



London Ambulance Service
NHS Trust

Workforce Race Equality Standard

LAS Report and Action Plan – 2025/2026



We are the capital's emergency and urgent care responders



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Overview of the Workforce Race Equality Standard

Purpose

NHS trusts are required to produce and publish their WRES report annually. Implementing the Workforce Race Equality Standard (WRES) is a requirement for NHS commissioners and NHS healthcare providers including independent organisations, through the NHS standard contract.

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 ethnic minority staff, as well as improving the representation of ethnic minority staff at the Board level of the organisation.

The WRES report 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.

Methodology

The WRES requires NHS trusts and ICBs to self-assess against 9 workplace experience and opportunity indicators. Four metrics are taken from workforce data and the remaining are based on the NHS staff survey.

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 definitions of ethnic minority and white, used in WRES, have followed the national reporting requirements of the ethnic category in the NHS data model and dictionary.

At the time of publication of this report, these definitions were based upon the 2021 ONS Census categories for ethnicity.



Foreword

We remain absolutely committed to ensuring that our ethnic minority colleagues have a fulfilling experience at work, where they feel safe and are treated fairly. Therefore, it is crucial for us to understand and tackle the disparities between ethnic minority staff and their white counterparts, and why our WRES work is so important. We are also ensuring our Trust takes a strong stance against anti-racism with a zero tolerance approach to antisemitism, islamophobia or discrimination of any kind remaining responsive to the environment we are in. We are pleased to see we have added to the progress LAS has made last year, with improvements and a sustained position on 75% of the measurable indicators. It's particularly pleasing to see:

- **Improved our representation across the Trust so approximately one in four staff are from an ethnic minority background taking this to 26% of staff being from a BME background. This is much higher in some parts of the organisation but it is positive to see this ongoing trend for the last 5 years.**
- **Reduced the difference between white staff and ethnic minority staff being appointed from an interview process. We are delighted to see the changes in this area, particularly as this is historically a difficult area for most NHS Trusts to make a change in.**

We are operating in an ever-challenging geopolitical environment and it's therefore even more important that we at LAS do not take our finger off the pulse, work hard to drive further improvements and remain responsive to sustain our impactful initiatives. This is why we are taking the recommendations from the 2026 Lord Mann Review very seriously. We have carried out a self-assessment to ensure we are addressing any gaps and building on the work taking place to add further strength to our approach.

In addition, the Trust has selected seven culture change priorities, aligned to the new NHS Standards, where we will bring focus on areas we want to see a greater improvement of which EDI is a core element. We will maintain a close eye on this through a newly established Transformation Board and although we have some way to go, I am confident the investment and work we are putting in will continue to shift the dial in becoming an increasingly diverse and equitable workplace.



The capital's emergency and urgent care responders.



Jason Killens

**Chief Executive
London Ambulance Service
NHS Trust**

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Our strategic equality objectives

To achieve the work set out in the LAS strategy 2023-28, we have developed three EDI objectives which will contribute to the delivery of our vision and goals until 2028 and achieve the mission of “being an increasingly inclusive, well-led and highly skilled organisation people are proud to work for.”

The LAS strategy states:

“We aim to build a diverse organisation that values and celebrates difference, promotes equality and prioritises the wellbeing of our people. We will build a workforce that knows and reflects the people we serve. We will build an organisation where everyone can feel they belong, their voice is valued and there are opportunities for a career. Discrimination, bullying, harassment and racism have no place in our organisation and we will take a zero-tolerance approach to tackling this behaviour.”

To deliver the missions set out in the LAS strategy, we have developed three EDI objectives which will contribute to the delivery of our vision and goals until 2028:

OBJECTIVE 1

Foster proactively a diverse and open culture with an equitable working environment, including through staff training on discrimination and impactful staff networks.

OBJECTIVE 2

Make measurable improvement in attracting and retaining a workforce that represents London, reaching out to relevant communities and helping staff to build great careers.

OBJECTIVE 3

Generate clear leadership accountability for action based on good management data and staff feedback, including compliance with legislation and equality standards.



Our progress in 2025/26



The following report provides an overview of our progress, challenges and aspirations. We remain on a journey and equality, diversity and inclusion is the unifying thread that stems from our core values of care, respect and teamwork and runs through every aspect of our organisation, from leadership to delivery and from workforce to the community we serve. Over the last year we have achieved the following that aligns with our plans and overarching objectives relating to WRES:

- **Targeted support and interventions with key recruitment campaigns, eg, Incident Response Officer roles which saw an increase of 30% in women appointed to the IRO pool.**
- **Pilot of the Inclusion Board successfully delivered, finding new ways to hear from our colleagues and influencing key priorities such as Violence Reduction leading to a successful campaign over Christmas viewed over 2 million times.**
- **Targeted recruitment programme for unemployed and vulnerable Londoners through Our Inclusive LAS Response with over 70% from BME backgrounds and a 64% conversion rate to employment with LAS.**
- **Data led EDI transformation workshops delivered to create local action plans across all areas of the Trust.**
- **A new cohort of the powerful Women of Colour programme delivered with the Men of Colour programme launched, supporting progression in their careers.**
- **The Stepping Up Support Package continued to be available across the Trust to support colleagues with development and progression.**

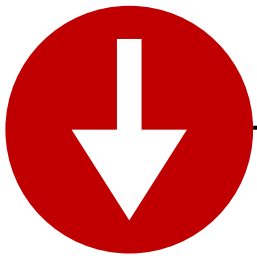
This achievement snapshot demonstrates just part of the journey and the findings in this report show there is much more to do, which will require ongoing dedication, genuine commitment and proactive interventions. Culture change programmes and complex transformation relating to EDI take time. The real test is to maintain investment in the interventions and build on the progress made to lead to fairer outcomes and equal access to opportunities for all colleagues in LAS.



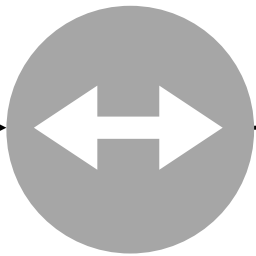
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Understanding the findings

Direction of travel



Deterioration



No significant change



Improvement

Key



Metrics 1 - 4 and 9 are a snapshot of our workforce data from 31 March 2026, while Metrics 5-8 are taken from the NHS Staff Survey, conducted in Autumn 2025.

3 key questions explored in this report

What is the data telling us?



How do we compare with previous years?



What are we planning to do?



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Key findings

Metrics 1-4 and 9 are a snapshot of our **workforce data** from 31 March 2026, while Metrics 5-8 are taken from the **NHS Staff Survey**, conducted in Autumn 2025.

1. Staff Representation



2. Shortlisting

White applicants are **1.3X** more likely to be appointed from shortlisting



3. Disciplinary

Ethnic minority colleagues are **2.2X** more likely to enter the formal disciplinary process



4. Accessing Training

White applicants are **0.98X** more likely to access non-mandatory training and CPD



5. Bullying from public

45% of ethnic minority colleagues reported experiencing harassment, bullying or abuse from the public



6. Bullying from staff

23% of ethnic minority colleagues reported experiencing harassment, bullying or abuse from colleagues



7. Progression

Wording for this question has changed so no longer comparable to previous years

8. Discrimination

14.1% of ethnic minority colleagues experienced discrimination from their manager or colleagues



9. Trust Board

31% of our Trust Board (voting membership) are from an ethnic minority background



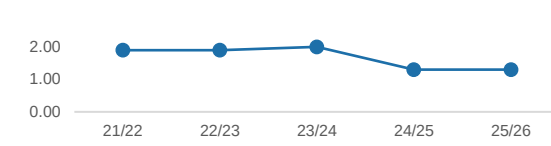
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1. Staff Representation



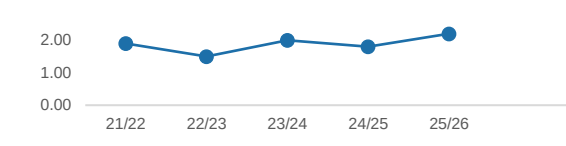
Last year (24/25): 24.6% This year (25/26): 26%

2. Shortlisting



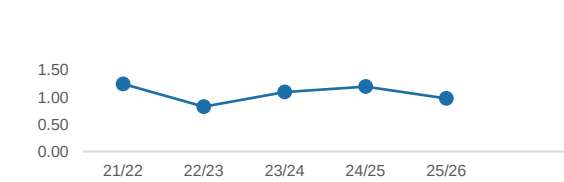
Last year (24/25): 1.3 This year (25/26): 1.3

3. Disciplinary



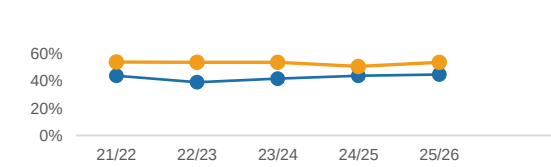
Last year (24/25): 1.8 This year (25/26): 2.2

2. Accessing training



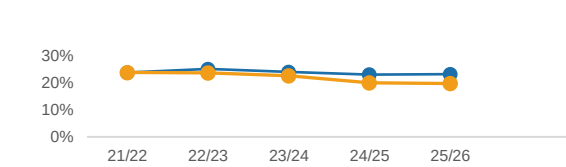
Last year (24/25): 1.2 This year (25/26): 0.98

5. Bullying from public



Last year (24/25): 43.5% This year (25/26): 45.0%

6. Bullying from staff

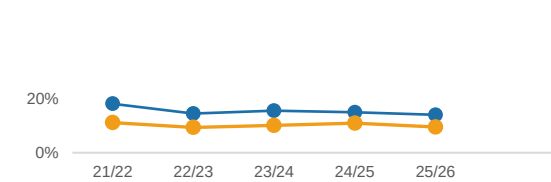


Last year (24/25): 23.0% This year (25/26): 23.0%

7. Progression

Wording for this question has changed so cannot add the data this year

8. Discrimination



Last year (24/25): 15.3% This year (25/26): 14.1%

9. Trust Board



Last year (24/25): 31.0% This year (25/26): 31.0%

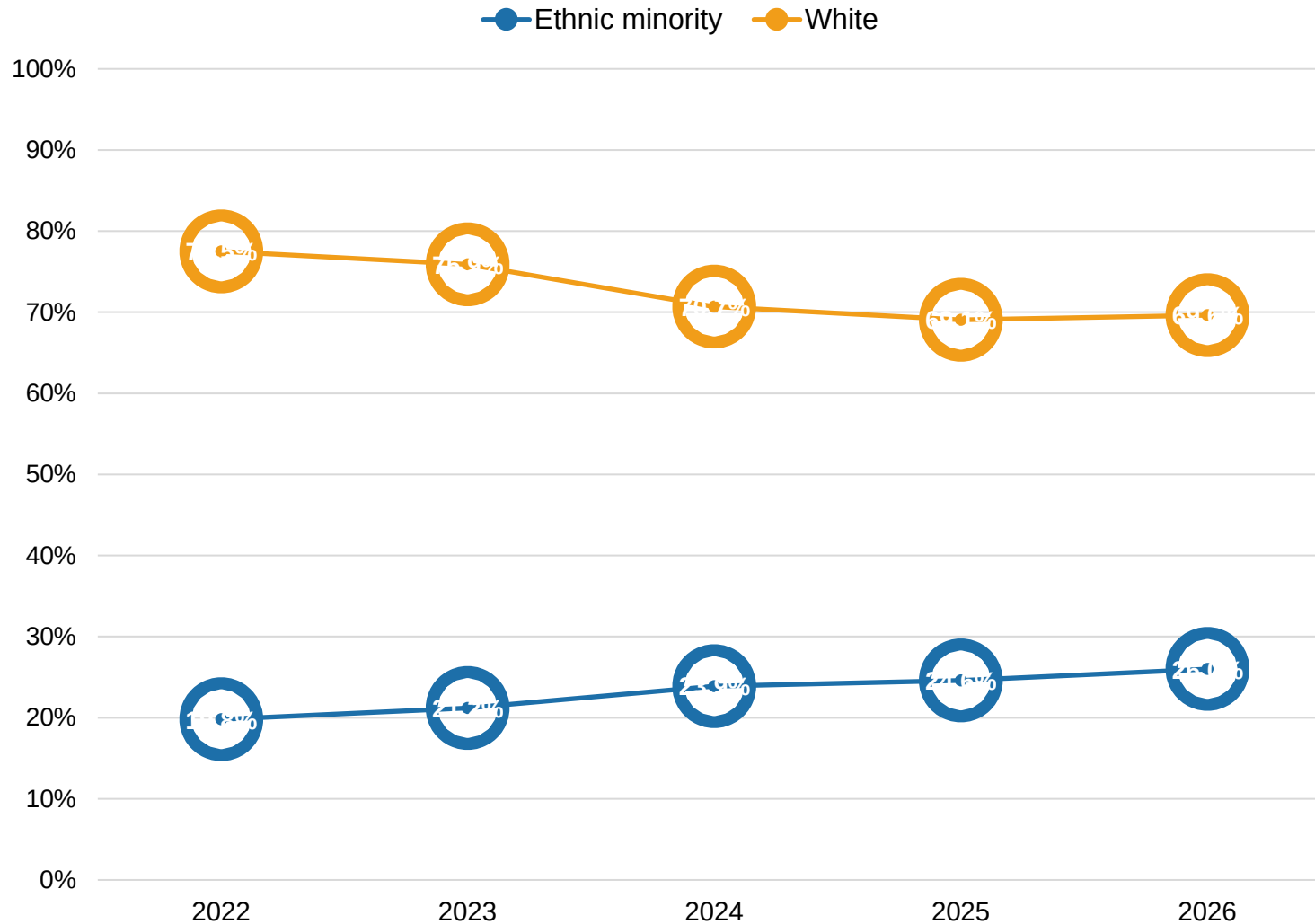


Indicator 1

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 identifying as an ethnic minority (%)



The data shows that we are making continued progress in increasing the representation from ethnic minority communities, with **26% of staff members being from an ethnic minority background**. This is something of high importance to us and aligned to our key objective to have a workforce that is representative of the communities we serve, to ensure we are able to provide the best care for Londoners.

We are pleased to see this growth and positive trend despite our retention levels being high and the challenging financial operating context.

This year we will continue to work hard to attract people from BME backgrounds, through targeted programmes such as Our Inclusive LAS and the recent refresh of our website, which has balanced portrayal of BME communities.

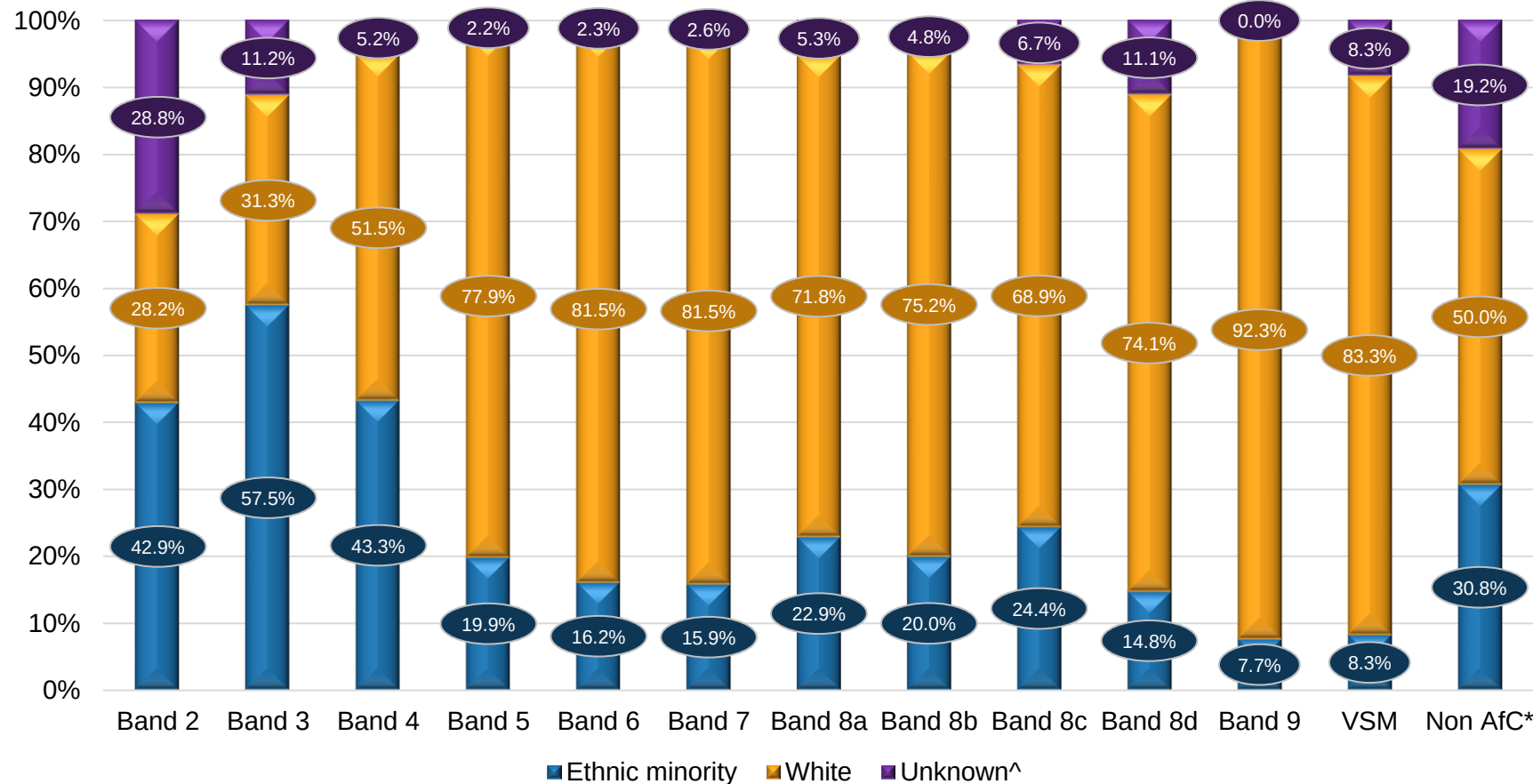
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Indicator 1

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.



Ethnic minority staff across the organisation



The data shows differing representation across all bands. Whilst there remains a large over-representation in the lower bands and underrepresentation in the upper bands, we have seen improvements across all bands apart from bands VSM which is positive. To note, those at VSM level represent a very small number of staff (12 people). This has impacted positively on the ethnicity pay gap which has reduced from 14.3% to 11.6%.

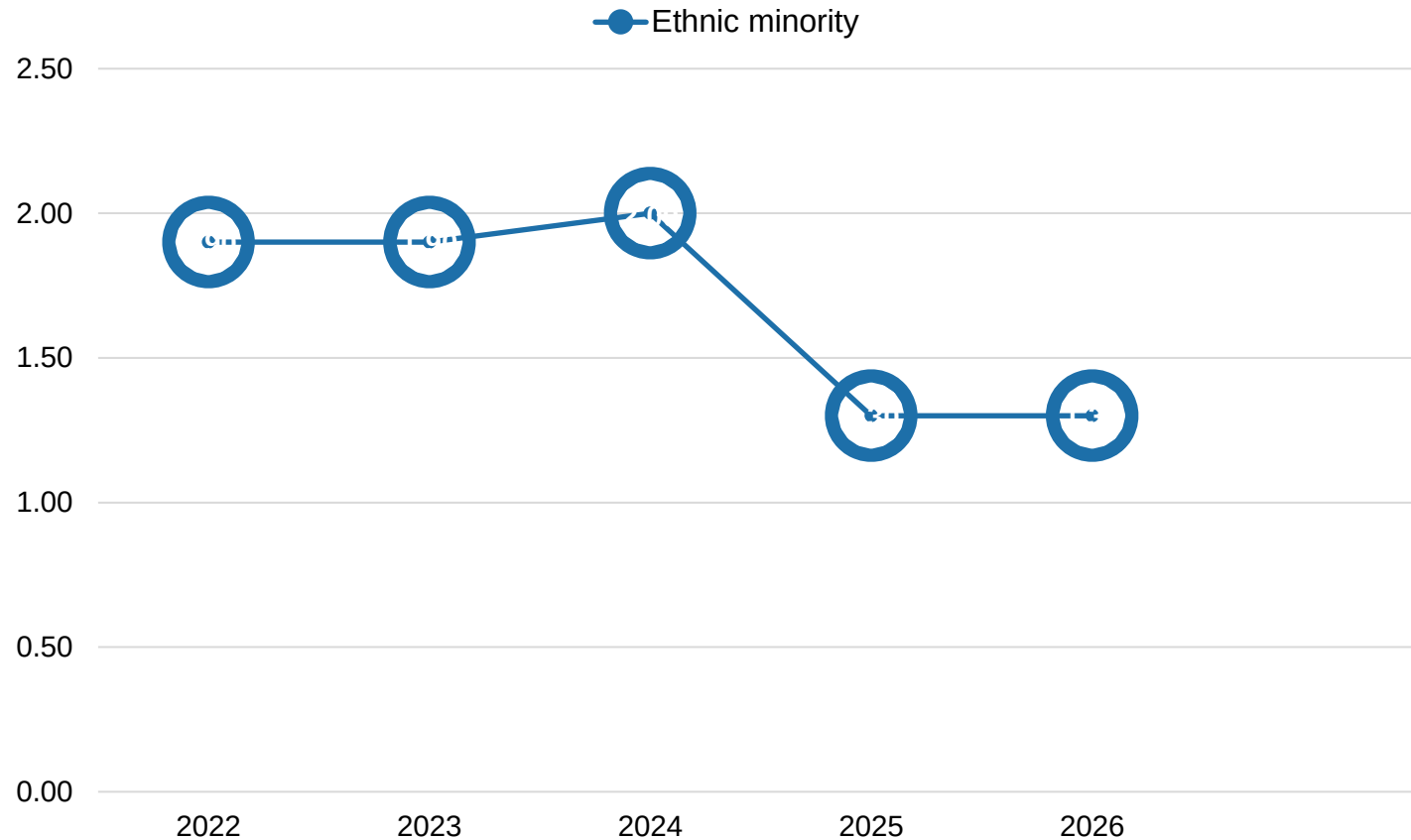
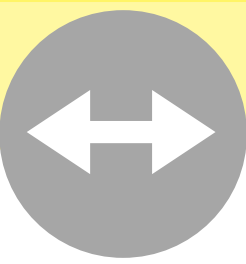
*Our non AfC staff (26 staff) are those who are currently in the process of assimilating following TUPE

^Unknown data is mainly due to data completeness and tends to be lower for TUPE staff

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Indicator 2

Relative likelihood of white staff being appointed from shortlisting compared to ethnic minority staff across all posts



The data shows that **white applicants remain 1.3 times as likely to be appointed** from an open recruitment process than someone from an ethnic minority community. Whilst we have sustained the significant improvement from previous years our ambition remains to drive this difference down further and continue to sustain some of the impactful positive action initiatives that have been implemented this year.

The Trust has maintained initiatives put in place last year to reduce disparities such as using Independent Panel Members in recruitment to ensure a fair and unbiased process. In addition, supporting senior managers to actively identify staff for talent and development opportunities, offering support through the Stepping Up Support Package and simple confidence boosting conversations.

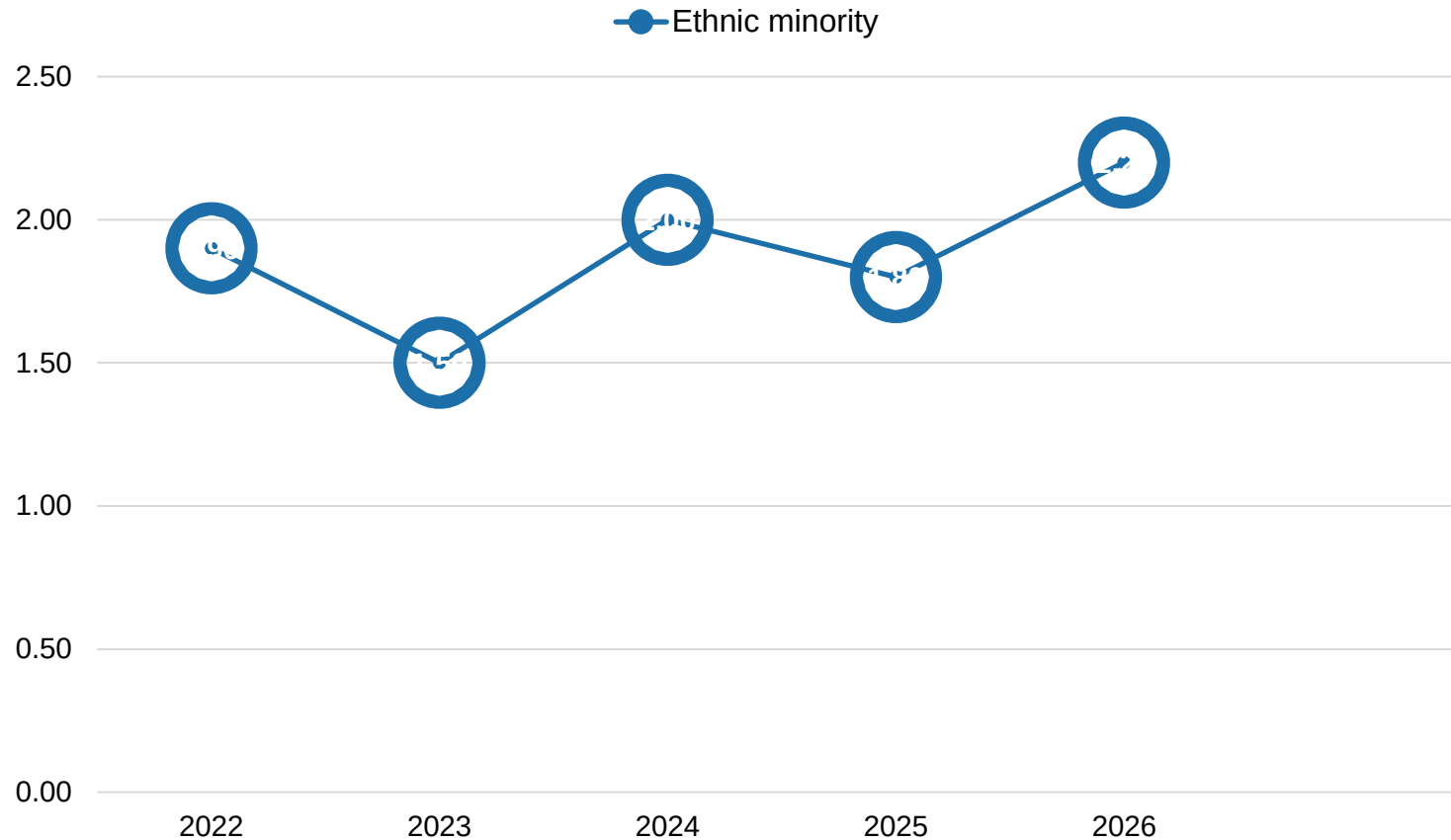
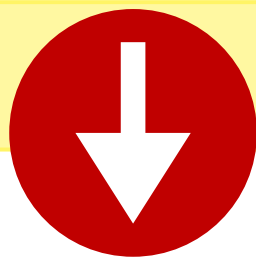
A figure below 1:00 indicates that ethnic minority staff are more likely than white staff to be appointed from shortlisting.



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Indicator 3

Relative likelihood of ethnic minority staff entering the formal disciplinary process compared to white staff



A figure above 1:00 indicates that ethnic minority staff are more likely than white staff to enter the formal capability process.

The data shows that **ethnic minority staff are 2.2 times as likely to enter a disciplinary process** than their white counterparts. This is a **deterioration compared with the previous year** and will be a priority area of focus for 2026/27.

As well as refreshing and strengthening the Anti-Discrimination Statement and Anti-Racism Charter, aligned to the 2026 Mann Review, LAS is part of a 10-month codesign programme through the London Mayor's office, the Workforce Integration Network Design Lab.

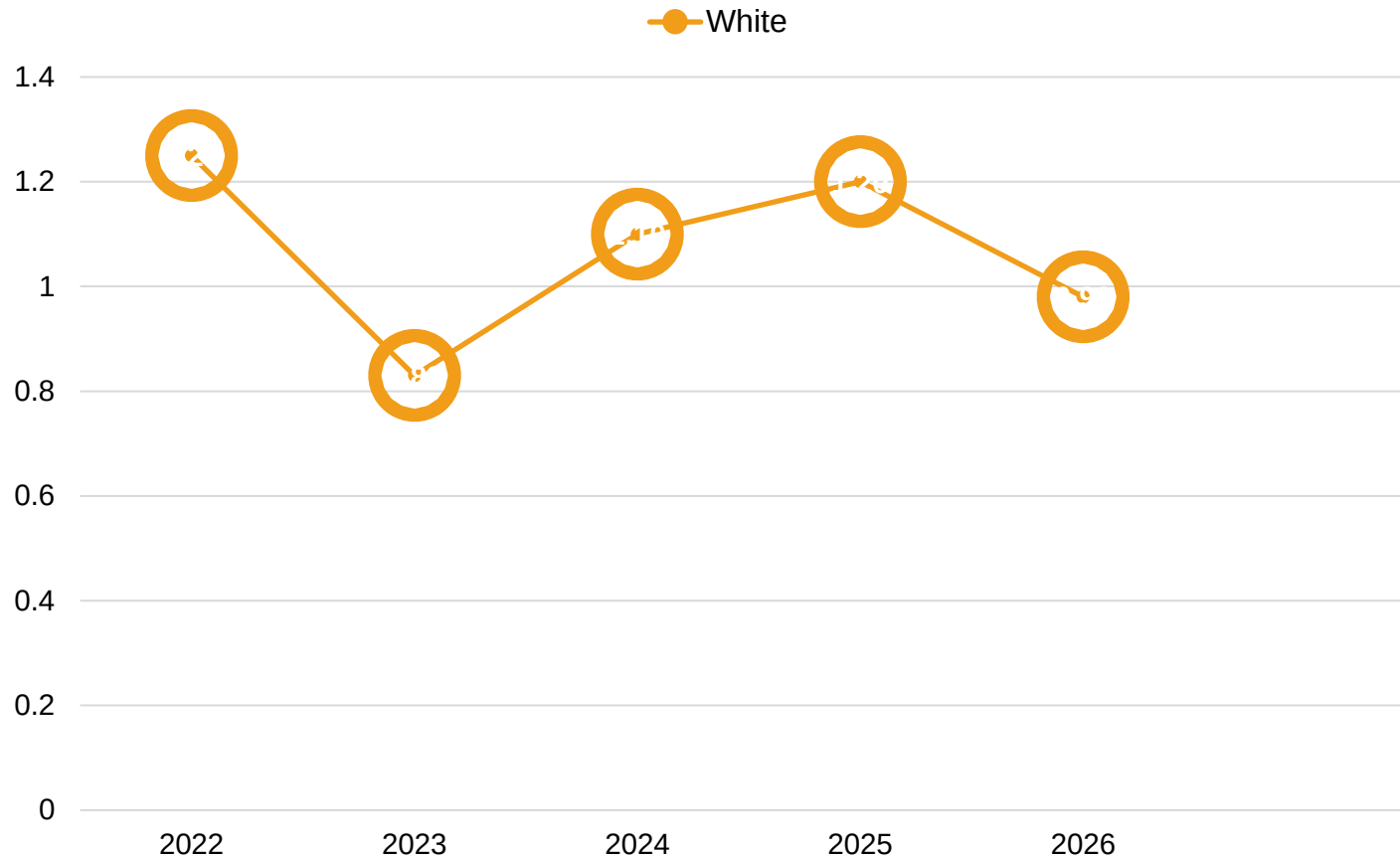
This is a consultant led codesign process that works with us to look for innovative and impactful solutions to address workforce related inequalities. The Trust is bringing together stakeholders across the Trust and is currently at the design stage.



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Indicator 4

Relative likelihood of staff accessing non-mandatory training and CPD

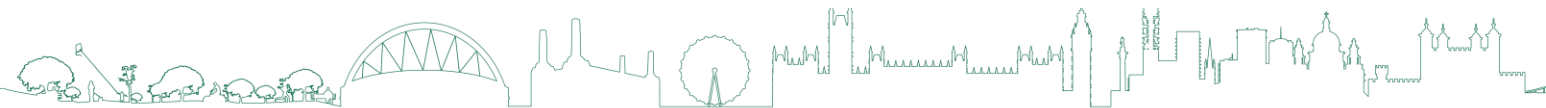


A figure above 1:00 indicates that white staff are more likely than ethnic minority staff to access non-mandatory training and CPD

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

This represents a **slight improvement** on last year, suggesting a reduction in the disparity in training and development access or awareness for ethnic minority staff. There has been a **varying trend over the last few years** so it is difficult to draw assumptions. It is hoped targeted programmes such as the 'Women of Colour' initiative has contributed to this improvement.

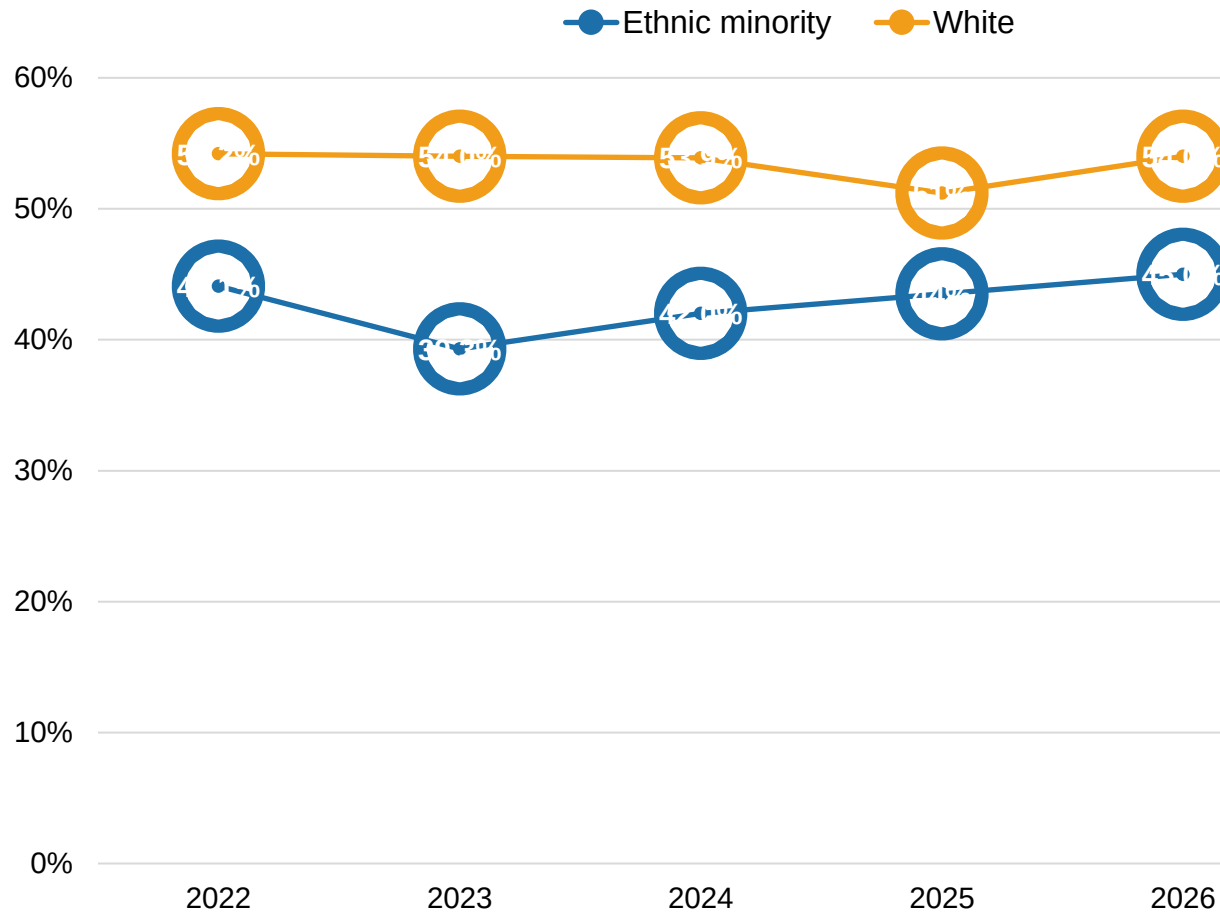
We will continue to support managers to raise awareness of our Learning and Development course catalogue for more ethnic minority staff to take up learning opportunities. We will also ensure the way the data is captured is improved and comprehensive to include any wider non-mandatory training taking place.



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Indicator 5

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

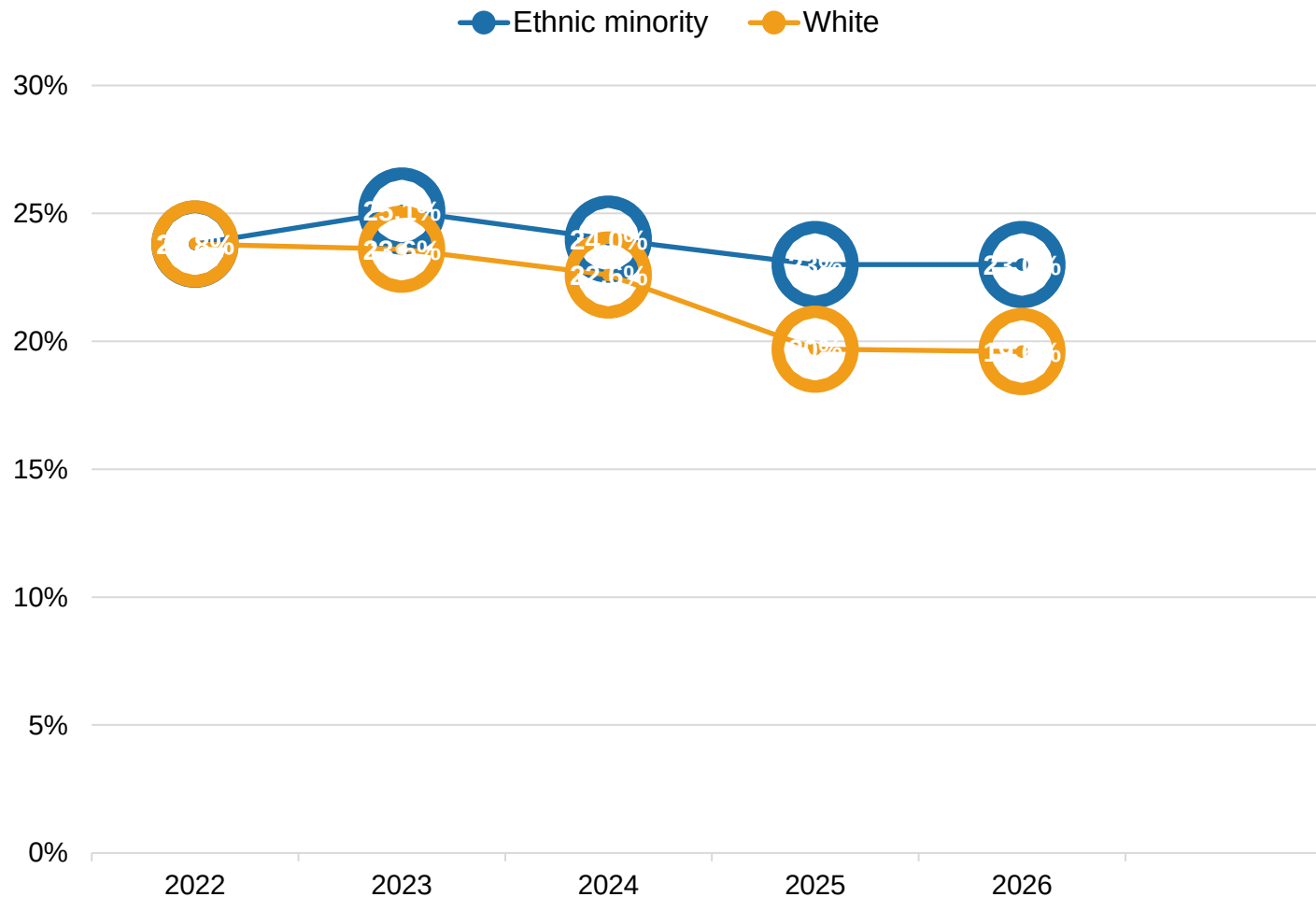


The data reveals in the last 12 months that **45% of ethnic minority staff experienced harassment, bullying or abuse from patients, relatives or the public**. This marks a continued **deterioration on last year's findings** which stood at 44%, demonstrating staff face ongoing challenges in this area.

In contrast to last year, white staff have also seen a deterioration in this area and are experiencing a high level of incidents. The difference between white staff and ethnic minority staff has widened since last year, moving from 7.7% to 9%. The Trust is working hard to put in place measures to ensure we create a safer and more respectful environment for all staff members through zero tolerance policies, where colleagues are supported to step away from such situations and encouraging the increased use of body worn cameras. This is a key area of focus in the Trusts new 'Culture Improvement Programme' and this year the Trust is introducing a 'Violence Reduction Charter' which sets out clear expectations and commitment from the Trust in improving how we respond to incidents.

Indicator 6

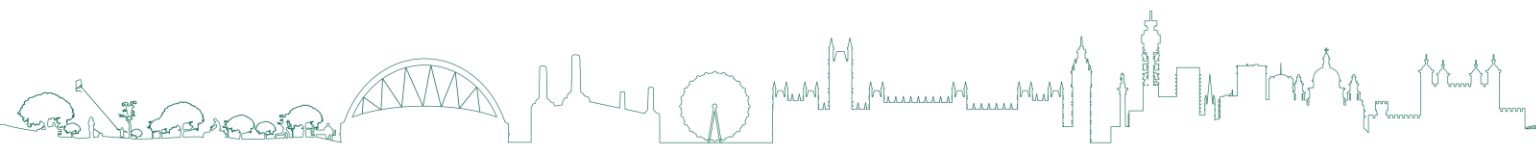
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months



The data reveals in the last 12 months there has been no significant change across both groups in this category. **23% of ethnic minority staff experienced harassment, bullying or abuse from other staff members.**

The difference between the groups has marginally increased this year with 19.6% white colleagues reporting such incidents. Whilst it is good to see no deterioration, the data shows the ongoing disparity in experiences between ethnic minority and white staff.

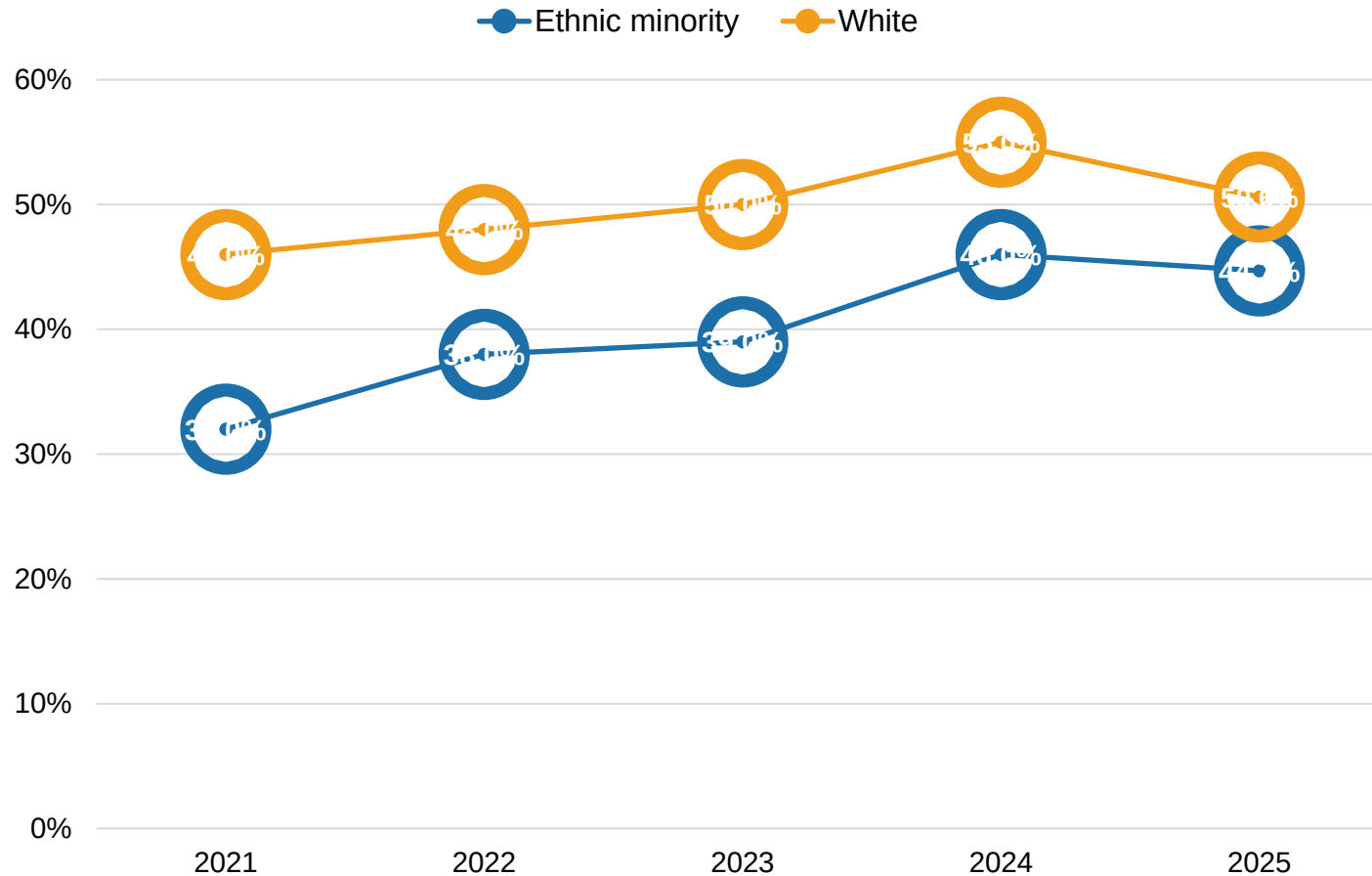
The Trust has a zero tolerance approach to bullying and harassment. We have continued with targeted training for all staff and to raise awareness of the behaviour expectations from our colleagues as defined in the anti-discrimination and anti-racism charters and have created a specific 'Violence Reduction Charter'. We have provided mechanisms to report freely and offered specialist support for teams and individuals, which will continue in the coming year and we hope to drive this down further.



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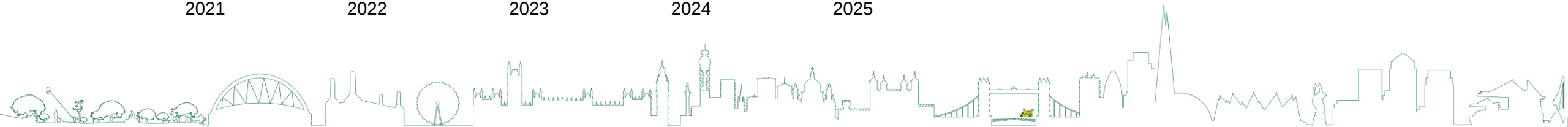
Indicator 7

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



The wording of this question changed in the staff survey in 2025, meaning it is no longer considered comparable to previous years.

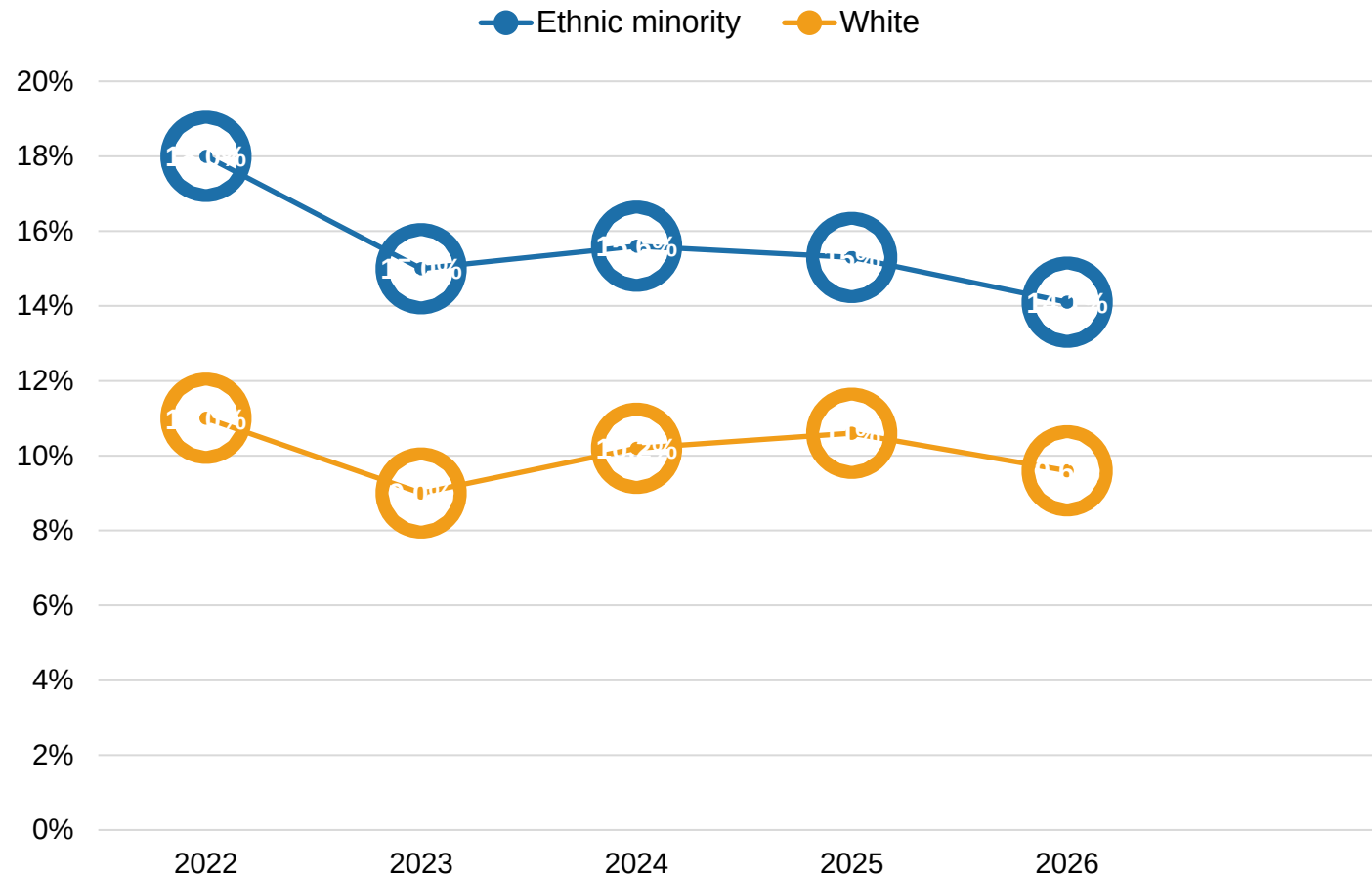
Previous year's results left in for information only.



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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?



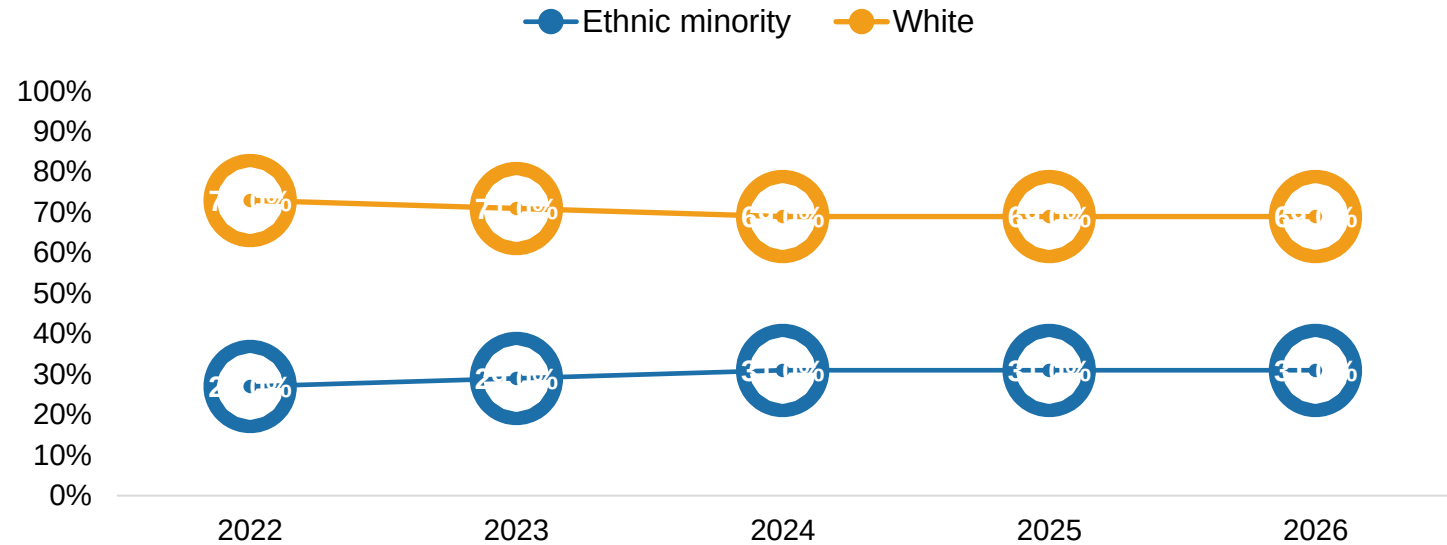
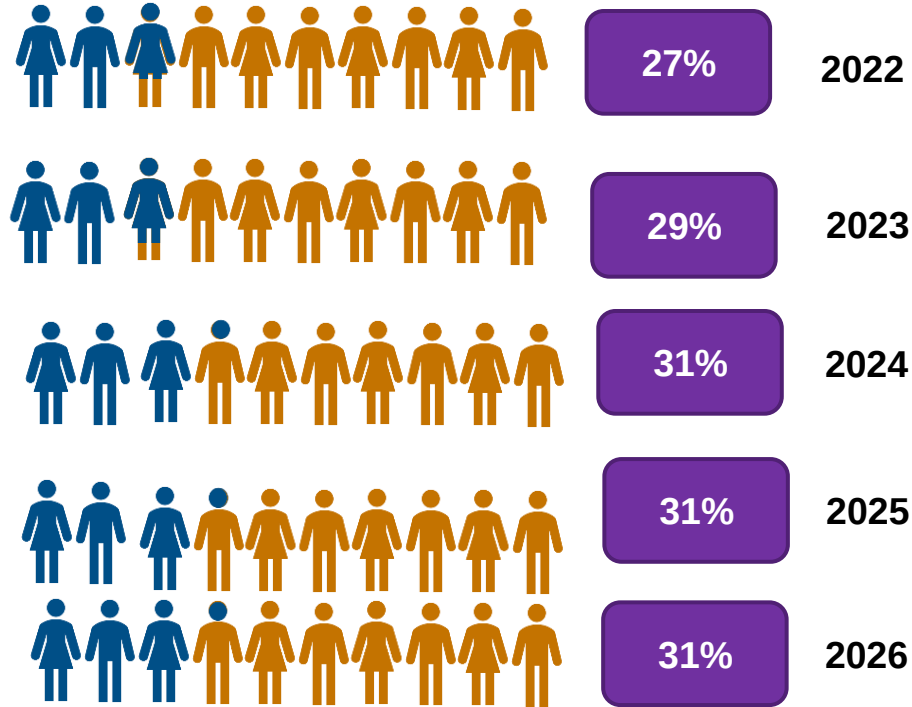
14.1% of ethnic minority staff personally experienced workplace discrimination from managers, team leaders or colleagues in the last year. This is an improved position to the previous year where it was 15.3%. Data relating to white staff also showed improvement at 9.6% from 10.6% the previous year and there is a **positive trend for ethnic minority staff over the last few years.**

Having awareness of these unacceptable behaviours is critical and addressing this remains crucial to foster an inclusive and respectful work environment for all. We will continue to support staff to speak up and ensure there is robust training and processes in place to support colleagues. We have also revised and updated our anti-discrimination and anti-racism charters and we are hoping to see ongoing improvements in this area.



Indicator 9

Percentage difference between the Organisation's Board voting membership and its overall workforce.



The data indicates that **ethnic minority staff constitutes 31% of the Trust Board's voting membership**, which is 6% higher than the ethnic minority staff makeup of the overall workforce. This has **remained consistent over the last few years**.

We remain committed to diverse representation at the leadership level and to drive inclusive governance, allowing ethnic minority individuals to be represented and contribute towards decision-making and drive a more inclusive culture.

● Ethnic minority ● White



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Summary and next steps

This report shows the progress we are making against the WRES, which focuses on the experiences of people from ethnic minority communities. It highlights where progress has been made, where stronger focus and interventions are needed and how we plan to drive the best outcomes and create a level playing field for ethnic minority staff.

We have made **good improvements against four of the WRES indicators** in 2026, and **sustained the progress made for 3 indicators**, with **deterioration in two indicators**. Indicator 7 we were not able to report on this year as there was a change in the question's wording.

We are making good progress overall but the WRES data has highlighted the key area of focus in WRES indicator 3.

There are a range of initiatives that have been put in place already, including targeted

training programmes, ensuring our new Anti-Racism Statement and Anti-Discrimination Charters are refreshed and strengthened to respond to policy, guidance and environment changes. This includes the 2026 Lord Mann Review on antisemitism and other forms of racism and new NHS Standards and additional and targeted focus will be given through the WIN DL equity programme.

It is positive to see the majority of the WRES indicators show an improved or sustained position and indicates the investment the Trust has made in this area is making a difference and we will work to sustain and build on this in 2026/2027.

Whilst we are pleased to see the improvements, we recognise we still have a long way to go to ensure our BME staff are treated equally and have the same opportunities to progress as their white counterparts and we remain committed to this.

Next Steps

Oversight of WRES continues through the People & Culture Committee and the cross-directorate EDI Implementation Group. The EDI Implementation Plan has been updated to focus on areas of importance to WRES:

- **Deliver the culture priorities**
- **Introduce bold interventions to reduce the disparity between white and black and minority ethnic staff entering the disciplinary process**
- **Continue to close the gap between ethnic minority and white applicants in recruitment**
- **Embed Lord Mann's recommendations**
- **Deliver in-house training, Centre for Excellence in Leadership & Culture training, including a focus on key aspects of WRES.**
- **Deliver transformation workshops to all key directorates using local data.**
- **Continue with the Inclusion Board to ensure the voices of staff are heard at all levels.**

Summary of WRES action plan:

The WRES actions are presented below and align to our business plan deliverables for 2026/27:

Desired outcome	Actions	WRES Indicator(s)
Wider organisation inclusion culture shift, driven from leadership	- Track and monitor the impact of all objectives set by ELG - Share data packs relating to WRES routinely with leaders to inform localised action plans - Bring diverse voice/influence to planning and decision making through the Inclusion Board and staff networks	3, 4, 5, 6, 7, 8 and 9
Recruiting fairly and closing the gap between ethnic minority and white applicants	- Sustain and strengthen positive action initiatives to review, identify and change interview processes where barriers are identified, including key recruitment such as TM and CTM. - Strengthen awareness and uptake of the 'Stepping up Support Package'	1, 2, 7, 8 and 9
Anti-discrimination and anti-racism charter widely understood, adopted and creates an inclusive and fair culture	- Refresh and relaunch the Anti-Discrimination Statement, Anti-Racism Charter and new Violence Reduction Charter. - Embed and strengthen 2026 Lord Mann recommendations across key areas of leadership, training, policies and governance as needed. - Develop and deliver EDI as an integral element to Centre for Excellence in Leadership and Culture (CELC) - Strengthen awareness of 2-step Referral to Resolution process relating to charters - Work in collaboration with key functions to strengthen the anti-discrimination work programme, eg: FtSU, Staff Networks and all relevant training programmes - Hear ethnic minority voices through key arenas such as staff networks and the Inclusion Board	1, 2, 6, 7, 8 and 9



Summary of WRES action plan continued...

The WRES actions are presented below and align to our business plan deliverables for 2026/27:

Desired outcome	Actions	WRES Indicator(s)
Removal of structural barriers for ethnically diverse communities into paramedicine and leadership roles	• Continue targeted programmes to create internal pathways for a diverse talent pipeline • Increase awareness of training and support available, eg; LAS bursary, Women of Colour programme • Deliver virtual work experience targeting underrepresented communities to develop pipeline • Reciprocal mentoring to support both BME colleagues and leaders	1, 2, 4 and 7
Ending the disparity between ethnic minority staff being entered into a disciplinary process	• Via the WIN DL race equity programme, develop and implement new and innovative proposals to shift the dial on WRES Indicator 3 • Improve the data insights relating to disciplinary processes and use this to drive improvements, including learning from previous cases. • Deliver training and raise awareness of use of charters as part of disciplinary process • Monitor data to identify trends/patterns and share with teams	3



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Closing remarks from the LAS BME network

The BME Network is committed to supporting colleagues from ethnic minority backgrounds in LAS to have fair access to opportunities, have a good experience working in the Trust and that people are not discriminated because of who they are and where they come from.

By acting as a trusted conduit to ethnic minority communities, bringing insights, lived experiences, raising awareness of issues and bringing expertise, we hope to make a real difference.

We will also continue to celebrate the diversity within the Trust and provide education and cohesion opportunities.

We recognise that even though some progress has been made, we must do better to support our ethnic minority communities in LAS and are pleased to work with the EDI team to support positive actions.



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Produced by the LAS Equality, Diversity and Inclusion Team

For further information and/or request in an
alternative format,
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