



# East Midlands Ambulance Service Workforce Disability Equality Standard Report 2019/2020



## **Workforce Disability Equality Standard (WDES) 2019/2020**

### **Name of organisation**

East Midlands Ambulance Service NHS Trust

### **Date of report (Month/Year)**

August 2020

### **Name, job title and email address of the lead compiling this report:**

**Name:** Neelesh Sutaria  
**Job Title:** Head of Wellbeing and Inclusion  
**Email:** Neelesh.Sutaria@emas.nhs.uk

### **Name of the clinical commissioning group (CCG) that the trust's 2020 WDES annual report (metrics data and action plan) will be sent to:**

Derby & Derbyshire CCG

### **Unique URL link or existing web page on which the trust's 2020 WDES annual report (metrics data and action plan) will be published:**

[www.emas.nhs.uk/about-us/equality-and-diversity/](http://www.emas.nhs.uk/about-us/equality-and-diversity/)

### **Date of board meeting at which the trust's 2020 WDES annual report (metrics data and action plan) were, or will be, ratified:**

4 August 2020

### **Name and title of Board lead for the Workforce Disability Equality Standard**

Kerry Gulliver, Director Human Resources and Organisational Development

### **Does your organisation participate in any programmes or initiatives that are focused on disability equality and inclusion?**

EMAS provide the following:

- Trust wide induction programme
- Equality Everyday training for new and existing staff



- Professional Behaviours in the Workplace training

**Total number of staff employed within this organisation on 31 March 2020:**

4209 Headcount

Overall percentage of staff in the following groups:

% Disabled staff –	2.7%
% Non-disabled staff –	27.6%
% Unknown/Null –	39.9%
% Other –	29.7%
% Prefer not to say –	0.1%

**Did your organisation undertake the NHS Staff Survey in the past year?**

A full Staff Survey was undertaken by EMAS.

**Give the total number and % of responses to the NHS Staff Survey in your organisation: e.g. survey sent to 1000 staff – 400 (40%) returned.**

3600 Staff Surveys were sent out  
1872 (52%) Staff Surveys were returned

**Give the total number and % of Disabled staff responses to the NHS Staff Survey in your organisation: e.g. 80 Disabled staff responded – 20% of survey respondents.**

434 – 23.18% %

**Do your staff have access to the ESR self-reporting portal?**

Yes

**Metric 1 – Workforce representation. Percentage of staff in each AfC Pay Band compared with the percentage of staff in the overall workforce**



### Non-Clinical staff by Pay Band

	Disabled		Non-Disabled		Unknown/Null		Overall Staff
	Total	%	Total	%	Total	%	Total
	Verified data	Verified data	Verified data	Verified data	Verified data	Verified data	Verified data
<b>1a) Non-Clinical Staff</b>							
Bands 1	0	0	0	0	0	0	0
Bands 2	10	2.7	124	33.0	242	64.4	376
Bands 3	10	4.3	80	34.0	145	61.7	235
Bands 4	5	3.3	27	17.8	120	78.9	152
Bands 5	7	4.0	34	19.4	134	76.6	175
Bands 6	3	5.0	15	25.0	42	70.0	60
Bands 7	1	2.5	10	25.0	29	72.5	40
Bands 8a	2	6.3	6	18.8	24	75.0	32
Bands 8b	0	0.0	1	5.9	16	94.1	17
Bands 8c	0	0.0	5	31.3	11	68.8	16
Bands 8d	0	0.0	1	12.5	7	87.5	8
Bands 9	0	0.0	0	0.0	1	100.0	1
VSM	0	0.0	13	86.7	2	13.3	15
Other	2	22.2	5	55.6	2	22.2	9

### Non-Clinical staff broken down into AfC Pay Band 'Clusters'

Non-Clinical Staff (Clusters)	Disabled		Non-Disabled		Unknown		Overall Staff
	Total	%	Total	%	Total	%	Total
Bands 1 - 4	25	3.3	231	30.3	507	66.4	763
Band 5 - 7	11	4.0	59	21.5	205	74.5	275
Bands 8a - 8b	2	4.1	7	14.3	40	81.6	49
Bands 8c - 9 & VSM	0	0.0	19	47.5	21	52.5	40



### Clinical Staff by Pay Band

	Disabled		Non-Disabled		Unknown/Null		Overall Staff
	Total	%	Total	%	Total	%	Total
	Verified data	Verified data	Verified data	Verified data	Verified data	Verified data	Verified data
<b>1b) Clinical Staff</b>							
Bands 1	0	0.0	0	0.0	0	0.0	0
Bands 2	0	0.0	0	0.0	0	0.0	0
Bands 3	9	2.3	90	22.6	300	75.1	399
Bands 4	29	2.3	368	29.7	842	68.0	1239
Bands 5	7	2.9	92	37.7	145	59.4	244
Bands 6	21	1.9	236	21.3	852	76.8	1109
Bands 7	1	2.4	11	26.8	29	70.8	41
Bands 8a	0	0.0	5	22.7	17	77.3	22
Bands 8b	0	0.0	1	16.7	5	83.3	6
Bands 8c	0	0.0	0	0.0	1	100.0	1
Bands 8d	0	0.0	0	0.0	1	100.0	1
Bands 9	0	0.0	0	0.0	0	0.0	0
VSM	0	0.0	0	0.0	0	0.0	0
Medical & Dental Staff, Consultants	0	0.0	7	63.6	4	36.4	11
Medical & Dental Staff, Non-Consultants career grade	0	0.0	0	0.0	0	0.0	0

### Clinical staff broken down into AfC Pay Band 'Clusters'

Clinical Staff (Clusters)	Disabled		Non-Disabled		Unknown		Overall Staff
	Total	%	Total	%	Total	%	Total
Bands 1 - 4	38	2.3	458	28.0	1142	69.7	1638
Band 5 - 7	29	2.1	339	24.3	1026	73.6	1394
Bands 8a - 8b	0	0.0	6	21.4	22	78.6	28
Bands 8c - 9 & VSM	0	0.0	0	0.0	2	100.0	2
Medical & Dental Staff, Consultants	0	0.0	7	63.6	4	36.4	11
Medical & Dental Staff, Non-Consultants career grade	0	0.0	0	0.0	0	0.0	0



**Please describe any challenges that your organisation has experienced in reporting data for this Metric:**

Splitting the workforce into clinical and non-clinical roles requires manual checking of individual roles as not all staff align to either one or the other category. This was reported in 2019

**Have any steps been taken in the last 12 months within your organisation to improve the declaration rate for disability status on ESR?**

We have published articles in Enews, our internal online weekly newsletter for colleagues and volunteers, encouraging staff to update their personal Electronic Staff Records.

Our Equality and Diversity Manager conducted a series of meetings with divisional managers to explain the rationale for increasing the rate of disability disclosure.

**Please share any examples of interventions that have increased declaration rates at your organisation:**

The combined approach as outlined above has seen an improvement of the rate of disclosure from not declared to definite Yes/No declarations increase by 65% from the year before, although this is still an area for further improvement.

**Metric 2 – Shortlisting**

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

Reporting year (2019-2020) Taken from TRAC

	Disabled	Non-Disabled
Number of shortlisted applicants	53	555
Number appointed from shortlisting	3	105

Likelihood of non-disabled staff being appointed over disabled staff: 3.35

This shows that non-Disabled staff are more likely to be appointed from shortlisting



**Previous reporting year (2018-2019)**

	<b>Disabled</b>	<b>Non-Disabled</b>
Number of shortlisted applicants	238	3302
Number appointed from shortlisting	3	41

Likelihood of non-disabled staff being appointed over disabled staff: 0.99

This figure shows that disabled staff are almost equally likely to be appointed from shortlisting over non-disabled staff.

**Please describe any challenges that your organisation has experienced in reporting data for this Metric:**

- Applicants are required to complete the equality monitoring questions at the application stage for a role. Each question has the option of "I do not wish to disclose". The recruitment tool is a nationally available tool that EMAS has no local influence over in terms of questions.
- \*The 19/20 recruitment cycle started in 18/19 where the majority of the applicants were appointed to fulfill recruitment requirements for 19/20.
- A new recruitment system, TRAC, was introduced during 19/20 meaning that data is more automated and not manually extracted as was the case for the previous reporting period.
- Not all shortlisted applicants attend interview (information that is not always reported) which impacts upon the data. Through the implementation of TRAC we can see that the data for 20/21 is as follows:
- Of 553 shortlisted Non-Disabled candidates, 325 actually attended interview, of 53 shortlisted Disabled candidates, 23 attended.

**Has your organisation signed up to the Disability Confident Scheme?**

East Midlands Ambulance Service have signed up to the Disability Confident Scheme and we currently hold a Level 2 accreditation.

**Does your organisation use a Guaranteed Interview Scheme?**

East Midlands Ambulance Service NHS Trust do use a Guaranteed Interview Scheme for disabled applicants. The GIS allows anyone with a disclosed disability at the application stage to be considered for a guaranteed invitation to interview. You will be guaranteed an interview if you are able to evidence a disability and meet the essential eligibility requirements.



### Metric 3 – Capability

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

#### Reporting year (2019-2020)

	Disabled	Non-Disabled
Number of staff in workforce with declared disabled or non-disabled status	110	1200
Number of staff entering the formal capability process	1	14

Likelihood of disabled staff entering the formal capability process over non-disabled staff: 0.76

This indicates that non-disabled staff are more likely to enter this process over disabled staff members.

#### Previous reporting year (2018-2019)

	Disabled	Non-Disabled
Number of staff in workforce with declared disabled or non-disabled status	99	690
Number of staff entering the formal capability process	0	14

Likelihood of disabled staff entering the formal capability process over non-disabled staff: 0

The relative likelihood is 0 as no disabled staff members have entered the formal capability process. This indicates that non-disabled staff are more likely to enter this process over disabled staff members.

#### Did your organisation submit data for Metric 3 this year?

We have submitted data for Metric 3 this reporting year. The low rates of disclosure could have an impact on the overall result for this indicator. However,





we can see that the declaration rate has improved since the last reporting period.

**Is capability on the grounds of ill health and capability on the grounds of performance managed by different policies in your organisation?**

Capability on the grounds of ill health and performance are managed by separate policies. These are:

- Ill Health – Attendance and Wellbeing Policy and Procedure
- Capability – Capability Policy

**Metric 4 – Harassment, bullying and abuse**

**Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from service users, members of the public, managers or other colleagues**

**Reporting year (2019/2020)**

Percentage of staff experiencing harassment, bullying or abuse from:	Disabled		Non-Disabled	
	Number of respondents	%	Number of respondents	%
Patients/service users and other members of the public	432	52.5	1367	40.7
Managers	430	25.8	1366	14
Other colleagues	432	22.5	1365	15.4

**Previous reporting year (2018/2019)**

Percentage of staff experiencing harassment, bullying or abuse from:	Disabled		Non-Disabled	
	Number of respondents	%	Number of respondents	%
Patients/service users and other members of the public	404	53.5	1363	42.2
Managers	401	28.4	1358	13.8
Other colleagues	404	24.8	1358	14.6



**Please summarise any actions taken in the last 12 months to reduce harassment, bullying and abuse in relation to Disabled staff:**

The Trust has provided 'Professional Behaviours in the Workplace' training to managers throughout the Trust, which includes a focus on harassment, bullying and abuse. 'Equality Everyday' training for new and existing staff, to both clinical and non-clinical roles. Equality Everyday is delivered to new clinical staff members as part of their initial education and all roles are required to undertake statutory and mandatory online learning courses that includes a section on what constitutes bullying and harassment in the workplace. All training and updates provided are general principles and not currently aimed at specific protected characteristics.

The Trust launched a 5-day leadership programme for first line managers in 2019/2020 focussed on compassionate and supportive leadership.

**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**

**Reporting year (2019-2020)**

Disabled staff members:	44.5%
Non-disabled staff members:	42.7%

**Previous reporting year (2018-2019)**

Disabled staff members:	40.9%
Non-disabled staff members:	43.1%

**Has your organisation compared Staff Survey results against other datasets that may be held, e.g. bullying and harassment advisors, Freedom to Speak Up guardians, grievances etc.**

We utilise the results from other sources such as:

- Cultural Audit
- Freedom to Speak Up Data

**Metric 5 – Career promotion and progression**



## **Percentage of disabled staff compared to non-disabled staff believing that the Trust provides equal opportunities for career progression or promotion**

### **Reporting year (2019-2020)**

Disabled staff members: 70.5%  
Non-Disabled staff members: 80.7%

### **Previous reporting year (2018-2019)**

Disabled staff members: 63.6%  
Non-Disabled staff members: 77.8%

## **Does your organisation provide any targeted career development opportunities for Disabled staff?**

There are currently no targeted career development opportunities for our disabled workforce, however, equality of opportunity is recognised, understood and implemented via internal and external recruitment processes. We utilise our disability personalized record and use of the Access to Work Scheme to assist individuals to remain and return to work in their roles and progress.

## **Metric 6 – Presenteeism**

## **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**

### **Reporting year (2019-2020)**

Disabled staff members: 42%  
Non-disabled staff members: 33.6%

### **Previous reporting year (2018-2019)**

Disabled staff members: 48.3%  
Non-disabled staff members: 35.3%



The figures show that a higher percentage of disabled staff have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties, compared to non-disabled staff, however this has improved since the last reporting period.

The Trust's 5-day leadership programme focuses on supportive and compassionate leadership.

**Does your organisation provide any targeted actions to reduce presenteeism i.e. feeling pressured to come to work when not feeling well?**

Staff health and wellbeing support and interventions include:

- Occupational Health assessments
- Employee assistance programme
- Specialist therapies
- Staff support programme
- Alternative duties
- Disability passport
- Flexible working arrangements
- Reasonable adjustments
- Access to Work interventions

## **Metric 7 – Staff satisfaction**

**Percentage of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work**

### **Reporting year (2019-2020)**

Disabled staff members: 26.8%  
Non-disabled staff members: 39.3%

### **Previous reporting year (2018-2019)**

Disabled staff members: 25%  
Non-disabled staff members: 35.5%



A higher percentage of non-disabled staff members are satisfied with the extent to which the organisation values their work, compared to disabled staff members.

**Does your organisation provide any targeted actions to increase the workplace satisfaction of Disabled staff?**

The Trust has introduced the following initiatives:

- Disability guidance for managers
- Disability Personalised Record
- Critical, Life Threatening or Terminal Illness – Managers Guidance based on the Trade Union Congress (TUC) “Dying To Work Charter”
- Partnership working through subscription to Disability Business Forum providing external expert advice and guidance on policies, procedures and practices.

**Metric 8 – Reasonable adjustments**

**Percentage of disabled staff saying that their employer has made adequate adjustment (s) to enable them to carry out their work**

**Reporting year (2019-2020)**

Disabled respondents: 58.9%

**Previous reporting year (2018-2019)**

Disabled respondents: 57.2%

**Does your organisation have a reasonable adjustment policy?**

The Reasonable Adjustment guide is embedded within our Equal Opportunity Policy.

**Are costs for reasonable adjustments met through centralised or local budgets?**

Costs for reasonable adjustments are met through localised budgets.



**Has your organisation taken actions to improve the reasonable adjustments process?**

We provide guidance to managers throughout the Trust, continuously review our policies and procedures and provide various training courses that highlight our Reasonable Adjustments guide. The implementation of our Disability Personalised Record initiative also provides guidance for managers and details of what reasonable adjustments specific staff members require.

**Metric 9 – Disabled staff engagement**

**The staff engagement score for disabled staff, compared to non-disabled staff and the overall engagement score for the organisation**

	2018/2019	2019/2020
Disabled staff members:	5.8	5.9
Non-disabled staff members:	6.4	6.5
Organisation score:	6.2	

**Has your Trust taken action to facilitate the voices of disabled staff in your organisation to be heard?**

We identified development of a staff network as a priority in 2019/20

**Does your organisation have a Disabled Staff Network (or similar)?**

We are currently in the process of forming a Disability Staff Network and we are aiming to develop this in 2020/21.

**Metric 10 – Board representation**

**Percentage difference between the organisation’s Board voting membership and its overall workforce**

	Disabled	Non-Disabled	Unknown
Total Board members	0	13	0
Voting Board members	0	10	0
Non-voting Board members	0	3	0



Number of staff overall	0	13	0
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**Please describe any challenges that your organisation has experienced in collecting and reporting data for this Metric:**

The number of disabled respondents for the Trust is considerably higher in the Staff Survey, compared to the rate of disability disclosure within our Electronic Staff Records.

**Does your Board have a champion of disability equality?**

Mrs. Vijay Sharma  
Non-Executive Director



## WDES Action Plan 2020/2022

The specific WDES priority actions are shown in the table below and taken from our Equality diversity and Inclusion Strategy 2020-2023

Objective	Task	Lead	Year 1	Year 2	Year 3
Continue to develop and improve outcomes in respect of the standard and the Workforce Disability Equality Standard, measured through annual data submissions.	A. Submit the annual WDES data in accordance with national requirements.	A. Head of Wellbeing and Inclusion	A	A	A
	B. Develop actions plans in response to the data for publication on Trust website.	B. Head of Wellbeing and Inclusion	B	B	B
	C. Monitor delivery of improvement actions through Workforce Committee.	C. Head of Wellbeing and Inclusion	C	C	C
	D. Commissioning an independent review of our systems and processes relating to recruitment and career progression for staff with a disability.	D. Director Human Resources and Organisational Development	D		
	E. Communicating clear messages of zero tolerance of bullying and discrimination by ensuring there is a supportive culture for individuals to come forward and raise concerns and empowering allies to call out poor and inappropriate behaviour.	E. Chief Executive Officer and Trust Chair	E	E	E
	F. Working with external partners to ensure expert review and critical challenge of WDES plans.	F. Head of Wellbeing and Inclusion	F		
			G		





	<ul style="list-style-type: none"> <li>G. Review and update recruitment practices to strengthen awareness, responsibilities and processes for recruiting staff with protected characteristics.</li> <li>H. Raise awareness and respond to incidence of Hate Crime continuing to pursue prosecution of perpetrators of violence, aggression and Hate Crime.</li> <li>I. Improve the rate of disability disclosure to effectively respond to the needs of our workforce.</li> </ul>	<ul style="list-style-type: none"> <li>G. Head of Human Resources (Recruitment)</li> <li>H. Security Management Specialist</li> <li>I. Executive Team</li> </ul>	<p>H</p> <p>I</p>		
<p>Continue to develop and implement our staff equality networks, ensuring learning and organisational development is derived from the networks, measured through staff feedback mechanisms and monitoring of</p>	<ul style="list-style-type: none"> <li>J. Establish the Disability network</li> <li>K. Using our staff networks to review, challenge, develop our learning and support continuous improvement through their engagement with external expert groups.</li> <li>L. Ensure robust feedback mechanisms for network members through governance group structures to support learning and organisational development. Network chairs to be established as members of the Wellbeing and Inclusion Sub-Group of the Workforce Committee.</li> <li>M. Provide opportunity for reverse/co-mentoring.</li> </ul>	<ul style="list-style-type: none"> <li>J. Head of Wellbeing and Inclusion</li> <li>K. Staff network Chairs</li> <li>L. Head of Wellbeing and Inclusion</li> <li>M. Director of HR and OD</li> <li>N. Freedom to Speak Up Guardian</li> </ul>	<p>J</p> <p>K</p> <p>L</p> <p>M</p> <p>N</p>	<p>K</p> <p>L</p>	<p>K</p> <p>L</p>



workforce equality standards.	<p>N. Strengthen the role of network chairs to further develop the networks and work in partnership with the Trust Freedom to Speak Up Guardian to be a focal point for individuals to raise concerns.</p> <p>O. Provide protected paid time for Network Chairs to devote to developing and leading the staff networks.</p> <p>P. Establish a process to apply for funding for network activities in line with their Terms of Reference.</p>	<p>O. Chief Executive</p> <p>P. Director of HR and OD</p>	<p>O</p> <p>P</p>		
Increase the diversity profile of the Trust workforce to ensure it is reflective of the community served and bring the voice of patients and the community into the Trust influencing design and delivery of high-quality care to our diverse population. Measured through staff feedback	<p>Q. Review the tenure of voting Non-Executive Director roles to support the diversity of the Trust Board.</p> <p>R. Implement positive action campaigns to increase our diverse representation to better reflect the communities we serve.</p> <p>S. Engage with students at partner universities promoting EMAS as an employer of choice upon graduation.</p> <p>T. Set clear expectations and hold our Higher Education Institute partners to account through contractual mechanisms to increase the diversity of Paramedic Science student cohorts.</p> <p>U. Work with our staff networks to determine barriers to career progression through</p>	<p>Q. Trust Chair</p> <p>R. Head of Human Resources (Recruitment)</p> <p>S. Assistant Director Education and Organisational Learning</p> <p>T. Assistant Director Education and Organisational Learning</p>	<p>Q</p> <p>R</p> <p>S</p> <p>T</p> <p>U</p>	<p>R</p> <p>S</p>	<p>R</p> <p>S</p>



<p>mechanisms, and workforce equality standard submissions.</p>	<p>gathering feedback of experiences, promoting career opportunities and providing mentorship and support to colleagues.</p> <p>V. Community engagement activity to support attraction and recruitment supported by our Staff networks.</p> <p>W. Review secondment practices to increase opportunity of career development.</p>	<p>U. Staff network Chairs</p> <p>V. Divisional AOMs</p> <p>W. Head of Human Resources</p>	<p>V</p> <p>W</p>	<p>V</p>	<p>V</p>
<p>Ensure implementation of Accessible Information Standards applicable to the Ambulance Sector, measured through compliance with the Standard; CQC rating from Good to Excellent; and EDS grading from Achieving to Excelling.</p>	<p>X. Continue to provide support for those staff that require communication support through application of our HR procedures.</p>	<p>X. Head of Wellbeing and Inclusion</p>	<p>X</p>	<p>X</p>	<p>X</p>



<p>Ensure Due Regard is demonstrated through monitoring of our compliance with our equality analysis process, and EDS grading.</p>	<p>Y. Ensure that all Policy Leads have Equality Analysis Training.          Z. Ensure that Meeting and Panel Chairs are fully aware of the legal requirement to demonstrate Due Regard.          AA. Ensure that the decisions we make are subject to appropriate equality analysis.          BB. Ensure that all staff have access to and complete statutory and mandatory EDI related education improving compliance from 85% to a sustained 95% within one year.          CC. Ensure Board Development programme for 2020/21 includes expectations and accountability in relation to Equality, Diversity and Inclusion.          DD. Ensure responsibility and accountability for Equality, Diversity and Inclusion is clearly articulated in Board Members individual objectives.          EE. Increase diversity in decision making in COVID 19 EPRR structures through explicitly seeking members from minority groups to ensure membership reflects the diversity in the workforce and local population; robust</p>	<p>Y. Assistant Director Education and OL          Z. Assistant Director Education and OL          AA. Trust Board          BB. Assistant Director Education and OL          CC. Director of HR and OD          DD. Chief Executive and Trust Chair          EE. Director of Strategy and Transformation and Director of Operations</p>	<p>Y          Z          AA          BB          CC          DD          EE</p>	<p>AA          BB          DD</p>	<p>AA          BB          DD</p>



	<p>induction; and reviewing Silver and Bronze command structures to understand the diversity profile of these EPRR structures and acting to ensure membership from minority groups to reflect the diversity in the workforce and local population.</p> <p>FF. Develop staff representation structures (for example Trade Unions and Staff Support roles) to be representative of our communities.</p>	<p>FF. Director of HR and OD</p>	<p>FF</p>		
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