



London Ambulance Service  
NHS Trust



# WORKFORCE RACE EQUALITY STANDARD REPORT



# A MESSAGE FROM OUR CEO

In this year's WRES report for the London Ambulance Service, we reaffirm our unwavering commitment to promoting equality, diversity, and inclusion within our organization. As we assess the current landscape, we recognise the importance of addressing workforce representation to ensure that our team reflects the diverse communities we serve. While we acknowledge areas requiring attention, it is encouraging to note the strides we have taken toward tackling discrimination and promoting inclusivity. This report underscores our dedication to fostering an inclusive environment where every member of our workforce feels valued and empowered to contribute their unique perspectives. Through collaborative efforts and ongoing initiatives, we strive to build a workforce that mirrors the richness of our city and upholds our mission to provide exceptional care to all.

Over the last year, we have achieved the following in line with our action plan:

- An EDI Committee has been created, reporting directly to the Trust Board to monitor progress against our EDI objectives
- We have reviewed the Trust's EDI training packages to ensure they are fit for purpose and have relaunched them.
- We have introduced a tailored and comprehensive "Inclusive Leadership" training covering the signature traits of Inclusive Leadership. This programme suits complex health and social care services.
- We have successfully rolled out our "Tackling Discrimination and Promoting Inclusivity" training across the Trust for all our staff.

This report provides an overview of our performance against the indicators and our plan over the next 12 months.

I would like to thank Fareeha Usman, EDI Business Partner, for compiling this report for the Trust.



**Daniel Elkeles**  
**London Ambulance Service**  
**NHS Trust**

[\*\*LETS GET STARTED\*\*](#)





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# KEY FINDINGS

Metrics 1 - 4 and 9 are a snapshot of our workforce data from 31 March 2023, while Metrics 5-8 are taken from the NHS Staff Survey, conducted in Autumn 2022.



## 1. Staff Representation

21% of our workforce is from BME backgrounds.



## 2. Shortlisting

White applicants are

**2.0X**



more likely to be appointed from shortlisting.

## 3. Disciplinary

BME colleagues are

**1.4X**



more likely to be entered into the disciplinary process.

## 4. Training

white colleagues are

**0.8X**



more likely to access non-mandatory training.

## 5. Bullying from public

**39%**



of BME colleagues reported experiencing harassment, bullying or abuse from the public.

## 6. Bullying from staff

**25%**



of BME colleagues reported experiencing harassment, bullying or abuse from managers or other colleagues.

## 7. Progression

**39%**



of BME colleagues believe the Trust provides equal opportunities for career progression or promotion.

## 8. Discrimination

**15%**



of BME colleagues reported personally experiencing discrimination at work from managers or other colleagues.

## 9. Trust Board

**29%**



of our Trust Board (voting membership) is from BME backgrounds.



# COMPARISON

Metrics 1 - 4 and 9 are a snapshot of our workforce data from 31 March 2023, while Metrics 5-8 are taken from the NHS Staff Survey, conducted in Autumn 2022.

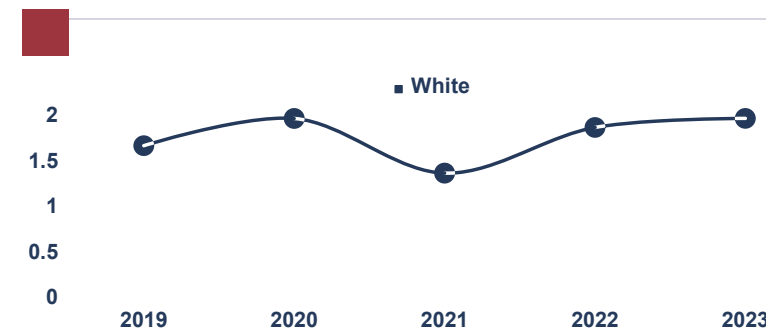


## 1. Staff Representation

21% of our workforce is from BME backgrounds.

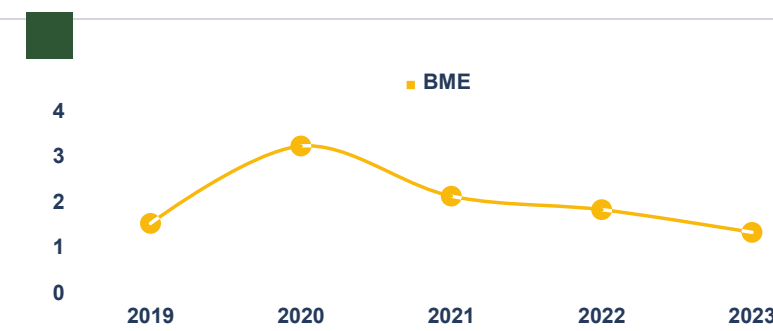


## 2. Shortlisting



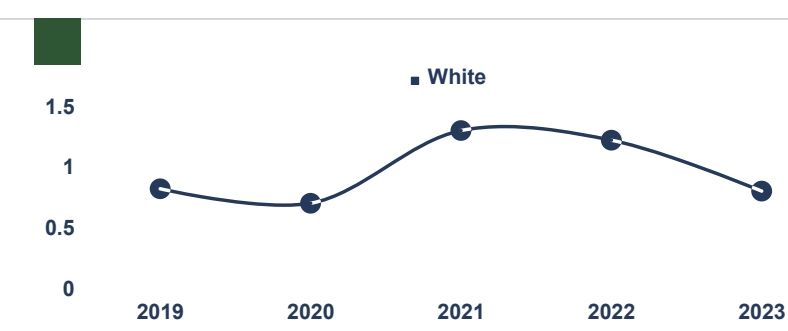
**Difference**  
Last Year 2022: 1.9 X  
This Year 2023: 2.0 X

## 3. Disciplinary



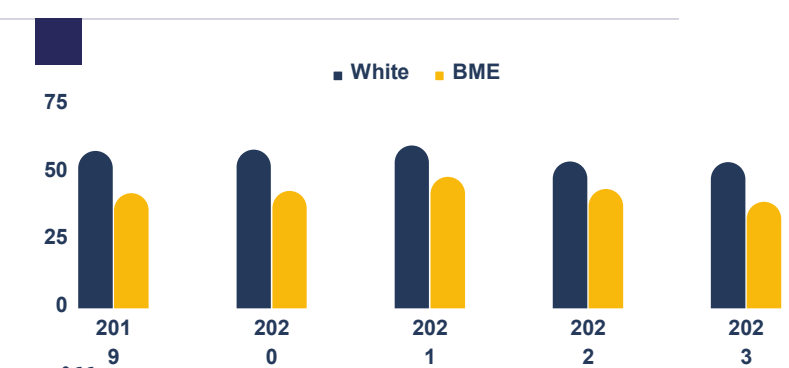
**Difference**  
Last Year 2022: 1.9 X  
This Year 2023: 1.4 X

## 4. Training



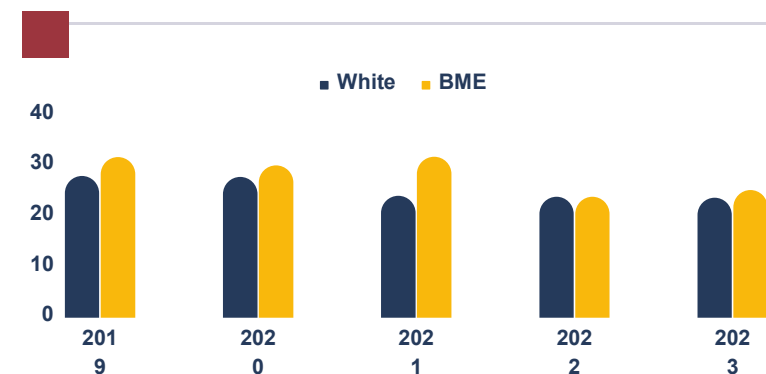
**Difference**  
Last Year 2022: 1.25 X  
This Year 2023: 0.83 X

## 5. Bullying from public



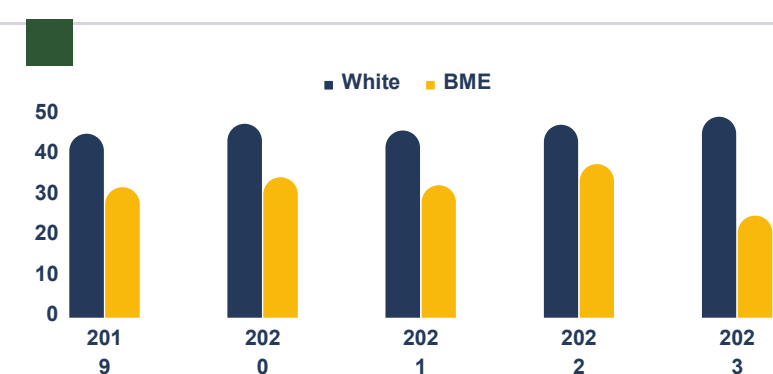
**Difference**  
Last Year 2022: 10.1%  
This Year 2023: 14.7%

## 6. Bullying from staff



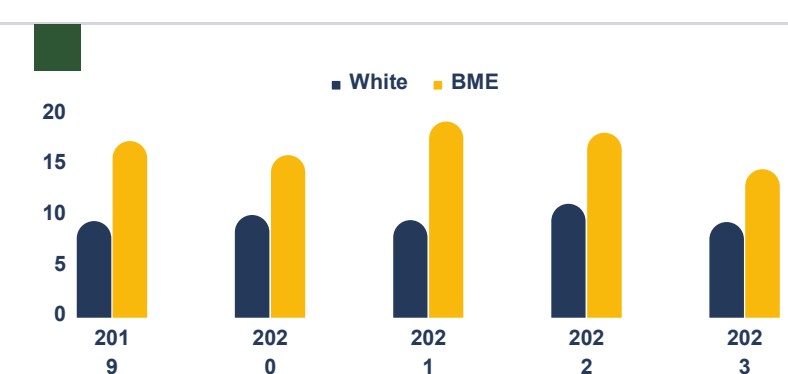
**Difference**  
Last Year 2022: 0%  
This Year 2023: 1.5%

## 7. Progression



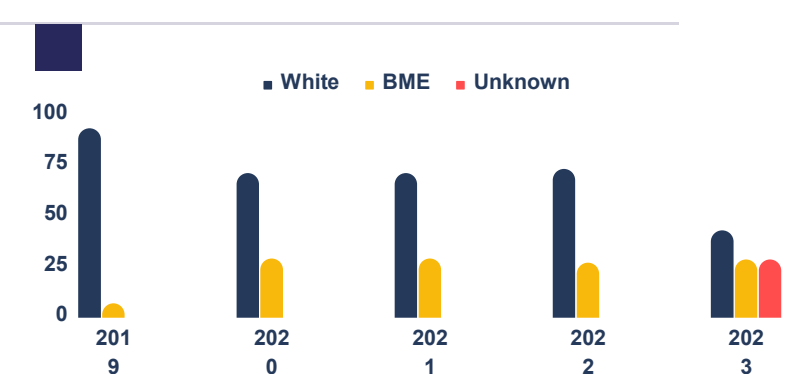
**Difference**  
Last Year 2022: 9.7%  
This Year 2023: 10.6%

## 8. Discrimination



**Difference**  
Last Year 2022: 7.0%  
This Year 2023: 5.2%

## 9. Trust Board





“

The BME network recognises the inequalities that exist for BME staff in the LAS and that making changes within an organisation as large as the LAS requires changing the culture and systems. As a workforce, the LAS has a duty to reflect the patients we serve, and as such, the BME network is committed to addressing these inequalities to ensure that all our colleagues from BME backgrounds are supported. We will continue to raise the profile of the BME Network as well as support the development of work plans aligned to the trust's strategic EDI objectives regionally and nationally.

**CO-CHAIRS, BME NETWORK**



# INTRODUCTION

This WRES report highlights the progress we have made as an organisation. Whilst clearly showing the journey we are making to become an inclusive employer, there is a long way to go. This report reflects our ongoing commitment to fostering a diverse, inclusive, and equitable workforce within our esteemed Trust.

At London Ambulance Service, our journey towards equality, diversity and inclusion is woven into the fabric of our trust values - **Care, Respect and Teamwork**. We firmly believe that an organisation is at its strongest when it embraces the rich tapestry of backgrounds, experiences, and perspectives that our diverse workforce brings. The WRES report serves as a testament to our dedication to transparency, growth, and the pursuit of excellence in all matters related to equality and inclusion.

The following report and WRES Action Plan will give you an account of our progress, challenges, and aspirations. This report manifests the collective efforts of our dedicated teams, who have tirelessly worked to champion an environment where every individual, regardless of race, ethnicity, or identity, can flourish. It is a story of collaboration, learning, and the unyielding pursuit of fairness.

**As we navigate the intricate landscape of equality and inclusion, we acknowledge that progress requires more than just numbers and metrics.** It hinges on our ability to listen, empathize, and act upon the insights provided by WRES data. By translating these insights into meaningful action plans, we empower ourselves to create real change for our workforce and the communities we serve. We are embracing the transformative power of diversity through collaboration, dialogue, and a deep commitment to learning.

We recognise that achieving true equality necessitates ongoing assessment, thoughtful strategies, and transparent reporting – elements at this report's heart.

We sincerely appreciate all our colleagues, stakeholders, partners, and team members who have contributed to the creation of this report. Your dedication and commitment reinforce our shared mission to continuously evolve as an organisation that stands as a beacon of inclusivity.

Together, let us delve into the contents of this report with an open heart and a resolute determination to embrace the diversity that enriches our organisation and the communities we serve.

By doing so, we are not just embracing a report – we are embracing the essence of equality and the boundless potential it holds.

Thank you for embarking on this journey of discovery and transformation with us.





# OVERVIEW

## PURPOSE

NHS Trusts are required to produce and publish their WRES report annually. The purpose of the WRES is to ensure that NHS organisations review their data against the nine indicators which are outlined in the WRES, produce an action plan to close any gaps in the workplace experience between white and BME staff, as well as improving the representation of BME staff at the Board level of the organisation.

The WRES report and associated action plan form one part of our EDI plan in line with the LAS Strategy. It is a key component of our workforce EDI work, setting our direction in achieving good practice race equality across all areas of the employee lifecycle and ensuring our staff have access to career opportunities, development and progression and receive inclusive and fair treatment in the workplace.

This report overviews the Workforce Race Equality Standard and the nine metrics we report against. It shows and briefly analyses the WRES data against each metric and explores trends internally with last year's data comparators against other Ambulance Trusts. It shows progress against these standards during 2022-2023 and identifies the key priorities for 2023-2024. We are prioritising actions by developing improvement plans based on our WRES findings.

## METHODOLOGY

The WRES requires NHS trusts and ICS's to self-assess against nine workplace experience and opportunity indicators. Four indicators relate specifically to workforce data, four are based on data from the national NHS staff survey questions, and one considers Black and minority ethnic representation on NHS boards. Short definitions of the nine WRES indicators are presented in this report.

## SCOPE

The WRES data included in this report has been obtained from:

- Electronic Staff Records.
- Human Resource team records.
- Organisational Development records.
- NHS Staff Survey.

## DEFINITIONS

The definition of ethnicity used for the purpose of this report is provided in the 2019 WRES Technical guidance as outlined below:

### DEFINITIONS OF ETHNICITY: PEOPLE COVERED BY THE WRES

The definitions of 'Black and minority ethnic' (BME) and 'white' used in the WRES have followed the national reporting requirements of the ethnic category in the NHS

data model and dictionary and are as used in NHS Digital data. At the time of publication of this guidance, these definitions were based upon the 2001 ONS Census categories for ethnicity.

"White" staff includes white British, Irish, Eastern European and any "other white". This is to say that the term BME for the purpose of this report, refers to staff that are from a Black, Asian or ethnic minority background which is not white.

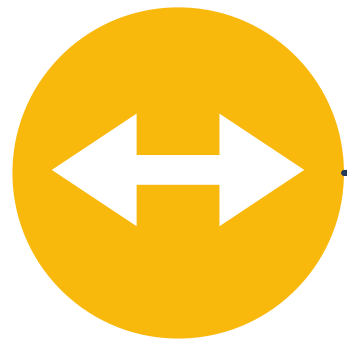
### DEFINITION OF NON-MANDATORY TRAINING FOR WRES

The WRES Technical Guidance defines non-mandatory training as: 'any learning, education, training or staff development activity undertaken by an employee, the completion of which is neither a statutory requirement (for example, fire safety training) or mandated by the organisation (for example clinical records system training). Non-mandatory and Continuous Professional Development (CPD) recording practices may differ between organisations.

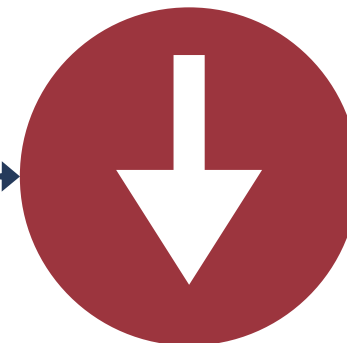
Accessing non-mandatory training and CPD – in this context, refers to courses and developmental opportunities for which places were offered and accepted.



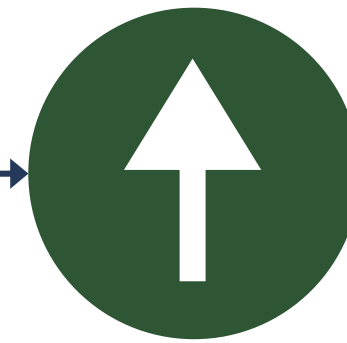
# DIRECTION OF TRAVEL



Consistent

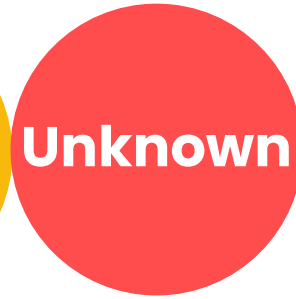


Deterioration



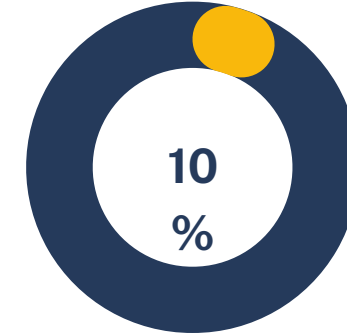
Improvement

## KEY



Metrics 1 - 4 and 9 are a snapshot of our workforce data from 31 March 2023, while Metrics 5-8 are taken from the NHS Staff Survey, conducted in Autumn 2022.

**DIFFERENCE**  
The difference in Metrics 5-8 is presented in a pie chart. The key for White and BME staff remains the same.



EXAMPLE

## 3 KEY QUESTIONS EXPLORED IN THIS REPORT

• What is the data telling us?



• How do we compare with last year?



• What are we planning to do?

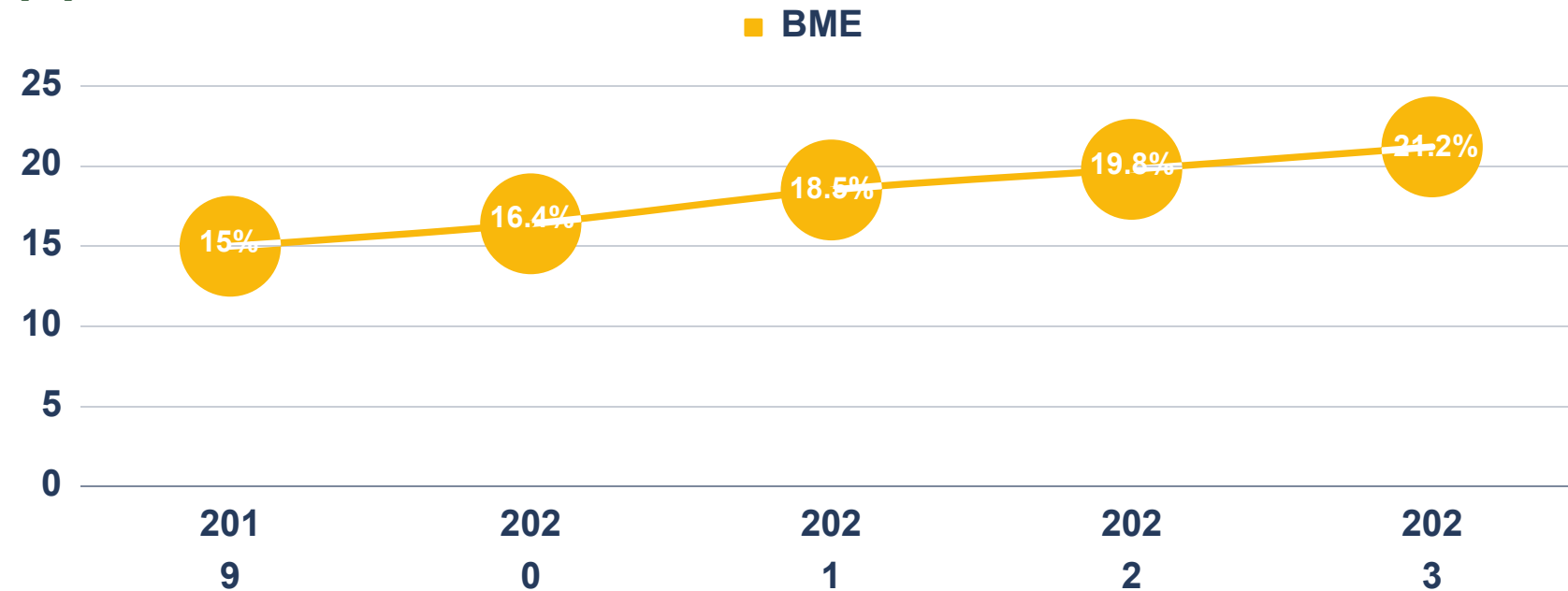


# INDICATOR 1



Percentage of staff in each of the AfC (Agenda for Change) bands 1-9 and VSM (including executive board members) compared with the percentage of staff in the overall workforce.

**PROPORTION OF WORKFORCE FROM BME BACKGROUNDS (%)**



	2021	2022	2023
White Staff	80.1%	77.5%	75.9%
BME Staff	18.4%	19.8%	21.2%

The data highlights a noticeable gap between the proportion of staff from Black and Minority Ethnic (BME) backgrounds within our organisation and the diverse communities we serve, making our workforce **21.2%** from BME backgrounds. The percentage of staff members with BME backgrounds is considerably lower than the demographic makeup of London's diverse communities. This write-up delves into the significance of this disparity and discusses the implications of a slight increase in BME staff representation by **1.4%**.

**Colleagues from BME backgrounds comprise only 15.5% of our clinical workforce, compared to 37.8% of those in non-clinical roles.**

This underrepresentation raises concerns about the inclusivity of our workforce and the extent to which we reflect the community we serve.

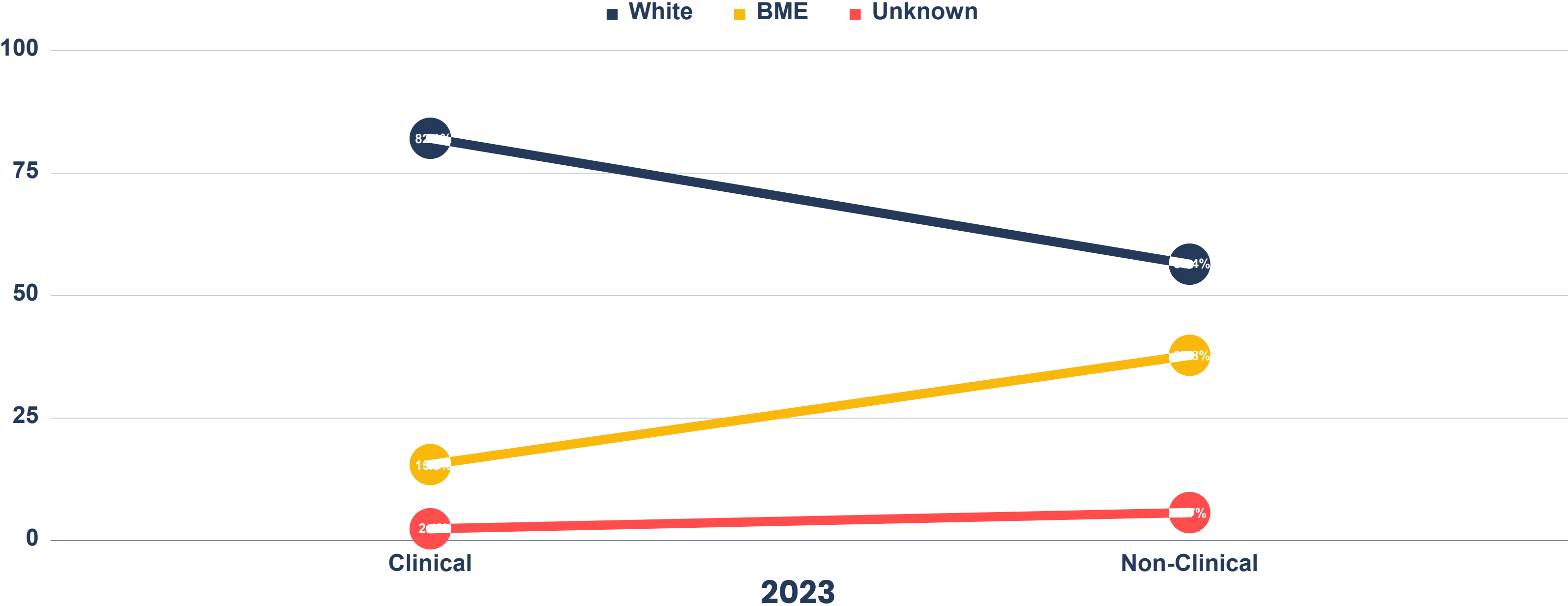
**The Shift - A Positive Change:** While a 1.4% increase may seem modest at first glance, it marks a meaningful step towards enhancing representation within LAS. This shift demonstrates our commitment to inclusivity and signifies progress in addressing the representation gap. Even a small percentage change can have far-reaching effects, symbolising the Trust's acknowledgement of the issue and its proactive steps toward improvement.





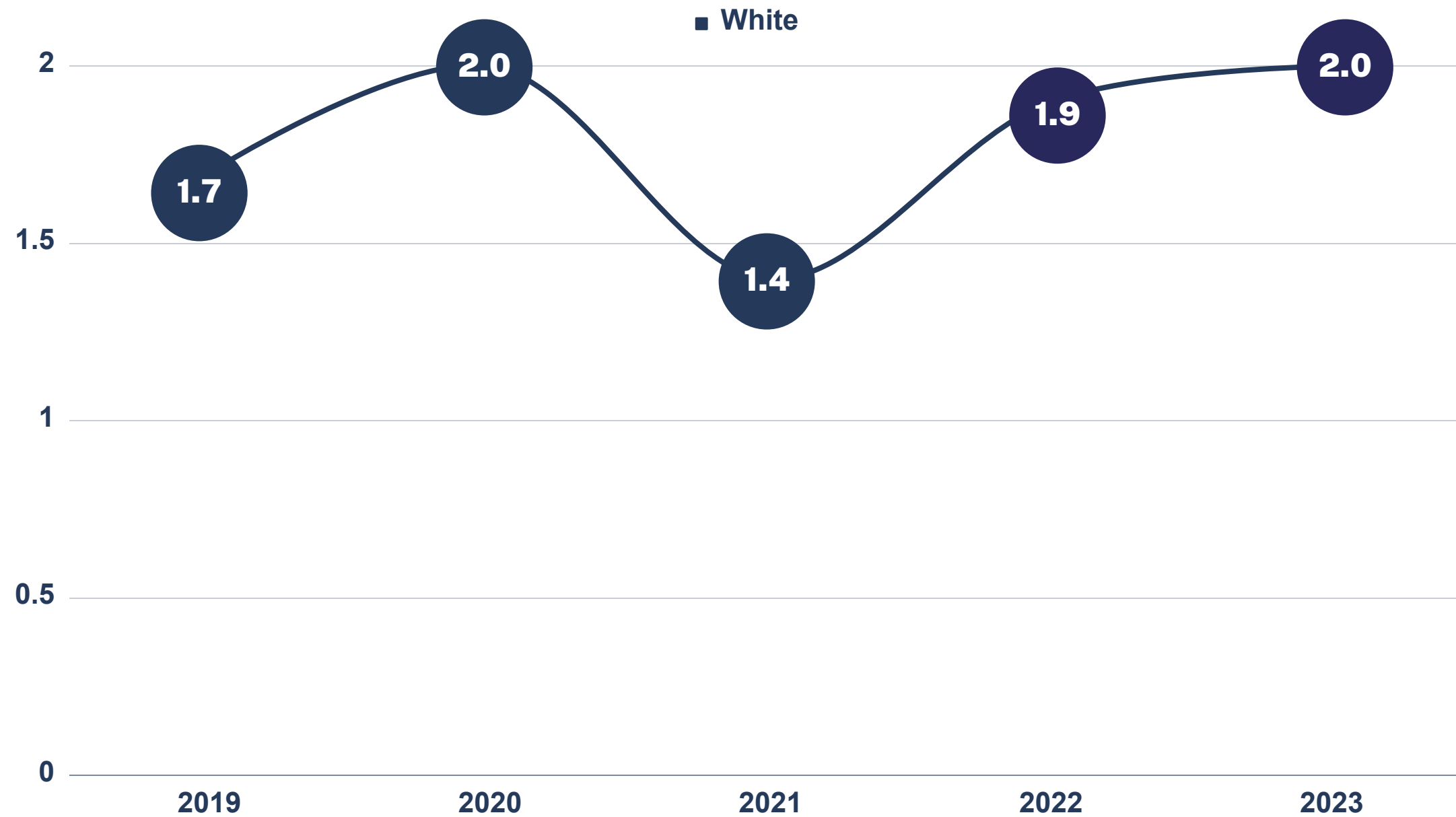
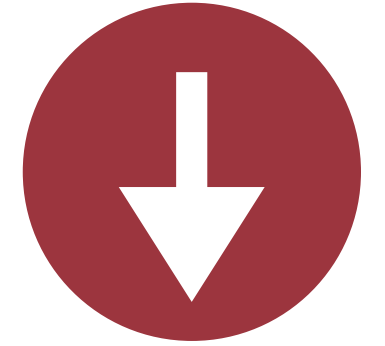
# BME CLINICAL AND NON-CLINICAL WORKFORCE (%)

Colleagues from BME backgrounds comprise only 15.5% of our clinical workforce, compared to 37.8% of those in non-clinical roles.



# INDICATOR 2

Relative likelihood of White staff being appointed from short listing compared to BME staff across all posts.



The data indicates that white applicants are twice as likely as Black and Minority Ethnic (BME) staff members to be appointed. This suggests a potential disparity in the recruitment process between these two groups. An analysis would be needed to understand the underlying reasons and implications of this finding. The figure is **2.0x** this year, slightly deteriorating from **1.9x** last year.

This makes it challenging for us to achieve our goal of building a workforce representative of the population we serve. Barriers within our processes mean we may miss out on a large pool of talented individuals.

Implementing the De-bias Recruitment and Selection toolkit, best practice and evidence-based approach backed by granular data insights is one of our key priorities in monitoring this tracker this year.





# INDICATOR 3

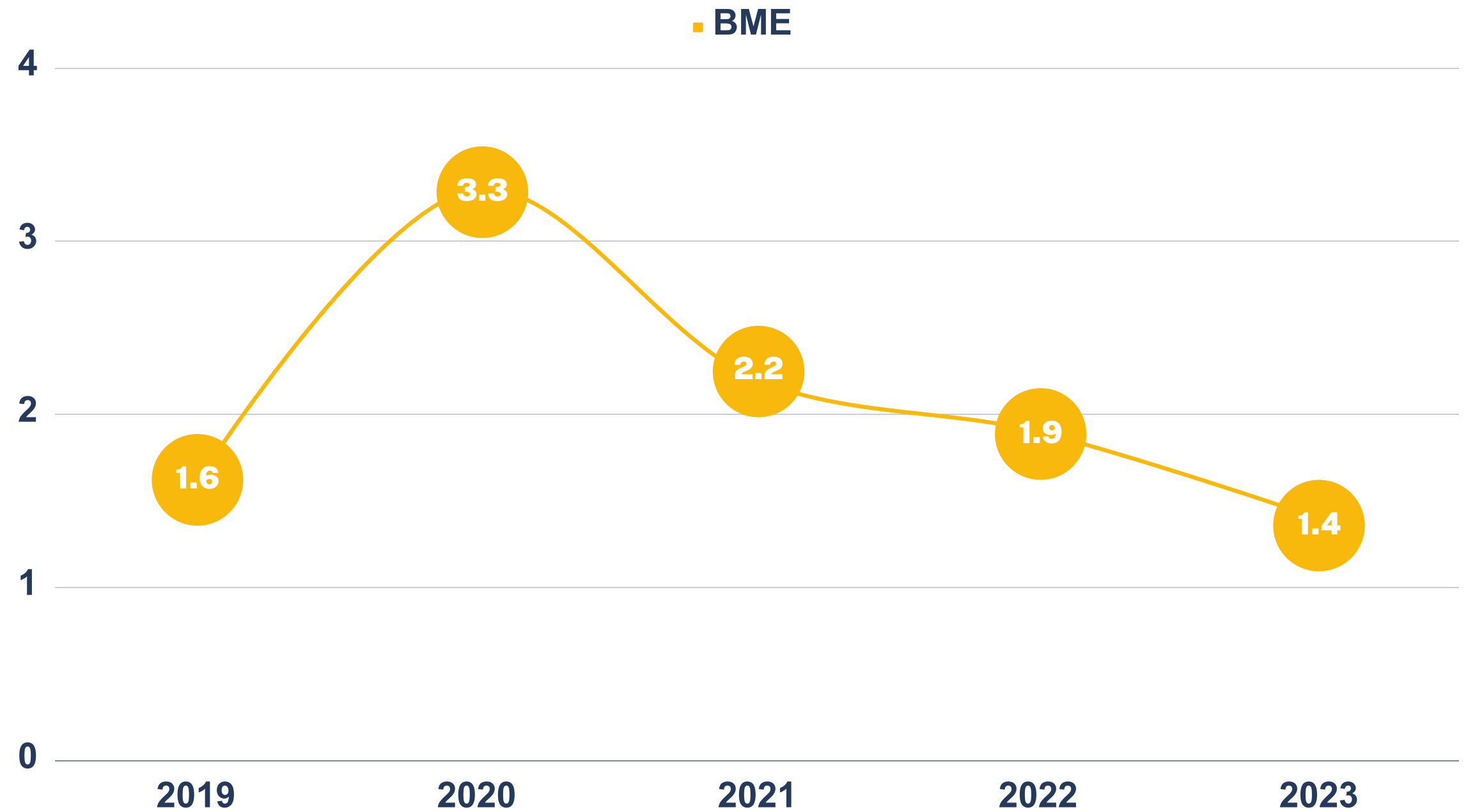
Relative likelihood of BME staff entering the formal disciplinary process compared to White staff



The data shows that Black and Minority Ethnic (BME) staff are **1.4 times** more likely than white staff to enter the formal disciplinary process. This is a decrease from the previous year's ratio of **1.9 times**. While there has been some improvement, there still seems to be a disparity in the disciplinary process between these two groups.

All cases recorded this year have gone through the **Resolution Framework**, providing an opportunity to see its effectiveness in tackling bias in the formal disciplinary process.

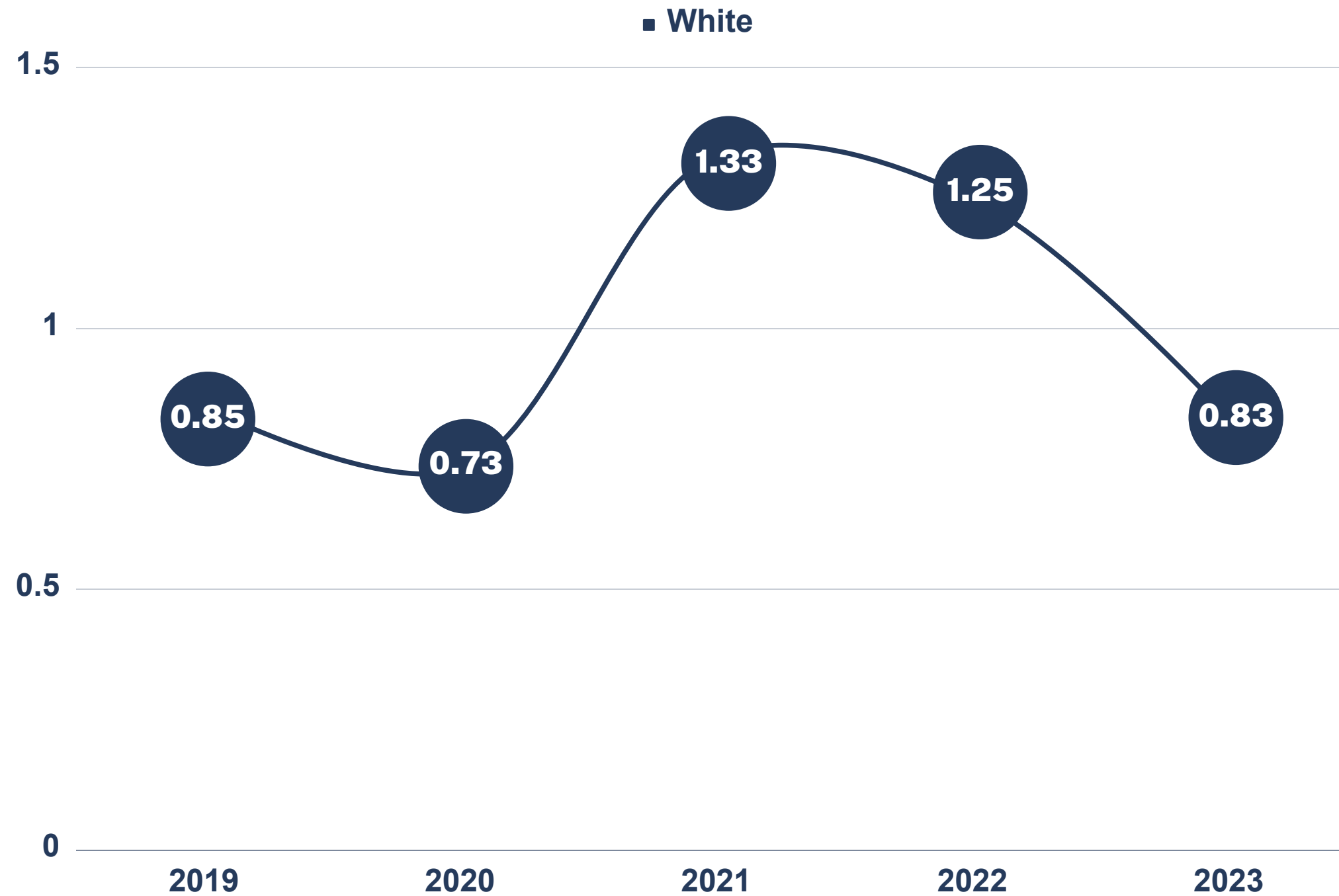
Regular monitoring and review are ongoing to determine the reasons behind these differences and address potential biases or inequities.



# INDICATOR 4



Relative likelihood of staff accessing non-mandatory training and CPD.



The data indicates that the white staff are **0.80 times** as likely as BME staff to access non-mandatory training and Continuing Professional Development (CPD) opportunities.

This represents a decrease from the previous year's ratio of **1.25 times**, hence showing a **slight improvement for BME staff**. The findings suggest a potential disparity in training and development access for BME staff, highlighting the need for further examination and efforts to ensure equitable opportunities for professional growth.

Our **Learning and Development course catalogue** informs colleagues of the clinical and non-clinical training available for them to access. Our **award-winning Apprenticeship** team are facilitating clinical and non-clinical apprenticeships as a means for colleagues to progress their careers.





# STAFF EXPERIENCE

## INDICATOR 5

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.



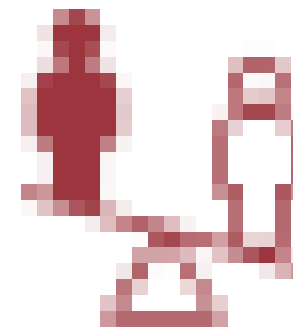
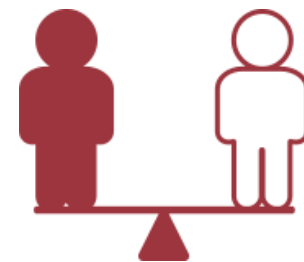
## INDICATOR 6

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.



## INDICATOR 7

Percentage of staff believing that the Trust provides equal opportunities for career progressing and promotion.



## INDICATOR 8

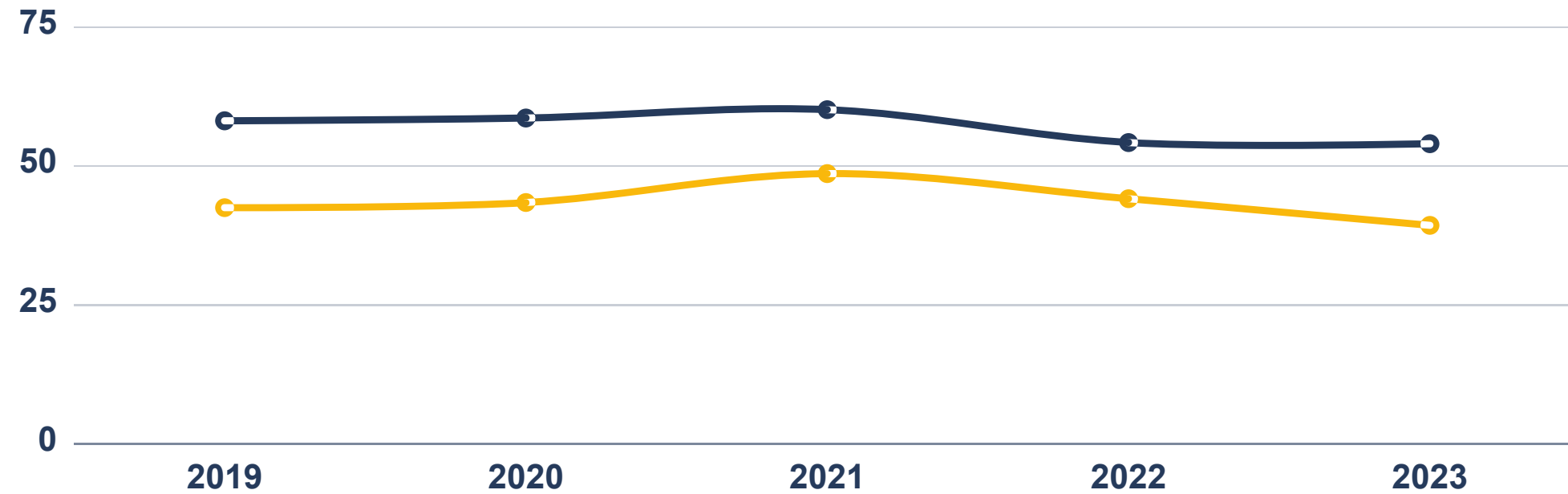
In the last 12 months have you personally experienced discrimination at work from any of the following? Manager / Team Leader or other colleagues



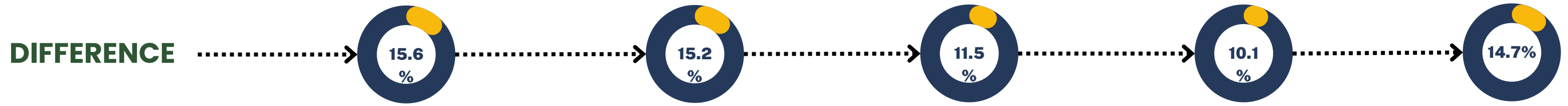
# INDICATOR 5



Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.



The data reveals that in the last 12 months, **39.3%** of Black and Minority Ethnic (BME) staff experienced harassment, bullying, or abuse from patients, relatives, or the public. This marks a decrease from the previous year's rate of **44.1%**, showing a difference of **14.7%**. While incidents have been reduced, a significant proportion of BME staff still face such challenges. In comparison, white colleagues faced higher rates of **54%** in the last two years, an emerging trend that needs to be examined. Continuous efforts are necessary to create a safer and more respectful environment for all staff members.

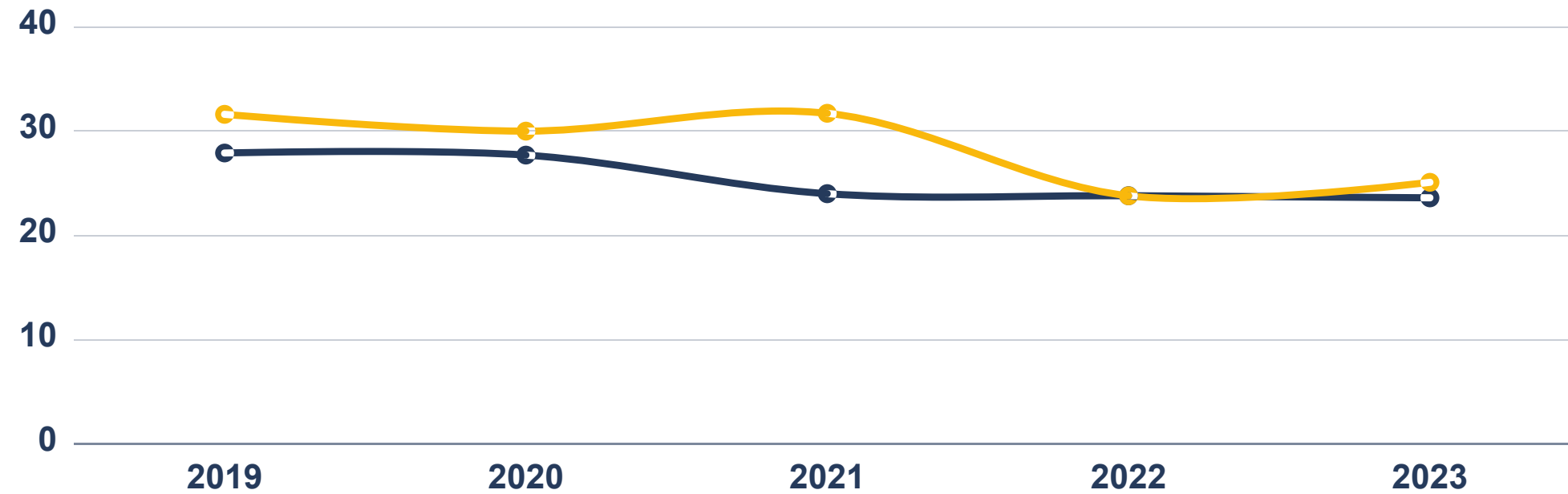
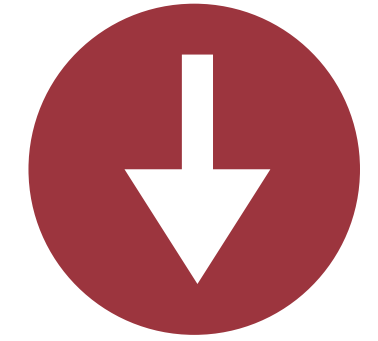


	2019	2020	2021	2022	2023
White Staff	58.1%	58.6%	60.1%	54.2%	54%
BME Staff	42.5%	43.4%	48.6%	44.1%	39.3%



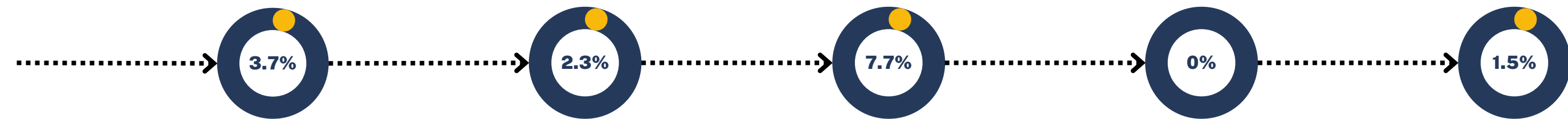
# INDICATOR 6

Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.



The data indicates that in the last 12 months, **25.1%** of BME staff experienced harassment, bullying, or abuse from other staff members. This shows a slight increase and deterioration from the previous year's rate of 23.8%, with a difference of **1.5%**. Interestingly, both white and Black Minority Ethnic (BME) colleagues faced similar rates of **23.8% last year**. The overall increase highlights the ongoing importance of addressing workplace behaviour to ensure a respectful and inclusive environment for all staff members.

## DIFFERENCE



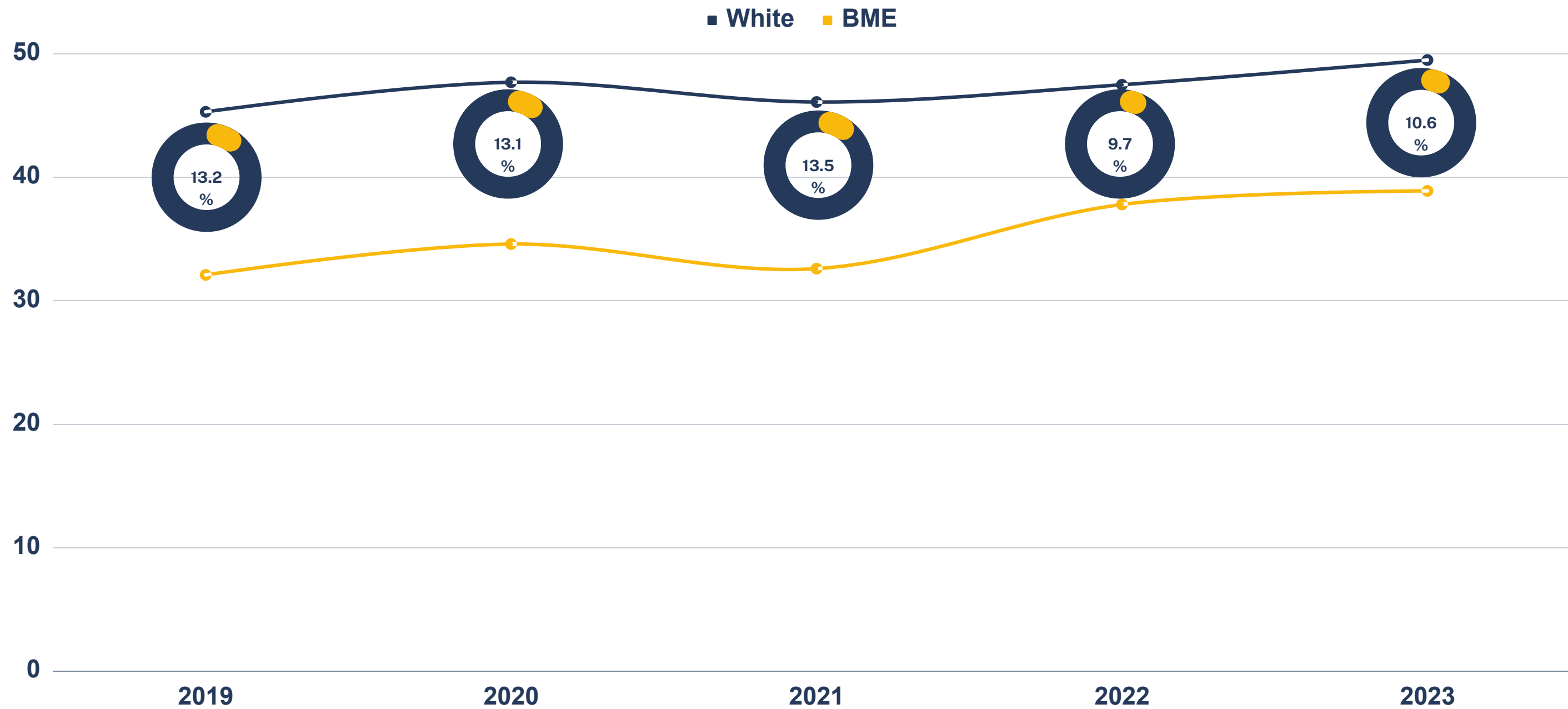
	2019	2020	2021	2022	2023
White Staff	27.9%	27.7%	24.0%	23.8%	23.6%
BME Staff	31.6%	30%	31.7%	23.8%	25.1%





# INDICATOR 7

Percentage of staff believing that the Trust provides equal opportunities for career progression and promotion.



The data reveals that the percentage of Black and Minority Ethnic (BME) staff who believe the Trust provides equal opportunities for career progression and promotion is **38.9%**, while the corresponding figure for white colleagues is **49.5%**. This year's difference of **10.6%** is slightly higher than the 9.7% difference recorded last year. These numbers suggest an ongoing perception gap between BME and white colleagues regarding equal opportunities for advancement within the organisation. Addressing this gap is essential to ensure equitable career development opportunities for all staff members.

**In the last 12 months:**

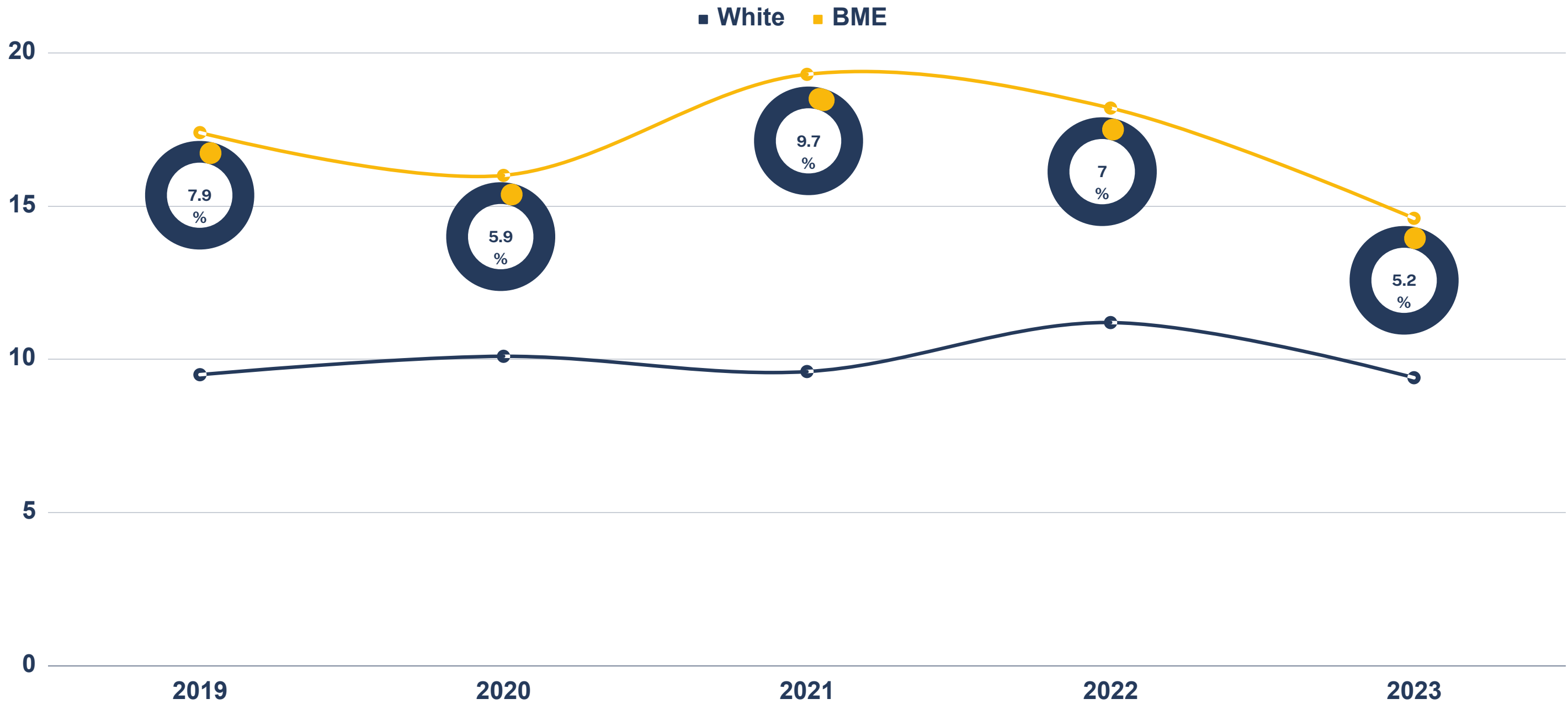
- **14.6%** of Black and Minority Ethnic (BME) staff personally experienced workplace discrimination from managers, team leaders, or colleagues. This is a decrease from last year's rate of **18.2%**. The difference between this year and last year is **5.2%**, which is smaller than the **7% difference seen last year**.
- **9.4%** of white staff experienced discrimination from similar sources this year.

These figures highlight changes in the prevalence of workplace discrimination among BME and white staff members over the last year. **While there's a decrease in reported incidents among BME staff, addressing these issues remains crucial to foster an inclusive and respectful work environment for all.**



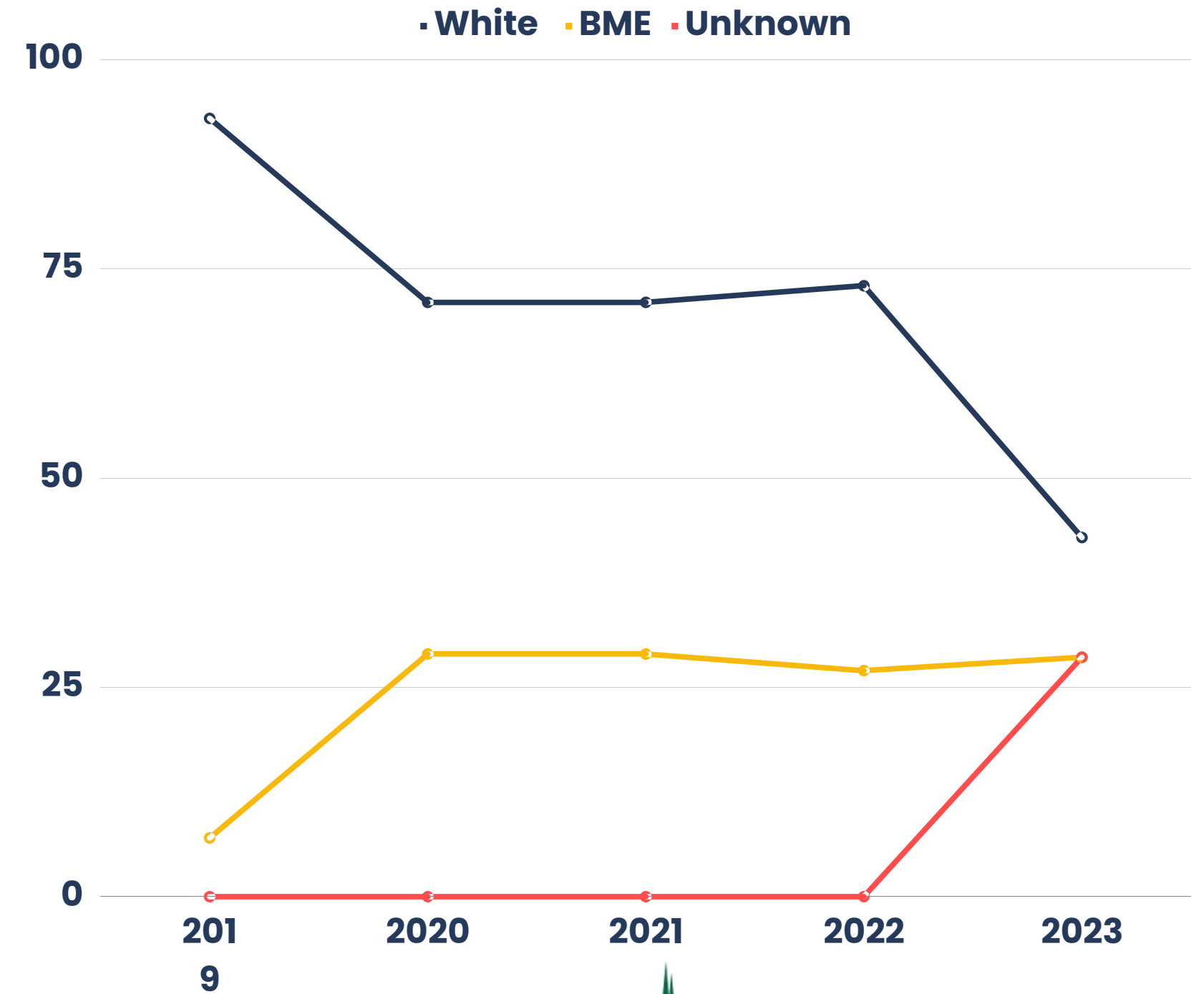
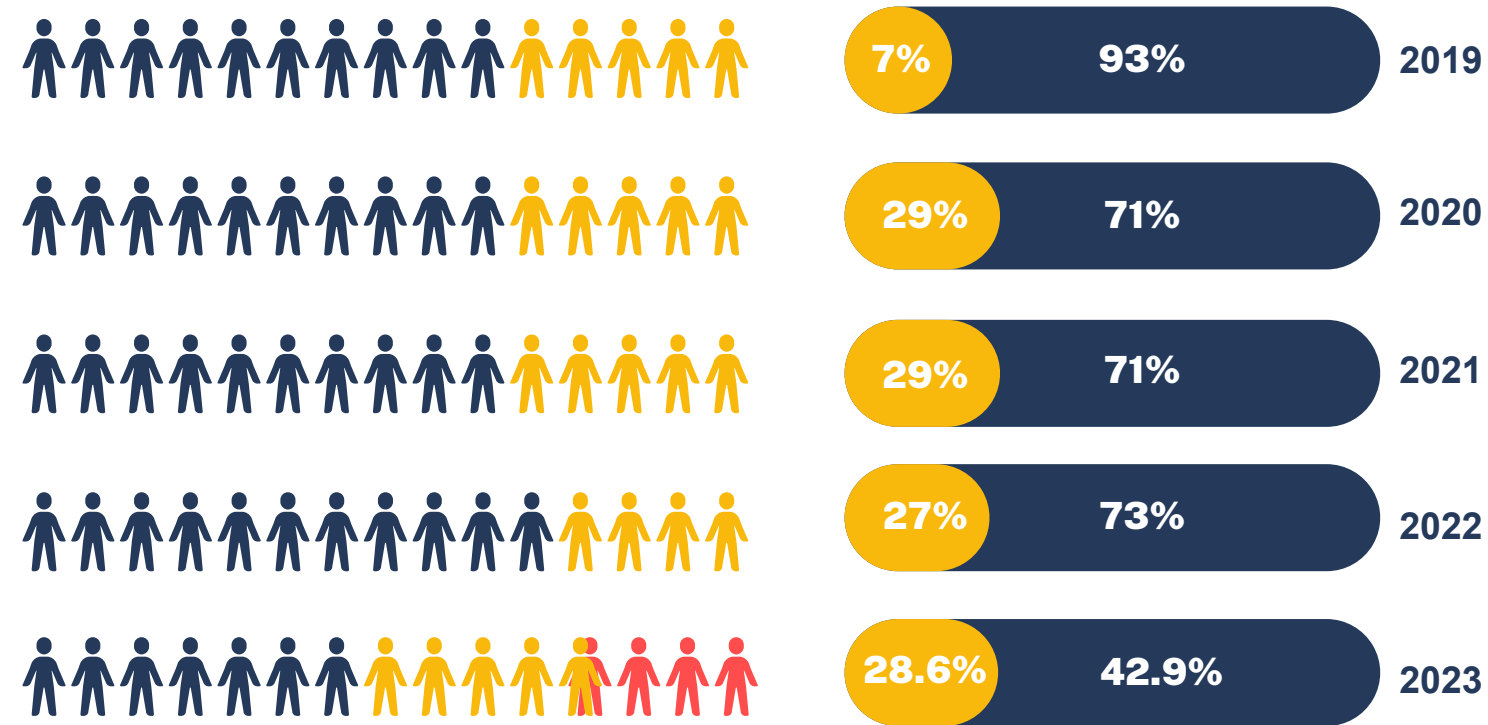
# INDICATOR 8

**In the last 12 months have you personally experienced discrimination at work from any of the following? Manager / Team Leader or other colleagues**



# INDICATOR 9

Percentage difference between the Organisations Board voting membership and its overall workforce.



The data indicates that Black and Minority Ethnic (BME) staff constitute **28.6%** of the Trust Board's voting membership, which is **7.4 percent higher** than the BME makeup of the overall workforce. Last year, this representation was at **27%**. **The total voting membership on the board consists of 15 members.** This demonstrates a commitment to diverse representation at the leadership level, and the increase from last year further underscores efforts to ensure inclusive governance.





# CONCLUSION

This report shows progress from the past year, highlights current practice, and shows key areas for improvement within the organisation against several key indicators of workforce equality for staff across ethnic groups.

Compared to our **2022 WRES Report**, we have made some improvements against the following indicators in **2023**:

- **Indicator 1 – Overall BME representation in the workforce**
- **Indicator 3 – Relative likelihood of BME staff entering the formal disciplinary process compared to White staff**

Against all other indicators, our data shows slight improvement; however, the following indicators have deteriorated:

- **Indicator 2 - Relative likelihood of White staff being appointed from shortlisting compared to BME staff across all posts.**
- **Indicator 6 - Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months.**

The results of our WRES data show a need for a more collective and concerted effort to eradicate differences between BME and white colleagues. The improvements represent both a source of pride for the here and now and hope for the future.

The results underline the disparity experienced by our BME colleagues, so the need to grow our networks and influencers for positive change continues.

This year we have begun to champion a range of training and engagement initiatives across LAS which simultaneously raise the organisation's awareness of the biases and inequalities whilst increasing staff confidence to tackle discrimination and promote inclusion across all our systems and processes.

It is our hope that 2023-2024 will be viewed as a pivotal year for demonstrating that we can make significant progress in race equality at LAS.

Based on the analysis of our WRES metrics, our action plan has been revised. In conclusion, the WRES data highlights improvements and areas requiring further attention. Efforts to address disparities in appointments, training access, perceptions of equal opportunity, and workplace behaviour should be continued.

The positive increase in board representation reflects the commitment to diversity and inclusion at leadership levels, but ongoing initiatives to improve workplace culture are necessary to create a truly equitable and respectful workplace for all at London Ambulance Service.

## NEXT STEPS

The WRES Action Plan has been reviewed and updated in collaboration with the **BME staff network**. The network has identified the following priorities, some of which are carried over from the 2022 plans. The work will be supported by P&C Directorate, Clinical education and EDI team and monitored through the WRES task and finish group, EDI Implementation Group and EDI Board committee.

The Workforce Race Equality Standard (WRES) objectives and actions are presented under the following thematic areas:

- **Workforce Representation, Recruitment & Retention**
- **Leadership Learning & Development**
- **Staff Experience (Inclusion & Belonging)**

The priorities of the plan include:

- Improving the representation of our workforce to represent the communities we serve
- Continued focus on ensuring our recruitment & selection processes are inclusive
- Tackle bullying, harassment and abuse against staff and create a culture of civility and respect



# THANK YOU



For further information and or request in  
an alternative format, please contact:  
[londamb.edimailbox@nhs.net](mailto:londamb.edimailbox@nhs.net)







London Ambulance Service  
NHS Trust



# WORKFORCE RACE EQUALITY ACTION PLAN

*Available separately*

