



**Scottish
Ambulance
Service**
Taking Care to the Patient



Equality Outcomes Progress Report 2013 - 17

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Date: 2017-04-30	Version 1.0	Review Date: April 2019

Equality Outcomes 2013 - 17 Progress Report

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

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



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1.Foreword

Our equality outcomes were developed and agreed by the Scottish Ambulance Service Board for the first time in April 2013. Four years on I am pleased to be able to introduce this report which illustrates some of the good work that has been taken forward during the last four years.

Setting equality outcomes was new to us and we have learnt much since we first started working in this way. This requirement has helped us to take a much more focussed approach to our equality and diversity work to ensure that the activities we undertake will help us to make improvements that make a real difference for our patients and staff.

In reviewing the progress made against each of our equality outcomes we recognise that the efforts we are making in some instances also has impact on health inequalities. For example the work we are doing on out of hospital cardiac arrest, staff welfare and the protection of vulnerable groups policy.

There has been much progress made and we are keen to do more as we take this work forward.

Our five year strategic framework “Towards 2020: Taking Care to the Patient” sets out our organisational goals and I recognise that the work progressed against our equalities agenda is integral to the achievement of those goals.

Pauline Howie
Chief Executive Officer

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2. Our Service

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

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

3. Introduction

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

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

Individuals and groups, external to SAS, representing those with protected characteristics were involved in the development of our outcomes.

The equality outcomes for 2013 - 2017 were identified as follows:

1. Ultimate outcome
To improve access and referral to the most appropriate care that is person centred, safe and effective

Intermediate outcome
Through raised awareness of the Service there is improved access for under-represented groups.
2. Ultimate outcome
To deliver the best care for patients

Intermediate outcome
The experience of patients will improve through staff who are supported to deliver person centred care.
3. Ultimate outcome
To engage with our partners and communities to deliver improved healthcare

Intermediate outcome

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The SAS is fair and equitable in the way it procures and delivers its services and involves and consults people

4. Ultimate outcome

Men and women employed by SAS are better supported on mental health and wellbeing as a result of the use of workplace policies

Intermediate outcome.

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

5. Ultimate outcome

To ensure SAS always acts in accordance with its values

Intermediate outcome

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

Our equality outcomes are intermediary steps towards the achievement of our ultimate long term outcomes which we expect to be achieved beyond 2017. Further equality outcomes will be developed and published to meet the requirements of the specific duties in April 2017.

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

The timescales regarding the achievement of outcomes vary dependent upon the action / initiative in question. It was anticipated that all intermediate outcomes would be achieved between May 2013 and April 2017. A summary update on progress against each of the equality outcomes can be seen at page 7.

4. Public Sector Equality Duty (Equality Act 2010) and health inequalities context

In line with the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, all NHS Boards, including the Scottish Ambulance Service, were required to identify a set of short to medium term equality outcomes, each of which should meet at least one element of the general public sector equality duty. A list of the specific duties can be seen at Appendix 1.

The challenge for the NHS in Scotland is to translate these legislative requirements into equality outcomes that are systematically mainstreamed into health policy and practice, which has a fundamental aim to tackle health inequalities and improve health. An illustration of the overarching policy can be seen at Appendix 2.

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

Section 149 of the Equality Act 2010 imposes a duty on 'public authorities' and other bodies when exercising public functions (activities which form part of our purpose) and to have due regard to the 3 needs of the Act to:

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

This is known as the general duty and applies to public authorities listed in Schedule 19 of the Act. The general duty applies to relevant bodies whatever their size, but the way in which it is implemented should be appropriate to the size of the body and its functions.

Short to medium term outcomes have to be set every 4 years and these were published for the first time in April 2013 and a progress report was published in April 2015. This report meets the requirement to produce a progress report every 2 years.

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5. Summary of progress

In order to provide this report on progress we have identified the actions taken under each of the initiative /activity areas and linked these with the desired outputs. In doing so we have considered whether the outputs associated with each equality outcome are still relevant, are on track for completion by April 2017 and where possible how achievement will be measured to establish what changes or impact has been made for individuals, groups, families, organisations or communities.

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

The table in Section 7 illustrates the actions we have taken on each of the five equality outcomes. A summary is provided here on the progress of each of the outcomes between 2013 and 2017.

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

Progress is being made to raise awareness of the Service and to improve access to scheduled and unscheduled care. SAS is working with a range of diverse groups to ensure ways of accessing services are understood and individuals are supported to work with the Service. This has happened in a number of different ways; through community events, links with groups representing individuals across the different protected characteristics, meetings with partner organisations and with individuals. The direct feedback from participants at group sessions and events has illustrated an understanding of SAS by underrepresented groups. Where SAS has jointly worked with other groups at events we have used evaluation from participants as an indicator of how well awareness is increasing. It is acknowledged that as a universal service, people of all groups use the services of SAS when they have a clinical need

Access to contactScotland and the Video Relay Service through NHS 24 have helped to improve communications with patients and members of the public who use British Sign Language.

The use of Language Line Service has significantly increased with over 1,000 calls utilising this service in 2015 - 16 compared with 2014 and earlier years.

The equality details of patients using the unscheduled service are not routinely gathered as it is not felt that this would be appropriate in an emergency situation. For scheduled service each patient booking transport is asked a series of questions during the patient needs assessment in order to establish if transport will be provided by SAS. Questions relating specifically to the needs of the patient and the provision of transport are asked in relation to their physical and communication needs. For example whether assistance is required for mobility reasons or if a carer needs to travel with the patient.

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This can be quite a lengthy process and it is for this reason that SAS limits the collection of equality information to age, disability and gender in order to gather the most essential information.

Training has been enhanced for operational staff including improving the awareness of the needs of Gypsy Travellers, those with disabilities and those who experience increased prevalence of long term conditions.

Significant work has been done through our Out of Hospital Cardiac Arrest Strategy and we have contributed to training over 100,000 individuals across Scotland on CPR. These skills have been provided for people across communities with some focus on deprived communities.

What difference has this made?

The ways patients / members of the public can access SAS is improving and BSL users are now starting to use the video relay service more often and there is increased use of Language Line Service. However we recognise that there is some way to go if we are to make all communities aware of these.

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

Individuals from more diverse backgrounds are now routinely working with SAS, for example as patient representatives on Committees and working with operational staff in training assisting us with a better understanding of different groups and their needs. Work with different communities is also assisting SAS to encourage more applications for vacancies from diverse backgrounds.

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

Through enhancing staff equalities training there has been a greater understanding of the needs of patients with different protected characteristics and this has a direct impact on the experience patients have of the service.

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

Considerable work has been done to develop care pathways particularly in relation to falls. We have worked with Scottish Government Joint Improvement Team and the National Falls Programme Manager to develop the guide 'Making the right call for a

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fall'. This has been widely circulated to managers across the SAS and provides practical advice and guidance on how to develop care pathways.

Support links with social care partners have now been established through the majority of Community Planning Partnerships and Falls Pathways are in place in most areas. In the longer term we anticipate a further reduction in the number of patients over the age of 65 being taken to hospital.

The number of falls patients aged 65 and over being taken to hospital is shown below.

Year	Percentage taken to hospital
April 2013 - March 2014	77.3
April 2014 - March 2015	75.2
April 2015 - March 2016	74.6

We have worked with NHS Education for Scotland to develop a tailored set of training materials on dementia awareness for all grades of operational staff.

We continue to work with the Scottish Government e-Health Programme to develop the patient Key Information Summary (KIS). Testing for this started in February 2015 before this was introduced across the Service. We will be closely monitoring the use of KIS and evaluating its use and impact on patient care.

The Significant Adverse Event Review (SAER) process has been implemented and complaints have been reviewed by the SAER Group in order to learn and change practice where appropriate in order to improve patient care.

What difference has this made?

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

More ambulance control and operational staff are accessing KIS which has resulted in crews being more prepared prior to commencing clinical care for the patient. Details of the specific communications needs of patients are noted on KIS e.g. relating to patients from minority ethnic groups, those who have a learning disability or use British Sign Language.

Through the SAER process we have been able to learn and change practice, for example as a result of investigating complaints relating to patients being left at home a framework for clinical decision making has been introduced. Patients left at home are often those with a disability or long term condition and therefore this has helped improve the service for these patients.

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3. The SAS is fair and equitable in the way it procures and delivers its services and involves and consults people

We are developing ways to improve access to scheduled care service and have worked with NHS24 to provide better access for patients who use British Sign Language to book transport through the video relay service hosted by NHS24.

Patients who use British Sign Language can also access SAS through contactScotland. This service is funded through Scottish Government and provides access to all public sector services. However this is not for use in an emergency.

Community Resuscitation Development Officers and Patient Focus Public Involvement Representatives are working with a wide range of community groups. We continue to develop ways to link more broadly across all equality groups and recognise there is more work to be done in this area to ensure we are able to engage with individuals and groups across all protected characteristics.

The use of the e-Portal on SAS website is a method we have used to engage with communities and the closed discussion facility enables us to target groups for particular discussion. Examples include the location of defibrillators, use of technology in rural places and use of mobile blood analysers.

The SAS procurement strategy for regulated procurements (over £50,000 for goods and services, and over £2m for works) has been developed to meet the requirements of new legislation and was published in December 2016

What difference has this made?

There is increased access to SAS for patients who use British Sign Language. Whilst use of the Video Relay Service and contactScotland has been limited so far we are hopeful that this will increase over time. We recognise the need to promote these services more in future and to discuss them with the Deaf community when we engage and involve them in our work and at community events.

The procurement strategy includes a number of statements including 'treating suppliers equally and without discrimination' and 'consulting and engaging with those affected by its procurements' both of which assist us in complying with the requirement to have due regard to the general equality duty. The specific requirements of procurement under the Equality Act 2010 were also included.

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

A new occupational health and attendance management contract with the NHS Scottish Occupational Health Consortium commenced in April 2014. Staff who are absent from work as a result of ill health are contacted on the first day of absence so that any support may be provided at the earliest opportunity. The most common reason for absence is stress/anxiety/depression and therefore staff with disabilities are

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supported at the earliest opportunity so that they can be made aware of the options available, e.g. Employee Assistance Programme.

Mental health training has been provided for students undertaking the Certificate of Higher Education in Paramedic Practice at the Scottish Ambulance Service Academy. Vocational Qualifications (VQ) have now replaced the Certificate of Higher Education in Paramedic Practice and are delivered at 6 clinical education centres across Scotland. Mental health training is included in the VQ programme.

Ten staff have completed dementia training through the University of the West of Scotland / Alzheimer's Scotland and will become champions locally to support staff across divisions.

Through the Healthy Working Lives programme East Central division has achieved the gold award, West Central and North divisions are working towards the silver award and South East and South West have achieved bronze. As a result of this there has been an increased awareness of health, safety and wellbeing at work. A welfare plan has been agreed and put in place and this provides welfare care and support to employees during and following major incidents and traumatic events. Such incidents often have impact on the mental health of staff potentially affecting long term health.

A Wellbeing Strategy has been developed and introduced in 2016. There are a number of work streams included in the strategy. The work planned around adopting the 'See me' pledge has been delayed and will be taken forward under the new equality outcomes from 2017.

What difference has this made?

Staff are better supported when they are absent from work and contacted on the first day of absence in order to provide early support. SAS is a national organisation and our staff are from the whole of Scotland. As such, we expect that staff health reflects the national priorities and early support ensures that staff who might not seek this pro-actively are encouraged to do so.

There is a greater understanding of mental health and this is relevant when our staff are treating and transporting patients as well as in the workplace.

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

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

Procedures are in place to enable as wide a range of staff / staff side involvement and consultation as possible to develop policies and procedures through the Policy

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Review Group and National Standard Operating Procedures Group. A wide range of policies and procedures have been developed and agreed in this way during 2013 - 17.

Particular attention has been paid to enhancing dignity in the workplace with a revision of the promoting Dignity at Work Policy, rollout of the RESPECT campaign in North division and the introduction of the RESPECT e-learning module. This policy is due to reviewed again and this is an opportunity to build upon the work already done to promote values and expected behaviours in the workplace. This ensures increased awareness of harassment and other gender-based dignity issues.

We continue to work on more inclusive advertising for vacancies to encourage a more diverse range of applicants for posts and success rates are monitored in order to identify any barriers in the recruitment process. Work also continues to improve the equality self disclosure rates of our staff.

What difference has this made?

The development of policies and standard operating procedures is much more visible and staff are able to contribute should they wish to do so, including identifying equality related issues.

Through the National Staff Survey 2015 results we have seen a slight reduction in the number of staff stating that they have experienced bullying and harassment from their manager and colleagues. However there has been a reduction in the number of staff reporting such issues. The National Staff Survey has been discontinued and future staff experience will be measured by the iMatter Continuous Improvement Model supplemented by short complementary questions which will cover other issues e.g. bullying and harassment.

We have seen some improvements in the diversity profile of applicants wishing to join SAS. Since 2013 there have been slight increases in the number of disabled, LGBT and black and minority ethnic applicants.

Health inequalities

Our equality outcomes were developed during 2012 / 13 and were based on the evidence available at that time. In reviewing the progress we have made towards the achievement of the equality outcomes we recognise there are some additional areas in which we are working specifically regarding health inequalities that will enhance and impact on the service focused outcomes.

A Board development session facilitated by Health Scotland assisted SAS to consider further how our work can complement work being done across NHS Scotland to tackle health inequalities.

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

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As part of the Out of Hospital Cardiac Arrest Strategy we will specifically target improvements in cardiac arrest survival in those communities experiencing the greatest health inequalities.

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

Our work continues to develop our Public Protection Policy which incorporates child and adult support and protection and other vulnerable groups, particularly domestic abuse and the potential impact on children. This outlines our responsibility to recognise and actively consider the risks for vulnerable people irrespective of whether the adult or child is the main focus of SAS initial involvement, and should assist in providing support for people experiencing gender-based violence.

The Service led the development of a national Paediatric Early Warning System. This is a tool which helps to identify where children are particularly unwell by monitoring a combination of clinical observations. This is now embedded across SAS and supporting crews to deliver safe and effective care, identify at risk patients and pre-alert hospitals ahead of arrival.

SAS now has an Improvement Advisor working as part of the Early Years Collaborative who, throughout 2015 /16 has been developing pathways to support the safe and effective transition of care across health and social care. The Improvement Advisor is also working with the GP community to develop systems and processes for the identification of at risk patients, for example in rural and island communities, giving crews access to care plans for those patients and exploring the potential to develop direct referral routes in line with those care plans and ensure these patients reach definitive care quickly.

6.Conclusion

Since the publication of SAS equality outcomes in April 2013 significant work has taken place to progress the initiatives / activities we set out to achieve. It is recognised that completing actions in themselves will not necessary make a difference if the work we progress does not address a disadvantage or close a gap for groups or individuals who share a protected characteristic.

Overall progress has been made against each of the five equality outcomes. In gathering evidence to measure our progress we have identified areas where there are gaps and consideration will be given as to how we are able to measure the difference we are making for individuals, groups, families, organisations or communities. The work we are undertaking in this area is helping to inform the development of equality outcomes for publication in April 2017.

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

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Stakeholders have been involved at the start of our work to develop our strategy “Towards 2020: Taking Care to the Patient” and a wide range of participants from different equality groups took part in our stakeholder event held in February 2015 making this much more inclusive.

More focused attention has been given to equality impact assessment and the associated training around this which has helped to embed this process in policy development across the service. This has provided opportunity for discussion around equality and diversity in general and an increased understanding of the impact the provision of our services has on different groups. In doing so we have been able to incorporate reference to these issues in strategy development which in turn shape the way we do business, e.g. the Procurement Strategy which covers procurement for SAS, NHS Healthcare Improvement Scotland and NHS Health Scotland.

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

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7. Equality Outcomes 2013 - 2017

Key:

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

1. Ultimate outcome
To improve access and referral to the most appropriate care that is person centred, safe and effective

Intermediate outcome
Through raised awareness of the Service there is improved access for underrepresented groups

Results
Awareness has been raised. There is some evidence of improved access to services. However information gathering is limited and the impact cannot be fully evidenced because of the nature of our services.

Initiatives / activity	Outputs	Short / medium term outcomes	General duty / protected characteristic
a. Engagement with communities will be focussed to include those who are under-represented amongst users of SAS e.g. black and minority ethnic, disabled and carers groups, and those in deprived areas.	i. An increase in the number of patients from under-represented groups use the scheduled service	Awareness and understanding of SAS is increased so communities access SAS as appropriate	Advance equality of opportunity Foster good relations Race, disability, lgbt
	ii. There is an increase in the use of alternative methods of booking transport		
	iii. Improved understanding among communities of the services delivered by SAS		

➔ **Actions taken**
i. & iii Community engagement through Community Resilience Teams and Patient Focus Public Involvement (PFPI) Representatives has been more focused to reach a broader range of communities. For example work in West Central Division at the Mosque in Glasgow to provide essential life support training and in South East Division with the Chinese elder community through MECOPP (Minority Ethnic Carers of People Project)
ii. TextBox was identified as an alternative way to access scheduled care Service. However the viability from a governance perspective, security and practical applicability have been considered and in conclusion it has been decided not to pursue this option.

Members of the public can now access SAS through the contactScotland BSL service. This

service connects deaf BSL users with all public authorities and third sector organisations in Scotland. Providing BSL users have downloaded an App they can access the service through a smart phone, PC or tablet. By phoning contactScotland they will be contacting an interpreter who will then in turn contact the appropriate organisation. Similarly SAS can contact an individual in this way. During the last 15 months contactScotland has been used by operational teams between 12 - 15 times when they have treated patients who use BSL .

SMS service to access accident and emergency service has been publicised through the SAS website and through engagement with disabled groups. An easy read leaflet has been produced and this has been widely disseminated to encourage people who are deaf to register for this service. The leaflet is available on the website and copies are provided when we engage with disabled groups.

Results

There is increased awareness of SAS across a variety of diverse communities. Additional ways of accessing the service have been progressed.

Analysis of scheduled care patient profiles shows the following;

	2012 - 13	2015 -16
Patients aged 56 – 65	12%	12.5 %
Patients 66 and over	72%	74.9 %
Disabled patients	16%	31%
Those patients who travelled with an escort / carer	9.6%	9.6%

Our conversation with patients to book transport focuses on the patient needs assessment (PNA) for transport and we do not ask for equality monitoring details relating to lgbt, ethnicity for example at that time. We are therefore unable to measure how many patients from these communities use our services. However the focus on the PNA is on critical needs which is likely to benefit older and disabled patients.

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

We have worked with Deafblind Scotland to identify ways in which individuals who are Deafblind can be supported to assist with the work of SAS. For example a member of Deafblind Scotland attended the Paramedic Foundation Programme at the Academy, Glasgow Caledonian University in October 2014 to present a session to students to raise awareness and understanding of the needs and barriers faced by people who have these disabilities.

PFPI Representatives are progressing work in divisions to enable more diverse groups to work

with the service through the Involving People Groups. An analysis of Census 2011 information has been provided to divisional PFPI representatives / community resilience teams to assist in identifying gaps where there has been previously limited engagement.

Results

Twenty five students attended the sessions and feedback has been extremely positive. Students thought the opportunity to discuss communication support needs and the real challenges faced by the individual to be very beneficial.

There has been an increase in the number of people supported to become involved with the work of SAS. We have seen individuals from a wide variety of backgrounds involved in our work. For example people who are disabled have worked with us in the development of the specification for new ambulances and members of the Muslim community have helped us to develop equality outcomes.

c. In partnership with NHS Fife and NHS24 establish contact with Gypsy / Travellers living in Fife area to promote ways in which access to health services can be provided	i. Improved knowledge of health services by Gypsy / Travellers	Gypsy / Travellers access to healthcare is improved, initially in Fife and thereafter across Scotland.	Advance equality of opportunity Foster good relations Race, disability, age
	ii. Learning regarding the needs and culture of the community is shared	Staff have greater awareness and understanding of Gypsy / Travellers needs and culture which enhances clinical practice	Eliminate discrimination Advance equality of opportunity Race

✓ Actions taken

The SAS Equality Lead has joined the NHS Fife Gypsy Travellers Steering Group which meets quarterly. This is a multi agency, multi disciplinary group which was formed to take forward recommendations that emerged from a health needs assessment conducted by NHS Fife and to meet the needs of Scottish Government Equality Outcome "Gypsy / Travellers experience less discrimination and more positive attitudes towards their culture and their way of life"

The work of this group includes developing an e-learning tool to raise awareness of Gypsy /Travellers and their culture, providing information to access services and working with other agencies to support the community.

SAS is working with NHS24, NHS Fife, MECOPP- (the third sector organisation that supports Gypsy / Travellers) and other partner organisations to improve awareness amongst Gypsy /Travellers of the services that SAS provides.

The SAS Equality Lead and Education Lead on diversity have attended a Gypsy / Travellers awareness workshop run through the Changing Minds project with MECOPP. This workshop was delivered by Gypsy / Travellers and useful information from this has been incorporated in

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SAS equality training.

SAS and NHS24 have displayed artwork at shared offices at Caledonia House and Norseman House. The artwork has been provided by MECOPP and we are displaying the 'Moving Minds' exhibition to raise awareness amongst staff of this seldom heard group of people. Moving Minds was originally created as an exhibition for display during the Scottish Mental Health Arts and Film Festival and has previously been displayed in the Scottish Parliament.

Results

Gypsy Travellers have a better understanding of how to access the services of SAS through better links with community groups.

Details of the health needs of Gypsy Travellers and their culture have been incorporated in training delivered at Glasgow Caledonian University and Equality & Diversity Training.

The e-learning module 'Raising awareness of Gypsy Travellers' is now available to all staff at SAS.

d. Provide health awareness sessions with communities, including those in deprived areas, to cover essential life support and recognising signs of cardiac arrest / stroke as well as encouraging preventative care	Sessions are provided across a range of community settings	Communities have an increased understanding of some health conditions and this will also have impact on health inequalities.	Advance equality of opportunity Foster good relations Race, disability, age, lgbt
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→ Action taken

Community sessions have been supported by SAS, for example Get Together events for the Gypsy / Travellers community in Perth (October 2013), in Perth & Kinross (October 2014) at the Health & Wellbeing Mela in Edinburgh (October 2013, 2014, 2015 & 2016) and at community Muslim groups in Glasgow. Essential Life Support training has been provided at these events by the community resilience teams and local operational teams.

Much work has been done under the Out of Hospital Cardiac Arrest Strategy and SAS has contributed to training over 100,000 members of the public on CPR across Scotland.

Our Stroke Improvement Manager has worked with Chest, Heart and Stroke Scotland and the Stroke Association on a public awareness film about the FAST test (face drooping, arm weakness, speech difficulties and time). This has raised awareness of the FAST test and the needs of patients who are disabled as a result of chest, heart and stroke issues.

Result

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These events have been attended by a diverse range of people across communities including carers, people with disabilities, black and minority ethnic groups and Gypsy / Travellers. Attendance was varied with the Perth and Kinross events attracting smaller numbers and the events held in Edinburgh attracting much higher numbers (over 350 people attended the Mela at Out of the Blue, Edinburgh on October 2015). Over 100 people attended an open event at Glasgow Central Mosque in September 2016 to celebrate National CPR day.

Feedback relating to these events has been very positive.

Many more members of the public are now able to deliver CPR for a patient in cardiac arrest. This can significantly improve the chance of survival for those experiencing cardiac arrest. It is known that Asian communities have a high prevalence of cardiac issues compared with the general population and targeting CPR training will increase equality in relation to early support.

e. The use of language line service is promoted among communities with language needs	There is increased use of language line services	Equality of access is improved	Advance equality of opportunity Race
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✓ Actions taken

The use of Language Line Service is promoted on the SAS website and at community events and with groups.

Staff have been reminded how to access this service through the Chief Executive Bulletin, equality and diversity training, through annual learning in practice training and on the intranet.

Results

The number of calls made to the Language Line Service and the most common languages required are as follows;

Year	2011 - 12	2012 - 13	2013 - 14	2014 - 15	2015 - 16
Total calls	330	563	530	896	1015
	Polish	Polish	Polish	Polish	Polish
	Mandarin	Romanian	Russian	Russian	Russian
	Russian	Arabic	Lithuanian	Romanian	Romanian
	Slovak	Lithuanian	Mandarin	Arabic	Arabic
	Arabic	Russian	Romanian	Mandarin	Mandarin

The use of Language Line Service has increased significantly since 2014.

f. Language line service is regularly evaluated with input from BME community members	The views of patients and callers using language line service are captured and actions taken to improve service as appropriate	Equality of access is improved	Advance equality of opportunity Race
<p>✓ Actions taken Comments / suggestions for improvement have been invited from staff who have used Language Line Service. We have some difficulty with seeking feedback from patients who have used this service as it is likely English will not be their first language and as such they may have limited access to SAS website to provide feedback there. We are currently reliant upon ad hoc feedback from patients who are willing to give this information via community group meetings and events. Further consideration will be given as to how best to progress this.</p> <p>Results Comments have been reviewed and will be discussed with Language Line Solutions who provide this service.</p>			
g. Enhance operational training to include more cultural awareness including incidence of illness, long term conditions and prevalence in specific groups	Improved awareness and understanding of cultural difference	Greater understanding of needs of different communities which will enhance clinical practice. This will also have impact on health inequalities.	Eliminate discrimination Foster good relations Race
<p>✓ Actions taken Information relating to the incidence of illness, long term conditions and their prevalence for specific groups has been included in the Learning in Practice workbooks with effect from April 2014 which every paramedic and technician must complete on an annual basis.</p> <p>Details relating to this are also now Included in the Vocational Qualification programme for Technicians now delivered at six clinical training centres across Scotland.</p> <p>Results Staff are more aware of cultural difference and the impacts this can have on health conditions for particular groups. This is evidenced through student case assessments when practical exercises are undertaken during training at the Academy.</p>			
h. Enhance operational training to include additional	Improved awareness and understanding of disability and the	Disabled patients have improved experience of the	Advance equality of opportunity

disability awareness sessions	impact on health	Service	Disability
<p>✓ Actions taken Sessions on deaf awareness, visual awareness and learning disabilities have been developed and are being delivered.</p> <p>Learning in Practice workbooks used for 2014 include reference to these areas.</p> <p>Results Approximately 150 staff completed deaf awareness, visual awareness and learning disability training in 2014.</p> <p>Evaluation of this training showed that 92% of staff completing the sessions felt the content was clear and concise and appropriate to their role (82%)</p>			

2.Ultimate outcome
To deliver the best service for patients

Intermediate outcome
The experience of patients will improve through staff who are supported to deliver person centred care

Results
Links with social care partners are now established and much work has been done to establish care pathways particularly in relation to falls. We have seen a reduction in hospital admissions with more patients over the age of 65 being left safely in a home environment.

Initiatives / activity	Outputs	Short / medium term outcomes	General duty / protected characteristic
a. Care pathways are developed in partnership with local stakeholders to ensure access to the most appropriate care for patients	Care pathways are agreed and implemented e.g. trips, slips and falls, transportation of mental health patients in Air Ambulance	More effective clinical care is provided with care pathways developed to take account of the diversity of needs and characteristics of patients and the community	Eliminate discrimination Advance equality of opportunity All - greater impact on age, disability

➔ Actions taken

During 2013/14 we have worked with Scottish Government Joint Improvement Team and the National Falls Programme Manager to develop the guide 'Making the right call for a fall' which gives practical guidance to our managers and their Community Health Partnership colleagues on how to set up local patient care pathways. This has been widely distributed to Team Leaders and Area Service Managers and includes an organisational readiness self assessment tool to support and guide health care staff when developing local care pathways for older people.

We have also worked with NHS Education for Scotland on the production of their Falls DVD - 'Falls - Make the Difference'.

Ambulance clinicians are supported by an increase in the amount of intermediate care services across Scotland and are now able to assess alternative care pathways through single points of access, with those services covering both immediate interventions and follow up assessment. Staff in Argyll, Edinburgh City and Lanarkshire are working with community based teams to support the management of these patients at home and to identify and refer to appropriate services in order to put solutions in place to prevent future falls.

A number of local fall teams have been established which means we are now able to refer patients on to alternative pathways following clinical triage at the call taking stage .

We have worked with partners on the Active and Independent Living Improvement Programme, a collaborative learning network for multidisciplinary teams across health and social care. Whilst falls pathways are in place in most areas there are variations about how accessible and well used these are. This programme will build on work already undertaken to maintain safe and

effective local care pathways as alternatives to hospital attendance for patients.

Joint work has been done to introduce a programme with Midlothian Council and NHS Lothian in developing a test model to improve how we deliver services for dementia patients. This has provided an opportunity to work collectively as a peer learning network . The resulting model of care will build understanding in the development of a safe approach to improving support to people with dementia and their carers.

Profession to profession clinical decision making support is now in place to assist operational staff during the assessment of a patient to better determine whether a patient needs to go to hospital. This ensures more equitable treatment between people with physical or mental conditions.

There is a recognition that patients living with dementia can also require assistance after a fall and we have worked with NHS Education for Scotland to develop a set of tailored training materials on dementia awareness for all grades of operational staff. The Dementia Learning Resource is a workbook which has been distributed to all accident and emergency, patient transport service and ambulance control centre staff (November 2014 - January 2015).

The standard operating procedure for transporting mental health patients by Air Ambulance has been developed and agreed with Health Board colleagues.

Results

There has been a reduction in the number of patients over 65 being taken to hospital.

Care pathways for mental health, dementia, diabetes and chronic obstructive pulmonary disease are being tested and are at various stages of development.

b. Links with health and social care partners are clearly defined	i. Clinical staff have better links with health and social care partners to ensure there is responsive and continuity of care for patients	Patients have a better experience and are more involved in their own care. This will also have impact on health inequalities.	Advance equality of opportunity
	ii. Increased number of patients referred to local health and social care partners		Eliminate discrimination
			All - greater impact on age, disability, carers
			All, greater impact on age, disability, carers

➔ Actions taken

Support links with social care partners have now been established through the majority of Community Planning Partnerships and Falls Pathways are in place.

Members of the Executive Team and General Managers each have responsibility for developing links with Community Planning Partnerships in order to progress the SAS strategy - Towards 2020: Taking Care to the Patient and to support the on going work to develop care pathways.

Through the Quality & Innovation Programme Board proposals have been developed for a performance management framework which will assist in the measurement of patient outcomes by illustrating the number of patients taken to hospital, the number who were referred to social care partners and those where it was necessary to repeat a call to the Service.

A greater proportion of patients are now being referred to social care partners.

Results

Falls Pathways are in place across all of the 32 Community Planning Partnerships. These are at various stages of development.

Care pathways for mental health, dementia, diabetes and chronic obstructive pulmonary disease are being tested and are various stages of development.

c. Work with Cruse and the Scottish Grief and Bereavement Hub to establish a network of cultural competent Family Support Officers	Staff have a greater understanding of bereavement and the cultural /religious dimensions to this	Bereaved families are better supported prior to and at the time of death	Eliminate discrimination Advance equality of opportunity Foster good relations All, more impact on race, religion and belief
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→ Actions taken

The Family Support Officers Job Description originally developed in 2013 has been revised to fit with the Service significant adverse events review model. The FSO will play a key role to liaise with families and assist in supporting them to review cases in partnership.

Results

The significant adverse event review process was implemented on 1 July 2013 and much learning has resulted from reviewing patient complaints.

For example the SAER Group reviewed complaints relating to leaving patients at home, airway management and triaging abdominal pain. As a result of these reviews a framework has been developed for effective clinical decision making, the airway management guidance has been reviewed and the triage process for abdominal pain has now been changed.

d. Training programme to be developed for person centred care.	Root cause analysis and 'Being open' sessions implemented.	Staff have increased awareness of caring behaviours / transparency and the impact these have on clinical outcomes and experience of SAS for patients. This will also	Advance equality of opportunity
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		increase equity of access to information about patient care.	All
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→ Actions taken

A small group of staff attended train the trainer sessions on the Caring Behaviours Assurance System and pilot sessions were implemented in 2013 /14. This system is designed essentially for a hospital setting and it was not felt this was the most appropriate fit for SAS.

Awareness of values sessions are included in the corporate induction for all new staff and some sessions have been delivered locally. The induction also raises awareness of the Equality Act 2010, public sector equality duty and the protected characteristics.

Significant adverse event review training has been delivered for approximately 100 staff during 2013 /14. Root cause analysis is included in this two day programme. The programme promotes a no blame culture which should benefit employees who are less confident in being able to discuss issues.

A person centred care workshop has been developed and is included as part of the Developing Future Leaders & Managers programme.

Work is in progress to develop a values based approach to recruitment (VBR) A recent senior recruitment exercise used a mixed approach including VBR.

Results

Staff are more aware of the values of SAS and 403 staff have attended the corporate induction course between April 2013 and March 2016.

e. Work with the Scottish Government, e-Health programme in the development of the Key Information Summary (KIS)	Key patient information is shared which includes communication needs of patients	Care is provided for patients and carers which is sensitive, appropriate and meets the communication needs required	Eliminate discrimination Advance equality of opportunity All - greater impact for age, disability, race
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→ Actions taken

We have been working with the KIS national project team and implementation and access to KIS was expected mid 2014. However technical issues delayed this and a period of testing took place early in 2015.

The KIS can now be accessed through the Ambulance Control Centre and operational staff are able to see the KIS at an early stage on the way to a call. The communication needs of patients

can be referenced under the comments section and this will be of benefit to those with particular needs, for example those from different communities, people with learning disabilities, those who use British Sign Language etc.

Results

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

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<p>3. Ultimate outcome To engage with all our partners and communities to deliver improved healthcare</p>			
<p>Intermediate outcome The SAS is fair and equitable in the way it procures and delivers its services and involves and consults people</p>			
<p>Results There is evidence of improved access to SAS. The procurement strategy makes clear reference to the equality duty and requirements of the Equality Act 2010.</p>			
Initiatives / activity	Outputs	Short / medium term outcomes	General duty / protected characteristic
a. Build on the access to scheduled care service to support access for deaf people by identifying and implementing new methods of booking transport	Extended number of booking methods in place	All eligible patients have improved access to scheduled service	Eliminate discrimination Advance equality of opportunity Disability
<p>➔ Actions taken With effect from 1 September 2014 patients who use British Sign Language (BSL) can book transport via the Video Relay Service hosted by NHS 24 - see below.</p> <p>Patients and members of the public who use BSL can access public services through contactScotland. Through the use of the contactScotland App contact can be made using a smart phone, PC or tablet in order to use BSL with an interpreter who can then contact the service required and a three way dialogue can take place.</p> <p>Results As yet the Video Relay Service has not been used to book transport however it has been used by accident and emergency crew albeit in a small number of cases.</p>			
b. Development of a cab based language tool	Language tool in place	Communication support is more accessible and immediate when crews are with patients [A & E]	Advance equality of opportunity Race
<p>☒ Actions taken Options for this are being explored through the provision of cab based information technology including the use of an App as an alternative to the development of a language interpretation tool.</p> <p>Results</p>			

No results to report at this time.			
c. Contribute to the NHS24 BSL (British Sign Language) pilot project to improve communications for BSL users	System in place to book transport using BSL	Improved access to SAS for BSL users	Advance equality of opportunity Disability
<p>✓ Actions taken We have been working with the Deaf Services Group at NHS24 to develop ways that BSL users can access scheduled care service.</p> <p>With effect from 1 September 2014 patients who are BSL users can book transport via the Video Relay Service provided through NHS24. In the first instance patients link with the BSL Interpreter at NHS24 through a webcam facility. If the patient wishes to book transport the interpreter can contact the SAS Call Taker and three way communication ensures that the patient can answer the patient needs assessment questions using BSL and the details can be passed on to the Call Taker.</p> <p>The use of this service has been promoted on the SAS website, through the NHS24 website and with BSL groups.</p> <p>Results The introduction of this service will improve access to SAS for patients however as yet no transport has been booked this way.</p>			
d. Community Resuscitation Development Officers engage with a wide range of communities across the protected characteristics and this work is targeted to include where previous involvement has been limited	There is improved input and dialogue across a wide range of communities and groups	Engagement with communities is inclusive across all protected characteristics	Advance equality of opportunity Foster good relations All
<p>➔ Actions taken 2011 Census information has been used to identify gaps where engagement has been limited locally.</p> <p>The groups with whom the Community Resuscitation Development Officers engage are varied and work has been done recently to establish links with Gypsy Travellers (Perth & Kinross /</p>			

Edinburgh) groups supporting those with drug addiction (Borders) and the Stafford Centre providing support for those with mental ill health issues (Edinburgh)

Results

We have seen an increase in the number of people engaging with SAS from a wide range of minority groups which is highly beneficial in terms of raising awareness of our services but more importantly allowing us to better foster good relations and our understanding of the needs of these communities..

e. Develop the use of the e-Portal through SAS website	i. Use of the e-Portal is widely communicated	Improved methods of communication with patients, individuals and groups. This will also have impact on health inequalities.	Advance equality of opportunity Foster good relations All
	ii. This facility is utilised to support communication in targeted areas e.g. closed discussion for particular communities	More open sharing of issues enabling service to be more inclusive	Advance equality of opportunity Foster good relations All - greater impact on race, disability, lgbt

✓ **Actions taken**

The use of Your Scottishambulance.com e- Portal has been promoted through the website. Details of Patient Opinion are also promoted in this way. Discussion topics have included the location of defibrillators, use of technology in rural places and mobile blood analyser..

A number of closed discussions have been established to support communication, for example between Community First Responders.

Results

The number of responses to discussions vary depending on the topic involved. However we have seen this to be a useful additional method by which members of the public and staff can contribute their views and ideas and see the responses of other participants.

The closed discussion facility has been successful with 50+ individuals taking part in discussions for Community First Responders.

f. Review procurement policy and practice in conjunction with National Procurement Services (National Services Scotland) and Scottish	Procurement policy and practice are accessible to different groups	Services are procured fairly	Advance equality of opportunity Foster good relations
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Government to ensure award criteria and conditions are taken into account in relation to public procurement			All - greater impact on race, disability
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✓ Actions taken

The SAS procurement strategy for regulated procurements (over £50,000 for goods and services, and over £2m for works) has been developed to meet the requirements of new legislation and was published in December 2016. This strategy supports procurement staff to work with stakeholders to implement the requirements of the Reform Act.

The Service carries out Equality Impact Assessments for relevant procurements. Recent examples include vehicle replacement and ambulance tele-health. Some requirements are purchased from frameworks awarded by Scottish Procurement, National Services Scotland and others. In this instance, addressing equality and diversity in all the procurement carried out on behalf of NHS Scotland is the responsibility of the contracting authority.

In 2016 the Service's procurement team expanded its range of performance indicators largely to take account of sustainability factors. However, one of these indicators is the value of expenditure with supported businesses. We agreed a target of £5,000 expenditure for 2016/17. A supported business' primary aim is the social and professional integration of disabled or disadvantaged persons. At least 30% of the employees of those businesses should be disabled or disadvantaged.

Results

In adhering to this policy SAS is making contracting opportunities accessible to different groups. Equality considerations are also part of the specification where appropriate, and the Services' terms and conditions of contract reinforce this.

A business case was discussed and the Board asked for the Equality Impact Assessment to be added to the submission to the Scottish Government although it had not been stipulated as a requirement by Scottish Government.

Whilst there are limited goods and services available that would be relevant to SAS under the Framework Agreement we have been able to use supported businesses for signage and information technology equipment recycling.

4. Ultimate outcome
Men and women employed by SAS are better supported on mental health and wellbeing as a result of the use of workplace policies

Intermediate outcome
There is a cultural change towards a greater understanding of mental health and wellbeing in the workplace

Results
Staff are better supported when absent from work due to ill health. The Healthy Working Lives programme supports staff with increased awareness of health, safety and wellbeing at work.

Initiatives / activity	Outputs	Short / medium term outcomes	General duty / protected characteristic
a. Staff are supported through attendance management policy to utilise early intervention and preventative measures e.g. Employee Assistance Programme	A reduction in the rate of sickness absence resulting from mental ill health	Staff who experience mental ill health are better supported in the workplace. This will also have impact on health inequalities.	Advance equality of opportunity All, greater impact on disability

→ Actions taken

An Attendance Management Task Force was established to focus attention on increased absence rates. Meetings took place across all divisions and departments to review cases and provide additional support to local managers in managing absence. All reviews were completed by July 2014.

The new occupational health and attendance management contract with the NHS Scottish Occupational Health Consortium commenced in April 2014 with a phased introduction across divisions with the final phase going live in the East in June 2014. Further development of our approach to wellbeing will enhance our work on supporting people around mental health challenges.

A welfare care plan has been developed which will ensure a coordinated, effective and prompt welfare response is in place when supporting staff involved in or connected with traumatic events and major incidents which will support prevention of mental health problems.

A wellbeing strategy was developed and introduced in 2016. There are several work streams being taken forward a number of which are included in our equality outcomes for 2017 - 21.

Mindfulness training has been provided on a trial basis for staff in East Central division and this

has been well received. The programme is currently being evaluated and this will inform our future plans for similar training going forward. A managing stress at work e-learning module is available for all staff through the SAS intranet. Referrals can be made through Occupational Health Service to the Kiel Centre in Edinburgh for individuals with particularly difficult mental health concerns.

Results

Support is offered to staff on the same day as absence is reported which ensures early intervention where assistance may be required. The new contract has provided an additional level of service provision for those members of staff who have suffered significant mental trauma by providing enhanced CBT treatment methods.

Staff continue to utilise the Employee Assistance Programme both for telephone support and formal counselling.

Reasons for absence (hours lost)	Mental health issues' ranking
2013 - 14	Ranked as second most common reason for absence
2014 - 15	Ranked as first most common reason for absence
2015 - 16	Ranked as first most common reason for absence

b. SAS will make a commitment to tackle stigma by signing up to the 'See me' pledge	Raised awareness of mental health issues	There is a greater understanding of mental health and the impact of this on individuals	Foster good relations All
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Actions taken

A meeting has taken place with the 'See me' project lead and SAS has registered to commence this work which is integral to the Wellbeing Strategy.

c. Anti stigma messages are promoted through 'See me' pledge campaign	Attitudes towards mental health are changed as staff are more comfortable to talk about mental ill health problems	Elimination of stigma and discrimination faced by people with poor mental health	Eliminate discrimination Foster good relations All
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Actions taken

Anti stigma messages will be promoted as part of the campaign - including posters, messages on @SAS, @SAS Lite, payslips and in Response magazine once work commences under the 'See me' initiative.

<p>d. Mental Health training is included within the content of the Certificate in Paramedic Practice delivered by SAS Academy</p>	<p>Increased number of staff complete the Mental Health training</p>	<p>Increased understanding of mental health which will improve attitudes towards this in the workplace and enhance mainstreaming (will also impact patient experience)</p>	<p>Eliminate discrimination Foster good relations Disability</p>
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✓ Actions taken

Mental health training is delivered during the Certificate of Higher Education in Paramedic Practice at the Academy.

Ten staff have completed dementia training through the University of the West of Scotland / Alzheimer's Scotland and will become champions locally to support staff across divisions. Another member of staff is currently undertaking this training.

Materials have been developed for a training workshop on dementia care to be delivered locally by Dementia Champions

SAS has worked with NHS Education for Scotland to produce a Dementia Learning Resource. This workbook has been distributed to Accident & Emergency and Patient Transport Service staff who are encouraged to complete this as part of their continuous professional development.

Results

Students commencing Certificate of Higher Education in Paramedic Practice have completed this training at Glasgow Caledonian University.

<p>e. Health and wellbeing is promoted across SAS through healthy working lives programme</p>	<p>Staff are encouraged to consider their health at work and how this can be improved</p>	<p>Staff have better health as a result of increased awareness of healthy lifestyles and the options available e.g. around diet, exercise etc.</p>	<p>Advance equality of opportunity All, greater impact on disability, lgbt</p>
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➔ Actions taken

All five operating divisions have achieved the Healthy Working Lives Bronze award. Each division is progressing work in accordance with local needs and in agreement with the Scottish Centre for Healthy Working Lives will be assessed individually. West Central, South West and North divisions are working towards the silver award and East Central have achieved the gold award. Through the Healthy Working Lives programme staff have attended mental health training e.g. in West Central and South East divisions.

Results
There has been an increased awareness in health, safety and wellbeing at work through local initiatives taken forward under the Healthy Working Lives programme.

f. A variety of methods will be used to ensure staff are aware of policies / resources available to them, including bulletins, newsletters, intranet, payslips etc.	Staff feel more confident to access supportive resources and workplace policies	SAS is more supportive of staff with mental health issues	Advance equality of opportunity All, greater impact on disability
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✓ Actions taken

A Policy update has been introduced and this is circulated across the Service.

The work of the Policy Review Group continues to consider policy development and to consult widely with staff across SAS.

The Human Resource pages on the intranet are being reviewed and revised to improve accessibility. New policies are highlighted through Chief Executive bulletins, on the intranet and by the HR Team at local management meetings.

Results

The accessibility of policies and procedures has improved. Policy development is more widely visible across SAS. Staff side involvement is at an early stage through the Policy Review Group with agreement and sign off through National Partnership Forum and Staff Governance Committee.

g. A new Gender based violence policy is implemented	Staff are supported who have experienced gender based violence	There is a greater understanding of gender based violence and its impact on individuals	Advance equality of opportunity All - also disability, gender, lgbt, race
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✓ Actions taken

The Gender Based Violence Policy was developed and implemented from May 2013.

Results

Staff who have experienced gender based violence are better supported and the policy provides guidance for managers in dealing with this.

5.Ultimate outcome
To ensure SAS always acts in accordance with its values

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

Results
Policy development is much more visible and staff can contribute and identify equality issues. The introduction of iMatter has improved staff engagement. There has been some improvement in the diversity profile of applicants wishing to join SAS.

Initiatives / activity	Outputs	Short / medium term outcomes	General duty / protected characteristic
a. Policies and standard operating procedures (SOP) are developed through Policy Review Group and National SOP Group	A wide range of staff / staff side are involved and consulted on policy and SOP development	All SAS developments, policies and procedures take into account the diversity of needs and characteristics of staff and are more inclusive	Eliminate discrimination Advance equality of opportunity Foster good relations All

→ Actions taken

SAS values were reviewed and aligned with NHS Scotland values that were introduced in 2014. The Board agreed to continue to include 'equality' as an explicit SAS value alongside NHS Scotland value of diversity and respect. Procedures are now in place to enable as wide a range of staff / staff side involvement and consultation as possible to develop policies and standard operating procedures through the Policy Review Group and National SOP Group. Equality Impact Assessment (EQIA) is carried out as part of the development. [Our EQIA guidance can be found here](#) and [published EQIA can be found on SAS website here](#)

Results

Policies and Standard Operating Procedures have been developed which enhance equality for a range of groups.

Examples include;

Policy Review Group

Transportation of Bariatric Patients - providing equitable services to obese patients

Incident Reporting

Air Ambulance Emergency Medical Response - providing equitable services for remote and rural patients

Transportation of Assistance Dogs

Policy Review Group

Attendance Management

Fixed Term Contracts
Equality, diversity and human rights

b. Policy is revised and promoted through HR teams to enhance dignity in the workplace and to provide a framework for addressing potential issues of bullying and harassment	i. The importance of dignity at work is raised across SAS	There is improved dignity at work for all staff	Eliminate discrimination Foster good relations All, gender reassignment, lgbt
	ii. The number of staff highlighting dignity at work as an issue in the NHS staff survey is reduced		
	iii. Staff opinions of the service culture and values improve and this is fed back through staff opinion surveys		

✓ Actions taken

Promoting Dignity in the Workplace Policy was implemented in May 2013 and reviewed in 2016.

Analysis of staff survey results from 2015 identified 4 work streams for national focus which are wellbeing, welfare, communication and involvement and organisational development. Work is being taken forward under each of these areas.

The National Staff Survey was conducted in September 2013, September 2014 and September 2015 with response rates of 32%, 33% and 37% respectively. The National Staff Survey has been discontinued. Staff experience in future will be measured by the iMatter Continuous Improvement Model supplemented by short complementary questions. iMatter was introduced in 2015 and response rates for SAS have exceeded 60%.

The RESPECT campaign has been rolled out in North division and continues for Ambulance Control Centre and Patient Transport Service staff in the west.

A RESPECT e-learning module has been developed and this is now available to all staff.

Treating people well sessions covering values and behaviours have been delivered in South West division.

Results

Staff survey	2013 by	2014 by	2015 by
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	percentage	percentage	percentage
Staff experiencing bullying / harassment from their manager	18	15	15
Staff experiencing bullying / harassment from their colleagues	21	21	20
Staff who reported bullying/harassment	34	31	30

Whilst a reduction can be seen in staff experiencing bullying / harassment from their manager there has been little change for those staff experiencing this from colleagues. Work will continue in this area to ensure sustained improvement in dignity at work is achieved.

A total of 1930 staff have completed the RESPECT e-learning module since it was introduced on 30 September 2014.

c. Organisational values programme delivered across SAS	Staff attend organisational values sessions.	There is an increased understanding and sharing of SAS values and how these have impact on service delivery and staff experience	Foster good relations All - gender
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➔ Actions taken

Flying lesson sessions were implemented across the Service in 2013 /14. These highlighted the importance of challenging decisions and how this impacts on patient safety and used the aviation industry to illustrate how a culture where staff are encouraged and supported to be open and able to challenge has positive impact for service users.

Awareness of values sessions are included in the corporate induction for all new staff

Results

One of the largest improvements in the staff survey conducted in 2014 was in response to the statement 'SAS acts fairly and offers equality of opportunity with regard to career progression and promotion' In 2015 36 per cent of staff had a positive perception of this statement compared with 24 per cent in 2013.

d. Recruitment advertising is targeted more specifically across under represented groups including BME /	A greater number of applications are received from under represented communities and individuals are	The workforce of SAS better reflects the diversity of the Scottish population and staff with protected	Advance equality of opportunity
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disabled / lgbt communities	offered posts with SAS	characteristics are represented appropriately at all levels of the organisation	Race, disability, sexual orientation
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→ Actions taken

External advertising through Positive Action in Housing, Inclusion Scotland, , Scottish Disability Equality Forum and the Ahlul Bayt Society Edinburgh.

Nationally consideration is being given to develop more inclusive recruitment through I Recruitment as part of Electronic Employee Support System programme within the National Shared Support Services Programme.

Results

Applicants	2012 by percentage	2014 by percentage	2016 by percentage
Disabled	3	3	3.6
Black and minority ethnic	1.5	1.8	1.6
Lesbian, gay, bisexual, transgender	3	4	4.8

e. Develop targeted training for members of interview panels to cover equality and diversity	Increased number of staff on panels who have completed this training	Greater understanding of the benefits of a diverse workforce and increased fairness in recruitment	Eliminate discrimination Advance equality of opportunity All
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→ Actions taken

Training has commenced with sessions taking place for managers at National Headquarters in 2014.

Results

More managers need to complete training and a training assessment system has been developed specifically for those managers chairing interview panels. This programme will continue during 2017.

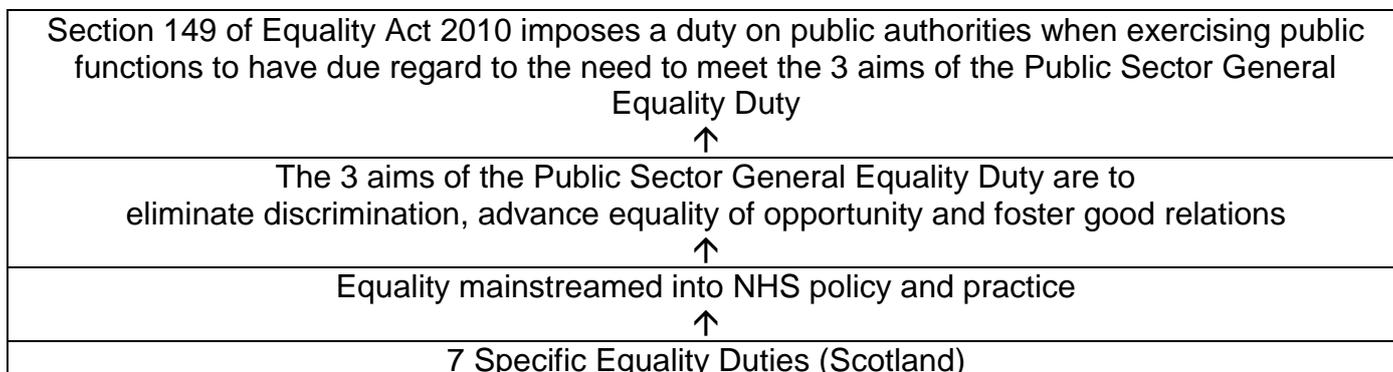
f. Develop a plan to encourage and improve rates of staff self disclosure	Improved self disclosure rates particularly with regard to ethnicity, sexual orientation and religion and belief	There is a shift in cultural awareness of the importance of disclosing equalities information	Advance equality of opportunity Race, sexual orientation, religion
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			and belief
<p>→ Actions taken Discussion around the purpose and need to gather the information is now included in all equality and diversity and equality impact assessment training to raise awareness.</p> <p>Equality monitoring has been discussed with staff side at national stewards meetings and with senior HR team to identify the best ways to capture this information.</p> <p>A phased approach has been adopted to target sub divisions and departments in order to raise awareness of the reasons for gathering this information and to assure staff of confidentiality when providing these details.</p> <p>Results As at the end of March 2015 23.9 per cent of staff had provided all equality monitoring details. By 1 April 2017 this percentage had increased to 41 per cent.</p>			
g. HR policies will be promoted to support access and uptake e.g. flexible working	Increased uptake of flexible working options	There is increased awareness and uptake of alternative work patterns	Advance equality of opportunity All in particular maternity
<p>→ Actions taken The flexible working policy introduced in 2010 has been reviewed in line with the Supporting Work Life Balance Partnership Information Network Policy and is in draft format pending discussion at National Partnership Forum and Staff Governance Committee.</p> <p>Applications for flexible working have not been monitored nationally and a process of recording this has been introduced to enable progress in this area to be measured.</p> <p>Results The number of staff working flexibly has increased however the details of alternative work patterns is not available as this has not previously been captured.</p>			
h. In consultation with staff side develop and implement a programme to increase the number of staff employed on permanent shift patterns	Reduced number of staff working on relief rosters	There is a cultural shift away from a two tier workforce where men and women feel they are treated differently as a result of their status with regard to a roster / relief position	Advance equality of opportunity Men and women
<p>☒ Actions taken Discussions to be commenced and agreed through Workforce Steering Group.</p>			

i. Establish a policy to ensure senior managers have explicit equality and diversity objectives in their performance management arrangements	Policy approved, objectives in place for all relevant managers	Equality and diversity is embedded within culture and performance of SAS	Advance equality of opportunity Foster good relations All
<p>☒ Actions taken</p> <p>Work is being undertaken centrally to create a new model for objectives setting / appraisal for senior managers / executive level roles. This work also includes new value based recruitment, career progression/ talent management and will cover all Health Boards in Scotland.</p> <p>Progress will be made on this output in 2017.</p>			
j. Facilitate the establishment of staff led networks for those with an interest in equality issues relating to specific protected characteristics	Staff networks in place and regular dialogue and engagement takes place	There is a greater understanding of needs and concerns of staff who share protected characteristics	Advance equality of opportunity Foster good relations All, greater impact on disability, lgbt
<p>➔ Actions taken</p> <p>A survey to establish interest in staff networks was conducted in 2013 with very few staff responding. However some staff who have indicated that they are keen to be involved in the development of equality and diversity initiatives and are consulted in this regard.</p> <p>Staff have access to the LGBT Network facilitated by National Services Scotland and the SWAN Network facilitated by the Golden Jubilee Hospital. Information regarding these networks are posted on the intranet under staff events.</p>			
k. Continue to monitor the salary band spine point allocated to new employees	Annual analysis carried out in April each year	Ensure men and women are paid fairly and consistently at the start of their career	Eliminate discrimination Advance equality of opportunity Men and women
<p>✓ Actions taken</p> <p>Salary placement forms are completed by local managers to support requests to place new starters on higher salary spine points. These must be signed off by the local HR Manager to ensure consistency.</p>			

			maternity
<p>→ Actions taken A survey was conducted through the intranet which produced a good response from staff. A summary report of the findings suggested recommendations which are now being progressed.</p> <p>Results A system has been put in place to enable applications for flexible working to be monitored more closely.</p>			
o. Calculate the percentage difference between women and men's average hourly rate including overtime	Analysis produced.	There is no disproportionate use of overtime for men and women	Eliminate discrimination Advance equality of opportunity Men and women
<p>✓ Actions taken The information has been calculated and the results show the same percentage difference with or without overtime, i.e. 10% difference</p> <p>Results The percentage difference between women and men's average hourly rate will be closely monitored and published in the Equal Pay Statement and Gender Pay Gap Information Report in April 2017. The Report can be accessed here.</p>			

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



The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012, we are required to comply with the following duties:

- Report progress on mainstreaming the public sector equality duty
- Publish equality outcomes and report progress
- Assess and review policies and practices [impact assessment]
- Gather and use employee information
- Publish a statement on equal pay
- Consider award criteria and conditions in relation to public procurement
- Publish in a manner that is accessible

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Overarching policy context



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Appendix 3

Glossary

A&E Accident and Emergency	First Responder a trained volunteer working in local communities and able to provide immediate life support for a range of conditions	Scheduled Care planned healthcare which operates on an appointment basis
ACC Ambulance Control Centre responsible for triage of all 999 calls and dispatch of ambulances and co-ordination of the patient transport service	NHS National Health Service	SORT Special Operations Response Team responsible for response to major incidents and incidents requiring specialist equipment or training
BME Black and Minority Ethnic	NHS 24 non emergency telephone service providing advice and access to healthcare	Textbox method of contacting the service using a personal computer, mobile phone or minicom to use real time text.
Care Pathways the different routes by which patients can access healthcare	OHCA out of hospital cardiac arrest	Video Relay Service – method for British Sign Language users to book transport via NHS 24 website
CPR Cardiopulmonary Resuscitation - a standard treatment for patients in cardiac arrest	PTS Patient Transport Service	
EQIA Equality Impact Assessment	SAS Scottish Ambulance Service	