

Equality Impact: Screening and Assessment Form

Section 1: Policy details - policy is shorthand fo provisions, functions, practices and activities in	r any activity of the organisation and could include strategies, criteria, Including the delivery of our service.
 Name of policy or practice (list also any linked policies or decisions) 	Mainstreaming reporting – including examples of how equality & diversity is built in to our practice, reviewing progress of the equality outcomes for 2017 - 21 and developing equality outcomes for 2021 – 25.
b. Name of department	Workforce Directorate
c. Name of Lead	Ann Tobin, HR Manager (Equalities)
d. Equality Impact Assessment Team [names, job roles]	Ann Tobin
e. Date of assessment	1 March 2021
f. Who are the main target groups / who will be affected by the policy?	Equality groups –across all the protected characteristics including age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion / belief, sex, sexual orientation,

g. What are the intended outcomes / purpose of the policy?	 The mainstreaming section in the report illustrates the work that has been taken forward during the last two years to embed equality and diversity in all that we do. The equality outcome progress section illustrates the work we have done during the last four years, the actions that have been taken and the impact made against the outcomes that we had set. Equality Outcomes have been developed and agreed for the period 2021 - 25 and are detailed in the Statement of Equality Outcomes. There are six outcomes which demonstrate how we will focus our work around equality and diversity during the next four years as follows. 1. To improve access and referral to the most appropriate care that is person centred, safe and effective 2. The experience of patients will improve through staff who are supported to deliver person centred care 3. The mental health of patients and staff employed by SAS is better supported and accessibility to appropriate care and wellbeing resources is improved 4. The Service is fair and equitable in the way it develops its policies and strategies to ensure staff are treated fairly and consistently, with dignity and respect and in an environment where dignity is valued 5. The diversity profile of SAS workforce reflects the communities we serve 6. SAS is more responsive to the needs of black, Asian and minority ethnic staff and service users.
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h. Is the policy relevant to the General Duty to	Yes this work is relevant to all three elements of the public castor equality
eliminate discrimination? advance equality of	duty.
opportunity? foster good relations?	
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	

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
Equality & Diversity Steering Group HR team National Partnership Forum Senior Management Team Executive Team Staff Governance		 Accessing the service in general and Patient Transport Service specifically for disabled patients Limited awareness of the service within some communities and there is uncertainty regarding use and access. Patient Transport Service not being used by black Asian and minority ethnic groups, British Sign Language users and people with a disability. 2020 Vision for health and social care to live longer 	Age Disability Gender reassignment Gender / sex Marriage / civil partnership * Pregnancy / maternity Race Religion / belief Sexual orientation

Committee Staff through the intranet Members of the public via the website Equalities groups for example; LGBT Youth Scotland, Deaf Action, See Me, Renfrewshire Access Panel, Ahlul Bayt Society Edinburgh, Scottish Youth Parliament	 healthier lives at home, or in a homely setting, with focus on prevention, anticipation and supported self management. Mental health is an issue for our workforce and remains the most common reason for absence and understanding mental health issues requires the development and support. The workforce is not very diverse Self disclosure rates are low particularly for sexual orientation and religion and belief The percentage of staff who have provided all equalities information is still relatively low. 	Cross cutting - e.g. health inequalities - people with poor mental health, low incomes, involved in the criminal justice system, those with poor literacy, are homeless or those who live in rural areas. Other?
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	Available evidence
b. Research and relevant information	 Equality Impact Assessments Health outcomes information and prevalence of long term conditions / health inequalities in different population groups / deprived areas, e.g. Audit Scotland Report - Health Inequalities in Scotland Patient Focus Public Involvement data and feedback Community engagement through regions, community resilience and national service development work The ageing population is leading to an increase in the number of people with dementia (5% of people over 65 and 20% of those over 80 years of age) Research shows lesbian and bisexual women have

	 higher levels of self harm compared to the general population and that there is a higher risk of gay men harming themselves The Healthcare Quality Strategy for NHS Scotland Is Scotland Fairer? Report EHRC Population data and census reports Health & Social Care Delivery Plan Health Scotland report on Mental Health improvement and practice Stonewall Scotland research reports Scottish Transgender Alliance research Staff surveys Training feedback Equality monitoring data 	
c. Knowledge of policy lead	The mainstreaming report needs to be in place to ensure the Service is able to meet the requirements of the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 and to publish these by 30 April 2021.	
d. Equality monitoring information including service and	The Workforce Equality Monitoring Report 2019/20 is	
employee information	referenced and linked to this report.	
e. Feedback from service users, partner or other organisations as relevant	A variety of groups have been consulted on the contents of the equality outcomes including staff. Key areas related to the accessibility of the service for disabled people in general including access to Patient Transport Service. Awareness of the services provided by Scottish Ambulance Service and understanding when and how to use the Service.	

f. Other		
g. Are there any gaps in evidence? Please indicate how these	Not at the present time.	
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		

Protected characteristics	i. Eliminating discrimination	ii. Advancing equality of opportunity	iii. Fostering good relations	
Age				
Positive impacts	People of all ages are encouraged and supported to become involved with the work of the Service.Care pathways e.g. for falls patients are in place which have impact particularly for those aged 65 and over.			
	The review of the patient needs assessment process for Patient Transport Service has a greater impact for those who use this service, a high proportion of which are over the age of 65.			
	The patient needs assessment for booking Patient Transport Service will be reviewed and enhanced.			
	enhanced.			

Engaging with disabled groups and those representing them helps to increase understanding of the needs of disabled people.
Disabled people are supported to become involved in the work of the Service.
Through engagement with disabled groups health awareness information is provided, e.g. cardiac arrest, stroke etc which help improves understanding as well preventative care.
Care pathways e.g. for falls patients are in place which have impact particularly for those aged 65 and over and those who have disabilities / long term condition.
It is anticipated that the communication needs of patients will be detailed routinely on the Key Information Summay completed by GP and used by SAS staff.
An accessible communications policy will be in place to cover interpretation, translation and patient information.
Call taking training for booking transport will include more detailed information regarding disability awareness.
New methods of booking transport will be developed to support access for those patients who are deaf.
The patient needs assessment for booking Patient Transport Service will be reviewed and enhanced.

	Mental health first aid course will be implemented.
	We will engage with staff to identify actions to encourage a more diverse mix of applicants for vacant posts
	Health and wellbeing is promoted across the Service through the healthy working lives programme and the Wellbeing Strategy 2021 – 24.
	Recruitment advertising is targeted to encourage more applications from diverse groups.
Negative impacts	
Opportunities to enhance equality	
Gender reassignment	
Positive impacts	The 'Nobystanders' campaign will be promoted.
Negative impacts	
Opportunities to enhance equality	
Gender / sex	
Positive impacts	Information will be gathered on key conditions to identify differences experienced by men and women.
	Mental health first aid course will be implemented.
	HR policies will be promoted to support access and uptake for staff, e.g. flexible working
	More men and women will be employed on permanent shift patterns.
	Access to career development particularly for part time staff will be monitored.
Negative impacts	

Opportunities to enhance		
equality		
Marriage / civil partnership		
Positive impacts	The 'Nobystanders' campaign will be promoted	
Negative impacts	There is potential for negative impact as no specific equality outcomes have been developed for marriage and civil partnership.	
Opportunities to enhance equality		
Pregnancy / maternity		
Positive impacts		
Negative impacts	There is potential for negative impact as no specific equality outcomes have been developed for pregnancy and maternity.	
Opportunities to enhance equality		
Race		
Positive impacts	Language line service will be regularly evaluated and issues investigated to ensure a competent service is provided for anyone whose first language is not English.	
	An accessible communications policy will be in place to cover interpretation, translation and patient information.	
	A cab based language tool will be developed.	
	A plan to improve self disclosure of equality monitoring information will be put in place	
	The breadth of engagement will be extended across black Asian and minority ethnic groups. We will engage with staff to identify actions to encourage a more diverse mix of applicants for vacant posts.	

	Recruitment advertising is targeted to encourage more applications from diverse groups.
	BAME staff and their allies are supported through the BAME Forum.
Negative impacts	
Opportunities to enhance equality	
Religion / belief	
Positive impacts	A plan to improve self disclosure of equality monitoring information will be put in place
	The 'Nobystanders' campaign will be promoted.
Negative impacts	There is potential for negative impact as no specific equality outcomes have been developed for religion and belief.
Opportunities to enhance equality	
Sexual orientation	
Positive impacts	Mental health first aid course will be implemented.
	A plan to improve self disclosure of equality monitoring information will be put in place.
	We will engage with staff to identify actions to encourage a more diverse mix of applicants for vacant posts.
	Recruitment advertising is targeted to encourage more applications from diverse groups.
	Specific lesbian, gay, bisexual, transgender, intersex e-learning tool will be implemented.
	LGBT staff and their allies will continue to be supported through Proud@SAS staff network.
	The 'Nobystanders' campaign will be promoted.

Negative impacts	
Opportunities to enhance equality	
Cross cutting - e.g. health inequalities people with poor mental health, low incomes, involved in the criminal justice system, those with poor literacy, are homeless or those who live in rural areas. Other	Work around our wellbeing strategy will be progressed.
Positive impacts	
Negative impacts	
Opportunities to enhance equality	
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	It is considered that the mainstreaming report is fit for purpose and meet
policy is robust, there is no potential for	the requirements of the Equality Act 2010 (Specific Duties) (Scotland)
discrimination or adverse impact and all	Regulations 2012.
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	

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measures to the policy to remove barriers or	
promote equality or foster good relations	
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.	
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.	

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					
Action	Output	Outcome	Lead responsible	Date	Protected characteristic / cross cutting issue*
Reports presented to Staff Governance		For endorsement	HR Manager (Equalities)	March 2021	All protected characteristics

Reports presented		For approval	HR Manager	March 2021	All protected
to the Board			(Equalities)		characteristics
* 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	Through Staff Governance Committee			
b. What equalities monitoring will be put in place?	Workforce equality monitoring			
	Use of limited patient equality monitoring			
c. When will the policy be reviewed? Provide a review date.	Mainstreaming and equality outcome progress elements will be reviewed in 2023 with a requirement to publish a report on this by 30 April 2023.			

Section 7: Sign off			
Please provide signatu	ires as appropriate		
Name of Lead	Title	Signature	Date
Ann Tobin	HR Manager (Equalities)		15.03.2021
Completed form: copy of	completed form to be retained by de	partment and copy forw	arded to HR Manager (Equalities) for
publication on Service w	ebsite		
Provide date this was se	nt		