



East Midlands Ambulance Service Workforce Disability Equality Standard Report 2021/2022



Workforce Disability Equality Standard (WDES) 2021/2022

Name of organisation

East Midlands Ambulance Service NHS Trust

Date of report (Month/Year)

August 2022

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 annual WDES 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 2021 WDES annual report (metrics data and action plan) will be published:

www.emas.nhs.uk/about-us/equality-and-diversity/

Date of Workforce Committee meeting at which the Trust's 2021 WDES annual report (metrics data and action plan) were, or will be, ratified:

13 September 2022

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 clinical staff



- Disability and Carers Staff Network
- Workforce Carers Policy and Personalised Carers Passport
- Tailored Adjustment Plan

Total number of staff employed within this organisation on 31 March 2021:

4042 Headcount (31 March 2022)

4035 Headcount (31 March 2021)

Overall percentage of staff in the following groups: (As of 31 March 2022)

% Disabled staff – 4.1 %

% Non-disabled staff – 39.6 %

% Unknown/Null – 56.3 %

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.

3938 Staff Surveys were sent out

2236 (56.8%) 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.

640 Disabled Staff responded – 28.6% of survey respondents

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

All staff members have access to ESR

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
1a) Non-Clinical Staff							
< Band 1	2	40%	2	40%	1	20%	5
Bands 1	0	0%	0	0%	0	0%	0
Bands 2	16	4.56%	153	43.59%	182	51.85%	351
Bands 3	20	7.75%	133	51.55%	105	40.70%	258
Bands 4	9	5.36%	55	32.74%	104	61.90%	168
Bands 5	5	2.76%	58	32.05%	118	65.19%	181
Bands 6	3	3.85%	25	32.05%	50	64.10%	78
Bands 7	4	6.90%	17	29.31%	37	63.79%	58
Bands 8a	2	7.14%	11	39.29%	15	53.57%	28
Bands 8b	0	0%	4	26.67%	11	73.33%	15
Bands 8c	0	0%	2	22.22%	7	77.78%	9
Bands 8d	0	0%	2	28.57%	5	71.43%	7
Bands 9	0	0%	0	0%	1	100%	1
VSM	0	0%	14	93.33%	1	6.67%	15
Other	0	0%	0	0%	0	0%	0

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	47	5.99%	343	43.87%	392	50.14%	782
Band 5 - 7	12	3.78%	100	31.54%	205	64.68%	317
Bands 8a - 8b	2	4.65%	15	34.88%	26	60.47%	43
Bands 8c - 9 & VSM	0	0%	18	56.25%	14	43.75%	32



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
1b) Clinical Staff							
Bands 1	0	0%	0	0%	0	0%	0
Bands 2	0	0%	0	0%	0	0%	0
Bands 3	13	4.66%	100	35.84%	166	59.50%	279
Bands 4	13	7.07%	139	75.54%	32	17.39%	184
Bands 5	39	3.02%	532	41.24%	719	55.74%	1290
Bands 6	27	3.09%	249	28.53%	597	68.38%	873
Bands 7	12	6.32%	82	43.16%	96	50.52%	190
Bands 8a	0	0.00%	12	44.44%	15	55.56%	27
Bands 8b	0	0%	3	30.00%	7	70.00%	10
Bands 8c	0	0%	2	28.57%	5	71.43%	7
Bands 8d	0	0%	0	0%	2	100%	2
Bands 9	0	0%	2	100%	0	0%	2
VSM	0	0%	1	0%	3	0%	4
Medical & Dental Staff, Consultants	0	0%	0	0%	0	0%	0
Medical & Dental Staff, Non-Consultants career grade	0	0%	4	57.14%	3	42.86%	7

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	26	5.62%	239	51.62%	198	42.76%	463
Band 5 - 7	78	3.31%	863	37%	1412	60.01%	2353
Bands 8a - 8b	0	0.00%	15	40.54%	22	59.46%	37
Bands 8c - 9 & VSM	0	0%	5	33%	10	67%	15



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 has been reported each year since 2019 and continues to present difficulties.

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

The Trust has now established a Staff Disability and Carers Network and articles have been published through Enews to raise awareness and promote the importance of disclosing disability through ESR.

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

Enews articles have been published to highlight the importance of disability disclosure.

Metric 2 – Shortlisting

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

		2019/20	2020/21	2021/22
Number of shortlisted applicants	Disabled	195	171	295
	Non-Disabled	1853	1567	2431
	Unknown		43	58
Number appointed from shortlisting	Disabled	22	24	35
	Non-Disabled	176	246	277
	Unknown		0.26	4
Relative likelihood of non-disabled staff compared to disabled staff being appointed from shortlisting across all posts		1.19	1.12	0.96



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.
- 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 2431 shortlisted Non-Disabled candidates, 1624 attended interview (67%), of 295 shortlisted Disabled candidates, 206 attended (70%).

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 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.

		2019/20	2020/21	2021/22
Number of staff in workforce with declared disabled or non-disabled status	Disabled	110	133	165
	Non-Disabled	1200	1417	1598
	Unknown		2485	2279
Number of staff entering the formal capability process	Disabled	1	0	0
	Non-Disabled	14	6	6
	Unknown		4	5
Relative likelihood of disabled staff entering the formal capability process over non-disabled staff		0.76	0	0

As with the last reporting period, the relative likelihood is 0 as no disabled staff members have entered the formal capability process. This indicated that non-disabled staff were more likely to enter this process over disabled staff members during that reporting period.

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, as per previous years. 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 – Supporting Capability Policy



Metric 4 – Harassment, bullying and abuse

Percentage of staff experiencing harassment, bullying or abuse from patients, service users and other members of the public in the last 12 months.

	2018/19	2019/20	2020/21	2021/22
Disabled	53.5%	52.5%	44.1%	51.8%
Non-Disabled	42.4%	40.7%	39.4%	37.8%
Disabled Respondents	404	432	460	629
Non-Disabled Respondents	1363	1367	1403	1502

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

	2018/19	2019/20	2020/21	2021/22
Disabled	28.4%	25.8%	24.1%	17.9%
Non-Disabled	13.8%	14.0%	11.2%	9.1%
Disabled Respondents	401	430	464	627
Non-Disabled Respondents	1358	1366	1399	1490

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

	2018/19	2019/20	2020/21	2021/22
Disabled	24.8%	22.5%	27.1%	23.4%
Non-Disabled	14.6%	15.4%	14.4%	15.1%
Disabled Respondents	404	432	462	624
Non-Disabled Respondents	1358	1365	1403	1494



The percentage of disabled staff that have experienced harassment, bullying or abuse from managers and other colleagues has decreased this reporting period. The percentage of disabled staff that have experienced harassment, bullying or abuse from patients, service users and other members of the public has increased.

The percentage of non-disabled staff that have experienced harassment, bullying or abuse from patients, service users, other members of the public and managers has decreased this reporting period. The percentage of non-disabled staff that have experienced harassment, bullying or abuse other colleagues has increased.

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

In September 2021 the Trust commenced a pilot scheme on the wearing of body worn cameras for frontline staff within the Nottinghamshire and Derbyshire A&E divisions. The aim is to reduce the number of incidents of this nature occurring and provide additional assurance to our frontline staff. In the event an incident does occur then the evidence obtained from the body worn camera can be shared with Police and Crown Prosecution Services to assist in the prosecution of the offenders. The Trust will continue to review and amend this scheme as required and review the requirement to roll out to additional divisions/service areas.

The Trust provides an 'Equality Everyday' induction workshop for new and clinical staff. The 'Equality Everyday' induction programme 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. The training/education provided is currently based on general principles and not aimed at specific protected characteristics.

Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

	2018/19	2019/20	2020/21	2021/22
Disabled Staff	40.9%	44.5%	46.8%	46.4%
Non-Disabled Staff	43.1%	42.8%	51.7%	48.7%



Metric 5 – Career promotion and progression

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

	2018/19	2019/20	2020/21	2021/22
Disabled Staff	41.8%	45.3%	42.1%	43.6%
Non-Disabled Staff	50.7%	52.0%	55.1%	53.3%

The data indicates the percentage of disabled staff believing the Trust provides equal career opportunities for career progression and promotion has increased, and the percentage for non-disabled staff has decreased.

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

There are currently no targeted career development opportunities for the Trusts disabled workforce, however, equality of opportunity is recognised, understood and implemented via internal and external recruitment processes.

We will continue to work with our Disability and Carers Network to establish any requirements for targeted career development opportunities for Disabled staff.

Metric 6 – Presenteeism

Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

	2018/19	2019/20	2020/21	2021/22
Disabled Staff	48.3%	42%	38.1%	40.6%
Non-Disabled Staff	35.3%	33.6%	30.8%	34.0%

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. The data shows the



percentage for both disabled and non-disabled staff members has increased this reporting period.

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 – P2P/PCW, TRiM
- Alternative duties
- Tailored Adjustment Plan / Reasonable Adjustments
- Flexible working arrangements
- Access to Work interventions
- Implementation of a Workforce Carers policy and Personalised Carers Passport
- Sign post individuals to The Ambulance Service Charity (TASC)

Metric 7 – Staff satisfaction

Percentage of staff saying that they are satisfied with the extent to which their organisation values their work.

	2018/19	2019/20	2020/21	2021/22
Disabled Staff	25%	26.8%	32.4%	21.0%
Non-Disabled Staff	35.5%	39.3%	42.9%	33.4%

As with previous years, 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. The data shows that the percentage for both disabled and non-disabled staff members satisfied with the extent to which the organisation values their work has decreased this reporting period.

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

The Trust has introduced the following initiatives:



- Tailored Adjustment Plan / Reasonable Adjustments Guidelines
- 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.
- The implementation of a Workforce Carers Policy and Personalised Carers Passport
- Flexible working arrangements

Metric 8 – Reasonable adjustments

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

	2018/19	2019/20	2020/21	2021/22
Disabled Staff	57.2%	58.9%	68.8%	63.9%

The percentage of disabled staff believing that the Trust has made adequate adjustments to enable them to carry out their work has decreased this reporting period.

Does your organisation have a reasonable adjustment policy?

The Reasonable Adjustment Guidance is embedded within the Trusts 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?

- The Trust continues to provide guidance to managers throughout its divisions with regards to reasonable adjustments and the processes involved
- The implementation of a Workforce Carers Policy / Personalised Carers Passport
- Continue to implement the Trusts Tailored Adjustments Plan, which identifies agreed reasonable adjustments required.



- A draft 'Health, Wellbeing and Suicide Prevention Strategy', using the NHS Health and Wellbeing Diagnostic Tool, has been developed.
- Policies and processes are continually reviewed to ensure they remain relevant and appropriate.

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

	2018/19	2019/20	2020/21	2021/22
Disabled Staff	5.8	5.9	6.1	5.7
Non-Disabled Staff	6.4	6.5	6.7	6.4
Organisation average	6.2	6.3	6.5	6.2

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

The Trust has reviewed the terms of reference for the Staff Disability and Carers network and are continuously working on increasing its membership. The Trust also utilises its 'Freedom to Speak Up Guardian' for all staff to raise concerns.

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

The Trust has established a Disability and Carers Staff Network.



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	12	1
Voting Board members	0	10	1
Non-voting Board members	0	2	0
Executive Board members	0	6	0
Non-Executive members	0	6	1
Overall workforce	165	1598	2279

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 the Trusts 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"> G. Review and update recruitment practices to strengthen awareness, responsibilities and processes for recruiting staff with protected characteristics. H. Raise awareness and respond to incidence of Hate Crime continuing to pursue prosecution of perpetrators of violence, aggression and Hate Crime. I. Improve the rate of disability disclosure to effectively respond to the needs of our workforce. 	<ul style="list-style-type: none"> G. Head of Human Resources (Recruitment) H. Security Management Specialist I. Executive Team 	<ul style="list-style-type: none"> H I 		
<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"> J. Establish the Disability network K. Using our staff networks to review, challenge, develop our learning and support continuous improvement through their engagement with external expert groups. 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. M. Provide opportunity for reverse/co-mentoring. 	<ul style="list-style-type: none"> J. Head of Wellbeing and Inclusion K. Staff network Chairs L. Head of Wellbeing and Inclusion M. Director of HR and OD N. Freedom to Speak Up Guardian 	<ul style="list-style-type: none"> J K L M N 	<ul style="list-style-type: none"> K L 	<ul style="list-style-type: none"> K L



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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