



London Ambulance Service **NHS**
NHS Trust

EQUALITY & INCLUSION STRATEGY 2009-2012

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EXECUTIVE SUMMARY

Like every other public body in the United Kingdom, London Ambulance Service NHS Trust has a duty under legislation to promote disability, gender and race equality. Our new Equality & Inclusion Strategy covers three years – from 2009 to 2012. It takes forward the progress made through our Race, Disability and Gender Equality Schemes and extends our actions to cover the three additional equality strands of age, religion or belief and sexual orientation.

This is our first Equality & Inclusion Strategy and this document describes how we will fulfil our moral, social and legal obligations in regard to employment and training, service delivery, engagement and decision making.

We value and celebrate diversity but aim to do this in an inclusive and holistic way, in which all our staff have the responsibility of participating in our goals and improving our services to our patients and stakeholders.

The key aims of our strategy are to:

- provide first-class health care to all our diverse patients and customers
- become an employer of choice, attracting the best and talented people from all backgrounds
- ensure our procurement practices enable us to use our buying power as a driver for promoting equality

We have set up a new Director-level Equality & Inclusion Steering Group to oversee the progress on our new strategy; this steering group includes staff side and patient representation.

We have a rigorous equality impact assessment procedure (Appendix 6) and have highlighted the policies, procedures and functions to be impact assessed over the next three years (Appendix 5).

The Trust has recently joined all six of the leading employer equality forums, underscoring our commitment to equality of opportunity for all our staff, patients, customers and stakeholders.

We will actively involve all our stakeholders in the development, monitoring and review of our new strategy. Annual reports on the progress of this strategy will go to Senior Management Team and the Trust Board.

We are consulting with our patients groups, customers, staff and other stakeholders through a wide range of ways over a fourteen-week consultation period, including at our Patient Care Conference 2010.

We welcome feedback on our new strategy and particularly the priorities for action expressed by our stakeholders, which we will aim to address through our new Equality & Inclusion Strategy Action Plan.

Draft

INTRODUCTION

London Ambulance Services NHS Trust

Who we are

We are the busiest ambulance service in the world, providing free healthcare to patients at the time they receive it. We provide this care to the over seven and a half million people living in the capital, as well as visitors and commuters. Our workforce has grown to over 4,000 staff, drawn from the richly diverse communities of our capital city.

The area we cover is roughly 620 square miles, from Heathrow in the west to Upminster in the east, from Enfield in the north to Purley in the southwest. In all our work we work closely with other London healthcare professional and with London hospitals, as well as with the other emergency services. London Ambulance Service plays a central/vital role in the emergency response to major or large-scale incidents in the capital.

What we do

Emergency Planning

As London's Ambulance Service, we need to be prepared to deal with all kinds of large-scale incidents and have dealt with many major ones over recent years. One of the most difficult challenges we have ever faced was the London bombings of July 2005.

During such a large-scale incident we work very closely with the other emergency services to save lives. When a major incident occurs, we ensure that:

- London hospitals are on high-alert to receive incoming patients
- An efficient on-site system is established to treat and prioritise patients according to their medical needs
- People who are injured are treated, stabilised and cared for
- Patients requiring further treatment are taken to hospital

To ensure our constant preparedness, we regularly review and test our Major Incident Plan (you can read about our plan on our website).

Emergencies - Getting to patients faster

We respond to emergency 999 calls, providing prompt medical help to patients with serious or life-threatening injuries or illnesses. In the last year, 2008-9, we handled upwards of 1.4 million emergency 999 calls from across London and attended almost one million patients.

On average we receive 865 life-threatening calls every day, and these patients need help as quickly as possible. Since the beginning of 2008 we have been training volunteers in local communities in basic life-saving skills so they are able to attend incidents and provide initial treatment to patients while an ambulance is on its way.

We have invested in a wide range of resources to help us respond more quickly, e.g. fast response cars motorcycles and bicycles, which means we can navigate London's busy roads, narrow streets and pedestrian areas much quicker than in an ambulance.

In 2008-9 we attended 973,908 patients in London – three percent more than in the previous 12 months and our highest number ever.

We reached 25% more patients with life-threatening injuries or illnesses within 8 minutes, compared to the previous year. Those 47,172 patients would fill half of Wembley Stadium.

We continue to improve the care we provide to our patients with life-threatening injuries or illnesses. One area we are particularly proud of is our care for patients who have suffered a cardiac arrest or heart attack.

Stroke is the second highest cause of death and the most common cause of adult disability in London.

On care for stroke patients, we are working closely with other healthcare agencies to help us to improve the care of patients suffering a stroke in the capital. We will soon be able to take patients directly to a hyper-acute stroke unit where the correct life-saving treatment can be given immediately. In February 09 we were involved in a Department of Health campaign to highlight the FAST (Face, Arm, Speech, Time to call 999) test, which allows people to recognize the symptoms of stroke, meaning they can react immediately and dial 999, leading to a likely better outcome.

We are constantly developing our services to provide more targeted care to the diverse needs of our patients, whether they have life-threatening illnesses, less serious but complex conditions or minor medical conditions for which they still need advice or treatment. Our aim is to build on our existing strengths of being a healthcare organisation which is mobile and operating across the whole of London non-stop 24 hours a day. Details of how we are aiming to achieve this are set out in our Strategic Plan (2006/7-2012/13), which shows where we want to be

in 2013. We aim to move away from the “one size fits all” service to one where all our patients receive excellent care tailored to their diverse needs.

But we also provide a wide range of care to patients with long-term medical conditions or complex health problems and need a different type of care from in a hospital.

Providing advice over the telephone and urgent care

When patients who have less serious injuries or conditions first make a 999 call to our control room, our call-takers assess their needs by asking a sequence of key questions. Those calls which do not need an immediate ambulance response are passed on to our clinical telephone advice team, who determine what the best course of treatment is for the patient. This could be being cared for at home or being referred to the local pharmacy, GP or walk-in centre.

Providing patient care at home

We have a dedicated team of emergency care practitioners, paramedics with advanced training to assess and provide treatment if patients do not need or want to go to hospital. The calls these staff respond to are specially selected and are generally less urgent 999 calls which may be complex enough to need a face-to-face assessment rather than telephone advice but not to require a trip to hospital. The emergency care practitioners can provide medication plans, make referrals or if necessary transport patients to a GP surgery or a minor injury unit.

Clinical support desk

We have a newly established clinical support desk, staffed by experienced paramedics, who provide advice and guidance to frontline staff with patient-related clinical problems. Some of the most frequent reasons for these calls include issues linked to patient consent and drug and patient protocol questions.

Providing pre-arranged patient transport

As well as our 999 service, we offer pre-arranged transport, taking our patients to and from their hospital appointments. In comparison to our 999 service, which is available to all Londoners, our Patient Transport Service operates on a contract basis with individual London hospitals. During the year we won eight new hospital contracts and our total number of contracts now stands at 28. To ensure that we can offer an increasingly improved service, we have helped our staff in this service attain further qualifications in road passenger transport.

Our bed-finding service

During the last year we began to record information on where there were free hospital beds ready on arrival for our patients, thus minimising the time and any discomfort involved in their transportation. This initiative builds on our national intensive care bed register for critical care beds in three quarters of England. We also help with antenatal transfers, acting as a coordinator for the Neo-natal Transfer Service in London, Kent, Surrey and Sussex, which transports sick babies between hospitals. We manage around 10,000 referrals a year for NHS professionals, helping them to find beds and arrange transport for their acutely ill patients.

Providing a wide range of customised services

We review the care we give to our patient groups on an ongoing basis. For example, we have over 100 frequent callers London-wide who make repeated 999 emergency calls. These callers have a significant impact on our service, but sometimes genuinely need help in accessing alternative care, so we work with these patients in conjunction with relevant health and social care professionals to find more appropriate help for them.

Assisting patients with alcohol-related illnesses and injuries

We deal with over 60,000 calls a year for patients who are ill or injured because of alcohol. Handling these calls (now over 6% of our workload) puts a strain on our service and potentially diverts our resources away from people with life-threatening conditions. Knowing that Fridays and Saturdays are the busiest for alcohol-related calls, we run an alternative response vehicle, the "Booze Bus," to attend specifically to patients who are drunk, saving our other ambulances for more serious calls.

Vulnerable children and adults

We have undertaken considerable work to enhance the reporting of any incidents involving children and vulnerable adults as well as improving communications with other relevant agencies. At a local level, we have safeguarding leads, responsible for liaising with the local authority, Primary Care Trust and Safeguarding Board. Our responsibility is to ensure that any concerns we have are passed on to the relevant agency to they can take appropriate action.

We are also about to develop a Learning Disability & Mental Health Strategy for the Trust, linking in with key London-wide and national stakeholders.

Specialised individual treatment protocols for patients

Since 2000 patients or their supervising clinician have been able to contact us to request a specific treatment or drug that we don't normally use to be carried out, or for them to be taken to a preferred place of care. This benefits patients such as those awaiting organ transplants where they have special machines to assist organ functions that need to be handled in a specific way and children who have complex seizure patterns and require drugs which are not in normal ambulance practice.

The Trust has been specifically recognised by the Department of Health for our system for recording clinical care plans for patients who are at the end of their lives. More detail on the wide range of services the Trust offers can be found in our Annual Report 08/09.

AIMS OF OUR NEW EQUALITY & INCLUSION POLICY

We have an ambitious aim to address all the needs of our communities who have been traditionally disadvantaged or treated less favourably on the grounds of their age, disability status, gender, race and ethnicity, religion or belief or sexual orientation. Our new Equality & Inclusion Policy below sets out our commitment to:

- Ensure our services are targeted to the needs of all our customers and of a world-class standard
- Our policies and procedures have no intended adverse impact & actively promote equality of opportunity and access
- Our workforce is representative at all levels of our diverse community and in all occupations and tenures

Our new Equality & Inclusion Policy, together with our new Equality & Inclusion Strategy, sets out clearly what our customers can expect from the Trust as a health service provider, employer and procurer of goods and services.

LONDON AMBULANCE SERVICE NHS TRUST EQUALITY & INCLUSION POLICY

London Ambulance Service NHS Trust wholeheartedly welcomes its obligations under equalities legislation. Our aim in this Trust is to ensure that equality & inclusion is embedded and absolutely integral to everything we do.

We welcome people to the Trust from any background, who are committed to providing an excellent service to the richly diverse communities we serve. As the ambulance service for London, we have a very diverse community of patients, customers and staff. Our aim is to become a world-class ambulance service for London, providing innovative and responsive healthcare which meets the needs of all our diverse community, providing better healthcare for all.

It is the Trust policy that everyone should be treated fairly and without discrimination. Specifically, we aim to ensure that:

- patients and customers receive fair and equal access to our healthcare service
- everyone is treated with dignity and respect
- staff experience fairness and equality of opportunity and treatment in their workplace.

All Trust staff are expected to promote these values at all times and behaviour that does not meet this exacting standard is dealt with promptly and rigorously.

As a provider of healthcare to the people living, working in and visiting our capital city, London Ambulance Service seeks to provide state of the art care, which addresses the individual needs of our diverse patients and customers. We aim to ensure that:

- our patients and customers are aware of our services and that those services are accessible to all
- our public buildings and information are accessible to all
- we enable all our diverse communities in London to be involved in the development and monitoring of our policies and services

As an employer, we aim to become an employer of choice for those who want to make London a safer and healthier place for all, attracting the best and talented people from all walks of lives to rewarding and challenging career opportunities, where they can develop their potential to the benefit of their fellow staff, patients and customers. Our aim is to:

- celebrate and encourage the diversity of our workforce and to create a working environment where everyone feels included and appreciated for their work
- promote and provide our training and employment opportunities without regard to the age, disability status, gender, race, religion or belief, sexual orientation or any other aspect of an individual person's background
- foster creativeness and innovation in our working environment, to ensure that each member of staff can give of their best and move the Trust forward in its equality & inclusion goals

As a procurer of goods and services, we are committed to:

- ensuring that contractors from whom we procure goods and services are aligned with our equality & inclusion values
- actively considering supplier diversity as a key aspect in our contract management

OUR VISION AND VALUES - AT THE HEART OF EVERYTHING WE DO

We have a set of values, which demonstrate our commitment to our patients, customers, staff and stakeholders.

- Our vision is to meet the needs of the public and our patients, with staff who are well trained, caring, enthusiastic and proud of the job that they do
- Our values underpin everything we do – how we deliver our services and how we work with each other
- We believe in treating people with respect and courtesy and in valuing diversity
- We encourage communication and teamwork and expect our staff to act with integrity
- We welcome innovation and new ideas and want all our staff to provide the highest levels of care
- It is important that each and everyone of us accepts responsibility for our actions and provides leadership and direction, always leading by example

The full set of London Ambulance Service NHS Trust's Critical Values can be found at Appendix 2.

OUR NEW EQUALITY & INCLUSION STRATEGY 2009-12

London Ambulance Service NHS Trust welcomes its obligations under existing equalities legislation, including the public sector Race, Disability & Gender Equality duties, and its forthcoming obligations arising from the new Single Equality Bill.

Our new Equality & Inclusion Strategy is a public commitment on how we aim to meet the duties in the current equalities legislation, such as the Race Equality Duty within the Race Relations (Amendment) Act 2000, Disability Equality Duty in the Disability Discrimination Act 2005 and Gender Equality Duty in the Equality Act 2006. Our strategy will also prepare us for the forthcoming requirements of the new Single Equality Act. (Detail on the legislative drivers can be found at Appendix 3).

The NHS Constitution establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled and pledges which the NHS is committed to achieving, together with any responsibilities which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. All NHS bodies, including London Ambulance Service NHS Trust, are required by law to take account of the NHS Constitution in their decisions and actions.

The NHS Operating Framework 2007-8 makes reducing health inequalities and establishing performance systems with an evidence-based approach, targeted action and a cycle of evaluation a key part of NHS Trust business planning. Equality & Human Rights concerns are integral to the Standards for Better Health. C7e stipulates that Trusts must “enable all members of the population to access services equally”; C6, that they should “ensure that patients’ individual needs are properly managed;” C13 that they “have systems in place to ensure that staff treat patients and relatives and carers with dignity and respect”; C17, that “the views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.” They are also integral to the Commissioning Framework, since appropriately designed and implemented commissioning can both reduce health inequalities and act to promote equality of access and health outcomes, and are a key part intrinsic part of the National Service Frameworks, which set national standards and identify key interventions for a defined health service or care group, with frequent reference to the need to tackle health inequalities.

In 2009 our Trust Board made the decision to extend the scope of our statutory General Duties to include age, religion or belief and sexual orientation in our new three-year equality & inclusion strategy. This is in keeping with the establishment of the Equality & Human Rights Commission in 2007, bringing together the previous commissions separately covering disability, gender and race. It is also in anticipation of the General Duty to be placed on public sector bodies by the forthcoming Single Equality Act, which is expected to include a duty to promote equality for all six equality strands. The new Single Equality Act is expected to place a single equality duty on all public bodies to eliminate discrimination on the grounds of age, disability, gender, race, religion or belief and sexual orientation; promote equality of opportunity for all and promote good relations between people of different ages, disabled and non-disabled people, men and women, people from different ethnic groups and races, different religions and belief systems and people who are bisexual, gay, heterosexual and lesbian.

As a service provider, the Trust has a duty to ensure that wherever possible everyone can use or receive its services regardless of age, disability, gender, race, religion or belief or sexual orientation. As an employer, we have a legal duty to ensure that everyone has equality of opportunity in terms of employment, training and promotion.

The Trust Board has made the decision to adopt a new generic strategy for a number of important reasons. Firstly, the strategy will build on past work taken forward in the separate Race Equality, Disability and Gender Equality Schemes. The current patchwork of legislation means that the additional three strands of age, religion and belief and sexual orientation are currently not on the same legislative footing as the three historically statutory strands of race, disability and gender, with the likelihood that in regard to age, religion and belief and sexual orientation there are people who may be suffering detriment in provision of healthcare and other areas of life.

The Trust is committed to ensuring a level playing field for all its patients, customers and staff in regard to the exercise of all its functions. By adopting proactively in advance of the forthcoming legislation a strategy which equally combats discrimination on all equality strand grounds and promotes equality of opportunity for all, the Trust is determined to show its leadership and corporate commitment.

By encompassing all six equality strands, our new strategy is also in the best position to address multiple discrimination, which is so clearly evident in the links between economic deprivation and health inequalities our staff see on a daily basis. London is one of the most diverse cities in the world. It is also one of the most economically polarised with some of the most deprived but also some of the richest boroughs in the country. Tackling a huge range of related health inequalities is at the heart of what London Ambulance Service does. Developing an equality & inclusion strategy which aims to directly and intelligently address multiple discrimination is a key means of our promoting equality of opportunity and access to services for traditionally disadvantaged communities.

We want to adopt a holistic approach to developing and providing our services to a diverse community, whose needs differ so greatly. Respecting the dignity of all our patients and customers, staff and stakeholders is a priority for us and within all the work of the Trust an understanding of and adherence to Human Rights is embedded.

We value our staff and aim to continuously improve the representation of our workforce to reflect the diversity of London and to continuously develop them so that they can deliver the highest quality services to all.

We value the involvement of our stakeholders and partners, including our trade unions and staff diversity forums, and are working in partnership with them to improve our policy & decision making and service delivery through a wide range of different ways, which are outlined in our Equality & Inclusion Action Plan (attached at Appendix 1).

This strategy is a living document, which we will monitor annually and invite feedback from our stakeholders on, in order to make it a strategic route map which can be owned by and is meaningful to all.

IDENTIFYING RELEVANT POLICIES AND FUNCTIONS

We have assessed our policies and functions for their relevance to promoting and delivering equality of opportunity in regard to age, disability, gender, race/ethnicity, religion or belief and sexual orientation, keeping in mind that the degree of relevancy for each may not necessarily be the same across all six equality strands. Over the next three years the identified relevant policies, procedures, functions etc. (Appendix 5) will be reviewed using our new Equality Impact Assessment Procedure with a new equality impact assessment tool (at Appendix 6). All staff will be trained prior to undertaking any assessment. As a key part of that procedure we are inviting our stakeholders, including representatives from our Patients' Forum, to act as critical friends on relevant assessments. In the course of these three years any policies, procedures, functions etc. previously impact assessed but undergoing significant change will also be revisited in order to ensure that we can identify any potential adverse or positive impact on the promotion of equality and identifying unmet need and extend this approach to cover issues relating to health, sustainability and social cohesion.

Our equality impact assessment schedule and equality impact assessments will be published on the LAS website and made widely available to all our customers and stakeholders.

At the instigation of the Trust's Medical Director, Dr. Fionna Moore, and the Equality & Inclusion Manager, a new working party is being set up to provide for the first time a national approach to equality impact assessment of the JRCALC (Joint Royal Colleges Ambulance Liaison Committee) guidelines. The working party will comprise the Secretary of the JRCALC Guidelines Committee Dr. Joanna Fisher and members of the National Ambulance Diversity Forum including the Trust's Equality & Inclusion Manager. National equality impact assessment of this priority clinical guidance will for the first time lay the basis for a consistent approach by all Ambulance Services in the United Kingdom to providing high-quality, inclusive and appropriate healthcare.

COLLECTING AND EVALUATING EQUALITIES INFORMATION

The Trust will shortly be introducing a new equalities monitoring procedure, to collect valuable equalities information across all six equality strands. The information we collect on age, disability status, gender, race, religion/belief and sexual orientation across all our functions is likely to become a statutory responsibility for all public sector bodies under the new Single Equality Act.

The data collected will enable the Trust to more effectively identify health inequality issues and thereby improve its service delivery, policy and decision making and engagement processes. To avoid our customers and staff being asked more than once for this information, we will integrate this directly into all the functions of the Trust, as part of initial sign-up or experience of any of our services. We will explore a partnership approach to data collection with local PCTs and hospitals, building in any necessary and robust protocol for information sharing. We will share when it is appropriate this information with our partners to enable a more holistic and effective approach to healthcare provision for our patients and customers.

Through our networking with key partners and stakeholders and membership of leading employer equality forums, we will continue to build on our knowledge base of equality & inclusion issues, particularly in relation to health inequality, so that this research can actively inform all the future working of the Trust.

RESPONSIBILITY FOR DELIVERING OUR NEW EQUALITY & INCLUSION STRATEGY

The Trust has a robust management structure which is best placed to actively drive forward our ambitious equality & inclusion aspirations.

London Ambulance Service Trust Board

London Ambulance Service NHS Trust is managed by our Trust Board, which comprises a non-executive chairperson, five executive directors (including our Chief Executive) and six non-executive directors as well as a representative from our Patients' Forum, who has observer status. . Our Trust Board ensures that the Trust's direction and vision enables it to carry out its statutory equality & inclusion responsibilities. The Trust receives an Annual Equality Report, detailing progress across all the functions of the Trust.

Senior Management Team

Our Senior Management Team ensures that the appropriate organisational frameworks are in place for staff to carry out their responsibilities under equalities legislation, with all necessary resources available for implementing action plans. The Annual Equality Report goes to Senior Management Team for comment, prior to submission to the Trust Board.

Equality & Inclusion Steering Group

This new Equality & Inclusion Steering Group, comprising the heads of all the key functions & services in the Trust and representatives from the Trade Unions and Patients' Forum, has been established to oversee the Trust's work on Equality & Inclusion. The Steering Group is chaired by the Assistant Director, Equality & Organisation Development, who is the Trust's Senior Champion for equality & inclusion.

All Trust staff

It is the responsibility of all Trust staff to ensure that they actively contribute to the equality & inclusion goals of the Trust

Governance

The Trust's Clinical Governance Committee, which is a sub-committee of the Trust Board, receives regular Equality & Inclusion reports from the Equality & Inclusion Manager. Annual reports on the progress of the new Equality & Inclusion Strategy are also submitted to the Clinical Governance Committee.

The Assistant Director, Equality & Organisation Development, acts as the Senior Management Champion for all equality & inclusion initiatives within the Trust, and chairs the Equality & Inclusion Steering Group, which is made up of all the Directors and Heads of Service in the Trust. The Equality & Inclusion Team, comprising the Equality & Inclusion Manager and one Equality & Inclusion Officer, are responsible for providing the specialist resource on all equality & inclusion matters, providing guidance to Directors and managers on best practice and legal compliance.

The Equality & Inclusion Manager is a member of the Trust's new Equality & Inclusion Steering Group, Strategic Steering Group and the Patient Public Involvement Committee.

The Non-executive Chair of the Clinical Governance Committee provides the scrutiny and focus for equality & inclusion issues, with the Director of Human Resources, Caron Hitchen, providing the executive lead within the Trust for this function.

The Governance Team ensures that all Trust policies and procedures are assessed for their equality impacts and these documents published on the Trust's website.

This year in the Care Quality Commission assessment of our performance for 2008/9 the Trust met in full all of the assessments relating to dignity and respect, which included:

- treating people with dignity and respect
- gaining consent for treatment
- correct use of information about patients
- information about how to make complaints and give feedback
- people are not discriminated against after making a complaint
- concerns are acted on appropriately and improvements are made
- information on care, treatment and local services is made available

We will not be complacent but will use this affirmative assessment as a basis to be even more proactive and holistic in our approach to equality & inclusion both within and outside the Trust.

BECOMING A FOUNDATION TRUST

The Trust has consulted our patients and community on our plans to become a Foundation Trust.

NHS Foundation trusts are a new type of NHS organisation which are run locally, and are accountable to local people and staff rather than to central government.

The first foundation trusts were authorised in 2004, although ambulance services were only able to apply from April this year.

People within the local community, staff and partner organisations can become members of the trust, and also have a greater say in how services are delivered and developed to meet the needs of local people.

Members can be elected to a Council of Governors, where they will represent the interests of local communities, patients, staff and partner organisations

All foundation trusts are still part of the NHS and continue to provide free care to everyone. They also have to meet national standards and targets, and are regularly inspected.

An independent regulator, [Monitor](#), oversees all foundation trusts and checks that they remain compliant with the terms under which they are authorised to operate.

We believe that becoming a foundation trust will provide real benefits for our patients, our service, our staff and organisations we work with.

We believe that becoming a foundation trust will provide real benefits to us, our patients, our staff and our partners. These include:

- Patients, local people and our own staff will have a greater say and more involvement in how we are run and how we deliver care
- More flexibility to develop and improve our services, and more quickly
- Money not spent by the end of the financial year will be able to be put back into services
- Partner organisations having more involvement in the development of our business plans.
- If we become a foundation trust, the way in which we are run will change.
- We would have a [membership](#) made up of patients, the public, staff and partner organisations, and we want this to reflect the diversity of London.
- A Council of Governors will be set up to represent the membership, with the majority being elected by the members themselves. The Council will work closely with our Board of Directors to represent members, contribute ideas and advice and provide a link with our communities.

We intend to submit our application for Foundation Trust status by the summer of 2010.

PROVIDING HIGH-QUALITY HEALTH CARE

How we improve the services we offer

Providing a world-class ambulance service to our capital city requires from us that we go beyond the minimum to promote best practice wherever possible, while ensuring that our strict performance targets are met and wherever possible exceeded.

To ensure that the right healthcare is given and best practice followed, our Clinical Audit and Research Team examines a random sample of five percent of patient records. This enables us to give constructive feedback to staff as well as enhancing our medical practice for the future. As a matter of routine, we audit a wide range of cases including cardiac arrests, acute coronary syndrome or where there was difficulty in breathing. We have also participated in a national audit benchmarking the Trust against other ambulance services in England for the care we provide to patients with asthma, or those who have had cardiac arrest or a stroke. In 2008 we undertook a clinical audit of the care provided to obstetric patients transported to St George's, the Royal London and Homerton hospitals. This audit examined the quality of care provided to routine and emergency obstetric patients right from the initial 999 call to hospital admission. The audit findings will be used to enhance future patient care.

The Trust is at the forefront of developing best practice in dealing with specific injuries and illnesses. This year we obtained funding from the Stroke Association for a 2-year project, which will enable us to evaluate the best way to assess patients suspected of having a stroke. We are also nearing completion of the Smart CPR Project, focusing on new ways to help patients whose hearts have stopped beating. As part of this project, we are collaborating with New York's Emergency Medical Service to find out whether there can be an improved rate of survival.

The Trust has been introducing new ways of working so that our patients and customers can access us as quickly and easily as possible. In 2008/9 we:

- Signed a contract providing a new system for answering 999 calls and sending resources to patients
- Improved our current call-handling telephone system and increased the number of call-taking positions
- Upgraded our Patient Transport Service technology systems
- Progressed plans to introduce a text-based system enabling patients and customers with speech or hearing impairments to contact us more easily

- Continued to experience high usage of our translation service for callers whose first language is not English – to ensure that the Trust can be sure of the highest quality standards being provided in its interpreting and translation services, a new policy is being drawn up, which will entail a comprehensive review of the current contract monitoring procedure and include feedback from our Patients' Forum and LINKs

Continually improving our response to patients & customers

We are enhancing the care we provide, reaching more patients more quickly than ever before and developing the resources, skills and equipment to allow us to do this. In 2008-9 we:

- Introduced six more ambulance community responder volunteer schemes. Our volunteers are trained in cardio-pulmonary resuscitation and the use of defibrillators (the machine used to re-start a person's heart when it has stopped beating) so they can treat patients locally before an ambulance crew arrives
- Added 12 more vehicles to our motorcycle response scheme so we can reach patients and customers in built-up areas more quickly
- Started positioning vehicles at standby locations where our data tells us the next 999 call is likely to come from, rather than basing our crews at an ambulance station

Preparing for the London 2012 Games

The London 2012 Olympic and Paralympic Games will be the biggest planned event we have ever dealt with and we need to ensure we are able to maintain our normal standards of service during this period. To make sure our planning for this major event is optimal, in 2008-9 we:

- Undertook study tours to Beijing for the 2008 summer Olympic Games and Vancouver for the test events leading up to the 2010 Winter Games
- Attended the annual British Paralympic Conference to gain a better understanding of the requirements of Paralympians
- Started work to find a suitable location for an additional ambulance station for the Games, and to identify extra control room capacity for handling 999 calls
- Determined what our required information technology needs would be and how to meet them

- Conducted further modelling work to identify and understand what the expected demand during the Games would be as well as the areas in which our staff will need to learn extra skills
- Developed operational and contingency plans for the construction phase of the Olympic Park
- Continued working closely with our partners involved in the Olympic preparations
- Acted as the UK coordinator for all ambulance services involved in the 2012 Games

As part of our preparation for the 2012 Games, new training on Serving Disabled Customers is being drawn up, which can act as a blueprint for staff training across the Trust.

ACHIEVING A WORKFORCE TO REFLECT THE COMMUNITY & BECOMING AN EMPLOYER OF CHOICE

We are committed to promoting equality and valuing diversity in everything we do as an employer. Our aspiration is that we become an employer of choice in London and nationally.

We are carrying out a range of initiatives, outlined in our Annual Equality Report, to make sure our staff better reflect our communities and that the services we provide more effectively meet the diverse needs of all our patients and stakeholders. We carry out annual reporting on employment and training, service delivery and how we engage with our workforce and our patients, customers, partners and stakeholders.

London Ambulance Service Workforce Profile

We positively welcome diversity and want to be a truly inclusive place to work. We are looking for self-motivated, enthusiastic people from all backgrounds who care about making a difference.

Our last Annual Equality Report (2008-9) showed that the Trust employed in excess of 4,000 staff: 9% BME staff, a slight increase on the previous year's percentage, but still well down in regard to estimated London population and 41% female, again a slight increase on the previous year's percentage, but still not equal to the representation across London.

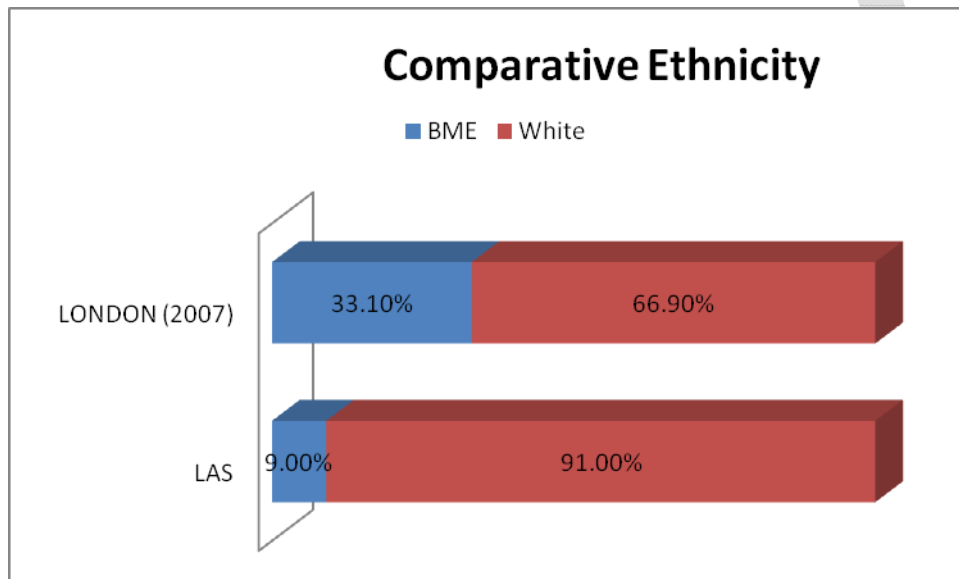
The Healthcare Commission's "Tackling the Challenge – Promoting race equality in the NHS in England" report (March 2009) estimated that BME staff represented 16% of the total workforce, with fewer than 10% of senior managers being from the black and ethnic communities. The 2008-9 report showed that 15.3% of our BME staff were at Senior Management Grade, almost on a par with the NHS-wide representation. This

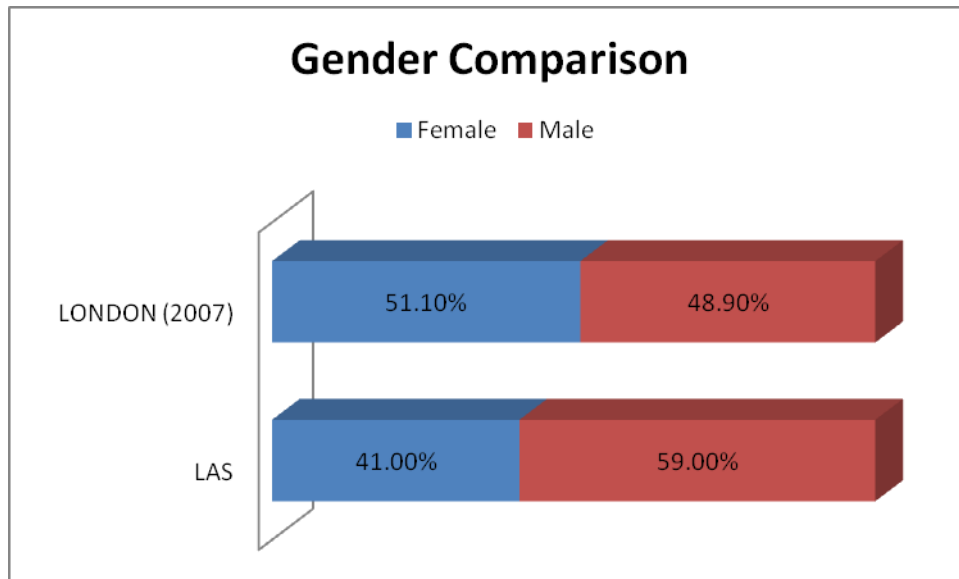
is a heartening step forward in terms of our endeavours to promote career progression for our black and ethnic minority staff, but there is much more work to be done.

In the last year of 640 new starters to the Trust there were 12.5% black and minority ethnic staff and 48%, which is a positive move. In the last quarter of 08-09 a third of new applicants were from the black and minority ethnic communities; in certain types of recruitment this was as much as nearly half, e.g. in the Emergency Medical Dispatcher role 45% of all applications received were from people from the black and minority ethnic communities.

The overwhelming majority of women in the service are on Band 5 level (45.5. %) with only 11.1% being paid at senior grade level, which is even less than the senior grade representation of black and minority ethnic staff. Specific initiatives are being planned to address this and ensure greater representation. The forthcoming requirement on LAS, along with other public sector bodies, to publish the results of its pay audits, will put equal pay issues and any existing or potential segregation issues under further scrutiny.

The charts below show for illustration the comparison in terms of ethnicity and gender of our staff vis-à-vis the most recent London population estimate (Mayor of London – The State of Equality in London Report 2008 – July 2009):



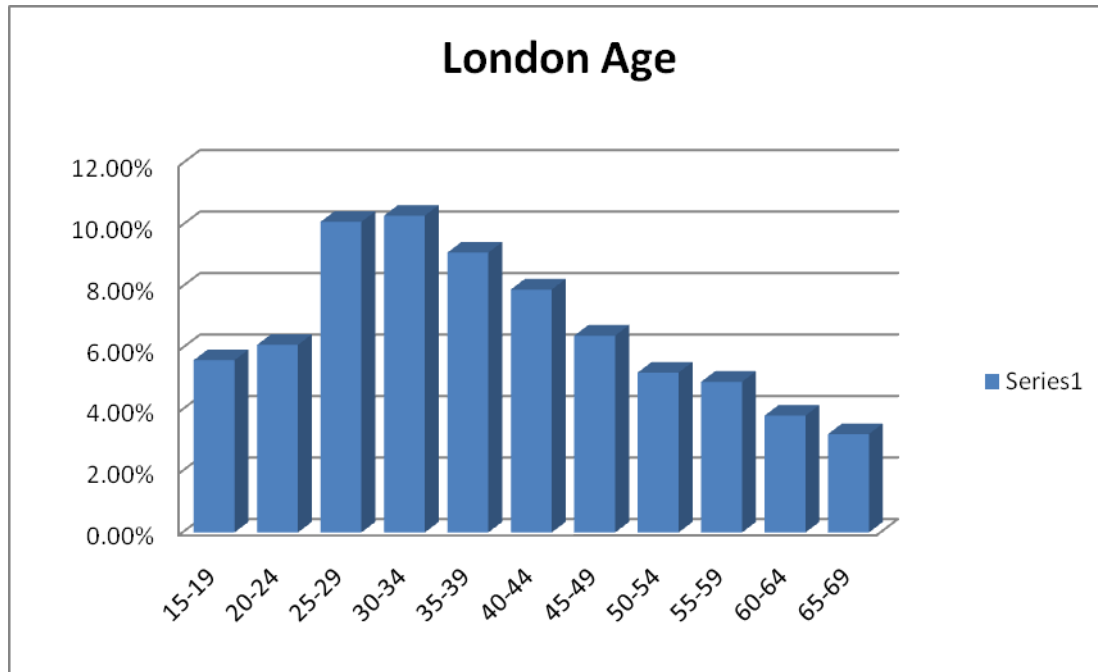


The Mayor's report gave an estimate of 14.9% disabled people of working age in London, so a large pool of potential recruits from which we can draw future staff.

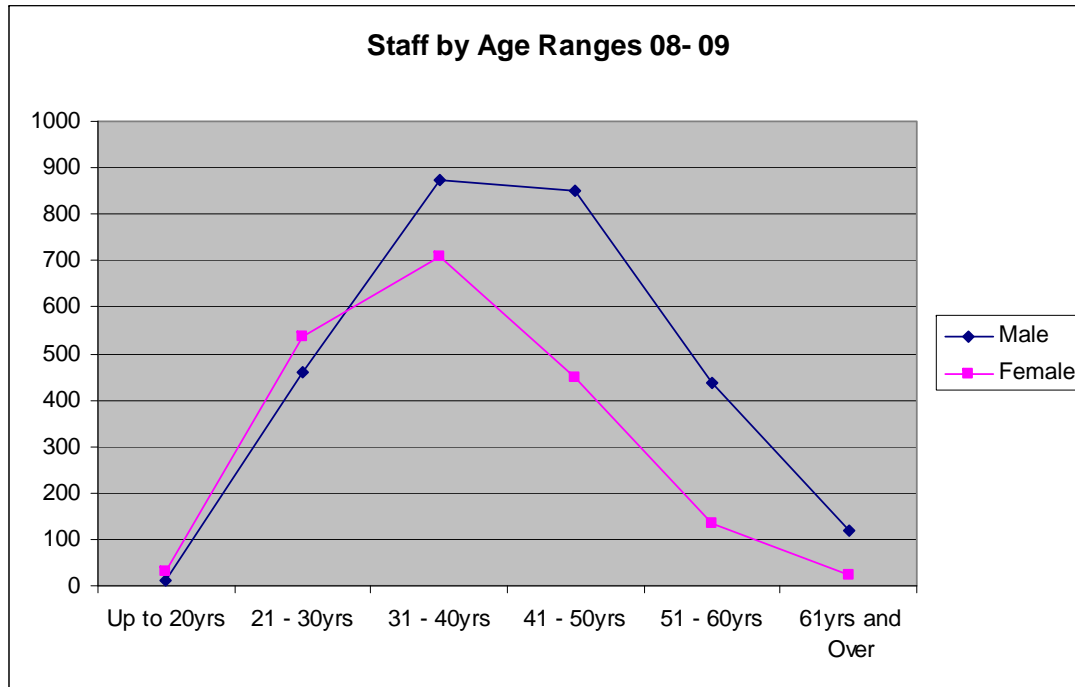
The Trust is broadening its data collection systems to enable reporting on religion and belief and sexual orientation. The Mayor's report showed that only 16% of Londoners responding did not have a religion. Sexual orientation is the only equality strand omitted from official statistics (the Office for National Statistics is likely to gather data on this for the first time in the 2011 census) ; however, recent estimates indicate that 6% of the nation is likely to be bisexual, lesbian or gay (Amendment to Employment Equality (Sexual Orientation) Regulations 2003; Full Regulatory Impact Assessment, Department of Trade and Industry, 2003) , while in London, given the preponderance of more gay couples than in the rest of the country, 10% is more likely to be an accurate estimate (Reza Arabsheibani, Alan Marin and Jonathan Wadsworth, Gay Pay in the UK, Centrepiece, Summer 2006).

No reliable figures currently exist for the size of London's Trans community.

More work needs to be done to improve the reporting on disability status of our staff and the Trust will reinforce its positive recruitment messages with encouraging self-declaration by staff.



In London 15.4 % of people were estimated as being over 60, some of whom will be wanting to extend their working lives beyond normal retirement. The Trust employment of people over 60 following a review of the default retirement age may need to rise to reflect this. The most recent age profile of the Trust shows that on the whole our workforce is older than the population London-wide. We will look to increase our intake from younger age groups and also to the ways in which we market our career opportunities to the diverse communities within London.



More work also needs to be undertaken to ensure that exit interviews fully capture the reasons for anyone from an under-represented group leaving the Trust.

A major staff data cleanse exercise will also take place in the coming year to ensure that staff equalities information is up-to-date and complete and that more rigorous and comprehensive monitoring can take place throughout all employment and training. Future Annual Equality Reports will provide more rigorous and comprehensive equalities monitoring across all six equality strands and over all the employment and training functions of the Trust.

Training & development

We value and celebrate the diversity of our workforce and are committed to ensuring that our workplace is inclusive and welcoming to people from all backgrounds and free from discrimination. Our belief is that if we can enable all our staff to develop their potential and to value the different perspectives of other staff, we can achieve a more creative and productive workplace, with in turn will result in improved services to all our community.

We recognize the importance for our staff to have a sound and consistent grounding of equalities legislation, so that they can not just carry out their duties in accordance with the requirements of equalities legislation, but so that they are able to perform in their roles to the best of their abilities and provide a sensitive and appropriate service to all our community (“One size does not fit all”).

We have reviewed all the equality & inclusion training in the Trust and are developing a new training programme, which will instil in our staff the confidence and ability to work to the highest standard with patients and customers across the diverse communities in London. Mandatory equality & inclusion training will be further embedded in all the training delivered throughout the Trust, including Induction Training, Recruitment & Selection & Managers’ Training for staff in all managerial roles throughout the Trust. A new e-learning module has been produced, to ensure that all staff have the same consistent level of awareness of their duties under equalities legislation and best practice and we will build on this through providing scenario-based training, directly addressing the types of situations our staff are likely to encounter on a day-to-day basis.

A new Recruitment Strategy is being drawn up, to ensure that people from disadvantaged groups can be identified and encouraged to apply for employment with the Trust. The newly-established Joint Initiatives Group, bringing together the key consultation & involvement functions within the Trust, is pursuing a number of outreach initiatives, to promote the Trust as an employer of choice to people from the different communities in our capital.

To ensure that staff in the Trust are able to provide a high-quality service to the many disabled patients and customers we have, as well as the disabled visitors to London we are expecting for the London 2012 Olympics and Paralympics, we are devising specific, targeted disability awareness training for our staff, to be co-delivered with disabled people from the leading disability organizations in the UK, the experts in the field.

In 2009 three of our staff gained places on the prestigious national programme aimed at promoting opportunities for staff from disadvantaged groups – “Breaking Through”. We are currently looking at innovative types of training to develop our staff from under-represented groups, including staff in lower grades than those currently accepted onto the national programme. A new mentoring scheme has been set up to enable people from under-represented groups to be supported in their career development. Another programme, Talent Management, has

been established to ensure the potential of staff from under-represented groups can be developed to enable them to progress in their careers in the Trust.

In 2009 for the first time the Trust actively encouraged bisexual, gay and lesbian staff to put themselves forward for the Stonewall leadership programme, with possible sponsorship for study resources for any successful candidates.

Workforce support

The Trust is committed to providing a working environment free from discrimination, harassment and victimisation, whether on an individual or institutional basis on any grounds, including age, disability status, gender, race, religion or belief or sexual orientation. Our HR procedures are robust, reviewed regularly and key personnel trained thoroughly in the implementation of these procedures. In addition the Trust also has a LINC (Listening, Informal, Non-judgmental, Confidential) peer support scheme, which this year celebrated its fifth anniversary and was commended by the Health Professions Council. It now has 80 members of staff, who have been trained to provide support to colleagues across a wide range of issues.

Positive about Disabled People – Maintaining our Two Ticks Accreditation

The Trust has successfully maintained its Two Ticks accreditation.

The Two Ticks symbol is used by employers to show a positive commitment both to disabled staff and customers. Any organisation using the symbol needs to meet all five of the following requirements:

- To interview all applicants with a disability who meet the minimum criteria for a job vacancy and consider them on their abilities;
- To ask disabled employees at least once a year what can be done to make sure that they can develop and use their abilities at work;
- To make every effort when employees become disabled to ensure that they stay in employment;
- To take action to ensure that key employees are aware of the needs of disabled people;
- Each year to ensure they review achievements towards making the workplace welcoming and accessible for disabled people; to plan ways to improve and let all employees and customers know about this progress and future plans.

We are keen to ensure that disabled people are aware of the wide range of career opportunities available for them in the Trust. To this end, we will actively seek out the most effective media to promote ourselves as a Positive about Disabled People employer and through the Joint Initiatives group will undertake any necessary outreach work to do this.

MEMBERSHIP OF LEADING EQUALITY & INCLUSION EMPLOYERS' FORUMS & BENCHMARKING

The Trust has become a member of all six of the leading Employers' Organizations representing the six equality strands, which demonstrates the Trust's commitment to promoting equality of opportunity and respect for diversity, as well as ensuring that the development of policy making & services across the Trust will be enhanced by best practice guidance.

The Trust is an active member of the National Ambulance Association's Diversity Network and BME Network. In 2009, for the first time, LAS submitted an application to be assessed by Stonewall against the top UK employers' organizations on its Workplace Equality Index and will continue to submit an annual application.

ENGAGING AND INVOLVING OUR PATIENTS & CUSTOMERS, STAFF & STAKEHOLDERS

Involving our stakeholders in producing our new strategy

We have a statutory duty to engage and involve people (including in particular disabled people) in developing our new equality & inclusion strategy. In the production of this new document we will engage and involve a wide range of patients, customers, staff and stakeholders from different equality strand groups to ensure that the priorities for the Trust and the actions emanating from these are relevant and will address the concerns and needs of all the diverse communities of London.

How we will communicate with and involve our patients, service users, staff and stakeholders

LAS recently invited the Employers' Forum on Disability to provide us with a health check on the accessibility of our website. The feedback we received was that it was basically good, but we will look at any further enhancements we can make in order to make it as optimal as possible.

We are setting up a Readers' Panel with volunteers from our patients and customers, in order to ensure that all Trust documentation is accessible to our diverse communities.

A new translation & interpreting policy has been drawn up, to ensure that the highest standards are maintained in the provision of our services to customers, whose first language is not English. We will continue to ensure that all our documentation is provided on request in a variety of community languages and alternative formats.

We will be joining the Crystal Mark for Plain English campaign and submitting our key documents for their approval to ensure that everything we produce is accessible to all our diverse communities.

We will work in close involvement with our trade union and other partners, including our staff diversity forums, to drive forward our ambitious equality & inclusion agenda.

We will work with our commissioners to ensure that our commissioning processes promote equal access and equal employment in service delivery for all and with our NHS partners to provide the most innovative and responsive healthcare possible.

Working with our communities

Our staff regularly go out and about in the communities to raise awareness about the work of the Trust. Ten of our public education staff undertook a development programme last year, designed with the help of South Bank University. The kinds of activities our staff take part in are many and various and include gun and knife crime awareness events, talking to groups of older people and going on school visits including one to a school for blind and partially-sighted children where the aim was to reduce their fear of ambulances and sirens. Dozens of our staff have also been involved in the Junior Citizens' Scheme, teaching thousands of primary school children about first aid and giving advice on how to make a 999 call.

Community Involvement Officers have been appointed in Barnehurst and Chase Farm to work closely with community groups, partner organizations, patients and the public. These staff look at how we manage frequent callers and our list of addresses where previous experience suggests our staff may be at risk of physical or verbal abuse.

We have launched our new website (www.londonambulance.nhs.uk) to raise awareness among the public of, what kind of services we provide and also to advise people on what they should do in a life-threatening emergency and encourage them to apply for career opportunities with us. Around two million commuters saw our "use us wisely" message displayed on Underground posters throughout London and in local and regional newspapers. The posters were aimed at reminding people of the other healthcare options available to them instead of calling 999.

Engaging with our Patients

The Trust has a strong record of involving our patients, patients' groups and key stakeholders in the development of our services.

Our Patients' Forum, although not a statutory body anymore, continues as an independent charity and we remain closely engaged with it. The Equality & Inclusion Manager has attended the Patients' Forum three times so far in 2009 to report back and seek involvement on the work she has been progressing within the Trust.

We are also developing good relationships with Local Involvement Networks (LINKs), which have been set up in each borough to replace Patients' Forums. Their role is to find out what people want, monitor health and social care services and use their power to hold local authorities and other service providers to account and they will be a key stakeholder for the Trust.

Our Patient Care Conference in 2008 had as its focus healthcare in London. One of the workshop sessions was led by a group of Year 11 pupils from Barking and Dagenham schools who undertaken a work experience project for the Trust, focusing on young people's views of us.

In January 2010 we are holding our next Patient Care Conference, whose specific focus will be engagement. At this conference we will be holding workshops to enable our patients, customers, staff and other stakeholders to directly input into our new three-year Equality & Inclusion Action Plan.

The Trust was chosen to be a pilot site for a new national survey, commissioned by the Department of Health and conducted by Picker Europe. This survey looked at the experiences of patients receiving a "Category C" response (i.e. when illness or injury is reported to be neither serious nor life-threatening) from the ambulance service. The full national survey was carried out late in 2008 with 97 percent of respondents declaring that they had received a good, very good, or excellent level of care from us. 97% of patients said they felt reassured by us and 99% had trust and confidence in the staff looking after them. 97% felt treated with dignity and respect and 98% felt that staff explained their care and treatment of them in a way which was clear and comprehensible.

Finding out what our staff think

The NHS survey 2009 rated us above average for ambulance trusts on our communication between managers and staff and the number of staff having yearly appraisals. However, some feedback indicated that there was a 10 percent rise in those not receiving the training identified in their personal development plan – up to 53 percent from 43 percent. To address this, a number of staff action groups will be set up for 2009/10.

A new Staff Engagement Strategy is being drawn up and new Staff Diversity Forums, reflecting the interests of the different equality strand groups, will be set up, to provide formal ways of consulting and engaging with our staff and to enable our staff to have a direct influence on the Trust's policy and decision making.

ENSURING ACCESS & MONITORING COMPLAINTS

Providing accessible information

The Trust has a duty to ensure that all our patients and customers are able to access the services we provide. This may involve making reasonable adjustments to address the needs of any disabled patients or customers, making our information available in different community languages and alternative formats when requested

Complaints are an important indicator of patient and customer satisfaction with the Trust's services and can help us to identify any possible unlawful discrimination arising as well as ensure that there is continuing improvement in how we deliver our services. Our aim is to respond to any complaints we receive promptly, effectively and as fairly as possible through either formal or informal processes, to a clearly defined timescale.

Any patient-related complaints, queries and concerns about our Trust are managed through the Patient Experiences Department. This is in line with Government calls for a new, simpler process for handling complaints. The Trust was chosen by the Department of Health to take part in an early adopter programme for the "Making Experiences Count" initiative. The Trust is keen to use the feedback gleaned from patients as a learning opportunity and any changes in service made as a result of user feedback are published on website.

The Trust aims to be as open and transparent as possible and documents, minutes from meetings and reports are all available on our website and of course by request in alternative formats.

HOW WE WILL MONITOR AND REPORT ON OUR PROGRESS ON OUR NEW STRATEGY

The requirement for equalities monitoring carries with it legislative and Care Quality Commission Inspection drivers. The aim of these drivers is to develop appropriate and equitable service delivery for patients and customers and career development opportunities for staff. Specifically, NHS Trusts must demonstrate their compliance with the Equality & Diversity Standards set out by the Healthcare Commission (now Care Quality Commission).

In order for us to determine whether our policies, functions and services are achieving the aims of our new equality & inclusion strategy, we need to ensure that we have access to up-to-date, comprehensive and quantitatively and qualitatively robust information systems. We already collect significant amounts of monitoring information in relation to:

- Patient experience
- Complaints monitoring
- Patients' Forum & annual Patient Care Conference feedback
- Random and targeted surveys

We recognize that we can always improve our collection and analysis of the equalities information we have so that we can use this valuable information to improve our policy making, service delivery, engagement and decision making. To this end, the Trust is carrying out a major data cleanse in order to ensure the information we collect is both up-to-date and accurate as well as covering all of the six equality strands. We will continue to work to ensure that information gathered from our monitoring directly informs the improvement of everything we do in the Trust.

The Trust regularly feeds back through the Patient Care Conference, Patients' Forum, the LAS website and other communications on its consultation and involvement events. We publish and make widely available the results of our impact assessments and any action plans developed as a result of our engagement with our stakeholders.

We will monitor our progress on our new equality & inclusion strategy annually, in conjunction with our stakeholders, reporting to the Equality & Inclusion Steering Group, which has representation from our Patients' Forum, Senior Managers Group, the Trust Board and the Patients' Forum, as well as providing online updates and in alternative formats, as required, as well as providing regular updates at consultation and engagement events.

EQUALITIES IN PROCUREMENT

We will be drawing up and implementing a new Procurement Strategy, incorporating a statement on Supplier Diversity. We will aim wherever possible to use our buying power as a driver for promoting equality. The new strategy will provide staff who are responsible for the procurement of goods and services with specific guidance and training on how to incorporate equalities into procurement and the main outcomes they should seek to achieve. The guidance will also inform our staff on what they should expect from our contractors in regard to promoting equality of opportunity in delivering services on our behalf and within their organisations in regard to their own staff.

HOW WE WILL KNOW WE ARE SUCCESSFUL

We will know our strategy is working when:

- Our patients and customers say they have confidence in all our services
- We can monitor and evidence staff progress by all six equality strands
- The level of complaints is low and there are no significant differences between different equality strand groups
- staff from all six equality strands are represented throughout the organisation at appropriate grade levels, professions and types of employment
- we can reach people in the community, who have not used our services before
- we are regarded as an Employer of choice by people from all the diverse communities in London
- we have achieved a place amongst the leading UK employers on the Stonewall Workplace Equality Index
- our services are seen to have an active role in combating health inequalities across the six equality strand groups

EQUALITY & INCLUSION ACTION PLAN

Accompanying this new strategy is an action plan, which addresses our duties under existing and forthcoming equalities legislation and incorporates the priorities for action, highlighted to us by our stakeholders, including staff and service users. This new action plan will include all the key activities the Trust plans to undertake over the next three years, in our aim to be an excellent service provider and employer of choice. Everyone in the Trust has a role to play in ensuring the actions set out in the action plan become a reality.

We will monitor our progress against this action plan annually in partnership with our stakeholders and report on our progress in the Annual Equality Report. Relevant actions will also be included in the respective service plans of Trust departments, delivered as part of our business as usual, and monitored locally as well.

We will report on our progress annually to the Equality & Inclusion Steering Group, Senior Managers' Group and the Trust Board and publish this on the Trust website as well as making this widely available to our stakeholders.

APPENDIX 1 – EQUALITY & INCLUSION STRATEGY ACTION PLAN

LEADERSHIP & CORPORATE COMMITMENT

Action	Lead Officer	Target Date	Evidence	Expected Outcome	RAG
Set up a new senior management-led Equality & inclusion Steering Group	Assistant Director/Equality & Organisation Development	By Dec 09	<ul style="list-style-type: none"> • Terms of reference • Work programme 	New group oversees effective implementation of equality & inclusion strategy & all equality & inclusion work	
Provide training for senior managers & Trust Board on equality impact assessments & equalities legislation awareness	Assistant Director/Equality & Organisation Development	By March 09	<ul style="list-style-type: none"> • Equality impact assessment training • Online equality & inclusion training module 	All Directors & Trust Board members attend equality impact assessment training & undertake online equality & inclusion training module	
Provide Annual Equality reports, including progress on new Equality & Inclusion Strategy, to Equality &	Equality & Inclusion Manager	Annually in May	<ul style="list-style-type: none"> • Annual Equality Report • Minutes of Equality & Inclusion, 	Annual report setting out progress on equality & inclusion strategy, including achieving a	

Action	Lead Officer	Target Date	Evidence	Expected Outcome	RAG
Inclusion Steering Group, Senior Managers' Group & Trust Board & Patients' Forum including LINC representative			Senior Managers' Group, Trust Board & Patients' Forum meetings	diverse workforce, submitted and approved	
Support the Trust' involvement in key equalities initiatives, celebrating diversity	Equality & Inclusion Steering Group, Senior Managers' Group & Trust Board	As arising and including: <ul style="list-style-type: none"> • International Day of Disabled People – December 3 • International Women's Day – March 17 • International Day against Homophobia – • London Gay Pride event • Black History Month – October 	<ul style="list-style-type: none"> • Report to Senior Managers' Group on Supporting Key Equalities Initiatives (May 09) • Resourcing of key initiatives • Articles in RIB & LAS News 	London Ambulance Service's commitment to celebrating diversity is clearly visible to all its staff, stakeholders, customers and the general public	Green Green Green Green

Action	Lead Officer	Target Date	Evidence	Expected Outcome	RAG
		Interfaith Week – <ul style="list-style-type: none"> • Day of Older People 			
Produce & implement an equalities monitoring procedure across the six equality strands	Equality & Inclusion Officer	By Dec 09	<ul style="list-style-type: none"> • Report to Senior Managers' Group • New equalities monitoring proforma & guidance 	Equalities monitoring procedure across six equality strands enables Trust to more effectively capture essential equalities profiling data to enhance its policy & decision making & engagement & service delivery	
Produce & implement a new equality impact assessment procedure	Equality & Inclusion Officer	By Dec 09	<ul style="list-style-type: none"> • Report to Senior Managers' Group • New equality impact 	More robust and inclusive approach to equality impact assessments, embedding critical friend approach and	

Action	Lead Officer	Target Date	Evidence	Expected Outcome	RAG
			assessment procedure including impact assessment tool <ul style="list-style-type: none"> • Equality impact assessment training 	awareness of economic deprivation and multiple discrimination	
Produce & implement a new translation & interpreting policy & tender for new interpreting & translation contract	Equality & Inclusion Manager/Procurement Manager	By January 2010	<ul style="list-style-type: none"> • Report to Equality & Inclusion Steering Group, Senior Managers' Group & Trust Board • Monitoring of take-up and satisfaction with translation & interpreting services • Annual monitoring 	Qualitatively improved interpreting & translation service and more robust contract monitoring, providing better customer satisfaction across all six equality strands and better value for money	

Action	Lead Officer	Target Date	Evidence	Expected Outcome	RAG
			report to Equality & Inclusion Steering Group, Senior Managers' Group & Trust Board and Patients' Forum		
Produce & implement new Procurement Strategy	Procurement Manager/Equality & Inclusion Manager	By April 2010	<ul style="list-style-type: none"> New Procurement Strategy, incorporating Supplier Diversity 	Consistent, qualitative procurement practices across the Trust, yielding greater value for money and enhanced service improvement for all patients and customers	
Deliver effective equalities & inclusion training to all Council staff	Learning & Development Team/Education & Development Team/E-learning manager	By April 2010	<ul style="list-style-type: none"> Equality & inclusion issues incorporated into all training delivered in 	All Trust staff trained to consistent level on their duties under equalities legislation and the promotion	

Action	Lead Officer	Target Date	Evidence	Expected Outcome	RAG
			the Trust <ul style="list-style-type: none"> • E-learning module on equality & inclusion accessible to all staff and undertaken by all 	of best practice across all six equality strand groups	
Review communications and improve to reflect the diversity of Trust staff and community	Head of Communications/Equality & Inclusion Manager	By September 2010	<ul style="list-style-type: none"> • New database of staff images reflecting diversity in workforce available for use in recruitment advertising 	Enhanced recruitment and PR literature and images presented to public and staff, reflecting true diversity of London	
Produce & implement a new Equality & Inclusion Policy	Equality & Inclusion Manager	Oct 2009	<ul style="list-style-type: none"> • Report to Equality & Inclusion Group, Senior Managers' Group & Trust 	New inclusive equality & inclusion policy sets parameters for Trust's future work on equality &	

Action	Lead Officer	Target Date	Evidence	Expected Outcome	RAG
			Board <ul style="list-style-type: none"> • New Equality & Inclusion Policy • Online publication 	inclusion issues, ensuring ongoing compliance with current and any forthcoming legislation	
Implement Trust-wide data cleanse across all six equality strands in data collection systems	Director of Human Resources and Organisation Development/Director of Information Management and Technology	By July 2010	<ul style="list-style-type: none"> • Improved data collection across all six equality strands and over all functions of the Trust available • Improved analysis of equality trends 	Enhanced workforce profile and service delivery reports informing Annual Equality Reports	

SERVICE DELIVERY & CUSTOMER CARE

ACTION	LEAD OFFICER	TARGET DATE	EVIDENCE	OUTCOME	RAG
Set up a Readers' Panel	Equality & Inclusion Manager/Patient & Public Involvement Manager	March 2010	<ul style="list-style-type: none"> • Membership list • Terms of reference • Minutes and agendas of meetings • Readers' panel feedback 	Trust literature is accessible to all of its diverse readership	
Set up a Joint Initiatives Group	Equality & Inclusion Manager	July 09	<ul style="list-style-type: none"> • Membership list • Agendas & minutes of meetings • Terms of reference • Feedback from customers • Details of engagement events held 	A joint initiatives group, comprising all the key functions involved in the organisation and staging of equality events and initiatives, has been set up, allowing the Trust to effectively use its resources in a targeted and joined-up way.	Green
Involve critical friends in equality impact assessments	Service Heads	As arising	<ul style="list-style-type: none"> • "Critical friends" listed as members of Equality Impact Assessment Project 	<ul style="list-style-type: none"> • Representatives from trade unions, patient forums and other stakeholders 	

ACTION	LEAD OFFICER	TARGET DATE	EVIDENCE	OUTCOME	RAG
			<p>Teams</p> <ul style="list-style-type: none"> • Input from “critical friends” included in relevant equality impact assessments 	<p>directly involved as critical friends in relevant equality impact assessments</p> <ul style="list-style-type: none"> • “critical friends” trained on new Trust equality impact assessment procedure 	
<p>Implement new Equalities Monitoring Procedure</p>	<p>Equality & Inclusion Manager/Service Heads & Directors</p>	<p>By March 2010</p>	<ul style="list-style-type: none"> • Monitoring of access to and satisfaction with services across the Trust across all six equality strands • Awareness training • Reports to Equality & Inclusion Steering Group, Senior Managers’ Group & Trust Board • Communications with patients, customers & 	<p>New equalities monitoring procedure implemented in an integrated way into all services across the Trust, at take-up of service and as part of customer satisfaction surveys</p>	

ACTION	LEAD OFFICER	TARGET DATE	EVIDENCE	OUTCOME	RAG
			stakeholders		

CONSULTATION, COMMUNICATION & ENGAGEMENT

ACTION	LEAD OFFICER	TARGET DATE	EVIDENCE	OUTCOME	RAG
Establish Staff Diversity Forums	Equality & Inclusion Manager/Equality & Inclusion Officer	By March 2010	<ul style="list-style-type: none"> • Article in RIB • Staff survey on Pulse on new Staff Diversity Forums • Staff Diversity Networks guest speaker event • Membership lists • Terms of reference • Work programmes • Agendas & minutes of meetings 	New sustainable staff diversity networks are in place, representing the equality strand groups, able to act as a consultative voice on policy, service provision & engagement & decision-making for the Trust & to take the lead on staging equalities events.	

ACTION	LEAD OFFICER	TARGET DATE	EVIDENCE	OUTCOME	RAG
			<ul style="list-style-type: none"> • Annual report of Diversity Forums to Equality & Inclusion Steering Group, Senior Managers' Group & Trust Board 		
<p>Seek views of key stakeholders on their priorities for action at 2010 Patient Care Conference, whose specific focus is on Engagement</p>	<p>Assistant Director/Equality & Organisation Development</p>	<p>Jan 2010</p>	<ul style="list-style-type: none"> • Priorities for inclusion in equality & inclusion strategy action plan • Comments & feedback 	<p>The priorities for action expressed by patients, customers and other stakeholders are included as appropriate in the 2009-2012 Equality & Inclusion Strategy Action Plan</p>	
<p>Produce & implement a new Trust Staff Engagement Strategy</p>	<p>Assistant Director /Staff Engagement Manager</p>	<p>Feb 2010</p>	<ul style="list-style-type: none"> ▪ Report to Trust Board ▪ New Strategy 	<p>A new staff engagement strategy, empowering and enabling staff to communicate their views and reflecting the views of the diverse communities of staff within the LAS workforce</p>	

ACTION	LEAD OFFICER	TARGET DATE	EVIDENCE	OUTCOME	RAG
Update & produce new multi-lingual phrase book	Equality & Inclusion Manager/ Practice Learning Manager	March 2010	<ul style="list-style-type: none"> ▪ New version of phrase book 	An updated version produced, able to meet the evolved needs of the Trust, including requirements of the Olympics and Paralympics	
Produce & distribute new Pre-hospital communications book	Equality & Inclusion Manager/Practice Learning Manager	By April 2010	<ul style="list-style-type: none"> ▪ Pre-Hospital Communication Book 	Hospital Communications Book produced & distributed widely, to enable greater communication of needs of disabled people, including learning disabled people	
Join the National Campaign for Plain English	Director of Human Resources and Organisation Development		<ul style="list-style-type: none"> • All key Trust documents are subject to Plain English Campaign scrutiny 	Membership ensures all key documents are plain-English proofed for clarity and accessibility	
Enhance the accessibility of the Intranet (“Pulse”) and external Trust website	Head of Communications/Equality & Inclusion Manager	By August 2010	<ul style="list-style-type: none"> • Enhanced flexibility and accessibility of intranet and extranet sites 	Undertaking further improvements to its intranet and extranet websites will enable the Trust to go beyond compliance to being a model of best practice and	

ACTION	LEAD OFFICER	TARGET DATE	EVIDENCE	OUTCOME	RAG
Set up a Readers' Panel comprising volunteers from patients, service users and staff	Patient Public Involvement Manager/Equality & Inclusion Manager		<ul style="list-style-type: none"> • Key Trust documents and communications are presented to Readers' Panel for comment and feedback 	accessibility Readers' Panel ensures Trust documentation meets the needs of patients, service users and staff	

EMPLOYMENT & TRAINING

ACTION	LEAD OFFICER	TARGET DATE	EVIDENCE	OUTCOME	RAG
Produce new positive action Recruitment Strategy to attract people from under-represented groups into the LAS workforce	Recruitment Manager/Equality & Inclusion Manager	By March 2010	<ul style="list-style-type: none"> • Recruitment strategy • Report to Equality & Inclusion Group, Senior Managers' Group & Trust Board • Agenda & minutes of Equality & Inclusion Steering Group, Senior Managers' 	<ul style="list-style-type: none"> • Increase in applications and in the number of successful applications from under-represented groups • Visible profile of the Trust as an employer of choice for under-represented groups 	

ACTION	LEAD OFFICER	TARGET DATE	EVIDENCE	OUTCOME	RAG
Produce & implement new equality & inclusion training programme	Assistant Director, Equality & Organisation Development/Equality & Inclusion Manager	By January 2010	<p>Group and Trust Board</p> <ul style="list-style-type: none"> ▪ New programme ▪ Report to Training & Services Group, Equality & Inclusion Group, SMG ▪ Agenda & minutes of meetings 	Consistent awareness of equalities legislation & good practice in customer care across all levels of the Trust	
Design and implement training for all staff involved in Procurement on equalities duties, including supplier diversity awareness	Procurement Manager/Learning & Development Manager/Equality & Inclusion Manager	By June 2010	<ul style="list-style-type: none"> • New procurement training programme • Staff trained 	Consistency of good practice across Trust and encouragement of supplier diversity across all contracts	
Investigate the provision of quiet/prayer spaces	Equality & Inclusion Manager	By July 2010	<ul style="list-style-type: none"> • Appropriate quiet/prayer space provision identified throughout the Trust, where required 	Consistency of provision of appropriate quiet/prayer spaces throughout the Trust identified and allocated as appropriate	

APPENDIX 2 – LONDON AMBULANCE SERVICE NHS TRUST “CRITICAL VALUES”

Clinical Excellence – We will demonstrate total commitment to the provision of the highest standard of patient care. Our services and activities will be ethical, kind, compassionate, considerate and appropriate to the patient’s needs.

Respect and courtesy – We will value diversity and will treat everyone as they would wish to be treated, with respect and courtesy.

Integrity – We will observe high standards of behaviour and conduct, making sure we are honest, open and genuine at all times and ready to stand up for what is right.

Teamwork – We will promote teamwork by taking the views of others into account. We will take a genuine interest in those whom we work with, offering support, guidance and encouragement when it is needed.

Innovation and flexibility – We will continuously look for better ways of doing things, encourage initiative, learn from mistakes, monitor how things are going and be prepared to change when we need to

Communication – We will make ourselves available to those who need to speak to us and communicate face to face whenever we can, listening carefully to what is said to us and making sure that those we work with are kept up to date and understand what is going on

Accept responsibility – We will be responsible for our own decisions and actions as we strive to constantly improve

Leadership and direction – We will demonstrate energy, drive and determination especially when things get difficult and always lead by example

APPENDIX 3 - EQUALITIES LEGISLATION

A – Race Equality Duty, Disability Equality Duty, Gender Equality Duty

The legislation which imposes a duty on public sector bodies to put in place an Equality Scheme or Strategy are the Race Relations (Amendment) Act 2000, which amends the Race Relations Act 1976, the Disability Discrimination Act 2005, which amends the Disability Discrimination Act 1996 and the Equality Act (2006), which amends the Sex Discrimination Act 1975 and the Equal Pay Act.

Commonalities & differences between these three duties are set out below:

GENERAL DUTIES

Race Equality Duty	Disability Equality Duty	Gender Equality Duty
<p>All public bodies need to have due regard to the need to:</p> <p>Eliminate unlawful racial discrimination</p> <p>Promote equality of opportunity</p> <p>Promote good relations between persons of different racial groups</p>	<p>All public bodies need to have due regard to the need to:</p> <p>Eliminate unlawful discrimination (DDA 1995)</p> <p>Promote equality of opportunity between disabled people and non-disabled people</p> <p>Eliminate unlawful discrimination</p> <p>Eliminate disability-related harassment</p> <p>Take account of disabled people's impairments even where that involves treating disabled people more favourably than non-disabled people</p> <p>Promote positive attitudes towards disabled people</p> <p>Encourage participation by disabled people in public life</p>	<p>All public bodies need to have due regard to the need to:</p> <p>Eliminate unlawful discrimination and harassment</p> <p>Promote equality of opportunity between women and men</p>

SPECIFIC DUTIES

Race Equality Duty	Disability Equality Duty	Gender Equality Duty
<p>All public bodies need to publish a Race Equality Scheme and action plan setting out:</p> <p>Functions and policies which are relevant to the general duty on race</p> <p>Make arrangements for assessing and consulting on the likely impact of proposed policies</p> <p>Make arrangements for monitoring policies for any adverse impact</p> <p>Make arrangements for publishing the results of assessments</p> <p>Make arrangements to ensure the public has access to information and services provided</p> <p>Make arrangements for training staff on the Race Equality Duty</p> <p>Monitor employment procedures and practices</p>	<p>All public bodies need to publish a Disability Equality Scheme demonstrating how they intend to fulfil their general and specific duties and involve disabled people in the development of the scheme.</p> <p>The Disability Equality Scheme should include a statement of:</p> <p>How disabled people have been involved in producing the scheme and developing the action plan</p> <p>The methodology to be used in assessing the impact of existing and proposed activities on disabled people</p> <p>The steps the public body will take to fulfilling the general duty (action plan)</p> <p>The arrangements for gathering information in relation to employment and delivery of education and its functions</p> <p>The arrangements for using information, particularly when reviewing the action plan and revising the Disability Equality Scheme</p> <p>The steps taken in the three-year action plan</p>	<p>All public bodies need to publish a Gender Equality Scheme setting out the gender equality objectives to fulfil their general and specific duties</p> <p>The Gender Equality Scheme should include details on how they will:</p> <p>Consult employees, customers and other stakeholders</p> <p>Take into account any information considered relevant</p> <p>Consider the need to have an objective to address the causes of any gender pay gap</p> <p>The scheme should set out the actions the public body has taken or intends to take to:</p> <p>Gather information on the effect of its policies and practices on women and men in employment, service delivery and the performance of all its functions</p> <p>Use the information collected to review the implementation of the Gender Equality Scheme</p> <p>Assess the impact of current and future</p>

	<p>and the arrangements made for gathering and using information</p> <p>An annual report on progress</p> <p>Revision of the Disability Equality Scheme every three years</p>	<p>policies on gender equality</p> <p>Consult relevant staff, customers and other stakeholders</p> <p>Ensure implementation of the Gender Equality Scheme</p> <p>Report annually on progress</p> <p>Review and revise the Gender Equality Scheme at least every three years</p>
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B – SUMMARY OF CURRENT EQUALITIES LEGISLATION

AGE

Employment Equality (Age) Regulations 2006

Makes it unlawful for employers to discriminate directly or indirectly against a person in employment and vocational training on the grounds of their age. The regulations cover both young and older people.

DISABILITY

Disability Discrimination Act 1995

Makes it unlawful to discriminate against anyone on the grounds of their disability. The Act covers employment, access to goods, facilities and service and the management, buying or renting of land and property. The Act provides a definition of disability.

Disability Discrimination Act 2005

This Act amends the 1995 Act and imposes a general duty aimed at tackling systemic discrimination. Requires organizations to actively promote equality between disabled people and non-disabled people, eliminate unlawful disability discrimination, harassment of disabled people

which is related to their disability, promote positive attitudes towards disabled people and encourage participation of disabled people in public life. The Act differs from other anti-discrimination laws as it allows for more favourable treatment of disabled people. It requires public bodies to produce a Disability Equality Scheme, stating how they will promote disability equality in service provision and employment over a three year period.

GENDER

EQUAL PAY ACT 1970

This Act makes it unlawful for employers to discriminate between men and women in terms of their pay and conditions, where they are doing the same or similar work; work rated as equivalent or work of equal value.

SEX DISCRIMINATION ACT 1975

This makes it unlawful to discriminate against women or men, of any age, on the grounds of their sex. The Act covers employment, education, goods, facilities and services and housing.

SEX DISCRIMINATION (GENDER REASSIGNMENT) REGULATIONS 1999

This prevents discrimination against Trans people on the grounds of their gender in pay and treatment in employment and training. The Gender Recognition Act 2004 provides Trans people with legal recognition in their acquired gender.

EQUALITY ACT 2006

This updates the Sex Discrimination Act and introduces a positive duty to actively promote equality of opportunity between women and men and eliminate sex discrimination. Requires public bodies to produce a Gender Equality scheme which states how they will promote gender equality over a three-year period. Included the creation of the Commission for Equality & Human Rights, which assumed the role of the previous three separate commissions representing race, gender and disability.

RACE

RACE RELATIONS ACT 1976

This makes it unlawful to discriminate against anyone on the grounds of race, colour, nationality (including citizenship) or ethnic or national origin. It applies to jobs, training, housing, education and the provision of goods, facilities and services.

RACE RELATIONS (AMENDMENT) ACT 2000

This amends the 1976 Act and imposes a positive duty to actively eliminate unlawful racial discrimination, promote equality of opportunity and good race relations. It requires public bodies to produce a Race Equality Scheme stating how they will promote race equality over a three year period.

RELIGION/BELIEF

EMPLOYMENT EQUALITY (RELIGION OR BELIEF) REGULATIONS 2003

This makes it illegal for employers to discriminate against a person in employment and in the provision of vocational training on the grounds of their beliefs or lack of belief.

EQUALITY ACT 2006

Part 3 of the Act makes it unlawful (apart from certain exemptions), to discriminate on the grounds of religion or belief in the provision of goods, facilities and services, the management of premises, education and the exercise of public functions.

SEXUAL ORIENTATION

EMPLOYMENT EQUALITY (SEXUAL ORIENTATIONS) REGULATIONS 2003

This makes it illegal for employers to discriminate against a person in employment and the provision of vocational training on the grounds of their sexual orientation or perceived sexual orientation.

EQUALITY ACT 2006

Part 3 of the Act extended the protection against discrimination in the provision of goods and services, use and disposal of premises and the exercise of public duties on the grounds of sexual orientation.

HUMAN RIGHTS ACT 1998 – The Human Rights Act came fully into force on October 2 2000. It gives further effect in the United Kingdom to rights contained in the European Convention of Human Rights. The Act:

- Makes it unlawful for a public authority to breach Convention Rights unless an Act of Parliament meant it could have acted differently
- Means that cases can be dealt with in a UK court or tribunal
- Says that all UK legislation must be given a meaning that fits with the Convention Rights if that is possible.

The Human Rights Act 1998 states that the “State” or its public bodies cannot:

- Violate the right to life of individuals
- Subject individuals to torture, inhuman or degrading treatment
- Press individuals into enforced labour
- Deprive individuals of their liberty without due process and compensation
- Deprive individuals of access to justice or a fair trial or introduce laws that impose retrospective criminal liability for acts that were legal at the time they were committed
- Disrespect individuals’ rights to privacy
- Restrict freedom of religion, expression, association and assembly
- Disallow individuals to marry and found a family

The Department of Health has published “A Framework for Local Action” for human rights in healthcare. This framework was developed in conjunction with the British Institute of Human Rights to assist NHS Trusts to use a human rights-based approach to improving the way healthcare services are delivered with the goal of achieving high quality, accessible health services to all.

APPENDIX 4– GLOSSARY OF COMMON EQUALITY & INCLUSION TERMS

Access – the extent to which people are able to receive the information, services or care they require and are not prevented from getting these, e.g. premises should be suitable for and welcoming to wheelchair users, people with sensory disabilities etc; information should be provided in alternative formats, including in large print or Braille or audiotape or CD and community languages; services provided should be culturally appropriate and sensitive.

Ageism – discrimination against people based on assumptions and stereotypical thinking around age

Black and minority ethnic (bme) – describes range of minority ethnic communities in the United Kingdom

Champion – someone appointed to represent and support the interests of a specific user group or issue. This can be a senior manager, member of the Trust Board or representative of the user group, e. g. a disabled staff member.

Commissioning – the process of specifying, purchasing and monitoring services to meet the needs of the local population

Consultation – asking for the views of service users, staff or other stakeholders on service delivery, policymaking, engagement or decision making. Consultation can take place through a wide range of ways including through surveys, focus groups or public meetings.

Discrimination – unfair treatment based on prejudice. In a health setting discrimination could mean consciously treating a group of people or individuals differently or less favourably or denying them access to relevant treatment and care.

Diversity – valuing and celebrating difference and recognising that everyone through their own unique mix of experience, skills and talent has their own valuable contribution to make.

Duty – under current equalities legislation, public bodies have general and specific duties. These are a series of actions needing to be carried out by that body in order to comply with legislative requirements.

Equality – equality is about ensuring that people are treated fairly and given fair chances. This is not about treating everyone in exactly the same way, but recognising that different needs need to be met in different ways.

Equality strands – the six equality strands are defined by age, disability status, gender, race, religion or belief and sexual orientation.

Embedding – making an integral part of.

Harassment – this is behaviour which is unwelcome or unacceptable and which results in the creation of a stressful or intimidating environment for the victim. This may include verbal abuse, jokes, insensitive comments, unwanted physical conduct, ridicule or isolation.

Homophobia – an irrational fear of or aversion to or discrimination against people who are gay or lesbian.

Mainstreaming – integrating, making part of business as usual

Monitoring – the process of collecting and analysing information on people's different backgrounds, e.g. age, disability status, gender, race or ethnic origins, religion or belief and sexual orientation, to see for example whether a workforce is representative of its community and/or services are being accessed by all parts of the community.

Positive action – action taken to improve the representation in a workforce where monitoring has shown a specific group to be under-represented, either in proportion to the profile of the total workforce or of the local population. As permitted by existing equalities legislation, positive action allows organisations to provide facilities to meet the needs of people from specific groups in regard to their education, training or welfare and target job training at people from groups who may be under-represented in those occupations or to encourage them to apply for such work.

Prejudice – negative assumptions or judgments about a person or group of people.

Procurement – the process of obtaining (whether through purchasing, lease, hire or other legal means) the services, equipment, materials or supplies required by an organisation so it can effectively meet its business objectives.

Racism – the belief, conscious or otherwise, in the superiority of a particular race, which leads to acts of discrimination and unequal treatment based on someone's colour or ethnic origin.

Sexual orientation – an orientation towards persons of the same sex (e.g. lesbians & gay men), towards persons of the opposite sex (heterosexuals) or persons of the same and opposite sexes (bisexuals).

Sexism – prejudice based on a person's gender, whereby one gender is deemed inferior.

Social model of disability – a model created and endorsed by disabled people throughout the world, this emphasises the barriers and structures in society which exclude disabled people, rather than focus on their disabilities as the reason for their being excluded, as in the Medical Model of disability.

Social inclusion – the position from where someone can access and benefit from the full range of opportunities available to members of society. It aims to remove barriers for people or for areas which experience a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environments, poor health and family breakdown.

Stereotypes – generalisations concerning perceived characteristics of members of a group, rather than regarding people as unique individuals.

Strategic Plan – The London Ambulance Service NHS Trust Strategic Plan sets the direction for the Trust and identifies how the Trust's work in the emergency, urgent and out of hours care sectors will be implemented. The Strategic Plan consists of four major programmes, supported by a stakeholder engagement and communications strategy and the Trust's programme for the 2012 Olympic and Paralympic Games. Each programme has substantial equality & inclusion content and these, as well as individual Service Plans, will contain relevant actions arising from the Trust's Equality & Inclusion Strategy.

Trans/trans people – the term "trans" is an all-embracing term for people who have the desire to live and be accepted as members of the opposite sex (e.g. men who feel they should have been born a woman and vice versa). Issues of transgender relate to self-identity. Trans people should be addressed in the gender they present. Assumptions should not be made that a Trans person is gay or lesbian, as a large number are heterosexual.

Victimisation – the act of treating people less favourably because they have made a complaint or intend to in regard to discrimination or harassment.

Workforce profile – the make-up of the people who work for an organisation. Analysing the workforce profile helps us to see how many different people from the different equality strand groups work for the organisation, e.g. how many women, disabled people, black and minority ethnic people etc. It also enables us to see what occupations and grade levels people are represented in, which will assist us in determining if more career progression opportunities need to be provided for specific groups.

APPENDIX 5 - EQUALITY IMPACT ASSESSMENT SCHEDULE 2009-2012 (to follow)

APPENDIX 6 - EQUALITY IMPACT ASSESSMENT TOOL & GUIDANCE (to follow)

APPENDIX 7 – KEY DOCUMENTS

London Ambulance Annual Equality Report 08/09

London Ambulance Annual Report 08/09

London Ambulance Service Strategic Plan 2007-13

Department of Health – “A framework for local action” (implementing human rights in Healthcare) - check

Department of Health – Equality & Human Rights Case Study –London Ambulance Service NHS Trust – Strategic Planning process and “It’s your call: Public and Patient Involvement” event

Health Care Commission – “Tackling the Challenge – Promoting Race Equality in the NHS” (March 2009)

Mayor for London – “The State of Equality in London Report” (2008)

APPENDIX 8– STANDARDS FOR BETTER HEALTH – CARE QUALITY COMMISSION CORE STANDARDS

Core standard 7e

Healthcare organisations challenge discrimination, promote equality and respect Human Rights

Core standard C13a

Healthcare organisations have systems in place to ensure that staff treat patients, their relatives and carers with dignity and respect.

Core standard C16

Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and where appropriate inform patients on what to expect during treatment, care and after care.

Core standard C17

The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services.

Core standard C18

Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably.

Draft