



# Mainstreaming Equality and Diversity in the Scottish Ambulance Service 2021

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We welcome comment about our mainstreaming report and would be pleased to discuss any aspect of it with individuals or groups.

This document can be provided in another format for example in large print, Braille or summary translation, please contact:

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# Mainstreaming Equality and Diversity in the Scottish Ambulance Service

## 1. Foreword

I am delighted to share this report which highlights some of the work we have been doing to make our service fairer and more accessible for our patients, citizens of Scotland and our staff.

Our mainstreaming report highlights some examples of how we are building equality and diversity in to all that we do. We strive to provide the very best care for our patients and building the principles of equality, diversity and our values in to our work is fundamental to ensure we provide the most appropriate and person centred care.

This document provides an opportunity for us to highlight the progress we have made in taking our equalities work forward and details the development of our equality outcomes for the period 2021 – 25. The outcomes illustrate the steps we are taking to improve services to meet the needs of patients and the people of Scotland as well as making changes that will improve the experience in the workplace for our staff.

It would not be possible to achieve our strategic goals and plans without considering the diverse needs of our patients, the public and our workforce. In developing our Service, we consider the impact we can have in addressing health inequalities and recognise the contribution we can make to create a more equal society.

Whilst we are making progress, I recognise there is always more we could do, and I very much value the feedback we have received on our work.

I would like to thank members of the public for their input and our staff for their interest and contribution to make changes which will improve our service, provide better patient experience and a better workplace.

Pauline Howie  
Chief Executive Officer

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## 2. Our Service

The Scottish Ambulance Service (SAS) is a national operation based at over 150 locations across three Regions. The Service is now co-located with NSS Scotland, NHS 24, NHS Boards' Out of Hours services, Scottish Fire and Rescue Services and within hospital and GP practice premises. As such, we continue to cover the largest geographic area of any ambulance service in the UK.

SAS operates across public safety, health care, public health and as a universal service providing scheduled, unscheduled and anticipatory care for patients from all groups in remote, rural and urban communities across Scotland. We save lives by responding to life-threatening emergency calls. We help people to live well at home by treating or referring people at the scene and preventing unnecessary hospital admissions. We also take patients requiring clinical care during transport to hospital, in time for their appointment.

## 3. Introduction

During the last four years we have been able to demonstrate our commitment to addressing inequalities and making our services fairer. We have done this by meeting our responsibilities under the Equality Act 2010 and the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. A summary of how we are doing this can be seen at Appendix 1.

The Equality Act 2010 cites 9 'Protected Characteristics' that are covered. These are age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race and ethnicity, religion and belief, and sexual orientation.

Through our day-to-day business, we aim to:

- Eliminate discrimination, harassment and victimisation, and any other conduct that is prohibited under the act
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not
- Foster good relations between people who share a protected characteristic and those who do not.

This report illustrates the following:

- How we are mainstreaming equality and diversity in all that we do;
- Progress on our Equality Outcomes 2017 – 21 and
- Our Equality Outcomes for 2021 - 25

## Mainstreaming

Mainstreaming is how we are integrating equality into the day-to-day working of our Board. This means taking it into account in how we exercise our functions in terms of our patient experience, how we collaborate and engage with others, our staff experience and how our staff, leaders and our non-executive directors support mainstreaming. In other words, it is a component of all that we do.

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Our aim is to embed equality in the structure, behaviour and culture of our service and that it is clear how we are promoting equality through all that we do. We recognise how this will contribute to our continuous improvement and better performance. Diversity enriches our ability to share different perspectives and value difference, thus informing and enhancing our ability to deliver patient-centred care. Examples of how we are mainstreaming equality and diversity in the work we are doing can be seen at section 4.

### **Equality outcomes progress 2017 - 21**

In 2017 we developed equality outcomes which related to our service, patient care and our workforce. We have reviewed our progress against the actions and initiatives we agreed at that time.

All of our equality outcomes are linked to the general equality duty and actions are measured against outputs, timescales and ultimately what difference has been made.

In doing so we have considered whether the outputs associated with each equality outcome are still relevant, are on track for completion by April 2021 and where possible how achievement will be measured to establish what changes or impact has been made for individuals, groups, families, organisations or communities.

Work has been progressed across all of our equality outcomes and these are still relevant to the work we are taking forward. The timescales relating to the associated outputs in some cases have been adjusted to allow for changing priorities. A report on the progress that has been made across each of our equality outcomes can be seen at section 5.

### **Equality outcomes 2021 - 25**

In developing these equality outcomes we have built on the work we have undertaken previously and added further actions where appropriate. It is recognised that more needs to be done to build on the actions /initiatives that have already been completed. In some instances actions / initiatives are being carried forward whilst others are new. A report on progress against each of the outcomes will be published in April 2023. Further equality outcomes will be prepared and published in April 2025. Details of the equality outcomes for 2021 – 25 can be seen at section 6.

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## 4. Mainstreaming

### 4.1. General context

The challenge for the SAS is to translate the legislative requirements into an approach to mainstream equality into health policy and practice, which aims in turn to tackle health inequalities and improve equality outcomes.

Actions to deliver on equality and address health inequalities (health gaps which are associated with people's unequal positions in society) are not mutually exclusive but intrinsically linked. Health inequalities relate to and interact with other structures of inequality, for example, socio-economic, disability, ethnicity, gender, etc.

Thus, to address health inequalities effectively, consideration has to be given to the associated implications for people with protected characteristics and the often-complex intersections between these.

The work of SAS is explicitly aligned with existing NHS Scotland and Scottish Government policy priorities, linking this to national evidence where possible, and integrating into current performance management systems where relevant. All Health Boards have a role to work in partnership with patients, carers, the public, and cross sector partners. Given this, ongoing engagement and collaboration is critical to the delivery of equality mainstreaming.

### 4.2. How equality and diversity has been integrated into the day to day functions of our Board

In order to explain how equality is being integrated into the day to day functions of the Board we have identified 4 broad themes with associated activities. These are patient experience, collaboration and engagement, staff experience and corporate leadership. In this section, we provide some examples to illustrate our work under these themes.

We said in our 2019 mainstreaming report that we would take a number of specific actions and the details relating to these can be seen at Appendix 2.

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### 4.3. Patient experience

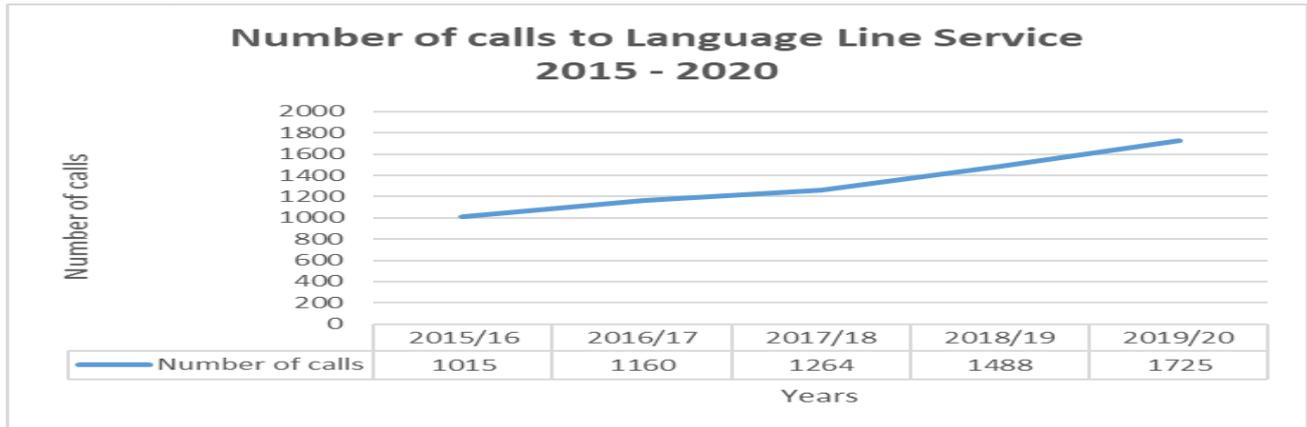


We last reported on how we are mainstreaming equality and diversity in our day-to-day business in 2019. Since then we have been working across a number of areas to improve the experience our patients and carers' have of our services. In this section, we provide some examples of how we have responded to recognising disadvantage faced by particular groups and how our actions have helped to improve this by addressing gaps.

#### Accessing our Service

- With our partners at Police Scotland and Scottish Fire and Rescue Service, we have linked with Tap SOS, an organisation that has developed an App for use in emergencies, which will be of particular help for members of the public who have a learning disability, are Deaf, hard of hearing or have difficulty with speech. We also recognise there are times when it is not appropriate to make a verbal call, for example, where there may be an issue of domestic violence and the facility to contact 999 service by using this method would be appropriate to the caller.
- We have worked with Scottish Association on Mental Health and See Me in the further development of the patient needs assessment for Patient Transport Service in general and specifically for those questions relevant to our mental health patients.
- Language line service is available through our three Ambulance Control Centres, National Headquarters and regional offices for those callers whose first or preferred language is not English. This can be accessed by call handlers and operational staff on scene with a patient. Details of how to access this service have been widely publicised and use of the service continues to grow. In 2019/20 the total number of calls was 1725. The Table below illustrates the usage of language line since 2015. The top five most used languages during 2019/20 were Polish, Arabic, Romanian, Russian and Lithuanian.

Table 1



### Case Study – Mental Health

On a typical day SAS deal with 4,000 calls across the three control centres – it is estimated that at least 1 in 25 will be experiencing mental health difficulties.

In order to improve the experience and outcomes for mental health patients SAS has recently undertaken work with the Mental Health Collaborative with NHS 24 and Police Scotland relating to the development of a Mental Health Hub hosted within NHS24. The Mental Health Hub, is designed to provide support for people who present to any clinical service and who would benefit from support from Mental Health Practitioners and/or direct referral into a Mental Health Service. It is widely understood that helping people who are affected by mental health issues through a typical Emergency Department (ED) pathway is not the best outcome for many patients. Establishing alternative mental health support arrangements with NHS 24 aligns to the required collaboration work within the Redesign of Urgent Care programme, which looks to provide alternatives to ED through the introduction of effective community pathways. Types of calls received by SAS generally fall into the three categories below.

Types of calls received by SAS generally fall into the three categories below:

1. Service users requiring an emergency response for a serious or immediately life-threatening mental health condition		2. Service users that may be suitable for the Mental Health Hub after face-to-face assessment.		3. Service users suitable for the Mental Health Hub after call handler triage
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In November 2020, the Ambulance Control Centres went live signposting patients within Category 3 to the Mental Health Hub from the point of the initial 999 call. Call Handlers now give appropriate advice, information and scripting for these patients to access the Mental Health Hub.

Further to this, from December 2020, all operational staff were able to refer patients presenting with a range of mental health issues into the Mental Health Hub from scene (Category 2), where there is no patient management plan for the patient or the plan cannot be activated, or where the patient does not require onward transport to hospital

The Mental Health Hub does not take precedence over a local anticipatory or crisis care arrangement and if in place these are followed in the first instance. However, the NHS 24 Mental Health Hub, is accessible 24/7 for patients who have no management plan, are in a state of distress or where normal pathways and support are unavailable.

Posters have been distributed to all regions with cards and leaflets detailing how to access help that can be passed on to patients and carers.

We ask all staff to remind patients where appropriate, that the Mental Health Hub is open 24/7 for them to access themselves in the future. 111 is a Freephone contact number and the Mental Health Hub should be chosen as an option for direct access where this fits the needs of the patient.

- Patients, their carers' and members of the public are supported to ensure their communication needs are met. Patient leaflets, reports and related documents are provided in alternative formats upon request and efforts are made to ensure these are culturally inclusive. Every effort is made to ensure that members of the public who wish to work with SAS can do so, by identifying any support needs required.



## Case Study – Public Protection

Public Protection means protecting citizen's health, wellbeing and human rights; enabling them to live free from harm, abuse and neglect. It is an integral part of providing high-quality health care. Protecting children, young people and adults is a collective responsibility between SAS, Social Care and Health Boards across Scotland.

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SAS play a key role in the implementation of Children and Young Peoples Act 2014, as it is a named accountable authority and a Corporate Parent within it. The Act requires that SAS is accountable to ministers for providing information relating to how it exercises its corporate parenting responsibilities including how it plans, collaborates and reports its activity.

A close look at the number of cases reported during 2019/20 suggested that the referral rate was low. However, identifying data through patient records showed that safeguarding comments and markers were being noted in the patient care record. It was decided to trial the establishment of a Health Desk at the Ambulance Control Centre, which is staffed 6 days a week. Operational staff can contact the desk by phone or through the dedicated email address to highlight concerns regarding public protection issues. These incidents are then referred to health and social care partners where the appropriate support can be provided. Feedback is provided for staff so they are aware of the outcomes for patients.

SAS Public Protection policy developed in 2020 applies to all SAS staff, including staff in support and non-patient facing roles. The policy includes child protection, adult protection and gender based violence. The Service is committed to ensuring that all staff are supported in providing a service where the adult or child's welfare and safety is paramount, and has therefore produced this policy to ensure that our staff remain well informed and guided through this process when dealing with significantly challenging situations involving Public Protection concerns.

The policy is relevant to advancing the equality of opportunity through improving access to support and care services. The policy is especially targeted to improving the abilities of all staff to recognise vulnerability and working with the patients to try to improve quality of care and quality of life through joint integrated working with health and social care.

- We are currently working with the National Services Scotland development team to facilitate clinicians' access to the proposed National Digital Platform (NDP). The NDP will be a modular system with wide potential with initial plans to host an electronic version of ReSPECT (Recommended Summary Plan for Emergency Care and Treatment). In time, operational staff will have ready access to key patient details regarding treatment they are undergoing. For those patients with a disability or long-term condition this will assist staff to understand more readily their specific needs.
- Patient stories are discussed at Board meetings which can be a result of a positive or negative experience where a patient or carer can describe the experience they had of SAS. Particularly when this experience has been negative, the Board can consider ways that SAS can learn from these examples and what steps can be taken to make improvements.
- Figures published on 15 December 2020 by National Records Scotland show that in 2019, 1,264 people lost their lives to a drug-related death (a 6% increase). This is the highest number of drug-related deaths in Scotland ever recorded, for the sixth year in a row.

SAS is part of the Scotland's Drugs Death Taskforce, carrying out and further developing specific initiatives aimed at contributing to improving outcomes and a

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reduction in drugs-related deaths in Scotland. This includes expanding on a successful trial of issuing Take-Home Naloxone (THN), which can reverse the effect of an opioid overdose.

During a pilot in Glasgow in early 2020, THN kits were given to people who had either been treated by paramedics for a non-fatal overdose and did not want to go to hospital, or to family, friends and service workers who may witness a future overdose. Training was provided on how to use this medication, which could then be used in the event of any future overdose prior to the arrival of the ambulance, reducing the risk of death. SAS has successfully secured funding to recruit three clinical effectiveness leads to champion the roll out of THN as part of the National Naloxone programme, which is helping to support the most vulnerable citizens.

- In April 2020, SAS introduced the Advanced Practitioner remote consultation model, which involved highly trained and experienced Advanced Paramedics and Advanced Nurses assessing patients virtually. Our staff have played a key role in assessing patients who may not necessarily require a traditional emergency response, ensuring access to the right treatment in the right place at the right time.

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## 4.4. Collaboration and engagement



We have been working with individuals, community groups, third sector organisations, stakeholders and our staff to gain a better understanding of the needs of the people we serve and with whom we work. In doing so we have made some improvements in the way we engage and communicate about our service.

These are some examples of how our work during the last two years.

- We are extending our reach with different community groups and this is helping us increase our engagement with minority voices and third sector organisations enabling us to build long-term relationships. A few examples include; Action in Mind, Age Scotland, Carer's Trust, Deaf Action, Deaf Scotland, Enable Scotland, LGBT Health, Ahlul Bayt Society and Young Scot.
- We have refreshed our Involving People Strategy and developed an engagement guide and toolkit to support service improvement programmes. This is currently being tested with the engagement in progress to further develop care pathways.
- We engage with young people in schools to talk about SAS and what careers are available across Scotland. Events at primary and secondary schools have been attended by front line staff, supported by HR colleagues. This is likely to introduce SAS as a future career option to diverse groups.
- SAS continues to participate in a variety of special events across communities, for example, Emergency Services open day, Nextgen Careers Event and Uniformed Services Day.
- In support of the Scottish Government Out of Hospital Cardiac Arrest Strategy, we are working with Save a Life Scotland and partners at Police Scotland and Scottish Fire & Rescue Service to deliver CPR training across communities in order to equip as many people with these skills to increase the chance of survival for people experiencing cardiac arrest. To date over 640,000 people have been equipped with these skills.
- We use a variety of communication channels to promote messages in relation to equality and diversity, for example, - our intranet @SAS and @SAS Lite, the Chief Executives weekly bulletin and Response, our staff magazine. In August 2020, weekly engagement sessions were introduced providing updates across a variety of

business areas with the opportunity for staff to raise questions and make suggestions to improve our practice. Recent sessions included an equality and diversity update and staff experience session to discuss the results of the Everyone Matters Pulse Survey, which was circulated to all staff in September 2020.



A National Partnership Agreement is in place between Stonewall and the Scottish Government to support all 22 Health Boards in Scotland. The aim of the agreement is to provide training, support and guidance for Health Boards through a dedicated Programme Officer in order to further enhance LGBT inclusion and equality.

- 'Recite Me' was introduced to the SAS website in 2019 offering increased accessibility for users viewing the website by enabling more functionality for people who may find reading from a screen difficult.

Users can



- Convert text to speech
- Change the background, text and link colours
- Use a reading ruler
- Use a page magnifier
- Adjust the text margins while in plain text mode
- Change the font and text size of words on the screen
- Access written translation of text in over 50 languages
- Access spoken translation of text in over 30 languages
- Convert pages to plain text
- Download text as words into MP3 form

- Social media channels such as Twitter and Facebook are utilised regularly to provide information about SAS. For example, details of SAS activity at Board meetings as well as updates during events. Social media channels have also been used to acknowledge the good work done by our staff for patients and to celebrate achievements, for example, those staff recently presented with the Queens Ambulance Service Medal.
- We are working with Remploy, the third sector organisation that supports people with disabilities in the workplace to provide three-week work placements at our office in Motherwell. So far, two young people have worked with us in our administration team and this has been successful. We have been able to learn from the feedback provided by the participants and are keen to continue our engagement with Remploy with a view to offer other work placements during 2021.
- We are supporting a two-year work placement through the Professional Careers Programme with Glasgow Centre for Inclusive Living and NHS Scotland. The aim of the programme is to provide a two-year employment opportunity for a disabled graduate. By providing a challenging and rewarding experience of employment, it is

hoped they will be able to secure a permanent position on the completion of the programme.

- We have worked with colleagues at NHS Education for Scotland to develop an e-learning resource to raise awareness on Dyslexia. This module is now available for our staff and early feedback has been very positive.
- A short life working group is in place with partners from Police Scotland and Scottish Fire and Rescue Service to work with third sector organisations in order to improve methods of accessing emergency services and communicating with patients and members of the public at incidents.

## Case Study - Dementia



The Emergency Services Collaborative (ESC) has made a pledge for 2025. We are working with colleagues from Police Scotland, Scottish Fire & Rescue Service, Purple Alert, Alzheimer Scotland and the University of West of Scotland to raise awareness and understanding of dementia and the impact this has on our staff and the services we provide in order that we can become dementia friendly organisations.

In Scotland, over 90,000 people have dementia. It is most common in older people but can affect people in their 40's and 50's and even younger. Dementia is an umbrella term for over 100 different types of illness and disease symptoms. Symptoms may include memory loss and difficulty with day-to-day tasks,

language and problem solving.

It is recognised that dementia can have impact on staff who are carers and there is a need to have policies in place both to support carers and those staff who may develop symptoms of dementia whilst working for our services. Through working together, we are able to support each other by sharing experience, good practice and learning.

The Dementia Lead for SAS sits on the Dementia Expert Group and is contributing to the work being taken forward under the National Dementia Strategy for NHS Scotland.

- In July 2019, SAS held a Mental Health Collaboration day which started discussions in relation to the development of SAS Mental Health Strategy 2020 – 30. Alongside this, a mental health user experience survey was conducted. Over 700 responses were received, 20 per cent of which were from patients who had used SAS. Responses from the survey and discussion at the event have helped to shape the focus and content of our Mental Health Strategy, which will be launched in the spring of 2021.

## 4.5. Staff experience



- Through the 'Once for Scotland' policy review project we have worked with NHS colleagues, Scottish Government and staff side partners to review Absence, Bullying & Harassment, Capability, Conduct, Grievance and Workforce Policies Investigation Process policies. These revised policies were implemented across SAS on 1 March 2020. Work is underway to complete reviews during phase two of other policies including Equality, Diversity & Human Rights, Trade Union Facilities Arrangements and Gender Based Violence.

○



In November 2020, SAS undertook and completed the Disability Confident self-assessment to renew membership to the scheme. We operate the job interview guarantee scheme, where all applicants who indicate they have a disability and meet the minimum criteria for the post will be guaranteed an interview and are supported through the application process. Support is provided for staff who have a disability in a variety of ways according to their needs. For example, operational staff have been provided with different personal equipment. Students with learning difficulties have been provided with assessments and screening for dyslexia, learning materials in different formats, assisted support and equipment as required.

- The Equality Impact Assessment Guidance has been reviewed to include reference to human rights and the socio economic Fairer Scotland Duty. Managers and project leads are responsible for ensuring policies and practices are assessed and reviewed through the equality impact assessment process as part of usual practice.
- The Equality & Diversity Steering Group meets bi-monthly and is chaired by the Human Resources Manager (Equalities). Membership of the group includes staff across different staff groups and staff side representatives. The group assists SAS to deliver equality and diversity commitments and obligations by co-ordinating national arrangements and developing a delivery plan, which identifies priorities, and sharing of good practice.
- SAS regularly receives compliments from patients and their carers about all the good work that is done by staff. GREATix was launched in November 2020 and is a system for staff to recognise their peers within the Service for the excellent things

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they do. The recognition is led by what matters to you. Therefore, whether that is excellent clinical practice at an incident; brilliant teamwork or supporting someone after a tough job or task GREATix is about recognising someone for doing something that is meaningful. Since the launch of Greatix in November 2020, there have been over 100 entries. We will be using the information logged to identify themes of good practice that we can learn and share, for example with regard to patient experience, team work and clinical performance.



- Equality and diversity training is an integral component of training for operational staff and our Vocational Qualification programmes include elements on; privacy and dignity in care, learning disabilities and mental health. The annual Learning in Practice programme for operational staff includes equality and diversity elements.
- Interest and participation in our two staff networks has begun to grow.



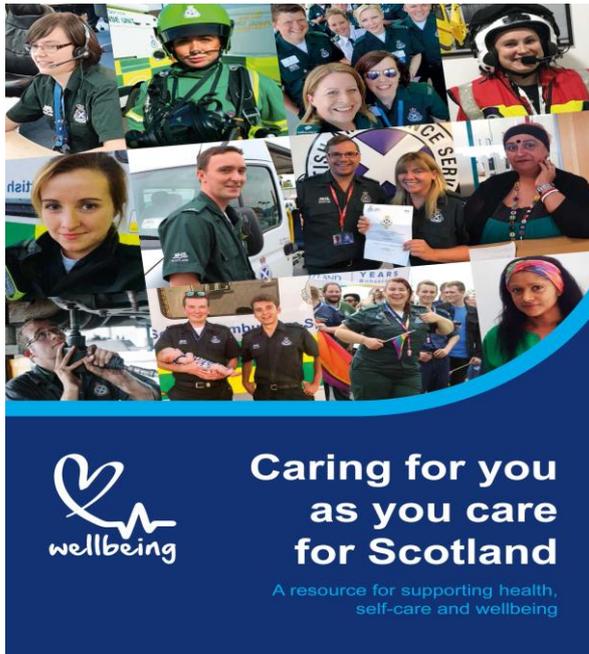
Proud@SAS our Lesbian, Gay, Bisexual & Transgender (LGBT+) network.



Black, Asian and Minority Ethnic (BAME) Forum was established for BAME staff and their allies in 2019.

Both networks are for staff, their allies and those with an interest in equality and diversity in general. They exist to support individual staff and patients and also help SAS consider how to become more inclusive of LGBT and BAME people in relation to employment opportunities, staff experience and the services it provides.

- Equality and diversity is a key work stream under the work of the Association of Ambulance Chief Executives and SAS works closely with National Ambulance Diversity Forum and SAS representatives are members of the National Ambulance LGBT Network, the National Ambulance Black & Minority Ethnic Forum and National Ambulance Disability Forum. Our involvement with these networks has been particularly useful as we have been able to develop resources together, work on common initiatives, share learning and listen to the experience of other services to inform our own practice.
- We routinely gather and use workforce equality monitoring information. Our most recent data is included in the [Workforce Equality Monitoring Report 2019/20 and this can be seen here.](#)



In June 2020 a resource booklet, ‘Caring for you as you care for Scotland’ was produced which is available for all staff in hard copy and on @SAS the intranet. The pack is for all staff to use to keep healthy, resilient and well and contains reference to evidence based resources available to help and support all staff to keep healthy. The resource covers mental health and wellbeing, physical health, fitness and nutrition, how to support colleagues and further sources of help and support.

- During 2020, our Health & Wellbeing Strategy 2021–2024 was developed which sets out the direction of travel and steps we are taking to improve staff experience. This includes how we support, nurture and develop our people so that they can thrive at work, perform to the best of their abilities and achieve our wellbeing vision ‘to enable our people to feel healthy, well, valued, supported and love to work for the Scottish Ambulance Service.’

The need to focus on the wellbeing of our people has never been greater; the global pandemic has brought this into very sharp focus throughout 2020. UK and international research has previously highlighted the need to prioritise wellbeing, however the evidence to support this has grown substantially since the start of the pandemic with findings painting a stark reality of the long-term implications and impact on our health & wellbeing.

### Case Study – We make time to ask ‘R U OK?’



This story of how two colleagues identified a need for better welfare support and collaboration to improve staff experience was published in the Health & Social Care Staff Experience Report 2019.

Gail Topping, Paramedic Livingston and Ruth Anderson, Dispatch Manager for North & East regions, recognised there was a need to better support staff after traumatic events such as a difficult 999 call or traumatic incident at the scene of a road traffic accident.

The introduction of the iMatter Staff Experience measurement tool gave them an opportunity to discuss staff welfare and staff experience issues more openly. Discussions focussing on the iMatter survey results allow staff to have a voice to talk of their own experience with suggestions for improvements considered and actioned.

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Gail and Ruth have delivered sessions across SAS to talk about their own experiences of mental health, our approach to mental health at SAS and the principle of asking 'R U OK?' in order to provide support for staff at a time when its needed most. R U OK? was a suicide intervention introduced in 2016 by a charity in Australia. Through dialogue staff have been able to talk of their own experiences and how much impact asking someone 'R U OK?' can have in showing that we care about their welfare and are able to provide support.

It was recognised that there was a need to remove the stigma of mental health not just in local teams, but throughout the SAS Service and extending to Ambulance Trusts across the UK. This example demonstrates how individuals can engage in the workplace to effect change for the benefit of everyone. It is heartening to hear of operational staff asking if the Call Handlers are okay after difficult calls and of staff understanding that others can help and support.

It is recognised that one approach will not suit everyone. For some it will be enough to be able to talk confidentially about a traumatic event whilst for others there may be a need for a different approach, for example time off the road or support from occupational health services.

An extract from the Health & Social Care Staff Experience report can be found here [iMatter Scottish Ambulance Service RUOK? Team](#)

### **RUOK? Team One Year On....**

"The need for RUOK? and supporting one another has never been greater as we all deal with the impact of a global pandemic in 2020." Over the past year the team have been involved in:

1. NHS England 'Quick Action' Guide for Allied Healthcare Professionals to supporting staff health & well-being
2. Contributed to a book on Healthcare Practitioners mental health
3. Presented at the Royal College of Physicians and Surgeons 'Making Life Work Better' Conference
4. Continuing to work with Lifeline Scotland supporting Emergency Responders across Scotland
5. Scottish Ambulance Service working group looking to develop Peer Support Network for staff

### **Procurement**

- A joint Procurement Strategy has been developed with partners at NHS Healthcare Improvement Scotland and this was published in September 2018. The strategy is aligned to equality requirements and supports procurement staff to work with stakeholders to implement procurement services compliant with legislation including paying due regard to the award criteria (economic viability and performance) and equality considerations. Mechanisms are currently in place to ensure that suppliers and the Service comply with the Equality Act in order to better perform the general equality duty.

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- We will continue to develop our practice with respect to sustainable procurement. This will include looking for ways to broaden access to contracts for Small and Medium Sized Enterprises (SMEs) and third sector and supported businesses. Also looking for innovation and harnessing more sustainable technologies; encouraging our suppliers to provide more sustainable goods and services with lower carbon emissions; expanding the use of community benefits; embedding fair work practices and promoting equality and tackling inequality. This will enable us to fulfil the sustainable procurement duty (Procurement Reform (Scotland) Act 2014), as well as our duties under the Equality Act.
- A national collaborative Framework Agreement for Supported Factories and Businesses has been established by the Scottish Government to provide products and services to the Scottish public sector. A supported factory/business is “an establishment where more than 50% of the workers are disabled persons who because of the nature or severity of their disability are unable to take up work in the open labour market.” SAS will ensure that the framework agreement will be utilised whenever appropriate.

## 4.6. Corporate leadership



### Board involvement

- The Chief Executive Officer and other senior managers support the integration of equality into all board functions by raising specific related issues and ensuring there is reference at Board level to these priorities.
- Executive Directors have responsibility for leading operationally on our equality outcomes work.
- The SAS Board play a key role in ensuring that equality is devolved across the organisation and that responsibility for taking this work forward and being accountable is recognised as everyone's business. The Board signs off the Equality Outcomes and the associated progress reports before publication.
- The Board is provided with equality impact information to assist in their decision-making and Board member comments have resulted in changes to the guidance about what information should be provided with Board papers.
- In line with the specific duties the Board is committed to the delivery of our equality outcomes and meeting the requirements of the other specific duties detailed at Appendix 1. The Board recognises that undertaking this work serves to embed equality and diversity in the day to day activities of SAS and brings benefits for our patients and staff.
- Equality continues to be integrated into key functions including for example, equality impact assessment of the budget for 2020/21 and the development of work around the demand and capacity programme to deliver performance improvements for patients by having a workforce available when and where they are most needed.
- Health inequalities aspects are considered explicitly along with equalities issues at Board level.

### Governance arrangements

- The Director of Workforce has lead responsibility for all matters relating to equality and diversity. Progress on work in this area is monitored and signed off through the Executive Team and National Partnership Forum before being agreed by the Staff Governance Committee or Board of Directors.

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- The Medical Director has lead responsibility for all matters relating to health inequalities.

### Health inequalities

There are a number of actions which do not specifically relate to the three needs of the public sector equality duty, but rather have impact in helping to address health inequalities across communities. We have listed some examples below.

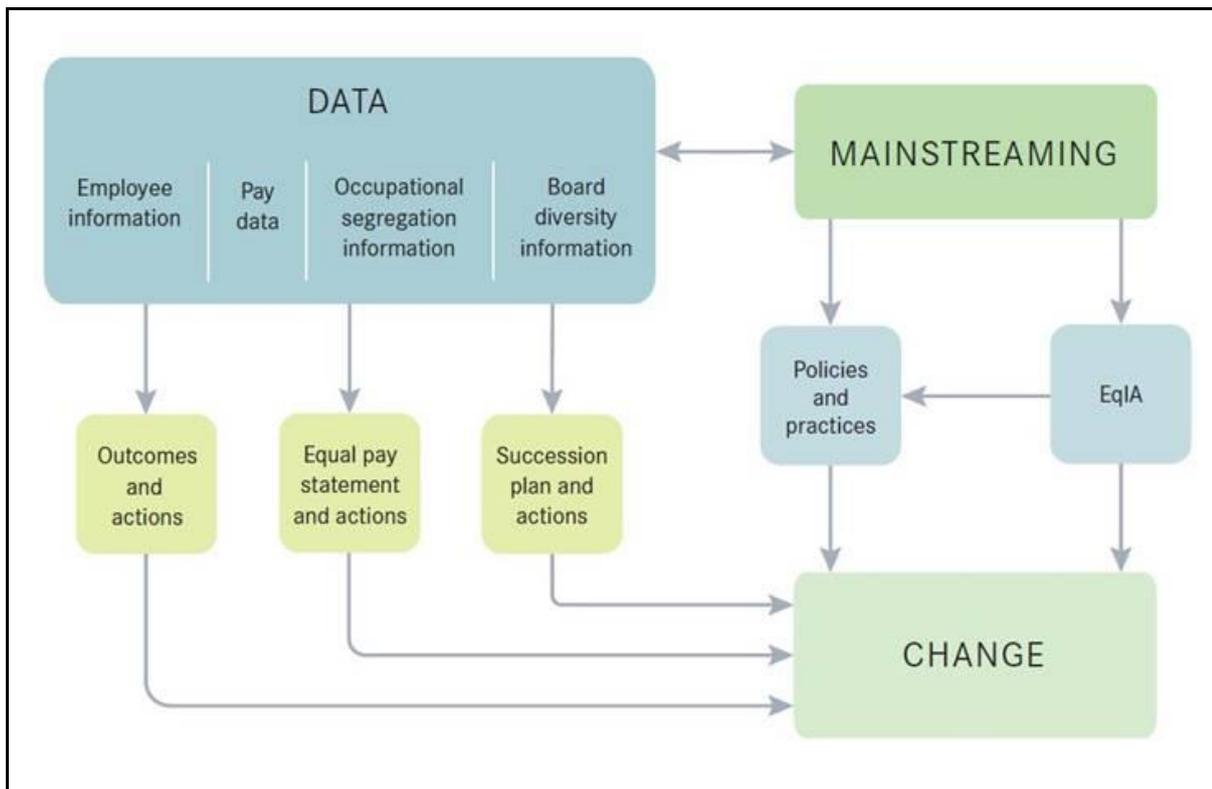
- We continue to promote Care Opinion as a valuable channel for feedback from patients, families and carers who would rather express their views anonymously or indirectly to the Service. The website allows their voice to be heard on a national forum and gives us a great opportunity to engage with them about the care they received or assist them with any ongoing issues. The vast majority of posts published were complimentary of SAS.
- Patients and members of the public can provide feedback through [your.scottishambulance.com](https://your.scottishambulance.com) our online forum as well as the complaints procedure. Examples of items featured on this forum include registration for public access defibrillators and details of the new clinical model. Most people providing feedback choose this method to do so.
- Work on our Gaelic Language Plan continues. We recognise that for those patients whose first or preferred language is Gaelic, this will have a positive impact on their experience of SAS and this is likely to have a greater impact on patients in remote and rural settings, for example in the Highlands and Western Isles where Gaelic is spoken more often.

### 4.7. Workforce data

As at 31 March 2021, SAS employed 6,614 staff. The workforce consists of 43 per cent female and 57 per cent male staff. Information on gender and age is available for all staff but there is more limited information available for disability, gender reassignment, race, religion or belief, sexual orientation. This limits SAS ability to identify inequalities.

We have seen a steady improvement in self-disclosure. As at 31 March 2021 **xx per cent** of staff had provided all equality information compared with 53.4 per cent in April 2020. Work is underway to improve disclosure rates and details of the actions being taken to address these are included in the [Workforce Equality Monitoring Report 2019/20 which can be seen here.](#)

The diagram below illustrates how each part of the specific duties are connected and how the capture and efficient use of data is central to meeting these duties.



Graphic used with the kind permission of Close the Gap.

Gathering workforce information assists SAS in meeting the three needs of the general duty. The data provides an understanding of the impact of employee policies, practices and decisions on different staff with different protected characteristics and the ability to make informed decisions based on evidence.

## 4.8. Use of equality monitoring data

### ○ **Informing Equality Impact Assessment**

Workforce data is routinely used during the development of employment policies when equality impact assessments are completed. The data assists with considering the impact of proposed changes against the workforce profile.

### ○ **Cultural barometer**

The gaps identified in self-disclosure rates across the protected characteristics serve as an indicator of our cultural understanding of why it is important to provide this information. These gaps need to be addressed to enable meaningful analysis to take place. However, where staff provide a 'prefer not to answer' response this is better than the information being unknown and demonstrates that staff have been asked the question. Anecdotally we know that staff with a disability may be reluctant to provide this information for fear of this disadvantaging them in some way. This highlights that further work needs to be done to address concerns around confidentiality in general and more specifically around more sensitive areas like disability, religion or belief and sexual orientation.

### ○ **Workforce planning**

The current staff profile is used to identify where there are gaps in order to plan what steps need to be taken to address this to ensure the right number of staff, are in the right place at the right time with the right skills levels to deliver our service. As we continue to implement our service strategy 'Taking Care to the Patient' and new models of patient care, our scope of practice will identify skills and competencies required for the workforce plan for 2021 and beyond.

### ○ **Developing Future Leaders and Managers**

Identifying the profile of those staff currently in supervisory / management positions helps illustrate where these posts are occupied disproportionately and where further actions need to be taken to support progression for women and those working part time.

### ○ **Meeting the general duty**

Gathering workforce information assists SAS in meeting the three needs of the general duty. The data provides an understanding of the impact of employee policies, practices and decisions on different staff with different protected characteristics and the ability to make informed decisions based on evidence.

### ○ **Board diversity**

It is widely accepted that increasing diversity in the boardroom and in senior leadership encourages new and innovative thinking, maximises use of talent and leads to better business decisions and governance.

The Gender Representation on Public Boards (Scotland) Act 2018 (GRPB) sets out the need for public authorities like SAS to work towards achieving the Gender Representation Objective that 50 per cent of a Board's Non-Executive members are women.

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Table 2

<b>Board diversity gender breakdown Non-Executive Members</b>		
Number of Non Executive Members		
Total	Number male	Number female
9	4	5
Percentage	45	55

As illustrated in the table above the gender balance of the Non-Executive members at SAS is 45 per cent men and 55 per cent women and the gender representation objective has been achieved.

Under GRPB there is a requirement to report on recruitment activity to appoint Non-Executive members during the reporting period of 29 May 2020 – 30 April 2021. No recruitment activity has taken place for Non-Executive members during this period.

In the past we have benefited from Non-Executive members utilising their networks to raise awareness of SAS and promote opportunities when there have been vacancies on the Board. We have also been able to develop potential good candidates by providing opportunities to observe Board activities in order to gain a better understanding of the role.

We have utilised opportunities to engage with community groups in order to discuss vacancies when they have arisen and will seek advice from equalities organisations in order to address any potential barriers for candidates.

## 4.9. Equal Pay

A refreshed equal pay statement, gender pay gap information and details of occupational segregation were published in April 2021. This information can be found [here](#) and on the SAS website and on @SAS our intranet.

The requirement to publish gender pay gap information provides the Service with an opportunity to identify trends and any issues emerging from this data and provides a baseline on which to measure improvement in future. In addition, this provides evidence to support and measure some of the actions being taken forward with our equality outcomes. Details of the equality outcomes can be seen at section 6.

The percentage difference in pay requires an average hourly rate to be calculated excluding overtime. Table 1 shows the overall average combined hourly pay rate per employee (£) in 2020 across all categories of staff and bands. The majority of staff are on agenda for change terms and conditions of employment with the exception of the Senior Executives Cohort.

Table 3 – 2020

Female			Male			% Difference M:F		
PT	FT	All	PT	FT	All	PT	FT	All
13.38	14.21	14.05	13.06	14.98	14.86	-2%	+5%	+5%

The Table above shows the percentage difference in average hourly rate has decreased from 6 per cent in 2018 (a difference of 92 pence) to 5 per cent in 2020 (a difference of 81 pence). We are encouraged to see this gradual decrease, and we will endeavour to ensure that any barriers to progression are reduced, for example, through flexible working opportunities, in order to attract women to apply for more senior roles within SAS.

Further details relating to the gender pay gap and occupational segregation can be seen in the Equal Pay Statement and Gender Pay Gap Information report [here](#) (insert link).

## 5. Equality outcomes progress 2017 – 21

### 5.1. Introduction

This section provides an update on the progress made to take forward our equality outcomes work. These outcomes were developed to support the SAS strategic framework "Towards 2020: Taking care to the Patient".

In developing these equality outcomes we sourced, gathered, analysed and considered the evidence and resource and capacity implications for each of the outcomes. Individuals and groups, external to SAS, representing those with protected characteristics were involved in the development of our outcomes.

The equality outcomes for 2017 - 2021 were identified as follows:

1. Through raised awareness of the Service there is improved access for under-represented groups.
2. The experience of patients will improve through staff who are supported to deliver person centred care.
3. The SAS is fair and equitable in the way it delivers its services, involves, and consults people.
4. There is a cultural change towards a greater understanding of mental health and wellbeing in the workplace.
5. The Service is fair and equitable in the way it develops its policies and strategies to ensure staff are treated fairly and consistently, with dignity and respect and in an environment where dignity is valued.
6. The Service supports and encourages staff and volunteers to provide equality information and increases the diversity profile of the workforce across all equality groups.
7. SAS is more responsive to the needs of lesbian, gay, bisexual and transgender staff and service users.

The review of the progress of these equality outcomes has informed the development of equality outcomes for the period 2021 – 25 (section 6). The first three outcomes are focused on the provision of our service and the remaining outcomes relate to our workforce.

The seven equality outcomes cover all the protected characteristics however there are some characteristics, for example religion and belief and gender re-assignment, where actions / initiatives are minimal. This was as a result of analysing the evidence available to us during the development of these outcomes. If evidence emerges, that indicates that people sharing these characteristics have a poor experience of the Service or have suffered detriment then we will consider ways that this may be addressed in future.

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A summary update on progress against each of the equality outcomes can be seen below.

## 5.2. Summary of progress

Work has been progressed across all of our equality outcomes and these are still relevant to the work we are taking forward. The timescales relating to the associated outputs in some cases have been adjusted to allow for changing priorities.

The actions we have taken on each of the seven equality outcomes can be seen at Appendix 4. A summary is provided here on the progress of each of the outcomes between 2017 and 2021.

### 5.2.1. Through raised awareness of the Service there is improved access for underrepresented groups.

As SAS engages more widely with community groups we are able to raise awareness of the Service, provide essential life support training and advice in recognising signs of cardiac arrest and stroke as well as encouraging preventative care. In some cases, groups are not aware of the services provided by SAS or how they can access scheduled and unscheduled care service. This is being done in a number of different ways; through community events, links with groups across the different protected characteristics, meetings with partner organisations and with individuals. Work in this area has been more limited during the pandemic period.

Through our Patient Focus and Public Involvement work we have encouraged and supported a number of volunteers to become involved with the work of SAS. This has included the development of communication resources, major trauma, patient experience and the development of care pathways.

In keeping with SAS Out of Hospital Cardiac Arrest Strategy, we are working with partners at Save a Life for Scotland, Police Scotland and Scottish Fire & Rescue Service to support community events to provide Cardiopulmonary Resuscitation (CPR) training.

The services of contactSCOTLAND and the SMS service (short messaging text service) have helped to improve access for those who use British Sign Language or those who are deaf or have speech difficulty. Through our links with Sign Language Interactions, who provide the contactSCOTLAND service on behalf of Scottish Government, we are exploring ways that this service could be utilised for other groups.

The use of Language Line Services continues to increase with 1,725 calls made with the assistance of Language Line during 2019/20.

#### What difference has this made?

The ways patients / members of the public can access the service is improving with more BSL users accessing the service via contactSCOTLAND.

The use of Language Line Service continues to increase and is improving access to SAS for those whose first or preferred language is not English. This service is publicised on the

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SAS website, however it is recognised that we need to continue to raise awareness of this with community groups if access is to continue to grow and improve.

Through our work with communities we have been able to foster better relations and a greater understanding of communities and their needs as well as providing individuals with better support to access the Service.

A broader range of individuals from diverse backgrounds are routinely working with SAS, for example on Committees, with the Patient Focus & Public Involvement Steering Group and on specific work streams like the revision of the patient needs assessment for Patient Transport Service.

CPR training has been delivered across communities in Scotland including some of the more deprived areas where it is less likely that a bystander would have the skills to administer CPR. Ultimately the life chances of those experiencing cardiac arrest will be improved as a result of many more people being able to deliver CPR, vitally important in situations where time is critical for patient survival.

### **5.2.2. The experience of patients will improve through staff who are supported to deliver person centred care.**

The clinical team and operational staff continue to work with partners and stakeholders to develop patient care pathways. Focus for this year has been on developing pathways for falls, mental health and for Chronic Obstructive Pulmonary Disease (COPD) patients. A framework tool has been put in place to assist managers working on Patient Safety Quality Groups to develop pathways with stakeholders and partners locally.

We work closely with health and social care partners to ensure there is responsive and continuity of care for patients.

More patients are being referred to local health and social care partners than before. For example, the percentage of falls patients transported to hospital continues to reduce. We have seen a reduction in the percentage of falls patients age 65 and over from 75.8 per cent in 2017/18 to 71.8 per cent in 2019/20.

The Gaelic Language Plan 2016/21 is in place and actions are being taken forward to implement the commitments outlined in the plan in order to increase the awareness and use of the Gaelic language.

Training for Call Handlers booking transport for patients using scheduled care service has been enhanced to include further reference to disability awareness and communication support.

### **What difference has this made?**

We have seen a reduction in the number of hospital admissions with many more patients over 65 being left safely in a home environment.

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As care pathways are developed we are able to work closer with social care partners to ensure patients receive the most appropriate care and reducing the need to take them to emergency departments at hospital.

The Key Information Summary for patients can be readily accessed by Accident & Emergency staff and this provides details of specific communication support needs thus allowing staff to be more aware of patient needs and what resources might be required to treat the patient.

There has been an increased understanding of disability and the impact of this for someone making a call to SAS.

### **5.2.3. The SAS is fair and equitable in the way it delivers its services and involves and consults people.**

We are working with partners at Police Scotland and Scottish Fire and Rescue Service to explore the ways we can improve access to emergency services. This work feeds in to the work undertaken by NHS Territorial Boards to meet the requirements of the Scottish Government British Sign Language (BSL) National Plan 2017 – 2023, developed to comply with the BSL (Scotland) Act 2015.

In the second phase of the SAS e-health ICT Strategy we are identifying ways in which communication with patients / carers can be enhanced through the use of cab-based terminals. This includes considering options for the provision of language services including British Sign Language.

Community resilience teams are engaging more widely with groups across the protected characteristics and we are receiving requests from a variety of community groups for CPR training. During 2020, CPR sessions were delivered for groups of people who are partially sighted. This provides opportunity for individuals to become involved in the work of SAS, improves understanding of the needs of different communities and helps to raise awareness of the services we provide and how to access these.

The patient needs assessment for scheduled care service was revised during 2017 and in 2019 refinements were made to improve our support for mental ill health patients, those who have a learning disability and those with long term conditions.

#### **What difference has this made?**

Through our work with emergency service partners we have been able to share learning, experience and best practice and have been able to commence work together in order to develop materials that could be utilised across each of the services. Whilst this is at an early stage, it is anticipated that it will improve access to services and advance equality of opportunity for members of the public.

The revision of the patient needs assessment has improved the experience of patients booking transport. For example, for patients with a long-term need for transport we are able to adjust the questions so that it is not necessary to complete the full PNA when the need arises to book future transport. For those patients with a medical condition or mobility need for transport that is unlikely to change, an alert is placed on their file preventing the

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patient being asked to go through the full PNA. In this instance we would discuss with the patient, any changes to their condition to ensure the most appropriate vehicle and crew are resourced for their journey.

#### **5.2.4. There is a cultural change towards a greater understanding of mental health and wellbeing in the workplace.**

Through our work detailed in the Wellbeing Implementation Plan 2018/19, we implemented the 'See me' programme. This has helped to raise awareness of mental health issues, the impact of mental health for individuals and encouraged more open dialogue around mental health in general.

A number of managers have attended the mentally healthy workplace training under the Healthy Working Lives programme. This has been well received with managers feeling more confident to support their staff, better equipped to promote a healthy workplace and they have been able to recommend the course to others. Other initiatives have been taken forward locally to promote health at work including walking groups, cycling groups, weigh in groups and sharing information on healthy eating.

The four-day Mindfulness Stress Reduction Training Programme has been delivered five times for staff across the service. This has been well received by participants with many reporting positive outcomes in the use of mindfulness techniques and how these can help in the work environment.

Policies have been reviewed and revised in keeping with the Partnership Information Network supporting work life balance policy including; shared parental leave, career break, flexible working, home working and maternity leave/maternity support.

#### **What difference has this made?**

The 'See me' programme has helped to raise awareness of mental health and this is relevant when our staff are treating patients as well as in the workplace. We have started to see more confidence in discussing mental health and in time it is anticipated that culturally it will be more acceptable to do so in a much more open and transparent way.

Work undertaken through the Healthy Working Lives programme supports staff with an increased awareness of health, safety and wellbeing at work.

More staff are accessing the different elements of the PIN Supporting Work Life Balance policy, which is providing a different approach to building a healthier culture in the workplace.

#### **5.2.5. The Service is fair and equitable in the way it develops its policies and strategies to ensure staff are treated fairly and consistently, with dignity and respect and in an environment where dignity is valued.**

The dignity at work policy has been promoted with managers to provide a framework for addressing issues of bullying and harassment. Issues raised under dignity at work are reported through National Partnership Forum and at Staff Governance Committee.

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HR policies are promoted to support access and uptake, for example flexible working options, through bulletins, on the intranet and through local HR teams.

In 2018 a Lesbian, Gay, Bisexual & Transgender (LGBT+) network was established – Proud@SAS and in 2019 a Black, Asian & Minority Ethnic (BAME) Forum was established. These networks are for staff and their allies and those who have an interest in equality and diversity. Their purpose is to support individual staff and patients and to help SAS consider how to be more inclusive in relation to employment opportunities and patient care. The networks are promoted through the staff intranet and social media channels.

The Dignity at Work survey was conducted across NHS Scotland in November 2017. A number of workshops were held in order to provide staff with results of the survey and discuss suggestions for actions which could be taken to make improvements.

The iMatter staff experience questionnaire was circulated to all staff in 2019 and was paused in 2020 due to the pandemic when it was decided to run the Everyone Matters Pulse Survey to ask staff specifically about their experiences during the first six months of the pandemic.

### **What difference has this made?**

There has been an increased awareness of the promoting Dignity at Work policy. Results of the dignity at work survey were fed back to staff and actions suggested by staff to improve dignity at work were taken forward through the Wellbeing Implementation Plan and Attendance Management Plan.

Staff are able to access policies that have been developed to promote the Supporting Work Life Balance Partnership Information Network policy.

Staff are beginning to engage through the LGBT network – Proud @SAS and the BAME networks. In time, this will enable a greater understanding of the needs and concerns of staff from these communities and help share good practice for LGBT and BAME patients.

When the iMatter questionnaire was distributed in 2019 a response rate of 59 per cent was achieved, a decrease from 64 per cent in 2018. During the 12-week action, planning period 82 per cent of teams had action plans in place demonstrating that staff are engaging with their managers to discuss ways to make changes to improve staff experience.

Forty per cent of staff completed the Everyone Matters Pulse Survey and all directorates are discussing results with their teams in order to identify actions that can be taken forward to improve staff experience.

### **5.2.6. The Service supports and encourages staff and volunteers to provide equality information and increases the diversity profile of the workforce across all equality groups.**

We continue to encourage staff to provide equality information in order to reduce gaps in equality monitoring and enable more meaningful analysis of the fairness of our practices and policies. We are working with staff groups at training events and with team leaders to

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discuss the need for this information. An all staff email has been distributed to encourage the provision of this information.

A new recruitment application system was implemented in 2017 and applications were made through the 'My Job Scotland' portal. In January 2020, SAS moved across to the NHS Scotland Job Train recruitment application system.

We have extended engagement across a broader range of communities in order to discuss SAS, job roles available, the recruitment process and what to expect at interview / assessment stage. We have developed links with a number of third sector organisations who are working with us to circulate vacancy details and promote SAS.

### **What difference has this made?**

There is a greater understanding of the need for equality data and clarity regarding how this is used to assess the fairness of our practices. We are seeing a steady increase in self disclosure. As at 31 March 2021, 60.5 cent of staff had provided this information.

The Job Train recruitment application system is used across the whole of NHS Scotland providing consistency of approach and better functionality for applicants who can easily amend their details to enable applications to be made across a number of Health Boards without the need to use multiple systems. We have been able to influence the development of the system through our links with the national group and we are able to request changes to improve the experience for applicants. A helpdesk facility provides additional support for applicants.

We have seen a slight improvement in the number of applications from underrepresented groups. Applications from disabled people, those from black, Asian and minority ethnic groups and LGBT communities have increased.

### **5.2.7. SAS is more responsive to the needs of lesbian, gay, bisexual and transgender staff and service users**

Transgender – Supporting Staff in the Workplace guidance has been developed to support managers and staff when individuals are going through the transition process.

We are working closely with the National Ambulance Service LGBT, BME, Disability and Diversity Networks, and this has helped us to share learning and best practice particularly by way of raising awareness of the needs of staff and patients across the protected characteristics. For example, we have used resources to promote networks for staff, increase understanding of transgender visibility, raise awareness of LGBT and Black history months and provide training for staff.

We have attended Pride events, for example in Glasgow, Dundee and West Lothian and staff have attended the National Ambulance LGBT and BME Conferences.

Partial submissions were made to the Stonewall Scotland Workplace Equality Index in 2017 and 2019.

### **What difference has this made?**

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Our links with other National Ambulance Services and networks have helped to share learning and resources which enable SAS to be more responsive to staff across LGBT and BAME communities and those staff who have a disability.

Attending events improves the visibility of SAS as an inclusive employer and provider of patient care which is person centred.

The feedback from Stonewall Scotland Workplace Equality Index has assisted the Service to review approaches to policy development, equality monitoring, recruitment practice and to consider how we can enhance LGBT training.

## Health inequalities

Our equality outcomes were developed during 2016 / 17 and were based on the evidence available at that time. In reviewing our progress towards the achievement of the equality outcomes, we recognise there are some additional areas in which we are working specifically regarding health inequalities that will enhance and impact on the service-focused outcomes.

Areas identified to date are out of hospital cardiac arrest; work with our partners on early years, protecting vulnerable groups and our own staff's welfare.

As part of the Out of Hospital Cardiac Arrest Strategy, we are working closely with Save a Life Scotland to specifically target improvements in cardiac arrest survival in those communities experiencing the greatest health inequalities.

As a national frontline service, SAS has over two million patient contacts each year in widespread and diverse communities across Scotland. We continue to strengthen and enhance community resilience by working with communities to develop life-saving skills, increasing access to public access defibrillators and developing in partnership appropriate models of service delivery.

Following the revision of the Public Protection Policy in 2020, Standard Operating Procedures for adults and children have been put in place in order to support and protect vulnerable groups.

The Service led the development of a national Paediatric Early Warning System. This is a tool which helps to identify where children are particularly unwell by monitoring a combination of clinical observations. This is supporting crews to deliver safe and effective care, identify at risk patients and pre-alert hospitals ahead of arrival. Work is underway to provide access to this through the electronic patient record. It is expected that this development will be complete in the summer of 2021. Through the work of the Medicines Management Group the use of drugs to improve the treatment of pain with children is being explored.

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### 5.3. Conclusion

Since the publication of SAS equality outcomes in April 2017 significant work has taken place to progress the initiatives / activities we set out to achieve. It is recognised that completing actions in themselves will not necessary make a difference if the work we progress does not address a disadvantage or close a gap for groups or individuals who share a protected characteristic.

Overall progress has been made against each of the seven equality outcomes. In reviewing our progress on equality outcomes we have been able to reflect on the impact of our work in this area and across the organisation as a whole. The process we have undertaken has helped focus our work and raise our level of understanding of the very real impact our work in this area has on our staff, our patients and citizens in Scotland.

Stakeholders have been involved as we start discussions that will inform the development of our Remobilisation Plan April 2021 – August 2022 and our strategic direction beyond 2022.

More focused attention has been given to equality impact assessment and the associated training around this, which has helped to embed this process in policy development across the service. This has provided opportunity for discussion around equality and diversity in general and an increased understanding of the impact the provision of our services has on different groups. In doing so we have been able to incorporate reference to these issues in strategy development which in turn shape the way we do business, for example, the Procurement Strategy, the Public Protection Policy and the Demand and Capacity Programme.

We have also been able to identify particular areas of work that bring together strands of activity for a more holistic approach. For example, developing our Wellbeing Being Strategy 2020 - 2024 that aims to improve the health and wellbeing of our staff and covers various work streams across health and physical and mental wellbeing.

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## 6. Statement of equality outcomes 2021 – 25

### 6.1. Introduction

Our equality outcomes have been developed to build on our strategic goals set out in our framework "Taking care to the Patient" and our Remobilisation Plan 2021 – 22.

Our goals;

- To ensure our patients, staff and the people who use our services have a voice and can contribute to future service design, with people at the heart of all that we do.
- Expand our diagnostic capacity and the use of technology to enhance local decision making to enable more care to be delivered at home in a safe and effective manner.
- Continue to develop a workplace with the necessary enhanced skills and extend skills by 2020 to deliver the highest level of quality and improve patient outcomes.
- Evidence a shift in the balance of care through access to alternative care pathways that are integrated with communities and with the wider health and social care service.
- To reduce unnecessary variation in service and tackle inequalities delivering some services "Once for Scotland" where appropriate.
- Develop a model that is financially sustainable and fit for purpose in 2020.

#### What are equality outcomes?

Equality outcomes are:

- Changes or impact that results from the action we have taken. These changes may be for individuals, groups, families, organisations or communities,
- Should be based on existing evidence, i.e. involvement of those with protected characteristics and available equalities / health inequalities data and research,
- Should not replicate existing board policy outcomes, but contribute a specific equality dimension that is aligned to and supportive of these.

Actions describe what activity / initiatives are planned in order to work towards the achievement of outcomes. Outputs describe what will get done and what is produced / delivered to support the delivery of outcomes.

The equality outcomes that have been identified are as follows:

1. To improve access and referral to the most appropriate care that is person centred, safe and effective
2. The experience of patients will improve through staff who are supported to deliver person centred care
3. The mental health of patients and staff employed by SAS is better supported and accessibility to appropriate care and wellbeing resources is improved
4. The Service is fair and equitable in the way it develops its policies and strategies to ensure staff are treated fairly and consistently, with dignity and respect and in an environment where dignity is valued
5. The diversity profile of SAS workforce reflects the communities we serve

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6. SAS is more responsive to the needs of black, Asian and minority ethnic staff and service users.

In developing these outcomes, we have built on the work we have undertaken previously and added further actions where appropriate. It is recognised that more needs to be done to build on the actions /initiatives that have already been completed. In some instances, actions / initiatives are being carried forward whilst others are new. Further equality outcomes will be prepared and published to meet the requirements of the specific duties in 2025.

The equality outcomes cover all the protected characteristics however, there are some characteristics, for example religion and belief and gender re-assignment where actions / initiatives are minimal. This is as a result of considering the evidence available to us during the development of these outcomes. If evidence emerges, that indicates that people sharing these characteristics have a poor experience of the Service or have suffered detriment then we will consider ways that this may be addressed in future

## 6.2. Evidence

In developing these equality outcomes, we have sourced, gathered, analysed and considered the evidence, resource and capacity implications for each of the outcomes.

Externally individuals and groups representing those with protected characteristics have been involved in the development of our outcomes. These have been discussed and have been circulated across our National Patient Focus and Public Involvement Group, which includes a wide range of individuals / groups across all protected characteristics.

Internally senior managers, staff, staff side and groups have been involved including the Equality Diversity Steering Group and staff networks.

Taking a holistic view across health across Scotland it is clear SAS has a part to play in terms of reducing health inequalities and therefore our equalities work needs to be aligned. In turn, this work aligns with the ambitions of the Healthcare Quality Strategy for NHS Scotland to deliver safe, clinically effective and patient centred care for our patients and the Health and Social Care Delivery Plan to provide better care, better health and better value.

It is recognised that we can build on access routes to the Service and this will enhance the experience for patients particularly those from the Deaf community, or those whose second language is English. As the Service covers the whole of Scotland it is imperative that further ways are developed to ensure we can involve, consult and engage with patients and the public in a variety of ways.

With regard to workforce, we considered a number of sources of evidence and given that mental ill health is the most common cause of staff absence from work decided that we should develop support and understanding around this in order to improve staff experience in this regard.

Our annual workforce equality monitoring report provides details of the staff composition and it is apparent that the workforce profile is not very diverse. There are two key areas for

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improvement. The first is to improve the rates of self-disclosure of equality information from staff that will provide a more accurate picture of the diversity profile. The second is to progress further ways that we can attract applications from as broad a range of communities as we can and monitor the success of applicants to ensure there are no barriers in the recruitment process.

An evidence summary for each of the equality outcomes is included in this document for reference at Appendix 3.

### **Starting point**

As a board, we are not starting with a blank sheet. We developed outcomes for the period 2017 – 21 previously and in developing and in developing outcomes for the period 2021 - 25 cognisance has been taken of the progress we have made, the relevance of the activities we had identified and the changing needs of the Service. Our equality outcomes are aligned explicitly with existing Scottish Government, NHS Scotland and SAS policy priorities, linking to national evidence where possible, and integrated into current performance management systems where relevant.

We recognise that the SAS does not work in isolation but with other colleagues across health and social care. In particular we have taken cognisance of the Audit Scotland “Health Inequalities in Scotland” and we understand that given the complex and long-term nature of health inequalities one organisation cannot address all these on its own. However, we know that we can contribute to the long-term health of the population in Scotland and can play our part in helping to reduce health inequalities.

### **6.3. Monitoring arrangements**

Outputs will be monitored and reported at the Staff Governance Committee.

A formal report on progress made against each of the outcomes since April 2021 will be produced and published in April 2023.

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## 6.4. Statement of Equality Outcomes 2021 – 25

<b>1. Equality outcome</b> <b>To improve access and referral to the most appropriate care that is person centred, safe and effective</b>			
<b>Initiatives / activity</b>	<b>Outputs</b>	<b>Short / medium term outcomes</b>	<b>General duty / protected characteristic</b>
a. Engagement with communities will be focussed to include those who are under-represented amongst users of SAS e.g. black, Asian and minority ethnic, disabled and carers groups, those in deprived areas.	i. An increase in the number of patients from under-represented groups use the scheduled service.	Awareness and understanding of SAS is increased so communities access SAS as appropriate.	Advance equality of opportunity  Foster good relations          Race, disability
	ii. There is an increase in the use of alternative methods of booking transport and accessing emergency service for disabled patients including those with mental health problems.		
	iii. Improved understanding among communities of the services delivered by SAS.		
b. Individuals from diverse groups are encouraged and supported to become involved with the work of SAS including those who wish to volunteer.	More diverse public / patient representation on service redesign / improvement groups.	Increased understanding of the needs of diverse groups.	Advance equality of opportunity  Foster good relations Age, disability, race, LGBT, carers
c. Provide health awareness sessions with communities, including those in deprived areas, to cover essential life support and recognising signs of cardiac arrest / stroke as well as encouraging	Sessions are provided across a range of community settings provided by community resilience department through community first responder teams.	Communities have an increased understanding of some health conditions and this will have impact on health inequalities.	Advance equality of opportunity  Foster good relations       Race, disability, age, LGBT

preventative care.			
d. Improve the capture of patient equality details.*	There is an increase in the percentage of patient equality data collected.	There is a better understanding of the profile of patients treated by the Service.	Eliminate discrimination  All
e. Improve access to SAS information for patients and members of the public.*	i. Video content in BSL is developed for the SAS website.	The SAS is more accessible for BSL users.	Advance equality of opportunity   All – disability, race
	ii. More information on the website is provided in easy read format.	Access to the website is improved.	
	iii. Video clips on patient information are produced for use on social media channels and use of Recite Me on the website is promoted.	Awareness and understanding of services is improved.	
f. Communication tools are developed to be used by operational teams. *	Easy to use communication resources are developed.	There are a range of communication tools available assisting staff and patients to communicate effectively.	Advance equality of opportunity  Disability
<b>Measures</b>			
<ul style="list-style-type: none"> <li>• Increase in the range of community groups with whom we engage</li> <li>• The diversity profile of volunteers working with SAS</li> <li>• Use of Language Line Services for booking Patient Transport Service is utilised</li> <li>• There is improved access to information on SAS website and social media channels</li> <li>• There is an increase in the collection of patient equality details</li> </ul>			

\*denotes where actions/initiatives/outputs are new



and implementing new methods of booking transport services.		service.	Advance equality of opportunity  Age. Disability
	ii. In keeping with the new booking system review and revise the Patient Needs Assessment for Patient Transport Service	Patients have improved experience of booking transport.	
e. Community Resilience Team Leader engage with a wide range of communities including volunteers across the protected characteristics and this work is targeted to include where previous involvement has been limited.	There is improved input and dialogue across a wide range of communities and groups.	Engagement with communities is inclusive across all protected characteristics.	Advance equality of opportunity  Foster good relations  All
f. A range of people/groups across all protected characteristics are involved in the work of SAS.	Representatives from different communities are routinely involved in the work of SAS including on committees, during development of strategy and when reviewing our practices.	Our service and practice are inclusive and equitably implemented.	Eliminate discrimination  Advance equality of opportunity  Foster good relations  All
g. Development of a cab based language tool.	Language tool in place.	Communication support is more accessible and immediate when crews are with patients [A & E].	Advance equality of opportunity  Race
g. Develop an accessible communications policy to cover interpretation, translation and patient information.	i. Communications Policy is in place	Policy is clear for patients / members of the public.	Advance equality of opportunity  Disability, race
	ii. Gaelic Language Plan is implemented and second edition of the plan is developed and published in 2021.	Gaelic is visible and accessible for patients/members of the public.	
<b>Measures</b>			
<ul style="list-style-type: none"> <li>Care pathways in place across health and social care partners</li> </ul>			

- Gender specific differences experienced by patients identified
- Services are accessible and inclusive to the needs of all people with no barriers to contacting services
- Communications policy is in place and is implemented
- New methods of booking patient transport service are in place

\*denotes where actions/initiatives/outputs are new

<b>3. Equality outcome</b>			
<b>The mental health of patients and staff employed by SAS is better supported and accessibility to appropriate care and wellbeing resources is improved</b>			
<b>Initiatives / activity</b>	<b>Outputs</b>	<b>Short / medium term outcomes</b>	<b>General duty / protected characteristic</b>
a. Patients in mental health crisis calling 999 are referred to the most suitable care pathway including mental health hub / hospital as appropriate.*	i. Fewer mental health patients are taken to accident & emergency.	The care of mental health patients is improved.	Advancing equality of opportunity  Disability
	ii. Revise and devise methods of recording episodes of distress / mental health to enable better analysis of care provided.	Mental health patients are offered the most appropriate support.	
b. The trial of mental health triage cars will provide additional support for mental health patients and will be staffed by a mental health Nurse working with a Paramedic.*	Patients receive appropriate care to meet their mental health needs.	Mental health patients are referred to health and social care partners.	Advancing equality of opportunity  Disability
c. Work towards being a dementia friendly employer with policies and procedures in place to allow us to support colleagues who become carers or support those who themselves develop dementia.*	i. Work with colleagues across emergency services to maintain and improve general safety and wellbeing of people living with dementia, their families and carers.	There is increased awareness and understanding of dementia and the impact this has on individuals, their families and carers.	Eliminate discrimination Advancing equality of opportunity Foster good relations
	ii. Staff complete on-line dementia friendly training.	There is increased awareness of dementia and improved understanding of individuals who are confused / have difficulty communicating.	
	iii. Employment policies are	There is increased understanding of	

	developed which support colleagues with dementia and those who care for someone with dementia.	dementia and the impact of this for carers.	Disability
d. 'Mentally healthy workplace' training is delivered.	Training is delivered for managers and staff.	Managers are confident in the way they support their staff and promote a healthy workplace.	Foster good relations All - greater for disability, young men, LGBT staff
e. Scotland's Mental Health First Aid course is implemented across SAS.	The training is delivered.	There is a greater understanding of mental health and the impact of this on individuals.	Foster good relations All - greater for disability, young men, LGBT staff
f. Health and wellbeing is promoted across SAS through healthy working lives programme.	i. Staff are encouraged to consider their health at work and how this can be improved.	Staff have better health as a result of increased awareness of healthy lifestyles and the options available e.g. around diet, exercise etc.	Advance equality of opportunity
	ii. Resources available to support mental health are utilised.	Staff are supported and mental health stigma is reduced.	All, greater impact on disability
g. Work with Lifelines Scotland to develop training resources for use by all emergency services, their staff, families and volunteers.*	Resources are available and accessed through Lifelines Scotland website.	Staff wellbeing in general and mental health in particular is better supported.	Advance equality of opportunity All, greater impact on disability
h. Agile working guidance is implemented widely across the Service.*	Guidance is used to enable staff agile working.	Staff are supported to enable home working resulting in improved work life balance.	Advance equality of opportunity All - disability
i. Implement the Health & Wellbeing Strategy 2021 – 24 launched in January 2021.* Actions are in place to support and create a healthy culture and environment where wellbeing will flourish.	Actions are taken to support wellbeing detailed in the Wellbeing Roadmap for 2021 – 22.	There is an improvement in the health and wellbeing of staff.	Advance equality of opportunity Fostering good relations All

Measures
<ul style="list-style-type: none"><li>• The number of mental health patients taken to hospital is reduced</li><li>• Staff complete dementia friendly training</li><li>• There is a reduction in sickness absence as a result of mental health</li><li>• All regions/departments make progress under the Healthy Working Lives programme</li><li>• Beyond the Covid-19 pandemic there is an increase in the number of staff working all/part of the time at home</li><li>• Lifeline Scotland resources are available and accessed by staff, their families and volunteers</li><li>• Staff feedback scores on a caring environment through iMatter questionnaire improves</li></ul>

\*denotes where actions/initiatives are new



<p>d. Monitor and review occupational segregation and associated applications for key roles that have traditionally been occupied by men or women.</p>	<p>Analysis of vacancies for key roles to establish where changes could be made further in order to encourage more applications from men and women for all job roles.</p>	<p>There is an increase in the proportion of men and women applying for posts traditionally occupied by the opposite sex, i.e. more male applicants for admin and clerical posts and more female applicants for Patient Transport Service.</p>	<p>Eliminate discrimination</p> <p style="text-align: right;">Gender</p>
<p>e. Improve staff engagement across all staff groups.</p>	<p>i. An employee engagement index score of 70 is achieved.</p>	<p>Staff feedback is positive and indicates there is a healthy culture.</p>	<p>Foster good relations</p> <p style="text-align: right;">All</p>
	<p>ii. iMatter response rates increases to 65% across SAS by 2025.</p>	<p>An increased number of staff routinely have their say by providing feedback through the iMatter questionnaire.</p>	
	<p>iii. Action plans are in place for every team and these are completed within 12 weeks of team reports being available.</p>	<p>Staff feel they are listened to and actions are taken which improve staff experience.</p>	
	<p>iv. SAS staff are involved with the national dignity at work group to develop the national approach during 2021.</p>	<p>This work will raise awareness and understanding of dignity in the workplace and how to challenge behaviours when inappropriate.</p>	
<p>Measures</p>			
<ul style="list-style-type: none"> <li>• Staff experience improves and this is reflected in the results of iMatter / pulse surveys</li> <li>• An increased number of staff work on permanent shift patterns</li> <li>• More men work in roles traditionally occupied by women and more women work in roles traditionally occupied by men</li> <li>• Staff disability network is in place</li> </ul>			

\*denotes where actions/initiatives/outputs are new

<b>5. Equality outcome</b> <b>The diversity profile of SAS workforce reflects the communities we serve</b>			
<b>Initiatives / activity</b>	<b>Outputs</b>	<b>Short / medium term outcomes</b>	<b>General duty / protected characteristic</b>
a. Develop a framework to employ and increased number of Modern Apprentices.	Framework in place.	The employability of young people is improved.	Advance equality of opportunity  Age, disability, race, gender
b. Develop a plan to encourage and improve rates of staff self- disclosure.	i. Improved self-disclosure rates particularly with regard to race, religion & belief and sexual orientation.	There is a shift in cultural awareness of the importance of disclosing equalities information.	Eliminate discrimination  All - greater impact for race, religion and belief, LGBT
	ii. Utilise opportunities at training events to capture equality monitoring information.*	Disclosure rates improve. There is greater understanding of the need to collect data	
c. Extend the breadth of engagement with potential candidates*	i. Attend specific careers events in areas with higher black, Asian and minority ethnic communities	There is an increase in numbers of BME applicants	Advance equality of opportunity  Race
	ii. Run targeted community events for operational posts to cover the application process, assessment procedure and on-boarding.	There is an increased awareness of the job roles available and an understanding of the recruitment process.	
d. Recruitment advertising is targeted specifically across under-represented groups including BME / disabled / LGBT communities.	i. A greater number of applications are received from under-represented communities including LGBT, disability and black, Asian and minority ethnic communities.	The workforce of SAS better reflects the diversity of the Scottish population and staff with protected characteristics are represented appropriately at all levels of the organisation.	Advance equality of opportunity

	ii. Utilise the use of social media and digital technology to support the recruitment of staff at all grades across SAS.	Improved understanding among communities of the services delivered by SAS and the job roles available.	Race, disability, LGBT
	iii. Utilise contacts with a range of organisations to identify ways of advertising more widely.	Attract a broader range of applicants.	
	iv. The success of applicants across equality groups increases.	The diversity of the workforce improves.	
<b>Measures</b>			
<ul style="list-style-type: none"> <li>• There is an increase in the percentage of staff disclosing all equalities information</li> <li>• There is an increase in the number of applications from disabled, LGBT and black and minority ethnic communities.</li> <li>• There is an increase in the percentage of successful applicants from disabled, LGBT and black and minority ethnic communities</li> <li>• There is an increase in the diversity of the workforce overall and increased percentages of disabled, black, Asian and minority ethnic and LGBT staff.</li> <li>• Longer term – diversity across all salary bands is improved.</li> </ul>			

\*denotes where actions/initiatives are new



of BAME, LGBT and disabled graduates.*	of BAME students in each year group.		Race, LGBT, Disability
d. Recruitment procedures are in line with best practice and are inclusive to improve and increase workforce diversity.*	i. Recruitment and selection policy is reviewed to ascertain if there is potential to present a disadvantage to applicants.	Recruitment and selection practice is fairly and equitably applied.	Eliminate discrimination  Advance equality of opportunity
	ii. Enhance and increase imagery on SAS website, recruitment pages and publications to reflect the diversity of the communities served by SAS.	This encourages more applications across communities.	
	iii. Wherever possible selection panels will be diverse.	This creates a broader variety of views on panels.	
	iv. Provide opportunities for mentoring, shadowing, reverse mentoring for BAME staff.	To provide development opportunities.	
			All - Race
e. Develop culturally sensitive resources to improve understanding.*	Materials are developed and are available highlighting cultural difference and beliefs.	There is greater understanding and awareness.	Foster good relations  Race
f. Mitigate the impact of Covid-19 on staff and strengthen protection and support for BAME staff.*	i. Ensure PPE is culturally suitable and protective redeployment, shielding and testing is in place.	The health and wellbeing of BAME is supported.	Foster good relations  Race
g. Make a commitment to achieving Race at Work Charter status.*	CEO makes a pledge to the Race at work charter and SAS builds on the 5 key actions fundamental to charter status.	SAS becomes more culturally sensitive.	Foster good relations  Race
h. Mainstream anti-racism messages through standard training and learning	Course content is reviewed and revised to include anti-racism	There is increased awareness and understanding of racist behaviours	Eliminate discrimination

materials including leadership and management development provision.*	messages.	and how staff can behave to promote a culture of anti-racism.	Race
i. Clinical guidance for conditions more prevalent for black, Asian and minority ethnic groups will be reviewed to ensure the most appropriate care is provided, e.g. sickle cell disease.*	Guidance reviewed and revised to ensure this reflects best practice.	The treatment for patients presenting with these conditions improves.	Eliminate discrimination  Race
<b>Measures</b>			
<ul style="list-style-type: none"> <li>• Staff are more confident to report racist issues</li> <li>• There is an increase in the percentage of BAME applicants applying for vacancies</li> <li>• There is an increase in the number of BAME employed by SAS</li> <li>• There is increased awareness of different cultures</li> <li>• Staff are aware of how to be anti-racist</li> </ul>			

## Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012

### Summary of how the Scottish Ambulance Service is meeting the equality duties

Report progress on mainstreaming	SAS published Mainstreaming Reports in April 2013, 2015, 2017 and 2019. This report will be published in April 2021.
Publish equality outcomes and report on progress	Equality outcomes were developed and published in April 2013 and April 2017 with progress reports published in April 2015, 2017 and 2019. A progress report and new equality outcomes will be published in April 2021.
Assess and review policies and practices (impact assessment)	SAS continues to assess policies for impact against the general duty, to highlight opportunities to enhance equality and publishes these on the SAS website.
Gather and use employee information	A workforce equality monitoring report is published annually which highlights areas where improvements can be made to better capture data. The use of employee information is detailed in the mainstreaming report.
Publish a statement on equal pay	The equal pay statement and gender pay gap details were published for the first time in April 2013. The equal pay statement was revised and published in April 2017 together with details of occupational segregation between men and women, disabled staff and those from minority ethnic backgrounds. A revised equal pay statement will be published in April 2021.
Publish pay gap information	Pay gap information was published in April 2013, 2015, 2017 and 2019. Pay gap information will be published with the equal pay statement in April 2021.
Consider award criteria and conditions in relation to public procurement	SAS will continue to ensure that all purchases are made in full compliance with Government legislation and will utilise nationally agreed terms and conditions constructed by the Scottish Governments Central Legal Office for the purchase of all goods and services.
Publish in a manner that is accessible	All reports will be published on the SAS website where adjustments can be made to the format. Copies can be provided on request in other formats.

**Actions taken and next steps**

We said in our 2019 mainstreaming report that we would take a number of steps. This is what we did, the results and what we plan to do next. It is recognised that improvements are needed to increase equality monitoring disclosure rates and the equality profile of SAS.

<b>1. We will continue to routinely monitor the equality data gathered from staff under gender reassignment, religion and belief and sexual orientation and we will take further steps to improve self disclosure rates for these and all the protected characteristics and use this information to determine the fairness of our practices.</b>				
<b>Actions</b>	<b>Results</b>	<b>Next steps</b>		
Continue working through recruitment activities and with Education and Development and training sessions to gather and promote the disclosure of equality monitoring information and further support staff to provide this information.	Disclosure rates by percentage.	An all staff email was sent out in November 2020 asking staff to provide their equality details. We will follow this up to encourage more staff to provide this information.		
			2017/18	2019/20
	Gender reassignment		69	67
	Religion or belief		50	55
	Sexual orientation	44	48	
<b>2. We will gather equality data for volunteers and this will be gathered and reported using a national database.</b>				
<b>Actions</b>	<b>Results</b>	<b>Next steps</b>		
Volunteer equality monitoring information to be captured using Volunteer Information System (VIS) by June 2019.	The introduction of VIS across NHS Scotland has been later than anticipated. We expect to migrate across to this system in the next few months and this will allow more robust reporting of the equality profile of our volunteers.			
<b>3. We will continue to advertise vacancies as widely as possible in order to attract a broad range of applicants across community groups.</b>				
<b>Actions</b>	<b>Results</b>	<b>Next steps</b>		
Continue to work with community groups to promote the service and advertise posts	Applicants by percentage	We will continue to work with community groups and monitor the number of applicants from minority groups.		
			2017/18	2019/20
	Disabled		8	10.3
	Black and minority ethnic		2.3	2.6
	Lesbian, gay, bisexual,	5	6.6	

	transgender			
<b>4. Training on the Electronic Employee Standard System (eESS) will be scheduled for HR teams and local administrative staff during implementation.</b>				
<b>Actions</b>		<b>Results</b>		<b>Next steps</b>
The self-service element of eESS will be rolled out to staff across SAS in 2019 and this will help improve the capture of equality monitoring information.		Some training has been completed. We are reviewing our approach with regard to the self-service element of eESS and the links with our systems infrastructure.		Consider whether the self-service element of eESS can be applied and implement this with the relevant staff groups.
<b>5. We will continue to meet the reporting requirements for public authorities outlined in the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.</b>				
<b>Actions</b>		<b>Results</b>		<b>Next steps</b>
We will continue to meet the reporting requirements for public authorities outlined in the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.		Our workforce equality monitoring report is published annually and <a href="#">a copy of the 2019/20 report can be viewed seen here.</a> We have used the equality data and information gathered to take actions in order to fulfil the requirements of the specific duties. For example, workforce data has been used to inform the equality impact assessment process. Data capture at recruitment stage has illustrated where there is under-representation and highlighted areas where further work has been undertaken to advance equality of opportunity both for internal and external applicants. Analysing the workforce profile has assisted us in identifying steps that can be taken to improve the diversity of the workforce. For example different ways of advertising.		We will continue to meet the reporting requirements for public authorities outlined in the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.
<b>6. Through the work we are doing to support self disclosure rates we will increase the proportion of our workforce self disclosing as disabled from the current level of 1.9 per cent to 4 per cent in March 2021.</b>				
<b>Actions</b>		<b>Results</b>		<b>Next steps</b>
Continue to support improved disclosure for disability and increase the rate to 4 per cent by March 2021.		The proportion of the workforce disclosing as having a disability has increased to 2.8 per cent (previously 1.9 per cent) as at 31 March 2021.		
<b>7. We will increase the overall percentage of the workforce self disclosing equality information across all protected characteristics.</b>				

Actions	Results	Next steps
We will continue to support staff to provide this information in order to increase this to 65 per cent by March 2021.	Self-disclosure rates have been steadily improving. As at 31 March 2021, 60.55 per cent of the workforce had provided information across all protected characteristics.	We will consider further of encouraging staff to provide this information.
<b>8. Through the work we are doing to support self disclosure rates we will increase the proportion of our workforce identifying as black, Asian or minority ethnic backgrounds (BAME).</b>		
Actions	Results	Next steps
We will further engage with communities and the National Ambulance Black & Minority Ethnic Forum to work jointly where appropriate and to share learning in order to increase the number of BME staff.	<p>Of all applicants applying for posts during 2019/20, 2.6 per cent were from BME groups. Of these 5.8 per cent were offered posts.</p> <p>Our workforce identifying as BAME as at 31 March 2021 was 0.9 per cent.</p> <p>Disclosure rates for ethnicity have increased from 79 per cent in 2019 to 80.5 as at 31 March 2021.</p>	

**Evidence summary for Equality Outcomes**

<p><b>1. Outcome: To improve access and referral to the most appropriate care that is person centred, safe and effective</b></p>	
<p>Evidence gathered and sources used</p> <ul style="list-style-type: none"> <li>○ Limited use of Patient Transport Service by black and minority ethnic groups, those who use BSL</li> <li>○ Hidden in plain sight EHRC report</li> <li>○ Language Line Service usage</li> <li>○ Health outcomes information and prevalence of long term conditions / health inequalities in different population groups / deprived areas, e.g. Audit Scotland Report - Health Inequalities in Scotland</li> <li>○ Community involvement through meetings and events</li> <li>○ Equality Impact Assessments</li> <li>○ Community engagement through regions, community resilience and national service development work</li> <li>○ Population data from Census reports</li> <li>○ Anecdotal evidence from staff / members of the public</li> <li>○ The Healthcare Quality Strategy for NHS Scotland</li> <li>○ Is Scotland Fairer? Report EHRC</li> <li>○ Scottish Government Expert Reference Group on Covid-19 and ethnicity. Recommendations on systematic issues and improving data and evidence on ethnic inequalities</li> <li>○ Remobilise, Recover, Redesign: The Framework for NHS Scotland – Scottish Government 31 May 2020</li> <li>○ British Sign Language National Plan 2017 - 23</li> </ul>	
<p>Preliminary analysis completed</p> <ul style="list-style-type: none"> <li>○ Involving Equalities Manager, Executive Team, National Patient Focus and Public Involvement Group, Equality and Diversity Steering Group, Staff</li> <li>○ Summary findings There is limited awareness of Scottish Ambulance Service in some communities with uncertainty regarding use and access resulting with Patient Transport Service not being utilised by some e.g. black and minority ethnic groups, those who use BSL</li> </ul>	
<p>Consultation</p> <ul style="list-style-type: none"> <li>○ Wide range of individuals and groups who represent those with protected characteristics including LGBT Youth Scotland, Disability Equality Scotland, Deaf Action, Deaf Scotland, Renfrewshire Access Panel, Ahlul Bayt Society Edinburgh, Scottish Youth Parliament, See Me</li> <li>○ Access to draft outcomes for comment on Scottish Ambulance Service website</li> <li>○ Access to draft outcomes for comment on @SAS (intranet)</li> <li>○ Draft outcomes circulated to groups / contacts on database - including those who represent those with protected characteristics</li> <li>○ National Patient Focus and Public Involvement Group, Equality and Diversity Steering Group, Executive Team, senior managers, staff and staff side partners</li> </ul>	

<p><b>2. Outcome: The experience of patients will improve through staff who are supported to deliver person centred care</b></p>
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<p>Evidence gathered and sources used</p>
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- Patient profiles
- Patient complaints / feedback
- Patient stories
- Census reports
- Equality Impact Assessments
- Health outcomes information and prevalence of long term conditions / health inequalities in different population groups / deprived areas, e.g. Audit Scotland Report - Health Inequalities in Scotland
- Patient Focus Public Involvement data and feedback
- Community engagement through regions, community resilience and national service development work
- The ageing population is leading to an increase in the number of people with dementia (5% of people over 65 and 20% of those over 80 years of age)
- The Healthcare Quality Strategy for NHS Scotland
- Is Scotland Fairer? Report EHRC
- Scottish Government Expert Reference Group on Covid-19 and ethnicity. Recommendations on systematic issues and improving data and evidence on ethnic inequalities
- Scottish Government & Scottish Council for Voluntary Organisations – ‘No one left behind’ programme detailing ways to address digital exclusion.

Preliminary analysis completed

- Involving Equalities Manager, Executive Team, National Patient Focus and Public Involvement Group, Equality and Diversity Steering Group, Staff
- Summary findings Work for the Service to be aligned with the 2020 Vision for Health and Social Care - by 2020 everyone is able to live longer healthier lives at home, or in a homely setting with a focus on prevention, anticipation and supported self-management. This outcome aligns with the quality strategy and the need to deliver safe, clinically effective and person centred care and the need to delivery better care, better health and better value.

Consultation on draft outcome

- Wide range of individuals and groups who represent those with protected characteristics including LGBT Youth Scotland, Disability Equality Scotland, Deaf Action, Deaf Scotland, Renfrewshire Access Panel, Ahlul Bayt Society Edinburgh, Scottish Youth Parliament, See Me
- Access to draft outcomes for comment on Scottish Ambulance Service website
- Access to draft outcomes for comment on @SAS (intranet)
- Draft outcomes circulated to groups / contacts on database - including those who represent those with protected characteristics
- National Patient Focus and Public Involvement Group, Equality and Diversity Steering Group, Executive Team, senior managers, staff and staff side partners

**Workforce**

**Evidence summary for Equality Outcomes**

**3. Outcome: The mental health of patients and staff employed by SAS is better supported and accessibility to appropriate care and wellbeing resources is improved**

Evidence gathered and sources used

- The main cause of sickness absence at Scottish Ambulance Service is

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<p>stress/anxiety/depression</p> <ul style="list-style-type: none"> <li>○ People who face mental ill health often face stigma as a result</li> <li>○ Staff side feedback</li> <li>○ 1 in 4 people experience common mental health problems</li> <li>○ Evidence suggests Covid-19 has negatively and substantially affected the mental wellbeing of some communities with the impact of poverty, racism, financial difficulties, trauma and isolation significantly affecting mental health</li> <li>○ Some groups of people with protected characteristics will also be more susceptible to mental health difficulties in the longer term as the pandemic leaves behind complicated bereavement, trauma and economic repercussions, significant factors for poor mental health. In addition, there may be widening of pre-existing health inequalities, as well as affecting those who have not previously experienced poor mental health.</li> <li>○ People who are LGBT are more likely to report poorer mental health and wellbeing.</li> <li>○ The number of 'Place of Safety' notifications has increased, as did the proportion of incidents where the place of safety was a Police station.</li> <li>○ Scottish Government Mental Health Strategy Scotland 2017 – 2027 to prevent and treat mental health problems with the same commitment, passion and drive we do physical health problems</li> <li>○ 27% of emergency responders had contemplated taking their own lives due to work stress and poor mental health (MIND survey 2015)</li> <li>○ Health Scotland report on Mental Health Improvement: evidence and practice</li> <li>○ Stonewall research / reports</li> <li>○ Scottish Transgender Alliance research</li> <li>○ Is Scotland Fairer? Report EHRC</li> </ul>
<p>Preliminary analysis completed</p> <ul style="list-style-type: none"> <li>○ Involving Equalities Manager, Executive Team, National Patient Focus and Public Involvement Group, Equality and Diversity Steering Group, HR Management Team, Staff</li> <li>○ Summary findings It is recognised that people who experience mental health often face stigma in the work place and that mental health issues are not always understood. Given the high incidence of mental ill health as a reason for absence it seems fitting to develop support and understanding around this in order to improve staff experience in this regard.</li> </ul>
<p>Consultation on draft outcome</p> <ul style="list-style-type: none"> <li>○ Wide range of individuals and groups who represent those with protected characteristics including LGBT Youth Scotland, Positive Action in Housing, Scottish Disability Equality Forum, Renfrewshire Access Panel, Ahlul Bayt Society Edinburgh, Scottish Youth Parliament, See Me</li> <li>○ Access to draft outcomes for comment on Scottish Ambulance Service website</li> <li>○ Access to draft outcomes for comment on @SAS (intranet)</li> <li>○ Draft outcomes circulated to groups / contacts on database - including those who represent those with protected characteristics</li> <li>○ National Patient Focus and Public Involvement Group, Equality and Diversity Steering Group, Executive Team, senior managers, staff and staff side partners</li> </ul>

**4. Outcome: The Service is fair and equitable in the way it develops its policies and strategies to ensure staff are treated fairly and consistently, with dignity and respect and in an environment where dignity is valued**

Evidence gathered and sources used		
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<ul style="list-style-type: none"> <li>○ Staff surveys – NHS Scotland including Everyone Matters Pulse Survey, iMatter</li> <li>○ Equality monitoring data / establishment figures</li> <li>○ Staff side feedback</li> <li>○ Findings of National Equality Leads consultation with Trades Unions and groups representing staff</li> <li>○ Stonewall research / reports</li> <li>○ Reports from DATIX system which is used by staff to record incidents where there is harm (or potential for harm) to any member of staff, patient or other individual e.g. violence, abuse, harassment and health and safety)</li> <li>○ Training feedback / monitoring reports</li> <li>○ Equality Impact Assessments</li> <li>○ Is Scotland Fairer? Report EHRC</li> </ul>
<p>Preliminary analysis completed</p> <ul style="list-style-type: none"> <li>○ Involving Equalities Manager, Executive Team, National Patient Focus and Public Involvement Group, Equality and Diversity Steering Group, HR Management Team, Staff</li> <li>○ Summary findings It is recognised that more could be done to improve staff experience including supporting staff through staff networks.</li> </ul>
<p>Consultation on draft outcome</p> <ul style="list-style-type: none"> <li>○ Wide range of individuals and groups who represent those with protected characteristics including LGBT Youth Scotland, Positive Action in Housing, Scottish Disability Equality Forum, Renfrewshire Access Panel, Ahlul Bayt Society Edinburgh, Scottish Youth Parliament, See Me</li> <li>○ Access to draft outcomes for comment on Scottish Ambulance Service website</li> <li>○ Access to draft outcomes for comment on @SAS (intranet)</li> <li>○ Draft outcomes circulated to groups / contacts on database - including those who represent those with protected characteristics</li> <li>○ National Patient Focus and Public Involvement Group, Equality and Diversity Steering Group, Executive Team, senior managers, staff and staff side partners</li> </ul>

<p><b>5.Outcome: The diversity profile of SAS workforce reflects the communities we serve</b></p>
<p>Evidence gathered and sources used</p> <ul style="list-style-type: none"> <li>○ Recruitment process analysis</li> <li>○ Workforce equality monitoring report 2019/20</li> <li>○ Census 2011 population data</li> <li>○ National Services Scotland – NHS Scotland workforce data</li> <li>○ Staff side feedback</li> <li>○ Findings of National Equality Leads consultation with Trades Unions and groups representing staff</li> <li>○ Stonewall research / reports</li> <li>○ Equality &amp; Human Rights Commission – Public Sector reports</li> <li>○ Is Scotland Fairer? Report EHRC</li> <li>○ Young people are more likely to be unemployed or employed in unsecure jobs</li> <li>○ It is estimated that up to a third of LGBT people do not disclose their sexual orientation for fear of harassment / discrimination</li> </ul>
<p>Preliminary analysis completed</p> <ul style="list-style-type: none"> <li>○ Involving Equalities Manager, Executive Team, HR Management Team, National Patient Focus and Public Involvement Group, Equality and Diversity</li> </ul>

Steering Group, HR Management Team, Staff

- Summary findings There are gaps in the equality monitoring information captured from staff. This is not universal across all protected characteristics. However it is not possible to conduct a comprehensive analysis if this data is incomplete. A more complete workforce profile will enable SAS to establish whether policies are being applied fairly and identify what further actions need to be taken to improve the diversity of the workforce.

Consultation on draft outcome

- Wide range of individuals and groups who represent those with protected characteristics including LGBT Youth Scotland, Positive Action in Housing, Scottish Disability Equality Forum, Renfrewshire Access Panel, Ahlul Bayt Society Edinburgh, Scottish Youth Parliament, See Me
- Access to draft outcomes for comment on Scottish Ambulance Service website
- Access to draft outcomes for comment on @SAS (intranet)
- Draft outcomes circulated to groups / contacts on database - including those who represent those with protected characteristics
- National Patient Focus and Public Involvement Group, Equality and Diversity Steering Group, Executive Team, senior managers, staff and staff side partners

**6. Outcome: SAS is more responsive to the needs of black, Asian and minority ethnic staff and service users**

Evidence gathered and sources used

- Equality monitoring data / establishment figures
- Staff / staff side feedback
- Protests during Covid-19 pandemic have illuminated racism and discrimination across organisations.
- Increased number of hate crime incidents with racist crime the most reported hate crime in Scotland.
- Racial discrimination – 17% of those from non-white minority ethnic groups experiencing discrimination compared with 7% of those from white ethnic groups (Scottish Household Survey)
- Racial prejudice – 22% of people living in Scotland feeling there is sometimes a good reason to be prejudiced, 35% of people believing that Scotland would begin to lose its identity if more black and Asian people came to live in Scotland, and 38% believing the same about Eastern European migration (Scottish Social Households Survey 2015)

Preliminary analysis completed

- Involving Equalities Manager, Executive Team, National Patient Focus and Public Involvement Group, Equality and Diversity Steering Group, HR Management Team
- Summary findings It is recognised that BAME staff and service users can experience discrimination in the workplace and as users of services in Scotland. Equality disclosure details are incomplete and it is not possible to identify fully the proportion of BAME working for SAS.

Consultation on draft outcome

- Wide range of individuals and groups who represent those with protected characteristics including LGBT Youth Scotland, Positive Action in Housing, Scottish Disability Equality Forum, Renfrewshire Access Panel, Ahlul Bayt Society Edinburgh, Scottish Youth Parliament, See Me

- Access to draft outcomes for comment on Scottish Ambulance Service website
- Access to draft outcomes for comment on @SAS (intranet)
- Draft outcomes circulated to groups / contacts on database - including those who represent those with protected characteristics
- National Patient Focus and Public Involvement Group, Equality and Diversity Steering Group, Executive Team, HR Management Team, staff and staff side partners

Equality Outcomes Progress 2017 - 2021

Key:

- ✓ Actions now complete
- ➔ Work is in progress
- ☒ Work as yet to start

<p><b>Ultimate outcome 1</b>  <b>To improve access and referral to the most appropriate care that is person centred, safe and effective</b></p>			
<p><b>Intermediate outcome</b>  <b>Through raised awareness of the Service there is improved access for underrepresented groups</b></p>			
Initiatives / activity	Outputs	Short / medium term outcomes	General duty / protected characteristic
<p>a. Engagement with communities will be focussed to include those who are under-represented amongst users of SAS e.g. black and minority ethnic, disabled and carers groups, those in deprived areas and LGBT youth</p>	<p>i. An increase in the number of patients from under-represented groups use the scheduled service</p>	<p>Awareness and understanding of SAS is increased so communities access SAS as appropriate</p>	<p>Advance equality of opportunity</p> <p>Foster good relations</p> <p>Race, disability, LGBT</p>
	<p>ii. There is an increase in the use of alternative methods of booking transport and accessing emergency service for disabled patients*</p>		
	<p>iii. Improved understanding among communities of the services delivered by SAS</p>		
<p>➔ Actions taken</p> <p>i &amp; iii Community engagement continues through Community Resilience Teams and through our Patient Focus and Public Involvement work. This has been more focused to extend reach across a broader range of communities. For example, we have worked with CEMVO (Coalition for Ethnic Minority Voluntary Organisations) on the women’s employability project, with Enable to link with individuals who have learning disabilities, Deaf Action, Sahehilya, Deaf Scotland, Disability Equality Scotland and Shakti Women’s Aid.</p> <p>ii. Members of the public can access SAS through contactSCOTLAND BSL service. This service connects BSL (British Sign Language) users with all public authorities and third sector organisations in Scotland. Consideration is being given by Scottish Government to</p>			

extend this service to include 999 service. Currently 999 can be accessed via BT Emergency SMS service (short text), BT Text Relay or BT Relay UK App.

Consideration is being given to an on-line booking transport system however this is dependent upon a programme of upgrades to our system in the Ambulance Control Centres.

**Results**

There is increased awareness of SAS across a variety of diverse communities.

Analysis of scheduled care patient profiles shows the following;

Table 1 – analysis of patients by percentage

	2015 -16	2017 -18	2019/20
Patients aged 56 – 65	12.5	12.9	15.2
Patients 66 and over	74.9	75.8	71.8
Disabled patients	31	45.7	60.7*
Those patients who travelled with an escort / carer	9.6	10.1	10.4

\*Includes patients who had Covid-19

Our conversation with patients to book transport focuses on the Patient Needs Assessment (PNA) for transport and we do not ask for equality monitoring details relating to LGBT or ethnicity for example at that time. We are therefore unable to measure how many patients from these communities use our services. The focus on the PNA is on clinical needs which are likely to benefit older and patients, those who have a disability or need to travel with an escort/carers.

b. Individuals from diverse groups are encouraged and supported to become involved with the work of SAS including those who wish to volunteer	More diverse public / patient representation on service redesign / improvement groups	Increased understanding of the needs of diverse groups	Advance equality of opportunity  Foster good relations  Age, disability, race, LGBT, carers
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✓ Actions taken

Through the Corporate Affairs and Engagement Team efforts have been concentrated on linking with groups and individuals where we have previously had limited dialogue. Work is being done to improve the recruitment of volunteers and to provide support through a more structured induction when they become involved in our work.

**Results**

There is a broad range of volunteers with varying backgrounds, skills and experience who are willing to work with SAS across areas of service development. Through the Patient Focus Public Involvement Steering Group volunteers have been involved in the development of communication resources, Patient Transport Service, major trauma, patient experience and care pathways.

c. In partnership with NHS Fife and	i. Improved knowledge of health	Gypsy / Travellers access to healthcare	Advance equality of opportunity
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NHS24 establish contact with Gypsy Travellers living in Fife area to promote ways in which access to health services can be provided	services by Gypsy Travellers through the development of promotional material with the involvement of the community*	is improved, initially in Fife and thereafter across Scotland.	Foster good relations  Race, disability, age
	ii Positive impacts are identified through the completion of the equality impact assessment / evaluation of this joint work*	There are tangible benefits for Gypsy Travellers living in Fife	Advance equality of opportunity  Foster good relations  Race, disability, age
	iii Learning regarding the needs and culture of the community is shared	Staff have greater awareness and understanding of Gypsy / Travellers needs and culture which enhances clinical practice	Eliminate discrimination  Advance equality of opportunity  Race
<p>✓ Actions taken</p> <p>i. We have linked with partners to produce information that details how to access health services.</p> <p>ii. An equality impact assessment was undertaken with stakeholders who are members of the Gypsy Travellers Steering Group regarding the joint work being undertaken to improve access to services. Positive benefits have been identified together with actions to be taken forward to progress this work.</p> <p>iii. An e-learning module was developed and introduced in 2017 and is available for all staff. During 2019/20 167 staff completed this module.</p> <p>Results</p> <p>Awareness of Gypsy Travellers and their culture has increased with more staff completing the e-learning module 'Raising awareness of Gypsy Travellers'</p> <p>Gypsy Travellers have a better understanding of how to access the services of SAS through better links with community groups.</p>			
d. Provide health awareness sessions with communities, including those in deprived areas, to cover essential life support and recognising signs of cardiac arrest / stroke as well as encouraging preventative care	Sessions are provided across a range of community settings	Communities have an increased understanding of some health conditions and this will also have impact on health inequalities.	Advance equality of opportunity  Foster good relations  Race, disability, age, LGBT



<p><b>Ultimate outcome 2</b>  <b>To deliver the best service for patients</b></p>			
<p><b>Intermediate outcome</b>  <b>The experience of patients will improve through staff who are supported to deliver person centred care</b></p>			
<p><b>Initiatives / activity</b></p>	<p><b>Outputs</b></p>	<p><b>Short / medium term outcomes</b></p>	<p><b>General duty / protected characteristic</b></p>
<p>a. Care pathways are developed in partnership with local stakeholders to ensure access to the most appropriate care for patients</p>	<p>Care pathways are agreed and implemented e.g. trips, slips and falls, transportation of mental health patients in Air Ambulance</p>	<p>More effective clinical care is provided with care pathways developed to take account of the diversity of needs and characteristics of patients and the community</p>	<p>Eliminate discrimination   Advance equality of opportunity   All - greater impact on age , disability</p>
<p>➔ Action taken</p> <p>Falls Pathways are in place across all of the 32 Community Planning Partnerships. These are at various stages of development. Local Falls Leads working in the regions work closely with colleagues across health and social care in order to make improvements to existing pathways. A falls screening tool is available for staff on the tablet in the ambulance.</p> <p>A Pathway Framework has been developed and implemented. This provides guidance for staff working locally with health and social care colleagues to develop pathways with a governance framework to ensure consistency and improvement in patient care.</p> <p>Work is underway with partner Integrated Joint Boards (IJB) to develop Respiratory Care Pathways and this will include referrals to appropriate services for the treatment of asthma and chronic obstructive pulmonary disease and ultimately reducing the need for patients to attend hospital. In future as territorial health boards establish Flow Navigational Centres there will be more established links with community response teams and local care pathways making referral and access to these services more straightforward for SAS staff enabling the smoother transfer of patients to the most appropriate care.</p> <p>Care pathways for mental health, dementia and diabetes are at various stages of development.</p> <p>Results</p> <p>More patients are being referred to local health and social care partners than before. For example, the percentage of falls patients taken to hospital continues to reduce. We have seen a reduction in the percentage of falls patients age 65 and over taken to hospital from 71.8 per cent in 2017/18 to 67.9 per cent in 2019/20.</p>			
<p>b. Links with health and social care partners are clearly defined</p>	<p>i. Clinical staff have better links with health and social care partners to</p>	<p>Patients have a better experience and are more involved in their own care. This will</p>	<p>Advance equality of opportunity</p>
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	ensure there is responsive and continuity of care for patients	also have impact on health inequalities. The improved experience of patients is shared with communities.	All - greater impact on age, carers, disability
	ii. Increased number of patients referred to local health and social care partners		Eliminate discrimination  All - greater impact on age, carers, disability

✓ Action taken  
Support links with social care partners have now been established through the majority of Community Planning Partnerships.

Members of the Executive Team and Regional Directors each have responsibility for developing links with Community Planning Partnerships in order to progress the SAS strategy - Towards 2020: Taking Care to the Patient, to support the ongoing work to develop care pathways and engage in the development of the new strategy beyond 2020.

Results  
Falls pathways are in place and this is having an impact on the number of patients being referred to social care partners and reducing the number of patients transported to hospital.

c. Work with the Scottish Government, e-Health programme in the development of the Key Information Summary (KIS)	Key patient information in summary is shared which includes communication needs of patients	Care is provided for patients and carers which is sensitive, appropriate and meets the communication needs required	Eliminate discrimination  Advance equality of opportunity  All - greater impact for age, disability, race
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✓ Action taken  
The KIS can now be accessed through the Ambulance Control Centre and operational staff are able to see the KIS at an early stage on the way to a call.

Developments are being made to facilitate clinicians having access to the free text section on KIS where additional information regarding priority diagnoses and communication support needs of patients can be referenced. This will be of benefit to those with particular needs, for example those from different communities, people with learning disabilities, those who use British Sign Language etc.

Results  
There has been an increase in the number of staff accessing KIS and vital information can be seen by operational staff at an early stage which in turn has an impact on the clinical care provided. For example, staff will know in advance of a patient's long term condition, any allergies and preferred method of communication.

d. Analyse key clinical conditions to identify whether	Information is gathered for 5 key conditions; any	Adjustments are made to the way treatment is managed	Eliminate discrimination
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there are gender specific differences in patient experience *	differences identified and steps taken to improve treatment *	specifically for men and women	Gender
<input checked="" type="checkbox"/> Action taken This work has not yet been progressed.			
e. Develop an accessible communications policy to cover interpretation, translation and patient information*	i. Policy is in place	Policy is clear for patients / members of the public	Advance equality of opportunity
	ii. Gaelic Language Plan is implemented	Gaelic is visible and accessible for patients/members of the public	Disability, race
<input checked="" type="checkbox"/> Action taken i. Collaborative work has been across a number of Health Boards to develop a communications policy which could be adopted across all Boards with any necessary local amendments. The HR Manager (Equalities) had links with this group through the Equality & Diversity Lead Network. The NHS Scotland Interpretation, Communication support and Translation national policy was published by Public Health Scotland in October 2020. The policy is generic and is being reviewed to establish the areas specific to SAS.  ii. The Gaelic Language Plan 2016/21 is in place and actions are being taken forward to implement the commitments outlined in the plan. The second edition of the Gaelic Language Plan for 2020/25 will be developed for publication by December 2021.  Results The national communications policy is in place and our SAS specific policy once implemented will provide more clarity for patients and staff regarding translation, interpretation and patient information.  The Gaelic Language Plan has enabled SAS to promote and make the Gaelic language more visible.			
f. Enhance call taking training for booking transport to include disability awareness training *	Raised awareness of disability and the impact of this on booking transport	Disabled patients have improved experience of the service	Eliminate discrimination  Disability
<input checked="" type="checkbox"/> Action taken Induction and learning in practice training is currently delivered for Call Handlers and this includes patient care when using the telephone. This training has been reviewed and revised to include reference to disability.  Results The revised course has been delivered to new Call Handlers and has been well received with staff reporting a greater understanding of how disability can impact on our interaction with a patient / caller on the phone.			
Measures <ul style="list-style-type: none"> <li>Care pathways in place.</li> <li>Communication support needs for patients detailed in key information summaries</li> </ul>			

- Gender specific differences experienced by patients identified
- Accessible communication policy is in place
- Call taking training is enhanced to include further reference to disabilities

\*denotes where actions/initiatives/outputs are new

<p><b>Ultimate outcome 3</b>  <b>To engage with all our partners and communities to deliver improved healthcare</b></p>			
<p><b>Intermediate outcome</b>  <b>The SAS is fair and equitable in the way it delivers its services and involves and consults people</b></p>			
<p><b>Initiatives / activity</b></p>	<p><b>Outputs</b></p>	<p><b>Short / medium term outcomes</b></p>	<p><b>General duty / protected characteristic</b></p>
<p>a. Build on the access to scheduled care service to support access for deaf people by identifying and implementing new methods of booking transport</p>	<p>Extended number of booking methods in place</p>	<p>All eligible patients have improved access to scheduled service</p>	<p>Eliminate discrimination  Advance equality of opportunity  Disability</p>
<p>→ Actions taken                  Patients and members of the public who use British Sign Language (BSL) can book transport through contactScotland. Through the use of the contactSCOTLAND App contact can be made using a smart phone, PC or tablet in order to use BSL with an interpreter who can then contact SAS and a three-way dialogue can take place.                   We are exploring ways to enable patients who are hard of hearing to book transport through a real time web chat option. We are at an early stage of assessing the compatibility with our current information technology system to do this and this will be dependent upon the system we operate going forward and its capacity to enable web chat functionality.                   Results                  Booking patient transport is more accessible for BSL users.</p>			
<p>b. Development of a cab based language tool</p>	<p>Language tool in place</p>	<p>Communication support is more accessible and immediate when A &amp; E crews are with patients</p>	<p>Advance equality of opportunity  Race</p>
<p>→ Action taken                  An App has been developed which is available for A &amp; E crews and this provides a wide range of information. Where it is not possible to use Language Line Services over the telephone it was anticipated that we would be able to adapt the multi lingual phrase book for use on the App. The NHS Confederation who produce the book do not at present have a licence in place for a PDF file to be used in this way. We are currently considering other options taking into account governance arrangements.</p>			
<p>c. Community Resuscitation Development</p>	<p>There is improved input and dialogue across a wide range</p>	<p>Engagement with communities is inclusive across all</p>	<p>Advance equality of opportunity</p>

<p>Officers engage with a wide range of communities including volunteers across the protected characteristics and this work is targeted to include where previous involvement has been limited</p>	<p>of communities and groups</p>	<p>protected characteristics</p>	<p>Foster good relations</p> <p style="text-align: right;">All</p>
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➔ Action taken  
 The groups with whom the Community Resuscitation Development Officers engage are varied and much of the work is driven by requests from community groups for CPR training and information regarding settling up community first responder groups.

Results  
 We have seen an increase in the number of people engaging with SAS from a wide range of minority groups which is highly beneficial in terms of raising awareness of our services but more importantly allowing us to better foster good relations and our understanding of the needs of these communities. CPR training has been delivered specifically for disability groups during 2019/20 and this has been successful.

<p>d. The current patient needs assessment process for booking patient transport service is reviewed and revised *</p>	<p>The current application of the patient needs analysis process is reviewed including the purpose, content and associated training requirements</p>	<p>Patients are consulted and involved in this development making the booking process more accessible, easier to understand and fit for purpose</p>	<p>Eliminate discrimination</p> <p>Advance equality of opportunity</p> <p>Foster good relations</p> <p style="text-align: right;">Age, disability</p>
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✓ Action taken  
 This work is complete. The revised Patient Needs Assessment (PNA) was introduced across the three Ambulance Control Centres in 2017.

Results  
 The revised PNA is allowing Call Handlers to make more informed decisions, first time, regarding the eligibility of a patients need for transport.

Patient feedback regarding the change to the revised PNA has been positive and we have been able to respond to suggestions to make further improvements. For example, for patients with a long term need for transport we are able to adjust the questions so that it is not necessary to complete the full PNA when the need arises to book future transport. For those patients with a medical condition or mobility need for transport that is unlikely to change, an alert is placed on their file preventing the patient being asked to go through the full PNA. In this instance we would discuss with the patient, any changes to their condition to ensure the most appropriate vehicle and crew are resourced for their journey.

Measures
<ul style="list-style-type: none"><li>• New methods to access scheduled service in place</li><li>• A cab based language tool is in place</li><li>• An enhanced patient needs assessment process is in place</li><li>• There is an increase in the breadth of data collated and utilised for service improvement projects e.g. during the equality impact assessment process.</li><li>• There is stakeholder involvement in the equality impact assessment process of policies and services.</li><li>• There is improved recording of equality data outcomes.</li></ul>

\*denotes where actions/initiatives/outputs are new

<p><b>Ultimate outcome 4</b>  <b>Men and women employed by SAS are better supported on mental health and wellbeing as a result of the use of workplace policies</b></p>			
<p><b>Intermediate outcome</b>  <b>There is a cultural change towards a greater understanding of mental health and wellbeing in the workplace</b></p>			
Initiatives / activity	Outputs	Short / medium term outcomes	General duty / protected characteristic
<p>a. Through the work detailed in the Wellbeing Strategy SAS will implement the 'See me' programme</p>	<p>Raised awareness of mental health issues</p>	<p>There is a greater understanding of mental health and the impact of this on individuals</p>	<p>Foster good relations</p> <p>All - greater for disability, young men, LGBT staff</p>
<p>➔ Actions taken</p> <p>Communication around the See me campaign commenced in November 2018 in order to raise awareness of what 'See me' is all about and to provide links to information and help guides.</p> <p>The aim of the programme is to improve attitudes, knowledge and experience of mental health in the workplace. The results of the staff survey conducted as part of this campaign has informed our thinking on the development of our new Health &amp; Wellbeing Strategy 2021 – 2024.</p> <p>Results</p> <p>The campaign helped to raise awareness of mental health in the workplace. Additional resources for staff are widely available and there has been considerable communication to staff via Chief Executive weekly bulletins, through the staff experience group and via the 'Caring for you as you care for Scotland' booklet regarding resources, that are available for all staff.</p> <p>It is recognised that to improve health and wellbeing we need to; improve the way we support staff, understand which interventions best meet the needs of our staff, develop a compassionate, caring and learning culture and enhance working practices.</p> <p>Staff engagement sessions were run through November / December 2020 and these focussed on staff wellbeing and highlighted how we can build on our work to encourage more open dialogue particularly around mental health in order to support staff through using a wide range of resources which are now in place.</p>			
<p>b. Anti stigma messages are promoted through 'See me' programme</p>	<p>Attitudes towards mental health are changed as staff are more comfortable to talk about mental ill health problems</p>	<p>Elimination of stigma and discrimination faced by people with poor mental health</p>	<p>Foster good relations</p> <p>All - greater for disability, young men, LGBT, staff</p>

<p>➔ Actions taken</p> <p>Communication regarding the See me programme included posters which were distributed across all areas of work and information posted on the Service intranet @SAS. Links to training information and resources were made available for staff. The programme has also been publicised through local management teams, chief executive bulletin and in Response magazine.</p> <p>Results</p> <p>Staff have reported a greater awareness and understanding of mental health. It is hoped that our work on mental health will have an impact on reducing the number of staff absent from work due to mental ill health. Culturally we are beginning to see more staff raise issues of mental health with their line managers and through staff engagement sessions. Our regular bloggers have posted articles on the intranet on a range of wellbeing issues including mental health in the workplace.</p>			
c. 'Mentally healthy workplace' training is delivered*	Training is delivered for managers and staff	Managers are confident in the way they support their staff and promote a healthy workplace	Foster good relations  All - greater for disability, young men, LGBT staff
<p>➔ Actions taken</p> <p>Mentally Healthy Workplace Training is being delivered to managers and supervisors. Key staff are accredited through Healthy Working Lives to deliver this training. Mental health staff training resources are available through e-learning modules including managing stress in the workplace. Training for managers and supervisors planned for 2020 will be re-scheduled once staff are able to attend.</p> <p>Results</p> <p>There is increased awareness and understanding of mental health and managers are more confident in managing and supporting staff with mental ill health.</p>			
d. Scotland's Mental Health First Aid course is implemented across SAS*	The training is delivered.	There is a greater understanding of mental health and the impact of this on individuals	Foster good relations  All - greater for disability, young men, LGBT staff
<p>➔ Actions taken</p> <p>Mental Health First Aid training has been delivered for staff in Ambulance Control and further dates are planned for 2021.</p>			
e. Health and wellbeing is promoted across SAS through healthy working lives programme	Staff are encouraged to consider their health at work and how this can be improved	Staff have better health as a result of increased awareness of healthy lifestyles and the options available e.g. around diet, exercise, etc.	Advance equality of opportunity  All, greater impact on disability

<p>➔ Actions taken</p> <p>Health and wellbeing is promoted across SAS and each region has a staff group in place to take this work forward across all areas.</p> <p>Through Directorate and Departmental Healthy Working Lives groups and teams there are wide ranging and varied approaches to wellbeing. Staff are encouraged and supported to trial initiatives which contribute to improving their own wellbeing. Encouragement and support is provided by management teams and through local partnership working. Examples of such initiatives include; walking groups, cycling groups, weigh in groups and sharing information on healthy eating.</p> <p>Results</p> <p>There has been an increased awareness in health, safety and wellbeing at work through local initiatives.</p> <p>East and West regions have achieved Healthy Working Lives gold award status. North region Highland has silver status, Grampian and National Risk &amp; Resilience Department have bronze status.</p>			
<p>f. Policies are reviewed and revised in keeping with the new work life balance Partnership Information Network (PIN) policy.*</p>	<p>New and reviewed policies for the 16 elements of the PIN policy are in place.</p>	<p>Staff have access to better support in the workplace and improvements are communicated widely</p>	<p>Advance equality of opportunity</p> <p style="text-align: right;">All</p>
<p>➔ Actions taken</p> <p>Policies have been reviewed and revised in keeping with the work life balance PIN and 11 policies are in place. In keeping with the ‘Once for Scotland’ approach to policy review we have linked with the national team in the development of policies which have been implemented across NHS Scotland with effect from 1 March 2020. These include policies on attendance, bullying and harassment, capability, conduct, grievance and workforce policies investigation process.</p> <p>Other policies under review in the next phase under Once for Scotland include Supporting the Work-Life Balance and Embracing Equality, Diversity &amp; Human Rights amongst others.</p> <p>Results</p> <p>Policies in place since April 2017 include; maternity, maternity support (paternity) leave, homeworking, career break, flexible working/managing flexible working requests and job share. The Once for Scotland policies detailed above were introduced in March 2020. A programme of training is taking place for managers and team leaders to update on the new policies, detail how practice will change in keeping with the new requirements and provide practical advice on the application of the policies. Training workshops for absence are complete with sessions on conduct currently paused due to the pandemic.</p>			
<p>Measures</p> <ul style="list-style-type: none"> <li>• There is a reduction in sickness absence as a result of mental health.</li> <li>• All regions/departments make progress under the Healthy Working Lives programme.</li> <li>• Policies are in place in keeping with the work life balance PIN policy</li> </ul>			

\*denotes where actions/initiatives are new

<b>Ultimate outcome 5</b>															
<b>To ensure SAS always acts in accordance with its values</b>															
<b>Intermediate outcome</b>															
<b>The Service is fair and equitable in the way it develops its policies and strategies to ensure staff are treated fairly and consistently, with dignity and respect and in an environment where dignity is valued</b>															
<b>Initiatives / activity</b>	<b>Outputs</b>	<b>Short / medium term outcomes</b>	<b>General duty / protected characteristic</b>												
a. The Dignity at Work policy is promoted to enhance dignity in the workplace and to provide a framework for addressing issues of bullying and harassment and promoting organisational values	i. The importance of dignity at work and values are raised across SAS	There is improved dignity at work for all staff and a greater understanding of organisational values	Eliminate discrimination												
	ii. The number of staff highlighting dignity at work as an issue is reduced														
	iii. Staff opinions of the service culture and values improve and this is fed back through the iMatter surveys														
All															
<p>✓ Action taken</p> <p>i. The Promoting Dignity at Work Policy has been communicated to staff through the Chief Executive’s bulletin, at management team meetings, local partnership forums and team leader training events. Dignity at work cases are closely monitored by Service managers and supported by Human Resources to ensure cases are appropriately investigated and responded to. This policy has been revised through the ‘Once for Scotland’ approach and the revised Bullying &amp; Harassment policy was implemented across NHS Scotland on 1 March 2020.</p> <p>A values toolkit has been developed which includes a suite of materials and resources to assist managers in delivering consistent messages and to promote behaviours in keeping with NHS Scotland values.</p> <p>ii. The number of cases raised under the promoting Dignity at Work policy can be seen below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Dignity at work</th> <th style="text-align: center;">16/17</th> <th style="text-align: center;">17/18</th> <th style="text-align: center;">18/19</th> <th style="text-align: center;">19/20</th> </tr> </thead> <tbody> <tr> <td>Number of cases</td> <td style="text-align: center;">9</td> <td style="text-align: center;">12</td> <td style="text-align: center;">22</td> <td style="text-align: center;">11</td> </tr> </tbody> </table> <p>iii. These questions included in the iMatter questionnaire relate to our values.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="text-align: center;"><b>Percentage of staff completing the questionnaire who agreed</b></td> </tr> </table>				Dignity at work	16/17	17/18	18/19	19/20	Number of cases	9	12	22	11		<b>Percentage of staff completing the questionnaire who agreed</b>
Dignity at work	16/17	17/18	18/19	19/20											
Number of cases	9	12	22	11											
	<b>Percentage of staff completing the questionnaire who agreed</b>														

Related questions	with the question			
	2017	2018	2019	2020*
I am treated with dignity and respect as an individual	74	76	75	70
I am treated fairly and consistently	72	73	71	67

\*Everyone Matters Pulse survey

Once the all the results for the Everyone Matters Pulse Survey are available we will engage with our staff to discuss what actions can be taken forward to improve experience at work.

67 – 100%	Strive & celebrate	51 – 66%	Monitor to further improve	34 – 50%	Improve to monitor	0 – 33%	Focus to improve
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These questions included in the Dignity at Work survey (November 2017) relate to bullying and harassment

**During the past 12 months while working for your organisation, have you experienced bullying/harassment from your manager? (answering no)**

Staff Survey 2015 Percentage score	Dignity at Work Survey 2017 Percentage score
85	84

**During the past 12 months while working for your organisation, have you experienced bullying/harassment from other colleagues?(answering no)**

Staff Survey 2015 Percentage score	Dignity at Work Survey 2017 Percentage score
80	77

A series of workshops were held across SAS to feedback results from the dignity at work survey. At these sessions the details of responses to the survey questions have been provided in order to identify where improvements can be made. Through discussions at the workshops staff have been encouraged to put forward actions which could be taken to make positive change. These actions are included in the Promoting Attendance Action Plan and Wellbeing Implementation Plan and will continue to be progressed and monitored through Staff Governance arrangements.

**Results**

There is an increased awareness of dignity at work and the values and behaviours expected from staff at every level within the organisation.

b. HR policies will be promoted to support	i. There is an increase in the	There is increased awareness and	Advance equality of opportunity
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access and uptake e.g. flexible working	uptake of flexible working options	uptake of alternative work patterns for men and women	Gender, pregnancy and maternity
	ii. The flexible working policy is communicated widely	The policy is understood	
	iii. Managers are trained to implement the flexible working policy	There is a fair and consistent approach to implementing the policy	
<p>✓ Action taken</p> <p>i. The number of flexible working applications has remained similar with 38 being made during 2017/18, 64 in 2018/19 and 60 during 2019/20.</p> <p>ii. The Flexible Working policy was reviewed and revised in September 2017 and has been communicated widely across SAS by HR teams. A copy of the policy is available on the service intranet.</p> <p>iii. Managers have been trained locally to implement the Flexible Working Policy.</p> <p>Results</p> <p>There is an increased awareness of working flexibly across the Service and staff are accessing the policy.</p>			
c. In consultation with staff side develop and implement a programme to increase the number of staff employed on permanent shift patterns	Reduced number of staff working on relief rosters	Shift patterns are more predictable for a greater proportion of staff, enabling better work life balance.	Advance equality of opportunity  Men and women
<p>➔ Action taken</p> <p>A number of trials have taken place in West Region as part of the shift review process to involve and enable staff to manage shifts allowing more staff to have permanent shift patterns. This work will continue as we progress the demand and capacity project across the service and will involve staff in the design of shift rosters.</p>			
d. Establish a policy to ensure senior managers have explicit equality and diversity objectives in their performance management arrangements	Policy approved, objectives in place for all relevant managers	Equality and diversity is embedded within culture and performance of SAS	Advance equality of opportunity  Foster good relations  All
<p>➔ Action taken</p> <p>The Executive and Senior Managers Performance Good Practice Appraisal Guide was published in February 2019. All appraisals for senior managers are recorded on the Turas Appraisal system portal. In addition to individual contribution to the SAS delivery plan there has been an increased focus on collaborative working and leading and valuing people. All</p>			

<p>appraisals should align with NHS Scotland core values including treating everyone with dignity and respect.</p> <p>Equality and diversity are referenced through core dimension 6 in the knowledge and skills framework. A new electronic appraisal system was introduced in 2018 and has been developed to simplify the appraisal system and make the completion of personal development reviews and logging performance objectives easier.</p> <p>Results Managers are aware of equality and diversity, the relevance of this to their role and the level of knowledge required to meet these requirements.</p>			
<p>e. Facilitate the establishment of staff led networks for those with an interest in equality issues relating to specific protected characteristics</p>	<p>Staff networks in place and regular dialogue and engagement takes place</p>	<p>There is a greater understanding of needs and concerns of staff who share protected characteristics</p>	<p>Advance equality of opportunity</p> <p>Foster good relations</p> <p>All - greater impact for disability, LGBT</p>
<p>→ Action taken</p> <p>The Lesbian, Gay, Bisexual Transgender + (LGBT) Network – Proud @SAS was established in 2018. This is promoted through the intranet and social media. A range of staff across different staff groups are network members.</p> <p>A Black Asian and Minority Ethnic (BAME) Forum was established in 2019.</p> <p>Discussions are taking place with staff to assess whether there is interest in developing a network for staff who have a disability.</p> <p>Results Whilst the LGBT staff network and BAME Forum are still relatively new there has been positive feedback from staff and early indications suggest there will be more involvement from staff as these develop.</p>			
<p>f. Conduct a detailed analysis of occupational segregation data in order to identify actions to be taken forward to improve gender equality across SAS*</p>	<p>Analysis complete and actions identified and taken forward</p>	<p>More men and women apply and are offered posts where there has been under representation</p>	<p>Eliminate discrimination</p> <p style="text-align: right;">Gender</p>
<p>→ Action taken</p> <p>An analysis of occupational segregation data identified roles which were predominantly occupied by men and those predominantly occupied by women. Recruitment campaigns for four key operational roles were highlighted to identify the difference in the percentage of men and women applying for posts during 2018/19 and 2019/20. These were Paramedic, Technician, Scheduled Care Call Handler and Emergency Dispatchers posts. Paramedic and Technician roles in the service are occupied by more men than women. Scheduled Care Call Handler and Dispatcher posts are occupied by more women than</p>			

<p>men.</p> <p>We identified that imagery that is used on the recruitment web pages and in general communication could be improved to show men and women in operational roles. We have produced video clips of our staff in a variety of supporting roles, which potential applicants can view, and it is recognised that we could produce more similar clips for operational roles to focus on under-represented groups.</p> <p>Results</p> <p>We have seen an increase in the percentage of female applicants applying for Paramedic and Technician positions. We have also seen an increase in the number of male applicants for Call Handler posts. So far, we have not seen an increase in the percentage of men applying for Dispatch posts. However, a good proportion of applicants for dispatch posts are internal (22 per cent in 2020) and given the workforce profile within ACC we can expect to see an increase over time as more men are successful in a Call Handler role and look to progress to other roles within ACC.</p>			
<p>g. Monitor and review access to career development opportunities and in particular identify whether there are particular barriers to progression for part-time staff</p>	<p>Analysis of vacancies, part-time posts and applicants who request part-time working</p>	<p>There are no barriers to career development opportunities for part-time staff</p>	<p>Eliminate discrimination</p> <p style="text-align: right;">Gender</p>
<p>➔ Action taken</p> <p>Of all posts advertised during 2019/20, 6.5 per cent (39) were specifically for part time posts. Of these 33 were for operational posts and the rest for admin and clerical positions.</p> <p>Flexible working requests have increased greatly over the years and in a variety of roles. The percentage of staff working on a part time basis has increased from 12.9 per cent in 2016/17 to 16 per cent in 2019/20. The majority of staff working part time are women – 59 per cent.</p> <p>There are no obvious barriers to career development for part time staff but further analysis is required to explore this further. There are some examples in National Headquarters functions of staff progressing into senior management roles and working part time hours.</p>			
<p>h. Improve staff engagement across all staff groups *</p>	<p>i. An employee engagement index score of 70 is achieved</p>	<p>Staff feedback is positive and indicates there is a healthy culture.</p>	<p>Foster good relations</p>
	<p>ii. iMatter response rates increases to 70% across SAS by 2020</p>	<p>An increased number of staff routinely have their say by providing feedback through the iMatter questionnaire</p>	
	<p>iii. Action plans are</p>	<p>Staff feel they are</p>	

	in place for every team and these are completed within 12 weeks of team reports being available.	listened to and actions are taken which improve staff experience.	
	iv. SAS staff are involved with the national group to develop the people management element of the knowledge and skills framework	This work will make this dimension more relevant and easier to understand and therefore of benefit for all managers across NHSScotland.	All staff

→ Action taken

i & ii. As a result of the Covid-19 Pandemic, it was decided to put the annual iMatter staff experience survey on pause. Given the timescales between the last iMatter run in 2019 and the anticipated run in 2021 it was felt important to measure the staff experience of the first six months of the Covid-19 period using the Everyone Matters Pulse Survey. The response rates by percentage and Employee Engagement Index score can be seen below against those across Health and Social Care (HSC)

	2017	2018	2019	2020
	iMatter			Pulse
Response rates SAS	63	64	59	40
Response rates HSC	63	59	62	43
Employee Engagement Index SAS	67	67	N/A	**
Employee Engagement Index HSC	75	N/A	76	
Action Plans in place within 12 weeks SAS	73	86	82	
Action Plans in place within 12 weeks HSC	43	56	58	

\*\* No EEI score was generated for the pulse survey.

iii. Action plans were in place within the 12-week action planning period by percentage can be seen above.

iv. Two members of staff were involved with the national group to develop the people management element of the knowledge and skills framework. Eight members of staff are involved in the work being taken forward under the dignity at work programme which will be developed in 2021.

Results

Overall the iMatter results show positive responses to the iMatter questionnaire. However, improvements can be made and we are pleased to see that completion of action plans is particularly good.

In order for a team, report to be generated teams must achieve a 60% response rate (or 100% for teams of 5 or less) In 2019, SAS did not achieve the 60% response rate for a Board report to be generated.

<p>We have seen a slight decrease in results for the lowest scoring questions and work is underway to improve these areas. In 2019;</p> <ol style="list-style-type: none"> <li>1. I feel senior managers responsible for the wider organisation are sufficiently visible – score decreased improved slightly from 51 to 50%</li> <li>2. I feel involved in decisions relating to the organisation – decreased from 47 to 46%.</li> </ol> <p>In response to the results of the Everyone Matters Pulse Survey a national action plan and directorate specific action plans will be developed early in 2021. The iMatter questionnaire will be distributed to all staff in 2021.</p>			
i. Revise and develop equality impact assessment guidance to include a human rights based approach*	i. New guidance is published	Managers routinely consider equality, diversity and human rights when developing policy	Eliminate discrimination  Advance equality of opportunity  Foster good relations  All
	ii. Training sessions are delivered for managers in keeping with new guidance	The need for adopting a human rights based approach is understood	
<p>✓ Action taken Revision of the equality impact assessment guidance is complete. The new guidance includes reference to the Fairer Scotland socio economic duty.</p> <p>Results New guidance in place. Training support and guidance is being provided and new format is being adopted.</p>			
<p>Measures</p> <ul style="list-style-type: none"> <li>• Staff experience improves and this is reflected in the results of iMatter / pulse surveys</li> <li>• The use of the flexible working policy increases</li> <li>• An increased number of staff work on permanent shift patterns</li> <li>• SAS staff are involved in National Services Scotland LGBT Forum and the Scottish Workplace Network for LGBT People.</li> <li>• Clear reference is made to human rights in the equality impact assessment process and managers are trained in the application of the new guidance</li> </ul>			

\*denotes where actions/initiatives/outputs are new

<p><b>Ultimate outcome 6</b>  <b>The diversity profile of SAS workforce reflects the communities we serve.</b></p>			
<p><b>Intermediate outcome</b>  <b>The Service supports and encourages staff and volunteers to provide equality information and increases the diversity profile of the workforce across all equality groups.</b></p>			
<b>Initiatives / activity</b>	<b>Outputs</b>	<b>Short / medium term outcomes</b>	<b>General duty / protected characteristic</b>
a. Develop a strategy in keeping with the Scottish Government initiative to employ 15 Modern Apprentices by July 2017*	Strategy in place	The employability of young people is improved.	Advance equality of opportunity  Age, disability, race, gender
<p>➔ Action taken                  We have worked with Skills Development Scotland to establish a recruitment process and programme for a Modern Apprentice who has joined the procurement team. A framework for introducing a modern apprenticeship programme in the human resources team is being developed. Two modern apprentices will take up posts in the HR Directorate in 2021.</p>			
b. Develop a plan to encourage and improve rates of staff self disclosure*	i. Improved self-disclosure rates particularly with regard to race, religion and belief and sexual orientation *	There is a shift in cultural awareness of the importance of disclosing equalities information	Eliminate discrimination  All - greater impact for race, religion and belief, sexual orientation
	ii. Develop material for use on staff intranet to highlight importance of self disclosure*	There is greater understanding of the need to collect data	
	iii. Utilise opportunities at training events to capture equality monitoring information*	Disclosure rates improve	
<p>➔ Action taken                  We are working with staff groups, at training events and with team leaders to encourage staff to provide equality information where there are gaps. Volunteer details will be captured on a separate data base. A Volunteer Information System (VIS) has been introduced across NHS Scotland, and this will be adopted by SAS in 2021.</p>			

<p>In addition to the actions above we have sent out communication to all staff encouraging them to provide equality information. Further details of actions we are taking to improve disclosure can be seen in the <a href="#">Workforce Equality Monitoring Report 2019/20 here</a>.</p> <p>Results Self-disclosure rates have been steadily improving. As at 31 March 2021 this had risen to 60.5 per cent of the workforce providing equality information across all protected characteristics compared with 55.2 per cent in March 2020.</p>			
c. Extend the breadth of engagement with potential candidates *	Attend specific careers events in areas with higher black and minority ethnic communities	There is an increase in numbers of BME applicants	Advance equality of opportunity  Race
<p>→ Action taken Specific recruitment events have been attended in order to improve engagement across minority ethnic groups. For example we have worked with the Coalition of Ethnic Minority Organisations (CEMVO) on the women’s employability project. Other events attended include Glasgow Central Mosque, Glasgow Sikh Gurdwara and Glasgow City Chambers with BEMIS, the ethnic umbrella body supporting the development of the ethnic minority voluntary sector.</p> <p>Results We have seen a slight increase in the proportion of applicants from black, Asian and minority ethnic groups from 1.9 (2017) to 2.6 per cent of all applicants in 2019/20.</p>			
d. Implement a new recruitment application system *	New system in place	Improved IT access from a wider range of devices and improved quality of equality monitoring information available	Advance equality of opportunity  All
<p>✓ Action taken A new recruitment application system – Talent Link was implemented in 2017. Applications were made through the on-line ‘My job Scotland’ portal. In January 2020 SAS moved across to the NHS Scotland Job Train recruitment application system.</p> <p>Results The recruitment application system is consistent across NHS Scotland. Applicants can easily amend their details to enable applications to be made across a number of Boards without the need to complete the whole process using multiple systems. We have been able to influence the development of the system through our links with the national group and are able to request changes in order to improve the experience for applicants. There is a helpdesk facility which provides additional support for applicants where required.</p>			
e. Engage with staff to identify actions we could take to encourage a more diverse mix of applicants*	Establish a focus group	There is improved staff awareness of issue and alternative actions are explored	Advance equality of opportunity  Disability, LGBT, race
<p>✓ Action taken</p>			

A short life working group was established to consider how SAS might attract and retain a more diverse workforce. In response to suggestions from staff links have been developed with BEMIS, CEMVO and Lanarkshire Enterprise and recruitment information is being circulated across these networks. Community Resilience teams have been provided with recruitment information so that these details can be passed on at community events. The Recruitment Guide for managers has been revised to include detail regarding supporting disability in recruitment and the workplace.

**Results**

There has been some improvement in the diversity of applicants. As at 31 March 2020, 1.9 per cent of staff had disclosed a disability, 2.6 per cent had disclosed they are from black, Asian and minority ethnic groups and 2.2 per cent have disclosed they are from the LGBT community. Managers have reported a better understanding of their responsibilities with regard to the recruitment of disabled people.

<p>f. Undertake a procurement exercise to tender for a supplier to introduce a standard cognitive entrance test for Technicians to open up the vocational qualification model of training and replace the formal qualification requirement *</p>	<p>Standard entrance test in use for Technician posts</p>	<p>There is clarity of entry requirements and a more diverse profile of applicants</p>	<p>Advance equality of opportunity  All -greater impact age</p>
<p><input checked="" type="checkbox"/> Action taken This work is not being progressed at present.</p>			
<p>g. Recruitment advertising is targeted more specifically across underrepresented groups including BME / disabled / LGBT communities*</p>	<p>i. A greater number of applications are received from under represented communities and individuals are offered posts with SAS</p>	<p>The workforce of SAS better reflects the diversity of the Scottish population and staff with protected characteristics are represented appropriately at all levels of the organisation</p>	<p>Advance equality of opportunity  Race, disability</p>
	<p>ii. Increase the use of social media to advertise vacancies</p>		
	<p>iii. Utilise contacts with a range of organisations to identify ways of advertising more widely</p>	<p>Attract a broader range of applicants</p>	

				LGBT																									
<p>Action taken</p> <p>i. See below. We have seen increases in the percentage of applicants from minority groups.</p> <p>ii. Social media channels including Twitter and Linked-In have been utilised to broaden our recruitment advertising reach.</p> <p>iii. We have developed links with a number of third sector organisations who are working with us to assist with circulating recruitment vacancies in order to attract applicants from a wider range of backgrounds.</p>																													
<p>Results</p> <table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="2">Percentage of applicants received</th> <th colspan="2">Success rate</th> </tr> <tr> <th>2017</th> <th>2020</th> <th>2017</th> <th>2020</th> </tr> </thead> <tbody> <tr> <td>People with a disability</td> <td>4</td> <td>10.3</td> <td>6</td> <td>6</td> </tr> <tr> <td>Black, Asian &amp; Minority Ethnic background</td> <td>1.9</td> <td>2.6</td> <td>7</td> <td>5.8</td> </tr> <tr> <td>Lesbian, Gay, Bisexual &amp; Transgender</td> <td>5.4</td> <td>6.6</td> <td>9.5</td> <td>7.5</td> </tr> </tbody> </table>							Percentage of applicants received		Success rate		2017	2020	2017	2020	People with a disability	4	10.3	6	6	Black, Asian & Minority Ethnic background	1.9	2.6	7	5.8	Lesbian, Gay, Bisexual & Transgender	5.4	6.6	9.5	7.5
	Percentage of applicants received		Success rate																										
	2017	2020	2017	2020																									
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Lesbian, Gay, Bisexual & Transgender	5.4	6.6	9.5	7.5																									
h. Develop targeted training for members of interview panels to cover equality and diversity	Increased number of staff on panels who have completed this training	Greater understanding of the benefits of a diverse workforce and increased fairness in recruitment	Eliminate discrimination  Advance equality of opportunity  All - greater impact on disability, race																										
<p>→ Action taken</p> <p>This training has been developed and is being delivered by the Human Resources teams across SAS. Training on the Once for Scotland policies has taken priority recently and more recruitment and selection training sessions will be scheduled in 2021.</p>																													
<p>Results</p> <p>There is better awareness and understanding of the skills required for members of interview panels with regard to equality and diversity.</p>																													
i. The recruitment of Board members aims to achieve gender balance	The gender diversity of the Board is 50 per cent women and 50 per cent men	Gender balance is maintained	Advance equality of opportunity  Gender																										
<p>✓ Action taken</p> <p>Two new Non Executive Board members have been recruited and these are both female and replace two female members.</p>																													
<p>Results</p> <p>There are eight Non Executive Board members with a gender split of 37.5 per cent male and 62.5 per cent female. Overall, the Board has a split of 50 per cent male and 50 per cent female.</p>																													
<p>Measures</p> <ul style="list-style-type: none"> <li>Self-disclosure rates increase across all protected characteristics</li> </ul>																													

- There is an increase in the percentage of staff disclosing all equalities information
- There is an increase in the number of applications from disabled, LGBT and black and minority ethnic communities.
- There is an increase in the percentage of successful applicants from disabled, LGBT and black and minority ethnic communities
- Gender balance of Board

\*denotes where actions/initiatives are new

<p><b>Ultimate outcome 7</b>  <b>The needs of lesbian, gay, bisexual and transgender staff and service users are consistently met.</b></p>			
<p><b>Intermediate outcome</b>  <b>SAS is more responsive to the needs of lesbian, gay, bisexual and transgender staff and service users</b></p>			
<b>Initiatives / activity</b>	<b>Outputs</b>	<b>Short / medium term outcomes</b>	<b>General duty / protected characteristic</b>
<p>a SAS to update staff policies to include recommendations arising from Stonewall Scotland's review of all NHS Scotland Partnership Information Network (PIN) policies *</p>	<p>i Policies are reviewed and revised.</p>	<p>Policies are more inclusive</p>	<p>Eliminate discrimination</p> <p style="text-align: right;">LGBT</p>
	<p>ii. Policy changes to be communicated to staff</p>	<p>Increased awareness of staff policies</p>	
	<p>iii. Policies are reviewed and monitored through Policy Review Group</p>		
<p>➔ Action taken</p> <p>i.&amp;ii. Partnership Information Network policies have not been reviewed specifically by Stonewall with regard to LGBT equality. However, LGBT equality issues have been considered when SAS equality impact assessments have been completed in conjunction with the development of policies. Policies are now being reviewed under the 'Once for Scotland' project and LGBT equality will be included in the equality impact assessments associated with this work at a national level.</p> <p>iii. Policies continue to be reviewed and monitored with staff side partners through the Policy Review Group</p> <p>Results</p> <p>Policies are inclusive with consistency of approach across NHS Scotland.</p>			
<p>b Introduce LGBT specific e-learning training to raise awareness of the issues faced by LGBT people *</p>	<p>i. E-learning module in place</p>	<p>Raised awareness and understanding of LGBT specific issues</p>	<p>Eliminate discrimination</p> <p style="text-align: right;">LGBT</p>
	<p>ii. Module completion rates monitored</p>		
<p>✓ Action taken</p> <p>i.&amp;ii. An Equality &amp; LGBT Awareness was added to the suite of e-learning modules available to all staff in August 2020. Completion rates are being monitored. As at end December 54 staff had completed this module.</p> <p>A Transgender Awareness module has been developed which all staff will have access to in the coming weeks.</p>			

Through our links with the National Ambulance LGBT Network all staff have free (until 31 March 2021) access to the online HIV Awareness module and Transgender Toolkit which covers understanding transgender people, better care for transgender patients and supporting transgender staff.

**Results**

Feedback from staff completing the modules have been positive with an increased awareness of issues relating to LGBT equality.

c Promote the Stonewall Scotland Nobystanders campaign *	i. A greater number of staff sign up to pledge their support not to be a bystander	There is greater awareness of inappropriate language and behaviour	Eliminate discrimination  LGBT, race, religion and belief
	ii. Monitor the number of disciplinary / dignity at work cases related to LGBT bullying, harassment or discrimination	There is a reduction of cases raised.	

✓ Acton taken

- i. The Nobystanders campaign is promoted through equality and diversity training sessions and through the intranet. Staff are encouraged to sign up to the campaign and pledge their support.
- ii. Since April 2017 there has been three reported cases relating to LGBT matters.

**Results**

Staff attending training have made commitments to signing up to the Nobystanders campaign.

d Promote SAS commitment to LGBT equality externally *	i. LGBT specific events are attended, e.g. Glasgow Pride	Inclusion is improved	Foster good relations  LGBT
	ii. LGBT Scottish Conference attended	Learning from other organisations is shared	
	iii. Work with National Ambulance Service LGBT Network	Learning from other Ambulance Services is shared	

➔ Action taken

- i. SAS has been represented at a number of Pride events including; Glasgow, Dundee, West Lothian and Kirkcaldy between 2017/19. No Pride events took place during 2020.
- ii. Seven staff attended the National Ambulance LGBT Conference in 2019 where we were able to learn from other organisations and their approach to LGBT equality. The conference planned for 2020 did not take place.
- iii. SAS continues to work with the National Ambulance Service Network (NALGBTN)

