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**Scottish  
Ambulance  
Service**

University National NHS Board



# **Air Ambulance Re - Procurement Equality Impact Assessment**

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## Equality Impact Assessment- Contract for the Provision of Air Ambulance Services

Equality Impact Assessment is concerned with anticipating and identifying the equality consequences of particular policy / service initiative and ensuring that as far as possible any negative consequences for a particular group or sector of the community are eliminated, minimised or counterbalanced by other measures.

### Executive summary

#### 1. Introduction

The provision of a national Air Ambulance Service has been a core function of the Scottish Ambulance Service (the Service) for over 30 years. The service is a vital lifeline for remote and rural communities across Scotland 24 hours a day, 365 days a year. It provides a critical clinical service enabling emergency and urgent care to be provided to patients as they are being taken to tertiary care. The clinical service is managed by the Scottish Ambulance Service with the provision of the aircraft, supporting air resources and infrastructure provided by a commercial partner through a managed contract.

The key strategic aim of the Air Ambulance Re-Procurement is to identify a commercial partner that can deliver suitable aircraft to support the delivery of emergency and critical care to patients in Scotland. The commercial partner will be expected to facilitate and support the strategic development of the service by being flexible, resilient, and as 'future proof' as possible. The aircraft require to be equipped to enable the Service to deliver safe and effective care to patients.

### Consultation and Engagement

In recognition of the importance of the air ambulance service, a full consultation exercise was undertaken from February 2022 – March 2023 (full details are contained in the *Equality Impact: Screening and Assessment Form* on page 7). This was led by the Consultation and Engagement Workstream. This consultation included engagement with internal stakeholders as well as a full public consultation. The outputs from this consultation fed into the Procurement workstream's development of a specification of requirements. This document formed part of the suite of documents used as part of the procurement process to inform bidders of the Service's requirements.

The consultation for the Air Ambulance Re-procurement welcomed responses from over 1500 patients, members of the public, healthcare professionals and stakeholder groups. There is consensus that the air ambulance provides excellent service. Moreover, the ability to mobilise air assets to remote and rural regions provides a lifeline to these communities. The air ambulance service demonstrably delivers a safe, effective and high-quality service which is welcomed by all citizens across Scotland.

#### 2. Evidence

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The air ambulance service plays a crucial role in treating patients whose clinical outcomes would be worsened without the intervention of the air ambulance provision. There are particular conditions that are time – critical and require various medical interventions within a set timeframe as defined in national guidelines. The table below gives some examples of these time critical conditions

Clinical Condition	Clinical Intervention	Clinical Time Limit
Myocardial Infarction (MI)	Primary Percutaneous Coronary Intervention (PCI)	Within 120 minutes of the time when fibrinolysis could have been given. Ideally within 90 minutes.
Acute ischaemic stroke	Thrombolysis	Treatment is started as soon as possible within 4.5 hours of onset of stroke symptoms
Sepsis	ICU admission	'For adults with sepsis or septic shock who require ICU admission, we suggest admitting the patients to the ICU within 6 hours.'

The vast majority of patients served by air transport missions live in rural areas in which travel by means other than air would result in breaching the time limits set out by clinical guidelines.

For patients living within a rural and/or remote area in Scotland, it would not be possible to meet these timed admissions targets by alternative means of transport. In the absence of air ambulance resource, patients living within island communities would require ferry travel and onwards road travel to the receiving unit. Generally, ferries only operate between circa 7am and 10pm so patients requiring transport out with these hours would need to wait until the following morning to depart the island. Ferry services can also be reduced or cancelled entirely during periods of poor weather. In some areas, only one ferry sailing takes place per day and there is also reduced ferry coverage in the winter months.

An illustrative example is included below to show the journey time for a patient suffering an MI on Tiree being transported to the Golden Jubilee via ferry and road.

Journey	Journey Time
Ferry from Tiree to Oban (including check-in time)	4h 45mins
Road transport from Oban to Golden Jubilee (~85 miles)	2h 15mins
Total	7h

The table above shows that the minimum journey time for this patient is 7 hours. This assumes that ferries are operating, ferry times align to when the patient requires conveyance and that there is minimal traffic *en route* to the Golden Jubilee. In reality, the journey time will be longer for the patient as they will initially require transport to the ferry terminal and ferry times are unlikely to align as there is often only one sailing

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per day between Oban and Tiree. In any case, it is not possible to convey the patient within the 3 hour time frame as set out by NICE and SIGN guidelines.

In addition to patients residing on islands who require ferry transport, there are a number of locations on mainland Scotland which have considerable increased travel times by road compared to air. A comparison is shown in the table below.

From	To	Distance (miles)	Road	Air
Lochgilphead	Glasgow	85	2 hours	23 mins
Campbeltown	Glasgow	135	>3 hours	25 mins
Wick	Aberdeen	204	>5 hours	25 mins

### Equity of Access

An enhanced air ambulance provision would increase equity of access to health care amongst patient groups which cannot currently be transported under the existing service provision, such as bariatric patients or patients disadvantaged by being remote in poor weather.

An enhanced service would also provide the Service with increased response capability during periods of poor weather. Whilst there is an alternative means to transport these patients (e.g. use of Search and Rescue), there are a number of drawbacks, including additional delay to the patient's journey and potential to breach clinical guideline timescales. At worst, failure to convey patients within clinical time limits will result in reduced patient outcomes and avoidable deaths.

The ongoing provision of a fully integrated air ambulance service is a vital lifeline for individuals and communities the length and breadth of Scotland and helps to ensure equity of access for all

### **3. Assessment of Impact**

Equality Impact Assessment Report is attached (Appendix 1)

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## Equality Impact: Screening and Assessment Form

<b>Section 1: Policy details - policy is shorthand for any activity of the organisation and could include strategies, criteria, provisions, functions, practices and activities including the delivery of our service.</b>	
a. Name of policy or practice (list also any linked policies or decisions)	BUSINESS CASE - For the Re – Procurement of the Contract for Provision of an Air Ambulance Service
Name of department	Air Ambulance
Name of Lead	Andy Moir (Programme Director)
Equality Impact Assessment Team [names, job roles]	Sheri Rankin - Project Manager Stu Daly – Head of EMRS Steve Munro – Area Service Manager (ScotSTAR north) Andrew Cadamy - Associate Medical Director, Scottish Ambulance Service (ScotSTAR) Carol Kennedy – Programme Support Officer Coralie Colburn, Employee Relations and Equalities Manager
Date of assessment	08/09/2022, 13/04/2023 and 15/03/2024
Who are the main target groups / who will be affected by the policy?	Patients and public - particularly in remote and rural communities  Air ambulance and ScotSTAR operational staff
What are the intended outcomes / purpose of the policy?	The intended outcome of the air ambulance re - procurement project is to award a contract to a supplier(s) to ensure continued service provision which avoids discrimination against a particular patient group.
Is the policy relevant to the General Duty to eliminate discrimination? Advance	Yes

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equality of opportunity? Foster good relations? If so, how will it have impact?	
<p>If yes to any of the three needs complete all sections of the form (2- 7)</p> <p>If no to all of the three needs provide brief detail as to why this is the case and complete only section 7</p> <p>If don't know: complete sections 2 and 3 to help assess relevance</p>	

<b>Details of consultations - where, who was involved</b>	<b>Date</b>	<b>Key findings</b>
Staff Consultation Questionnaire- Remote and Rural Community Healthcare Staff	February - March 2022	<p><b>Key Findings from Questionnaire</b></p> <ul style="list-style-type: none"> <li>• Would you say your use of the air ambulance service has increased or decreased over the last 3 – 5 years?</li> </ul> <p><i>Increased – 59.61%, Decreased – 6.54%, Stayed the Same – 25.23%, Not sure – 8.41%</i></p> <p><i>Qualitative Findings</i> - Respondents identified the main factor for an increasing workload as the result of an ageing population who inherently have more complex care needs. About 30% of respondents highlighted that as the population develops more co-morbidities, this then leads to the greater need for urgent care in emergencies.</p> <p>Approximately 13% of respondents noted changes in population numbers and/or tourism as being a factor. There is a belief that this will only grow as tourism expands after COVID-19.</p>



		<p><b>Patient Transfers</b></p> <ul style="list-style-type: none"> <li>• <i>Have you encountered challenges when arranging bariatric transfers?</i></li> </ul> <p>Yes - 52.83%, No - 47.17%</p> <ul style="list-style-type: none"> <li>• <i>Have you encountered challenges when arranging mental health patient transfers?</i></li> </ul> <p>Yes - 63.55%, No - 36.45%</p> <p>Qualitative findings from analysis of data for the question: <i>Please specify any other challenges you have faced when arranging a transfer?</i></p> <p>A tertiary theme relates to specific patient groups that may be refused by the air ambulance service. The three main patient groups reported were: bariatric patients, patients with mental health presentations and patients where drugs/alcohol is a factor.</p> <p><b>Local Health Services</b></p> <ul style="list-style-type: none"> <li>• <i>Are you aware of any future changes to your local health care model which may increase demand for Air Ambulance Services?</i></li> </ul> <p>Qualitative findings: Just under half of respondents stated that they are not aware of any changes which may affect the air ambulance service. Of those that are aware, the majority (56%) stated that the</p>
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		<p>way care is delivered in their communities will likely have a knock-on effect for the air ambulance service. This includes:</p> <ul style="list-style-type: none"> <li>○ Reductions in local service provision</li> <li>○ Reduction in medical/nursing cover particularly in out-of-hours situations</li> <li>○ General reduction in staff numbers or challenges with staff recruitment</li> <li>○ Changes to permanent workforce</li> <li>○ Use of locums who may be less comfortable in making escalation decisions.</li> </ul> <p>Collectively, there is a belief that as services become more centralised, the rural area/highlands and islands will have to rely more of the air ambulance service.</p>
<p>Staff Consultation Questionnaire- All SAS Staff</p>	<p>February – March 2022</p>	<p><b>Key Findings from Questionnaire</b></p> <p>1. <i>Have you experienced any challenges in transferring patients from equality groups for example, younger people, older people, people with a disability?</i></p> <p>No - 87.90% , Yes - 12.10%</p> <p>Three patient groups were identified within the responses: paediatric patients and their parent, bariatric patients and patients where mental health is a factor. Clinicians report not understanding the rules of engagement around these populations, whether this is due to clinical reasons e.g. mental health or aircraft reasons e.g. no space for parent</p>

<p>Staff Consultation Questionnaire – Air Ambulance and ScotSTAR</p>	<p>February – March 2022</p>	<p>Responses were received from: air ambulance paramedics, neonatal retrieval team members, paediatric retrieval team members, Emergency Medical Retrieval team members, ScotSTAR drivers and Other</p> <p><b>Key Findings from Questionnaire</b></p> <p>1. <i>Have you experienced any challenges in transporting / transferring patients from equality groups for example, younger people, older people, people with a disability?</i></p> <p>Yes - 56.82%, No - 43.18%</p> <p>Qualitative findings from analysis of data for the question: <i>Have you experienced any challenges in transporting / transferring patients from equality groups for example, younger people, older people, people with a disability?</i></p> <ul style="list-style-type: none"> <li>Nearly 40% of respondents raised issues surrounding the transportation of bariatric patients</li> <li>Transporting paediatric and neonatal patients was a secondary theme due to: staff training, parents and carers wishing to travel, communication on board with parent / child</li> </ul>
<p>Public / Patient Consultation:</p>	<p>April – November 2022</p>	

<ul style="list-style-type: none"> <li>Questionnaire</li> </ul>	<p>April – May 2022</p>	<p>A questionnaire was developed for the public consultation. This was issued by the SAS Comms team through its channels. The questionnaire was also promoted on social media.</p>
<p>Third Sector Engagement Sessions:</p> <p>SAS utilised its comprehensive list that is used for all engagement activities, which has been expanded with assistance and advice from the third sector, to ensure we are meeting social inclusion standards for all groups, including minority, disabled and community-based populations. Groups were segmented into regions to ensure we targeted the key audiences and patient groups who will have an interest in Air Ambulance Re-procurement</p> <ul style="list-style-type: none"> <li>Scottish Islands Federation, Urram, Alzheimer’s Scotland, Age Scotland Orkney, Connel Surgery Patient Group, RNIB (inc. accessible questionnaire issued RNIB members), North Highlands Women’s Wellbeing Hub, Shetland Community <i>Islands Resilience Board</i></li> </ul>	<p>April – November 2022</p>	<p><b>Key Findings from Public / Patient Consultation Questionnaire</b></p> <ol style="list-style-type: none"> <li><i>How important do you think it is to have a Scottish Air Ambulance Service?</i></li> </ol> <p><i>Very Important – 98.15%, Fairly Important – 0.92%, Important – 0.18%, Slightly Important – 0.46%, Not at all important – 0.18%, No opinion – 0.09%</i></p> <ol style="list-style-type: none"> <li><i>Do you think having an air ambulance service provides reassurance that there is access to healthcare no matter where you live in Scotland?</i></li> </ol> <p><i>Yes – 96.77%, No – 3.23%</i></p> <p><b><u>Findings from Focus Group</u></b></p> <p>Reliance on air ambulance service is largely determined by clinical services in the area</p> <p>Use of air ambulance will increase due to: reduction in specialist services, challenges with medical staffing and an aging more co – morbid population</p>
<ul style="list-style-type: none"> <li>Focus groups held with remote and rural community healthcare staff (facilitated by SAS Research Manager)</li> </ul>	<p>17<sup>th</sup> and 18<sup>th</sup> August 2022</p>	<p><b><u>Findings from all Public / Patient Meetings</u></b></p>

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<p>and attended by Head of Air Ambulance)</p>		<p>The vast majority of respondents had a positive experience of the air ambulance service</p>
<ul style="list-style-type: none"> <li>NHS Western Isles</li> </ul>	<p>16<sup>th</sup> September 2022</p>	<p>The following themes were identified through the third sector, patient groups and public meetings:</p> <ul style="list-style-type: none"> <li>Patients with additional needs</li> <li>Minimising transfer times</li> <li>Mental health presentations</li> <li>Onboard aircraft space</li> </ul>
<ul style="list-style-type: none"> <li>Public Meetings held via Zoom</li> </ul>	<p>26<sup>th</sup> and 29<sup>th</sup> September 2022</p>	
<ul style="list-style-type: none"> <li>Public – facing summary report</li> </ul>	<p>February – March 2023</p>	<p>This report summarised the outputs and themes from both the staff and public consultation activities. The report indicated that there are three findings to be borne in mind that can further enhance the air ambulance service for patient, staff, stakeholders and healthcare professionals:</p> <p><b>For patients:</b> the ability to transfer patients with additional needs as well as supporting parents/ carers who cannot travel with unwell children would be welcomed</p> <p><b>For staff</b> ensuring a consistent and transparent approach to communication with referring crews would enable them to make more informed decisions ‘on the ground’, whilst allowing them to understand how decisions are being made</p> <p><b>For healthcare professionals:</b> clinicians who request the service would benefit from similar consistent and comprehensive</p>

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		communication, particularly if air assets cannot be mobilised quickly. Particularly for remote and rural clinicians, this would allow them to plan local resource utilisation in the event that someone is severely unwell
A series of benefits workshops have been held to identify the benefits of the air ambulance re - procurement contract. These were held with Air Ambulance Re - Procurement project team members and operational staff.	April - June 2022	Identified potential benefits of the air ambulance re - procurement project: <ul style="list-style-type: none"> <li>• Ensure equity of access to healthcare pathways irrespective of geographical location</li> <li>• Enhanced bariatric capability</li> <li>• Non - clinical patient escorts</li> <li>• Patient Loading System and Ergonomics</li> <li>• Improved patient - centred experience</li> </ul>

	Available evidence
b. Research and relevant information – consider data on population in need, service uptake/access, equality outcomes, evidence of inclusive engagement of service users & involvement findings, unmet needs, good practice guidelines	A Data Modelling workstream for the project has undertaken the following analysis: <ul style="list-style-type: none"> <li>• Future service delivery changes to bariatric provision, Thrombectomy services, interventional radiology, major trauma</li> <li>• Projected population changes</li> <li>• Projected future aircraft mobilisations</li> </ul>
c. Equality monitoring information -- including service and employee information	None
d. Feedback from service users, partner or other organisations as relevant	Various feedback from service users and organisations submitted through the questionnaires and by engagement sessions.

	The consultation welcomed responses from over 1500 patients, members of the public, healthcare professionals and stakeholder groups. The consensus from engagement is that the air ambulance provides excellent service and provides a lifeline to remote and rural communities.
e. Other	None
f. Are there any gaps in evidence? Please indicate how these will be addressed	Yes
Gaps identified	There is a gap in the evidence regarding future Health Board plans for sustainability of services in remote and rural areas and data on future staffing arrangements.
Measure to address these; give brief details. Further research? Consultation? Other	Consideration to be given on whether this data can be accurately and reasonably gathered
Note: specific actions relating to these measures can be listed at section 5	

<b>Section 3: Analysis of positive and negative impacts</b>			
<b>Please detail impacts in relation to the three needs specifying where the impact is in relation to a particular need - eliminating discrimination, advancing equality of opportunity and fostering good relations</b>			
<b>Protected characteristics</b>	<b>i. Eliminating discrimination</b>	<b>ii. Advancing equality of opportunity</b>	<b>iii. Fostering good relations</b>
<b>Age</b> – consider older people / those in their middle years and young people / children	Yes		

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Positive impacts	The re - procurement of the air ambulance service offers the opportunity for the provision of larger aircraft to carry non - clinical patient escorts: <ul style="list-style-type: none"> <li>o Accommodate parents travelling with children.</li> <li>o Accommodate family escorts for elderly patients</li> </ul>
Negative impacts	
Opportunities to enhance equality	The ability to carry patients / carers who can travel with unwell children
<b>Disability</b> – consider physical disability, learning disability, sensory impairment, long-term medical conditions, mental health problems	Yes
Positive impacts	The re - procurement of the air ambulance service offers the opportunity for the provision of larger aircraft to: <ul style="list-style-type: none"> <li>o Accommodate clinical and non - clinical escorts for adults and young people with a physical or learning disability e.g. carer, parent</li> <li>o Carry clinical escorts for mental health patients</li> <li>o Enable flight deck separation from patients / clinical staff and flight crew</li> <li>o Carriage of mobility aids / medical equipment</li> </ul>
Negative impacts	
Opportunities to enhance equality	<ul style="list-style-type: none"> <li>o Larger rotary aircraft to carry escorts</li> <li>o Quieter cabins for improved communications between clinical staff and patients</li> </ul>
<b>Gender reassignment</b> – consider people transitioning from male to female and female to male	Not applicable



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Positive impacts	
Negative impacts	
Opportunities to enhance equality	
<b>Gender / sex</b> – consider men (include trans men), women (include trans women) and non-binary people	Not applicable
Positive impacts	
Negative impacts	
Opportunities to enhance equality	
<b>Marriage / civil partnership</b> – consider people who are unmarried, married or in a civil partnership	Not applicable
Positive impacts	
Negative impacts	
Opportunities to enhance equality	
<b>Pregnancy / maternity</b> – consider matters relating to women and those with same sex partners	Existing obstetric risks will remain largely unchanged regardless of the re - procurement project's outcomes.
Positive impacts	
Negative impacts	
Opportunities to enhance equality	

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<b>Race</b> – consider Gypsy/Travellers, migrant workers, those whose first language is not English, Refugees and Asylum seekers	Not applicable
Positive impacts	
Negative impacts	
Opportunities to enhance equality	
<b>Religion / belief</b> – consider people with different religions or beliefs and those with no religion or belief	Not applicable
Positive impacts	
Negative impacts	
Opportunities to enhance equality	
<b>Sexual orientation</b> – consider Lesbian, Gay, Bisexual and Heterosexual people	Not applicable
Positive impacts	
Negative impacts	
Opportunities to enhance equality	
<b>Health inequalities / cross cutting issues</b> – consider socio- economic disadvantage, e.g. income /	<p><b><u>Cross cutting issues:</u></b></p> <ul style="list-style-type: none"> <li>• Geographic inequalities</li> <li>• Mental health inequalities</li> <li>• Bariatric provision</li> </ul>

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<p>people on benefits, single parents, employment, homelessness, education, health, vulnerable families (e.g. carers, young mothers, people experiencing domestic abuse, children / adults at risk of statutory measures), looked after children and young people, those in the criminal justice system, those who live in the most deprived communities, people with low literacy/numeracy, people misusing substances, people living in rural areas</p>	
<p>Positive impacts</p>	<ul style="list-style-type: none"> <li>• Bariatric conveyance - reduced reliance on SAR to transfer bariatric patients subsequently taking SAR away from its duties of search and rescue</li> <li>• Reduced costs associated with paying SAR to transfer bariatric patients</li> <li>• Reduced costs associated with future increasing costs of SAR provision</li> <li>• Enhancing equality for bariatric patient group</li> <li>• Enhancing equality for mental health patient groups</li> <li>• By improving equity of access to healthcare, air ambulance provision ensures the deprived populations that are known to be prevalent in remote and rural areas of Scotland are not further disadvantaged.</li> </ul>

<p>Negative impacts</p>	<ul style="list-style-type: none"> <li>• Access to some of the smaller islands could be restricted because of the introduction of larger fixed wing aircraft resulting in an impact on patient care and equity of service.</li> </ul>
<p>Opportunities to enhance equality</p>	<p><b><u>Geographic Inequalities</u></b>                  The re - procurement of the air ambulance service offers the opportunity for the provision of more capable aircraft which could enable increased operability in poor weather conditions.</p> <p>The potential to procure aircraft with capabilities to operate in poor weather will offer an opportunity to enhance equity. These aircraft will be better able to serve remote and rural communities which otherwise may have had a reduced service in poor weather conditions</p> <p><b><u>Mental Health Inequalities</u></b>                  A recurring theme found throughout the consultation exercise related to patients with mental health presentations. At the public meetings this was discussed further. The Service acknowledged that this will be fully taken into account during this re - procurement process and that the wellbeing and safety of patients with mental health presentations is paramount. The Service is committed to ensuring equity of healthcare irrespective of healthcare need or location.</p> <p><b><u>Bariatric Provision</u></b>                  The re - procurement of the air ambulance service offers the opportunity for larger aircraft to support the transfer of bariatric patients which will support equity of care. Morbid obesity rates are predicted to rise from 4% in 2015 to 5% in 2025 then remain at this level through to 2035. Future demand modelling predicts a potential 25% increase in bariatric incidents requiring air support.</p> <p>Rates of morbid obesity increase with age and many of the more remote and rural areas of Scotland, frequent destinations for the Air Ambulance service, have a population demographic skewed towards older age group.</p>

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<b>Staff</b> – consider those employed part-time, full-time and those working shifts	The re - procurement of the air ambulance service offers the opportunity for the provision of larger aircraft to improve staff safety and welfare and workplace safety
Positive impacts	Reduction in injuries, noise reduction, improved moving and handling, crew comfort, seating, headroom, access and egress, patient loading systems, reductions in work - related stress, fatigue and musculoskeletal injuries.
Negative impacts	
Opportunities to enhance equality	
<b>Equality &amp; Human Rights</b>	Not applicable
Enabling people to have more control of their social/work environment	
Reducing differences in status between different groups of people	
Promoting participation, inclusion, dignity and control over decisions	
Building family support networks, resilience and community capacity	
Reducing crime and fear of crime including hate crime	
Protecting vulnerable children and adults	
Promoting healthier lifestyles including: diet and nutrition, sexual health,	

substance misuse, physical activity, life skills	
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<b>Section 4: Addressing impacts</b> <b>Select which of the following apply to your policy and give a brief explanation - to be expanded in Section 5: Action plan</b>	
	Reasons
<b>a. No major change</b> - the EQIA shows that the policy is robust, there is no potential for discrimination or adverse impact and all opportunities to promote equality have been taken	The purpose of the air ambulance re - procurement is to ensure that the Scottish Ambulance Service can continue to provide air ambulance provision.
<b>b. Adjust the policy</b> – the EQIA identifies potential problems or missed opportunities and you are making adjustments or introducing new measures to the policy to remove barriers or promote equality or foster good relations	
<b>c. Continue the development and implementation of the policy without adjustments</b> – 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.	
<b>d. Stop and remove the policy</b> - there is actual or potential unlawful discrimination that cannot be	

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<p>mitigated. The policy must be stopped and removed or changed. Before choosing this option you must contact the Equalities Manager to discuss the implications.</p>	
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<p><b>Section 5: Action plan</b>  <b>Please describe the action / recommendations 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.</b></p>					
<b>Action / recommendation</b>	<b>Output</b>	<b>Outcome</b>	<b>Lead responsible</b>	<b>Date</b>	<b>Protected characteristic / cross cutting issue*</b>
<p>Engagement with communities that may be adversely impacted if a larger aircraft is selected following the re – procurement (this is already recorded as a risk on Datix for the project’s risk register.)</p>	<p>Focussed stakeholder management sessions / information following the re – procurement and towards implementation</p>	<p>This will be monitored throughout phase 2 and the risk will be revised accordingly if this risk becomes an issue</p>	<p>TBC</p>	<p>To be confirmed following contract award and selection of aircraft</p>	<p>Geographic inequalities</p>
<p>* 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</p>					

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<b>Section 6: Monitoring and review</b>	
<b>Please detail the arrangements for review and monitoring of the policy</b>	
	Details
a. How will the policy be monitored? Provide dates as appropriate	The policy will be monitored at project milestones by the project manager and updated.
b. What equalities monitoring will be put in place?	None
c. When will the policy be reviewed? Provide a review date.	<p>The dates of review are:</p> <ul style="list-style-type: none"> <li>August 2023 (following contract award and prior to commencement of Phase 2 - Implementation)</li> </ul> <p>Ongoing review throughout the implementation phase. Dates to be confirmed once planning for phase 2 is complete</p>

<b>Section 7: Sign off</b>			
<b>Please provide signatures as appropriate</b>			
Name of Lead	Title	Signature	Date
Completed form: copy of completed form to be retained by department and copy forwarded to Equalities Manager for publication on Service website			
Provide date this was sent			