

The Scottish Ambulance Service  
A Special Health Board of NHS Scotland

# Gender Equality Scheme Review June 2010

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Scottish Ambulance Service  
National Headquarters  
Tipperlinn Road  
Edinburgh  
EH10 5UU  
Telephone – 0131 446 7000

## **1. Foreword**

The Scottish Ambulance Service published its first Gender Equality Scheme in June 2007. The aim was to ensure that we did not consciously or unconsciously discriminate, that we improved the equality of opportunity and developed better links with stakeholders, partners, and a greater understanding of the impact our Service has on gender equality.

Building on our success to date we are keen to ensure we take a holistic approach to equality across the other equality strands including age, disability, race, religion and belief and sexual orientation. In conducting this Gender Equality Review, we will update our Gender Equality Scheme to reflect the lessons learned and to build on the actions we will take forward between 2010 – 2013.

We have a strong commitment to equality for all and recognise that work in this area is a continuing journey as we move towards mainstreaming equality into all that we do.

We would be pleased to receive any comments on this Review or the Gender Equality Scheme and Action Plan.

David Garbutt  
Chairman

Pauline Howie  
Chief Executive

## 2. Introduction

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

The Gender Equality Scheme was published in June 2007 to meet with the requirements of the Gender Equality Duty which came into force in April 2007. The Scheme set out the commitment to progressing gender equality and the steps to be taken to implement the gender equality duty between 2007 and 2010. An Equal Pay Statement was published in September 2007. The Gender Equality Duty was introduced in the Equality Act 2006 and places an obligation on all public bodies to:

- Eliminate unlawful discrimination and harassment
- Promote equality of opportunity between men and women

The Gender Equality Duty is different from previous sex equality legislation in that it requires an organisation to be proactive in the action it takes. This means that the Service must act to promote gender equality, not just to avoid discrimination, but must take action to tackle discrimination, rather than waiting for individuals to make complaints. Men and women, boys and girls, staff and people that use the Service have different needs and requirements of the health service. By taking into account the different needs of men and women including transsexual people, the quality of health service will improve for everyone. Since the Service is a major employer the Gender Equality Duty should improve work practices also.

The Action Plan published in June 2007 and updated in June 2009 can be seen at Appendix 1. This report provides an update on the key objectives outlined in the plan.

We would welcome your comments and suggestions on the content of this review and these should be addressed to:

**Equalities Manager  
Scottish Ambulance Service  
National Headquarters  
Tipperlinn Road  
Edinburgh  
EH10 5UU.**

**Telephone: 0131 446 7000**

### **3. The Scottish Ambulance Service and its population**

The Scottish Ambulance Service is a Special Health Board of NHS Scotland. It employs approximately 4,300 staff across mainland Scotland and Islands and responds to nearly 600,000 Accident and Emergency calls per year, around 450,000 of which are 999 calls.

Almost 1.6 million patients are taken to and from hospital by our Patient Transport Service each year and we have around 30 Area Service Offices planning and co-ordinating these requests. Our Air Ambulance service deals with more than 3,000 incidents per year and we transport over 96,000 patients between hospitals in Scotland, by road and air annually.

We have three Emergency Medical Dispatch Centres based in Glasgow, Edinburgh and Inverness which handle in excess of 800,000 calls for help each year, ranging from life-threatening heart attacks requiring an immediate response to requests from our NHS partners to transfer patients between hospitals.

### **4. Gender Equality Action Plan Outcomes**

Whilst there have been significant changes for the Service between 2007 and 2010 it is considered fitting as a starting point to undertake a review of progress made against those items listed on the Action Plan. In doing so we recognise the need to ensure future actions reflect both the needs of our staff and those of our patients.

#### **4.1 Leadership and putting the Gender Equality Scheme into practice**

The Director of Human Resources and Organisational Development has overall executive responsibility for equality and diversity including ensuring progression of the Gender Equality Scheme at strategic level and for monitoring progress within employment as well providing reports to the Board.

The Reducing Health Inequalities Board has made considerable progress to develop a wider focus for clinical health mapping work initiated with NHS Highland. This work has assisted in identifying clinical clusters taking into account the gender of patients within a geographically spread area. The Board has also engaged with voluntary and community organisations to pursue shared objectives around reducing health inequalities.

In July 2008 the Service launched the New Ways of Clinical Working project. Key to this project was the development of a national engagement consultation framework to enable open dialogue with patients, stakeholders and the public regarding new ways of clinical working. At the same time the Service wanted to engage with its staff to ensure that they were well

informed and have every opportunity to feedback their views on the proposed new ways of working. Significant progress in terms of involving men and women has been made in this regard and the Service has extended the range of individuals, voluntary organisations, partners and stakeholders that have been involved in our work. We recognise that there is still work to do in this area particularly with groups representing the needs of boys and girls.

The Service will build upon the work done by the Reducing Health Inequalities and New Ways of Clinical Working Boards. Much progress has been made to develop the future strategy for the organisation and the Strategic Framework will be implemented over the next five years. A Programme Board and sub programmes are now established for each of the following work streams:

- Emergency and Unscheduled Service
- Scheduled Service
- Engaging with Communities
- eHealth
- Organisational Development / Workforce Planning

In gathering staff establishment figures, gender specific details are produced for divisions so that imbalances can be identified and action taken where appropriate to address this.

The equality and diversity pages of the Service website and intranet are used to raise awareness of gender equality. Changes have been made to improve access to equalities information on the intranet and other opportunities are utilised to highlight key areas of interest, i.e. weekly bulletin, Response magazine.

Gender Equality Scheme Reports were published in June 2008 and June 2009.

#### **4.2 Consultation and involvement: involve patients, staff and gender organisations in our work**

We continue to raise awareness of equality matters in general through local partnership forums, management team meetings and staff governance group meetings and staff are given the opportunity to contribute to the development of the gender equality objectives.

The Service has started to analyse in more detail service user details by gender and the analysis of the gender specific make up of staff is now conducted on an annual basis. In this way the Service is able to identify gaps and trends which may suggest unequal access to services and employment opportunities.

During 2009 the Service consulted widely with a wide range of stakeholders to develop the future strategy for the organisation. Over a period of nine months the Service talked and listened to stakeholders including NHS

partners, patient and public representatives, Community Planning Partnerships and Local Authorities and many voluntary organisations. Consultation findings have been published and 'Working together for better patient care 2010 – 2015' provides the strategic framework setting out the vision and direction for the Scottish Ambulance Service for the next five years. This includes how we are going to improve patient access, how we will deliver the best service for patients and how we will engage with partners and communities for improved healthcare.

The Service has now developed a national database to ensure that engagement activities can be planned in a more focused way and Patient Focus and Public Involvement Representatives can share details and learn from each other.

The Service continues to work closely with the Scottish Health Council and through the Patient Focus and Public Involvement Steering Group works to ensure community engagement and patient involvement informs strategic direction and policy development.

Patient Focus and Public Involvement representatives working across the five operating divisions continue to work with local groups to ensure men and women are included in community engagement activities.

### **4.3 Assessing the impact of functions, policies and practices**

Equality impact assessment training has been provided for individuals responsible for carrying out this process including the service redesign team. It is recognised that there is still some work to be done in this area if equality impact assessment is to be firmly embedded across the organisation.

Work continues to ensure impact assessments are completed for those policies, functions and practices identified as high priority. For example equality impact assessments have been completed for recruitment and selection, flexible working and absence management policies. The list of functions, policies and practices is reviewed on an annual basis.

### **4.4 Training and awareness: build a positive and well informed gender equality culture**

#### **Staff awareness**

Where appropriate reference to gender equality has been incorporated into existing programmes. The revised induction programme includes reference to gender equality and there is a separate section within the equality and diversity pages on the intranet which provide further details for staff.

The Service utilises communication systems such as publications to promote positive messages about gender equality.

Under the Agenda for Change programme the Service has introduced the Knowledge and Skills Framework. Under the framework all staff have a description of the knowledge and skills needed to fulfil the requirements of their role in the form of a post outline. Using the post outline managers are able to conduct personal development reviews to measure how closely individuals are performing against the knowledge and skills dimension levels. This is assessed through the electronic knowledge and skills framework tool - e-KSF. Gaps can be identified where development is required. This then forms the personal development plan.

All post outlines contain six core dimensions, one of which is equality and diversity. As e-KSF becomes more widely used across the Service it will be possible to run reports which will identify common training needs including equality and diversity.

### **Public awareness**

Work continues throughout the five operating divisions to increase public awareness of the Scottish Ambulance Service. For example, Community Resuscitation Development Officers provide essential life support skills training in schools through the Heart Start UK Programme an initiative co-ordinated by the British Heart Foundation and run in partnership with the Service. Similar training is provided within local communities for groups and when requested this is delivered for men and women separately e.g. Muslim community at the Mosque in Glasgow.

In order to raise road safety awareness our staff together with colleagues from Police and Fire and Rescue Services have delivered 'Safe drive, stay alive' road shows at colleges to promote safety for young people.

We delivered presentations to older men and women for example with Age Concern in West Kilbride where we were able to discuss the symptoms of heart attacks and how to access medical help. Practical information was also shared on accessing medical assistance through GPs, the out of hour's service, NHS24 and the Scottish Ambulance Service. Information was given about chest pain, including the signs and symptoms of a heart attack and actions required to help make the patient more comfortable before an ambulance crew are able to assist

## **4.5 Measuring and monitoring: to ensure that we meet the gender equality goals and objectives we set.**

### **Service delivery**

The Service has started to analyse the gender of service users of the Patient Transport Service across different health board areas. The results of this have assisted in identifying local patient profiles, the proportion of men and women

using the Patient Transport Service and how this compares with the local demographic profile of the health board area.

Data captured in this way will be used to evidence any gender inequality and this will be used in support of service change and the equality impact assessment process.

### **Patient Survey**

The Service conducts a patient survey every year the aim of which is to gain an insight into patients attitudes, opinions and experiences of the services provided by the Scottish Ambulance Service. Market Research UK conducts the survey on behalf of the Service. Consideration is given to whether men and women have different experiences of the service.

The tables below illustrate the levels of satisfaction / dissatisfaction experienced by patients using the Accident and Emergency and Patient Transport Services. A total of 475 Accident and Emergency and 463 Patient Transport Service patients were interviewed, all of which had used the service in the last 12 months.

#### Accident & Emergency - summary table of overall level of satisfaction with the service received

	Satisfied includes very & quite satisfied	Neither satisfied nor dissatisfied	Dissatisfied includes quite and very dissatisfied	Total %
Male	97	1	2	100
Female	99	0	0	100

#### Patient Transport Service – summary table of overall satisfaction with the service received

	Satisfied includes very & quite satisfied	Neither satisfied nor dissatisfied	Dissatisfied includes quite & very dissatisfied	Total %
Male	95	1	4	100
Female	96	2	2	100

Overall satisfaction levels have remained high for both Accident and Emergency and Patient Transport Services patients between 2007 – 2009. The summary table at Appendix 2 illustrates the levels of satisfaction as shown above together with the results of patient surveys conducted in 2007

and 2008. Analysis of satisfaction levels by gender will continue to enable any difference in service experienced to be identified and analysed.

The 2008 survey also included qualitative research conducted with specific groups these included the impact on specific change patients [STEMI – Optimal Re-Perfusion – treatment for those patients diagnosed as having suffered a heart attack], inter hospital transfer patients, children under 16 and retained services within remote rural communities. The feedback from these discussion groups assisted the Service in identifying where improvements could be made.

### **Domestic violence**

The Service has developed an action plan specifically to address gender based violence and this is included in the Action plan at Appendix 4. This includes the introduction of further guidance on domestic abuse for staff, the development of an employee policy on gender based violence and raising awareness of gender based violence.

### **Employment monitoring**

An analysis of the staff establishment as at 1 April 2010 can be seen at Appendix 3.

As at 1 April 2010 the Service employed 33% women and 67% men. The proportion of women employed by the service continues to steadily increase. The current staff profile illustrates that there is a more even split of women and men now joining the Service.

The gender split and working patterns by salary band can be seen at Table 3. A total of 6.8% of staff work on a part time basis, of this total the number of men working part time is 39%; this has decreased slightly during the last year from 40%.

### **Band and gender**

Women are represented across all pay bands. Staff turnover for operational staff is relatively low and career progression can be seen as employees remain with the Service over long periods. As a greater number of women join the Service it is likely that a greater proportion will take up more senior positions.

### **Dignity at work**

The Anti Bullying and Harassment Campaign was launched in March 2009 and 7 Confidential Harassment Advisers provide support across the Service. The aim of the campaign is to raise awareness of unacceptable behaviour in the workplace and encourage staff to raise any concerns / issues in order to

resolve these at the earliest opportunity. Briefing sessions were held to update managers / supervisors of the purpose of the campaign.

The Service has contributed to the development of the Partnership Information Network 'Tackling Bullying and Harassment in the Workplace' strategy for the NHS Scotland. After wide consultation this strategy will be implemented across NHS Scotland late 2010.

### Monitoring of policies

The Service continues to monitor the application of its policies to ensure they are used by men and women. In particular the Service monitors and analyses the use of recruitment and selection, flexible working, part time working, carers leave, dignity at work, resolution of differences, retirement and managing pregnancy and maternity leave.

### Equal pay

The Service Equal Pay Statement was published in September 2007.

New employees continue to be placed on the lowest spine point of their salary band when they join the Service. Where there are exceptional cases an applicant may be placed on a higher point. In these circumstances an application is made and supporting information provided for consideration and sign off by the Head of Personnel. This process is closely monitored.

The table below illustrates the number of women and men as a percentage of the total workforce working within each of the salary bands.

	April 2009	April 2010	April 2009	April 2010
Salary band	Women – as % of total workforce	Women – as % of total workforce	Men – as % of total workforce	Men – as % of total workforce
Band 1	.18	.18		
Band 2	1.40	1.47	1.97	2.26
Band 3	11.90	11.38	15.55	15.21
Band 4	9.43	9.62	19.68	19.06
Band 5	8.14	8.5	21.50	21.6
Band 6	.97	1.14	4.70	4.72
Band 7	.64	.63	2.4	2.52
Band 8	.33	.35	1.13	1.23
	32.99	33.3	66.9	66.6

Women are statistically over represented in the lower bands [1–3] and under represented in the middle to higher bands. The highlighted figures in the table above denote over representation relative to the total workforce. A greater proportion of women are now joining the Service and this in time will

impact on the staff profile as career progression is made. Of the executive team 67% are women and 33% are men. This is the converse of many other senior teams within NHS Scotland.

#### **4.6 Communicating the results**

This Gender Equality Review will be published on the Service website and available in alternate formats upon request. The review will also be available to staff on the intranet.

Staff equality monitoring details will also be available on the website and the intranet.

#### **4.7 Procurement**

The Equality Impact Assessment has been completed for the Procurement Strategy.

#### **5. Future actions / emerging priorities**

Our first Gender Equality Scheme was published in June 2007 and whilst it is recognised that some progress has been made there is still work to be done in this area.

The key actions to be taken forward are included in the action plan at Appendix 4. As part of this review the Gender Equality Scheme has been reviewed and updated and this includes the Action Plan.

Objective	Lead	Additional Comment	Target Date
Objective 1 Leadership and putting the Gender Equality Scheme into practice			
Nominated Executive lead	S Rogers		Completed
Identify gender champions in each function and division	General Managers, Department Heads, Divisional Personnel Managers		Completed
Develop joint projects, particularly through the Reducing Health Inequalities Board	Chair of Board – S Rogers	Ensure men and women and representative groups are included in community engagement activities across the Service.	Continuous
All new / proposed policies to be equality impact assessed using rapid impact assessment tool before sign off	Director of HR & Clinical Development		Continuous
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 gender audits with divisions and functional departments	Heads of Service/ Department, E&D Lead, Regional Personnel Manager		Annually in September

Prepare supporting action plans to support the scheme & audit outcomes	Heads of Service/ department, E&D Lead, Regional Personnel Manager		Review annually & adjust as required
Ensure procurement procedures meet the needs of the Equality Act 2006	Procurement Manager	Guidance will be provided by National Services Scotland December 2006	Ongoing with annual review
Publish Gender Equality Scheme	Director of HR & Clinical Development	June 2007	Completed
Publish Equal Pay Statement	Director of HR & Clinical Development	September 2007	Completed

Objective	Lead	Additional Comment	Target Date
<b>Objective 2 Consultation and involvement: involve patients, staff and stakeholders and gender organisations with our work</b>			
Gaining a clearer picture of local and national groups that promote the views, or who are elected to speak on behalf of men, women and transsexual people.	E&D Lead & Divisional Leads		2007 - 2010
Continuing to work with our local partners to develop a Reference Group, that will inform Service on gender equality issues and make recommendations to inform this Scheme	E&D Lead		2007 – 2010
Involving service users and staff in developing further methods of gaining feedback	All managers PFPI Steering Group		Continuing
Analyse service user and employee data by gender in order to identify gaps and trends	E&D Lead, Divisional Leads and Service Redesign Manager		In progress

which may suggest unequal access to services and employment opportunities			
Involve men and women and boys and girls in the development of new ways of clinical working / service redesign	New Ways of Clinical Working project		Continuous

Objective	Lead	Additional Comment	Target Date
Objective 3 Assessing the impact of functions, policies and practices			
Identify list of functions, policies and practices and prioritise those with high relevance for equality impact assessment	E & D Lead		Completed
Annually review prioritised list of functions, policies and practices	E & D Lead		July 2008, 2009 & 2010
Provide further EQIA training to Managers	E & D Lead	To increase the pool of those with the skills to carry out EQIA	During 2009
To produce an action plan specifying when functions, policies and practices identified as 'high' priority will go through the EQIA process	E & D Lead	Trained managers to assist with EQIA. The EQIA for Recruitment & Selection policy to be completed as soon as possible.	2008 - 2009
Ensure equality Impact Assessment is completed for recruitment & selection policy, guidance for the UK emergency services on	E & D Lead and local managers		March 2010

decontamination of people exposed to hazardous chemicals, biological or radiological substances and flexible working policy			
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Objective	Lead	Additional Comment	Target Date
Objective 4 Training and Awareness: build a positive and well-informed gender equality culture.			
Working with local partners to develop and deliver Gender Equality awareness-training programme, including consideration of e-learning. Incorporate gender equality into existing training programmes	Head of Education & Training and E&D Lead		During 2009
Utilising Service Intranet and Internet sites as methods to communicate information about the Scheme, gender awareness and positive aspects of gender equality.	E & D Lead with IT team	Update Equality & Diversity section on website and intranet	2009
Utilising Service communication systems e.g. notice boards and publications to promote positive messages about gender.	All managers		Continuous
In-line with the National Health Service Knowledge and Skills Framework, assessing management competencies in relation to equality issues including gender	Line managers	Single post holder outlines to be completed by end 2009	Performance Development Plans for all staff. By May 2009 all staff to have completed first PDP using KSF outlines
To raise the awareness of the Dignity at Work policy anti-bullying and harassment training will	Head of Personnel	Anti bullying and harassment	On going

be provided for all line managers		campaign launched March 2009	
Update Equality & Diversity section in the induction handbook	E & D Lead		Complete
To continue to raise public awareness of the Service for men and women, boys and girls and transsexual people	Divisional staff / PFPI Leads		On going

Objective	Lead	Additional Comment	Target Date
Objective 5 Measuring and Monitoring: to ensure that we meet the gender equality goals and objectives we set.			
Agreeing measures of success and key performance indicators to measure the success and impact of the Scheme	E&D Steering Group & partnership Forum		2009
Developing methods to gain quantitative and qualitative forms of feedback from service users and staff	E&D / PFPI steering groups	Continue to monitor user attitudes, opinions and experiences by gender	2007 – 2010
Agreeing a rolling-programme of audits	E&D steering Group		Annually
Review accessibility of complaints policy	E & D steering group / Complaints Manager	Include gender specific details on complaint analysis reports	On going
Take up of the following policies will be closely monitored: flexible working, part time working, carers leave, maternity leave and retirement	Head of Personnel		On going
Ensure service user gender specific data is	E & D Lead / Divisional Leads		On going

readily available for the purposes of service redesign and during the EQIA process	/Service Redesign Manager		
Develop memorandum of understanding in partnership with ACPOS for sharing information in cases of domestic violence	Continuous Improvement Manager		End 2009
Further analyse staff mix across pay bands by gender	E & D Lead, Head of Personnel & Regional Personnel Managers		Complete
Starting with operational staff further analyse staff mix across pay bands to identify differences between posts	E & D Lead, Head of Personnel & Regional Personnel Managers	Assist in the development of equal pay objectives	End 2009
The spine point on which new employees start employment to be closely monitored to ensure consistency and fair application	Head of Personnel		Review annually On going
Monitor career progression for men and women and where differences are identified develop strategies to ensure fair access to career development	E & D Lead Head of Personnel		On going
Develop an action plan specifically to address gender based violence with specific and measurable goals across priority areas	E & D Lead	Will form part of gender equality report / review in 2010	End 2009
Develop employee policy for gender based violence	E & D Lead		March 2010
Establish links with national team at Health Workforce Directorate to ensure best practice guidance and learning can be shared to inform the work to be taken forward	E & D Lead		On going

<b>Objective</b>	<b>Lead</b>	<b>Additional Comment</b>	<b>Target Date</b>
<b>Objective 6 Communicating the Results</b>			
Review the Scheme and publish the outcomes of the Action Plan on an annual basis	E&D Lead		June 2008, June 2009
Review and update Scheme and Action Plan for 2010 -2012	E&D Lead		June 2010

<b>Objective</b>	<b>Lead</b>	<b>Additional Comment</b>	<b>Target Date</b>
<b>Objective 7 Procurement</b>			
Equality impact assessment to be completed for procurement, tendering and contract management processes	Head of Procurement		December 2009

## Patient Survey Results 2007 - 2009

## Appendix 2

### Accident & Emergency - summary table of overall level of satisfaction with the service received

	2009	2008	2007	2009	2008	2007	2009	2008	2007
	Satisfied includes very & quite satisfied	Satisfied includes very & quite satisfied	Satisfied includes very & quite satisfied	Neither satisfied nor dissatisfied	Neither satisfied nor dissatisfied	Neither satisfied nor dissatisfied	Dissatisfied includes quite & very dissatisfied	Dissatisfied includes quite & very dissatisfied	Dissatisfied includes quite & very dissatisfied
Male	97	96	99	1	1	1	2	3	0
Female	99	100	97	0	0	1	0	0	2

### Patient Transport Service – summary table of overall satisfaction with the service received

	2009	2008	2007	2009	2008	2007	2009	2008	2007
	Satisfied includes very & quite satisfied	Satisfied includes very & quite satisfied	Satisfied includes very & quite satisfied	Neither satisfied nor dissatisfied	Neither satisfied nor dissatisfied	Neither satisfied nor dissatisfied	Dissatisfied includes quite & very dissatisfied	Dissatisfied includes quite & very dissatisfied	Dissatisfied includes quite & very dissatisfied
Male	95	96	96	1	1	3	4	3	1
Female	96	97	97	2	0	2	2	3	1

Staff composition

Appendix 3

**Table 1 - Analysis of workforce at 1 April 2010 – gender, band and ethnicity**

Ethnic Origin	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	
<b>White</b>																	
White Scottish	5	0	47	76	361	487	281	565	265	706	38	171	17	88	11	34	<b>3152</b>
White Other British	0	0	2	3	21	44	37	68	41	90	2	14	4	11	2	13	<b>352</b>
White Irish	0	0	0	0	1	0	4	5	2	5	0	1	1	0	0	0	<b>19</b>
Other White Background	0	0	1	0	4	2	3	6	2	10	0	0	1	0	1	0	<b>30</b>
<b>Mixed Background</b>																	
Any Mixed Background	0	0	0	0	*	0	0	0	0	*	0	0	*	*	0	*	<b>7</b>
<b>Asian, Asian Scottish or Asian British</b>																	
Indian																	
Pakistani																	<b>3</b>
Bangladeshi																	
Chinese																	<b>2</b>
Any other Asian background																	

<b>Black, Black Scottish or Black British</b>																		
Caribbean																		
African																		<b>1</b>
Any other Black background																		<b>2</b>
<b>Other ethnic background</b>																		
Any other ethnic background																		<b>1</b>
<b>Declined to Comment</b>	3	0	13	18	96	118	88	172	54	109	8	14	3	8	1	5	<b>710</b>	
<b>Totals</b>	<b>8</b>	<b>0</b>	<b>63</b>	<b>97</b>	<b>487</b>	<b>652</b>	<b>413</b>	<b>817</b>	<b>364</b>	<b>926</b>	<b>48</b>	<b>201</b>	<b>27</b>	<b>108</b>	<b>15</b>	<b>53</b>	<b>4279</b>	

\* denotes where there are less than 5

	Band 1		Band 2		Band 3		Band 4		Band 5		Band 6		Band 7		Band 8		<b>Totals</b>
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	
Disabled	0	0	1	4	2	11	2	14	3	17	0	5	0	2	0	1	<b>62</b>
Non-disabled	8	0	62	93	485	640	410	802	361	910	49	197	27	106	15	52	<b>4217</b>
<b>Totals</b>	<b>8</b>	<b>0</b>	<b>63</b>	<b>97</b>	<b>487</b>	<b>651</b>	<b>412</b>	<b>816</b>	<b>364</b>	<b>927</b>	<b>49</b>	<b>202</b>	<b>27</b>	<b>108</b>	<b>15</b>	<b>53</b>	<b>4279</b>

**Table 2 – Analysis of workforce April 2010 – gender band and disability**

**Table 3 - Analysis of workforce at April 2010 – gender, band and part-time/full-time**

	Band 1		Band 2		Band 3		Band 4		Band 5		Band 6		Band 7		Band 8		<b>Totals</b>
	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	
FT	0	0	44	80	400	591	385	795	334	913	45	200	24	108	15	52	<b>3986</b>
PT	8	0	19	17	87	61	27	21	30	14	4	2	3	0	0	0	<b>293</b>
<b>Totals</b>	<b>8</b>	<b>0</b>	<b>63</b>	<b>97</b>	<b>487</b>	<b>652</b>	<b>412</b>	<b>816</b>	<b>364</b>	<b>927</b>	<b>49</b>	<b>202</b>	<b>27</b>	<b>108</b>	<b>15</b>	<b>52</b>	<b>4279</b>

**Table 4 - Analysis of workforce at April 2010 – gender, age, band and part-time/full-time**

		Band 1		Band 2		Band 3		Band 4		Band 5		Band 6		Band 7		Band 8		<b>Totals</b>	
<b>Gender</b>	<b>Age Band</b>	<b>FT</b>	<b>PT</b>	<b>FT</b>	<b>PT</b>	<b>FT</b>	<b>PT</b>	<b>FT</b>	<b>PT</b>	<b>FT</b>	<b>PT</b>	<b>FT</b>	<b>PT</b>	<b>FT</b>	<b>PT</b>	<b>FT</b>	<b>PT</b>	<b>FT</b>	<b>PT</b>
<b>Female</b>	<b>16-25</b>	0	0	4	1	26	4	26	0	1	0	0	0	0	0	0	0	<b>57</b>	<b>5</b>
	<b>26-30</b>	0	0	3	1	28	4	51	5	19	0	4	0	1	0	1	0	<b>107</b>	<b>10</b>
	<b>31-35</b>	0	0	5	3	45	20	74	5	79	10	4	2	3	2	3	0	<b>213</b>	<b>42</b>
	<b>36-40</b>	0	0	5	2	77	22	75	7	103	12	9	2	4	0	2	0	<b>275</b>	<b>45</b>
	<b>41-45</b>	0	1	7	2	89	12	75	6	76	8	11	0	7	1	2	0	<b>267</b>	<b>30</b>
	<b>46-50</b>	0	2	7	2	74	10	45	1	37	0	9	0	6	0	5	0	<b>183</b>	<b>15</b>
	<b>51-55</b>	0	3	7	3	42	7	26	2	17	0	5	0	2	0	2	0	<b>101</b>	<b>15</b>
	<b>56-60</b>	0	1	3	3	15	3	11	1	2	0	3	0	1	0	0	0	<b>35</b>	<b>8</b>
	<b>61-65</b>	0	1	3	1	6	1	2	0	0	0	0	0	0	0	0	0	<b>11</b>	<b>3</b>
	<b>&gt;65</b>	0	0	0	1	0	2	0	0	0	0	0	0	0	0	0	0	<b>0</b>	<b>3</b>
<b>Female Total</b>		<b>0</b>	<b>8</b>	<b>44</b>	<b>19</b>	<b>402</b>	<b>87</b>	<b>385</b>	<b>27</b>	<b>334</b>	<b>30</b>	<b>45</b>	<b>4</b>	<b>24</b>	<b>3</b>	<b>15</b>	<b>0</b>	<b>1249</b>	<b>176</b>
<b>Male</b>	<b>16-25</b>	0	0	3	0	10	1	15	0	0	0	0	0	0	0	0	0	<b>28</b>	<b>1</b>

	<b>26-30</b>	0	0	1	0	12	0	48	1	21	0	1	0	1	0	0	0	<b>84</b>	<b>1</b>
	<b>31-35</b>	0	0	4	0	41	8	85	1	93	4	9	0	3	0	0	0	<b>235</b>	<b>13</b>
	<b>36-40</b>	0	0	7	1	61	4	143	2	171	4	23	1	11	0	6	0	<b>422</b>	<b>12</b>
	<b>41-45</b>	0	0	4	2	61	9	143	2	196	4	44	1	7	0	6	0	<b>461</b>	<b>18</b>
	<b>46-50</b>	0	0	8	3	102	8	129	5	219	2	64	0	24	0	20	0	<b>566</b>	<b>18</b>
	<b>51-55</b>	0	0	14	4	101	5	117	2	143	0	41	0	34	0	16	0	<b>464</b>	<b>11</b>
	<b>56-60</b>	0	0	18	5	113	8	86	4	58	0	14	0	23	0	4	0	<b>316</b>	<b>17</b>
	<b>61-65</b>	0	0	17	2	80	13	28	4	12	0	4	0	5	0	0	0	<b>146</b>	<b>19</b>
	<b>&gt;65</b>	0	0	4	0	10	5	1	0	0	0	0	0	0	0	0	0	<b>15</b>	<b>5</b>
	<b>Male Total</b>	<b>0</b>	<b>0</b>	<b>80</b>	<b>17</b>	<b>591</b>	<b>61</b>	<b>795</b>	<b>21</b>	<b>913</b>	<b>14</b>	<b>200</b>	<b>2</b>	<b>108</b>	<b>0</b>	<b>52</b>	<b>0</b>	<b>2738</b>	<b>115</b>
		<b>0</b>	<b>8</b>	<b>124</b>	<b>36</b>	<b>993</b>	<b>148</b>	<b>1180</b>	<b>48</b>	<b>1247</b>	<b>44</b>	<b>245</b>	<b>6</b>	<b>132</b>	<b>3</b>	<b>67</b>	<b>0</b>	<b>3988</b>	<b>291</b>
																		<b>Total</b>	<b>4279</b>

<b>1. Leadership and putting the Gender Equality Scheme into practice</b>					
Key task / activity	Date for task completion	Evidence of task / activity	Lead responsibility	Risks [if not completed]	Intended outcomes
1.Publish Gender Equality Review and revised Gender Equality Scheme	June 2010	Gender Equality Review / Scheme available on website & intranet	Equalities Manager	Major – part of specific duties on gender equality	Provides a focus for gender equality and keeps Scheme up to date. Meets specific legal duty
2.Publish Equal Pay Statement and Report	September 2010	Equal Pay Review available on website and intranet	Equalities Manager	Major – part of specific duties on gender equality	Provides a focus on equal pay. Meets specific legal duty
3.Develop Single Equality Scheme	December 2011	Scheme available on website and intranet	Equalities Manager	Major – part of specific duties under Equality Act 2010	Provide a focus for all equality work in one place.
<b>2. Consultation and involvement</b>					
Key task / activity	Date for task completion	Evidence of task / activity	Lead responsibility	Risks [if not completed]	Intended outcomes
4.Continue to involve service users [including men, women, boys and girls] and staff	On going	Information gathered and used to assess impact of policies and inform planning and delivery	All managers	Major – part of specific duties	Informed Service planning and development.  Meets specific duty.

in our work programmes					
5. Analyse service user data by gender	August 2010	Reports available through data warehousing system	Senior Clinical Analyst	Medium – without robust data service change may not meet the needs of patients	Improved access to gender data making it easier to identify gaps and take action where appropriate

<b>3. Assessing the impact of functions, policies and practices</b>					
Key task / activity	Date for task completion	Evidence of task / activity	Lead responsibility	Risks [if not completed]	Intended outcomes
6. Guidance for Equality Impact Assessment to be reviewed and updated	July 2010	Guidance circulated	Equalities Manager	Medium – completion of EQIA will not improve	Better assessment of the impact of policies on gender equality and informed planning and redesign
7. Provide further EQIA training for managers	On going	Training records	Equalities Manager	Medium – completion of EQIA will not improve	Increase the pool of those with skills to carry out EQIA. EQIA embedded across the Service.
8. Produce an action plan specifying when high priority policies will go through EQIA process	December 2010	Action plan	Equalities Manager	Medium – completion of EQIA will not improve	More robust approach to EQIA – progress can be readily monitored

9. Review and revise logging system of EQIA activity for publication	December 2010	Logging system	Equalities Manager	Medium – EQIA work will not be transparent	More transparent reporting for patients, staff, the public and stakeholders
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<b>4. Training and awareness</b>					
Key task / activity	Date for task completion	Evidence of task / activity	Lead responsibility	Risks [if not completed]	Intended outcomes
10. Continue to raise awareness of the Service for men and women and boys and girls and transsexual people.	On going	Patient Focus Public Involvement {PFPI} reports	PFPI Lead PFPI Representatives	Medium – under the specific duty it is necessary to gather information on policies, practice and experience of service	Increased understanding of gender equality related issues for patients, the public, staff and stakeholders
11. Raise understanding of specific life threatening conditions with community groups, e.g. stroke, cardiac arrest	On going	Patient Focus Public Involvement {PFPI} reports	PFPI Lead PFPI Representatives Community Resuscitation Development Officers	Medium – the Service would not be supporting this key priority area of the NHS Scotland [coronary heart disease]	Members of the public and patients will be more aware of the risks associated with coronary heart disease and stroke. They will be able to recognise symptoms and know how to respond in an emergency
12. Incorporate gender / transgender equality into existing training	July 2010	Training programme materials	Head of Education & Professional Training Head of Leadership &	High – major part of general duties	This will assist in eliminating discrimination and harassment and the promotion of equal opportunity between men

programmes including induction, and post proficiency training			Management Development		and women
13.Utilise Service intranet, website and communication systems to raise awareness of gender equality and promote positive messages about gender.	On going	Information presented. Articles Equality & Diversity pages on the website and intranet	Equalities Manager	Low – it will be more difficult to raise awareness	Increased understanding of gender equality
14.Through the Knowledge and Skills Framework and the e-KSF tool assess staff competencies in relation to equality and diversity including gender.	On going	e-KSF reports	Personnel & Development Manager	Medium – it will be more difficult to identify common training needs	Reports will identify skills gaps and consideration will be given as to how best to meet the training needs.
15.Develop a employee transgender policy	December 2010	Policy available	Equalities Manager	High – relevant to meet general and specific duties	The needs of transgender staff are taken into account and appropriate support provided. Eliminate unlawful discrimination. Ensuring the

					privacy of transgender staff and providing additional support for those staff going through gender reassignment
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<b>5. Measuring and monitoring</b>					
Key task / activity	Date for task completion	Evidence of task / activity	Lead responsibility	Risks [if not completed]	Intended outcomes
16.Report on progress of Gender Equality Scheme	June 2011 June 2012	Annual report available on website and intranet	Equalities Manager	Major – part of specific duties on gender equality	Continued focus on gender equality Meets specific legal duty
17.Equality monitoring reports to include analysis by gender	Sept 2010, 2011, 2012	Report available on website and intranet	Equalities Manager	Major – part of specific duties on gender equality	Continued focus on equality across equality strands. Assist to identify gaps and trends which may suggest unequal access to employment opportunities. Meets specific legal duty
18.Anti bullying and harassment campaign to be monitored to identify where there are gender specific issues including incidents relating to	On going	Monthly reports	Director of HR & OD Equalities Manager	Medium – it will not be possible to establish whether staff concerns relate to issues of gender equality	Access to confidential advice for all staff. Staff encouraged to resolve issues at the earliest opportunity.

transgender / transsexual people					
19. Monitor patient experience of service provided through Accident & Emergency and Patient Transport Services	Annually	Survey reports	Information Governance Manager	Medium – part of specific duty to gather information	Better understanding of attitudes, thoughts and experience of patients.  Identify where improvements could be made.
20. Monitor the spine point allocated to new employees to ensure this is applied consistently	Annually	Employee monitoring report	Head of Personnel	High – relevant to specific duty	Address issues where this process has been applied unfairly.
21. Identify ways in which men and women can be encouraged to apply for posts where there has been traditionally under representation and ensure fair access to career development	On going	Advertise in non traditional forums. Trial new methods of recruitment. Consider career development.	Recruitment & Workforce Planning Manager. Head of Leadership & Management Development.	Medium – to address gender imbalance	Increased number of men and women applying for posts where traditionally there has been under representation [internal and external applicants]
22. Monitor the	Annually	Departmental reports	Head of Personnel	High – relevant to	Increase the number of staff

application of HR policies including flexible working, part time working, carers leave, maternity leave and retirement				specific duty	taking up flexible working options.
23. Conduct a pay monitoring exercise	December 2010	Pay monitoring report	Equalities Manager	High – relevant to specific duty	Ensure men and women are rewarded equally for work of equal value

## 6. Communication the results

Key task / activity	Date for task completion	Evidence of task / activity	Lead responsibility	Risks [if not completed]	Intended outcomes
24. Report on progress of Gender Equality Scheme	June 2011 June 2012	Annual report available on website and intranet	Equalities Manager	Major – part of specific duties on gender equality	Continued focus on gender equality Meets specific legal duty

## 7. Procurement

Key task / activity	Date for task completion	Evidence of task / activity	Lead responsibility	Risks [if not completed]	Intended outcomes
25. Review the current pre qualification questionnaire to ensure this is	December 2010	EQIA report completed	Head of Procurement	Medium – to ensure compliance with duty	Increase equality of opportunity for those organisations wishing to provide goods and services

accessible to all communities					
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<b>8. Gender based violence</b>					
Key task / activity	Date for task completion	Evidence of task / activity	Lead responsibility	Risks [if not completed]	Intended outcomes
26. Incorporate relevant training on gender based violence into training provided for clinical staff / call handlers	December 2010	GBV included in training programmes	Head of Education & Professional Training	High – relevant to general duty	Prevent violence occurring by changing attitudes. Increased understanding of GBV in its many forms and highlight supporting mechanisms.
27. Develop and implement staff gender based violence policy using PIN guidance	March 2011	Policy completed	Head of Personnel	Low – relevant to duties, GBV currently managed but no formal policy in place	Better support for those who experience gender based violence in order that they can discuss issues in safety.
28. Develop web page on intranet site to support staff and raise awareness of child protection / gender based violence /	December 2010	Web page available with ready access for each of the Emergency Medical Dispatch Centres	EMDC Quality & Development Manager	Low – will provide support for staff	Increased awareness of gender based violence issues and consistent approach applied across the Service.

vulnerable adults.					
29. Review and revise current reporting systems for child protection / gender based violence to ensure consistency across EMDC's	March 2011	Review child protection / vulnerable adults policy in EMDC	EMDC Quality & Development Manager	Low – existing protocols in place	Consistent approach to reporting and referrals to other agencies.