



Race Equality Scheme

(May 2005)

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ئەم بەلگەبە ھەرودھا بە زمانەکانی کە، بە چاپی درشت و بە شریتی تەسجیل دەس دەکەوێت

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நீங்கள் கேட்டுக்கொண்டால், இந்த ஆவணம் வேறு மொழிகளிலும், பெரிய எழுத்து அச்சிலும் அல்லது ஒலிநாடா வடிவிலும் அளிக்கப்படும்.

Bu belge çeşitli dillere çevrilmiş olup, isterseniz iri harflerle basılmış şeklini ve kasetini de size gönderebiliriz.

درخواست پر یہ دستاویز دیگر زبانوں میں، بڑے حروف کی چھپائی اور سننے والے ذرائع پر بھی میسر ہے۔

Tài liệu này cũng có sẵn bằng các ngôn ngữ khác, bản in chữ to, và băng ghi âm khi được yêu cầu.



020 7921 5100

Foreword by the Chief Executive

London is amongst the most diverse cities in the world. Whilst this provides great opportunities, it also presents significant challenges in ensuring that we, as both as an employer and service provider, ensure that we do not discriminate, and instead promote race equality.

Our initial Race Equality Scheme and Action Plan, published in 2002, built on earlier work by the Trust. It was aimed at ensuring that we don't consciously or unconsciously discriminate, that we improve equality of opportunity, and develop better links with London's communities. Whilst the past three years has seen much work, and real progress, we recognise that we still have some way to go.

The lessons learned from the first RES have been included in the revised action plan contained within the Race Equality and Diversity Implementation Plan. This sets out how we intend to address issues in regard to Race, alongside other responsibilities including those relating to gender, disability and sexual orientation.

I am confident that addressing the issues identified in the RES and its related action plan will help us in making race equality a reality.

Peter Bradley CBE
Chief Executive Officer
May 2005

Foreword by the Chair of the LAS Patients' Forum

The role to the Patients' Forum is to represent the interests of those who use the services of the LAS and the wider community. We fully support the Trust in its aim of meeting the different needs of those living, working and visiting London. We particularly support the aim of the LAS to challenge discrimination, promote equality and respect human rights. We will continue to be a 'critical friend' in helping them to achieve these objectives

Malcolm Alexander
Chair, Patients' Forum
May 2005

1. Introduction

1.1 Following the murder of Stephen Lawrence in 1993, the Government established a public inquiry in 1999 to look into how the murder was investigated, and what lessons could be learned for the future. One of the main conclusions of the inquiry was that public organisations were in danger of suffering from ‘institutional racism’ through a failure to provide an appropriate service to people because of their colour, culture, or ethnic origin. The Inquiry Report set out a number of recommendations, which were subsequently accepted by the Government, and which have resulted in legislation to ensure that all public authorities deliver their services, and manage their staff, appropriately across all ethnic groups.

1.2 The Race Relations (Amendment) Act 2000, amending the previous Race Relations Act of 1976, introduced a statutory duty for all public bodies to promote race equality. The Act significantly extended the responsibilities placed upon NHS bodies to promote race equality and was implemented through a set of general and specific duties.

1.3 This document, which will be published on the Trust’s website, meets our specific duty to prepare and publish a Race Equality Scheme (RES).

1.4 The RES itself is supported by an action plan, the Race Equality and Diversity Implementation Plan (READ Implementation Plan), that sets out specific RES related actions alongside those addressing other diversity strands. The RES and its action plan together set out how we intend to meet the general duty (see section 2 below).

2. General duty

2.1 The Race Relations (Amendment) Act 2000 created a ‘general duty’, which means that public authorities, including the London Ambulance Service, must have due regard to the need to:

- eliminate unlawful racial discrimination;
- promote equality of opportunity; and
- promote good relations between people of different racial groups.

2.2 The general duty aims to make the promotion of racial equality central to the way public bodies work to improve the delivery of public services for everyone. The duty applies to policies and functions, to service delivery and patient care, and to employment practices.

3. Specific duties

3.1 There are also a number of ‘specific duties’ intended to assist us in meeting the ‘general duty’.

- A specific duty to prepare and publish a Race Equality Scheme, setting out how it intends to meet the general duty

- A specific duty to monitor the workforce, publish the results; analyse the data to identify any patterns of inequality, and take the necessary steps to remove barriers and to promote equality of opportunity.

3.2 The specific employment duty requires monitoring by ethnic group of:

- the numbers of staff in post;
- applicants for employment, training and promotion, from each ethnic group.

and the numbers from each ethnic group who:

- receive training;
- benefit or suffer detriment as a result of performance assessment procedures;
- are involved in grievance procedures;
- are the subject of disciplinary procedures; or
- cease employment

3.3 The London Ambulance Service Race Equality Scheme is designed to help the Trust meet its duties under the legislation, and provides a robust, systematic approach to the way that we approach issues of race equality.

3.4 We will review our Race Equality Scheme every three years, and publish the results in line with our duties under the Race Relations Act.

4. About the London Ambulance Service NHS Trust

4.1 The London Ambulance Service is in the frontline of the NHS in the Capital and provides healthcare to around one and a half million emergency and non-emergency patients throughout Greater London area each year. Demand on our service is growing - during 2004-05, 1.1 million emergency calls were received and the Service responded to a total of 827,000 incidents, up from 768,500 in 2003 -04

4.2 The core functions of the Trust are to respond to 999 calls, providing the most appropriate response to patients, be that by sending an emergency response vehicle, providing telephone advice, or referring elsewhere; to work with GPs and acute Trusts in allocating hospital beds; and providing patient transport services to acute, mental health and primary care trusts across London. The Service also works closely with the fire and police services and local authorities in matters of emergency planning and major incidents.

4.3 The Service is managed by a Trust Board comprising a non-executive chairman, five executive directors (including the chief executive) and five non-executive directors. A representative from the Patients' Forum has observer status on the Trust Board.

5. Service Improvement Programme

5.1 The Trust is in the final year of a five-year Service Improvement Programme. This covers every aspect of the Service, and is designed to deliver significant improvements in service quality, response times and staff morale. Its overarching aims are to improve the standard of patient care and the quality of our staff's working lives. To support this programme the Trust has an Organisation Development Strategy. This is intended to ensure that the outcomes of the Improvement Programme result in an organisation that not only looks different but one that feels different and behaves differently.

5.2 The Service Improvement Programme includes over 250 initiatives under the following headings:

- organisation development;
- bringing resources in line with demand;
- strengthening management;
- improving support for staff;
- improving staff safety;
- managing demand;
- improving clinical effectiveness;
- improving productivity and response times;
- improving staff involvement;
- developing and modernising the Patient Transport Service;
- improving risk management;
- implementing NHS policy.

5.3 Outcomes of the Programme are measured in three key areas – people, patients and performance.

6. Race Equality and Diversity Implementation Plan

6.1 The LAS has developed a Race Equality and Diversity (READ) Implementation Plan, which covers all the major diversity strands including the actions from this Race Equality Scheme.

7. London Ambulance Service NHS Trust – Vision and Values

7.1 The London Ambulance Service has a vision statement and a set of values which set out the organisation's approach to its staff, to the communities it serves, and to all of its stakeholders.

The LAS Vision is:

A world class ambulance service for London, staffed by well trained, enthusiastic and proud people who are all recognised for contributing to the provision of high quality patient care

The LAS Values are:

Clinical Excellence

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

Respect and Courtesy

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

Integrity

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

Teamwork

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

Innovation and Flexibility

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

Communication

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

Accept Responsibility

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

Leadership and Direction

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

8. Equality and Diversity Policy Statement

The Trusts' vision and values are supported by the following Policy Statement

The London Ambulance Service is committed to equality and diversity.

One of our values states:

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

In practical terms this means:

- Everyone, including patients, colleagues and health and social care partners, will be treated as they would wish to be treated, with respect and courtesy.
- At recruitment and throughout their employment we will treat all individuals fairly. This will include ensuring staff receive equal treatment regardless of ethnic origin, gender, disability, sexual orientation, age, religion or belief.
- We recognise that the diversity of our staff benefits the organisation – we aim to have a workforce that is reflective of, and knowledgeable about the communities in which we work.
- We will seek to treat patients to the highest possible standards and according to their individual need.

It is the responsibility of all staff to support this commitment in all aspects of their work.'

9. What we have done so far

9.1 Work has progressed since 2002 in addressing the original Race Equality Scheme (RES) Action Plan. The revised RES and the READ Implementation Plan develops this work and provides an outline for the next three years.

9.2 The original Race Equality Scheme (RES) was prepared with input from a working group specifically established for that purpose. Membership of the group, now called the Race Equality and Diversity Implementation Team (READ Implementation Team), includes representatives from our key functions: Accident and Emergency (A&E) Operations, Central Ambulance Control, Patient Transport Services, A&E Development, Education and Development, Clinical Governance, Diversity Team, Human Resources, and Communications. The READ Implementation Team also includes representatives from trade unions and from the Black and Minority Ethnic staff network, (LABEL). Recently, the READ Implementation Team has been joined by members of the LAS Patients' Forum, who are able to give a valuable input from the point of view of the service user.

9.3 The READ Implementation Plan is overseen by a Race Equality and Diversity Strategy Group, chaired by the Director of Human Resources. This group sets the broad strategy for the Trust in terms of diversity and equality issues, and provides leadership, direction and support for the implementation team,

10. How we will meet the general duty

10.1 It is recognised that in some areas of our work we require further information to determine the degree of relevance or the priority that should be attached to a particular function or policy. Work has taken, or is currently taking place, to ensure that we have ethnic monitoring information. This is, or will be collected through our routine procedures:

- A&E service, through the Patients Report Form
- Patient Transport Service, through the booking procedure
- Complaints, through the investigation administration process
- Patient Advisory and Liaison Service incidents, through the administration process
- Clinical Telephone Advice, via telephone contact

10.2 All actions arising from this Race Equality Scheme form part of the LAS Strategic Planning process. Directorates, departments and individuals will be held accountable for completing these actions through key performance indicators, individual objective setting and competency assessment.

10.3 We have carried out an impact assessment on our relevant functions over the past three years. The areas with the highest priority for action (as set out in Appendix B) have been targeted for action in the action plan. We will investigate the cause of any unjustified adverse impact which is identified. Where such adverse impact is identified, any remedial action will be addressed in the RES action plan. This will normally involve setting targets and Key Performance Indicators and then measuring and reporting progress.

10.4 We will publish the results of any assessments, consultations and monitoring undertaken to identify any adverse impact on race equality.

10.5 Elements of the READ Implementation Plan are also integrated into the Organisation Development Strategy, the Clinical Governance Strategy and the Service Improvement Programme. These strategies and plans incorporate other relevant standards and targets from the NHS framework documents, 'Vital Connections', Improving Working Lives, and Better Standards for Health.

10.6 The LAS Diversity Team, consisting of a Diversity Manager and two Diversity Officers, is responsible for leading on race equality and other equality, fairness and diversity related issues on behalf of the Trust. The role of the team includes providing advice and guidance to directors, managers and staff on issues of legal compliance, and well as best practice both in service delivery and employment.

11. Patient care and health inequalities

11.1 We are committed to the highest standards of clinical governance and patient care. We work closely with other NHS bodies and other organisations to offer patients the widest and most appropriate range of care pathways for advice, triage, treatment and transport. We are continuously looking at

improved ways of responding to the needs of our patients, ensuring that their care and treatment is based on the best available clinical evidence. The training and development of our control and operational staff is critical to the achievement of our objectives and standards of patient care.

11.2 In line with the Department of Health's direction to reduce health inequalities ("Tackling Health Inequalities, A Programme for Action" – NHS 2003), we will take continue to seek improvements in our services to meet the needs and concerns of ethnic minority service users.

12. Consultation and Involvement

12.1 We have consulted with our key stakeholders on how we can ensure that our service responds to the needs of all members of the diverse population of London. This includes our staff, the public, community groups, other NHS Trusts, strategic suppliers, the emergency services and other partners. This consultation is key to achieving our vision of becoming a 'world class ambulance service'.

12.2 A Public Patient Involvement (PPI) manager has recently been appointed. This post will coordinate the Trust's PPI strategy, working closely with the Diversity Team and operational staff and managers, to develop community engagement initiatives both locally and on a corporate basis.

12.3 The Patient Advice and Liaison Service (PALS) provides advice and information to stakeholders about LAS services, as well as negotiating solutions to problems that service users may encounter. A key role of PALS is to act as a facilitator in relation to the concerns of patients, their carers and families, and to act as a catalyst for change and improvement by reporting on emerging themes and issues of significance from service users' experiences. PALS also acts as a contact point for patients, their carers and families wishing to become involved in the shaping of LAS services. It also takes an active part in the development of patient involvement initiatives within the LAS.

12.4 The Professional Standards Unit (PSU) carries out investigations into incidents, including managing formal complaints, from which the Trust can learn invaluable lessons on improving patient care and staff management.

12.5 Both PALS and PSU monitor their service delivery by ethnicity to ensure that all ethnic groups receive equitable and appropriate attention. Each department, together with related functions in other departments, have systems in place to identify, categorise and monitor racist incidents, in order that they can be given the appropriate response, and the root causes identified and eliminated.

12.6 Public involvement can take many forms. The following are examples of ways in which we currently involve the public:

- Through interacting with the LAS Patients' Forum
- Feedback from our Patient Care Conferences

- Local initiatives taking place at borough level across London
- Providing feedback on the Annual Report
- Visiting and commenting on the LAS website
- Attending / participating in Trust Board meetings
- “How did we treat you?” questionnaire for patients

12.7 Ambulance Operations Managers, who are senior managers leading the local delivery of services across London, have a key performance target to engage with local communities and to build partnerships with other agencies.

12.8 We will also ensure that our staff are informed of the RES and that they are consulted and involved at appropriate stages of its development and implementation. This will involve making use of our existing consultative committees, building relevant information into our equal opportunities training programmes, and publishing information, for example, in LAS News, the staff Routine Information Bulletin (RIB) and on the LAS website. The views and perceptions of our staff to the LAS’ approach to equality and diversity will continue to be obtained through appropriate mechanisms, such as the annual Staff Opinion Survey.

12.9 The London Ambulance Service carried out a pilot community engagement project, called “Project Harmony” which involved some of our staff working together with Lambeth Southwark and Lewisham Refugee Health Team to develop a series of events involving LAS staff, Community Support staff, a Somali women’s refugee group and a Vietnamese refugee community group. We used a Community Resuscitation training session as the basis for the engagement – in return for this training, community groups provided awareness raising sessions for our staff about their experiences of being a refugee in London. As result of this project we have distributed a ‘Community Engagement’ pack to all our operational managers, giving examples and considerations for setting up their own public patient involvement initiatives.

13. Access to services

13.1 As an emergency service provider for London, one of the most culturally, ethnically and linguistically diverse cities in the world, we have in place a number of measures to enhance accessibility to its services. Examples of these measures include:

- Use of professional interpretation and translation services in Central Ambulance Control;
- Use of Multi-Lingual Emergency Phrasebook by crews;
- Use of Ethnic Health and Cultural Awareness Handbook by crews
- Cultural awareness training for front-line staff.

13.2 Language interpretation for 999 calls was introduced into the London Ambulance Service in December 1997. At that time we realised that we needed to improve our means of communicating with the public to offer a fair service to all. If someone needs to be provided with life-saving advice, we must be able to communicate effectively.

13.3 All our A&E ambulance crews have been issued with mobile phones which have an access number to our interpretation service provider, Language Line.

13.4 We are currently evaluating a visual language translator card which uses pictures and symbols instead of written language. This will supplement the multilingual phrase-book which is issued to all operational staff. The translator card will be yet another tool to assist our clinical staff in improving care to patients who are unable to communicate or have difficulties in communicating in English.

14. Access to employment

14.1 In line with our commitment to promote equality of opportunity for all of our staff and to operate fair employment practices, we recognise the vital contribution that recruitment and selection procedures make to these objectives. There have been many initiatives to improve the representation of BME staff in the workforce but it recognised that our overall workforce still does not reflect the ethnic make up of the population that it serves (See Appendix A for ethnic breakdown of London).

14.2 A review will be carried out of our recruitment and selection processes, including internal promotion, during 2005 - 06. This will embrace all aspects of the process, including advertising, documentation, selection testing and interviewing. It will include an examination of whether any ethnic groups are disadvantaged by the process and will make recommendations for any necessary changes. Where appropriate it will identify how the new NHS knowledge and skills framework can be applied. (The LAS employment profile by ethnic origin is attached as part of Appendix C).

15. Policy and procedure development and review

15.1 All HR policies produced by the Trust are subject to widespread consultation, which includes our trade unions. Part of the aim of this is to identify whether the policies would have a differential impact upon particular groups of staff.

15.2 HR policies are broadly written in line with NHS or other legal or good practice guidelines and as such these have been subject to an impact assessment process. An impact assessment tool has been designed for this purpose and a similar tools will be introduced elsewhere.

16. Education and development

16.1 The Trust has begun a two year Diversity Training Programme which will involve all members of staff from new recruits to Trust Board members. A thorough training needs analysis was carried out in 2004 covering a large

range of staff from all grades and locations in the Trust. Community groups were also included in the analysis. The programme involves training our own trainers first, in order that they can integrate aspects of race equality and diversity into all the training and development currently being offered in the Trust. A smaller group of trainers will receive further development to enable them to deliver an "Improving Patient Care" session for all our operational staff.

16.2 The diversity training programme complements other current development activities, which include elements of race equality, such as the corporate induction course, community awareness training for operational staff, diversity awareness for the Senior Management Group and Trust Board, and tailored training sessions for individual teams and departments.

17. Monitoring and review

17.1 Service Delivery - We have in place an impact assessment process for monitoring relevant functions and policies for adverse impact on the promotion of race equality. The results of monitoring will be published, using existing methods where appropriate. Where monitoring reveals that a function or policy is having an unjustified adverse impact, this will be investigated and any necessary remedial action will be taken.

17.2 Employment - Ethnic monitoring arrangements are already in place. All staff have valid ethnicity coding recorded, based on the ethnic categories used in the 2001 Census. In line with our employment duty to monitor the workforce profile by ethnicity, we have included the most recent report with this RES. This is attached at Appendix C and shows:

- Staff in post;
- Recruitment data;
- Promotions;
- Training information;
- Number of staff subject to disciplinary and grievance procedures;
- Leavers and termination of employment information.

17.3 We have also gauged attitudes and awareness of our staff on equality issues, through initiatives such as Improving Working Lives and the annual Staff Opinion Survey. The results will continue to influence our equality and diversity policy, and our training and education programme.

17.4 Employment monitoring data will be used to examine whether there is adverse impact on different racial groups. Benchmarking data will be used to facilitate this process. We will examine the lessons we can learn from good practice and experiences both within and outside the organisation e.g. the higher representation of people from ethnic minority groups in Central Ambulance Control compared to lower representation amongst ambulance crews. If adverse impact is found, it will be investigated and appropriate action taken. This may involve introducing further positive action measures.

17.5 The results of monitoring will continue to be published on an annual basis to meet the requirements of the specific duties. Key data will be reported to SMG and the Trust Board.

17.6 As part of the overall monitoring and review process, the Race Equality and Diversity Implementation Team will continue to meet quarterly to examine progress on the RES and to feed their comments back to the Diversity Team and further to the Senior Management Group. We will carry out another review of this Race Equality Scheme by the end of May 2008.

18. Comments on our services:

18.1 Wherever possible, we encourage patients, their carers and families, and members of the public, to raise any concerns or issues they may have with the relevant staff at local level. We aim to be responsive to concerns expressed by patients, their carers and families or members of the general public. Our Patient Advice and Liaison Service (PALS) can act as a facilitator in relation to any concerns or issues by negotiating solutions or resolution as speedily as possible. PALS is responsible for acting as first point of contact for formal complaints, records of appreciation, and enquiries about the services we provide. We take steps to ensure that compliments and records of appreciation are fed back to the relevant staff. Complaints are investigated by our Professional Standards Unit, and are normally resolved within 20 days.

You can write to them at:

Patient Advice and Liaison Service (PALS)
London Ambulance NHS Trust
St Andrews House
St Andrews Way
London E3 3PA

Telephone: 020 7887 6678

Fax: 020 7887 6655, Email: pals@lond-amb.nhs.uk

18.2 Comments, complaints and enquiries in relation to this scheme should be addressed in the first instance to:

Caron Hitchen, Director of Human Resources
London Ambulance Service NHS Trust
Headquarters
220 Waterloo Road
London, SE1 8SD

Telephone: 020 7463 2620

Ethnicity of London (2001 Census)

Actual numbers	Total	A	B	C	D	E	F	G	H	J	K	L	M	N	P	R	S	Key
City of London	7185	4908.792	240.6975	924.7095	33.051	15.807	56.7615	56.7615	158.7885	22.992	275.904	33.051	51.0135	117.1155	15.807	147.2925	125.019	A White British
Barking and Dagenham	163944	132565.1	2754.259	4344.516	1426.313	573.804	541.0152	557.4096	3688.74	3049.358	672.1704	868.9032	3426.43	7279.114	721.3536	770.5368	704.9592	B White Irish
Barnet	314564	188298	10537.89	34035.82	1667.189	1604.276	3208.553	3019.814	27115.42	3963.506	1446.994	6259.824	4120.788	13652.08	1100.974	6385.649	8147.208	C White Other
Bexley	218307	191957.3	3034.467	4540.786	873.228	392.9526	916.8894	698.5824	5544.998	327.4605	392.9526	1113.366	1768.287	4082.341	414.7833	1549.98	742.2438	D Mixed White Black Caribbean
Brent	263464	76905.14	18310.75	24080.61	2740.026	1738.862	2529.254	2792.718	48635.45	10617.6	1185.588	12619.93	27584.68	20629.23	4110.038	2819.065	6165.058	E Mixed White Black African
Bromley	295532	255605.6	4639.852	10402.73	1891.405	591.064	1714.086	1329.894	4462.533	679.7236	857.0428	1536.766	4639.852	3369.065	591.064	1802.745	1389	F Mixed White Asian
Camden	198020	104396.1	9148.524	31366.37	1663.368	1227.724	1980.2	2574.26	4574.262	1247.526	12574.27	2158.418	3643.568	11801.99	950.496	3465.35	5306.936	G Any Other Mixed Background
Croydon	330587	210583.9	7140.679	14248.3	4727.394	1355.407	3471.164	2743.872	21256.74	7438.208	1752.111	6942.327	26050.26	14611.95	3371.987	2214.933	2677.755	H Asian/Asian British Indian
Ealing	300948	135125.7	14295.03	27326.08	3009.48	1354.266	3641.471	2889.101	49746.7	11285.55	1083.413	11767.07	13512.57	11074.89	1865.878	3581.281	9419.672	J Asian/Asian British Pakistani
Enfield	273559	167390.8	8398.261	35152.33	2544.099	1066.88	2270.54	2188.472	10887.65	1723.422	3528.911	5115.553	14580.69	11872.46	2106.404	2024.337	2653.522	K Asian/Asian British Bangladeshi
Greenwich	214403	151282.8	4866.948	9176.448	2208.351	943.3732	1329.299	1393.62	9390.851	1908.187	1222.097	2015.388	6753.695	15308.37	1693.784	2529.955	2379.873	L Asian/Asian British other
Hackney	202824	89485.95	6125.285	24866.22	3082.925	1602.31	1582.027	2251.346	7626.182	2170.217	5963.026	1663.157	20870.59	24298.32	4847.494	2373.041	4056.48	M Black/Black Caribbean
Hammersmith and Fulham	165242	95906.46	7981.189	24703.68	2015.952	1041.025	1602.847	1652.42	2726.493	1718.517	1007.976	1883.759	8526.487	8063.81	1784.614	1305.412	3304.84	N Black/Black British African
Haringey	216507	98034.37	9309.801	34749.37	3204.304	1558.85	2338.276	2771.29	6170.45	2056.817	2966.146	3355.859	20568.17	19875.34	2922.845	2446.529	4221.887	P Black/Black British other
Harrow	206814	103200.2	9058.453	9285.949	1364.972	641.1234	2026.777	1819.963	45312.95	4322.413	951.3444	10733.65	6121.694	5646.022	930.663	2564.494	2854.033	R Chinese
Havering	224248	206375.4	3386.145	3655.242	829.7176	224.248	695.1688	538.1952	2758.25	448.496	224.248	650.3192	1547.311	1367.913	201.8232	896.992	426.0712	S Any other ethnic group
Hillingdon	243006	176252.3	6901.37	8966.921	1433.735	704.7174	1992.649	1482.337	23231.37	3815.194	1458.036	4544.212	3280.581	4228.304	510.3126	1871.146	2357.158	
Hounslow	212341	118422.6	6200.357	13143.91	1380.217	849.364	2399.453	1804.899	36819.93	9130.663	1125.407	5435.93	2824.135	5733.207	679.4912	1847.367	4544.097	
Islington	175797	99782.38	10055.59	22625.07	2320.52	1248.159	1547.014	2127.144	2847.911	914.1444	4236.708	1494.275	8543.734	10495.08	1810.709	3076.448	2689.694	
Kensington and Chelsea	158919	79586.64	5180.759	40142.94	1287.244	1064.757	1859.352	2288.434	3226.056	1207.784	1144.217	2161.298	4100.11	6007.138	969.4059	2590.38	6086.598	
Kingston upon Thames	147273	111809.7	3195.824	9381.29	589.092	397.6371	1399.094	972.0018	5316.555	1914.549	382.9098	3843.825	765.8196	1399.094	132.5457	2032.367	3726.007	
Lambeth	266169	131940	8677.109	25419.14	5323.38	2155.969	2102.735	3273.879	5323.38	2635.073	2155.969	2049.501	32126.6	30848.99	5589.549	3353.729	3167.411	
Lewisham	248922	141810.9	6994.708	15283.81	4754.41	1593.101	1568.209	2464.328	3484.908	1095.257	1219.718	3634.261	30542.73	22577.23	5152.685	3435.124	3285.77	
Merton	187908	120373.9	5468.123	15032.64	1634.8	732.8412	1916.662	1578.427	8042.462	4509.792	1709.963	6557.989	6971.387	6445.244	1202.611	2480.386	3232.018	
Newham	243891	82386.38	3219.361	10511.7	2975.47	1658.459	1658.459	1951.128	29608.37	20633.18	21462.41	7609.399	17925.99	31974.11	2731.579	2341.354	5219.267	
Redbridge	238635	137095.8	5560.196	8924.949	1885.217	739.7685	1861.353	1360.22	33313.45	14890.82	4223.84	7206.777	9115.857	7827.228	1169.312	1956.807	1527.264	
Richmond upon Thames	172335	135662.1	4808.147	16320.12	672.1065	448.071	1533.782	1154.645	4239.441	672.1065	620.406	1154.645	637.6395	827.208	137.868	1292.513	2171.421	
Southwark	244866	127746.6	7664.306	18879.17	3354.664	1958.928	1346.763	2497.633	3648.503	1126.384	3648.503	1542.656	19564.79	39349.97	4505.534	4481.048	3550.557	
Sutton	179768	150519.7	3667.267	6166.042	1204.446	359.536	1276.353	880.8632	4134.664	1222.422	575.2576	2570.682	2049.355	2211.146	341.5592	1204.446	1384.214	
Tower Hamlets	196106	84149.08	3824.067	12825.33	1568.848	784.424	1353.131	1176.636	3000.422	1490.406	65558.24	1764.954	5216.42	6589.162	921.6982	3569.129	2314.051	
Waltham Forest	218341	121703.3	5109.179	13995.66	3013.106	1200.876	1572.055	1965.069	7663.769	17292.61	2161.576	5087.345	17794.79	12620.11	3253.281	1441.051	2467.253	
Wandsworth	260380	168674.2	8149.894	26168.19	2890.218	1249.824	2239.268	2343.42	7420.83	5441.942	1093.596	4087.966	12654.47	10024.63	2395.496	2239.268	3332.864	
Westminster	181286	87941.84	6580.682	38196.96	1377.774	1196.488	2429.232	2465.49	5656.123	1830.989	5003.494	3607.591	5619.866	6671.325	1196.488	4078.935	7432.726	
TOTALS	7172091	4287879	220485.2	594843	70947.02	34274.89	59959.89	61064.27	437034.6	142803.3	153884.4	133070.6	343500.4	378879.2	60330.13	80169.09	113062.9	

List of Relevant Functions

	R.R.A. General Duty Requirements Does the policy/function assist in these duties?			Priority
	Promote Good Race Relations	Promote Equal Opportunities	Eliminate Unlawful Racial Discrimination	High / Low H / L
1. Accident and Emergency (A&E) Sectors				
1.1 Assessing, treating and transporting patients	✓		✓	H
1.2 Liaison with other services, e.g. NHS Trusts, local authorities, emergency services	✓			L
1.3 Educational role – schools, GPs, public events	✓	✓	✓	H
1.4 Attendance at public events – carnivals, football matches etc	✓			H
2. Central Ambulance Control				
2.1 Receive calls – 999, urgent, non-urgent				L
2.2 Prioritise calls				H
2.3 Provide clinical telephone advice	✓		✓	H
2.4 Give pre-arrival advice				L
3. Patient Transport Service				
3.1 Plan journeys for patients				L
3.2 Transport patients to and from hospitals / clinics				L
3.3 Provide care to patients en route and in the waiting areas			✓	H
3.4 Liaise with hospital staff				L
4. Emergency Bed Service				
4.1 Allocate beds to patients, liaising with GPs, hospitals and				L

patients as required				
4.2 Take out of hours calls for district nursing services and Red Cross				L
4.3 Liaise with other services, e.g. NHS Trusts, local authorities, Control				L
4.4 Demonstrate work of the service to users and other parties				L
5. A&E Development				
5.1 Service development – development of clinical care, policy development	✓		✓	H
5.2 Commissioning arrangements				L
5.3 Clinical audit	✓		✓	H
5.4 Clinical research	✓		✓	H
5.5 Providing emergency life support training both internally and externally	✓		✓	H
5.6 Service planning	✓	✓	✓	H
6. Communications Directorate				
6.1 Internal communications, e.g. LAS News, bulletins	✓	✓	✓	H
6.2 External communications, e.g. media, annual report, LAS website	✓	✓	✓	H
6.3 Public events, e.g. LAS museum, visits to schools and colleges, exhibitions and other public events	✓		✓	H
6.4 Media resources, e.g. photography, videos	✓		✓	H
6.5 Miscellaneous – organising award ceremonies, management of international visits, management of funerals, staff recognition initiatives	✓	✓	✓	H

7. Human Resources Directorate				
7.1 Diversity advice and guidance (formerly community relations department)	✓	✓	✓	H
7.2 Recruitment and selection	✓	✓	✓	H
7.3 Training and development	✓	✓	✓	H
7.4 Organisation development	✓	✓	✓	H
7.5 Policies and procedures	✓	✓	✓	H
7.6 Terms and conditions of service	✓	✓	✓	H
7.7 Welfare / staff support	✓	✓	✓	H
7.8 Workforce monitoring and information	✓	✓	✓	H
7.9 Safety and risk	✓	✓	✓	H
8. Training Departments – Control and operational				
8.1 Design and deliver job-related training to staff working in the Control Service and in the operational sectors	✓	✓	✓	H
9. Finance Directorate				
9.1 Management of the Crown Agents contract for services	✓		✓	H
10. Legal Department				
10.1 Investigate legal claims against the Trust	✓	✓	✓	H
11. Management Information Department				
11.1 Collect, collate, analyse and store information on patients	✓	✓	✓	H
11.2 Provide information as requested to internal and external parties				L

12. Patient Services Bureau				
12.1 Give advice to the public about the services the LAS provides	✓		✓	H
12.2 Act as first point of contact for complaints and for thanks	✓		✓	H
12.3 Investigate complaints about the services provided	✓	✓	✓	H
12.4 Collate and publish data on complaints	✓	✓	✓	H
13. Operational Standards Unit				
13.1 Facilitate the development of LAS policies and procedures	✓	✓	✓	H
13.2 Manage the Trust Risk Register and prepare the Trust for external risk management audits	✓	✓	✓	H
13.3 Prepare the Trust for external operational and clinical audits, e.g. by the Healthcare Commission, Strategic Health Authority etc.	✓	✓	✓	H
13.4 Maintains responsibility for document control				L
14. Technology Directorate				
14.1 Provide support to users of internal IT systems, including training		✓		L
14.2 Prepare business cases	✓		✓	H
14.3 Manage PRINCE based projects				L
14.4 Specify requirements for new premises and acquire new premises				L
15. Miscellaneous / Common Functions				
15.1 Procurement and contracting	✓		✓	H

15.2 Complaints handling	✓	✓	✓	H
15.3 Management of staff	✓	✓	✓	H
15.4 Communications internally and externally	✓	✓	✓	H
15.5 Policy and procedure development and review	✓	✓	✓	H
15.6 Public education / information and liaison	✓	✓	✓	H

Employment Data

Ethnicity of workforce

ETHNIC CATEGORIES AS AT 30/09/04					London Population
Ethnic Code	Group	Ethnic Origin	Total	%	
A	White	British	3273	87.47%	4287879
B	White	Irish	52	1.39%	220487
C	White	Any Other White Background	100	2.67%	594843
D	Mixed	White & Black Caribbean	11	0.29%	70947
E	Mixed	White & Black African	8	0.21%	34275
F	Mixed	White Asian	14	0.37%	59960
G	Mixed	Any Other Mixed Background	21	0.56%	61064
H	Asian or Asian British	Indian	31	0.83%	437035
J	Asian or Asian British	Pakistani	16	0.43%	142803
K	Asian or Asian British	Bangladeshi	6	0.16%	153884
L	Asian or Asian British	Any Other Asian Background	16	0.43%	133071
M	Black or Black Birtish	Caribbean	116	3.10%	343500
N	Black or Black Birtish	African	30	0.80%	378879
P	Black or Black Birtish	Any Other Black Background	14	0.37%	60330
R	Other Ethnic Groups	Chinese	4	0.11%	80169
S	Other Ethnic Groups	Any Other Ethnic Group	28	0.75%	113063
Z	Other Ethnic Groups	Not Stated	2	0.05%	
Total Inc (Z Code)			3742	100.00%	7172091

Total Exc (Z Code)	3740
Total Including (Z Code)	3742
% of Staff with valid Ethnic Code	99.95%

LAS Leavers 01/11/03 - 31/10/04

Staff Group	A	B	C	D	E	F	G	H	J	K	L	M	N	P	R	S	Z	Total	Inpost	% LAS
A & C	31	1	2	1	0	0	0	4	0	0	0	3	4	1	0	0	0	47	239	19.67%
Ancillary	2	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	4	20	20.00%
Bank Staff	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	9	185	4.86%
CAC	20	3	1	0	0	0	0	1	0	0	0	2	0	1	0	1	0	29	296	9.80%
EMT	70	1	1	0	0	1	1	1	0	0	0	0	0	0	0	1	0	76	1319	5.76%
EMT1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	16	0.00%
Fleet	6	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	7	48	14.58%
Intermediate Tier Trainee	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	30	3.33%
Para	26	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	27	771	3.50%
PTS	64	1	1	4	0	0	1	1	0	0	2	3	2	0	0	0	0	79	292	27.05%
Resource Staff	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	45	4.44%
SMP	44	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	44	426	10.33%
T/EMT	14	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	15	154	9.74%
Team Leader	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	142	1.41%
A & E Trainee	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	24	12.50%
Grand Total	293	7	6	5	0	1	2	7	0	0	2	10	6	2	0	3	1	345	4007	8.61%

Dismissals

DSMSSALS 01/01/03 - 31/12/04

Gender	Dismissed- Bad attendance	Dismissed- Inefficient	Dismissed- Misconduct	Dismissed- Other	Dismissed- Redundancy	Dismissed Ill Health	Failed training course
F	2	2	0	10	1	2	4
M	6	0	2	24	5	7	8
Grand Total	8	2	2	34	6	9	12

Ethnic Origin	Dismissed- Bad attendance	Dismissed- Inefficient	Dismissed- Misconduct	Dismissed- Other	Dismissed- Redundancy	Dismissed Ill Health	Failed training course
A- British	4	2	2	28	6	7	9
B- Irish	0	0	0	1	0	0	0
C- Any Other White	1	0	0	2	0	0	0
D- White & Black Caribbean	0	0	0	0	0	0	0
E- White & Black African	0	0	0	0	0	0	0
F- White Asian	0	0	0	0	0	1	0
G- Any Other Mixed Background	0	0	0	0	0	0	0
H- Indian	2	0	0	0	0	1	0
J- Pakistani	0	0	0	0	0	0	0
K- Bangladeshi	0	0	0	0	0	0	0
L- Any Other Asian Background	0	0	0	0	0	0	0
M- Caribbean	1	0	0	1	0	0	1
N- African	0	0	0	1	0	0	1
P- Any Other Black Background	0	0	0	0	0	0	0
R- Chinese	0	0	0	0	0	0	1
S- Any Other Ethnic Background	0	0	0	1	0	0	0
Z- Not Stated	0	0	0	0	0	0	0
Grand Total	8	2	2	34	6	9	12

13 staff made employment tribunal claims in the same period.

Training information

Number of people who attended management/personal development courses between 01.01.04 – 31.10.04		
Ethnicity ID	Ethnicity	No of Delegates
0	Not Recorded	16
2	White British	411
3	Black Caribbean	18
4	Asian Pakistani	2
5	Black African	5
6	Any Other White Background	16
7	Asian Indian	12
8	White Irish	5
9	Any Other Black Background	4
10	Mixed White Asian	3
11	Mixed White and Black Caribbean	3
13	Asian Bangladeshi	1
14	Mixed White and Black African	3
15	Chinese	1
1	Any Other Mixed Background	0
12	Any Other Asian Background	0
Total No of Delegates		500

A	White British	411
B	White Irish	5
C	Other White Background	16
Total White		432

Black Caribbean	18
Asian Pakistani	2
Black African	5
Asian Indian	12
Any Other Black Background	4
Mixed White Asian	3
Mixed White & Black Caribbean	3
Asian Bangladeshi	1
Mixed White & Black African	3
Chinese	1
Visible BME	52

Grievances and Disciplinary action

LAS Grievances 01/11/03 - 31/10/04

Staff Group	White	BME	Not Known	Total
A & C	0	0	0	0
Ancillary	0	0	0	0
Bank Staff	0	0	0	0
CAC	0	0	0	0
EMT	3	0	0	3
EMT1	0	0	0	0
Fleet	0	0	0	0
Intermediate Tier Trainee	0	0	0	0
Para	0	0	0	0
PTS	0	0	0	0
Resource Staff	0	0	0	0
SMP	0	0	0	0
T/EMT	0	0	0	0
Team Leader	0	0	0	0
A & E Trainee	0	0	0	0
Grand Total	3	0	0	3

LAS Disciplinary 01/11/03 - 31/10/04

Staff Group	White	BME	Not Known	Total
A & C	0	1	0	1
Ancillary	0	0	0	0
Bank Staff	0	0	0	0
CAC	1	0	0	1
EMT	4	1	2	7
EMT1	0	0	0	0
Fleet	0	0	0	0
Intermediate Tier Trainee	0	0	0	0
Para	1	0	0	1
PTS	0	0	0	0
Resource Staff	0	0	0	0
SMP	0	0	0	0
T/EMT	0	0	0	0
Team Leader	1	0	0	1
A & E Trainee	0	0	0	0
Grand Total	7	2	0	11

Promotions

LAS Staff Promotions by Ethnic Group 01/11/03 - 31/10/04

Ethnic Code	Group	Sub Group	No. of Promotions	% of Ethnic Group	Total in Ethnic Group	% Ethnic Group in LAS
A	White	British	46	1.31%	3512	87.65%
B	White	Irish	1	1.72%	58	1.45%
C	White	Any Other White Background	2	1.90%	105	2.62%
D	Mixed	White & Black Caribbean	1	9.09%	11	0.27%
E	Mixed	White & Black African	0	0.00%	8	0.20%
F	Mixed	White Asian	2	14.29%	14	0.35%
G	Mixed	Any Other Mixed Background	0	0.00%	21	0.52%
H	Asian or Asian British	Indian	1	3.13%	32	0.80%
J	Asian or Asian British	Pakistani	0	0.00%	16	0.40%
K	Asian or Asian British	Bangladeshi	0	0.00%	7	0.17%
L	Asian or Asian British	Any Other Asian Background	0	0.00%	17	0.42%
M	Black or Black British	Caribbean	1	0.84%	119	2.97%
N	Black or Black British	African	0	0.00%	30	0.75%
P	Black or Black British	Any Other Black Background	1	7.14%	14	0.35%
R	Other Ethnic Groups	Chinese	0	0.00%	7	0.17%
S	Other Ethnic Groups	Any Other Ethnic Group	2	6.25%	32	0.80%
Z	Other Ethnic Groups	Not Stated	0	0.00%	4	0.10%
Grand Total			57		4007	100.00%

Recruitment information

11	Ambulance Person	1.03%				
			1	African	9.09%	0.09%
			1	Any other ethnic group	9.09%	0.09%
			1	Caribbean	9.09%	0.09%
			8	White	72.73%	0.75%
618	Emergency Medical Dispatcher	58.14%				
			51	African	8.25%	4.80%
			9	Any other Asian background	1.46%	0.85%
			11	Any other Black background	1.78%	1.03%
			4	Any other ethnic group	0.65%	0.38%
			6	Any other mixed background	0.97%	0.56%
			22	Any other White background	3.56%	2.07%
			3	Bangladeshi	0.49%	0.28%
			75	Caribbean	12.14%	7.06%
			2	Chinese	0.32%	0.19%
			10	Indian	1.62%	0.94%
			19	Irish	3.07%	1.79%
			2	Not Stated	0.32%	0.19%
			9	Pakistani	1.46%	0.85%
			380	White	61.49%	35.75%
			3	White & Asian	0.49%	0.28%
			1	White & Black African	0.16%	0.09%
			11	White & Black Caribbean	1.78%	1.03%
2	Emergency Medical Technician	0.19%				
			2	White	100.00%	0.19%
432	Trainee Emergency Medical Technician	40.54%				
			13	African	3.01%	1.22%
			4	Any other Asian background	0.93%	0.38%
			3	Any other Black background	0.69%	0.28%
			2	Any other ethnic group	0.46%	0.19%
			3	Any other mixed background	0.69%	0.28%
			20	Any other White background	4.63%	1.88%
			2	Bangladeshi	0.46%	0.19%
			14	Caribbean	3.24%	1.32%
			1	Chinese	0.23%	0.09%
			5	Indian	1.16%	0.47%
			6	Irish	1.39%	0.56%
			2	Pakistani	0.46%	0.19%
			353	White	81.71%	33.21%
			1	White & Asian	0.23%	0.09%
			3	White & Black Caribbean	0.69%	0.28%