

London Ambulance Service



NHS Trust



**One Service For All**

our equality & inclusion strategy 2014-2019



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## **CONTENTS**

<b>CONTENTS</b>	<b>PAGE 3</b>
<b>INTRODUCTION</b>	<b>PAGE 5</b>
<b>OUR PRINCIPLES</b>	<b>PAGE 8</b>
<b>OUR POLICY</b>	<b>PAGE 11</b>
<b>OUR STRATEGIC INTENTIONS</b>	<b>PAGE 15</b>
<b>EVALUATION</b>	<b>PAGE 23</b>
<b>APPENDIX I ACTION PLAN</b>	<b>PAGE 26</b>
<b>APPENDIX II RESPONSES</b>	<b>PAGE 29</b>
<b>APPENDIX III OBJECTIVES</b>	<b>PAGE 34</b>
<b>APPENDIX IV DEFINITIONS</b>	<b>PAGE 36</b>
<b>APPENDIX V GLOSSARY</b>	<b>PAGE 38</b>
<b>APPENDIX VI KEY DOCUMENTS</b>	<b>PAGE 43</b>



FOR TWO  
SEATS ONLY

LONDON  
AMBULANCE  
SERVICE



# Introduction

This strategy identifies our aims and our objectives for embedding equality in everything that we undertake.

The strategy acts as a single reference point for the supporting actions and the expectations of our staff, visitors, patients and public in assisting us in delivering “**One Service for All**”

## 1. EXECUTIVE SUMMARY

- 1.1. Like every other public body in the United Kingdom, London Ambulance Service NHS Trust has a duty under the Equality Act 2010 to have due regard to the need to eliminate discrimination, advance equality of opportunity between people who share a protected characteristic and those who do not, and to foster good relations between people of different protected characteristic groups and none.
- 1.2. We have three key aims of our updated strategy.

### **Our aims are to;**

provide enhanced and world class health care to all our diverse patients and service users across all protected characteristic groups

follow the aims of our Positive Action Strategy, continue in our efforts to become an employer of choice, attracting the best and most talented people from all backgrounds

ensure our procurement practices enable us to use our buying power as a driver for promoting equality and inclusion, including actively encouraging small medium enterprises (SME) to bid for contract opportunities with the Trust

# Introduction

1.3. These three aims are supported by five objectives.

## **Our objectives are;**

**Objective 1** - Promoting equality and inclusion through fair and accessible services

**Objective 2** - Promoting equality and inclusion through enhanced involvement of our community and stakeholder groups

**Objective 3** - Promoting equality and inclusion through improving the quality of information the Trust uses

**Objective 4** - Promoting equality and inclusion through enhanced partnership working

**Objective 5** - Promoting equality and inclusion through employment and training

**Objective 6** - Promoting equality and inclusion through our procurement

1.4. Our Director-level Equality and Inclusion Steering Group continues to meet to oversee the equality and inclusion work of the Trust and will oversee the aims and objectives. The group comprises Directors and Heads of Service from all the key functions in the Trust, including representation from our Patients' Forum/Health Watch and staff side partners.

1.5. We will continue to implement an equality analysis approach, incorporating a critical friend element, to ensure we subject our service and policy development to rigorous scrutiny and have due regard to the needs of protected characteristic groups.

1.6. Our continued corporate membership of the UK's leading employers' equality forums enables us to benchmark ourselves against the best and underscores our absolute and enduring commitment to equality of opportunity for all our patients and service users, staff and other stakeholders.

1.7. We will actively involve all our stakeholders in the on-going development, monitoring and review of our updated strategy. Annual reports on the progress of this strategy will go to the Trust's Executive Management Team and the Trust Board.

1.8. We have consulted on our updated strategy priorities with our patient groups, service users, staff and other stakeholders over a fourteen-week consultation period. We welcome feedback on our strategy and particularly on the priorities for action, as we integrate these into the business planning of the Trust.



# Our Principles

London is one of the most diverse cities in the world.

We want to play our role in reducing inequalities by ensuring everyone is treated fairly and equally.

We also want to celebrate difference and ensure all our staff appreciate and value the opportunities of diversity.

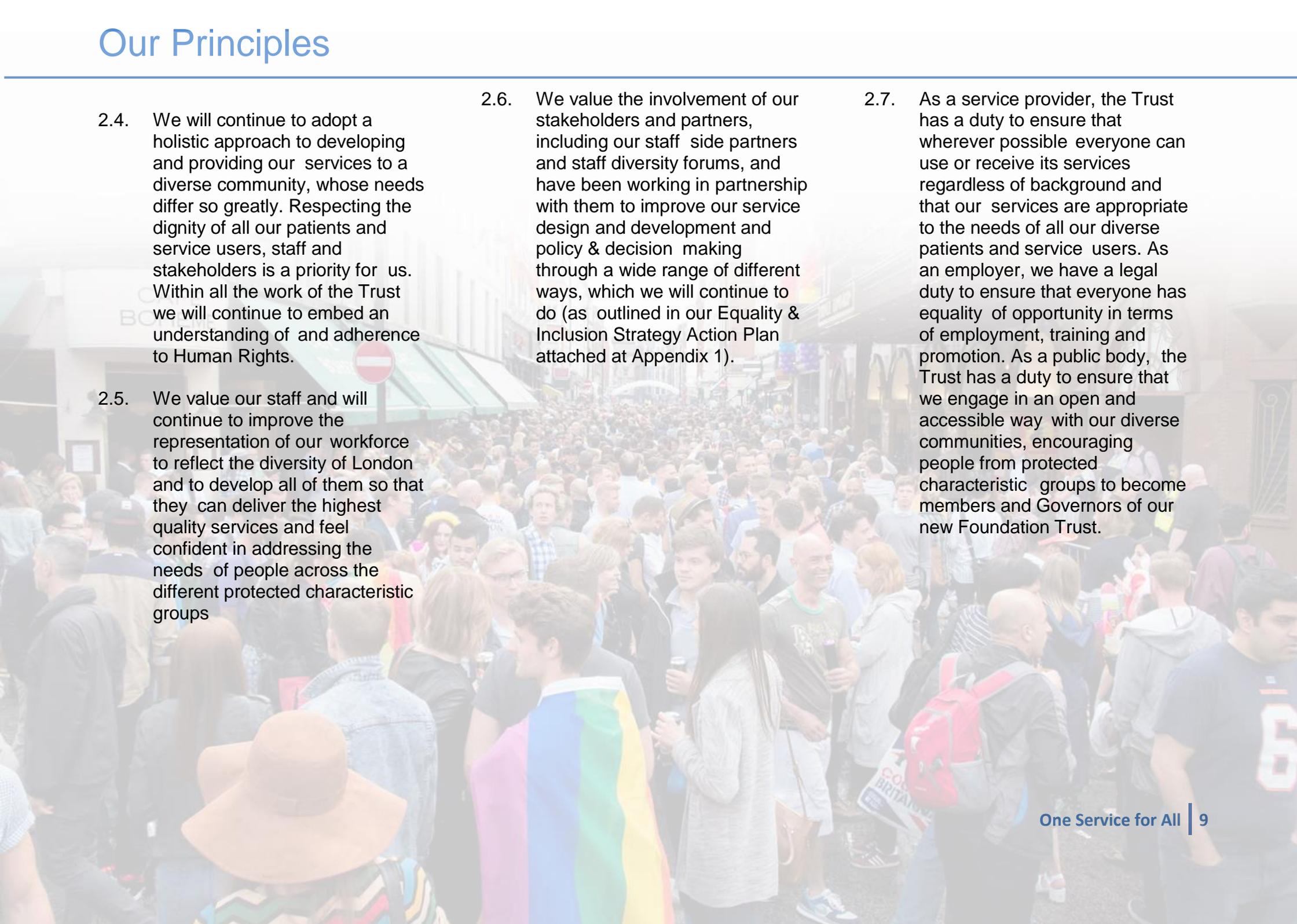
## 2. OUR EQUALITY & INCLUSION STRATEGY 2014-19

- 2.1. Much has changed since the production of the Trust's first Equality & Inclusion Strategy and the Trust has been proactive in taking up new challenges/promoting more targeted services to the many diverse communities we serve. London Ambulance Service NHS Trust welcomes its obligations under the Equality Act 2010 (Information about the Equality Act 2010 and the Public Sector Duty can be found at Appendix 5) and this strategy is designed to be read alongside the Trust Strategy.
- 2.2. The Trust continues to commit to ensuring a level playing field for all its patients, service users and staff in regard to the exercise of all its functions. By adopting proactively a strategy which equally combats discrimination on all protected characteristic grounds and promotes equality of opportunity for all, the Trust is determined to show its leadership and

corporate commitment. Encompassing all protected characteristic groups and celebrating diversity, our new strategy is also best placed to address multiple discrimination, so clearly evident in the links between economic deprivation and the health inequalities our staff see on a daily basis.

- 2.3. London is one of the most diverse cities in the world. It has also in the recent years become even more 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. The updated Equality and Inclusion Strategy is addressing the key priorities for action agreed with our stakeholders in our consultation (these can be seen at Appendix 2). This approach will directly address multiple discrimination in a way which promotes equality of opportunity and access to services for traditionally disadvantaged communities.

# Our Principles

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- 2.4. We will continue 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 service users, staff and stakeholders is a priority for us. Within all the work of the Trust we will continue to embed an understanding of and adherence to Human Rights.
- 2.5. We value our staff and will continue to improve the representation of our workforce to reflect the diversity of London and to develop all of them so that they can deliver the highest quality services and feel confident in addressing the needs of people across the different protected characteristic groups
- 2.6. We value the involvement of our stakeholders and partners, including our staff side partners and staff diversity forums, and have been working in partnership with them to improve our service design and development and policy & decision making through a wide range of different ways, which we will continue to do (as outlined in our Equality & Inclusion Strategy Action Plan attached at Appendix 1).
- 2.7. As a service provider, the Trust has a duty to ensure that wherever possible everyone can use or receive its services regardless of background and that our services are appropriate to the needs of all our diverse patients and service users. As an employer, we have a legal duty to ensure that everyone has equality of opportunity in terms of employment, training and promotion. As a public body, the Trust has a duty to ensure that we engage in an open and accessible way with our diverse communities, encouraging people from protected characteristic groups to become members and Governors of our new Foundation Trust.



Emergency Ambulance

London Ambu



It's time to talk about  
time to change



Our policy sets out clearly what our service users can expect from us as a health service provider, procurer of goods and services and as a decision making body.

### 3. AIMS OF OUR EQUALITY & INCLUSION POLICY

- 3.1. Our Equality and Inclusion Policy is aligned with the Equality Act 2010 and the aims of the refreshed Equality Delivery System. 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 age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex or sexual orientation.
- 3.2. Our Equality & Inclusion Policy sets out our commitment to five main areas.

The five aims are:

our services are targeted to the needs of all our patients and service users

our policies and procedures have no adverse impact and actively promote equality of opportunity and access

our decision making processes are accessible and welcoming of all

our workforce is representative at all levels of our diverse community and in all occupations and tenures

our procurement is open and accessible to all

- 3.3. Our Equality & Inclusion Policy, together with this strategy, sets out clearly what our service users can expect from the Trust as a health service provider, employer, procurer of goods and services and decision making body.

# Our Policy

## 4. THE POLICY

4.1. London Ambulance Service NHS Trust welcomes its obligations under the Equality Act 2010. Our aim in this Trust is to ensure that equality & inclusion is embedded and absolutely integral to everything we do. To this end we have also adopted the Social Model of Disability.

4.2. 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, service users 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.

4.3. It is the Trust policy that everyone should be treated fairly and without discrimination. In this area we have a number of

specific aims. We aim to ensure that:

- patients and service users 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

4.4. 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.

4.5. As a provider of healthcare to the people living, working in and visiting the city, we seek to provide state of the art care which addresses the individual needs of our diverse patients and service users. In this respect we aim to ensure that:

- our patients and service users are aware of our services and that those services are accessible to all
  - our governance arrangements are welcoming and inclusive of all
  - our public buildings and information are accessible to all
  - we enable our diverse communities in London to be involved in the development and monitoring of our policies and services
- 4.6. As an employer, our aims are to become an employer of choice for those who want to make London a safer and healthier place.

# Our Policy

- 4.7. We want to attract the best and most 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 service users. In this respect our aims are 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 protected characteristic background 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

- 4.8. As a procurer of goods and services, we are committed to the following aims:
- 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
- 4.9. Working with suppliers, each year we spend approximately £58 million on a wide range of goods and services. We have a responsibility to ensure that all public money we receive is used as resourcefully as possible, and that we achieve the best value for money.



# Our Strategic Intentions

We will continuously improve the design and delivery of our services.

We will continue to use our buying power wherever possible as a way to promote equality.

We are committed to becoming an employer truly representative of the rich diversity of our capital and we will use positive action initiatives to recruit and keep the best and most talented people from across our city.

## 5. PAYING DUE REGARD

- 5.1. Using the Trust's Equality Analysis toolkit, comprising a critical friend element, all Trust departments are encouraged to undertake equality analysis.
- 5.2. We will continue to use the rigorous and systematic equality analysis approach to pay due regard, in line with the requirements of the Equality Act 2010, wherever appropriate, as we seek to improve the design and delivery of our services, policy and decision making and employment practices.

## 6. COLLECTING & EVALUATING INFORMATION

- 6.1. The Trust has devised an updated equalities monitoring form, which was informed by the Equality and Inclusion Steering Group and had input from all the leading employer equality forums in the country.
- 6.2. We will explore a partnership approach to data collection with other local health care

organizations and hospitals, building in any necessary 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 service users.

- 6.3. Our Trust Board has led the way in implementing this equalities monitoring and annual monitoring of our Board will continue to ensure we do everything possible to increase the representativeness of our Trust from the very top.

- 6.4. 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.

## 7. ENSURING ACCESS & MONITORING OF COMPLAINTS

# Our Strategic Intentions

- 7.1. The Trust has a duty to ensure that all our patients and service users are able to access the services we provide. This includes providing accessible information. This may involve making reasonable adjustments to address the needs of any disabled patients or service users, making our information available in different community languages and alternative formats when requested.
- 7.2. 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.
- 7.3. Because of the importance of receiving feedback from our patients, we suggested and got buy-in from our patients, service users and stakeholders to one of the Trust's new equality objectives specifically around complaints:

- 7.4. We will improve the process for capturing equalities data in the area of patient complaints to ensure that we capture relevant details and begin to monitor trends in complaints from black and minority ethnic service users.

## 8. EQUALITIES IN PROCUREMENT

- 8.1. We have an ambitious Procurement Strategy, incorporating a statement on Supplier Diversity. We will continue to aim wherever possible to use our buying power as a driver for promoting equality. Our Procurement Strategy provides 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 also informs 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 organizations in regard to their own staff.

## 9. ENGAGING WITH OUR COMMUNITIES AND WORKFORCE

- 9.1. We have a statutory duty to engage and involve people (including in particular disabled people) in developing our updated equality & inclusion strategy. We are committed to engaging directly with our communities and workforce to continuously improve our services as well as making progress in our aim to be an employer of choice for the best and most talented people from our diverse communities.
- 9.2. Engaging with our patients and the public. The Trust has a process for pulling together our learning from experience.
- 9.3. We have a patient and public involvement action plan, which sets out the current aims and priorities we have around carrying out our Patient and Public Involvement in a consistent and meaningful way.

# Our Strategic Intentions

This plan is supported by a public education plan, outlining the Trust's public education priorities.

- 9.4. The Patient and Public Involvement Team also carry out regular surveys and consultations to find out service users' experiences of our services. We will ensure that the minority groups continue to be represented in this work.
- 9.5. We also actively engage with our Trust members. All members receive the Trust's newsletter Ambulance News four times a year. We will try to ensure that this is representative and as accessible as possible.
- 9.6. We will improve the way our staff are able to feed back. The Trust has implemented a series of Listening into Action initiatives, including road shows, surveys (temperature checks), inviting suggestions from staff for service improvement and webinars with key lead Directors within the Trust. We will continue to

engage actively with our staff in a wide range of ways, including the use of social media, to ensure they remain motivated and are visibly valued and empowered to have an active stake in the development of our Trust.

- 9.7. In line with our Positive Action Strategy, we have also supported the establishment of Staff Diversity Forums, which have a direct input into the development of policy and services. The Trust's Staff Forums, the Lesbian Gay Bisexual Transgender Staff Forum (LGBT), Deaf Awareness Forum, Black Minority Ethnic Forum and the Disabled Staff/Carers Forum (known as Enable) are supported in their work by the Trust. The chairs of each of the forums are invited to meetings of the Equality and Inclusion Steering Group, to discuss the aims and objectives of the forums for the coming year and any other relevant business as arising.

- 9.8. A new BME Forum has been launched (ADAMAS – Association of Diverse and Minority Ambulance Staff) and the Trust's Disabled staff/carers' forum is being re-launched. Close collaboration between the forums is taking place, which includes the joint planning and staging of a joint Staff Forum day event at Waterloo, to be followed by further sessions at key Trust locations across London to raise staff awareness around the work of the forums, encourage new members and look at possible further staff diversity forum options. We will continue to develop this work in the future.

## 10. **ACHIEVING A WORKFORCE TO REFLECT THE COMMUNITY & BECOME AN EMPLOYER OF CHOICE**

- 10.1. 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.
- 10.2. We are carrying out a range of initiatives, outlined in our most

# Our Strategic Intentions

recent Annual Equality Report 2013-14, 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 patients, service users, staff, partners and stakeholders. In line with our Positive Action Strategy, we have been working with the voluntary sector to attract and recruit candidates from BME and other under-represented groups. We will continue with this work.

## 11. LONDON AMBULANCE SERVICES WORKFORCE PROFILE

- 11.1. 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.
- 11.2. Our most recent Annual Equality Report (2013-14) shows that the Trust employed 10.6% BME staff and 44%

female, which are both increases on the previous year's representation of 9.3% and 43.2% respectively. However, both percentages are still far from equal to the representation of these groups in London. This was estimated in the 2011 Census to be 40.2% for BME people and 50.7% for women. The current percentage of disabled people in the Trust was 1%, an increase on 0.5% in the previous year. The Census estimate of people in London stating that they had a limiting long-term illness (the closest indicator on disability) was 14.2%. We will continue to use these measures to evaluate our progress.

- 11.3. 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. In addition, a report published by Business in

the Community (Race for Opportunity) "Race at the Top" shows that there has been virtually no ethnicity change in top management positions between 2007 and 2012. The 2013-14 Annual Equality Report shows that BME staff occupy 7.85% of posts (almost 7% of all BME staff) at Senior Management Grade, on a par with the NHS-wide estimated representation at that level. The Trust has started working with a voluntary sector organization to directly encourage BME and under-represented groups to apply for new posts. Further plans are in place to progress this and other positive action initiatives.

- 11.4. When considering women, 33.9% of all senior management grade posts were occupied by women (7.17% of all women staff). This reflects a national picture. Specific initiatives are being planned to try and make further improvements to ensure greater representation.

# Our Strategic Intentions

11.5. The Census 2011 statistics for London showed that at the 2011 Census, London's population was 8.17 million, making it the most populous European city. Around 3.3 million of London's population are BME and 4.9 million are White. The white population of London is forecast to remain at around this number throughout the next decade and increase slightly thereafter to 5 million. In the 2011 Census the Black African population (576,000) surpassed the Indian population (545,000) to become the biggest BME group in London. Projections suggest that by 2021 the 'Other Asian' population will reach 726,000 to become the biggest individual BME group.

11.6. There are approximately 1.4 million disabled people in London, though precise figures are unknown. The biggest rise in London's population is forecast to be in the 65 plus age group. London's population is younger than in

the rest of the UK, nearly two thirds (63 per cent) of Londoners are aged under 44, compared to just over half (53 per cent) in the UK as a whole. The capital's residents are overwhelmingly young - 31 per cent are under 24 years old with the birth rate expected to rise over the next 20 years.

11.7. In the 2011 Census, around half (48%) of Londoners described themselves as Christian; other large religious groupings were Muslims (12.4%); Hindus (5%), Jews (1.8%), Sikhs (1.5%) and Buddhists (1%). One in five Londoners (20.7%) said they were of no religion and around 8.5% gave no response.

11.8. An update of the Employee Staff Record System is pending, but in the meantime we will look to enable our staff to self-identify in regard to protected characteristic information as easily as possible through a self-serve basis and will then be able to properly benchmark ourselves against the London profile.

## 12. Membership Of Leading Equality & Inclusion Employers Forums and Benchmarking

12.1. The Trust is a member of all seven of the leading Employers' Organizations and also a member of the National Ambulance Association's Diversity Network and the BME Network. We will continue this engagement to ensure that the development of policy making and services across the Trust will be enhanced by best practice guidance.

12.2. Each year since 2009, the Trust has been submitting applications on its performance on service delivery, decision making, engagement, employment and training and procurement to be assessed by Stonewall against the top UK organizations on its Workplace Equality Index. For the third year running the Trust has been one of the Top 100 performer organizations in this prestigious index.

# Our Strategic Intentions

- 12.3. Last year we benchmarked ourselves against the best healthcare organizations in the country through the new Stonewall Health Equality Index and were amongst the top 10. We received top ten ranking again this year and for both these last years we were the top-performing ambulance service in the country.
- 12.4. The benchmarking we have been carrying out with Stonewall has enabled us to scrutinize and continuously improve the accessibility and quality of our services, engagement, decision making, procurement practices and employment and training to the benefit of our LGB service users, staff and stakeholders, as well as for the wider benefit of all we serve, engage with and employ.
- 12.5. This work with Stonewall has brought direct benefit and we will try to extend this work by continuing to use external benchmarking with other organizations representing different protected characteristic groups.
- 13. GOVERNANCE AND OUR PLANS TO BECOME A FOUNDATION TRUST**
- 13.1. The Care Quality Commission scrutinizes safety and quality in health and social care. We aim to continue the ratings and registration we have with them for Equality & Inclusion.
- 13.2. As at March 2014 the Trust had 8,995 members from across London. The Trust regularly and closely monitors the demographic profile of its public members to get a picture of how representative the membership is of the eligible population and to address any inequity in representation through recruitment. 8.1% (746) of our public members have indicated that they consider themselves to have a disability. Membership is representative of the area in almost all age categories and over-represented in the 22 – 29 age group. This is likely to be a reflection of the recruitment of members via the Trust current vacancies page of the website. The membership representation is slightly short in the 75+ category. The Trust is slightly under-represented in regard to male members but over-represented in regard to females. Membership is representative for almost all ethnic groups except for White - English, Welsh, Scottish, Northern Irish, British and ethnic group - Chinese. (7% of the membership have not stated their ethnicity). Membership is representative of the population in terms of socio-economic status. We will continue to monitor this and ensure our membership is as representative as possible.
- 13.3. The NHS Constitution establishes the principles and values of the NHS in England. It sets out the 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

# Our Strategic Intentions

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

- 13.4. The Equality & Inclusion Team, comprising the Equality & Inclusion Manager and an 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 Team will ensure they remain at the forefront of Equality and Inclusion work by ensuring they are up to date and can act as experts for the organisation.
- 13.5. Our Trust Board ensures that the Trust's direction and vision enables it to carry out its statutory equality & inclusion responsibilities. The Trust Board

receives an Annual Equality Report, detailing progress across all the functions of the Trust, as well as any other relevant equality and inclusion reports, including on the Equality and Inclusion Strategy. Regular equalities monitoring of the Board is undertaken to ensure any under-representation can be targeted and addressed. We will continue to report annually to the Trust Board.

- 13.6. Our Executive 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 Executive Management Team provides the scrutiny and focus for equality and inclusion issues. We will build upon the information the Executive Management Team receives to ensure that Equality & Inclusion features within a greater number of reports.

- 13.7. It is the responsibility of all Trust staff to ensure that they actively contribute to the equality & inclusion goals of the Trust. As we review our Appraisal process, we will explore if Equality & Inclusion work can be incorporated in some way.



We will monitor our services, wherever appropriate, across the protected characteristic groups to ensure that people from all communities and backgrounds can access our services and are satisfied with the quality of the service they receive.

In partnership with our stakeholders, we will monitor progress against the action plan accompanying this strategy and report on our progress in the Annual Equality Report.

## 14. HOW WE WILL MONITOR AND REPORT ON OUR PROGRESS ON OUR NEW STRATEGY

- 14.1. 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 service users and career development opportunities for staff. Specifically, NHS Trusts must demonstrate their compliance with the Equality & Diversity Standards set out by the Care Quality Commission.
- 14.2. In order for us to determine whether our policies, functions and services are achieving the aims of our updated 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 and feedback from engagement and community events
  - random and targeted surveys
- 14.3. 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 implementing monitoring across the different protected characteristic groups, wherever appropriate, to capture differentiated feedback from protected characteristic groups and ensure we can target any relevant gaps where required and wherever possible. We will continue to work to ensure that information gathered from our monitoring directly informs the improvement of everything we do in the Trust.

14.4. The Trust regularly feeds back its progress through Members' events, with our new FT members, HealthWatch representatives, the LAS website and other communications on its consultation and involvement events. We publish and make widely available the results of our equality analysis and any action plans developed as a result of our engagement with our stakeholders.

14.5. 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 patients, Executive Management Team and the Trust Board, as well as providing online updates in alternative formats as required, and regular updates at consultation and engagement events.

## 15. EQUALITY & INCLUSION ACTION PLAN

15.1. Accompanying our updated strategy is an action plan (Appendix 1), addressing our duties under equalities legislation and in accordance with best practice. This plan incorporates the priorities for action, highlighted to us by our stakeholders, including staff and service users, in our consultation on the update of our strategy. This action plan brings the principles expressed in our Equality and Inclusion Strategy to life and once embedded in departmental business planning and mainstreamed throughout the Trust's functions and day-to-day activities will include all the key activities the Trust plans to undertake over the next five years, in our aim to be an excellent service provider and employer of choice. As ever, everyone in the Trust has a role to play in ensuring the action plan becomes a reality and each Trust department will determine specific initiatives to take forward the actions in the action plan.

15.2. 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 also monitored locally. The priorities of our action plan span the goals of the refreshed national equality delivery system (EDS2). NHS England will be supplying an Easy Read version of their updated version of this system; this will be available on the Trust's website to enable a refreshed engagement with this framework.

15.3. We will report on our progress annually to the Equality & Inclusion Steering Group, Executive Management Team and the Trust Board and publish this document on the Trust website as well as making it widely available to our stakeholders.

## 15.4. We will know our strategy is working when:

- we achieve better patient outcomes for our patients and service users across the diverse communities of London
  - our patients and service users say they have even greater confidence in all our services
  - we can monitor and evidence staff progress by all protected characteristic groups
  - the level of complaints is low and there are no significant differences between different protected characteristic groups
  - we can reach people in the community who have not used our services before and for whom our services would be appropriate
- staff from all protected characteristic groups are represented throughout the organization at appropriate grade levels, professions and types of employment, on a par with representation in the capital
  - we are regarded as an Employer of choice by people from all the diverse communities in London
  - our procurement opportunities are accessed by companies led by and comprising diverse workforces across the protected characteristic groups
  - we continue to feature as a Top Performer on the Stonewall Health Equality Index and Workplace Equality Index
  - our services are seen to have an active role in combating health inequalities across the

protected characteristic groups

# Appendix I

## APPENDIX 1 – EQUALITY AND INCLUSION STRATEGY ACTION PLAN 2014-19

Following the feedback received from our consultation, the following action plan has been devised with actions to be embedded into the business plans of each directorate. These actions will be monitored departmentally and through the Annual Equality Report in conjunction with the Trust’s diverse stakeholders across all protected characteristic groups.

OBJECTIVE	ACTION	RESPONSIBLE
<b>Objective 1 -</b> Promoting equality and inclusion through fair and accessible services.	<ul style="list-style-type: none"> <li>• We will continue to enhance our services, so they are delivered in a way which is relevant and appropriate for all our service users, with due regard to the specific needs of people from protected characteristic groups, including people facing additional barriers/multiple discrimination.</li> <li>• We will ensure all our staff have the requisite knowledge, skills and confidence to provide our Services.</li> <li>• We will ensure that our equality analysis process remains at the heart of the development and review of our services.</li> </ul>	All Trust Departments
<b>Objective 2 -</b> Promoting equality and inclusion through enhanced involvement of our community and stakeholder groups.	<ul style="list-style-type: none"> <li>• We will use a wide range of engagement approaches and initiatives to ensure that any events or consultations are accessible and appropriate to the diverse communities we serve.</li> <li>• We will consult and engage with groups and individuals across the different protected characteristic groups to ensure all communities have a voice in the design and delivery of our services.</li> <li>• We will ensure our staff have the relevant skills and confidence to engage with people from our diverse communities.</li> <li>• We will continue to invite people from different protected characteristic groups and stakeholders onto our equality analyses.</li> </ul>	All Trust departments/ PPI and Public Education Team/Equality and Inclusion Team/ Governance



# Appendix I

<p><b>Objective 6 -</b> Promoting equality and inclusion through our procurement.</p>	<ul style="list-style-type: none"><li>• We will continue to ensure that our contractors are in line with our equality and inclusion objectives in regard to both employment and service delivery to ensure that they do not discriminate against anyone and are able to provide equitable, high-calibre services.</li><li>• We will look for possibilities, wherever practicable, to encourage SMEs and people and organizations from different protected characteristic groups to access our procurement opportunities.</li></ul>	<p>Head of Procurement/ All Departments</p>
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# Appendix II

## APPENDIX 2 – RESPONSES TO OUR NEW EQUALITY AND INCLUSION PRIORITIES FOR ACTION

In our recent consultation with our patients, service users, staff and stakeholders on what should be our equality and inclusion priorities for action we asked whether you agreed with our draft equality and inclusion objectives for 2014-19 spanning the four goals of the Equality Delivery System and for any feedback you had on these as well as any other objectives you would recommend. The following table gives the responses you gave us on this.

OBJECTIVE	Agree	Disagree
<p><b>Objective 1</b> Promoting equality and inclusion through fair and accessible services.</p> <ul style="list-style-type: none"><li>• We will continue to enhance our services so they are delivered in a way which is relevant and appropriate for all our service users, with due regard to the specific needs of people from protected characteristic groups, including people facing additional barriers/multiple discrimination.</li><li>• We will ensure all our staff have the requisite knowledge, skills and confidence to provide our services.</li><li>• We will ensure that our equality analysis process remains at the heart of the development and review of our services.</li></ul>	17	0
<p><b>Objective 2</b> Promoting equality and inclusion through enhanced involvement of our community and stakeholder groups.</p> <ul style="list-style-type: none"><li>• We will use a wide range of engagement approaches and initiatives to ensure that any events or consultations are accessible and appropriate to the diverse communities we serve.</li><li>• We will consult and engage with groups and individuals across the different protected characteristic groups to ensure all communities have a voice in the design and delivery of our services.</li><li>• We will ensure our staff have the relevant skills and confidence to engage with people from our diverse communities.</li><li>• We will continue to invite people from different protected characteristic groups and stakeholders onto our equality analyses.</li></ul>	16	1

# Appendix II

<p><b>Objective 3</b> Promoting equality and inclusion through improving the quality of information the Trust uses.</p> <ul style="list-style-type: none"><li>• In line with the Equality Act 2010 and the NHS Equality Delivery System, we will improve our monitoring and analysis to develop better services and enhance our employment and training opportunities for all staff regardless of background.</li><li>• We will enhance our internal and external communications to raise awareness of equality and inclusion issues and celebrate diversity.</li></ul>	17	0
<p><b>Objective 4</b> Promoting equality and inclusion through enhanced partnership working.</p> <ul style="list-style-type: none"><li>• We will enhance our partnership working with key partners including other emergency services, NHS partners, staff side partners and other key stakeholders.</li><li>• We will work in collaboration with our diverse communities, wherever practicable, to enhance the delivery of patient care, and to increase the representation of people across different protected characteristic groups in our workforce.</li><li>• We will be proactive in identifying opportunities to work with our diverse communities and the Third Sector to build life skills and better inform our policy and practice.</li></ul>	16	1
<p><b>Objective 5</b> Promoting equality and inclusion through employment and training.</p> <ul style="list-style-type: none"><li>• We will continue in our efforts to make our workforce truly representative of the diverse communities it serves.</li><li>• We will continue to promote a working environment where everyone, regardless of their background, feels included and valued, and where there is zero tolerance for bullying or harassment on any grounds.</li><li>• We will continue to ensure that all our staff have access to learning and development opportunities to provide them with every opportunity to reach their potential, to the benefit of the diverse communities we serve.</li></ul>	17	0

# Appendix II

<b>Objective 6</b> Promoting equality and inclusion through our procurement. <ul style="list-style-type: none"><li>• We will continue to ensure that our contractors are in line with our equality and inclusion objectives in regard to both employment and service delivery to ensure that they do not discriminate against anyone and are able to provide equitable, high-calibre services.</li><li>• We will look for possibilities, wherever practicable, to encourage SMEs and people and organizations from different protected characteristic groups to access our procurement opportunities.</li></ul>	17	0
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## Comments provided on the objectives were:

**Objective 1** - This objective one ought to be changed to another number; -

The first paragraph is a little legalese. It would be better to simplify the language used. For example "We will continue to ensure delivery of our services remain fair and inclusive to our diverse range of service users". Second para - It would be worth stating that staff will receive training to develop the required knowledge, skills and confidence in provision of our services. Third para - REMOVE referring to an EQUAL ANALYSIS PROCESS. This is essentially an internal mechanism to ensure equalities is considered fairly when developing policies and processes. It may be better to state the following "We will engage with service users and partners to ensure development of our policies and processes continues to be fair and inclusive"; - What is the "meta data" and evidence, on how the trust has managed to achieve this objective so far? Where can i see any true measure of this? Can they be seen in a "SMART" format?

**Objective 2** - Legal language; What is the "meta data" and evidence, on how the trust has managed to achieve this objective so far? Where can i see any true measure of this? Can they be seen in a "SMART" format?

**Objective 3** - You may wish to add "Communications" to the header. This objective is around monitoring. It would be useful to state how the LAS will seek to use this information to help deliver better, targeted services. Essentially, if requesting service user to provide this information, why should they do so?; - What is the "meta data" and evidence, on how the trust has managed to achieve this objective so far? Where can i see any true measure of this? Can they be seen in a "SMART" format?

**Objective 4** - Who are staff side partners?. Can delete the first paragraph as it repeats the header!! Second para - add "partners" delete "wherever

# Appendix II

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practicable" sounds like the LAS will choose as and when it will collaborate and involve; - What is the "meta data" and evidence, on how the trust has managed to achieve this objective so far? Where can i see any true measure of this? Can they be seen in a "SMART" format?

**Objective 5** - This really should be Objective one. The LAS has a long history of failing to attract and recruit people from minority ethnic heritages, its numbers of such employees on the front line in no way reflects London's population, which is a great, great pity; Need to add the following to the end of the first paragraph " and seek to improve the representation of employees from minority groups across all levels of our workforce"; What is the "meta data" and evidence, on how the trust has managed to achieve this objective so far? Where can i see any true measure of this? Can they be seen in a "SMART" format?

**Objective 6** - 1st para - consider using the following " Contractors are familiar with our equality objectives and adopt our principles in relation to delivering fair and equitable services on our behalf; - What is the "meta data" and evidence, on how the trust has managed to achieve this objective so far? Where can i see any true measure of this? Can they be seen in a "SMART" format?

The following additional comments were provided:

- First-rate objectives!
- It's really encouraging to see a whole objective around procurement, demonstrating that equality and diversity is vital within this.
- The Board ought to consider carefully its membership regarding those from ethnic heritages. There ought to be an objective for the Board to include minority ethnic heritage representation given it is a London service.
- I would like to see an objective around Leadership and ownership . Without this there is a risk that these objectives will be a wish-list, rather than an action for real positive change for all.
- I wonder whether it the objectives should have skills, knowledge and confidence rather than just skills and knowledge
- Is the Trust still using the EDS? if yes, how is it reflected in the new objectives?
- I really like your document, and I especially like that accessibility of services is built in to the core of the document and runs as a key consideration throughout (I know this will relate to all protected characteristics as well).

The equalities profile of our stakeholders responding to this consultation was: 5 women, 7 men, 2 preferred not to state their gender, 3 did not

## Appendix II

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answer that question; 3 respondents were in age range 25-34, 2 in age range 35-44, 2 in age range 45-54, 4 in age range 55-64, 1 in age range 65-74, 2 preferred not to say and 3 did not answer; 2 respondents said they were disabled, 8 said they were not, 4 preferred not to say and 3 did not answer; respondents included 1 Asian Pakistani, 1 Black African Caribbean, 9 White British, 5 preferred not to say, 1 not stated; 5 Christians responded, 1 Zoroastrian, 1 Eclectic, 3 preferred not to say and 7 did not answer; 2 bisexual people responded, 8 heterosexuals, 1 “heterosexual – I think! – not sure”, 1 Lesbian/gay woman responded, 2 preferred not to say and 3 did not answer.

## APPENDIX 3 – LONDON AMBULANCE NHS TRUST'S EQUALITY OBJECTIVES

The Trust has agreed to adopt the new NHS Equality Delivery System (EDS), an optional equalities framework for the NHS intended to support NHS organizations in improving their equality performance and mainstreaming equalities.

The EDS contains four overarching goals (supported by eighteen outcomes). The Equality and Inclusion Steering group has led a consultation exercise seeking views on the introduction of four equality objectives to support the Trust in improving performance against each of the four national NHS goals which are:

- Better health outcomes for all
- Improved patient access and experience
- Empowered, engaged and well supported staff
- Inclusive leadership at all levels

In March 2012, in line with the Public Sector Duty requirements of the Equality Act 2010 and the national NHS Equality Delivery System and following a number of engagement exercises with the general public, members and staff, the Trust agreed its equality objectives, as set out below. They span the four goals of the national NHS Equality Delivery System, a second version of which has since been launched and is called EDS2. The re-launched version varies only very slightly from the original version, with the goals remaining the same as before.

The Trust's objectives were:

**Objective 1** -We will ensure that the satisfaction rates with our Patient Transport Service are equitable for both women and men using the service and for all our service users, regardless of sexual orientation.

**Objective 2** -We will improve the process for capturing equalities data in the area of patient complaints to ensure that more than 50 per cent of complainants have provided relevant details and begin to monitor trends in complaints from black and minority ethnic (BME) service users in 2012/13.

**Objective 3** -We will act on the results of the staff survey and develop both corporate and localised actions to improve key problems

# Appendix III

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identified by 2016.

**Objective 4** -The equality and inclusion steering group will appoint champions for each of the protected characteristic groups (age, disability, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation) by 2014, to ensure that the interests of these groups are protected and promoted with regard to staff, patients, service users and other stakeholders in line with the requirements of the Equality Act 2010.

Since implementing these objectives in 2012, the Trust has made considerable progress on the first two, with achievement of Objective 3 ongoing. The Equality and Inclusion Steering Group, the Trust's senior-level body overseeing the equality and inclusion work of the Trust, will further address the requirements of Objective 4 in this coming year. To date, the Trust has a very visible and committed LGB Equality Champion, the Assistant Director Organization Development, Bill O'Neill.

# Appendix IV

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## APPENDIX 4– DEFINITION OF PROTECTED CHARACTERISTIC GROUPS COVERED UNDER THE EQUALITY ACT 2010

### **Age**

When the Act refers to age, it refers to a person belonging to a particular age or age group (e.g. 21 year olds) or range of ages (e.g. 18-30).

### **Disability**

A person has a disability if they have a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

### **Gender Reassignment**

This refers to the process of transitioning from one gender to another. A person will have this protected characteristic if they are proposing to undergo, are undergoing or have undergone a process or part of a process for the purpose of reassigning their sex by changing physiological or other attributes of their sex.

### **Trans (or Transgender)**

Is a general term used by people whose gender identity and/or gender expression differs from their sex at birth. This can include but is not limited to transsexual people and other people who define themselves as gender-variant.

### **Marriage & Civil Partnership**

In the United Kingdom marriage is no longer restricted to a union between a man and a woman but now includes marriage between a same-sex couple (Marriage (Same Sex Couples) Act 2013; Marriage and Civil Partnership (Scotland) Act 2014). Same-sex couples can also have their relationships legally recognized as civil partnerships. Civil partners must not be treated less favourably than married couples.

### **Pregnancy & Maternity**

Pregnancy refers to the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth of the child/children and is linked to maternity leave in an employment context. In a non-work environment, protection against maternity discrimination is for 26 weeks after giving birth; this includes treating a woman unfavourably because she is breastfeeding.

### **Race**

This refers to the protected characteristic of Race. It refers to a group of people defined by their race, colour and nationality including citizenship,

# Appendix IV

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ethnic or national origins.

## **Religion or Belief**

Religion refers to any of the recognized religions; it is a broad definition in line with Article 9 of the European Convention on Human Rights guaranteeing freedom of thought, conscience and religion; types of religions covered here include Buddhism, Christianity, Hinduism, Islam, Judaism etc. Belief can include religious and philosophical beliefs such as humanism, ecological beliefs as well as lack of belief. A belief should substantially affect a person's life choices or the way they live their life in order for this to be considered as a protected characteristic.

## **Sex**

This refers to the characteristic of being a man or a woman.

## **Sexual Orientation**

This refers to a person's sexual attraction towards their own sex, the opposite sex or both sexes.

# Appendix V

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## APPENDIX 5 – GLOSSARY OF COMMON EQUALITY AND 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.

### **Alternative format**

Media formats which are accessible to disabled people with specific impairments, for example Braille, audio description, subtitles and Easy Read.

### **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

# Appendix V

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or less favourably or denying them access to relevant treatment and care. Under the Equality Act 2010 discrimination can come in one of the following forms:

- direct discrimination - treating someone with a protected characteristic less favourably than others
- indirect discrimination - putting rules or arrangements in place that apply to everyone, but that put someone with a protected characteristic at an unfair disadvantage
- harassment - unwanted behaviour linked to a protected characteristic that violates someone's dignity or creates an offensive environment for them
- victimization - treating someone unfairly because they have complained about discrimination or harassment

## **Associative discrimination**

This is direct discrimination against someone because they associate with another person who possesses a protected characteristic.

## **Direct discrimination**

This occurs when someone is treated less favourably than another person because of a protected characteristic they have or are thought to have or because they associate with someone who has a protected characteristic.

## **Harassment**

This is “unwanted conduct relating to a relevant protected characteristic, which has the purpose or effect of violating an individual’s dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for that individual”. Harassment applies to all protected characteristics except for pregnancy and maternity and marriage and civil partnership and also extends to where there is harassment due to perception and association.

## **Indirect discrimination**

This occurs when there is a condition or policy or practice which applies to everyone but particularly disadvantages people who share a protected characteristic. Indirect discrimination can be justified if it can be shown that someone has acted reasonably in managing their business, i.e. that it is a “proportionate means of achieving a legitimate aim.” A legitimate aim may be any lawful decision that is made in the course of running an organization, but if there is a discriminatory effect, the sole aim of reducing costs is likely to be unlawful. Being proportionate means being fair and reasonable, including showing that any “less discriminatory” alternatives to decisions have been considered.

# Appendix V

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## **Perceptive discrimination**

This is discrimination against an individual which occurs because others think they possess a particular protected characteristic. It applies even if the person does not actually possess that characteristic.

## **Victimization**

This occurs when a member of staff is treated badly because they have made or supported a complaint or raised a grievance under the Equality Act or because they are suspected of doing so.

## **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 the Equality Act 2010, 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.

## **Duty to make reasonable adjustments**

Where a disabled person is at a substantial disadvantage in comparison with people who are not disabled, there is a duty to take reasonable steps to remove that disadvantage by (i) changing provisions, criteria or practices, (ii) altering, removing or providing a reasonable alternative means of avoiding physical features and (iii) providing auxiliary aids

## **Pregnancy and maternity**

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavourably because she is breastfeeding.

## **Prejudice**

Negative assumptions or judgments about a person or group of people.

# Appendix V

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## **Procurement**

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

## **Public sector equality duty**

The duty on a public authority when carrying out its functions to have due regard to the need to eliminate unlawful discrimination and harassment, foster good relations and advance equality of opportunity.

## **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.

## **Reasonable**

What is considered reasonable will depend on all the circumstances of the case including the size of an organisation and its resources, what is practicable, the effectiveness of what is being proposed and the likely disruption that would be caused by taking the measure in question as well as the availability of financial assistance.

## **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 focusing 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

# Appendix V

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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.

## **Stakeholders**

People with an interest in a subject or issue who are likely to be affected by any decision relating to it and/or have responsibilities relating to it.

## **Stereotypes**

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

## **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.

## **Victimization**

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 organization. Analysing the workforce profile helps us to see how many different people from the protected characteristic groups work for the organization, 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 VI

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## APPENDIX 6– KEY DOCUMENTS

**London Ambulance Service NHS Trust Annual Equality Reports -**

[http://www.londonambulance.nhs.uk/working\\_for\\_us/equality\\_and\\_inclusion/strategy\\_and\\_equality\\_reports.aspx](http://www.londonambulance.nhs.uk/working_for_us/equality_and_inclusion/strategy_and_equality_reports.aspx)

**Mayor of London** – Mayor’s Annual Equality Report 2012/13

**Greater London Authority** – Equal Life Chances for All – The Employment Gap – March 2014

**Stonewall Healthy Lives** - <http://www.healthyives.stonewall.org.uk/for-organisations/health-resources/default.aspx>

**Stonewall** – LAS LGB Service User Feedback Report (2012)

**Care Quality Commission** – State of Care

[http://www.cqc.org.uk/sites/default/files/documents/cqc\\_soc\\_report\\_2013\\_lores2.pdf](http://www.cqc.org.uk/sites/default/files/documents/cqc_soc_report_2013_lores2.pdf)

**Care Quality Commission** – “Raising Standards, putting people first: our strategy for 2013-2016”

**Department of Culture, Media & Sport** – Attitudes towards Equality – Findings from the YouGov Survey (June 2014)

**Department of Health** – “A framework for local action” (implementing human rights in Healthcare) (2007)

**NHS England** – “A Refreshed Equality Delivery System for the NHS – EDS 2” (2013)

**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 (2009)

**The Marmot Review** – “Fairer Society, Healthier Lives (2010)

**Department of Health** – the NHS Constitution for England (updated 2013)

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

# Appendix VI

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**Parliamentary & Health Service Ombudsman** - Six lives: the provision of public services to people with learning disabilities (2009)

**NHS Confederation** – “Rising to the challenge: health priorities for government and the NHS” (2010)

**Department of Health** - NHS Outcomes Framework 2014-15

**Report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry** – Robert Francis QC (February 2013)

**Business in the Community (Race for Opportunity)** – “Race for the Top” (2014)