

The Scottish Ambulance Service
A Special Health Board of NHS Scotland



Disability Equality Scheme Report **December 2007**

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Disability Equality Report December 2007



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1. Foreword

This is the first report of its kind providing an update on the progress made since the Disability Equality Scheme was published in November 2006. It aims to provide the public, stakeholders, our partners and our staff with details of the on going activities in the area of disability equality.

The Disability Equality Scheme and Action Plan is aimed at ensuring that we do not consciously or unconsciously discriminate, that we improve equality of opportunity for disabled people, develop better links with stakeholders and partners and a greater understanding of the impact our Service has on disability equality.

We are committed to an agenda of continuous improvement and to ensure we consider disability and disability equality in a proactive way in everything we do at the outset. With this in mind our progress in this area will be monitored closely to ensure we achieve tangible outcomes for disabled people.

Kevin Doran
Chief Executive Officer

2. Introduction

In publishing this report the Service wishes to go beyond the requirement to be legally compliant but rather to acknowledge the good work that is on gong in this area and to focus the areas of priority for the future.

Clearly there is much work still to be done in the area of disability equality and it is of utmost importance that we build upon the progress already made. The three year Action Plan published in November 2006 can be seen at Appendix 1. This report provides an update on the key objectives outlined in this plan.

Thoughts and comments regarding the content of this report are welcome and should be addressed to the **Equality and Diversity Lead**, Scottish Ambulance Service, National Headquarters, Tipperlinn Road, Edinburgh, EH10 5UU.

3. The Scottish Ambulance Service and it's population profile in relation to disability

The Service employs almost four thousand staff across mainland Scotland and Islands with a budget of circa £169 million. It is responsible for the pre-hospital care and transportation of patients to appropriate care facilities for over 0.5 million accidents & emergency and 1.3 million non-emergency cases each year. The Service is delivered regionally for both the Patient Transport Service and the Accident & Emergency Service using both land and air assets.

As we are a national Service with a local feel, we have six operating divisions covering all of Scotland delivering a range of services from the publicly accessible Accident & Emergency Service, through to our clinically authorised Patient Transport Service - irrespective of background and free at the point of contact. These services are delivered locally and very much integrated with other local agencies including the Health Boards, Local Authorities and volunteer groups.

Staff profiling in relation to disability

The Service is able to capture equal opportunity information through the Computerised Human Resource Information System. The Service recognises the importance of capturing meaningful data to enable the Service to monitor disability more accurately particularly at recruitment stage. To this end the Service is currently conducting a review of the administration of the recruitment process.

4. Action Plan Outcomes

1. Leadership and Culture: make a firm commitment to disability equality and show effective leadership in the area of employment and service delivery.

Reducing Health Inequalities

The Reducing Health Inequalities Board has continued to meet on a regular basis during the last year. This specific Service project, will continue to assist towards reducing the widening gap for life expectancy, between the more affluent and poorer areas in Scotland (2001: gap is 13.7 years). The Delivering for Health programme states that the three main reasons for this inequality are: local circumstances and environment; health related behaviours- smoking, obesity and so on and the influence of health services. The latter two, are the focus of this project.

The Public Health Observatory Team (2004) gave the following introduction to its section on Health Inequalities

'Health inequalities is an extremely complex issue. Extensive research has identified that people who are most affected by societal inequalities related to factors such as low income, gender, social position, ethnic origin, geography, age and disability are more likely to have poorer physical and mental health than the general population.'

The Reducing Health Inequalities work programmes are required to consider ways the Service can contribute independently or in partnership with Territorial Health Boards, Local Authorities and other agencies to address the three main reasons for inequality as detailed above.

A number of initiatives are supported through this Project Board some examples are as follows:

- The Carers Strategy was developed and introduced across the Service. This was approved by the Scottish Executive Health Department in June 2007. The Board will further identify how children are recognised as carers and will consider how this can be improved and taken forward.
- A pilot project with the Highlands and Grampian area was established to pre-register critical information on asthmatic patients with the Emergency Medical Dispatch Centre in Inverness. This has proven to be successful and has since been extended to include details of other vulnerable groups of patients. It is intended that this procedure should be further developed and introduced across Scotland to include those with a major communication difficulty, those with a significant life

threatening condition and for emergency purposes those who live in a particularly remote and difficult to locate area who may require an air ambulance or other special arrangements.

- The Board continues to introduce community resilience schemes, e.g. Community First Responders. The Service will identify areas where the introduction of First Responders Scheme will be beneficial with a view to expanding the Scheme. Joint work is being done with Grampian Fire and Rescue in the development of a joint First Responder Scheme.
- An education programme in partnership with the British Heart Foundation by which training is provided for teachers to train children in basic life support. Most schools in the Lothian and Borders areas are now part of this scheme.

Reducing Hospital Admissions

The Reducing Hospital Admissions Board conducted a recent piece of work to examine the primary diagnosis for emergency admissions from specific practices in the remotest and rural part of NHS Highland. This patient mapping exercise will assist in identifying clinical clusters by broad diagnostic groups and geographical areas with the highest levels of emergency hospital admissions, thus assisting the Service to identify where the provision of enhanced skills for Paramedics would contribute to both improving health in remote and rural areas and help in the reduction of hospital admissions.

Further work will be done in future to develop patient mapping with the assistance of Information & Statistics Division, National Services Scotland with links to the Scottish Public Health Observatory and the GP Practice Team information.

A pilot is being undertaken with GP practices in the North West of Scotland to identify groups of patients in the community where local Paramedics and Technicians could support routine healthcare management. Typically these include those with chronic conditions and the mentally ill. Improved care within the community can help reduce the need to transport patients to hospital in remote and rural areas travel to the nearest hospital can be significant, further complicating a patients condition.

To further increase our ability to treat patients safely within the community the Service has developed a number of See and Treat protocols and Care Pathways. New See and Treat / care Pathways that have been identified will require further development and this will continue to further enhance the range of conditions that can be safely treated within the community, e.g. non-injured / ill patient, palliative care.

Patient Transport Services (PTS) Development Project

The PTS project will ensure a responsive service for hospital transfers, out patients and discharge patients is designed around patient needs. A large proportion of the patients transported by PTS have a disability.

Key to the project is the need to ensure resources are utilised in the most efficient way. As such the eligibility to travel criteria is currently being reviewed with patients, partners and stakeholders in order to identify new ways to maximise capacity and to ensure the service is provided for those patients in need.

2. Training and Awareness: build a positive and well-informed disability equality culture based on the Social Model of Disability.

Some work has taken place with Carers Scotland in order to develop an e-learning tool as well as electronic signposting information for carers. In addition to this, work is on-going to identify where additional disability equality training can be incorporated in existing training programmes for vehicle crew staff.

In partnership with Fair for All – Disability a small pilot was established to evaluate the use of Tip Cards. These are pocket sized laminated cards which provide good practice tips which are helpful when staff need some quick pointers in meeting the individual needs of patients who have a disability.

Staff in PTS and Accident and Emergency in two divisions were provided with the cards. Feedback was provided to Fair for All – Disability as part of the evaluation of the use of the cards. The Tip Cards were also distributed to other parts of NHS Scotland. As the evaluation only captured a small number of staff it has been decided to issue the Tip Cards more widely throughout the NHS Scotland before any significant changes are made to their content. The Service will be issuing the Tip Cards to all vehicle crew in the near future. Feedback from staff has been positive and the cards have served as a useful reminder in considering the needs of patients who have a disability.

Consideration is being given as to how the good practice guidance tips can be incorporated within the data that is available through the cab based terminals for all vehicle crew.

Expressive Boards were developed some time ago together with pictorial cards which showed what the inside of an ambulance looked like. These were primarily developed to assist our communication with people who are deaf or who have a speech impairment. However it is recognised that these are also helpful in enhancing our communication with those who have a learning difficulty. A pilot trial of these cards is taking place in the North East where the cards are being used by Patient Transport Service staff. In this regard

CANDO, a local group for adults with learning difficulties recently visited an Ambulance Station in the North East and this provided an opportunity for the group to familiarise themselves with an ambulance and staff.

Once the use of the cards is evaluated more thoroughly then further consideration will be given to providing this information via the cab based terminals for all vehicle crew.

The Laryngectomy Association have assisted the Service in reviewing course materials to ensure they reflect best practice and as a result of this new material has been introduced for the Technician and Ambulance Care Assistant courses.

Sign language training has been provided for a small number of reception staff in the North West by the Deaf Society. This training was well received and enquiries are being made to establish whether similar courses could be provided for staff across the Service.

3. Involvement: involve disabled people and their organisations with our work

In line with the requirements of the Disability Discrimination Act and our general and specific duties, we involved disabled people in the development of our first Disability Equality Scheme.

Patient representatives continue to be involved in the work of the Service both nationally and locally. Operational divisions of the Service have their own links with local groups where they can engage with disabled patients and members of the public regarding service development / redesign and how to improve the patient experience and access to our service. For example West Central division work with South Lanarkshire Disability Access Forum and North East division work with Aberdeen City Disability Forum.

The Service does recognise that a more cohesive approach to involvement with disabled people would be beneficial. With this in mind a national reference forum will be established to ensure the Service can engage with representatives across all disability groups.

The Service has continued to work with the Disability Rights Commission, Diabetes UK, the Transport and General Workers Union, UNISON and other Ambulance Services to further develop and introduce best practice guidance for the recruitment and employment of individuals with diabetes. Assistance was also provided by the National Police Diabetic Association, the international Register of Fire Fighters with Diabetes and the International Ambulance Diabetic Association.

In particular this guidance addresses the significant issue of emergency driving for those staff members who are / become insulin dependent. A

working group comprising of staff with diabetes, staff side representatives and managers has been established to review this guidance before it is raised with the National Partnership Forum.

This model of good practice can also be used in future to ensure staff / recruits who have other disabilities are assessed as individuals and are involved at every stage of the process. Regularly monitoring will ensure the Service is better able to support the effectiveness of reasonable adjustments to enable individuals to stay in their own job roles / join the Service.

4. Potential: support disabled people to achieve their full potential in public life and within the workplace

Employment monitoring

In the last year much work has been done to ensure the Service is able to more robustly capture employment data across the six equality strands. Particular time has been spent with staff through Divisional Partnership Forum to provide a better understanding of the need to capture this level of personal information. Work is underway to refine this process but the Service is much better placed to be able to analyse the workforce and identify where action can be taken to improve equality of opportunity for disabled people.

The tables at Appendix 2 and 3 illustrate the staff profile in September 2006 and September 2007. Of the total 3921 staff in post as at September 2007, 39 staff have identified themselves as being disabled.

Applicants

The table below illustrates the number of applications received from disabled people between April 2006 and September 2007.

	Apr – Sept 2006	Oct 2006 – Mar 2007	Apr 2007 – Sept 2007
Disabled	26 [1.05%]	11 [.64%]	24 [1.9%]
Non disabled	2477	1720	1257

Social inclusion recruitment

The Service has recently commenced discussion with Job Centre Plus and the Scottish Government and intends to run a pilot scheme to enable the long term unemployed to return to work through the provision of pre employment training and / or work trials. This should assist the Service in building a more diverse workforce by providing more opportunity for those disabled people who are unemployed.

Starters and leavers

In the period 1 October 2006 to 31 March 2007 161 staff joined the Service. None of these individuals were disabled.

Of the 112 staff that left the Service during the same period, 1 individual was disabled.

Further education

A total of 21 staff applied for funding for further education during the year 2006/07. Of the 21 staff who applied 1 individual was disabled.

5. Accessibility: create accessible environments.

A Disability Accessibility Audit was commissioned as a result of which a rolling programme of high, medium and low priority work was undertaken to ensure equality of access to premises for disabled staff and visitors. This work started in April 2006 and is due to be completed by March 2009.

The Service is currently reviewing the design and layout of the website and intranet to improve ease of use and access for disabled people.

6. Measuring and monitoring: to ensure that we meet the disability equality targets and objectives we set.

The Service recognises that there is still much work to be done in the area of Equality Impact Assessment and this is an area where activity will be focused in 2008. Special attention will be given to those functions and policies identified as 'High' priority in the Disability Equality Scheme which have not as yet been through the Equality Impact Assessment. Further Equality Impact Assessment training is planned to increase capacity in this area.

The Service conducts a patient survey annually and this is managed by Market Research UK. Specific questions relating to a patients disability have been added to the survey this year. This will enable the Service to monitor more closely the experiences of patients who have used the Accident and Emergency Service or Patient Transport Service.

Action Plan

Objective	Lead	Additional Comment	Target Date
Objective 1 Leadership and Culture: make a firm commitment to disability equality and show effective leadership in the area of employment and service delivery.			
Nominated Executive lead	S Rogers		Completed
Appoint a non-executive with relevant knowledge and expertise in disability issues	Chairman of the Board		Next series of appointments
Identify disability champions in each function and division	General Managers, Department Heads, Divisional Personnel Managers		1 January 2007
Develop joint projects, particularly through the Reducing Health Inequalities Board	Chair of Board – S Rogers		Continuous
Commit to continuing the local initiatives and partnerships created so far	General Managers, E&D Lead		Ongoing
Continue to raise awareness of the scheme both externally and internally with Service users and our own employees	All managers	With increased awareness any concerns from staff should be reduced	Continuous
Conduct annual disability audits with divisions and functional departments	Heads of Service/ Department, E&D Lead, Divisional Personnel Manager		Annually in September
Prepare supporting action plans to support the scheme & audit outcomes	Heads of Service/ department, E&D Lead, Divisional Personnel Manager		Review annually & adjust as required

Ensure procurement procedures meet the needs of the DDA	Procurement Manager	Guidance will be provided by National Services Scotland December 2006	Ongoing with annual review
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Objective	Lead	Additional Comment	Target Date
Objective 2 Training and Awareness: build a positive and well-informed disability equality culture based on the Social Model of Disability.			
Working with local partners to develop and deliver a Disability Equality awareness-training programme, including consideration of eLearning.	Head of Education & Training and E&D Lead		During 2007
Utilising Service Intranet and Internet sites as methods to communicate information about the Scheme, disability awareness and positive aspects of disability.	As Above with IT team		2007 - 2009
Utilising Service communication systems e.g. notice boards and publications to promote positive messages about disability.	All managers		Continuous
Encouraging disabled service users and or carers to share their experiences of using the Service through methods such as Patients' Stories.	PFPI and E&D steering groups		2007
Placing positive measures in place to recruit more disabled people.	All managers		2007 and onward

In-line with the National Health Service Knowledge and Skills Framework, assessing management competencies in relation to equality issues including disability	Line managers		Performance Development Plans for all staff. By Dec 2007 all staff to have completed first PDP using KSF outlines
Identifying take up by disabled staff of training opportunities	E & D Lead		Commenced

Objective	Lead	Additional Comment	Target Date
Objective 3 Involvement: involve disabled people and their organisations with our work			
Gaining a clearer picture of local and national groups that promote the views, or who are elected to speak on behalf of disabled people.	E&D Lead & Divisional Leads		2007 - 2009
Continuing to work with our local partners to develop a Reference Group, that will inform Service on disability equality issues and make recommendations to inform this Scheme	E&D Lead		2007 - 2009
Gaining a better understanding of the role and function of Advocates	E & D Lead		2007 - 2009
Involving service users and staff in developing further methods of gaining feedback	All managers PFPI Steering Group		Continuing

Objective	Lead	Additional Comment	Target Date
Objective 4 Potential: support disabled people to achieve their full potential in public life and within the workplace.			
Mapping and promoting existing good practice	E&D Lead and Continuous Improvement Manager		2007 - 2009
Promoting opportunities for flexible working for disabled people or their carers	Operational managers and Divisional Personnel Managers		Commenced
Continue to use reasonable adjustments to support continuous employment at work where appropriate	Personnel team		Continuous
Monitoring the number of disabled applicants and their progress in the recruitment process	E&D Lead		Continuous
Fully implement the Carers' Information Strategy	All employees		Continuous
Impact assessing personnel and service delivery policies relevant to disability in partnership with the Reference Group	E&D Lead		Policies identified as high priority to be assessed by June 2006
Monitoring the Dignity at Work policy in relation to its impact on disability equality	Head of Personnel		Commenced
Review the computerised recruitment process in order to improve data capture and monitoring	Head of Personnel & Personnel team		New system to be reviewed Dec 2006

			Pilot in one Division by end Mar 2007
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Objective	Lead	Additional Comment	Target Date
Objective 5 Accessibility: create accessible environments.			
Providing accessible information to disabled people including staff	All managers		Continuous
Auditing the dissemination and effectiveness of the Service's Interpreting policy	E&D Lead		Annually September
Auditing the dissemination and effectiveness of the Service's Patient Information materials and Interpreting policies	Corporate Affairs Manager		Annually September
Progressively implementing through capital and revenue budgets the recommendations made in the Service's Estates Disability Accessibility Audit, ensuring new builds comply with DDA regulations and addressing and prioritising outstanding issues.	Estates manager		High priority work to be complete by March 2007 Medium priority work to be completed by March 2008 Low priority work to be completed by March 2009
Continuing to ensure that venues for public	All managers and Corporate		Continuous

events are fully accessible	Affairs manager		
Ensuring that auxiliary aids such as loop systems are in place for disabled people and that staff are trained in their use	Estates manager		2007
Auditing the effectiveness of the Service's Command & Control / PTS booking systems as a method of alerting staff that a patient has a disability	Appropriate Heads of Service/ Heads of Control & IT team	PTS SE Division piloting patient led booking system – to be reviewed Mar 2007	Continuous
Develop Caller Line Identification system in order to include specific disabled groups	Heads of Control		Commenced
Consider using mobile phones to enable disabled people to use mobile text phones as a method of communication	EMDC Heads of Control	SEHD meeting to progress this Nov 2005	Commenced

Objective	Lead	Additional Comment	Target Date
Objective 6 Measuring and Monitoring: to ensure that we meet the disability equality targets and objectives we set.			
Continuing to equality impact assess Service's policies and procedures in line with agreed Equality Impact Assessment arrangement.	All managers and PFPI and E&D steering groups		Commenced
Agreeing measures of success and key performance indicators to measure the success and impact of the Scheme	E&D Steering Group & partnership Forum		2007
Developing methods to gain quantitative and qualitative forms of feedback from service users	E&D / PFPI steering groups		2007 – 2009

and staff			
Agreeing a rolling-programme of audits	E&D steering Group		Annually

Objective	Lead	Additional Comment	Target Date
Objective 7 Communicating the Results			
Ensuring our corporate communication and Service web site take into consideration the needs of people with disability and in particular a visual impairment	E&D Steering Group and Corporate Affairs Manager		Continuous
Review of the Scheme and publish outcomes of the Action Plan on an annual basis	E & D Steering Group		2007

Analysis of workforce September 2006 – gender, band and disability

Appendix 2

	Band 1		Band 2		Band 3		Band 4		Band 5		Band 6		Band 7		Band 8		Totals
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	
Disabled	0	0	*	0	*	*	0	9	0	12	0	*	0	*	0	*	39
Non-disabled	8	0	113	87	405	604	299	737	289	855	28	182	18	94	4	28	3751
Totals	8	0	114	87	409	609	299	746	289	867	28	186	18	97	4	29	3790

* denotes numbers of 5 or less

Analysis of workforce September 2007 – gender, band and disability

Appendix 3

	Band 1		Band 2		Band 3		Band 4		Band 5		Band 6		Band 7		Band 8		Totals
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	
Disabled	0	0	*	0	*	*	0	10	*	12	0	*	0	*	0	*	39
Non-disabled	9	0	54	74	446	600	363	799	317	862	29	179	19	99	5	27	3882
Totals	9	0	55	74	449	605	363	809	318	874	29	182	19	102	5	28	3921

* denotes numbers of 5 or less

