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Scottish Ambulance Service

Demand & Capacity Programme

Equality & Diversity Impact Assessment

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DOCUMENT CONTROL SHEET

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0.1	February 2020	Initial Draft for Review	J Wilkie	Yes
0.2	March 2020	Suggestions from A Tobin, Equalities Manager	J Wilkie	Yes
1.0	March 2020	Approved by Steering group	J Wilkie	n/a

1.1	April 2021	Changes to age, gender, actions, involvement and measurement	A Tobin J Wilkie	Yes
2.0	April 2021	Approved by Steering group	J Wilkie	n/a

Approvals: This document requires the following signed approvals

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The Demand & Capacity Steering Group	13/03/20	0.2
The Demand & Capacity Steering Group	23/04/21	1.1

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Ann Tobin, Equalities Manager	04/03/20	0.1
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The Demand & Capacity Steering Group	23/04/21	1.1

Linked Documentation:

Document Title:
Demand & Capacity Business Case

Equality and Diversity Impact Assessment (EQIA) and Patient Focus and Public Involvement (PFPI):

An EQIA will be carried out on this document if appropriate. The wider Programme/Project will have an EIQA completed separately.

PFPI will be assessed, reviewed during the life of the Group and all necessary consultation will be undertaken by the Group members, Programme Management/Leads.

Risk Impact Assessment:

A Risk Log will be completed for the work being taken forward separately but will be reviewed by the Steering Group on a 6 monthly basis.

Data Protection:

No issues relating to data protection have been identified within the document.

Freedom of Information and Communication:

None identified.



Equality Impact: Screening and Assessment Form

Section 1: Policy details - policy are shorthand for any activity of the organisation and could include strategies, criteria, provisions, functions, practices and activities including the delivery of our service.	
a. Name of policy or practice (list also any linked policies or decisions)	Demand & Capacity Programme
b. Name of department	Operations
c. Name of Lead	James Wilkie
d. Equality Impact Assessment Team [names, job roles]	James Wilkie – Programme Manager Lyndsay Lauder – Director of Workforce Garry Fraser – Regional Director, West Wendy Quinn – Deputy Regional Director, West Karen Brogan – Programme Director Graeme Ferguson – Head of HR Ann Tobin – Equalities Manager
e. Date of assessment	13/02/20 Reviewed 29/03/21
f. Who are the main target groups / who will be affected by the policy?	Operational A&E staff
g. What are the intended outcomes / purpose of the policy?	To deliver performance improvements for patients by having a workforce available when and where they are most needed. There are also significant benefits for staff by reducing utilisation through enabling improvements in rest period compliance, shift over-runs and vehicle inspections. In particular, the majority of the large urban stations will see this improvement.

<p>h. Is the policy relevant to the General Duty to eliminate discrimination? Advance equality of opportunity? Foster good relations?</p>	<p>All three elements of General Duty will be addressed: The Programme will actively advance equality of opportunity and foster good relations by enabling staff at stations to design their own rosters (based on demand profiles) and then vote on the roster they would like to adopt.</p> <p>The Programme will reduce discrimination by enabling the Service to be able to design their service delivery that can be checked against the Scottish Deprivation Index and by allowing all staff involved the opportunity to vote on the preferred roster.</p>
<p>If yes to any of the three needs complete all sections of the form (2- 7) If no to all of the three needs provide brief detail as to why this is the case and complete only section 7 If don't know: complete sections 2 and 3 to help assess relevance</p>	

Section 2: Evidence, consultation and involvement Please list the available evidence used to assess the impact of this policy, including the sources listed below. Please also identify any gaps in evidence and what will be done to address this.			
a. Previous consultation / involvement with community, including individuals or groups or staff as relevant. Please outline details of any involvement / consultation, including dates carried out and protected characteristics			
Details of consultations - where, who was involved	Date	Key findings	Protected characteristics
The Programme has been discussed with the following groups: <ul style="list-style-type: none"> • Demand & Capacity Steering Group • Workforce Development Programme Board • 2020 Steering Group • The Executive Management Team • The Service Board • Senior Leadership Team • Regional Management Teams • Response Magazine • Chief Exec's Bulletin • The Scottish Government • SFRS Senior Team • Staff Engagement Session • Demand & Capacity Programme Board 	From May 2019: <ul style="list-style-type: none"> • Scheduled every 2 weeks • Quarterly • Quarterly • Various • August 2019 & November 2019 • November 2019 • Various • Winter 2019 • Various • Throughout • January 2020 • December 2020 • April 2021 	There has been support and endorsement from all groups involved.	N/A

Internal EQIA		Potential for positive impact in regards to relief workers who are generally younger (if they are allowed a vote on the rosters being designed).	Age
Internal EQIA		Potential for positive impact with the ability to design rosters to better meet the requirements of the staff as well as the Service and the population of Scotland.	Disability
Internal EQIA		Potential for positive impact with the ability to design rosters to better meet the requirements of the staff as well as the Service and the population of Scotland.	Gender reassignment
Internal EQIA		Potential for positive impact in regards to relief workers who are more likely to be female (if they are allowed a vote on the rosters being designed).	Gender / sex
Internal EQIA		Potential for positive impact with the ability to design rosters to better meet the requirements of the staff as well as the Service and the population of Scotland.	Marriage / civil partnership
Internal EQIA		Potential for positive impact with the ability to design rosters to better meet the requirements of the staff	Pregnancy / maternity

		as well as the Service and the population of Scotland.	
Internal EQIA		Potential for positive impact with the ability to design rosters to better meet the requirements of the staff as well as the Service and the population of Scotland.	Race
Internal EQIA		Potential for positive impact with the ability to design rosters to better meet the requirements of the staff as well as the Service and the population of Scotland.	Religion / belief
Internal EQIA		Potential for positive impact with the ability to design rosters to better meet the requirements of the staff as well as the Service and the population of Scotland.	Sexual orientation
Internal EQIA		The programme will reduce health inequalities by enabling the Service to design their service delivery that actively checks against the Scottish Deprivation Index and the needs of those in the areas of greater deprivation.	Health inequalities
Internal EQIA		The programme includes a Business Case for additional resources required to meet the performance standards across Scotland. This will add additional	Rural communities

		resources as evidenced by historical and predicted future demand.	
	Available evidence		
b. Research and relevant information	<p>In November 2016, the Service implemented the first phase of a new Clinical Response Operating Model as a 12-month pilot. The new model was designed to provide the right clinical resource to every patient, first time every time.</p> <p>In light of the changes to the response model and emerging demand pressures in unscheduled care, the Service commissioned an external consultancy, Operational Research in Health (ORH) to conduct a demand and capacity review. The main scope of the review was to determine the overall capacity and workforce requirements to respond to current and future projected demand in unscheduled care, to meet corporate performance targets, to enable the delivery of the 2020 strategy and improve staff experience and ensure staff welfare.</p> <p>The review has concluded and the Service is in receipt of the final report which outlines a number of key recommendations. One of the recommendations from the review was that the Service should develop and implement shift rosters that are aligned to patient need. The report illustrated that implementation of this recommendation will deliver performance improvements for patients and also significant benefits for staff by reducing utilisation through enabling improvements in rest period compliance, shift over-runs and vehicle inspections. In particular, the majority of the large urban stations will see this improvement. A sample of the drivers for change if we do nothing are shown below:</p> <ul style="list-style-type: none"> • only 59% of our sickest patients will receive a response within the current 8-minute target; • patients of lower acuity will encounter prolonged response times; • Vehicle utilisation rate will continue to increase putting even more demands on 		

	<p>our workforce;</p> <ul style="list-style-type: none"> • This will result in a decrease in staff experience and undoubtedly morale with a cause and effect increase in sickness absence. <p>In May 2019, the Service awarded two contracts as part of the Demand & Capacity Programme, one to ORH for demand, capacity and service redesign modelling support and one to Working Time Solutions (WTS) for roster design and implementation. Both are 3-year contracts with optional two, 1 year extensions.</p> <p>A Business Case detailing the resources required is included within this programme of work and recommends a service delivery model that will ensure:</p> <ul style="list-style-type: none"> • We will meet our 8-minute target for our highest acuity patients; • We will deliver our best response times across all categories and across all regions; • Our conveyance rate will decrease to 50% (the best in the country) and significantly reduce A&E attendances; • We have well rested staff, with improved staff experience and welfare.
c. Knowledge of policy lead	The lead has worked in the Ambulance Service for 19 years and has spent the last 6 years working at a senior strategic level. The contracted suppliers are world leaders in their respective fields.
d. Equality monitoring information -- including service and employee information	<p>A measurement framework to track the programme's progress and impact has been agreed. The suite of measures includes a mix of outcome, process and balancing measures.</p> <p>Outcome 1 Count of Ambulance Stations with new/amended roster</p> <p>Process 1 % compliance of rest period within window</p> <p>Process 2</p>

	<p>% spoilt of rest period</p> <p>Process 3</p> <p>% spoilt rest period resolved</p> <p>Process 4</p> <p>% Vehicle Equipment Check (VEC) - check compliance</p> <p>Process 5</p> <p>Cost - Shift OVERRUNS, Total cost in pounds (£)</p> <p>Process 6</p> <p>Time - Shift OVERRUNS, Total time in hours</p> <p>Process 7</p> <p>% Hear and Treat</p> <p>Process 8</p> <p>% See and Treat</p> <p>Process 9</p> <p>% Emergency Conveyance</p> <p>Process 10</p> <p>Time taken to First Allocation (Median and 90th Percentile for Purple, Red, Amber and Yellow)</p> <p>Process 11</p> <p>Number of complaints and concerns raised by patients/relatives/carers in relation delays within the A&E service.</p> <p>Process 12</p> <p>% Vehicle Utilisation</p> <p>Balance 1</p> <p>Response Time (Median, 90th and 95th percentiles) for Purple, Red, Amber and Yellow calls</p> <p>Balance 2</p>
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	<p>Staff Experience (qualitative – see Working Party approach)</p> <p>iMatter Score</p> <p>Balance 3</p> <p>% Sickness Absence</p> <p>Balance 4</p> <p>% Attrition (turnover)</p>
e. Feedback from service users, partner or other organisations as relevant	<p>The Programme will adopt a new way of implementing change by enabling frontline staff to design their own roster through a process known as Working Party engagement. This process involved a series of 4 meetings spread over a period of months where nominated station representative will work in partnership with the Staff Side Partners, supported by members of the programme team and the contracted supplier. Working Parties will design rosters that meet (1) patient demand and (2) their preferred working patterns of those staff i.e. 8 hour shifts, 12 hour shifts, long breaks between working etc. The staff at the station will then be able to vote after the 4th Working Party on their preferred roster and this roster will then be implemented.</p> <p>A member of the Quality Improvement team will attend the Working Parties to explore opportunities to measure the impact of the Working Party process against traditional SAS implementation methods to ascertain if this approach delivers best value for money.</p>
f. Other	
g. Are there any gaps in evidence? Please indicate how these will be addressed	
Gaps identified	
Measure to address these; give brief details. Further research? Consultation?	

Other	
Note: specific actions relating to these measures can be listed at section 5	

Section 3: Analysis of positive and negative impacts			
Please detail impacts in relation to the three needs specifying where the impact is in relation to a particular need - eliminating discrimination, advancing equality of opportunity and fostering good relations			
Protected characteristics	i. Eliminating discrimination	ii. Advancing equality of opportunity	iii. Fostering good relations
Age			
Positive impacts	Potential for positive impact in regards to relief workers who are generally younger (if they are allowed a vote on the rosters being designed).		
Negative impacts	Potential for negative impact in regards to relief workers who are generally younger (if they are not allowed a vote on the rosters being designed). The diversity profile of relief staff across SAS shows that a high proportion of relief staff are between the age of 20 - 25.		
Opportunities to enhance equality	Programme Team to work with the Staff Side Partners to agree a voting approach which does not negatively impact younger members of staff. The Core Principles (11 & 12) have been reviewed and revised. The new draft Core Principles introduce a fairer approach to voting for all staff (16 & 17). These Principles describe how relief staff will be allocated with rostered staff to enable them to vote on the appropriate rosters and the need for a majority vote (rather than 100% of rostered staff previously).		
Disability			
Positive impacts	Potential for positive impact as there is an opportunity to design a roster which delivers a more suitable work/life balance for disabled members of staff.		
Negative impacts	None Identified.		
Opportunities to enhance equality	Opportunity to deliver a more suitable work/life balance for staff.		
Gender reassignment			

Positive impacts	Potential for positive impact as there is an opportunity to design a roster which delivers a more suitable work/life balance for members of staff who are undergoing gender reassignment.
Negative impacts	None Identified.
Opportunities to enhance equality	Opportunity to deliver a more suitable work/life balance for staff.
Gender / sex	
Positive impacts	Potential for positive impact in regards to relief workers who are more likely to be female (if they are allowed a vote on the rosters being designed).
Negative impacts	Potential for negative impact in regards to relief workers who are more likely to be female (if they are not allowed a vote on the rosters being designed). The diversity profile of relief staff across SAS shows that a higher proportion of relief staff are female rather than male.
Opportunities to enhance equality	Programme Team to work with the Staff Side Partners to agree a voting approach which does not negatively impact female members of staff. The Core Principles (11 & 12) have been reviewed and revised. The new draft Core Principles introduce a fairer approach to voting for all staff (16 & 17). These principles describe how relief staff will be allocated with rostered staff to enable them to vote on the appropriate rosters and the need for a majority vote (rather than 100% of rostered staff previously).
Marriage / civil partnership	
Positive impacts	Potential for positive impact as there is an opportunity to design a roster which delivers a more suitable work/life balance for staff member who have commitments and responsibilities outside of work.
Negative impacts	None Identified.
Opportunities to enhance equality	Opportunity to deliver a more suitable work/life balance for staff.
Pregnancy / maternity	
Positive impacts	Potential for positive impact as there is an opportunity to design a roster which delivers a more suitable work/life balance for staff member who have commitments and responsibilities outside of work.
Negative impacts	None Identified.

Opportunities to enhance equality	Ensure members of staff currently on maternity/paternity leave are well informed of the work being undertaken within the Working Party and they are allocated a vote even though they are not at work.
Race	
Positive impacts	Programme of work will bring benefits to all A&E staff and patients.
Negative impacts	None Identified.
Opportunities to enhance equality	None Identified.
Religion / belief	
Positive impacts	Programme of work will bring benefits to all A&E staff and patients.
Negative impacts	None Identified.
Opportunities to enhance equality	None Identified.
Sexual orientation	
Positive impacts	Programme of work will bring benefits to all A&E staff and patients.
Negative impacts	None Identified.
Opportunities to enhance equality	None Identified.
Health Inequalities	
Positive impacts	The greatest utilisation of ambulance services is in those areas of greatest deprivation, and therefore it is expected that benefits of reducing health inequalities will be gained by progressing the preferred option within the Business Case. Our previous analysis shows there is a consistent pattern of demand whereby those in our most deprived communities are more likely to require an ambulance than those in the most affluent areas. It is well established that those in more deprived communities are likely to experience worse health outcomes and thus greater need for interventions.
Negative impacts	None Identified.
Opportunities to enhance equality	A further advantage of our Demand and Capacity review is that it is now possible to add a deprivation data layer mapped from Scottish Index of Multiple Deprivation 2016 (SIMD16) into the

	Ambulance Simulation software. This would allow for the visual overlay of deprivation data onto demand data to assist in the development of new temporary and permanent locations to ensure health inequalities are being adequately considered.
Rural Communities	
Positive impacts	The programme includes a Business Case for additional resources required to meet the performance standards across Scotland. This will add additional resources as evidenced by historical and predicted future demand.
Negative impacts	The analysis of the data may show in some area's that the resources available could be more appropriately utilised at another time or location to meet patient demand for services.
Opportunities to enhance equality	Work with local teams to validate the proposed resources. If there does need to be a reduction in service provision, work with community groups, members of the public and stakeholders to address any concerns they may have.
Note: specific actions relating to these measures can be listed at section 5	

Section 4: Addressing impacts

Select which of the following apply to your policy and give a brief explanation - to be expanded in Section 5: Action plan

	Reasons
a. No major change - the EQIA shows that the policy is robust, there is no potential for discrimination or adverse impact and all opportunities to promote equality have been taken	
b. Adjust the policy – the EQIA identifies potential problems or missed opportunities and you are making adjustments or introducing new measures to the policy to remove barriers or promote equality or foster good relations	

<p>c. Continue the development and implementation of the policy without adjustments – the EQIA identifies potential for adverse impact or missed opportunity to promote equality. Justifications for continuing without making changes must be clearly set out, these should be compelling and in line with the duty to have due regard. See option d. if you find unlawful discrimination. Before choosing this option you must contact the Equalities Manager to discuss the implications.</p>	<p>Two potential issues have been identified relation to relief voting which may impact female and younger members of the Service. Mitigating actions have been identified.</p> <p>One issue has been identified with regards to rural communities and the perceived removal of services. Mitigating actions have been identified.</p>
<p>d. Stop and remove the policy - there is actual or potential unlawful discrimination and these cannot be mitigated. The policy must be stopped and removed or changed. Before choosing this option you must contact the Equalities Manager to discuss the implications.</p>	

<p>Section 5: Action plan Please describe the action that will be taken following the assessment in order to reduce or remove any negative / adverse impacts, promote any positive impacts, or gather further information or evidence or further consultation</p>					
Action	Output	Outcome	Lead responsible	Date	Protected characteristic / cross cutting issue*
<p>Programme Team to work with the Staff Side Partners to agree a voting approach which</p>	<p>Process defined within the Core Principles (business rules).</p>	<p>This would lead to no negative impact to this protected characteristic.</p>	<p>Programme Director</p>	<p>29/03/21 Core principles 11 and 12 re-drafted. To be agreed in partnership.</p>	<p>Age</p>

does not negatively impact younger members of staff.					
Programme Team to work with the Staff Side Partners to agree a voting approach which does not negatively impact female members of staff.	Process defined within the Core Principles (business rules).	This would lead to no negative impact to this protected characteristic.	Programme Director	29/03/21 Core principles 11 and 12 re-drafted. To be agreed in partnership.	Sex/Gender
Work with local teams to validate the proposed resources. If there does need to be a reduction in service provision, work with community groups, members of the public and other stakeholders (Councillors and Scottish Ministers) to address any concerns they may have.	Communities and associated stakeholders better informed of finite resources available and the process used to mitigate risk	Communities and associated stakeholders endorse service delivery model.	Programme Director	19/02/20	Rurality

* list which characteristic is relevant - age, disability, gender reassignment, gender / sex, marriage and civil partnership, pregnancy and maternity, race, religion / belief, sexual orientation or cross cutting issue e.g. poor mental health, illiteracy etc.

Section 6: Monitoring and review Please detail the arrangements for review and monitoring of the policy	
	Details
a. How will the policy be monitored? Provide dates as appropriate	The programme of work is supported by a robust measurement framework. The measurement framework will be updated and reviewed monthly by the Demand & Capacity Steering Group
b. What equalities monitoring will be put in place?	Equalities related measures will be included within the measurement framework and will be reviewed as part of the monthly programme review
c. When will the policy be reviewed? Provide a review date.	Every 6 months on approval

Section 7: Sign off Please provide signatures as appropriate			
Name of Lead	Title	Signature	Date
James Wilkie	Programme Manager	J Wilkie	19/02/20 and 13/04/21
Completed form: copy of completed form to be retained by department and copy forwarded to Equalities Manager for publication on Service website			
Provide date this was sent	27/03/20 and 13/04/21		