



Diversity and Inclusion Report 2019-20



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 2019-20 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, volunteers, and apprentices 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 (IHAG). This was to allow for a more focussed approach to delivering continuous progress against the objective.

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

The equality objective is 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 are reviewed and monitored by our Inclusion Working Group. The Trust will be reviewing its performance against the equality objective over the coming year.

The Public Sector Equality Duty

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

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

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

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

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

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

- Publish relevant, proportionate equality information to demonstrate our compliance, which must include:
 - Information relating to employees who share protected characteristics
 - Information relating to people who are affected by our policies and practices, who share protected characteristics
- Prepare and publish equality objectives at least every four years starting from 6th 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 2019-20.

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 Gender Pay Gap Audit and our mandated requirements for the Equality Delivery System 2, Workforce Race Equality Standard and Workforce Disability Equality Standard.

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. The approval of the Patient and Carers Experience Strategy in June 2020 will support further progress in this area.

We are members of the Employers Network for Equality and Inclusion and received their silver award in both 2018 and 2019 for their Talent Inclusion & Diversity Evaluation benchmark and the public sector award for Wellbeing. 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.



How we engage with our staff

Inclusion Working Group

The Inclusion Working Group (IWG) meets every quarter. In 2019/20 we changed the leadership of this group to reflect the importance of the diversity and inclusion agenda in SECamb. The group is now chaired by Chief Executive Officer, Philip Astle 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 the 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 our longest standing and most established staff network within the Trust. Members receive regular updates and can engage with the network through a number of mechanisms, including Facebook, Twitter, and email as well as in person and by phone.

Twitter, Facebook and intranet pages continue to regularly keep wider employees up to date.

In 2019, Pride in SECamb elected Tony Faraway, Senior Staff Side Officer as their new Chairperson, as Will Bellamy, Operating Unit Manager stepped down after a number of years leading the network.





Over the last year members have been consulted in development of policies and procedures, have developed and delivered in-house training on Trans Awareness, and HIV awareness, held their first live LGBT awareness webchat for LGBT History Month which was viewed by over 700 colleagues, and doubled network membership to over 200 colleagues.

As members of the National Ambulance LGBT Network, they have supported the delivery of the fourth national conference hosted by West Midlands Ambulance Service in October 2019. Two members of SECamb were also recognised with

awards for their outstanding support to raise awareness of LGBT issues at the event.

The network continues to have a strong presence at both Brighton and Hove Pride (where they were joined by over 140 colleagues, volunteers, friends and family members last year) and at Trans Pride annually. In addition to this they also supported smaller regional Pride events across Kent, Surrey and Sussex, delivered local LGBT awareness events alongside regional NHS colleagues including Maidstone and Tunbridge Wells NHS Trust. Pride in SECamb was also shortlisted by the Employers Network for Equality and Inclusion for Staff Network of the Year.



Aspire – Cultural Diversity Network

Following the network's launch in October 2017, the Aspire network continued to develop its core offering during 2019/20, focussing on increasing membership, supporting colleagues and increasing allies at a senior level. Over the last year Aspire undertook the following;

- Members were given support and were successful in securing places on the NHS Leadership Academy's Stepping up, Ready Now and Compassionate Leadership programmes.
- The network registered to participate in and received a number of applications for Health Education England's Reverse Mentoring Programme in March 2020. This is currently paused due to the COVID19 Pandemic.

- Supported the delivery of a Black History Month event with blue light partners Kent Police and Kent Fire and Rescue, which focussed on lived experience of colleagues from the past, existing staff and new recruits.
- Participated in engagement events focussed at members of the Black Asian and Minority Ethnic (BAME) community.



Most significantly, the network also supported the delivery of a very successful second conference with the National Ambulance BME Forum which was hosted by SECamb at the American Express Stadium in Brighton.



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 resilience in times of change, dementia awareness, and unconscious bias – during which they also reviewed and provided feedback on the training developed by the HR Business Partner team.



Enable, the Disability and Carers Network
The Enable network relaunched in June 2018 and over the past year the network has focussed on improving access to reasonable adjustments for staff across the Trust.

The Enable Reasonable Adjustments Passport was developed by the network and launched in March 2020. The Passport is an optional tool for anyone who self-identifies as having, or who is impacted by a long-term health condition, mental ill-health, neurodiversity, disability or learning disability/difference. It will support employees and their manager to discuss:

- specific ways the condition affects how they do their job;
- access to appropriate support to do their job; and
- priorities and the timeframe to make any agreed adjustments.

In addition to this, Enable members;

- launched the Sunflower lanyard scheme within SECamb to raise awareness of invisible disabilities;
- are currently working on a project to support colleagues with hearing loss or impairment in the workplace;
- raised over £1,800.00 from its annual fundraiser, hosting nine Macmillan coffee mornings across several SECamb sites in September.



Staff Engagement Advisory Group (SEAG)

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

The Organisation Development and Engagement Leads who manage the network have identified that an increase in membership is required to be truly inclusive and representative of the diverse workforce across SECamb. A recruitment process to address this is currently underway.

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

The purpose of the SEAG is to:



- Provide a forum for effective communication and consultation with staff on appropriate matters;
- Enable the Staff-Elected Governors to understand the views of a cross-section of staff from across the Trust, and vice versa;
- Provide a forum for discussion, critical review and analysis aimed at improving the service for patients, staff and/or other stakeholders;
- Give staff at all levels in the organisation a communication forum with members of the Executive Team and senior managers, and vice versa.

Friends & Family Test

The Friends and Family Test was paused during much of 2019/20. Although completed in Quarter four (ending March 2020), due to the COVID19 Pandemic this work has been paused until further notice. Once the process restart is confirmed by NHS England, analysis will be undertaken by the OD and Engagement leads.

NHS Staff Survey

The annual NHS staff survey was electronically sent to all staff. 2,108 completed questionnaires were returned. This equates to a 56.4% response rate for 2019/20, an increase on the previous year, and higher than the benchmark (53.6%).

The Trust's score of 8.2 for Equality, Diversity and Inclusion was maintained in the results published in 2020, following the increase seen in 2019 (first increase since 2015). A breakdown of the latest results by local area has been undertaken and shared with the Inclusion Working Group.

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

- Q14 - Does your organisation act fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?
- Q15a - In the last 12 months have you personally experienced discrimination at work from patients/service users, their relatives or other members of the public?
- Q15b - In the last 12 months have you personally experienced discrimination at work from a manager/team leader or other colleagues?
- Q28a - Do you have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last for 12 months or more?
- Q28b - Has your employer made adequate adjustment(s) to enable you to carry out your work?

	2018		2019	
	No.	%	No.	%
(5h) Satisfied with opportunities for flexible working	648	37%	864	41%
(13a) Had not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public in the last 12 months	890	51%	1086	52%
(13b) Had not experienced harassment, bullying or abuse at work from a manager in the last 12 months	1,327	76%	1673	81%

(13c) Had not experienced harassment, bullying or abuse at work from other work colleagues in the last 12 months	1,361	79%	1635	80%
(13d) Last experience of harassment / bullying / abuse reported	373	39%	464	40%
(14) The organisation acts fairly with regard to career progression / promotion, regardless of ethnic background, sex, religion, sexual orientation, disability or age	792	65%	915	65%
(15a) Had experienced discrimination from patients / service users, their relatives or other members of the public in the last 12 months	221	13%	247	12%
(15b) Not experienced discrimination from manager / team leader or other colleagues in the last 12 months	1,484	86%	1826	88%
(15c) (Of those who had experienced discrimination in the last 12 months) Had experienced discrimination on the grounds of:				
Ethnic background	60	16%	66	16%
Gender	141	37%	160	38%
Religion	11	3%	11	3%
Sexual Orientation	46	12%	55	13%
Disability	32	8%	50	12%
Age	129	34%	150	36%
Other Reason (s)	92	24%	89	21%
(21c) Would recommend as a place to work	787	46%	1008	48%

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 was a change to the reporting date last year, 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 2017	9,917	2%
31 March 2019	10,033	1.3%
31 March 2020	10,080	0.46%
Staff constituency		
31 October 2017	3,318	9.7%
31 March 2019	3,567	7.5%
31 March 2020	4,005	12.2%

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 members ad infinitum. The rationale behind this being that this is a big enough membership to achieve diversity and representation, whilst remaining manageable in terms of our ability (financial and other resources) to effectively communicate with them.

Who are our members?

	2017 No.	% 2017	% increase/decrease	2019 No.	% 2019	% increase/decrease	2020 No.	%2020	% increase/decrease
Patients	1063	10%	12%	924	9%	13%	863	8.5%	6.6%
Carers	363	3.6%	3%	373	3.7%	2.75%	373	3.7%	-
Volunteers	282	2.8%	2.5%	279	2.7%	1.06	281	2.7%	0.7%

The Membership Development Committee plans recruitment and engagement in February each year and analysed gaps in order to select target audiences for recruitment in 2019/20.

Ethnicity:

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

Race:	2017 No.	2017 Index*	2019 No.	2019 Index*	2020 No.	2020 Index*
White	8,201	92	8,434	89	8,108	132
Mixed	73	39	104	50	81	35
Asian	202	65	224	50	230	55
Black	71	8	104	10	92	13
Other	9	18	196**	20	204	21

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

** includes 'White other' for 2019 which is why it is higher.

Sex:

Sex:	2017 No.	2017 Index*	2019 No.	2019 Index*	2020 No.	2020 Index*
Male	3,243	66	3,937	80	3,948	79
Female	4,709	91	5,363	105	5,406	106

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

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

behalf of their families or partners. The increase in records with a recorded gender in 2019 is due to an exercise undertaken matching selected title provided to gender where the gender 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 Trans Pride in Brighton to specifically recruit more members.

	2017 No. of members	% increase/decrease	2019 No. of members	% increase/decrease	2020 No. of members	% increase/decrease
Have you always fully identified with the gender you were registered as at birth?	57	29%	66	15%	78	16.6%

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. 78 members is 0.77% 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:	2017 No. of members	% of members	2019 No. of members	% of members	2020 No. of members	% of members
Bisexual	76	0.79%	85	0.86%	97	0.96%
Gay Man	77	0.80%	81	0.82%	88	0.87%
Gay Woman/Lesbian	67	0.70%	75	0.76%	79	0.78%
Heterosexual/Straight	2,627	27.5%	2,662	27%	2,780	27.5%
Other	20	0.20%	33	0.33%	40	0.39%
Prefer not to say	254	2.6%	257	2.6%	258	2.55%

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:

	2017 No.	2017 % of membership	2019 No.	2019 % of membership	2020 No.	2020 % of membership
Disability:	1203	12%	1073	10%	1051	10.4%

It is disappointing that 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. This picture is fairly pleasing however, given those constraints. 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:	2017 No.	2017 Index*	2019 No.	2019 Index*	2020 No.	2020 Index*
10-16	68	23	13	1	6	0
17-21	580	56	113	20	96	17
22-29	779	66	529	57	496	44
40-49	1,010	76	1,101	82	1,125	81
50-59	926	66	981	69	1,048	82
60-74	843	77	1,300	78	1,325	102
75+	705	58	638	67	688	98

*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 planning and throughout development where relevant, which helps us get more things right first time, more often. The IHAG is also able to raise issues with us, and representatives from IHAG sit on the Trust’s Inclusion Working Group alongside senior managers, so that the IHAG’s advice can be effectively incorporated into Trust activities. The IHAG has participated in and been consulted in a number of Trust projects and activities over the last year.

Key achievements of the IHAG during 2019/20 include:	
Participated in focus groups during the process to recruit Non-Executive Directors, ensuring the public/patient perspective were considered.	Spoke to Foundation Trust members at the Annual Members meeting about the role of IHAG and how the group advise on wider patient and public engagement.
Regular participation in Quality Assurance Visits, carrying out inspections across the Trust, identifying good practice and gaps for improvement.	Participation at the Trust 2020 Quality Account stakeholder event, the process for which had been redesigned based on IHAG feedback the previous year. As part of the event, they provided the patient and public viewpoint in identifying priorities for the coming year.
IHAG proposed and participated in a joint event with Governors and Board members to increase awareness of role of SECAMB as a “Blue Light” partner.	Identified key messaging and presented these at public engagement sessions to inform development of the Patient and Carers Experience Strategy.
Participated in a number of SECAMB working groups and subgroups and reported back on the outcomes. E.g. History Marking subgroup, Innovation and Service Change, Clinical Risk and Learning Group, Patient Experience Group and Inclusion Working Group.	Participated in Trust policy reviews and equality analysis consultations including review of History Marking policy and procedure and operational workforce strategy.

Working with our partners

National Ambulance LGBT Network

Pride in SECamb work closely with and as part of the National Ambulance LGBT Network and have delivered national projects and undertaken widespread staff and patient / public engagement as part of the network in the past. In 2019 our representatives on the national network have continued to support development of resources and provide training to other Trusts within our sector. Most notably, Tony Faraway has been closely involved in the development of HIV awareness CPD package for use in the ambulance sector.



SECamb staff also supported the delivery of the national conference in October 2019 which took place in Birmingham, and with all three national representatives supported delivery of conference workshops. Further information on the national network is available via <https://www.ambulancelgbt.org/>

National Ambulance BME Forum

SECamb has been closely involved in the reinvigoration of the National Ambulance BME Forum and in 2019, SECamb hosted the second national conference, which was attended by over 142 colleagues from across the UK. The conference was opened by David Astley, SECamb Chairperson who set the scene, welcoming delegates to the birthplace of the Paramedic



profession in the UK whilst acknowledging the role of the black community in Pittsburgh, USA who set up the Freedom House Ambulance Service; the blueprint for the modern day ambulance service.

The conference was well attended with 142 people attending out of a total 152-registered delegates, and representation from across twelve ambulance trusts. Topics included the Power of Staff Networks, the impact of Race

on mental health, and good practice from across the ambulance sector in recruitment.

The national conference was extremely well evaluated with 99% of delegates stating they would recommend the event to a colleague. Further information on the NABMEF can be found via <https://nabmef.uk/>

Due to COVID19, the national events planned by both networks for 2020 have been postponed until 2021.

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

Alzheimer's Society	Mary Frances Trust
Brighton and Hove Speak Out	Maidstone and Tunbridge Wells NHS Trust
Brighton Housing Trust	National Ambulance Diversity Forum
Employers Network for Equality and Inclusion	NHS Employers
Kent Community Health Trust	Surrey and Downs Diversity Network
Kent Police	Surrey Coalition of Disabled People
Kent Fire and Rescue	Surrey Fire
KSS Inclusion Network	Surrey Minority and Ethnic Forum

Accessibility

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

Reasonable adjustments are the changes that can be made to remove 'substantial disadvantage' that could be faced by people with disabilities in accessing services, information or facilities, or 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 develops, 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, our

Occupational Health provider and other relevant professionals and advisors as required, to make recommended reasonable adjustments. The nature of the reasonable adjustment is dependent on the specific support needs of the employee concerned.

Adjustments may be temporary or longer term, and the purpose may be to assist the 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

The launch of the Reasonable Adjustments Passport by our disability and carers network, Enable will support staff to have conversations with managers and identify support required. Following on from this work the Trust has now established a central reasonable adjustments budget, a move which is regarded a progressive and gold standard in supporting workplace disabilities. SECAMB is believed to be the first Ambulance Trust to implement this.

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, developing a communications support guide and accessible information.

Communications

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



Easy read



Large print



BSL



Braille



Email or
SMS text



Other
communication
support

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 World Wide Web Consortium (W3C) standards. W3C is an international community that develops open standards to ensure the long-term growth of the Web Standards and uses an in-built accessibility checker that must be satisfied to enable the publishing of new content.
	All content on the website is reviewed regularly to ensure timeliness and accessibility
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 both 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 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 employees experience disadvantage SECAMB has a duty to consider reasonable adjustments, in relation to new and existing disabilities. . Managers work with individuals to consider what reasonable adjustments can be made. Where access issues are identified, we work with subject matter experts and members of Enable, our staff network to help us consider the best way forward.

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

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

In addition to this, following the launch of the electronic Patient Care Record (ePCR), the ePCR team have produced guidance on use of accessibility settings within the iPad system and have worked with individual users experiencing difficulties due to learning differences such as dyslexia.

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 2019–20 there were no additional accessibility works carried out by the Estates Department. However, we have developed processes in the designing of new capital projects that will ensure staff wellbeing and inclusion are considered throughout all new projects, and continue to work closely with the Inclusion and Wellbeing team in the design of new Make Ready Centres at Brighton, Banstead and Medway.

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 fourth 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 2019/20 to progress equality for BME people. This has included:

- Development of a recruitment microsite which includes representative imagery.
- Working closely with our Corporate Governance team to support greater Board diversity by strengthening equality and diversity processes for the recruitment of executive and non-executive board members.
- Working with the HR Transformation team to improve resourcing processes to ensure more equity.
- Developing a range of guidance for recruiting managers.
- Undertaking a review of our exit interview process to identify potential issues and areas for learning.

2018/19 WRES data showed an improvement in the number of declared BME employees working for us (144 people, 3.8% as at 31st March 2019). However, it also suggested that BME people continue to experience difficulty moving from shortlisting to the appointment stage and that appointments remain significantly lower than applications and shortlisting as we head into the 5th year of reporting. Actions to address this are ongoing as part of the 2019/20 Integrated Equality Objective and WRES action plan which is monitored by the IWG and will be reviewed following the 2019/20 WRES submission.

Ambulance trusts continue to perform poorly against other NHS sectors in the WRES, and the NHS England WRES 2019 data report highlighted a need for enhanced support for ambulance trusts in this area.

Workforce Disability Equality Standard

The Workforce Disability Equality Standard (WDES) was commissioned by the Equality and Diversity Council (EDC) and developed through a pilot and extensive engagement with Trusts and key stakeholders. It is mandated through the NHS Standard Contract and all NHS Trusts were required to submit their first year's data by 1st August 2019 to NHS England.

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

The Trust has met its mandated requirements as outlined in the Workforce Disability Equality Standard (WDES), and 2019 was the first year of WDES reporting. This initial report provides us with a benchmark to measure our progress against. Actions designed to help deliver progress are monitored alongside and as part of the Integrated Equality Objective and Workforce Race and Disability action plan.

Key findings from the benchmark year note the disparity in disability declaration via the Electronic Staff Record (ESR, 3.7%) and the anonymised NHS staff survey (25%). The employee data also showed that in all cases, those with a disability are more likely to experience harassment, bullying or abuse than non-disabled. However, results also showed that they were as likely as non-disabled to report the behaviours experienced at 37.5% to 37.8%. The report also noted that less than 60% of staff responded positively to the question of whether their Trust had made adequate adjustments.

The actions this year have focussed on increasing declaration rates for staff which has been led by the HR Business Partnering Team, and access to reasonable adjustments led by the Enable network and Inclusion Manager to support an improved workplace experience.

Gender Pay Gap

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

SECAMB continues to have a gender pay gap. The table below shows the difference in the mean and median hourly rates, and the pay gap as a percentage for 2017 to 2019. There is an increase in the mean hourly rate resulting in an increase of SECAMB's gender pay gap. It is believed that the difference in mean hourly rate in 2019 is likely to be statistically insignificant.

Gender	31st March 2017		31st March 2018		31st March 2019	
	Mean (Avg) Hourly Rate	Median Hourly Rate	Mean (Avg) Hourly Rate	Median Hourly Rate	Mean (Avg) Hourly Rate	Median Hourly Rate
Male	£13.02	£11.76	£13.80	£13.28	£14.52	£13.71
Female	£11.98	£11.49	£12.52	£11.60	£13.22	£11.96
Difference	£1.04	£0.28	£1.29	£1.68	£1.30	£1.75
Pay Gap %	8.01%	2.38%	9.00%	12.62%	8.95%	12.77%

Gender Pay Gap for 2017 to 2019

The figures below show a ranking of our employees from highest to lowest paid, dividing this into quartiles and providing a percentage breakdown males and females in each of these. The highest variances for the quartiles continue to be in the upper pay quartile, where there is a 19.6% difference, however this is a positive decrease from 26.1% difference last year.

Quartiles 1-4	31st March 2017				31st March 2018				31st March 2019			
	Female		Male		Female		Male		Female		Male	
	Head count	%	Head count	%	Head count	%	Head count	%	Head count	%	Head count	%
1 - Lower pay	460	53.60%	398	46.40%	477	56.38%	369	43.62%	512.00	57.78%	374.00	42.21%
2 - Lower middle pay	419	47.90%	455	52.10%	432	51.25%	411	48.75%	551.00	57.94%	400.00	42.06%
3 - Upper middle pay	400	48.60%	423	51.40%	390	45.94%	459	54.06%	443.00	47.33%	493.00	52.67%
4 - Upper pay	343	36.60%	594	63.40%	312	36.93%	533	63.08%	386.00	40.21%	574.00	59.79%

Gender pay Gap by quartile, 2017 to 2019

Despite the overall increasing pay gap, 2019 figures also show an increase (20.4%) of all female employees in the upper pay quartile. However due to the workforce make-up with approximately 85% of staff in operational roles, this could be reflecting the increase of females in our workforce overall, and the progression of Newly Qualified Paramedics from pay band five to six, as well as the national re-banding of Technicians. The percentage of males in the upper quartile continues to represent 31% of all males in the workforce.

The increase in women to men in the lower quartile is possibly a result of changing workforce strategies primarily in our call centre environment. In quartile 2 the change is more significant, with an increase of 2.5% more women in 2018 to 15.88% in 2019 (pay bands three and four). These figures may be a result of changes to recruitment in EOC, with more part time hours being considered and the increased recruitment of ECSW's. It should be noted that the continued increase in women at lower pay bands and the increases in number of males in quartile 3 appears to have once again pushed the median hourly rate up, thus increasing the median 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 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 number of trained assessors to assist with localised recruitment.
- Work with organisation development colleagues to ensure equity and gender balance within the operational restructure.

In response to the increasing pay gap, the Trust also approved the following measures:

- Encourage the development of female leaders by setting up a Gender Equality network group. This group was due to launch on 9th March 2020 to tie in with International Women's Day, however this had to be postponed due to COVID19.
- Approved a pilot cohort of the Springboard Women's Development Programme.
- Continue to explore opportunities for more flexible or alternative shift working across the organisation, including how this could be introduced into a wider range of roles.
- Organisational commitment to ensure gender diverse interview panels for all roles at band 8 and above.

Ethnicity Pay Gap

The Trust also took steps to undertake an Ethnicity Pay Gap audit and publish this data. However, this was not a mandated requirement. In the absence of formal guidance in the way which the ethnicity pay gap report should be run, the methodology provided by the gender pay gap was followed and categorisation provided by the WRES was also followed.

The table below shows the difference in the mean and median hourly rates, and the pay gap as a percentage for 2019, and how this compares to the audit which was undertaken for 31st March 2018.

Data shows a positive reduction in the pay gap for both the mean and median hourly rates for BME and White staff, with no median pay gap to report.

	2018		2019	
	Mean Hourly Rate	Median Hourly Rate	Mean (avg) Hourly Rate	Median Hourly Rate
BME	£12.86	£11.88	£13.92	£13.26
White	£13.12	£12.97	£13.80	£13.26
Not stated	£14.34	£14.14	£15.51	£14.92
Null	£21.80	£14.70	£14.24	£12.67
Difference between White and BME	£0.26	£1.09	£0.12	£0.00
Ethnicity Pay Gap %	1.98%	8.40%	0.86%	0.00%

Ethnicity Pay Gap for 2018 and 2019

The figures below show a ranking of our employees from highest to lowest paid, dividing this into quartiles and providing a percentage ethnicity breakdown in each of these. Although we are aware of the issues of under-representation when compared to the communities we serve, the data is positive and shows a more even distribution of BME staff across the four quartiles based on the overall workforce profile. It also shows increased ethnicity reporting and a reduction in the staff not providing this information.

	2018						2019					
	BME		White		Not Stated/ unspecified		BME		White		Not Stated/ unspecified	
Quartiles 1-4	headcount	%	headcount	%	headcount	%	headcount	%	headcount	%	headcount	%
1 - Lower pay	43	5.09%	776	91.83%	26	3.24%	35	3.95%	833	94.02%	18	2.03%
2 - Lower middle pay	24	2.84%	782	92.65%	38	4.63%	31	3.26%	893	93.90%	27	2.84%
3 - Upper middle pay	26	3.07%	797	93.99%	25	3.04%	35	3.74%	874	93.38%	27	2.88%
4 - Upper pay	30	3.55%	759	89.72%	57	6.98%	34	3.54%	873	90.94%	53	5.52%
Totals	123	3.64%	3114	92.05%	146	4.48%	135	3.62%	3473	93.04%	125	3.35%

Ethnicity pay Gap by quartile, 2018 and 2019

The Trust has reduced the ethnicity pay gap identified in 2018. Although no targeted action to address this was undertaken specifically, it is believed that actions to make progress against the Workforce Race Equality Standard (WRES) and the Trust equality objective to become more representative of the communities we serve will have had a positive impact on the ethnicity pay audit.

However, it is important that the Trust continues to focus on further improvements against both the WRES and equality objective to maintain progress made.

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. The planned review for March 2020 was unable to go ahead as we continue to await the release of Equality Delivery System 3 (EDS3) which was due in Autumn 2019. A review will be commenced once the guidance is published. The Trust remains compliant with mandated requirements.

Equality Analysis

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

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

The Trust can access a number of groups and individuals for EA consultation, including the Inclusion Hub Advisory Group (IHAG), as well as a subgroup of the IHAG which was established to provide electronic or ‘virtual’ consultation as part of the 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.

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. Our 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 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.

Our 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 Health & Safety, Carbon Management and Green policies in place.

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

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 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 and respond to the make up the population within the South East Coast Area. This information is updated annually and is available to support planning and delivery of services.

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

New CCG as at 1st April 2020	Former CCGs	Population
Kent and Medway	Ashford	129,281
	Thanet	141,819
	Canterbury and Coastal	213,598
	South Coastal Kent	211,462
	West Kent	490,426
	Dartford, Gravesham and Swanley	264,478
	Swale	117,559
	Medway	277,855
Surrey Heartlands CCG Brighton and Hove CCG	North West Surrey	348,734
	Guildford and Waverly	209,413
	Surrey Downs	292,579
	East Surrey	186,016
Brighton and Hove CCG	Brighton and Hove	290,395
West Sussex CCG East Sussex CCG	Crawley	112,448
	Horsham and Mid Sussex	238,955
	Coastal Western Sussex	507,449
East Sussex CCG	High Weald Lewes and Havens	174,475
	Hastings and Rother	188,511
	Eastbourne, Hailsham and Seaford	191,604
North East Hampshire and Farnham CCG	North East Hampshire and Farnham CCG	211,590
Surrey Heath CCG	Surrey Heath	96,474
TOTAL		4,813,737

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

Population needs vary by county, 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 (CCGs) 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 area's age profile is mainly above the England average for those aged over 65 and 85 years.</p> <p>The areas are generally affluent, but with areas of significant deprivation.</p>	All areas are growing rapidly, with differing levels within counties.	All areas have lower ethnic diversity than the England (20.2%) and South East (SE) (14.8%) averages, excepting those listed.
<p>Kent and Medway</p> <p>Population circa 1.84m</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 Ebbsfleet.</p>	<p>Dartford, Gravesham and Swanley are on par to the England average, Medway is on par with the SE average.</p>

			Growth will be 4 times greater with over 65s.	
Surrey Population circa 1.16m	Priority areas: As per Kent plus <ul style="list-style-type: none"> • Musculoskeletal • Women's & children's • Urgent & emergency care • Older people/frailty • Long term conditions • Respiratory 	All 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.	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+.	North West Surrey is slightly above the England average. 3 CCGs are above or on a par with the SE average.
Sussex Population circa 1.67m	Priority areas: As per Kent plus <ul style="list-style-type: none"> • Maternity & Children's • Armed forces • Urgent & emergency care • Older people/frailty 	5 of 7 CCGs have an age profile above the England average for those aged over 65 and 85 years. Brighton and Crawley have significantly younger populations.	Information to follow	Crawley is on par to the England average.

Local Health Population Needs

Age

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

Ethnicity

Ethnicity is an important consideration because ethnicity has an impact on the disease prevalence, access to services and delivery of information. Certain ethnic groups have a higher prevalence for 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.

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

The area served generally has a lower ethnic diversity than the England average of 20.2 %, and South East England (SEE) at 14.8%, except North West Surrey, which is higher, and Crawley, and Dartford and Gravesham that are on a par. Surrey Downs is higher than the SEE, and 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 there are 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, we will continue to embrace, develop and utilise clinical information, both to plan high quality service delivery, and to develop and support our workforce.

The people we care for

Patient clinical record data

In the financial year of 2019/20 the Trust introduced an electronic patient clinical records system. This is in addition to a scanning system for all Patient Clinical Report (PCR) forms. There are fields on both forms to collect information pertaining to age, sex, and ethnicity. Disability is recorded as free text where relevant.

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

The introduction of electronic patient clinical records means that the Trust can more accurately report on the characteristics of patients presenting to SECAMB. Codes documented on paper patient records are collated using character recognition software and this software is not accurate enough to produce reliable statistics. As such, the data provided below is based purely on information from electronic records. It is recognised that this will not account for all cases but will provide a strong indication of the proportion of representation within each category.

Gender	Proportion
Male	44.92%
Female	54.36%
Not Specified (or Prefer Not to Say)	0%
Not Known	0.72%

Proportion of gender identities presenting to SECAMB

Ethnicity	Proportion	Population Comparator
White	79.86%	84.60%
Mixed	0.61%	1.97%
Asian	1.61%	4.05%
Black	0.93%	1.21%
Other	0.43%	3.71%
Not stated	16.56%	-
BME total	3.58%	10.94%

Proportion by ethnicity presenting to SECAMB

Ethnicity is not stated in 16.56% of attendances, this may account for relatively low recording in other categories. Data suggests that poor recording of ethnicity data on PCRs may be for the following reasons:

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

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

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

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

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

Age Group	Proportion
20 and under	9.28%
21-25	3.51%
26-30	3.78%
31-35	3.71%
36-40	3.50%
41-45	3.37%
46-50	3.98%
51-55	4.63%
56-60	4.89%
61-65	4.64%
66-70	5.27%
71 and above	48.91%

Proportion of age groups presenting to SECAmb

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

Patient Experience

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 our team are on our website. The team frequently communicates with callers who, for various reasons, find difficulty in communicating clearly and the team's communication skills enable 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. It has a growing and aging population with widening ethnicity and health diversities. We have specific local area differences and challenges such as a

large student population and areas with concentrations of retirees, as well as significant variations in population densities.

During the past year the Trust noted an increase in complaints for patients experiencing mental ill health. To ensure we always manage these contacts with the appropriate care and consideration, mental health training was provided to the Patient Experience Team by the Trust's Mental Health Nurse Consultant. In addition, the team have started to collect feedback on our services from service users of mental health services. Currently we have focussed on feedback from our relationship with HealthWatch who have better access to mental health service users. However, the Trust Board has recently approved our Patient and Carer Experience Strategy which will gradually focus on specific groups of patients/carers as we implement our five-year plan. The strategy was co-developed with key partners including our patients, carers and families. Our strategy takes a Trust wide view on patient and carer experience and over the next five years we will actively seek feedback, analyse it and use it to improve care for all of our patients.

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 sight impaired.

We previously identified that we needed to do more work to collect more data in relation to the protected characteristics with our patient feedback, to ensure that we hear from our diverse population and understand the care we provide is equitable, so as not to disadvantage any groups. This work is being encompassed within our new Strategy.

The PET has implemented ways of analysing trends arising from our patient feedback aligned with incidents and serious incidents, and our emerging learning from deaths works to ensure that patients with protected characteristics are not disadvantaged by our services.

The national guidance for ambulance trusts in relation to the Friends and Family test has been revised for ambulance services and this year we have the option of co-delivering a project with patients. SECAMB's Patient Experience Group (PEG) agreed that this year's project will concentrate on improving the experience of our patients with dementia. The learning from this will be shared with other ambulance Trusts as part of a reciprocal learning agreement.

We continue to review and respond to feedback received via the NHS Website and Care Opinion.

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 LanguageLine.

LanguageLine 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.

999 services

During 1st April 2019 – 31st March 2020 a total of 822,147 calls were answered in 999. LanguageLine was used in a total of 2687 of these calls (0.33% of total answered 999 calls). 54 languages were accessed during this time.

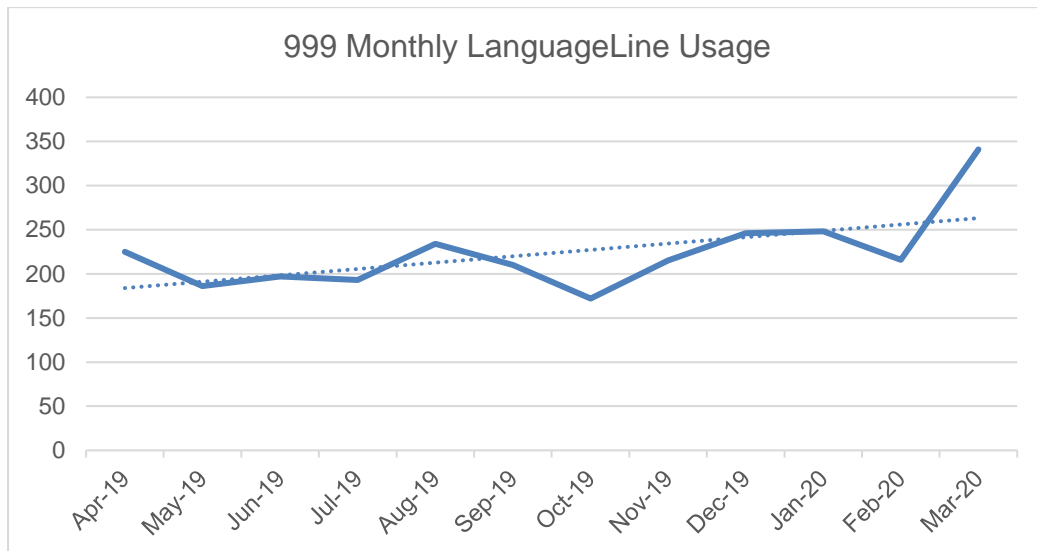
The table below shows the top 10 languages accessed by percentage and against the Top 10 main "other" languages in England and Wales from the 2011 census:

Language	Count	Percentage	Main "Other languages" in England and Wales, 2011 Census
Romanian	410	15.3%	Polish
Polish	390	14.5%	Punjabi
Russian	205	7.6%	Urdu
Arabic	190	7.1%	Bengali (with Sylheti and Chatgaya)
Bulgarian	107	4.0%	Gujarati
Nepali	103	3.8%	Arabic
Slovak	96	3.6%	French
Lithuanian	95	3.5%	All other Chinese (1)
Hindi	92	3.4%	Portuguese
Punjabi	85	3.2%	Spanish

Top ten languages accessed in 999 services

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

The trend analysis for LanguageLine use in 999 call centres reflects a slow but increasing level of use, which is likely to be representative of the increasing diversity of the population we serve.



111 services

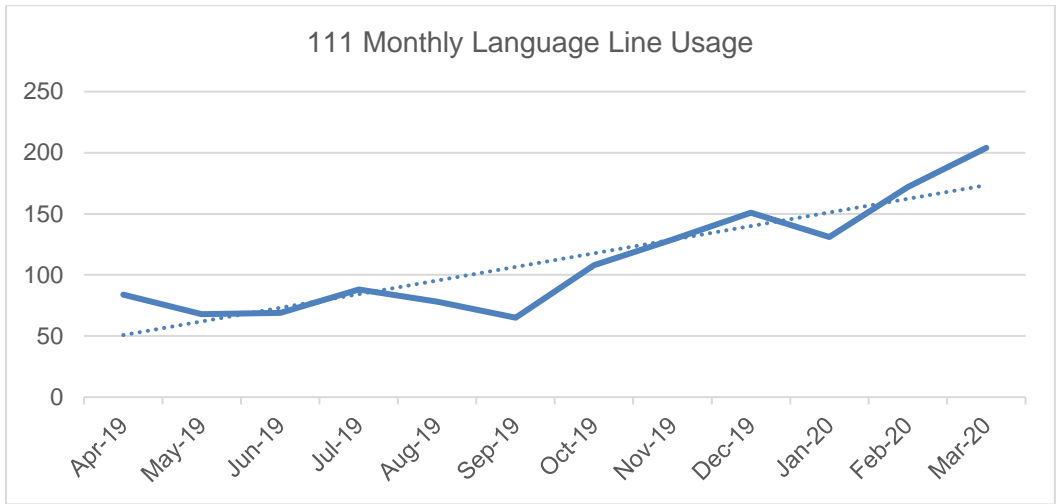
During 1st April 2019 – 31st March 2020, a total of 1,004,363 calls were answered in our 111 service. LanguageLine was used in a total of 1347 of these calls (0.13% of total answered 111 calls). 55 languages were accessed during this time.

The top 10 languages accessed were as follows and are broadly reflective of those accessed within the 999 service

Language	Count	Percentage
Polish	184	13.7%
Arabic	101	7.5%
Spanish	99	7.3%
Romanian	90	6.7%
Mandarin	74	5.5%
Bulgarian	68	5.0%
Punjabi	66	4.9%
Russian	58	4.3%
Bengali	50	3.7%
Italian	42	3.1%

Top ten languages accessed in 111 services

Similar to 999, the trend analysis for LanguageLine use in the 111 environment also reflects an increase in the use of interpreters. However, further work is required to understand the lower level of LanguageLine use despite a far higher call volume.



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

Workforce Equality Data

Our 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.

Despite the availability of the Electronic Staff Records (ESR) self-serve platform, an increased focus on publicising the reasons for diversity monitoring, as well as improved recruitment processes, we continue to see a decrease 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 with further engagement in completing equality monitoring.

Workforce Equality Overview

Sex	Mar-19		Mar-20	
	Headcount	%	Headcount	%
Female	1,952	51.80%	2,152	53.73%
Male	1,816	48.20%	1,853	46.27%
Total	3,768	100.00%	4,005	100.00%

Workforce by gender, March 2019 - March 2020

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-19		Mar-20	
	Headcount	%	Headcount	%
White	3482	92.42%	3712	92.68%
BME	142	3.77%	195	4.87%
Unknown/Null	144	3.83%	98	2.45%

Workforce by ethnicity, March 2019 and March 2020

The last 12 months saw the single largest increase in ethnicity since the adoption of the current equality objective and WRES reporting. However, despite an increase in BME headcount the Trust continues to be under representative of the Black and Minority Ethnic (BME) population.

Age Band	Mar-19	% Total Workforce	Mar-20	% Total Workforce
<=20 Years	71	1.88%	71	1.77%
21-25	530	14.07%	526	13.13%
26-30	639	16.96%	714	17.83%
31-35	514	13.64%	565	14.11%
36-40	405	10.75%	424	10.59%
41-45	464	12.31%	471	11.76%
46-50	455	12.08%	490	12.23%
51-55	371	9.85%	379	9.46%
56-60	226	6.00%	247	6.17%
61-65	77	2.04%	96	2.40%
66-70	11	0.29%	17	0.42%
>=71 Years	5	0.13%	5	0.12%
Total	3,768	100.00%	4005	100.00%

Workforce by age, March 2019 - March 2020

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

Disability	Mar-18		Mar-19	
	Headcount	%	Headcount	%
No	2,389	63.40%	2,247	56.10%
Not declared / Unspecified	1,239	32.88%	1,611	40.22%
Prefer not to answer	3	0.08%	4	0.10%
Yes	137	3.64%	143	3.57%
Total	3,768	100.00%	4,005	100.00%

Workforce by disability, March 2019 - March 2020

The Trust disability declaration has dropped very slightly over the last 12 months, however this is not believed to be statistically significant. There has been a significant increase as not declared/unspecified. Previously this had been attributed to a lack of capacity within the Resourcing Team, however as this issue has been rectified, further work to understand the reason for the increase is required.

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% of Trust staff who declared having physical or mental health conditions, disabilities or illnesses that is expected to last for 12 months or more in the 2018 NHS staff survey. In addition, 14% of staff

declared a disability when accessing clinical training via our Clinical Education Team.

Some of the disparity between declared disability and staff survey results may also be a result of staff not classing themselves as being disabled, particularly when consideration is given to the social model of disability. The NHS staff survey questions asks about disability in its wider sense in comparison to ESR specifically taking into account long-term illnesses and mental ill health which again people may not personally class as a disability.

Sexual Orientation	March 2019		March 2020	
	Headcount	%	Headcount	%
Bisexual	53	1.41%	68	1.70%
Gay or Lesbian	158	4.19%	184	4.59%
Heterosexual or Straight	2,875	76.30%	3,187	79.58%
Not Disclosed	234	6.21%	241	6.02%
Other Sexual orientation not listed	1	0.03%	2	0.05%
Undecided	2	0.05%	6	0.15%
Unspecified	445	11.81%	317	7.92%
Total	3,768	100.00%	4,005	100.00%

Workforce by Sexual orientation, March 2019 - March 2020

Over the last 12 months we are beginning to see an increase in the number of declarations being made and a decrease in the number of staff choosing not to declare their sexual orientation.

Religious Belief	Mar-19		Mar-20	
	Headcount	%	Headcount	%
Atheism	812	21.55%	938	23.42%
Buddhism	16	0.42%	19	0.47%
Christianity	1,422	37.74%	1,575	39.33%
Hinduism	8	0.21%	21	0.52%
I do not wish to disclose my religion/belief	560	14.86%	599	14.96%
Islam	16	0.42%	17	0.42%
Judaism	7	0.19%	5	0.12%
Other	474	12.58%	502	12.53%
Sikhism	4	0.11%	5	0.12%
Unspecified	449	11.92%	324	8.09%
Total	3,768	100.00%	4,005	100.00%

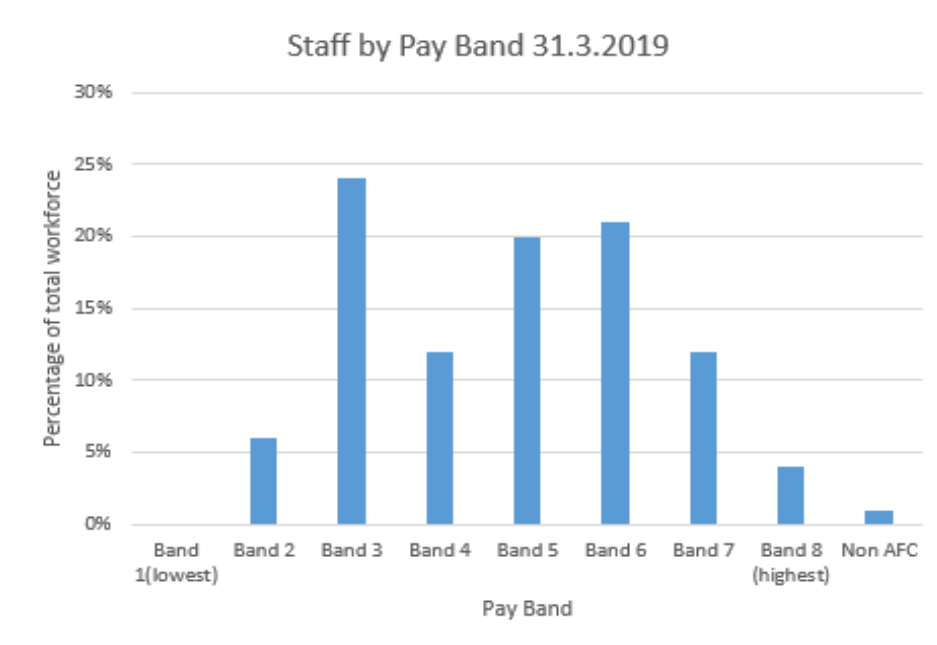
Workforce by Religion and belief, March 2019 - March 2020

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

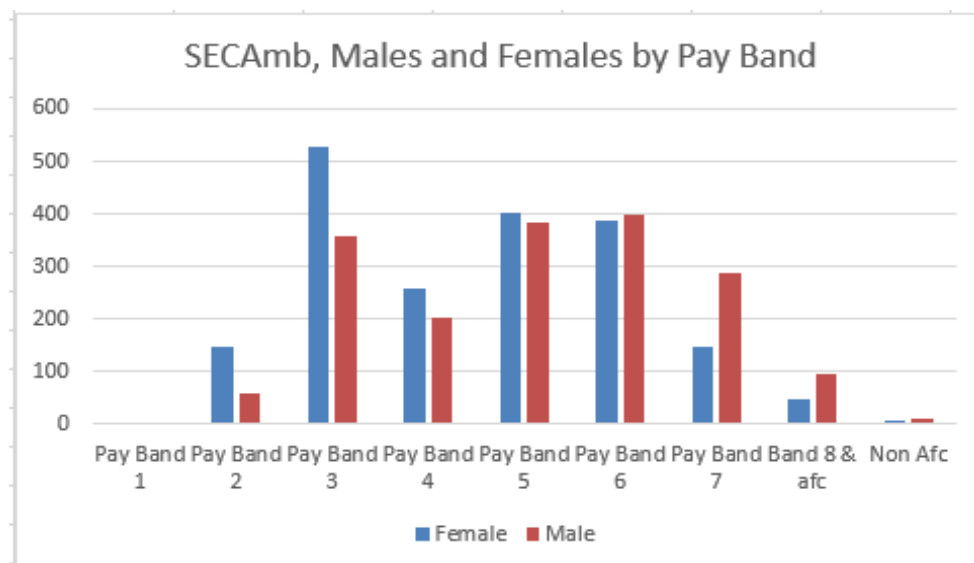
Pay equality

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 an 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 pay band is determined purely on objective criteria such as qualifications or previous seniority levels.



Breakdown of staff by AfC pay band

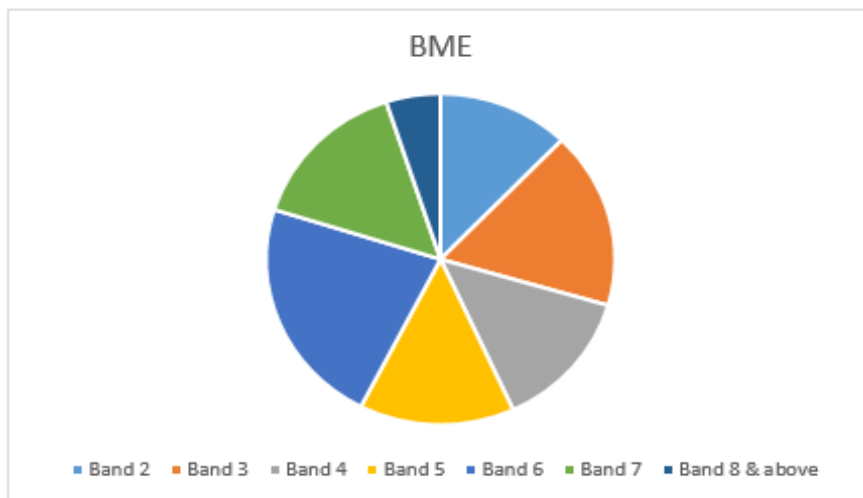


Most Trust staff are within Bands 3, and 6, with 28.74% of staff within Band 3. The gender split also clearly shows the higher number of females in pay bands 2, 3 and 4, which are possibly a result of the availability of part time shift work in the call centre environment as well as the previous drive to recruit Emergency Care Support Workers (ECSW's).

Band 3 has the highest numbers of staff aged under 21-30 (**11.86%**) as well as the highest number of 31-40-year olds (**6.44%**) followed by Band 5 (**6.52%**). These figures are indicative of new staff coming into the Trust, mainly as call operators/ECSW and Student Paramedic grades.

The number of staff who have declared a disability is also highest in Band 3, however this is also the group which has the highest number of staff choosing not to declare and this may be linked to concerns around future progression. The next highest group for non-declaration is at band 5.

92.68% of staff overall are White 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 at 0.17%, and the largest cohort is in band 6 where BME staff make up 1.34% of the overall Trust workforce.



Distribution of BME staff by pay band

4.39% gay and lesbian employees are in Bands 2 to 8. The Trust has 1.70% of employees who have identified as bisexual.

14.08% of staff across all pay bands preferred not to say, which shows an increase in levels of colleagues not wishing to declare their sexual orientation.

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 237 employees in the Trust on an agreed annualised hours arrangement, of which 167 of these are female. This compared with last year's figures represents an increase of 0.04% for the total number of people on annualised hours and an increase of 0.19% female employees on annualised hours.

The highest number of employees who moved to part time contracts within the Trust are within the 26-30-year old age bracket, closely followed by 31-35-year olds, and 21-25-year olds.

These figures represent a shift when compared with 2018/19 data where the highest number of employees who moved to part-time contracts were within the 51-60-year-old bracket, followed by 21-30- and 41-50-year olds. It is unclear what the reason for this change may be, as we previously believed it may part of a phased entry into retirement. However, with consideration to the increase in women, particularly in band 3 positions which make up the majority of call centre roles, this could be indicative of our changing workforce within our call centres.

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

- Other Flexible working patterns (e.g. 4-day week/9-day fortnight)
- Zero hours (or bank) contracts providing greater flexibility.
- Career breaks – there are currently 11 staff on a career break which is a reduction of 7 on figures from last year.
- Job sharing
- Sharing Rota lines, participation in planning Rota cover and swapping shifts through GRS (Rostering system)
- Phased return following long term sickness. (Sickness Policy refers) e.g. phased return over an eight-week period.

Diversity in recruitment

During 2019, we implemented the use of Trac Jobs, as well as NHS Jobs to maximise applications for our vacancies. Applicants are requested to complete the equal opportunities section of the online NHS jobs or Trac application form and this allows us to monitor the equity of the recruitment process. This data is only available to HR staff and cannot be accessed by the panel.

All applications are now monitored via Trac and transported across from NHS Jobs upon application. The interface between the Trac system and our own personnel management system (ESR) allows effective capture of monitoring information for all staff. The Trust has also implemented minimum requirements for two short listers per vacancy on Trac and these are checked by the recruitment team to ensure they are appropriate. Interview training is now logged on Trac to ensure where possible that panel members are all trained. Our aim is to ensure all interviewing and shortlisting to only be conducted by trained staff over the coming year.

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



Recruitment by gender	Application	Application % of Total	Shortlisted	% of total Shortlisted	Appointed	% of total appointed
Male	3069	33%	1322	31%	392	35%
Female	6178	67%	2874	68%	714	64%
Undisclosed	29	0.31%	14	0.33%	6	0.53%
Total	9276		4210	67%	1112	

Application to appointment by gender. April 2019- March 2020

The table shows the gender of applicants in 2019/20 and the percentages shortlisted and appointed overall. There is an increase in the split between male and female appointments from 2018/19 from 44% male and 55% female to 35% male and 64% female in 2019/20. There is no noticeable inequity based on sex overall in the recruitment process. There is a continued increase in the number of applications from, and appointments of, females for the second year running. This is another reflection in the changing gender split of the organisation.

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 2019- March 2020

The recruitment data shows that the appointment of people with disabilities has only marginally increased by 0.8% since 2017/18 at 6.8%, and that this is consistent with rates of declaration.

Recruitment by Ethnicity	Application		Shortlisted		Appointed	
	Headcount	%	Headcount	%	Headcount	%
WHITE - British	7169	77.2%	3507	83.3%	958	86%
WHITE - Irish	84	0.9%	37	0.88%	12	1.1%
WHITE - Any other white background	422	4.5%	153	3.6%	35	3.1%
ASIAN - ASIAN BRITISH – Indian	336	3.6%	93	2.2%	18	1.6%
ASIAN - ASIAN BRITISH - Pakistani	105	1.1%	25	0.6%	1	0.1%
ASIAN - ASIAN BRITISH - Bangladeshi	36	0.3%	8	0.2%	1	0.1%
ASIAN - ASIAN BRITISH - Any other Asian background	121	1.3%	45	1.1%	11	1%
MIXED - White and Black Caribbean	66	0.7%	29	0.7%	9	0.8%
MIXED - White and Black African	65	0.7%	11	0.3%	0	0%
MIXED - White and Asian	52	0.6%	21	0.5%	5	0.4%
MIXED - Any other mixed background	72	0.7%	29	0.7%	7	0.6%
BLACK or BLACK BRITISH Caribbean	82	0.9%	39	0.9%	8	0.7%
BLACK or BLACK BRITISH African	416	4.4%	131	3.1%	25	2.2%
BLACK or BLACK BRITISH - any other Black background	28	0.3%	6	0.1%	3	0.3%
OTHER ETHNIC GROUP - Chinese	10	0.2%	3	0.1%	1	0.1%
OTHER ETHNIC GROUP - Any other ethnic group	66	0.7%	21	0.5%	6	0.5%
Undisclosed	145	1.5%	52	1.2%	11	0.9

Application to appointment by ethnicity. April 2019- March 2020

The recruitment data shows that we appointed 90% of candidates from a White background compared to 8.4% from BAME backgrounds and 0.9% from undisclosed backgrounds. There has been a 2% increase in BAME appointments over the past financial year. The recruitment data shows that 77% of applicants were from White British candidates, of which 86% of appointments were White British. The table also provides a full breakdown of application to appointment statistics by ethnic category. For consistency with our mandatory reporting requirements, we have also combined this into an amalgamated table below, which groups all white categories, visible BME categories and all undisclosed categories.

Employee recruitment by ethnicity	Application		Shortlisted		Appointed	
	Headcount	%	Headcount	%	Headcount	%
White	7675	82.60%	3697	87.78%	1005	90.20%
BME	1455	15.50%	461	11.00%	95	8.40%
Undisclosed	145	1.50%	52	1.20%	11	0.90%
Total	9275	99.60%	4210	99.98%	1111	99.50%

Application to appointment by WRES ethnicity categories. April 2019- March 2020

When compared to recruitment data for 2018/19, the Trust made 29% fewer appointments in the last 12 months and saw a 2.5% increase in applications from BME applicants. Whilst noting the improvement, it is also important to note that this continues to be disproportionate to the percentage of BME candidates shortlisted (11%).

The application of the Workforce Race Equality Standard methodology highlights that BME candidates continue to be 1.32 times less likely to be appointed from shortlisting in comparison to White candidates in 2019/20.

The Trust remains unrepresentative of the local BME population and a commitment for further work has been agreed to reach out to the BME community to help ensure that the service is representative of the community served. Initiatives include closer working with our Aspire staff network, collaboration with local Higher Education Institutes, increased use of diverse imagery on social media platforms and localised and targeted recruitment campaigns.

Employee recruitment by age	Shortlisted		Appointed	
	Headcount	%	Headcount	%
Under 18	9	0.10%	0	0%
18 - 19	234	2.52%	19	2%
20 - 24	1617	17.44%	214	19%
25 - 29	1702	18.36%	215	19%
30 - 34	1474	15.90%	180	16%
35 - 39	1123	12.11%	99	9%
40 - 44	817	8.81%	101	9%
45 - 49	791	8.53%	105	9%
50 - 54	692	7.46%	85	8%
55 - 59	521	5.62%	54	5%
60 - 64	223	2.41%	29	3%
65 - 69	45	0.49%	8	1%
Age 70+	21	0.23%	3	0%
Undisclosed	2	0.02%	0	0%
Total	9271	100.00%	1112	100%

Application to appointment by age. April 2019-March 2020

In 2019/20 the Trust employed 20-29-year olds more frequently than any other age groups and this made up 38% of new recruits.

Recruitment by Religion / Belief	Application		Appointed	
	Headcount	%	Headcount	%
Atheism	2321	25.03%	355	31.92%
Buddhism	46	0.50%	5	0.45%
Christianity	4048	43.66%	473	42.54%
Hinduism	202	2.18%	14	1.26%
Islam	266	2.87%	5	0.45%
Other	1277	13.77%	128	11.51%
Jainism	1	0.01%	0	0.00%
Judaism	17	0.18%	3	0.27%
Sikhism	50	0.54%	0	0.00%
Undisclosed	1044	11.26%	129	11.60%

Application to appointment by religion/belief. April 2019- March 2020

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

The need to monitor equity in recruitment processes is closely linked to the need to ensure all Trust recruitment panels consist of trained assessors and interviewers. Training of staff to support interviews is ongoing.

Recruitment by Sexual Orientation	Application		Appointed	
	Headcount	%	Headcount	%
Lesbian	191	2.06%	30	2.70%
Gay	217	2.34%	27	2.43%
Bisexual	242	2.61%	37	3.33%
Heterosexual	8290	89.36%	981	88.22%
Other	23	0.25%	2	0.18%
Undecided	42	0.45%	4	0.36%
Undisclosed	272	2.93%	31	2.79%

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 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 213 promotions via NHS jobs for the period 1st April 2019 – 31st March 2020, with more staff being promoted from band 3 and band 5 roles than any other Agenda for Change pay band. This may be attributed to the volume of clinical staff progressing from band 3, Emergency Care Support Worker (ECSW)/Emergency Medical Advisor to next clinical grade/team leader post. For those at band 5, it is likely that this is part of the completion of the transition to practice period for Newly Qualified Paramedics to the Paramedic role.

This year more males have successfully gained promotion compared to their female counterparts (53%, 47%), which appears to be indicative of the increasing gender pay gap within the organisation.

Appraisals

A total of 2,740 staff (71.74%) out of 3,819 staff received an appraisal in 2019/20 against a target of 90% and a drop on the previous year's completion rate of 84.49% (2,920). The overall headcount differs to the data in the rest of this report as for the purpose of reporting new starters in in quarter four (January - March 2020), those on maternity leave and career breaks are excluded. However, in the tables below we have included these figures to support identification of any trends overall.

Appraisal Total 2019/20	Completed		Not Completed	
	Headcount	%	Headcount	%
	2740	71.74%	1079	28.26%

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. It should be noted that the lowest level of appraisal completion is for staff at band 8 and above at 43.10%.

Gender	Appraisal completed			
	Headcount	% of all completed appraisals	Headcount across whole Trust	% of all completed appraisals by whole Trust
Male	1323	48.39%	2,152	61.48%
Female	1411	51.61%	1,853	76.15%
Total	2734	100.00%	4,005	68.26%

Appraisal Data by Gender – 1st April 2019 – 31st March 2020

Age	Appraisal completed			
	Headcount	% of all completed appraisals	Headcount across whole Trust	% of all completed appraisals by whole Trust
20 or below	40	1.46%	71	1.00%
21 to 30	874	31.97%	1240	21.82%
31 to 40	663	24.25%	989	16.55%
41 to 50	654	23.92%	961	16.33%
51 to 60	429	15.69%	626	10.71%
61 to 70	71	2.60%	113	1.77%
Over 70	3	0.11%	5	0.07%
Total	2734	100.00%	4005	68.26%

Appraisal Data by Age – 1st April 2019 – 31st March 2020

Disability	Appraisal completed			
	Headcount	% of all completed appraisals	Headcount across whole Trust	% of all completed appraisals by whole Trust
No	1676	61.30%	2,247	74.59%
Yes	99	3.62%	143	69.23%
Prefer not to say	959	35.08%	1,615	59.38%
Total	2734	100.00%	4,005	68.26%

Appraisal Data by Disability – 1st April 2019 – 31st March 2020

Pay band	Appraisal completed			
	Headcount	% of all completed appraisals	Headcount across whole Trust	% of all completed appraisals by whole Trust
2	31	1.13%	50	62.00%
3	760	27.80%	1151	66.03%
4	333	12.18%	463	71.92%
5	641	23.45%	885	72.43%
6	590	21.58%	811	72.75%
7	304	11.12%	471	64.54%
8 & above	75	2.74%	174	43.10%
Total	2734	100.00%	4005	68.26%

Appraisal Data by Pay Band – 1st April 2019 – 31st March 2020

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.

Ethnicity	Appraisal completed			
	Headcount	% of all completed appraisals	Headcount across whole Trust	% of all completed appraisals by whole Trust
White	2567	93.89%	3712	69.15%
BME	104	3.80%	195	53.33%
Not stated/null	63	2.30%	98	64.29%
Total	2734	100.00%	4005	68.26%

Appraisal Data by Race – 1st April 2019 – 31st March 2020

Religion / Belief	Appraisal completed			
	Headcount	% of all completed appraisals	Headcount across whole Trust	% of all completed appraisals by whole Trust
Atheism	656	23.99%	938	69.94%
Buddhism	10	0.37%	19	52.63%
Christianity	1058	38.70%	1,575	67.17%
Hinduism	9	0.33%	21	42.86%
Islam	11	0.40%	17	64.71%
Judaism	4	0.15%	5	80.00%
Other	350	12.80%	502	69.72%
Sikhism	4	0.15%	5	80.00%
Prefer not to say	632	23.12%	923	68.47%
Total	2734	100.00%	4005	68.26%

Appraisal Data by Religion and Belief – 1st April 2019 – 31st March 2020

Sexual Orientation	Appraisal completed			
	Headcount	% of all completed appraisals	Headcount across whole Trust	% of all completed appraisals by whole Trust
Bisexual	46	1.69%	68	67.65%
Gay or Lesbian	127	4.65%	184	69.02%
Heterosexual	2184	80.03%	3,187	68.53%
Other	0	0.00%	8	0.00%
Prefer not to say	372	13.63%	558	66.67%
Total	2729	100.00%	4005	68.14%

Appraisal Data by Sexual Orientation – 1st April 2019 – 31st March 2020

Leavers

Turnover has been recognised as a challenge and is monitored via the HR Working Group which also investigates concerns and highlights them to the Workforce Development Committee and related teams.

The highest percentage of leavers, at 33.50%, are those in age bracket 21-30. There is up 3 percentage points from the same period the year, however it is representative of staff age profiles.

It was noted that there is a significant rise in BME staff leavers (9.21%) compared to last year's figure of 6.69%. There is nothing immediately identifiable within current exit interview data to help us understand why this is so high; suffice to say that very few BME staff leavers are participating in the exit interview process. A refreshed exit process was a key recommendation following the 2018/19 Diversity and Inclusion report and will be launched in the coming weeks. The new face-to-face exit interview process will give all staff the opportunity to identify a colleague to undertake their exit interview from a range of key personnel which includes a member of the Inclusion Team, Freedom to Speak Up Guardian, Line Manager's Manager, Aspire/Enable Chair/Deputy Chair).

Leavers by religion and belief is consistent with the overall headcount using the same parameters

The breakdown of leavers by pay band shows the highest percentage of staff turnover is at band 3, (52.86%). Band 3 makes up 28.58% of the SECAMB workforce. This continues to be addressed by changes to the recruitment processes and mentoring of staff once in post to improve support available. Failed probations in 999 and career progression across 111 and 999 are key contributors to the figures.

The Trust also saw 36.19% of male leavers to 63.81% female. The gender ratio of the overall workforce is 46.26% male and 53.74% female.

Over the last 12 months the Trust has been working on a new Retention Strategy which has over 45 Workforce and Wellbeing Committee approved initiatives aimed at addressing retention over the next 3 years. The initiatives cover a broad range of

topics and have been reviewed by our Inclusion Team to ensure we have a representative number of initiatives that will address retention of BME/Disabled staff.

Training and Education

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

In 2019/20 the Trust refreshed its Diversity and Inclusion mandatory training. Equality & Diversity training completion figures are based on those who have completed the course from its launch on 1 April 2019 until 31 May 2020. The course is required to be completed by all staff either every three years or upon joining SECAMB. Completion rate for 2019/20 was 86.59%. Of those who completed the training, feedback received included:

“This is an important subject. I feel that the assessment presented an appropriate level of difficulty that required regular reviews of the course material and was unlikely to result in a pass grade by guesswork alone.”

“Assessment was longer and more challenging than others.”

During 2019/20 the Organisation Development team redeveloped the Trust first line manager programme Fundamentals, following a pause which commenced in February 2018. Unfortunately, roll out of Fundamentals has had to be paused, again due to COVID19.

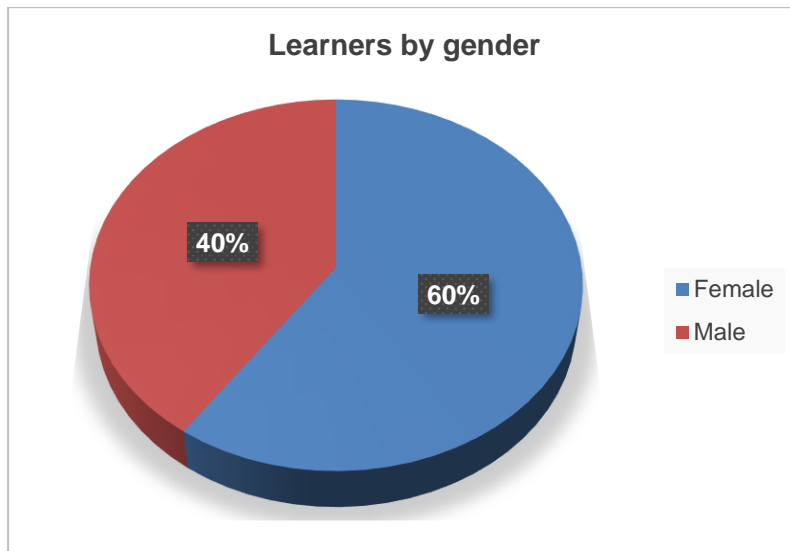
The 2018 NHS Staff survey results also noted that 66% reported to have received non-mandatory training in the last 12 months, up from 59.4% the previous year.

Clinical Education

The Clinical Education Department are responsible for the delivery of a range of educational programmes, which include those entering the organisation as Emergency Care Support Workers (ECSW) or Associate Ambulance Practitioners (AAP), qualified staff joining SECAMB from other services, and supporting Newly Qualified Paramedics (NQPs). In partnership with local universities, staff training to be Specialist Paramedics have accessed post-registration programmes and the Trust facilitates clinical placements for external students.

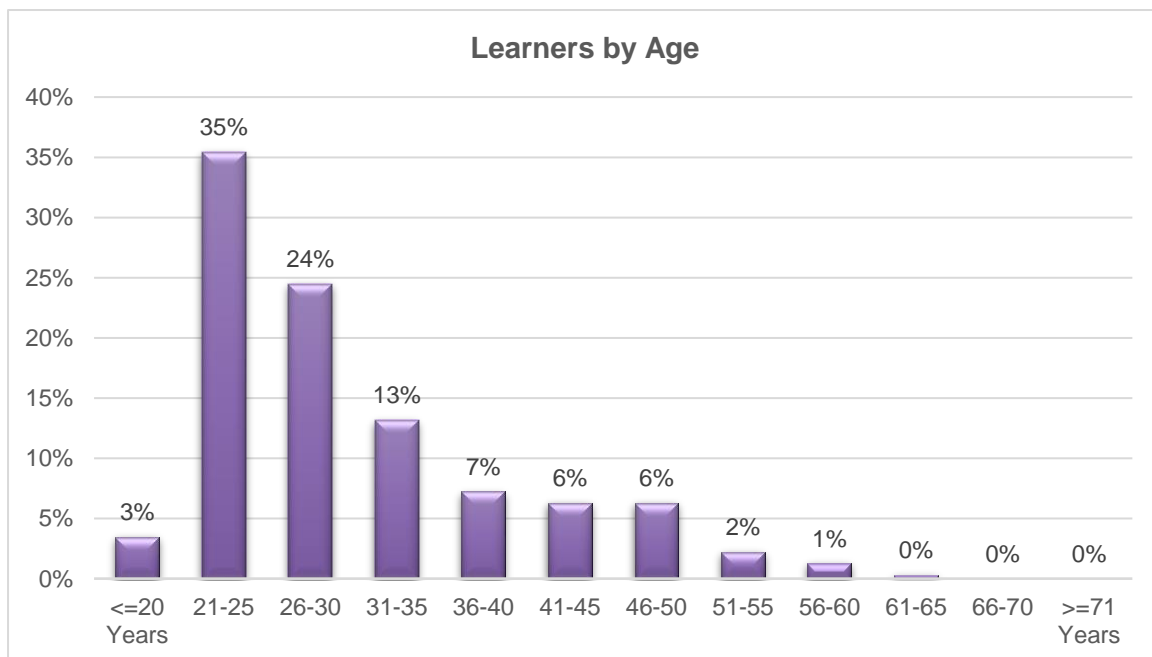
The department have worked closely with the Inclusion Team in SECAMB to ensure that all programmes of study include sessions related to equality and diversity, which are addressed both to patient care but also how staff interact with each other and within the organisation. The Clinical Education team have a responsibility to act as role models to learners and are expected to demonstrate behaviours that reflect the Trust's values, and to instil these in their teaching.

The data collected reflects those programmes for whom SECAMB is the main provider, and covers the ECSW and AAP courses, as well as the Transition to Practice course for NQPs.



Learners by gender – 1st April 2019 – 31st March 2020

In keeping with the trend for increasing numbers of female staff in the workforce, these courses show 60% female attendance.

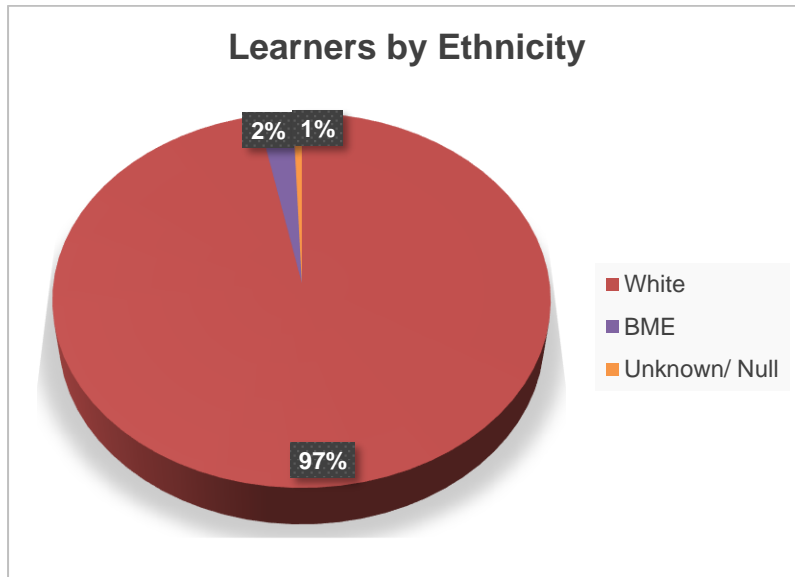


Learners by age – 1st April 2019 – 31st March 2020

The data showing learners by age shows that the majority of learners are in the younger age categories. This reflects the fact that many of the courses provided by the Clinical Education Team are for staff joining the organisation as Newly Qualified Paramedics on the 'Transition to Practice Course', where the majority are in the 21-25 cohort.

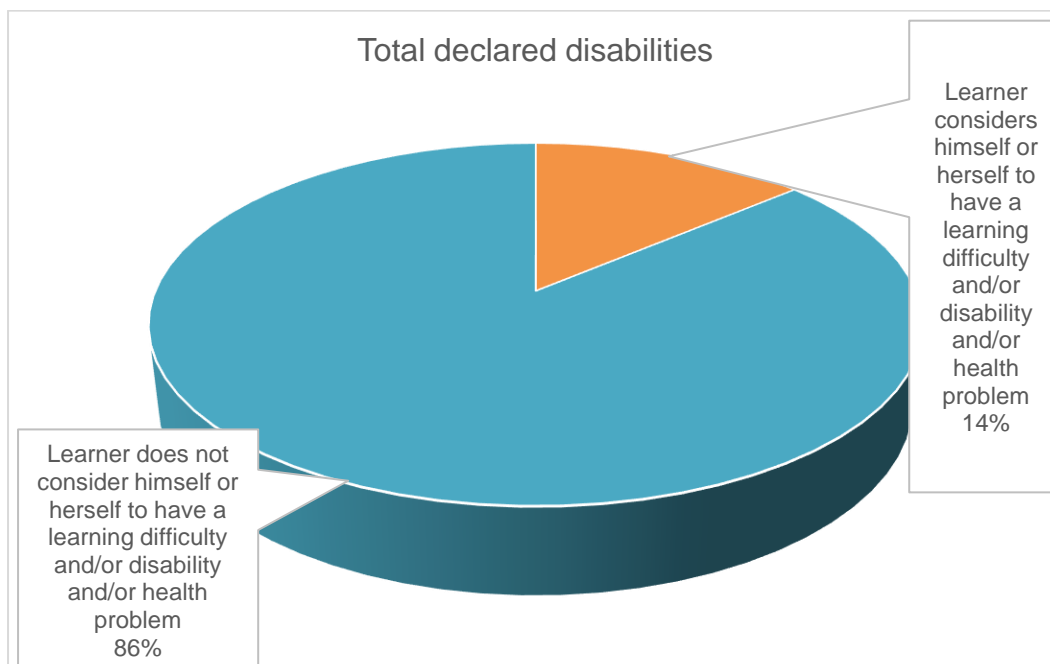
The age ranges of the AAP and ECSW courses are towards the younger group in terms of age but does also reflect a range of ages. Indeed, those aged 36-40, 41-45 and 46-50 are similar in terms of numbers, and demonstrates that the Trust is

attracting those for whom the ambulance service is not their first career. Flexible study is an option where possible to enable part time study, but the requirements of some accredited programmes mean that this is not universally available. In partnership with universities on longer programmes of study, the Trust has supported deferral or interruptions of study, as well as working with the Wellbeing Team to support learners affected by life events to complete their study in a supported way.



Learners by ethnicity – 1st April 2019 – 31st March 2020

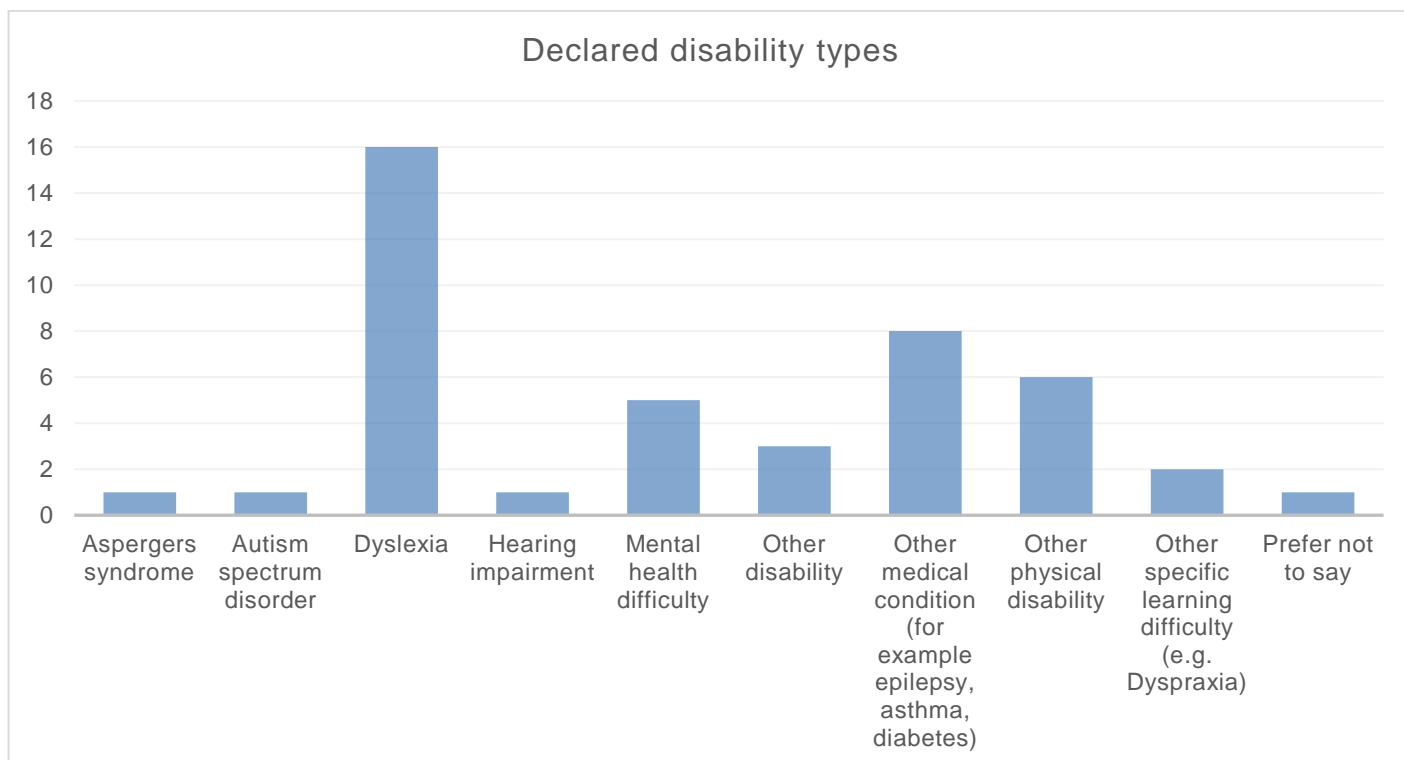
The learners by ethnicity indicates a small difference in the ethnicity of learners in relation to the makeup of the SECAMB workforce as recorded on ESR and is indicative of the low BME representation in front line operational roles.



Learners by disability – 1st April 2019 – 31st March 2020

The declared disability for these courses is higher than the Trust data of 3.6% and indicates a culture of non-reporting. The Clinical Education team seek to support

those with identified specialist learning needs and to proactively support those who have not identified such a need before. Where inclusion plans are shared with partner Higher Education Institutions, the department will work to ensure individual learners' needs are met. For many staff, attending the ECSW or AAP course may be the first formal educational experience since leaving school and they may not be aware of support that is available.



The data shows that dyslexia is one of the more common needs to be addressed and there have been sustained efforts to ensure that educational material is accessible to those with conditions such as dyslexia, dyspraxia or autistic spectrum disorder. This extends to the use of remote learning, where guidance from the British Dyslexia Association has been followed to use appropriate backgrounds and typefaces to enable learners, as well as future plans to subtitle videos for Key Skills delivery to support learners with hearing impairment.

Disciplinary, Grievances and Bullying and Harassment

Disciplinary Cases

Throughout the course of the time period identified for reporting purposes (1st April 2019 – 31st March 2020) the Trust saw 58 employees subjected to the disciplinary process.

Managed Informally	Investigation found no Case to Answer	Formal Disciplinary Outcome	Other
15	18	16	3 resignations

Disciplinary Data by Outcome – 1st April 2019 – 31st March 2020

The number of disciplinary cases has significantly dropped from a figure of 98 for the period 2018-2019.

The Trust has continued to work with staff side colleagues in identifying and supporting staff through early intervention, thereby reducing the number of formal disciplinaries. The Trusts cultural development has moved towards a lessons-learnt approach rather than punitive disciplinary sanction.

Disciplinary by ethnicity	Headcount	%
White (British/Any other White background)	51	1.3%
BME	2	0.05%
Not Stated/Undisclosed	4	0.1%
Total	58	1.4%

Disciplinary Data by ethnicity – 1st April 2019 – 31st March 2020

There is currently a reported trend identified by regional partners for those of Eastern European ethnicity to be more likely enter a disciplinary process, however, we have not identified that this trend is evident within our workforce.

Disciplinary by gender	Headcount	%
Female	19	0.5%
Male	39	1.0%
Total	58	1.45%

Disciplinary Data by gender – 1st April 2019 – 31st March 2020

These figures identify that there has been a disproportionate number of male employees, compared to the gender make-up of the Trust, entering the disciplinary process. However, 49% of the total male cases were managed on an informal basis. Our data shows that males are more likely to enter the disciplinary process due to inappropriate behaviour and failure to follow reasonable management instruction, compared to females entering the disciplinary process.

Disciplinary by sexual orientation	Headcount	%
Gay or Lesbian	6	0.15%
Heterosexual or Straight	40	1.0%
Not Disclosed	12	0.3%
Total	58	1.45

Disciplinary data by sexual orientation – 1st April 2019 – 31st March 2020

Grievances

During the period, there were 117 grievances raised by employees of the Trust. The data below shows that gay or lesbian staff are overrepresented in grievances, however it is difficult to draw any specific conclusions and further thematic consideration is required,

Grievance	Headcount	%
Closed	93	79%
Open – Covid-19 delay	5	4%
Open	19	16%
Total	117	100%

Grievance by status – 1st April 2019 – 31st March 2020

Grievance by ethnicity	Headcount	%
White - British	85	72%
White - Other	5	4%
BME	3	2%
Not Stated	9	8%
Collective	15	13%

Grievance data by ethnicity – 1st April 2019 – 31st March 2020

Grievance by gender	Headcount	%
Female	47	40%
Male	55	47%
Collective	15	13%

Grievance data by gender – 1st April 2019 – 31st March 2020

Grievance by sexual orientation	Headcount	%
Gay or Lesbian	8	7%
Heterosexual or Straight	74	63%
Not Stated	20	17%
Collective	15	n/a

Grievance data by sexual orientation – 1st April 2019 – 31st March 2020

Bullying and Harassment

Of the 117 grievances raised, 25 cited Bullying and Harassment. This is an increase of 17 cases from 2018-2019. The Trust published an updated Bullying & Harassment Policy in 2018. Of the total number of closed cases 1 case was upheld and 1 case was partly upheld.

The ethnicity breakdown of staff who have raised B&H complaints was 21 White British/other (84%), 3 Undeclared (12%) and 1 BAME (4%).

Of the gender breakdown, 10 (40%) were male, 14 (40%) were female and 1 from a collective group.

The breakdown of sexual orientation was 20 (80%) heterosexual, 1 (4%) gay or Lesbian and 4 (16%) undeclared.

The HR Department's diverse workforce is reflective of the overall population we serve within SECAMB. HR continue to embed a coaching approach to support managers throughout the Trust with early interventions and informal resolutions, where appropriate to each ER case. The Fundamentals training for managers will help further embed the management approach to employee relations issues.

Our Community First Responders

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

Chaplains, who are also volunteers, provide non denominational pastoral support to staff through an on-call system.

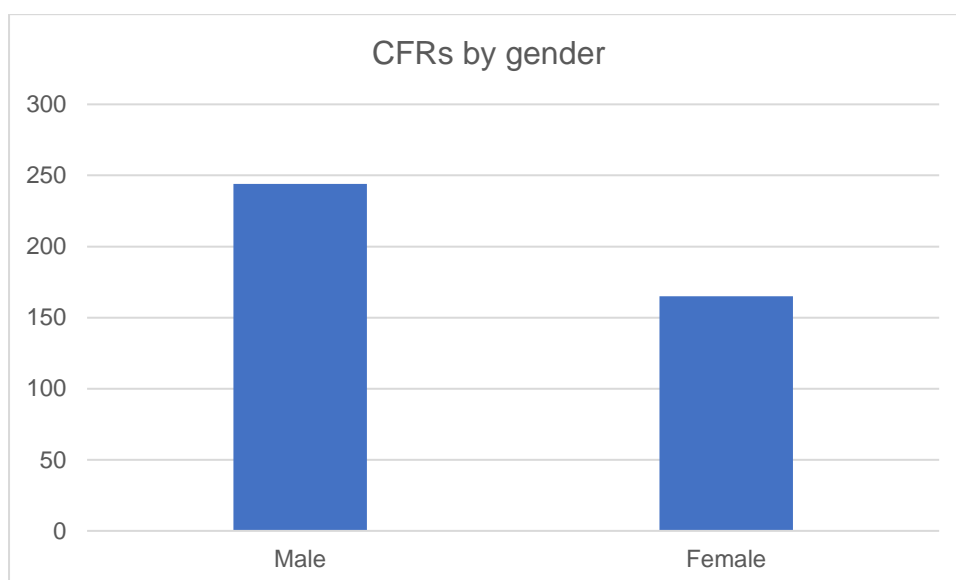
The department is committed to ensuring that all volunteers receive equally favourable treatment regardless of age, disability, sexual orientation, religion and belief, pregnancy, marriage and civil partnership, race and sex.

The department work 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 2019/20, the trust had 409 active Community First Responders. Data obtained for Community First Responders has been collated from the Electronic Staff Record. Chaplains do not have an Electronic Staff Record (only contact details are held by the department) and therefore diversity information is not available.

Gender

The Trust continues to see a greater number of males than females volunteering as Community First Responders, although the gap has slightly reduced in comparison to last year.



CFRs by gender – 1st April 2019 – 31st March 2020

Age

The highest proportion of CFRs (64, 15.65%) fall into the 51-55 bracket. 56.97% of CFRs are 46 and over. This is comparable to 2018/19 data. Just 13.69% are 30 and under, with the smallest number (4, 0.98%) being under 21 years of age. This is an increase of 4 volunteers compared to the last reporting year where there were no volunteers of this age. The department will continue to consider how to engage with young people to encourage greater representation within this group.

The Community Resilience Strategy (due to be launched Summer 2020) will see the department engage with university groups where other UK ambulance services have developed successful volunteering schemes.

CFRs by Age	Headcount	%
Under 21	4	1.0%
21-25	14	3.4%
26-30	38	9.3%
31-35	40	9.8%
36-40	36	8.8%
41-45	44	10.8%
46-50	38	9.3%
51-55	64	15.7%
56-60	50	12.2%
61-65	41	10.0%
66-70	23	5.6%
Over 71	17	4.2%

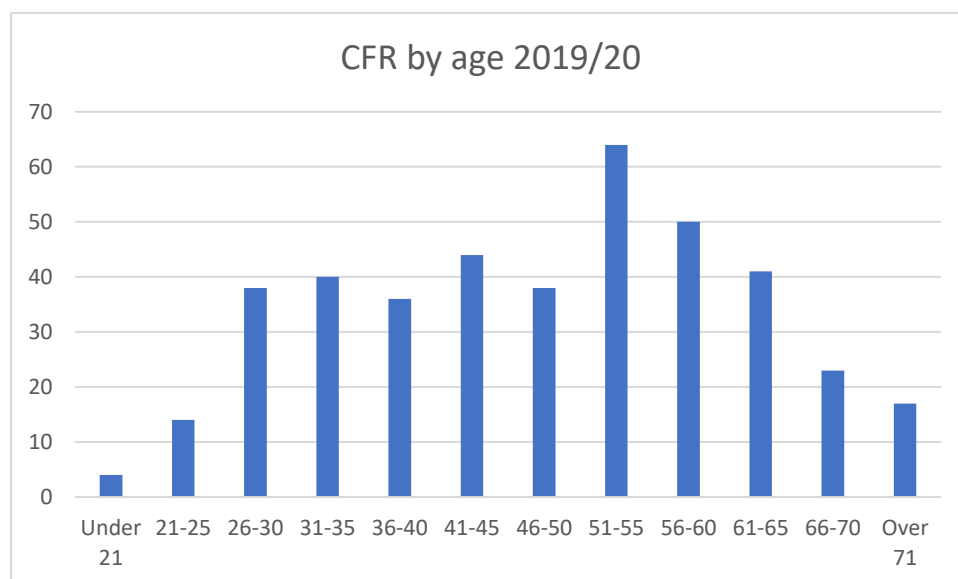
CFRs by age – 1st April 2019 – 31st March 2020

17 (4.16%) 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.

Due to the coronavirus outbreak, CFRs aged 70 and over, as well as those with severe chronic health conditions, have been stood down from operational response due to the increased risks placed upon their health. Many are currently shielding from home.

A number of older volunteers have expressed concern regarding what their volunteer role may look like in the future, whilst others have also told us that they are anxious about returning to frontline duties. The department has, and continues to, provide welfare support as required.. The approval for the introduction of a new Community Support Volunteer role will allow the Trust to formally recognise and support volunteers who are no longer able to respond in a clinical capacity. This will see volunteers providing administrative and secretarial support to their local CFR team, as well as being available to provide support to the Trust’s central support functions, particularly during times of adversity. It is anticipated that this new role will provide a natural step for those volunteers who wish to retire from operational response but who still wish to remain with the Trust in a non-clinical capacity. This will help the Trust to retain existing volunteers who may otherwise choose to leave and will improve the diversity of the CFR workforce.



CFRs by age – 1st April 2019 – 31st March 2020

Disability (and Carers)

In 2019, 8 of 409 Community First Responders (1.95%) recorded as having a disability. This is consistent with 2018/19.

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

Ethnicity

79% of Community First Responders identified as White British (down from 85% last year), and 84.84% of CFRs were from all White backgrounds. 14% choose not to disclose (up from 10% last year).

The ethnicity of CFRs has remained consistent with previous years. This is to be expected as recruitment campaigns are currently based on geographical area, local demand and performance. As part of the Community Resilience Strategy the department aims to increase BME representation through targeted engagement with diverse communities.

CFRs by ethnicity	Headcount	%
White	347	84.8%
BME	3	0.7%
Not stated	59	14.4%

CFRs by ethnicity – 1st April 2019 – 31st March 2020

Religion and belief

The majority of Community First Responders (54%) are Christian. A significant number (15%) are Atheist, with 4.4% stating *other*.

CFR by religion/belief	Headcount	%
Atheism	64	15.7%
Buddhism	2	0.5%
Christianity	223	54.5%
Judaism	2	0.5%
Sikhism	1	0.2%
Other	18	4.4%
Not Wish To Disclose	86	21%
Unspecified	13	3.2%

CFRs by religion/belief – 1st April 2019 – 31st March 2020

Sexual Orientation

The sexual orientation of CFRs is displayed in the chart below. There has been a continued increase in CFRs identifying as Gay/Lesbian (from 1.4% in 2017 to 2.3% in 2018 and 3.2% in 2019) which is possibly reflective of the diversity some area of the population in our region, such Brighton

CFR by Sexual Orientation	Headcount	%
Bisexual	4	1.0%
Gay or Lesbian	13	3.2%
Heterosexual or Straight	340	83.1%
Undecided	1	0.2%
Unspecified	13	3.2%
Declined to Answer	38	9.3%

CFRs by sexual orientation – 1st April 2019 – 31st March 2020

Supporting our Staff

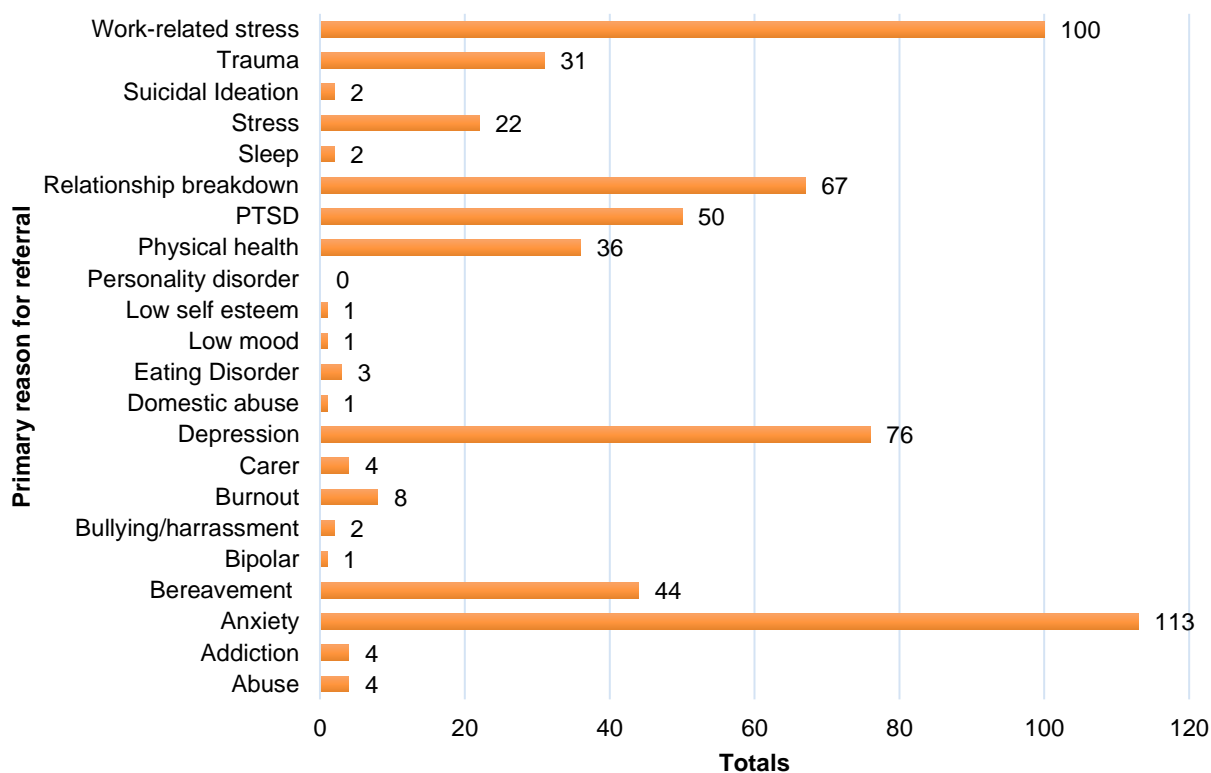
The Wellbeing Hub is an in-house support service for our staff. The Hub provides quick and easy access to an array of support in just one email or phone call. This support includes mental and emotional wellbeing, Trauma Risk Management (TRiM), as well as physiotherapy referrals. The wellbeing team assess 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.

Mental health / wellbeing referrals

Between April 2019 and March 2020, the most common reasons for mental/emotional wellbeing referrals were: anxiety (20%); work related stress (not including generalised stress) (17%); depression (13%); and relationship breakdown (12%). Other reasons for referrals included PTSD, trauma, bereavement, as well as physical health conditions. It is important to note that 115 cases have reason unknown in this time period, due to previous tracking issues.

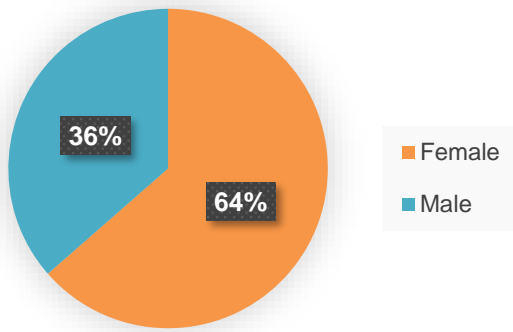
More females accessed wellbeing support compared to males: 64% to 36%, with the most common age group being 26-35 (32%). The least common age group for wellbeing referrals was over 65.

Wellbeing referrals by reason

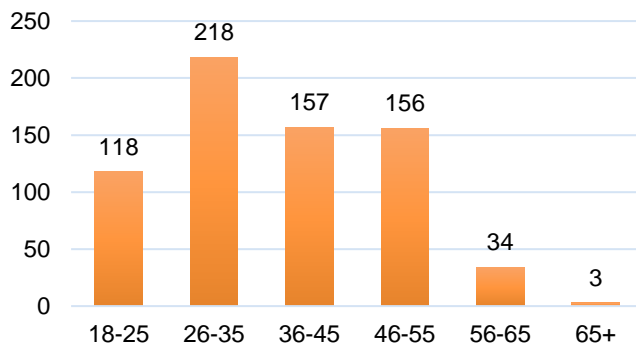


Wellbeing referrals by type – 1st April 2019 – 31st March 2020

Wellbeing Referrals by Gender



Wellbeing referrals by Age

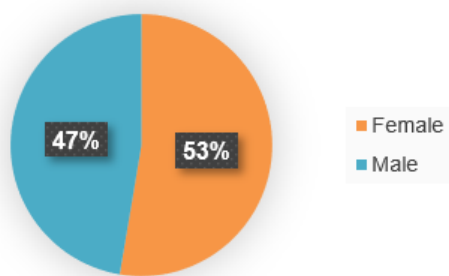


Wellbeing referrals by age and gender – 1st April 2019 – 31st March 2020

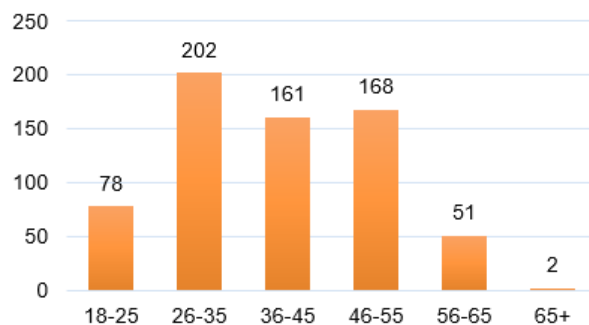
Physiotherapy referrals

Between April 2019 and March 2020, the most common reasons for physiotherapy referrals and areas of pain upon referral were; lower back/hip (27%); shoulder (17%); and wrist (11%). Other areas of pain on referral included knee, neck and ankle. Females accessed physiotherapy through the Wellbeing Hub slightly more than males at 53% to 47%, with the most common age group being 26-35 (31%). The least common age group for physiotherapy referrals was over 65.

Physiotherapy referrals by Gender

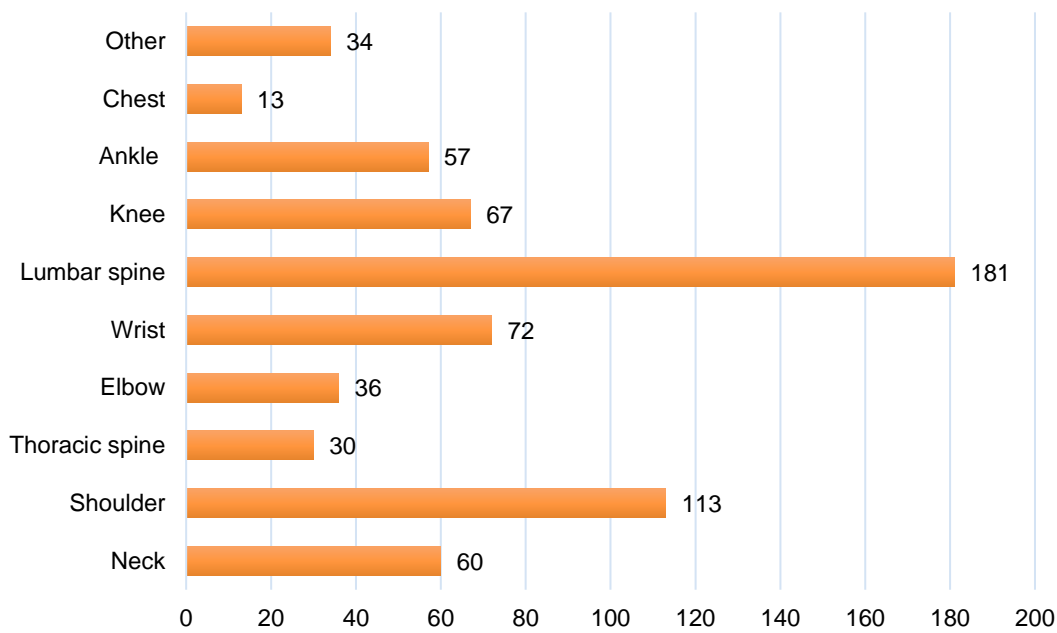


Physiotherapy referrals by Age



Physiotherapy referrals by age and gender – 1st April 2019 – 31st March 2020

Area of Pain on referral



Physiotherapy referrals by area of pain – 1st April 2019 – 31st March 2020

Occupational Health

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

In this time period, April 2019 – March 2020, the three main routes by which staff typically come into contact with OH services are:

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

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 the majority of 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.

In line with the volume of BME staff across the organisation, the Trust is currently recruiting additional 3rd party psychological support therapists with a BAME background, thus ensuring an accurate level of BAME therapeutic representation across the organisation.

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.

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 and 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