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**AUGUST 1st 2016**

**RACE EQUALITY IN THE LONDON AMBULANCE SERVICE**

**THE PATIENTS' FORUM**

The Patients' Forum for the London Ambulance Service monitors the LAS and other ambulance and emergency services across London. Our members are local people who examine services both as service users and active lay people. We obtain information to monitor health services from service users and carers, the LAS, CCG commissioners and NHS services across London.  The Patients' Forum monitors a wide range of LAS activities and influences the provision and provision of services.

**MONITORING DIVERSITY IN THE LAS**

The Patients’ Forum has monitored the LAS since 2003 and became concerned in 2004 about the ethnic diversity of both the workforce and LAS Trust Board. The Forum discussed the matter with the LAS, made recommendations to them, held public meetings, where the lack of diversity was discussed, engaged with the Commission for Racial Equality (A1, 2) (before it was abolished in 2006) and wrote on a number of occasions to the Equality and Human Rights Commission (EHRC) seeking advice and assistance (and found them to be unhelpful and uncooperative).

Data on the racial diversity of Paramedics employed by the LAS in 2003/04 showed that out of a workforce of 685 paramedics, that 663 where white, 4 Caribbean and 3 Asian.

In 2004 the ‘London Assembly ‘Ambulance Review Advisory Committee’ (A3) made a recommendation that:

*“The Service should continue to take active steps to improve the representation of women, people from black and ethnic minority communities, and people who are disabled amongst all staffing levels throughout the organisation particularly among senior management and at board level”.*

The Forum has continued to monitor the LAS for 12 years (2004-2016) and has found that the percentage of BME heritage Paramedics increased from 3.21% to 7.00% (from 22 to 139) and that this coincided with a continuous increase in the size of paramedic workforce (see table one)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year | Total no Paramedics  In the  LAS | Total no  “BME”  paramedics | % “BME”  paramedics | “BME” % frontline paras (direct patient contact) | “BME” paras as % of total workforce |
| 2003/4 | 685 | 22 | 3.21 | Not Known | 0.54 |
| 2004/5 | 734 | 26 | 3.54 | 1.07 | 0.65 |
| 2005/6 | 832 | 26 | 3.13 | 0.99 | 0.62 |
| 2006/7 | 816 | 27 | 3.31 | 1.00 | 0.62 |
| 2007/8 | 836 | 32 | 3.83 | 1.19 | 0.74 |
| 2008/9 | 881 | 31 | 3.52 | 1.04 | 0.70 |
| 2009/10 | 917 | 34 | 3.71 | 1.01 | 0.68 |
| 2010/11 | 1025 | 41 | 4.00 | 1.22 | 0.83 |
| 2011/12 | 1385 | 64 | 4.62 | 1.98 | 1.38 |
| 2012/13 | 1648 | 93 | 5.64 | 2.97 | 2.01 |
| 2013/14 | 1611 | 95 | 5.90 | 3.09 | 2.04 |
| 2014/15 | 1707 | 106 | 6.20 | 3.49 | 2.30 |
| 2015/16 | 1991 | 139 | 7.0 | 4.6 | 2.80 |

**TABLE ONE**

**WORKING WITH THE LAS**

On December 21th 2005 the Forum wrote to LAS Chief Executive Peter Bradley about diversity in the LAS (A5-B1/2) and made 10 recommendations to him which included:

* That the recruitment process, especially for front line staff, be speeded up so that there is a more rapid move towards a diverse workforce.
* That within 5 years (by 2010) the racial diversity of front line LAS staff should reflect the population served in London.
* That the Forum receives regular reports on LAS research into why BME groups are not recruited into LAS front line positions.
* The Forum should be kept informed about the development of the new LAS recruitment and selection policy.

The Forum’s intention was to help transform the approach of the LAS towards equality and diversity and to ensure compliance with its legal duties. The Director of Human Resource, Caron Hitchin replied to the Forum in February 2006 with a detailed response and we thought a commitment to action. However, most of ‘actions’ were never been implemented (A5C) despite the duty laid on the LAS to promote race equality in line with the Race Relations Act and the Strategic Health Authority ‘Race Equality Guide’ (2004).

On February 6th 2006 the Forum held a public meeting at Croydon Town Hall attended by the Mayor of Camden and Ruth Valentine, a consultant employed by the LAS to look into diversity issues at the LAS (A4-Ruth Valentine 2006). The Forum raised 10 issues on equality and diversity which Ms Valentine agreed to consider in her research. The LAS are unable to find this report. During the Forum meeting an LAS Board member who was present suggested that: “Some aspects of the LAS might be less attractive to BME communities, e.g. the wearing of uniforms”. This type of reasoning for the failure of the LAS to recruit BME staff has been put to the Forum on several occasions by senior staff.

On October 25th 2006, Paul Carswell the Diversity Manager for the LAS wrote to the Forum (A5) making critical points about the failure of the LAS to record diversity data on PRFs (Patient Report Forms are used to record clinical information on patients) accurately, and about the need to reconstitute the Equality and Inclusion Committee to ensure that each department is represented and has a duty to implement decisions of the Committee. This reform was never implemented.

**THE LAS BOARD AND THE APPOINTMENTS COMMISSION**

The Forum wrote to Andrea Sutcliffe, Chief Executive of the Appointments Commission (A6), responsible for appointing non-executive directors to the LAS Trust Board (NEDS) and asked why they had appointed so few NEDS who were not white. We drew attention to the statement by Michael Foster, Minister for Government Equalities Office: “Public bodies take decisions that affect and impact on all our lives. ...It is essential that the people appointed to these bodies reflect the country in which we live and the public they serve.”(2010) - (A7) [www.diversitylink.co.uk/resource293/1.html](http://www.diversitylink.co.uk/resource293/1.html)

The Forum asked the Appointments Commission for assurances that all future appointment would be made in a way that was consistent with government policy and legal duties in relation to equal opportunities. We also asked for public participation in all future appointments to the LAS Board. The Appointments Commission replied in February 2010 (A8) that it had established a Diversity Action Plan, would work closely with the Government Equalities Office to promote diversity in public appointments and had agreed as a priority that it would: “Promote public appointments to attract a diverse range of high-calibre applicants”. Since that time the Appointment Commission has been abolished, and there has never been more than one non-white person on the LAS Board and for the past two years there have been only white Board members.

**SEEKING ADVICE FROM THE EHRC**

Forum wrote to Nicola Brewer the Chief Executive of the EHRC IN 2009 (A9) expressing concern about the poor progress made by the LAS in the relation to the diversity of the workforce, and informed the EHRC that in 2008/9, 96% of the paramedic workforce were white and that this was an improvement over 2005/6 when the figure was 97%. The Forum also shared with the EHRC data about leavers, dismissals, employment practices, barriers to recruitment, the diversity of the LAS Trust Board (only one of the non-executive directors was not white) and the LAS system of monitoring ethnicity, e.g. using the category “visible BME”. But Nicola Brewer failed to reply.

The Forum then wrote to the Chair of the EHRC, Trevor Phillips in February 2010 (A10) asking him to take action and to: “Advise the Forum on the steps that might be appropriate for the EHRC to take to support the LAS and the Appointments Commission to address their diversity issues”. Trevor Phillips and a senior legal enforcement officer both replied (18/2/10), welcoming the Forum’s request and promising to make enquiries about the situation in the LAS and expressing concern about the compliance with equalities duties under the 2006 Equality Act (A11,12).

After a further enquiry to Trevor Phillips the legal enforcement officer replied (21/4/10) to say they were tracking down correspondence with the LAS and the Appointments Commission (A13) and that they still had no data from the LAS, but as far as Board appointments were concerned they will be; “maintaining an interest in monitoring the outcomes of their actions to address the lack of diversity in appointments to ensure that equality outcomes are achieved”. The Forum wrote again in June 2010 to enquire of progress and was advised by the Senior Legal Officer on 1/6/10 that even though the LAS Board never had more than one BME member that the EHRC did not see any reason to investigate further, and that they were still waiting for a response from the LAS (A14).

The Forum wrote again on 26th February 2012 (A15) reminding the EHRC of the opportunities afforded by the Public Sector Equality Duty (PSED) and the benefits of a diverse workforce and inviting the EHRC to present at a Forum meeting - an invitation they declined. In April 4th 2013 (A16) the EHRC wrote to the Forum claiming that the LAS was continuing to pay due regard eliminating discrimination and harassment and therefore the EHRC would take no action against the LAS.

The Forum wrote to the EHRC on April 19th 201(A17) expressing great surprise at their refusal to acknowledge the failure of the LAS to make any reasonable progress or show due regard to the Equality Act. We said: “Perhaps you have access to data and evidence that has not been shared with the Forum. I would therefore be grateful if you would provide a copy of the evidence you have used, to support your assertion that the LAS Trust is continuing to work to pay due regard to their duty to eliminate discrimination and advance equality of opportunities in relation race”.

In 2013 the Forum held a public meeting on the equality and diversity which Janice Markey (Equality and Inclusion Manager, LAS), spoke at, and the Forum reported back on its campaign to reform the LAS in relation to equality and diversity. http://www.patientsforumlas.net/meeting-papers---2013.html

**SEEKING COOPERATION FROM THE EHRC**

The Forum asked the EHRC in February 2012 to: “cooperate and collaborate with the LAS to highlight the urgency of building a more representative workforce even more responsive to the needs of the London; “which includes greater public confidence, a more skilled and culturally sensitive workforce, better feedback as to the needs of ethnic and cultural groups, and services better targeted at the varying needs of different communities”. The EHRC wrote to the Forum on April 4th 2013 stating their view that: “the Trust is continuing to work to ‘pay due’ regard to eliminate discrimination and harassment, to foster good relations and to advance equality of opportunity. Bearing in mind the evidence, we do not consider it appropriate to pursue any regulatory action against the Trust”.

In the Forum’s final letter to the EHRC in April 2013 we explained that:

“A member of Forum sits on the LAS Equality & Inclusion Steering Committee, and we are in a position to know what the LAS has done to achieve and promote equality, diversity and inclusion”.

The EHRC replied that: “The Technical Guidance on the PSED recognises that progress in relation to one protected characteristic may be more rapid than progress in relation to another”, and suggested that three of the LAS’s high level objectives for 2012 demonstrated progress in relation to achieving equality objectives in relation to race. These were:

* 50% of complainants have provided relevant details and begin to monitor trends in complaints from black and minority ethnic (BME) service users in 2012/2013.
* Act on the results of the staff survey and develop both corporate and localised actions to improve key problems identified by 2016.
* Appoint champions for each protected group 2014 and ensure the interests of these groups are protected and promoted with regards to staff, patients, service users and other stakeholders in line with the requirements of the Equality Act 2010.

**HAS THE LAS MET ITS THREE HIGH LEVEL OBJECTIVES?**

The responses received in April 2015 from the LAS in response to the 3 objectives accepted by the EHRC as evidence of ‘due regard’ being shown to race equality are as follows and **demonstrate that in practice virtually no progress had been made by the LAS to meet these objectives**.:

* Complaints Data: 50% of complainants have provided relevant details and begin to monitor trends in complaints from black and minority ethnic (BME) service users in 2012/2013. Evidence provided by the LAS:

“Compliance has improved but yes, we simply take the details from the PRF; however, we have to assume this info is valid and it takes up resources at a time of unprecedented complaint volumes. One interesting point - the reporting does not differentiate between the patient involved or the complainant, they are naturally not always the same. What I can tell you is that people are reluctant to complete and return the monitoring sheets, it has been the same ever since I can recall, not just with us but across all the complaint networks. I can also tell you that the converse applies, that we have no evidence there are any problems with anyone being able to complain to us (although I would imagine the usual sociological issues apply). We now monitor patient feedback websites and accept complaints via social media, so more to complain about and more ways to do so but there are no more resources to manage this growth in demand”.

* Staff Survey: Act on the results of the staff survey and develop both corporate and localised actions to improve key problems identified by 2016. Evidence provided by the LAS:

“Thank you very much for your email. I haven’t seen anything specific yet, although I gather EMT was looking at this in light of the latest Staff Survey results. There may well be some relevant actions coming up in the departmental returns of their specific actions to populate the Equality and Inclusion Strategy 2014-19 Action Plan, which I am hoping to have received by the end of the month. Once the action plan has been put together, it will be shared with the Equality and Inclusion Steering Group and obviously with yourselves and any other key stakeholders. We did have a lead in HR who was responsible for Staff Engagement, but this now appears to have moved to our Communications department and am just waiting to hear back who that is and will let you know once I do”.

* Appoint champions for each protected group 2014 and ensure the interests of these groups are protected and promoted with regards to staff, patients, service users and other stakeholders in line with the requirements of the Equality Act 2010. Evidence provided by the LAS:

“Please find attached the list of the Equality Champions we have so far. I had wanted to finalise the list to get nominations for the remaining protected characteristic groups at the last Equality and Inclusion Steering Group meeting on February 23, but unfortunately due to leave and operational pressures there were not that many members able to attend, so I will be looking to get the remaining ones agreed if possible at the next steering group meeting. This was due to be on April 23, but I will now need to attend the 2015 Stonewall Healthcare Equality Index results event at the same time, so will be looking to reschedule the meeting until early May and will let Kathy West know as soon as I know what time and day we can have a room”.

**FORUM’s QUESTIONS TO THE LAS BOARD – SET ONE**

The Forum also put a formal question to the LAS Board in November 2013 asking if the Board were satisfied with the steps they were taking to achieve diversity in their workforce that matched the diversity of the community they served (40% of Londoner's are from BME heritage). The percentage of paramedics whose ethnicity is described by the LAS as BME increased as follows between 2004-2016:

2004/5 3.54%

2005/6 3.13%

2006/7 3.31%

2007/8 3.83%

2008/9 3.52%

2009/10 3.71%

2010/11 4.00%

2011/12 4.62%

2012/13 5.64%

2013/14 5.90%

2014/15 6.20%

2015/16 7.00%

**Question to the LAS Board:**

“Is the Board satisfied that appropriate measures are being taken to ensure that LAS’s percentage of paramedics of black and other minority ethnic heritage, matches the diversity of London’s population? Is there a risk of the LAS’s employment practices becoming subject to further scrutiny by the Equality and Human Rights Commission?

The LAS replied: “

The measurement of only Paramedics especially when going back to 2004 is not a particularly good measure as at that time only 29% of frontline staff delivering care to patients were paramedic. Over the period in question our frontline BME staff has increased from 4.32% to 5.82%. Clearly we would like to see a greater representation and constantly try to achieve this. It is worth noting that 9.17% of our recently recruited Student paramedics are from BME backgrounds. **It is also worth noting that the number of BME paramedics employed (including SPs about to qualify) has increased since 2004 by 269% (sic). In terms of scrutiny of our employment practices, the Trust is confident that these have “passed muster” and this is supported by the fact we are currently included in the top 100 employers index with Stonewall.** The Trust has also gained assurance from:

* Equality and Human Rights Commission following a query received from the Patients’ Forum
* Implementation of the NHS Equality Delivery System
* LAS Equality and Inclusion Strategy (and associated actions) which is overseen by the Equality and Inclusion Steering Group with membership including a representative from the Patients’ Forum.”

**CHAMPIONS FOR PROTECTED CHARACTERISTIC GROUPS**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PROTECTED CHARACTERISTIC | AGE | DISABILITY | GENDER REASSIGNMENT | MARRIAGE OR CIVIL PARTNERSHIP | PREGNANCY OR MATERNITY | RACE | RELIGION/BELIEF | SEX | SEXUAL ORIENTATION |
| NAME OF CHAMPION | TONY CRABTREE | DISABILITY CHAMP:  ALAN TAYLOR  DEAF CHAMP  RICHARD WEBB-STEVENS | NIL | NIL | SANDRA ADAMS | NIL | NIL | NIL | BILL O’NEILL |

**FORUM’s QUESTIONS TO THE LAS BOARD – SET TWO**

**On July 27th 2015 the Forum presented to following observations and questions to the LAS Board:**

**The Forum:**

 1) Welcomes the significant progress made by the LAS in showing due regard to the Equalities Act 2010, especially though it work with LGBT staff and patients.

2)    Is concerned at the lack of diversity amongst members of the LAS Board. (See also “snowy white peaks” of the NHS by Roger Kline, DH).

3)   Notes with concern that over a period of 10 years that the percentage of paramedics from a BME heritage has only increased from 3% to 6% of the paramedic workforce.

4)   Is concerned that the LAS has not yet appointed a ‘race champion’ despite its assurance to do so in 2012 (see above).

5)   Would like to see considerable progress with identifying and supporting staff with disabilities.

6)  Suggests that the LAS would suffer a reputational risk were it not to ensure that is workforce reflects the diversity of London, to a considerable degree, over the next five years (50% of the population of London is expected to be from a BME background in 2020)

7)  Is concerned that the Trust’s high level objectives agreed in 2012 have not yet been achieved (see below)

8)   Proposes that an independent chair is appointed to the Equality &Inclusion Steering Group to provide leadership that would enable the Trust to achieve its objectives in relation to all protected characteristic.

9)   Is committed to working with the Trust to achieve its equality and inclusion objectives.

**The response received on September 21st 2015 from Sandra Adams was as follows:**

80.6 The Patients Forum had submitted a number of questions which were then taken in turn:

-       LAS Board and the lack of diversity: the Chairman responded that he was participating in an LAS initiative to gain interest from colleagues in joining NHS boards and developing a readiness programme to improve people’s chances of success through the application and selection processes. The intention was to increase the number of NHS board members from a BME background.

-       Percentage of paramedics from a BME heritage: 9.9% on new starters came from a BME background and this was a positive move. Karen Broughton reported that this would have to be influenced at the point of entry nationally i.e. the universities, as the LAS and other services appointed from this pool of graduates.

-       Appointment of a race champion: Janice Markey responded that this was one of the 4 equality objectives and champions had been appointed so far for age, disability, pregnancy and maternity. Two members of staff had agreed to be champions for race and gender, and this left a gap for religious beliefs which she was actively working on. She was working closely with the Employers Forum and the chair of the BME Forum chaired the national network group. (Appointment of a race champion was announced at the July Board meeting immediately after the question was put).

-       Support at the right level was required to achieve what was needed to progress equality and inclusion: Janice Markey reported that much effort was being made to support staff at all levels. The Trust Board had received training in 2014 and the Disability Forum had trained the HR directorate.

-       Appointment of an independent chair of the Equality and Inclusion Steering Group: Zoe Packman would discuss this further with Malcolm Alexander.

-       The London population was tending towards 50% BME and the LAS clearly needed an objective to work towards this.

**FORUM RESOLUTION**

**On December 16th 2015 the following resolution was passed by the Forum:**

**Equality and Inclusion–Statement by the Patients’ Forum**

The Patient's forum fully supports the direction of the London Ambulance Service as an essential for the people of London committed to providing the very highest quality service to people needing urgent and emergency care.

The LAS is currently dealing with an assessment by the Care Quality Commission which has found some of its services inadequate. We support the leadership of the LAS and recognise the need for a combination of more resources, improved management of resources, and significantly improved staff/management relations and support.

We note the findings of the CQC relating to the need to:

*"Review trust equality and diversity and equality of opportunity policies and practice to address perception of discrimination and lack of advancement made by trust ethnic minority staff and staff or on family friendly rotas."*  CQC Nov. 2015

The LAS has an Equalities and Inclusion Committee which has made good progress regarding the inclusion and supporting LGBT staff, but has failed to show due regard to the needs of many of the equalities and protected categories designated in the Equalities Act. Consequently, staff, potential staff and patients with some of the other protected characteristics are left on the sidelines - and hence the poor CQC assessment.

The Forum believes it is essential is to have a ‘whole systems approach’ to each protected characteristic (equality group), including regular feedback from ‘equalities champions’, staff and patients and integration of staff support and opportunity issues across LAS.

As an example of the way forward, in the area of disability, a significant number of staff experience disabilities and therefore have the experience to become more supportive to patients with the same disabilities. This is currently the case with hearing disabilities, but is the exception for the LAS.

The Forum values the significant progress made via LGBT focused assessments, it is essential that the LAS makes rapid and significance progress towards ensuring that patients are staff with all protected characteristics are valued, supported, actively involved, included, and that the entire equality approach is treated as a whole system.

**LETTER TO SANDRA ADAMS, CHAIR OF EQUALITY AND INCLUSION**

**On February 17th 2016, the following letter was sent to Sandra Adams as Chair of the Equality and Inclusion Committee:**

Dear Sandra, as you know, for some time, we have been concerned about the LAS’s achievements towards adequate and reasonable progress in relation to the objectives of the Equality Act and its Public Sector Equality Duty. This requires the LAS to take continuous steps towards adequately meeting the needs of patients and staff with all of the protected characteristics described in the Act.

As the CQC highlighted this matter, we feel it is essential that the opportunity is taken to achieve significant improvements in the short term; unfortunately, the agenda for the Equality and Inclusion meeting to be held on Thursday February 18th 2016, does not seem to reflect the steer suggested by the CQC report.

Given the very positive changes which are being put in place in other parts of the organisation as the result of the CQC assessment, we believe this is an excellent time to re-evaluate the impact of equality and inclusion over the whole of LAS. Currently, the lack of focus on diversity and inclusion prevents the skills, abilities, culture, ethnicity, sex, disabilities of all staff being adequately valued.

We believe that the E&I Committee urgently needs a holistic plan if it is to move forward. The excellent work with Stonewall needs to be integrated and replicated with every protected characteristic. The strategy needs to clearly lay out what is to be achieved and by when, but with the current strategy, the LAS would not achieve compliance with its public sector equality duty for many years. We would also strongly recommend getting the support of Inclusive Employers, given that LAS has recently joined this excellent organisation.

With regard to the Equality Forums, the E&I Forward Plan does not seem to set out exactly what the Forums plan to do, how they are monitored, what their aspirations and achievements are, how patients will benefit and what the targets and milestones are. We would like to suggest that the Forums need implementation plans and milestones, so that we can regularly monitor progress, and a quarterly reporting back mechanism on achievements.

We would like to Terms of Reference to be updated and serious consideration given to accountability of staff for decisions made by the E&I Committee. We would also appreciate having access to the policies mentioned in the press release by Stonewall and to have assurances that the Terms of Reference of the Equality and Inclusion Committee reflects what is in these policies.

Assurances are needed that accurate staff records are kept for example in relation to ethnicity, disabilities/related health issues and other protected characteristics. If these characteristics are not accurately recorded the E&I Committee can’t measure progress or ensure that appropriate resources have been allocated, policies updated and changes made.

We would like to request that each of the LAS Champions who have agreed to provide leadership in relation to protected characteristics, report back regularly and demonstrate progress in the areas where they have agreed to provide leadership for the LAS and it patients.

The Equality and Inclusion Committee does not currently have the resources to ensure that these issues are taken up adequately across the organisation, and in our view it is necessary for all LAS committees to ensure that these issues form part of the substance of their work programmes. This would be of enormous benefit to both patients and staff.

There is clearly a long way to go to get to grips with the duties which are laid on the LAS to achieve real progress in relation to each of the protected characteristics, but we hope that these suggestions will help and we will continue to monitor progress through our representation on the committee.

**UPDATE – JULY 2016**

On 26th July 2016 Melissa Berry (Interim Equality & Inclusion Manager) and Mark Hirst (Interim Director of Workforce) presented the Workforce Race Action Plan to the LAS Board. This comprehensive document described how the NHS Workforce Race Equality Standard (WRES) would be implemented in the LAS (it was published in April 2015 and was included in the NHS standard contract 2015/16).

 WRES has nine indicators and the LAS Board has now adopted an Action Plan to close the gaps in workplace experience between White and Black and Ethnic Minority (BME) staff, and to improve BME representation at the Board level of the organisation. The report stated that:

"The LAS submitted the baseline WRES data in July 2015 however no action plan was provided to accompany this and very few initiatives have been delivered on the BME staff agenda in the last twelve months.

Analysis of the available evidence demonstrates a prolonged historical trend of the LAS workforce under representing the BME population it serves, with the senior management team also under representing the BME workforce. A new and robust action plan is proposed (see section 8), setting out a number of incentives that, over the next twelve months will bring about the change required to make improvements around the nine WRES indicators.

To address these issues, the LAS will need to consider allocating significant resources, including financial investment, to the Equality and Inclusion Team. This journey should not be seen as a short term one, as the starting point means that it will be a long road for the LAS. However, research demonstrates that the benefits to the LAS of increasing diversity in the workforce and leadership would include improved innovation and effectiveness. The LAS is likely to be under a microscope, including from the CQC, as the current data shows that a great deal of work needs to be done”.

**FROM THE LAS WEBSITE**

# Hundreds more clinical staff on the frontline but not enough people from BME backgrounds 28 July 2016

**London Ambulance Service is taking ‘positive action’ after recruiting hundreds more frontline staff in the last year but not enough people from the black, minority, ethnic (BME) community.**  
  
Increasing demand is one of the biggest challenges the Service faces and last year it set out to recruit more front line staff amid a national shortage of paramedics. Karen Broughton, Director of Transformation, Strategy and Workforce said: “We are responding to more patients than ever before. We needed more front line staff to help us respond to these patients but there is a national shortage of paramedics in the UK.”  
   
To tackle this issue the Service increased its intake of paramedics from universities as well as recruiting from Australia and offered eligible staff from within the organisation opportunities to train to become paramedics but we need to do a lot more to  attract staff from the BME community into the organisation. Karen said: “Our first priority was to recruit appropriately qualified staff as quickly as possible and since October 2014 we have recruited over 850 frontline staff. Not many people from a BME background are choosing paramedic science at university and we are working with Health Education England to encourage more people to consider this option.  
   
“We’ve also increased the number of undergraduate paramedic places at our four partner universities and launched a new Education Academy to train up our own staff.” While 20 per cent of new starters have a BME background, only 12 per cent of the Service’s workforce is from the BME community. Karen said: “We recognise this still isn’t good enough and we are committed to changing this as soon as possible”.  
   
As well as looking at targeted local recruitment initiatives and asking people from the BME community to consider joining the Service at entry level positions such as Trainee Emergency Ambulance Crews, Non- Emergency Transport it will be targeting them in campaigns. Other positive action the Service is taking includes:

* Reviewing our recruitment process to understand any blocks or challenges to BME applicants.
* Implementing recruitment and selection training for all managers including unconscious bias awareness training.
* Working with universities to develop a BME access programme to paramedic science degrees.
* Addressing BME issues will be an on-going focus of the Trust Board which will also be appointing an associate non-executive director from the BME community.
* Establish a BME talent programme for people already working in the Service to encourage career progression to a more senior level.

**CONCLUSIONS**

1. Prohibition of discrimination is clearly asserted in the Equality Act 2010, in EU law in the Race Equality Directive (2000/43/EC) and the Employment Equality Directive **(2000/78/EC)** which: ... “prohibit discrimination on the grounds of race: direct and indirect discrimination, harassment, instruction to discriminate and victimisation”.
2. Data from the LAS shows that during a ten year period, following recommendations being made to the LAS by the London Assembly that the percentage of paramedics employed by the LAS and classified as “BME” increased from 3.2 to 5.90%. The figures for 2015 increased to 7%. Thus 12 years after the Assembly’s recommendation, 93% of the LAS’s paramedics are white, and 5 years after assurances were given by the ‘Appointments Commission’ regarding the composition of the LAS Boards, all members of the Trust Board are white.
3. The PSED was introduced in April 2011 (GEO 2011). Both the Commission for Racial Equality and the EHRC were actively encouraged by the Forum in 2007, 2009, 2010, 2012 and 2013, to take action using the PSED, either by giving advice or through enforcement action. This was intended to assist the LAS to take reasonable steps to create a racially diverse frontline workforce. **However, virtually no action was taken by the LAS or the EHRC to ensure compliance with the law.**
4. The LAS recommended that that next time they have a recruitment campaign for clinical staff they should: “engage actively with people from a wide range of backgrounds, who ... do not seem to be applying to the Trust (e.g. Chinese, disabled people, gay, lesbian and bisexual applicants)... and to consider holding awareness events for certain sections of the community on how to complete an application form, in line with the Trust’s new ‘Positive Action Strategy’. **The LAS does not appear to have taken any action to show due regard to its own recommendation.**
5. In September 2010 the Trust submitted its second application for inclusion in the Stonewall Workplace Equality Index. This time the Trust came 169th out of 378 organizations applying (Equalities Report 2010-11). In the report for 2011-12 the LAS reported: No major new recruitment campaign has taken place, but on the next available opportunity, in line with the Trust’s Positive Action Strategy, the Trust will seek to actively encourage people from protected characteristic groups who do not appear to be proportionately represented at present in the Trust (Equalities Report 2011-12).

**The LAS appear to have taken no action to comply with this promise.**

1. The EHRC accepted three barely relevant areas of focus to demonstrate that the LAS was showing ‘due regard’ to the PSED, i.e. (1) collecting equalities data from patients who make complaints and monitoring the frequency of complaints from BME service users; (2) appoint ‘protected characteristic’ champions by 2014, (which has not yet been done for race) and (3) to ‘act on the outcomes of the annual staff survey’.

**Virtually no action was taken by the LAS to comply with these priorities.**

1. The LAS Board appears to be composed entirely of members from a single ethnic heritage. **Years of asking for diversity on the Board have achieved nothing.**
2. **The Forum has repeatedly asserted that as a member of the LAS’s Equality and Inclusion Steering Group, with access to the LAS staff and LAS data, that they had evidence that ‘due regard’ was not being paid to the duty to eliminate race or disability discrimination.**
3. **The Equality and Inclusion Group has ceased to meet but no explanation has been given for this.**

Since 2004 the Forum has repeatedly taken action to encourage the LAS to comply with the Equality Act, its Public Sector Equality Duty and the Equality Delivery System. Despite our persistence virtually nothing has been done in respect of race equality over a period of 12 years. We believe that a culture of non-compliance with the Equality Act with respect race equality has become embedded in the London Ambulance Service, and that this will not change without radical and persistent action in relation to training, leadership and recruitment. The recent recruitment of specialist staff and the very positive Board report in July is beginning to shine a light on this problem, but change will need to be driven hard over a long period by the Board and its senior managers.

We congratulate the LAS for bringing into the LAS a team (Melissa Berry - Interim Equality & Inclusion Manager) and Mark Hirst -Interim Director of Workforce) that have the experience and expertise to bring about the transformation that the LAS desperately needs in relation to race equality. The Action Plan is an excellent example of a major step forward for the LAS. But, implementation is essential and this will be a hard slog and struggle for the LAS after neglecting the issue for so long. The Forum will support the LAS in every way possible.

**APPENDIX**

**ADVICE FROM THE EQUALITY ADVISORY SUPPORT SERVICE**

Dear Patients’ Forum, there are three ways that action can be taken:

1. As the EHRC are the only body who has the power to enforce the Public Sector Equality Duty, or take action against organisations that are not complying with this duty, contacting the EHRC is the normal way of addressing this issue.  However, I notice from your e-mail that you have already contacted the EHRC in 2013 who declined to take action because they believed that the employer is continuing to work to pay due regard to their duty to eliminate discrimination and advance equality of opportunities relating to the protected characteristic of race.

1. Another option for addressing the issue is for your monitoring group to go through the process of a judicial review in relation to a breach of the Public Sector Equality Duty.  In order to do this you would need to show that there would be a ‘sufficient interest’ in doing so.  This is something that would need to be done promptly and would have time limits in which you can apply for the judicial review; therefore, you would need to do further research on the possibility of taking this course of action.

1. Alternatively, you could find an individual that has been affected by the employer’s practices and consider the process of supporting (or representing) an individual to make a claim against the employer for indirect discrimination.  Again there are time limits associated with making a claim for discrimination against an employer.  In terms of making an employment tribunal claim, the standard time limit is 3 months minus one day from the incident of indirect discrimination.

I hope this information has been of use to you.  Do not hesitate to contact us again should you have any further questions or require any further advice.

Regards, Angela Leeke, Equality Advisory Support Service

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