



London Ambulance Service
NHS Trust

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

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Introduction

The Workforce Race Equality Standard (WRES) is a framework for NHS organisations to report the workplace experience of staff from Black, Asian and Minority Ethnic (BAME) backgrounds, covering issues such as recruitment, bullying and harassment and representation at Trust Board level. It is a contractual requirement for all NHS organisations.

The WRES was introduced in 2015 after a series of reports identified disparities between BAME staff and White staff, such as low representation at senior levels and the ‘disciplinary gap’, which shows BAME colleagues were more likely to be entered into the formal disciplinary process. The metrics we report on cover workforce data, staff survey results and Trust Board representation.

It must be acknowledged that the term ‘Black, Asian and Minority Ethnic’ or ‘BAME’ is problematic, as it presents all ethnic minorities as part of one homogenous group and it disguises the nuances of different cultures and experiences, as well as levels of representation of different groups. It also creates a sense that White is the ‘norm’ with BAME as the ‘other’. We continue to use ‘BAME’ in the WRES as we are comparing the experiences of Black, Asian and Minority Ethnic staff with those of White staff, but the limitations of the term must be recognised, as well as the fact the data in this report relates to the lived experiences of individual members of our team.

Making improvements to the working lives of our colleagues from BAME backgrounds 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 the London Ambulance Service NHS Trust (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 WRES metrics for 2021 and provides an analysis of the results. It reports on progress made against our previous WRES actions, and details our new action plan going forward.

Race in London

It is important for public sector organisations such as the London Ambulance Service NHS Trust (LAS) to reflect the community they serve. London is the most diverse place in the UK, with 40.2% of the population coming from BAME backgrounds as per 2011 census data. A Greater London Authority report put this figure at 44% in 2019. While the proportion of LAS staff from BAME backgrounds has increased over the last few years, at 18.4% it is still much lower than the population of London.

A diverse workforce benefits the organisation and the people we serve. The ability to attract applicants across all communities in London increases the pool of talented people we can draw upon and that we can then utilise these different perspectives to inspire creativity and innovation. Furthermore, a report by NHS England found clear associations between staff experience and patient satisfaction, and pointed out “the extent to which an organisation values its minority staff is a good barometer of how well patients are likely to feel cared for”.²

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

² <https://www.england.nhs.uk/wp-content/uploads/2018/02/links-between-nhs-staff-experience-and-patient-satisfaction-1.pdf>

Black Lives Matter

The murder of George Floyd and the Black Lives Matter movement in 2020 sparked conversations across the Trust which highlighted issues experienced by BAME colleagues. Our CEO and Chair took a strong stance, writing to all staff to acknowledging the issues in the LAS and wider society and made a commitment to making the LAS an anti-racist organisation.

A Black Lives Matter action plan was created by the Trust in collaboration with our B-ME Staff Network to address these issues. As part of the action plan sessions were held with all managers to facilitate discussions around racism and all staff were invited to attend Allyship workshops to learn how to support colleagues and how to challenge inappropriate behaviour. The B-ME Staff Network also ran drop in sessions to provide a space for colleagues to talk about their experiences. We have also invested in our Equality, Diversity and Inclusion capacity within the Trust with the creation of our Culture, Diversity and Inclusion (CDI) team, led by our Associate Director of CDI.

An analysis was carried out of disciplinary cases over the 12 months up to July 2020 which found BAME staff were disproportionately represented in the disciplinary process. We have now introduced the Resolution Framework, which offers a timely, supportive and proactive approach for resolving workplace issues and is designed to secure constructive and lasting outcomes. It is part of our commitment to developing a just and learning culture, to building openness and transparency, to ensuring everyone is treated fairly and that we are doing the right thing by our people.

We have also embedded fair recruitment principles such as the use of the Trac application management system for all internal recruitment and secondments, and a requirement for diverse interview panels.

The Public Sector Equality Duty (PSED)

The Equality Act (2010), strengthened the duty on employers to eliminate discrimination and advance equality of opportunity for Black, Asian and Minority Ethnic 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.³

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

³ <https://www.equalityhumanrights.com/en/advice-and-guidance/public-sector-equality-duty>

WRES Indicators		2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Workforce indicators	<p>Indicator 1:</p> <p>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.</p>	BME: 11%	BME 12.7%	BME 13.5%	BME 15%	BME 16%	BME 18.5%
	<p>Indicator 2:</p> <p>Relative likelihood of staff being appointed from short listing across all posts. [A figure below "1" would indicate that white candidates are less likely than BME candidates to be appointed from shortlisting].</p>	No data	1.7 times more likely to be appointed if white than BME	1.8 times more likely to be appointed if white than BME	1.7 times more likely to be appointed if white than BME	2 times more likely to be appointed if white than BME	1.4 times more likely to be appointed if white than BME
	<p>Indicator 3:</p> <p>Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation. [A figure below "1" would indicate that BME staff members are less likely than white staff to enter the formal disciplinary process].</p>	No data	BME staff are twice as likely to enter the formal disciplinary process compared to white staff.	BME staff are twice as likely to enter the formal disciplinary process compared to white staff.	BME staff are 1.6 times as likely to enter the formal disciplinary process compared to white staff.	BME staff are 3.3 times as likely to enter the formal disciplinary process compared to white staff.	BME staff are 2.2 times as likely to enter the formal disciplinary process compared to white staff.
	<p>Indicator 4:</p> <p>Relative likelihood of staff accessing non-mandatory training and CPD. [A figure below "1" would indicate that white staff members are less likely to access non-mandatory training and CPD than BME staff.]</p>	No data	No data	No data	White staff 0.85 times more likely	White staff 0.73 times more likely	White staff 1.33 times more likely

WRES Indicators		2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	
National staff survey indicators	Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months. Difference:	White: 56% BME: 35% 21%	White:56% BME: 34% 22%	White: 57% BME:39% 18%	White: 58% BME:42% 16%	White: 59% BME:43% 16%	White: 60.1% BME:48.6% 11.5%	
	Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months. Difference:	White 38% BME 40% 2%	White: 32% BME: 32% 0%	White: 31% BME: 38% 7%	White: 28% BME: 32% 4%	White: 27.7% BME: 30% 2%	White: 24% BME: 31.7% 7.7%	
	Indicator 7: Percentage of staff believing that the Trust provides equal opportunities for career progression and promotion. Difference:	White: 63% BME: 42% 21%	White: 74% BME: 57% 17%	White: 62% BME: 47% 15%	White: 68% BME: 51% 17%	White: 72% BME: 56% 16%	White: 70.5% BME: 52% 18.5%	
	Indicator 8: Percentage of staff experiencing discrimination at work from staff in the last 12 months Difference:	White: 13% BME: 25% 12%	White: 9% BME: 18% 15%	White: 11% BME: 19% 8%	White: 10% BME: 17% 7%	White: 10% BME: 16% 6%	White: 9.6% BME: 19.3% 9.7%	
	Board representation indicator	Indicator 9: 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.	White: 100% BME: 0%	White: 100% BME: 0%	White: 100% BME: 0%	White: 93% BME: 7%	White: 71% BME: 29%	White: 69% BME: 31%

WRES Outcomes 2020-21

Workforce Indicators

Metric 1 - Percentage of staff in each of the Agenda for Change (AfC) Bands 1-9 or Medical and Dental subgroups and VSM (including executive Board members) compared with the percentage of staff in the overall workforce.

KEY FINDING: The percentage of colleagues from BAME backgrounds in our organisation has risen to 18.4%, an increase of 2% since last year.

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 when staff members update 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	BAME Staff	White Staff	Unknown	Headcount
Band 1	n/a	n/a	n/a	0
Band 2	68.0%	28.0%	4.0%	25
Band 3	47.4%	47.6%	5.0%	500
Band 4	36.8%	62.5%	0.7%	456
Band 5	34.3%	62.8%	2.9%	376
Band 6	27.5%	71.3%	1.2%	171
Band 7	17.6%	81.4%	1.0%	301
Band 8a	19.2%	78.2%	2.6%	78
Band 8b	13.6%	86.4%	0.0%	103
Band 8c	12.0%	88.0%	0.0%	25
Band 8d	12.5%	87.5%	0.0%	16
Band 9	16.7%	66.7%	16.7%	6
VSM	23.1%	69.2%	7.7%	13

Clinical Staff

AfC Bands	BAME Staff	White Staff	Unknown	Headcount
Band 1	n/a	n/a	n/a	0
Band 2	n/a	n/a	n/a	0
Band 3	33.3%	64.8%	1.9%	105
Band 4	14.7%	84.1%	1.2%	170
Band 5	12.5%	86.8%	0.6%	2010
Band 6	8.1%	90.5%	1.3%	1682
Band 7	8.8%	90.2%	1.1%	376
Band 8a	0.0%	100.0%	0.0%	1
Band 8b	n/a	n/a	n/a	0
Band 8c	0.0%	100.0%	0.0%	2
Band 8d	16.7%	83.3%	0.0%	6
Band 9	n/a	n/a	n/a	0
VSM	37.5%	62.5%	0.0%	8

Medical and Dental staff

	BAME Staff	White Staff	Unknown	Headcount
Consultants grades	n/a	n/a	n/a	0
Non-consultant career grades	20%	80%	0%	5
Trainee grades	n/a	n/a	n/a	0

Totals

	BAME Staff	White Staff	Unknown	Headcount
Total Non-Clinical	33.3%	64.3%	2.4%	2070
Total Clinical	11.1%	87.9%	1.0%	4360
Total Medical/Dental	20%	80%	0%	5
Total Non-AfC	41.9%	32.3%	25.8%	31
Total Staff	18.4%	80.1%	1.5%	6466

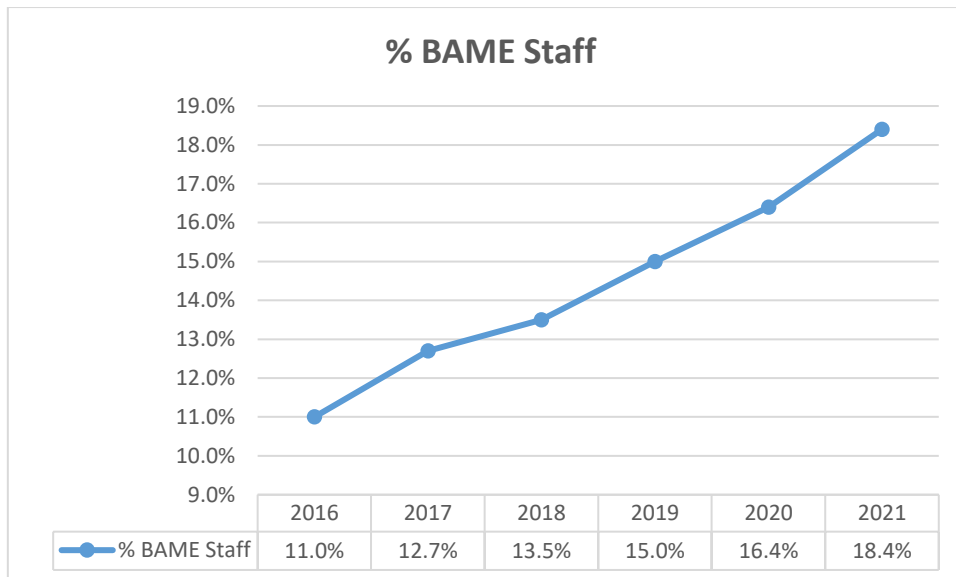
Headcount Total

	LAS Total	LAS Total %
BAME Staff	1189	18.4%
White Staff	5177	80.1%
Unknown	100	1.5%
Total	6466	100%

Comparison with 2020

	BAME Staff %		White Staff %		Unknown %	
Non-Clinical Staff	2021	2020	2021	2020	2021	2020
Non-clinical B1-4	43.0%	41.0%	54.0%	54.2%	3.0%	4.8%
Non-clinical B5-7	27.0%	24.9%	71.1%	73.4%	1.9%	1.7%
Non-clinical B8A-8B	16.0%	13.7%	82.9%	86.3%	1.1%	0.0%
Non-clinical B8C-VSM	15.0%	17.5%	81.7%	82.5%	3.3%	0.0%
Total Non-clinical	33.3%	30.3%	64.3%	67.0%	2.4%	2.8%
Change since 2020	+3.0%		-2.7%		-0.4%	
Clinical Staff						
Clinical Staff	2021	2020	2021	2020	2021	2020
Clinical B1-4	21.8%	32.9%	76.7%	65.8%	1.5%	1.2%
Clinical B5-7	10.4%	9.4%	88.7%	89.8%	1.0%	0.8%
Clinical B8A-8B	0.0%	0.0%	100%	100%	0.0%	0.0%
Clinical B8C-VSM	25.0%	30.8%	75.0%	69.2%	0.0%	0.0%
Total Clinical	11.1%	10.4%	87.9%	88.8%	1.0%	0.8%
Change since 2020	+0.7%		-0.9%		+0.2%	
Medical and Dental						
Medical and Dental	2021	2020	2021	2020	2021	2020
Total Medical & Dental	20.0%	20.0%	80.0%	80.0%	0.0%	0.0%
Change since 2020	0.0%		0.0%		0.0%	
Non AfC						
Non AfC	2021	2020	2021	2020	2021	2020
Total Non-AfC	41.9%	39.4%	32.3%	18.2%	25.8%	42.4%
Change since 2020	+2.5%		+14.1%		-16.6%	
Total Staff						
Total Staff	2021	2020	2021	2020	2021	2020
Total Staff	18.4%	16.4%	80.1%	82.1%	1.5%	1.6%
Change since 2020	+2.0%		-2.0%		-0.1%	

The graph below shows the percentage of BAME staff as a proportion of the total workforce has increased each year since reporting commenced in 2016. This increase is a result of our determination to make the LAS more representative of the community we serve.



Our figures show an overall increase of 3% in BAME representation in non-clinical roles and the 60 most senior non-clinical roles (8C-VSM) have seen a 2.5% decrease.

There has been a smaller increase (0.7%) in BAME representation in clinical roles. The introduction of the Assistant Ambulance Practitioner role has seen extra clinical staff in Bands 1-4, which correlates to an 11.1% decrease in BAME representation in these bands. Bands 5-7 have seen a 1% increase in BAME representation, rising to 1.6% in Band 7 alone, where the bulk of our clinical line managers sit. Representation in senior clinical roles has fallen to 25% of the 16 roles in Bands 8C-VSM.

Metric 2 - Relative likelihood of staff being appointed from shortlisting across all posts.

KEY FINDING: The relative likelihood had improved, but White staff are 1.44 more likely than BAME staff to be appointed from shortlisting.

	BAME applicants	White applicants	Ethnicity Unknown
Number of shortlisted applicants	590	1499	44
Number appointed from shortlisting	136	499	9
Relative likelihood of being appointed from shortlisting	23.0%	33.3%	20.5%
Relative likelihood of White staff being appointed from shortlisting compared to BAME staff.			1.44

A figure below 1.00 indicates that BAME staff are more likely than white staff to be appointed from shortlisting.

The data shows an increase in the relative likelihood of BAME applicants being appointed to posts after shortlisting since last year. In 2020, 11% of shortlisted BAME applicants were appointed, compared to 23% of White applicants. In 2021, 23% of shortlisted BAME applicants and 33% of White shortlisted applicants were appointed.

While shortlisted candidates from BAME backgrounds are still less likely to be appointed to posts than White applicants, the difference in likelihood has decreased, a welcome change, as last year White candidates were twice as likely to be appointed from shortlisting than BAME candidates and this has now reduced to 1.4 times as likely.

	2017	2018	2019	2020	2021
Relative likelihood (LAS)	1.7	1.8	1.7	2	1.4

Two interventions have been introduced which have impacted this improvement. Firstly, it is now mandatory for all internal secondments to be advertised through normal internal communications channels and for applications to be made through Trac, the application management system the Trust uses for external recruitment. We have also introduced a requirement for interview panels to be diverse, with regard to both gender and ethnicity. Our Associate Director of Culture, Diversity and Inclusion sits on interview or stakeholder panels for roles at Band 8D and above.

The following table compares our figure for this year with the 2020 average figures (the most recently available) for the ambulance sector and for NHS trusts in London.

	LAS 2020	Ambulance Trusts Average 2020	London NHS Trusts Average 2020
Relative likelihood	2.0	1.65	1.59

Metric 3 - Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation.

KEY FINDING: The relative likelihood has fallen by more than a third, but this means BAME colleagues are still more than twice as likely to enter the formal disciplinary process

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).

	BAME staff	White staff	Unknown
Average number of staff entering the formal disciplinary process over the last 2 years. (i.e. total divided by 2.)	38	74	4
Likelihood of staff entering the formal disciplinary process	3.2%	1.4%	4.0%
Relative likelihood of BAME staff entering the formal disciplinary process compared to White staff			2.2

A figure above 1.00 indicates that BAME staff are more likely than White staff to enter the formal disciplinary process.

	2017	2018	2019	2020	2021
Relative likelihood (LAS)	2.0	2.0	1.6	3.3	2.2

Although this relative likelihood has fallen since last year, BAME colleagues are still more than twice as likely to be entered into the formal disciplinary process as White colleagues.

	LAS 2020	Ambulance Trusts Average 2020	London NHS Trusts Average 2020
Relative likelihood	3.3	1.6	2.0

Black Lives Matter brought prompted conversations about racism throughout the Trust and caused all staff to reflect on their own biases. As part of our BLM action plan, all open disciplinary cases were reviewed by a panel to confirm the formal disciplinary process was appropriate for all cases. In addition, managers in our Emergency Operations Centre have undertaken training to give them the tools and confidence to deal with issues at an earlier stage.

Metric 4 – Relative likelihood of staff accessing non-mandatory training and Continuous Professional Development (CPD)

KEY FINDING: The relative likelihood has increased, meaning staff from BAME backgrounds are now less likely to access this training than they were in 2020.

	BAME staff	White staff	Unknown
Number of staff accessing non-mandatory training and CPD	92	532	5
Likelihood of staff accessing non-mandatory training and CPD	7.7%	10.3%	5.0%
Relative likelihood of White accessing non-mandatory training and CPD compared to BAME staff			1.3

A figure below 1.0 would indicate that White staff are less likely to access non-mandatory training and CPD than BME staff.

	2019	2020	2021
Relative likelihood (LAS)	0.8	0.7	1.3

	LAS 2020	Ambulance Trusts Average 2020	London NHS Trusts Average 2020
Relative likelihood	0.7	1.0	1.0

Last year BAME staff were less likely to access non-mandatory training and CPD when compared to White staff, after being more likely for the previous two years. This may be as a result of the Covid pandemic as many courses were cancelled or moved to online only. Additionally, staff may be attending courses externally and not facilitated by the LAS which will not be included in these figures if not reported to our Leadership, Education and Performance team.

There is evidence that BAME colleagues are more likely to take on more non-mandatory courses than White counterparts in order to “over-qualify” themselves for positions to achieve career progression.⁴ The higher rates of non-mandatory training for BAME staff in 2019 and 2020 have not translated into representative numbers of BAME staff at higher bandings.

⁴ <https://www.jrf.org.uk/report/effect-occupation-poverty-among-ethnic-minority-groups>; <https://www.bcs.org/articles-opinion-and-research/bame-it-workers-better-qualified-but-less-likely-to-be-in-top-jobs>

NHS Staff Survey Indicators

Metrics 5-8 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: **what is your ethnic background?** While overall the Trust achieved a high response rate of 72%, a lower proportion of BAME colleagues completed the Staff Survey. This is evidenced by the responses to this question, as only 595 respondents gave their ethnicity as non-white, compared to the 1100 recorded as BAME on the ESR system in August 2020 (54%).

Metric 5 - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months (Staff Survey question 13a)

KEY FINDING: Both White and BAME colleagues experienced harassment, bullying or abuse at a higher rate than reported in the 2019 survey, with BAME respondents having a higher increase

	2020 Survey	2019 Survey	2018 Survey	2017 Survey
BAME staff	48.6%	43.4%	42.5%	38.9%
White staff	60.1%	58.6%	58.1%	56.6%
Difference	11.5%	15.2%	15.6%	17.7%

	2020 LAS	2020 Ambulance Sector Average	2020 NHS National Average
BAME staff	48.6%	44.3%	28.9%
White staff	60.1%	43.5%	25.9%
Difference	11.5%	0.8%	3.0%

	LAS 2020	Ambulance Trust Average 2020	NHS National Average 2020
All staff	53.4%	45.8%	26.7%

BAME colleagues were 11.5% less likely to report experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months than White staff in the 2020 Staff Survey. However, the proportion of staff who have reported experiencing this behaviour has increased for both groups of staff over the past four years, with a larger increase amongst BAME colleagues. However, only 9.8% of those in patient-facing, frontline roles were from BAME backgrounds in August 2020.

The 2020 figure for all staff was 7.6% higher than the average for ambulance services and double the NHS national average rate. While the difference from the national average may be expected due to the nature of our work, these rates are unacceptably high, with the LAS reporting the highest figure across ambulance trusts.

To tackle this the LAS has introduced Violence Reduction Officers to support colleagues who have experienced abuse or violence from the public, including support when these cases are taken to court. We are also rolling out body-worn cameras and CCTV on board ambulances to deter this behaviour and to provide evidence for prosecutions.

Metric 6 - Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months (Staff Survey questions 13b&c – managers and other colleagues).

KEY FINDING: IN 2020, BAME respondents reported bullying or abuse from managers and colleagues at a higher rate than the previous year. The difference between White and BAME staff experiencing this has more than tripled.

	2020 Survey	2019 Survey	2018 Survey	2017 Survey
BAME staff	31.7%	30.0%	31.6%	37.7%
White staff	24.0%	27.7%	27.9%	31.2%
Difference	7.7%	2.3%	3.7%	6.5%

	2020 LAS	2020 Ambulance Sector Average	2020 NHS National Average
BAME staff	31.7%	31.1%	28.8%
White staff	24.0%	24.1%	23.2%
Difference	7.7%	7.0%	5.6%

This metric combines the responses to two Staff Survey questions regarding the experience of harassment, bullying or abuse from managers, and from other colleagues. BAME colleagues reported this 2020 at a rate 1.7% higher than the previous year, while 3.7% fewer White staff reported experiencing this than in 2019. These figures are largely in line with the ambulance sector average, however BAME colleagues reported this at a rate 2.9% higher than BAME staff nationally.

The Staff Survey also tells us the proportion of BAME staff who reported their last experience of harassment, bullying or abuse at work (from any source) rose from 30.5% in 2019 to 35.3% in 2020. This figure is still too low, but is now in line with the figure for White staff 35.5%.

Metric 7 - Percentage of staff believing that the Trust provides equal opportunities for career progression and promotion (Staff Survey question 14).

KEY FINDING: Belief that the Trust provides equal opportunities for career progression fell across the board in the 2020 survey

	2020 Survey	2019 Survey	2018 Survey	2017 Survey
BAME staff	52.0%	55.9%	51.2%	47.1%
White staff	70.5%	72.4%	68.2%	61.8%
Difference	18.5%	16.5%	17.0%	14.7%

	2020 LAS	2020 Ambulance Sector Average	2020 NHS National Average
BAME staff	52.0%	62.8%	69.2%
White staff	70.5%	77.3%	87.3%
Difference	18.5%	14.5%	18.1%

	LAS 2020	Ambulance Sector Average 2020	NHS National Average 2020
All staff	67.2%	74.4%	83.6%

This metric shows the percentage of staff believing the LAS provides equal opportunities for career progression and promotion has decreased for both staff groups when compared with 2019.

This metric shows an 18.5% difference BAME and White colleagues, and this difference is in line with the national average, however both BAME and White staff in the LAS are approximately 17% less likely to believe this than BAME and White staff nationally.

Metric 8 - Percentage of staff experiencing discrimination at work from a manager/team leader or other colleagues in last 12 months (Staff Survey question 15b).

KEY FINDING: Respondents from BAME backgrounds experienced discrimination from managers or colleagues at a rate 3.3% higher than 2019

	2020 Survey	2019 Survey	2018 Survey	2017 Survey
BAME staff	19.3%	16.0%	17.4%	19.1%
White staff	9.6%	10.1%	9.5%	10.9%
Difference	9.7%	5.9%	7.9%	8.2%

	2020 LAS	2020 Ambulance Sector Average	2020 NHS National Average
BAME staff	19.3%	16.7%	16.7%
White staff	9.6%	8.6%	6.2%
Difference	9.7%	8.1%	10.5%

	LAS 2020	Ambulance Sector Average 2020	NHS National Average 2020
All staff	11.3%	9.5%	8.4%

The 2020 Staff Survey shows the percentage of BAME staff who have experienced discrimination at work from a manager or colleague has increased by 3.3% compared with 2019, while the figure for White staff has fallen by 0.5%. BAME colleagues report experiencing this as more than double the rate of White colleagues.

Following the murder of George Floyd, our Chair and CEO made it clear that racism is not acceptable in the LAS and made a commitment for us to become an anti-racist organisation. The conversations that were held in the wake of the BLM movement highlighted the impact that dealing with racism and micro-aggressions have on our colleagues, reinforcing the need for White colleagues to be allies. Workshops were held for all managers to help them to discuss racism within their teams and give them the tools to deal with it. Our new Resolution Framework and team of peer Resolution Advocates are dedicated to bringing people together to resolve issues at an early stage, before they can escalate.

Staff experiencing bullying, harassment or discrimination who do not feel comfortable approaching their managers are encouraged to contact our Freedom to Speak Up team or their union representative for support.

Trust Board Indicator

Metric 9 - Percentage difference between the organisation's Board voting membership and its organisation's overall workforce.

KEY FINDING: The proportion of voting members of the Board from BAME backgrounds increased by 7.7%

Only voting members of the Board are included in this metric.

	BAME members	White members	Unknown	Headcount
Voting Membership	30.8%	61.5%	6.7%	13
Overall Workforce	18.4%	80.1%	1.5%	6466
% Difference from Overall Workforce	+12.4%	-18.6%	+5.2%	-

Comparison with previous years

	2021	2020	2019	2018
BAME representation on LAS Trust Board (voting members) (%)	30.8%	23.1%	7.0%	0%

Comparison with other Trusts

	Ambulance Sector Average 2020	London Trusts Average	NHS National Average 2020
BAME Trust Board Representation (Voting members)	10.4%	18.9%	9.9%

Representation of people from BAME backgrounds with voting membership on our Trust Board has risen this year to 30.8%, a 7.7% increase on last year. This figure which is 12.4% higher than BAME representation across the overall workforce.

BAME representation on our Trust Board for voting members is higher than the average for ambulance services, London NHS Trusts and the NHS nationally.

Previous Action Plan – Completed Actions

Recruitment and Development

- Targeted Recruitment and Selection training to BAME colleagues to give a wider pool of interviewers to ensure diverse panels.
- Mentoring programme for BAME staff.
- All internal vacancies and secondments are now advertised through the weekly Routine Information Bulletin and all applications must be made through the Trac application management system to ensure a fair process.

Workplace Experience

- Work was done to create a check and challenge process to reduce disparity between BAME and White colleagues going through the disciplinary process.
- Introduction of the Resolution Framework, which aims to resolve these issues at an earlier stage.
- Raised the profile of the B-ME network.
- Regular meetings with CDI team and Freedom to Speak Up Guardian and flag themes to the Director of People and Culture.

Senior Trust Leadership (Band 8C and above)

- Ensure a diverse selection panel for all executive appointments BAME/Gender.
- CEO Commitment to delivery of the WRES Action Plan via annual objectives.

While not all WRES actions were completed this year, this is in the context of the challenge the Trust faced in responding to the Coronavirus pandemic.

Objective	Action	Action Owner
To increase the LAS BAME workforce to 20% by April 2022	Full review of all internal and external recruitment policies and procedures which will include improvements in reporting and improved utilisation of BAME colleagues who have completed Recruitment and Selection training and have volunteered to sit on recruitment panels.	Head of Recruitment
	Evaluate the second cohort of the B-MEntored programme and depending on the outcome, run a third cohort in 2022.	Head of Learning & Organisational Development
To decrease the percentage of BME staff going through the disciplinary process	Review of implantation of Resolution Framework after 6 months.	Head of Employee Relations
	Demographic data of those involved in cases to be reported by the Resolution Hub on a quarterly basis.	Head of Employee Relations
Promote the B-ME Staff Network	B-ME Network to develop a work plan for 2021-22 – to align to the WRES	B-ME Network co-chairs
	As Executive Sponsor, CEO to regularly meet with Network co-chairs and attend network events.	Chief Executive Officer
	CDI team to offer administrative support for the B-ME network, including assistance with the Pulse page.	B-ME Network co-chairs Associate Director of Culture, Diversity and Inclusion
Provide effective EDI training for all staff	Review of the Trust's mandatory EDI e-Learning package to ensure it is fit for purpose.	Head of Learning & Organisational Development Associate Director of Culture, Diversity and Inclusion

Reduce levels of abuse, harassment, bullying and discrimination experienced by BAME colleagues	Launch anti-racism campaign through internal communication channels.	Head of Internal Communications Associate Director of Culture, Diversity and Inclusion
	Resolution Advocates to be encouraged to attend Active Bystander training course.	Associate Director of Culture, Diversity and Inclusion
To influence leadership behaviours to drive a change in culture and move towards an inclusive way of working across the Trust.	External provider to deliver Cultural Transformation programme to all staff	Assistant Director of Strategic Organisational Development and Talent Management
	Review of Staff in Band 8C and above positions to have specific objectives in PDR relating to race equality and contribution to the WRES.	Associate Director of Culture, Diversity and Inclusion Head of Learning & Organisational Development
	Renewed CEO commitment to delivery of the WRES Action Plan via annual objectives	Chief Executive Officer