



# Race Equality Demonstrating Progress

A Performance Framework  
for Race Equality within the NHS

**Trust Name:**

**London Ambulance Service NHS Trust**

**Lead:**

**Paul Carswell, Diversity Manager**

**Date:**

**16 October 2006**

# 1. Leadership and Corporate Commitment

## Stage 1

| Expected Outcomes  | Measures of progress  | When/If achieved  | Evidence  |
|--|---|---|---|
| <p>The organisation is recognisably committed to promoting race equality and good race relations and eliminating discrimination.</p> <p>The Board individually and together ensure race equality is part of the main business of the organisation at all levels and across all relevant activities</p> <p>The Board individually and together, challenge discrimination when it is identified.</p> | <p>a) The Board makes a public commitment to promote racial equality</p> <p>b) The organisation's Race Equality Scheme:</p> <ul style="list-style-type: none"> <li>- Is agreed by the Board</li> <li>- Is disseminated and accessible to staff, partners, NGOs and the public</li> <li>- Includes actions with timescales</li> <li>- Names a senior (Board level) accountable person</li> </ul> <p>c) The Board</p> <ul style="list-style-type: none"> <li>- Is trained on their duties under the RR(A)A 2000</li> <li>- Receives progress reports and reviews plans on legally required aspects at least annually</li> <li>- Takes action on underperformance</li> <li>- Includes race equality as part of its own/ the PEC's development plans</li> </ul> | <p>May 2002<br/>May 2005</p> <p>May 2002<br/>May 2005</p> <p>Nov 2004</p> | <p>LAS Race Equality Scheme (RES) Published and placed on our internal and external websites. This makes public commitment by Chief Exec, on behalf of the Trust Board. Trust Board minutes, including updates on RES are also on internal and external websites. Reinforced at Chief Exec.'s consultation meetings at all Trust sites. Revised RES published 2005.</p> <p>Race Equality and Diversity Strategy Group includes two Trust Board Exec. Directors (HR-OD and Operations). Race Equality &amp; Diversity Implementation Team chaired by Assistant Chief Ambulance Officer. Director HR-OD is the accountable person on the Board.</p> <p>Executive Directors received diversity training on 15 Nov 04. Non-Execs and Chair to be arranged early 2005.</p> <p>Race Equality and Diversity Implementation Plan (READIP) approved by Trust Board<br/>SMG agreed High prioritisation of mandatory RRA actions on 3 Nov 04<br/>Updates from Race Equality and Diversity Implementation Team meetings presented to Board level Clinical Governance Committee quarterly.<br/>As above.</p> |

# 1. Leadership and Corporate Commitment

## Stage 2

| Expected Outcomes  | Measures of progress   | When/If achieved | Evidence  |
|--|--|------------------|---|
| <p>The organisation is recognisably committed to promoting race equality and good race relations and eliminating discrimination.</p> <p>The Board individually and together ensure race equality is part of the main business of the organisation at all levels and across all relevant activities</p> <p>The Board individually and together, challenge discrimination when it is identified.</p> | d) Targets for improvements in race equality are part of the Local Delivery Plan   | Sep 2003         | Service Plan includes Race Equality and Diversity Implementation Plan, incorporating the Race Equality Scheme   |
|  | e) There is a non-executive sponsor for race equality  | Aug 2006         | Beryl Magrath, Non-executive director with lead for Race Equality and Diversity matters.  |
|  | f) An officer with expertise in equality and diversity supports the accountable senior lead  | Oct 2002         | Diversity Manager appointed to support Director HR-OD, who is Executive Director responsible for Race Equality and Diversity in the Trust.  |
|  | g) Resources are identified to deliver requirements and promote good practice  | Apr 2003         | Diversity Team in place April 2003, including full time Diversity Manager and two full time Diversity Officer posts.  |
|  | h) Other structures and systems to deliver the requirements are identifiable in the organisation (e.g. a race equality group, race equality is part of clinical governance plans, implementing NICE guidance and NSFs, etc.) | Apr 2002         | Race Equality Scheme Group formed (now called Race Equality and Diversity Implementation Team).   |
|  |  | Aug 2004         | Race Equality and Diversity Strategy Group formed. Race Equality and Diversity Implementation Plan is incorporated into Clinical Governance Operational Plan, and the Trust's Service Plan. |

# 1. Leadership and Corporate Commitment

## Stage 3

| Expected Outcomes  | Measures of progress   | When/If achieved   | Evidence   |
|--|--|--|--|
| <p>The organisation is recognisably committed to promoting race equality and good race relations and eliminating discrimination.</p> <p>The Board individually and together ensure race equality is part of the main business of the organisation at all levels and across all relevant activities</p> <p>The Board individually and together, challenge discrimination when it is identified.</p> | <p>i) Race equality is integral to the way the Board (and PEC) sets priorities, reviews progress and makes decisions</p> <p>j) The organisation provides evidence of progress on promoting racial equality and good race relations and on eliminating discrimination across all aspects of its business and this is independently verified</p> <p>k) The organisation acts as a champion for racial equality within its LSP (Local Strategic Partnerships) and with partner organisations</p> <p>l) The organisation uses its leverage both locally and more widely to influence equality and social justice. It uses the RR(A)A 2000 (Race Relations (Amendment) Act) as a lever for change</p> | <p>Nov 2004</p> <p>Mar 2005</p> <p><i>Oct 2007</i></p> <p>Oct 2004</p> | <p>Director of HR &amp; OD is Trust Lead, and chairs the Race Equality and Diversity Strategy Group, which includes Director Operations and Head of Education and Development. One Non-executive Director focuses on race and diversity issues. Senior Management Group prioritised Race Equality and Diversity Implementation Plan mandatory actions as High Priority at Service Planning session</p> <p>Patient Survey completed, followed by “1990 Trust” research report into experiences and perceptions of BME patients, refugees and mental health patients, and their perceptions of LAS service delivery. The LAS Patients Forum is involved in scrutinising all LAS services.</p> <p><i>Ambulance Operations Managers (AOMs) have been given priorities relating specifically to performance in their first 2 years in post. Expect this item (partnership building/PPI) to be progressed beginning Apr 2006-7</i></p> <p>Recruitment, Positive Action - CITE (Communities into Training and Employment). Bids for European Social Fund, Learning and Skills Council, Social Regeneration Budget, Working with Camden Jobshop, Jobcentre Plus, Camden Refugee Job Brokerage, Tower Hamlets College</p> |

## 2. Strategy and Services

## Stage 1

| Expected Outcomes   | Measures of progress   | When/If achieved  | Evidence   |
|---|--|---|--|
| <p>There is equitable access to services for all races and ethnic groups</p> <p>Appropriate health promotion and illness prevention activities are in place in response to the assessed health needs of local ethnic minority populations.</p> <p>Services are experienced by all sections of the community as</p> <ul style="list-style-type: none"> <li>- Fair</li> <li>- Meeting their needs</li> <li>- Respecting their cultural identity</li> <li>- Providing choice</li> </ul> <p>And local people feel empowered to exercise the choice available</p> <p>All sections of the community find the complaints system transparent and straightforward to use and find their concerns appropriately addressed</p> <p>Outcomes of treatment are similar across all ethnic groups</p> | <p>The organisation:</p> <p>a) Has identified policies and functions relevant to race equality and lists them in order of priority in their RES (Race Equality Scheme). There is internal and external consensus on priorities</p> <p>b) Monitors existing functions and policies and prospectively assesses new policies and services for differential effects on ethnic groups including:</p> <ul style="list-style-type: none"> <li>- Action and targets to improve and use ethnicity monitoring/patient profiling</li> <li>- Action and targets to improve patient and public involvement (see Section 3. PPI)</li> </ul> <p>c) Promotes and provides information on services by various methods and in relevant languages for their community</p> <p>d) Deals promptly with complaints of racial discrimination</p> <p>e) Commissions language support services according to needs (regularly reviewed), sets and monitors standards and takes action on findings</p> | <p>May 2005</p><br><p>Mar 2005</p><br><p>Nov 2004</p><br><p>Nov 2004</p><br><p>Nov 2004</p> | <p>Race Equality Scheme published on website, including relevant functions/policies list. Prioritisation process is based on relevance to 3 parts of General Duty. Patients Forum has 2 representatives on Race Equality and Diversity Implementation Team, where RES is developed.</p> <p>Ethnic monitoring of A&amp;E patients began July 2005 with intro of new Patient Report Form. Other monitoring in place since Early 2005.</p> <p>Ethnic monitoring forms part of Clinical Performance Indicator for operational staff.</p> <p>Patient Public Involvement (PPI) Manager in place in Communications Directorate since 2005. PPI Strategy in place and activity monitored via PPI database.</p> <p>Language Line, Multi-lingual Phrasebook available to all operational staff. Evaluating Picture Card. Annual Report available in various languages and formats via website.</p> <p>Complaints procedure implemented which includes "racist incidents" in line with Stephen Lawrence Inquiry. DSO training</p> <p>Report commissioned by LAS Diversity Team on use of Language Line via Emergency Crew Assistance Phones, resulting in further promotion of the facility to operational staff.</p> |

## 2. Strategy and Services

## Stage 2

| Expected Outcomes   | Measures of progress  | When/If achieved | Evidence   |
|---|---|------------------|--|
| There is equitable access to services for all races and ethnic groups   | The organisation:<br>f) Sets objectives for race equality for managers and teams and reviews them regularly                               | Mar 2005         | Diversity Training forms part of operational staff development.  |
| Appropriate health promotion and illness prevention activities are in place in response to the assessed health needs of local ethnic minority populations.    | g) Sets targets for race equality in access and quality of services, eg; as part of service redesign & modernisation                      | Mar 2005         | Race Equality and Diversity objectives included in Service Plan  |
| Services are experienced by all sections of the community as<br>- Fair<br>- Meeting their needs<br>- Respecting their cultural identity<br>- Providing choice | h) Measures achievement of NHS priority performance/ target areas by ethnicity  | <i>2006-7</i>    | <i>Monitoring data of patients only available since Feb 2006.</i>  |
| And local people feel empowered to exercise the choice available  | i) Reports to the Board on consultations and findings of monitoring and assessment of impact of policies and functions on racial equality | Mar 2005         | Results of Patients Survey and Public Perception research ("1990 Trust" Report) have gone to Board. Service Plan, including RES is monitored by Senior Management Group, with results to Trust Board |
| All sections of the community find the complaints system transparent and straightforward to use and find their concerns appropriately addressed               | j) Ensures reports are available to employees and the public in a "user friendly" way   | Oct 2004         | RES is available on LAS website. Annual Report available in various languages, also on website, as well as hard copy.  |
| Outcomes of treatment are similar across all ethnic groups  | k) Demonstrates its complaints/ compliments system is accessible to all groups  | Mar 2005         | Both PALS and Complaints information is available on LAS website.  |
|   | l) Takes action on findings from monitoring and assessment and tracks progress over time  | <i>2006-7</i>    | <i>Monitoring data of patients only available since Feb 2006.</i>  |
|   | m) Has commenced planning for its next RES  | May 2005         | RES 2005 and RES Review Report published on LAS website.   |

## 2. Strategy and Services

## Stage 3

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|---|--|---|--|
| <p>There is equitable access to services for all races and ethnic groups</p> <p>Appropriate health promotion and illness prevention activities are in place in response to the assessed health needs of local ethnic minority populations.</p> <p>Services are experienced by all sections of the community as</p> <ul style="list-style-type: none"> <li>- Fair</li> <li>- Meeting their needs</li> <li>- Respecting their cultural identity</li> <li>- Providing choice</li> </ul> <p>And local people feel empowered to exercise the choice available</p> <p>All sections of the community find the complaints system transparent and straightforward to use and find their concerns appropriately addressed</p> <p>Outcomes of treatment are similar across all ethnic groups</p> | <p>The organisation can demonstrate:</p> <p>n) All staff across all service areas are involved to some extent in reviewing activities and policies for effect on race equality</p> <p>o) Inequalities in access are narrowing eg. GP registration, waiting times, referrals and elective/acute admissions per 100,000 population (age and sex standardised) reflect ethnicity profile of local population and expected morbidity</p> <p>p) Inequalities in quality of care are narrowing eg; lengths of stay, complication rates</p> <p>q) Any disproportionality in formal and informal complaints is narrowing</p> <p>r) Gaps in "market penetration" of service information between different ethnic groups are narrowing</p> | <p>Nov 2004</p> <p><i>Mar 2007</i></p> <p><i>Mar 2007</i></p> <p><i>Mar 2007</i></p> <p><i>Mar 2007</i></p> | <p>All staff have opportunity to attend Chief Exec consultation meetings held annually at every Trust site. Consultation open to all staff via Trade Unions/Staff Council. Race Equality and Diversity Implementation Team. Annual Staff Surveys. Performance Development Review process for all staff includes Equality and Diversity core competency</p> <p><i>Awaiting first year of monitoring via PRF and PTS booking sheets. Due Mar 2007</i></p> <p><i>Awaiting first year of monitoring via PRF and PTS booking sheets. Due Mar 2007</i></p> <p><i>Awaiting first year of monitoring via PRF and PTS booking sheets. Due Mar 2007</i></p> <p><i>Awaiting first year of monitoring via PRF and PTS booking sheets. Due Mar 2007</i></p> |

### 3. Patient and Public Involvement and Consultation

### Stage 1

| Expected Outcomes  | Measures of progress   | When/If achieved                                | Evidence   |
|--|--|---|--|
| <p>Local people from all ethnic groups know what is available from local health services</p> <p>Local people from all ethnic groups have similar levels of satisfaction with services and consider that services work with their needs in mind</p> <p>Local people from all ethnic groups know about and actively use opportunities available to influence the development, delivery and monitoring of health services</p> | <p>PPI arrangements:</p> <p>a) Set out how diverse and changing local communities are involved in</p> <ul style="list-style-type: none"> <li>- Baseline assessment</li> <li>- Policy development</li> <li>- Action planning</li> <li>- Reviews of progress</li> </ul> <p>b) Include local Compact arrangements with ethnic minority voluntary organisations ('Compacts' are arrangements between local authority and voluntary services involved in social care)</p> <p>c) Identify potential exclusion of ethnic minority groups as well as increased involvement and the effect of that involvement taking account of eg; gender, age &amp; other dimensions</p> <p>d) Reports include updates on progress in engagement and involvement of ethnic minority people</p> | <p>Mar 2005</p> <p>Jul 2005</p> <p>Jul 2005</p> | <p>PPI Manager in place and PPI Strategy approved by Trust Board.</p> <p>Patients Forum members have regular input to Board, and other strategic meetings. Patients Survey completed and "1990 Trust" Research presented to Board committee (Service Development Committee). Patients Survey showed, in common with other NHS services, BME patients under-rated our service in nearly all areas. Recommendations and actions incorporated into RES.</p> <p>Ipsos MORI Public Perception research presented to Patient Care Conference</p> <p>Working with Social Action for Health Team in Newham and Tower Hamlets for those who do not have English as first language. Local consultation meetings, i.e. Hamara Ghar elderly Asian women's group, Newham. Community resuscitation scheme for Newham Pakistani community. LAS Schools and Events Team visiting local schools for year six children re access ambulance service. Working with Korean Churches in New Malden. Somali and Vietnamese refugee community Heart-Start sessions also involving staff training re community experiences.</p> <p>PPI Manager maintains PPI database of activity Trust-wide.</p> |



### 3. Patient and Public Involvement and Consultation

### Stage 2

| Expected Outcomes  | Measures of progress  | When/If achieved   | Evidence  |
|--|---|--|---|
| <p>Local people from all ethnic groups know what is available from local health services</p> <p>Local people from all ethnic groups have similar levels of satisfaction with services and consider that services work with their needs in mind</p> <p>Local people from all ethnic groups know about and actively use opportunities available to influence the development, delivery and monitoring of health services</p> | <p>The organisation:</p> <p>e) Sets criteria, standards and targets for race equality in partnership with local people</p> <p>f) Provides training and support to staff to undertake PPI with ethnic minority groups</p> <p>g) Sets objectives and takes action to widen involvement of all ethnic groups and actively uses all mechanisms available (e.g; PALS, Patients' Forums, user groups, complaints) on race equality</p> <p>h) Can give examples of the public's views on the organisation's commitment to race equality</p> <p>i) Uses information from PPI work to improve services</p> <p>j) Ensures progress reports are available in a "user friendly" way in different formats etc.</p> | <p>Mar 2005</p> <p>Oct 2003 – Jul 2004</p> <p>Oct 2006</p> <p>Mar 2005<br/>Mar 2006<br/>Jul 2006</p> <p>Nov 2004</p> | <p>PPI Strategy approved by Trust Board and published.</p> <p>"Project Harmony", a PPI pilot project, involved training for staff engaging with Vietnamese and Somali refugee groups.</p> <p>Public Education Strategy approved</p> <p>Results from Patients Survey, which still shows differing levels of satisfaction. "1990 Trust" research, Ipsos MORI research, Patients Forum Blue Sky research, ASA/LAS Employment research. Recommendations have been incorporated into Trust action plan.</p> <p>Trust reports are posted on both our internal and external (intranet and internet) websites in digital format which users can manipulate using standard browser software. They are also available in hard copy, including in alternative formats and languages.</p> |

### 3. Patient and Public Involvement and Consultation

### Stage 3

| Expected Outcomes  | Measures of progress   | When/If achieved   | Evidence  |
|--|--|--|---|
| <p>Local people from all ethnic groups know what is available from local health services</p> <p>Local people from all ethnic groups have similar levels of satisfaction with services and consider that services work with their needs in mind</p> <p>Local people from all ethnic groups know about and actively use opportunities available to influence the development, delivery and monitoring of health services</p> | <p>The organisation demonstrates:</p> <p>k) Increasing public confidence in the organisation across all ethnic groups</p> <p>l) Increasing involvement of all ethnic groups in planning, priority setting and service provision</p> <p>And</p> <p>m) Actively builds capacity of local organisations to themselves engage and encourage participation of ethnic minorities</p> <p>n) Is seen to welcome and respond to participation of all ethnic groups in service planning, delivery and monitoring</p> | <p>Mar 2005<br/>Mar 2006<br/>Jul 2006</p> <p><i>Oct 2007</i></p> <p><i>Oct 2007</i></p> <p><i>Oct 2007</i></p> | <p>Patients surveys consistently show high levels of satisfaction of the LAS. However, BME groups are less satisfied than White British. Qualitative research ("1990 Trust", ASA, Ipsos MORI) has provided recommendations to address the differential and these have been incorporated into the LAS service plan.</p> <p><i>Patients Forum already involved in planning process. Local PPI activities are still being developed in line with the PPI Strategy.</i></p> <p><i>Patients Forum already involved in planning process. Local PPI activities are still being developed in line with the PPI Strategy</i></p> <p><i>Patients Forum already involved in planning process. Local PPI activities are still being developed in line with the PPI Strategy</i></p> |

## 4. Health

## Stage 1

| Expected Outcomes   | Measures of progress  | When/If achieved                                | Evidence  |
|---|---|---|---|
| <p>The organisation is knowledgeable about the health and inequalities experienced by local people of all ethnic groups</p> <p>Priorities are influenced by the health needs of all ethnic groups</p> <p>Evidence based strategies and action plans are used to reduce inequalities</p> <p>Inequalities in health experience between ethnic groups are narrowing</p> <p>Premature mortality and excess infant mortality in certain ethnic minority groups is reducing</p> | <p>The organisation:</p> <p>a) Has published up to date information on the ethnicity of its resident / catchment population and their differing health needs</p> <p>b) Complements quantitative data sources with qualitative data obtained from its PPI activities, local consultation and research</p> <p>c) Has arrangements in place to monitor and analyse</p> <ul style="list-style-type: none"> <li>- Changes in the population</li> <li>- and health experience by ethnicity</li> </ul> | <p>Nov 2004</p> <p>Mar 2005</p> <p>Nov 2004</p> | <p>Borough Profiles on demographics and health needs for each borough produced and available on intranet system.</p> <p>Results from Patients Survey, which still shows differing levels of satisfaction. "1990 Trust" research, Ipsos MORI research, Patients Forum Blue Sky research, ASA/LAS Employment research. Recommendations have been incorporated into Trust action plan.</p> <p>Service Development and Diversity Team use census data, other local and central Government statistics, internal and external clinical research and clinical audit data to monitor these factors.</p> |

## 4. Health

## Stage 2

| Expected Outcomes   | Measures of progress   | When/If achieved  | Evidence   |
|---|--|---|--|
| <p>The organisation is knowledgeable about the health and inequalities experienced by local people of all ethnic groups</p> <p>Priorities are influenced by the health needs of all ethnic groups</p> <p>Evidence based strategies and action plans are used to reduce inequalities</p> <p>Inequalities in health experience between ethnic groups are narrowing</p> <p>Premature mortality and excess infant mortality in certain ethnic minority groups is reducing</p> | <p>The organisation:</p> <p>d) Sets objectives and targets for racial equality in its public health and regeneration programmes</p> <p>e) Sets objectives and targets on race equality within its NSF and other implementation plans eg. smoking cessation, teenage pregnancy</p> <p>f) Analyses and interprets information gathered and reports regularly on progress</p> <p>g) Works with other public health colleagues and the relevant public health observatory to identify and use effective interventions and improve the quality of and access to information on ethnic minority health</p> <p>h) Has a community engagement programme that provides insight into the health experience of local ethnic minority populations and their felt health needs.</p> | <p><i>Oct 2007</i></p> <p>Nov 2005</p> <p>Nov 2004</p> <p><i>Mar 2007</i></p> <p>Mar 2006</p> <p>Aug 2004</p> | <p><i>Public Education Programme still under development</i></p> <p>Service Development / Clinical Audit carry out regular audits of a number of major health conditions in which LAS can make significant impact, e.g. Myocardial Infarction, pain relief, elderly fallers, obstetrics.</p> <p>Currently, ethnicity is mainly available on a sample basis from specific research projects.</p> <p><i>Ethnicity coding from all patients has been available since Feb 2006, first year to be reviewed end of Mar 2007.</i></p> <p>London Health Observatory, census data &amp; LAS Clinical Audit research information is used to inform staff. Service Plan includes increasing care pathways and treatment options.</p> <p>“Project Harmony” community engagement initiative was piloted in Deptford Sept 2003 – Aug 2004 involving Somali and Vietnamese refugee communities. This pilot has now been shared with the rest of the Trust to serve as a template for further local community engagement. The key feature of the programme is the two-way sharing of understanding – info on accessing services and basic life-saving for community, and info on the community’s health needs, communication and cultural needs for our staff.</p> |

## 4. Health

## Stage 3

| Expected Outcomes   | Measures of progress  | When/If achieved  | Evidence  |
|---|---|---|---|
| <p>The organisation is knowledgeable about the health and inequalities experienced by local people of all ethnic groups</p> <p>Priorities are influenced by the health needs of all ethnic groups</p> <p>Evidence based strategies and action plans are used to reduce inequalities</p> <p>Inequalities in health experience between ethnic groups are narrowing</p> <p>Premature mortality and excess infant mortality in certain ethnic minority groups is reducing</p> | <p>The organisation:</p> <p>i) Ensures staff throughout the organisation are aware of the diversity of the local population and their health needs</p> <p>j) Promotes race equality and good race relations and tackles racism as an integral part of its public health and regeneration programmes</p> <p>k) Demonstrates the effect of its activities on population health by ethnic group</p> <p>l) Works effectively with others on the root causes of ethnic and race inequality across the local health partnership</p> | <p>Jul 2005</p> <p><i>Oct 2007</i></p> <p><i>Oct 2007</i></p> <p>Feb 2006</p> | <p>NHS Knowledge and Skills Framework, Equality and Diversity core competency is in place for staff to evidence how they become aware of local health priorities. Borough profiles a published on intranet system containing demographic and health information. Diversity training programme is included in Continuous Professional Development for all clinical staff.</p> <p><i>Public Education programme, and local partnership working are still in early stages.</i></p> <p><i>Ethnic monitoring data has only been available for analysis since Feb 2006. It can now be used in clinical audits, and service planning.</i></p> <p>A&amp;E Development / Clinical Audit carry out regular audits of a number of major health conditions in which LAS can make significant impact, e.g. MI, pain relief, elderly fallers. Currently, ethnicity is only available on a sample basis from specific research projects. Ethnicity coding from all is now available since Feb 2006 for future research/audits. The LAS is part of a number of partnerships concerned with improving health and access to health services for minority ethnic people, and others who are disadvantaged – Language Support Services reference group; Strategic Health Authority Equality and Diversity Forum; Ambulance Service Assoc. E&amp;D Forum, etc.</p> |

## 5. Workforce

## Stage 1

| Expected Outcomes  | Measures of progress   | When/If achieved  | Evidence   |
|--|--|---|--|
| <p>Staff of all ethnic backgrounds experience the organisation as a fair and rewarding place to work and want to stay</p> <p>Staff in all services, directorates and partnerships actively promote race equality and good race relations in their work and are confident in their ability to challenge racism</p> <p>Staff reflect the community they serve at all levels in the organisation</p> <p>Recruitment rounds lead to ethnic minority candidates gaining jobs at all levels and in all areas of the trust's activities</p> | <p>The organisation has</p> <p>a) Made arrangements to meet the employment duty of the RR(A)A (Race Relations Amendment Act);</p> <p>b) Set targets to improve accuracy and completeness of ethnicity monitoring of;</p> <ul style="list-style-type: none"> <li>- Staff in post</li> <li>- Applicants for employment, training and promotion</li> <li>- Staff receiving training; benefiting or experiencing detriment as a result of performance assessment procedures; involved in grievance or the subject of disciplinary procedures, and who cease employment</li> </ul> <p>c) Made arrangements to</p> <ul style="list-style-type: none"> <li>- Review findings of monitoring and take necessary action</li> <li>- Publish an annual monitoring report.</li> </ul> <p>d) Arranged for all staff to be trained on their rights and responsibilities under the RR(A)A (Race Relations Amendment Act)</p> | <p>Nov2004<br/>Updated May 2005 &amp; Aug 2006</p> <p>Nov 2004</p> <p><i>Oct 2006</i></p> <p>Aug 2006</p> <p>Jan 2005</p> | <p>Data published on LAS website and intranet.</p> <p>All data is currently available. Work will continue on simplifying access and compiling reports based on the data.</p> <p><i>99.98% of staff ethnicity is currently recorded. Remaining data is expected to improve with implementation of Electronic Staff Record.</i></p> <p>Most recent data available on website, including updated workforce data and analysis report for 2005-6, and the RES review</p> <p>Diversity training programme began Jan 2005 and includes duties under RRA and other legislation, as well as NHS knowledge and skills framework competencies for equality and diversity. 700 staff have so far attended (Jul 2006), and the course is ongoing and expected to run for several years.</p> |

## 5. Workforce

## Stage 2

| Expected Outcomes  | Measures of progress   | When/If achieved   | Evidence  |
|--|--|--|---|
| <p>Staff of all ethnic backgrounds experience the organisation as a fair and rewarding place to work and want to stay</p> <p>Staff in all services, directorates and partnerships actively promote race equality and good race relations in their work and are confident in their ability to challenge racism</p> <p>Staff reflect the community they serve at all levels in the organisation</p> <p>Recruitment rounds lead to ethnic minority candidates gaining jobs at all levels and in all areas of the trust's activities</p> | <p>The organisation</p> <p>e) Works closely with its WDC (Workforce Development Confederation) on creative approaches to promote race equality and eliminate racial discrimination</p> <p>f) Links its race equality workforce requirements;</p> <ul style="list-style-type: none"> <li>- Improving Working Lives (especially Objective 1 of the HR Performance Framework)</li> <li>- Working Together (Objective 2 of the HR PF)</li> <li>- The Vital Connection</li> <li>- Investors in People In particular</li> </ul> <p>g) Its race equality strategy sets out race equality targets and action;</p> <ul style="list-style-type: none"> <li>- For recruitment, retention; training and progression through the organisation especially where there is any under representation in the workforce</li> <li>- To reduce bullying, racial harassment, violence</li> </ul> <p>h) Staff are involved at all levels to promote race equality at work eg; through supported ethnic minority staff networks, confidential reporting arrangements</p> | <p>Nov 2004</p> <p>Jul 2006</p> <p>Nov2004</p> <p>Jun 2006</p> <p>Jun 2005</p> <p>Nov 2004</p> | <p>The LAS is a member of the network of Race Equality Leads for SW London Strategic Health Authority (incorporating the WDC), as well as attending similar forums and seminars with the other London Strategic Health Authorities. We are working with the Dept. of Health's Equality and Human Rights Group to develop a single equality scheme to expand our work on race and ethnicity to other equality strands – gender, disability, age, religion/faith, sexual orientation.</p> <p>Vital Connection, IWL targets are integrated into READIP. We received IWL Practice Plus validation in Feb 2004.</p> <p>Demographic recruitment targets have been set and agreed as part of revised recruitment and selection procedure (2006-7 15% BME, 50% female)</p> <p>Bullying and Harassment policy introduced and training session for HR Advisors.</p> <p>Race Equality and Diversity Implementation Team (READIT) includes staff from across Trust, Trade Unions, and rep from LAS BME Staff Network (LABEL), who also have seat on Staff Council, various ad hoc meetings and committees. All staff have access to Whistle-Blowing policy.</p> |

## 5. Workforce

## Stage 3

| Expected Outcomes  | Measures of progress   | When/If achieved | Evidence   |
|--|--|------------------|--|
| <p>Staff of all ethnic backgrounds experience the organisation as a fair and rewarding place to work and want to stay</p> <p>Staff in all services, directorates and partnerships actively promote race equality and good race relations in their work and are confident in their ability to challenge racism</p> <p>Staff reflect the community they serve at all levels in the organisation</p> <p>Recruitment rounds lead to ethnic minority candidates gaining jobs at all levels and in all areas of the trust's activities</p> | <ul style="list-style-type: none"> <li>i) Local community and voluntary groups increasingly participate in recruitment, induction and professional development of staff</li> <li>j) Refugee health professionals are supported and encouraged to seek work in the organisation</li> <li>k) International recruitment procedures are balanced against ethical and race equality considerations and tailored induction and support arrangements are in place for international staff</li> <li>l) Staff turnover, sickness levels, early retirement, grievances, etc. are low or reducing, as are any discrepancies between different ethnic groups</li> <li>m) The organisation links with local economic regeneration activities to ensure its recruitment strategies support local employment needs</li> </ul> | <p>Aug 2006</p>  | <p><i>Less relevant to Ambulance Services, as this item refers to International Recruitment due to NHS staff shortages, which do not exist in the LAS.</i></p> <p>Discipline and grievances are low (37, 23) with no major discrepancies between ethnic groups (see RES Workforce data).</p> |



## 6. Partnership

## Stage 1

| Expected Outcomes   | Measures of progress  | When/If achieved   | Evidence   |
|---|---|--|--|
| <p>Local and other partners recognise the organisation as a champion for race equality in all its activities</p> <p>The organisation successfully exercises its influence outside its direct partnership activities e.g; with local private sector employers and the local media, to challenge racism and promote race equality</p> | <p>The organisation</p> <p>a) Receives positive feedback on its race equality performance from external monitoring agencies e.g; Patient Forums and Overview and Scrutiny Committees</p> <p>b) Actively promotes race equality within its Local Strategic Partnership and initiates joint activities and shared targets</p> | <p>Oct 2005</p> <p>Jan 2004</p> <p>Nov 2005</p> <p><i>Oct 2007</i></p> | <p>Two members of Patients Forum are also members of the LAS Race Equality and Diversity Implementation Team, and are able to provide not only feedback but participate in discussions at the planning and drafting stage.</p> <p>The Trust's Race Equality Scheme has been evaluated by the SW London Strategic Health Authority and received the best rating.</p> <p>The Trust's Race Equality Scheme was reviewed again by "The 1990 Trust" on behalf of the joint London Strategic Health Authorities, and emerged as the only scheme in London to received the highest grading.</p> <p><i>This is a Borough based initiative. Ambulance Operations Managers (AOMs) have been given priorities for ambulance station management in their first few years in post. Expect this item to be progressed beginning Oct 2007</i></p> |

## 6. Partnership

## Stage 2

| Expected Outcomes   | Measures of progress   | When/If achieved                         | Evidence   |
|---|--|--|--|
| <p>Local and other partners recognise the organisation as a champion for race equality in all its activities</p> <p>The organisation successfully exercises its influence outside its direct partnership activities e.g; with local private sector employers and the local media, to challenge racism and promote race equality</p> | <p>Local partnerships</p> <p>c) Develop their own Race Equality Schemes or equivalent arrangements</p> <p>d) Incorporate action on race equality in action plans with measurable objectives and milestones e.g; Drug Action Teams, Community Safety Partnerships, etc.</p> <p>e) Race equality has been a topic for health scrutiny - with positive feedback on the progress of the organisation</p> | <p><i>Oct 2007</i></p> <p>April 2005</p> | <p><i>Ambulance Operations Managers (AOMs) have been given priorities for ambulance station management in their first few years in post. Expect this item to be progressed beginning Oct 2007.</i></p> <p>Race Equality and Implementation Plan actions have been incorporated into Trust's annual Service Plans and Strategic Plan.</p> |

## 6. Partnership

## Stage 3

| Expected Outcomes   | Measures of progress  | When/If achieved                       | Evidence   |
|---|---|--|--|
| <p>Local and other partners recognise the organisation as a champion for race equality in all its activities</p> <p>The organisation successfully exercises its influence outside its direct partnership activities e.g; with local private sector employers and the local media, to challenge racism and promote race equality</p> | <p>Local partnerships</p> <p>f) Demonstrate progress on race equality and successfully monitor and communicate their progress on promoting good race relations</p> <p>g) Are experienced by service users and the public from all communities as inclusive and responsive</p> | <p><i>Oct 2007</i></p> <p>May 2005</p> | <p><i>Ambulance Operations Managers (AOMs) have been given priorities for ambulance station management in their first few years in post. Expect this item to be progressed beginning Oct 2007.</i></p> <p>“The 1990 Trust” carried out qualitative research into BME patient experiences and perceptions of LAS services. “The 1990 Trust is the first national Black organisation set up to protect and pioneer the interest of Britain’s Black Communities.” Actions arising from the recommendations were agreed by the Service Development Committee on 14 Jul 2005 have been incorporated into the Trust’s Service Plan and Strategic Plan.</p> |

## 7. Finance and Procurement

## Stage 1

| Expected Outcomes  | Measures of progress  | When/If achieved  | Evidence   |
|--|---|---|--|
| <p>The organisation invests to promote racial equality and good race relations</p> <p>The organisation ensures contractors comply with their responsibilities under the RRAA</p> | <p>a) Financial plans take account of investment needed to implement initial requirements of RR(A)A 2000 (Race Relations Act) (e.g; management time, basic training, upgraded ICT, language services)</p> <p>b) Contracts with other bodies include the requirement to comply with the RR(A)A (Race Relations Act)</p> <p>c) Monitoring arrangements are in place</p> | <p>Nov 2004</p> <p>Jul 2006</p> <p>Nov 2004</p> <p>Aug 2006</p> | <p>Funding of Diversity Team – 3 full time management grade posts. Diversity training funding approved. Language Line use expanded to include front line staff, funding was found for PPI initiative “Project Harmony”. £50K Diversity budget.</p> <p>£30k/year 2006/7- 2012/13 for Careers Team, focused on BME recruitment, retention and progression initiatives.</p> <p>Already takes place via contracts/procurement department, with requirement written into contracts.</p> <p>All contracts being reviewed by Procurement Dept., including race equality and diversity considerations.</p> |

## 7. Finance and Procurement

## Stage 2

| Expected Outcomes  | Measures of progress   | When/If achieved                                | Evidence   |
|--|--|---|--|
| <p>The organisation invests to promote racial equality and good race relations</p> <p>The organisation ensures contractors comply with their responsibilities under the RRAA</p> | <p>d) Mainstream budgets take account of the implications of identifying and meeting the health and care needs of all ethnic groups eg; to ensure</p> <ul style="list-style-type: none"> <li>- PPI engages with all communities</li> <li>- Language support meets local needs</li> <li>- Health needs of ethnic minority groups are addressed</li> <li>- Workforce meets the health care needs of their diverse patients.</li> </ul> | <p>Nov 2004</p> <p>Nov 2004</p> <p>Nov 2004</p> | <p>There is now a full-time PPI Manager's post, plus a substantial budget (£45,000) for initiating PPI initiatives across the Trust area. Other initiatives will be funded from local budgets.</p> <p>All languages available via Language Line and Multi-lingual Phrasebook.</p> <p>A&amp;E Clinical Audit assesses major illnesses (e.g. MI) by ethnicity, as well as known conditions with clear significant ethnic differential (e.g. Sickle Cell)</p> |

## 7. Finance and Procurement

## Stage 3

| Expected Outcomes   | Measures of progress   | When/If achieved                | Evidence  |
|---|--|---------------------------------|---|
| <p>The organisation invests to promote racial equality and good race relations</p> <p>The organisation ensures contractors comply with their responsibilities under the RRAA under the RRAA</p> | <p>e) The LDP (Local Delivery Plan) quantifies funds to promote equality and reduce inequality</p> | <p>Nov 2004</p> <p>Jul 2006</p> | <p>All contracts have legal obligations built into questionnaire. The Diversity Team budget funds E&amp;D work in HR and service delivery. In addition there is a specific Diversity budget for projects, such as Project Harmony, purchasing multi-lingual phrasebooks, cultural handbooks, and establishing diversity training programme.</p> <p>There is an additional budget for BME Recruitment, Retention and Progression to fund the setup and work of a Careers Team, and to provide mentoring for BME staff.</p> |

## 8. ICT Information Communication Technology

## Stage 1

| Expected Outcomes   | Measures of progress   | When/If achieved  | Evidence   |
|---|--|---|--|
| <p>The organisation:</p> <ul style="list-style-type: none"> <li>- Compares the ethnic profile of its users with that of the local population</li> <li>- Documents progress on narrowing the disparity between ethnic groups in all relevant aspects of its business</li> <li>- Maximises opportunities for staff to access information to support their work e.g; internet, library, research findings, national policy, etc</li> </ul> | <p>The organisation:</p> <ul style="list-style-type: none"> <li>a) Arranges to ensure access to timely, accurate and complete data on ethnicity of both staff and patients as an integral aspect of its data quality work</li> <li>b) Arranges to ensure staff have the skills to collect and analyse the data</li> <li>c) Has milestones for rolling out patient profiling</li> <li>d) Has identified resources to support this (PCTs)</li> </ul> | <p>Nov 2004</p> <p>Feb 2006</p> <p>Nov 2004</p> <p>Jul 2005</p> | <p>Management Information Unit (MIU) maintains staff database which has 99.95% valid ethnicity data.</p> <p>A&amp;E patients ethnicity is recorded via Patient Report Form, Patient Transport Services via booking form (AS3), Clinical Telephone Advice via integrated software, PSU/PALS via internal systems and DATIX, HR/workforce data via IPS/ESR.</p> <p>Professional Standards Unit received training in Ethnic Monitoring of complaints Nov 2003. Ethnic Monitoring briefing session at Team Leaders Conference May 2004 re monitoring of A&amp;E patients, monitoring covered in diversity module (Promoting Best Practice) of Continuous Professional Development course.</p> <p>Ethnic monitoring of PRFs is monitored as part of Clinical Performance indicators, by Team Leaders.</p> |

## 8. ICT Information Communication Technology

## Stage 2

| Expected Outcomes   | Measures of progress  | When/If achieved | Evidence   |
|---|---|------------------|--|
| <p>The organisation:</p> <ul style="list-style-type: none"> <li>- Compares the ethnic profile of its users with that of the local population</li> <li>- Documents progress on narrowing the disparity between ethnic groups in all relevant aspects of its business</li> <li>- Maximises opportunities for staff to access information to support their work e.g; internet, library, research findings, national policy, etc</li> </ul> | e) High quality ethnicity data are available in accessible formats to health professionals and service managers | Nov 2004         | <p>Borough Profiles available to all AOMs and Trust wide.</p> <p>Service Development maintains a library of up to date journals relevant to health care.</p>   |
|   | f) Teams demonstrate how data are used to identify areas of concern and monitor progress on action taken        | <i>Oct 2007</i>  | <i>Ethnicity coding from all patients has been available since Feb 2006, first year to be reviewed end of Mar 2007.</i>  |
|   | g) Teams and individuals have ready access to information on good practice and evidence on race equality        | Nov 2004         | <p>Diversity Team library of relevant journals and documents open for all staff; equality legislation updates available via "x" Drive to all staff, including HR advisors and managers; staff doing degree work use Diversity Team staff and resources for research on projects and assignments related to equality and diversity. Research and reference material is available on the Pulse under the Diversity folder.</p> |
|   |   | Feb 2006         | <p>Ethnic motoring data from Patient Report Forms is available via the Pulse.</p>  |



## 8. ICT Information Communication Technology

## Stage 3

| Expected Outcomes   | Measures of progress  | When/If achieved | Evidence   |
|---|---|------------------|--|
| <p>The organisation:</p> <ul style="list-style-type: none"> <li>- Compares the ethnic profile of its users with that of the local population</li> <li>- Documents progress on narrowing the disparity between ethnic groups in all relevant aspects of its business</li> <li>- Maximises opportunities for staff to access information to support their work e.g; internet, library, research findings, national policy, etc</li> </ul> | <p>h) The organisation can demonstrate "joined up working" between PPI and ICT on meeting the information needs of local people of all ethnic backgrounds race equality</p> | <p>Nov 2004</p>  | <p>Demographic profile comparison data forms part of Borough Profiles available across the Trust.</p> <p>A&amp;E Development maintain library of health related journals for all staff to access. They also provide advice for staff carrying out their own research via monthly seminars.</p> <p>All staff have access to LAS Intranet for corporate information and communication, including email and access to external internet.</p> <p>"Project Harmony" (a community engagement project involving Somali and Vietnamese refugee communities in Deptford) used IT for arranging workshops and for training staff, as well as informing the wider health professional and local community via Patients Care Conference.</p> |