



London Ambulance Service
NHS Trust

London Ambulance Service NHS Trust
Workforce Disability Equality Standard
Annual Report 2021

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Introduction

The Workforce Disability Equality Standard (WDES) was introduced in 2018 and it exists to improve the workplace and career experiences of disabled staff working in the NHS. Research commissioned by NHS England (NHSE) found staff with disabilities were:

- more likely to report experiences of bullying, harassment and abuse
- more likely to feel pressured to work when unwell
- less likely to say their organisation acted fairly with regards to career progression.

The WDES is a set of 10 metrics which allow NHS organisations to compare the experiences of Disabled and non-disabled staff using workforce data and Staff Survey results. It is incorporated into the NHS Standard Contract, and requires the Trust to develop an action plan to make improvements to minimise disparities between disabled and non-disabled colleagues. Further information about the WDES can be found here: <https://www.england.nhs.uk/about/equality/equality-hub/wdes/>

Previous national WDES Annual Reports show inequalities across all 10 metrics which demonstrates the need for urgent action in the areas of leadership, reducing bullying and harassment, recruitment and, retention and career progression.

Making these improvements to the working lives of our staff who have disabilities will contribute to our purpose which includes being a **first-class employer, valuing and developing skills, diversity and quality of life for our people**, as well as one of the aims of our People and Culture directorate's 18 month plan (2020): **we are committed to ensure that LAS is recognised as a fair, open and inclusive organisation, with an engaged and collaborative workforce that reflects the city it serves**. Finally, action in this area also aligns to the NHS People Plan (2020/21) theme of Belonging in the NHS, with the People Promise: **We are compassionate and inclusive**.¹

This report presents our submission of WDES metrics for 2021 and provides an analysis of the results. It reports on progress made against our previous WDES actions, and details our new action plan going forward.

Disability in the UK

The Equality Act (2010) defines disability as having a physical or mental impairment, which "has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities"²

According to the Family Resources Survey 2019-20, 22% of the UK population has a disability, while for London this figure is 14%. Nationally 52% of working age people with a disability are in employment, compared to 82% for non-disabled people of working age.³ Data from the Department for Work and Pensions shows that 83% of people with a disability acquire their condition during their working life.⁴

¹ <https://www.england.nhs.uk/ournhspeople/online-version/lfaop/our-nhs-people-promise/the-promise/#we-are-compassionate-and-inclusive>

² <https://www.legislation.gov.uk/ukpga/2010/15/section/6>

³ <https://www.gov.uk/government/statistics/family-resources-survey-financial-year-2019-to-2020/family-resources-survey-financial-year-2019-to-2020#disability-1>

⁴ <https://www.gov.uk/government/publications/disability-confident-guidance-for-levels-1-2-and-3/level-2-disability-confident-employer>

The Public Sector Equality Duty (PSED)

The Equality Act (2010), strengthened the duty on employers to eliminate discrimination and advance equality of opportunity for Disabled employees. It places the emphasis on preventing discrimination and harassment in the first place, rather than rectifying after the fact. The PSED requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristics and those who do not.

Due regard is defined as:

- “Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.”

Aside from being a legal obligation, the Equality and Human Rights Commission suggests the following benefits that compliance with the PSED brings to organisations:

- A supportive working environment is more productive and reduces staff turnover
- Able to draw on a broader range of talent and to better represent the community that we serve.
- Better informed decision-making and policy development
- Leads to services that are more appropriate to the user, and services that are more effective and cost-effective.
- Increased public satisfaction.⁵

Our WDES action plan aims to reduce the disparities identified in these metrics, in compliance with the PSED.

⁵ <https://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty>

WDES Indicators		2018/19 (reported Aug 2019)	2019/20 (reported Aug 2020)	2020/21 (reported Aug 2021)
Workforce indicators	Indicator 1: Percentage of staff in each of the AfC bands 1-9 and VSM (including executive board members) compared with the percentage of staff in the overall workforce.	3.24% (data completeness = 59%)	3.6% (data completeness = 64%)	5.0% (data completeness = 69%)
	Indicator 2: Relative likelihood of Disabled staff compared to non disabled staff being appointed from shortlisting across all posts.	0.85	0.85	1.06
	Indicator 3: Relative likelihood of Disabled staff compared to non disabled staff entering the formal capability process, as measured by entry into the formal capability procedure. Note: i) This metric will be based on data from a two year rolling average of the current year and the previous year. ii) This metric is voluntary in year 1	1.56	1.51	0.98
National staff survey indicators	Indicator 4: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months.	Non-disabled: 55.3% Disabled:60%	Non-disabled: 56.1% Disabled:58.1%	Non-disabled: 57.9% Disabled:60.6%
	Difference:	4.7%	2.0%	2.7%
	Indicator 5: % of staff experiencing harassment, bullying or abuse from managers in the last 12 months	Non-disabled: 16% Disabled:28.7%	Non-disabled: 15.5% Disabled:28.6%	Non-disabled: 13.3% Disabled:25.9%
	Difference:	12.7%	13.1%	12.6%
	Indicator 6: % of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months	Non-disabled: 15.5% Disabled:27.9%	Non-disabled: 15.7% Disabled:26.9%	Non-disabled: 14.7% Disabled:22.8%
	Difference:	12.4%	11.2%	8.1%
	Indicator 7: % of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	Non-disabled: 28.3% Disabled:31.5%	Non-disabled: 33.6% Disabled:35.6%	Non-disabled: 36.2% Disabled:32.5%
Difference:	3.2%	2.0%	3.7%	

A figure below 1:00 indicates that Disabled staff are more likely than Non-Disabled staff to be appointed from shortlisting.

A figure above 1:00 indicates that Disabled staff are more likely than Non-Disabled staff to enter the formal capability process.

	WDES Indicators	2019/20 (reported Aug 2020)	2019/20 (reported Aug 2020)	2020/21 (reported Aug 2021)
National staff survey indicators	Indicator 8: % of staff believing that the Trust provides equal opportunities for career progression or promotion. Difference:	Non-disabled: 69.1% Disabled: 52% 17.1%	Non-disabled: 73.2% Disabled: 56.5% 16.7%	Non-disabled: 70.2% Disabled: 55.6% 14.6%
	Indicator 9: % of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties. Difference:	Non-disabled: 38.7% Disabled: 53.6% 14.9%	Non-disabled: 40.1% Disabled: 48.5% 8.4%	Non-disabled: 34.1% Disabled: 43.6% 9.5%
	Indicator 10: % staff saying that they are satisfied with the extent to which their organisation values their work. Difference:	Non-disabled: 32.4% Disabled: 20.6% 11.8%	Non-disabled: 31.1% Disabled: 21.9% 9.2%	Non-disabled: 33.3% Disabled: 23.5% 9.8%
	Indicator 11: % of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work. Difference:	Disabled: 48.9%	Disabled: 51.4%	Disabled: 60.3%
	Indicator 12: The staff engagement score for Disabled staff, compared to non-disabled staff and the overall engagement score for the organisation. Difference:	Non-disabled: 6.2 Disabled: 5.6 0.6	Non-disabled: 6.2 Disabled: 5.6 0.6	Non-disabled: 6.2 Disabled: 5.7 0.5
	Board representation indicator	Indicator 13: Percentage difference between the Organisations Board voting membership and its overall workforce. NB. Only voting members of the Board should be included when considering this indicator.	Non-disabled: 100% Disabled: 0%	Non-disabled: 100% Disabled: 0%

WDES Outcomes 2020-21

Workforce Indicators

Metric 1 - Percentage of staff with disabilities in AfC pay-bands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.

KEY FINDING: The percentage of colleagues with disabilities in our organisation has risen to 5%, an increase of 1.2% since last year. Our data completion rate has risen by 5.4% to 69%.

Source: Electronic Staff Record system. All data is as of 31st March 2021.

This metric only includes substantive colleagues so bank staff and volunteers are not counted here.

This data is taken from the Electronic Staff Record (ESR) system. It is either taken from initial application data, or from staff members updating their demographic data through the MyESR portal. The 'Unknown' category below comprises both staff who have not entered their information and those who have selected 'prefer not to answer'.

Non-Clinical Staff

AfC Bands	Disabled	Not-disabled	Unknown	Headcount
Bands 1-4	6.3%	74.4%	19.3%	981
Bands 5-7	5.2%	51.9%	42.9%	848
Band 8a-8b	3.9%	54.1%	42.0%	181
Bands 8c-9 and VSM	1.7%	55.0%	43.3%	60
Other non-AfC	0%	12.0%	88.0%	25

Clinical Staff

AfC Bands	Disabled	Not-disabled	Unknown	Headcount
Bands 1-4	8.7%	74.5%	16.7%	275
Bands 5-7	4.6%	64.5%	30.9%	4068
Band 8a-8b	0%	100%	0%	1
Bands 8c-9 and VSM	0%	43.8%	56.3%	16
Other non-AfC	0%	16.7%	83.3%	6

Medical and Dental staff

	Disabled	Not-disabled	Unknown	Headcount
Consultants	0%	0%	0%	0
Non-consultant career grades	0%	80%	20%	5
Trainee grades	0%	0%	0%	0

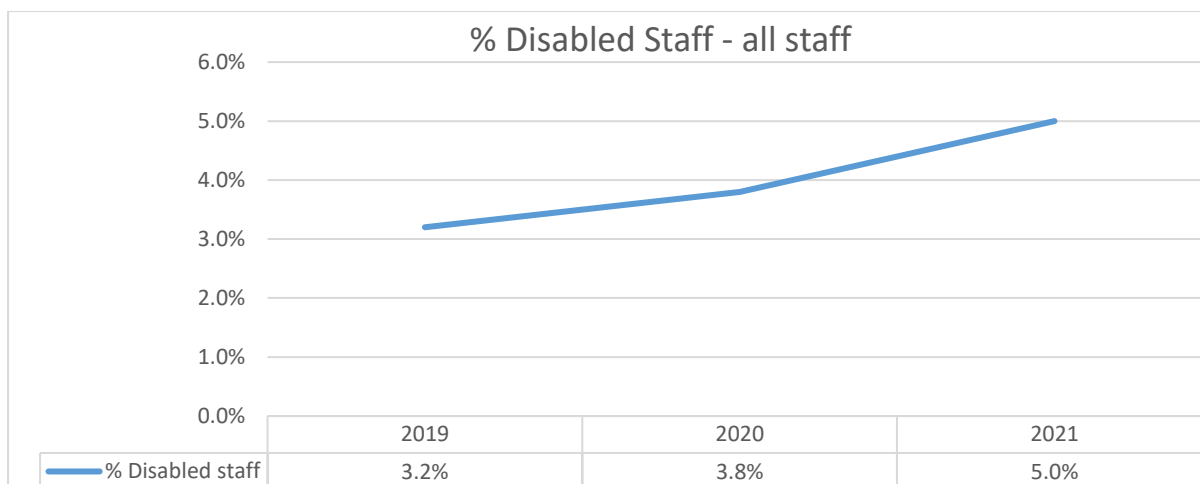
Totals

AfC Bands	Disabled	Not-disabled	Unknown	Headcount
Total Non-Clinical	5.4%	62.2%	32.3%	2095
Total Clinical	4.8%	65.0%	30.2%	4366
Total Medical/Dental	0%	100%	0%	5
Total Staff	5.0%	64.1%	30.9%	6466

Comparison with 2020

	Disabled %		Non-disabled %		Unknown %	
	2021	2020	2021	2020	2021	2020
Non-Clinical Staff						
Non-clinical B1-4	6.3%	5.6%	74.4%	64.7%	19.3%	29.7%
Non-clinical B5-7	5.2%	3.3%	51.9%	47.0%	42.9%	49.7%
Non-clinical B8A-8B	3.9%	4.2%	54.1%	45.8%	42.0%	50%
Non-clinical B8C-VSM	1.7%	0%	55.0%	43.4%	43.3%	56.6%
Non-clinical other	0%	0%	12.0%	15.4%	88.0%	84.6%
Total Non-Clinical	5.4%	4.1%	62.2%	53.3%	32.3%	42.6%
Change since 2020	+1.3%		+8.9%		-10.3%	
Clinical Staff						
Clinical B1-4	8.7%	6.8%	74.5%	61.5%	16.7%	31.7%
Clinical B5-7	4.6%	3.5%	64.5%	62.9%	30.9%	33.5%
Clinical B8A-8B	0%	0%	100%	66.7%	0%	33.3%
Clinical B8C-VSM	0%	0%	43.8%	16.7%	56.3%	83.3%
Clinical Other	0%	n/a	16.7%	n/a	83.3%	n/a
Total Clinical	4.8%	3.6%	65.0%	62.7%	30.2%	33.6%
Change since 2020	+1.2%		+2.3%		-3.4%	
Medical and Dental						
Total Medical & Dental	0%	0%	80.0%	66.7%	20.0%	33.3%
Change since 2020	0%		+13.3%		-13.3%	
Total Staff						
Total Staff	5.0%	3.8%	64.1%	59.9%	30.9%	36.3%
Change since 2020	+1.2%		+4.2%		-5.4%	

The data included in Metric 1 changed in 2020. During 2019, the first year of WDES only an overall percentage of Disabled staff was reported.



We can see an increase the number of colleagues reporting that they have a disability across almost all staff groups. Overall, the total percentage of staff who have a disability has increased from 3.8% in 2020 to 5% in 2021. This corresponds with a decreasing percentage of staff who have not shared their disability status on the ESR system.

The difference between the number of staff identifying as having a disability on ESR and in the annual Staff Survey continues to pose a challenge to the organisation. Our figure of 5% from ESR is significantly lower than the 18.9% of 2020 Staff Survey respondents who answered yes to the question: **do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?**

Invited to complete Staff Survey	6205
Completed Staff Survey	4427 (72% of those invited)
Answered this question	4272 (69% of those invited)

	Head count	Percentage
Do have a health condition	806	18.9%
Do not have a health condition	3466	81.1%
Total responses	4272	100%

This gap is replicated throughout the NHS. Research carried out by Middlesex University and the University of Bedford identified possible reasons for the different results.⁶ Firstly, ESR and the Staff Survey ask different questions. The information stored on ESR is based on the question **“Do you**

⁶https://pure.strath.ac.uk/ws/portalfiles/portal/104844805/Ryan_etal_2020_Research_on_the_Experience_of_Staff_With_Disabilities_Within_the_NHS_Workforce.pdf

consider yourself to have a disability?” that the staff member answers on their application form, and is supported by guidance on types of disabilities. Whereas the Staff Survey asks **“do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?”** Notably, the question doesn’t mention the word “disability”.

In addition, the Staff Survey is anonymous, where ESR data is not and staff could be unwilling to share their information. Finally, the Staff Survey can be answered annually, and respondents can change their response as their circumstances change. The ESR data however is generally a snapshot from when the staff member applied for their post, unless they make a conscious effort to update the information on the MyESR portal.

While the number of staff who have disclosed this information on ESR is increasing, additional work is needed to give more colleagues the confidence to share their disability status, as well as ensuring all staff are aware of how this can be done. This includes gaining a better understanding of what is preventing disclosure and how colleagues feel disclosure could influence their career prospects.

Comparison with other ambulance trusts

The following table compares the 2020 LAS data with the median figure for ambulance trusts in 2020 (the most recent available data).

Disabled %		
Non-Clinical Staff	LAS 2020	Ambulance Trusts Median 2020
Non-clinical B1-4	5.6%	4.7%
Non-clinical B5-7	3.3%	4.1%
Non-clinical B8A-8B	4.2%	3.7%
Non-clinical B8C-VSM	0%	0%
Clinical Staff	LAS 2020	Ambulance Trusts Median 2020
Clinical B1-4	6.8%	3.5%
Clinical B5-7	3.5%	3.4%
Clinical B8A-8B	0%	0%
Clinical B8C-VSM	0%	0%

Metric 2 - Relative likelihood of non-disabled staff compared to Disabled staff being appointed from shortlisting across all posts.

KEY FINDING: Disabled and non-disabled applicants are almost equally likely to be shortlisted, the relative likelihood is 1.06.

This refers to both internal and external posts. The Trust operates a guaranteed interview scheme for Disabled applicants who meet the minimum criteria for the post.

	Disabled applicants	Non-disabled applicants	Disability status Unknown
Number of shortlisted applicants	166	1913	54
Number appointed from shortlisting	47	575	22
Likelihood of being appointed from shortlisting	0.28	0.30	0.41
Relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts.			1.06

A figure below 1.00 indicates that disabled staff are more likely than non-disabled staff to be appointed from shortlisting.

The data shows a decrease in the relatively likelihood of applicants with disabilities being appointed to posts after shortlisting since last year. In 2020, 21% of shortlisted disabled applicants were appointed, compared to 18% of non-disabled applicants. In 2021, 28% of shortlisted disabled applicants and 30% of non-disabled shortlisted applicants were appointed. This means disabled applicants are now slightly less likely to be appointed.

	2019	2020	2021
Relative likelihood (LAS)	0.85	0.85	1.06

The median relative likelihood for ambulance trusts in 2020 was 1.04.

The Trust welcomes applications from people with disabilities. We are a member of the Department for Work and Pensions' Disability Confident scheme, holding 'Committed' status. We also offer a Guaranteed Interview scheme for disabled candidates who meet the minimum criteria for roles.

Metric 3 - Relative likelihood of disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

KEY FINDING: Disabled staff have an almost equal likelihood of entering into the capability process as non-disabled colleagues. This has improved from 1.5x more likely in 2020.

Due to the relatively small number of staff who are entered into this process, this metric is based on data from a two-year rolling average of the current year and the previous year (April 2019 – March 2020 and April 2020 – March 2021). It only applies to capability on the grounds of performance and not on the grounds of ill health.

	Disabled staff	Non-disabled staff	Unknown
Average number of staff entering the formal capability process over the last 2 years. (i.e. total divided by 2.)	3	39	0
Likelihood of staff entering the formal capability process	0.01	0.01	0.00
Relative likelihood of disabled staff entering the formal capability process compared to non-disabled staff			0.98

A figure above 1.00 indicates that disabled staff are more likely than non-disabled staff to enter the formal capability process.

The average number of Disabled and non-disabled staff who entered the formal capability process across 2019-20 and 2020-21 was much smaller than 2018-19 and 2019-20:

	Average for 2018-19 and 2019-20		Average for 2019-20 and 2020-21	
	Disabled	Non-disabled	Disabled	Non-disabled
Headcount	18	188	3	39

This year we can report a fall in the relative likelihood of disabled staff entering into the formal capability procedure, making the relative likelihood almost equal. Going forward, we need to understand the reasons for this, as it may be an anomaly due to the Covid-19 pandemic.

	2019	2020	2021
Relative likelihood (LAS)	1.56	1.51	0.98

NHSE does not recommend comparison across different trusts for this metric due to the small numbers involved. It should also be noted that this metric is calculated using the total numbers of staff listed as 'disabled' and 'non-disabled' on ESR, so will be affected by the lack of information for 31% of our workforce.

NHS Staff Survey indicators

Metrics 4-9 are taken from the 2020 NHS Staff Survey results, which took place in Autumn 2020.

The data is taken from the responses to survey questions, based on respondents' answer to the question: ***do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?***

Metric 4A - Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:

KEY FINDING: The 2020 Staff Survey shows that for both disabled and non-disabled colleagues, rates of staff receiving harassment, bullying and abuse from patients and the public increased, but decreased from managers and other colleagues.

Disabled colleagues are more likely to experience this unacceptable behaviour from all three sources, and the survey results show they are less likely to report it.

i. Patients/Service users, their relatives or other members of the public (Staff Survey question 13a)

	LAS 2020 Survey	LAS 2019 Survey	LAS 2018 Survey
Disabled staff	60.6%	58.1%	60.0%
Non-disabled staff	57.9%	56.1%	55.3%
Difference	2.7%	2.0%	4.7%

	2020 LAS	2020 Ambulance Service Average
Disabled staff	60.6%	47.5%
Non-disabled staff	57.9%	42.1%
Difference	2.7%	5.4%

	LAS 2020	Ambulance Trust Average 2020	NHS National Average 2020
All staff	53.4%	46.7%	26.7%

The numbers of disabled and non-disabled staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public has increased over the last year, including the difference between the two groups. These figures are significantly higher than the 2020 average for ambulance trusts (all staff 46.7%) and for the NHS national average (all staff 26.7%). While the difference from the national average may be expected due to the nature of our work, a 13.9% difference from the ambulance trust average is unacceptably high, with the LAS reporting the highest figure across ambulance trusts.

Our 2020 figure for disabled staff is also 13.1% higher than the ambulance trust average for Disabled staff, but there is a smaller gap in the experiences of disabled and non-disabled staff in the LAS than the ambulance trust average.

ii. Managers (Staff Survey question 13b)

	2020 Survey	2019 Survey	2018 Survey
Disabled staff	25.9%	28.6%	28.7%
Non-disabled staff	13.3%	15.5%	16.0%
Difference	12.6%	13.1%	12.7%

	2020 LAS	2020 Ambulance Service Average
Disabled staff	25.9%	22.1%
Non-disabled staff	13.3%	11.2%
Difference	12.6%	10.9%

	LAS 2020	Ambulance Trust Average 2020	NHS National Average 2020
All staff	15.6%	16.4%	12.4%

Any harassment, bullying or abuse of staff by managers is unacceptable and is not in line with our values and behaviours. The numbers of all staff who reported experiencing harassment, bullying or abuse from managers has decreased over the past two years, however there is still a significant difference (12.6%) between the experiences of Disabled and non-disabled staff. Again, the figures for Disabled staff are higher than those of the ambulance trust average for Disabled staff and non-disabled staff.

iii. Other colleagues (Staff Survey question 13c)

	2020 Survey	2019 Survey	2018 Survey
Disabled staff	22.8%	26.9%	27.9%
Non-disabled staff	14.7%	15.7%	15.5%
Difference	8.1%	11.2%	3.1%

	2020 LAS	2020 Ambulance Trusts Average
Disabled staff	22.8%	23.1%
Non-disabled staff	14.7%	14.7%
Difference	8.1%	8.4%

	LAS 2020	Ambulance Trusts Average 2020	NHS National Average 2020
All staff	16.7%	18.4%	18.7%

As with the previous two metrics, disabled staff are more likely to experience harassment, bullying or abuse from other colleagues than non-disabled staff. This is broadly in line with the average figures for ambulance trusts. Overall, LAS staff report experiencing this at a lower rate than the national and the ambulance trust averages.

Metric 4B - Percentage of disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it. (Staff Survey question 13d)

	2020 Survey	2019 Survey	2018 Survey
Disabled staff	32.5%	35.7%	31.4%
Non-disabled staff	36.2%	33.6%	28.3%
Difference	3.7%	2.1%	3.1%

	2020 LAS	2020 Ambulance Trust Average
Disabled staff	32.5%	46.2%
Non-disabled staff	36.2%	45.6%
Difference	3.7%	0.6%

	LAS 2020	Ambulance Trusts Average 2020	NHS National Average 2020
All staff	35.4%	44.0%	48.4%

This metric shows that all staff are less likely to report harassment, bullying or abuse at work than colleagues in other ambulance trusts and in the NHS nationally, with the LAS having the lowest score compared to other ambulance trusts. Staff in the LAS who have disabilities are less likely to report these incidents than their non-disabled colleagues, a figure which has decreased since the previous year.

There are many reasons why staff may not report these incidents from patients, for example it is sometimes seen as “part of the job”, a patient may become abusive due to a medical condition and for our call handlers in the Emergency Operations Centres and Integrated Urgent Care contact centres the frequency of abusive callers may dissuade staff from reporting incidents. Staff may be reluctant to report this behaviour from managers or other colleagues for fear of retaliation or that nothing will be done about the issue.

Over the last year we have introduced Violence Reduction Officers who work closely with the police and support our staff who want to take cases to court. We have are also trialling body worn video cameras and are installing CCTV into 300 of our ambulances in an effort to deter violence and antisocial behaviour, as well as providing evidence for investigations or prosecutions. Our Freedom to Speak Up (FTSU) Guardians and Advocates work to support staff who wish to raise a concern. Finally our new Wellbeing Hub, led by our Head of Health and Wellbeing works to improve the welfare of all staff and signpost available support which may include our peer LINK workers or counselling services.

Metric 5 - Percentage of disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion. (Staff Survey question 14)

KEY FINDING: Disabled staff are 14.6% less likely than non-disabled colleagues to believe the Trust provides equal opportunities for career progression.

	2020 Survey	2019 Survey	2018 Survey
Disabled staff	55.6%	56.5%	52.0%
Non-disabled staff	70.2%	73.2%	69.1%
Difference	14.6%	16.7%	17.1%

	2020 LAS	2020 Ambulance Trusts Average
Disabled staff	55.6%	66.5%
Non-disabled staff	70.2%	78.3%
Difference	14.6%	11.8%

	LAS 2020	Ambulance Trusts Average 2020	NHS National Average 2020
All staff	67.2%	83.6%	72.0%

The percentage of disabled staff who believe the Trust provides equal opportunities for career progression or promotion has decreased since 2019, as has the percentage of non-disabled staff. The rates for both groups are significantly lower than the average for ambulance trusts.

Over the last year the LAS has introduced a requirement for all internal secondments to be advertised internally and applied for through the Trac application management system, as well as a *requirement* for all recruitment panels to be diverse with regard to gender and ethnicity.

Metric 6 - Percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties. (Staff Survey question 11e)

KEY FINDING: While there has been a 5% improvement since 2019, Disabled staff are still 9.5% more likely than non-disabled colleagues to feel pressure from their manager to come to work despite not feeling well enough

	2020 Survey	2019 Survey	2018 Survey
Disabled staff	43.6%	48.5%	53.6%
Non-disabled staff	34.1%	40.1%	38.7%
Difference	9.5%	8.4%	14.9%

	2020 LAS	2020 Ambulance Service Average
Disabled staff	43.6%	38.3%
Non-disabled staff	34.1%	30.8%
Difference	9.5%	7.5%

	LAS 2020	Ambulance Trust Average 2020	NHS National Average 2020
All staff	35.1%	35.7%	25.5%

Fewer Disabled and non-disabled staff have reported feeling pressure from their manager to come to work despite not feeling well enough when compared with the previous year. The figure for the

KEY FINDING: Disabled staff are 14.6% less likely than non-disabled colleagues to believe the Trust provides equal opportunities for career progression.

LAS overall is in line with the overall ambulance trust average, however it is 9.6% higher than the NHS national average. It should be recognised that widespread remote working by staff in corporate functions may also have impacted this.

Metric 7 - Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work. (Staff Survey question 5f)

	2020 Survey	2019 Survey	2018 Survey
Disabled staff	23.5%	21.9%	20.6%
Non-disabled staff	33.3%	31.1%	32.4%
Difference	9.8%	9.2%	11.8%

	2020 LAS	2020 Ambulance Service Average

Disabled staff	23.5%	29.1%
Non-disabled staff	33.3%	37.9%
Difference	9.8%	8.8%

	LAS 2020	Ambulance Trust Average 2020	NHS National Average 2020
All staff	32.6%	33.9%	48.0%

KEY FINDING: The percentage of staff with disabilities who say their employer has made adequate adjustment(s) has increased by 9% since

The percentages of staff reporting feeling satisfied with the extent to which their organisation values their work has increased for both disabled and non-disabled staff, but the gap between the two groups has also increased. The figures for the LAS and ambulance trusts overall is significantly lower than the NHS national average.

Metric 8 - Percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work. (Staff Survey question 26b)

	2020 Survey	2019 Survey	2018 Survey
Disabled staff	60.3%	51.4%	48.9%

	2020 LAS	2020 Ambulance Service Average
Disabled staff	60.3%	68.5%

KEY FINDING: The staff engagement score is 0.6 lower for Disabled staff when compared to non-disabled staff and has remained so for three years.

	LAS 2020	Ambulance Trust Average 2020	NHS National Average 2020
All staff	60.3%	64.6%	76.5%

The percentage of disabled staff who say that their employer has made adequate adjustments to enable them to carry out their work has risen by 8.9%. However this is still lower than the average figures for the ambulance trusts and NHS national average.

Metric 9A - The staff engagement score for disabled staff, compared to non-disabled staff.

	2020 Survey	2019 Survey	2018 Survey
Disabled staff	5.6	5.6	5.6
Non-disabled staff	6.2	6.2	6.2
Difference	0.6	0.6	0.6

	LAS 2020	Ambulance Service Average 2020
Disabled staff	5.6	6.1
Non-disabled staff	6.2	6.4
Difference	0.6	0.3

	LAS 2020	Ambulance Trust Average 2020	NHS National Average 2020
All staff	6.1	6.3	7.0

This metric is a score between 0-10 calculated based on responses to the 9 questions that form the Staff Engagement theme within the Staff Survey (e.g. “I look forward to going to work”). The scores for disabled and non-disabled staff have held steady over the last three years, with Disabled staff having a lower score, and the gap between the two groups being double that of the ambulance service average.

Metric 9B - Has your Trust taken action to facilitate the voices of Disabled staff in your organisation to be heard?

Yes – The Trust supports our EnAbleD Staff Network group which is set to officially launch in November 2021. It will work to raise awareness, change the disability culture and improve the work experience of all staff with disability. The EnAbleD Staff Network core group was formed in September 2020 and it currently has 145 members. The Executive Sponsor for the network is our Chief Medical Officer and Deputy CEO.




London Ambulance Service
NHS Trust

EMPowering EQUALITY AND INCLUSION

Nurturing PARTNERSHIPS

Accommodating WORKPLACES

Building TRUST

Leading BY EXAMPLE

Engaging NOT DISABLING

Diversifying VALUE AND SUSTAINABLE CHANGE

LAS STAFF DISABILITY NETWORK





INNOVATIVE

OUR VISION AND KEY PRIORITIES

COLLABORATIVE

WORK with the Trust to raise the profile of disability equality and promote diversity and inclusiveness for all disabled staff through awareness, policies, procedures and standards.

RAISE awareness of the full range of visible and hidden disabilities including neurodiversity and the requirements for workplace accommodations and accessibility where appropriate.

CHALLENGE attitudes and combat discrimination towards disability and remove barriers to disabled staff and those with long-term health conditions and impairments.

ENSURE that the Trust makes the most of the talent disabled staff bring to the workforce so that they have opportunities like all other staff to fulfill their potential and be valued productive contributors.

CELEBRATE landmark successes, solidify partnerships and contribute towards Network, Trust and National activities and achievements.



- ▶ Not all disabilities are visible.
- ▶ Not all difficulties are disabilities.
- ▶ Not all environments are disability accessible.
- ▶ Not all staff recognise themselves as disabled.
- ▶ Not all disability tools provides inclusivity across all digital platforms.

LAS EnAbleD is here to support you.

Get involved, have your say and help us to make the London Ambulance Service Trust an open space of equality, diversity and inclusion.

 **londamb.enablednetwork@nhs.net**
 **LAS EnAbleD: Staff Disability Network**
 **@Purplespace**
 **@LASEnAbleD**

PROFESSIONAL

RESPECTFUL

Trust Board Indicator

Metric 10 - Percentage difference between the organisation's Board voting membership and its organisation's overall workforce.

KEY FINDING: No Trust Board members have a disability

By voting membership of the board:

	Disabled	Non-disabled	Unknown	Headcount
Voting Membership	0%	15.4%	84.6%	13
% difference from overall workforce	-5%	-49%	+54%	

By executive membership of the board:

	Disabled	Non-disabled	Unknown	Headcount
Executive Membership	0%	40%	60%	5
% difference from overall workforce	-5%	-24%	+29%	

Comparison with previous years

	LAS 2021	LAS 2020	LAS 2019
Disabled representation on Trust Board (%)	0%	0%	0%

Comparison with other Trusts

	Ambulance Trusts Median 2020	NHS National Median 2020
Board Representation (Disabled)	0%	0%

The representation of people with disabilities on our Trust Board remains at 0%. This metric has also highlighted the lack of disability information for 13 out of our 15 board members.

When advertising for board member vacancies we ensure recruiters take into account our diversity, equality and inclusion objectives.

Progress against our previous action plan

Our WDES action plan dates from 2019, as an annual report was not published last year. The two most impactful actions that have been taken are the appointment of an Associate Director of Culture, Diversity and Inclusion in January 2021, who is forming a team dedicated to creating an inclusive culture within our organisation; and the creation of the LAS EnAbleD Staff Network, which provides a forum for staff with disabilities to share experiences and concerns, as well as to work with leadership to make improvements to their working lives.

Objective 1: To validate how many staff in the organisation have a disability or long term condition

Data completion for all staff has increased from 59% in 2019 to 70% in 2021, however data completion for Trust Board members has fallen to 13%.

Objective 2: To communicate with all staff around the Workforce Disability Equality Standard

Work was done to inform staff about the WDES as part of a data validation exercise in 2019.

Objective 3: To ensure candidates with a disability or long term condition have a positive experience in the recruitment process

Our aim to become a Disability Confident Employer was not achieved. However the recruitment process was reviewed and the Disability Confident accreditation updated to replace the previously out of date “Two Ticks” indicators.

Objective 4: Media campaign to be launched to raise awareness of the mistreatment of our staff

The campaign was carried out in 2019.

Objective 5: Develop Guidance for managers to implement Disability Policy

We are currently working on a new Disability Policy which will include advice for managers on reasonable adjustments.

Objective 6: Launch a LAS Disabilities and long term conditions network

This will launch in November 2021 and the group currently has 145 members.

Objective 7: To ensure the capability process is fair and objective and in line with best practice

The Capability Policy is currently being reviewed.

Objective 8: Senior leadership on the WDES

The Trust Board lead for the WDES is: Damian McGuinness, Director of People and Culture.

Our Action Plan

Objective	Action	Action Owner
To validate how many staff in the organisation have a disability or long term condition	Perform a data validation exercise to increase the % of staff who share their disability information. Particularly targeting Bank colleagues.	Associate Director of Culture, Diversity and Inclusion Head of Workforce Analytics
	Data completion to be reviewed every 2 months. Data validation of all members of the Board and Executive Leadership Team.	Associate Director of Culture, Diversity and Inclusion Chair of Trust Board
Education campaign to increase awareness of disability in the LAS and the WDES	To inform staff about the WDES and the action plan and the data validation exercise	Associate Director of Culture, Diversity and Inclusion Head of Internal Communications
	To raise awareness amongst all staff about disabilities and long term conditions and the support available within the Trust. Work with EnAble Network to share experiences of staff with disabilities and their	Associate Director of Culture, Diversity and Inclusion Head of Internal Communications Co-chairs of EnAble Staff Network Head of Leadership, Education and Performance
Increase the rate at which staff report unacceptable behaviour	Campaign to highlight the importance of reporting incidents of bullying, harassment, abuse or discrimination – whether through managers; Datix; Freedom to Speak Up (FTSU); EnAble Staff Network or Staff Side representatives.	Associate Director of Culture, Diversity and Inclusion Head of Internal Communications Co-chairs of EnAble Staff Network

To ensure Candidates with a Disability or long term condition have a positive experience in the recruitment process	Full review of all internal and external recruitment policies and procedures which will include a plan to achieve Disability Confident status in the Department for Work and Pensions Disability Confident scheme (with support from the Business Disability Forum).	Head of Recruitment
To ensure the capability process is fair and objective and in line with best practice	Review of the Trust's Capability Policy	People and Culture Business Partner
Develop Guidance for Managers to implement	Creation of Disability Policy, including guidelines for managers on reasonable adjustments and supporting staff with a disability or long term condition.	Associate Director of Culture, Diversity and Inclusion
Support the work of the Enabled Staff Network Group	Allow protected time for core members to carry out Network activity	Associate Director of Culture, Diversity and Inclusion Co-chairs of the EnAbleD Staff Network