

South East Coast Ambulance Service NHS Foundation Trust

SECAMB Board

Escalation report to the Board from the Workforce and Wellbeing Committee

Date of meeting	13 June 2019
Overview of issues/areas covered at the meeting:	<p>The committee focused on the revised HR transformation business case. The Committee was assured that the need for change was established and that the balance in the business case between the development of HR processes and OD and transformation was appropriate. The committee was interested to discover just how many electronic systems we held but which had never been activated. The case for outsourcing services was, then, hard to make.</p> <p>There was strong support for using systems we already hold and supporting and securing compliance before looking elsewhere, recognising that many similar organisations are actively using such systems.</p> <p>We were further assured that the changes to the business partner arrangements would lead to better relationships, reducing overall caseloads and long term costs. Concerns were expressed about our ability to recruit to these new posts in a timely manner. These were recognised by the HRD who was confident that there is an active marketplace in finding such professionals and so the committee was assured that this investment would lead to a reduction in overall caseloads long term.</p> <p>We were able to also debate the future shape of HR/OD and see that we are on a journey which will require that we recruit a strong head of OD to work to an HR executive director.</p> <p>The committee had previously raised the issue of a lack of management training and development for staff and were pleased to receive a paper on the ‘fundamentals of leadership and management’ training. Colleagues felt that a learning set approach rather than a cohort, classroom approach would be of benefit and with that change of focus would be able to support it.</p> <p>Colleagues were confident that extraction would not be a problem and that all relevant managers – around 360 staff – should be expected to attend with a view in starting the programme in the autumn with a target completion date of around two years from commencement. This was felt to be too long. It was also felt important that competence assessment formed part of this programme.</p> <p>The Committee asked that a revised plan structure on peer to peer learning comes back to July WWC for its approval.</p> <p>Progress with personnel files and DBS checks was considered. The Committee was not assured that HR file systems were sufficiently robust to prevent such issues arising in the future and supported the need for a document management system across the Trust. Again, we heard that we hold a number of systems that could do this but further work is needed as, currently, files could be held in a number of online locations. This has been a focus for internal audit and this needs to be seen by the committee so it can be assured by the management response.</p>

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	<p>The was a high degree of assurance in the DBS status of staff across the organisation.</p>
<p>Reports <i>not</i> received as per the annual work plan and action required</p>	<p>None.</p> <p>Papers were late when compared to the expected standard but this had been agreed between the Chair and HRD to ensure the relevant papers had been cleared by the Executive Management Board.</p> <p>A more pro active approach to the action log also meant that the Committee would in future be able to focus more on scrutiny and less on commissioning papers that progress chase.</p>
<p>Changes to significant risk profile of the trust identified and actions required</p>	<p>The committee was assured that the processes underway to rationalise the register are ensuring that the Committee will increasing see the most relevant and concerning risks.</p> <p>The key risks were reviewed and the challenges of recruiting high level clinicians noted within risk 111. We heard that a range of actions are in place but WWC would ask that QPS is appropriately assured that the risks caused by this challenge are appropriate mitigated. The score was felt appropriate but also that not all the mitigation's had been captured.</p> <p>The committee also reviewed the other BAF risks within its purview as reflected in the BAF risk report on the Board agenda.</p>
<p>Weaknesses in the design or effectiveness of the system of internal control identified and action required</p>	<p>The Committee remain concerned about just how much is to be done before we move to a business as usual state. This makes financial planning particularly challenging and so the Committee would want to see robust financial oversight of the changes so that when the opportunities to reduce spend become apparent, for example when external consultants have completed task, costs are taken out of the system. Rightly, the business provides a set of solutions to problems 'as seen' but the Committee had some concerns about committing too much resource to fixed processes and asked for further assurances to the Board of future flexibilities. This would include having a stronger focus on Organisational Development so that we become more proactive in our working (the business case was subsequently approved by the Board at its meeting in June).</p> <p>The committee requires further assurance before it can be confident that the Trust is fully compliant both with GDPR and basic expectations of what might be held consistently and safely held in staff files.</p>
<p>Any other matters the Committee wishes to escalate to the Board</p>	<p>None</p>

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SECAMB Board

Escalation report to the Board from the Workforce and Wellbeing Committee

<p>Date of meeting</p>	<p>11th July 2019</p>
<p>Overview of issues/areas covered at the meeting:</p>	<p>This meeting continued the scrutiny of the developing workforce plan and the assumptions underpinning it. This included consideration of its impact on the EOCs, the role of apprenticeships in the organisation and support for the management and leadership development programme. We received the Equalities Report and was assured that we meet all relevant external standards. However, the Board will want to be aware that WWC has considerable concerns about the extent to which our workforce at all levels reflects those communities we serve and feel this aspect needs consideration in all aspects of recruitment and retention. The diversity and inclusion annual report was considered and is before the Board for information.</p> <p>Unless we change our current approaches to recruitment and, particularly, retention, the committee was not assured that we will meet the recruitment targets expected by the Board. There remains a feeling that we could remove further barriers to ensure the pathway from application to activation is shorter. We were able to have a very detailed discussion of the barriers and recommend that this area be the subject of an extended discussion at a future Board meeting. This would include considerations of a future regional role as providers of high quality, supervised paramedics to the wider health system. However, WWC is able to report its considerable assurance that the new HR team has both a good understanding of the issues and a grip on their solutions. This is reflected in the very positive recruitment figures for paramedics which are above target.</p> <p>WWC received its first substantive paper on the apprenticeship levy and how it might be used not just in the best interests of the Trust, but also the wider public sector in the Region. We understood that this had also been reviewed by the Executive and whilst seeing it as overwhelmingly positive, shared its concerns that this has to be carefully planned to ensure partners share our public service values, and that it is sustainable. It was supported strongly. It was also suggested that this provides a useful annex to the Equalities discussion and should be used to ensure our staff becomes not only more representative of the communities we serve, but look also to ensure it has a focus on school leavers and in bringing jobs to our more deprived areas.</p> <p>We continued to explore the content and structure of the Committee’s ‘dashboard’ and its relationship to the risk register.</p> <p>WWC was happy to give its support the management and leadership development programme but reiterated its request that the work is driven through learning sets, given meaningful tasks to solve on behalf of the Trust.</p>
<p>Reports not received as per the annual work plan and action required</p>	<p>The reorganisation underway within clinical education meant that it was not timely to produce one of the programmed reports. The Chair was happy to agree to this request.</p>

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<p>Changes to significant risk profile of the trust identified and actions required</p>	<p>We continued our discussion of the issues around staff files and the committee received sound evidence that for new joiners the processes are robust. This will need monitoring to continue to give assurance but does reflect the necessary changes. However, we continue to not be assured with regard to historic files. At some point a decision will need to be taken about the respective levels of risk but the Committee felt more work was needed to ensure as many historic files as is reasonable be reviewed and completed. As this is a highly reductionist process, ie the older the file the harder it will be to resolve, management will need to agree an endpoint and give the Board an assessment of the risks then carried forward. The Committee did not feel it was financially prudent to resolve all files; nor did it think it acceptable not to attempt to resolve as many as possible.</p>
<p>Weaknesses in the design or effectiveness of the system of internal control identified and action required</p>	<p>None not identified above.</p>
<p>Any other matters the Committee wishes to escalate to the Board</p>	<p>WWC would want the Board to be aware that we need to keep our approaches to recruitment, staff development and retention under constant review if we are to meet our workforce targets but that this needs to be done within the context of agreed strategic programmes. WWC heard emerging concerns about the capacity to generate sufficient paramedics in an acceptable timescale. The committee felt that this again highlighted the need to model the workforce planning more thoroughly and capture it in an endorsed plan.</p> <p>The Committee closed with a strong feeling that management grip is now stronger than at any time in the recent past.</p>



Item No	36/19
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Name of meeting	Trust Board
Date	27 July 2019
Name of paper	Diversity and Inclusion Annual Report
Executive sponsor	Paul Renshaw, Director of Human Resources and Organisation Development
Author name and role	Asmina Islam Chowdhury, Inclusion Manager
Synopsis,	At its meeting in June, an assurance paper was received by the workforce and wellbeing committee, giving assurance that the Trust is meeting its legislative and contractual duties in relation to Diversity and Inclusion. This also provided details on the outcome of the Equality Delivery System Grading event which took place in March 2019. Both have informed this annual report.
Recommendation	For information



Diversity and Inclusion Report 2018-19

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.

Almost 90 per cent of our workforce is made up of operational staff – 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 2018 - 19 in relation to equality, diversity and inclusion.

Our Commitment to equality and diversity

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

SECamb aims to provide accessible services that respect the needs of each individual and exclude no-one. We 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 expect all SECamb employees to fulfil their responsibilities and to challenge behaviour or practice that excludes or is offensive to service users, 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. 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 to be achieved within four years, and is supported by one-year specific, measurable, achievable, realistic and timely (SMART) action plans. The objective and action plan is reviewed and monitored by our Inclusion Working Group.

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 take into account 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, this 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 2018-19.

Meeting our Duties

SECAMB is committed to developing and implementing integrated staff, 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 staff 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 corporate 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 our mandated requirements for the Equality Delivery System 2, Workforce Race Equality Standard and are preparing for the first reporting on the Workforce Disability Equality Standard in July 2019.

Ambulance Trusts nationally have been working with NHS England on the requirements of the Accessible Information Standard as there are areas which are practically not relevant to implement in our organisations. However, those that are, are being met.

We are members of Employers Network for Equality and Inclusion and received their silver award in 2018 for their Talent Inclusion & Diversity Evaluation benchmark. We are also one of just 39 NHS Employers Diversity and Inclusion partners and are committed to the Job Centre Disability Confident scheme having been awarded Disability Confident Employer status in 2018.

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.



with our staff

Inclusion Working Group

The Inclusion Working Group (IWG) meets every quarter and is chaired by the Director of Human Resources and Organisation Development as the Executive Director with overall responsibility for this workstream. The group comprises 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 staff side representation, 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 staff and patients. It provides support, advice, assurance and governance to staff who are responsible for Inclusion, Equality and Diversity. It reports to the HR working Group and Workforce Wellbeing Committee and so has a direct reporting line to the Board.

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

The IWG is committed to promoting, recognising and valuing the diverse nature of our communities, stakeholders and staff, 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 networks



Pride in SECAMB

Our LGBT network group is well established within the Trust. Members receive regular updates and are able to engage with the network through a number of mechanisms, including Facebook, twitter, and email as well as in person and by phone. Facebook and intranet pages continue to keep employees up to date and the group has recently launched a Twitter account.

Members are consulted in development of policies and procedures, have developed in-house training on Trans Awareness, held LGBT History Month awareness events and been involved in the appointment of our Board members. As members of the National Ambulance LGBT Network, they have supported the development of the Trans Awareness z-card which is currently being rolled out across UK NHS Ambulance Trusts, as well as the delivery of a national conference, where four SECAMB staff members were recognised for their outstanding contribution to LGBT. The network has established a strong presence at both Brighton and Hove Pride (where they were joined by over 180 colleagues, volunteers, friends and family members last year) and at Trans Pride annually.



Aspire, Cultural Diversity Network

In October 2017, we sought support for a Re-launch of Aspire, the BME and Faith network. Following an initial meeting in December 2017 with just four people looking at what a BME and faith network could bring to the organisation, the network has achieved the following in 2018/19;

- Built our membership to over 30 members
- Election of a Chair and Deputy Chair
- Delivered our first engagement and awareness lunch and learn event during Black History Month at Crawley HQ. This session was also adapted and delivered to the Trust Senior Leadership Team
- Developed our logo and are working on establishing our identity.

Members are keen to work with other parts of the business to support an increased awareness of BME and faith issues within the workplace.





The Diversity Champions network is well established within the Trust. The network continues to meet quarterly for a full day, rotating their meeting locations around the Trust to increase visibility and accessibility. The network days consist of a CPD session in the morning, and network business in the afternoon, where champions are updated regarding current work streams and can also discuss items of

mutual interest and / or concern.

CPD training over the last 12 months has included training on disability awareness, Mental Health First Aid lite, dyslexia awareness, and human factors.



Enable, the Disability and Carers Network



The Enable network relaunched in June 2018. The network members continue to raise awareness of their work, having identified their key priorities and developed their Terms of Reference. The network hosted two events in 2018, the first being an Autism Awareness lunch and learn session and the second, a co-ordinated Macmillan coffee morning event which was hosted across three sites, raising over £500.00.

Gypsy and Traveller Community Team

The Gypsy and Traveller Community Team meet alongside the Diversity Champions. In 2018, the team returned to Epsom Derby with the primary aim of engaging with Gypsy and Traveller Communities. It was a very successful day and we carried out a large number of mini health checks, trained over 100 people with life-saving CPR skills, and signed up some new members.



Staff Engagement Forum (SEF)

The Staff Engagement Forum consists of a group of staff engagement champions from across the Trust and provides our Staff-Elected Governors with a forum in which to share information about the work of the Council of Governors and hear the views of their constituents.

This two-way conversation goes some way to enable the Staff-Elected Governors to represent the interests of staff on the Council, as well as providing a forum for the Trust to communicate and engage with staff on plans, priorities and issues. Staff members can also raise issues with the Trust whilst also sharing areas of good practice more widely with colleagues.

During this year, the Staff Engagement Forum has, on behalf of the wider staff membership:

- Fed back views on how to improve the Staff Awards to bring them into line with the new Trust values – and to better use them as a vehicle to reward and recognise behaviours we all wish to see.
- Considered the three key barriers to colleagues being able to do their jobs effectively and provided solutions. These were the lack of effective communications from the centre, good ideas being implemented badly, and inconsistent application of policies and procedures.
- Fed back on planned changes to bring local scheduling (setting rotas) in-house to each Operating Unit.
- Contributed ideas and requested specific tools to help colleagues challenge poor behaviours and reinforce positive behaviours.
- Fed back to local teams on the outcomes of the Demand and Capacity Review and what this meant for the Trust with a staff focus.
- Undertook an exercise on raising concerns with the Trust's Freedom to Speak Up Guardian.
- Took part in a discussion and fed back on the Trust's meal break policy, highlighting areas of inconsistency and proposed solutions.
- Taken part in a demonstration of the new electronic patient clinical record and were supportive of the changes and new platform, which incorporated feedback from staff on the previous version.

Friends & Family Test

The Friends and Family Test for Quarter 1 (April – July 2019) is currently open to all staff and volunteers. To date, we have received 167 completed responses. Equality monitoring is included as part of the Q1 survey. This closes at the end of June, at which point an analysis will be undertaken.

NHS Staff Survey

The annual NHS staff survey was electronically sent to all staff. 1,768 completed questionnaires were returned. This equates to a 53% response rate for 2018/19, which is an increase on the previous year, and higher than the national benchmark (49%).

The 2018 results show the first improvement for equality and diversity in the Trust overall since 2015.

	2017		2018	
	No.	%	No.	%
(5h) Satisfied with opportunities for flexible working	418	31%	648	37%
(13a) Had not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public in the last 12 months	675	50%	890	51%
(13b) Had not experienced harassment, bullying or abuse at work from a manager in the last 12 months	928	68%	1,327	76%
(13c) Had not experienced harassment, bullying or abuse at work from other work colleagues in the last 12 months	1,032	76%	1,361	79%
(13d) Last experience of harassment / bullying / abuse reported	272	33%	373	39%
(14) The organisation acts fairly with regard to career progression / promotion, regardless of ethnic background, sex, religion, sexual orientation, disability or age	566	60%	792	65%
(15a) Had experienced discrimination from patients/service users, their relatives or other members of the public in the last 12 months	181	13%	221	13%
(15b) Not experienced discrimination from manager/team leader or other colleagues in the last 12 months	1,148	84%	1,484	86%
(15c) Had experienced discrimination on the grounds of:				
Ethnic background	44	13%	60	18%
Sex	109	33%	11	3%
Religion	3	1%	32	9%
Sexual Orientation	48	14%	91	27%
Disability	33	10%	141	41%
Age	123	37%	46	13%
Other Reason (s)	96	29%	129	38%
(21c) Would recommend as a place to work	367	27%	787	46%

External Engagement

External engagement forms the basis of the Trust's Inclusion Strategy and includes activities with the Inclusion Hub Advisory Group (IHAG), Governors, members of the public and the Foundation Trust Public Membership.



Membership

As a Foundation Trust (FT) SECAMB is committed to recruiting and engaging with as representative a public membership as possible. We ask members to complete an 'About You' diversity form on becoming a member and are able to report on the following protected characteristics in relation to the membership: age, race, sex, gender reassignment, sexual orientation and disability.

This data is used to plan membership recruitment priorities for the year and is reviewed at the Council of Governors' Membership Development Committee to aid recruitment planning.

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). There has been a change to the reporting date this year and the figures are now as of 31 March 2019, so the 2018 data is not included.



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 October 16	10,125	5%
31 October 17	9,917	2%
31 March 19	10,033	1.3%
Staff constituency		
31 October 16	3,676	3.5%
31 October 17	3,318	9.7%
31 March 19	3,567	7.5%

The Trust's Membership Development Committee 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 member's ad infinitum. The rationale for this being that this is a big enough membership to achieve diversity and representation, while remaining wieldy in terms of our ability (financial and other resources) to effectively communicate with them.

Who are our members?

	2016 No.	% 2016	% increase/decrease	2017 No.	% 2017	% increase/decrease	2019 No.	% 2019	% increase/decrease
Patients	1,208	12%	13%	1063	10%	12%	924	9%	13%
Carers	375	4%	2%	363	3.6%	3%	373	3.7%	2.75%
Volunteers	275	3%	0%	282	2.8%	2.5%	279	2.7%	1.06

The Membership Development Committee plans recruitment and engagement in February each year and analysed gaps to select target audiences for recruitment in 2019.

Race:

We ask our members to provide more specific information about their race 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.

Race:	2016 No.	2016 Index*	2017 No.	2017 Index*	2019 No.	2019 Index*
White	8,345	89	8,201	92	8,434	89
Mixed	76	41	73	39	104	50
Asian	186	50	202	65	224	50
Black	71	63	71	63	104	100
Other	23	11	9	18	1422**	1400

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

** includes 'White other' for 2018 which is why it is higher.

Sex:

Sex:	2016 No.	2016 Index*	2017 No.	2017 Index*	2019 No.	2019 Index*
Male	3,417	67	3,243	66	3,937	80
Female	4,907	96	4,709	91	5,363	105

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

There remains a higher proportion of women than men among the membership. This is the case with many membership organisations, where women are the 'joiners' on behalf of their families or partners. The increase in records with a recorded sex is due to an exercise undertaken matching selected title provided to sex where the sex field had previously been left uncompleted.

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.

	2016 No. of members	% increase/decrease	2017 No. of members	% increase/decrease	2019 No. of members	% increase/decrease
Have you always fully identified with the gender you were registered as at birth?	44	76%	57	29%	66	15%

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 population experience some degree of gender non-conformity. 66 members is 0.45% of our current membership. We will continue to work to make the Trust and membership more accessible to people who are gender non-conforming but are pleased that the numbers continue to rise year on year.

Sexual orientation:

Sexual Orientation:	2016 No. of members	2016 % of members who completed this section	2017 No. of members	2017 % of members who completed this section	2019 No. of members	2019 % of members who completed this section
Bisexual	75	2%	76	2%	85	2%
Gay Man	83	3%	77	2%	81	3%
Gay Woman/Lesbian	69	2%	67	2%	75	3%
Heterosexual/Straight	2713	28%	2627	27%	2662	27%
Other	20	1%	20	1%	33	2%
Prefer not to say	264	8%	254	7%	257	7%

Office for National Statistics data from 2017 found that 2% of the population of the UK identified as gay, lesbian or bisexual. We will continue to encourage representation from the LGBTQ communities we serve within our membership.

Disability:

	2016 No.	2016 % of membership	2017 No.	2017 % of membership	2019 No.	2019 % of membership
Disability:	1315	13%	1203	12%	1073	10%

We have seen a drop in the proportion of members declaring a disability. The Membership Development Committee sought to address this when planning the 2019 member recruitment and engagement plan by attending disability positive public events. 16% of the population are thought to have a disability.

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:	2016 No.	2016 index*	2017 No.	2017 index*	2019 No.	2019 index*
10-16	93	7	68	23	13	1
17-21	602	51	580	56	113	20
22-29	826	65	779	66	529	57
40-49	1060	69	1010	76	1101	82
50-59	922	73	926	66	981	69
60-74	884	75	843	77	1300	78
75+	685	88	705	58	638	67

*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. 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 our 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 it sit on the Trust’s Inclusion Working Group alongside senior managers, so that the IHAG’s advice can be effectively incorporated into Trust activities.

The IHAG has participated and been consulted in a number of Trust projects and activities over the last year.

Key achievements of the IHAG during 2018/19 include:	
Participated in focus groups during the process to recruit the substantive Medical Director and new Chief Executive, ensuring the public/patient perspective were considered.	Developed the Trust Bereavement leaflet following a staff suggestion with support of other SECamb stakeholders. The leaflet aims to improve both service user experience and support staff.
Regularly participate in Quality Assurance Visits, carrying out inspections across the Trust, identifying good practice and gaps for improvement.	Participation at the Trust 2018 Quality Account stakeholder event, where they helped define a refreshed process to assist in objective setting for the upcoming year. IHAG participants strongly recommended a review of the process to enable a more inclusive approach to determining future priorities.
Provided feedback on accessibility of the proposed new Make Ready Centre at Falmer as part of a stakeholder group.	Supported the delivery of Trans awareness training for staff, sharing personal stories and experience.
IHAG proposed a joint event with Governors in role of SECamb as a system within the Sustainable Transformation Partnerships (STPs).	Developed the 999-messaging script and voicemail for times of high activity.
Participated in several SECamb working groups and sub groups and reported back on the outcomes. E.g. History Marking sub group, Medicines Management Group, Patient Experience Group and Inclusion Working Group and now also part of the Service Transformation and Delivery Strategic Oversight Group	Defined the process for the 2019 Equality Delivery System 2 grading event and identified specific areas of good practice and challenge that were discussed on the day. Revised approach was aimed at ensuring a balanced review of our processes, and to help identify gaps and future work streams.

Working with our partners

National Ambulance LGBT Network

The Trans z-card was co-developed in 2018 by Pride in SECamb and Yorkshire Ambulance Service NHS Foundation Trust with the aim of ensuring all NHS ambulance staff in the UK have an understanding and awareness when treating trans patients. The vision is that local ambulance LGBT networks across the country will roll this out to all 30,000 operational staff within the UK, as well



as develop an electronic version for use into the Joint Royal Colleges Ambulance Liaison Committee (JRCALC) app which is used by clinical staff nationally.

This work was undertaken by the network on behalf of the NALGBTN. Brighton Trans Pride was an ideal opportunity to engage with the community on the draft document, before its launch in August at the NALGBTN conference. To date Pride in SECAMB have purchased 3500 z-cards for all operational staff in SECAMB, and distribution is ongoing.

SECAMB staff also supported the delivery of the national conference in August 2018, which took place at Manchester Metropolitan University, with one member of staff delivering a workshop session on Supporting Trans Staff.

National Ambulance BME Forum



SECAMB has been closely involved in the reinvigoration of the National Ambulance BME Forum and supported the planning and delivery of the first National Ambulance BME Forum conference, hosted by Yorkshire Ambulance Service NHS Trust in October 2018. The Trust also sent a delegation of ten SECAMB staff to the event.

The conference was well attended with 119 people attending out of a total 126-registered delegates, and representation from across all ten ambulance trusts. Topics included the impact of Race on patient care and looking at good practice from across the ambulance sector in tackling bullying and harassment.

SECAMB will be hosting the second conference which is due to take place in October 2019 at the American Express Community Stadium, Brighton.



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

Brighton and Hove Speak Out	NHS Employers
Brighton Housing Trust	Stockwell Training
Diverse Learners	Surrey and Downs Diversity Network
Employers Network for Equality and Inclusion	Surrey Coalition of Disabled People
Kent Police	Surrey Fire
Mary Frances Trust	Surrey Minority and Ethnic Forum
National Ambulance Diversity 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 as a member of staff, 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.

Staff

The Trust provides support and guidance to managers and employees during recruitment and throughout employment to ensure employees with, or who develop, a disability are appropriately supported. We have in place appropriate policies that assist us in achieving these aims, with the HR BP & ER team working closely with the Learning and Organisation Development team during induction and training to ensure employees and managers are aware of the support that is available under these policies and that they are implemented appropriately.

We are aware that employees 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, the Trust works closely with the individual concerned, their manager, HR, the Trust's Wellbeing Team, 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 employee to remain in work or to return to work following a period of absence. The range of adjustments is wide and variable 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

Although much of the workforce is employed within operational services front line emergency ambulance (A&E) work, 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 non-emergency (111) and emergency (999) call centres, Human Resources, Finance, Fleet and Information Technology.

The Trust works closely with our Wellbeing Team and Occupational Health provider to ensure comprehensive return to work programmes are considered for employees who have been absent from work through illness or injury.

Although our return to work programme is tailored to meet the needs of the individual, options and adjustments may include: reduced hours with a gradual build up to normal contracted hours; shadowing or buddying for confidence to be re-gained; refresher training or appropriate training courses; gradual increase in type of duties (for example moving and handling duties) and on occasion alternative employment.

Patients

When we are looking at reasonable adjustments for our patients, we must 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.

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, 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**

Communications area/mechanism	Details
Website	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 W3C 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
Social media	Corporate twitter account promoted via the website
	Provides instant opportunity for queries and updates
	18,000+ followers (as of June 2019) and 8,000 + tweets posted
	Corporate Facebook page also in existence
	Used to provide updates on Trust issues and provides a mechanism for queries
Utilised to promote key achievements and facts, and demonstrate our E&D principles to our followers e.g. Diwali; Gypsy & Traveller week; Pride	
Corporate documents	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
	All corporate documents are available on our website or in hard copy on request
	Audio recording of Board & Council of Governor meetings made available via website
Media relations	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 run around Equality & Diversity week, Pride etc.
Corporate events	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
	Staff support to take part in wide range of events e.g. Pride
Other	Requests for visits to specific groups/ communities are facilitated where possible (dependent on operational constraints)

IT Systems

Where staff become disabled, or have an existing disability, SECAMB still has a duty to consider if these colleagues are suffering a substantial disadvantage. SECAMB works with its staff to consider about what reasonable adjustments can be made. Where access issues are identified, we work with subject matter experts and members of the Enable staff network to help us consider the best way forward.

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

- Installation of DylexieFont, Read&Write (literacy software) and Dragon (voice recognition software) which makes the web, documents and files more accessible. These products are aimed at supporting people with dyslexia and other learning difficulties, or anyone whose first language isn't English.
- Laptops and tablets with a larger display to meets the user's requirements.
- Work with Access to Work to provide assistance with software and hardware requirements at Ashford 111.
- Provision of Bluetooth enabled mobile phones which enables a member of staff with a hearing impairment to connect the phone to a Bluetooth enabled hearing loop.
- Smart phones to users who have experienced issues with repetitive strain injury which gives them a larger keyboard on which they can type.
- Initiated orders through a Trust approved ergonomic equipment supplier for ergonomic mice and keyboards, foot rests and laptop risers.

Our buildings

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

During 2018–19 there were no additional accessibility works carried out by the Estates Department.

Workforce Race Equality Standard



The WRES was introduced by the NHS Equality and Diversity Council (EDC) for all NHS Trusts and Clinical Commissioning Groups 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 at Race equality, to ensure effective collection, analysis and use of workforce data to address the under-representation of Black Minority Ethnic (BME) staff across the NHS. This was in response to 'The Snowy White Peaks', a report by Roger Kline which provided compelling evidence that barriers, including poor data, are deeply rooted within the culture of the NHS. The report highlights a clear link between workforce diversity of NHS organisations and better patient access, experience, care and outcomes.

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

We have proactively engaged with NHS England's WRES department to undertake an assessment of current practice and explore how we can improve. More work has been undertaken in 2018/19 to progress equality for BME people. This has included:

- Developing a range of BME images for use in our publications and literature
- Ensuring our literature features more diverse images of staff, e.g. our recruitment and other literature now includes more diverse images.
- Worked with the HR Transformation team to improve both systems and resourcing processes to ensure more equity.
- Developed a range of guidance for Recruiting Managers.
- Strengthened equality and diversity processes for the recruitment of Executive and Non-Executive Board members.

Data suggests that BME people continue to experience difficulty moving from shortlisting to the appointment stage. 2017/18 workforce data shows an improvement in the number of BME and White other people working for us and at all

stages of the recruitment process. However, appointments remain significantly lower than applications and shortlisting as we head into the 4th year of reporting. Actions to address this are ongoing as part of the 2018/19 Integrated Equality Objective and WRES action plan which is monitored by the IWG.

In 2018/19, we were successful in our application to have a member of SECAMB staff train as part of the first cohort of WRES Experts in the UK. The WRES Experts programme is designed to equip NHS organisations with in-house expertise to improve workforce race equality.

Gender Pay Gap

We have met our legislative requirements to publish our Gender Pay Gap audit for the second year running.

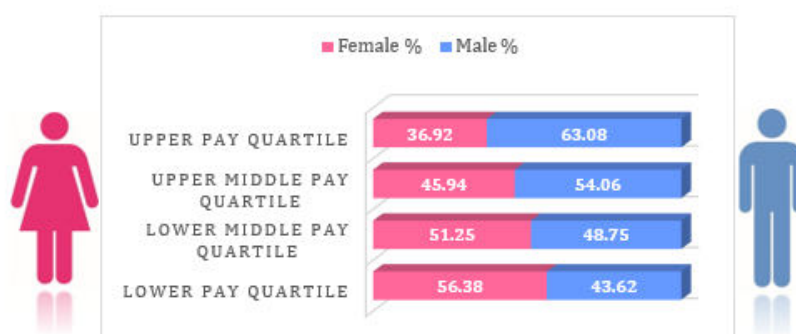
The table below shows the difference in the mean and median hourly rates, and the pay gap as a percentage for both 2017 and the 2018 data. There are increases in both the mean and median hourly rates resulting in an increase of SECAMB's gender pay gap.

Gender	31st March 2017		31st March 2018	
	Mean Hourly Rate	Median Hourly Rate	Mean Hourly Rate	Median Hourly Rate
Male	£13.02	£11.76	£13.80	£13.28
Female	£11.98	£11.49	£12.52	£11.60
Difference	£1.04	£0.28	£1.29	£1.68
Pay Gap %	8.01%	2.38%	9.33%	12.62%

Gender Pay Gap for 2017 and 2018

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 for 2018 once again is in the upper pay quartile, where there is a 26.1% difference, down from 26.8% last year. However, in 2017 21% of all female employees were in the upper pay quartile, which dropped to 19% in 2018. The group of males in the upper quartile represents 31% of all males in the workforce in 2018.

Overall, there has been a 2% increase in the number of females to males in lower two quartiles, collectively. In addition, the increase in the number of males in quartile four appears to have pushed the median hourly rate up, thus increasing the pay gap.



Action to date includes;

- Implementation of Agenda for Change and development of a robust job evaluation process for all jobs. However, it is recommended that job evaluation panels should reflect a gender balance.
- Increased the frequency of diversity reports by demographics to the Inclusion Working Group for scrutiny and discussion.
- A review of all recruitment processes to ensure best practice methodology is built into this.
- Increased the number of trained assessors to assist with localised recruitment.
- Worked with Organisation Development to ensure equity and gender balance within the operational restructure.

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 staff that are personal, fair and diverse.

The 2019 Equality Delivery System 2 (EDS2) grading review took place on 21st March 2019 in consultation with both internal and external stakeholders.

Based on the feedback from a subgroup of the Inclusion Hub Advisory Group, it was felt a refreshed and more targeted approach compared to previous years, should be taken to identify areas of both good practice and areas of known challenge against goals one and two. The focus for these areas was agreed to be on communities with health inequalities and our ageing population.

This approach resulted in the Trust being graded as developing in 14 of the 18 outcomes and achieving in 4. The grading event highlighted a lack of data as a significant factor in the reduced grading outcomes for both patients and staff, and recommendation was made for an increased focus on collecting this information as part of patient experience and within our HR data processes, to ensure equitable outcomes and improved grading for 2020.

Goal 1. Better health outcomes		Grade
1.1	SECAMB services are designed and delivered to meet the health needs of local communities	Developing
1.2	Individual people's health needs are assessed and met in appropriate and effective ways	Developing
1.3	Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	Developing
1.4	When people use SECAMB services their safety is prioritised, and they are free from mistakes, mistreatment and abuse	Achieving
1.5	SECAMB health promotion initiatives reach and benefit all local communities	Developing
Goal 2. Improved patient access and experience		Grade
2.1	People, carers and communities can readily access SECAMB services and should not be denied access on unreasonable grounds	Achieving
2.2	People are informed and supported to be as involved as they wish to be in decisions about their care	Achieving
2.3	People report positive experiences of SECAMB	Developing
2.4	People's concerns and complaints about SECAMB services are handled respectfully and efficiently	Developing
Goal 3. A representative and supported workforce		Grade
3.1	SECAMB recruitment and selection processes are fair and lead to a more representative workforce at all levels	Developing
3.2	SECAMB is committed to equal pay for work of equal value and uses a structured pay scheme and job evaluation to help fulfil their legal obligations.	Achieving
3.3	Staff from protected groups have the same opportunity to undertake training and development as the overall workforce, and the outcomes are as favourable as for the overall workforce.	Developing
3.4	SECAMB have robust policies and procedures designed to assist in protecting staff from abuse, harassment, bullying and violence from any source	Developing
3.5	Flexible working options are available to all staff consistent with the needs of the service and the way people lead their lives	Developing
3.6	Staff report positive experiences of their membership of the workforce	Developing
Goal 4. Inclusive leadership		Grade
4.1	Boards and senior leaders routinely demonstrate their commitment to promoting equality within and beyond their organisations	Developing
4.2	Papers that come before the Board and other major Committees identify equality-related impacts including risks, and say how these risks are to be managed	Developing
4.3	Middle managers and other line managers support their staff to work in culturally competent ways within a work environment free from discrimination	Developing

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.

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

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

The Trust can access a number of groups and individuals for EA consultation, including the Inclusion Hub Advisory Group (IHAG), as well as a sub group of the IHAG which was established to provide electronic or 'virtual' consultation as part of the equality analysis 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. Equality Analysis 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 has been further strengthened this year with the following changes;

- Integration of EA guidance and forms within the revised policy and procedure templates
- Re-establishing the Inclusion Working Group members as EA checkpoints for each directorate, to provide quality assurance that any equality impacts have been considered and appropriate consultation has taken place.

- EA training delivered to the Trust Senior Leadership Team to improve awareness and understanding of the benefits.

Confidence in our suppliers

SECAMB's Procurement Policy has stated its commitment to Equality & Diversity (E&D) within all its procurement activity which has Board approval.

The NHS standard terms & conditions reflect the current Equality & Diversity (E&D) legislation; this is reflected in all new SECAMB contracts as they are subject to the new national Terms & Conditions. SECAMB's Procurement Policy has stated its commitment to Equality & Diversity within all its procurement activity and has Board approval. As a part of the Ambulance National Diversity Forum, we are working towards producing a best practice 'E&D in Procurement' toolkit, which will be adopted by SECAMB subject to appropriate review and approval.

The Trust is committed to implementing, where appropriate, any recommendations contained in the toolkit guidance when it is published.

SECAMB's Pre-Qualification Questionnaire (PQQ) has been reviewed and updated to include more E&D requirements from our suppliers on new contracts. Identifying that our suppliers have Equality & Diversity policies is now part of the PQQ assessment process, as shown below. In addition, the process also identifies whether the supplier has in place Health & Safety, Carbon Management and Green policies.

Requirements Section		Equality & Diversity Policy	
Headings/Line	Question / Note to Suppliers	Description / Note Details	Mandatory
Yes/no	Equality & 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

Additionally, sample analysis reviewing supplier evidence and compliance with E&D is conducted annually. All suppliers are offered the opportunity to participate in E&D training and events. This is done via a standard notification on all our Purchase Orders advising suppliers of our commitment to E&D and offering them the opportunity of support from SECAMB and a contact address should they wish to participate in any of the E&D 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 the make up the population within the South East Coast Area. This information is updated annually and is available to help staff when planning and delivering services.

SECAMB serves a population of over 4.8 million residents which equates to almost 7 per cent of the UK.

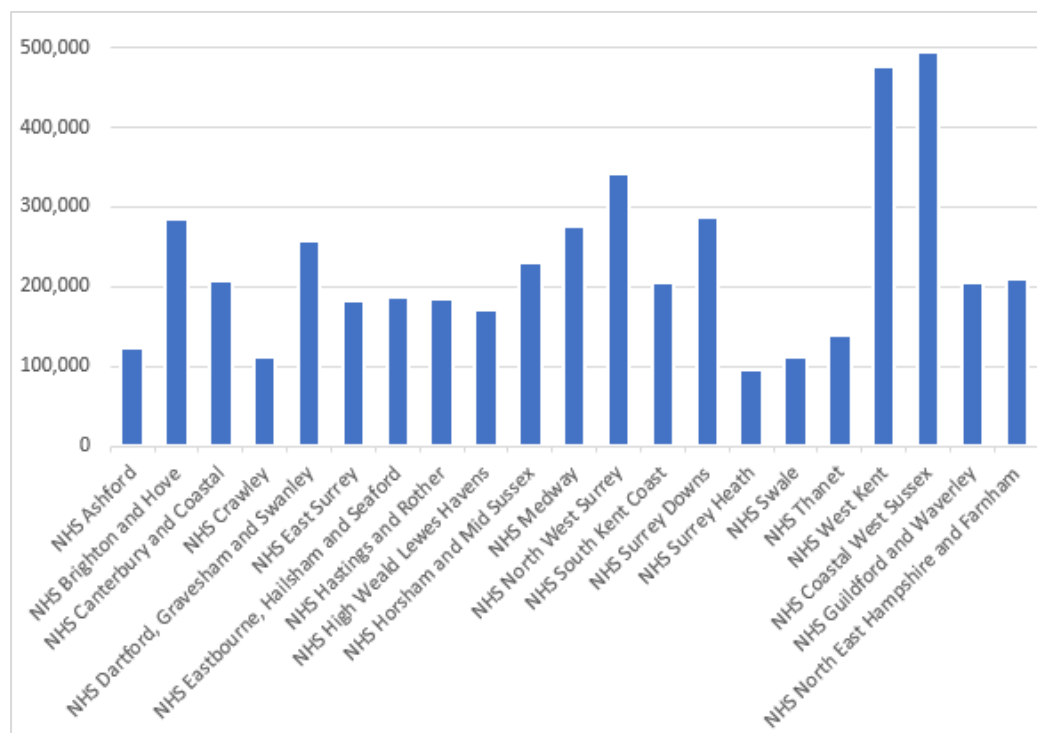
The population numbers for each CCG are shown in the table below. We have used the 2017 mid-year Office of National Statistics estimates. Alongside this, the graph below shows the relative sizes of these populations by CCG.

County	CCGs	Population ¹
Kent	Ashford	127,527
	Thanet	141,337
	Canterbury and Coastal	288,155
	South Coastal Kent Coastal	209,301
	West Kent	485,744
	Dartford, Gravesham and Swanley	261,974
	Swale	116,255
	Medway	277,616
Surrey	North West Surrey	347,747
	Guildford and Waverly	208,802
	Surrey Downs	291,545
	Surrey Heath	96,627
	East Surrey	184,734
Sussex	Crawley	111,664
	Horsham and Mid Sussex	236,113
	Coastal Western Sussex	504,576
	Brighton and Hove	288,155
	High Weald Lewes and Havens	173,788
	Hastings and Rother	187,610
	Eastbourne, Hailsham and Seaford	190,661
Hampshire	North East Hants and Farnham	211,333
TOTAL		4,813,737

South East continues to be one of the healthiest regions in England, but 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

¹ Office of National Statistics (ONS) (2017) 2017 mid-year estimates

Kingdom with a much wider variety of care needs than in the past, and our staff must be able to recognise and to meet these needs, either alone or as part of a multi-professional, multi-location team.



Population needs vary by county, 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 21 Clinical Commissioning Groups (CCG's) we work with. 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 both urban and rural areas. (Excludes North East Hampshire as we only cover part of the area).

Locality & Population	Health Needs	Age Profile, Life Expectancy and Deprivation	Population Growth	Ethnicity
Regional	<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 areas 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>	<p>All areas are growing rapidly, with differing levels within counties.</p>	<p>All areas have lower ethnic diversity than the England (20.2%) and South East (SE) (14.8%) averages, excepting those listed.</p>

<p>Kent and Medway</p> <p>Population circa 1.83m</p>	<p>Priority areas:</p> <ul style="list-style-type: none"> • Stroke • Cancer • Diabetes • Obesity • CVD/CHD • COPD • Mental illness • Long term conditions <p>Particular needs for Gypsy, Roma and traveller communities, and for prison populations.</p>	<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>Thanet has significant deprivation. Above average mortality in Swale and Thanet.</p>	<p>Medway, Dartford and Maidstone areas are expected to grow by 90,000 people (5%) over the next 5 years due to housing plans; 20,000 of these people are in the new town in Ebsfleet.</p> <p>Growth will be 4 times greater with over 65s.</p>	<p>Dartford, Gravesham and Swanley are on par to the England average, Medway is on par with the SE average.</p>
<p>Surrey</p> <p>Population circa 1.16m</p>	<p>Priority areas:</p> <p>As per Kent plus</p> <ul style="list-style-type: none"> • Musculoskeletal • Women's & children's • Urgent & emergency care • Older people/frailty • Long term conditions • Respiratory 	<p>All 5 CCGs 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.</p>	<p>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>	<p>North West Surrey is slightly above the England average.</p> <p>3 CCGs are above or on a par with the SE average.</p>
<p>Sussex</p> <p>Population circa 1.67m</p>	<p>Priority areas:</p> <p>As per Kent plus</p> <ul style="list-style-type: none"> • Maternity & Children's • Urgent & emergency care • Older people/frailty 	<p>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.</p>	<p>Information to follow</p>	<p>Crawley is on par to the England average.</p>

Local Health Population Needs

Age

The area has an ageing demographic with 15 of 20 CCGS having populations older than the England average of people aged over 65 years, and 14 having populations

older than the England average of 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 may impact on overall utilisation of services.

Ethnicity

Certain ethnic groups have a higher prevalence for a certain diagnosis 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 number of the 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.

The area served generally has a lower ethnic diversity than the England average of 20.2 %, and South East England (SEE) at 14.8% excepting 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 4 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.

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. Areas of notable deprivation include Thanet, Hastings, Brighton and Hove, Bognor Regis and Littlehampton. In each of these their challenging health needs and 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 SECAMB 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

The Trust has in place a scanning system for all Patient Clinical Report (PCR) forms. There are fields on the form to collect information pertaining to age, sex, and ethnicity. Disability is recorded as free text where relevant.

The Trust has been monitoring completion of age, sex and ethnicity data on the PCR since 2016/17. Individual staff members are given feedback on their performance each month. Since the introduction of this process, documentation of age has increased from 95 to 98%; documentation of sex has increased from 95 to 99% and documentation of ethnicity has increased from 70% to 83%.

There appears to be poor recording of ethnicity data on PCRs for the following reasons:

- a) The collection and recording of this data are recognised to be a challenge for crews when in an emergency situation, as the clinical condition of the patient (conscious/unconscious) may not facilitate the attainment of this data.
- b) Staff may feel uncomfortable asking the patient their ethnicity as they are worried how this question may be perceived by the patient.

Unfortunately, ethnicity data cannot currently be used to show the characteristics of patients presenting to SECAMB. Codes documented on patient records are collated using character recognition software and this software is not accurate enough to produce reliable statistics.

The introduction of ePCR during 2019/20 will see the introduction of mandatory fields, including age, sex and ethnicity. Training on how to collect ethnicity data and the necessity for this continues. The Trust expects to see further improvements in the completion of these fields as a result of this.

Due to differences between the data set on the current paper PCR's when compared to the Trust demographic data, it is difficult to provide a comparison to the ethnicity demographic data for the South East Coast region.

Patient Experience

The Patient Experience Team (PET), 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 the team are on our website. The team frequently communicates with callers who, for various reasons, find difficulty in communicating clearly and the team's 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.

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 those with visual impairment.

We have identified that we need to do more work to collect more data in relation to protected characteristics with our patient feedback. This is to ensure that we hear from our diverse population and understand the care we provide, in order not to disadvantage key groups.

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

SECAMB is in line with other ambulance Trusts nationally in that our Friends and Family Test response rate is low. This is currently being reviewed at a national level and further guidance is expected in the near future which will inform future planning.

We also review and respond to information from NHS Choices and Care Opinion.

The Trust is currently developing a patient experience strategy. A vital part of this strategy will consider how we understand the experience of those who use our services and how we receive and analyse feedback relating to all our patient groups.

Sometimes we identify safeguarding concerns arising from either individual concerns or our analysis of trends. The Trust 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.

Translation and interpretation

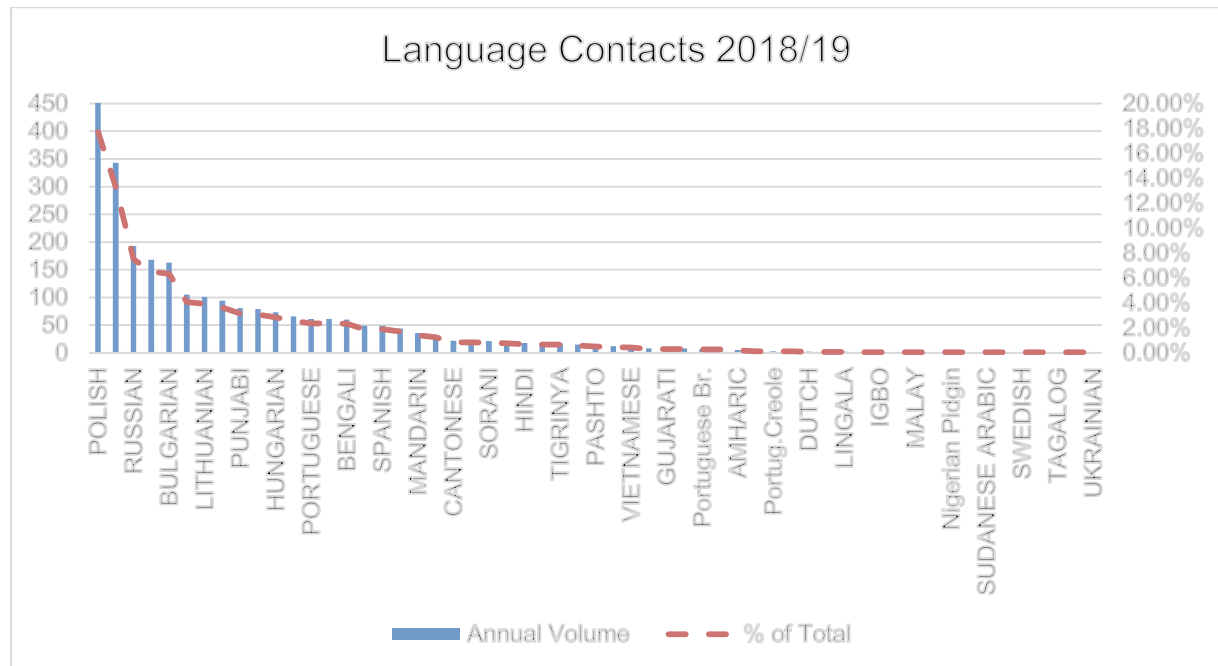
The Trust will always do its utmost to ensure that those who use our services are able to be fully involved in discussions about their treatment or any concerns they may have, and is happy to provide interpreters or advocates where needed

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 staff in our Emergency Operations Centres (EOC) and 111 call centre have access to interpreting services via Language Line.

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

Language Line was used by the Trust on 2,574 occasions from 31st March 2018 – April 2019, versus 1,940 times in 2017/18 which is a 25% increase on the previous 12 months.

In 2017/18 there were 57 different languages interpreted compared to 71 in 2018/19. There were 28 episodes documented where language line was unable to provide the required language for the triage, representing that 99% of all requests of all translation or interpretation requests were fulfilled during 2018/19. This is within the contract specification and the trust has a documented process that call handlers use when unable to triage a call.



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

There is no data available for the utilisation of translation and interpretation services within 111, and this will be addressed going forward.

Workforce Equality Data

Our Staff

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.

The rollout of Electronic Staff Records (ESR) self-serve platform, an increased focus on publicising the reasons for diversity monitoring as well as improved recruitment processes have led to some decreases in the overall number of staff completing diversity monitoring. Of those staff not engaging with diversity monitoring requirements, it has been identified that many have been with the Trust for many of years and may have joined the Trust when equality reporting was not as defined.

ESR Self Service enables staff to view and more importantly amend their equality and 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 improved engagement in completing equality monitoring.

Workforce Equality Overview

Sex	Mar-18		Mar-19	
	Headcount	%	Headcount	%
Female	1,639	48.90%	1,952	51.80%
Male	1,710	51.10%	1,816	48.20%
Total	3,349	100.00%	3,768	100.00%

Workforce by sex, March 2018 - March 2019

The last 12 months have seen a change in the sex profile of the workforce, with an increase of just under 3% of females to males.

Ethnic Origin	Mar-18		Mar-19	
	Headcount	%	Headcount	%
White	3088	92.21%	3482	92.42%
BME	128	3.82%	142	3.77%
Unknown/Null	133	3.97%	144	3.83%

Workforce by race, March 2018 - March 2019

Despite an increase in BME headcount, this increase is not consistent with the overall growth of the organisation. The Trust continues to be an under representation of the Black and Minority Ethnic (BME) population.

Age	Mar-18		Mar-19	
	Headcount	%	Headcount	%
<=20 Years	40	1.19%	71	1.88%
21-25	451	13.47%	530	14.07%
26-30	578	17.26%	639	16.96%
31-35	427	12.75%	514	13.64%
36-40	398	11.88%	405	10.75%
41-45	420	12.54%	464	12.31%
46-50	397	11.85%	455	12.08%
51-55	348	10.39%	371	9.85%
56-60	213	6.36%	226	6.00%
61-65	60	1.79%	77	2.04%
66-70	15	0.45%	11	0.29%
>=71 Years	2	0.06%	5	0.13%
Total	3,349	100.00%	3,768	100.00%

Workforce by age, March 2018 - March 2019

The largest age group within the Trust continues to be the 26-30 cohort, closely followed by those aged 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.

Disability	Mar-18		Mar-19	
	Headcount	%	Headcount	%
No	2,389	71.33%	2,389	63.40%
Not declared / Unspecified	838	25.02%	1,239	32.88%
Prefer not to answer	2	0.06%	3	0.08%
Yes	120	3.58%	137	3.64%
Total	3,349	100.00%	3,768	100.00%

Workforce by disability, March 2018 - March 2019

The Trust disability declaration has remained steady over the last 12 months, and there has been a decrease in the number of staff recorded as not having their diversity data recorded on ESR. Part of those may be attributed to a lack of capacity within the Resourcing Team for a period earlier this year which resulted in an increase in the number of staff whose data monitoring was not transferred from NHS jobs. This issue is now being rectified and we hope to see a reduction in the number of staff marked as not declared / unspecified over the next 12 months.

It should be noted that the 3.6% declaration rate is slightly higher than the NHS average of 3%, but significantly lower than the 25.4% of Trust staff who declared

having a physical or mental health conditions, disabilities or illnesses that is expected to last for 12 months or more in the 2018 NHS staff survey.

Sexual Orientation	Mar-18		Mar-19	
	Headcount	%	Headcount	%
Bisexual	38	1.13%	53	1.41%
Gay or Lesbian	140	4.18%	158	4.19%
Heterosexual or Straight	2,573	76.83%	2,875	76.30%
Not Disclosed	229	6.84%	234	6.21%
Other Sexual orientation not listed			1	0.03
Undecided			2	0.05
Unspecified	369	11.02%	445	11.81%
Total	3,349	100.00%	3,768	100.00%

Workforce by Sexual orientation, March 2018 - March 2019

Due to changes in how sexual orientation is now captured on ESR we are unable to make a direct comparison in some areas. However, we are beginning to see an increase in the number of declarations being made and decrease in the number of staff choosing not to declare their sexual orientation.

Religious Belief	Mar-18		Mar-19	
	Headcount	%	Headcount	%
Atheism	666	19.89%	812	21.55%
Buddhism	14	0.42%	16	0.42%
Christianity	1,306	39.00%	1,422	37.74%
Hinduism	6	0.18%	8	0.21%
I do not wish to disclose my religion/belief	16	0.48%	16	0.42%
Islam	6	0.18%	7	0.19%
Judaism	518	15.47%	560	14.86%
Other	441	13.17%	474	12.58%
Sikhism	3	0.09%	4	0.11%
Unspecified	373	11.14%	449	11.92%
Total	3,349	100.00%	3,768	100.00%

Workforce by Religion and belief, March 2018 - March 2019

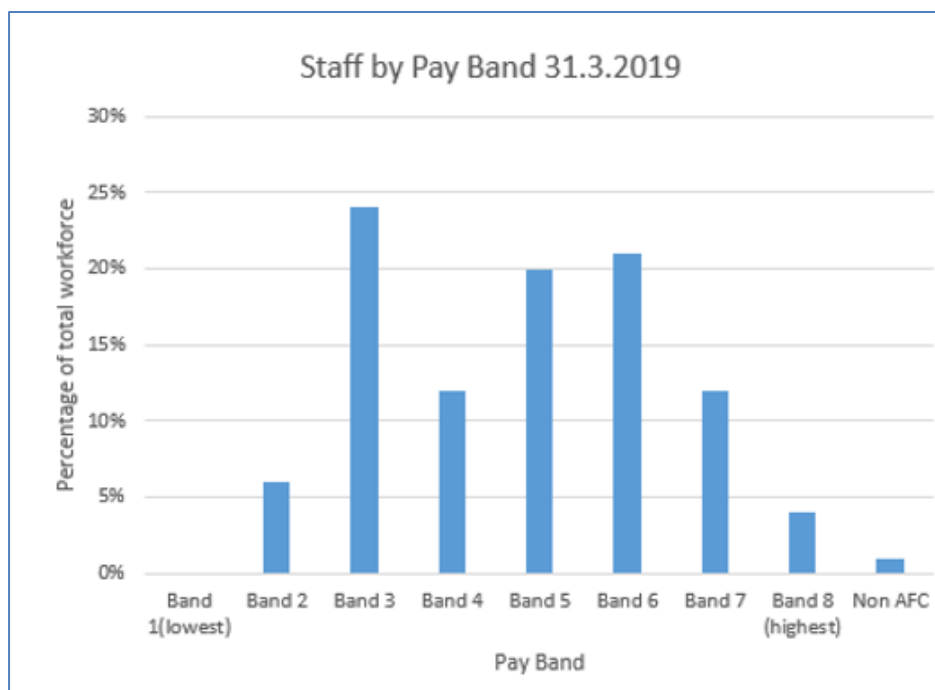
Declaration by religion and belief including non-belief remains steady with little change.

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 a HR Practitioner and staff side representative. This approach helps ensure that

staff 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 staff 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 Band is determined purely on objective criteria such as qualifications or previous seniority levels.



Breakdown of staff by AfC pay band

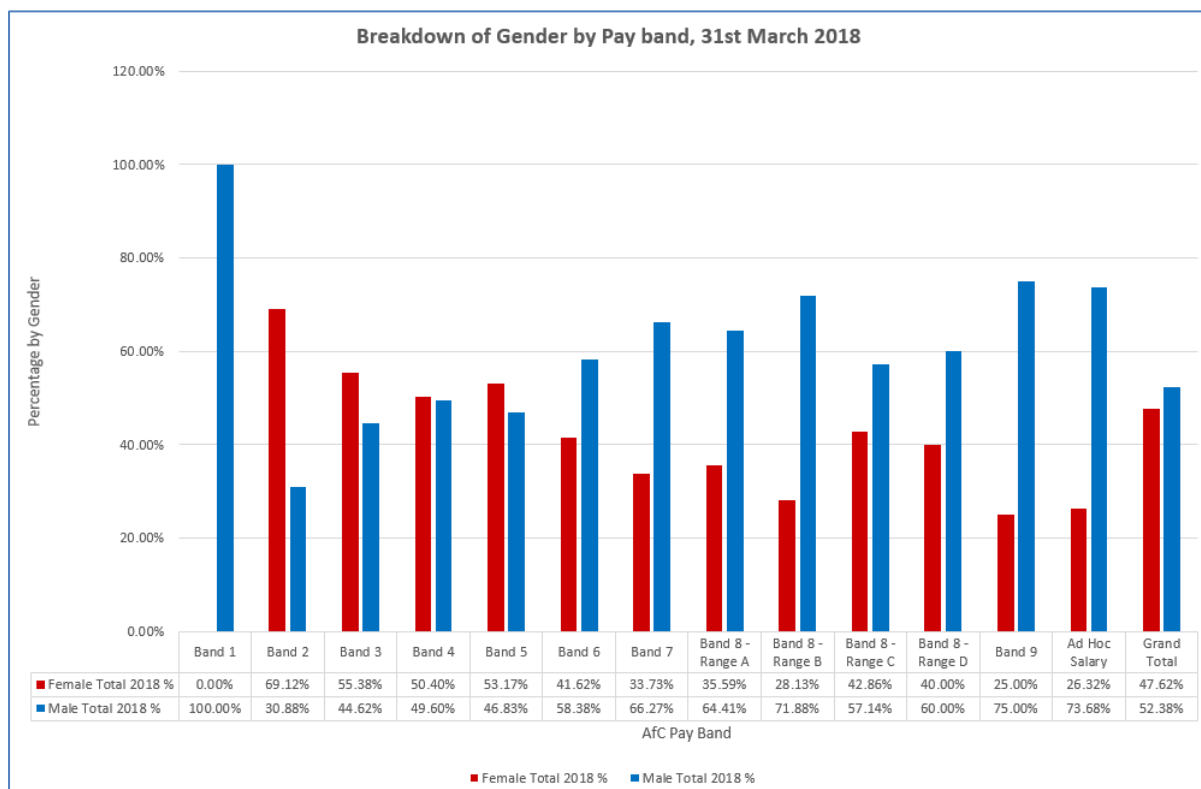
Most Trust staff are within Bands 3, and 6, with 24% of staff within Band 3.

Band 3 has the highest numbers of staff aged under 20 as well as the highest number of 21-30 year olds (**9.85%**) followed by Band 5 (**6.01%**). These figures are indicative of new staff coming into the Trust, mainly on ECSW and Student Paramedic grades. Band 3 also has the most 31-40 year olds.

The number of staff who have declared a disability are also highest in the Band 3, whilst non-disabled are predominantly within Bands 5 and 7. A number of staff have chosen not to declare whether or not they have a disability and the highest numbers in this category are in Bands 3 and 5.

87% of staff overall are White British and the highest grouping of these staff are again in Bands 3 and 5, where most of the workforce is concentrated. BME staff are spread across Bands 2 to 8 in line with the overall workforce profile. The smallest percentage is in pay band 8 and above.

There is a higher proportion of males to females in band 6 and above, even when the numbers are relatively small. The data also highlights more females in both bands 2 and 3. Overall, there are more females in the lower Bands than males.



Breakdown of staff by Sex and AfC pay band

Flexible working

The Trust has an established a Flexible Working Policy where staff 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 219 employees in the Trust on an agreed annualised hour's arrangement, of which 148 of these are female. This is a 0.20% increase on the previous 12 months, and a 2.76% increase in the number of female employees taking this option.

The highest number of employees which moved to part time contracts within the Trust are within the 51-60 year olds age bracket, closely followed by 21-30 year olds. These figures represent a shift when compared with last year's data where the highest number of employees who moved to part-time contracts were within the 41-50 year old bracket, followed by 31-40 and 21-30 year olds. Possible reasons for this shift include:

- Phased entry into retirement
- The employees in the lower bracket last year may have been at the top of the bracket and moved up this year

There are currently 18 staff on a career break which represents a 100% increase on figures from last year. Of these, 56% (10) were taken by females, and the majority of these again, were predominantly aged 26-30 years.

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

- **Other Flexible working patterns** (e.g. 4-day week/ 9 day fortnight)
- **Bank contracts** providing greater flexibility.
- **Job sharing**
- **Sharing Rota lines, participation in planning Rota cover and swapping shifts through GRS** (Rostering system)
- **Phased return following long term sickness.**

Diversity in recruitment

Applicants are requested to complete the equal opportunities section of the online NHS jobs application form and this allows the Trust to monitor equity within the recruitment process. This data is only available to HR staff and cannot be accessed by the panel.

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. In addition, the Resourcing Team are acutely aware of the need to make reasonable adjustments during the recruitment process to facilitate disabled people. Each area of the Trust has a dedicated Resourcing Advisor who is available to candidates for help, guidance and assistance as required.



Recruitment by sex	Application	Application % of Total	Shortlisted	% of total Shortlisted	Appointed	% of total appointed
Male	3152	34.80%	2037	33.32%	579	37%
Female	5877	64.90%	4064	66.47%	972	63%
Undisclosed	25	0.20%	13	0.21%	2	0%
Total	9054	99.90%	6114	100.00%	1553	100%

Application to appointment by sex. April 2018- March 2019

There is no noticeable inequity based on sex overall in the recruitment process. There is an increase in the number of applications from, and appointments of, females which is a change to last year's data. This is another reflection in the changing sex split of the organisation - a trend being noticed during this current year.

Recruitment by disability	Application	Application % of Total	Shortlisted	% of those Shortlisted	Appointed	% of those appointed
Yes	618	6.80%	414	7%	98	6%
No	8264	91.20%	5573	91%	1424	92%
Undisclosed	172	1.80%	127	2%	31	2%
Total	9054	99.80%	6114	100%	1553	100%

Application to appointment by disability. April 2018- March 2019

The recruitment data shows that the number of disabled people appointed has remained the same from 2017/18 at 6%, and that this is consistent with rates of declaration. From August 2019 we will be required to assess the likelihood of being appointed if you have a disability in comparison to a non-disabled candidate as part of the Workforce Disability Equality Standard.

Recruitment by Ethnicity	Application		Shortlisted		Appointed	
	Headcount	%	Headcount	%	Headcount	%
WHITE - British	7277	80.37%	5208	85%	1382	89%
WHITE - Irish	66	0.73%	44	1%	9	1%
WHITE - Any other white background	414	4.57%	232	4%	54	3%
ASIAN - ASIAN BRITISH – Indian	250	2.76%	83	1%	10	1%
ASIAN - ASIAN BRITISH - Pakistani	77	0.85%	31	1%	3	0%
ASIAN - ASIAN BRITISH - Bangladeshi	49	0.54%	17	0%	3	0%
ASIAN - ASIAN BRITISH - Any other Asian background	96	1.06%	53	1%	10	1%
MIXED - White and Black Caribbean	51	0.56%	35	1%	10	1%
MIXED - White and Black African	27	0.30%	11	0%	0	0%
MIXED - White and Asian	58	0.64%	36	1%	7	0%
MIXED - Any other mixed background	71	0.78%	35	1%	8	1%
BLACK or BLACK BRITISH Caribbean	55	0.61%	38	1%	7	0%
BLACK or BLACK BRITISH African	338	3.73%	165	3%	24	2%
BLACK or BLACK BRITISH - any other Black background	23	0.25%	8	0%	1	0%
OTHER ETHNIC GROUP - Chinese	18	0.20%	10	0%	3	0%
OTHER ETHNIC GROUP - Any other ethnic group	60	0.66%	32	1%	9	1%
Undisclosed	124	1.37%	76	1%	13	1%
Total	9054	100.00%	6114	100%	1553	100%

The recruitment data shows that 80% of the applications were from White British candidates, 89% of appointments were White British. The table also provides a full breakdown of application to appointment 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 BME categories and all undisclosed categories.

Employee recruitment by race	Application		Shortlisted		Appointed	
	Headcount	%	Headcount	%	Headcount	%
White	7757	85.67%	5484	89.70%	1445	93.05%
BME	1173	12.96%	554	9.06%	95	6.12%
Undisclosed	124	1.37%	76	1.24%	13	0.84%
Total	9054	100.00%	6114	100%	1553	100%

Application to appointment by WRES race categories. April 2018- March 2019

When compared to recruitment data for 2017/18 there was an increase of 39% in applications from White applicants and 21% increase from BME applicants. The 6% of BME appointments this year is a slight decrease on the previous year (7%) and is once again not in proportion to the 9% of BME candidates shortlisted.

The application of the Workforce Race Equality Standard methodology highlights that BME candidates continue to be 1.52 times less likely to be appointed from shortlisting in comparison to White candidates in 2018/19.

Recruitment by age	Application		Appointed	
	Headcount	%	Headcount	%
Under 18	12	0.13%	0	0.00%
18 - 19	280	3.09%	48	3.09%
20 - 24	1545	17.06%	305	19.65%
25 - 29	1753	19.36%	345	22.23%
30 - 34	1343	14.83%	222	14.30%
35 - 39	1039	11.48%	150	9.66%
40 - 44	827	9.13%	156	10.05%
45 - 49	861	9.51%	134	8.63%
50 - 54	724	8.00%	101	6.51%
55 - 59	455	5.03%	65	4.19%
60 - 64	164	1.81%	23	1.48%
65 - 69	33	0.36%	3	0.19%
Age 70+	13	0.14%	0	0.00%
Undisclosed	5	0.06%	0	0.00%
Total	9054	100.00%	1552	100.00%

Application to appointment by age. April 2018- March 2019

In 2018/19 the Trust employed 25-29 year olds more frequently than any other age group and this made up over 22% of new recruits, the most recruits in 2016/17 came from 20-24 year olds, who made up 49% of the overall recruits.

Recruitment by Religion / Belief	Application		Appointed	
	Headcount	%	Headcount	%
Buddhism	42	0.62%	7	0.67%
Christianity	4050	59.67%	619	58.84%
Hinduism	161	2.37%	11	1.05%
Islam	199	2.93%	10	0.95%
Other	1248	18.39%	217	20.63%
Jainism	2	0.03%	0	0.00%
Judaism	14	0.21%	3	0.29%
Sikhism	36	0.53%	3	0.29%
Undisclosed	1035	15.25%	182	17.30%
total	6787	100.00%	1052	100.00%

Application to appointment by religion/belief. April 2018- March 2019

There is little change in the reporting of religious belief for new staff since the previous year. Only 15% of applicants overall declined to disclose their religion. Although small numbers, the data suggests 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.

Recruitment by Sexual orientation	Application		Appointed	
	Headcount	%	Headcount	%
Lesbian	172	1.90%	31	2.00%
Gay	261	2.88%	42	2.70%
Bisexual	212	2.34%	50	3.22%
Heterosexual	8066	89.11%	1370	88.22%
Other	13	0.14%	2	0.13%
Undecided	23	0.25%	5	0.32%
Undisclosed	305	3.37%	53	3.41%
Total	9052	100.00%	1553	100.00%

Application to appointment by religion/belief. April 2018- March 2019

Appointments for applicants identifying as heterosexual remains at 88% 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 staff, and all vacancies are advertised via the Trust wide weekly jobs bulletin. The process of assessment and selection is managed via the centralised Recruitment & Resourcing team. The Recruitment & Selection policy describes how

the Trust manages recruitment and ensures that staff are appointed on merit and that the process is fair and equitable.

There were 274 promotions via NHS jobs for the period 1st April 2018 – 31st March 2019, with most staff being promoted from band 3 and band 6 roles than any other Agenda for Change pay bands. This may be attributed to the volume of clinical staff progressing from the band 3, Emergency Care Support Worker (ECSW) and from the band 6, Paramedic to Operational Team Leader (OTL) over the past year.

This year more females (54%) have successfully gained promotion compared to their male counterparts (46%), which appears to be indicative of the changing gender balance in the organisation.

Appraisals

A total of 2,920 staff (84.49%) out of 3,456 received an appraisal in 2018/19 against a target of 90%.

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 no evidence that there is an inequality in the completion of appraisals.

Sex	Appraisal completed	
	Headcount	%
Male	1275	52.38%
Female	1159	47.62%
Total	2434	100.00%

Appraisal Data by Sex – 1st April 2018 – 31st March 2019

The highest number of staff that have been appraised currently are those in age band of 21 – 30.

Age	Appraisal completed	
	Headcount	%
20 or below	24	0.99%
21 to 30	722	29.66%
31 to 40	606	24.90%
41 to 50	608	24.98%
51 to 60	396	16.27%
61 to 70	76	3.12%
Over 70	2	0.08%
Total	2434	100.00%

Appraisal Data by Age– 1st April 2018 – 31st March 2019

Disability	Appraisal completed	
	Headcount	%
No	1655	68.00%
Yes	78	3.20%
Prefer not to say / undisclosed	701	28.80%
Total	2434	100.00%

Appraisal Data by Disability – 1st April 2018 – 31st March 2019

Pay band	Appraisal completed	
	Headcount	%
1	0	0.00%
2	13	0.53%
3	569	23.38%
4	314	12.90%
5	571	23.46%
6	633	26.01%
7	294	12.08%
8+	40	1.64%
Total	2434	100.00%

Appraisal Data by Pay Band – 1st April 2018 – 31st March 2019

The majority of staff who received an appraisal were in Band 6, followed by band 5, The largest staff groups in the Trust however are band 3 and band 5. Only 1.64% of those who had an appraisal were in Band 8.

Race	Appraisal completed	
	Headcount	%
White	2266	93.10%
BME	82	3.37%
Prefer not to say / undisclosed	86	3.53%
Total	2434	100.00%

Appraisal Data by Race – 1st April 2018 – 31st March 2019

Religion / Belief	Appraisal completed	
	Headcount	%
Buddhism	13	0.53%
Christianity	916	37.63%
Hinduism	6	0.25%
Islam	7	0.29%
Judaism	5	0.21%
Other	330	13.56%
Sikhism	3	0.12%

Unspecified	645	26.50%
Total	2434	100.00%

Appraisal Data by Religion and Belief – 1st April 2018 – 31st March 2019

Sexual Orientation	Appraisal completed	
	Headcount	%
Gay or Lesbian	109	4.48%
Heterosexual	1865	76.62%
Prefer not so say	427	17.54%
Total	2434	100.00%

Appraisal Data by Sexual Orientation – 1st April 2018 – 31st March 2019

Leavers

Trust turnover has improved by 3 percentage points over the last 12 months from 17.2% to 14% which is not insignificant. Turnover continues to be monitored closely via the HR Business Group which in addition investigates concerns and highlights them to the Workforce Wellbeing Committee and related teams.

A quarterly report is prepared by the HR Group on Exit Interview Data from our Exit Interview Survey. This data has been fully considered within the development of the new Retention Strategy and supporting Action Planning.

The highest percentage of leavers, at 30.96% are those in age bracket 21-30. This is up 1.5 points from the same period the year.

It was noted again that there is a rise in BME staff leavers (6.69%) compared to last year's figure of 6.12%. Leavers by religion and belief appears to be consistent with the overall headcount using the same parameters

The breakdown of leavers by pay band shows that the highest percentage of staff turnover is at band 3, (29.55%); staff in this group are predominantly 111 Health Advisors. 111 has developed a strategy for addressing this with a focus on resilience and a better understanding of the role at the recruitment stage. Mentoring of staff once in post to improve support available is also a key part of the strategy.

The Trust also saw 41.63% of male leavers to 58.36% female, which is reflective of the gender ratio of the overall workforce.

Training and Education

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

Due to significant changing priorities for the Organisation Development team, our first line manager programme, MDP1, has not been delivered since February 2018, and our top talent leadership programme Accelerate, has also been paused. There were five formal grievances raised which elude to a lack of training availability in the last year.

Following the Senior Leadership Development Programme (delivered by an external consultancy, Ignite), we ran a 1 day 'Building Our Culture' workshop, incorporating and cascading the key points from the Senior Leadership Behaviour Development Programme. 154 First Line/ Middle Managers attended from a pool of 160

Of those who attended the 'Building Our Culture' workshops there were;

Sex	Women		Men	
	Headcount	%	Headcount	%
	51	33.12%	103	66.88%

Leadership training, Building our Culture, by Sex – 1st April 2018 – 31st March 2019

Disability	Disabled		Non-disabled	
	Headcount	%	Headcount	%
	12	7.79%	142	92.21%

Leadership training, Building our Culture, by disability – 1st April 2018 – 31st March 2019

Race	White		BME		Not stated	
	Headcount	%	Headcount	%	Headcount	%
	139	90.26%	6	3.90%	9	5.84%

Leadership training, Building our Culture, by Sex – 1st April 2018 – 31st March 2019

The 2018 NHS Staff survey results also noted that 66% reported to have received non-mandatory training in the last 12 months, up from 59.4% the previous year.

Disciplinary, Grievances and Bullying and Harassment

Disciplinary Cases

Throughout the course of the period identified for reporting purposes (1st April 2018 – 31st March 2019), the Trust saw 92 employees subjected to the disciplinary process. Not all these cases will have necessarily gone through a disciplinary hearing however.

The sex of the subjects of disciplinary cases were 61 Male (66.30%), 27 Female (29.34%), 4 Undisclosed (4.34%)

The ethnicity of the subjects of these disciplinary cases were divided thusly; 63 White British (68.47%), 1 White Irish (1.08%), 7 White Other (7.60%), 1 Mixed-White & Black Caribbean (1.08%), 1 Mixed - Any other mixed background (1.08%), 1 Asian or Asian British – Indian (1.08), 1 Black or Black British – Caribbean (1.08%), 1 Chinese (1.08%), 1 Any other ethnic group (1.08%) 15 Not Declared (16.30%). These figures are loosely consistent with ethnic make-up of the organisation, though not necessarily reflective of the community.

Race	White		BME		Not stated	
	Headcount	%	Headcount	%	Headcount	%
	71	77.17%	6	6.52%	15	16.30%

Disciplinary by Race – 1st April 2018 – 31st March 2019

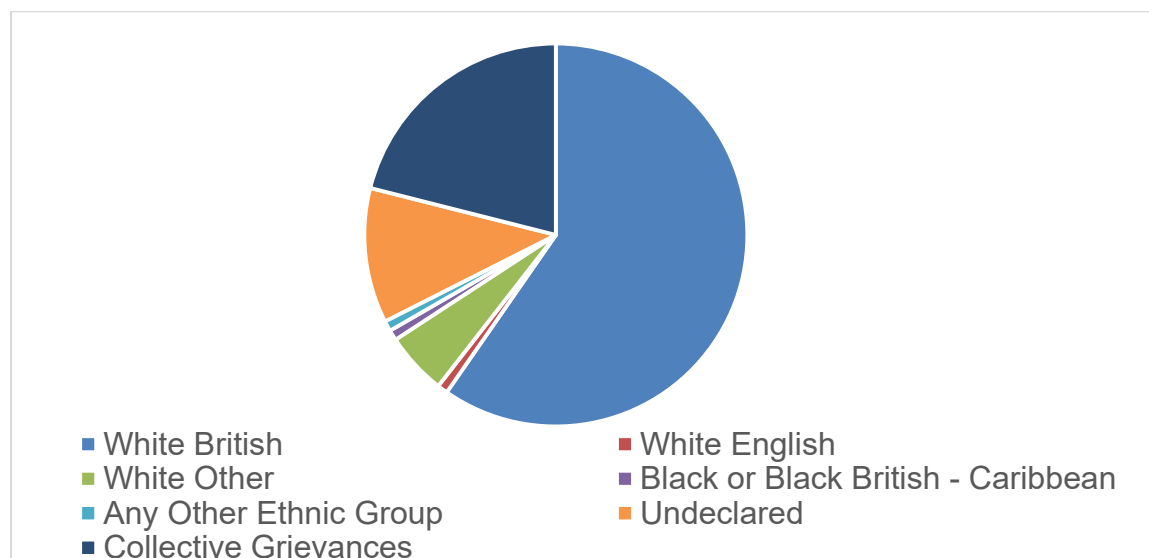
The sexual orientation of the subjects of disciplinary cases were 60 heterosexual (65.21%), 3 gay or lesbian (3.26%), and 19 undeclared (20.65 %).

Grievances

During the period, there were 114 grievances raised by employees of the Trust. Again, the data we have been able to gather on these individuals can be improved and we are looking into ways to take this forward. The breakdown of the figures is found below.

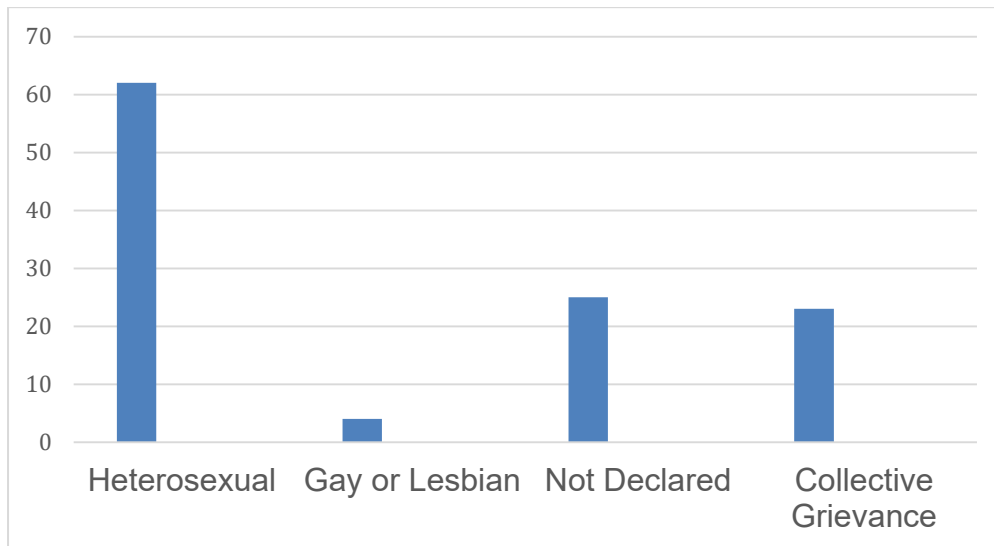
Of the 63 employees who raised grievances, 68 were White British (59.64%), 5 were White Other (4.38 %), 1 White English (0.87%), 1 White Other European (0.87%), 1 Black or Black British – Caribbean (0.87%), 1 Any Other Ethnic Group (0.87%) , 13 were undeclared (11.40%) and 24 were collective grievances (21.05%).

There were 51 grievances raised by males, 39 raised by females and 23 raised by collective groups (5 Female Collective, 3 Male Collective, 15 mixed sex collective) and 1 undisclosed.



Grievances by Ethnicity – 1st April 2018 – 31st March 2019

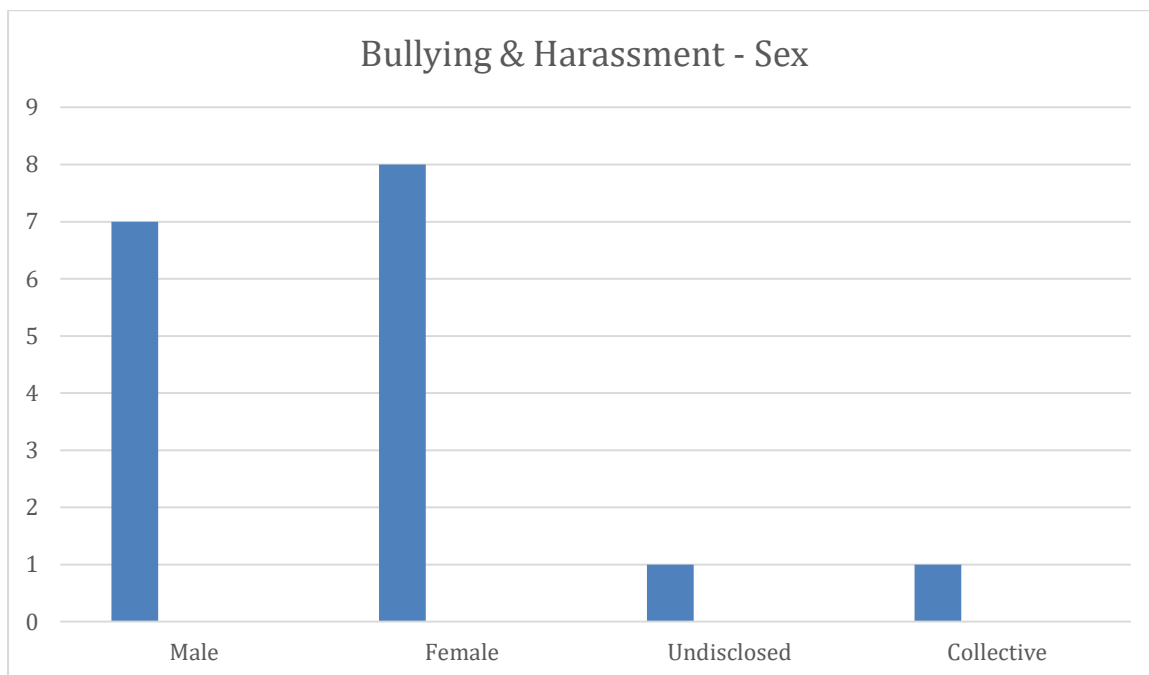
The sexual orientation of the aggrieved employees was 62 heterosexual, 4 gay or lesbian, 25 undeclared and 23 collective grievances.



Grievances by Sexual Orientation – 1st April 2018 – 31st March 2019

Bullying and Harassment

Over the period, the Trust received 17 cases of bullying and harassment from employees. The breakdown of the cases can be found below.



Bullying and harassment cases by sex – 1st April 2018 – 31st March 2019

The ethnicity breakdown of staff who have raised B&H complaints was 12 White British (70.58%), 4 Undeclared (57.14%) and 1 collective B&H Grievance

Of these, 7 were male, 8 were female, 1 from a collective group and 1 undisclosed

The breakdown of sexual orientation was 10 heterosexual (58.82%), 6 undeclared (35.39%) and 1 collective grievance

Our Community First Responders

The Voluntary Services Department has responsibility for our Community First Responders. 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 can attend the scene of an emergency within a few minutes, and often before the emergency service arrives. They can offer life-saving first aid further increasing the patient's chances of survival.

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.

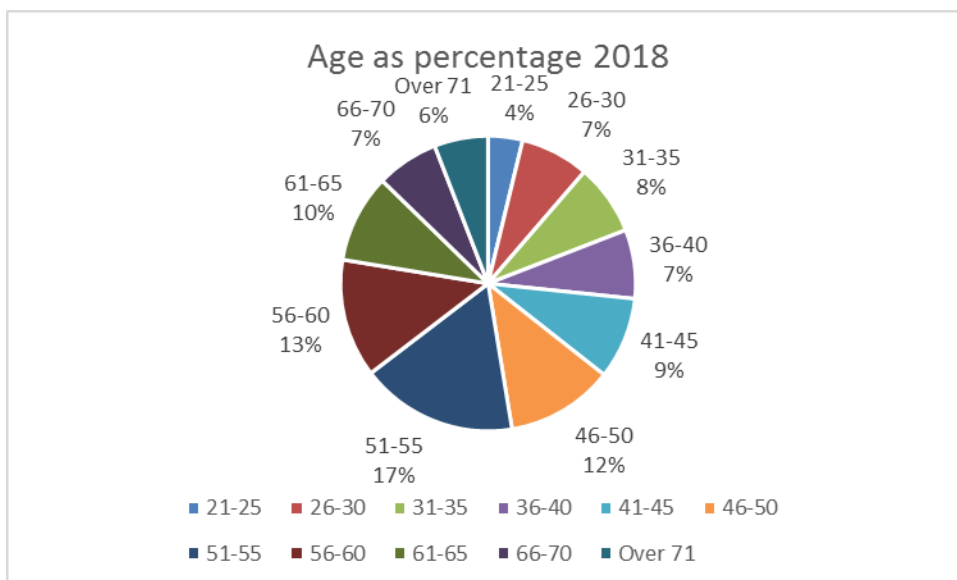
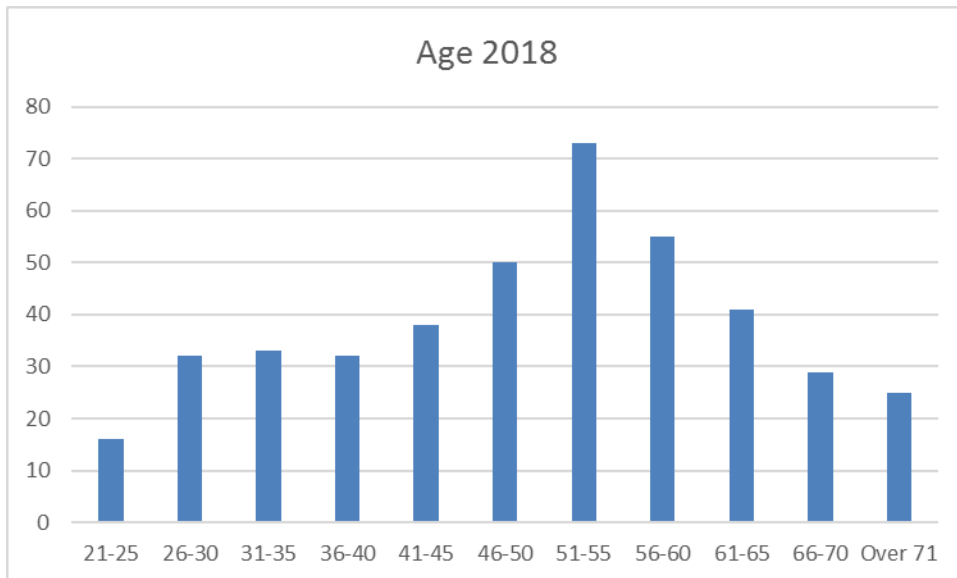
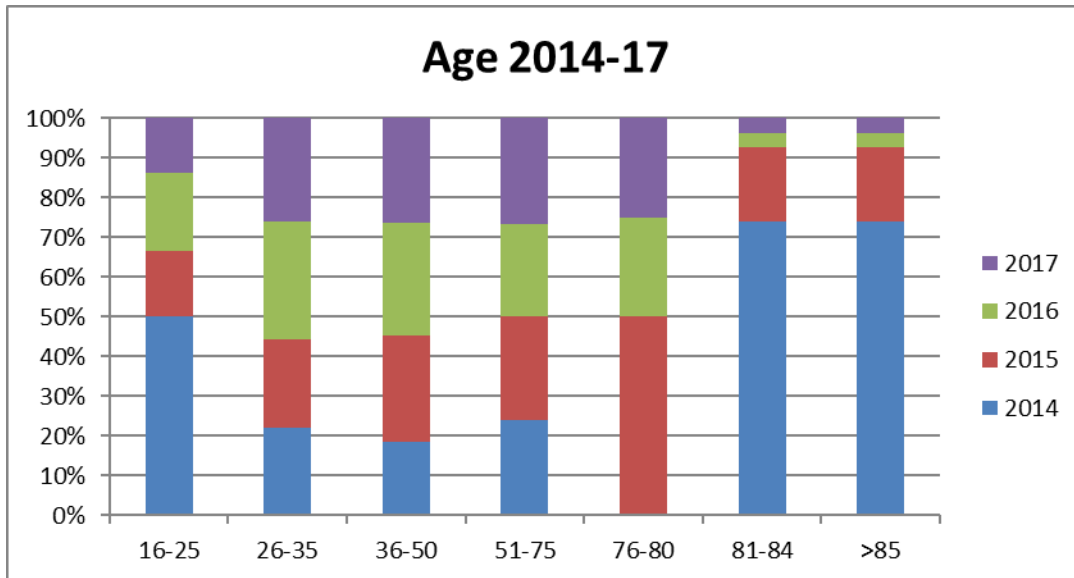
The department works closely with the Resourcing team when recruiting new volunteers. The selection process includes blind shortlisting of application forms, interview, references, Disclosure & Barring Service checks, occupational health, and vehicle and identity checks.

For the reporting year 2018/19, the trust had 424 active Community First Responders. The data referred to in this report has been collated from the Electronic Staff Record. Staff responders are not included in the following figures as their diversity has already been considered elsewhere.

Age

To provide comparison to previous years, the chart encompassing the period 2014-2017 is included. However, the age brackets for reporting purposes have now changed and so 2018 data is included in a new chart below, which can be used for comparison. 2018 data reveals that there are no Community First Responders within the 16-21 age bracket and this age is therefore not represented within our volunteer workforce. The department will consider how this group could be better represented, although there is a minimum age limit of 18 for Community First Responder applicants, due to the requirement to have held a full UK driving license for one year. Older adults make up the majority of Community First Responders, with 52% of responders aged between 46 and 65.

6% 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. The department intends to introduce a new role of CFR Support Volunteer, which will provide administrative support to CFR teams and will offer an alternative role for those who no longer wish to provide a response to patients, as well as those who may no longer be fit to carry out the role of CFR.



Disability (and Carers)

In 2018, 8 of 424 Community First Responders (2%) stated that they had a disability. This is an increase from 2015-17 where the figures remained around 1%.

No information on carers is gathered for Community First Responders.

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 occupational health provider as staff, and similar procedures are followed when they are pregnant. For occupational health reasons, they are unable to respond while pregnant but once they are ready to return, after ensuring that their training is up to date, they are referred to the Trust's occupational health provider before returning to the role.

At the date of this report, there are no Community First Responders taking a leave of absence from responding due to pregnancy.

Race

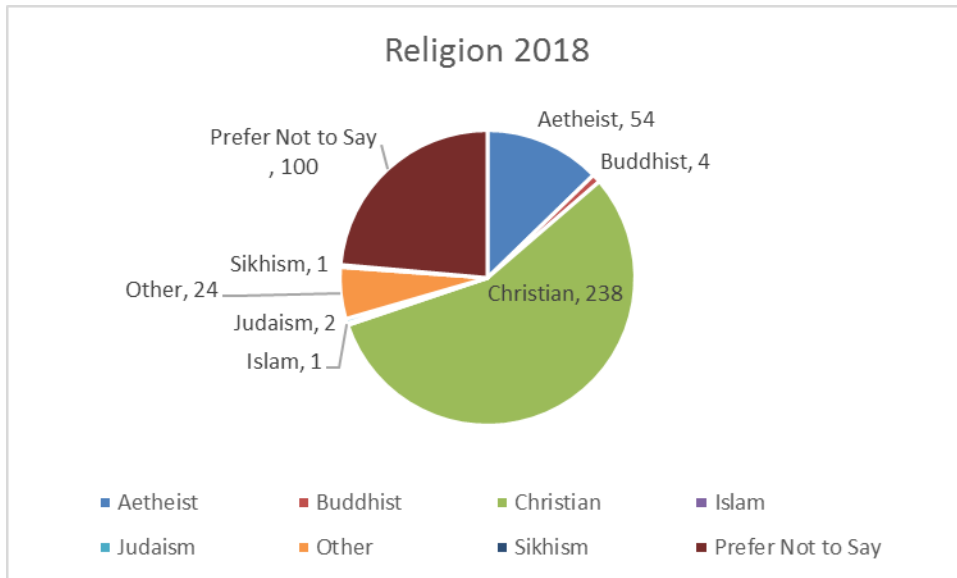
85% (360) of Community First Responders identified as White British, with 10% (42) choosing not to disclose or define their race.

5 CFRs (1.2%) identified as White Irish, 4 (0.9%) in the White English, White European and White Other categories, 2 (0.5%) in the Asian / Asian British category, and 1 (0.2%) in the White Welsh, White Scottish, White Italian and Black categories.

Religion and belief

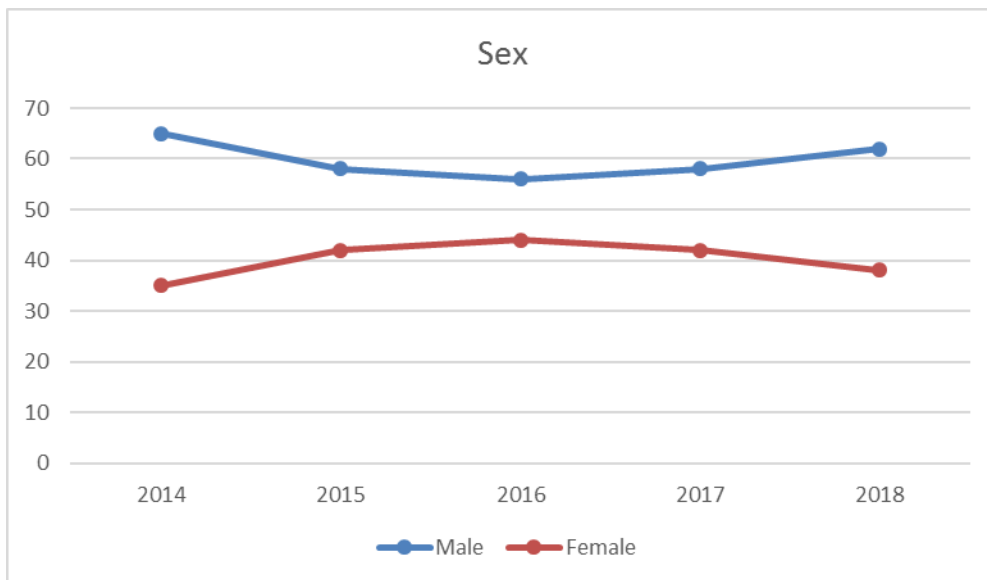
In 2012 just over 50% of Community First Responders identified that they were Christian, which at the time represented an increase in willingness to disclose this information. However, we have seen progressive increases in the number of Community First Responders preferring not to disclose their religious belief.

The table below shows the percentage composition of volunteers by religion in 2018.



Sex

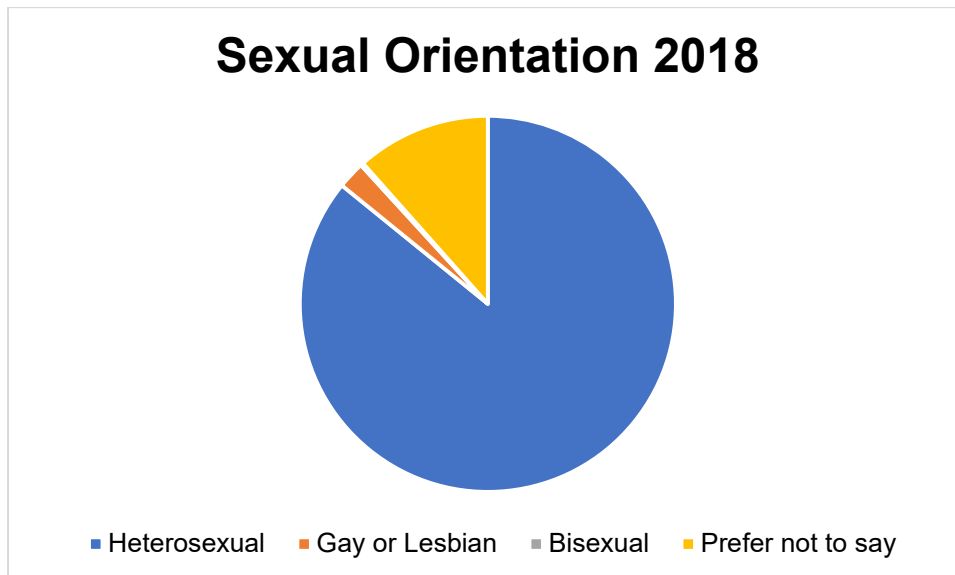
The table below shows the trends over the past 5 years for Community First Responder sex. Since 2016, the department has noticed an increase in the number of male CFRs and a decrease in the number of female CFRs – however the number is not significant (a reduction of 4 female CFRs and an increase of 4 male CFRs). The Trust has recently completed a successful CFR recruitment campaign and the department expects that this will reduce any disparity between the numbers of male and female CFRs.



Sexual Orientation

The sexual orientation of CFRs is displayed in the chart below. There is a small increase in CFRs identifying as Gay/Lesbian (from 1.4% in 2017 to 2.3% in 2018) and Heterosexual (79% in 2017 to 86% in 2019) and a reduction in those preferring not to say (19% in 2017 to 11.5% in 2019).

Sexual Orientation 2018



In 2018, the number of volunteers reduced from 639 (the figure reported in 2017) to 424. This is a significant decrease and is attributable to:

- Several historical challenges surrounding the support provided to CFRs and a period of change and instability, which the department recognises has caused reduced motivation and retention.
- Significantly improved governance surrounding Community First Responders – this means that volunteers recorded in the 2018 are all considered active volunteers whereas the 2017 figure was not reflective of this.
- A Census exercise undertaken in 2018, where all CFRs were contacted and asked to update their personal information. A number indicated they had left the Trust, whilst several others who did not respond to numerous requests had their volunteering opportunity withdrawn by the Trust.
- The Trust has increased its focus on compliance with training requirements, meaning that volunteers who have not completed mandatory training have had their volunteering opportunity withdrawn.
- The department has increased its focus on upholding high standards of behaviour. Consequently, some volunteers who breached the Trust's values or behaviours have been asked to leave.

This year, the Trust is developing a new Community Resilience Strategy, which will set out the Trust's direction for Community First Responders and Community Engagement until 2023. An extensive period of consultation and engagement took place with internal and external stakeholders, with a heavy focus on CFRs. CFRs contributed to the development of the strategy through face to face sessions hosted by management teams, email submissions to a dedicated email address and an online survey. Feedback from all stakeholders is being collated and will be incorporated into the final strategy due for release in Summer 2019.

The new Strategy will serve as a long-term plan, setting a clear direction for the future and providing the stability needed to succeed. The Trust will work with its volunteers to deliver on the strategy, by considering opportunities for joint working where possible. The department has already begun a number of workstreams which have included volunteer representation. As part of the new Strategy, the department will consider the diversity of its workforce and seek relevant advice, with the aim of ensuring that the Trust's CFR workforce reflects the diverse community that it serves.

120 new CFRs have been successfully recruited and will be joining the Trust in the coming months. The recruitment process follows a marked change in the way that the Trust recruits CFR, where the Trust removed an element of the previous process which involved local screening by CFR teams. It was felt that this could result in candidates receiving either preferential or unfavourable treatment depending on whether they were deemed to 'fit in'. All recruitment was centralised, and whilst volunteers were still involved in the process, every panel comprised at least one member of staff who was interview trained. Questions were agreed with the Resourcing team and reflected an appropriate level of the Knowledge and Skills Framework, and Quality Assurance took place at all stages of the process to ensure consistency.

The department is currently reviewing its structure to ensure that it can deliver the Community Resilience Strategy and provide high levels of support to volunteers.

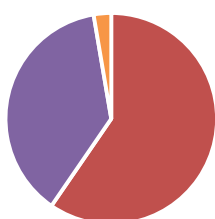
Supporting our Staff

Staff wellbeing

The Wellbeing Hub is an in-house support service for our staff. The Hub provides quick and easy access to an array of support in 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 staff 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.

Between April 2018 and March 2019, the most common reasons for mental/emotional wellbeing referrals were stress (including work-related stress) 24%; trauma related 16%; and depression 15%. Other reasons for referrals included anxiety, bereavement, relationships issues and physical health conditions impacting on mental health.

Wellbeing referrals by gender



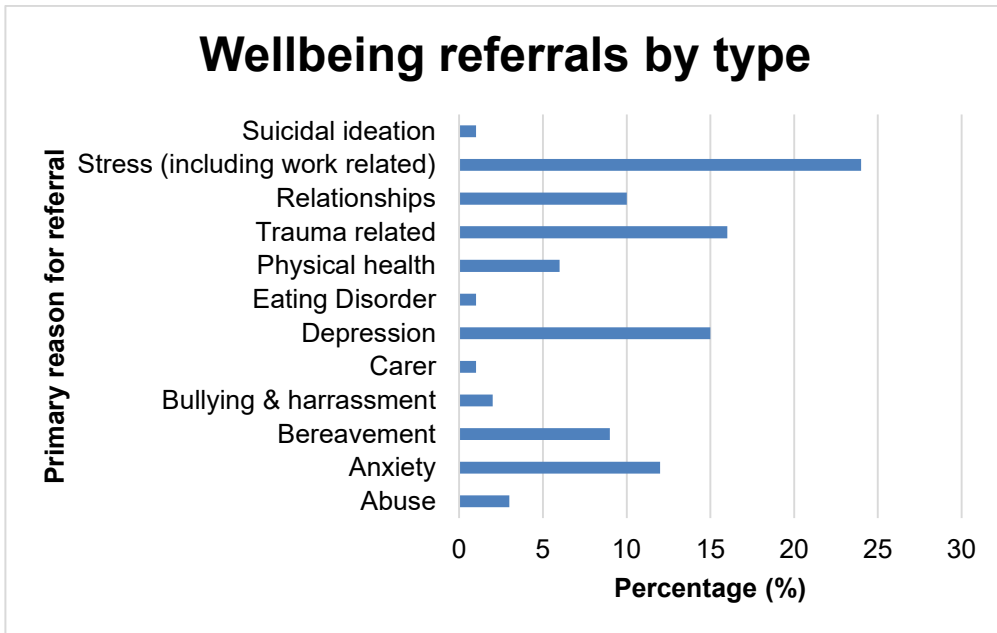
■ Female ■ Male ■ Unknown

More females accessed wellbeing support compared to males: 60% to 38% (2% unknown), with the most common age group being 26-35 (31%). The least common age groups for wellbeing referrals were 18-25 and over 56.

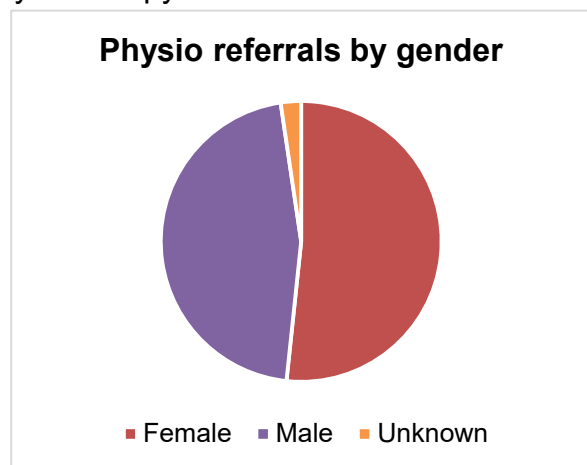
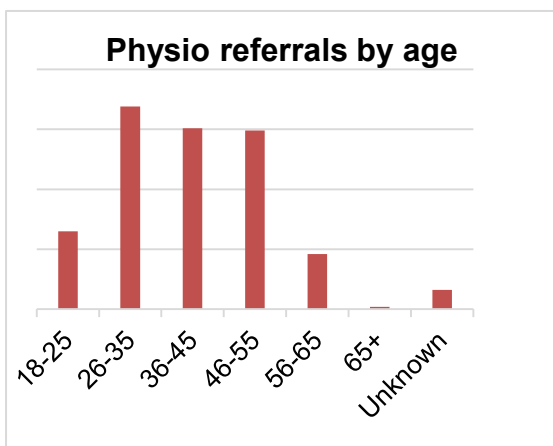
Annual Report 2018-19

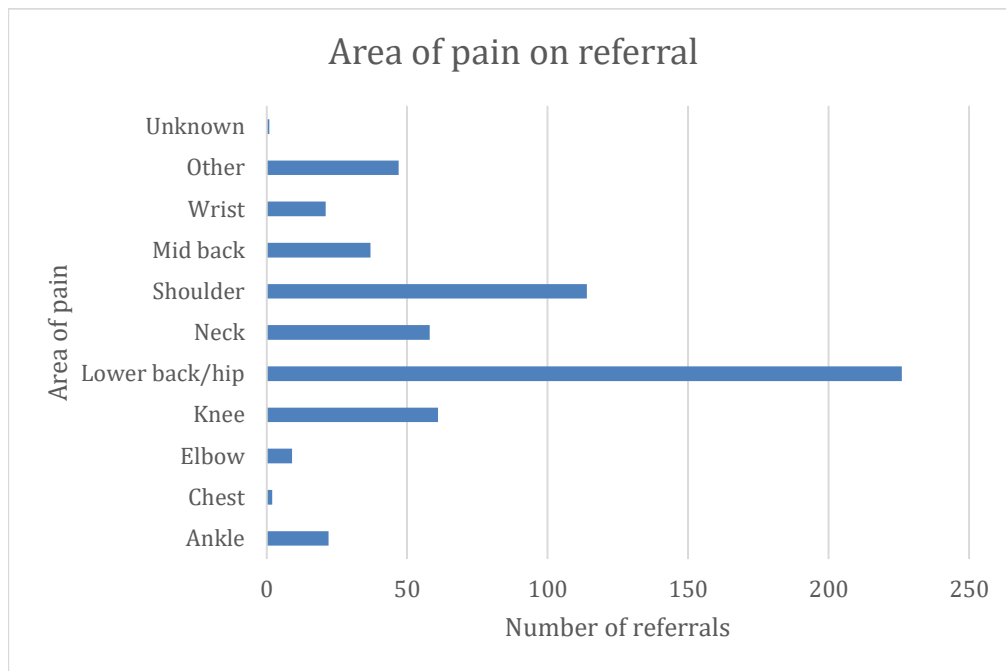
Wellbeing referrals by age





Between April 2018 and March 2019, the most common reasons for physiotherapy referrals and areas of pain upon referral were lower back/ hip (38%), shoulder (19%) and knee (10%). Other areas of pain on referral included ankle, mid-back and wrist. Slightly more females accessed physiotherapy through the Wellbeing Hub compared to males: 52% to 46% (2% unknown), with the most common age group being 26-35 (28%). The least common age group for physiotherapy referrals was over 65.





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

In this time period, April 2018 – March 2019, the three main routes by which SECAMB staff typically come into contact with Occupational Health 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

Staff 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 on most sites. All appointment letters offer staff 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 site.

Trust Chaplains

SECAMB was the first ambulance service to recognise the importance of a Chaplaincy service in the overall welfare for staff and volunteers. The Trust has provided advice in the past three months to two ambulance services who are planning to set up a similar Chaplaincy in their catchment area.

The Trust currently has 28 active Chaplains. The goal continues to be to have at least one Trust Chaplain assigned to each of the Trust's premises.

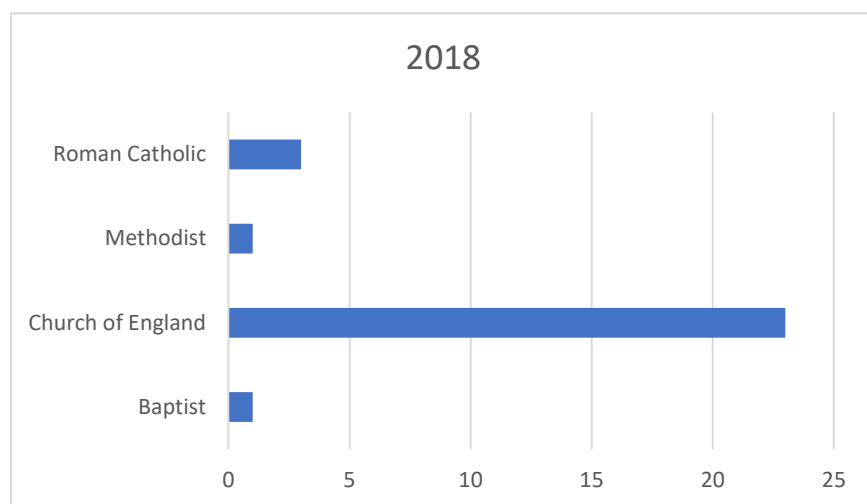
A Senior Chaplain and two deputies between them join a rota to provide 24-hour cover for all staff, volunteers and their families. They co-ordinate an on-call rota to ensure that they can provide 24/7 cover.

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

Chaplains are not currently assigned a profile on Electronic Staff Record (ESR), and therefore the department holds limited diversity information. The department would like to standardise the way that information relating to volunteers is recorded, and ideally, Chaplains would have a position on ESR much like CFRs. Discussions are ongoing with HR to agree a way forward.

75% of Chaplains (21 out of 28) are male and 25% (7 out of 28) are female.

The majority of Trust Chaplains represent Christian denominations, however the service offered are specifically non-denominational unless requested by staff 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, interview, and pre-appointment screening includes Disclosure and Barring Service checks including identity, references and confirmation of ordination or equivalent.

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 staff and volunteer population they serve. Work is underway to more formally measure and evaluate the service provided by this group of volunteers. This analysis will enable us to identify gaps in service provision where recruitment may be necessary.

Trust Chaplains are referred to occupational health for a continuing review in the same way as staff and other volunteers. All Chaplains are DBS checked and this process is repeated every 3 years.

Prepared by: Asmina Islam Chowdhury, Inclusion Manager

SECAMB Board

Summary Report on the Audit & Risk Committee (AUC) Meeting of 11th July 2019

<p>Date of meeting</p>	<p>11th July 2019</p>
<p>Overview of issues/areas covered at the meeting:</p>	<p>The key areas covered in this meeting were</p> <ul style="list-style-type: none"> • Progress with outstanding Internal Audit actions and the development of our internal controls environment • Consideration of an Information Governance Report • Consideration of a Business Continuity Update • Proposals to enhance Integrated Performance Reporting <p>The Committee did not have enough time to review the Board Assurance Risk Report, nor to complete a review of Standing Financial Instructions (SFI)</p>
<p>Internal Audit</p>	<p>The committee was pleased to note continuing good progress with outstanding Audit actions and the focus from the Chief Executive in improving the overall quality of the control environment; however, concerns were raised in respect of:</p> <ul style="list-style-type: none"> • Older Staff Records • The effectiveness of Implementation of the Data Security and Protection Toolkit • The timescales proposed to complete outstanding Audit Actions • EoC Management Response <p>Older Staff Record & EOC Management Response: The committee was able to get some assurance from evident executive focus and action but was less confident that actions will be effective enough and/or timely. Both these areas are an oversight focus for the Workforce and Wellbeing Committee</p> <p>Data Security and Protection Toolkit: The Committee asked the executive to determine how best to test the effectiveness of Information Governance Arrangements and Report back to Committee</p> <p>Timescales: The committee asked for a review of proposed Audit Action timescales with a view to identifying earlier completion opportunities and reporting back to Committee.</p>
<p>Information Governance Report</p> <p>Integrated Performance Reporting (IPR)</p>	<p>The Committee commended a much improved report from that presented in May. Discussion identified some further areas for enhancement before the paper is brought to the full Board.</p> <p>The Executive presented proposals to improve the Integrated Performance Reporting based on best practice from Frimley Park. Substantial discussion and feedback followed. Perhaps the three most important overall points made were that reporting should:</p>

	<ul style="list-style-type: none"> • Be written with one audience in mind – the Board rather than trying to be all things to all audiences • Be forward / action /implication focussed • make key constraints and associated response clearer <p>A draft IPR reflecting discussion and feedback will be presented to the September Meeting of the Committee.</p>
<p>Business Continuity</p> <p>SFI/Scheme of Delegation</p>	<p>The Committee was pleased by the work program underway but asked for clarification as to timescales for resolution of areas of EPRR non-compliance</p> <p>There wasn't enough time to complete a full review of SFI proposals at this meeting. Discussion at committee, and subsequently, has established a way forward. An Extraordinary meeting of AUC may be convened in due course to review revised proposals.</p>
<p>Risk Management</p>	<p>The committee reviewed a risk report in respect of those risks overseen by Audit Committee itself. The Committee noted good progress and will discuss a further report in September intended to:</p> <ul style="list-style-type: none"> • Offer specific assurance on risk related to Brexit • Give further detail on other high-rated risks to support appropriate discussion and review

SECAMB Board

Finance and Investment Committee Escalation report to the Board

<p>Date of meetings</p>	<p>18 June 2019 18 July 2019 (extraordinary meeting)</p>
<p>Overview of key issues/areas covered at the meeting:</p>	<p>Financial Performance <i>Partial Assurance</i> The committee explored the adverse variance from plan, arising in the main due to a shortfall in income. This is directly linked to operational performance and the Trust not unlocking the unmet demand; despite the operational hours aligning to what was modelled in the demand and capacity review.</p> <p>Acknowledging that the executive has clarity on the investment decision (business case) in the pipeline as part of budget setting, which helps set out the financial exposure, it was tasked with reviewing the forecast to ensure better clarity on the risks.</p> <p>There was a good discussion about the emerging picture relating to the quality of hours being provided, linked to challenges in ensuring the right skill mix and targeting the hours at the right period in the day / week.</p> <p>In summary, the committee is supportive of the work management has done to ensure a financial plan that best supports quality and patient safety, there are a significant risks. In this regard, the committee supported this being added to the BAF risk report.</p> <p>Cost Improvement Plan (CIP) <i>Partial Assurance</i> A presentation was provided giving an overview of the plan to achieve the CIP target of £8.6m. There is much focus on ‘Carter’ efficiency and productivity improvement. The targets has been allocated to each directorate with related schemes being progressed through the governance process, which included quality impact assessments. The committee noted that at the time the Trust was £200k behind plan.</p> <p>The committee received some assurance from this and explored the extent to which budget holders take a tactical rather than strategic approach, i.e. the balance between recurrent and non-recurrent schemes.</p> <p>999 Transformation /Performance <i>Not Assured</i> At its meeting in June the committee asked for more clarity on the actions being taken to deliver performance and the extent to which this is having the desired impact; giving both a current/past and a forward view.</p> <p>It subsequently held an extraordinary meeting to review the remedial actions in greater detail; this was held on 18 July and the committee focussed on how the actions were improving Category 3 performance, in particular, given the Trust is such an outlier, when compared with other ambulance services.</p>

Firstly, the committee tested the extent to which there is confidence in the understanding of the root cause(s). It acknowledged the enormous efforts that had been made since the meeting in June and the view of the executive that the two root causes could be summarised as *grip and focus* and *vacancies*. There was a really constructive discussion about why we are in this position and, most critically, what is happening to ensure sustained improvement; the performance in the past two weeks has seen a marked improved with Cat 3 reduced by approximately one hour.

The executive expressed confidence that the grip and focus will be sustained, and the committee challenged it to confirm in due course a trajectory (with related risks) to ensure better manage the expectations of the Board, and its stakeholders.

With regards vacancies and ability to fill rotas (which is more specifically being picked up by the workforce committee - see separate escalation report) the committee sought assurance that the rotas align to the demand and capacity review; the issue is not being able to fill the rotas and more specifically, fill them at specific times of the day / week. A number of actions are in place to fill these gaps, including an incentive scheme, and this has resulted in a significant improvement in the past two weeks.

In terms of sustainability, although the recruitment pipe-line shows some promise, but the Trust is unlikely to achieve the recruitment trajectory this year. Therefore, the incentive scheme will need to continue focussed on the hard to fill shifts and ensuring the right skills mix by OU. Financially, this is being covered by the vacancy shortfall, but this will need to be kept under close review.

In summary, the committee acknowledged the complex nature of the actions being taken by management given all the different interdependencies. It has some assurance that there is a basis of a plan with a better understanding of the levers needed to improve performance. However, what is missing is a trajectory over the next 3-6 months, with metrics such a rotas / skills mix. Also there is a gap in assurance that the retention strategy is robust enough. The committee therefore asked the executive to develop a three-month forecast with the associated risks. The Board will then consider this in draft at the development session planned in August; this will give the time to have a proper cross-board discussion to walk through all the issues and levers.

Business Cases

All Business Cases are initially considered by the Business Case Review Group and those requiring Board approval are reviewed by the Executive Management Board prior to submission to the Finance and Investment Committee. At the meeting in June the HR Transformation Business Cases was reviewed; this has subsequently been approved by the Board.

In July the committee considered a business case relating to Datix i-cloud, which is being taken in part 2, due to it being commercially sensitive.

111/CAS

At the extraordinary meeting in July, the committee reviewed the ongoing work in connection with the current bid. This is commercially sensitive and so will be covered

	in part 2.
Any other matters the Committee wishes to escalate to the Board	None

SECAMB Board

Summary Report on the Charitable Funds Committee (CFC) Meeting of 9th July 2019

Date of meeting	9 July 2019
Overview of issues/areas covered at the meeting:	The key areas covered in this meeting related to Accounts and Governance
Governance	<p>A Full/Comprehensive Review of the Trust's Charitable funds and the role of the Charitable Funds Committee remains outstanding due to prioritisation of other activity. This is now planned for the December 2019 meeting.</p> <p>This meeting was used to further clarify principles to be applied to both fund raising and expenditure. The committee was particularly concerned to ensure that we work towards appropriate governance over all donations / funds raised by use of, or in association with, the SECAMB brand.</p>
Charitable Fund Accounts	<p>The Committee approved the Financial Accounts to the end of March 2019 (subject to External Audit) and the management accounts to the end of May 2019.</p> <p>The Committee requested an increase in narrative within the reports, where possible appropriate and practical, to give additional information about sources of funds, expenditures and outcomes.</p>