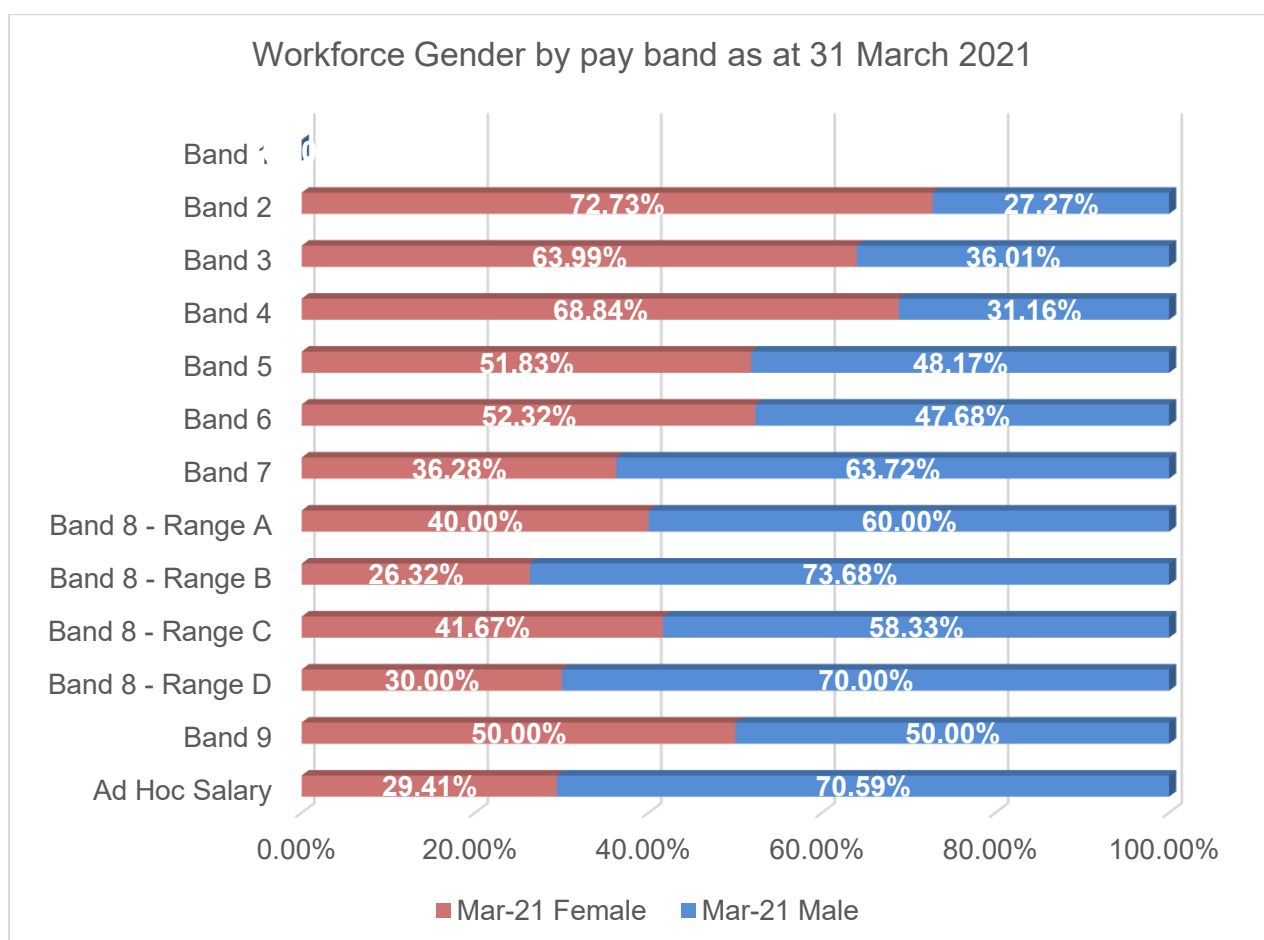
## Pay equality

The Trust uses the Agenda for Change terms and conditions handbook and pay framework, which includes a robust and objective job evaluation process that involves an HR Practitioner and Union representative. This approach helps ensure that employees are paid equitably in accordance with published NHS terms and conditions. Requests for job evaluation can be made via the Staffing Review Group, and where employees are dissatisfied with the end decision, the grievance process can be used.

To ensure equality of pay, all new appointments not starting at the lowest point in the pay band are referred to the Director of Human Resources (HR) for consideration and sign off. Any variation to commencement on the base point of the pay band is determined purely on objective criteria such as qualifications or previous seniority levels.



Breakdown of employees by AfC pay band and year



Most of our colleagues are in roles at pay bands 3, 5 and 6, with the highest percentage of employees at Band 3 (29%).

The gender split also clearly shows the higher number of females in pay bands 2, 3 and 4, which are a likely result of the availability of part time shift work in the call centre environment as well as the previous drive to recruit Emergency Care Support Workers (ECSWs). However, at band 7 and above, although the overall numbers are smaller, females are disproportionately underrepresented, making up just 36% of the workforce at this level. Work to understand the barriers (real and perceived) is underway, alongside positive action measures including our Springboard Women's Leadership programme to support colleagues to develop.

Over the last 12 months, there have been small decreases in in our workforce across all age groups except the 41-50 age category which has seen a small increase. As a Trust we have a young workforce with 31% of our colleagues aged between 21 – 30, of which 11.93% are at band 3 followed by 7.60% at Band 5. These figures are indicative of new employees coming into the Trust, mainly on ECSW and Student Paramedic grades. There were decreases in the percentage makeup of the workforce for five out of eight pay bands for those aged 41 -50, and at every pay band for those aged 51 - 60. The NHS People Plan sets out a need to address the growing trend for early retirement and maximise participation, recommending the need for career conversations This should be to discuss any adjustments needed to their role and their future career intentions. It should also include signposting to

financial advice. The refreshed appraisal process is due to go live in October 2021 and is an opportunity to support this area of work.

4.2% of our colleagues have declared that they consider themselves to have a disability, with the greatest proportion of these colleagues being in bands 3, 5 and 6 respectively. This highlights the importance of ensuring managers in our operational teams and call centres can access advice to put into place appropriate reasonable adjustments. The HR team are in the progress of having additional disability awareness training to empower them to better support managers locally.

The largest number of employees overall are White at 92.19% and the highest groupings of employees are in pay bands 3, 5 and 6 which fits the overall workforce profile. BAME Employees make up 5.63% of the workforce and are spread across pay bands 2 to 8, again in line with the whole workforce profile, as shown in the table below. This indicates that whilst we are under representative of the ethnic diversity of the communities we serve, the distribution of BAME colleagues is representative of our overall workforce distribution.

Pay Band	BAME		White		Not Stated		Total	
	H/count	% by pay band	H/count	% by pay band	H/count	% by pay band	H/count	Workforce by pay band
Band 2 (lowest)	7	2.85%	48	1.19%		0.00%	55	1.26%
Band 3	58	23.58%	1180	29.31%	19	20.00%	1257	28.78%
Band 4	21	8.54%	403	10.01%	6	6.32%	430	9.85%
Band 5	43	17.48%	917	22.78%	24	25.26%	984	22.53%
Band 6	63	25.61%	844	20.96%	19	20.00%	926	21.20%
Band 7	39	15.85%	475	11.80%	18	18.95%	532	12.18%
Band 8+ (highest)	14	5.69%	142	3.53%	8	8.42%	164	3.76%
Non AfC	*	0.41%	17	0.42%	*	1.05%	19	0.44%
<b>Total</b>	<b>246</b>	<b>100.00%</b>	<b>4026</b>	<b>100.00%</b>	<b>95</b>	<b>100.00%</b>	<b>4367</b>	<b>100.00%</b>

Workforce distribution by ethnicity, 31 March 2021

\* Indicates value below 5

In terms of sexual orientation, 4.88% gay and lesbian employees are in Bands 2 to 8. The Trust has 1.88% of employees have been identified as bisexual.

12.55% employees across all pay bands preferred not to say, which shows a decrease on the previous year. The highest rates of non-declaration are in pay bands 5 and 6 at 5% and 3.4% respectively.

## Flexible working

COVID19 has accelerated the need for organisations to work in a more agile way and adoption of the technology to facilitate this. It has increased awareness of “where” and “how” we work and of work as an activity that we undertake rather than a place we go as seen in the traditional office-based model. Since the start of the pandemic, support services have all been working from home under Government stay at home guidance and remote working has also been put in place for some of

our 111 control room colleagues which has supported those with long term health conditions.

The Trust also established a COVID Recovery and Learning Implementation Group to identify what worked well during the pandemic and could be taken forward and agile working is one of these workstreams.

However, it is important to recognise that agile working and flexible working are two distinct models, of which both are required to maximise both efficiency and employee experience.

The NHS People Plan has laid out that Trusts should be offering the following:

- Flexibility by default. Employers should be open to all clinical and non-clinical permanent roles being flexible.
- Normalisation of conversations about flexible working with flexible working to be discussed in inductions and appraisals.
- Offer flexibility from day one.
- Role modelling from the top: Board members must give flexible working their focus and support. NHS England and NHS Improvement are also adding a key performance indicator on the percentage of roles advertised as flexible at the point of advertising to the oversight and performance frameworks.
- Support to develop E-rostering where this is not already in place.

The Trust has an established Flexible Working Policy where colleagues can request flexible working. Requests are considered by both their manager and HR on a case-by-case basis.

#### **Flexible working options:**

There are currently 227 employees in the Trust on an agreed annualised hours arrangement, of which 162 of these are female. This compared with last year's figures represents an increase of 0.04% for the total number of people on annualised hours and a decrease of 0.46% female employees on annualised hours.

The highest number of employees who moved to part time contracts within the Trust are within the 26-30-year old age bracket, closely followed by 31-35-year olds, and 21-25-year olds. This may be as a result of proactive work particularly within 111 to reach groups to become more attractive to those that may be classed as harder to reach employment groups such as single parents, those with disabilities, colleagues with faith-based commitments and those who rely on public transport.

The following arrangements are also available and used frequently at local level:

- Other Flexible working patterns (e.g., 4-day week/9-day fortnight)
- Zero hours (or bank) contracts providing greater flexibility.
- Career breaks – there are currently 5 colleagues on a career break.
- Job sharing
- Sharing Rota lines, participation in planning Rota cover and swapping shifts through GRS (Rostering system)

- Phased return following long term sickness. (Sickness Policy refers) e.g., phased return over an eight-week period.

## Diversity in recruitment

We utilise a platform known as NHS Trac, an applicant tracking system that allows us to manage our recruitment workstreams. Applicants are requested to complete the equal opportunities form as part of the online application form and this allows the us to monitor diversity of the candidates who are applying, being shortlisted and are successful in gaining employment or promotion with the Trust. The diversity data is only available to HR colleagues and cannot be accessed by the panel or if successful, the future line manager.

As a Trust we have implemented a minimum requirement for two short-listers per vacancy on Trac and these are checked by the recruitment team to ensure they are appropriate. The resourcing team is currently developing processes for a third independent short-lister to ensure that all suitable applicants are considered against the criteria.

On 2019-20 we set an ambition to achieve 100% trained panels. With the support of our Executive Management Team, we were able to get organisational commitment to this and all panel members must now be fully trained. Training is logged on NHS Trac and panel make up is audited monthly to ensure adherence and identify areas where support may be required. Our aim for the coming year is to improve diversity on our interview panels and work is already underway to make improvements to this.

A monthly recruitment report is produced, including the breakdown of successful applicants by gender, disability and ethnicity. This enables us to track the monthly trends of applicant characteristics and ensure that all candidates with reasonable adjustments have been included in the recruitment process.

The Trust is committed to the Disability Confident scheme and has achieved level two, Disability Confident Employer status. Disabled applicants who choose to take advantage of this scheme are guaranteed an interview if they meet the essential requirements for the role. NHS Trac highlights those who have declared a disability and all those who meet the essential role criteria are offered a guaranteed interview.



The Resourcing Team are acutely aware of the need to make reasonable adjustments during the recruitment process as necessary. The Reasonable Adjustments passport is also being used as a tool to assist both new recruits into the organisation, as well as those moving to a new role. The Recruitment team are due to undertake specialist training around reasonable adjustments and inclusive recruitment to enable us to better support applicants with disabilities. The training will also enable us to challenge poor practice and encourage applicants to be considered based on their experience.

We are also exploring the possibility of offering work experience in the Trust and will allocate a percentage of places each year to those with a disability. Each area of the Trust has a dedicated resourcing advisor who is available to candidates for support, guidance and assistance as required.

During this reporting period, we appointed 843 people. Most new joiners fell into pay bands 3 – 5 as a result of the volume of employee recruited to support the COVID19 Pandemic. The majority of recruitment was for call handlers in the 999 and 111 environment as well as front line roles including Emergency Care Support Worker and Associate Ambulance Practitioners.

Recruitment by gender 2020-21	Application	Application % of total	Shortlisted	% of total Shortlisted	Appointed	% of total appointed
Male	3,742	39%	1,680	42%	361	43%
Female	5,716	60%	2,327	57%	470	56%
Undisclosed	61	1%	41	1%	12	1%
Total	9,519	100%	4,048	100%	843	100%

Application to appointment by gender. April 2020- March 2021

Recruitment by gender	% Applications received		% Shortlisted		% Appointed	
	2019-20	2020-21	2019-20	2020-21	2019-20	2020-21
Male	33.09%	39%	31.40%	42%	35.25%	43%
Female	66.60%	60%	68.27%	57%	64.21%	56%
Undisclosed	0.31%	1%	0.33%	1%	0.54%	1%

Two-year comparison of application to appointment by gender.

The tables above show the gender of applicants in 2020/21 and the percentages shortlisted and appointed overall. There is a decrease in the split between male and female appointments from 35% male and 64% female in 2019/20 to 43% male and 56% female appointments across the service overall in this reporting period. In this period there was a 6% drop in applications from women. This could be attributed to the impact of the COVID19 pandemic which had a disproportionate impact on the careers of women as women are more likely to have caring responsibilities and take on the role of primary parental care as well.

In spite of this, there is a continued increase in the number of applications from, and appointments of, females for the third year running.

Recruitment by disability	Application	% of application received	Shortlisted	% of those shortlisted	Appointed	% of those appointed
Yes	666	7%	366	9%	45	5%
No	8,737	92%	3,631	90%	785	93%
Undisclosed	116	1%	51	1%	13	2%
Total	9,519	100%	4,048	100%	843	100%

Application to appointment by disability. April 2019- March 2020

The recruitment data shows that the appointment of people with disabilities has decreased since 2019/20 with their making up 5% (down from 6%) of all appointments. This is despite an increase in the number of candidates with disabilities being shortlisted. More work is required to understand and address the reasons for the discrepancy.

Recruitment by ethnicity	Application	% of applications received	Shortlisted	% of those Shortlisted	Appointed	% of those appointed
WHITE - British	6847	72.6%	1829	70.4%	690	63.4%
WHITE - Irish	103	1.1%	32	1.2%	9	0.8%
WHITE - Any other white background	476	5.0%	153	5.9%	30	2.8%
ASIAN - ASIAN BRITISH – Indian	297	3.1%	127	4.9%	18	1.7%
ASIAN - ASIAN BRITISH - Pakistani	127	1.3%	35	1.3%	6	0.6%
ASIAN - ASIAN BRITISH - Bangladeshi	42	0.4%	14	0.5%	3	0.3%
ASIAN - ASIAN BRITISH - Any other Asian	107	1.1%	44	1.7%	4	0.4%
MIXED - White and Black Caribbean	59	0.6%	14	0.5%	6	0.6%
MIXED - White and Black African	32	0.3%	12	0.5%	1	0.1%
MIXED - White and Asian	76	0.8%	33	1.3%	4	0.4%
MIXED - Any other mixed background	88	0.9%	30	1.2%	5	0.5%
BLACK or BLACK BRITISH Caribbean	80	0.8%	24	0.9%	6	0.6%
BLACK or BLACK BRITISH African	372	3.9%	133	5.1%	6	0.6%
BLACK or BLACK BRITISH - any other Black background	28	0.3%	9	0.3%	8	0.7%
OTHER ETHNIC GROUP - Chinese	13	0.1%	3	0.1%	0	0.0%
OTHER ETHNIC GROUP	80	0.8%	47	1.8%	5	0.5%
Undisclosed	602	6.4%	60	2.3%	288	26.4%
<b>Totals</b>	<b>9429</b>	<b>100.00%</b>	<b>2599</b>	<b>100.0%</b>	<b>1089</b>	<b>100.0%</b>

Application to appointment by ethnicity. April 2020- March 2021

The table above provides a full breakdown of application to appointment statistics by ethnic category. For consistency with our mandatory reporting requirements, we

have also combined this into an amalgamated table below, which groups all white categories, visible BAME categories and all undisclosed categories.

Recruitment by ethnicity	Application	% of applications received	Shortlisted	% of those Shortlisted	Appointed	% of those appointed
White	7426	78.8%	2014	77.5%	729	66.9%
BAME	1401	14.9%	525	20.2%	72	6.6%
Undisclosed	602	6.4%	60	2.3%	288	26.4%

Application to appointment by ethnicity. April 2020- March 2021 as per WRES categories

The Trust appointed 31% fewer people in 2020/21 in comparison to 2019/20, despite growing overall. This may also be linked to the lower attrition levels at the height of the pandemic.

The Trust remains unrepresentative of the local population in terms of ethnicity. Work to increase representation is part of the Integrated Equality Action Plan. The pandemic has put a hold on many face to face initiatives, however, work to restart these as restrictions lift is in progress and will include consideration of how alternative methods of engagement utilising technology can also be developed

The recruitment data shows that we appointed 67% of candidates from a White background compared to 90% in 2019/20. Of these, 95% were from a White British background. However, the rate of ethnicity non-disclosure in the application process increased significantly from 1% in 2019/20 to 26% in 2020/21. This is likely to account for the significant difference in figures.

Overall, the rate of candidates appointed from a BAME background has dropped for a second consecutive year to 6.6% from 8% the previous reporting period. The data suggests that BAME people continue to experience difficulty moving from shortlisting to the appointment stage with 13% of BAME candidates shortlisted being appointed in comparison to 36% of White candidates.

Interview training for panel members is now an essential recruitment requirement to try to reduce panel bias. In addition, all panels for 8a and above positions are required to have BAME representation. A wider review of recruitment processes including assessment centre design is also underway.

A development tracker for movement between bands is being finalised. This will include diversity data which will help to support progression in under-represented areas and will show a full picture from application through to development.

Recruitment by age	Shortlisted		Appointed		change since 2019/20
	Headcount	%	Headcount	%	
Under 18	13	0.1%	0	0.0%	0.0%
18 - 19	235	2.5%	10	1.2%	-0.8%
20 - 24	1,679	17.6%	88	10.4%	-8.6%
25 - 29	1,874	19.7%	163	19.3%	0.3%

30 - 34	1,495	15.7%	153	18.1%	2.1%
35 - 39	1,023	10.7%	86	10.2%	1.2%
40 - 44	920	9.7%	89	10.5%	1.5%
45 - 49	839	8.8%	84	10.0%	1.0%
50 - 54	729	7.7%	81	9.6%	1.6%
55 - 59	428	4.5%	45	5.3%	0.3%
60 - 64	216	2.3%	31	3.7%	0.7%
65 - 69	48	0.5%	9	1.1%	0.1%
Age 70+	20	0.2%	5	0.6%	0.6%
Undisclosed	0	0.0%	0	0.0%	0.0%
Total	9,519	100.0%	844	100.0%	0.0%

Application to appointment by age. April 2019-March 2020

In 2020/21 the Trust employed 25-29 and 30-35-year olds more frequently than other age groups and this made up 37% of new recruits. There was also a significant change in the recruitment of younger people to the organisation and this may also be in part due to the pandemic which allowed us to recruit people who had been employed in other sectors such as travel and aviation which had been impacted because of COVID19. The Trust will need to consider what we put in place to retain these recruits as restrictions ease and these sectors reopen and begin to recruit.

Recruitment by Religion / Belief	Application		Appointed	
	Headcount	%	Headcount	%
Atheism	2,528	27.7%	177	29.9%
Buddhism	42	0.5%	4	0.7%
Christianity	3,739	41.0%	246	41.6%
Hinduism	183	2.0%	10	1.7%
Islam	272	3.0%	9	1.5%
Other	1,209	13.3%	79	13.3%
Jainism	2	0.0%	1	0.2%
Judaism	17	0.2%	0	0.0%
Sikhism	27	0.3%	4	0.7%
Undisclosed	1,096	12.0%	62	10.5%

Application to appointment by religion/belief. April 2020- March 2021

There is little change in the reporting of religious belief for new employees since the previous year and an increase in the number of people choosing to disclose this information. Although small numbers, the data suggests for a second consecutive year that there may be a need to monitor the outcomes for some minority faith groups to identify whether there is any inequity/bias or reasons why certain groups are not appointed or may not wish to declare their religion/belief. Other considerations could be to ensure our uniform policies are inclusive of people's religious/faith needs.

Recruitment by Sexual Orientation	Application		Appointed	
	Headcount	%	Headcount	%
Lesbian	193	2.12%	14	2.35%
Gay	404	4.43%	30	5.04%
Bisexual	274	3.01%	19	3.19%
Heterosexual	7,859	86.19%	499	83.87%
Other	32	0.35%	3	0.50%
Undecided	34	0.37%	0	0.00%
Undisclosed	322	3.53%	30	5.04%

Application to appointment by religion/belief. April 2020- March 2021

Appointments for applicants identifying as LGB have increased and there appears to be no issue of inequity in recruitment by sexual orientation.

## Promotions

Opportunities for promotion are advertised via the national NHS jobs website and are open to all employees, and all vacancies are advertised via the Trust wide weekly jobs bulletin. The process of assessment and selection is managed via the centralised Resourcing Team. The Recruitment & Selection Policy describes how the Trust manages recruitment and ensures that employees are appointed on merit, and that the process is fair and equitable.

There were 346 promotions via NHS Trac for the period 1 April 2019 – 31 March 2020, with more colleagues being promoted from band 5 to band 6 are higher than other Agenda for Change pay bands, at a total of 130, of which 72 were Female and 58 were Male. This is attributed to the volume of clinical employees progressing from Newly Qualified Paramedic to experienced Paramedics over the past year

This year, in a turnaround from 2019/20 figures, saw more Females successfully gaining promotion compared to their Male counterparts with 53% females being promoted versus 47% Males, and more females than males were also successful in securing promotions of more than one pay band.

## Appraisals

A total of 2,173 colleagues (52.24%) received an appraisal in 2020/21 against a target of 90%, which was a significant drop for a second consecutive year (completion rate of 71.74%, 2,740 employees in 2019-20). The overall headcount differs to the data in the rest of this report as for the purpose of reporting new starters in quarter four (January - March 2021), those on maternity leave and career breaks are excluded. However, in the tables below we have included these figures to support identification of any trends overall.

Appraisal completion	Headcount		Percentage	
	Completed	Not Completed	Completed	Not Completed
2020/21	2,173	1,986	52.24%	47.76%
2019/20	2,740	1,079	71.74%	28.26%

Appraisal completion by year

The data below demonstrates proportionate representation from under-represented groups in those being appraised. We recognise that there are challenges with the completion of appraisals due to the operational and field-based nature of the workforce, however there is largely little inequity in the completion of appraisals other than colleagues under the age of 20 and Muslim colleagues who received disproportionately low number of appraisals in contrast to other groups. It should be noted that the lowest level of appraisal completion is for employees at band 8 and above at 35.5%.

Gender	Appraisal completed			
	Headcount	% of all completed appraisals	Headcount across whole Trust	% of all completed appraisals by whole Trust
Male	1,008	46.39%	1,973	45.18%
Female	1,165	53.61%	2,394	54.82%
Total	2,173	100.00%	4,367	100.00%

Appraisal Data by Gender – 1st April 2020 – 31st March 2021

Age	Appraisal completed			
	Headcount	% of all completed appraisals	Headcount across whole Trust	% of all completed appraisals by whole Trust
20 or below	12	0.55%	43	27.91%
21 to 30	729	33.55%	1,373	53.10%
31 to 40	545	25.08%	1,110	49.10%
41 to 50	479	22.04%	1,012	47.33%
51 to 60	350	16.11%	684	51.17%
61 to 70	57	2.62%	139	41.01%
Over 70	1	0.05%	6	16.67%
Total	2,173	100.00%	4,367	49.76%

Appraisal Data by Age – 1 April 2020 – 31 March 2021

The data shows that colleagues under the age of 20 were less likely to receive an appraisal in the last financial year.

Disability	Appraisal completed			
	Headcount	% of all completed appraisals	Headcount across whole Trust	% of all completed appraisals by whole Trust
No	1,920	88.36%	3,845	49.93%
Yes	94	4.33%	182	51.65%
Prefer not to say	159	7.32%	337	47.18%
Total	2,173	100.00%	4,364	49.79%

Appraisal Data by Disability – 1 April 2020 – 31 March 2021

Pay band	Appraisal completed			
	Headcount	% of all completed appraisals	Headcount across whole Trust	% of all completed appraisals by whole Trust
2	23	1.06%	55	41.82%
3	665	30.60%	1,257	52.90%
4	201	9.25%	430	46.74%
5	503	23.15%	984	51.12%
6	516	23.75%	926	55.72%
7	200	9.20%	532	37.59%
8 & above	65	2.99%	183	35.52%
Total	2,173	100.00%	4,367	49.76%

Appraisal Data by Pay Band – 1 April 2020 – 31 March 2021

The majority of employees who received an appraisal were in Band 3, followed by band 5 and 6 which is in line with these being the two largest employee groups in the Trust. A lower proportion of colleagues at pay band 8 and above received an appraisal in contrast to other pay bands in the Trust.

Ethnicity	Appraisal completed			
	Headcount	% of all completed appraisals	Headcount across whole Trust	% of all completed appraisals by whole Trust
White	2,007	92.36%	4,026	49.85%
BAME	116	5.34%	246	47.15%
Not stated/null	50	2.30%	95	52.63%
Total	2,173	100.00%	4,367	49.76%

Appraisal Data by Race – 1 April 2020 – 31 March 2021

Religion / Belief	Appraisal completed			
	Headcount	% of all completed appraisals	Headcount across whole Trust	% of all completed appraisals by whole Trust
Atheism	565	26.00%	1,085	52.07%
Buddhism	11	0.51%	25	44.00%
Christianity	820	37.74%	1,703	48.15%
Hinduism	10	0.46%	24	41.67%
Islam	7	0.32%	27	25.93%
Judaism	2	0.09%	4	50.00%
Other	289	13.30%	559	51.70%
Sikhism	4	0.18%	8	50.00%
Prefer not to say	465	21.40%	932	49.89%
Total	2,173	100.00%	4,367	49.76%

Appraisal Data by Religion and Belief – 1 April 2020 – 31 March 2021

Muslim colleagues appear to have received fewer appraisals than any other employee group by religion/belief.

Sexual Orientation	Appraisal completed			
	Headcount	% of all completed appraisals	Headcount across whole Trust	% of all completed appraisals by whole Trust
Bisexual	35	1.61%	82	42.68%
Gay or Lesbian	105	4.83%	213	49.30%
Heterosexual	1,756	80.81%	3,512	50.00%
Other	0	0.00%	5	0.00%
Prefer not to say	277	12.75%	555	49.91%
Total	2,173	100.00%	4,367	49.76%

Appraisal Data by Sexual Orientation – 1 April 2020 – 31 March 2021

The following actions are planned for delivery in 2022/21 and are anticipated to support an improvement in appraisal completions:

1. A new Appraisal Policy will be introduced in the financial year 2021/2022 to ensure that all employees are aware of the Trust's expectations regarding appraisals. The policy will afford the opportunity for all employees to receive feedback on their performance, job role clarity, a career conversation, and to identify their personal development needs.
2. New appraisal training will be launched to ensure that appraisers are skilled, competent, and confident to conduct an effective appraisal conversation.

3. The current online appraisal system is due to be decommissioned, enabling the Trust to utilise ESR to record performance appraisals and career conversations, improving accessibility to appraisals, recording and reporting appraisals. This will be rolled out using a phased approach.

## Leavers

Turnover has been recognised as a significant challenge for both SECAMB and the wider NHS. SECAMB joined Cohort 6 (Ambulance Trusts) of the NHS England and Improvement Retention Programme. The NHSE Retention Programme is an initiative to share learning from trusts all over the country and look at how we could improve retention in the NHS by 1% overall.

A detailed review of our retention strategy was undertaken in 2020, and an ambitious target to reduce turnover by 30% across the organisation set. As a Trust we have achieved the overall 30% reduction. It is not yet clear how much of this is attributed to the Pandemic, and how much is attributed to the various initiatives introduced via the retention strategy. Furthermore, it is not yet clear how the reduction in turnover has translated through the different demographics. This piece of work will take place in 2021/22.

The highest percentage of leavers, at 33.6% are those in age bracket 21-30. This is in line with the data from the same period the previous year, and it is representative of our employee age profiles. Work/Life Balance is the most common reason for leaving for this age demographic, according to our exit interview data.

Whilst we work in a 24/7 profession, there is still work we can and are doing to address work/life balance, including the development of a refreshed Flexible Working Policy and the establishment of a New Ways of Working Group.

It was noted that there is a drop in leavers who are BAME (7.8%) compared to last year's figure of 9.2%, which on the surface is very positive. However, this only represents a 15.7% reduction year on year compared to the aforementioned 30% target which is seen across the rest of the Trust. BAME employees represent 5.6% of the SECAMB workforce, making the rate of BAME leavers higher than those joining the organisation.

There is nothing immediately identifiable within current exit interview data to help us understand the variance, apart from the fact that our exit interview data suggests that those who left the Trust were less likely to have been in full time roles. On its own this tells us very little, however when read in conjunction with other data, such as reasons for leaving, lack of career opportunities features significantly more often in the top three reasons for leaving amongst BAME employees. This suggests that there is more to do with regards to recruitment to permanent roles and career development for our BAME colleagues.

Our new face to face exit interview process, where all employees will be given the opportunity of select from a range of key personnel to conduct their exit interview (Inclusion Team, Freedom to Speak Up Guardian, Line Manager's Manager, Staff equality network Chair / Deputy Chair), has yet to be fully embedded across the

Trust, but it is hoped that this new approach will give us far more meaningful data for leavers and the opportunity to identify actions to reduce turnover.

Leavers by religion and belief appear to be consistent with the overall organisational headcount.

8.4% of leavers identified as either bisexual, lesbian, or gay. This is inconsistent with the overall headcount using the same parameters, which is currently 6.8%. Again, lack of career progression features prominently in the top three reasons for leaving. Only 22% of leavers who identified as lesbian, gay or bisexual in the exit interview responded positively to the question relating to satisfaction with use of skills. This compares to 34% positive for the whole Trust.

Analysis of leavers by pay band show the highest percentage of employee turnover is pay band 3 (47.8%). This represents a 9.6% improvement against the previous year. Band 3 makes up 28% of our workforce.

The Trust also saw a ratio of 38% of male leavers to 62% female leavers. The gender ratio of the overall workforce is 47% male and 54% female. Whilst as a Trust we have increased our female to male ratio we continue to lose an increasing number of female employees. Work/Life Balance and Health and Wellbeing are cited significantly more often within the top three reasons cited for leaving by female employees when compared to male colleagues.

Work/Life Balance is cited as a reason for leaving by 44% of female colleagues compared to 36.5% of male colleagues. Health and Wellbeing as a reason for leaving is 41.4% compared to 28.3% for females to males respectively. The third top reason for leaving for female colleagues is the Work Environment at 34.5% compared to 30% for male colleagues.

Whilst overall as a Trust we have seen a significant decline in leavers, as a percentage of our workforce, some of which will undoubtedly be off the back of the 45 initiatives from within the Retention Strategy, there is still more to do to both maintain and improve further. We also need to ensure we have initiatives that meet the specific needs of female, BAME, and gay/bisexual/lesbian employees.

## Training and Education

Core elements of the diversity and inclusion agenda feature in all Organisational Development (OD) programmes, including management and leadership activities.

In 2019/20 the Trust refreshed its Diversity and Inclusion mandatory training. Equality & Diversity training completion figures are based on those who have completed the course from its launch on 1 April 2019 until 31 May 2020. The course is required to be completed by all colleagues either every three years or upon joining SECamb. The current compliance is **79%** or **3,383** employees as of 31 May 2021. It is worth noting that although more employees completed the Equality & Diversity (E&D) eLearning in 2020/21 than 2019/20, the completion percentage is lower due to headcount increase.

All new starters are expected to complete the E&D training within the first month of starting the course is available to new starters to complete on Discover, the Trust's online learning platform, in the New Starter area. The New Starter Checklist includes a section relating to completing Statutory & Mandatory training online via SECAMB.

Training compliance is reported monthly to directors, managers, and subject matter leads. Senior Managers and Heads of Department are responsible for ensuring their employees attend/undertake all statutory and mandatory training as required by the Trust or their roles within the organisation. They are also responsible for investigating any non-attendance/non-completion of their employees.

The delivery of the first line managers' development programme was paused in February 2020 due to the COVID19 pandemic. This is due to be relaunched with a new inclusive leadership module which has been developed with Employers Network for Equality and Inclusion in October 2021.

## **Clinical Education**

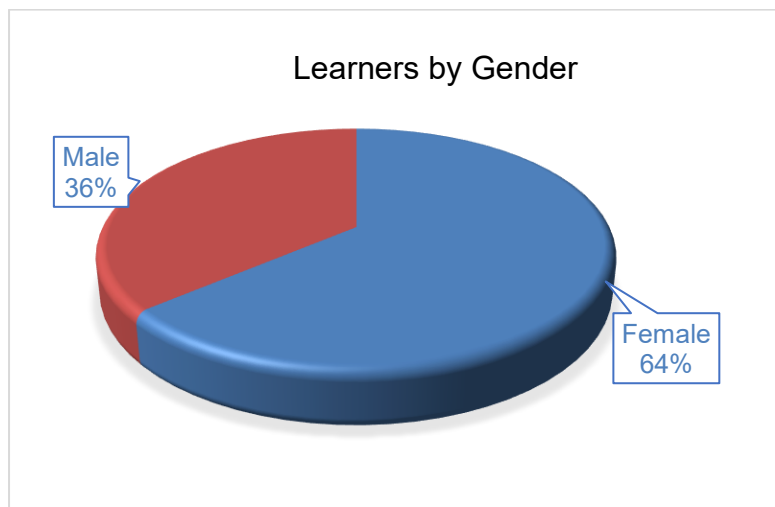
Our Clinical Education department are responsible for the development and delivery of a range of educational programs for both new and established colleagues. This is provided whilst learners are actively on programs of study in a classroom environment through to learners in practice undertaking 'on the job' training. The department also ensures the delivery of post registration preceptorship programs for Newly Qualified Paramedics. In addition, they manage placement provision for undergraduate Student Paramedics or colleagues embarking on Specialist Paramedic training programs affiliated to our partner Higher Education Institutes (HEIs).

Working in collaboration with the Inclusion Team, the department has ensured that all programs of study include sessions related to equality and diversity, this is also weaved into wider training activity with case examples used in teaching, the department has also undertaken a review of the training resources, for example, ensuring diversity is reflected in the mannikins that are available. As a department, the Clinical Education team have a responsibility to act as role models to learners, exemplifying the behaviours that reflect the Trusts values and to instil these in their teaching.

Since early 2020, new colleagues embarking upon a career with the Trust as either an Emergency Care Support Worker or Associate Ambulance Practitioner have done so through an apprenticeship program delivered by Crawley College, rated as outstanding by Ofsted and a member of the Chichester College Group. Similarly, in early 2021, the Trust launched a new Level 6 Degree Apprenticeship with Cumbria University. The data collected and presented in this report does not include these externally provided programs of study.

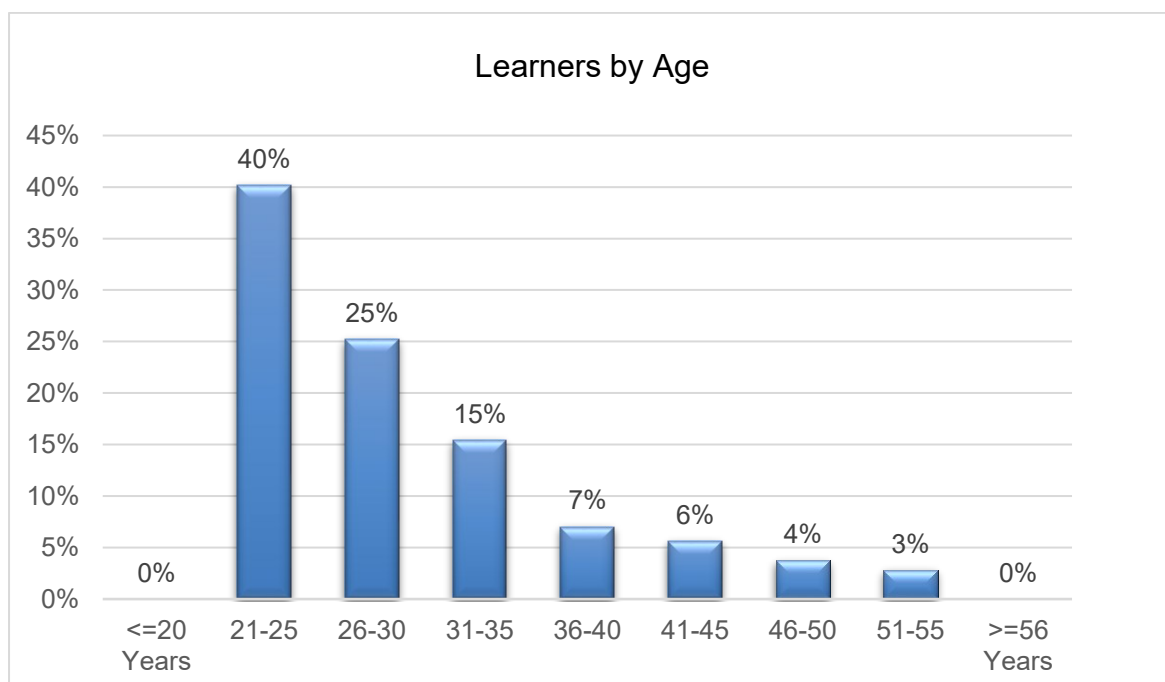
When interrogating the data, only 2% of learners were from BAME backgrounds and whilst unrepresentative of the workforce overall, we should be mindful of the large cohort not included in this data along with the lower ethnic diversity within operational roles. We have seen a slight increase in female colleagues embarking on

programs of study, a 4% increase in the previous year. This appears reflective of HEI demographics across the south east.

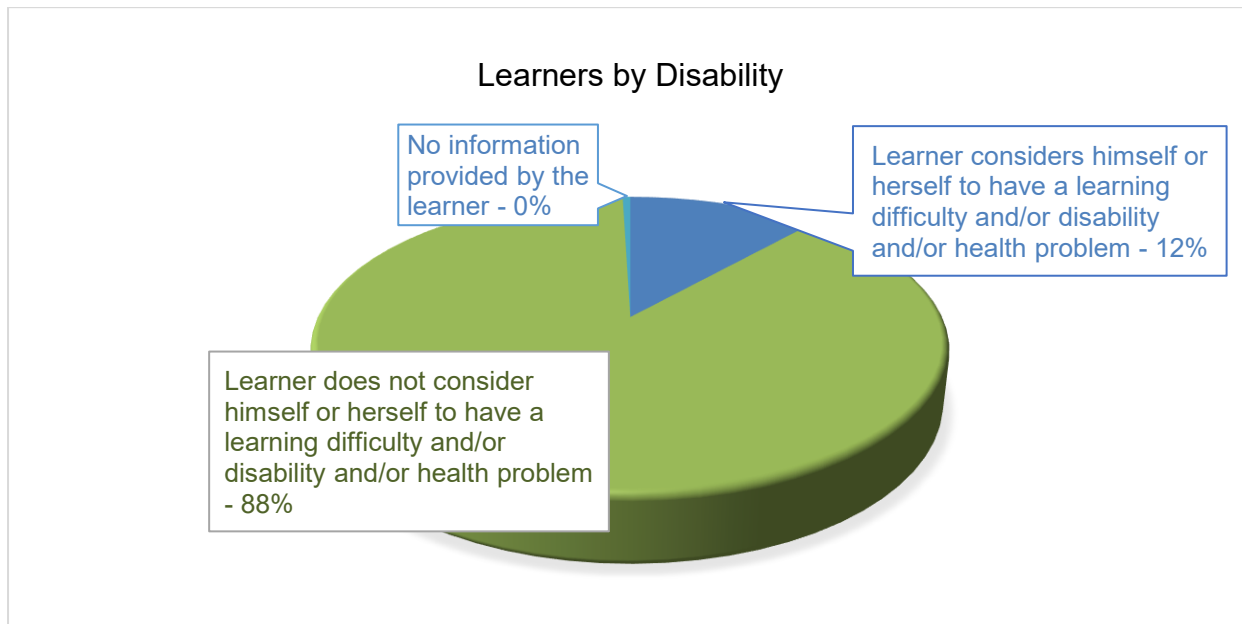


Clinical Education learners by gender, March 2020 - April 2021

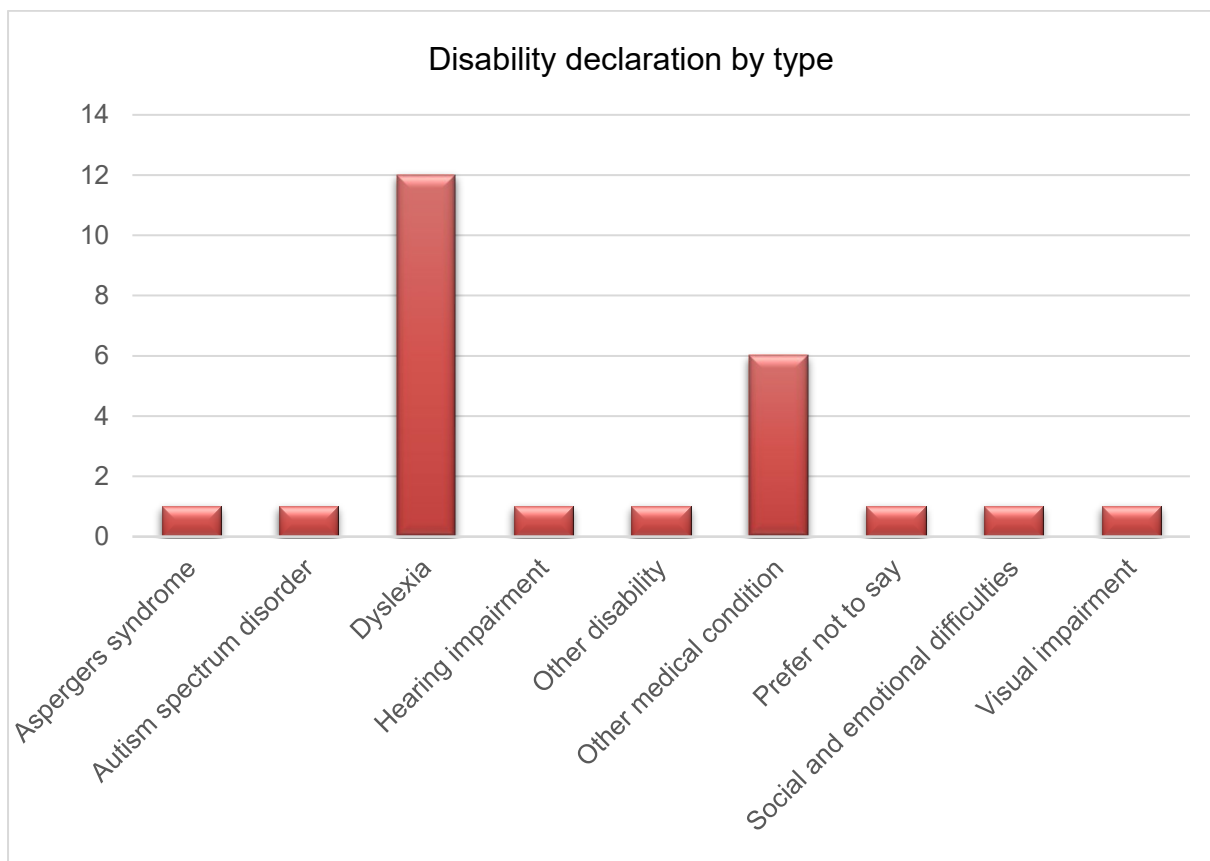
Over 50% of the learners undertaking programs of study within Clinical Education department (noting that ECSW, AAP and L6 Degree Apprenticeship programs are not included in the available data) are under the age of 30, 19% higher than the workforce as a whole. This is accounted for by the nature that the vast majority of learners undertaking the Transition to Practice program are graduates embarking upon their first employment following graduation as a Paramedic.



Clinical Education learners by age, March 2020 - April 2021



Clinical Education learners by disability, March 2020 - April 2021



Clinical Education learners by disability type, March 2020 - April 2021

The range of colleagues identifying and declaring as having a disability mirrors the pattern of previous year and is above the rate of disability declaration on ESR. The denominator is relatively small and so greater scrutiny and understanding of equity in accessing programs cannot be concluded. The department have processes in place to ensure that appropriate and tailored support is provided to learners identifying with

additional needs or reasonable adjustments in line with personalised and documented plans.

Throughout the COVID19 pandemic, there has been a need to review and modify our approach to education provision. One of the significant challenges has been that of delivering education and training activity virtually. This has been a significant challenge and potentially has had an impact upon equity in access and delivery of adjustments tailored to individual needs. This is due to the limitations of available technology. With all delivery, feedback has been obtained and where appropriate acted upon.

Learning from and acting upon feedback is the cornerstone of innovation and development within the department. A full review of training programs is being undertaken to ensure that they are fit for the future and promote equality, diversity and inclusion.

## **Disciplinary, Grievances and Bullying and Harassment**

During this reporting period the National Social Partnership Forum (NSPF) issued a statement on industrial relations during the pandemic covering the period 1 April 2020 to 30 September 2020. The statement advised a pause to disciplinary matters, grievances and other procedures (e.g., sickness and capability triggers) except where the employee requested proceeding as it would otherwise cause additional anxiety, or where they are very serious or urgent.

Where an issue is less serious or not urgent the NSPF advised that pragmatic outcomes, with agreement of the employee, and after consultation with union representatives, should always be considered. Where outcomes could not be agreed in this way then processes would resume at a future date, without detriment or criticism of either side.

### **Disciplinary Cases**

Throughout the course of the time period identified for reporting purposes (1 April 2020 – 31 March 2021) the Trust saw 89 employees subject to the disciplinary process.

16 of the 89 cases remain open after 31 March 2021, five of which are recorded as bullying and harassment.

Of the 73 closed cases for 2020-21, 11 cases were bullying and harassment disciplinary cases.

Reporting period	Managed Informally	Investigation found no Case to Answer	Formal Disciplinary Outcome	Other
2020 – 2021	10	20	39	4 resignations
2019 – 2020	15	18	16	3 resignations

Closed disciplinary cases by outcome and year

The number of disciplinary cases significantly increased by 53% in the 2020-21 financial year (up from 58 the previous year). Additionally, 27% of closed cases had no case to answer and the HR employee relations team acknowledge that this needs to be addressed. Work has commenced to introduce a “Just and Restorative” culture to support organisational behaviour change as well as introduce a triage process, which is anticipated to support a reduction in the number of cases that proceed to formal investigation.

A just culture accepts nobody’s account as “true” or “right” and the other’s as “wrong”. Instead, it accepts the value of multiple perspectives, and uses them to encourage both accountability and learning. Restorative Just Culture aims to repair trust and relationships damaged after an incident.

We have set up a Task & Finish Group to introduce a Civility and Respect workstream and this group has been asked to develop a framework aligned to our Trust values that fosters and supports civility in practice. This is looking to be completed by March 2022. Our union colleagues are engaged in this work and are working with us in the meantime to identify and support colleagues through early intervention, thereby reducing the number of formal disciplinarys.

Year	Disciplinary by ethnicity	Headcount	%
<b>2020-21</b>	White (British/Any other White background)	61	83.6%
	BAME	8	8.2%
	Not Stated/Undisclosed	4	4.1%
	<b>Total</b>	<b>73</b>	<b>100.00%</b>
<b>2019-20</b>	White (British/Any other White background)	51	87.9%
	BAME	2	3.4%
	Not Stated/Undisclosed	4	6.9%
	<b>Total</b>	<b>58</b>	<b>100.00%</b>

Disciplinary data by ethnicity – 1 April 2019 – 31 March 2021

Year	Ethnicity	Informal	Proportion of total cases	Formal – no case to answer	Proportion of total cases
2020-21	White (British/Any other White background)	10	16.39% (10/61)	13	21.31% (13/61)
	BAME	0	0	6	75% (6/8)
	Not Stated/Undisclosed	0	0	1	25% (1/4)

Disciplinary by ethnicity and outcome – 1 April 2020 – 31 March 2021

Our BAME colleagues are over-represented in the disciplinary process when compared to the workforce population profile, with the number of disciplinary cases against BAME colleagues doubling against the same period the previous year. Additionally, 75% of cases had no case answer in comparison to 21% of cases against White colleagues.

Inequity in our formal disciplinary processes has been highlighted by WRES data over the last couple of years, and there are specific actions within the integrated Equality Action plan which target this area, however these have been delayed and are now due for completion by July 2021.

Year	Disciplinary by gender	Headcount	%
2020-21	Female	25	34.2%
	Male	48	65.8%
	<b>Total Cases</b>	<b>73</b>	<b>100%</b>
2019-20	Female	19	32.7%
	Male	39	67.2%
	<b>Total Cases</b>	<b>58</b>	<b>100%</b>

Disciplinary data by gender – 1 April 2019 – 31 March 2021

Year	Gender	Informal	Proportion of total cases	Formal – no case to answer	Proportion of total cases
2020-21	Female	8	32% (8/25)	11	44% (11/25)
	Male	2	4.17% (2/48)	9	18.75% (9/48)

Disciplinary by gender and outcome – 1 April 2020 – 31 March 2021

The gender figures indicate a level of consistency in the gender split of disciplinaries over the last two years, however there is a disproportionate spread of males going through the disciplinary process when considered against our workforce profile. Female colleagues more likely to be taken through the informal process and have no case to answer as an outcome.

Year	Disciplinary by sexual orientation	Headcount	%
2020-21	Gay or Lesbian	6	8.22%
	Heterosexual or Straight	55	75.34%
	Bisexual	2	2.74%
	Not Disclosed	10	13.70%
	<b>Total</b>	<b>73</b>	<b>100.00%</b>
2019-20	Gay or Lesbian	6	10.34%
	Heterosexual or Straight	40	68.97%

	Bisexual	0	0%
	Not Disclosed	12	20.69%
	<b>Total</b>	<b>58</b>	<b>100.00%</b>

Disciplinary data by sexual orientation – 1 April 2019 – 31 March 2021

Year	Gender	Informal	Proportion of total cases	Formal – no case to answer	Proportion of total cases no case to answer
2020-21	Gay or Lesbian	1	16.67% (1/6)	0	0% (0/6)
	Heterosexual or Straight	8	15% (8/55)	14	25% (14/55)
	Bisexual	1	50% (1/2)	0	0% (0/2)
	Not Disclosed	0	0 (0/10)	2	20% (2/10)

Disciplinary by sexual orientation and outcome – 1 April 2020 – 31 March 2021

Data shows for the second year running that gay/lesbian and bisexual colleagues are overrepresented in disciplinary cases.

Year	Disciplinary by disability	Headcount	%
2020-21	Yes	3	4.1%
	No	59	80.1%
	Undisclosed	11	15.1%
	<b>Total</b>	<b>73</b>	<b>100.00%</b>

Disciplinary by disability – 1 April 2020 – 31 March 2021

Colleagues choosing not to declare are overrepresented in the disciplinary processes, but disability declaration and the number of Colleagues going through disciplinary is consistent. There was no comparable data available by disability for 2019-20

Our data shows there are several areas where inequity may be present in our disciplinary processes, with data indicating that colleagues from minority groups are overrepresented in disciplinarys.

It is anticipated that the measures which are being developed to address the inequity highlighted by the WRES will also reduce inequity across all characteristics, as it is evidenced that making improvements for the group with the worst outcomes will result in improvements for all. Additionally, a review of our disciplinary processes was undertaken in January 2021 following the publication of the Verita report into the death of Amin Abdullah at Imperial Healthcare NHS Trust. The report made a

number of recommendations to improve consistency in our processes which will be addressed as part of our policy review in line with Just and Restorative culture.

## Grievances

During the period, there were 141 grievances raised by colleagues in the Trust, up from 117 the previous year. This is partly attributed to the impact of COVID19 and the operational pressures that the Trust have been experiencing. The operational demand has required our managers to focus on service delivery, and the organisation saw a reduction in communication between frontline colleagues and managers, leaving them feeling unsupported.

Grievance by ethnicity	2019-20		2020-21	
	Headcount	%	Headcount	%
White - all categories	90	77%	108	77%
BAME	3	3%	7	5%
Not Stated	9	8%	7	5%
Collective	15	13%	19	13%
Total	117	100%	141	100%

Grievance data by ethnicity – 1 April 2019 – 31 March 2021

Grievance by gender	2019-20		2020-21	
	Headcount	%	Headcount	%
Female	47	40%	57	40%
Male	55	47%	65	46%
Collective	15	13%	19	13%
Total	117	100%	141	100%

Grievance data by gender – 1 April 2019 – 31 March 2021

There has been little change in the distribution of who is raising grievances on the basis of gender. The top four reasons for reasons given by female colleagues are bullying and harassment, pay, poor/unfair treatment, and failure to follow policy. These are also the four top reasons given for collective grievances and the first three are the same for male colleagues with the fourth reason being cited as restructures.

Grievance by sexual orientation	2019-20		2020-21	
	Headcount	%	Headcount	%
Gay or Lesbian	8	7%	7	5%
Heterosexual or Straight	74	63%	86	61%
Not Stated	20	17%	29	21%
Collective	15	13%	19	13%
Total	117	100%	141	100%

Grievance data by sexual orientation – 1 April 2019 – 31 March 2021

## Bullying and Harassment

Of the 141 grievances raised, 42 cited Bullying and Harassment. Increases in bullying and harassment cases have been seen for two consecutive years, and this is an increase of 68% on 2019-2020. 6 of these cases were brought as collective group grievances.

The ethnicity breakdown of colleagues who have raised B&H complaints was 32 White British/other (76%), 2 Undeclared (5%) and 2 BAME (5%).

Of the gender breakdown, 20 (48%) were male, 16 (38%) were female and 1 from a collective group.

The breakdown of sexual orientation was 25 (60%) heterosexual, 2 (5%) gay or Lesbian and 9 (21%) undeclared.

The bullying and harassment data does not indicate any specific areas of concern.

## Our Community First Responders

The Community Resilience Department has responsibility for Community First Responders and Chaplains. Community First Responders are volunteer members of their community who are trained to respond to emergency calls in conjunction with SECamb. As they respond in the local areas where they live and work, they are able to attend the scene of an emergency within a few minutes, and often before the emergency services arrive. They are able to offer lifesaving first aid, further increasing the patient's chances of survival.

Chaplains, who are also volunteers, provide non-denominational pastoral support to colleagues and provide 24.7 access to support through an on-call system.



The department is committed to ensuring that all volunteers receive equally favourable treatment regardless of age, disability, sexual orientation, religion and belief, pregnancy, marriage and civil partnership, race and sex.

The department works closely with the Resourcing Team when recruiting new volunteers. The selection process includes blind shortlisting of application forms, interview, references, Disclosure & Barring Service checks, occupational health, and vehicle and identity checks.

For the reporting year 2020/21, the trust had 358 active Community First Responders. Data obtained for Community First Responders has been collated from the Electronic Staff Record. Chaplains do not have an Electronic Staff Record (only contact details are held by the department) and therefore diversity information is not available.

## Age

The highest proportion of CFRs (51, 14.25%) fall into the 51-55 bracket. 60.62% of CFRs are 46 and over. This is comparable to 2019/20 data. Just 10.08% are 30 and under, with the smallest number (3, 0.84%) being under 21 years of age. This is a further decrease on the previous year. The department will continue to consider how to engage with young people to encourage greater representation within this group.

The Community Resilience Strategy, launched in Summer 2020, will see the department engage with university groups where other UK ambulance services have developed successful volunteering schemes.

CFRs by Age	Headcount	%
Under 21	3	0.8
21-25	9	2.5
26-30	27	7.5
31-35	34	9.5
36-40	33	9.2
41-45	35	9.8
46-50	43	12.0
51-55	51	14.3
56-60	47	13.1
61-65	36	10.1
66-70	25	7.0
Over 71	15	4.2

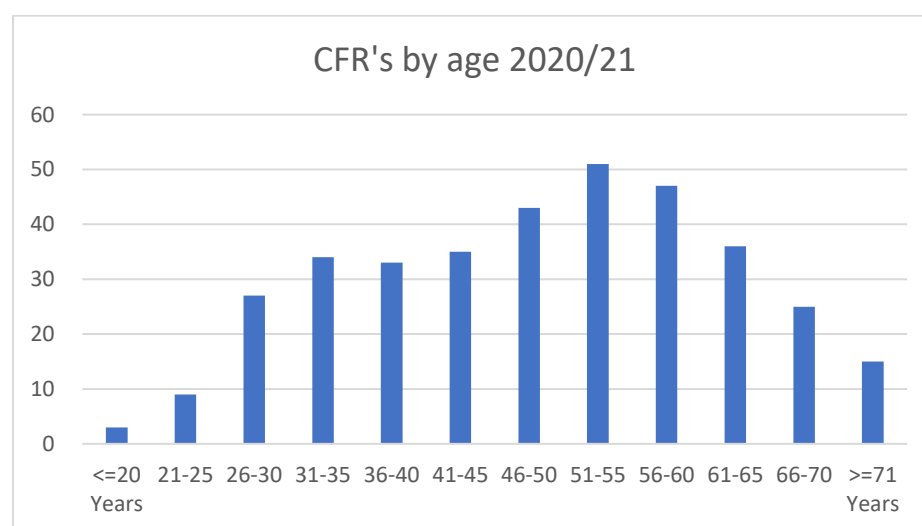
CFRs by age – 1 April 2020 – 31 March 2021

15 (4.19%) of Community First Responders are 71 or over. There is no upper age limit for Community First Responders, however they must maintain a good level of fitness so that they can carry their equipment and are able to carry out good quality CPR. The fitness to practice of all CFRs is assessed yearly within their annual basic life support assessments.

In March 2020, the coronavirus outbreak saw CFRs aged 70 and over, as well as those with severe chronic health conditions, stood down from operational response due to the increased risks to their health. Following a very successful vaccination programme and the reduction of infection rates mean that many of these volunteers have returned to responding. The department continues to utilise some volunteers in several administrative/co-ordination roles, and others in non-clinical roles providing welfare to colleagues or supporting with non-clinical support functions such as the COVID Co-ordination Centre, the vaccination tent, and logistic and administrative roles.

Throughout the pandemic the department has been providing welfare support to any CFR requiring it, through regular telephone calls. The Trust has approved the introduction of a new Community Support Volunteer role which will allow the Trust to formally recognise and support those volunteers who are no longer able to respond in a clinical capacity. This will see volunteers provide administrative and secretarial support to their local CFR team, as well as being available to provide support to the Trust's central support functions, particularly during times of high operational need. It is anticipated that this new role will provide a natural step for those volunteers who wish to retire from operational response but still wish to remain with the Trust in a non-clinical capacity. This will help the Trust to retain existing volunteers who may otherwise choose to leave.

At present 252 of our CFR's are active responders with 106 undertaking a refresher course to update and support them in returning following the pandemic. A number of older volunteers have expressed concern regarding what their volunteer role may look like in the future, whilst others have also told us that they are anxious about returning to frontline duties.



CFRs by age – 1 April 2020 – 31 March 2021

### Disability (and Carers)

In 2020/21, 7 of 358 Community First Responders (2.0%) recorded as having a disability. This is consistent with 2019/20.

No information on carers is gathered for Community First Responders.

### Ethnicity

80% of Community First Responders identified as White British, and 89% of CFRs were from an all-White background, up from 85% in the previous year. Overall declaration rates have improved with non-disclosure now at 9.5%, down from 14%.

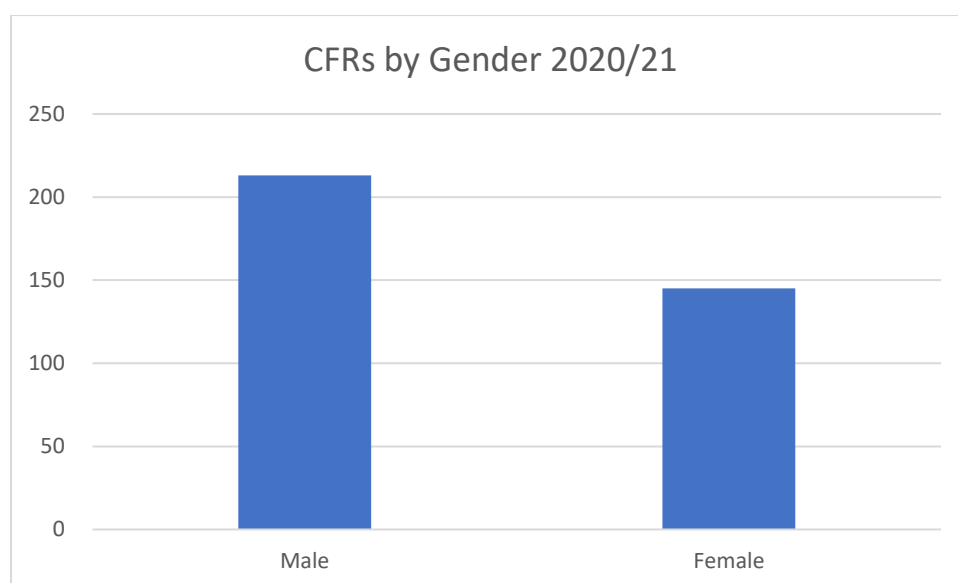
The ethnicity of CFRs has remained consistent with previous years. As part of the Community Resilience Strategy the department aims to increase BAME representation through targeted engagement with diverse communities.

CFRs by ethnicity	2019-20		2020-201	
	Headcount	%	Headcount	%
White	347	84.80%	306	89.21%
BAME	3	0.70%	3	0.87%
Not stated	59	14.40%	34	9.91%

CFRs by ethnicity – 1 April 2019 – 31 March 2021

## Gender

The Trust continues to see a greater number of males (60%) than females (40%) volunteering as Community First Responders, with no change in distribution on the 2019-20 figures.



CFRs by gender – 1 April 2019 – 31 March 2020

## Gender reassignment or in transition

No information on gender reassignment has been collected since 2014.

## Pregnancy and Maternity

Community First Responders have access to the same the Trust Occupational Health provider, Optima, as colleagues, and similar procedures are followed when pregnant. For their own health and safety reasons they are unable to respond during pregnancy, but once they are ready to return, they are referred to the Trust's occupational health provider before returning to the role.

At the date of this report there are four Community First Responders taking a leave of absence from responding due to pregnancy.

## Religion and belief

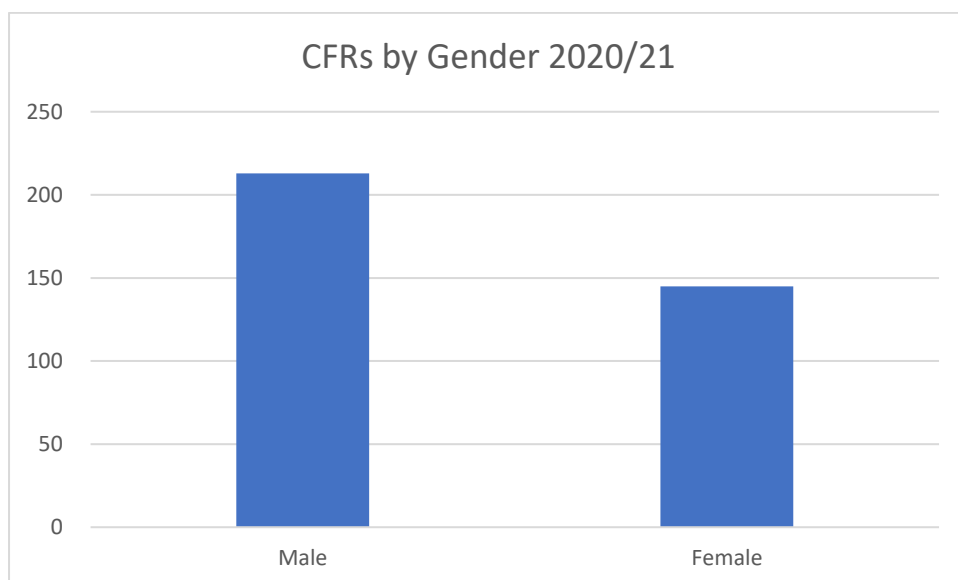
The majority of Community First Responders (54.47%) are Christian. A significant number (16.48%) are Atheist, with 4.47% stating *other*.

CFR by religion/belief	Headcount	%
Atheism	59	16.5%
Buddhism	2	0.6%
Christianity	195	54.5%
Judaism	2	0.6%
Sikhism	0	0.00
Other	16	4.5%
Do not wish to disclose	72	20.1%
Unspecified	12	3.4%

CFRs by religion/belief – 1 April 2020 – 31 March 2021

## Gender

The Trust continues to see a greater number of males (60%) than females (40%) volunteering as Community First Responders, with no change in distribution on the 2019-20 figures.



CFRs by gender – 1 April 2019 – 31 March 2020

## Sexual Orientation

The sexual orientation of CFRs is displayed in the chart below. We continue to see a year-on-year growth in LGB representation within the CFR's (from 1.4% in 2018 to 2.3% in 2019 and 3.35% in 2020/21). This is broadly representative of the population we serve.

CFR by Sexual Orientation	Headcount	%
Bisexual	4	1.1%
Gay or Lesbian	12	3.4%
Heterosexual or Straight	299	83.5%
Undecided	1	0.3%
Unspecified	12	3.4%
Declined to Answer	30	8.4%

CFRs by sexual orientation – 1 April 2020 – 31 March 2021

## Supporting our Colleagues

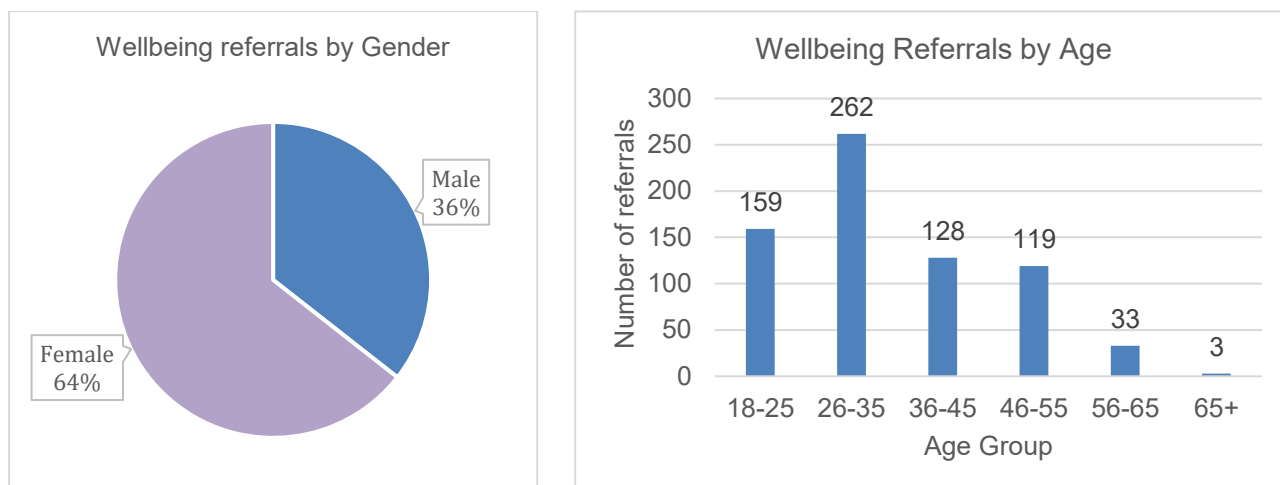
The Wellbeing Hub is an in-house support service for our colleagues. The Hub provides quick and easy access to an array of support with just one email or phone call. This support includes mental and emotional wellbeing, Trauma Risk Management (TRiM), as well as physiotherapy referrals. The wellbeing team assess and refer or signpost colleagues to the most appropriate service for their needs. Additionally, managers and peers who may be concerned about a colleague can contact the Wellbeing Hub for support and advice.

### **Mental health / wellbeing referrals**

Between April 2020 and March 2021, 704 mental health referrals were processed by the wellbeing hub. Data relating to reasons for referral are not statistically relevant due to a change in process mid-2020. Due to vacancies within the Mental Health team and need to provide timely support to colleagues during a time of unprecedented demand and pressure, a new pathway was established to reduce any potential negative impact on colleagues. The Hub adapted its existing wellbeing practitioner pathway, resulting in fast-track access to a psychological assessment for those referred into the Hub with related mental health issues. The usual two-week wait time for assessment was reduced to 24 hours in these instances, ensuring colleagues received fast and effective support especially during a time of increased pressure as a result of COVID19. The pathway was opened up to allow bank colleagues, students and CFRs access to wellbeing pathways, when ordinarily they could only access for SECAMB related issues.

This process involved a large number of new assessments being undertaken by an external provider which resulted in a reduced ability to collect some types of data. Following successful recruitment to the team, the process is once again being fully managed in house, with the emphasis on data collection restored.

More females continue to access wellbeing support compared to males: 64% to 36% as in 2019-20, with the most common age group being 26-35 (37%), followed by 18-25 (23%).



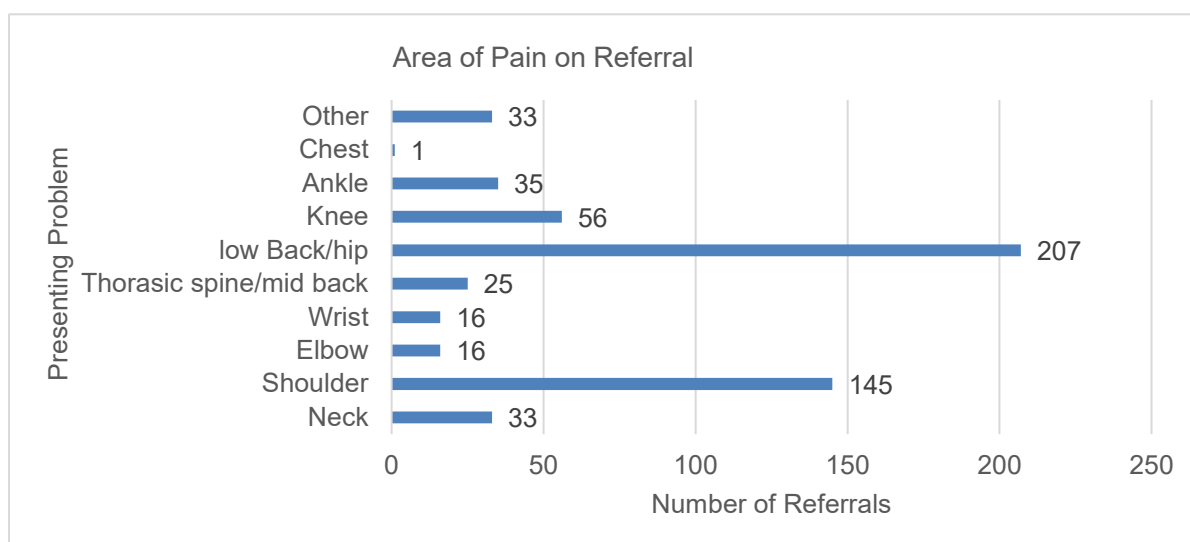
Wellbeing referrals by age and gender – 1 April 2020 – 31 March 2021

## Physiotherapy referrals

COVID19 meant that during a number of months our Physiotherapy team were unable to provide face to face treatment due to restrictions. During the initial lock down, when all face to face physio services ceased, the Hub developed a virtual physio service which allowed colleagues to be assessed virtually so that advice and exercises could be given. Our Physiotherapists then provided follow ups with colleagues to assess progress, issue more exercises if needed, or discharge. There was no cap on the number of virtual sessions provided for an individual. Additionally, to support physical fitness, our Physiotherapists started providing regular live stretch sessions. These were advertised Trust wide and were well attended.

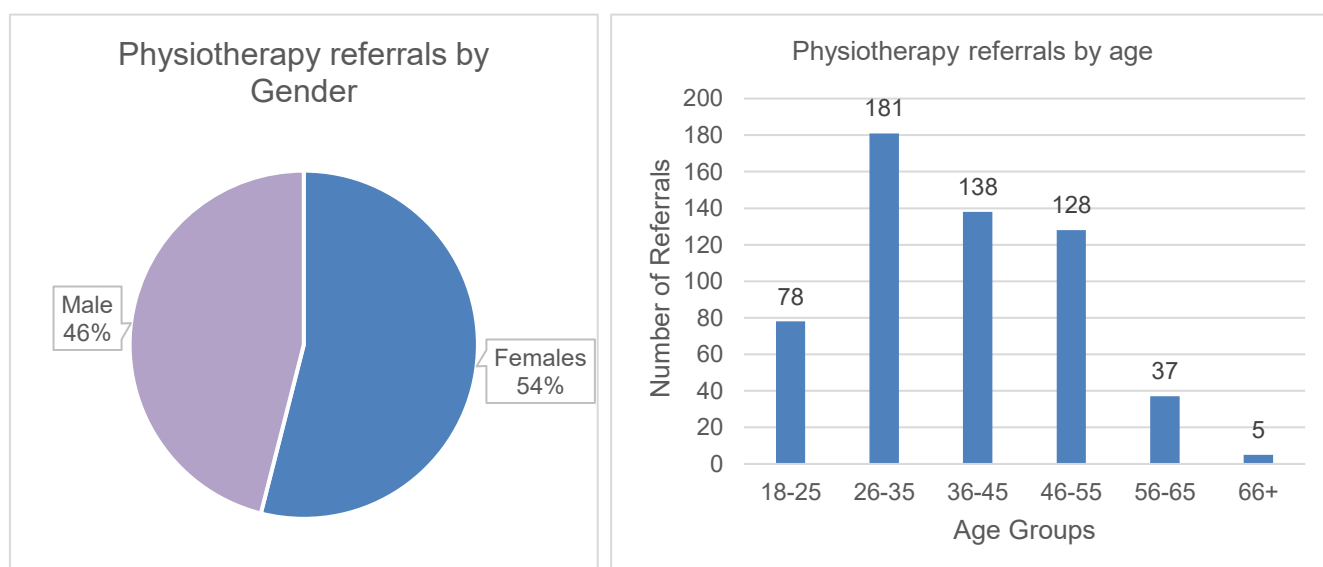
As soon as they were able, in line with National and SECAMB guidance, the Hub resumed delivery of hands-on physio to support our colleagues across the Trust. To ensure we could deliver fast treatment to all, we launched a project with the aim of recruiting an increased number of external suppliers to ensure those unable to travel to one of our treatment rooms were not disadvantaged. .

Between April 2020 and March 2021, the wellbeing hub processed 567 Physiotherapy referrals. The most common presenting problem was Low back/hip (37%), followed by Shoulder (26%).



Physiotherapy referrals by area of pain – 1 April 2020 – 31 March 2021

Access to physiotherapy was more evenly spread by gender, consistent with the workforce profile, and consistent with data from the previous year in comparison to access to wellbeing/mental health referrals. This may indicate that there is yet more to be done to break down perceived stigma in speaking about or accessing mental health support for our male colleagues. The most common age group to access physiotherapy were 26-35 (32%), followed by 36-45 (25%).



Physiotherapy referrals by age and gender – 1 April 2020 – 31 March 2021

## Occupational Health

The Wellbeing Hub also manages the Occupational Health (OH) contract for the Trust.

In the time period April 2020 – March 2021, the three main routes by which colleagues typically come into contact with OH services are:

- Following an offer of employment for medical clearance to start work
- Absence Management referral by a manager
- By recall into Occupational Health for immunisation or blood test

Colleagues are invited to attend appointments that are scheduled at pre-arranged clinics across the Kent, Surrey and Sussex areas. All clinics take place at SECAMB properties using dedicated assigned Occupational Health rooms, and accessible facilities are available at the majority of sites. All appointment letters offer colleagues the opportunity to contact Optima Health by phone, email or post should their appointment not be convenient, or should they require any assistance when they attend the site.

### **Wellbeing Hub support during COVID19**

To provide additional support for the mental health of colleagues, the Hub launched COVID related wellbeing bulletins early on which included information on a wide range of matters including home schooling sites, exercise sites, and mental health apps. These were developed alongside generalised wellbeing bulletins, promoting health and wellbeing initiatives.

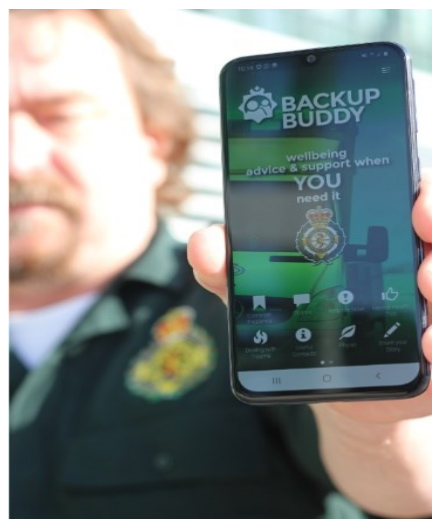
The team have developed an extensive directory of services which signposts colleagues to a range of external services for matters such as domestic abuse, legal issues, mental and physical health, crisis and many more. These are regularly advertised in bulletins. Alongside this, the Hub developed a [Covid Wellbeing page](#), found on the health and wellbeing pages on the intranet. This page provides information on anxiety & stress, depression, mindfulness, sleep and lots of recommended mental health apps including Headspace, which were made available to all NHS employees for free. Further to this, the site has a section on information for managers which also provides guidance on how to support colleagues working from home and newly developed bereavement resources.

With the loss of access to gyms and reduction in physical activity for many, exercise videos were commissioned to encourage all colleagues to remain active and well. The exercise videos are available on the health and wellbeing pages on the intranet and include five stretch videos focusing on yoga and Pilates and three Zumba videos.

At the start of the pandemic, there was a rush of employees who had to shield and could no longer work on the front line. These individuals were all sent home and were looking to help in some way. The COVID Reassignment (CR) pathway was developed to supplement existing pathways to support colleagues unable to undertake their substantive roles to access alternative duties. This meant that areas in the Trust who needed support such as the Test and Trace team, could receive support from colleagues who had been re-trained to support in those areas. The CR pathway has since merged with alternative duties and is now known as Pathway 3.

Keeping colleagues in work had not only organisational benefits but allowed colleagues who were shielding to feel useful and valued, maintained structure and routine and enabled people to remain social. All of these have profound impacts on employee mental health.

The Hub team also developed and launched the Back Up Buddy App to support wellbeing on the go. Back Up Buddy is an app that colleagues and their families can download to their phones or iPads enabling them to always have access to wellbeing information. The app is tailored to SECamb and has information on mental health issues such as eating disorders, anger, alcohol misuse, anxiety, PTSD, self-harm and many more. It also has employee stories about their own experience with mental health, designed to tackle stigma and encourage people to get help. It has a number of useful contacts and handy tips.



## Trust Chaplains

SECamb was the first ambulance service to recognise the importance of a Chaplaincy service in the overall welfare for employee and volunteers.

The Trust currently has 29 active Chaplains. The goal continues to be to have at least one Trust Chaplain assigned to each of the Trust's premises.

We have Two Senior Chaplains who look after the East and West of the Trust's area who with the support of their deputies provide 24-hour cover for all employees, volunteers and their families via an on-call rota.

The Senior Chaplains and deputies are notified by the Emergency Operations Centre when employees or volunteers have attended a difficult incident. Much of the Chaplains interaction with our frontline workforce takes place whilst visiting stations and Make Ready Centres, at hospitals or on observing shifts with crews. They provide support, and although they have been formally appointed into the role, they maintain independence and guarantee 100% confidentiality.

During the COVID pandemic, Chaplains assisted on staff welfare vehicles which were deployed to all major receiving hospitals where they met and chatted with frontline crews to provide support whilst providing a drink and a snack. This was much appreciated by the colleagues.

Chaplains are not currently assigned a profile on Electronic Staff Record (ESR), and therefore the department holds limited diversity information.

The majority of Trust Chaplains represent Christian denominations, however the service offered is specifically non-denominational unless requested by colleagues or volunteers. No information is collected from Trust Chaplains regarding disability, gender reassignment, pregnancy or maternity, or sexual orientation.

Recruitment of Chaplains is undertaken in line with the Trust's Recruitment and Selection Policy. Recruitment comprises application form and interview, and pre-appointment screening includes Disclosure and Barring Service checks including identity, references and confirmation of ordination or equivalent. All Chaplains are DBS checked and this process is repeated every 3 years.

The service has grown organically with strong ties to the Church of England where the first and subsequent Chaplains were recruited from. The Trust remains conscious that the Chaplains who provide support should be representative of the employee and volunteer population they serve. Work is underway to more formally measure and evaluate the service provided by the chaplains. This analysis will enable us to identify gaps in service provision where recruitment may be necessary.

**Prepared by: Asmina Islam Chowdhury, Programme Manager Equality  
Diversity and Inclusion**

## Appendix one

Equality objective. Workforce comparison from 31 March 2017 to 31 March 2021

Gender	31/03/2017		31/03/2021		Percentage change
	Headcount	% workforce	Headcount	% workforce	
Female	1666	48%	2394	55%	7.2%
Male	1833	52%	1973	45%	-7.2%
<b>Total</b>	<b>3499</b>	<b>100.00%</b>	<b>4367</b>	<b>100.00%</b>	

Gender Band 8a+	31/03/2017		31/03/2021		Percentage change
	Headcount	% workforce	Headcount	% workforce	
Female	25	35%	65	36%	1.2%
Male	47	65%	116	64%	-1.2%
<b>Total</b>	<b>72</b>	<b>100.00%</b>	<b>181</b>	<b>100.00%</b>	

Gender Board members	31/03/2017		31/03/2021		Percentage change
	Headcount	% workforce	Headcount	% workforce	
Female	4	29%	5	33%	4.8%
Male	10	71%	10	67%	-4.8%
<b>Total</b>	<b>14</b>	<b>100.00%</b>	<b>15</b>	<b>100.00%</b>	

Ethnicity	31/03/2017		31/03/2021		Percentage change
	Headcount	% workforce	Headcount	% workforce	
White	3224	92.14%	4026	92.19%	0.1%
BME	123	3.52%	246	5.63%	2.1%
Unknown / Null	152	4.34%	95	2.18%	-2.2%
<b>Total</b>	<b>3499</b>	<b>100.00%</b>	<b>4367</b>	<b>100%</b>	

Disability	31/03/2017		31/03/2021		Percentage change
	Headcount	% workforce	Headcount	% workforce	
Yes	121	3.5%	182	4.2%	0.7%
No	2643	75.5%	3,845	88.0%	12.5%
Unknown / Null	735	21.0%	340	7.8%	-13.2%
<b>Total</b>	<b>3499</b>	<b>100.0%</b>	<b>4367</b>	<b>100.0%</b>	

Sexual orientation	31/03/2017		31/03/2021		Percentage change
	Headcount	% workforce	Headcount	% workforce	
Bisexual	36	1.0%	82	1.9%	1%
Gay / Lesbian	126	3.6%	213	4.9%	1%
Heterosexual	2646	75.6%	3512	80.4%	5%
Unknown / Null	691	19.7%	555	12.7%	-7%
Other sexual orientation not listed	-	-	5	0.1%	0%
<b>Total</b>	<b>3499</b>	<b>100.0%</b>	<b>4367</b>	<b>100.0%</b>	

Religion & belief	31/03/2017		31/03/2021		Percentage change
	Headcount	% workforce	Headcount	% workforce	
Atheism	619	18%	1,085	25%	7%
Buddhism	13	0%	25	1%	1%
Christianity	1366	39%	1,703	39%	0%
Hinduism	5	0%	24	1%	1%
Islam	11	0%	27	1%	1%
Judaism	7	0%	4	0%	0%
Other	471	13%	559	13%	0%
Sikhism	1	0%	8	0%	0%
Unknown /Null	1006	13%	932	21%	8%
<b>Total</b>	<b>3499</b>	<b>100%</b>	<b>4,367</b>	<b>100%</b>	